

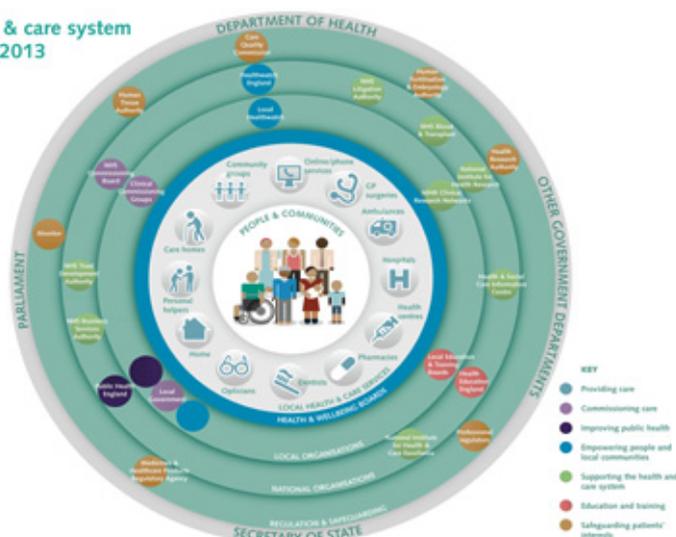
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for the NHS leadership community

September 2012 Issue 58: Gateway reference number 18188

news

The health & care system from April 2013



This edition of 'the month' is a comprehensive update on all areas of transition, including an article on shared services for national bodies, the latest on NHS Property Services Ltd, health and wellbeing boards and the NHS Commissioning Board. Candy Morris also reflects on involving patients in clinical research design.

Click on the health and care system infographic for a downloadable PDF and read more

## update

“Progress through this transition also means the changes have become more personal, as new roles and opportunities become clear and many of you make decisions about where you will be in the future.”

At the end of this month, we enter the final six months of the transition period. Thank you for all your hard work and ongoing commitment – I am genuinely proud of the way the service has implemented these significant changes and continues to deliver for patients.

Progress through this transition also means the changes have become more personal, as new roles and opportunities become clear and many of you make decisions about where you will be in the future. These have been challenging and no doubt unsettling times but you are doing a fantastic job and there is much to be excited about for the future.

This month Jane Cummings, Chief Nursing Officer for England and Viv Bennett, Director of Nursing, Department of Health, published their draft vision for nursing, inviting

comment and feedback to support the development of a strategy for the future of nursing. The nursing workforce is central to delivering high quality, compassionate care. Nurses, midwives and caregivers are in a unique position to make real improvements for patients. The draft vision is built upon six fundamental values - care, compassion, competence, communication, courage and commitment - and is the result of many conversations and engagement activities that have already taken place across the country. Having a shared vision and strategy for the profession is critical for real improvement and I would encourage all of you to contribute to the development of the strategy, via the [Department of Health](#) or [NHS Commissioning Board Authority](#) websites.

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update

Finally, with the recent downward turn in the weather, we inevitably think of winter and I am sure you will all be preparing for the winter period. This month, the Chief Medical Officer Dame Sally Davies and British Medical Association (BMA) Chair of Council, Dr Mark Porter wrote jointly to all doctors urging them to be vaccinated against flu. NHS Employers has also reissued its NHS Flu Fighter campaign material for all staff. In 2010/11, 35 percent of healthcare workers with direct patient contact were vaccinated – a figure that rose to 45 percent in 2011/12.

I sincerely hope we see this figure rise again this year, and similarly for our patients and the public.

Thank you once again for your ongoing work and commitment to the service and to patients.



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

## Progress

As we enter the final six months of the transition period, the new system is taking shape with the creation of new arm's length bodies (ALBs) and changes to the roles of existing organisations. The process of appointing chief executives and chairs is almost complete and new organisations are putting the finishing touches to their organisational designs and agreeing staffing structures. The people transition process will ensure organisations are staffed and operational in time for the new system to go live in April 2013.

Until April 2013, SHAs and PCTs retain their statutory functions and governance arrangements. New system organisations (NHS Commissioning Board, NHS Trust Development Authority, Health Education England, Local Education and Training Boards and Public Health England) are starting 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.

Maintaining a high level of performance in the current system is a priority as we lay the foundations for the new health and care system.

progress

## The people transition

The people transition has been designed in consultation with all parts of the system, old and new.

All the organisations involved – as senders of staff from closing organisations or receivers in new organisations and trade union partnership forums – are committed to working together to maximise opportunities for people to move to new roles within the system wherever possible. This approach will make sure we minimise redundancies and maximise the retention of essential skills.

