Cabinet

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NHS Reforms

Report of Corporate Management Team

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Purpose of Report

1. The purpose of this report is to provide an update on recent developments in relation to NHS reforms. A separate report will be presented to Cabinet on 25th January 2012 regarding the Transition Arrangements for Public Health.

Background

2. The Health and Social Care Bill was introduced to Parliament on 19th January 2011. The Bill sets out the Government's plans to reform the NHS detailed in the White Paper 'Equity and Excellence: Liberating the NHS, which was published by the Department of Health on 12th July 2010.

3. The Health and Social Care Bill is currently progressing through the Committee stage of the House of Lords. This is where line by line examination of the Bill takes place. This process began in November 2011, as yet no date has been provided as to when this stage will finish. The next stage after this will be the Report stage. Government key milestones can be found in Appendix 2.

National Policy Developments

The NHS Operating Framework for the NHS in England 2012/13

4. This Framework sets out the planning, performance and financial requirements for NHS organisations in 2012/13 and the basis on which they will be held to account. It also sets out the practical steps that need to be taken by the NHS through the transition over the next year.

5. The Operating Framework sets out key areas for all NHS organisations to deliver a high standard of care and service delivery for patients:
   - Putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;
     - The Operating Framework puts patients at the centre of decision making with their experience of health and supporting care services central to the drive for further improvements.
   - Completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;
     - It will be imperative that CCGs are supported so that the NHS Commissioning Board is in a strong position to authorise them as ready, willing and able to take on statutory responsibilities from April 2013.
     - Transparency, as well as integration and joint working across the health and social care sector, continues to be of vital importance throughout move to a system with an emphasis on local accountability, supporting Health and Wellbeing Boards and a new public health system.
   - Increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge;
     - While funding over the Spending Review period will increase in real terms, the QIPP challenge has identified the need to achieve efficiency savings of up to £20 billion over the same period, to be reinvested in services to provide high-quality care.
     - The NHS must prioritise the adoption and spread of effective innovation and best practice.
     - CCGs will need to take on the QIPP challenge within their local community.
   - Maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met.
     - The Operating Framework aims to limit the key performance measures that will be subject to national assessment in order to support more local decision making on priorities. The national measures can be grouped in three categories, quality, resources and reform.

- The Government's Spending Review for 2011/12 to 2014/15 protected the total health budget with real terms increases in each of those years. Success will be judged during 2012/13 in the areas of quality, reform, finance and business rules and planning and accountability.

6. The Operating Framework 2012/13 emphasises that central to the new system will be the establishment of Health and Wellbeing Boards, who will provide local systems leadership across health, social care and public health. SHA and PCT clusters should support shadow Health and Wellbeing Boards and encourage CCGs to play an active part in their formation, including participation in the programme of accelerated learning sets. Health and Wellbeing Boards will contribute to the authorisation process and will play a part in supporting the NHS Commissioning Board in holding CCGs to account.

Integrated Approach to Planning and Assurance between Department of Health and the NHS for 2012/13

7. The Department of Health (DoH) has issued guidance on the single planning process for 2012/13, which has been developed across the DoH and with Strategic Health Authority (SHA) clusters. The guidance supports the delivery of the NHS Operating Framework 2012/13 and provides more details on accountability set out in the Framework.

8. The guidance advises that by the end of March 2012 all PCT clusters should have an integrated plan as required by the NHS Operating Framework 2012/13. The plan must be assured by the SHA clusters, through a process overseen by the DoH. There will be 2 stages of submissions by SHA clusters, 27th January 2012 for first submissions and final submissions on 5th April 2012.

9. The DoH requires the following from each SHA cluster:

- Data trajectories for all PCTs for the relevant indicators set out in the annex to the Operating Framework 2012/13
- Milestones for each PCT cluster (drawn from their integrated plan), covering transformational change elements of Quality, innovation, Productivity and Prevention (QIPP) and reform.
- Milestones for each SHA cluster about the transition of the functions within the SHA to new bodies; and
- A short narrative outlining the SHA cluster assurance process of PCT cluster integrated plans.

10. National minimum expectations for key milestones have been set out in the guidance. These include milestones relating to Health and Wellbeing Boards and to Public Health. Relevant milestones from the guidance have been incorporated into the Government key milestones found in Appendix 2 of this report.

NHS Future Forum Consultation

11. The Government asked the NHS Future Forum to carry out a new phase of consultation with patients, service users and professionals, following the recent listening exercise on proposals to modernise the NHS. Views were requested on information, education and training, integrated services, the NHS's role in Public Health.

