



South West London

LONDON BOROUGH OF MERTON
PUBLIC HEALTH TRANSITION PROJECT
Project End Report
April 2013

This document provides a summary of the work undertaken to deliver the Merton Public Health Transition Project. It includes the achievements, challenges, residual activities and contact list.

CONTENTS

	Page
Section 1	3 -13
Section 2	14 - 17
Section 3	17 - 33
	17 - 18
	18 - 19
	21 - 22
	23 - 24
	25
	25 - 27
	28
	29
	30 - 31
	32 -33
Section 4	35
Appendices	36

SECTION 1: Introduction and Project Overview

1.1 Background

The Health and Social Care Act (2012) includes a series of clauses to transfer responsibility for public health functions from the NHS primary care trusts to local authorities. The new system gives clear accountability for the improvement and protection of their population's health to local government from 1 April 2013.

Until April 2013, NHS Sutton and Merton would remain responsible for providing public health services to both the London Borough of Sutton and the London Borough of Merton with majority of services commissioned and delivered jointly across both councils by one public health team. It was recognised that it would be necessary to review and consider the redesign of the structure of the Public Health Team before the services could transfer and that it was possible that two separate teams would be required, one for each borough.

Following the publication of the Public Health Human Resources (HR) Concordat, DH, in November 2011, the Sutton and Merton Director of Public Health and Director of Communities and Housing at the London Borough of Merton, agreed to set up the Merton Public Health Transition Steering Group to oversee the safe and timely transition of the Public Health Team and functions. The Steering Group would be accountable to both the NHS and the Council. The first meeting was held jointly with Sutton on December 1st 2011 and in January, it was agreed that a project manager should be appointed to produce the Transition Project Plan, which had to be in place by March 2012. The transition plan would provide assurance to the local authority and the NHS that robust arrangements were in place to support the transition of public health functions, including services, staff and resources.

1.2 The Purpose of the Project End Report

This report provides a summary of the work undertaken to deliver the Merton Public Health Transition Project. It includes the achievements, challenges, residual activities and a contact list. The work of the project has been recorded and is stored as a record on the Public Health (PH) shared drive under PH Transition. The folders are listed as an appendix to this report but because of the size of the information, they are not attached. This information is available to the Public Health Team and to others on request to the Director of Public Health (DPH).

1.3 The Transition Plan

The Transition Plan was finalised and submitted to NHS SW London and the London Borough of Merton for agreement in April 2012. The plan set out the arrangements for the transition of public health functions from NHS Sutton and Merton to the London Borough of Merton during 2012/2013 and covered:

- The governance and assurance structures and processes that would be in place to support the transition
- The critical activities that had to be undertaken to ensure a smooth transition:
- The critical activities that had to be delivered during the transition year to ensure that business as usual was not compromised as services and people became aligned to new organisations
- The milestones that had to be met during transition and the dependencies and interdependencies of supporting activities
- The key risks and issues that will need to be addressed during transition
- The control and reporting arrangements

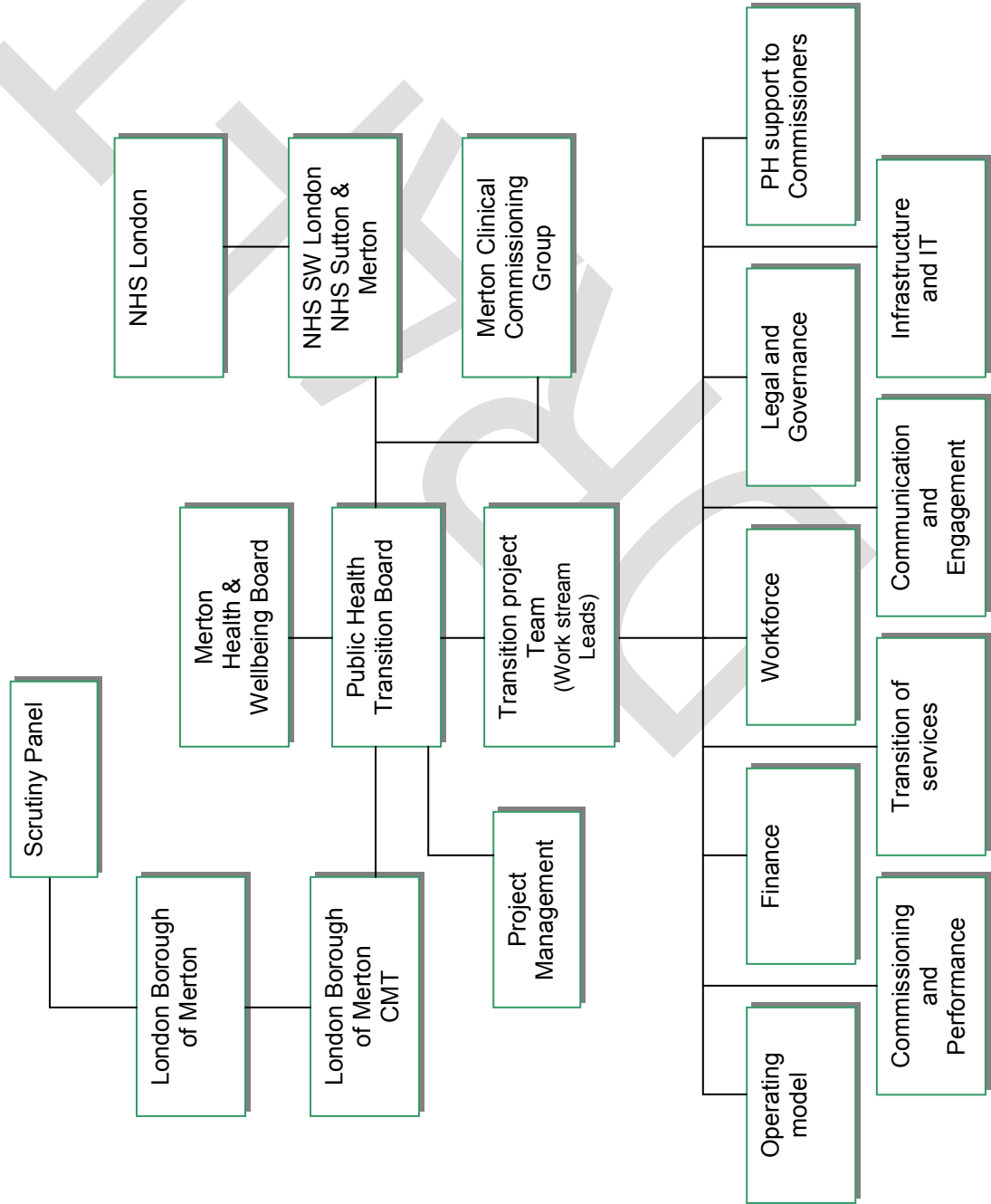
The plan was supported by a number of appendices including the transition action plan which detailed the tasks that had to be carried out. The Action Plan would act as the main tool for reporting and measuring progress. The final Action Plan, version 16 informs this report.

The plan also noted that the situation in Merton was complex because public health services were currently provided by NHS Sutton and Merton across the London Boroughs of Merton and Sutton. Agreement would have to be reached on the best structure for both boroughs and the most appropriate way to disaggregate the functions, staff and contracts.

