Agenda item 14

Cabinet – 4 April 2012

Public Health Transition

Portfolio: Councillor Ali – Communities and Partnerships

Service: All council services

Wards: All

Key decision: No

Forward plan: No

1. Summary

1.1 The Government is introducing a new system of public health. This will involve new statutory duties placed on the local authority for health improvement, health protection and health service improvement. Major responsibilities for public health will transfer to the local authority from April 2013. Staff who currently undertake this work in the NHS will transfer to the council (approximately 35). There will be a ring fenced grant to the local authority of approximately £13 million to support its new public health role.

1.2 The changes are an opportunity to co-ordinate more effectively our response to the major health issues facing Walsall, a priority which has been recognised in the council's corporate plan. The shadow Health and Wellbeing Board will shortly be agreeing a Health and Wellbeing Strategy for Walsall and improvements in public health will be a key feature of this. Considerable work is now underway to plan for these changes to local authority responsibilities and resources and to ensure they have the maximum impact on health outcomes.

1.3 The report is to provide assurance to the cabinet that adequate progress is being made to allow the council to assume its statutory responsibilities from April 2013.

1.4 The redesigned public health system should provide for more co-ordination and more efficiency in the way public health systems are delivered. This will be systematically monitored, and therefore subject to public scrutiny, by the Health and Wellbeing Board.

2. Recommendations

2.1 That cabinet approves the transition plan (**Appendix A**) to enable the council to assume its new responsibilities for public health from April 2013.

2.2 That the Health and Wellbeing Board and the Health Scrutiny Panel be invited to monitor progress on the implementation of this plan.

3. Report detail

3.1 The Health and Social Care Bill, currently before Parliament, proposes a new public health system. This report has been prepared on the assumption that the Bill receives Royal Assent. All references to council requirements and responsibilities are based on the premise that the legislation comes into force.

3.2 Currently responsibilities for public health are shared between primary care trusts, the strategic health authorities and the Health Protection Agency.

3.2.1 Under the new system unitary and upper tier local authorities will be given new statutory duties for:

- Health improvement – including reducing lifestyle-related ill health and inequalities
- Health protection – to ensure that comprehensive plans are in place to deal with public health risks
- Health service improvement – by providing advice for NHS commissioners to improve the efficiency and effectiveness of health services.

3.2.2 To support them to carry out these duties local authorities will:

- Be given a ring fenced grant for public health
- Establish a Health and Wellbeing Board to lead and co-ordinate public health action
- Appoint a director of public health.

3.3 In addition to this the new NHS Commissioning Board will be given responsibility for commissioning certain public health functions. Clinical commissioning groups will have a duty to obtain public health advice to inform the commissioning arrangements. A new national organisation, Public Health England, will be established to provide leadership nationally and which will establish a system of surveillance, investigation and response to national public health threats and support local delivery.

3.4 Local government has a long history of promoting and protecting the public's health, dating back to the 19th century. It was only in 1974 that the NHS took over most public health functions. The government is now returning these in recognition of local government's local focus, its public accountability, its ability to influence the wider determinants of health and its strategic role in shaping local services.

3.5 In Walsall, a positive peer review of the Council's readiness for the transition of public health took place in September 2011 and the pace of work to plan for these changes is now accelerating:

- A public health transition board is in place, chaired by the Director of Public Health and with senior representatives from the council, the NHS and the clinical commissioning group

- The Director of Public Health attends Corporate Management Team meetings
- A successful planning workshop was convened at the Forest Arts Centre on 8 February
- A base for project staff and public health professionals is now in use in the civic centre
- Work is underway planning the operational, financial, HR and infrastructure changes, with each strand of work co-led by a council officer from a relevant service area and their equivalent from the PCT
- A project plan has been submitted to the department of health providing reassurance that adequate progress is being made.

4. Council priorities

The council and its partners have recognised the major health issues to be tackled in Walsall and identified the priority of this in the Sustainable Communities Strategy. The council's corporate plan for 2011/12 identified improved health and wellbeing as one of its three key priorities. The plan recognised the importance of a strong public health system to support healthier lifestyles for all residents. The aim is to see a decrease in smoking and obesity rates and an increase in lifestyles and behaviours known to improve health outcomes such as breastfeeding and physical activity. In this way these changes would reduce the health inequalities between the west and the east of the borough and between Walsall and the national average.

5. Risk management

5.1 In any organisational change of this type there are risks. The key risk to the council at the moment is whether the new responsibilities to come to the council, the staffing resource to transfer and the provisional financial allocation are all mutually consistent i.e. will the council have the resources (financial and staff) to carry out its statutory responsibilities. This is currently being assessed.

5.2 There are a number of more specific risks to the transition project and the project board has agreed a risk management action plan.

5.3 However there is also a broader potential risk to the council that the opportunity presented by these changes may not be fully seized. There are major health challenges facing Walsall and continuing stark health inequalities. The new responsibilities on the local authority are an opportunity to re-focus the whole organisation on addressing these. There is a widespread recognition that all council services impact on health in one way or another and some, such as social care, housing, leisure, planning and transport, in very profound ways. The changes should be seen as a chance to make a step change in the way public health is delivered, to achieve much greater impact, rather than simply a transfer of existing activity from one organisation to another. The risk of overlooking this opportunity will also be managed by the project board.

6. Financial implications

6.1 Current spending by Walsall PCT on public health functions is currently approximately £23 million (based on 2010/11 outturn returns to the Department of Health) of which £12.5 million is on functions for which responsibility will transfer to the local authority. The remaining £11.5 million is spending on functions for which responsibility will either transfer to clinical commissioning groups or to Public Health England.

6.2 We have recently been notified that the baseline estimate for public health spending for Walsall for 2012/13 will be £13.1 million. This allocation is broadly in line with our assumptions. If this is now projected into an allocation for 2013/14, it provides some assurance and stability for planning the transition and is therefore broadly welcome. However the allocations nationally include many anomalies. The indicative spend for Walsall for 2012/13 is £51 per head of population whilst the figures for the West Midlands metropolitan authorities range from £37 per head in Solihull to £62 per head in Wolverhampton. And for our statistical neighbours beyond the region the range is between £43 per head in Tameside and £79 per head in Stoke on Trent. These allocations bear no relation to any identifiable health needs but are based on patterns of historical spend. The chief executive has written to Public Health England urging them to introduce a transparent and credible formula basis as soon as possible and certainly for allocating funds for the following financial year 2014/15.