12. The NHS Future Forum has published its interim advice on integrated care, patient information and public health in a modern NHS. These recommendations are aimed at informing the 2012/13 NHS Operating Framework and the plans around a new public health system.

13. The advice stresses that information about health and social care services must be published in a transparent and usable form and patients must have better access to health care records. It also calls for a national partnership across the NHS and public health.

Clinical Commissioning Groups

14. The Department of Health has published guidance to help emerging Clinical Commissioning Groups (CCGs) (groups of GPs and other health professionals who will commission health services) consider the steps towards authorisation. Authorisation is the process by which CCGs are assessed as ready to take on responsibility for health care budgets for their local communities.
The guidance describes the processes that may need to be in place to ensure that CCGs are highly effective, with the leadership and confidence to discharge their healthcare and financial responsibilities.

The proposed timeline for CCG authorisation is as follows:

- October to December 2011 – invitation to participate in risk assessment of the proposed configuration.
    - The first phase is a risk assessment of the proposed 'configuration' of a CCGs is specifically designed to assist CCGs understand whether their current proposed arrangements are likely to meet the criteria defined in the Health and Social Care Bill, understand any risks associated with their proposed arrangements and give them time to consider how to manage these risks.

- October 2011 onwards – Preparation for authorisation.
    - During this period emerging CCGs can gain experience. PCT clusters will support emerging CCGs to take on delegated responsibilities within the existing legislative framework, so that they can increasingly lead various key elements of work such as the delivery of the QIPP (quality, innovation, productivity and prevention) challenge for the local health system, the planning round for 2012/13, begin to

build up relationships with local authorities and patient and public groups and play an active role in developing the new health and wellbeing boards.

- Summer 2012 – Application to the NHS Commissioning Board for establishment and authorisation (subject to the passage of the Health and Social Care Bill.

- October 2012 – Formal authorisation process.
    - The final stage of the process is the full 'authorisation process' where emerging CCGs will need to apply to the NHS Commissioning Board to be established and authorised.

- April 2013 – All of England covered by established CCGs (It is the intention that the majority of CCGs will be fully authorised by this time).

Developing Clinical Senates and Networks

15. Clinical Senates are intended to bring together a range of experts, professionals and others from across different areas of health and social care to offer access to independent advice about improvements in quality of care across broad geographical areas of the country.

16. Clinical Networks are usually specific to a client group, disease group or professional group. Networks can undertake a range of functions, including supporting improvement in pathways and outcomes of care.

17. A review of the role of clinical networks and their range, function and effectiveness will be carried out in the near future. This work is expected to lead to a suggested operating model, or a set of operating models for networks, which the NHS Commissioning Board would consider.

18. The number of clinical senates (likely to be in the order of 15), who will be part of them and what their specific roles will be are all yet to be determined, and this will be consulted on while developing proposals for their operation.

Social Work Reform

19. From July 2012 the regulatory functions from the General Social Care Council will be transferred to the HPC.

20. On 25th October 2011 the Social Work Reform Board published a Framework for the Continuing Professional Development of Social Workers. The reforms set out within the framework are intended to help social workers maintain and develop the core standards required for re-registration, which will be overseen by the Health Professions Council (HPC) from July 2012.

21. The HPC does not define either the content or how much Continuing Professional Development (CPD) is to be undertaken. Instead, every two years a random sample of social workers will be required to provide detailed written evidence of their CPD. The earliest possible audit for social workers will be in 2014.

HealthWatch

22. The Health and Social Care Bill makes provisions for the establishment of HealthWatch. HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults.

23. Local HealthWatch will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

24. Subject to Parliamentary approval HealthWatch England will be established in October 2012 and Local HealthWatch in April 2013.

25. The Care Quality Commission has set out important landmarks in the development of HealthWatch England including:

- The Chair is expected to take up the post in April 2012 (as Chair designate until the Health and Social Care Bill receives Royal Assent).
- Appointing staff (senior staff to be in place by June 2012).
- Developing information and briefings for local HealthWatch organisations by June 2012.
- Developing a work plan for the new organisation by summer 2012.
- Agreeing the budget with the Department of Health by summer 2012.
- Agreeing how the relationship between HealthWatch England and the Care Quality Commission will work by summer 2012.
- Agreeing the composition of and appointing the HealthWatch England committee (which will take up its role in October 2012).
- Developing the HealthWatch England web site to launch in October 2012.

