

# Legacy Document for Public Health NHS Nottinghamshire County and NHS Bassetlaw

## Information for the reader

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<b>Document Purpose:</b>	The purpose of this document is to meet the mandate requirements of the National Quality Board to enable organisational memory and quality during and post the transitional arrangements of the reforms brought about by the Health and Social Care Bill 2012.
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<b>Publication Date:</b>	
<b>Audience:</b>	
<b>Related documents;</b>	This Document should be read in conjunction with; <ul style="list-style-type: none"> <li>• NHS Nottinghamshire County &amp; Nottingham City Cluster legacy document</li> <li>• NHS Bassetlaw legacy document</li> </ul>
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## Document/Version Control

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Version	Date	Who	Why
0.1	17/07/2012	S Clark	Suggested format for document
1.2	23/10/2012	S Clark	1 <sup>st</sup> Draft to C Quinn for comment and review
1.3	24/10/2012	C Quinn	Review draft
1.4	24/10/2012	S Clark	1 <sup>st</sup> Draft circulated to PH directorate for comment and input
2.0	15.01.2013	N Lane	

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## Glossary & Abbreviations

CCG	Clinical Commissioning Group
NCB	National Commissioning Board
PCT	Primary Care Trust
SHA	Strategic Health Authority
DH	Department of Health
LES	Locally Enhanced Service
MOU	Memorandum of understanding
NES	Nationally Enhanced Service

## 1. INTRODUCTION

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The National Quality Board publication 'How to: 'Maintain Quality during the transition: Preparing for Handover', (May 2011) set out the importance of preparing a legacy document to endure that information about quality was not lost as organisations change.

This document can be accessed via this link:  
<http://www.dh.gov.uk/health/2012/05/handover-guide/>

The purpose of this legacy document is to:

- retain a 'log' of organisational memory as the NHS undergoes major structural changes to how it is organised and managed
- enhance the robustness of handover arrangements
- capture and transfer organisational memory and information
- ensure quality and safety is not put at risk during structural change

The Department of Health subsequently issued the checklist 'Handover of the PH functions of service' which was based on the principles outlines in the National Quality Board document and provided further guidance specific to public health.

This legacy document is for Nottinghamshire County and covers the public health interface with all 6 districts/boroughs and future Clinical Commissioning Groups (CCGs):

- Mansfield and Ashfield CCG
- Nottingham North and East CCG
- Rushcliffe CCG
- Bassetlaw CCG
- Newark and Sherwood CCG
- Nottingham West CCG

It will feed into the legacy and planning for both Nottinghamshire and South Yorkshire cluster PCT's and covers information relating to public health for NHS Nottinghamshire County and NHS Bassetlaw. It does not relate to any activity within Nottingham City which will be included in legacy documents from NHS Nottingham City.

The scope of this document extends to services that are related to public health; both pre and post April 2013. It does not cover the majority of clinical, medical or

traditional healthcare services. For legacy purposes, details of such services contained within the related legacy documents produced by NHS Nottinghamshire County and Nottingham City Cluster and NHS Bassetlaw.

It is intended that this legacy document should be finalised in January 2013. However, as new commissioning systems are clarified, it is likely that the document will continue to evolve. Updates are scheduled for:

- 1<sup>st</sup> draft October 2012
- 2<sup>nd</sup> review November 2012
- 3<sup>rd</sup> review and final document January 2013
- Review & update 31 March 2013

The development of the legacy document is the responsibility of the Associate Director of Public Health.

## 2. EXECUTIVE SUMMARY

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### 2.1. The organisation/system

**Dr Chris Kenny, Director of Public Health** is responsible for the transition of public health.

Operational management for the transition is being lead by;

**Cathy Quinn Associate Director of Public Health:** HR, ICT/IG, location/bases, legacy, transition of public health budgets, Health & Wellbeing Board and strategy.

**Tracy Madge Associate Director of Public Health:** effective transfer of PH contracts into the local authority and out to other receiver organisations in the NHS, and the development and approval of a Public Health 'Core Offer' 2013-2016 Memorandum of Understanding (MOU) with CCGs.

