

*From the Office of Sir David Nicholson KCB CBE
Chief Executive of the NHS in England*



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To:

All chief executives in NHS trusts in England
All chief executives in NHS foundation trusts in England
All chief executives in primary care trust clusters in England
All chief executives in strategic health authority clusters in England
All chief executives in special health authorities in England
All chairs of NHS organisations in England

cc:

Monitor
Care Quality Commission
All chief executives of DH arms length bodies
All chief executives of local authorities in England
All leaders of clinical commissioning groups

Gateway reference number: 17991

13 August 2012

Dear Colleague

PLANNING FOR A SECURE TRANSITION TO THE NEW HEALTH AND CARE SYSTEM

Over the past year, strong progress has been made to lay the foundations of the new health and care system, whilst continuing to deliver high levels of performance in the current system. This achievement is a testament to the strength and calibre of leadership at all levels. Many of us are carrying out current and new system roles simultaneously, but our priority is always to maintain quality and current system delivery. Over the coming months, as we meet additional Winter pressures and manage the remainder of the transition process, we will continue to ensure the current system is secure and resilient.

As we are now approaching the final six months of transition, arrangements are being put in place to enable new organisations including the **NHS Commissioning Board** (NHS CB), the **NHS Trust Development Authority** (NHS TDA), **Health Education England** (HEE), **Local Education and Training Boards** (LETBs) and **Public Health England** (PHE) to lead work relating to their future functions as they become ready to do so. This will happen incrementally from 1 October 2012 to 1 April 2013 to ensure the process is co-ordinated and secure.

There will be no formal transfer of statutory functions, accountability, budgets or employment of staff ahead of the timetable for new organisations to become operational. Until April 2013, SHAs

and PCTs retain their statutory functions and governance arrangements. New bodies will only be accountable for responsibilities consistent with their preparatory powers and planning for 2013/14.

To ensure stability and resilience for the current system through transition, the NHS Transition Executive Forum has agreed that **NHS CB** and **NHS TDA** regional Directors should take on management responsibility for the teams managing both 2012/13 operational delivery and planning for 2013/14. For the **NHS CB**, people appointed to future regional and local leadership roles in the NHS CB should take on management responsibility for the teams managing both 2012/13 operational delivery and planning for 2013/14. For the **NHS TDA**, people appointed to future Delivery and Development Director roles in the NHS TDA should take on management responsibility for both 2012/13 operational delivery and planning for 2013/14, in respect to the FT Pipeline and provision system.

NHS CB and NHS TDA leaders working in this way will be accountable to their new organisations for future planning and development and be accountable to PCTs/SHAs for relevant delivery and performance in the current system for 2012/13. These arrangements will embed new system leaders in the current system, providing continuous leadership and minimising complexity for staff carrying out roles relating to the current and new system.

HEE and shadow **LETBs** will take on delegated authority for 2013/14 planning functions for workforce planning, education and training from 31 October 2012. **PHE** will prepare to take on its functions from January 2013.

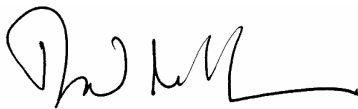
The arrangements I have outlined above will not impact on Clinical Commissioning Groups (CCGs) or local authorities as they prepare for their key roles in the new health and care system.

This approach to transition has been developed from much discussion with current and new system leaders on how we can achieve the right combination of resilience in the current system and effective leadership of the new system. Discussions will continue over the coming weeks as I work with SHA and PCT leaders to agree how these transition arrangements will work at a local level – there is no ‘one size fits all’ and we will need to ensure that local arrangements are robust and in line with current structures. We aim to have them in place from 1 October 2012.

Introducing new system leaders to work alongside current SHA and PCT leaders has a particular impact on these individuals, but designing transition arrangements in this way does not mean that they have no further role to play. On the contrary, their skills, experience and dedication to the staff they lead will be even more important as they support new system leaders in managing a smooth transition. To succeed we will need strong and effective partnerships, with new and current leaders working together to achieve the secure and supported transition we are all committed to delivering.

I will provide updates with more detail as local arrangements take shape.

Yours faithfully,



Sir David Nicholson, KCB CBE
NHS Chief Executive