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for the NHS leadership community

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news



In this issue: Sir David Nicholson reflects on the Francis Report and looks towards 1 April 2013, the NHS Commissioning Board explains Sir Bruce Keogh's review of urgent and emergency care and there are updates from Public Health England, Health Education England and the NHS Trust Development Authority.

## update

"We have promised fundamental change for the NHS and are absolutely committed to addressing the failings that allowed these events to develop unchecked."

Much has happened since Robert Francis published his report into the harrowing events at Mid Staffordshire. The report set out in detail what happens when the NHS fails to put patients first and, regrettably, it highlights that sometimes we fall short of the standards patients and the public rightly expect of us. Although we cannot go back and undo the damage and distress experienced by the patients and the community of Mid Staffordshire, we have begun the process of making sure this does not happen again.

The Robert Francis report provided a salutary reminder to us all of what can happen if organisations care more about box ticking and processes than they do about patients. This is a watershed moment for the NHS. I am determined we seize this opportunity to create not just another set of action plans but to work together to:

- drive cultural change in the NHS further and faster
- put patients at the heart of everything we do
- focus on quality.

On the day the report was published, I wrote to you all and stressed the importance of the need for leaders in the NHS to read the report, reflect upon the findings and discuss and debate the recommendations. At the NHS Commissioning Board (NHS CB), this work is already well underway and, at our public Board meeting on 28 February 2013, we set out how we intend to develop our response. We have promised fundamental change for the NHS and are absolutely committed to addressing the failings that allowed these events to develop unchecked.

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The timing could not be more urgent as we approach the launch of a new health system and we need to recognise the environment in which we are trying to make this change.

The NHS faces the same challenge as every other health economy across the globe – how to drive improvements in quality while battling significant financial pressure. Couple that with a growing and ageing population and add to that increases in our own capability and rising public expectations of health services, and the challenge becomes even greater.

As part of the proposed changes to the GP contract for 2013/14, the NHS CB has already started to address some of these issues. We are developing four new enhanced services to:

- support GP practices in improving outcomes for people with dementia
- improve care for people most at risk of emergency hospital admissions
- offer patients access to online services
- make greater use of technology to allow remote care monitoring for people with long term conditions.

Subject to the outcome of the Department's consultation, the NHS CB will be finalising the details of these enhanced services over the next few weeks - and will want to do so in a way that supports GP practices in working together collaboratively through their clinical commissioning group to spread best practice.

However, we need to remain vigilant - we are making these improvements at a time when across the NHS the majority of people affected by the changes are preparing to move into

new roles. While I have been encouraged the majority of staff have been able to secure new roles, I ask you not to underestimate just how unsettling this will feel for people as they say goodbye to existing colleagues and begin new working relationships.

Regrettably, for some people they are facing their final few weeks in the NHS. I remind you of my message last month that it is essential you not only give the appropriate support to these colleagues but we take the time and recognise the outstanding contribution they have made, not only through their careers in the NHS, but also during this period of transition. They have worked tirelessly to make sure we are in the best possible place come 1 April 2013.

Since the Francis report came out, I have visited many parts of the NHS and have been greatly encouraged by conversations I have had with frontline staff. We must not forget there is still much to be proud of in the NHS and I have been heartened to witness at first hand some of the phenomenal services we provide day in day out. The overwhelming message impressed on me is a desire from everybody in the NHS not to stand still and to work together to renew our efforts to put patients at the heart of everything we do. Speaking to staff in this way only reinforces the pride and passion I have for the NHS and I am positive that together we will rise to the challenges we find ourselves facing.



**Sir David Nicholson, KCB CBE**  
NHS Chief Executive

## People transition across the system

The people transition is now moving through its final stages, with the majority of staff affected by the changes preparing to move to their new health and care system roles in April 2013.

Staff across the system who have secured new roles through ring-fenced competition are receiving offer letters from their new employers. Other staff, who are transferring through lift and shift arrangements with their functions, have been notified of their proposed transfer to new employers.

