

Our priorities 2011/12

Following feedback from our members, we know that making cost savings while maintaining the quality of services is their greatest concern over the next 12 months, as well as addressing the challenges of healthcare reform and understanding the transition to the new system.

In 2011/12 we will be focusing on each of these key areas, bringing members together with colleagues from across the health and social care system to tackle these issues.

We want our members to sit at the centre of each of these work programmes to ensure we are providing the services and support they really want and need. We will continue to regularly consult with our members – via a range of channels, including member working groups, polls and surveys – so that we can effectively represent their views and use their feedback to underpin and strengthen our influencing and external relations work.

We will continue to provide a collective and coherent voice for NHS leaders. Through our range of products and services – including our regular briefings, detailed reports, online communications and regional and national events – we will continue to deliver high-quality analysis and insight to help members make sense of the whole health system and determine how all the different parts of the NHS can add up to an effective whole in future.

In response to our members' feedback, we will also be developing new regional support services from April 2012 so that members can come together with colleagues to discuss the key issues at the local level.

Finance

Our work to support our members as the NHS strives to achieve the required efficiency savings will focus on the Quality, Innovation, Productivity and Prevention (QIPP) agenda, clinical responses to the downturn and managing rising demand.

We will work with members to highlight examples of successful QIPP activities and will produce a

signposting report for NHS organisations which we will showcase on our website.

We will work alongside the National Institute for Health and Clinical Excellence (NICE) to encourage clinicians to identify areas where savings can be made alongside improvements to patient care. We will gain quality assurance on these examples from clinical experts and will publish them in a report for members.

We will also work with members to identify different approaches to managing rising demand and dealing with long-term conditions, and will publish our findings and the key learning points for NHS organisations.

Quality

We have begun work to establish a member commission that will focus on how the NHS and social care can put strong systems in place to ensure that the values, rights and responsibilities relating to care and compassion as set out in the NHS constitution, become a reality for older people and their families. As part of this we will arrange for experts and key professionals working across health and social care to appear before the commission to provide evidence on what will result in real changes in the system.

We will publish a report setting out the commission's findings and deliver a programme of activities to support implementation of the commission's recommendations.

Healthcare reform

Our work to help members to address the challenges of health reform and understand the transition to the new system will be driven by the nature and timetable of the reform programme.

We have continued our work to influence the direction of the reforms and feed in the views of our members during the pause in the reform process.

Looking ahead, we plan to run two seminars (one urban, one rural) to bring together the key players in a local health economy – including NHS providers, commissioning consortia, local authorities, independent sector providers and local involvement networks (LINKs) – to explore how the new system will function. We will publish the findings to help members think through the challenges in their own area and use the information to underpin our responses to consultations by national bodies.

We will also publish a series of briefings for members, summarising how the new system will work once the Health and Social Care Bill has been passed.

New commissioning landscape

The cultural change needed to introduce the new commissioning landscape cannot be underestimated and we are committed to supporting our PCT members as they work to facilitate the transition to the new commissioning arrangements and manage the challenges that this represents for their own organisations.

We have already begun to reflect the new PCT clustering arrangements within our membership and have opened up access to our products and services to emerging consortia within existing PCTs.

We have also been exploring with the Royal College of General Practitioners how we could work in partnership in the future to support future commissioners. We have agreed that we can provide best value to our respective members through delivering specific joint pieces of work designed to influence and support implementation of particular aspects of policy and practice. This is the most efficient and cost effective way of sharing resources and bringing the two organisations' complementary skills and expertise to the task.

We are already running a joint project on managing potential conflicts of interest within commissioning consortia as GPs take on the dual role of providing and commissioning

NHS services. We also plan to develop joint briefings and deliver joint events on other topics where we have a clear and shared interest.

The NHS Confederation will be undertaking a variety of activities over the next 12 months to help develop its relationships and profile with a new audience of clinical commissioners. During this time we will scope out and test the development of a formal membership offer for commissioning consortia for 2012/13.

In the meantime, we will work to bring members together with new commissioning consortia organisations to discuss how we can collectively ensure the success of the new commissioning arrangements.

Working across health and social care

Integration

We are continuing to build strong links with the NHS Commissioning Board, Monitor, the Care Quality Commission and the Local Government Association (LGA), as well as national and local GP bodies and national and local social care bodies, in particular the Association of Directors of Adult Social Services (ADASS), to influence the shape of the new system and support the development of a joined-up approach to funding and provision of care over the longer term.

We also plan to gather intelligence on the extent of health and social care integration across the NHS and local government, and assess what impact clustering and the proposed NHS reforms are having on integration arrangements. We are currently looking at how we can best progress this area of work in light of the pause in the reform programme and potential changes to the proposed health and social care legislation.

In addition, we are scoping out a programme of work to support community providers in relation to their role in the development of integrated services.

The Dilnot Commission

In response to the Dilnot Commission on Funding of Care and Support, we are planning to run a workshop for members and representatives from local government to explore what Dilnot's recommendations will mean for those working in health and social care. We will publish a report for members to share the findings and recommendations.

Public health

We will work with the LGA, health and well-being boards and commissioning consortia to explore the commissioning of public health services, and will publish briefings for members on the shape of the new public health system.

Working with our networks

We will support our specialist networks for ambulance trusts, mental health providers and independent sector partners to ensure that our members have a strong and autonomous voice on issues where their part of healthcare system has a distinct view.

We are continuing to work closely with an independent Foundation Trust Network (FTN) and support and engage our foundation trust members in our NHS-wide work programmes.

Members of our PCT Network are already going through significant changes as a result of the proposals set out in the Health and Social Care Bill. As outlined, we have started to reflect the new clustering of PCTs within our membership and have opened up access to our products and services to

emerging consortia within existing PCTs. We will also be undertaking a variety of activities over the next 12 months to help develop our relationships and profile with a new audience of clinical commissioners.

In addition, we are developing services for those organisations that are not affiliated to any of our specialist networks, in particular for acute trusts, social enterprises and community service providers. In doing so, we can continue to effectively represent the full range of commissioners and providers working within the healthcare system.

Delivering key industry-wide support functions

We currently deliver a small number of industry-wide support functions for the NHS. The NHS Employers organisation, part of the NHS Confederation, works to represent trusts in England on workforce issues.

We also provide added value to our membership and the wider healthcare system through the work of the NHS European Office, the Service Delivery and Organisation Network and the Health Services Research Network.

As the Department of Health considers outsourcing some of the functions that are currently provided by government, we are well placed to assume delivery of some of these support services.

Where we believe it is in our members' interest, we will pursue these new opportunities and will channel any generated income back into the development and delivery of our member services.