Given the scale, planning between the current and new systems has been complex and it has taken time to make sure everyone works to a common framework, following consistent policy and guidance to ensure fairness for all. Movement in one part of the system is dependent on planning in another. In order to specify the posts available, each new receiver organisation has had to first develop its structure and operating model. As the new system is designed to work in different ways, some roles in new organisations will be quite different to roles in the current system.

The process is now gathering pace. Organisational structures have been largely agreed and functions have been 'mapped' between current organisations and new organisations, to form the basis of discussions between senders and receivers about which staff might potentially be matched into new roles. This process will lead to agreement about which functions and staff will transfer from the old system to the new. Arrangements will then be finalised in transfer schemes, which will ensure continuity of employment and terms of service are carried into the new system. Where functions are moving in their entirety to new system organisations, there may be a further re-organisation in the new set-up after April 2013.

A growing number of new roles are becoming available for ring-fenced competition every week. Details of these are being published on the HR transition website along with eligibility criteria, information on the new organisation and the HR policy which applies. Applications are then be made via the NHS jobs website [www.jobs.nhs.uk](http://www.jobs.nhs.uk).

During the transition process, the numbers of staff seeking roles in the new system has been reducing, as people have left the system or taken up roles in other NHS organisations. The current number of jobs planned for the new system (approximately 44,000) means it is unlikely there will need to be large scale redundancies. However, we still expect some unavoidable situations where a mismatch in skills may arise between current and new systems, or a mismatch in location, where new system jobs are not within a reasonable travelling distance for current staff. Every effort is being made to retain skills and minimise redundancies but it may be necessary for new organisations to recruit externally to attract the skills they need for certain roles.

A successful conference was held with sender and receiver organisations and trade union partners on 14 September 2012 to map out the remainder of the process and share good practice. Despite the obvious challenges arising from the complexity and tight timescales, the HR community valued the strong partnership approach and demonstrated a determination to implement the process fairly and efficiently, in line with the objectives of maximising opportunities for individuals and retaining essential skills.

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## The people transition (cont'd)

The successful completion of the transition process relies on the dedication, hard work and resilience of staff across the system. We aim to make sure all staff have certainty about their future by December 2012, with the majority moving into new health and care system roles by April 2013.

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

## Developing clinically-led commissioning

### NHS Commissioning Board Authority (NHS CB)

On 1 October 2012, the NHS Commissioning Board Authority changes status from a special health authority to an executive non-departmental public body. It will be known as the NHS Commissioning Board.

From October, the NHS CB becomes legally responsible for the authorisation of clinical commissioning groups (CCGs). The authorisation process for CCGs is on schedule. Thirty-five applications were received from CCGs in wave one and a report summarising lessons learnt from the wave one application process has been published, to assist applicants in subsequent waves to submit the best possible applications. Sixty-seven proposed CCGs in the second wave have now submitted their applications.

Commissioning support services (CSSs) will now be referred to as commissioning support units (CSUs). This will distinguish these NHS services from the wider commissioning support services market

place. Following evaluation and commissioning support services market place. Following evaluation and confirmation they are viable, all 23 CSUs will be hosted by the NHS CB from October 2012. The first round of appointments to CSU managing director posts have now been made.

NHS CB leaders will start to take on management responsibility for the teams managing both 2012/13 operational delivery (accountable to PCTs and SHAs) and planning for 2013/14 (accountable to the NHS CB). 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.

Recruitment continues to be a priority for building the new organisation. There will be just under 4000 posts in the NHS CB, plus an additional 2500 staff transferring as part of family health services. Already around 15 per cent of posts have been filled, including most very senior managers. The final part of the organisational design - the Operations

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

### NHS Commissioning Board Authority (NHS CB), cont'd

Directorate - has now been shared with sender organisations, so the process of filling these posts to get underway. The majority of posts are expected to be filled by the time the NHS CB becomes fully operational in April 2013.

A number of strategic clinical networks are being developed to build on the success of NHS Networks, which has led to significant improvements in the delivery of patient care over the last 10 years. They will be hosted and funded by the NHS CB, covering conditions or patient groups where improvements can be made through an integrated whole system

approach – cancer, cardiovascular disease, maternity and children’s services, mental health, dementia and neurological conditions. These will help local commissioners of care reduce unwarranted variation in services and encourage innovation. The networks will exist for up to five years and will be managed by 12 locally-based support teams. These teams will build and oversee effective arrangements for their area and help networks develop an annual programme of quality improvement in local services. The support teams, funded by the NHS CB, will be located in a local area team office. Further information is in [The Way Forward – Strategic clinical networks](#).

