

themonth.

for the NHS leadership community

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news



In this edition of 'the month' David Nicholson reflects on his time at the RCGP and LGA conferences, there's the latest on new organisations such as NHS TDA, PHE, HEE and NHS Property Services Ltd, including the most recent appointments, and guidance on the handover and close down of SHAs and PCTs.

update

"...the headlines show we have continued to perform well against the vast majority of key quality standards and that our financial position is good."

I know it has been another busy period for the service, but publication this month of [The Quarter](#), showing our performance from April to June this year, is the definitive statement that your hard work and commitment is continuing to deliver for our patients.

I do urge you to read the document for yourself, but the headlines show we have continued to perform well against the vast majority of key quality standards and that our financial position is good. This is set against a background of significant progress during our transition to the new system.

There is no doubt this has been one of the most significant periods in the history of the NHS - this year in particular, which is why you should all take a moment to recognise your achievements for patients at a time of such considerable change.

We now begin the detailed planning for the year ahead. This will be a particularly complex task at a time of organisational change, but we are in a good position. Clinical commissioning groups (CCGs) are already managing 99 percent of requested delegated budgets from PCTs and achieving real improvements.

This year, the NHS Commissioning Board (NHS CB) will publish the planning framework for the year ahead and work is well underway to have it ready for mid-December. The critical thing for all of us is to produce a document that supports and enables us to see how well we are doing for our patients. It must also give local clinical leaders and the NHS CB, the maximum space to bring real innovation to services.

Cont'd/...2

update

Earlier this month I spent a day at the Royal College of General Practitioners (RCGP) annual conference in Glasgow, where I addressed delegates for the first time during a [plenary session](#) and also joined a panel to discuss the role of competition in the NHS.

I thought it was a fantastic event. The people I met demonstrated a real appetite for innovation and improvement, both in terms of local clinical commissioning and driving change in primary care provision.

The transition period has brought about a number of first-time events for me, including addressing the Local Government Association annual conference. I believe we already have a new and stronger set of relationships and behaviours in all parts of the system. This is a fantastic foundation, which will enable us to do even greater things for our patients.

Staying with the theme of first-time events, perhaps one of the most memorable moments of the year for me was [Clare Gerada](#), conjuring the spirit of the Olympics in Glasgow by appearing on stage dressed as a Team GB athlete, wrapped in a union flag and stripping (to her business attire) to the music of Chariots of Fire.

This does set the bar for my last ever NHS Chief Executive Conference on 12 December 2012 in Birmingham. The conference is the one time of the year when NHS leaders from right across the system come together. All chief executives should have received an invitation this month and I sincerely hope you will be able to join me.



Sir David Nicholson, KCB CBE
NHS Chief Executive

The people transition

The people transition process is now in its most intensive phase as the organisational design of the new bodies is largely complete and sender and receiver bodies are working together with the trade unions to match staff to suitable roles in the new system.

Increasing numbers of posts are also being advertised on the HR transition website with people applying via the [NHS Jobs website](#). Given the timescales recruiters are working to, closing dates are necessarily very tight. With new jobs appearing daily, it is worth staff visiting websites regularly.

The overall picture on progress across the system is changing daily, but already around 50 percent of jobs will be filled by transferring staff to new bodies. It is expected this will increase over the coming weeks and months as job matching is completed.

Alongside preparations for staff to move to new roles, arrangements are in place to make sure staff records are properly transferred. It is a particular priority to make sure transferring staff are paid

correctly by their new employers in April 2013. With variations in pension arrangements between sender and receiver organisations, work on pensions has resulted in assurance that transferring staff will either continue with existing pension arrangements, or have access to comparable pension arrangements in their new organisations.

These agreed policies and processes are now being applied across the system by sender organisations, receiving organisations and trade unions working in partnership. More information on the people transition policy and process can be found [here](#).

The majority of staff are expected to have certainty about their futures by December 2012.

