

thethe month.

for the NHS leadership community

July 2012 Issue 56: Gateway reference number 17969

news



The latest edition of 'the month' includes David Nicholson's reflections on the Care and Support White Paper, updates on people transition, sector regulation and the commissioning development programme and the launch of Health Education England's organisational structure.

update

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Publication this month of the Government's Care and Support White Paper is another reminder for us all about how integrated working and effective relationships will be critical to our success in the transformed system. As with the work and changes underway in the NHS, the ambition for the future of care and support is for services built around individual needs and an explosion in the information available about local services and care options, leading to individuals with real choices and control over their wellbeing. Shared ambitions for our local people, alongside transformational change, give us a major opportunity to integrate services like never before.

This month I spoke at the Local Government Association (LGA) annual conference. This was the first time in my six years as NHS Chief Executive I was invited to meet with our local government partners at their conference and I think this genuinely reflects the real opportunities available

to create a new set of relationships, both nationally and locally.

When we reflect, there are a number of very practical changes that will support us to bring health and care closer together, such as the transfer from the NHS of a further £100 million in 2013-2014 and £200 million in 2014-2015, on top of the £2.7 billion transfer to local authorities announced in the last Spending Review. That transfer of resource drives us to build partnerships and alliances in a completely new way and challenges how we think about and provide services.

Alongside that, there is the shift of public health into local government, driving greater integration in the key area of prevention. On the part of the NHS Commissioning Board, we will have a compact with LGA, which sets out our aspirations for integrated working across NHS and local government.

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update

But perhaps most significant of all is the shift of decision making into health and wellbeing boards – forums that sit outside of individual organisations and focus completely on the needs of local people - giving us a dynamic and constructive way to collaborate, that has not always been achieved in the past. We know quality is systemic and that for an individual's experience and outcome to be the best it can be, every part of their care must be high quality, however that care has been commissioned or provided. Working together through health and wellbeing boards enables us to plan that end-to-end quality. With empowered direct connections to our local people, we can drive transformational improvements.

Right across the system, from the way we set the policy context and the way the national organisations start up, to the way local leaders make connections with each other and their patients and public through the health and wellbeing boards,

we are seeing integrated thinking, integrated organisations and integrated services starting to shape up. Above and beyond the building blocks of the system, it is down to the behaviours of each of us as we go about our work and form new relationships.

I know there is still much to be done and that we will need to use all the changes from the Health and Social Care Act to drive the transformational change we need. But as we move through the transformation period, we are making fantastic progress and the opportunities for our local people are beginning to appear. Thank you for your ongoing hard work, dedication and commitment.



Sir David Nicholson, KCB CBE
NHS Chief Executive

people transition

The people transition

New organisations (receivers) are finalising organisational structures, drafting job descriptions and seeking agreement on which functions will transfer to them. It is anticipated receivers will be in a position to sign-off on the functions transferring to them by mid-August 2012. Where a function is transferring, job descriptions will be shared with sender organisations for job matching. Receivers and senders are in discussion about the timetable for transferring and recruiting staff.

The agreement between organisations is to fill the majority of posts via slot-in, competitive slot-in or recruitment. Organisations across the system will be preparing those people affected for this process.

A list of posts, where a functional match has not been agreed and therefore no

staff are eligible for slot-in, will be published regularly on the HR Transition website. This is part of the redeployment stage for staff affected by change. Staff are encouraged to visit the site on a regular basis, as posts are already being advertised. The site will also give more information and guidance about the people transition process and further detail on the new health and care organisations - Public Health England, Health Education England, NHS Property Services, NHS Leadership Academy, NHS Trust Development Authority and NHS Commissioning Board.

It is expected most people will have certainty about their future by December 2012. This places a significant requirement on senders and receivers to not only deliver this but also to support staff throughout this period and beyond.

[Go to the HR Transition website to see the latest posts being advertised](#)

Developing clinically-led commissioning

Preparations are continuing to deliver the new clinical commissioning system in England. There has been significant progress in all areas of the commissioning development programme.

NHS Commissioning Board Authority

The role of the NHS Commissioning Board Authority (the Board Authority) is to make the necessary preparations for the successful establishment of the NHS Commissioning Board. This month, the Board Authority has published its annual report and accounts for 2011/12, covering the period from October 2011 to March 2012. There has been an unprecedented amount of change in the five months covered by the report, as the Board Authority works with clinicians and managers across the health and care system to establish clinically-led commissioning, which focuses firmly on improving health outcomes.

