Essex Transition Plan
(North & South Clusters)

Status
This draft plan has been agreed by the PCT North Cluster Single Executive Team and the Essex County Council Corporate Leadership Team.
It has been produced from an Essex County Council perspective including the full transfer issues related to the current North Essex PCT cluster and the relevant part of the South Essex Cluster that will transfer to Essex County Council from 2013. It is important that as a single receiving organisation spanning two PCT clusters that a joined up approach is adopted.

Introduction
Local History
Essex County Council (ECC) have a strong track record in supporting public health and are well placed to successfully commission this function.

- Appointed Lead Member for public health from 2008
- Funded dedicated public health team to support Director of Public Health (DPH)
- Agreed health inequalities strategy and corporate objectives for all managers to address inequalities.
- Strongly applauded in CAA process for work on inequalities with plan for green flag.
- Finalist LGN Place of the year 2010 a key part of which was public health initiatives at ECC.
- Accountability for Essex Drug and Alcohol Action Team (EDAAT) shifted to DPH in 2009 pre-empting government plans.

Local Geography
Essex County Council does not readily align with historic Primary Care Trust (PCT) or existing NHS cluster boundaries. The area covered by the county includes the North East Essex, Mid Essex and West Essex PCTs that now form the North Cluster and the district and borough authorities of Rochford and Castle Point in the South East Essex PCT area and of Brentwood and Basildon in the South West PCT area. The South East PCT also covers the Unitary of Southend-on-Sea and the South West PCT, Thurrock Unitary. South East Essex and South West Essex PCTs now form the South Essex Cluster.

Ensuring a Robust Transfer of Systems and Services

Transition Issues.

Transition Structure
Both the North and South Clusters have undergone reorganisations to deliver agreed running cost savings and to ensure they are fit for the period of transition. Structures are appended at Appendix C.

The North Cluster has developed a single team with a strong locality focus. The South Cluster, needing to serve two Unitaries, has developed two teams based around the South East and South West PCT structures. Within this structure some posts will have responsibility for the population of ECC and some the populations of the Unitaries. There is one interim DPH in the North Cluster who is a substantive appointment to NHS North East Essex and to Essex County Council. There is a DPH in South East Essex who is a substantive appointment to that PCT and to Southend Unitary Council and there is a DPH in South West Essex who is a substantive appointment to West Essex PCT and is on secondment as DPH to South West Essex PCT and Thurrock Unitary Authority.

North Cluster Input:-
The reorganised North Cluster team will be co-located with ECC from April 2012 as close as is possible to reflect the evolving Target Operating Model (TOM) for public health in the county. The team will remain accountable in the transition year for improving the health of those served by the North Cluster via the Joint PCT Board. The team will be structured in line with the evolving TOM for ECC as a Commissioning led organisation. This will involve a strategic core team based at County Hall and locality based teams co-located with ECC colleagues and working seamlessly with Clinical Commissioning Groups (CCG) (in line with the evolving national offer) and with district and borough councils. The team will start to identify how ECC colleagues can add value to delivery of the public health agenda with specific focus on broader determinants of health. This issue is discussed more below in the prototype section.

South Cluster Input:-
The entire South East Essex public health team will initially be co-located with Southend-on-Sea Borough Council from February 2012. The South West Essex public health staff identified for the Thurrock locality will be co-located with Thurrock Council from April 2012. Agreement will be reached with ECC on the co-location of South Essex public health staff supporting Basildon, Brentwood, Castle Point and Rochford. Co-location of staff from April 2012 onwards will allow a shadow year of joint working and building relationships with the local authorities.

Both South Essex public health teams will remain accountable in the transition year for protecting and improving the health of the local population via the NHS South Essex Board. Senior public health staff will continue to work with and support the CCGs in South Essex.

Work is underway to identify which public health staff and functions will transfer to which localities, as well as those potentially transferring to the CSU, Public Health England or the National Commissioning Board. Appendix 2 gives some indication of where current functions will sit in the future. This process will need to take into account the shadow allocation for the local authority ring-fenced budgets which are due to be published in January 2012. However, taking into account the size and level of need of the populations served by Southend-on-Sea Borough Council and Thurrock Council, the level of funding in the ring fenced allocation for each of their public health teams is unlikely to be sufficient to support all the functions required.

Joint Commissioning
Each of the local authorities have indicated the need and desire to ensure clear focus and commitment to the health issues within the different parts of Southend, Essex and Thurrock. The three DsPH have been working to build on that base and will ensure that each of the authorities will have a core dedicated public health team. There will also be some shared functions and collaborative commissioning arrangements in order to achieve the best outcomes, efficiencies and economies of scale. Areas being considered include:

- Commissioning and support for delivery of NHS Health Checks
- Commissioning of stop smoking services
- Commissioning of sexual health services
- Development and review of service restriction policy (as part of public health core offer to Clinical Commissioning Groups) and dealing with individual funding requests
- Commissioning of obesity services (excluding bariatric surgery)
- Public health intelligence
- Support with monitoring of local screening programmes
- Support with uptake of immunisation programmes
- Support for Child Death Reviews
- Support for emergency planning

Development of the Joint Strategic Needs Assessment (JSNA)
The team will continue to lead on JSNA in partnership with ECC colleagues. The JSNA will be developed to inform the Joint Health and Welbeing Strategy as well as to be an "added value" commissioning tool for CCGs and social care commissioners. A timescale for its production to inform Health and Wellbeing strategy and to support commissioning is attached. (Appendix G). The JSNA will be developed over the year with input from local stakeholders to enable prioritisation of local issues that will form the basis for action from April 2013. More broadly the public health team will work with commissioning colleagues over 2012/13 to ensure a range of appropriate commissioned services from April 2013 that will enable Essex to "hit the ground running" in delivery of the public health agenda. There will also be work to understand the opportunities and added value of the evolving approach of Asset based assessment. The DPH is part of the National Learning Set undertaking work in this area. The Health Intelligence function will be co-located with the Information and Intelligence function within ECC in line with the TOM for the local authority.

Commissioning Healthy Lives, Healthy People
As part of the NHS up until April 2013, the public health directorates will be charged with delivering improvements to public health in line with the NHS "The Operating Framework for the NHS in England 2012/13". They will also be involved as corporately agreed with delivery of aspects of QIPP, innovation, improvement and specific areas such as carers and dementia as required to aid delivery of the outcome framework. They will also be responsible for ongoing health protection including screening and immunisation programmes and support for Emergency Planning. The team will be required to report nationally on delivery of health checks and smoking cessation targets. Focus on public health delivery will increasingly centre on the National Outcome Framework for Public Health and Healthy Lives,

Healthy People. Senior staff in the main will have a portfolio of both locality focussed and Essex wide work ensuring a systematic and joined up approach. Strong performance management will be key to ensuring successful delivery.

Over the year in parallel with the testing and operational development of the TOM, the public health team will be fully integrated into evolving plans for ECC Becoming a Commissioning Led Organisation (draft model, Appendix D).

Support for CCGs and NHS Commissioning
There is a strong recognition of the responsibility of the LA to, in the longer term provide public health support to the NHS. The Transition structure includes consultants in public health who will be aligned with the three local CCGs in the North and 2 Consultants from the South aligned with Brentwood and Basildon and Castle Point and Rochford who will work to their agendas to aid delivery on the NHS agenda including QIPP. This will be at least in line with any "core" offer. In addition to these 0.5wte posts, there will be support as required from health improvement staff and as discussed above, a robust and CCG directed approach to added value JSNA development to support commissioning. The proposed end state will also include aligned consultant level support to the CSU and NCB. Additionally, over the next year public health staff will start to work more closely with ECC Commissioners to add value to their endeavours through bringing a range of Public Health skills to the table. In the interim it is proposed that those staff leading on this area remain accountable to the DPH.

Resource envelope for delivery and staffing:
To follow

Public Health Trainees
ECC are committed to the future development of the public health workforce and will ensure from the start appropriate facilities and appropriate support for public health trainees. These will be based alongside appropriate trainers. The consultant workforce will be part based in the locality supporting CCG's and delivering health protection and part based in ECC. It is envisaged however that trainees will be based together as a critical mass within County Hall with opportunities to work in localities as appropriate.

Existing ECC Staff
As public health integrates with ECC it is likely that a number of existing ECC staff will be identified who are undertaking to a greater or lesser extent, a public health role. As work towards Becoming a Commissioning Led Organisation embeds the management accountability of these staff within new matrix systems will be considered.

Prototyping
The timescale for this work is the same as for integration of the public health function (complete by April 2013). In line with other areas of current ECC responsibility, a project will take place over the next year to understand the advantages of the ECC Becoming a Commissioning Led Organisation as they apply to public health. This will involve development of a project linked to the ECC key priority of improving public

health and well being and will need to focus on those aspects of the agenda where existing ECC staff can bring added value through working as a matrix team. Work will start in April 2012.
Similarly, public health staff will be engaged as part of matrix teams to add value to delivery of other ECC priorities again using cross council directorate working.

Target Operating Model for Public Health
Over the next year the public health team will work increasingly closely with ECC in a way driven by Becoming a Commissioning Led Organisation. Within the year a final operating model and structure for public health will be developed with the CEO and Leader and will be agreed by Cabinet.
The structure will be funded within the agreed national resource envelope. It is likely that there will be a strategic core and additional resource based within locality teams.