1.3.1 The Governance Arrangements

Governance and assurance structures were put in place to support the transition which confirmed the reporting arrangements. Work streams were established to ensure that all the tasks were carried out. Members of the council and the NHS were represented on all the groups and the Merton Clinical Commissioning Group (CCG) was invited to attend the Merton Public Health Transition Steering Group.

Transition Plan Project Structure



Reporting and Control Arrangements

The Public Health Transition Group reported to both the NHS and the London Borough of Merton through regular formal reports to:

- The Council's Cabinet, Executive and CMT and Scrutiny Panel
- The NHS South West London Joint Boards and NHS Sutton and Merton Board
- The Merton Shadow Health and Wellbeing Board.

Assurance reports were also made on request to:

- NHS London
- NHS SW London
- London Government Association

Merton Clinical Commissioning Group was invited to attend the Transition Steering Group and received copies of the papers discussed at these meetings.

The Steering Group met monthly. Initially the meetings were held jointly with Sutton but from June it was agreed to hold separate meetings.

The Terms of Reference for the Transition Steering Group were agreed and included in the Project Plan as were the aims, roles and responsibilities of groups. The Group was chaired by the Director of Communities and Housing.

1.3.2 Aims, objectives and outcomes of the public health transition project

The following overall project aims, objectives and outcomes were agreed and achieved

Aims

1. To ensure the smooth transition of the public health function to the London Borough of Merton by April 2013 in line with government policy and guidance.
2. To ensure current public health performance and delivery is maintained during the transition.
3. To ensure the future function and form is fit for purpose (i.e. the function keeps the population safe, improves general health and reduces health inequalities within allocated resources)
4. Objectives
 1. To advise the Council on the local implications of national guidance on the role of Public Health in Local Authorities
 2. To provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities
 3. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
 4. To develop a number of options for the Council Executive and Officers to consider for how Public Health might function following the transfer
 5. To ensure that all key stakeholders are aware of and engaged in the process at an appropriate level.

Outcomes

At midnight, on 31 March 2013, a robust public health function will transfer to the London Borough of Merton, funded and staffed to commission and deliver the mandatory and locally agreed public health services which are designed to improve the health and wellbeing of the local community and fully comply with public health legislation.

1.3.3 Risk Management

A risk log was agreed by the Transition Project Steering Group. This was reviewed by the group at its meeting every month. By the end of the project, all the risks had moved from red or amber to green and were closed as shown on the final risk Log, version 10.

16.04.13 Merton Public Health Transition Risk Log v 10

Risk ID	Work Stream	Risk Definition	Date Identified	Impact	Likelihood	Risk Rating	Risk Management Plan	Residual Risk	Lead	Open	Closed
1.	Operating model	Lack of clarity and common vision for public health leading to inadequate skills in core team to deliver Public Health Function	March 2012	4	1	4	Development of Joint Health and Well being Strategy to develop vision and identify core team skills and capacity		JG/SW		Closed
2.	Operating Model	Lack of agreement on future structure for PH	March 2012	2	2	4	Structure of PH team agreed		JG/SW		closed
3.	Operating model	Structure agreed, including position of DPH but out of line with other LAs resulting in recruitment problems	March 2012	2	2	4	DPH appointed vacancy for PH consultant covered by Interim consultant		SW		Closed
4.	Operating model	Lack of clarity and delay in agreeing PH strategy affecting service delivery	March 2012	2	2	4	HWB Strategy agreed and informs PH Strategy		JG/SW		Closed
5.	Finance	Insufficient financial allocation	February 12	3	2	6	PH Grant published. Analysis confirms that the Grant is sufficient to cover the PH commitments		VD/ SW		Closed
6.	Finance	Inability to split resources between the 2 boroughs	March	3	2	6	Section 101 agreed setting out arrangements for managing contracts and resources that cannot be split				Closed
7	Finance	Unavoidable redundancy costs	March	4	1	4	Redundancy costs will be				closed

8	Finance			2012			2	2	4	covered by NHS – redundancies now confirmed				Closed
		Separating Merton PH activity and funding from bigger contracts, i.e. the community contract, and ensuring that PH spend and activity is reported separately from the CCG budgets within the overall spend		June				4		Funding separated but work ongoing. To be taken forward by PH team				Closed
9.		Funding additional half of DPH post		June				4		Estimated PH Grant reviewed against staff, contractual and other costs and full costs of DPH post identified.				Closed
10.	Workforce			March		2	2	4		Staff kept up-to-date on transition and changes to staff structure.	SW/JG			Closed
11.	Workforce	Future change/ anticipation of change and delay in agreeing new structure may destabilise staff who may leave or become distracted		March		4	2	4		Changes supported by TUs	VD/MD/KR			closed
12.	Workforce	Change may not be supported by staff or trade unions – potentially leading to industrial action		March		4	3	4		Team appointed cover specialist PH skills	VD/MD/KR			closed
13.	Workforce	Loss of specialist PH skills		March		2	3	6		Transfer scheme instructions completed. The final Transfer Scheme was received on 15.04.13	MD/SD			Closed
14.	Workforce	Delay in guidance of type of transfer arrangements		May		3	4	4		DPH appointed	SW/M D/SD			Closed
15.	Legal & Governance	Delay in appointing a DHP		March 2012		3	2	6		Terms of agreement signed and Section 75 in hand				26/05/12
		Delay in agreeing MOU												2

Item 11
Appendix 1

16.	Legal & Governance	Loss of PH corporate memory, knowledge	March 2012	4	4	4	12	Legacy documents written. PH folders transferred to Merton	VD		Closed
17.	PH Support to Commissioners	Lack of capacity when team split between boroughs	May	2	2	4	4	New structure agreed. Capacity will continue to be reviewed	SW/JG /JL/MD		Closed
18.	Commissioning and Performance	Failure to identify all funding Public Health contracts	May	2	2	4	4	Analysis of Public Health grant and contract costs completed	JG		Closed
19.	Commissioning and Performance	Inability to disaggregate existing contracts and agree appropriate level of funding to be apportioned	May	2	2	4	4	Section 101 agreed with collaborative arrangements for managing shared contracts and resources	JG/PB/ RAM/V N/KW		Closed
20.	Commissioning and Performance	Funding insufficient to meet all demographic needs	May	2	2	4	4	PH Grant covers all commitments Prioritise in line with HWBS	JG/PB/ RAM/V N/KW		Closed
21.	Commissioning and Performance	Implications of fund going to the Mayor's fund		2	2	4	4	Implications taken into account			Closed
22.	Safeguarding	School nurses need to access safeguarding support which will be transferring to CCGs and provided by Royal Marsden	July	2	2	4	4	Not an issue while school nursing is commissioned from Royal Marsden but need to ensure funding is separated in case provider is changed			closed
23.	Transition of Services	Lack of clarity on organisations some services will transfer to. i.e. Emergency Planning	March 2012	2	2	4	4	Emergency Planning not transferring to LA	BR/JG		closed
24.	Communication and Engagement	Insufficient understanding and buy in from key stakeholders to implement changes	March 2012	2	2	4	4	Communications plan finalised and plans implemented to ensure appropriate level of engagement and understanding	SP/KR/ AR		Closed

Item 11 Appendix 1

25.	Infrastructure	Insufficient resources to accommodate PH in borough accommodation	March 2012	2	2	4	Accommodation ready and staff moved in	MH	Closed
26.	Infrastructure	Inability to access both council and NHS systems Delay in securing N3 connection	March 2012	3	2	6	Progress has been made on N3 and connection in place. Connection to NHS systems through RAS retained until all systems working	MH/SR	Closed
27	Project Management	Changes in national policy leading to major re-scoping of project	March 2012	4	1	4	Bill already enacted – policy unlikely to significantly change	AR	May 2012
28	Project management	Existing projects not aligned with transition project	March 2012	2	2	4	Project completed	AR	Closed
29.	Project Management	No funding to extend Project Manager's contract after July	June 12	2	2	4	Funding found. PM to stay until end April		closed

1.3.4 The Work streams

The Public Health Transition Steering Group agreed that the successful transition of the public health functions would be achieved through ten work streams, each with an identified lead from the PCT and the London Borough of Merton. They would be responsible for delivering a number of key tasks, which were described in detail in the Transition Action Plan. In reviewing the Action Plan, it was noted that some tasks had been duplicated or in the wrong workstream and had been moved.