The latest information on the new receiver organisations can be found [here](#). Consultation with staff on the terms of their transfer is taking place over the next few weeks.

Requests to release staff early to take up new roles still need 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 complexity and ambiguity for individuals.

During December 2012, staff on three months' notice or less, who had yet to confirm a new system role received redundancy notices, in line with their contractual rights. While all parts of the system – senders, receivers and our trade union partners – have worked collaboratively throughout the process to maximise opportunities and minimise redundancies, 3,316 notices were issued by SHAs and PCTs.

These staff are being fully supported by local managers and HR leaders who are working with them to explore all opportunities for finding suitable

alternative employment. A set of documents providing hints, tips and general advice on preparing for an interview can be found [here](#).

Recruitment to new health and care employers is ongoing, with more posts being filled every day. The most recent figures on jobs remaining to be filled indicate there are still more than 5,000 posts available in the new system.

It is expected a number of those who have received notice of redundancy will succeed in securing one of these remaining posts. Once an individual secures a post, the redundancy notice no longer applies. There are likely to become unfilled posts as a result of geographical and skill set incompatibility. This will result in some recruitment outside the current system to attract the skills required.

In mid-January, Sir Neil McKay, SRO of the People Transition Programme, wrote to chief executives and HR leaders setting out the responsibilities of sender and receiver organisations and employees themselves in relation to a range of redeployment activity which could help individuals secure alternative employment. This, along with a range of other resources for the HR community, can be found on the [HR Zone](#).

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## People transition across the system (Cont'd)

Another key focus of activity is the preparation of staff information to complete transfer schemes, providing legal mechanisms for moving staff and the conveyance of their terms and conditions to their new employers. They will protect current terms and conditions for staff moving to new health and care bodies.

On transfer, staff will also be entitled to remain in their current pension scheme, or join a comparable pension scheme. The overall objective of the transfer schemes is to make sure all staff are treated fairly, whether or not TUPE applies. The final detail of the transfer scheme wording has now been agreed between senders, receivers and the trade unions.

[Go to the HR Transition website to see the latest job advertisements](#)

## Developing clinically-led commissioning

Preparation for the new clinically-led commissioning system continues apace ahead of 1 April 2013 when the new system becomes operational.

### NHS Commissioning Board

The NHS Commissioning Board (NHS CB) has promised fundamental change for the NHS in response to the publication of the [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry](#) on 6 February 2013.

The report, from Inquiry Chairman Robert Francis QC, made 290 recommendations.

The NHS CB said it is absolutely committed to addressing the failings that allowed these events to develop unchecked.

The NHS CB also welcomed the Government's initial steps on improving safety, listening to patients' complaints,

and improving regulation and training, and said it would develop its own detailed response to the recommendations.

It highlighted some [immediate steps](#) while a longer term response is developed. These include an investigation into 14 hospitals who have been outliers on Summary Hospital-level Mortality Indicator (SHMI) data for two successive years to 2012. It will be conducted by NHS CB Medical Director, Professor Sir Bruce Keogh.

The NHS CB also announced on 18 January 2013 that it will review the model of urgent and emergency services in England.

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## Developing clinically-led commissioning (Cont'd)

### NHS Commissioning Board (Cont'd)

The review, led by Professor Sir Bruce Keogh, will set out proposals for the best way of organising care to meet patient needs. Local commissioning will be at the heart of this review, which follows the Board's commitment in its recent planning guidance.

The review team will work with clinical commissioning groups (CCGs) to develop a national framework offer to help them ensure high-quality, consistent standards of care across the country.

It aims to enable CCGs to shape services for the future and put in place arrangements that meet the needs of patients. The NHS CB will work closely with CCGs to make sure the views of all those with an interest are taken into account.

Emerging principles for the consultation will be published in the spring.