Meanwhile, recruitment to the Board Authority continues with a number of Very Senior Manager (VSM) posts filled this month. The successful candidates will support the national and regional directors. Details are on the [Board Authority website](#). Further recruitment will take place for the national support centre, regional offices and local area teams over the coming months.

Clinical commissioning groups

Work on the underpinning frameworks and rules for clinical commissioning groups (CCGs) continues. The Health and Social Care Act 2012 sets out the high-level framework for the establishment of CCGs and provides for regulations to set out more specific provisions. The NHS (Clinical Commissioning Groups) Regulations 2012 were laid in Parliament on 26 June 2012 and make provision for the membership, names, establishment and governance of CCGs.

All 35 of the CCGs in wave 1 of the authorisation process have submitted their applications for authorisation on time. Wave 1 is the first of four waves of applications from proposed CCGs between July and November 2012. All the authorisation waves are equal and there is no difference between a CCG in wave 1 or 4 in terms of competence. Proposed CCGs in each wave will continue to develop throughout the year as they take on greater responsibilities.

Commissioning support

All the current commissioning support services (CSSs) will be hosted by the Board Authority from October 2012. The decision was taken following the second stage of the business review process (checkpoint 2), where the numbers of CSSs reduced to 23, and subsequent evaluation made it clear that each is viable in terms of scale.

This decision will ensure stability and continuity for CCGs as they progress through the authorisation process and carry out the procurement of their commissioning support, post April 2013.

No CSSs will be stopped at Checkpoint 3, although this does not rule out further size variation or adjustment to configurations as a result of the assurance process. Instead, the focus will be on making sure all CSSs are as good as they can be by April 2013.

Finally, the first group of CSS managing directors have been recruited. Ten successful appointees were announced in July 2012. A second recruitment round for the remaining posts is underway.

[Visit the NHS Commissioning Board Authority website for more information and the latest news on clinical commissioning](#)

provider sector

Developing a robust and diverse provider sector

Sector regulation

The Department of Health and Monitor are working on proposals relating to the implementation of the Health and Social Care Act's provisions on sector regulation. The changes to the health and care system are designed to put patients at the centre of decision-making, empower clinical commissioners to lead on improving outcomes and free NHS providers from bureaucratic controls. Effective sector regulation will play a crucial part in this, by making sure providers in the new system operate efficiently and in the interests of patients.

A series of consultation documents will be published later this year, setting out these proposals and asking for views.

'Sector regulation: an update on plans for consultation and implementation' looks at these planned consultations. It describes what the Department of Health will consult about and when. The document also sets the consultations in context, recapping the aims and key components of the health and care modernisation programme.

[Find out more about sector regulation on the Department of Health website](#)

empowering

Empowering patients and communities

Shadow health and wellbeing boards

As shadow health and wellbeing boards move towards statutory form from April 2013, the Department of Health (DH) continues to develop and publish a range of useful tools and engage with those leading the changes locally.

This programme to support the National Learning Network for health and wellbeing boards brings together partners in the Local Government Association (LGA), NHS Confederation and the NHS Institute for Innovation, among others, and has built a network of leaders, clinicians and politicians who will work together to make a difference in the local communities they serve.

What's out there?

Some of the more recent products from the National Learning Network for health and wellbeing boards include:

- [a new development tool for health and wellbeing boards](#), produced by the LGA, in partnership with the NHS Leadership Academy, DH and other national organisations
- a series of products developed through a national learning programme, designed to support health and wellbeing boards launched at the NHS Confederation conference 2012
- the online 'story' of the health and wellbeing board and Healthwatch team's presence at NHS Confederation conference 2012

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Empowering patients and communities (cont'd)

- [the latest in a series of blogs by John Wilderspin](#), National Director for health and wellbeing board implementation, focusing on the form and function of boards.

Coming soon

- the fourth health and wellbeing board learning summit is on 8 November 2012 and will focus on three significant areas for boards: service integration, improving health outcomes and reducing health inequalities. To find out more and ensure your board is represented, please email healthandwellbeingboards@dh.gsi.gov.uk
- a consultation on draft guidance to support effective joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS). This builds on the [‘policy explained’ document](#) that was published in December 2011 and follows a period of engagement that has fed into the guidance
- a series of webinars for experts to talk to National Learning Network members about specific issues affecting health and wellbeing boards.

Healthwatch

Local government responsibilities around the development of local Healthwatch organisations have moved into sharper focus. From 1 October 2012 Healthwatch England (HWE) is established as a statutory committee of CQC, followed by local Healthwatch on 1 April 2013.

