

Transition Arrangements for SHA Clusters

1. This paper sets out the arrangements for managing business in the period until, following public consultation and subject to Ministerial decision, new SHAs could come into place. It has been discussed with SHA Chairs and Chief Executives to ensure that it fully addresses business continuity issues and that accountability for work done on a cluster wide basis is clear.
2. The way in which these arrangements will operate will differ around the country. Hence SHAs will shortly be agreeing with their local health communities how they will operate in practice.
3. Any queries about the paper should be forwarded to John Bacon at the Department of Health.

Ongoing accountability for delivery

4. All SHAs have a vital role to perform in this period to ensure:
 - delivery to - and through - the year end
 - that the local NHS has comprehensive plans for 2006/7 to ensure delivery of the national requirements on finance, national targets and system reform as well as meeting local priorities
 - continued oversight of their local health system
 - ongoing support to NHS Trusts and PCTs
5. Each SHA Board will remain accountable to the Department of Health for their part of the NHS until Ministers determine whether, following public consultation, to establish new SHAs.
6. However, in the meantime, there are a set of transitional tasks that are best managed on a cluster basis in anticipation of the proposed new SHAs. These transitional tasks are set out below having been agreed with SHAs.
7. A Transition Lead for each cluster will be identified by 20 January to ensure that local arrangements are in place to cover these tasks.

Local transition arrangements

8. The way in which the transition tasks will be tackled will be determined locally within the SHA clusters in discussion with key stakeholders. It is expected that different arrangements will be agreed in different parts of the country, with flexibility to do what best fits local circumstances. The Department of Health will adapt its working model to fit these arrangements once they are agreed.

9. Two things will be essential over this period:

- that the governance arrangements for all work done on a cluster basis are clearly defined and agreed by all the SHA Boards involved
- that the transition programme is fully supported by the SHA Boards and that the nominated Transition Lead has the delegated authority and resources to act on behalf of the cluster.

Transition tasks

10. The cluster-based transition tasks which build on the work of existing SHAs are as follows, with the job of the Transition Lead being to ensure arrangements are in place to ensure they are done to suit the local context:

a) Business continuity

Existing SHAs are responsible for delivery of the 2005/6 year end agreed position on the 7 national deliverables and that there is no let up in delivery in Quarter 1 of 2006/7. This includes delivery of turnaround in individual Trusts/PCTs. The transition tasks to support this are:

- maintaining momentum on partnership arrangements with local government
- determining which issues could be managed in line with new organisational arrangements

b) 2006/7 planning

Existing SHAs are responsible for ensuring the local NHS has comprehensive plans to ensure delivery of the national requirements on finance, national targets and system reform as well as meeting local priorities. These plans need to build on existing LDP trajectories and the forthcoming guidance on system rules for 2006/7 (to be issued in late January). The transition tasks to support this are:

- ensuring a consistent basis for 2006/7 plans
- ensuring a consistent financial plan that addresses the underlying financial position
- benefits realisation plan from new commissioning arrangements
- system reform implementation
- links to ISIP
- updating local tracking systems for delivery of PSA targets

c) Managing the change (CPLNHS and Trust development)

Existing SHAs are responsible for managing the CPLNHS consultation process. The transitional tasks to prepare for the future are:

- consistent management of the outcome of the consultation process across the cluster
- oversight of process for establishing the new SHA

- confirming the process for determining SHA, PCT and Ambulance Trust organisational structures
- reviewing the SHA, PCT and Ambulance Trust capabilities by role and staff training needs analysis
- HR framework including transition arrangements for staff
- confirming the process for PCT appointments
- confirming arrangements for handling 2006/7 accounts
- accommodation issues
- development of practice based commissioning
- PCT fitness for purpose
- NHS Trust development to FT status

d) Motivation and engagement

Existing SHAs are responsible for keeping the clinical and managerial community focused and motivated on the task in hand. The transition task to support this are:

- engaging clinicians and other health professionals on the system reform and White Paper agenda

e) Communication

Existing SHAs are responsible for ensuring arrangements are in place for the robust protection of the reputation of the NHS regionally and locally. The transition tasks to support this are:

- outlining a strategic approach for stakeholder management regionally
- developing a communication strategy which explains how patients, staff and the public will benefit from the new arrangements taking shape in the area

Transition support

11. The Transition Lead in consultation with DH and SHA colleagues will determine how these transition tasks are covered. Priority needs to be given to finance (including turnaround where necessary), public health and clinical leadership, HR, and communications to reflect the importance of these functions to a successful transition process.
12. Transition Leads will also ensure that social care and other local government partners are actively contributing to the transition agenda.

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