In line with the DoH's advice on the appointment of DsPH, they will be direct accountability between the Director of Public Health and the ECC's Chief Executive for the exercise of the Local Authority's public health responsibilities and they will have direct access to Elected Members

Delivering Public Health Responsibilities during Transition and Preparing for 2013/14

Commissioning of the services detailed as mandatory
The services detailed as mandatory within "Healthy Lives, Healthy People" are:-

- Appropriate access to sexual health services
- Steps to protect the health of the population, ensuring plans are in place
- Ensuring NHS commissioners receive the public health advise they need
- The National Child Measurement Programme (NCMP)
- NHS Health Check assessment

ECC fully recognise the importance of these issues and the need to ensure they are fully in place, building on the strong track record of the local PCTs. This delivery will require ensuring "business as usual" supported by the added value offered in transition.

The North Cluster and ECC Public Health function is led by the substantive DPH for North East Essex PCT. The PCT have a very strong track record in commissioning and have recently been given "Highly Commended" in the "HSJ Commissioning Organisation of the Year" awards. They are consistently top performing in the East of England Region around Chlamydia Screening and around health checks.

The local health check programme is well embedded in partnership working including offering services via Job Centre Plus, probation, faith groups and housing services. It has been extended to people aged 75-84 yrs old. The commissioning expertise in the public health team will be retained and built on to allow delivery of these services.

Support to the NHS is discussed above and again will build a strong existing support to CCG's and other areas of health service commissioning. Public Health staff have historically led on QIPP around Long Term Conditions in two of the three PCT's in the

North Cluster. The work on developing JSNA as a bespoke CCG commissioning tool is discussed above along with the proposed mechanism to ensure this support continues. The full range of support outlined in the recent DH factsheet will be in place.

The PCTs have all worked well historically with local schools around the NCMP and all have achieved required levels if ascertainment.

The role of the DPH around health protection described in the recent fact sheets is recognised. The DPH is working with Emergency Care leads in ECC and in the PCT cluster to clarify roles and structures in line with this document.

Delivery of Specific Functions Locally
Screening Programmes and Immunisation

As discussed above, a dedicated (and increased) public health function has been identified in the North PCT cluster reorganisation who will sit in transition with public health colleagues within ECC teams in North Essex. More work is needed in line with the recent checklists to best understand where commissioning support from public health will sit for these functions at a local level. It makes sense that this is part of the public health support to NHS Commissioning. The PHE Operating Model suggests no screening support to commissioners below Hub level. It is our local view that public health expertise for screening and immunisation commissioning will be needed at the local level either in the PHE Unit or as part of the local authority "offer" to NHS Commissioners. This needs further resolution.

Screening programmes and immunisation
During the transition, public health staff in both South Essex public health teams with expertise in screening and immunisation will co-locate into the two unitary authorities. More work is needed in line with the recent checklists to best understand where commissioning support from public health for these functions at a local level will sit after 1st April 2013. The possible options include the local Public Health England Unit or as part of the local authority 'core offer' to NHS commissioners.

Drugs and Alcohol Services
The DPH at Essex is already managerially responsible for the EDAAT. It is planned that the role of this team expands to commission a comprehensive range of services to address drug and alcohol issues in Essex driven by JSNA and evidence of best practice.

Infection Protection and Control
The Health Protection function will remain locally based but will move to ECC locality offices to allow interaction with other public health colleagues although it is recognised this team may finally rest within the National Commissioning Board. Where possible staff have been identified in the Transition Restructuring who will over time as appropriate TUPE into the NCB or PHE. There remains however some confusion over the proposed national model for commissioning of screening and other services at the local level. It is felt unlikely that these functions can be delivered without local public health expertise engaged in the commissioning process.

In both Clusters the Director of Quality and Patient Safety is the nominated Director of Infection Prevention and Control. However, there is a close working relationship with the Directors of Public Health particularly with regard to the control of legionella with the healthcare setting. Expert advice is available from the Consultants in Communicable Disease Control and infection control nurses at the Essex Health Protection Unit. The responsibility for management of outbreaks of influenza in care homes lies with the public health teams, who commission an outbreak management team for swabbing and Tamiflu distribution from their respective community provider (NELFT and SEPT).

The 'Public Health in Local Government' factsheets identify the local authority public health role in dealing with health protection incidents and outbreaks, and the Public Health England's Operating Model identifies that expert help will be available for local incidents from the PHE Units. Further work will be undertaken during the transition period to outline the procedures for this to occur.

Workforce

Up until April 2013 Public Health staff will be employees of the PCTs and costs associated with cluster reorganisation will be met by the NHS. At April 2013, staff will move to become ECC employees in accordance with the principles encapsulated within the Public Health Human Resources Concordat and Local Government Transition Guidance. There will be full involvement of affected staff, unions, and officers from both the PCTs and County Council in this process.

The Director of Public Health will be a key appointment and appointment will be made jointly with Public Health England in line with nationally agreed processes.

It is recognised that NHS staff may find ECC very different from what they are used to. The HR workstream will ensure a process of familiarisation and induction. This includes development and facilitation of a "buddy" system between incoming Public Health and existing ECC staff.

Communications with current public health staff will be key during transition and a Communications lead within ECC has been identified to lead on this ensuring strong links to PCT cluster communication teams to ensure consistency and alignment with all communications to staff. Terms of Reference of the Employee Communication and Engagement Workstream are attached as Appendix H.

Governance

Strategic Context
ECC are working with partners to develop a shared vision for public health and a draft is attached. This in turn aligns closely with the ECC's draft Corporate Plan that includes Improving Public Health and Wellbeing as one of its five key priorities supported by high level and more detailed measures of success that align well with Healthy Lives, Healthy People.

Executive Ownership

The responsible Executive Director at ECC is currently the Deputy CEO and the executive ownership at the PCTs sits with the DPHs who are accountable to the CEO's in the North and South Clusters. Responsibility will shift within the County Council to the CEO from April 2012. The responsible directors in the Unitaries are the CEO in Southend-on-Sea Borough Council and the Director of People Services in Thurrock Council.

Accountability for Transition
The North and South PCT clusters remain responsible for staff until April 2013 and are responsible for successful transition between the two clusters and ECC, Southend-on-Sea Unitary and Thurrock Unitary. The County and Unitaries are however crucial partners and wish to ensure a robust sensible transfer of responsibility. This will include working to ensure sufficient integration by April 2013 to ensure optimal ongoing commissioning building on the added value afforded by local authority leadership.

Accountability for Delivering Public Health Outcomes in Transition
Accountability for delivery until April 2013 will remain with the PCTs and their Boards. This needs to be explicit and clarified especially with respect to the impact of co-location of South Cluster PCT staff to Essex. Line management accountability in this period will need to be clear and resources will need to be available to these staff to undertake commissioning. Understanding of the quantifiable outcomes for the parts of South Essex that ECC will be responsible for with agreed targets and trajectories will be needed.

The Cluster budget for Public Health is the sum of the agreed budgets in each PCT. Each PCT has its own resource envelopes and these remain with the PCTs with no shift in resources for delivery between PCTs. All PCTs resources are subject to corporate consideration with an ability for the Director to seek additional resource and a responsibly to surrender existing resource as necessary for optimal corporate funding.

EPRR and LRF
During transition, the DPHs remain an executive officer in the PCT clusters accountable to the CEO and Board. The PCT clusters have a robust agreed structure for emergency planning and resilience including in and out of hours mobilisation. The director lead in the North Cluster is the Director of Quality supported by the DPH. In the South Cluster, both DPHs have a lead role in emergency planning supported by the emergency planning officer. There is a well-established LRF command and control structure including public health and STAC arrangements, and this will continue and will help oversee the development and shift to the new arrangements as set out in "Public Health in Local Government: Commissioning Responsibilities".

Clinical governance
The DPHs are not accountable for clinical governance in the two PCT clusters but do have a support role in advice around specific issues such as HSMR. There will be no change to this. The DPHs will remain accountable for commissioning and delivery of a range of services such as screening and health checks over this period. Arrangements for reporting SUIs etc will remain as they currently are as the DPHs

and their teams remain part of existing NHS mechanisms. Patient Group Directors will continue to be agreed by relevant Drugs and Therapeutic Committees.

Risk Sharing
There is absolute clarity in terms of accountability for delivery during transition, with this formally remaining with the NHS locally through the Accountable Officer. The transition arrangements will however allow the "prototyping" of a new way of working for the County Council using a matrix approach that will seek to demonstrate added value to the health of the public through the new system. This will involve internally a shift of management responsibility and control away from existing County Council Directorates towards a Matrix system that will require ownership and commitment at the highest level in the council.

Sector led improvement
There is currently no defined approach in the two clusters to sector led improvement. However, there are a number of areas where peer review and National Support Teams have reviewed particular services and issues. Their recommendations are being implemented and are bringing together different agencies within a sector to add value to the process.

ECC Becoming a Commissioning Led Organisation and Target Opertaing Model (TOM)
Corporate Leadership Team (CLT)
The CLT at ECC are leading the development with cabinet colleagues of a new commissioning led model for the future discharge of ECC's responsibilities. The CLT provide strategic direction and oversight to this process working closely with politicians to ensure an agreed common approach.

Commissioning Executive Board (CEB)
The CEB is chaired by the Deputy CEO of the ECC and is responsible for working up, operationalising and delivering the Becoming a Commissioning Led Organisation agenda. Membership includes Commissioning Directors from current directorates within the county including the DPH as well as of other senior managers. It is supported by the Transformation team and reports to the CLT.