A. Future Operating Model work stream would:

- Ensure that the future function and form of Merton Public Health is fit for purpose (keeps the population safe, improves its general health and reduces health inequalities within allocated resources). It had three main objectives;
- i. To develop a number of options for the Council Executive and Officers to consider how Public Health might operate following the transfer, including the role of the DPH and the wider public health team.
 - ii. To agree a vision and an appropriate organisational structure for Public Health including the role of the DPH and the wider public health team

iii. Design a future operating model ensuring that all mandatory services continue to be delivered and specific services are developed and delivered to meet local need (based on the JSNA and Merton Health and Wellbeing Strategy).

B The finance work stream had three overall objectives:

- i. To provide a detailed financial assessment of the current services, income and expenditure on the public health services, the proposed future structure and the financial allocation due to be transferred so that the London Borough of Merton can make an informed assessment of the financial implications of the transition of the responsibilities.
- ii. To ensure that financial systems and support functions are in place and funded to support the transition of PH functions from the PCT to the LB of Merton
- iii. To manage the handover of day to day financial management

Key issues for the finance group include:

- Concerns that the baseline spending estimates calculated by the Department of Health are inadequate and inequitable. Merton has a public health spend of £34 per head of population which is below the average England spend of £40 per head.
- Concerns about the way the funding will be split between Sutton and Merton
- Concerns that the funding will not support the preferred operating model and structure

C. The Workforce work stream had three overall objectives:

- i. To produce a workforce plan and manage the transfer of staff to their new organisation(s) in line with national guidance
- ii. To ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
- iii. Take reasonable steps to avoid redundancies and ensure that arrangements are in place to support the redeployment as necessary of any displaced staff. Engage the local unions in the process

D The Governance and Legal work stream had six overall objectives:

- i. To ensure that all legal and governance issues have been identified and are in place to support the safe transfer of Public health function to the London Borough of Merton by April 20013
- ii. Ensure clinical governance systems are in place for all relevant services to be commissioned by the Borough
- iii. Test new arrangements for specific public health functions, including emergency planning, resilience and response
- iv. Test new arrangements for specific public health functions – screening and immunisation

- v. Agree PH information requirements and Information governance
 - vi. Ensure a comprehensive legacy handover document is produced
- E The Public Health Support to Commissioners work stream had two objectives:
- i. To ensure that appropriate systems are in place for Public Health officers to advise and support all commissioners of public health functions and that commissioners have systems in place to respond to PH advice and guidance
 - ii. To establish systems to ensure support is available to healthcare commissioners to both in put and take account of the JSNA and provide public health skills to interpret and analyse population data to support commissioning decisions.
- F The Commissioning and Performance work stream had three objectives:
- i. In liaison with the financial group, to provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
 - ii. To ensure robust internal accountability and performance monitoring arrangements are in place to cover the transition year and beyond, including schemes of delegation, providing monthly reports to the Transition Board.
 - iii. To review the contracts and performance reports in line with the Public Health Outcomes Framework
- G The transition of Services and programmes work stream had four objectives:
- i. To ensure current public health performance and delivery is maintained during transition
 - ii. Undertake a public health programme analysis of functions currently commissioned and delivered by NHS Sutton and Merton, identifying the service provided to each of the boroughs
 - iii. Plan a phased separation and transfer of services as appropriate
 - iv. To test the arrangements for the services that have been transferred
- H The Communications and Engagement work stream had five objectives:
- i. To produce a Communications and Engagement Plan
 - ii. To Identify all key stakeholders and level of interest / involvement
 - iii. To ensure that all key stakeholders are aware of and engaged in the process and implications of the transfer of responsibility of the Public Health function to the Council, at an appropriate level.
 - iv. To consider events to increase awareness and engagement

I The Infrastructure and IT work stream had one overall objective:

- i. To ensure that the appropriate infrastructure is in place for public health to transfer to the LB Merton by April 2013 including:
 - a. Accommodation
 - b. IT systems and hardware
 - c. Support services

J The Project Management work stream had three overall objectives:

- i. To produce a Public Health Transition Plan for Merton setting out clear plans for ensure the smooth transition of the public health function to the London Borough of Merton by April 2013 in line with government policy and guidance.
- ii. To manage the implementation of the plan and report progress regularly to the Transition Board
- iii. To advise the Council on the local implications of national guidance on the role of Public Health in LA

It was agreed that the workstream leads would only meet if required and where possible, the tasks would be agreed and delivered through email correspondence. The project manager would co-ordinate and support the Workstreams and report to the steering group on their behalf unless it was thought it would be helpful if the leads attended the meeting in person.

All the groups met but the number of meetings varied according to the type and level of the workload. The project manager kept in touch with the work stream leads regularly to obtain updates on progress to keep the action plan and risk log updated.

The achievements, challenges and residual activities are recorded in detail in Section 3 of this report.

SECTION 2: End of Project Summary

Work Stream	Critical Success Factor	Status on 31 March 13	Commentary
A Future Operating Model	<ol style="list-style-type: none"> 1. Appoint Director of Public Health 2. Agree organisational Structure 3. Public Health Vision and Strategy 4. PH Business plan 	<ol style="list-style-type: none"> 1. Achieved 2. Achieved 3. Achieved 4. Deferred 	All action completed apart from 4. It was agreed by the Transition Steering Group that it would be move appropriate for the new DPH and team to develop the Business / Work Plan for Public Health
B Finance	<ol style="list-style-type: none"> 1. Detailed financial assessment of PH income and expenditure and Public Health Grant 2. Financial systems in place and funded to support the transition of PH functions 3. Handover of day to day financial management 	<ol style="list-style-type: none"> 1. Achieved 2. Achieved 3. Achieved 	Public Health expenditure covered by the Public Health Grant. Further work is required to confirm costs of services within block contracts Concerns over insurance resolved as DH taking responsibility for any claims from non reported but incurred incidents before April 1 st 2013
C Workforce	<ol style="list-style-type: none"> 1. Staff to their new organisation(s) in line with national guidance 2. staff consulted and kept informed of the changes as it affects their current roles 3. Take reasonable steps to avoid redundancies 4. Engage the local unions in the process 	<ol style="list-style-type: none"> 1. Achieved 2. Achieved 3. Achieved 4. Achieved 	Staff were supported in transferring to the London Borough of Merton as well as the London Borough of Sutton, NHS Commissioning Board, Merton CCG and other NHS organisations There was one redundancy as a result of outsourcing the smoking cessation service, 2 staff decided to leave and 2 came to the end of their contracts Trade Unions engaged through out the process.
D Governance and legal framework	<ol style="list-style-type: none"> 1. Legal and governance issues identified and in place to support transfer of Public health 2. Clinical governance systems are in place 3. Test new arrangements for emergency planning and screening and immunisation 4. A legacy handover document is produced 	<ol style="list-style-type: none"> 1. Achieved 2. Achieved 3. Not required 4. Achieved 	Contracts examined as part of Due Diligence for Transfer Scheme. Final Transfer Scheme for property and staff received on April 14 2013 Section 101 and 75 completed for contracts shared with other organisations Need to review pharmacy and GP LES agreements as due to finish in Oct 13 Clinical Governance arrangements will be supported by the CCG Responsibility for emergency planning and immunisation and