A Public Health Transition Board was established within the NCC Improvement Programme in November 2012 to oversee the transition. Documents relating to this group can be found: J:\Transition\PH Transition Board

### 2.2. Overview of sender and receiver organisations

There is an assumption that full transition would occur within the national timescales including the transfer of people, budgets, and contracts.

Sender organisations	Receiver organisations
NHS Nottinghamshire County Teaching  NHS Bassetlaw	6 Clinical Commissioning Groups; <ul style="list-style-type: none"><li>• NHS Bassetlaw CCG</li><li>• NHS Mansfield &amp; Ashfield CCG</li><li>• NHS Newark &amp; Sherwood CCG</li><li>• NHS Nottingham North &amp; East CCG</li><li>• NHS Nottingham West CCG</li><li>• NHS Rushcliffe CCG</li></ul>

	Clinical Support Units x2 Nottinghamshire County Council National Commissioning Board <ul style="list-style-type: none"> <li>• Derbyshire and Nottinghamshire Local Area Team (LAT)</li> <li>• South Yorkshire LAT</li> </ul> Public Health England
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### 2.3. PH staffing

The Public Health staff are employed by NHS Nottinghamshire County, lead by Chris Kenny the Director of Public Health.

An overview of the staffing structure for the directorate is provided as Appendix Two.

In November 2012 it was agreed that Dr Kenny should act jointly as Director of Public Health for Nottingham City and Nottinghamshire County. Supporting staff remain employed by NHS Nottinghamshire County and NHS Nottingham City until the proposed transfer into the relevant local authorities.

### 2.4. Key contacts

Key contacts for each organisation are included in Appendix Three.

## 3. PH FUNCTIONS NOW AND IN THE FUTURE

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This section defines the historic roles undertaken by Public Health and the new roles that have been proposed by national guidance and statute.

### 3.1. Current PH functions that will transfer to other NHS commissioning organisations from April 2013

National guidance is explicit that the following functions do not fall under the responsibility of Public Health. However there are a variety of historical working arrangements that have involved Public Health in some of these areas.

The following table describes the function, the proposed location and the general information requirements for the safe and smooth transfer to take place.

Further discussions will help clarify specific details and propose responsibilities that will be retained through agreement of the Public Health core offer with NHS commissioners.

Function	Transfers to	Information requirements
<ul style="list-style-type: none"> <li>• Screening</li> <li>• Immunisation &amp; Vaccination</li> <li>• End of Life &amp; palliative care</li> <li>• Sexual Assault Referral Centre</li> <li>• Offender health</li> </ul>	NHS Commissioning Board	Each theme will require; <ul style="list-style-type: none"> <li>• Commissioner details</li> <li>• A list of current contracts with finance info</li> <li>• Provider contact details</li> <li>• Details of performance management inc. data</li> <li>• Risks</li> </ul>

<ul style="list-style-type: none"> <li>Specialised commissioning</li> <li>Public Health services for children from 0 -5yrs</li> <li>Clinical networks</li> </ul>		<ul style="list-style-type: none"> <li>Issues with provider or current contract</li> <li>Contracts prepared for novation – or associate/holding arrangements agreeing</li> </ul>
<ul style="list-style-type: none"> <li>Non-specialised cancer healthcare services</li> <li>Individual Funding Requests</li> <li>Children &amp; Young Peoples commissioning</li> <li>Dementia</li> <li>End of Life care</li> <li>Long Term Conditions – diabetes, heart failure, asthma, COPD Inc. home oxygen services, renal, diabetic eye screening, AAA screening</li> <li>Long Term Neurological Conditions &amp; stroke</li> <li>Mental Health &amp; Learning Disabilities commissioning</li> <li>Older peoples commissioning</li> <li>Infection Prevention &amp; Control</li> </ul>	CCGs & CSUs	<ul style="list-style-type: none"> <li>Quality information</li> <li>Other key contacts</li> </ul> <p>This list is based on the national guidance and discussion with current and future commissioners.</p> <p>A PH contract transition steering group is overseeing the contract transition process, what is required and how it will be managed.</p>