Becoming a Commissioning Led Organisation
Emerging thinking within ECC seeks to move away from a traditional directorate structured model that both commissions and provides to a commissioning led organisation that fully optimises the opportunities to utilise skills within the organisation to deliver corporately agreed outcomes.
It is likely to require removal of existing directorates and there replacement with a more fluid matrix structure.

JSNA
JSNA will remain the responsibility of the DPH. However, in line with Becoming a Commissioning Led Organisation the current public health analyst function will be integrated with the developed Support Function offering intelligence and information to the whole council.

Enabling Infrastructure

Project Plan

Public Health Transition Steering Group

ECC have established a Public Health Transition Steering Group that is overseeing a number of workstreams. Membership is appended and includes DPH from Essex County Council and North Cluster, DPH from South Cluster and Southend Unitary, Senior Executive Manager from County Council, Project Management, Finance and HR from County Council together with the Director of Development from PCT North Cluster and Director of HR from South Cluster.

A summary of the key milestones contained with the Project Plan is as follows:

Milestone	Complete
Strengthening Commissioning OBC approved by County Council Outcomes Board	16 November 2011
Draft Local Transition Plan submitted to SHA	18 January 2012
Final Local Transition Plan submitted to SHA	March 2012
Interim co-location arrangements with County Council live	2 April 2012
Information requirements and governance arrangements confirmed	September 2012
Arrangements for specific PH services tested	October 2012
Arrangements for PH Emergency Planning role tested	October 2012
Final legacy and handover documents complete	January 2013
All relevant PH functions and staff transferred to Essex County Council	1 April 2011

Sub groups and roles
There are four work streams feeding into the Steering Group. These are:-

- **Vision, Alignment and Structure –** this group is exploring how the vision developed by the Partnership Sounding Board can be developed into a structure that fits with the future ECC TOM. (See Appendix I for Sounding Board Terms of Reference and membership).
- **Creating a Shadow Public Health Function –** this group is working on the practicalities e.g. IT/HR/Estates to deliver co-location by April 2012.
- **Employee Communication and Engagement –** developing plans for communication and engagement with staff are engaged throughout the process including any formal consultation that may be required due to TUPE.
- **Procurement/Commercial –** exploring the contracts for service delivery that will become the responsibility of the ECC.

Membership of the Steering Group and Workstreams is appended (Appendix A).

Capability and Capacity
The Public Health Transition is jointly managed by the North Cluster, South Cluster and Essex County Council. As mentioned above, a Steering Group with representatives from all of these organisations has been established to oversee this process. The Steering Group is supported by four work stream groups focusing on: Vision Alignment and Structure; Creating a Shadow Public Health Function; Locality and Partnership Arrangements; Staff Engagement; and Commercial/Procurement issues.

Reflecting the priority of the Public Health Transition to the County Council, the project forms part of 'Strengthening Commissioning', an overarching Programme, delivering four key projects: 1) Establishment of the Health and Wellbeing board; 2) The transfer of Public Health; 3) the creation of HealthWatch and 4) Joint Commissioning with Health (PCTs and CCGs) that covers all 5 localities in Essex, across adults and children's including Public Health.

The transfer of Public Health has a fulltime Project Manager who is responsible to the Director of Public Health. Furthermore, the Project Manager is supported by Subject Matter Experts (SMEs) from both the PCT Clusters and the County Council each of whom is responsible for specific aspects of the transfer.

Financial Issues

As mentioned earlier in this submission, the Public Health Transition is being managed by ECC and the North and South Essex PCT Clusters as part of the Strengthening Commissioning Programme. This programme is a strategic priority to ECC and a total budget of £1.677M has been made available by the Council to ensure its successful delivery. Therefore, we are confident that they are no significant financial issues that are likely to impact on the delivery of the transition. [MG to insert commentary on PCT financial resourcing].

It is planned that a sixth workstream be established dealing with financial issues following announcement of the resources that will be transferring. Once we are in receipt of this important information, we will undertake detailed financial modelling, including sensitivity analysis. This will ensure that adequate funding to support our Vision and TOM for public health in Essex is available in the short, medium and longer term. This will involve finance officers from the County Council and the two PCT clusters. Resources required to manage the transition are being met by County Council with support from the PCTs.

Novation and Contracts ~Risks in Contracts

The Procurement and Contracts sub-group has recently been established with PH representatives from the North and South Essex clusters as well as subject matter experts from ECC's commercial team and legal services. The group is awaiting the completion of the information being collated for the DH around NHS contracts - due to be submitted in mid January 2012.

Some of the contracts are held as grants and these may need to be reviewed to ensure we do not disadvantage third sector providers when the contracts are novated following the transfer from the NHS. Furthermore, discussions are afoot in reaching an agreement with ECC on the likelihood that the PCT's may allocate grant funding on a three-year rolling basis, especially as a number of these SLAs are due to expire at the end of March 2012.

There is also the challenge of disentangling the public health elements of contracts held with Community Providers (e.g. Social Enterprises) and the Acute Trusts. We will ensure that the appropriate legal advice is followed in seeking to reach a consensus on how best to manage the investment deemed as public health funding, which is part of a block contract.

Working with the North and South Clusters, ECC will ensure that the approach to contract novation fully aligns with the County Council's Procurement Strategy, Procurement Policy and Procedures and overall transformation towards becoming a commissioning organisation.

IT Issues

The workstream overseeing co-location will provide IT solutions that enable the PCT staff to access PCT information systems while based at ECC in addition to accessing ECC systems. The system needs to further deal with current differences between servers across the PCT clusters and needs to be able to seamlessly allow staff to become ECC employees but still be able to access relevant NHS servers and sites.

Data sharing and access to health intelligence will continue during the transition year by using current data sharing and information governance protocols. There are potential information governance issues when public health transfers to local authorities if they lose their NHS status. This situation will be monitored when such issues become clearer at a national level, and appropriate mechanisms for data sharing can then be put in place.

Estates
The Shadow Function subgroup is operationally addressing all issues around facilities and estates. As the Cluster public health team is exclusively a commissioning function within the NHS, this discussion is around the early collocation of the team to ECC sites both centrally in County Hall and to localities mirroring the county's locality focus to commissioning. The plan for locations are shown at Appendix F).

Legacy Document
Legacy Documents are being produced by outgoing PCTs that encompass a range of public health issues and include signposting to more detailed resources. There is planned to be a strong strand of continuity through the transition with a coherent approach to strategic and operational commissioning enhanced by the development of the Health and Wellbeing Board.

Legacy and handover documents will be produced in line with agreed central timescales including all prescribed elements by Jan 2013 with draft documents in place by Oct 2012.

Communications and Engagement

Stakeholder Analysis
Following a stakeholder analysis four distinct groups of stakeholders were indentified with differing levels of influence and support needing different levels of engagement throughout the public health transfer.

1. Awareness and Understanding
2. Staff
3. Commissioning and Locality Partners
4. Project Key Players

This will influence all communications strategy and plan. (See Appendix J for the Extract from ECC's Strengthening Commissioning Communication Strategy).

Strategy and Plan
The Public Health transfer sits within the ECC Strengthening Commissioning Programme. Following a stakeholder analysis it was indentified that the stakeholders across all projects within the programme were similar and as such a Strengthening

Commissioning Programmes Communications and Engagement Strategy are being developed, including the Public Health Transfer. A distinct communication action plans will be developed and owned by the identified ECC communication lead. This will include the following overarching Public Health Transfer communications objectives:

- To raise awareness of the transfer of public health responsibility from Essex PCTs to ECC communicating the context, purpose, need and benefits for change
- To facilitate engagement from all relevant stakeholders (identified through a stakeholder analysis) in the design and build of the new public health environment in Essex
- To ensure that all stakeholders (identified through stakeholder analysis) understand the new Public Health vision in Essex, within the wider context of the Health and Social Care system, how it will improve the health and wellbeing of residents and the role they have to play
- To facilitate the transition of the Public Health workforce from the PCTs into Essex County Council by April 2013 with collocation arrangements being implemented from April 2012.

Stakeholder Engagement
Communication with Stakeholders is key during the transition. ECC has been working with local stakeholders to develop a shared vision for public health. This work was started with an inclusive stakeholder conference in July 2011 that included 140 people.
Work commenced in this group has been further developed by the Partnership Sounding Board described above. As a final step the draft vision produced by partners is being re-circulated to a range of stakeholders for further comment.

A draft vision for public health has been developed and is appended as Appendix B.

Staff Engagement
Communications with staff will be key during transition and the identified ECC communications lead within ECC will ensure strong links to PCT staff throughout the change process.

Risks and Mitigation

Risks	**Mitigation**
Failure to agree interim roles amongst staff	Limited internal competition
Poor staff morale	Team events, strong leadership, exposure to county council
Perceived threat to county council staff	Clarify public health additional and distinct roles, demonstrate opportunities
Loss of focus on 'must dos'	Strong positive performance management
Staff disenfranchisement	Management of cluster development, strong consistent positive communications Structures to allow engagement

Slow progress in transition	Clarify and agree road map and timelines and share with staff
Lack of shared PH vision	Stakeholder vision event and PH development multi agency task group to define
Ownership by Members	Ensure Members fully briefed with support as required to identified member champions
Pressure on running costs	Seek opportunity through MARS and voluntary redundancies, to avoid formal reorganisation prior to clarity around resource envelopes

Timescales and Trajectory

The current plan is attached as Appendix E.