Healthwatch, the new independent consumer champion for health and social care, requires the development of a strong and inclusive patient and public engagement mechanism. This is the aim of the work the Department of Health is undertaking with the Local Government Association (LGA). Some of the latest developments are:

- a quick [guide to Healthwatch](#) is available on the DH website
- LGA has published [a package of resources and case studies](#) to support local authorities to develop local Healthwatch
- [Anna Bradley has been appointed as Chair of Healthwatch England](#). She has also been appointed as member of the board of the Care Quality Commission (CQC)
- consultation has taken place on the membership regulations for the establishment of HWE and [the response has been published](#)
- a series of masterclasses have taken place across England for local authority commissioners and a collection of presentations are available on the [LGA website](#)
- Healthwatch – building a strong consumer champion in health and social care conference - due to take place on 4 October 2012. Invitations will be issued in the coming weeks. For further information, please email healthwatch@local.gov.uk
- a summary report of the engagement for Healthwatch regulations is due to be published soon
- the Healthwatch branding toolkit is due to be launched on Healthwatch England's new website at the end of July 2012. This will include guidance, templates and the opportunity to register to receive individual local Healthwatch branding. A Healthwatch quality framework will also be published.

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Empowering patients and communities (cont'd)

The engagement cycle – a free online resource to support patient and public engagement in commissioning health services

This free online resource is for commissioners and sets out a framework for engaging patients, carers and the public in decisions about health service provision.

Refreshed for the new NHS landscape, the engagement cycle is based around commissioning stages, and includes:

- first-hand experiences
- case study examples
- practical advice
- comprehensive information on all aspects of engagement in commissioning
- links to further information sources

Conference on developing the public voice in the NHS Commissioning Board

The second conference on Developing the public voice in the NHS Commissioning Board was held on 18 June 2012. In their opening sessions, Bill McCarthy and Ciarán Devane suggested a different style of relationship between the NHS and the public, where the public plays an active role in a more open and responsive NHS.

Building on his role at the Cabinet Office, Tim Kelsey, the newly appointed NHS National Director for Patients and Information, NHS Commissioning Board Authority, presented a personal vision, explaining how transparency in the NHS could empower public voices and encourage greater patient participation.

Throughout the day, there were lively and interactive workshops on:

- listening and responding to the patient and public voice
- how a values driven organisation could develop innovative approaches to engagement
- using information, analysis and insight, to create real choices that allow patients to take control of their own care and treatment.

The event closed with Tim Kelsey joining a question and answer session, which included civil society's role in transforming outcomes in the new health and social care structures. Co-production and collaboration, between a broad range of patient groups and the NHS Commissioning Board, was proposed by many to take advantage of the skills and knowledge in the voluntary and community sectors. Several people said 'responsiveness' meant listening and acting on the citizen voice, and again, many members of the audience made a strong case for Healthwatch / LINKs to be recognised for the role they play.

To keep in touch and see the latest news and information about [health and wellbeing boards](#) and [Healthwatch](#), please visit the dedicated pages on the Department of Health website

[Find out more about the engagement cycle](#)

empowering patients

Developing a new public health system

new public health system

Public health

The new Chief Executive designate of Public Health England (PHE), Duncan Selbie, took up his post at the beginning of July.

He has had a busy first month, attending stakeholder events and visiting staff from across England in the current public health bodies that will form the new organisation.

Duncan has also been sharing his thoughts on the new agency and the progress to establish it in a new weekly message. This regular communication will be available via the public health section of the Department of Health's (DH) modernisation channel.

Duncan has published his vision for the future of PHE, to begin the conversation about how the agency will work, the ambitions it will have and the style it will adopt.

DH has published the proposed structure of PHE, and the first module of a people transition policy will follow shortly.

David Heymann has been appointed as the Acting Chair of Public Health England.

Dr. Heymann, currently Chairman of the Health Protection Agency, will with immediate effect take on the role of Acting Chair of PHE, the new public health body that will be the expert voice for public health, when it is established in April 2013.

Government publishes plans to reform care and support in England

The Care and Support White Paper and draft Care and Support Bill were published on 11 July 2012, following a comprehensive engagement with the care and support sector last year. Both documents set out how social care will be transformed, from a service that reacts to crises, to one that focuses on wellbeing and prevention and is built around people's needs and goals. The Government's plans include actions to improve quality of care by:

- training more care workers
- increasing the number of apprenticeships
- giving people more control over their care
- giving state-funded care users control over their budgets
- improving and clarifying people's entitlements to care
- making eligibility thresholds consistent across the country
- providing better national and local information on the quality of care providers and on how they compare
- firm legal rights for informal carers.