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

## Developing a robust and diverse provider sector

### The NHS Trust Development Authority

The NHS Trust Development Authority (NHS TDA) was established as a special health authority in June 2012. It will play a vital role in laying the foundations for the new health and social care system. As the first organisation whose sole focus is to provide leadership and support tailored for NHS trusts, it will provide essential governance and oversight of those NHS trusts not yet foundation trusts. It will support them in delivering the vision of a fully autonomous provider network, ensuring high quality services for patients. It will also work closely with the whole of the new NHS to ensure innovation and the very best of clinical practice is brought

to bear on the most complex problems.

The NHS TDA brings together a number of functions currently fulfilled by the Department of Health, SHA clusters and the Appointments Commission, including:

- performance management of NHS trusts
- management of the FT pipeline (currently 103 NHS trusts)
- assurance of clinical quality, governance and risk in NHS trusts
- public appointments to NHS trusts eg chairs and non-executive members and trustees for NHS charities where the Secretary of State has a power to appoint.

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

### The NHS Trust Development Authority (NHS TDA) (cont'd)

Chief Executive, David Flory, has appointed his senior leadership team and the organisation is now operating from its London headquarters in Victoria. NHS TDA will also have bases in Leeds, Manchester, Birmingham and Taunton, allowing for a regional presence that reflects the geographic spread of work in the FT pipeline. It is expected the organisation will employ approximately 230 staff. Recruitment to these posts is now underway as part of the people transition process.

Engagement events have taken place in all of the SHA cluster areas, focusing particularly on engaging leaders of NHS trusts and staff who may wish to join the TDA. In addition, a national conference for NHS trust leaders was held in July and discussions have taken place with partner organisations such as the NHS CB. These opportunities have emphasised the TDA's role in overseeing and improving the quality of care provided by NHS trusts.

The NHS TDA leadership has already met with over 90 per cent of NHS trust chief executives and chairs over the last four months to make sure NHS trusts have been engaged in the design of the NHS TDA's operating model. This early engagement should help to maintain the momentum of the pipeline activity when NHS TDA assumes its full powers.

From October 2012, NHS TDA will take on responsibility at national level for longer-term functions, including assessment of foundation trust applications, oversight of NHS trust

planning for 2013/14 and public appointments. In addition, work at SHA level will be overseen by the four delivery and development directors appointed by NHS TDA, who will play a dual role in the old and new systems. NHS TDA will take on its full statutory functions in April 2013.

### Sector regulation

Over the summer, the drive to develop the sector regulation regime has continued, with the publication of a number of consultations by the Department of Health and Monitor. Monitor's consultation on the new licence for providers of NHS-funded care runs until 23 October 2012. The future sector regulator made a number of changes to the draft licence conditions, based on its dialogue with stakeholders earlier in the years. It is now encouraging everyone with an interest to respond to the formal consultation.

In parallel, the Department is consulting on other aspects of the licencing regime. Views are invited until 22 October 2012 on proposals about who should hold a Monitor licence and who is exempt, how providers can challenge proposed changes to licence conditions and the maximum fine Monitor could impose for breaches of licence conditions.

There are also two consultations relating to commissioners. The Department is consulting on draft procurement and choice and competition regulations, which propose rules for commissioners on good procurement practice, protecting patients' rights to choice, preventing conflicts of interest and addressing anti-competitive behaviour which is against patients' interests. The consultation runs until 26 October 2012.

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

### Sector regulation (cont'd)

Monitor is consulting on the guidance it will give commissioners on ensuring the continuity of services and on designating commissioner-requested services and protected services. This consultation runs until 8 November 2012.

Alongside the development of the future sector regulation regime, the Secretary of State has asked Monitor to carry out a review to identify barriers to a fair playing field and possible solutions that would

protect and promote the interests of patients. The review is underway, based on engagement with providers of different types and sizes, and will report to the Secretary of State in early 2013.

Looking ahead, Monitor will be getting its new internal governance and leadership team in place during October 2012. The assurance framework will continue to test the readiness of Monitor and DH capability and the regulation regime, in the run-up to it becoming operational in April 2013.

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

[Find out more about sector regulation on the Department of Health website](#)

## Empowering patients and communities

### Health and wellbeing boards

Since April 2012, health and wellbeing boards (HWBs) have been in shadow form across the country. These bring together leaders of the health and care system with local commissioning groups, elected representatives, and social care and public health providers. They are statutory organisations from April 2013.

Various resources to support health and wellbeing boards have been published. These include a series of products produced by the health and wellbeing board learning sets and a tool to help boards assess their readiness for statutory running

Views are invited on draft joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs),

with a deadline for feedback of 28 September 2012.