E	The Public Health Support to Commissioners	1. Systems in place for Public health officers to advise and support all commissioners	1. Achieved	screening was transferred to the NHSCB Section 75 agreement with Merton CCG for Public Health Advice Members of Public Health Team transferred to NHSCB
F	Commissioning and performance	<ol style="list-style-type: none"> Detailed assessment of the current services and expenditure on public health services to be transferred. Performance monitoring arrangements in place to cover the transition year and beyond Contracts and performance reports in line with Public Health Outcomes Framework 	<ol style="list-style-type: none"> Achieved Achieved for transition year but outstanding for future Work started 	<p>Spread sheets produced detailing all public health contracts.</p> <p>Performance reporting to meet LB Sutton and national requirements to be developed</p> <p>Difficulty in obtaining some sexually health (HIV) contracts commissioned across London or South London, but now received. Pan London contracts being reviewed during 2013/14</p>
G	Transition of services and programmes	<ol style="list-style-type: none"> Public health performance and delivery maintained during transition Public health programme analysis of functions currently commissioned and delivered by NHS Merton and Merton, Plan separation and transfer of services 	<ol style="list-style-type: none"> Achieved Achieved Achieved 	It was agreed not to separate the majority of services but to continue shared services and extend contracts for a year to allow both local authorities understand and review the services before deciding on future contractual arrangements.
H	Communications and Engagement	<ol style="list-style-type: none"> Communications and Engagement Plan Key stakeholders and level of interest identified Key stakeholders aware of and engaged in the transfer of the Public Health function Increase awareness and engagement 	<ol style="list-style-type: none"> Achieved Achieved Partially achieved Achieved 	Although key stakeholders were aware of the transfer of public health responsibilities to the local authority, not all were as engaged as ideally they could have been, mainly because they were engaged in their own organisational change
I	Infrastructure and IT	<ol style="list-style-type: none"> Ensure that the appropriate infrastructure was in place for public health to transfer to the LB Merton by April 2013 including: <ol style="list-style-type: none"> Accommodation IT systems and hardware Support services 	<ol style="list-style-type: none"> achieved partially achieved partially achieved 	<ol style="list-style-type: none"> Accommodation arranged for Public Health staff Hardware achieved, appropriate new equipment obtained and installed for PH staff (i.e. PC or laptop and docking station, N3 connection not fully operational so temporary solution through agreement with CCG/CSU to retain NHS RAS tokens to allow access to NHS Systems. IG issues still await clarification. Still waiting to see if a legal basis can be established for PH to access health data for secondary use – this is a national issue.

J	Project Management		<ol style="list-style-type: none"> 1. Produce a Public Health Transition 2. Manage the implementation of the plan and report progress to the Transition Board 3. Advise the Council on local implications of national guidance on role of Public Health in LA 		<ol style="list-style-type: none"> 1. Achieved 2. Achieved 3. Achieved 	<p>c. Support services – precise arrangement about support from CSU to be confirmed. General IT support from Merton IT team.</p> <p>The overall objectives of the project were achieved. However, there may be two post project tasks remaining: Finalisation of the Transfer Scheme which was returned from the DH after April 1st 2013 Responding to an external audit that may be carried out on Public Health Transition Projects</p>
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Section 3 - Workstream closedown reports

A. Future Operating Model

The future Operating Model workstream leads were asked to ensure that the future function and form of Merton Public Health was fit for purpose and given three key tasks:

- To develop a number of options for the Council Executive and Officers to consider on how Public Health might operate following the transfer, including the role of the DPH and the wider public health team.
- To agree a vision and an appropriate organisational structure for Public Health including the role of the DPH and the wider public health team
- Design a future operating model ensuring that all mandatory services continue to be delivered and specific services are developed and delivered to meet local need (based on the JSNA and Merton Health and Wellbeing Strategy).

The work stream was lead by Simon Williams, the Director of Communities and Housing for the Council and Val Day, the interim Director of Public Health, supported by Julia Groom, the joint Public Health Consultant. Initially the group worked with the Sutton Future Operating Model group to agree whether they would share one Director of Public Health or appoint their own separate part time or full time DPH. The preferred option of both groups was to appoint their own full time DPH. A paper describing the functions of the DPH and the functions of the team was presented to the Council with two options for delivery. The council agreed to appoint a DPH for Merton, to have a single public health team and a sexual health team shared with the London Borough of Sutton.

The group focused on the first and second objectives, agreeing that the design and development of the future operating model and business plan should be postponed for the new DPH to take forward. In designing the structure of the public health team so that that it would be fit for purpose and have the capacity to deliver all the public health functions, the main challenge facing the group was ensuring that it was affordable. Detailed analysis of the existing commitments and the estimated Public Health Grant were carried out so that recruitment could take place before the Public Health Grant was published.

Summary of the Future Operating Model Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
A1	Agree Organisational structure including position of DPH	It was agreed to appoint a full time DPH for Merton. JDs and PS were agreed and interviews were held in October 2012. No appointment was made and the post was re-advertised. An appointment was made in December 12 and the new DPH started in March 13.
A2	Agree Organisational structure of PH Team	All the public health responsibilities and functions transferring to the council were examined. The roles and skills required to deliver these responsibilities were identified. A report identifying two options for the organisational structure were presented to the council on ... and it was agreed that the core team would be a DPH, 2 PH consultants, senior commissioning manager, commissioning manager, public health intelligence specialist and business administrator. The sexual health team will be hosted by Merton.
A3	Develop vision and strategy for Public Health in Merton	It was agreed that the vision and strategy for Public Health would be developed in line with Merton Health and Wellbeing vision and strategy
A4	Design future operating model	It was agreed that the formulation of the Merton Public Health operating model and business plan would be postponed for the new DPH to take forward.

B Finance

The finance workstream leads were asked to:

- To provide a detailed financial assessment of the current services, income and expenditure on the public health services, the proposed future structure and the financial allocation due to be transferred so that the London Borough of Merton can make an informed assessment of the financial implications of the transition of the responsibilities.
- To ensure that financial systems and support functions are in place and funded to support the transition of PH functions from the PCT to the LB of Merton
- To manage the handover of day to day financial management

Key issues for the finance group include:

- Concerns that the baseline spending estimates calculated by the Department of Health would be inadequate and inequitable. Merton had a public health spend of £34 per head of population, which is below the average England spend of £40 per head.

- Concerns about the way the funding would be split between Sutton and Merton
- Concerns that the funding would not support the preferred operating model and structure

The workstream leads were Caroline Holland, Director of Finance for Merton who delegated the work to Taiye Sanwo and Karen Mckinley, Director of Finance for NHS Merton and Merton, who delegated the work to Martin Jones, Finance Manager. Val Day undertook a large part of the financial analysis.