6.3 It must be noted that the baseline allocation does not take into account any one off costs associated with transition, however the Department of Health have stated that separate work will take place to identify how these costs can be addressed.

7. Legal implications

7.1 Subject to Parliamentary approval the council will take on a new duty to take such steps as it considers appropriate

7.2 Part of the transition planning will include designing the governance arrangements for the new service. This will include for example:

- Responsibilities for decision making
- The role of cabinet and the allocation of appropriate portfolio holder responsibilities to cover this function
- Delegations to the Director of Public Health and other officers
- The relationship with the Health and Wellbeing Board and with the Health Scrutiny Panel
- Managerial reporting lines for the service.

8. Property implications

The current public health function is based in Jubilee House, PCT owned premises in Leamore. Officers understand from discussions with the PCT that these premises are being declared surplus to requirements and will be disposed of by the NHS. The council will have responsibility for the transferring public health staff from April 2013 and is planning to meet their accommodation needs as part of the Smarter Workplaces project. They will be based within the civic centre complex which will enable close working relationships to be made with all council services and other town centre based partners. It may be feasible to provide accommodation for the staff prior to their transfer but this would be on terms to be agreed with their current employer.

9. Staffing implications

9.1 The public health services currently managed by the PCT employ approximately 45 staff of whom approximately 35 are engaged in the services for which responsibility will transfer to the local authority (the other 10 or so staff are involved in work for which responsibility will in future be with either Public Health England or with the clinical commissioning group). Work is underway to establish more precisely the staff who will transfer to the council, on 1 April 2013, under TUPE arrangements.

9.2 Although pensions are not protected by the TUPE Regulations, a broadly comparable scheme has to be offered to such transferring staff. Currently the Government Actuaries Department (GAD) has stated that they do not consider the Local Government Pension Scheme (LGPS) to be broadly comparable to the NHS pension scheme and ways of managing this issue are being explored.

9.3 The council will need to appoint a Director of Public Health. The current Director is employed by the PCT on a fixed term contract which terminates in December 2012. The appointment of the director will need to be made jointly with Public Health England. This will be a statutory appointment whose role will be defined in the legislation.

10. Equality implications

10.1 The Health and Wellbeing Board is currently preparing a new Health and Wellbeing Strategy for the borough. This is expected to endorse the priority of tackling health inequalities. There has been a history of collaborative working between the council and the NHS to address health inequalities and whilst there has been good progress in a number of areas there is still much to be done. The redesigned public health system should provide for more co-ordination and more efficiency in the way we deliver public health systems. This will be systematically monitored by the Health and Wellbeing Board.

10.2 Whilst there has been no separate equality impact assessment on the public health transition, there will be such an assessment carried out of the Health and Wellbeing Strategy, of which this work will be a part.

11. Consultation

Consultation has been carried out with the Health and Wellbeing Board, council services, public health staff, the PCT Black Country cluster, the clinical commissioning group of GPs and other clinicians. Further consultation with all interested parties will be carried out on the transition plan over coming months.

Background papers

None

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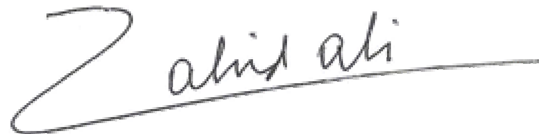
Executive Director

26 March 2012

Councillor Ali
Portfolio Holder



26 March 2012

Appendix A

Project Initiation Document

Walsall Public Health Transitions Plan

Programme Delivery and Governance

Project name	Walsall Public Health Transition Project
Project Directors	Jamie Morris, Executive Director, Walsall Council Dr Isabel Gillis, DPH, NHS Walsall
Project Manager	Mohammed Ahmed

Author: Mohammed Ahmed
Version: 0.3
Status: Draft

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1.0 Project Overview

1.1 The aim of this Project is to ensure the safe timely and effective transfer of Public Health functions, resources and staff currently the responsibility of NHS Walsall to Walsall Council or other successor organisations as required by national policy subject to the passage of the Health and Social Care Bill by Parliament. To establish a new local public health system in Walsall which maximizes the opportunities thus created to bring people and resources together to deliver continuous improvement in the health and well-being of the people of Walsall and to reduce inequalities in health and well-being experienced by them in line with the national NHS and public health reforms.

1.2 This will include identifying and implementing those actions required for the Council to assume a range of statutory responsibilities for public health, and for transfer of public health responsibilities from NHS Walsall to the NHS Commissioning Board (NHSCB) and Public Health England (PHE).

2.0 Project Background

1. The Government is introducing a new system with the intention of delivering better public health outcomes in future. This places new statutory duties on Local Authorities to protect and improve the health of their local population and for influencing the commissioning of health services.

2. These changes provide a unique opportunity to co-ordinate resources more effectively to meet the major challenges to the health and well-being of the people of Walsall. Walsall Council and NHS Walsall have established the Public Health Transition project as a joint project with staff from both organisations, which reports into two governance structures of both organisations. The public health (PH) transition is focussed on the safe, timely and effective transfer of the Public Health functions from NHS Walsall to 'receiver' organisations. All organisations are committed to ensuring that the existing quality and standards of Public Health services is not compromised during the transition period.

3. The context and requirements for the transition are set out in a number of policy and guidance documents issued nationally and by Midlands and East Strategic Health Authority, including the publication of a series of fact sheets "Public Health in Local Government" as well as the operating model for PHE. Significant points of clarification are detailed in the accompanying document.

4. The Department of Health (DH) in December 2011 published "The integrated approach to planning and assurance between DH and the NHS for 2012/13". Annex 6 of this document sets out a checklist for the public health transition to inform the development of local Plans and against which they will be assessed and rated. The DH will seek assurance from SHA clusters that PCT clusters have robust plans in place. This project initiation document seeks to incorporate and respond to all these requirements.

2.1 National and Local Drivers for change

The key national driver is national Government policy embodied in the NHS White Paper, "Liberating the NHS" and the Public Health White paper, "Healthy People, Healthy Lives" underpinned by the Health and Social Care Bill.

