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for the NHS leadership community

November 2012 Issue 60: Gateway reference number 18480

news



In this issue: David Nicholson counts down to the start of the new health and care system, Public Health England prepares for shadow form operation, Health Education England appoints its Medical Director and Candy Morris discusses Academic Health Science Networks.

update

“This is a change we expect to bring real benefits to our patients and communities as local clinicians are empowered and supported by the NHS CB to make decisions focused entirely on local need and ambition.”

As we go in to December, we will be 81 working days (based on a 5-day week) to 1 April 2013 and I hope you will agree that we really are making significant transition progress. A huge amount has been achieved in such challenging personal and professional circumstances; for example, the clustering of strategic health authorities (SHAs) and primary care trusts (PCTs), the establishment and development of clinical commissioning groups (CCGs), a number of new national organisations in position and thousands of staff retained and supported to move in to future roles. These are just some of your achievements in a unique set of challenging circumstances. But of course there is still more to be done to continue safely transferring responsibilities, knowledge and information from the current to the

new. It is really important as well, to continue to secure in-year finances and performance - we have a fantastic legacy to hand over to the new system and we cannot let that slip now.

Earlier this month we took another significant step forward with publication of the Department of Health's [Mandate](#) to the NHS Commissioning Board (NHS CB). At its heart is the [NHS Outcomes Framework](#), putting quality at the heart of the NHS and a single focus on improving outcomes, safety and experience. This signals an unprecedented change in the way NHS priorities are set, performance is monitored and organisations are held to account. This is a change we expect to bring real benefits to our patients and communities as local

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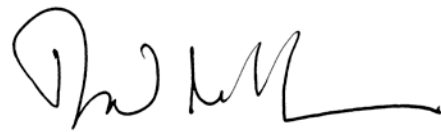
update

clinicians are empowered and supported by the NHS CB to make decisions focused entirely on local need and ambition.

Also this month, the NHS CB hosted the first meeting of the [NHS Commissioning Assembly](#), a forum that brings together CCG leaders with the board's own leadership team from across England. There was a remarkable amount of energy throughout the day and a genuine sense of people absolutely wanting to grasp this opportunity that we have now.

For me, in some respects this was the culmination of the past two years, as clinical and managerial leaders joined together to agree a common set of objectives for our patients.

I really can see a new type of collaborative leadership starting to emerge, not just between newly created organisations, but in all parts of the system, crossing organisational and professional boundaries in a way we have not always achieved previously. Our behaviours and relationships are where we will make the most of this new system and get the best for our patients – I am confident we are in a strong position as we move through these remaining 81 days.



Sir David Nicholson, KCB CBE
NHS Chief Executive

The people transition

The people transition continues to be the focus of activity across the system, with receiver bodies working closely with senders and trade union representatives to match staff to suitable new system jobs.

The people transition continues to be the focus of activity across the system, with receiver bodies working closely with senders and trade union representatives to match staff to suitable new system jobs. Positions are being advertised to people affected by change or at risk. A huge amount of recruitment activity will therefore be taking place over the coming weeks.

The priority now is to provide certainty for people who are due to transfer to new organisations via 'lift and shift' and to complete other recruitment as quickly as possible. We also need to make sure the agreed policy for filling posts is being followed. People who have yet to secure a role in the future system should check the [HR transition website](#) regularly –and apply for suitable posts via the [NHS Jobs website](#). New jobs are advertised daily with short application timescales to maintain the momentum on recruitment.

Over the coming weeks, users of www.hrtransition.co.uk will notice changes as content layout is improved. Changes to the HR Zone should make life simpler for everyone involved in implementing policies and processes.

New guidance, including employers' responsibilities on sharing data is available to make sure there is a consistent approach across all regions.

Overall, there are more jobs than eligible people in the current system. This is very encouraging, but analysis of the jobs and their locations does point to regional variations - we know there are higher numbers of staff in some regions, but not necessarily in the right locations for the new bodies. Some of the skills required by new system organisations are likely to be different from those available within the current system. This means some external recruitment will be needed to attract the right skills. Processes are in place to make sure external recruitment only occurs after suitable internal candidates have been found.

