themonth.

for the NHS leadership community

January 2013 Issue 62: Gateway reference number 18646

news

In this issue: NHS TDA publish new planning guidance, updated Choice of AQP implementation packs launched, NHS Standard Contract 2013/14 final draft published, new National Director for HWB Implementation announced, and penultimate article from Candy Morris on health research in primary care.

update

"It's that sense of ambition we need to keep central to our thinking, especially when the inevitable challenges of dealing with new system's teething problems arise."

The start of the New Year marks an important milestone for the NHS – our journey through transition is almost complete and the new health and social care system is within touching distance of being delivered.

As 1 April 2013 draws closer, I know many of you are starting to work in dual roles, developing your approach to how you'll work in your new organisation while making sure we continue to deliver what's needed today. Over the next few months, we're going to need to maintain our momentum with the same dedication and focus which has marked our approach to transition so far.

While I know the majority of people affected by change have now secured roles for the future, we remain just as committed and focused on supporting those people who have yet to secure a job. This is of course an anxious time for colleagues with uncertain futures but all are being fully supported by local managers and HR leaders to fully understand the options available to them.

It's also important to recognise the contribution of those people for whom the next few months will be their last in the NHS. This recognition is not just for the positive impact they've had on improving patient care throughout their careers, but also the impressive work they continued to do during transition. Their dedication has helped maintain the high standards of care that have been so hard won over the last period – it's impossible to be anything other than impressed by their continued commitment.

Over the last month, I've talked and listened to many frontline staff. I've been hugely encouraged by their approach to finding ways to ensure the new health and social care

Cont'd/…2

update

system delivers quality services and ultimately improves patient care. It's that sense of ambition we need to keep central to our thinking, especially when the inevitable challenges of dealing with new system's teething problems arise.

But before we get to April, we face a critical moment in the NHS' history.

The publication of Robert Francis's second report into what happened at Mid Staffordshire will doubtless challenge us all when we read it. While it is difficult for me to speculate on what the report may or may not say before publication, I have said many times before that we should all take the time to read his first report, which on its own is a salutatory reminder of the consequences of what can happen to patients and their families when we get it wrong.

It is incumbent on each and every one of us to ensure we listen and respond appropriately to the details and recommendations in the report. I'm determined that we carry forward the lessons learned from Mid Staffordshire as we adopt new ways of working. We must do all we can to make sure these traumatic events are never repeated.

It can be hard to find reasons to be optimistic when you read the tragic testimonies of those affected by what happened at Mid Staffordshire. However, those events have to be set against the broad and substantial improvements we've made as a system over the last period. Those improvements have one common factor: our staff. It's their dedication and commitment that will ensure that, whilst we will learn the vitally important lessons from the report, NHS colleagues remain relentlessly focused on doing the very best for the patients and communities we serve in 2013 and beyond.

Sir David Nicholson, KCB CBE
NHS Chief Executive

people transition

People transition across the system

Throughout the people transition process, sender and receiver organisations, in partnership with the trade unions, have been working together to fulfill a shared commitment to maximise opportunities for staff affected by change to secure roles in the new system, and to minimise redundancies.

The end of December 2012 marked a major milestone in the process and most staff now have clarity about their future. The majority of people affected by change have secured roles in the new health and care system. Recruitment to the new organisations continues and the reducing number of staff in the system means it is likely there will be more new jobs than people affected by change. Whilst this is good news for staff, differences in geography between the current and new system and the need for skills not currently available means there may still be unavoidable redundancies.

The priority now is those people who have yet to secure roles in the new system. Because strategic health authorities (SHAs) and primary care trusts (PCTs) are closing at the end of March 2013, some staff whose contracts provide for three month's notice were given their statutory notice of redundancy at the end of December 2012. Undoubtedly, this will be an anxious time for those people with an uncertain future. They are being fully supported by local managers and human resource (HR) leaders who are helping them to understand their individual positions in relation to ongoing recruitment activity and the rationale for issuing redundancy notices at this point.

While recruitment processes are ongoing in a number of new system organisations, some will go on to secure a new system job during the notice period. When a post is accepted, the redundancy notice will no longer apply. Every effort is being made to secure suitable alternative employment for everyone affected.

