

Organisational Alignment & Capability Programme

**briefing for
regional and local
stakeholders**

August 2014 V1.0



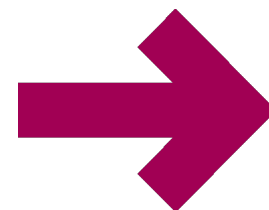
Introduction

This document is intended to provide Regional and Area Directors with key messages about the realignment of NHS England and this information may be used to brief stakeholders during the period of OACP consultations.

Aim

To ensure NHS England Regional and Area directors are fully informed of changes taking place across the organisation and how they can brief their local system partners (e.g. CCGs) and other local stakeholders (e.g. local MPs if required) on the proposed changes.

To ensure communications relating to OACP are shared with stakeholders in a consistent way and to reassure local stakeholders that the changes planned will not have an immediate effect on the work NHS England undertakes locally, but will over the remainder of the 2014/15 financial year.

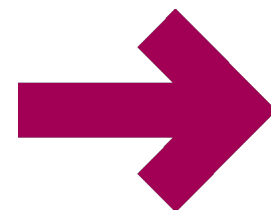


Background

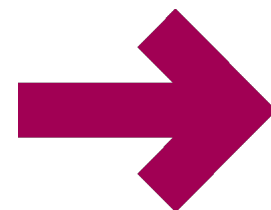
As part of a process for improvement and change, NHS England's national and regional directors have been working on three phases of our organisational development.

The first phase was to get our national directorate structure right. The second phase has been to better focus and align the work of NHS England on our core priorities. These include specialised commissioning, the design and implementation of new local care models, support for new CCG and local government integrated commissioning models, payment reform and incentive design, and operational research.

Our focus is now on developing a much more integrated model of operation across regions and areas outside of London so we avoid duplication and work more effectively across all parts of the organisation.

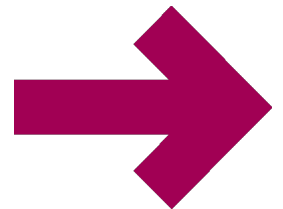


- NHS England is making some incremental changes to its structures. There are two key reasons for this:
 - It is looking to refine its structures to make sure they best fit its purpose
 - It is looking to save money - the challenge is 15%
- There have been changes in the national directorates that will sharpen our focus on commissioning.
- There will also be some changes to our area team structure to ensure we are as efficient as possible.
- We are looking at new partnerships – like integrated personnel commissioning pilot – which will involve us working more closely with our stakeholders. More on this is to come.
- We will expand our roles to build new or stronger capabilities, such as health analytics, strategy and policy development.
- This also includes work to transition functions which we don't see as core to NHS England's purpose. These functions are: oversight of individual practitioner medical revalidation, some aspects of our work on patient safety, and sponsorship of some provider-focused IT programmes the transfer of these functions could take longer to achieve as they involve the wider Health and Care system.



Additional Aims

- We aim to reassure local stakeholders that the changes planned will not have an immediate effect on what NHS England is doing locally, but are likely to have impact over the remainder of the financial year.
- We will commit to provide regular updates for national stakeholders, as more detail emerges.



Communication with regional and local stakeholders

Regional and local stakeholders will have a keen interest in the changes proposed and will want to understand how the changes affect their relationships with Regional and Area teams.

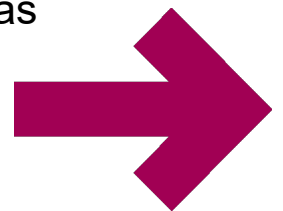
As stakeholder relationships already exist at local levels, these channels can be used to brief local system partners and manage engagement effectively.

The proposals for change will be shared in September, followed by consultation with colleagues. We would like to alert stakeholders to the publication of the proposals for change and we recommend the initial engagement with stakeholders is undertaken **at the end of the week commencing 1st September 2014** for those most key but at the start of the next week for others.

Regional and Area Directors should seek to reassure local stakeholders that the changes planned will not have an immediate effect on what NHS England is doing locally, but are likely to have impact over the remainder of the financial year.

We suggest that Regional and Area Directors should use their own discretion about how they inform people about the planned changes but would caution against putting in writing anything with great detail.

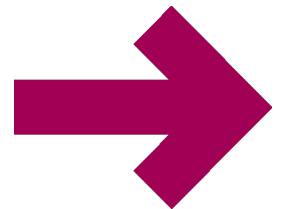
A commitment to provide regular updates for regional and local stakeholders, as more detail emerges, should also be made.



Stakeholder Engagement

Regional and Area directors are requested to implement the stakeholder engagement plan at Annex A and adhere to the timescales suggested.

Regional and Area directors may wish to expand the range of stakeholders included in engagement to satisfy local requirements (e.g. Health Overview and Scrutiny Committees).



Annex A - Stakeholder engagement plan

Key player Stakeholders	Interest Area	Prioritisation	Information requirements	Timing	Responsible lead
Clinical Commissioning Groups (CCGs)	Relationship with Area Teams	Key Player	Must be informed	4/5 September	Area Directors
Health and Wellbeing Boards	Relationship with Area Teams	Key Player	Must be informed	4/5 September	Area Directors
Local Authority Contacts	Relationship with Area Teams	Key Player	Must be informed	4/5 September	
Local Authority Directors of Public Health	Relationship with Area Teams	Key Player	Keep informed where possible	w/c 8 September or reactively	Area Directors
Local Healthwatch	Interest in local health system	Key Player	Provide background information	w/c 8 September or reactively	Area Directors
MPs	Interest in local health system	Reactive Information	Reactive information	w/c 8 September or reactively	Area Directors
Strategic Clinical Networks	Relationship with Regional and Area Teams	Keep informed	Provide background information	w/c 8 September or reactively	Regional Directors