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

Developing clinically-led commissioning

There is progress in all areas of the commissioning development programme as the NHS in England moves towards the establishment of the new clinical commissioning system. The information below highlights some of the work taking place in the NHS Commissioning Board (NHS CB) to set up clinical commissioning groups (CCGs) and commissioning support units

NHS Commissioning Board (NHS CB)

The NHS Commissioning Board (NHS CB) was formally established earlier this month, marking a significant step forward towards the transformation of the way we care for patients. It is a new independent body with executive powers and specific responsibilities.

The first of these will be considering the 211 applications for authorisation and establishment from the new clinical commissioning groups. The authorisation process involves a desktop review of evidence, a stakeholder survey and a site visit.

In April 2013, the NHS CB will take on its full range of responsibilities, including being accountable for the commissioning of primary care and the commissioning of specialised services.

A great deal of preparatory work has already been done by the NHS Commissioning Board Authority, a transitional body set up in October 2011, whose functions now transfer to the new Board.

Primary care trusts and strategic health authorities will retain their statutory functions and governance arrangements until their abolition on 1 April 2013.

Clinical commissioning groups

The authorisation process for clinical commissioning groups (CCGs) remains on schedule, with the first three of the four waves having submitted their applications to the NHS Commissioning Board.

The authorisation process has been designed to make sure CCGs are able to commission safely, use their budgets responsibly and exercise their functions to improve quality, reduce inequality and deliver improved outcomes.

CCGs in wave four are due to submit their applications next month.

The authorisation outcomes will be considered between December 2012 and March 2013. CCGs will take on their statutory commissioning responsibilities in April 2013.

Commissioning support

Work on the establishment of the 23 NHS commissioning support units (CSUs) continues. This month, the NHS CB and NHS Business Services Authority (NHS BSA) have agreed the NHS BSA will provide an employment partnership service for CSU staff during the temporary hosting period up to 2016.

This means the NHS CB will host (provide oversight and direction to) CSUs, while the NHS BSA will be the legal employer of CSU staff. This will create a degree of autonomy and independence for CSUs as they move along the path to independence by 2016.

The formal arrangements will be governed by a memorandum of understanding that makes explicit the roles, responsibilities and accountabilities of the NHS CB, the CSUs, the NHS BSA and the Department of Health.

Cont'd/...5

Developing clinically-led commissioning (cont'd)

Commissioning support, cont'd

Meanwhile, 21 of the 23 CSUs now have a managing director (MD). Some of these roles are shared, and where there is a joint MD, there will be some shared arrangements and services between the two CSU organisations.

The recent changes are designed to provide maximum stability, support and continuity for CCGs, while at the same time making sure CSUs are as good as they possibly can be by April 2013.

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

Developing a robust and diverse provider sector

NHS TDA moves closer to full powers

The NHS Trust Development Authority (NHS TDA) is gearing up to take on its full responsibilities this coming April, after agreeing arrangements to work more closely with strategic health authorities over the next five months.

The new body will be responsible for providing oversight to all NHS trusts and supporting them to deliver high quality, sustainable services in the communities they serve.

From the beginning of this month, all decisions at national level affecting the future of NHS trusts will be taken by the NHS TDA. Meanwhile, the NHS TDA's four directors of delivery and development – each responsible for supporting a

number of NHS trusts – will work closely with colleagues from SHAs to allow the NHS TDA to help steer long-term decisions about NHS trusts.

The arrangements were confirmed following a series of engagement events earlier in the year. Throughout this spring and summer, the team establishing the NHS TDA met with the majority of NHS trust chairs and chief executives, staff from each of the strategic health authorities and teams from the Department of Health, to develop the structures and operating model that will underpin how the new organisation works.