### 3.2. Commissioning responsibilities of Public Health in the Local Authority from April 2013

Nationally Public Health in the Local Authority has been mandated to commission the provision of the following 5 functions;

1. National Child Measurement Programme (NCMP)
2. NHS Health Check
3. Public Health Advice to the NHS (“Core Offer”)
4. Sexual health commissioning
5. Protecting the health of their local populations

Including those functions listed above, it is expected that PH in the LA will take responsibility for the following services from April 2013. The table also lists the related commissioning from other health care/NHS commissioners.

PH in the LA		Related CCG elements	Related NCB elements
Sexual health (Mandatory)	Contraception over and above GP contract Testing and treatment of	Promotion of opportunistic testing and treatment Termination of pregnancy services	Contraceptive services commissioned through GP contract Sexual assault referral centres

	sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	(with consultation on longer-term arrangements) sterilization and vasectomy services	HIV treatment
NHS Health Check Programme (Mandatory)	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Obesity programmes  NCMP (Mandatory element)	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Health Protection (Mandatory)	Action to ensure health protection of their local populations is maintained	Emergency planning and resilience remains core business of NHS	Mobilising NHS in event of emergency
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership NB: until 2015, when it will be transferred to LA immunisation programmes
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Drug misuse	Drug misuse services, prevention and treatment	Advice as part of other healthcare contacts	Brief interventions in primary care
Alcohol misuse	Alcohol misuse services, prevention and	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care

	treatment		
Tobacco control	Local activity, including stop smoking services, prevention activity, enforcement and communications	Brief interventions in secondary care and maternity care	Brief interventions in primary care
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counseling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Accidental injury prevention	Local initiatives such as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess deaths	Flu and pneumococcal vaccination programmes	
Offender health	A duty to secure and maintain the public health of the prison population	Commissioning of healthcare services for the general population including secondary care & mental health.	Commissioning of health services for people in prison & places of detention.

### 3.3. Other public health responsibilities

One of the mandatory responsibilities of the Local Authorities is to ensure NHS commissioners receive the public health advice they need as the 'Core Offer'. The details relating to the 'Core Offer' are contained within a Memorandum of Understanding (MoU) which has been agreed with local CCGs.

The MoU agrees a three year core offer from PH to Clinical Commissioning Groups and other commissioners which clearly defines outputs which will be translated into an annual delivery plan that is jointly monitored. PH support will mainly delivered through the local authority PH team but there will also be support from PHE and the PH teams at the NHS CB.

### 3.4. Historical prioritisation of themes

The PCT has set targets for the local area historically based on the World Class Commissioning model (WCC) and more recently the Quality, Innovation, Productivity & Prevention (QIPP) agenda.



Details of local priorities for the area as set by the PCT's can be found in the following;

Strategic Plan & Local Operating Framework NHS Nottinghamshire County  
<http://www.nottspct.nhs.uk/news-archive/589-ambitious-health-plans-for-nottinghamshire.html>

Strategic Plan NHS Bassetlaw [http://www.bassetlaw-pct.nhs.uk/images/stories/NHSBassetlaw\\_StrategicPlan\\_%2025.01.2010.pdf](http://www.bassetlaw-pct.nhs.uk/images/stories/NHSBassetlaw_StrategicPlan_%2025.01.2010.pdf)

Local priorities have also been influenced by:

- local needs assessments
- national targets
- local service issues
- benchmarking exercises
- local incidents and complaints

Based on this evidence the Director of Public Health has set strategic objectives in conjunction with consultant and policy leads.

### **3.5. Going Forward: Prioritising PH themes locally**

The Joint Strategic Needs Assessment (JSNA) will remain the source of evidence in order to set strategic priorities.