Requests to release staff to their new roles continue to be considered against the principles underpinning the transition process, particularly the strong focus on delivery and performance in the current system and the need to minimise ambiguity and complexity for individuals. Where there is doubt about whether an individual should start a job in a new organisation, their current role takes priority.

For general queries about the process, information about the new organisations and listings of the latest jobs, staff can visit the HR transition website. The content is regularly updated with new FAQs to answer the latest queries.

Go to the HR Transition website to see the latest job advertisements

Developing clinically-led commissioning

Rapid progress continues to be made in preparation for 1 April 2013, when the new clinically-led commissioning system becomes operational.

commissioning

NHS Commissioning Board (NHS CB)

The past month has seen hugely important announcements made about the NHS planning guidance and clinical commissioning group (CCG) allocations. These are key steps towards the new system for commissioning healthcare in England, built around the 211 CCGs and will help to drive a revolution for patients. This revolution will offer them more information about quality of care and give them greater control of their health.

In publishing the NHS planning guidance for 2013/14, the NHS CB aims to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution.

Called 'Everyone counts: planning for patients 2013/14', the document outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS where improvement is driven by clinical commissioners. It also addresses health inequalities, so that those most in need gain the most from the support provided.

The guidance covers a clear set of outcomes against which to measure improvements and outlines five offers:

- moves toward seven-day a week working for routine NHS services
- greater transparency and choice for patients
- more patient participation
- better data to support the drive to improve services
- higher standards and safer care.

As the NHS CB continues to prepare to take on its full powers from 1 April 2013, overseeing expenditure of England's £95.6 billion NHS budget to deliver the Government's mandate, it has also published the financial allocations for CCGs and for the NHS CB for 2013/14. Within this overall funding, the NHS CB has allocated £63.4 billion to CCGs. This represents 2.3 percent growth compared to the equivalent 2012/13 baselines – a real terms increase of 0.3 percent at a time of limited resources which, working with their local Health and Wellbeing partners, CCGs will use to ensure improved service quality and better health outcomes for their patients and communities.

The NHS CB will commission some services nationally for the first time, improving them by tackling variation in care around the country. These services include specialised healthcare, primary care and services for the military as well as those in prison and offenders with otherwise-reduced liberty. The budget of £25.4 billion set aside for these services also represents a 2.6 percent increase over the equivalent activities in 2012/13.

The NHS CB is also initiating a review of the approach to allocations to give the best opportunity to improve outcomes for patients and tackle health inequalities.

A suite of other documents has been published alongside the guidance and allocations to support the NHS in its planning for next year. These documents include:

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commissioning

Developing clinically-led commissioning (cont'd)

- CCG outcomes indicator set (formerly referred to as the Commissioning Outcomes Framework);
- Outcome benchmarking packs for each CCG and local authority;
- A near final draft of the 2013/14 standard NHS contract;
- Further details about the quality premium; and
- Draft guidance on the Commissioning for Quality and Innovation (CQUIN) payment framework

For more information on the planning guidance and the supporting documents, please visit the NHS Commissioning Board website.

Visit the NHS Commissioning Board Authority website for more information and the latest news on clinical commissioning

Developing a robust and diverse provider sector

provider sector

NHS Trust Development Authority (NHS TDA)

Over the last two months, the NHS TDA executive team have been meeting with finance directors, nurse directors and medical directors to set out how the new organisation will support NHS trusts to deliver sustainable, high quality services to the patients and communities they serve.

The feedback from those engagement events has helped shape the new planning guidance for NHS trusts, 'Toward high quality, sustainable services: planning guidance for NHS Trust Boards for 2013/14'.

The document, published on 21 December 2012, sets out expectations for what NHS trusts will deliver in the coming year and how the NHS TDA will support them to achieve high quality and sustainable care for the patient and communities they serve.

As the first major publication by the NHS TDA, the guidance sets out how the NHS TDA will create local teams to work with NHS trusts directly to deliver high quality, sustainable services.