The next four weeks will be critical, with coordinated planning and activity taking place between senders and receivers. As a result, the majority of staff will have clarity about their future employment in the new health and care system.

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

Developing clinically-led commissioning

Good progress continues towards delivering a new clinical commissioning system.

NHS Commissioning Board (NHS CB)

Following the NHS CB's formal establishment on 1 October 2012, preparations continue ahead of 1 April 2013, when both the NHS CB and clinical commissioning groups (CCGs) will take up their commissioning responsibilities.

On 13 November 2012, the NHS CB and Department of Health came together to launch the Government mandate to the NHS CB.

Sir David Nicholson welcomed the mandate, saying: "Our aim and passion is to deliver a better NHS on behalf of patients and the public. We will do this by working side by side with local clinical leaders; by focusing relentlessly on the outcomes the NHS delivers for people; and by freeing those on the frontline to transform services in line with the needs of local communities. The mandate enables us to do this. It marks a major step on the road to a more liberated and innovative NHS that can be more responsive to its patients."

The NHS CB published revised [CCG running costs allowances](#) (RCAs) for 2013/14 on 9 November 2012. The RCA for a CCG in 2013/14 forms a part of the total allocation, which will be communicated to each emerging CCG in December 2012.

The figures take into account the latest population projections published by the Office of National Statistics (ONS). More information can be found on the [Resources for CCGs](#) page of the NHS CB website.

Clinical commissioning groups

Dates are agreed and published for all key panel meetings and decision making points for each wave of applications for CCG authorisation, along with the membership of those panels. All CCGs will be kept up to date with their applications as they move through evidence submission to final outcomes.

The first conditions panel for wave 1 CCGs has now taken place, marking the start of the decision making process. This moderation panel reviews all the evidence and recommends whether the CCG needs conditions and how many. Each application will then proceed to the formal sub-committee of the NHS CB, which will make the final outcome decision.

Each CCG has an opportunity to discharge its conditions prior to taking on its commissioning responsibilities in April 2013. There will be a follow-up review of conditions for all CCGs in March 2013 and quarterly thereafter.

Meanwhile, the launch event for the NHS Commissioning Assembly took place on 14 November 2012 in Doncaster.

The NHS Commissioning Assembly is the community of leaders for NHS commissioning - the 'one team' which will deliver better outcomes for patients. It comprises the clinical leader from every CCG in England and the body of directors of the NHS CB, including the local area team directors.

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commissioning

Developing clinically-led commissioning (cont'd)

Clinical commissioning groups (cont'd)

The event was well received and has helped set the tone for effective relationships between CCGs and the NHS CB. During the day, there were plenty of opportunities for leaders to work together on specific areas of national strategy and policy, including improving primary care, reconfiguration and turning the NHS Outcomes Framework into a reality. People clearly enjoyed the opportunity to connect as leaders from across the country. A more detailed action plan is now being prepared.

Commissioning support

Work on the establishment of the 23 NHS commissioning support units (CSUs) continues. 22 of the 23 CSUs now have substantive managing directors in place, and the 23rd has long-standing, robust interim arrangements. 15 CSU chief financial officers have been appointed and the recruitment process is continuing.

Commissioning support (cont'd)

Assessments of CSU final business plans and financial models are now complete. Formal feedback has been given to CSUs and visits are commencing late November 2012.

The NHS CB asked CCGs to finalise their 2013/2014 commissioning support requirements from NHS commissioning support units and put in place signed service level agreements (SLAs) before the end of November. This will allow both CCGs and CSUs to be clear about their staffing requirements and recruit to these in line with the national HR transition process before the end of March 2013.

The NHS CB has published a [short factsheet](#) on its website for CCGs, to support them in finalising their SLAs with their chosen NHS CSU.

[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)

NHS TDA has begun a series of engagement events for those trust staff crucial to its role in creating organisations with high quality, sustainable clinical care.