Embracing both the challenge and the opportunity locally, Walsall is committed to:

- Improving the Health and Wellbeing of the citizens of Walsall – addressing the health inequalities within the Borough and leading to an improved health service for all as a result of the merger
- Delivering what we need to make a difference locally
- Considering the wider determinates of health
- Rationalisation and effective use of resources, including Financial, People, Property and Assets

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3.0 Project Definition

3.1 Objectives and Outcomes

The Project has the following objectives:

i. The safe, seamless transition of functions, resources and people from the NHS to the local authority and other successor organisations as required by national policy and guidance
ii. The development of a clear shared vision for the health and well-being of the people of Walsall, enabling the design of an operating model for the new public health system in Walsall from April 2013. The new operating model to address the Core Domains of:
    - Health Protection
    - Health Improvement
    - Healthcare Public Health
iii. Strong stakeholder engagement; ensuring that key stakeholders can contribute to the design and that all stakeholders are supportive of the operating model for the new public health system
iv. To identify and implement with minimal disruption those actions required to complete the transition to the new system, including:
    - transfer of public health funding
    - transfer of contracts – including proposed new arrangements
    - TUPE of approximately 35 NHS staff to the Council organisation (including supporting technology)
v. To identify and mitigate any risks to the effective delivery of public health responsibilities during the transition period
vi. To introduce and embed a fit for purpose governance structure locally, nationally and at regional level
vii. Enhanced integrated working across all services

3.2 Deliverables

The Project will produce the following products:

i. A public health leadership development programme linked to the Health and Wellbeing development programme.

ii. An operating model for each of the 'domains' of the new public health system locally:
    - Health improvement.
    - Health protection – including screening, immunisation and EPRR.
    - Population healthcare advice to NHS Commissioners.

    For each of these, this will describe:
    - A set of priorities and associated outcomes, drawn from the public health outcomes framework.

- The agencies involved in delivery and their respective roles and responsibilities.
- Governance and partnership arrangements.

iii. Transfer of funding and contracts for public health services to legacy organisations, including the Council and the NHSCB.

iv. Transfer of public health staff to legacy organisations. This will include:
- Establishment of a public health directorate within the Council.
- Transfer of staff to the NHSCB.
- Transfer of staff to PHE.

v. Integration of the public health directorate into the Council's processes and procedures.

vi. Comprehensive handover from NHS Walsall to legacy organisations.

3.3 Method Of Approach

The Project will be carried out according to PRINCE2 methodology.

3.4 Scope

The following are within the scope of the Project:

- To describe the operating model of the new public health system in Walsall from April 2013.
- To complete transfer of public health funding, contracts and staff from NHS Walsall to legacy organisations.
- To sustain delivery of public health responsibilities during the transition period.

3.5 Links and Interdependencies

The Council will establish a Health and Wellbeing Board to lead and co-ordinate public health action.

Links to existing Council programmes including

- The Smarter Workplaces programme – influencing new ways of working prior to transition
- The principles of the Working Smarter programme: will be applied to the transition and integration of functions and resources into the Council, where appropriate, and where this does not compromise safe transition.

3.6 External Dependencies

The establishment of Public Health England and the NHS Commissioning Board, with clarification of roles and responsibilities and staff with capacity and capability to receive functions and resources assigned to them by national policy.

Staff in post in time to develop local ways of working prior to formal handover in March 2013.

Authorisation of Walsall Clinical Commissioning Group (CCG).

3.7 Exclusions

Establishing the Health and Wellbeing Board.
Design or implementation of other successor organisations receiving PH functions from NHS Walsall.

3.8 Constraints

The Project is subject to the following constraints:

- Parliament approval of the NHS bill.
- Delays in the releases of further national policy development and guidance will result in delays to the Project.
- The design of the operating model for aspects of the new public health system - notably screening, immunisation and EPRR – is subject to approval by the NHSCB.

3.9 Interfaces

Shared IT portal with remote access between NHS Walsall and Walsall Council to share project management documents and to ensure version control
Access to NHS network connectivity and associated IT systems

3.10 Tolerances

Exceeding of any tolerance will trigger the production of an exception report to the Programme Board in the first instance. The tolerances may be reviewed during the life of the project.

3.11 Assumptions

The Project will proceed with the following assumptions:

i) Corporate

Those people required as Work Stream Leads and members of governance groups make time available to the Project.

ii) Administration

Resources for project administration will be funded 50:50 between NHS Walsall PH and Walsall Council Neighbourhoods Directorate.

iii) Facilities

Access to NHS systems can be provisioned from within Council premises.
The Smarter Workplaces programme will allocate suitable accommodation for transitioned staff.

iv) Other

The Health and Social Care Bill gains Royal Assent without significant changes.

4.0 Business Case

4.1 Reasons

The business case of the change is based on the assumption that integrated Public Health functions, resources, skills and expertise with existing LA responsibilities will have greater impact in improving health and well-being outcomes faster, especially for those experiencing the worst outcomes. Improved health and well-being of the population will lead to reduced demands on health, social care and other public sector services as people enjoy not only long life, but also healthier lives, and longer disease free, independent lives.

4.2 Benefits

i) Business:

The detailed measures by which benefits will be accessed will be developed as part of the Strategic workstream through consultation and engagement with Health and Well-being Board members and the wider community as part of the development of the Health and Well-being Strategy and the updating of the Sustainable Communities Strategy.

ii) Cashable / Non-cashable savings

Given the levels of poor health in the Borough the financial objectives of the transition of Public Health functions will be framed as delivering better value for money and reinvesting in increased capacity to protect and improve health rather than in cashable savings.

5.0 Project Resources

5.1 Staffing

Project Manager and Project Support from Business Change team Walsall Council have been identified.