A series of webinars aimed at health and wellbeing boards will run from September 2012 to March 2013 and cover a range of topics such as [dementia](#), criminal justice and engagement with providers. Future dates will be published on the [DH's health and wellbeing board news feed](#) and on Twitter using [#HWBlearn](#).

The last in a series of events to support the National Learning Network for health and wellbeing boards takes place on 8 November 2012 in London and will explore how health and care leaders can make a difference through their board. The event is by invitation only. To find out more, please email: [healthandwellbeingboards@dh.gsi.gov.uk](mailto:healthandwellbeingboards@dh.gsi.gov.uk)

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## Empowering patients and communities (cont'd)

### Healthwatch

Preparations for the establishment of Healthwatch England (HWE) and local Healthwatch are now well underway. [Anna Bradley has been appointed as Chair of Healthwatch England](#), which is formally established in October 2012.

From April to June 2012 the Department of Health sought the views of stakeholders and the public relating to

local Healthwatch regulations. [A report](#) summarising the findings from this exercise has been published

[A document has been published](#) to support local authority commissioners to both commission local Healthwatch organisations, and to review how well their local Healthwatch delivers its roles and responsibilities.

[Access the HWB learning set products](#)

[Access the development tool for HWBs](#)

[Submit your views to the JSNAs and JHWSs by 28 September 2012](#)

[Find out more about Healthwatch England](#)

## Care and support reform

### Care and support

The Care and Support White Paper 'Caring for our future: reforming care and support' and draft Care and Support Bill were published on 11 July 2012, following a comprehensive engagement (also called 'Caring for our future') with the care and support sector last year. These set out how care and support will transform from a service that reacts to crises, to one that focuses on wellbeing and prevention and is built around people's needs and goals. The Government's plans include actions to improve quality of care by:

- training more care workers and increasing the number of apprenticeships
- giving people more control over their care by offering state-funded care users control over their budget

- improving and clarifying people's entitlements to care and making eligibility thresholds consistent across the country
- providing better national and local information on the quality of care providers and how they compare
- creating firm legal rights for informal carers.

The draft Care and Support Bill provides the legal framework needed to make the Government's plans a reality and will fundamentally reform and modernise the legislation underpinning care and support. People can comment on the draft bill online, clause by clause, making it one of the most open and transparent pieces of draft legislation ever published.

## Care and support reform (cont'd)

### Care and support funding

Alongside these publications, the Government also published a progress report on [care and support funding](#). The report says the Government agrees that the principles of the Dilnot Commission's model – financial protection through capped costs and an extended means test – would be the right basis for any new funding structure.

It is the Government's intention to base a new funding model on these principles, if a way to pay for it can be found. However, while it is the right thing to do, given the size of the structural deficit and the economic situation the country faces, the Government is unable to commit to introducing a new system at this stage.

Funding reform needs to be considered alongside other priorities. A final decision will be taken as part of the next spending review.

The Government is also taking definitive steps to implement a number of important recommendations made by the Dilnot Commission. The progress report commits to introducing a universal deferred payments scheme to ensure no-one is forced to sell their home to pay for care in their lifetime. The Government will continue to work with stakeholders to consider in more detail variants under the principles of the Commission's model, before coming to a final view in the next Spending Review.

[Find out more information on the reforms](#)

[Comment on the draft bill](#)

## Developing a new public health system

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

Public Health England is starting to take shape with Chief Executive designate, Duncan Selbie, taking up his post at the beginning of July 2012. David Heymann, current Chair of the Health Protection Agency, has been appointed acting Chair. Recruitment to the roles of PHE chair and non-executive directors has begun. PHE's proposed structure has been published, along with its policy and process for filling posts and Duncan Selbie has set out his vision for the new public health system.

Recruitment to PHE posts is now underway. Six executive director positions have been advertised and interviews are

due to take place shortly. These national directors are expected to be appointed by mid-October 2012, followed by regional directors and centre directors, with the aim of completing these appointments by Christmas 2012. Work is underway to identify and agree which staff will transfer to PHE from 12 sender organisations. The majority of posts are expected to be filled by staff transferring directly from existing bodies. As PHE will be an executive agency of the Department of Health, its staff will be civil servants.

Duncan Selbie writes a weekly message updating staff on the public transition transition process.