The events kicked off in London, where clinical and nurse directors were introduced to the role of the NHS TDA. It was also an opportunity for attendees to set out the support they would like to receive in their journey towards foundation trust status.

These events will continue across the country over the next few months before the NHS TDA takes on full responsibility for the remaining 103 non-FT trusts in April 2013. There will be similar events for finance and communications staff.

The NHS TDA is keen to discuss any common areas of concern with trusts to gain a much greater understanding of the challenges they face and to develop a constructive relationship with each one. A second round of engagement events will follow, focusing on those areas where trusts feel more support is required.

Sector regulation

The Department of Health has launched a consultation on new measures to protect the services that patients need.

The health special administration consultation, published on 1 November 2012, sets out how safeguards to protect services patients need, will be extended to NHS services provided by social enterprises and other companies.

The consultation gives an overview of the proposed health special administration procedure and seeks views on the overall design of the regime.

You can respond [online](#) to the consultation

Deadline for comments is 4 January 2013.

This should be considered alongside another [consultation on ensuring fair and transparent pricing for NHS services](#), closing 21 December 2012.

[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](#)

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

The most recent addition is Dr Kevin Fenton from the US Center for Disease Control and Prevention, Atlanta, who joins as Director of Health Improvement and Population Healthcare.

It is expected that regional directors will be appointed by the end of November. By December, all centre directors will have been appointed, either on a permanent or acting basis.

Across the country, all 152 local authorities taking on the statutory duty to improve health have completed a Local Government Association (LGA) self-assessment of their readiness. All are confident they can deliver the mandated functions, with most now confident about delivering a successful and safe transition. A small number of areas with specific challenges are being supported by LGA, with assistance from the Department of Health.

Planning is underway for 2013/14, but this is contingent on final financial allocations. Good progress is being made in developing working relationships with CCGs but more work is needed to develop relationships with CSUs. Directors of public health will be working with NHS CB on emergency planning arrangements and with PHE on immunisation and screening services.

With more work to do over the coming months, councils are seizing the opportunity to embed health across everything they do and to become public health organisations.

[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

Health Education England (HEE), the new national organisation with leadership responsibility for the education, training and development of the health and healthcare workforce in England, has appointed Professor Wendy Reid as its Medical Director.

Professor Reid is currently the Dean of Postgraduate Medicine at London Deanery. She is a consultant gynaecologist and has been an associate dean and postgraduate dean in London since 2001, leading on anaesthetics and paediatric training and sector development across north central and north east London. In her new role,

Professor Reid will provide leadership and oversight of undergraduate and postgraduate medical education, working in partnership with a range of stakeholders to make sure it is of the highest quality. Professor Reid will contribute to the strategic direction, long-term development, priority setting and agreed priorities of HEE and attend its Board meetings.

Staff moves

HEE staff who were based in Skipton House in Elephant and Castle, London have now completed their move to Portland House, Victoria, London. HEE staff in Quarry House, Leeds, have now moved to Blenheim House, Leeds.

[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 fifth in a series of articles.

Last December Prime Minister David Cameron launched the landmark report [Innovation Health and Wealth](#), alongside the Government's [Plan for Growth](#). This report described why research and innovation, and their rapid adoption, are important to the NHS, society and the economy.

Stated simply, they improve patient outcomes of care, quality and productivity, and stimulate economic growth.

The NHS has always excelled at discovering new ways of caring for people but it has been less good at spreading best practice and adopting new treatments and technologies.

Innovation Health and Wealth set a challenge to the NHS to act differently and create a coherent networked approach that incorporates the academic, public and private sector, so as to bring about a step change in healthcare services and generate wealth.

Academic Health Science Networks (AHSNs) are part of the solution to that challenge –binding together education, clinical research, informatics, industry, training, and health and care delivery.

Their stated aim is to improve health outcomes by translating research into practice and making sure all parts of the system are working as one. As Lord Howe told the Association of the British Pharmaceutical Industry (ABPI) Research and Development conference last week, these changes could be transformational if they link up the system and drive diffusion and innovation.