Any Qualified Provider (AQP)

The Department of Health has published the updated versions of the Choice of Any Qualified Provider (AQP) implementation packs on the AQP Resource Centre website. These packs contain example service specifications, prices and other information to support commissioners to commission services using the AQP route.

These packs are updates of the original packs, which were published in December 2011 following detailed engagement with national patient groups and clinicians. The packs were prepared for services identified as priorities by patients and the NHS and were assessed for deliverability.

In Autumn 2012, the Department of Health undertook an evaluation of the implementation packs, and following engagement with clinical leads and other experts, updated them to reflect current thinking that will most effectively support commissioners to commission the highest quality services.

The Department has also published the specifications used for all other services that have been commissioned via the AQP route.

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provider sector

Developing a robust and diverse provider sector

Sector regulation

On 18 December 2012, Monitor published a consultation on draft guidance which sets out Monitor's general approach to exercising its enforcement powers in relation to potential and actual breaches of the licence and other regulatory obligations. Responses are due by 11 February 2013.

On 10 January 2013, Monitor published a further consultation on the risk assessment framework. The framework sets out Monitor's proposed approach to assessing the risk of NHS providers failing financially. It also describes how Monitor will continue to oversee the governance of foundation trusts.

Responses are due by 5pm on 4 April 2013.

2013/14 NHS Standard Contract

The near-final draft of the 2013/14 NHS Standard Contract was published on 21 December 2012.

This version of the contract should be used to inform contracting discussions. However, although most of the content of the contract is not likely to change between now and final publication, there are still some changes and additions to be made.

The final version (for use for commissioning clinical services) and 'e'-contract will be available on 1 February 2013, along with the final version of the technical guidance and Guide for Clinical Commissioners.

Responsibility for the preparation and publication of the NHS Standard Contract has passed from the Department of Health to the NHS Commissioning Board and therefore the 2013/14 NHS Standard Contract is published on the NHS Commissioning Board website.

Previously published NHS Standard Contracts are still available from the DH website.

More about the NHS Trust Development Authority

Find out more about sector regulation on the Department of Health website

The latest news on Any Qualified Provider

The latest news on NHS standard contracts

empowering patients

Empowering patients and communities

Joyce Redfearn confirmed as National Director for Health and Wellbeing Board Implementation

Joyce Redfearn has been appointed National Director for Health and Wellbeing Board Implementation at the Department of Health.

Previously, she has worked in Wigan where in her final 15 months she was in a shared Chief Executive post with the Ashton Leigh and Wigan PCT.

Joyce takes over from John Wilderspin who stepped down in December 2012 to become Managing Director at the Central South Commissioning Support Unit.

Joyce's primary task will be to ensure that the right support arrangements for 2013/14 are in place when health and wellbeing boards go live in April 2013. She will provide visible leadership to the programme until April 2013 and will continue to build and maintain the strong partnership working currently in place.

Joyce recently spoke at a national sharing event on 8 November 2012 on the progress being made by health and wellbeing boards. To view Joyce's video, as well as other content from the day, visit sfy.co/jDNL

Find out more about health and wellbeing boards

Access the health and wellbeing board's group on the Knowledge Hub

Find out more about Healthwatch England

public health

Public health system

Public Health England is preparing to operate in shadow form from January 2013 and its leadership team is now in place.

Public Health England (PHE)

Further senior appointments including three of the four PHE regional directors have been announced. The three are:

- Dr Paul Johnstone as Regional Director for the North of England
- Dr Yvonne Doyle as Regional Director for London
- Dr Rashmi Shukla as Regional Director for the Midlands and East of England

To lead PHE's international work, Dr Brian McCloskey has been appointed as Director of Global Health.

Dr John Harrison has been appointed as Interim Director for the Centre for Radiation, Chemical and Environmental Hazards.

Dr Ann Hoskins has been appointed as Director for Children and Young People's Health and Wellbeing.

Two earlier appointments, Professor Kevin Fenton as Director of Health Improvement and Population Health and Richard Gleave as Chief Operating Officer have now started in post.

PHE now has an agreed Code of Conduct for its staff. This has been the subject of wide consultation internally and with partners.