Local HealthWatch

26. The Department of Health published a letter on 3rd January 2012 from David Behan, Director General for Social Care, Local Government and Care Partnerships. This letter explained about a new start date for establishing Local Healthwatch, which will take place in April 2013 instead of October 2012.

27. The letter also stated that funding would be made available for HealthWatch pathfinders in Q4 of 2011/12 and that the Department of

Health will be funding expertise from the sector to draw together and share the learning.

28. Local HealthWatch will receive new funding of £3.2m that will be made available in 2012/13 for start up costs in setting up Local Healthwatch. These costs include staff recruitment/training, office set up costs, and branding. The funding will be allocated as part of the Department of Health learning disabilities and health reform grant in 2012/13.

NHS Commissioning Board

29. The NHS Commissioning Board's overarching role is to ensure that the NHS delivers better outcomes for patients within its available resources. The NHS Commissioning Board will also play a vital role in providing national leadership for improving outcomes and driving up the quality of care.

30. The NHS Commissioning Board will take responsibility for commissioning services that can only be provided efficiently and effectively at a national or a regional level. This will include primary medical, dental, ophthalmic and community pharmaceutical services, services for members of the armed forces or their families and for those persons who are detained in prison.

31. The NHS Commissioning Board Authority, a special health authority and the shadow form of the NHS Commissioning Board (the Board), became operational on 31st October 2011.
Subject to the successful passage of the Health and Social Care Bill 2011 through Parliament, over the next 12 months the Board Authority will work in partnership with clinical commissioning group leaders, GPs and the Department of Health to agree the method for establishing, authorising and running clinical commissioning groups (CCGs).

32. In addition, the NHS Commissioning Board Authority will create the infrastructure and organise the resources to allow the NHS Commissioning Board to operate successfully as an independent body from October 2012.

33. It is anticipated the NHS Commissioning Board will become fully operational on 1 April 2013, when it takes on its complete legal responsibilities for managing the NHS Commissioning system.

Health and Wellbeing Boards

34. The NHS Confederation published Operating Principles for Health and Wellbeing Boards on 18th October 2011. These operating principles are intended to help board members consider how to create really effective partnerships across local government and the NHS.
These operating principles are embodied within the operating principles of the County Durham Shadow Health and Wellbeing Board.

35. On 8th November 2011 the Local Government Association and Department of Health published New Partnerships, New Opportunities: A Resource to Assist Setting Up and Running Health and Wellbeing Boards.
This document identifies some of the key emerging challenges that Health and Wellbeing Boards are working through such ensuring that the board reflects diverse interests but that. Practical issues are also addressed including the timing and frequency of meetings to enable equal participation by all board members.
The publication provides lessons from some of the early implementers, together with a range of resources for health and wellbeing boards to draw upon.

Early Implementers Health and Wellbeing Board Learning Network

36. In September 2011 the Department of Health announced the Early Implementer Health and Wellbeing Board Learning Network to support health and wellbeing board members to develop knowledge and behaviours that will enable them to work effectively to deliver their shared purpose.

37. The Ministerial launch event for the Health and Wellbeing Board National Learning Network - National Learning Sets took place on the Tuesday 15th November 2011.

38. Learning sets have been incorporated as a main element of the Learning Network and will share learning between Shadow Health and Wellbeing Boards. It is anticipated that the majority of learning set meetings and discussions will take place online. Examples of learning sets include 'creating governance arrangements', 'improving services through more effective joint working' and 'improving the health of the population'.

39. County Durham Shadow Health and Wellbeing Board has recently submitted an application to become an associate member of all learning sets in order to access information and learning in relation to good practice.
The overall objective of the learning sets will be to identify issues and solutions around key themes and disseminate learning and best practice.

40. Learning Set membership will consist of colleagues from the Department of Health, Local Government Group and Health & Wellbeing Board early implementers.

Developments in County Durham

NHS County Durham and Darlington Clinical Commissioning Group Configuration

41. Until Clinical Commissioning Groups (CCGs) are fully authorised they have been established as sub-committees of NHS County Durham and Darlington (PCT) Board.

42. The terms of reference and governance arrangements for the four new sub-committees of the NHS CDD board have now been ratified. The new sub-committees consist of one Commissioning Support Unit (CSU) and three Clinical Commissioning Groups (CCGs) sub-committees (North Durham/ Durham Dales, Easington and Sedgefield/ Darlington). Each CCG Sub-Committee has an aligned Director/ Interim Chief Operating Officer and a Non-Executive Director who will chair the sub-committee.