AHSNs have six functions:

- Promoting research participation
- Translating research and learning into practice
- Integrating innovation into education and training (working closely with LETBs)
- Improving services
- Collecting and analysing information to drive improvement
- Creating wealth for communities and the country at large

Prospective AHSNs will shortly know their futures, having submitted business plans to the NHS Commissioning Board. Those designated in the coming weeks will be licensed to operate from April 2013. Around 15 AHSNs will be licensed, each covering populations of between 3-5 million.

AHSNs will complement the work of Health Innovation and Education Clusters and the National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care and Academic Health Science Centres.

It is important to note that AHSCs have related functions to AHSNs, but operate on a smaller scale (in terms of geography and organisations) and at earlier stages in the translation of research to practice.

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Health research (Cont'd)

AHSCs are internationally recognised for their excellence in experimental medicine and strong collaboration between academia and healthcare that translates into benefits for patients. By way of contrast, AHSNs focus on the adoption and spread of innovative and cost-effective clinical practices across whole healthcare systems, linking back with the research and development community.

Some AHSNs will include an AHSC, others won't. However, all AHSNs will want to learn from AHSCs, as well as researchers in their locality, and experts in the local National Institute for Health Research (NIHR) funded research infrastructure. And all AHSCs will want to play a strong part in supporting AHSNs and contributing to their success.

Looking at the prospectuses of proposed AHSNs, the scale and breadth of their ambition is impressive. For example, Greater Manchester AHSN will develop strategic plans for a small number of high impact large scale change programmes to which every member of the network will contribute expertise in innovation. Evidencing improvement will build on learning from North West programmes including Advancing Quality, Advancing Quality Alliance (AQuA), the NIHR Greater Manchester Collaboration for Leadership in Applied Health Research and Care (GM CLAHRC), North West eHealth and the Greater Manchester Public Health Intelligence review.

Along with its Academic Health Science Centre, it will identify expertise and service delivery priorities to meet major health needs. Their first two priorities are vascular health (because of its role as a major contributory factor for heart disease, stroke, cancer and diabetes) and patient safety (which is known to be a strong signal of healthcare systems reliability and organisational culture).

Yorkshire and Humber AHSN plans to focus on chronic diseases, which have the greatest impact in the region. Partners and projects will focus on reducing obesity and associated chronic diseases, through education, prevention and treatment. Other partners will develop and evaluate public health interventions in inequalities, older people and alcohol. Still others will focus on promoting physical exercise in the management of chronic disease and building the evidence base for interventions to reduce inequalities in health.

Oxford AHSN will build upon its strong organisational ties, life science cluster and eight universities to create a programme of integrated clinical networks, with a special focus on their strengths and interests in population healthcare, patient and public engagement and experience, integration and sustainability, informatics and technologies, genomic medicine and knowledge management.

I welcome the ambitious plans of all the networks to deliver step-change improvements in timely start-up and delivery of clinical research by NHS providers; opportunities for patients to

Cont'd/...11

health research

Health research (Cont'd)

participate in clinical research; and recruitment of patients to non-commercial and commercially-funded clinical research by NHS providers. Yorkshire and Humber AHSN plans to treble patient participation in commercial research over five years. Oxford wants to increase patient numbers in clinical trials by at least 10% in its first year. I'd like to see all networks making sure research and patient participation are part of the DNA of every NHS organisation.

Success will be determined by how fast and far NHS organisations and their partners travel on this journey. As a colleague said on my tweekat at [#hsrlive](#), "AHSNs must create a superhighway to fast-track change." Ultimately, the real measure will be whether AHSNs brings tangible benefits to the patients we all serve. I will be watching their progress with interest.