Public Health System

Secretary of State Jeremy Hunt has announced a £5.45 billion two-year ring-fenced public health budget for local authorities, with £2.7 billion for 2013/14 and £2.8 billion for 2014/15. This represents real terms growth for every local authority in England with around a third receiving 10 percent more in each year.

A joint letter from the Secretary of State and Duncan Selbie, Chief Executive Designate, Public Health England to local authority chief executives set this out and provided a summary of their allocations. Building on advice from the independent Advisory Committee on Resource Allocation (ACRA), funding is specifically targeted, for the first time, at those areas with the worst health outcomes. Providing a two-year budget will give local authorities a clearer long-term understanding of their future funding as they prepare to take on their new responsibilities from 1 April 2013.

Find out more about Public Health England

Read Duncan Selbie's weekly update

Find out more about transition in the Transforming Public Health Bulletin

Education and training

education & training

Health Education England (HEE)

The second edition of the HEE newsletter, 'Building HEE', was published on 13 December 2012. In it, HEE's Chief Executive Professor Ian Cumming, outlines the progress made in developing HEE and its 13 local education and training boards (LETBs).

The newsletter also covers:

- the LETB authorisation process
- HEE's approach to quality
- key discussion points from the first meeting of LETB Chairs and MDs
- an introduction to members of the senior leadership team
- an interview with HEE's Chairman, Sir Keith Pearson.

The Workforce Information Architecture (WIA) workstream

The aims of the Department of Health's Workforce Information Architecture work stream have been previously described in 'the month' (September 2012, p.11).

In brief, there are two main projects:

- 'Information' (Minimum Data Set) aims to identify what workforce information is needed, and by whom and;
- 'Systems and Processes' aims to develop the processes by which this information is collected and flows around the new system.

Health Education England (HEE) has been established to oversee effective workforce planning and education and training commissioning, supporting improved services and safer patient care. Workforce planning is essential in ensuring appropriate skills and the affordability of the health and social care workforce, and in directing resources effectively to deliver better outcomes.

The Workforce Information Architecture (WIA) workstream (cont'd)

Without high quality and timely information, it would not be possible to plan the workforce effectively. HEE will ensure that workforce and training decisions are consistent, professionally informed and based on the best available evidence.

For all these reasons, it is vitally important that the NHS has accurate information about all staff who are employed to deliver NHS-funded services. The Health and Social Care Act 2012 places a broad duty to cooperate on all providers of NHS-funded services.

Indeed, the obligation in the NHS standard contract to provide information has now been strengthened to ensure providers of NHS-funded services supply information on their current workforce and their understanding of future demand, in order to inform education and training commissioning decisions.

One of the key sources of workforce data is the NHS Electronic Staff Record (ESR) system. ESR holds workforce information in all NHS organisations across England and Wales with the exception of two trusts.

ESR provides the NHS with its most comprehensive workforce dataset, enabling organisations to:

- map skill mix and competencies to each role
- record essential learning and development
- monitor professional registration status
- develop their workforce to meet the needs of their patients.

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education & training

Education and training

The Workforce Information Architecture (WIA) workstream (cont'd)

The rich data, which ESR provides for the vast majority of the NHS workforce, underpins the WIA programme. Organisations using ESR in accordance with best practice guidelines will meet the minimum data set requirements without any additional data entry or reporting being required.

The WIA team is now finalising a report that will set out recommendations for all stakeholders in the new Education and Training system. The report will ensure that, in future, workforce information will be:

- comprehensive
- fit for purpose
- consistent
- timely
- accurate.

The new workforce information architecture will enable improved workforce planning and education and training commissioning by:

- addressing the workforce information requirements of the emerging system; ensuring that comprehensive information is made available by an increasingly diverse range of health care providers;
- collecting information once to be used and shared many times; and
- enabling information to flow safely around the system.

The full report, together with a detailed plan for implementation, will be made available in March 2013 (details to be published in the March 2013 edition of 'the month').

Find out more about Health Education England

Health research

Candy Morris is supporting Professor Dame Sally Davies as NHS champion for embedding research and development across the NHS. She is senior responsible officer (SRO) for the development of the Health Research Authority (HRA). This is the sixth in a series of articles.

health research

Health research in primary care

The Department of Health recently published a discussion paper – 'Determining arrangements for supporting research in primary and community care' - to support local organisations achieve a smooth transfer of primary and community care research.