The PH team held a confirm and challenge day on the 8<sup>th</sup> October 2012 to prioritise work areas and set budgets for 2013/14. This process reviewed current contracts and their financial values, along with plans for how the team would like to adapt services in 2013/14 to meet local needs in Nottinghamshire and ensure equity of service.

The team also used the priorities in the Health and Wellbeing Strategy <http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/>

and the JSNA:

<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/> as reference points for prioritising themes.

The details and results of the confirm and challenge process can be found in the following document: J:\Transition\PH Contracting 2012-13\Confirm and Challenge\notes 8.10.12

## **4. PROCESS AND PREPARATION FOR HANDOVER**

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### **4.1. Defining and agreeing new roles and responsibilities**

Each area has been considered by the policy lead, taking national guidance into account and also local working relationships and contracts.

All public health contracts have been identified, including service providers, contract values, contract activity, policy lead within public health managing the transition and commissioning arrangements from April 2013.

Public Health has been represented at the Nottinghamshire County and Bassetlaw COO & Cluster Executives meetings. Through this and after one-to-one meetings with each CCG a [Memorandum of Understanding](#) has been agreed with the CCGs to define the Public Health core offer.

Confirmation of arrangements for contracts and services and the agreements between Public Health and the CCGs will be formally agreed by the Nottinghamshire County Council Public Health Sub-committee in February 2013.

## 4.2. Contracts

Along with the definition of new roles and responsibilities, the DH prescribed for PCTs a 3 phase process with time frames and actions for the transition of NHS contracts to receiver organisations the three phases being;

- Stock Take
- Stabilise
- Shift

For the national guidance please see the Department of Health website:

<http://www.dh.gov.uk/health/category/policy-areas/nhs/resources-for-managers>

An initial stock take of PH contracts was undertaken across Nottinghamshire and Bassetlaw. A copy of the submitted data from May 2012 can be found at on the Public Health shared drive by clicking [here](#).

To support phases 2 & 3 a PH Contracts Transition Project Team was established. This group developed a project implementation plan, project plan, risks and issues log and an approach to data gathering and triangulation. Details of the project documents can be found on the Public Health shared drive or through this [link](#).

Two work streams were established to make the transitional arrangements more manageable:

1. Contracts and themes transferring to become the responsibility of PH in the Local Authority
2. Contracts and themed areas transferring to become responsibility of other NHS commissioning organisations such as the CCGs or NCB.

A PH contracts Transition Steering Group was established with representatives of the NHS Nottinghamshire County for information governance, public health, public health finance and also included a representative from NHS Bassetlaw and procurement at Nottinghamshire County Council. Papers for the group can be accessed via this [link](#).

This multi-agency group has overseen the mapping of contracts to transfer into the local authority to highlight and mitigate against any identified risks. It has also developed and agreed approaches to contracts that were more complex, such block acute or community contracts and LES's.

**A list of all contracts and their receiver organisations can be found at:  
J:\Transition\PH Contracting 2012-13\Contracts & Procurement\Copy of contracts list 12 December 2012**

All suppliers concerned with public health contracts were contacted in writing in December 2012 with confirmation of the transitional arrangements and the procurement processes for 2013/14. Copies of these were also issued via Public Health SMT on 19 December 2012.

All arrangements were agreed through the Nottinghamshire and Bassetlaw COO and Cluster Executive Board. The Cluster Executive Board is for NHS Nottinghamshire County PCT and NHS Nottingham City PCT.

### **4.3. Functions transferring to PH in the Local Authority**

Wherever possible contracts have been managed to maintain the status quo wherever possible during transition. As a result contracts have been managed in two ways;

- novation/transfer to the LA (single contracts, mainly non NHS services)
- associated agreements negotiated and agreed until April 2014 (mainly for acute or community block contracts)

This approach was agreed to meet national guidance and to allow a review of the implications for a range of issues that may impact on quality or cost for example:

- Quality monitoring of contracts on services directly commissioned and how this is managed in the LA
- Market forces – tendering several services together may produce better value for money, for example a pan Nottingham approach to primary care commissioning so we can agree fair and consistent, value for money contracts
- CQUIN and how this will be financially managed, for example the LA may have other incentive schemes that we may wish to adopt
- That any gains financial or other are not cancelled out through the risk of legacy premises costs. For example there may be risk to value for money if the NHS wish to charge for premises

This approach also allows time for a full review of all areas and a robust forward plan to be agreed with senior managers and the NCC Corporate Leadership Team.