### Clinical commissioning groups

Local clinicians have the green light to take control of the NHS budget in more than three quarters of England's local health communities.

The NHS Commissioning Board has authorised [62 more clinical commissioning groups](#) to commission healthcare services for their communities. The first [34 CCGs were authorised](#) in December 2012; with a [further 67 CCGs authorised](#) in January 2013.

A total of 211 CCGs will, from 1 April 2013, be responsible for £65 billion of the £95 billion NHS commissioning budget. The remaining 48 CCGs are set for authorisation in March 2013.

The third wave of CCGs, which have all completed a rigorous assessment, will in total plan and commission hospital, community health and mental health services on behalf of more than 13 million people. The 163 CCGs authorised so far will serve a total of around 42 million people.

[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 Trust Development Authority (NHS TDA)

The NHS TDA is on course to take on its full responsibilities from 1 April 2013 and its planning process for 2013/14 is underway, following the publication of planning guidance in December 2012.

Eighty percent of its staff have now been appointed from staff at risk in the current system. The remaining 20 percent of posts are in the process of being filled through wider recruitment. Offer letters will be sent to staff over the coming weeks and a staff induction process is taking place in February and March to introduce staff to the organisation and engage them in building the culture and infrastructure of NHS TDA. Some staff remain in critical posts in the current system, so have not yet been able to take up their new NHS TDA role.

Good progress has also been made on setting up and equipping office accommodation. The headquarters will be in London, with additional locations in Manchester, Taunton, Leeds, Birmingham and Newcastle.

### Any Qualified Provider (AQP)

A film has been produced to inform clinicians, commissioners and patients about choice of Any Qualified Provider (AQP). The film shows how patients in the town of Saltash, in Cornwall, are beginning to benefit from choice of AQP.

AQP is an important tool available to commissioners to make sure patients are offered the highest quality community services in a setting that suits them.

When a service is commissioned using choice of AQP, any provider which meets the strict NHS standard qualification process, can provide a service locally.

The film was developed in partnership with ITN, and was first shown at the NHS Alliance Conference in November 2012.

[Watch the film online](#)

### Sector regulation

Monitor is consulting on its draft risk assessment framework. The framework sets out Monitor's proposed approach to assessing the risk of NHS providers failing financially. It also covers how Monitor will continue to oversee the governance of foundation Trusts. The consultation closes on 4 April 2013. For more information, [click here](#).

The Department of Health is currently considering the response to the consultation, 'Securing best value for NHS patients: Requirements for commissioners to adhere to good procurement practice and protect patient choice'. A response will be published in due course. For further information and updates on this and other consultations, please [click here](#).

### NHS standard contract

The NHS Commissioning Board published the [2013/14 NHS Standard Contract](#) on 4 February 2013.

The contract is for use by commissioners when commissioning healthcare services (other than those commissioned under primary care contracts) and can be tailored for use for a broad range of services and delivery

## Developing a robust and diverse provider sector (Cont'd)

### NHS standard contract (Cont'd)

models. It reflects the requirements set out in [Everyone Counts: Planning for Patients 2013/14](#). National variation documents will be issued to vary the existing standard contracts that expire after 31 March 2013 in the near future. For the first time, the standard contract has been issued as an eContract to make contracting and the contract management process easier. The [eContract Portal](#) provides access to 'The Learning Zone', the area of the eContract portal where commissioners can find information to support them in the creation of their tailored contracts and 'My eContracts',

the secure commission space where commissioners can generate, store and manage their contracts.

A number of documents designed to support commissioners in the use of the contract are also available, including the final versions of the technical guidance and a guide for clinical commissioners.