Appendix A

Membership of the Public Health Project Steering Group and Work Streams

Public Health Project Steering Group

Name	Job Title	Project Role
Dr Mike Gogarty (Mandatory)	Director of Public Health and Health Policy, ECC/North Essex Cluster	Lead Project Business Owner
Krishna Ramkhelawon (Mandatory)	Deputy Director & Consultant in Public Health, North Essex Cluster	Subject Matter Expert (SME) Public Health
Clare Hardy (Mandatory)	Senior Manager, ECC	Programme Business Owner
Loretta Sollars (Mandatory)	Senior Policy and Strategy Manager: Adults, ECC	SME Policy
Melanie Walker (Mandatory)	Business Analyst, ECC	Business Analyst
Sasha Ashton (Mandatory)	Senior HR Business Partner (AHCW), ECC	SME Human Resources
Joe Garrod (Mandatory)	Senior Project Manager, ECC	Project Manager
Dr Andrea Atherton (AA)	Director of Public Health, Director of Public Health (aligned with Southend Council)	Project Business Owner
Alison Cowie	Director of Public Health (aligned with Thurrock Council), South Essex Cluster	Project Business Owner
Bob Whiting	Directorate Head of HR (AH&CW)	SME Human Resources
John Webster	Business Advisor, ECC	SME Finance/Business Adviser
Karine Williams	Commercial Manager, ECC	SME Commercial
Shirley Jarlett	Assistant County Solicitor, ECC	SME Legal
Martin Giess	Property & Facility Commissioner, ECC	SME Property
Jacqueline Wells	IS Project Delivery Manager, ECC	SME IS
Laura Davis	Finance Business Partner, ECC	SME Finance
Michelle Campbell	Communication Lead Essex Drug & Alcohol Action Team	Communications Lead
Luella Dixon	Director of Workforce,	SME Human Resources

	South Essex Cluster	
Victoria Collins	HR Strategy Manager, North Essex Cluster	SME Human Resources
Clare Morris	Director of Development	North East Representative

Vision, Alignment and Structure

Name	Job Title	Project Role
Dr Mike Gogarty	Director of Public Health and Health Policy, ECC/North Essex Cluster	Project Business Owner
Krishna Ramkhelawon	Deputy Director & Consultant in Public Health, North Essex Cluster	Subject Matter Expert (SME) Public Health
Clare Hardy	Senior Manager, ECC	Programme Business Owner
Loretta Sollars	Senior Policy and Strategy Manager: Adults, ECC	SME Policy
Joe Garrod	Senior Project Manager, ECC	Project Manager
Corinne Clay	Business Analyst, ECC	Business Analyst

Creating a Shadow Public Health Function

Name	Job Title	Project Role
Dr Mike Gogarty	Director of Public Health and Health Policy, ECC/North Essex Cluster	Project Business Owner
Krishna Ramkhelawon	Deputy Director & Consultant in Public Health, North Essex Cluster	Subject Matter Expert (SME) Public Health
Sasha Ashton	Senior HR Business Partner (AHCW), ECC	SME Human Resources
Jacqueline Wells	IS Project Delivery Manager, ECC	SME IS
Laura Davis	Finance Business Partner, ECC	SME Finance
Lawrence Fitzgerald	Change Manager	Changer Manager
Joe Garrod (Mandatory)	Senior Project Manager, ECC	Project Manager
Martin Giess	Property & Facility Commissioner, ECC	SME Property
Corinne Clay	Business Analyst, ECC	Business Analyst

Employee Communication and Engagement

Name	Job Title	Project Role
Dr Mike Gogarty	Director of Public Health	Project Business Owner

Name	Job Title	Project Role
	and Health Policy, ECC/North Essex Cluster	
Krishna Ramkhelawon	Deputy Director & Consultant in Public Health, North Essex Cluster	Subject Matter Expert (SME) Public Health
Sasha Ashton	Senior HR Business Partner (AHCW), ECC	SME Human Resources
Luella Dixon	Director of Workforce, South Essex Cluster	SME Human Resources
Victoria Collins	HR Strategy Manager, North Essex Cluster	SME Human Resources
Michelle Campbell	Communication Lead Essex Drug & Alcohol Action Team	Communications Lead
Lawrence Fitzgerald	Change Manager	Changer Manager
Loretta Sollars	Senior Policy and Strategy Manager: Adults, ECC	SME Policy
Simmone Farrell	Project Manager, ECC	Project Manager (Interim)
Joe Garrod	Senior Project Manager, ECC	Project Manager

Commercial/Procurement

Name	Job Title	Project Role
James Wilson	Senior Manager, Adult Social Care Source and Supply , ECC	SME Source and Supply
James Williams	James Williams, Deputy Director of Public Health, South Essex Cluster	SME Public Health
Karine Williams	Commercial Manager, ECC	SME Commercial
Joe Garrod	Senior Project Manager, ECC	Project Manager
Simmone Farrell	Project Manager, ECC	Project Manager (Interim)
John Webster	Business Advisor, ECC	SME Finance/Business Adviser
Shirley Jarlett	Assistant County Solicitor, ECC	SME Legal
Karen Bellamy	Audit Manager, ECC	SME Audit

Appendix B

Draft Vision

"Health is more than ever now our business. We want the *people* of Essex to all equally enjoy longer lives with better health and quality of life".

Our key priorities

Over the next five years, our key priorities to improve health in Essex are:-

i. Improve the health and wellbeing outcomes for individuals, families and groups of individuals within the communities of Essex.
ii. Empower and enable people to make positive lifestyle choices.
iii. Identify and reduce the level of preventable ill-health within the communities in Essex.
iv. Identify and reduce the degree of health related inequalities within and between communities in Essex.
v. Improve the co-ordination of health related service commissioning to achieve health and wellbeing outcomes and improve value for money from public sector investment.

We will recognise the public health priorities within the communities of Essex and provide a framework for addressing them which is outcome led and results in the optimum use of the collective public health resource.

Our principles

To support our work to deliver these priorities, we want to build a new partnership with public bodies, Essex citizens, private businesses, civil society and local communities: a partnership based on Essex's long term interests and our shared responsibility for improving health and reducing inequalities. We want to see citizens play an active role in their communities – responsible, engaged and empowered; consuming services over which they have control and helping to shape the communities in which they live. As we work together in this new partnership, we will ground our actions in the following principles:

- *Everyone and every organisation has a role in improving health* Delivery of the public health agenda will require a broad range of stakeholders playing a full role. This includes those influencing regeneration, educational attainment, employment, access to benefits, housing, access to parks and leisure and the broader environment, safer communities and crime, fire safety, trading standards, voluntary groups offering advice, befriending and advocacy, social support, transport and health services. We all have a part to play if we are too optimally deliver on the public health agenda.

- *Promoting local decision making*
  Where services are provided for the benefit of the community are will promote decision making at the most appropriate local level. We will allow Essex's

diverse communities to shape local services to meet local needs. We will ensure the JSNA (Joint Strategic Needs Assessment) is informed by citizen's views and reflects locally identified needs and that this informs the Health and Well Being Strategy for Essex. We will enable local stakeholders to determine their key health priorities and to develop local solutions.

- *Improving Outcomes*
  We will ensure health is improved through a focus on quantifiable outcomes. We will use published evidence on what works to optimise outcomes. We will work towards delivery of the agreed national outcome framework adapted to ensure local priorities are met. We will work through direct commissioning of services and close partnership working to ensure a joined up approach.

- *Taking Action early and tackling inequalities*
  We will focus on prevention to tackle health issues upstream. This will include a focus on broader determinants of health including the economy, educational attainment and employment. We will also focus on ensuring people make healthy lifestyle choices around smoking, physical activity, diet, alcohol and drug misuse and sexual health. We will ensure wider systematic access to preventative clinical interventions including screening, health checks and immunisations. We recognise the high levels of inequalities locally and our initiatives will be a balance of universal approaches and targeted focus on individuals, families and groups of individuals within the communities of Essex.

- *Delivering value for money*
  We will never forget we are stewards of taxpayer's money. We will use published evidence of effectiveness and cost effectiveness to ensure the interventions we commission will yield optimum health improvement for the resource invested. We will maintain a robust approach to procurement seeking high quality value for money provision from a wide range of statutory and non statutory provider organisations.

- *Achieve seamless commissioning and delivery of services to all*
  Every Essex resident will benefit from public health services being commissioned and delivered in a seamless manner to meet local needs.

  This includes;
  - clear and correct public health messages and signposting to public health information and services;
  - the transfer between different public health providers is smooth and timely with the minimum of red tape;
  - there is no duplication of service provision;
  - public health campaigns are coordinated in their timing and use of uniform messaging.

  The most successful services/interventions will also be personalised and this includes taking account of an individual's cultural values and personal circumstances and the introduction of personalised budgets.

The Whole Life Pathway will act as a useful tool in developing integrated commissioning and service provision".