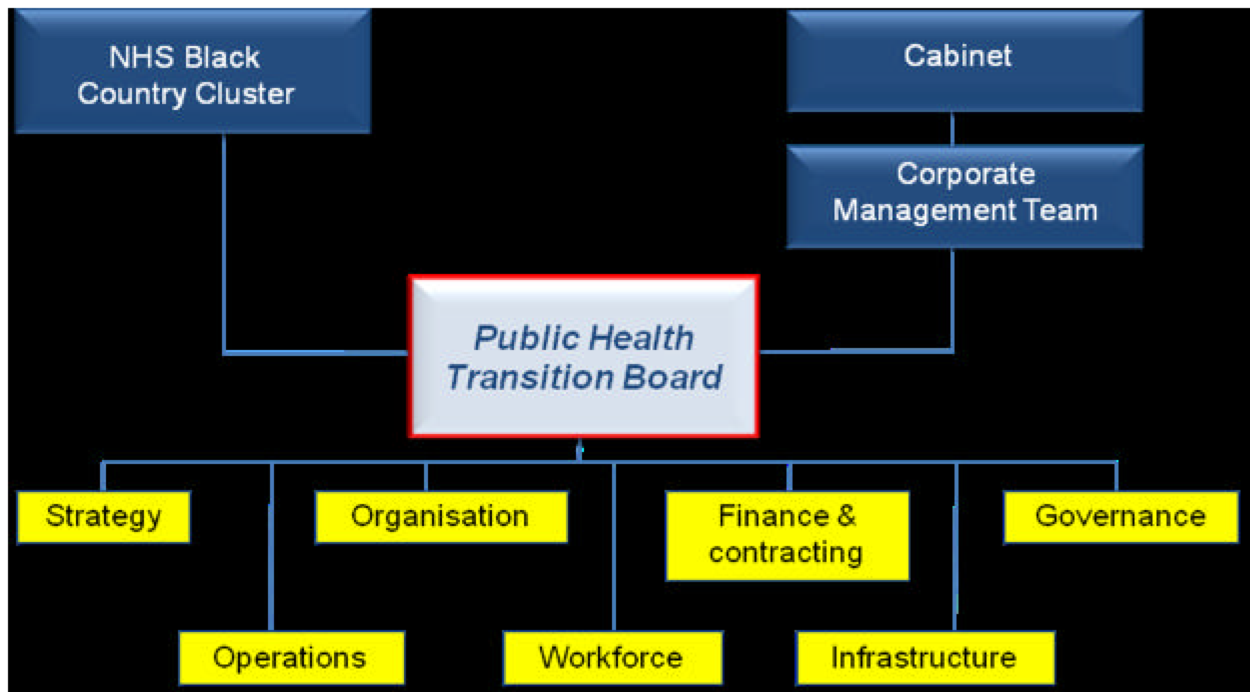
Workstream leads identified (see para 9.0) will undertake transition work as part of core activities.

5.2 Budget

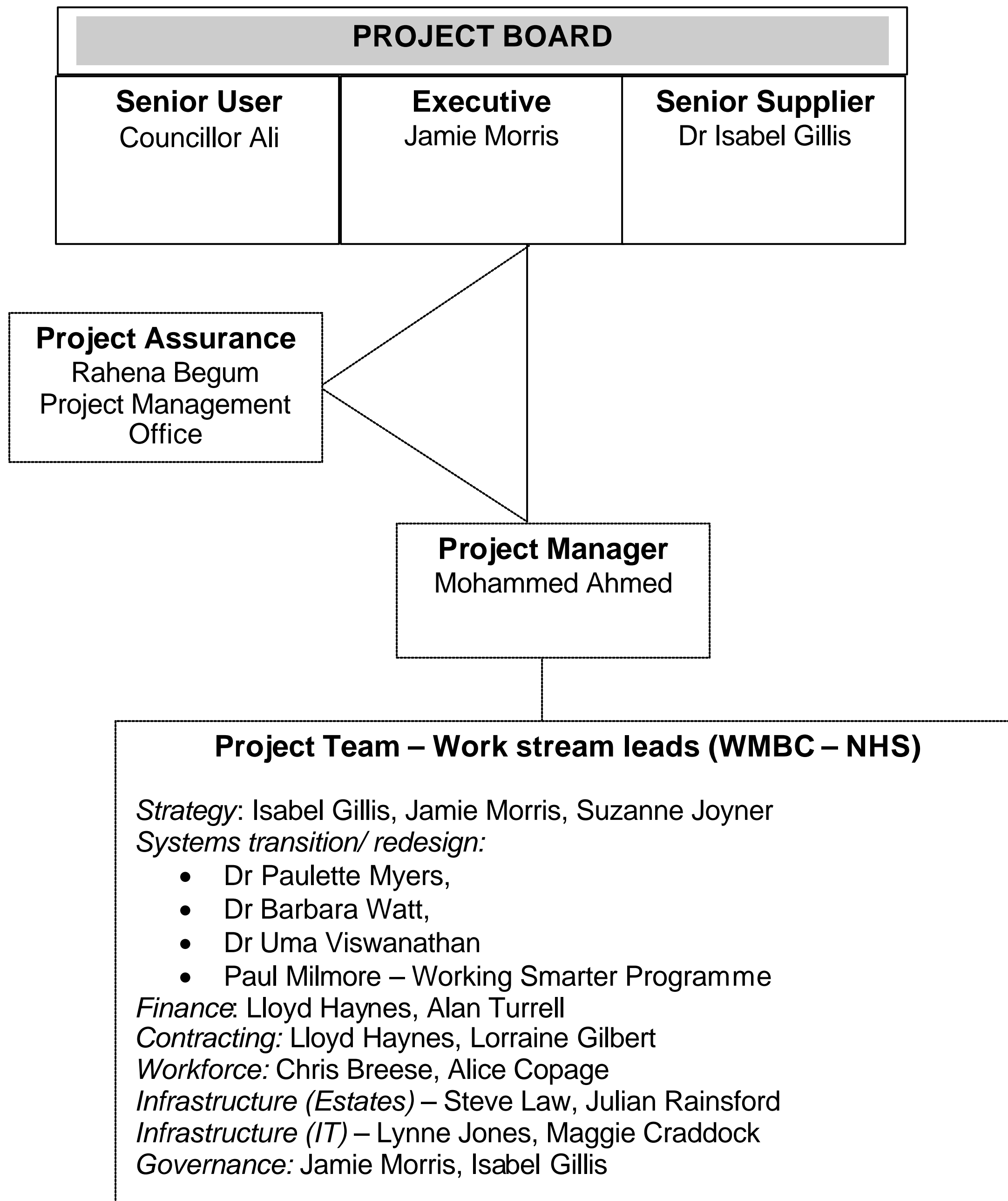
DPH and Executive Director Neighbourhood Services have agreed to fund project management 50:50 from existing Directorate budgets. No other financial commitments have been identified at present.