The responsibility for the preparation and publication of the NHS standard contract has passed from the Department of Health to the NHS Commissioning Board. Previously published NHS standard contracts are available from the [Department of Health 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 and communities

### NHS Friends and Family Test

The Friends and Family test is a simple question to be asked of patients about their experience of care. It will be implemented nationally for acute inpatients and A&E from April 2013 (and in maternity services from October 2013). The results can be used to highlight excellent practice and identify poor performance. The Department of Health has [recently published guidance](#) for providers of NHS funded services on calculating and publishing the NHS Friends and Family Test results.

### Health and wellbeing boards

As shadow health and wellbeing boards (HWBs) move towards statutory form from April 2013, the Department of Health continues to develop and publish a range of useful tools to engage those leading the changes locally. Leading the health and wellbeing board implementation team is Joyce Redfearn, who has written about the importance of partnership working and resource sharing for HWBs [here](#).

One important resource is the Local Authority (public health, health and wellbeing boards and health scrutiny)

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## Empowering patients and communities (Cont'd)

### Health and wellbeing boards (Cont'd)

Regulations 2013, which have now been published. The publication of these regulations provides a step forward in enabling local authorities to finalise local preparations for HWBs and health scrutiny arrangements. More information about the regulations can be found [here](#). Boards have also been getting to grips with the issue of local provider engagement. The NHS Confederation has [recently published a report](#) suggesting that HWBs are unlikely to produce a comprehensive joint strategic needs assessment (JSNA), or successfully deliver a joint health and wellbeing strategy (JHWS,) unless they involve and engage local providers, many of which already have strong relationships with service users.

To support boards in sharing their thinking and learning, the Department is running a series of webinars, or web-based seminars, aimed at HWB members and officers. Recordings of previous webinars, including the most recent session on how district councils will contribute to the new public health system, can be found [here](#).

Janine Ford, Communications Lead for the Department's HWB Implementation programme, has [recently produced an article](#) highlighting the digital work she's been leading on for HWBs and Healthwatch.

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

### Healthwatch England

#### Charities join forces in push for greater people power in local health and care services

CSV, Regional Voices, National Association of Voluntary and Community Action (NAVCA) and National Voices have launched a new drive called [Healthwatch-Communities Involved](#), to raise awareness amongst local people, community groups and volunteers about how they can play a greater role in shaping their services.

[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 system

### Public Health England (PHE) and the public health system

#### Appointments

The appointment of Dr Jenny Harries as Regional Director for the South of England and Michael Brodie as Finance and Commercial Director completes PHE's National Executive. Dr Harries and Mr Brodie take up their full time posts in April.

#### Public health surveillance strategy published

[Towards a Public Health Surveillance Strategy for England](#) sets out plans for developing a coherent surveillance strategy for public health in England, drawing on the skills in PHE across health protection, health improvement and clinical services, as well as those of our partner agencies, such as the MHRA.

#### Collaboration between PHE and NICE

PHE and the National Institute for Health and Clinical Excellence (NICE) have agreed to collaborate on five areas:

- communicating with and supporting the local public health system

#### Collaboration between PHE and NICE (cont'd)

- reviewing evidence and providing evidence-based guidance and other products providing access to evidence
- providing support to put guidance into practice
- creating standard public health taxonomy.

Professor John Newton, Chief Knowledge Officer, is leading on this for [PHE](#).

#### PHE brand and web address

PHE has adopted the Royal Coat of Arms as its corporate logo from 1 April 2013, capitalising on research showing the public have confidence in the Royal Arms. From 1 April 2013, PHE's email addresses from 1 April 2013 will be [firstname.lastname@phe.gov.uk](mailto:firstname.lastname@phe.gov.uk) and the web address - [www.gov.uk/phe](http://www.gov.uk/phe)

#### FAQs of PTP2

PHE's People Transition Policy module 2 sets out the terms and conditions for staff on transfer into PHE, as well as the new terms and conditions for staff joining after 1 April 2013. [Additional FAQs on the publication are now available.](#)

[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

### Health Education England (HEE)

HEE has published [Introducing Health Education England: Our Strategic Intent](#) the document which sets out the purpose and role the organisation will play in leading education, training and development across the system.