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## Developing a new public health system (cont'd)

### Local public health transition

Work to support local authorities' new leadership role for public health is progressing at pace. This includes the transfer of staff from PCTs. DH and the Local Government Association (LGA) wrote jointly to PCTs and local authorities explaining how national guidance on the transition of functions and posts to local authorities applies. DH and the LGA have set out the agreement that public health staff who have access to the NHS Pension Scheme on 31 March 2013 should retain access to the NHS scheme

on transfer. Work is progressing on the pension options and implications for staff who later move roles, or who join after 1 April 2013.

A stocktake of progress on the transition of public health responsibilities from the NHS to local authorities will start soon. Guidance is being developed on director of public health roles and responsibilities. The overall model for delivering immunisation and screening services has been agreed and a health protection factsheet has also been published.

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

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

## Education and training

### Health Education England (HEE)

Health Education England has begun its work on developing a workforce to respond to future healthcare challenges. It is embedding the NHS Constitution in its work and will be using the Constitution logo as part of its corporate brand. Recruitment to key posts is now underway. Ian Cumming, Chief Executive, has recently announced the appointment of Dr Lisa Bayliss-Pratt as Director of Nursing. Dr Bayliss-Pratt is currently Assistant Director of Nursing at Midlands and East Strategic Health Authority and, was education lead in West Midlands SHA multi-professional deanery. She is also a former senior lecturer in pre-registration nursing at Wolverhampton University. She will champion nurse education and examples of education best practice, so HEE is able to closely align high quality education and training to improvements in patient care and outcomes.

HEE is one of the new system organisations starting to lead work in the final six months of transition relating to its future functions. This will happen incrementally from 1 October 2012 to 1 April 2013 to make sure the process is coordinated and secure. HEE and shadow Local Education and Training Boards (LETBs) will take on delegated authority for 2013/14 planning functions for workforce planning, education and training from 31 October 2012.

Guidance has been published outlining the process for ensuring LETBs are ready to take on education and training functions. The guidance builds on 'Liberating the NHS; Developing the Healthcare Workforce – from Design to Delivery' and sets out how HEE will assess whether LETBs meet a range of key criteria. This is the start of the journey for LETBs as they build capacity and

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## Education and training (cont'd)

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

move from transition and their boards take on greater accountability. The expectation is that all LETBs will be supported so they are ready to have authorised boards by April 2013.

### The Workforce Information Architecture (WIA) workstream

The WIA workstream is part of the Department of Health's education and training reform programme. It aims to modernise the future collection of workforce information, so it better supports workforce planning and the commissioning of NHS education and training. The new architecture will ensure comprehensive workforce information can be collected easily, from an increasingly diverse range of healthcare providers, can safely flow round the system and be used and shared widely.

The workstream has three key projects:

- Information (minimum dataset) - aims to identify the minimum workforce information needed to enable effective workforce planning and education commissioning
- Systems and processes - aims to develop the processes by which this information is collected and the process by which the information flows around the new system.
- Defining the future role of the Centre for Workforce Intelligence (CfWI). describes CfWI's future role and responsibilities in supporting the new system.

#### Contact for further details:

For more information, contact David Bennett, WIA Workstream Manager, [david.bennett@dh.gsi.gov.uk](mailto:david.bennett@dh.gsi.gov.uk), 07717 513603

[View the guidance for LETBs](#)

## 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 fourth in a series of articles.

### Involving patients in clinical research design

A sea change is taking place in clinical research design with patients, interested clinicians, research charities and innovative NHS organisations at its vanguard.

Their aim is to involve patients and members of the public at all stages of the planning and conduct of clinical research - from identifying topics for inquiry, to designing research and promoting greater awareness of and participation in clinical trials.

The pharmaceutical and medical technology industries, as well as academia, determine their own research priorities and these are not necessarily the same as those of patients and clinicians.

A case in point that illustrates the importance of patient involvement was highlighted to me recently.

Earlier this year, in its efforts to embrace innovation and improve the quality of care patients receive, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) asked the James Lind Alliance to engage ambulance service users in naming their key medical concerns that could be addressed through clinical research.

In June, SECAmb held an event called 'Research in SECAmb, how you can get involved' in which patients discussed future research priorities with them. The James Lind Alliance facilitated the event, drawing on its experience in supporting and working with patients and the public in setting research agendas.

About 50 people attended the event and discussed 17 areas where they believed more research could improve the care and experience of patients. The topics included patient transport services, patient involvement in clinical decision-making, the management of patients who fall and developments in stroke care.

The Trust and the people who attended the event are now agreeing a set of research priorities that will benefit not only SECAmb but the rest of the NHS as well.

This kind of patient and public involvement is a simple, yet powerful tool if used well. It can lead to research that better meets the needs of patients and the public and is more likely to improve clinical practice in the health service, outcomes for patients and the experience of care.