[Find out more about the Health Research Authority](#)

Informatics

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

It has been agreed that a national group will be established to commission and prioritise national informatics programmes and services. The group, the Informatics Services Commissioning Group (ISCG), will be chaired by the NHS Commissioning Board on behalf of the health and care system. It will have representation from the Department of Health, the Health and Social Care Information Centre (HSCIC) and other key new national organisations, including Public Health England and the Care Quality Commission. It will have specific subgroups covering:

- commissioning national IT infrastructure and informatics management services from the HSCIC, or other sources
- commissioning data collections and services from the HSCIC or from other sources
- setting the new 2012 Health and Social Care Act information standards for health and social care, which enable systems to connect and data to be collected and used consistently across health and social care

- commissioning and managing the new integrated customer service platform - the single online 'portal' for health and care data and services
- ensuring appropriate information governance across the health and social care system.

The recruitment of a chair for the new HSCIC is continuing - the target for an appointment is now February 2013. The process to recruit a new chief executive will also start soon. By April 2013, the new HSCIC will be established as an executive non-departmental public body.

The NHS Commissioning Board Patients and Information Directorate is currently finalising a GP IT and primary care IT operating model.

informatics

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

property and estates

Property and estates

NHS Property Services Ltd is developing well and making good progress towards its launch in April 2013. The specialist company will remain wholly owned by the Secretary of State for Health and will bring together expertise on strategic estates management, property management, operational estates management, facilities management and dedicated back office support.

Most of the leadership team is now in place and work is underway to prepare for the transfer of staff, properties and assets to the company. The range of services the company will provide is agreed and detailed in [a letter to health system leaders from Chief Executive, Simon Holden](#).

An audit of estates, buildings, assets and leases currently held by SHAs and PCTs has been undertaken, resulting in around 3600 NHS facilities, from GP practices to administrative buildings, identified for transfer to NHS Property Services.

Most of the estate is operational and has around 10,000 tenants. Agreements are being drafted to provide clarity for new tenants and new organisations on rent, leases and other issues.

Around 3000 staff will transfer to the company, forming a skilled workforce to maintain, manage and develop NHS properties. Some additional recruitment will also be needed - this will be carried out in accordance with the national guidelines on filling posts.

Regional workshops across England are giving staff a better understanding of what it will mean to work in the new specialist company.

The NHS Property Services website launched today includes the newsletter, Landscape, which provides more information on the company's priorities and how it will operate.

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

Shared services

Finance and accounting

A high-level design document for the shared financial service, together with supporting process flows, was shared with arm's length bodies (ALBs) and DH through a series of workshops in October 2012.

Two additional workshops on the technical build have recently taken place. The high-level design and progression to the next stage of the project has been agreed and a business case is now being developed for submission to Cabinet Office by 21 December 2012.

Human resources

The HR workstream is undertaking a one-year performance improvement programme for HR transactional services and a two-year programme for HR professional services. This aims to improve the performance of ALBs against recognised industry benchmarks – the number of HR staff according to the size of organisation versus the cost of HR services per member of staff.

Workstream leads and subject matter experts from the ALB sector will be invited to a series of workshops on the design and implementation of new streamlined processes. These workshops will aim to identify a single standardised process, or reduce the variations to a single process, in order to improve efficiency. The transactional service will be considered for an outsourcing arrangement on a government framework in early 2013/14. Work is underway to develop a detailed service specification for transactional HR by March 2013, which will allow this to proceed.

A single process for recruitment has been agreed with the ALB HR Director Network. Work will now begin with ALBs to develop specific implementation plans to move to the new process.

A number of workshops have already taken place with more planned to focus on:

- professional development of HR staff (28 November 2012)
- learning and development administration/training administration (7 December 2012).

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.

NHS Property Services, who remain outside the scope of the shared services programme, have selected NHS Shared Business Service as their supplier for payroll after an evaluation of the Logica and SBS payroll offerings.

DH Procurement Centre of Excellence (PCoE) are in the process of finalising their service level agreement (SLA) with NHS CB. Once this is in place, Procurement Centre of Excellence (PCoE) will set up a similar agreement with HPA/Public Health England (PHE).