The Finance workstream leads met together and with Val Day to discuss the budgets and work through the tasks on the action plan. In addition, three meetings were held jointly with both the Sutton and Merton representatives for finance, commissioning and law, to ensure transparency and that everyone was fully conversant with the financial issues and the implications for commissioning and contracting public health services.

The 2010/11 budgets and expenditure had been submitted to the Department of Health (DH) as a baseline for the calculation of the Public Health Grant. The baseline estimates were published on 23 January 2012 with an assurance from the DH that no local authority would be worse off when the final allocations for 2013/14 were announced at the end of the year. Local authorities were cautious about finalising any arrangements such as operating models, staff and contracts in case there was a shortfall in the final allocation. The final allocations for 2103/14 were announced on January 10th 2013 and included an uplift on the baseline estimates and accounted for inflation. The final allocations were positive for Merton but the delay in confirmation caused a major challenge for the Finance and other workstreams as it reduced the time available to confirm the new budgets and funding available for Merton Public Health.

Work was undertaken to disaggregate the costs of the public health services commissioned within the block contract with the Royal Marsden Hospitals NHS foundation Trust for community service. This work needs to continue and there is an understanding between the five parties to this contract that further work is required to finalise and agree the actual costs and budget share.

Summary of the Finance Work stream Outcomes

No	Key Tasks	Actions, progress and achievements
B1	Financial assessment of the current services, income and expenditure and compare with proposed financial baseline allocation	Detailed financial assessments were completed starting with 2010/11 budgets and expenditure and working through annual budgets, spend, estimated baseline allocations and estimated spend. It was agreed that where separate costs and budgets were not available for Merton and Sutton, they would be split 48.27% to Merton and 51.73 to Sutton
B2	Public Health Grant	The Public Health Grant was published on January 10 2013 and a detailed analysis was carried out by the interim DPH which confirmed that there was sufficient funding to meet all the public health commitments.
B3	General Ledger & Respective Feeder systems: Payroll, Debtors, Creditors, Procurement	The Scheme of Delegation was updated to include public health.
B4	Financial governance including: Financial Controls, Financial Reporting, Final Accounts & Board Approval for New Budgets and Financial Plans	Meetings held between NHS and LBS Finance Leads to discuss current financial systems and inform the arrangements which were then set up for public health in Merton. It was noted that an NHS Legacy team had been set up to manage outstanding invoices and year end accounts Letters were sent to all providers by public health commissioners informing them of the move and changes in invoicing arrangements
B5	Cash, Reserves, Capital and Financial Plans	No cash reserves to be transferred. It was agreed that arrangements for public health financial reporting should wait for the new DPH
B6	Non-Pay Expenditure	Arrangements for non recurring ordering put in place using Merton's systems
B7	Support Functions	Funding for corporate functions to support public health was included in the Public Health Grant and allocated by Merton to its corporate services as required.
B8	Handover	Meetings held between Val Day, Martin Jones and Taiye Sarwo. Handover completed
B9	Insurance	Information on PH functions given to LB Merton Insurance Manager for Merton's insurance company so that PH are added to Merton's insurance policy. Outstanding issue of cover for unreported liabilities resolved as DH taking responsibility

C. Workforce

The workforce workstream was asked to:

- i. Produce a workforce plan and manage the transfer of staff to their new organisation(s) in line with national guidance
- ii. Ensure that current staff are properly consulted and kept informed of the changes as it affects their current roles
- iii. Take reasonable steps to avoid redundancies and ensure that arrangements are in place to support the redeployment as necessary of any displaced staff. Engage the local unions in the process

Malcolm Davies was appointed by NHS SW London to lead this work across the five PCTs in SW London and worked closely with Steve Dalgetty, HR manager for LB Merton. Joint meetings were held regularly with the HR Manager for Sutton.

There were two key challenges for this workstream:

- The need to separate the existing public health team into two teams, one for Merton and one for Merton. This work could not start until the organisational structure was designed, consulted on and agreed.
- The production of accurate staff data for the Transfer Scheme

Summary of the Workforce Work stream Outcomes

No	Key Tasks	Actions, progress and achievements
C1	Staff Communication and Engagement	With the Communication Leads, a Communications and Engagement Plan was agreed. Regular team and individual meetings were held by the interim DPH and NHS Workforce lead with all the public health staff. Staff were also kept informed of the transition through regular NHS SW London bulletins.
C2	Communication and Engagement with Trade Unions	The NHS Trade Unions were formally informed of the changes, involved in the consultations and regular management / staff side meetings were held. List of recognised trade unions has been sent to the local authority
C3	Operating Model Support Operating Model work stream in putting in place agreed structure to deliver operating model	Staff consultation on proposed operating model held for four weeks in October and November. It was also agreed to put the smoking cessation service out to tender and this was consulted on in parallel with the operating model consultation and resulted in one redundancy.

C4	Transfer of Staff	<p>Formal consultation on transfer carried out by NHS SW London.</p> <p>Informal interviews held with staff transferring to Merton</p> <p>Staff informed of measures through NHS SW London Bulletin and website</p> <p>Three cuts of the Transfer Scheme Instructions were sent to the Sutton Workforce lead for Due Diligence to be carried out</p> <p>Staff lists submitted to NHS SW London for inclusion with the PCT's staff Transfer Scheme Instructions. HR due diligence included a list of staff with their employment details, payroll details and HR policies and procedures.</p> <p>Payroll due diligence has been shared with Merton, together with P45, March payslips and payroll file</p>
C5	Transfer of HR documentation	Data verification exercise was carried out prior to point of transfer. Future data verification may be carried out to provide reassurance to staff that their transfer data is correct.
C6	Induction and Training	Personal files have been transferred to Merton Individual and team induction has been held. Annual Training needs analysis being undertaken.
C7	Post graduate Training	Trainees will be based in Merton but Merton will have to obtain formal site approval in due course.
C8	Occupational Health	SW London Occupation Health contract ended by cluster HR lead and Public Health will move to Merton's Occupational Health service

D. Governance and Legal Framework

The Governance and Finance workstream leads were asked to:

- i. Ensure that all legal and governance issues were identified and in place to support the safe transfer of Public health function to the London Borough of Merton by April 20013
- ii. Ensure clinical governance systems are in place for all relevant services to be commissioned by the Borough
- iii. Test new arrangements for specific public health functions, including emergency planning, resilience and response
- iv. Test new arrangements for specific public health functions – screening and immunisation
- v. Agree PH information requirements and Information governance
- vi. Ensure a comprehensive legacy handover document is produced

The workstream leads were Paul Evans, Head of Legal Services for Merton and Jackie Moody, Business Support Unit for NHS Merton and Merton. Paul delegated the legal work to Rachel Murray, lawyer for Merton and the governance related activities to the relevant governance lead. The Public Health Transition Project Manger co-ordinated the work for the NHS. The Project Manager and lawyer meet on several occasions to review all the public health contracts and the governance issues were addressed by email or telephone conversations. Paul chaired a monthly meeting, co-ordinated by Gareth Young, Business Manager, to discuss and action the Governance and legal issues. The project manager attended these meetings when possible.