43. Commissioning Support Units (CSU) are a new type of organisation that will provide Clinical Commissioning Groups (CCGs) with the information and support they need to take effective commissioning decisions and make improvements to public health and well-being a reality.

44. The North East Commissioning Support Organisation, in its draft prospectus advises that it will offer access to a wide range of benefits based on its skills, knowledge, experience and relationships and that services provided for CCGs will be locally focussed.
The North East Commissioning Support Organisation will;
    - work with CCGs on a day to day basis as part of CCG's 'home' team,
    - work with CCG key stakeholders to develop services and outcomes,
    - work on the healthcare issues CCGs have prioritised,
    - work with the providers CCGs have commissioned to deliver services for populations.

    From April 2013 the CSU will be accountable to the National Commissioning Board that will oversee NHS delivery in England.

45. CCGs will be strategic organisations that will agree what is appropriate health care to deliver locally. The CSU will offer CCGs a comprehensive range of support services across the whole commissioning cycle. These will be in three broad areas;
    1. Business support.
    2. Business development.
    3. Commissioning support e.g. strategic planning, service development, contracting, performance monitoring, procurement and clinical quality.

46. CCGs are required to publish clear and credible plans that describe the organisational development issues that will allow them to proceed to licence i.e. to attain statutory status and lead the commissioning within their CCG area by April 2013.

Local HealthWatch

47. Local HealthWatch will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved

48. The aim of Local HealthWatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

49. Current key milestones in the commissioning of Local HealthWatch in Durham County Council include the following:

- Development and consultation on a model for Local HealthWatch.
- Development of a Commissioning Plan for Local HealthWatch
- Benchmarking with other local authorities on their plans
- Scope Functions of Local HealthWatch, including finances – Patient Advice and Liaison Services, and advocacy services.
- Develop and finalise a service specification by April 2012.
- Procurement of Local HealthWatch by September 2012.
- Establish Local HealthWatch and the decommissioning of LINk by 1st April 2013.

Joint Strategic Needs Assessment 2011/12

50. The Local Government and Public Involvement in Health Act 2007 requires Primary Care Trusts and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The Health and Social Care Bill re-affirms the continued requirement of this needs assessment as a key planning and commissioning document for health and social care organisations. In County Durham four JSNAs have been completed since 2008.

51. The JSNA 2011/12 has incorporated a two staged approach: a new internet webpage will be developed. This new webpage will include an interactive tool, known as Instant Atlas, which allows the user to choose indicators from the JSNA and look at trend data. A JSNA summary document is being produced which analyses the indictors and from which “key messages” have been produced. An indepth look at two areas of health inequality has also been carried out which focuses upon mental health and the impacts of deprivation on health and social care.

52. On completion of the JSNA Cabinet will receive a report on 7th March 2012.

Joint Health and Wellbeing Strategy

53. The Health and Social Care Bill 2011 states that Clinical Commissioning Groups and Local Authorities will prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) to be considered and agreed by Health and Wellbeing Boards.

54. The JHWS for County Durham will use the key messages from the JSNA and national policy to determine what the priorities for health and wellbeing will be which will guide the commissioning plans of the local authority and clinical commissioning groups.
It will also address the wider determinants of health as identified in 'Fair Society, Healthy Lives 2010 – Marmont Review' which includes housing development and employment. The JHWS will be produced and agreed by the Shadow Health and Wellbeing Board and presented to Cabinet in November 2012.

County Durham Shadow Health and Wellbeing Board

55. The first formal meeting of the Shadow Health and Wellbeing Board was held on 15th December 2011. Meetings will be held bimonthly until the statutory Health and Wellbeing Board is established in April 2013.

56. The Shadow Health and Wellbeing Board will prepare the way for the Statutory Health and Wellbeing Board in April 2013. It is proposed that subject to the passage of legislation the Statutory Health and Wellbeing Board will be a Committee of the Council.

57. The move to the Statutory Health and Wellbeing Board will require consideration at the County Council Constitutional Working Group and will require embodiment in the County Council's Constitution.

58. A reporting relationship is required between the Shadow and Statutory Health and Wellbeing Board, the County Durham Partnership and its thematic partnerships, in particular the Health and Wellbeing Partnership and the Children's Trust. With regard to partnership arrangements, the establishment of both the Shadow and Statutory Health and Wellbeing Board will be considered within the context of a coherent review of partnerships including the County Durham Partnership and its thematic partnerships.

