



This edition of 'the month' David Nicholson talks about people transition up to March 2013, Department of Health publish an updated map and directory of local community services, Healthwatch England holds its first public meeting and announce a new director, and Public Health England announce six new centre directors.

update

“Many individuals have a valuable legacy of their own to offer and their personal contribution should be factored in to every appointment.”

We are making good progress as we move towards the new system. Last month I reflected on the way we are establishing and developing new organisations. For many staff these structures are the first sense of what working in the new NHS will feel like. As we make appointments to these organisations we are also managing people's emotions, about starting new roles in different teams and supporting them to embrace the new environment.

What is important is that we recognise and acknowledge the commitment to a career in the NHS that the vast majority of our staff made long before the transition started. When we started working with the PCT and SHA clusters all of those months ago, one of the first things we did was to build in legacy to the transition process so we did not lose any of the good work that had been done, particularly around quality and patient safety.

Many individuals have a valuable legacy of their own to offer and their personal contribution should be factored in to every appointment.

For some members of staff there is still uncertainty about their future role. These people need to be our immediate priority, to make sure we can bring clarity to personal and professional futures as quickly as possible. We need to be sure that people who have not yet secured a new role do not feel left behind as we look to our new teams and structures.

This transition period has been a significant challenge to us as a leadership community, maintaining our patient and quality focus, while continuing to support and motivate individuals and teams. I do not underestimate the sheer emotional and intellectual energy so many of you have invested to get the best

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update

outcomes for all as we move forward. Thank you. Your hard work makes me proud of the NHS and of its leadership community.

Several days ago, the Department of Health published its final report into events at Winterbourne View Hospital. The report sets out clear local and national actions with a new NHS and local government-led joint improvement programme. Working with local partners, patients and their carers these local programmes must make sure we provide better care and reduce the health inequalities suffered by those with a learning disability, or autism, or whose behaviour is considered challenging. Please read the [report and associated documents](#) and make sure you have a clear way forward for your local community.

As The Month is published we have entered a cold snap right across England – it certainly feels like winter is with us. We know some of our most vulnerable and elderly patients are most at risk during the winter period, calling for that extra focus and commitment from all of us to meet seasonal demands for our services and care.

I hope everyone is able to find some time to rest and enjoy a break over the Christmas holiday. Next year will be challenging and exciting in equal measure and I look forward to working with you all.



Sir David Nicholson, KCB CBE
NHS Chief Executive

The people transition

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

We set ourselves a system-wide objective of making sure all staff at risk or affected by change in sending organisations have clarity about their future employment by the end of December 2012. Over the past nine months, through the enormous dedication of colleagues across the system, we have made significant progress.

As we approach the end of December, the majority of staff now have clarity about their future and the majority of these people have secured roles in the new health and care system. An intensive period of recruitment to jobs in new system organisations is underway and staff in 'lift and shift' transfer situations are receiving confirmation about the transfer of their employment. Recruitment activity is expected to continue into the new year.

The priority now is the people who have yet to secure roles in the new system. Undoubtedly, this is a time of great anxiety for those people who will shortly receive notice that they are at risk of redundancy or, for those staff with a contractual notice period of three months, notice of redundancy. They are being fully supported by local HR leaders, through conversations to enable them to understand their individual position - in relation to ongoing recruitment activity and the rationale for issuing redundancy notices at this point. While recruitment processes are ongoing in a number of

new system organisations, some will go on to secure a new system job during the notice period. Every effort is being made to secure suitable alternative employment for everyone affected.

The number of jobs available in the new system exceeds the number of staff affected by change, so the number of redundancies will be lower than originally anticipated. However, differences in geography between the current and new system, and the new system's need for skills not always available in the current workforce, means there may still be some unavoidable redundancies. Sending and receiving organisations will continue to work together with trade union partners to minimise these wherever possible.

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

For general queries about the process, information about the new organisations and listings of the latest jobs, staff can visit the HR transition website:

www.hrtransition.co.uk.

[Go to the HR Transition website to see the latest posts being advertised](http://www.hrtransition.co.uk)

Developing clinically-led commissioning

Work continues across the country to establish the new clinical commissioning landscape in the NHS.

This month marked a significant move forward when, following a rigorous five-month assessment, the first set of clinical commissioning groups (CCGs) were authorised to commission healthcare services for their communities.

They are the first of 211 CCGs that will be responsible for up to £65 billion of the £95 billion annual NHS commissioning budget, from 1 April 2013.

NHS Commissioning Board (NHS CB)

A new three-year vision and strategy for nursing, midwifery and care staff that aims to build the culture of compassionate care in all areas of practice was launched on 4 December 2012. [Compassion in Practice](#) has been drawn up by Jane Cummings, the NHS Commissioning Board's Chief Nursing Officer, and Viv Bennett, Director of Nursing at the Department of Health.