A key challenge was the collection of all the up-to-date contract information for the Transfer Scheme Instructions so that the lawyers could carry out due diligence to give assurance to the council that the assets and liabilities they would receive were acceptable. For contracts to be transferred, they had to have an end date after March 31st 2013. A number of contracts needed to be extended to ensure continuity of service. Obtaining signed contracts or contract extensions proved to be challenging, particularly where contracts were not commissioned directly by the Sutton and Merton Public Health team. However, all contracts were eventually made available to the Merton lawyers. Due Diligence should have been carried out using the Transfer Scheme. However, NHS Sutton and Merton was one on a number of PCTs who did not receive the final Transfer Scheme back before March 31st. This meant that due diligence had to be carried out on the Transfer Scheme Instructions submitted by the PCT rather than the actual Transfer Scheme. The final Transfer Scheme was received on April 14th and further guidance on the next stage is expected soon.

NHS contracts that were not extended but needed to continue, had to be agreed using the new NHS contract which was published in February 2013. This has resulted in a delay in some contracts being signed, such as the acute contracts which include public health GUM services. It is understood that these contracts will not be signed until the end of April. Local Enhanced Services (LES) with GPs and pharmacists have been extended for six months apart from the pharmacy contracts for NHS Health Check where new contracts have been agreed and PMS practices who have the NHS Health Check included in their baseline contract as a KPI. A Section 75 Agreement has been produced to cover this arrangement with the NHS Commissioning Board who commission the PMS contracts.

The other major challenge for this workstream was the management of the contracts and staff, which could not be separated between the London Boroughs of Merton and Merton. This has been achieved through a Section 101 agreement between the two councils and will be managed through a joint Governance Board.

The tasks related to testing the new arrangements for emergency planning and immunisation and screening were not carried out because the lead responsibility for these functions moved to the NHSCB. However, DsPH will continue to have a role in assuring the effectiveness of local EPRR systems for their borough's population. Critical to this will be access to relevant NHS Information, which has been secured through a Section 75 agreement with Merton CCG.

Summary of the Governance and Legal Workstream Outcomes

Governance

No	Key Tasks	Actions, progress and achievements
D1	Governance Plans	Governance arrangements for the transition year were set out in the Transition Plan
D2	Performance	Performance of contracts continued to be monitored by the PH team throughout the transition year. However, regular performance reports were not submitted to the Steering group. The best way of reporting performance to the council was discussed but this area need to be taken forward.
D3	Risk	PH transitional and service risks were discussed with the Council's Risk Manger who is including them in the Council's risk register.
D4	Information Governance	Covered by IT group
D5	Litigation	No outstanding litigation involving Merton and Merton was identified
D6	Review all outstanding SUJs and complaints	No outstanding SUJs or complaints involving Merton and Merton Public Health were identified
D7	Business Continuity Plans	It was agreed to defer this for the new DPH to take forward
D8	Audit	No audits were carried out in public health recently but will be considered for future audits by the council

Legal

No	Key Tasks	Actions, progress and achievements
D1	Scheme of Delegation	The LB Merton Scheme of Delegation has been updated to include Public Health.
D2	Accommodation Lease	Although the accommodation lease fro NHS to occupy space at the Merton Civic offices had expired, it was agreed not to formally extend this as long as payment continued to March 31 st 2013
D3	Contract novation	All contracts due to transfer were reviewed by the legal team.
D4	Transfer Order	All TSI submissions were reviewed by the legal team but the final Transfer Scheme is still to arrive

E. Public Health Support to Commissioners

The Public Health support to Commissioners workstream was asked to:

- i. Ensure that appropriate systems are in place for Public health officers to advise and support all commissioners of public health functions and that commissioners have systems in place to respond to PH advice and guidance
- ii. Establish systems to ensure support is available to healthcare commissioners to both in put and take account of the JSNA and provide public health skills to interpret and analyse population data to support commissioning decisions.

The workstream was lead by Jacque Lindo, Public Health Consultant, with input from Julia Groom Joint Public Health Consultant, Val Day, interim DPH and Merton CCG. The leads did not need to meet as the work could be circulated and discussed via e-mail.

Summary of the Public Health Support to Commissioners Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
E1	Ensure arrangements are in place to support NHS Commissioners during transition year	A Memorandum of Understanding was produced and agreed by the PCT and shadow Merton CCG for the Transition Year.
E2	Test arrangements including capacity to deliver the MOU	Plans were drawn up to evaluate the MOU and the support provided by the public health team during the transition year. However, time ran out for this to be implemented and the agreement for the provision of public health support to Merton CCG from April 2103 was produced based on the MOU for 2012/13.
E3	Develop team skills and capacity to support the NHS Commissioners	The design of the organisational structure for the Merton Public Health Team took into account the skills required to support the CCG. The capacity of the team was restricted by the funding available and needs to be kept under review.
E4	Ensure arrangements are in place to support NHS Commissioners from April 2013 onwards	A Section 75 has been produced between the Council and CCG with a schedule describing the public health support that will be available to the CCG based on the previous MOU. The schedule also notes that public health needs to be able to access data from the CCG in order to support them and provide the appropriate advice.

F. Commissioning and Performance

The Commissioning and Performance Workstream was asked to:

- i. In liaison with the financial group, provide a detailed assessment of the current services and expenditure on the public health services due to be transferred. This includes identifying current contracts, service specifications; spend, performance and quality, in order that future commissioners can make a risk assessment of the transition of the responsibilities.
- ii. Ensure robust internal accountability and performance monitoring arrangements are in place to cover the transition year and beyond, including schemes of delegation, providing monthly reports to the Transition Board.
- iii. Review the contracts and performance reports in line with the Public Health Outcomes Framework

Rahat Ahmed-Man, Head of Adult Commissioning and Paul Ballat, Head of Children's services were identified as workstream leads for the council and Vizzie Nelson and Kathy Wocial for the PCT. As Kathy and Vizzie's role was to commission the Royal Marsden NHS Foundation Trust contract for community services, Julia Groom also worked with this workstream to provide information on the contracts commissioned by the Public Health Team. The group met with the leads from the London Borough of Sutton on several occasions from early in the project, to review the service analysis already carried out by the public health consultants. Detailed spreadsheets were produced and discussed so that knowledge of all public health services commissioned by the PCT was shared with the Merton commissioners. Different versions of the spreadsheet were produced to show services commissioned for adults, for children, for different conditions and those provided by the public health team or already commissioned by the local authority.

The group recommended that the existing contracts should continue into 2013 to ensure continuity of services and allow the council to review them before deciding whether or not to continue with them. The public health team would continue to commission public health services.

The workstream leads also met jointly with the finance leads and lawyers to discuss the contractual and financial issues relating to the services commissioned by public health.

Summary of the Commissioning and Performance Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
F1	Carry out baseline review of current Public Health contracts	The analysis of public health functions, produced by the PH consultants and Team, was developed on a spread sheet to include further contractual information.
F2	Review existing contract	The spreadsheets were shared with the Merton commissioners and discussed in detail.
F3	Performance Monitoring	Specific performance reports for some services were shared and the general performance and monitoring arrangements were included in the spread sheets and discussed. However, full performance reports were not produced.
F4	Discuss and agree future commissioning processes	It was agreed that initially the public health team would continue to commission the public health functions or work with CCG commissioners who would lead the commissioning of block contracts which included public health services (GUM and community services).
F5	Transfer commissioning arrangements and contracts	The Commissioning leads were kept informed of all the contracts to be transferred to the council and which were included in the TSI which had previously been discussed and were included in the spreadsheet.
F6	Non-Clinical Contracts	Non clinical contracts were identified and included in the TSI. Copies were given to the Merton Lawyers and information of contracts relating to clinical services was included in the spread sheet.
F7	Legacy and handover documents	Handover documents were produced for all key public health functions, including those transferring to other organisations such as PHE and NHSCB. A more detailed legacy document has also been produced covering the background role of public health.