6.0 Project Organisation

6.1 Project Structure



- Public Health Transition Project Work stream & wider governance structure



6.2 Project Board

The project will be directed jointly by Jamie Morris and Isabel Gillis overseen by a directorate project board. The membership of the board will be:

Name	Title
Mr. Jamie Morris	Project Executive
Dr. Isabel Gillis	Senior Supplier
Councillor Ali	Senior User

6.3 Roles and Responsibilities

i) Project Executive

- To monitor the continued business case for the project.
- To authorise changes to budget, scope and project dates.
- To be a point of contact to escalate project risks.
- To notify the project manager of any proposed changes or strategic decisions which may affect the project.
- To secure Walsall council organisational support for the project.
- To have ultimate responsibility for the project; ensuring that project objectives are met.
- To have overall ownership and control of the project and, if relevant, associated sub-projects.
- To ensure appropriate resources are assigned and appropriately allocated to the project.
- To be the prime point of contact for the project manager.
- To remove blockages that are preventing the project manager from delivering the project.

ii) Senior User

- Ensure desired outcome of the project is specified
- Make sure that progress towards the outcome required by the users remains consistent from the user perspective
- Promote and maintain focus on the desired project outcome
- Ensure that any user resources required fro the project are made available
- Approve product descriptions for those products that act as inputs or outputs (interim or final) from the supplier function or will affect them directly.
- Ensure that the products are signed off once completed.
- Prioritise and contribute user opinions on project board decision on whether to implement recommendations on proposed changes.
- Resolve user requirements and priority conflicts
- Provide the user view on follow-on action recommendations
- Brief and advise user management on all matters concerning the project.

iii) Senior Supplier

- Agree objectives for supplier activities
- Make sure that progress towards the outcome remains consistent from the supplier perspective.
- Promote and maintain focus on the desired project outcome from the point of view of supplier management
- Ensure that the supplier resources required for the project are made available
- Approve product descriptions for supplier products
- Contribute supplier opinions on project board decision on whether to implement recommendations on proposed changes.
- Resolve supplier requirements and priority conflicts.
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts.
- Brief non-technical management on supplier aspects of the project.

iv) Project Assurance

- Thorough liaison between the supplier and the customer is maintained throughout the project.
- User needs and expectations are being met or managed.
- Risks are being controlled
- The business case is being adhered to
- The value for money solution is constantly reassessed
- The project fits with overall programme or company strategy
- The right people are involved in writing product descriptions
- The right people are planned to be involved in quality checking at the correct points in the product's development
- Staff are properly trained in the quality checking procedures
- The right people are being involved in quality checking
- The quality review/quality checking procedures are being correctly followed
- Quality checking follow-up actions are dealt with correctly
- An acceptable solution is being developed
- The project remains viable
- The scope of the project is not 'creeping upwards' unnoticed
- Focus on the business need is maintained
- Internal and external communications are working
- Applicable standards are being used
- Any legislative constraints are being observed
- The needs of specialist interest are being observed
- The needs of specialist interested (for example, security) are being observed
- Quality assurance standards are being adhered to.

v) Project Manager

- Responsible to the project champion for delivering the project on time and within the agreed budget.
- To ensure that the day-to-day project management is effective and providing adequate control and direction.
- To ensure that the work undertaken by the project team is completed to the scope of the defined deliverables, and enables benefit to Walsall council.
- To ensure work undertaken is consistent with the acceptance criteria and Walsall council Quality Management System.
- To provide project information to both project members and Walsall council management as agreed.
- To obtain sign off for deliverables.
- To ensure that the change control, acceptance and risk management procedures are followed.

vi) Project Support

- Administer change control
- Set up and maintain project files
- Establish document control procedures
- Compile, copy and distribute all project management products
- Collect actual data and forecasts

- Update plans
- Administer the quality review process
- Administer project board meetings
- Assist with the compilation of reports
- Specialist tool expertise (i.e. risk analysis)
- Standards/configuration management

vii) Workstream leads

- Prepare plans for the team's work and agree these with the Project Manager.
- Receive authorisation from the Project Manager to create products (via a work package).
- Manage the team
- Direct, plan and monitor the team's work.
- Take responsibility for the progress of the team's work and use of team resources and initiate corrective action where necessary within the constraints laid down by the Project Manager.
- Advise the Project Manager of any deviations from plan, recommend corrective action and help prepare any appropriate exception plans.
- Pass back to the Project Manger products that have been completed and approved in line with the agreed work package requirements.
- Ensure all project issues are properly reported to the person maintaining the issue log.
- Ensure the evaluation of project issues that arise within the team's work and recommend action to the Project Manger.
- Liaise with any project assurance roles.
- Attend any end stage assessments as directed by the Project Manager
- Arrange and lead team checkpoint meetings and produce checkpoint reports as agreed with the Project Manger.
- Ensure that quality controls of the team's work are planned and performed correctly.
- Ensure that the appropriate entries are made in the quality log.
- Maintain, or ensure maintenance, of, team files.
- Identify and advise the Project Manger of any risks associated with a work package.
- Ensure that all identified risks are entered in the risk log.
- Manage specific risks as directed by the project manager.

7.0 Communication and engagement plan

Aim: To ensure that all relevant stakeholders are effectively informed about and engaged in the public health transition.

A detailed communication and engagement plan will be developed with input from members of the Health and Well-being Board.

Communication will be targeted at stakeholders to provide them with information about the public health transition and to provide an opportunity to comment on the operating model for the new public health system.

7.1 Key stakeholders

Key stakeholders were identified by participants at the Public Health transition planning workshop and are shown in table 1 below.

- Council: Cabinet, Chief Officers, Director of Public Health and Scrutiny committee, Members, staff
- PCT Cluster Board and Executive team
- Public health staff
- Health & Well-being Board
- Clinical Commissioning Groups
- Partner Councils
- Health Watch
- Providers of public health services
- Children's Trust and associated partners
- Local businesses

7.2 Principles of communication

Whilst developing the strategy, it is important that communications are:

Timely: Out-of-date information will be of limited interest and may raise more questions than it answers.

Flexible: So that communications may be adapted to respond to sudden changes in stakeholder perception.

Consistent: The project team will communicate the same core messages to all project stakeholders.

Positive: Project benefits will be emphasized through communications.

Two-way: The messages should be realistic and achievable.

7.3 Channels of Communication

Various methods and channels of communication have also been considered to ensure that stakeholders are targeted at the appropriate level. These options include:

Newsletters – will be sent internally and externally to advise staff and stakeholders on progress with the public health transition.

Verbal briefings – will be held regularly for public health staff to provide them with more detailed information and give the opportunity to ask any questions they have about the public health transition.

Websites – the Council web site will be used to host newsletters and advertise forthcoming engagement events.

Intranet – will be used to communicate key messages to staff.