59. The Shadow Health and Wellbeing Board agreed it's Terms of Reference and Work Programme at it's inaugural meeting on 15th December 2011.

60. At this session the Shadow Health and Wellbeing Board also received awareness presentations regarding the Work of the Local Safeguarding

Adults and Children's Boards and on the links between the Health and Wellbeing Partnership and other partnerships. A report was received on update arrangements for the transition of Public Health Transition Plan by the Shadow Health and Wellbeing Board on 15th December 2011.
The Shadow Health and Wellbeing Board also received a report on high level strategic priorities and commissioning intentions for NHS County Durham and Darlington and Durham County Council for 2012-2013.

Recommendations and reasons

61. Cabinet are recommended to receive this report and:

- Agree to receive a report on the JSNA on 7th March 2012.
- Agree to receive the Joint Health and Wellbeing Strategy in November 2012.
- Note the change in timescales for the establishment of Local HealthWatch.
- Note the change in registration of all Social Workers.
- Note that Adults, Wellbeing and Health Overview and Scrutiny Committee will receive update reports regarding NHS reforms.
- Note that further reports regarding NHS reforms will continue to be provided to Cabinet on a quarterly basis.

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Appendix 1 - Implications

Finance – No direct implications

Staffing – No direct implications

Risk – Failing to establish a Health and Wellbeing Board as laid out in the Health and Social Care Bill (which, subject to Parliamentary approval, will become an Act) may leave DCC open to legal challenge.

Equality and Diversity / Public Sector Equality Duty – Under provisions in the Health and Social Care Bill the Secretary of State, NHS Commissioning Board and Commissioning Consortia will have a duty to reduce health inequalities.

Accommodation – No direct implications

Crime and Disorder – The Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy which will be discharged by a Health and Wellbeing Board will consider the wider determinants of health and well-being within a Local Authority's area, including crime and disorder issues.

Human Rights – No direct implications

Consultation – The Government has consulted with patients and professionals on the NHS Reforms.
The Patient and Public Involvement Toolkit and Framework to Support Health and Social Care Commissioners provide the stages of engagement required to reach a decision where significant service change is required.

Procurement – No direct implications

Disability Discrimination Act – No direct implications

Legal Implications – The Health and Social Care Bill was introduced to Parliament on 19th January 2011. The amended Health and Social Care Bill has passed through the House of Commons and is now at Committee Stage in the House of Lords.

The Health and Social Care Bill states that all upper tier local authorities must establish a Health and Wellbeing Board for their area. Subject to Parliamentary approval, this provision will become an Act and failing to enact a provision will have legal implications for the Council.

Appendix 2 Key Milestones

Date	Key Milestones
July 2010	NHS White Paper 'Equity and Excellence: Liberating the NHS' published
November 2010	White Paper on Public Health Vision for Adult Social Care and Transparency of Outcomes consultation published. Refreshed carers' strategy published
December 2010	Liberating the NHS: Legislative framework and next steps published Initial clinical commissioning group pathfinders identified Government response to Transparency in outcomes and the NHS Outcomes Framework published The Operating Framework for the NHS in England 2011/12 published
Jan 2011	Health and Social Care Bill to be introduced to Parliament Launch of Public Health Responsibility Deal
April 2011	Begin to establish clinical commissioning group in shadow form NHS and social care services to work jointly to support people in the 30 days after discharge from hospital introduced
June 2011	Creation of PCT clusters across all regions of the NHS by June 2011.
July 2011	Review of independent commission on the funding of care and support published Development guidance for NHS Commissioning Boards published Any Qualified Provider guidance published Begin to abolish and transfer functions of ALBs (complete by March 2015)
September 2011	Guidance on the authorisation process for Clinical Commissioning Groups published
October 2011	NHS Commissioning Board established in shadow form as a special health authority SHA cluster arrangements in place Begin to introduce enhanced role for local authorities, through health and wellbeing boards, to promote integration across health, public health and care based on strengthened Joint Strategic Needs Assessment and new joint health and wellbeing strategies
November 2011	Public Health HR Concordat published
December 2011	Overview of new Public Health System published. NHS Outcomes Framework for 2012/13 published.