G. Transition of Services and Programmes

The Transition of Services and Programmes workstream were asked to:

- i. Ensure current public health performance and delivery were maintained during transition
- ii. Undertake a public health programme analysis of functions currently commissioned and delivered by NHS Merton and Merton, identifying the service provided to each of the boroughs
- iii. Plan a phased separation and transfer of services as appropriate
- iv. Test the arrangements for the services that have been transferred

The workstream was lead by two public Health consultants, Bonny Rodrigues for the PCT and Julia Groom for Merton.

All the Public Health functions continued to be delivered safely and to agreed levels during the transition year. The focus of the group was to have been on testing arrangements of key functions ready for their transfer. However, as the majority of services would continue to be managed by the public health team or in the case of emergency planning, were not transferring to the council, the focus was on ensuring that the support function to public health, such as payment of invoices, were in place.

Summary of the Transition of Services and Programmes Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
G1	Identify all current public health functions	A detailed review of all services commissioned and provided by public health was carried out by the public health consultants and team. Up-to-date service specifications were collected.
G2	For all functions agree a detailed transition plan	It was agreed that the public health commissioning functions would transfer with the team
G3	Implement Transition plans	The Public Health Team moved to Merton Civic Offices between January and March and increasingly engaged with the LB Merton
G4	Test arrangements for emergency planning	The PCT Emergency planning arrangements continued until this function transferred to the NHS Commissioning Board. When the decision was made not to transfer this function to local authorities, there was no longer a requirement for the project to test the arrangements

H. Communications and Engagement

The Communications and Engagement workstream was asked to:

- Produce a Communications and Engagement Plan
- Identify all key stakeholders and level of interest / involvement
- Ensure that all key stakeholders are aware of and engaged in the process and implications of the transfer of responsibility of the Public Health function to the Council, at an appropriate level.
- Consider events to increase awareness and engagement

Sophie Poole was the lead for Merton and Kate Radcliffe for the NHS. A few meetings were held jointly with the Sutton Communication lead to discuss and agree the Communication Plans. The interim DPH, PH consultant and project manager gave presentations to a number of different local authority and CCG groups and meetings. Reports on the progress of the project were made to the shadow Health and Wellbeing Board, Scrutiny Panel, Council committees and NHS SW London Joint Boards. Recommendations requiring decisions were made to the Council's Executive Committee and NHS SW London Sutton and Merton Board.

Some communication was received from NHS London, mainly in the form of Bulletins. When these were received, they were very informative and were circulated to people involved in the transition.

Summary of the Communications and Engagement Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
H1	Develop Communication & Engagement Strategy	A communication and engagement plan was produced, agreed and implemented
H2	Links with Public Health England	Links with Public Health England were slow to establish but are gradually being developed as the new organisation is established.
H3	Relationships with CCG (s)	The DPH is on the CCG Board and a representative of the CCG was invited to attend the Transition Steering Group meetings. It is anticipated that stronger links will be made as the CCG and new PH team become more established
H4	Links with CSU	Links with the CSU have been developed through IT. Formal links will be through the CCG
H5	Links with NHSB / LAT	Links have been established with the Local Area Team of the NHSB and some members of the PH team have transferred to it.

I. Infrastructure and Information Technology

The Infrastructure and IT workstream was asked to:

- Ensure that the appropriate infrastructure was in place for public health to transfer to the LB Merton by April 2013 including:
 - d. Accommodation
 - e. IT systems and hardware
 - f. Support services

The leads identified for the infrastructure work which focused mainly on accommodation, were Mark Humphries for Merton and Ian Brown for the NHS. For the IT elements of this workstream, the leads were Richard Warren for the council and Sarah Riches for the NHS. Sarah Riches appointed Bridget Desroches to project manage the whole process. Bridget's Project End Report is attached as Appendix 2 to this report. Sylvia Godden, Public Health Intelligence Specialist for Sutton and Merton was part of the workgroup and also involved in the NHS London Information and Intelligence workstream and so provided an invaluable link to the national and pan London work in this area.

The IT Section of this project was probably the most challenging part of the project. It became apparent that many of the problems facing the group were national problems. Bridget ran a workshop for SW and SE London NHS and local authority IT leads to discuss the issues and blocks to progress. These were then taken forward to the NHS London group. The main areas of concern included access to N3 and NHS applications, use of Patient Identifiable Data (PID). For local authorities to be able to carry out their new public health responsibilities, public health staff need to have access to data and information that is currently held by the NHS. However, there are strict rules around access to PID outside the NHS. The Caldicott Review teams are looking into this but recommendations will not be available before April 2013. In the meantime, public health teams located in local government can only access NHS data under the following conditions: explicit patient consent, A legal basis or legal protection from the common law duty of confidence e.g. section 251 or and overriding public interest e.g. a communicable disease outbreak.

However, there were a number of achievements and where it was not possible to completely resolve a problem, contingency plans were put in place.

Summary of the Infrastructure and Information Technology Workstream Outcomes

Information Technology

No	Key Tasks	Actions, progress and achievements
I.1	Identify current IT systems and support used by the PH Team both at NHS S&M and in LBS	<p>Two assessments of PH needs were carried out of:</p> <ul style="list-style-type: none"> • IT systems and assets • IT support • Use of internet • Access to NHS data <p>From this actions were discussed and agreed by the Merton Steering Group and a detailed IT action plan was produced</p>
I2	Confirm future IT requirements	As above, plus the issue of future data storage. This was incorporated into the Merton action plan.
I3	Identify options for meeting requirements and agree preferred option	<ul style="list-style-type: none"> • The Information asset register contributed to this review. • No desk top PCs or laptops were transferred as Merton preferred to supply new but three i-pads have transferred • The cost options for providing all the IT requirements was identified • The group recommended that access to data and data warehousing arrangements, would be through the CSU and this has been agreed through a Section 75 agreement with Merton CCG • A contingency plan was agreed in the event of a delay in access to NHS data. The solution was to use N3 tokens if N3 connection was not compete in time. • An options paper was agreed by the PH Steering group at their meeting in September. Merton's IT plan was also submitted to the Group
I4	Agree and implement transfer or procurement of all required IT systems, equipment and support in line with any national guidance	<ul style="list-style-type: none"> • The group worked with LB Merton's procurement, finance and accommodation services to order, receive and install all IT requirements ready for the staff transfer. • An asset list was produced and new equipment was purchased • Merton IT have secured the NHS Information Governance Toolkit level 2 and N3 infrastructure has been installed. However, it is not fully operational and connection to some NHS applications has not been possible (this appears to be a national problem). As a contingency, three NHS RAS tokens have been retained through the CCG/CSU to provide access to essential NHS Data.
I5	Email	<ul style="list-style-type: none"> • Microsoft Outlook: New LB email addresses have been set up. Manual change of address messages were used rather than automatic redirection of NHS emails. <p>NHS net mail: In order to ensure continued use of NHS.net address, CSU now administer NHS net for PH</p>