The National Institute for Health Research funds the work of several organisations including the James Lind Alliance, INVOLVE and its own 10 regional design services - all of which are trailblazing work in this field.

The James Lind Alliance is a non-profit making initiative, which was established in 2004. Led by Sir Iain Chalmers, the driving force behind the Cochrane Collaboration, it brings patients, carers and clinicians together to identify and prioritise the top 10 uncertainties, or 'unanswered questions', about the effects of treatments they agree are most important. It works closely with the Cochrane Collaboration.

The Alliance also publishes a list of the research priorities it identifies through its work. The list covers diseases, medical

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## Health research (cont'd)

events and preventive care including asthma, pre-term birth, schizophrenia, prevention of pressure ulcers and type 1 diabetes among others.

The alliance works closely with UK DUETs, a database of treatment uncertainties that is part of NHS Evidence. It also works with the National Institute for Health and Clinical Excellence (NICE).

In addition, INVOLVE, a national advisory group, promotes greater patient and public involvement in health and social care research. INVOLVE's activities include prioritisation of research topics, commissioning, and communicating the findings of research and how it is used in the NHS.

INVOLVE works closely with the 10 regional NIHR Research Design Services to embed and support patient and public involvement in research design.

Through its design services, the NIHR encourages patients and the public to become involved in setting research priorities, identifying important research questions, expressing views alongside the medical community on research proposals and funding issues, as well as taking parts in trials and publicising the results.

Creating enduring improvement in patient care is something to which everyone in the NHS aspires. Yet sometimes the most obvious improvements get overlooked. If we are to deliver the NHS Constitution's pledge to put patients at the centre of care then involving them in discussions, as SECamb did, to ensure research will benefit them directly must surely be the way forward.

[Find more details about the Alliance, its projects and how they can assist researchers](#)

[Find out more about the work of INVOLVE](#)

[More information on the NIHR's work on patient and public involvement](#)

Share your views on patient and public participation in research on the [NHS Constitution blog](#).

## Informatics

Current informatics work is focused on implementing the informatics strategy described in 'Informatics: The future – An organisational summary'. The External Relations Directorate in DH, whose remit includes responsibility for information, systems and information governance policy, is now the DH sponsor of the Health and Social Care Information Centre (HSCIC).

The Patients and Information Directorate in the NHS CB will work with DH and Public Health England (PHE), to commission and sponsor national IT infrastructure, applications and services. They will set information and information governance standards, and identify levers and incentives to encourage the best practice use of information and IT across the health and care service.

HSCIC will be established as an executive non-department public body from 1 April 2013 and will have a remit to collect, analyse, link and publish national data and statistical information and to deliver key national and local service provider (LSP) systems and services to support health and care providers.

The new HSCIC will be created from functions in the current HSCIC, NHS Connecting for Health and SHA informatics delivery functions.

- By October 2012, the day one organisation structure for the new HSCIC will be formally communicated.
- By December 2012, the chair of the new HSCIC will be appointed.
- By April 2013, the new HSCIC will be established as an executive non-departmental public body.

Guidance has been issued to clinical commissioning groups (CCGs) on GP informatics.

This sets out that the NHS CB will be accountable for the delivery of primary care IT in the future, with funding and responsibility for GP IT delegated to CCGs. Responsibility for other primary care IT systems (eg for dentistry or ophthalmology) will be managed through the NHS CB's local area teams.

informatics

[Access Informatics: The future – an organisational summary](#)

[Download the guidance on GP informatics](#)

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

## Property and estates

### NHS Property Services

NHS Property Services Ltd (PS) has been established as a company owned by the Department of Health. The principal function of the company, when operational, will be to hold and manage part of the estate currently owned by PCTs, together with surplus SHA and arm's length body estate.

The programme is now established with clear activity streams and has two main stages:

- **Phase 1** – 'Lift and shift' transfer – approximately 70 percent of the existing PCT/SHA estate will transfer to NHS PS, with the remainder transferring to providers. This is a pragmatic response to scale and time constraints. The aim is to achieve a seamless transfer of the estate and its day-to-day management to NHS PS before April 2013.
- **Phase 2** – This will be the development of a final-state, commercialised model for the longer-term. Most activity will be post-April 2013, but some initial design work will take place in parallel with phase 1. Over time, the organisation will drive greater efficiency in the management of the estate, with resources freed up to improve properties and invest in other frontline services

### Progress to date

The national and regional structure will mirror that of the NHS CB. Other details of the organisation are still being

developed and it will be for the NHS PS Ltd board and management team to determine. Properties and staff will transfer on the 31 March 2013. There are ongoing discussions with NHS CB to design and agree the principles and formal mechanisms of the relationship between the two bodies.