#### **4.3.1 Nottinghamshire County Council Public Health Transition Board**

A multi disciplinary PH Transition Board was established within the NCC Improvement Programme to oversee the transition on behalf of the Council.

Terms of reference for the Board can be found in: J:\Transition\PH Transition Board

A project plan has been developed and regular reports made to NCC through the Improvement Programme.

### **4.4. Functions transferring other NHS commissioning organisations**

A list of contracts that are not transferring with public health from the NHS can be found at in J:\Transition\PH Contracting 2012-13\Contracts & Procurement\Contracts not transferring to LA.

### **4.5. Principles underpinning the process of transferring contracts.**

The following national principles have been adhered to:

- continuity of clinical care must not be threatened during contract transition;
- a consistent and objective approach is required;
- there will be openness, transparency and visibility of progress;
- management action should be proportionate to the risks identified;
- it is the responsibility of the current contracting authorities to prepare contracts for transfer and ensure no 'net gain' or 'net loss' due to the transfer process
- it is the responsibility of new contracting authorities to establish the management controls and operational processes to receive contracting

responsibilities and maintain continuity of service with any clinical, financial and legal risks addressed.

#### 4.6. NHS Nottinghamshire County and NHS Nottingham City Transition Board

Regular reports of progress have been made to the PCT Transition Board, established to oversee the transfer of all functions from the PCT.

### 5. MILESTONES & TIME FRAMES

#### National milestones – Health & Wellbeing Board (HWB)

Date	Milestone
March 2012	Enable their emerging CCGs to work with their local authority to establish their local HWB in shadow form by end March 2012 and begin refreshing JSNA
April 2012	Enable emerging CCGs to jointly lead their local HWB. Identify high level priorities from JSNA as basis for HWS and begin developing HWS by April 2012
July 2012	Enable their emerging CCGs to use their JSNA and HWS as evidence for the authorisation process by July 2012
September 2012	Use agreed HWS as foundation for 2013/14 planning process. Involve partners in HWB in the planning progress. Begin developing JSNA for 2014/15
December 2012	Begin developing HWS for 2014/15 by December 2012. Continue to work with partners in HWB to develop commissioning plans
February 2013	Enable emerging CCGs to work with partners in HWB to ensure that commissioning plans fully reflect the local priorities in the HWS by February 2013

#### Public Health

Date	Milestone
March 2012	Agree local transition plans for public health as part of integrated plan.
March 2012	Develop a communication plan and engagement plan, first draft produced by March 2012
June 2012	Agree approach to the development and delivery of the local public health vision
September 2012	Agree working relationships on PH information requirements and information governance by December 2012  NB: Milestone deferred from September 12.
October 2012	Test arrangements for delivery of specific PH services (esp. screening & immunisation)
October 2012	Test arrangements for the role of PH in emergency planning (esp. role of DPH and LA based PH)
October 2012	Ensure early draft of legacy and handover documents
January	Ensure final legacy and handover document produced

2013	
In 2012	<p>Agree arrangements for Local Authorities to take on PH functions (date subject to local determination)</p> <p><b>Nov 2012</b> - Agree commissioning arrangements</p> <p><b>Nov 2012</b> – write to providers regarding contract transition update around their contract</p> <p><b>Dec 2012 – Mar 2013</b> Enact paperwork and actions to shift legal and budgetary responsibilities</p> <p><b>Dec 2012</b> - agree PH Budget/grant allocations</p>

The transition plan, associated communications and action plans are in available at: J:\Transition\Transition Plan.