The new strategy and vision defines the enduring values that underpin good care - "the 6Cs" care, compassion, competence, communication, courage and commitment. The aim is to provide nurses, midwives and care staff with a clear and consistent way of explaining their values and to offer patients a clear statement of what to expect.

The NHS CB has also published the new operating model for commissioning specialised services. The new operating model marks a clear move away from regional specialised commissioning, to a single national approach to both commissioning and contracting.

Following on from this, a public consultation on the first set of national service specifications and clinical policies for specialised services was launched on

12 December 2012. The consultation runs from 12 December 2012 to 18 January 2013 and is seeking the views of patients and carers, charities, nurses, doctors and service providers. [More information is available on the NHS CB website.](#)

The NHS CB also published its GP IT services operating model [Securing Excellence in GP IT Services](#) earlier this month. This operating model explains how the management of IT systems for GP practices will be organised from April 2013. It enables CCGs to make decisions to suit local requirements, making sure IT supports clinical commissioning to improve health outcomes for patients.

Clinical commissioning groups

The NHS CB has authorised the first wave of clinical commissioning groups.

The 34 CCGs will plan and commission hospital, community health and mental health services on behalf of approximately ten million people.

From April 2013, CCGs will replace the primary care trusts which currently commission healthcare services. They are independent statutory bodies, governed by their members - the GP practices in their area.

The NHS CB is responsible for making sure CCGs meet and maintain standards – as set out in the Health and Social Care Act 2012, the NHS Constitution and the NHS Outcomes Framework.

Authorisation is granted after experts have reviewed the CCG's policies, carried out site visits, interviewed its leaders and assessed its work with stakeholders and patients.

[Read a full summary of the outcomes of the wave 1 authorisation sub-committee.](#)

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commissioning

Developing clinically-led commissioning (cont'd)

Commissioning support

Progress continues on the establishment of the 23 NHS commissioning support units (CSUs).

Last month, the NHS CB asked CCGs to finalise their 2013/14 commissioning support requirements from CSUs and put in place signed service level agreements (SLAs) before the end of November 2012.

The NHS CB is currently collating good practice examples of SLAs from across the country to show some of the key performance metrics that CCGs use to measure the services provided by CSUs. Examples will be shared on the NHS CB website shortly.

[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)

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

The feedback from those engagement events has helped shape the new planning guidance for NHS trusts, which will be published before the Christmas break.

The guidance will set out how the NHS TDA intends to support NHS trusts to succeed and how it will hold them to account in the future.

Director of Nursing for the NHS TDA, Peter Blythin, said: "It's incredibly important that we work hard together to create the right environment for NHS trusts to sustainably improve the quality of services they provide for patients. We'll be looking to make sure the plans that NHS trusts submit for next year are ambitious for their patients and are underpinned by a clear and strong business case for the years ahead."

Any Qualified Provider (AQP)

On 13 December 2012, the Department of Health published an updated map of local community services where patients will have a choice of provider through the AQP initiative.

Any Qualified Provider (AQP) (Cont'd)

In line with the Operating Framework commitment for 2012/13, the local NHS has been working with patients and health professionals to select at least three services where patients would benefit from having greater choice about who provides their care and treatment. The AQP map shows the services for which patients will have an extended choice.

For the first time, the Department of Health has published a directory of qualified providers. Patients and commissioners can now see which providers have met rigorous quality requirements and qualified to provide NHS community services locally.

In many areas, providers are already actively offering their services and we expect patients to begin experiencing the benefits of extending patient choice through AQP in the near future, including improved access and better quality services.

The AQP map and directory of services will mean patients and commissioners can easily access comprehensive information on which community and mental health services are available under AQP in their area, as well as detailed information on each of the providers.

[Access the map and directory.](#)

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

Sector regulation

Consultations on fair and transparent pricing and ensuring continuity of NHS services closing shortly

The Department of Health is running consultations on fair and transparent pricing and new measures to ensure the continuity of NHS services. You can respond [online to the consultation on fair and transparent pricing for NHS services](#) and leave your comments until 21 December 2012.

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

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

[Find the latest news on Any Qualified Provider](#)

[Find the latest news on NHS standard contracts](#)

Empowering patients and communities

Healthwatch England

Healthwatch England holds first public meeting

5 December 2012 saw the first public meeting of Healthwatch England in Leeds, the body which will lead the new Healthwatch network that launches in April 2013.

Established under the Health and Social Care Act 2012, the purpose of Healthwatch England is to strengthen the collective voice of consumers and users of health and social care services in England at a national level.

The meeting brought together the Committee, who bring a range of expertise in local government, third sector, health, children's services and disability, to discuss what Healthwatch England should focus on in its first year.

Anna Bradley, the Chair, talked about the immediate and necessary priorities for Healthwatch England in relation to developing a strong Healthwatch network, by leading, supporting and guiding local Healthwatch organisations. She talked about the importance of building effective relationships to establish Healthwatch

England's position, creating capacity with the capability it needs to be a robust consumer champion and also responding to the urgent and important, such as their view of the NHS Constitution and the forthcoming Francis Inquiry.