With much of the discussion paper focused on governance arrangements, it also sets out how new organisations might fulfill their duty to promote research and use research evidence in the exercise of their functions. It is clear the research duties of PCTs and governance of research will not directly transfer to clinical commissioning groups (CCGs), as commissioners of health care services, but will lie with the provider of health services.

It is still early days for CCGs, who are all at different phases of authorisation. Some are very much further ahead than others at working together to engage with the research agenda within their scope. However, the duty to promote research and use research evidence begins the moment of authorisation and it would be wise for those responsible to start thinking ahead now.

The figures published by the National Institute for Health Research (NIHR) Primary Care Research Network last October highlight the great progress made in increasing recruitment and participation of primary care research over the past few years.

The figures show that the number of patients participating in primary care-focused research has doubled over the past year, with 129,000 patients taking part in research in 2011-12. This, taken together with the fact that around 90 percent of people's contact with the NHS is in primary care makes CCGs central to the continued success of primary care research in the UK.

The question, therefore, is how can we reconcile the growing list of CCG priorities with the duty to promote research to build on recent success?

Dr Peter Brindle, GP and Clinical Director of the NIHR Dementia and Neurodegenerative Disease Research Network in the South West, is clear that CCGs must give serious thought to retaining existing local primary care research structures and processes that recruit patients into studies. Dr Brindle believes that "primary care is increasingly important for increasing patient participation in studies that are vital to achieving better efficiency in the NHS whilst also improving care and outcomes for patients."

Next, we have the opportunity to empower commissioners to embed research across all provider organisations using effective contracting arrangements and service specification. The use of a standard contract stipulating appropriate processes to ensure patient involvement in research will help maintain momentum and guard against NHS research slipping through the cracks of new provider organisations that may not have a history of research participation.

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Health research (Cont'd)

Finally, recognising there is still more to do to embed research across all parts of the NHS, the NIHR Clinical Research Network (CRN) launched a mystery shopping initiative in December last year. The initiative involved representatives visiting NHS Trust sites to see how easy it was for patients to find out about clinical research opportunities. The findings of the initiative led to the CRN producing a resource pack and action checklists for Trusts to ensure they maximise opportunities to inform and recruit patients. This method of assessment and review could be used by commissioners to evaluate if provider organisations are fulfilling their commitment to developing demand for research.

Success will ultimately be determined by local conversations around how best to support research across the whole of the NHS. For example, the Essex, West, Mid and North East Essex CCGs are linking with national and regional infrastructure to establish good relationships with the emerging Academic Health Science Networks (AHSN). All CCGs in the area have a research champion looking at how best to access support from existing networks so that local populations continue to participate in studies from the national portfolio of research and contribute to the expanding research agenda.

This is an exciting and challenging agenda and one that contributes to the continuing improvement of health outcomes and the delivery of high quality services in every part of the NHS.

This is my penultimate column in 'the month' so I would like to take the opportunity to ask you to think about whether there are any more opportunities on the horizon to place research at the heart of our NHS. I'm thinking about how we might use NHS Change Day on 13 March to showcase how widespread adoption of innovation stemming from research can benefit patients. I'm also wondering how we might use Clinical Trials Day in May as a platform on which to continue to build support and grow the research community. I'd be very interested to hear your thoughts.

Find out more about the Health Research Authority

Informatics

Informatics and the new Health and Social Care Information Centre

Work is progressing to ensure that the new Health and Social Care Information Centre (HSCIC) is established as an executive non department public body on 1 April 2013.