NHS PS has a chair, chief executive, four regional directors, a finance director, an asset management director and HR director. There is an ongoing search for candidates to fill the chief operating officer post following the internal appointment process and this post will be advertised externally.

The final list and split of properties to be transferred to NHS PS and NHS providers has almost been finalised. SHA and PCT cluster chief executives have been given a timetable outlining the work needed to:

- identify all property and charges that need to be transferred and recorded in property transfer schemes
- ensure that no property interests, rights or liabilities are missed and 'slip through the net'.

Consultation has started with PCT staff to establish who will transfer into NHS Property Services. The company has run a series of workshops to familiarise the current estates staff with the company and how it plans to operate. There will be a more proactive communications approach as the company moves into the implementation phase of the programme.

## Shared services for national bodies

### Shared services

Development is well underway for system-wide shared services for finance, accounting, payroll, communications and HR.

The DH Shared Services Programme (SSP) provides or enables shared back-office services for DH and its arm's length bodies (ALBs) to deliver efficiencies and cost reductions in finance and accounting, HR, payroll, procurement and occupational health services management, while maintaining or improving service quality.

The various strands of the programme are at different stages in their development:

#### Finance and accounting

The requirement for a DH/ALB shared service is being developed in conjunction with NHS Shared Business Services, which will provide it.

#### HR

A two-year performance improvement programme for transaction services and HR operations is underway. The transaction service will be considered for outsourcing on a government framework in early 2013/14. A key objective is to improve the performance of ALBs against recognised benchmarks of number of HR staff to establishment, and cost of HR per member of staff.

### Payroll

Logica have been selected as the preferred supplier of payroll services. An implementation plan drawn up with the Health Protection Agency and NHS CB will go live shortly. Other organisations have planned go-live dates throughout 2013.

### Occupational health

A framework, operated by Capita, supplies occupational health and employee support services. The service is available to ALBs and NHS bodies. ALBs are expected to move to the new framework once their existing contracts expire.

### Procurement

Activity is focused on collaboration between ALBs on procurement activity, savings opportunities from shared catalogues for purchases of common items and encouraging good procurement practice and access to professional procurement capability across the DH family of ALBs.

shared services

## Transforming the Department of Health

The Future DH Programme brings together all the activities required to achieve the vision for the future Department of Health.

The programme is organised into two major components – DH Transition and DH Future.

DH Future is focused entirely on the establishment of the new DH as an organisation and the effective transfer of functions and people to other organisations within the health and social care system.

The work of Future DH focuses on the change required to transform DH into an organisation fit to deliver the new scope of work in an effective and responsive way. This includes establishing a DH operating model and defining how the health and social care system will work. Other projects will be more operational, including building and maintaining relationships with the new ALBs, and improving the underpinning processes and systems to support staff in their daily work.

## News in brief

### **Christine Beasley and Sarah Harkness confirmed as Non-Executive Directors of the NHS Trust Development Authority**

27 September 2012

Ms Beasley will chair the Appointments Committee and Ms Harkness will chair the Audit and Risk Committee.

<http://mediacentre.dh.gov.uk/2012/09/27/christine-beasley-and-sarah-harkness-confirmed-as-non-executive-directors-of-the-nhs-trust-development-authority/>

### **Shirley Pearce, Kate Nealon and Ann Abraham confirmed as Non-Executive Directors of Health Education England**

27 September 2012

They will join Health Education England, the organisation that will provide national leadership to the new system of education and training in healthcare.

<http://mediacentre.dh.gov.uk/2012/09/27/shirley-pearce-kate-nealon-and-ann-abraham-confirmed-as-non-executive-directors-of-health-education-england/>

### **Read transcript of webchat on licensing and procurement**

24 September 2012

The transcript of the recent webchat on licensing and procurement is now available.

<http://healthandcare.dh.gov.uk/sector-webchat/>

### **Public health transitional support funds available for local authorities**

20 September 2012

The Department of Health is making available public health transitional support funds for local authorities.

[www.dh.gov.uk/health/2012/09/ph-la-transition/](http://www.dh.gov.uk/health/2012/09/ph-la-transition/)

### **Health Research Authority to take role in research access to patient data**

20 September 2012

The Health Research Authority will host transparent expert advice to support decisions on access to personal health information, the Department of Health announced today.