	NHS Operating Framework for 2012/13 published. PCT Cluster Governance arrangements in place
During 2011/12	Ongoing development and sharing of learning from clinical commissioning group Pathfinder Programme Ongoing development and sharing of learning of early implementers of local health and wellbeing boards. Action Learning Networks for Links and Health watch pathfinders
During 2012	Health Education England and NHS Trust Development Authority established as special health authorities, in shadow form, without full functions
January 2012	Second NHS Outcomes Framework for 2012/13 published. Public Health Outcomes Framework and further detail on public health funding and Workforce Strategy expected. Shadow allocations for Public Health for Local Authorities for 2112/13 to be issued. Draft statutory guidance for JSNA and JHWS expected.
March 2012	Formal transition plans of public health functions to local authorities to be agreed with the Regional Director of Public Health PCT Clusters/ Local Authorities to develop a public health communication and engagement plan, first draft to be produced by March 2012. CCGs to work with Local Authorities to establish their local Health and Wellbeing Board in shadow form and begin refreshing their JSNA.
April 2012	Any Qualified Provider to begin (phased in gradually) Establish local public health budget allocations in shadow form and announce the high level design of a “health premium” for local authorities Social Care Reform White Paper published 1st phase HealthWatch website launched CCGs to jointly lead their local Health and Wellbeing Board. Identify high level priorities from JSNA as a basis for JHWS and begin developing JHWS.
May 2012	Public Health England’s Operational design to be published.
June 2012	Local HealthWatch Communication Tool launched. PCT Cluster/ Local Authorities agree approach to the development and delivery of local public health vision. Public Health England People Transition Policy expected.
July 2012	Begin to abolish and transfer functions of ALBs

	Abolition of General Social Care Council and transfer to Health Professions Council
Summer 2012	Clinical Commissioning Groups to apply to NHS Commissioning Board for establishment and authorisation. CCGs to use their JSNA and JHWS as evidence for Authorisation by July 2012.
September 2012	PCT Clusters/ CCGs to use agreed JHWS as foundation for 2013/14 planning process. Involve partners in HWB in the planning process. Begin developing JSNA for 2014/15. PCT Clusters/ Local Authorities to agree arrangements on public health information requirements and information governance.
By October 2012	NHS Commissioning Board established as an independent statutory body, but initially only carries out limited functions - in particular, establishing and authorising clinical commissioning groups Clinical Commissioning Groups enter formal authorisation process PCT Clusters/ Local Authorities to test arrangements for the delivery of specific public health services and the role of public health in emergency planning, in particular the role of the Director of Public Health and Local Authority based public health. Ensure early draft of legacy and handover of documents.
October 2012	Monitor starts to take on its new regulatory functions HealthWatch England established
November 2012	Introduction of legislation to achieve reforms set out in adult social care white paper
December 2012	PCT Clusters/ CCGs to begin developing JHWS for 2014/15. Continue to work with partners in HWB to develop commissioning plans. NHS Outcomes Framework for 2013/14 published. Operating Framework for 2013/14 published.
During 2012/13	PCT Clusters/ Local Authorities will agree arrangements for Local Authorities to take on public health functions – date for local determination.
January 2013	PCT Clusters/ Local Authorities will ensure final legacy and handover documents produced. Public Health England business and operational plans published.
April 2013	SHAs and PCTs are abolished NHS Commissioning Board takes on its full functions Health Education England takes over SHAs' responsibilities for education and training NHS Trust Development Authority takes over SHA responsibilities for the foundation trust 'pipeline' and for the overall governance of NHS trusts

	Public Health England established as an executive agency of the Department of Health Full system of clinical commissioning groups is established. The NHS Commissioning Board will only authorise groups to take on their responsibilities when they are ready. GP practices will be members of either an authorised clinical commissioning group, or a 'shadow' commissioning group Clinical commissioning groups that are ready and willing could be authorised to take on full budgetary responsibility. This will be determined through a robust process of authorisation, run by the NHS Commissioning Board, with input from emerging Health and Wellbeing Boards and local clinicians. Formal commissioning arrangements implemented between Public Health England, NHSCB, clinical commissioning groups and local authorities Public Health England to allocate ring-fenced budgets, weighted for inequalities, to Local Authorities to commission public health services. Health and Well-Being Boards assume statutory responsibilities Local authorities will have a duty to improve the health of their populations Local Authorities and local HealthWatch will take formal responsibility for commissioning NHS complaints advocacy. Local Public Health budgets allocated Personal budgets for ongoing social care granted Monitor's licensing regime is fully operational Local authorities take responsibility for Directors of Public Health and their functions Launch of Local HealthWatch.
April 2014	The majority of remaining NHS trusts will be authorised as foundation trusts. If any trust is not ready, it will continue to work towards foundation trust status under new management arrangements.
April 2016	Monitor's transitional powers of oversight over foundation trusts will be reviewed