



## Commissioning Board

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Rt Hon Jeremy Hunt MP  
Secretary of State  
Department of Health  
Richmond House  
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Dear Secretary of State

### **Use of the name 'NHS England' by the NHS Commissioning Board (NHS CB)**

Further to our productive discussions over recent weeks, I am writing to set out:

- Why the NHS CB wants to use the 'NHS England' name;
- The responsibilities that we accept come with adoption of the new name;
- Specific reassurance about our arrangements for communications and public and parliamentary accountability
- Our proposed timetable for launch of the new name.

The NHS Commissioning Board (NHS CB) has been established as an executive non-departmental public body. It is one of several new bodies established by the Health & Social Care Act 2012.

The intention of the Act is that the NHS CB should be at 'arms length', i.e. operationally independent from, but fully accountable to Government, via the Secretary of State for Health.

The Government has set out its expectations of the NHS CB in the Mandate, published in November 2012. The NHS CB has publicly welcomed the Mandate and is committed to work towards delivery of all of the Mandate objectives.

### **Adoption of the new name and associated responsibilities**

The NHS CB now proposes to adopt the name 'NHS England'. There are two key benefits of using the new name:

- To connect more readily with patients and the public - it is essential that the NHS CB forges a strong relationship with patients and the public. We want to be a champion of openness and transparency, and the new name will help us to connect with patients more easily. This strong connection with the public will be very important as we make the case for service improvement to deliver the highest quality care.

- To speak for the NHS – as the organisation responsible for allocating the budget and delivering on the objectives set out in the Mandate. It is particularly important following the publication of the Francis report that someone is able to speak authoritatively about NHS delivery and performance. This is a role that we believe the NHS CB is uniquely well placed to perform and this will be enhanced by adoption of the new name. This is not about defending the NHS uncritically in the light of poor performance, but about development of a powerful narrative of NHS delivery.

We recognise that adoption of the new name brings additional responsibility to work with other members of the health and social care system. Development of a strong public-facing role, enhanced by adoption of the new name, places greater onus on the NHS CB to work closely with the Secretary of State, the Department of Health, and other arms length bodies (ALBs). We are fully committed to doing this.

We recognise that the NHS CB will have to account for NHS issues in a political context. While it is important for the NHS CB to retain its operational independence, we will also be alert to the need for presentational consistency with Government policy to sustain and build system and public confidence.

We are clear that 'speaking for the NHS' does not imply any weakening of the commissioner-provider separation which is at the heart of the new system arrangements. The NHS CB will deliver improvements to services and improved outcomes via commissioning, and will not seek to cut across the responsibilities of other ALBs or of providers.

### **Handling communications and parliamentary business**

Adoption of the new name has particular implications for the handling of communications, and public and parliamentary accountability. We expect to have to manage a high volume of media traffic on a 24/7 basis, with responses required at high speed and sensitive to political repercussions. It will be necessary for us to be able to field senior spokespeople (often senior clinicians) at short notice who are able to speak on a broad range of NHS performance issues.

We fully recognise the need to support the Secretary of State and other Ministers with the management of parliamentary business. As with the management of communications, this requires high quality briefing material to be prepared at speed.

We have worked closely with DH officials to develop protocols for managing communications and public and parliamentary accountability. These confirm the respective roles of the NHS CB and DH, identify performance standards and formally commit us to working in close partnership. And, in conjunction with experienced DH officials, we will test the robustness of these arrangements in the run-up to “go live” in April. The protocols also confirm the importance of our role in contributing to the strategic planning and operational efficiency of communications across organisations in the health and care system, and the responsibility all organisations have to contribute to Civil Service reform.

We have reviewed our capacity and capability for managing communications and parliamentary business and are fully committed to adhering to the protocols identified above.

## **Partnership working with DH and ALBs**

We have developed robust arrangements for DH-NHS CB collaboration. These include regular, formal accountability meetings (with yourself and the Department's most senior officials ) and daily interaction through a wide range of more informal connections.

I look forward to continuing to work very closely with you and the Permanent Secretary. Senior NHS CB representatives will continue to engage strongly in support of your priorities, and we are discussing with DH officials the best way to do this consistent with the Board's wider responsibilities and commitments.

We have developed strong working relationships with the other ALBs. These relationships are underpinned by partnership agreements which confirm arrangements for collaboration.

Our ability to deliver the responsibilities that come with the new name will be enhanced by your endorsement of the name and our role in speaking for the NHS.

## **Next steps and arrangements for launch**

We hope that you will be willing to confirm the use of the new name at an early opportunity. We would then confirm the new arrangements at our public board meeting on 12<sup>th</sup> April.

In anticipation of that, we need to begin preparatory work now to get the basic ingredients in place – office signage, email addresses, and so on. We are ensuring that any costs associated with the adoption of the name 'NHS England' are minimised. And more importantly, we will need your support to roll the pitch with ALB partners so that the announcement is well received and understood.

I trust this note sets out a compelling case and the necessary reassurance to enable you to confirm your support for the adoption of the new name.

Yours sincerely



Professor Malcolm Grant CBE MA LLD  
Chairman