Formal meetings and networks – as part of Project governance, the Project Executive will provide Cabinet and the Transition Board with the required updates on the public health transition. The following dependent groups will also be given communications updates at key milestones throughout the project:

- Health & Well-being Board.
- Joint Commissioning Executive.
- Clinical Commissioning Group.
- Walsall Council management teams

Member development programmes will be developed with the Executive as part of the Project and will be used to advise Elected Members about a range of health and wellbeing issues including the public health transition.

Events – events for a wide audience of stakeholders will be arranged at key milestones.

Traditional media – local newspapers and radio will be used when appropriate. The Councils Communications team will be used to convey wide reaching messages to ensure consistency.

The Stakeholder engagement and communications grid (shown as Table1 below) identifies the key stakeholders associated with the NHS Transition project. Each stakeholder has been mapped and categorised for influence levels, including the communications mechanism to be used, along with the frequency.

This map will be used to tailor communication to the affected stakeholders.

Stakeholders	Influence		Communication							
	Positive / Negative	High Medium Low	Frequency of Comms (Q, M, W, D)	Face 2 Face	E. mail	Web	Letter	Report	Telephone	Newspaper
Councillors - General - Portfolio - Health Scrutiny	+	M H M	Q M Q	✓				✓		
Public Health Staff	+ / -	M	W	✓	✓	✓	✓		✓	
General Public - Residents - Service Users	+	M	Q	✓		✓	✓			✓
CCG (Clinical Commissioning Group)	+ / -	H	M		✓			✓		
NCB (National Commissioning Board)	+	M	Q		✓			✓		
PHE (Public Health England)	+	M	Q		✓			✓		
NHS providers	+ /	M	M	✓	✓				✓	
Non-NHS Providers	+ /	M/L	Ad Hoc	✓	✓				✓	
Council Staff	+	L	M		✓	✓				
H&WB Board	+	H	M	✓				✓		
My NHS Walsall	+	M	Ad Hoc	✓		✓		✓		
LINK – Health Watch	+	M	Ad Hoc	✓		✓		✓		
Unions / JNCC	+ / -	H	TBA	✓	✓		✓		✓	
Media / Press	+	?	Ad Hoc		✓				✓	
Executive Management Team	+	H	D	✓	✓		✓	✓		
Local Business	+	L	Q			✓				✓

Table 1 – Stakeholder engagement and communications grid

7.4 Equalities Monitoring

Whilst there has been no separate equality impact assessment on the public health transition, there will be such an assessment carried out of the Health and Wellbeing Strategy, of which this work will be a part.

7.5 Project Communications Plan

Communication	Frequency	Method	Information Required
Between project manager and project executive	Weekly Monthly	Project Board meetings Highlight Report	Progress v planned work. Exception reporting as and when required
Between project manager and workstream leads	Fortnightly	Project Meeting	Agenda Items: Previous actions. project highlight reports, project plan, risks
Between project executive and project management office	As required	Project Meeting	By use of project management report (extract from project register).
Project progress – inter-dependent projects	Monthly (ad-hoc)	Highlight reports Project Meetings	Risk register, Project plan.

8.0 Quality Plan

Draft Quality plan under development.

9.0 Project Plan

Both a milestone plan and detailed project plan is attached as an appendix to this document.

The project has been broken into interdependent work streams, which are detailed below. These streams of activity will be tracked by the project, with the identified officers leading the activities and responsible for delivering the required outcomes.

Work stream	Leads officers	Output
Strategy	Dr Isabel Gillis (NHS) Jamie Morris (WMBC)	Provide overall strategic direction to the project.
Systems transfer and redesign - Health Improvement	Dr Barbara Watt (NHS) Paul Milmore (WMBC)	Design, develop and implement a new operating model for local authority undertaking the new functions.

Systems transfer and redesign - Health Protection	Dr Uma Viswanathan (NHS) Paul Milmore (WMBC)	Design, develop and implement a new operating model for local authority undertaking the new functions.
Systems transfer and redesign - Healthcare Public Health	Dr Paulette Myers (NHS) Paul Milmore (WMBC)	Design, develop and implement a new operating model for local authority undertaking the new functions.
Finance Contract Management	Lloyd Haynes (WMBC) Alan Turrell (NHS) Lloyd Haynes (WMBC) Lorraine Gilbert (NHS)	Ensure effective transition of funds from the NHS to the local authority. Identify, transfer existing and develop future procurement approach
Workforce	Alice Copage (NHS) Chris Breese (WMBC) (Linda Hill – WMBC)	Ensure effective and compliant transfer of NHS personnel into the local authority structure.
Infrastructure - Estates	Steve Law (WMBC) Julian Rainsford (NHS)	Accommodation provision for services transferring to the local authority.
Infrastructure - ICT	Lynne Jones (WMBC) Maggie Craddock (NHS)	To provision all required IT systems as required by transitioned NHS staff
Organisation	Dr Isabel Gillis (NHS) Jamie Morris (WMBC)	To propose and agree managerial and political relationships and accountability for new public health functions
Governance	Dr Isabel Gillis (NHS) Jamie Morris (WMBC)	To provide overarching governance and monitoring to the project. To report progress updates to key forums

9.1 Stage Plan

A detailed project plan in Microsoft Project format is under development. Included in **Appendix 1a** – high level milestone plan (detailed Project available separately)

As a summary the following stages are proposed:

i) Stage 1 - Project Initiation:

Confirm project initiation.
Identify Work Streams and accountable personnel.
Initiate project workshop.
Develop documentation for Transition Board.

ii) **Stage 2 - Detailed planning**
Detailed project plans developed by workstream leads and agreed by project directors and signed off by Transition Board

iii) **Stage 3 - Transition implementation**
Monitor the implementation of transition plans and testing of new systems upto transition in March 2013

iv) **Stage 4 – Project Closure**
Report on operation of new Public Health systems, close project and stand-down PH Transition Board

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10.0 Project Controls

10.1 Stage Control

The project is broken into discrete management stages and the Project Board will meet at the end of each agreed Stage of the project plan to review progress and agree progress to the next Stage of the project. Purpose of these controls is to:

- Monitor progress.
- Compare achievement with Plans.
- Review plans and options against future scenarios.
- Detect problems.
- Initiate corrective action.
- Authorise further work.

10.2 Project Status Reporting

Between meetings, the Project Manager will keep Project Board members informed of progress via Highlight Reports.