The Draft Bill provides the legal framework needed to make the Government's plans a reality, and will fundamentally reform and modernise the legislation which underpins social care. People can comment on the Draft Bill online, clause by clause, making it one of the most open and transparent pieces of draft legislation ever published.

Alongside these publications, the Government has also published a progress report on social care funding.

[Read Duncan Selbie's vision for Public Health England](#)

[Access the proposed Public Health England structure](#)

[Find out more about the Acting Chair of Public Health England appointment](#)

[View the Draft Care and Support Bill](#)

[Find out more information about the White Paper](#)

[Comment on the draft Bill](#)

Education and training

Health Education England publishes its organisational structure

Health Education England (HEE), the organisation responsible for providing national leadership for the education and training system, has published its organisational structure. In a change to earlier plans, two new senior clinical leadership posts have been created - a director of nursing and a medical director. Both these post holders will attend Health Education England board meetings and participate in the senior management team meetings for the organisation. They will formally be part of the Directorate of Education and Quality.

Ian Cumming, Chief Executive of HEE said: "Health Education England exists for one reason alone - to ensure the highest possible quality of care is delivered to patients. To deliver on this promise, it is important we have clinical leadership at the heart of everything we do. The professionals we appoint to these roles will be responsible for giving valuable clinical input at our senior management and board meetings, as well as locally, nationally and internationally. This will help ensure the organisation delivers on its pledge to become a high profile innovative leader in education and training for the entire health workforce."

The organisation's people transition policy will be published shortly.

[View the Health Education England's organisational structure](#)

Informatics

The future of NHS informatics is evolving. The key organisations continue to work collaboratively towards realising the future vision for informatics, as the system takes shape and key appointments are made.

As part of the strategy for the future delivery of NHS informatics, Tim Kelsey has taken up his appointment as the National Director for Patients and Information in the NHS Commissioning Board and Charlie Massey is now the Director General of External Relations for the Department of Health. Katie Davis will step down as Managing Director for NHS Informatics by 1 September 2012, as the future delivery of NHS Informatics begins to evolve.

Further key steps to be undertaken by 1 September 2012 include:

- Tim Donohoe, currently Director of Programme and Operations for NHS Connecting for Health, will be responsible for the day-to-day delivery of NHS programmes and services and

will become the Director of NHS Informatics, reporting to Sir David Nicholson. Tim will manage NHS Connecting for Health until closure on 31 March 2013 and manage the transition of its delivery functions into the 'new' Health and Social Care Information Centre (HSCIC).

- Tim Straughan will continue in his role as Chief Executive for the existing Information Centre for Health and Social Care.
- Plans for establishing senior leadership for the new HSCIC – which will be the receiver organisation for existing Information Centre functions, NHS Connecting for Health delivery functions and identified informatics SHA delivery functions will be communicated in the near future.

[For an overview of the future system for informatics read *Informatics: The future – An organisational summary*](#)

[Find out more about NHS Connecting for Health](#)

Conference 2012 update

Date	Name of conference	Where	Website
1 Aug 2012	Negotiation training for commissioners and service providers	Leeds	www.pccevents.co.uk/pcc/401
22 Aug 2012	Facilitation skills – intermediate	Birmingham	www.pccevents.co.uk/pcc/365
14 Sept 2012	Negotiation training for commissioners and service providers	London	www.pccevents.co.uk/negotiation217
19 Sept 2012	NHS Informatics: delivering a successful information revolution	The Barbican, London	www.publicserviceevents.co.uk/222/nhs-informatics
19 Sept 2012	The Pathology Services Commissioning Toolkit	London	www.pccevents.co.uk/pcc/426
26 Sept 2012	Excellence in Customer Service: Supporting Better Quality and Delivery of Service	The Barbican, London	www.publicserviceevents.co.uk/225/excellence-in-customer-service
26 Sept 2012	The Pathology Services Commissioning Toolkit	Manchester	www.pccevents.co.uk/pcc/4261
3 Oct 2012	Facilitation skills – intermediate	London	www.pccevents.co.uk/pcc/447
4 Oct 2012	Dementia – A National Crisis	Manchester Conference Centre	www.publicserviceevents.co.uk/programme/228/dementia
5 Oct 2012	Facilitation skills – intermediate	Leeds	www.pccevents.co.uk/pcc/361
29 Nov 2012	Better commissioning through effective procurement	London	www.pccevents.co.uk/pcc/442

events

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First published July 2012

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