The line-up for the senior management team for the NHS TDA was also recently finalised:

Cont'd/...6

Developing a robust and diverse provider sector (cont'd)

NHS TDA moves closer to full powers, cont'd

- David Flory, Chief Executive
- Dr Kathy Mclean, Medical Director
- Peter Blythin, Director of Nursing
- Bob Alexander, Director of Finance
- Rob Checketts, Director of Communications
- Ralph Coulbeck, Director of Strategy
- Alwen Williams, Director of Delivery and Development (London)
- Dr Stephen Dunn, Director of Delivery and Development (South)
- Yasmin Chaudhry, Director of Delivery and Development (North)
- Dale Bywater, Director of Delivery and Development (Midlands & East)

Chief Executive David Flory said: "The organisations we will oversee come in all shapes and sizes and deliver a variety of services, including community, mental health, acute care and ambulance services. Each and every one of those organisations possess distinctive challenges.

"The task ahead of the NHS TDA is to get to know and understand each of those NHS trusts and provide the right level of support to make sure they can succeed in delivering high quality, sustainable services to the communities they serve."

Recruitment to posts throughout the NHS TDA is underway.

Sector regulation

During this quarter, momentum has increased on the development of the sector regulation regime, with the launch of a number of consultations on implementation proposals by the Department of Health and Monitor.

Two consultations on Monitor's new licencing regime for providers of NHS-funded care have just closed. Monitor's consultations encouraged everyone with an interest to respond to the proposed license conditions, while the Department's consultation invited views on other aspects of the licensing regime:

Monitor and the Department are now working through the responses to the consultations.

Two consultations relating to commissioners will be closing shortly. The Department is consulting on draft procurement, choice and competition regulations, which propose rules for commissioners on:

- Good procurement practice
- Protecting patients' rights to choice
- Preventing conflicts of interest
- Addressing anti-competitive behaviour which is against patients' interests (closes 26 October 2012).

Monitor is consulting two issues – the guidance it will give commissioners on continuity of services and also on designating commissioner requested and protected services. Both consultations close on 8 November 2012.

This month, the Department has published a consultation relating to Monitor's new pricing role, which seeks views on who can formally object to Monitor's way of calculating prices and

Cont'd/...7

Developing a robust and diverse provider sector (cont'd)

Sector regulation, cont'd

what level of objections would require action to be taken. This closes 21 December 2012. We also expect to start consulting shortly on health special administration, the new continuity of services regime for companies.

Alongside the development of the future sector regulation regime, the Secretary of State has asked Monitor to carry out a review to overcoming barriers to the creation of a level playing field, which would protect and promote the interests of patients. The review is under way, based on engagement with providers of different types and sizes, and will report to the Secretary of State in early 2013.

Any qualified provider

This month, we can report great progress on implementing choice of Any Qualified Provider (AQP) for a range of community and mental health services, across the country.

In line with the Operating Framework commitment for 2012/13, primary care trusts (PCTs) have selected at least three services and considered local priorities in which to offer greater choice. Over 30 separate services have been commissioned using AQP this year, bringing choice to patients in services that have often been overlooked by commissioners.

The first contracts with providers, who have been assessed as meeting rigorous quality requirements, have now been signed. As of 22 October 2013, some 386 primary care trust services were posted on the NHS Procurement portal, with Supply2Health, attracting some 1,300 applications from aspirant providers. The Department of Health will shortly be publishing a national directory of qualified providers. An online map of local

community services where choice is available, will follow later this year.

Mobilisation of local services commissioned using AQP has now started in some locations. We expect to see early signs of how extended patient provider choice is enabling service improvement later this year.

There is evidence that momentum will grow with significant interest in use of AQP to commission further services in due course. For 2013/14 and beyond, it will be for clinical commissioning groups (CCGs) to decide where to use it to deliver care, where it is in patients' best interests. AQP is one of the procurement tools available to commissioners to commission services.

2013/14 NHS standard contract

Work is well under way to develop the 2013/14 NHS standard contract

The NHS standard contract is one of the primary levers for commissioners to hold providers of NHS-funded care to account. It provides a robust legal framework, which enables providers to deliver safe, high quality patients care.