The aim of this document is to set out the purpose of HEE and its Local Education Training Boards (LETBs): that they exist to support the delivery of excellent healthcare and health improvement to the patients and public of England. This will be achieved by ensuring the right numbers of staff, with the right skills and right behaviours are in place when and wherever they are needed.

The Strategic Intent document is the start of a conversation with stakeholders, [comments and feedback](#) are welcomed on the following questions in particular:

- Is HEE's purpose clear? Do you understand its role and remit, and how it fits with yours?
- How can HEE align its planning processes with the commissioning, provision, regulatory, professional or educational cycle to get the most benefit?
- Do you agree with HEE's values and principles, and how the organisation intends to work with the system?
- What are your views on HEE's proposed priorities? Are there areas that HEE can work together on with your organisation to amplify our efforts?

### Health Education England (HEE) (cont'd)

- What should be HEE's strategy going forward beyond transition? How can HEE ensure alignment where appropriate with other strategies in the health and education system?

### LETB authorisation process underway

The authorisation process for HEE's Local Education and Training Boards (LETBs) is well underway with all 13 LETBs formal assurance visits now complete.

There are three potential outcomes of the process for LETBs:

- authorised
- not authorised
- authorised with conditions.

Following their assurance visit, LETBs will receive a letter, which sets out the provisional conditions attached to their authorisation. Final conditions will be set following the consistency reviews and formally signed off by the HEE Board in March 2013.

The process has proven to be an extremely successful to date – while it is robust and challenging, in-built flexibility has meant that lessons-learned are quickly and effectively incorporated into the process.

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

## Informatics

### **Informatics and the new Health and Social Care Information Centre**

Work is progressing to make sure the new Health and Social Care Information Centre (HSCIC) is established as an executive non department public body on 1 April 2013 and that all corporate and support services are in place to support staff transferring.

Candy Morris has been appointed as Interim Chair of the HSCIC and Alan Perkins as Interim CEO. Candy and Alan are leading a shadow board for the new HSCIC which is providing overall leadership and specifically taking oversight of the business plan for 2013-14 and a strategic review that is being undertaken to develop options for the future strategic direction of the HSCIC.

The advertisement for the permanent Chair of the new HSCIC has been placed and interviews will take place in March.

An Informatics Services Commissioning Group (ISCG) has been established by the Department of Health to prioritise and commission a significant proportion of the work of the new HSCIC. It is chaired on behalf of the health and care system by the National Director of the Patients and Information Directorate in the NHS Commissioning Board. In addition to DH, it has representation from key national organisations including Public Health England, the Care Quality Commission, Monitor and NICE. The group held its first full meeting in February 2013.

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

## Property and estates

### **NHS Property Services Ltd**

Issue 3 of the NHS Property Services newsletter, *Landscape*, is now [live](#).

This includes updates on the organisation's development, including the transfer of assets to NHS Property Services, recruitment, financial planning and regional news.

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

## Shared services for national bodies

### Finance and accounting

Following agreement to a high-level design document for the shared financial service, prices were obtained from the supplier, but the financial case was not compelling. The Cabinet Office will shortly let a contract for their Independent Shared Service Centre 1 (ISSC1). This solution will be compared with the original and a decision taken on the way forward before end of March 2013.

### Human Resources (HR)

The HR workstream is undertaking a one-year performance improvement programme for transactional services and a two-year performance improvement programme for professional services. These programmes aim to improve the performance of arm's length bodies (ALBs) against recognised benchmarks:

- the number of HR staff compared to size of organisation
- the cost of HR services per member of staff.

### Human Resources (cont'd)

The implementation timetable will commence in autumn 2013.

Work is underway to develop a detailed service specification for transactional HR by March 2013. Discussions are about to commence with the ISSC1 supplier with a view to assessing their potential to meet the needs of both NHS and Civil Service employers.