The headquarters for the new HSCIC will be in Leeds and the position for the Chair will be advertised later this month. Working to deliver outcomes for people and communities through the work commissioned by a range of partner organisations, the HSCIC will be responsible for:

- the collection, linking and secure storage and publication of the core data resources, taking over data collection responsibilities from other arm's length bodies and central data collectors such as the Department of Health itself; and
- IT systems delivery, providing the expertise necessary to support the continuation of existing national systems, including the delivery of critical services such as information standards and the management of major national IT system contracts

An Informatics Services Commissioning Group (ISCG) will be established to commission and prioritise a significant proportion of the work of the new HSCIC. It will be chaired on behalf of the health and care system by the Patients and Information Directorate in the NHS Commissioning Board and, will have representation from key national organisations including the Department of Health, Public Health England, Care Quality Commission, Monitor and NICE.

The NHS Commissioning Board have published a GP IT Services Operating Model and Primary Care IT Services Operating Model covering dentists, pharmacists and optometrists.

Find out more about NHS Connecting for Health

property and estates

Property and estates

NHS Property Services Ltd

The second edition of the newsletter, 'Landscape', was published in December 2012. It includes updates and news of developments from NHS Property Services Ltd as it prepares to take on its new responsibilities in April.

As well as finalising arrangements for staff to transfer into the company from April, recruitment is underway to 31 new roles in specialised areas. Much work has already been completed to clarify the range of estate, property and services transferring to NHS Property Services in April 2013. Almost half of the assets transferring (43.8 percent) will come from primary care and almost a fifth (17.9 percent) will be administrative facilities including offices. Acute hospitals and community services will each form around 3 percent of the assets to be transferred. NHS Property Services Directors are working closely with NHS CB area teams to ensure alignment of planning as the new organisation develops.

Find out more about NHS Property Services Ltd

Handover and closedown of SHAs and PCTs

handover & closedown

Guidance

A substantial amount of guidance is being produced by subject matter experts, policy and business leads to enable best practice across all regions. Since the last update at the end of November, the following guidance has been issued:

Claims and Liabilities Guidance

- Statutory functions, hosted programmes and service mapping information
- Staff transfer guidance
- functions mapping information
- payroll, pension and ESR guidance
- managing employer liabilities (all via People Transition Team)
- Clinical contracts - shift phase guidance
- Estates and Facilities principles and LIFT information.

The following guidance is due to be issued later this month:

- Knowledge retention and transfer guidance
- Closure report guidance and template
- Local Public Health - template contracts and standard clauses for Local Authorities; and factsheet for local Government on clinical governance.

If you have questions about any of the guidance issued, please email Cheryl Wright at cheryl.wright@dh.gsi.gov.uk.

Quality handover

Maintaining quality during the transition is fundamental to ensuring excellent patient care is delivered post April 2013. During previous reforms, structural changes have led to quality and safety being put at risk. To mitigate this risk, the National Quality Board (NQB) has been working with strategic health authorities (SHAs) / primary care trusts (PCTs) to help them prepare for delivering a quality handover.

In May 2012 the NQB produced the How to maintain quality during the transition: Preparing for handover guidance for all sending and receiving bodies which provided guidance on how to prepare for handover during the transition. The guide draws on experience and lessons learnt during the SHA and PCT clustering process. It also set out requirements to ensure risks to quality are reduced during transition and how to ensure quality improvement is maintained beyond April 2013 .

Since May 2012, PCTs and SHA clusters have created individual handover plans for quality. It is essential that these plans are now taken forward and delivered. At the Chief Executives' meeting with Sir David Nicholson on 19 November 2012, a common approach for delivery was agreed. On 19 December 2013, Bruce Keogh and Karen Wheeler wrote to the PCT and SHA accountable officers to confirm the approach. Fundamental to this process is each SHA cluster holding a senior level handover meeting in January 2013 with receivers. The handover plans will form the basis for these sessions, but the meetings will also include details on the wider transfer process.

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Handover and closedown of SHAs and PCTs (cont'd)

Quality handover (cont'd)

This senior level meeting will be the start of the wider process of detailed handover between senior leads, which includes, amongst others, medical directors, nurse and finance directors. The purpose of these meetings is to ensure receivers have all the information (both hard data and soft intelligence) to enable them to discharge statutory and operational functions legally and effectively from April 2013.

Workshops

Following the transfer scheme guidance workshops in September last year, SHAs and the DH handover and closedown team jointly ran two further workshops this month. The purpose of the workshops was to provide guidance and support to SHA and PCTs ahead of the final submission of transfer scheme instructions and to address any outstanding queries and issues.