For 2013/14, particular emphasis is placed on developing a simpler, easier to use contract. Our goal is to develop a contract that supports and promotes safe, innovative and transformational commissioning and supports commissioners and providers to meet the QIPP challenge.

Commissioners and providers have told us the current contract is not always appropriate for the type of services being commissioned, especially smaller services. For the commissioning of some

Cont'd/...8

Developing a robust and diverse provider sector (cont'd)

2013/14 NHS standard contract, cont'd types of service, the contract can seem to be over complex. One approach employed to help address this is an 'e'-contract. This will significantly streamline the final contract by allowing tailoring of terms for specific service types to achieve a proportionate approach.

A package of support is being developed with the help of stakeholders to make sure the new contract is introduced smoothly. Central to this is the development of 'how to' guidance for clinical commissioners and technical contract guidance covering the detailed operation of the contract.

[For more about the NHS Trust Development Authority](#)

[Find out more about sector regulation](#)

[Read the latest news on Any Qualified Provider](#)

[Read the latest news on NHS standard contracts](#)

Developing a new public health system

Public Health England senior appointments

Duncan Selbie, Chief Executive Designate of Public Health England, has announced the appointments of seven directors for Public Health England (PHE) as work accelerates to set up the new organisation:

- Dr Paul Cosford, Director of Health Protection
- Professor John Newton, Chief Knowledge Officer
- Jonathan Marron, Director of Strategy
- Sally Warren, Director of Programmes
- Lis Birrane, Director of Communications
- Richard Gleave, Chief Operating Officer
- Tony Vickers-Byrne, Director of Human Resources.

The Director of Health Improvement and Population Health will be confirmed shortly.

Tony Sannia, Director of Finance and Resources for the transition, will be retiring in the early summer of 2013 and PHE will shortly be advertising a new role, leading on finance and our commercial activities.

PHE's professional leader for nursing will be Viv Bennett, who is also the Director of Public Health Nursing for the Department of Health.

PHE begins its work in shadow form in early January and is fully operational from 1 April 2013.

The Office of Government Commerce recently completed its second review of PHE transition under its major project approval (MPA) gateway process. The report found that 'substantial progress' had been made since the last review in December 2011, particularly in developing stronger leadership, effective programme management, tighter governance and improved programme and project management capability.

[Read Duncan Selbie's weekly update](#)

[Find out more about transition in the Transforming Public Health Bulletin](#)

Education and training

Health Education England (HEE) transition

HEE has now taken over the work of Medical Education England (MEE) and at the end of October, takes on responsibility for the 2013/14 planning round from the SHAs. The 13 Local Education and Training Boards (LETBs) are now running in shadow form across England and the authorisation process for those new organisations has begun. By the end of 2012, we hope to have finished the recruitment process for all staff in the new HEE structure, including LETBs.

LETB assurance visits planned

Authorisation of LETBs will take place between October 2012 and March 2013. The process is intended to assure HEE of a LETB's capacity and capability to take on its education and training functions from 1 April 2013. At stage three of the authorisation process is the HEE assessment and this will include an assurance visit.

Members of the HEE executive team will meet representatives from each LETB board to discuss key issues.

The assurance visits will happen once the desktop review of an LETB's application for authorisation indicates a successful outcome is very likely.

Although the assurance visit will probably be the last visit pre-authorisation, it will be the first of many that will underpin the development of the relationship between the LETB and HEE.

The outcome from these visits will include areas for development that will feature in the annual agreement between HEE and LETBs, or possibly the alternative arrangements that need to be made by HEE to support the operation of the LETB.

Health Education England's Better Training Better Programme (BTBC)

The monthly updates, BTBC News, will keep you informed on what is happening with the programme also showcase some of their pilot sites. You can read the publication on the [HEE website](#). If you would like to receive the updates straight to your inbox every month, please email megan.storey@dh.gsi.gov.uk.