<http://mediacentre.dh.gov.uk/2012/09/20/health-research-authority-patient-data/>

## News in brief

### **One month left to have your say on the draft Care and Support Bill**

20 September 2012

There is one month left to comment on the draft Care and Support Bill and have your say on the largest overhaul of the law around adult care and support in 60 years.

[www.dh.gov.uk/health/2012/09/one-month-left-to-have-your-say-on-the-draft-care-and-support-bill/](http://www.dh.gov.uk/health/2012/09/one-month-left-to-have-your-say-on-the-draft-care-and-support-bill/)

### **Science and research 'will be at heart of our work'**

17 September 2012

Duncan Selbie, Chief Executive Designate of PHE, on the latest developments for PHE.

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

### **Take part in webchat on licensing and procurement**

12 September 2012

A series of webchats will give you the chance to ask questions and share your views on licensing, procurement regulations and continuity of services during the public consultation period on different aspects of sector regulation. The first one took place on 13 September 2012.

<http://healthandcare.dh.gov.uk/sector-webchat/>

### **Report recommends which specialised services should be commissioned nationally**

11 September 2012

A report by the Clinical Advisory Group for Prescribed Services (CAG) has been published, recommending which specialised services for people with rare conditions should be commissioned nationally in England.

[www.dh.gov.uk/health/2012/09/cagreport/](http://www.dh.gov.uk/health/2012/09/cagreport/)

### **Focus on Stoptober and the Chrysalis programme**

10 September 2012

Duncan Selbie, Chief Executive Designate of PHE, on the latest developments for PHE.

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

### **Department seeks chair and non-executive members of Public Health England**

7 September 2012

The Secretary of State for Health is seeking to appoint a chair and non-executive members to PHE.

[www.dh.gov.uk/health/2012/09/phe-appointments/](http://www.dh.gov.uk/health/2012/09/phe-appointments/)

### **How can health and wellbeing boards address the Challenge on Dementia?**

5 September 2012

Health and wellbeing board members and officers were invited to join a webinar discussion on the Dementia Challenge on Tuesday 18 September.

<http://healthandcare.dh.gov.uk/hwbs-dementia-challenge-webinar/>

### **Join in the conversation on how to strengthen the NHS Constitution**

3 September 2012

The NHS Future Forum, which is advising the Government on how the NHS Constitution might be strengthened, is talking about what the NHS Constitution means to them and are keen to hear your views.

[www.dh.gov.uk/health/2012/09/constitution-blog/](http://www.dh.gov.uk/health/2012/09/constitution-blog/)

## Conference 2012 update

Date	Name of conference	Where	Website
Various 2012	CCG learning events from NHS Institute	Various	<a href="http://www.pccevents.co.uk/nhsinstitute">www.pccevents.co.uk/nhsinstitute</a>
3 Oct 2012	Facilitation skills – intermediate	London	<a href="http://www.pccevents.co.uk/pcc/447">www.pccevents.co.uk/pcc/447</a>
4 Oct 2012	Dementia – A National Crisis	Manchester Conference Centre	<a href="http://www.publicserviceevents.co.uk/programme/228/dementia">www.publicserviceevents.co.uk/programme/228/dementia</a>
5 Oct 2012	Facilitation skills – intermediate	Leeds	<a href="http://www.pccevents.co.uk/pcc/361">www.pccevents.co.uk/pcc/361</a>
18 Oct 2012	Building the patient voice into service design	Birmingham	<a href="http://www.pccevents.co.uk/bpvbir">www.pccevents.co.uk/bpvbir</a>
25 Oct 2012	Building the patient voice into service design	Manchester	<a href="http://www.pccevents.co.uk/bpvmcr">www.pccevents.co.uk/bpvmcr</a>
26 Oct 2012	Public Sector Income Generation	The Barbican, London	<a href="http://www.publicserviceevents.co.uk/230/public-sector-income-generation">www.publicserviceevents.co.uk/230/public-sector-income-generation</a>
25 Nov 2012	NHS Quality of Care	The Barbican, London	<a href="http://www.publicserviceevents.co.uk/233/nhs-quality-of-care">www.publicserviceevents.co.uk/233/nhs-quality-of-care</a>
27 Nov 2012	Improving population health through primary care	London	<a href="http://www.pccevents.co.uk/pcc/478">www.pccevents.co.uk/pcc/478</a>
28 Nov 2012	Managing Change 2012	The Barbican, London	<a href="http://www.publicserviceevents.co.uk/236/managing-change">www.publicserviceevents.co.uk/236/managing-change</a>
29 Nov 2012	Better commissioning through effective procurement	London	<a href="http://www.pccevents.co.uk/pcc/442">www.pccevents.co.uk/pcc/442</a>

events

**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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