The Project Manager will meet the Project Board to discuss progress and review any Project Issues on a monthly basis or as required. The Project Board will utilise the following controls:

- Overall tolerances for the whole project as agreed by Project Board.
- Approved current Stage Plans.
- Highlight reports from Project Manager.
- End Stage Assessments.
- Exception reports (if PM forecasts deviation from agreed Stage tolerances for time and cost).
- Mid Stage Assessment (when receive Exception Report).
- Formal Project Closure.

The Project Manager will utilise the following controls:

- Agreed Stage tolerances from Project Board for time and cost.
- Risk Log.
- Quality Reviews.
- Change Control.
- Requests for change.
- Checkpoint Reports on Work Packages (feed into Highlight Reports to PB).
- Stage Controls.
- Allocate work.
- Check on progress.
- Ensure quality is appropriate for

- Project Issues.
- Issue Log.
- Product Descriptions (to be approved by Project Board) – (Product Descriptions taken from product Breakdown Structure and fed into Work Package).
- Work Package authorisation to teams/individuals.

project's needs.

- Ensure changes are controlled.
- Monitor risks.
- Report on progress.
- Watch for deviations.
- End Stage Report to End Stage Assessment.
- Manage Stage Boundaries.

10.3 Change Control

Change requests will be raised and presented to the project board for approval. The approval process will include an assessment of each change request to assess its impact on the rest of the project.

10.4 Escalation Procedures

Any issue can be escalated by any member of the project team to the project managers and onward to the project board. Escalation to the project board will be by oral or written communication.

10.5 Exception Process

The Project Board will set tolerances for time and cost against each Stage of the project. Should the Stage be forecast to exceed these tolerances, the Project Manager will inform the Project Board via an Exception Report and produce an Exception Plan to be discussed at a specially convened Project Board meeting

10.6 Risk

Detailed risk documentation to be completed in line with corporate guidelines. Please also refer to **Appendix 2** for detailed Risks Log.

The initial top level risks identified are:

Risk	Contingency
IF key specialist staff leave the WMBC/NHS THEN there will be a shortage of skills following the transition of PH to the local authority.	Close focus on the Workforce stream. Open and transparent communication with affected staff - will include group forums, briefings, drop in sessions and other informal discussion forums as well as formal routes being made available.
IF Parliament approval is not obtained in a timely manner THEN timescales may slip on the overall project.	Continue planning activities in line with expected outcomes.
If other council services are not fully engaged with the change process THEN there will be a missed opportunity to identify synergies and service improvements	Involvement of the Smarter Workplace programme as well as addressing each core domain with an NHS senior resource

10.7 Contingency Planning

The project has been planned on the assumption that the Health and Social Care Bill will be passed by Parliament. If not, contingency plans will be informed by whatever legislation or other policy directives succeed it.

11.0 Project Filing Structure

The programme office will store copies of electronic documentation on site in project libraries. It is the responsibility of the project manager to ensure all relevant documentation is submitted for filing. Documentation will be dated and version controlled to avoid confusion.

Version History

Version	Date issued	Summary of Changes
0.1	28/02/2012	Initial Draft – issued to Project Board for comment
0.2	05/03/2012	Re-issued for peer review, comments incorporated
0.3	07/03/2012	Issued for Transition Project Board members approval

Approvals

This document requires the following approvals.

Name	Signature	Title	Date of Issue	Version
Mr Jamie Morris		Executive Director		
Dr Isabel Gillis		Dir of Public Health		
Public Health Transition Board		Governance		

Distribution

This document has been distributed to:

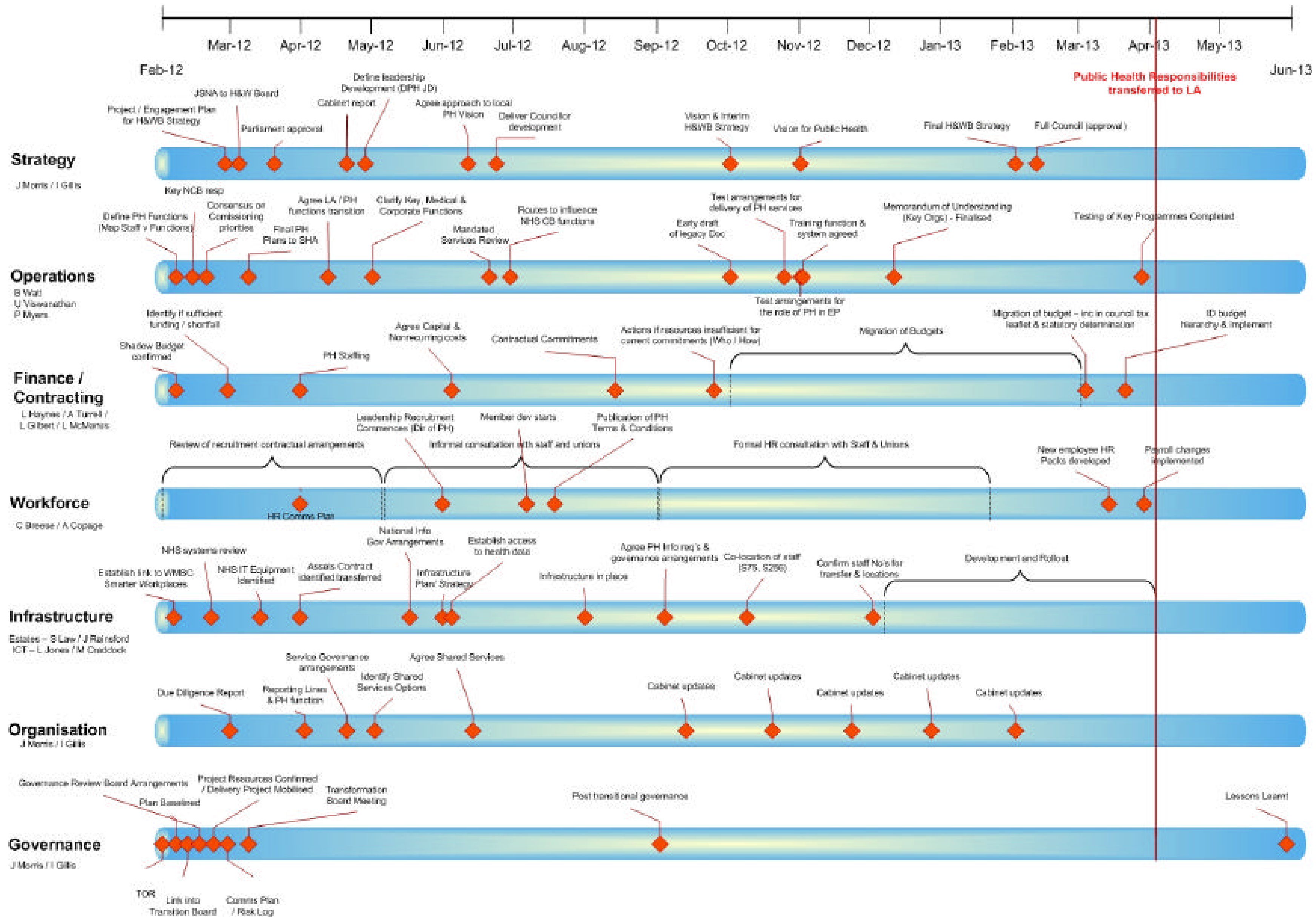
Name	Title / Workstream	Date of Issue	Version
Dr Isabel Gillis	Director of Public Health	05/03/2012	0.2
Jamie Morris	Executive Director	05/03/2012	0.2
Carol Williams	Programme Delivery		
Dr Uma Viswanathan	Systems design		
Dr Paulette Myers	Systems design		
Dr Barbera Watt	Systems design		
Lloyd Haynes	Finance		
Paul Milmore	Systems design		
Alan Turrell	Contracts Management		
Lorraine Gilbert	Finance		
Lawrence Brazier	Contracts Management		
Alice Copage	Workforce		
Chris Breese	Workforce		
Linda Hill	Workforce		
Steve Law	Infrastructure – estates		
Julian Rainsford	Infrastructure – estates		
Lynne Jones	Infrastructure – ICT		
Maggie Craddock	Infrastructure – ICT		
Janice Rowley	Project support		
Rahena Begum	Project support		