[Find out more about Health Education England](#)

Informatics

Informatics: future strategy

Work is focused on implementing the future strategy for informatics as set out in [Informatics: The future – an organisational summary](#)

There has been significant progress in establishing the new Health and Social Care Information Centre (HSCIC). The organisational structure for the new HSCIC has now been approved and communicated to all staff.

The process to recruit a new chief executive will begin shortly and it is hoped a chair will be appointed by December 2012. By April 2013, the new HSCIC will be established as an executive non-departmental public body.

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

Property and estates

NHS Property Services Ltd

The new company is being set up to develop and manage around 3,600 assets covering estate, property and facilities for the NHS.

NHS Property Services Ltd has now made key appointments and recently held its first Board meeting.

The leadership team consists of:

- Charles Howeson, Chair
- Simon Holden, Chief Executive
- Caroline Russell, Director of Finance
- Alan Farmer, Director of Corporate Services
- Pamela Chapman, Acting Director of Asset Management
- Andrew Millward, Acting Director of Business Services
- Kathryn Berry, Regional Director, North

- Martin Royal, Regional Director Midlands and East
- Tony Griffiths, Regional Director, London
- James Wakeham, Regional Director, South

The new organisation is a private limited company, wholly owned by the Secretary of State for Health (Department of Health). It will employ around 3,000 staff across England.

NHS Property Services Ltd will deliver services such as:

- **Core services:** landlord and advisory services that PCT estates teams currently provide or manage, such as strategic estates management, property management advice and operational delivery including refurbishment and maintenance, emergency repairs, quality assurance and compliance with statutory regulations.

Cont'd/...12

Property and estates

NHS Property Services Ltd, cont'd

- **Additional services:** which are currently provided by PCTs in some areas. This includes services such as cleaning, catering, grounds maintenance and waste management.

Chief Executive Simon Holden said:

“Our work is not all about buildings and facilities, but focuses first and foremost on the people who use them, notably NHS patients and staff. The role we play will be a vital one in the day-to-day running of the NHS.

“Our 3,000 staff will help improve the delivery of clinical services and help enhance the experience of NHS patients by providing safe, efficient and well-maintained estate, buildings and facilities.

“Our aim is to enable better clinical services, and to enhance the experience of the thousands of patients who receive NHS care in our facilities daily.”

As experts in healthcare infrastructure, NHS Property Services Ltd will support quality improvement, innovation, and efficiency, working closely with the

National Commissioning Board and Clinical Commissioning Groups, the NHS Trust Development Authority and other partners.

Simon said: “Our aim will be to firmly retain public sector values, but with commercial discipline, delivering the right buildings and facilities and providing a dedicated estates service with a key focus on sustainability and good corporate citizenship.

“We look forward to welcoming all staff who will transfer into NHS Property Services Ltd in coming months – an estimated 3,000 whole time equivalent posts. We are committed to developing a specialist, flexible workforce where people know how their contribution supports high quality patient care and clear NHS values in line with the NHS constitution.”

It is envisaged that staff currently employed by PCTs or SHAs, in support of the estate transferring to NHS Property Services Ltd, will transfer to NHS Property Services under TUPE (Transfer of Undertakings [Protection of Employment]).

[Find out more about NHS Property Services Ltd](#)

Handover and closedown of SHAs and PCTs

Handover and closedown of SHAs and PCTs

The DH integrated programme office is working with transition leads in SHAs to organise handover and closedown activity.

Guidance is being produced by experts in the field and policy and business leads to make sure best practice is followed and there is consistency across organisations. The guidance covers a range of business areas:

- Finance
- Clinical service contracts
- Estates and facilities
- IT infrastructure (building IT services)
- IT systems/informatics
- Information governance and records management
- Corporate governance and statutory duties
- Knowledge retention and transfer

- Transfer documentation (schemes and orders)
- People transition
- Planning and operational performance
- Quality and safety
- DH directorates functions transfer
- Local public health transition
- NHS communications (public facing)

The guidance documents will be issued in phases between October and December 2012. The first set of guidance covering 'transfer documentation' and 'intellectual property rights' is now available.