### Payroll

The NHS Commissioning Board (NHS CB) and the Health Protection Agency (HPA) have now transferred their payroll provision to Logica/McKesson. McKesson have also started implementation discussions with Health Education England (HEE) and the other early adopters, regarding the transfer of their payroll service to the GPS framework.

## Handover and closedown of SHAs and PCTs

### 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 December 2012, the following guidance has been issued:

- Finance - month 9 and final checklist for Finance Transition arrangements

The following guidance was issued in February:

- Local public health - template contracts and standard clauses for local authorities
- Factsheet for local government on clinical governance
- Knowledge retention and transfer guidance
- Finance - audit committee arrangements
- Finance - governance statement letter

The following guidance is due to be published in early March 2013:

- Closure report guidance and template

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

### Quality and operational handover

To facilitate essential communication on the handover of functions between Senders and Receivers, each region has organised quality and operational handover events on the following dates:

- NHS South of England – Tuesday 5 February 2013 in Newbury, with some more localised follow up events.
- NHS North of England – Monday 11 February 2013 in Leeds. Face-to-face

follow-up meetings are taking place at a local level.

- NHS London – an operational handover event took place in early January, with ongoing weekly sessions taking place with receivers. A quality event will be held on 12 March 2013.
- NHS Midlands and East of England – Monday 4 March 2013, St. Chad's, Birmingham. Face-to-face handovers began in the week commencing 4 February 2013.

If you have any questions regarding national sender and receiver milestones, please contact David Burton on [david.burton@dh.gsi.gov.uk](mailto:david.burton@dh.gsi.gov.uk). Dave is the central point of coordination and communication between SHA cluster transition programmes and the Department.

### Legal transfer schemes

The two transfer scheme workshops that took place in early January were well received by SHAs and PCTs. Annex 2 and Annex 3 instructions documents were mostly received by the agreed deadlines of 17 and 24 January 2013 respectively. The handover and closedown team are currently quality assuring these transfer schemes instructions before passing on to DH Legal Services lawyers to begin drafting the transfer schemes.

Receiving ALBs have been reviewing the detailed Annex 2 lists of assets and liabilities to understand and agree what is being transferred to them from SHAs and PCTs via the schemes.

Cont'd/...14

handover & closedown

## Handover and closedown of SHAs and PCTs (Cont'd)

### Legal Transfer Schemes (cont'd)

There is a significant challenge to produce the transfer schemes, have them signed off by sender and receiver organisation boards and the Secretary of State before 31 March 2013. The team is working very closely with DH Legal Services to keep on top of emerging policy issues and ensure good progress.

If you have questions about any of the Transfer Schemes and their status, please email Imtiaz Chowdhury at [imtiaz.chowdhury@dh.qsi.qv.uk](mailto:imtiaz.chowdhury@dh.qsi.qv.uk). Imtiaz is the legal consultant leading this work in the Department.

### Estates and ICT

The DH Transition Programme is working with CIOs and estates leads in SHAs and the new organisations to ensure ICT and other building service continuity for new bodies and sitting tenants in multi-occupancy buildings, and to agree the transfer of ICT assets from legacy bodies into new organisations.

## News in brief

### **The health and care system from April 2013**

This interactive diagram gives an overview of the new health and care system from April 2013.

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

### **Details of implementation of tariffs for education and training announced**

22 February 2013

The details for the implementation of tariffs for education and training have been announced.

[www.dh.gov.uk/health/2013/02/implementation-tariffs/](http://www.dh.gov.uk/health/2013/02/implementation-tariffs/)

### **PHE's Centres and Regions**

22 February 2013

Duncan Selbie explains the regional structure of Public Health England, and how PHE will interact with other organisations on a local level.

<http://healthandcare.dh.gov.uk/centres-regions-phe/>

### **Join webinar on how health and wellbeing boards can work effectively with local providers**

19 February 2013

The Department of Health and NHS Confederation invite health and wellbeing board members to join a webinar on **1 March from 9 – 10.15am** to discuss provider engagement on boards.