The Challenges we face

To improve the health of those we serve we will need to overcome a number of key challenges:-

- The level of academic attainment in Essex is less than one would expect given our level of affluence. Educational attainment is a key driver of future social class and this in turn drives health and life expectancy. We must improve levels of educational attainment if we are to ensure improved population health.
- The levels of inequality in health across Essex are wide. There is a greater than 18 year average difference in life expectancy across the population we serve between the best and worst wards. Additionally people in certain vulnerable groups including those with mental health issues, learning disabilities or belonging to Gypsy and Travellers communities suffer high levels of poor health. Our endeavours must both improve the health of all we serve and focus attention on these groups and populations.
- Levels of poor lifestyle choice in Essex are high. There are very low numbers of people in Essex undertaking recommended levels of exercise, increasing numbers who are obese, increasing numbers misusing alcohol, low numbers breastfeeding and still high levels of smokers in the population we serve. These all represent a significant challenge to improving health locally.
- There are many people at high risk of diseases who are not being treated. Many people in Essex are at high risk of or suffer from conditions such as heart attacks, stroke, diabetes and Chronic Obstructive Pulmonary Disease, depression, dementia, high blood pressure, risk of falls and cancer. We need to be able to systematically identify and manage these people to prevent adverse health outcomes.

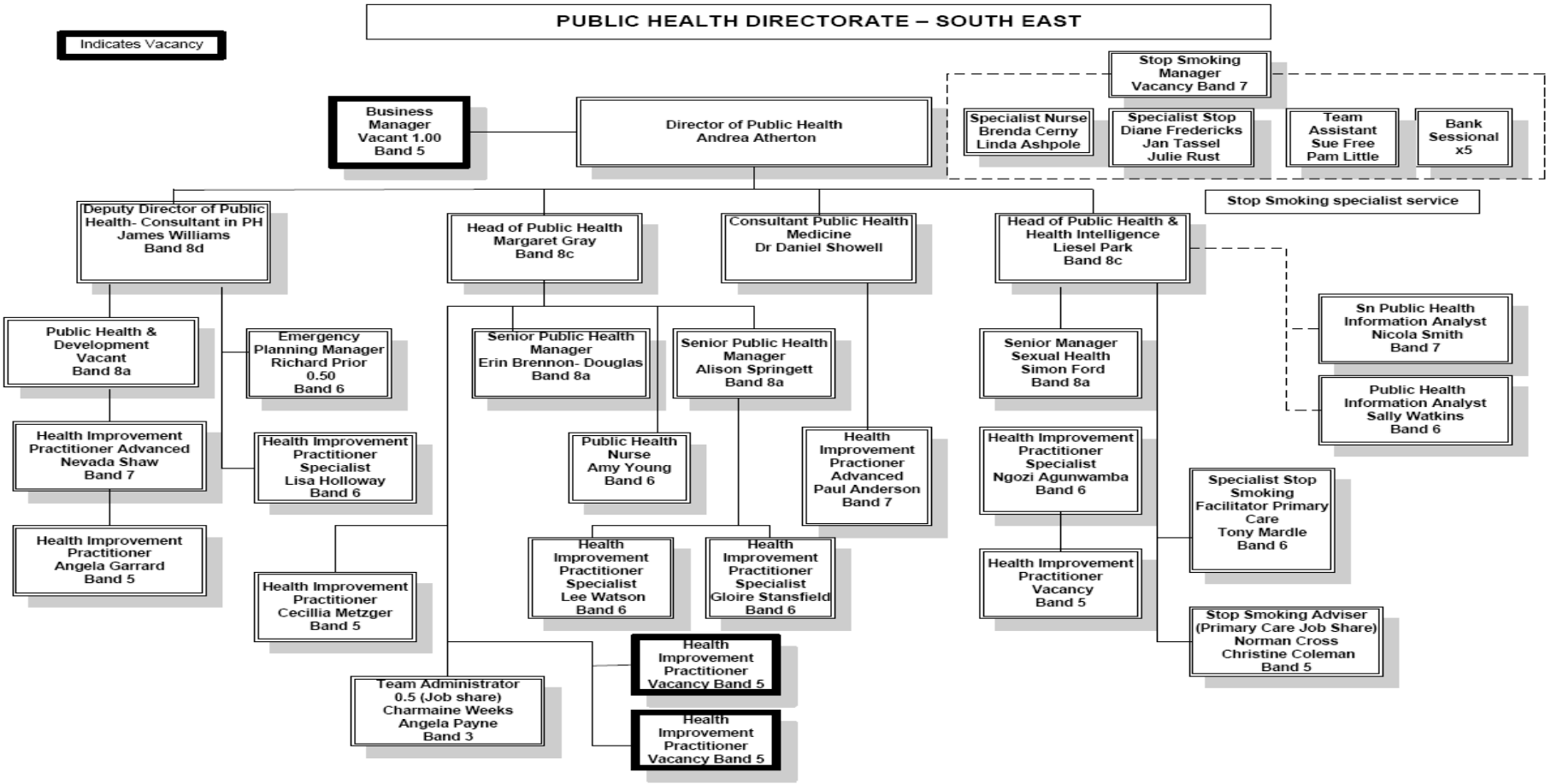
Delivering our Commitment

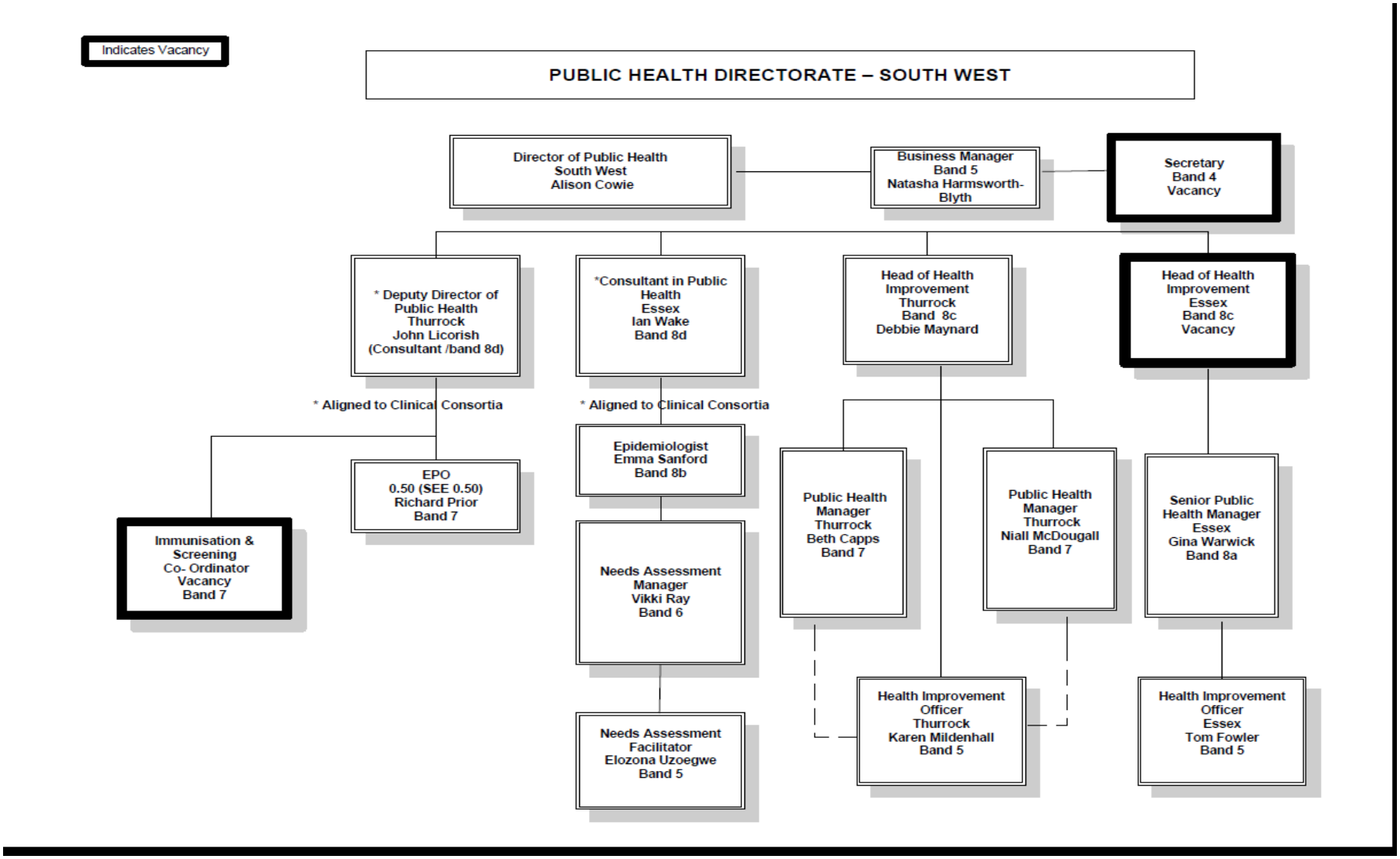
Our vision is for the people of Essex to enjoy long healthy disease free lives and for this to be possible regardless of where they live and whether or not they are a member of a vulnerable group. We will do everything we can to work as a county and with our partners to realise this vision.