Possible priorities for the next eighteen months were discussed including complaints, giving a voice to unheard patient and service users, access to GP services and patient and public involvement in specialised commissioning - Healthwatch England also announced the appointment of Dr Katherine Rake who joins as Director of Healthwatch England from the Family and Parenting Institute where she was Chief Executive.

This is the first time a national champion has been set up with independent statutory powers to act outside of government influence for both adults and children.

In coming months, over 150 local Healthwatch will be emerging. They will be commissioned by their local authority, will be fully accountable to them and will replace the Local Involvement Network (LINKs).

[Find out more about Healthwatch England](#)

[Find out more about Health and Wellbeing Boards \(registration required\)](#)

[Find out more about Health and Wellbeing Boards from the Department of Health](#)

Public health system

Professor David Heymann is confirmed as Chair of Public Health England's Advisory Board, the final stage of the Public Health England People Transition Policy has been published and the first tranche of appointments for the next tier of PHE's senior leadership have been announced.

Public Health England

Professor Heymann who is currently chair of the Health Protection Agency will take up post formally on 1 April 2013 when Public Health England becomes a legal body. He has been acting chair since July.

The second and final module of PHE's People Transition Policy was published at the end of November 2012, setting out the terms and conditions both for staff transferring into PHE and for those who join after 1 April 2013.

Six of the 15 PHE centre directors have also been announced:

- Dr Qutub Syed for Cheshire and Merseyside
- Dr Martyn Regan for Greater Manchester

- Dr Roberta Marshall for North East
- Dr Graham Bickler for Surrey, Sussex and Kent
- Dr Sue Ibbotson for West Midlands
- Dr Stephen Morton for Yorkshire and the Humber.

Recruitment for the remaining nine centre director posts takes place in December and the four regional director appointments will be confirmed shortly. For these regions, for sub-national level work, and centres providing local presence and leadership, PHE will co-produce with partners and staff how they will work in practice and the styles and behaviours that are most likely to succeed.

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

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

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

Emergency preparedness resilience and response

Changes to Health Emergency Preparedness, Resilience and Response

Joint work to update and strengthen the way the revised health system will plan and responds to incidents and emergencies is nearing completion. Health response partner agencies including the NHS Commissioning Board (NHS CB), Public Health England (PHE) and DH, working with local government and the Local Government Association (LGA) will ensure the safe transition to new Emergency Preparedness Resilience and Response (EPRR) arrangements into the health and care system from April 2013.

Recent transition developments include:

- System assurance exercises: to provide assurance of the cross-agency effectiveness of the new EPRR system, exercises are being held in each region. The first exercise was held on 7 November 2012 in Cleveland for the northern region and will be followed by exercises in the Midlands and east region (23 January 2013) and the southern and London regions (6 February 2013).
- [Geographical boundary maps](#) for NHS CB area teams, PHE centres, local health resilience partnerships (LHRPs) and local resilience fora (LRFs) are now available.
- The NHS Commissioning Board has published guidance for area teams, including a [checklist of the preparations required in order for each area team to take over responsibility from PCTs as part of transition](#)
- The LGA recently led a 'stock take' exercise, to allow local authorities to review their progress in taking over transferred public health responsibilities, including EPRR. The 100 percent return revealed very good progress, with 95 percent of localities expecting a successful and safe transition. Where authorities have local challenges of particular concern, LGA is making sure there is sector-led support.
- PHE expects to 'lift and shift' the majority of Health Protection Agency staff with EPRR responsibility shortly. This includes specialist emergency planning staff.

[Read a full overview of the changes to EPRR in the health and care system, together with illustrations of how the new system will work](#)

News in brief

Public Health England People Transition Policy – FAQs for Module 2

7 December, 2012

A series of frequently asked questions (FAQs) has been developed to support the Public Health England People Transition Policy Module 2.

<http://healthandcare.dh.gov.uk/phe-faqs-module2/>

Centre directors appointed for Public Health England

7 December, 2012

Chief Executive Designate Duncan Selbie today announced the first tranche of Centre Director appointments for Public Health England.

<http://healthandcare.dh.gov.uk/phe-centre-directors/>

Public Health England People Transition Policy published

30 November, 2012

The second module of the Public Health England (PHE) People Transition Policy has been published.

Published as a series of factsheets, this module sets out the agreed framework for the terms and conditions for those transferring into PHE and for new staff appointed to PHE after 1 April 2013.

<http://healthandcare.dh.gov.uk/phe-ptp-nov/>

Friends and Family Test: Mandate update

The Friends and Family Test has been included in the Government's Mandate to the NHS Commissioning Board. Making sure that people have a positive experience of care is a key requirement in the Mandate.

www.dh.gov.uk/health/2012/12/fft-mandate-update/

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 2012/13 update

events

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
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

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.