Quality Assurance

This has been reviewed for errors by:

Name	Signature	Title	Date
Programme Office		Configuration Librarian	

Appendix 1 – High level milestone plan



Appendix 2 – Risk log

Project Risk Report	
Ref No/Code:	RSPDG120001
Name:	Public Health Transition
Filter:	Status: All, RAG Status: All, Impact:All, Likelihood:All

Open Risks

ID	Category	Description	Risk Owner	Likelihood						Impact				Current Score	Target Score	Control Measure
				1	2	3	4	5	6	1	2	3	4			
60	Finance / Contracting	IF contracts for commissioned services are not properly procured and in place by April 2013 (either newly commissioned or novated) THEN there will be a loss of service continuity	Haynes Lloyd			X							X	12	6	Contract workstream separately commissioned from 'Finance'. Early activities planned to identify existing and new contracts to allow for a timely transfer to WMBC before March 2013
68	Operations	IF there is not an agreed service in place between public health and the clinical commissioning consortium THEN there will be a loss of specialist advice to health commissioning decisions	Ahmed Mohammed			X							X	12	8	Risk owned by Dr. Isabel Gillis who will investigate this further through the numerous working groups within the NHS. This will be further investigated within the Service Redesign phase of the project.
5	Governance	IF Parliament approval is not obtained in a timely manner THEN timescales may slip on the overall project	Morris Jamie		X								X	8	4	Closely track political situation. Undertake planning activities based on the assumption that approval will be obtained.

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3	Workforce	IF key staff leave WMBC / NHS THEN there will be a shortage of key skills and knowledge following the transition.	Breese Christina				X					X		12	0	To involve staff as early as possible in the transition process, including a period of informal consultation. Workshops, drop-in sessions and 1-to-1 briefings will be made available for staff to share concerns. Production of supporting documentation including Employee Packs
21	Operations	IF NHS/WMBC data is available in a timely manner THEN this will cause delays in service delivery	Jones Lynne				X					X		12	0	The Infrastructure-IT workstream is currently collating all systems required by NHS personnel for the transition
58	Operations	IF other council services are not fully engaged with the change THEN there will be a missed opportunity to identify synergies and service improvements	Milmore Paul				X					X		12	6	Early engagement with the Councils Working Smarter programme, and close liaison with NHS colleagues
1	Finance / Contracting	IF there is inadequate transfer of funds to the Local Authority THEN the council will not be able to carry out the transferring service as expected by government	Morris Jamie			X						X		9	0	Clarify budget and prioritise services (mandated first). To also establish clear priorities and outcomes from the Operations workstream.
9	Workforce	IF the transfer of staff is not managed effectively (including staff engagement) THEN this will may lead to loss of service continuity and staff morale	Evans Bethany			X						X		9	0	Early engagement from the Workforce workstream, and ensuring that staff transition is undertaken sensitively and within the TUPE approved framework.
16	Strategy	IF Councillors expectations/priorities do not match Public Health priorities THEN this could adversely impact on desired health outcomes	Morris Jamie			X						X		9	6	Appointment of Councillor Ali as the Projects Senior User. Targeted communications via the project, including the project executives communicating via the political group meetings and where appropriate face to face briefings with appointed Councillors to increase awareness.

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24	Infrastructure	IF Jubilee House closes THEN access to critical NHS systems may not be available.	Jones Lynne		X							X		6	0	Smarter Workplaces notified of requirement for approx 35 NHS staff who will TUPE into WMBC. Dir of PH has confirmed move will not occur before October 2012. Project will initiate data collection (from the NHS) early to understand the complexity of the requirement
46	Strategy	IF the Health and Well Being board are not fully engaged THEN key stakeholders will be unable to influence the future of public health	Ahmed Mohammed		X							X		6	0	Risk owned by Isabel Gillis who will co-ordinate with H&WB Board.
59	Organisation	IF we are not able to appoint a Director of Public Health in a timely way THEN there will be a loss of leadership to the transition	Morris Jamie		X							X		6		Initiate recruitment activities immediately after the local elections in May 2012
63	Organisation	IF the potential for shared services with other local authorities is not resolved in a timely way THEN this will result to a loss of efficiencies and less effective use of resources.	Milmore Paul			X					X			6	3	The service design component will address this from April 2012.
66	Workforce	IF public health staff are not engaged in the change process THEN there will be a loss of morale and increase in sickness absence	Breese Christina			X					X			6	0	Chris Breese and Alice Copage ensure all TUPE process is followed with suitable time allowing for affected staff to liaise with HR departments of both WMBC and NHS.

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