<http://healthandcare.dh.gov.uk/hwbs-providers-webinar-1-march/>

### **Local leadership, and 'going live'**

15 February 2013

Duncan Selbie notes the strength of local leadership across PHE, and is looking forward to 'going live'.

<http://healthandcare.dh.gov.uk/local-leadership-ready/>

### **Public Health England's organisational structure and National Executive**

15 February 2013

PHE has finalised its organisational structure in advance of taking on its full range of responsibilities on 1 April.

<http://healthandcare.dh.gov.uk/phe-organisational-structure/>

### **Finance and Commercial Director appointed for Public Health England**

15 February 2013

Michael Brodie has been appointed as PHE's Finance and Commercial Director, Chief Executive Duncan Selbie has announced.

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

### **Transferring public health staff from PCTs to LAs**

7 February 2013

These slides (produced January 2013) provide an update to those people who attended events organised by the HR Concordat Steering Group, for senior managers in both PCTs and local authorities in autumn 2012.

<http://healthandcare.dh.gov.uk/staff-transfer-presentation/>

### **A coherent public health surveillance strategy for England**

1 February 2013

Duncan Selbie announces the final regional director appointment for Public Health England, and shares the launch of a new consultation and the development of a public health surveillance strategy for England.

<http://healthandcare.dh.gov.uk/phe-surveillance-strategy/>

## Conference 2013 update

Date	Name of conference	Where	Website
Various 2013	Primary Care Commissioning workshops	Various	<a href="http://www.pcc-cic.org.uk/events">www.pcc-cic.org.uk/events</a>
11 March 2013	How to be an effective change agent when the people around you don't want to change	Web seminar	<a href="https://nhs.webex.com/nhs/ons tage/q.php?t=a&amp;d=844123111">https://nhs.webex.com/nhs/ons tage/q.php?t=a&amp;d=844123111</a>
13-14 March 2013	Healthcare Innovation Expo 2013	ExCel, London	<a href="http://www.healthcareinnovationexpo.com">www.healthcareinnovationexpo.com</a>
13 March	NHS Change Day	National	<a href="http://www.changemodel.nhs.uk/pg/groups/33183/NHS+Change+Day/?community=NHS+Change+Day">www.changemodel.nhs.uk/pg/groups/33183/NHS+Change+Day/?community=NHS+Change+Day</a>
14 March 2013	Mental Health: From strategy to reality	Manchester Conference Centre	<a href="http://www.publicserviceevents.co.uk/241/mental-health">www.publicserviceevents.co.uk/241/mental-health</a>
26 March 2013	Co-ordinated Care: Meeting the needs of patients, driving better integration	The Clarendon Suites, Birmingham	<a href="http://www.publicserviceevents.co.uk/256/co-ordinated-care">http://www.publicserviceevents.co.uk/256/co-ordinated-care</a>
16-19 April 2013	International Forum on Quality and Safety in Healthcare	ICC Excel, London	<a href="http://healthspace.asia/events/international-forum-on-quality-and-safety-in-healthcare-london-20">http://healthspace.asia/events/international-forum-on-quality-and-safety-in-healthcare-london-20</a>
24 April 2013	Dementia Harrogate 2013: a national crisis	Harrogate International Centre	<a href="http://www.publicserviceevents.co.uk/244/dementia">www.publicserviceevents.co.uk/244/dementia</a>
24 April 2013	Public Sector Pensions	The Barbican, London	<a href="http://www.publicserviceevents.co.uk/252/public-sector-pensions">www.publicserviceevents.co.uk/252/public-sector-pensions</a>
5-7 June 2013	NHS Confederation annual conference and exhibition 2013	Liverpool ACC	<a href="http://conference.nhsconfed.org/">http://conference.nhsconfed.org/</a>

events

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