



COUNTY DURHAM
A local voice for local people

County Durham LINK Meeting/Event

Date: 22 November 2011
Event: NHS Transition Programme Board
Number/range of attendees: 18
Purpose of meeting/event: Update & Development
Record completed by: Peter Irving
<p>There were a lot of items to get through as the last meeting had been cancelled.</p> <p>(below CCGs are Clinical Commissioning Groups CSUs are Clinical Support Units)</p> <p>There was an update on the regional structure of the North East Advisory Group and CCGs Development.</p> <p>There were 3 phases of CCG development.</p> <ol style="list-style-type: none">1. Pathfinder which had been completed.2. Time now, moving to shadow form. Fourteen clusters in the North. Lasts till Oct 12. CSU developing local and North East Structures.3. From Oct12 till April13, Alignment Phase for staff, assignment will follow. <p>There will be a lot of work with transferring Public Health to Local Authorities. There will be one Commissioning Board with 4 sectors. To help with transition to CCGs there will be 50 field forces for the 50 PCT clusters.</p> <p>The CSUs will have to agree a contract with the CCGs.</p> <p>There should be 100% budget allocation in March.</p> <p>CCGS should be authorised by Oct 12 and contracts with accredited CSUs.</p> <p>The CSUs will be developing into a Clinical Support Organisation (CSO) which will be a organisation in it's own right.</p> <p>CCGs do not have to buy support from CSUs they could go to private companies.</p> <p>The process of setting up the National Commissioning Board is still going on with appointments and developing structure.</p>



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Support for veterans should be included in all development.

AQP was looking at services including Podiatry, Hard of Hearing and anti coagulant services.

Public Health transition to Local Authority

Key documents that were promised for the autumn were now expected in December.

There was a mapping exercise being done to TUPE staff over to the LA.

Actions required

Provider Development, Quality and Outcomes.

There was work to be done on the expected quality from the CCGs and setting up a framework for this.

There was a question how the providers were integrating the services of NHS, Adult Social Care and Public Health. Why working across organisational boundaries was important.

A lot of this was already on the LINK agenda with Hospital discharge procedures etc. I said that the LINK would be very interested in this work and working with partners especially in developing needs locally.

Health and Wellbeing Board

Will be in shadow form from December.

There was money available for the transition of LINK into HealthWatch. I will look into this at their next meeting on the 15th December.