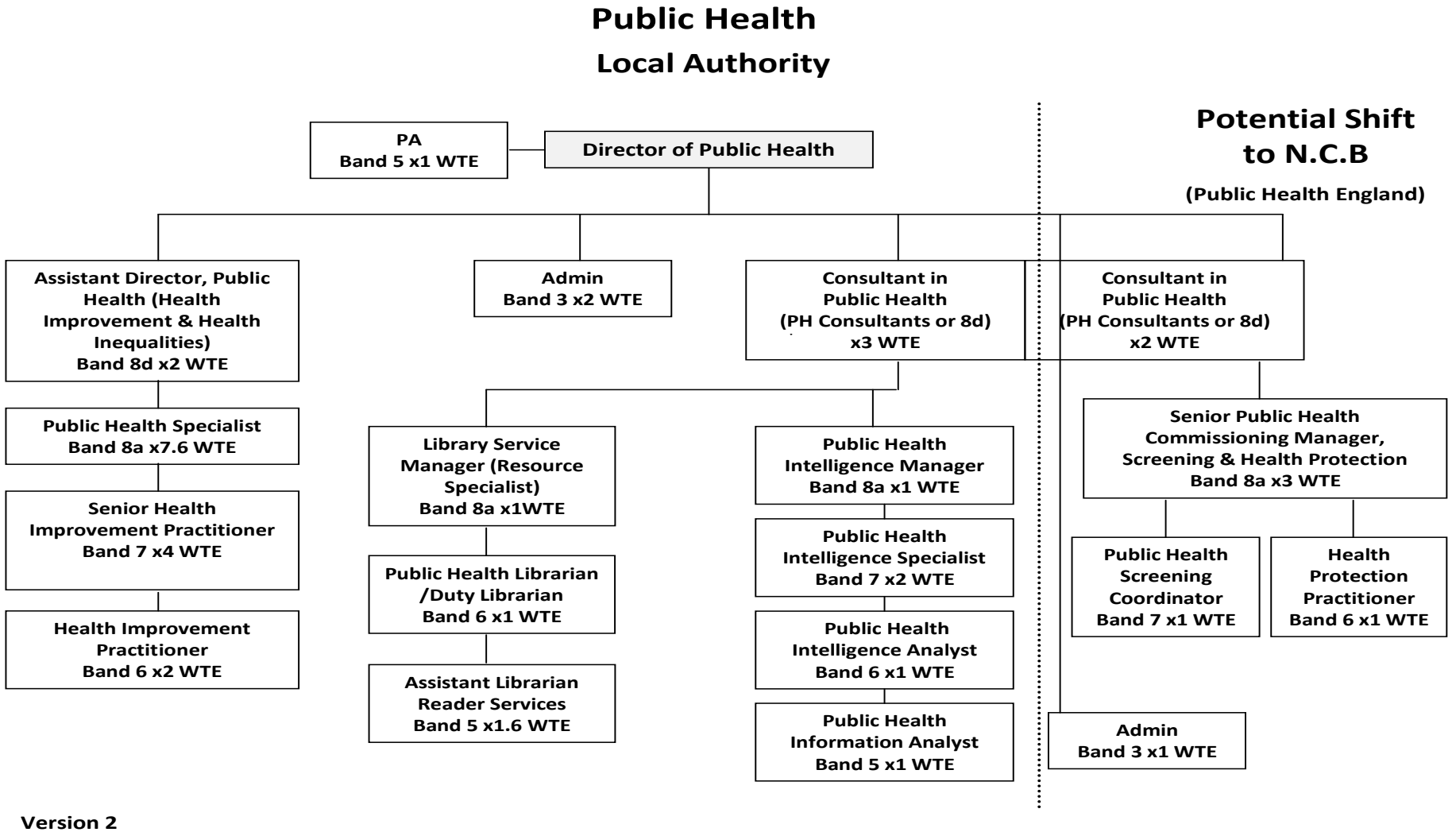
This is a long term commitment to Essex citizens and communities. In five years we want to see:-

- Improved average life expectancy and **x** years in men and **y** years in women
- Reduced differences in life expectancy between the worst quintile and best quintile of electoral wards to **a** in men and **b** in women
- Improved levels of physical activity in adults from **a** to **b** % taking ?? levels of activity. A reduction in adult and childhood obesity from **m** to **n** and **x** to **y.** reduced levels of alcohol related hospital admissions from **a** to **b** and increased levels of smoking quantities to **m** per year.
- Improved educational attainment with ……

Appendix C


PUBLIC HEALTH DIRECTORATE – SOUTH EAST
Indicates Vacancy
Business Manager Vacant 1.00 Band 5
Director of Public Health Andrea Atherton
Stop Smoking Manager Vacancy Band 7
Specialist Nurse Brenda Cerny Linda Ashpole
Specialist Stop Diane Fredericks Jan Tassel Julie Rust
Team Assistant Sue Free Pam Little
Bank Sessional x5
Stop Smoking specialist service
Deputy Director of Public Health- Consultant in PH James Williams Band 8d
Head of Public Health Margaret Gray Band 8c
Consultant Public Health Medicine Dr Daniel Showell
Head of Public Health & Health Intelligence Liesel Park Band 8c
Public Health & Development Vacant Band 8a
Emergency Planning Manager Richard Prior 0.50 Band 6
Health Improvement Practitioner Advanced Nevada Shaw Band 7
Health Improvement Practitioner Specialist Lisa Holloway Band 6
Health Improvement Practitioner Angela Garrard Band 5
Health Improvement Practitioner Cecillia Metzger Band 5
Senior Public Health Manager Erin Brennon- Douglas Band 8a
Senior Public Health Manager Alison Springett Band 8a
Public Health Nurse Amy Young Band 6
Health Improvement Practioner Advanced Paul Anderson Band 7
Health Improvement Practitioner Specialist Lee Watson Band 6
Health Improvement Practitioner Specialist Gloire Stansfield Band 6
Team Administrator 0.5 (Job share) Charmaine Weeks Angela Payne Band 3
Health Improvement Practitioner Vacancy Band 5
Health Improvement Practitioner Vacancy Band 5
Senior Manager Sexual Health Simon Ford Band 8a
Health Improvement Practitioner Specialist Ngozi Agunwamba Band 6
Health Improvement Practitioner Vacancy Band 5
Sn Public Health Information Analyst Nicola Smith Band 7
Public Health Information Analyst Sally Watkins Band 6
Specialist Stop Smoking Facilitator Primary Care Tony Mardle Band 6
Stop Smoking Adviser (Primary Care Job Share) Norman Cross Christine Coleman Band 5


Indicates Vacancy
PUBLIC HEALTH DIRECTORATE – SOUTH WEST
Director of Public Health
South West
Alison Cowie
Business Manager
Band 5
Natasha Harmsworth-Blyth
Secretary
Band 4
Vacancy
* Deputy Director of Public Health
Thurrock
John Licorish
(Consultant /band 8d)
*Consultant in Public Health
Essex
Ian Wake
Band 8d
Head of Health Improvement
Thurrock
Band 8c
Debbie Maynard
Head of Health Improvement
Essex
Band 8c
Vacancy
* Aligned to Clinical Consortia
* Aligned to Clinical Consortia
Epidemiologist
Emma Sanford
Band 8b
EPO
0.50 (SEE 0.50)
Richard Prior
Band 7
Immunisation & Screening
Co- Ordinator
Vacancy
Band 7
Needs Assessment Manager
Vikki Ray
Band 6
Needs Assessment Facilitator
Elozona Uzoegwe
Band 5
Public Health Manager
Thurrock
Beth Capps
Band 7
Public Health Manager
Thurrock
Niall McDougall
Band 7
Senior Public Health Manager
Essex
Gina Warwick
Band 8a
Health Improvement Officer
Thurrock
Karen Mildenhall
Band 5
Health Improvement Officer
Essex
Tom Fowler
Band 5