		<p>– email addresses have been identified and set up. Five NHS net addresses are included in the agreement with the CCG but the administration of addition addresses will be charged at £150 per person per year.</p> <p>LB Merton has achieved the NHS Toolkit level 2 which provides assurance that it complies with the NHS Information Governance requirements</p> <p>A Privacy Impact Assessments (PIA) has been completed</p> <p>Kay Eilbert, DPH will be the Caldicott Guardian for Public Health</p> <p>Access to PID remains an issue. The team have cleansed the data on their electronic folders to removal all PID before transfer to Merton.</p>
16	Information Governance	<p>Sutton and Merton Public Health archived paper records could not be separated so have been transferred to Sutton's archive. The arrangements with Merton are covered in the Section 101 agreement.</p> <p>Electronic folders have been transferred to Merton.</p>
17	Records Management	<p>There was no FOI to transfer and the public health team will now use Merton's systems</p>
18	Freedom of Information	<p>NHS SW London's policies and procedures were made available to Merton but the Public Health Team will now use the LB Merton Policies and Procedures.</p>
19	Documentation <ul style="list-style-type: none"> • Policies • Procedures • Patient Literature 	<p>The team transferred patient information and will access further information for patients from the Public Health Resources managed on behalf of public health by the Royal Marsden under the community contract</p>

Infrastructure

No	Key Tasks	Actions, progress and achievements
I.10	Business Case	A business case was produced requesting permission for the public health team to move into Merton Civic Offices before April 1 st 2013. This request was approved by NHS London...
I.11	Accommodation	A meeting was held to discuss the accommodation needs of the team and these were arranged by the facilities manager in liaison with the IT manager
I.12	Move Management	The team reduced paperwork before the move and moved on January 4 th and March 5 th
I.13	ID Badges and Swipe Cards	Completed
I.13	Car Park Passes	Not available
I.14	Courier services	Being arranged as required

J. Project Management

Anne Reeder was appointed as the Public Health Transition Project Manager working across Sutton and Merton to:

- i. Produce a Public Health Transition Plan for Merton setting out clear plans for ensuring the smooth transition of the public health function to the .London Borough of Merton by April 2013 in line with government policy and guidance.
- ii. Manage the implementation of the plan and report progress regularly to the Transition Board
- iii. Advise the Council on the local implications of national guidance on the role of Public Health in LA

Gareth Young, Communities and Housing Business Manager worked closely with the project manager, supporting the delivery of the project objectives at the council. Garethh also attended most of the steering group meetings.

The project was be based on PRINCE 2 methodology with four stages to the project: diagnose during February and March 2012, plan during April and May, implement between June 2012 and March 2013 and review in April and May 2013. These stages and were followed and completed.

The budget required for the project was estimated as £145,500 to cover the costs of the project manager, additional cost of the interim DPH, IT and accommodation moves. The project manager and DPH costs were covered by the NHS. Merton received a small transition budget of £48,000 which contributed to other costs.

The objectives agreed for the project management were achieved. Outstanding activities relating to the project management should be completed when further information is available.

The biggest challenge for the project manager was ensuring that the information for the TSI was accurate and submitted in accordance with the national requirements, as these requirements and timescales were subject to change

Managing the Transition Project as a whole was a pleasure thanks to the great support, commitment and hard work of everyone involved.

Summary of the Project Management Workstream Outcomes

No	Key Tasks	Actions, progress and achievements
J. 1	Organise Project Board meetings	Meetings were organised and held monthly with the final meeting to be held in May 13 All

		meetings were minuted with discussion papers distributed before the meetings
J.2	Write Transition Plan	The Merton Public Health Transition Plan was agreed by the Steering Group before being submitted within the extended timescales, to SW London. SW London approved the plan and it was also approved by the Merton Executive Committee.
J.3	Write Transition Action Plan	The transition Action Plan was submitted as an appendix to the Transition Plan. It was updated monthly and used by the Steering Group to monitor progress of the project.
J.4	Set up, support and co-ordinate work streams and reporting	Ten workstreams were agreed and set up. Meetings were arranged according to need and verbal reports made to the steering group.
J.5	Manage risk log	A risk log was produced as part of the Transition Plan. It was discussed and updated at the Transition Steering Group meetings. By the end of the project, all risks had been managed and closed.
J.6	Complete DH Readiness Assurance Returns	The requirements of the DH assurance process were noted in the Transition Plan and returns were submitted on request.
J.7	Produce progress reports as required	Formal written reports were sent to the Executive Committee, CMT and the shadow Health and Wellbeing group.
J.8	Monitor PH Transition guidance and circulate as required	All guidance on Public Health Transition was received, read, circulated and filed.
J.9	Oversee implementation of plan	Meetings were held with workstream leads, workgroups, individual Council and NHS managers, and the public health team as required. The project manager also attended meetings with the other SW London Public Health Transition Managers and some of the NHS London Public Health Transition Team meetings and workshops.
J.10	Handover and closure	Handover documents on all the Public Health functions were produced by the public health lead for the function, with some support from the project manager. They were handed over by the interim DPH to the new Merton DPH and copies submitted to SW London as evidence of the handover.
J.11	Transfer Order	Guidance on the Transfer Order and Scheme was circulated. Transfer Scheme Instructions (TSI) for the assets and liabilities were completed for submission with the PCT returns. Copies of all TSI submissions and control forms were circulated to the Steering group and lawyers. The Transfer Scheme which was expected to be returned by the DH during March for Due Diligence and signing was received on January 14 th .
J.12	Audit	It has been suggested that an external audit could be carried out by the NHS after the project end. This report plus all the files in the Public Health Transition Folder will support the audit process.

Section 4 - Summary of Residual Activities

Task	Activities to be completed	Lead
Future Operating Model	Produce Operating Plan / Annual Business / Work Plan	
Finance	Continue work to ensure the correct allocation of funding is agreed for public health services in the block community contract.	
Workforce	Agreement of Final Staff Transfer Scheme Annual Training needs analysis Recognition of NHS Trade Unions Site for PH Trainees	
Governance and legal framework	Ensure Public Health Performance is reported Agreement of Final Property Transfer Scheme (assets and Liabilities and clinical contracts) Ensure all agreements for shared and hosted contracts are in place	
The Public Health Support to Commissioners	Review capacity of PH team to provide advice and support to Merton CCG	
Commissioning and performance	Produce Public Health Business Continuity Plans Agree format and arrangements for Public Health Performance reporting and production of regular reports Carry out prioritised review of current public health contracts	
Transition of services and programmes	None	
Communications and Engagement	Continue to develop working relationships with Merton CCG, PHE and NHS CB	
Infrastructure and IT	Ensure N3 connection is working, access to NHS applications and access to required and permissible NHS data Confirm services to be provided by CSU	
Project Management	The Transition Scheme was received on January 14 th . Guidance on further action is expected soon. If there is an external audit of the project, the work undertaken to complete the transition successfully is covered in this report and evidence has been saved in the PH transition folder.	

Public Health Folders

Folder	Files	Folder	Files	Folder	Files
Assurance Reports	LG Assurance SW London NHS London	Budget	PH project budgets PH Budgets with Grant PH budgets with inflation LA transition grant	Consultation on Staff Transfer	

Details of activities, information and material support provided to local teams is available at the London Council's website:- <http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/publichealth/publichealthinformationintelligence.htm>

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