Subsequent guidance will be issued by the Integrated Programme Office to SHA transition directors and leads for cascading as appropriate. It will also be sent by subject matter leads to relevant business groups and communities, in accordance with existing processes.

For more information, contact cheryl.wright@dh.gsi.gov.uk

[Download the first set of guidance](#)

News in brief

Appointment of Managing Director to Central Southern CSU

24 October 2012

The NHS Commissioning Board has appointed John Wilderspin as Managing Director of Central Southern Commissioning Support Unit.

<http://healthandcare.dh.gov.uk/john-wilderspin-appointment/>

Aligning research and science

15 October 2012

There will be many opportunities over coming weeks and months to flesh out our priorities as we agree work programmes with the Secretary of State, the Local Government Association and the NHS Commissioning Board.

<http://healthandcare.dh.gov.uk/selbie-evidence/>

The opportunity we've been waiting for

8 October 2012

Duncan Selbie asks public health leaders to be bold and take advantage of the generational opportunity to achieve real benefits for the public's health.

<http://healthandcare.dh.gov.uk/opportunity/>

Director of public health role outlined

5 October 2012

Key information about the role of the director of public health in the new public health system is published today by the Department of Health.

<http://healthandcare.dh.gov.uk/public-director/>

National Learning Network for health and wellbeing boards – Final Event – 8 November

2 October 2012

Are you ready to rise to the challenge for health and wellbeing boards in their role as system leaders? What are the key challenges and how are you – as leaders – going to respond to these?

<http://healthandcare.dh.gov.uk/hwbs-8-nov-event/>

How can health and wellbeing boards implement the Cardiovascular Disease Outcomes Strategy?

1 October 2012

Health and wellbeing board members and officers, along with Clinical Commissioning Group (CCG) and local authority colleagues, are invited to join a Webex discussion on the Cardiovascular Disease Outcomes Strategy on 31 October 2012 at 10.15 – 11.00.

<http://healthandcare.dh.gov.uk/hwbs-cvd-outcomes-strategy-webinar/>

Health intelligence requirements for local authorities set out

28 September 2012

The Department of Health has set out the health intelligence requirements for local authorities and the actions local areas may wish to take to support their new public health duties from an information and intelligence perspective.

<http://healthandcare.dh.gov.uk/health-intelligence/>

NICE to help drive standards in social care

28 September 2012

From April 2013, the role of the National Institute for Health and Clinical Excellence (NICE) will expand to include social care.

<http://healthandcare.dh.gov.uk/nice-social-care/>

Conference 2012 update

| Date | Name of conference | Where | Website |
|--------------|--|----------------------|--|
| Various 2012 | CCG learning events from NHS Institute | Various | www.pccevents.co.uk/nhsinstitute |
| 1 Nov 2012 | Pathology service providers – Commissioning toolkit learning event | Leeds | www.pccevents.co.uk/pcc/500 |
| 8 Nov 2012 | Market entry and the new pharmaceutical services regulations | Leeds | www.pccevents.co.uk/pcc/519 |
| 15 Nov 2012 | Market entry and the new pharmaceutical services regulations | London | www.pccevents.co.uk/pcc/521 |
| 25 Nov 2012 | NHS Quality of Care | The Barbican, London | www.publicserviceevents.co.uk/233/nhs-quality-of-care |
| 27 Nov 2012 | Improving population health through primary care | London | www.pccevents.co.uk/pcc/478 |
| 28 Nov 2012 | Managing Change 2012 | The Barbican, London | www.publicserviceevents.co.uk/236/managing-change |
| 28 Nov 2012 | Negotiation training | Bristol | www.pccevents.co.uk/pcc/473 |
| 29 Nov 2012 | Better commissioning through effective procurement | London | www.pccevents.co.uk/pcc/442 |
| 30 Nov 2012 | Pathology service providers – Commissioning toolkit learning event | Manchester | www.pccevents.co.uk/pcc/483 |

events

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