## 6. QUALITY PROFILE

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### 6.1. Description of the Area

A full description of the area and its profiles can be found in section 4 of the health and wellbeing strategy <http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/>

And in the JSNA

<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>

## 7. QUALITY & PERFORMANCE

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The PCT had a tight performance management process, through the performance team. Quality and performance areas relating to Public Health included 4 week quitters, Chlamydia screening and cancer waits.

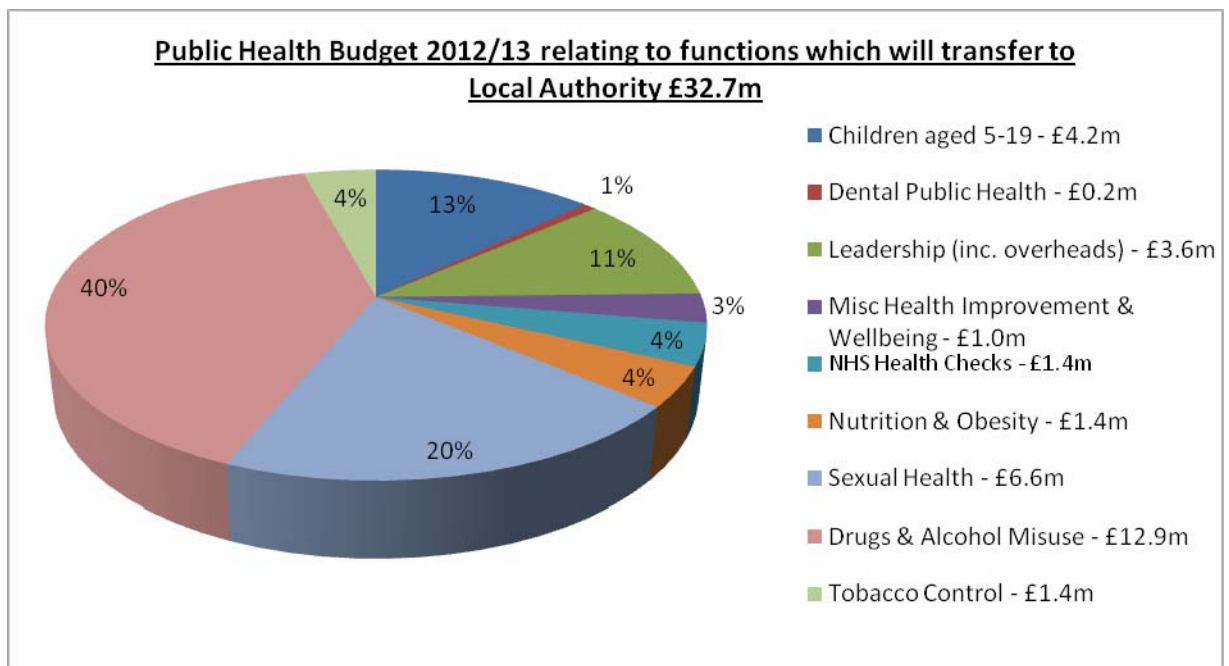
Further mapping is taking place by Sarah Godber and David Gilding. This will be included in the report once finalised.

It is unclear at present what performance management arrangements will be in place within Local Authority in future. Issues around localism, changes in outcome measures and transfer of responsibility are being considered to define likely future reporting arrangements.

## 8. FINANCIAL HISTORY

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Currently across NHS Bassetlaw and NHS Nottinghamshire County the overall budget for Public Health functions is £67.4m. Approximately £32.7m (48.5%) of this budget relates to functions which will fall within the Local Authority's remit. The chart below illustrates how the £32.7m is currently allocated across the public health policy areas.



A more detailed breakdown of finance across the areas of Public Health is included in Appendix 1.