Handover and closedown of SHAs and PCTs

Guidance

A substantial amount of guidance to support transition has been published by the Department and new ALBs in the health and social care system.

To support handover and closedown activity, further guidance is being produced by subject matter experts, policy and business leads to enable a consistent best practice approach across all regions.

As well the transfer scheme guidance (see below), a draft finance closedown checklist has been issued. A finalised version will be made available at the end of November.

[Guidance on clinical contracts transfer was issued on 22 November.](#) Further guidance on knowledge management, finance (claims and liabilities) and people transition will be issued by the end of December.

Transfer Schemes

Guidance on completing transfer documentation was issued in October and can be found on the [DH website](#).

Completion of the transfer documentation within the stated timescales is crucial as it is this information that forms the basis of the transfer schemes. These schemes are the main legal vehicles for transferring people and assets to new system bodies.

The receiver bodies will also need to be closely engaged in the process to validate the work of sender organisations and agree schedules containing detailed information about the specific assets that will pass to them. This work can only be done through regional discussions between senders and receivers. Effective handovers depend on making sure the right people are sharing their information to maintain continuity.

SHA and PCT senders submitted first drafts of the transfer scheme instructions on 15 November 2012. Lawyers have begun the important work of drafting legal documents for each statutory SHA and PCT.

Receiver organisations have until the end of December to continue discussions to agree the content of schemes with senders, for final submission mid-January. All sender and receiver boards will need to sign these off by 25 March 2013.

Handover

A recent independent review of transition recognised good progress nationally but highlighted the need for greater receiver engagement at the local level.

Receivers are now identifying 'transition leads' to work with sending organisations to take this forward.

news in brief

Listen back to latest webinars for health and wellbeing boards

27 November 2012

The Health and Wellbeing Board Implementation Team is running a series of webinars aimed at health and wellbeing board members and officers.

<http://healthandcare.dh.gov.uk/latest-webinars-hwbs/>

Improving health and care: the role of the outcomes frameworks

22 November 2012

'Improving health and care: the role of the outcomes frameworks' sets out how the 3 outcomes frameworks, Adult Social Care, the NHS and Public Health, work together to achieve the desired outcomes for the health and care system.

www.dh.gov.uk/health/2012/11/health-care-of/

Practical guides for well-functioning health and wellbeing boards published

9 November 2012

As part of the National Learning Network of health and wellbeing boards, a series of publications have been launched to support the establishment of well-functioning health and wellbeing boards.

<http://healthandcare.dh.gov.uk/practical-guides-hwbs/>

Consultation on new safeguards to protect patients

1 November 2012

A consultation on new measures to protect the services that patients need has launched.

The health special administration consultation sets out how safeguards to protect the services that patients need will be extended to NHS services provided by social enterprises and other companies.

<http://healthandcare.dh.gov.uk/hsa-consultation/>

Conference 2012/13 update

| Date | Name of conference | Where | Website |
|-----------------|-----------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Various 2012 | CCG learning events from NHS Institute | Various | www.pccevents.co.uk/nhsinstitute |
| Various 2012/13 | NHS Confederation conferences and events | Various | www.nhsconfed.org/Events/Pages/Events.aspx |
| 4 Dec 2012 | Dementia & End of Life: Rising to the Prime Minister's Dementia | Chadwick Court, London | www.ncpc.org.uk/event/7th-annual-conference-dementia-end-life |

4 Dec 2012 Digital by Default: Smarter Public Services The Barbican, London www.publicserviceevents.co.uk/235/digital-by-default

Conference 2012 update

| Date | Name of conference | Where | Website |
|------------------|---------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 Dec 2012 | Dementia: a national crisis | Birmingham | www.publicserviceevents.co.uk/237/dementia-birmingham |
| 5 Dec 2012 | Improving Care, Improving Lives | Manchester Conference Centre | www.publicserviceevents.co.uk/231/improving-care-improving-lives |
| 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 |
| 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 |
| 13 June 2013 | Dementia Series 2013 | Central London | www.publicserviceevents.co.uk/246/dementia-london |

events

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