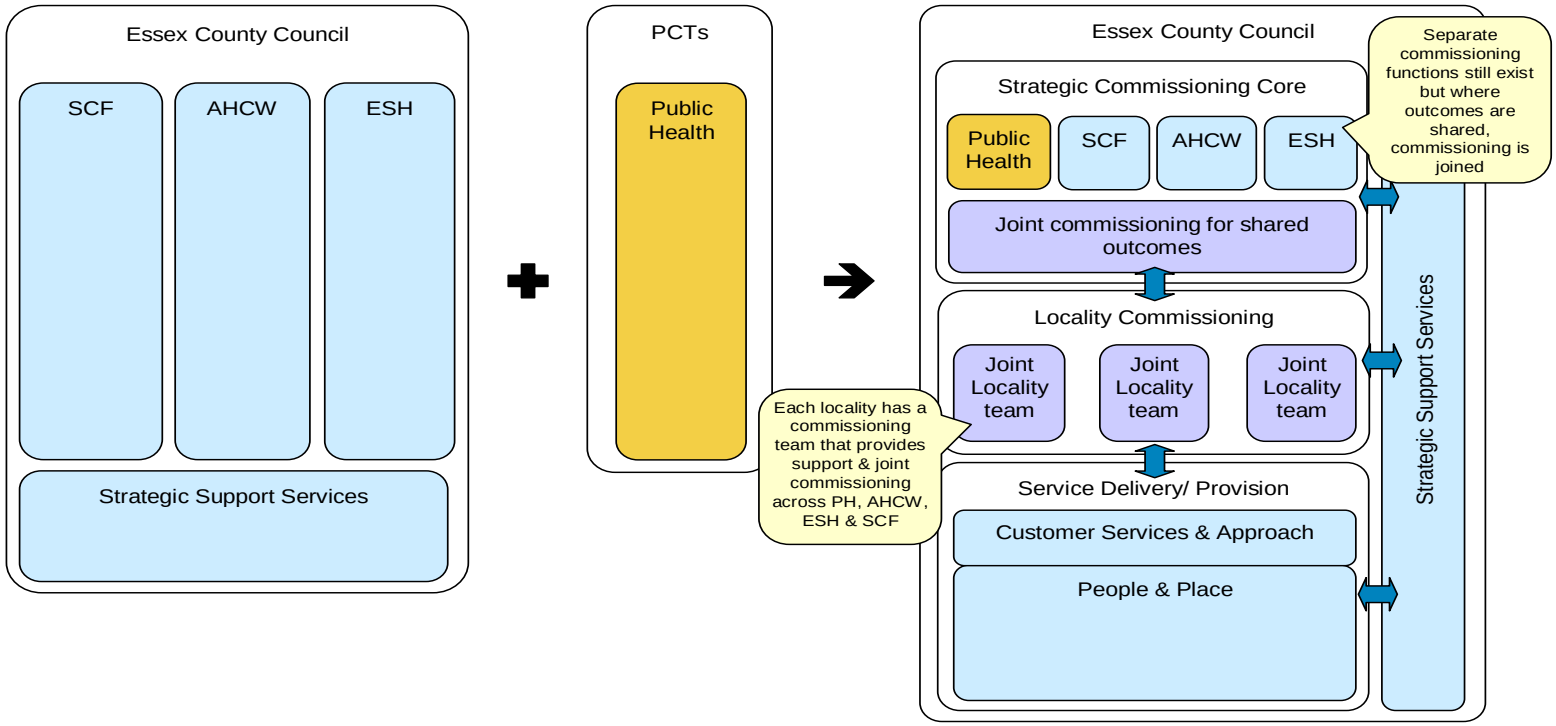


Version 2

Appendix D

Potential future PH model options

OPTION 7: Public Health functions and all ECC Commissioning functions split between Strategic Commissioning Core and Locality Commissioning teams with integration across shared strategic outcomes and full integration across locality commissioning



Appendix E

Adobe Acrobat Document

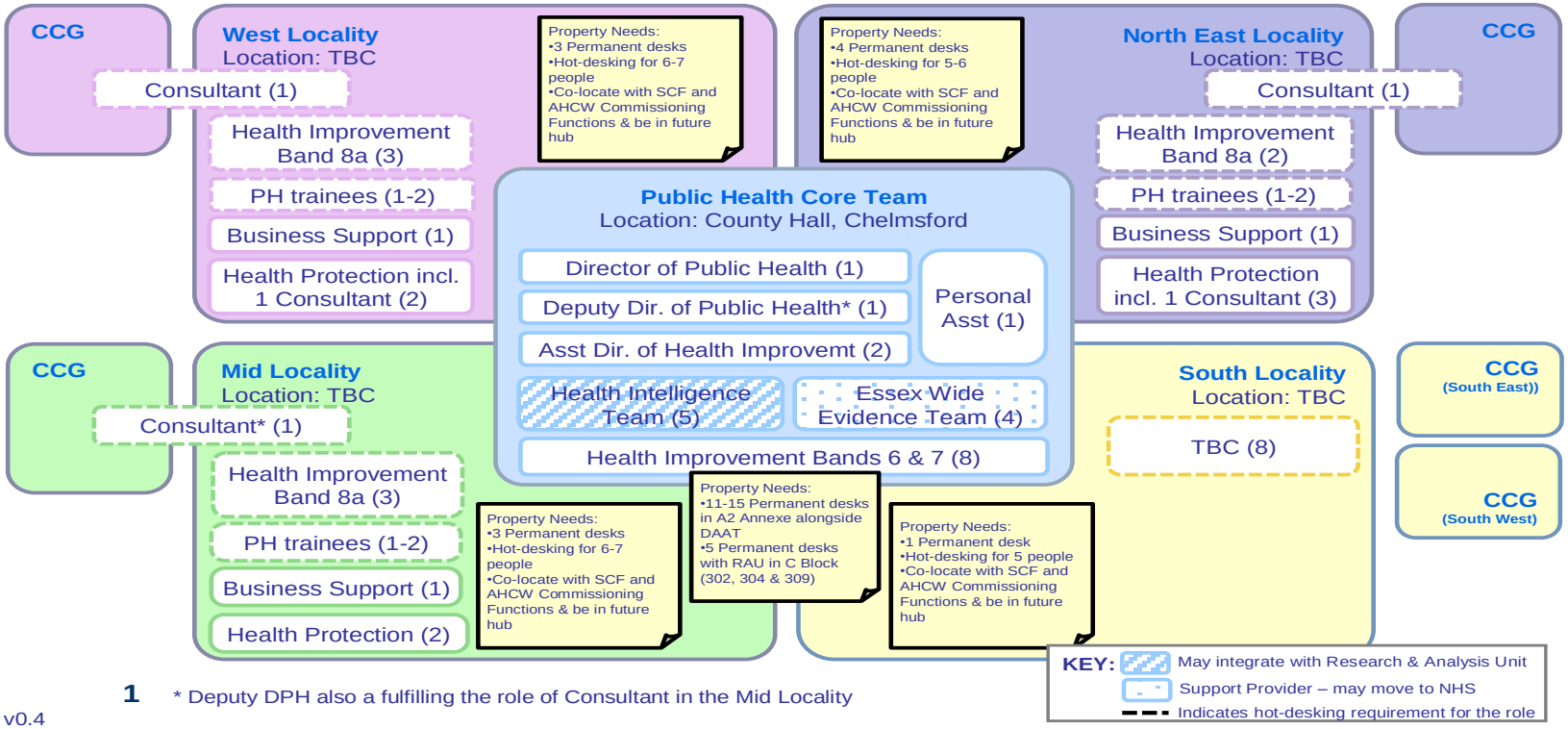
Appendix F

AGREED IN PH Steering Group on 11th Jan 2012

EssexWorks. For a better quality of life

PH Proposed Incoming Staffing & Locations

The distribution of staff for the North PH functions is shown below**. Proposals for the South are subject to approval.** These are all new functions transferring in to ECC by April 2013. Dotted edges around roles denote that the role will be expected to hot-desk in a different location to the one where they are predominantly based. Health Protection may be redistributed across all four localities to ensure there is coverage in the South locality



1 * Deputy DPH also a fulfilling the role of Consultant in the Mid Locality

v0.4

Appendix G
JSNA & HEALTH & WELLBEING STRATEGY

DEVELOPMENT OF 2011-12 JSNA

Timeline for delivering JSNA suite of documents:

OUTLINING SECTIONs	Lead	Deadline	Update
Demography & Deprivation	**DW**	**Mid Sept**	**Completed**
Risk factors for Health & Well-being	**KR**	**Mid Sept**	**Completed**
Burden of Disease - key causes	**KR**	**Mid Sept**	**Completed**
Social & Environmental context & Inequalities	**KR/DW**	**Early Sept**	**Completed**
Service Provision - Health care Social Care	 **KR** **DW**	 **Late Sept** **tba**	 **NOT REQUIRED**
Four Outcome Frameworks -			
Performance against Improvement areas: PH Outcomes Adult Social care Outcomes NHS Outcomes Children Outcomes	 **KR** **DW** **KR** **DW**	 **Early Oct** **Mid Oct** **Mid Oct** **End Oct**	 **Completed** **In progress** **Completed** **In progress**
Evidence-based Interventions: PH Outcomes Adult Social care Outcomes NHS Outcomes Children Outcomes	 **KR** **DW** **KR** **DW**	 **End Aug** **Mid Oct** **End Sept** **End Oct**	 **Completed** **Mid Nov** **COMPLETED** **Mid Nov**
1st Draft JSNA Report	**KR/DW**	**Early Nov**	**Redraft Early Jan 2012**
Executive Summary Outline	**DW**	**-**	**Mid Jan 2012**
Discussion Tool for prioritisation	**DW**	**-**	**Mid Dec – to be revised in Jan 2012**
Recommendation section	**KR**	**Early Jan**	**ON TARGET**
Essay Digest to feed into H&WB Strategy	**DW**	**End Jan**	
Final JSNA 2011-12 Report to feed into First draft of H&WB Strategy	**KR/DW**	**End Jan**	**ON TARGET**

CONTENTS

Appendix H

Public Health- Employee Communication and Engagement Workstream- Terms of Reference

Purpose of group & background:

The Health & Social Care Bill sees Local Authorities taking much more responsibility and accountability for Public Health, with a formal transfer of responsibilities from the Primary Care Trusts (PCT) to local authorities in April 2013.

The purpose of this workstream is to co-ordinate staff engagement and communication activity during the transition period and transfer of Public Health responsibility from Essex Primary Care Trusts to Essex County Council (ECC).

Whilst the North and South PCT clusters will remain responsible for their employees until April 2013, the successful transition between the two clusters and Essex County Council, Southend-on-Sea Unitary and Thurrock Unitary is in the interest of all parties, and we will adopt a collaborative approach to ensure a seamless transfer of responsibilities and employees. This will include working to ensure sufficient integration by April 2013.

Up until April 2013 Public Health staff will remain employees of the PCT and therefore costs associated with any reorganisations will be met by the NHS. At April 2013, employees will transfer in to ECC under statutory transfer arrangements, detailed within the HR Concordat.

Objectives:

To support the smooth transition of NHS Public Health employees to ECC by April 2013 by ensuring that NHS and ECC employees and Trade Unions are fully engaged in the process, whilst also ensuring that the requirements of the Public Health HR Concordat (Nov 2011) are met.