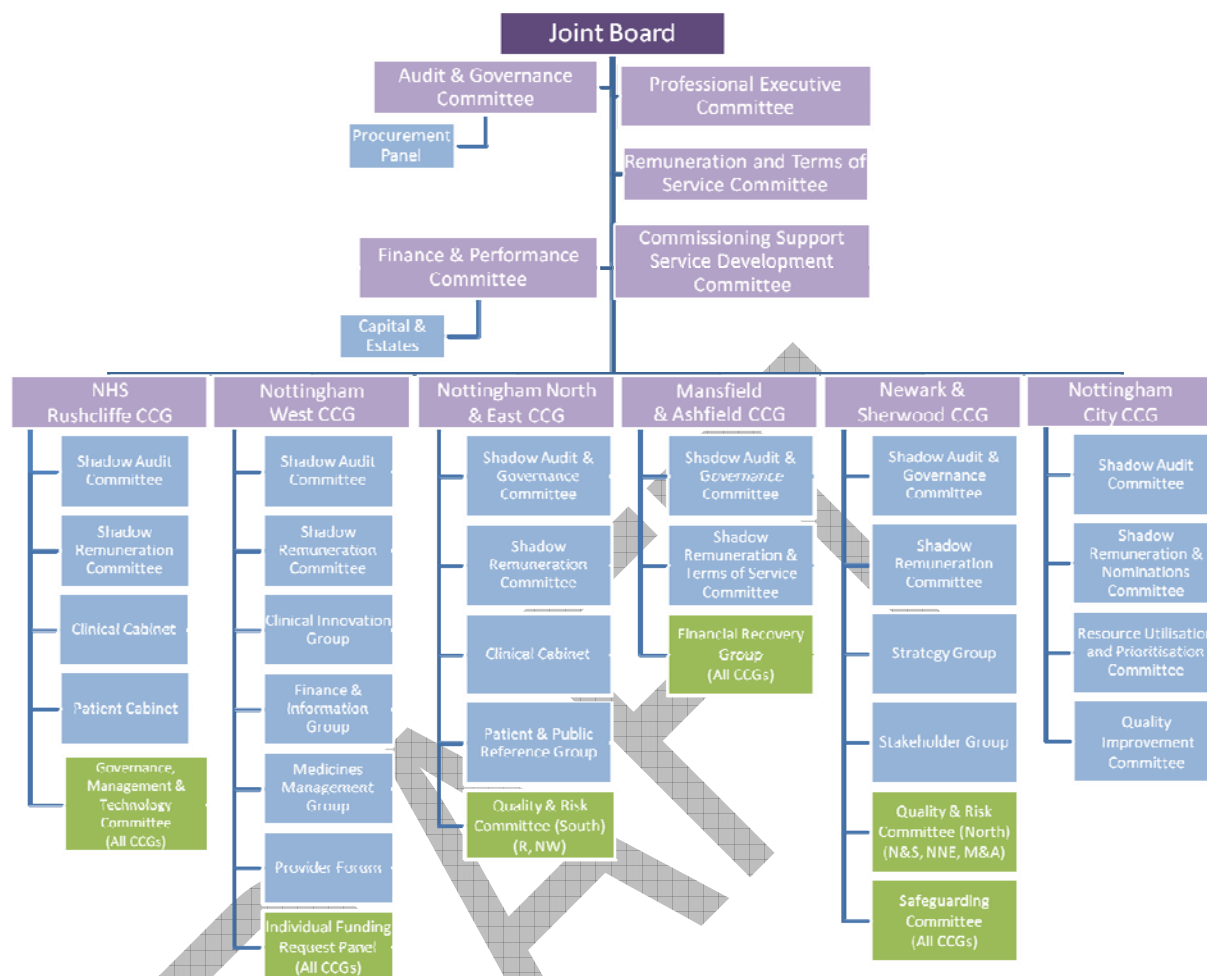
## 9. GOVERNANCE

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Full governance information for NHS Nottinghamshire County and Bassetlaw is included in the respective legacy documents for the organisation which can be found in J:\Transition\Legacy Document\PCT legacy documents. Legacy documents for NHS Nottinghamshire County and NHS Bassetlaw can be found in Appendix 4.