Workshops (cont'd)

Panel members included:

- subject matter experts
- lawyers
- members of the DH handover and closedown, people transition, estates and finance transition programme teams.

The London and South of England cluster workshop was held in London on Monday 7 January 2013 and the North of England and Midlands and East cluster workshop were held in Birmingham on Thursday 10 January 2013.

News in brief

news in brief

RCGP show video on benefits of telehealth

A new Telehealth Video featuring both clinicians and individuals, first shown at the RCGP conference 'Making Sense of Commissioning' is now available to view. The short film highlights some of the key reasons why clinicians are recommending telehealth for their patients, and the direct benefits that individuals in receipt of these services are receiving.
http://3millionlives.co.uk/resources#telehealth_resources

Jon Rouse to take up key Department of Health appointment

16 January 2013
Jon Rouse has been confirmed as Director General for Social Care, Local Government and Care Partnerships at the Department of Health, announced Permanent Secretary, Una O'Brien.
http://mediacentre.dh.gov.uk/2013/01/16/jon-rouse-to-take-up-key-department-of-health-appointment/

New appointments announced

Two new appointments were announced on 11 January 2013. They are:

- Dr Rashmi Shukla – Regional Director for the Midlands and East of England, Public Health England
- Dr David Walker – Deputy Chief Medical Officer at the Department of Health.

http://healthandcare.dh.gov.uk/new-appointments-announced/

Join webinar on how districts will contribute to the new public health system

11 January 2013
The District Councils' Network (DCN) invites health and wellbeing board members to join a webinar on 1 February from 10 – 11.30am to discuss how districts will play a vital role in the new health and social care landscape and in particular public health.
http://healthandcare.dh.gov.uk/district-councils-webinar-1-feb/

Letter on pensions for public health staff transferring to local authorities

21 December 2012
An update on the treatment of pensions after 1 April 2013 in relation to the transfer of public health staff to local authorities.
http://healthandcare.dh.gov.uk/pensions-letter/

Addendum to local Healthwatch summary report published

17 December 2012
A supplementary report to the local Healthwatch summary report has been published. This report covers issues around the local Healthwatch regulations and provides information on the department's approach to the drafting of regulations in response to the views received from the 6 week consultation.
http://healthandcare.dh.gov.uk/addendum-local-healthwatch/

events

Conference 2013 update

Date	Name of conference	Where	Website
31 Jan 2013	Later Life: Engaged in Older Age	The Barbican, London	www.publicserviceevents.co.uk/239/later-life
31 Jan 2013	Long Term Conditions 2013	QEII Conference Centre	http://long-term-conditions-conference.co.uk/
27 Feb 2013	Obesity and Related Conditions: Tackling an Epidemic	Manchester Conference Centre	www.publicserviceevents.co.uk/238/obesity-and-related-conditions
28 Feb 2013	NHS Productivity: transforming healthcare	Harrogate International Centre	www.publicserviceevents.co.uk/207/nhs-productivity
13-14 March 2013	Healthcare Innovation Expo 2013	ExCeL, London	www.healthcareinnovationexpo.com/
14 March 2013	Mental Health: From strategy to reality	Manchester Conference Centre	www.publicserviceevents.co.uk/241/mental-health
16-19 April 2013	International Forum on Quality and Safety in Healthcare	ICC Excel, London	http://healthspace.asia/events/international-forum-on-quality-and-safety-in-healthcare-london-20
24 April 2013	Dementia Harrogate 2013: a national crisis	Harrogate International Centre	www.publicserviceevents.co.uk/244/dementia
24 April 2013	Public Sector Pensions	The Barbican, London	www.publicserviceevents.co.uk/252/public-sector-pensions
13 June 2013	Dementia Series 2013	Central London	www.publicserviceevents.co.uk/246/dementia-london

Disclaimer: The Department of Health is not responsible for the organisation of any of the above events and cannot be held responsible for the content or quality of any events listed.

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For the latest news, information and conversations on the modernisation of health and care, visit: http://healthandcare.dh.gov.uk