Delivered by-

- Development of a combined ECC and NHS change management and communication project plan (to include transfer implementation (TUPE)) Contribution to NHS communications, where applicable
- Development of communications to ECC employees to ensure that they are kept up to date on the project
- Communication with the Trade Unions
- Provision of a 'welcome/familiarisation framework' to support the co-location of Public Health staff for the period between April 2012 and the full permanent transfer of staff by April 2013.
- Co-ordination and implementation of all ECC activity required under TUPE regulations to ensure that we are legally compliant and that Shared Services/Pensions have all relevant employee data in a timely manner
- Creation of a 'change forum' to provide and shape communications with affected staff. The group will include representatives of both the NHS and

ECC from the following groups - affected staff, Trade Unions, HR /Change Managers and Communications

- Provision of an induction programme to support employees to understand ECC's structure, culture and management procedures and policies

Meetings/Reporting & Governance

Frequency & Duration: The group will meet initially ever four weeks and then more frequently once formal consultation on the transfer commences..

The workstream lead is Sasha Ashton, Senior HR Business Partner who is also responsible for ensuring that all proposed activity within the workstream is supported by the steering board before it is progressed.

Membership

Membership of the group is outlined below however may be expanded to include other NHS internal communication officers as and when required.

Name	Job Title	Role
Dr Mike Gogarty	Director of Public Health and Health Policy, ECC/North Essex Cluster	Project Business Owner
Krishna Ramkhelawon	Deputy Director & Consultant in Public Health, North Essex Cluster	Subject Matter Expert (SME) Public Health
Sasha Ashton	Senior HR Business Partner (AHCW), ECC	Workstream Lead SME Human Resources
Luella Dixon	Director of Workforce, South Essex Cluster	SME Human Resources
Victoria Collins	HR Strategy Manager, North Essex Cluster	SME Human Resources
Michelle Campbell	Communication Lead Essex Drug & Alcohol Action Team	Project Communications Lead
Lawrence Fitzgerald	Change Manager	Change Manager
Kimberley King	Senior Employee Engagement Officer	Corporate Internal Communications link
Joe Garrod	Senior Project Manager, ECC	Project Manager
TBC	Senior HR Advice & Support Consultant	SME Human Resources

Appendix I

Public Health Vision Sounding Board
Terms of Reference and Membership

Background
In the light of the NHS reforms which include major changes to the delivery of public health, a major consultation event took place on 8 July 2011, to start to develop a vision for Public Health in Essex. One of the outcomes of this event (full report available at Partnership Event Report) was the recommendation to bring together a Sounding Board to further develop an initial proposal for this vision.

Role
The role of the Public Health Vision Sounding Board is to act as a sounding board in the development of a vision for the future delivery of public health in Essex. This vision will be subject to extensive consultation across partners in the county.

Governance
The Sounding Board reports to the Public Health Transfer Project Steering Group. It is a task and finish group that will end after the vision for public health in Essex has been finalised and agreed by the Essex Health and Wellbeing Board. The completion date for this is January 2012.

Membership
Members will be drawn from the different types of partner organisations in the county. They will not be "representatives" of their organisation or sector because their role is to act as an initial sounding board for the development of the vision, which will be the subject of an extensive consultation process with all partners before being finalised and agreed by the Health and Wellbeing Board.

Districts & Boroughs:
Ian Davidson – Chief Executive, Tendring District Council
Malcolm Morley – Chief Executive, Harlow Council

Essex County Council:
Liz Chidgey – Deputy Executive Director, Adults Health & Community Wellbeing
Wendi Ogle-Welbourn - Director of Commissioning, Schools Children & Families
Julie Ellis – Change Director, Environment, Sustainability & Highways
Loretta Sollars – Senior Policy and Strategy Manager, Strategic Services

Public Health (PCTs):
Mike Gogarty – Director of Public Health (ECC)

Krishna Ramkhelawon – North East Essex PCT
Chris French - North East Essex PCT
Clare Morris – North Cluster
Pam Hall - West Essex PCT
Jane Richards - Mid Essex PCT
Andrea Atherton - Director of Public Health, South East Essex PCT (south cluster)
Alison Cowie – Director of Public Health, South West Essex PCT (south cluster)

GPs (from Clinical Commissioning Groups):
Gary Sweeney North East Essex
Brian Spencer Mid Essex

Robert Gerlis West Essex
Aravinda Gunivangodag Brentwood
Ann Pretty Basildon
Sunil Gupta Castlepoint
Mike Saad Rochford

Voluntary & Community Sector:
Russ Mynott – Chelmsford CAB
+1 other tbc

Public/Patients/Service Users:
Ann Nutt – Co-Chair, Participation Network Forum
Peter Coleing – Co-Chair, Older People's Planning Group

Chairman
The chairman for the meetings will be Mike Gogarty

Contribution Required from Members
It is a condition of acceptance of membership that members are able to commit themselves to supporting this group through electronic correspondence including responding to discussion documents and suggesting alterations to a draft vision document. For continuity of discussions, substitutes attending meetings will be accepted but are not encouraged.

Frequency of Meetings
The group will meet as infrequently as possible!
Initial confirmed dates for meetings are:

10.00 – 12 noon Thursday 3 November 2011
10.00 – 12 noon Thursday 24 November 2011

Venue for all meetings: County Hall, Chelmsford
When accepting membership, members are asked to indicate their availability for these dates which will then be confirmed subject to sufficient nos. being able to attend and a clear requirement for meeting in person.

Secretariat
Essex County Council staff (Loretta Sollars) will be responsible for electronic communications, note taking at meetings and the collation, circulation and revision of draft vision documentation.

Appendix J

Extract from:
Essex County Council Strengthening Commissioning Communication Strategy

Background
The Health and Social Care Bill currently going through Parliament proposes a number of changes which will fundamentally alter the relationship between health and social care services and affect Essex County Councils (ECC) role as a major commissioner of services. A key focus is to integrate health, social care, and public health services to enable a response to the financial and demand pressures facing the health and social care economy.

The key changes scheduled to take place by April 2013 and which will require effective communications and engagement are:

1. The creation of a new joint Health and Social Care governance structure led by the Health and Wellbeing Board with a direct remit for integrated commissioning.
2. The development of a joint health and wellbeing strategy that is owned by the Health and Wellbeing Board
3. The replacement of Local Involvement Networks (LINks) with the creation of Essex Healthwatch, as a patient and service user 'voice' on services
4. The transfer of Public Health responsibilities from Essex Primary Care Trusts (PCTs) to ECC
5. The abolition of the PCTs to then be replaced by Clinical Commissioning Groups (CCGs), with responsibility for a large proportion of primary health care commissioning

These are statutory changes with considerable significance for ECC's future operating model. However, ECC does already have a strong recent history of joint working with health to integrate approaches to ensure value for money and better outcomes for users. The above five projects make up the full Strengthening Commissioning Programme. They will work at different speeds at different times but will require ongoing integration, making this a complex Communications Strategy.

Public Health Stakeholder Analysis

Following a stakeholder analysis it was identified that the project had four distinct groups of stakeholders with differing levels of influence and support needing different levels of to plan engagement. The information gained through the stakeholder analysis will determine how we communicate with each stakeholder.

5. Awareness and Understanding
6. Staff
7. Commissioning and Locality Partners
8. Project Key Players

Public Health Communication Objectives

- To raise awareness of the transfer of Public Health responsibility from Essex PCTs to ECC communicating the context, purpose, need and benefits for change.
- To facilitate engagement from all relevant stakeholders in the design and build of a vision for Public Health for Essex.
- To ensure that all stakeholders understand the new Public Health vision in Essex, within the wider context of the Health and Social Care system, how it will improve the health and wellbeing of residents and the role they have to play.
- To facilitate the transition of the Public Health workforce from the PCTs into ECC by April 2013 with collocation arrangements starting to take effect from April 2012 onwards (in line with concordat).

Public Health Key Messages

- Changes to the Health & Social Care Bill see ECC taking on responsibility for Public Health from Essex PCTs from April 2013. The transfer of Public Health responsibility to ECC will open new opportunities for community engagement.
- The new responsibilities will be supported by a ring fenced budget and a Director of Public Health, jointly appointed by ECC and Public Health England (the new national public health executive agency of the Department of Health) who will lead this work.
- ECC will build on the vast improvement already made in Public Health and work to develop holistic solutions to health and wellbeing embracing the full range of services that we are responsible for including education, regeneration, housing, leisure, planning, transport, employment and social care.
- Our resident's health and wellbeing is already important to us and will be at the heart of everything that ECC does, helping people lead healthier lives and creating healthier communities, improving quality of life and reducing health inequalities across Essex.
- Public Health is everyone's business. ECC will consult and engage with our partners on the development of the future shared vision for a new local public health system and all of our partners have a crucial role to play in the successfully delivery.
- Individuals, families, communities all have a part to play in improving Public Health. ECC will empower individuals to make healthy choices and will give communities the tools to address their own particular needs.
- The Essex Joint Strategic Needs Assessment (JSNA) will help determine local priorities and enable the generation of local solutions to improved residents health and wellbeing.
- ECC will be working in partnership with our Public Health colleagues to ensure a smooth transition of responsibility and accountability (which will include co-location) so we are best placed to achieve a seamless delivery of service to all.

Communications Process

The proposal at this early stage is that this strategy will constitute an overarching framework for all communications and engagement activity within the Strengthening Commissioning Programme. Within this, five distinct communication action plans will be developed and owned by the identified communication leads for each of the key project streams.

Activity will be aligned wherever possible and the ECC Strengthening Commissioning Programme Sponsor will need to have advance sight of communications and engagement activity across the programme, and will have responsibility for final sign-off.