The Corporate Governance Structure is as follows:

A joint accountability structure has been agreed for NHS Nottingham City & NHS Nottinghamshire County as follows:



### Public Health Accountability

Public Health remain directly accountable to the respective PCTs' organisation and reports through the Chief Executive.

The DPH regularly attends the Nottinghamshire Group within Bassetlaw and the PCT Board, cluster Joint Executive & COO meeting and Clinical Executive Group within Nottinghamshire County.

In November 2012 a joint Director of Public Health (DPH) role across Nottingham City and Nottinghamshire County was agreed. The DPH reporting in to the PCT Cluster Board and into each local authority and closer working arrangements between the two public health departments strengthened although the two directorates remained separate and staff remained employed by their relevant PCT.

Accountability within Nottinghamshire County Council will be through a Public Health Sub-Committee, established in response to the changes resulting from the Health and Social Care Act. The first meeting of this committee was held in February 2013.



## 10. RISK REGISTER

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Public Health maintained a department risk register which was submitted to the relevant commissioning organisations at regular intervals.

The risk register included performance in general across the county against the PH Business Plan and progress against national, regional and local targets e.g smoking quitters.

The risk register has been supplemented by a specific register to capture risks around the transition of budgets and contracts.

Risk registers can be found on the public health shared drive: J:\Corporate, Governance & Assurance\Risk registers

## 11. COMMUNICATION

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A transition [communications plan](#) was drafted within the Public Health transition Plan.

The PH Contract transition team also developed a specific [contracts communications plan](#) to engage both internal and external stakeholders and providers. 'Transitions News' was established as an internal public health briefing but was developed for wider circulation to other stakeholders.

The PCT communications department currently manage the PCT website, which include health and public health information. A review of the PCT website has been undertaken to identify which information should transfer over to the NCC website. Web content was reviewed and transferred by the NCC Digital Team in collaboration with colleagues in NHIS.

Links were also established with CCG on-line leads to establish links to their websites and to ensure that advice and content for the public was consistent.

## 12. BUSINESS CONTINUITY AND KNOWLEDGE RETENTION

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During the implementation of the PH transition plan, risks and issues were documented as they arose. A report was generated to document the details all stages of transition, discussions, and outcomes from actions so that knowledge is readily available and easily accessible to any member of the PH team. This document is available in J:\Corporate, Governance & Assurance\Risk registers

Checkpoint reports are submitted monthly by each directorate team to highlight current activity, progress, risks and issues this also ensures organisational memory.

## 13. ICT & IG

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An ICT & IG workgroup was established to oversee this element of the transition to NCC and to streamline working practices into the NCC Ways of Working Programme.

Documents relating to the ICT workgroup can be found at: J:\Transition\ICT & IG\ICT



## **14. ASSETS AND LIABILITIES**

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Assets and liabilities relating to Public Health have been identified in line with the guidance produced by the Department of Health - *Transfer documentation: identifying legal title in assets and liabilities and completing transfer documentation*.

The document can be accessed via this link:

<https://www.wp.dh.gov.uk/publications/files/2012/10/Transfer-Documentation-Guidance.pdf>

## **15. FREEDOM OF INFORMATION**

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During the transition support in the event of any Freedom of Information (FOI) requests will be provided by the PCT Head of Information Governance. Following the transfer in to NCC support will be provided by the NCC Senior Practitioner Information Governance within Policy, Planning and Corporate Services.

## **16. APPROVAL OF LEGACY DOCUMENT**

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Formal approval will be through PCT Cluster Board and NCC Public Health Transition Board and Public Health Committee as necessary.

## **17. PUBLICATION**

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The Public Health Legacy Document will be published by NHS Nottinghamshire County in line with the other legacy documents.

## **18. LIST OF APPENDICES**

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- Appendix 1 Public Health Services
- Appendix 2 Public Health Structures
- Appendix 3 Key contacts
- Appendix 4 Legacy documents NHS Nottinghamshire County and NHS Bassetlaw