As Simon Stevens starts work as the new Chief Executive of the NHS, the Health Services Management Centre asked people from the health policy community and beyond for a brief summary of his key challenges:

**Jeremy Taylor, Chief Executive, National Voices**
"The growing number of people with chronic conditions need coordinated, person centred care. With nearly £100 billion, Simon Stevens has huge leverage. He needs to help the disjointed commissioning system work together; to invest in primary services; and above all make "no decision about me without me" an operating principle."

**Victor Adebowale, Chief Executive, Turning Point**
"Simon Stevens will face the same challenges all leaders face in entering a new job. These are both personal to him i.e. how do his personal values translate into actions and communications. Secondly he will need to rapidly accelerate a shift in culture that puts the patient citizen at the centre of what NHS England actually does as opposed to talk about doing."

**Angela Coulter, Health Services Research Unit, University of Oxford**
"Simon Stevens’ greatest challenge will be to reshape general practice and community services in order to provide more holistic, proactive, better coordinated care for people with long-term conditions. And he must find a way to silence politicians who scream every time there’s a perceived threat to their local hospital."

**Karen Lynam, Deputy Managing Director of the NHS Leadership Academy**
"There will be plenty of advice asking Simon not to lead another restructure. My advice is similar, he will know there is a global search for great talent - seen as a panacea to all that ails us and looking outside for expertise, moving people around, creating new roles and new structures predicated on finding new people. That is expensive, wasteful and disrespects our own existing talent. Instead invest in the people you have, they already have the commitment, the values other companies dream of and a desire to improve. All they need is support to acquire new skills and knowledge and tools to help them be even better equipped to face the challenges ahead. Value the people you have, don’t waste time looking for talent elsewhere when you have it in abundance here."

**Judith Smith, Director of Policy, Nuffield Trust**
"Simon faces three main challenges in taking up his new job. First, he has to take stock of NHS finances and decide how he intends to address these with commissioners. For example, will he secure extra money from Treasury for ‘invest to save’ initiatives? Second, he has to address the trade-off that can so often exist between high quality care and financial constraints. Third, as he steers the NHS through these twin challenges, how will he model the behaviour and culture of the wider health system? The often over-bearing and punitive culture of NHS management is ripe for renewal – this is perhaps the toughest task he faces."

**Rob Webster, Chief Executive, The NHS Confederation**
"Our recent survey of NHS leaders shows they know what changes are needed but aren’t confident of success. Simon has a great opportunity to build this confidence as part of a collaborative, whole system leadership. This needs to be supported by a national culture that will role model the behaviours of value based, system leadership."

**Roy Lilley, health writer and commentator**
"Make Commissioners better at buying better healthcare. Hold their feet to the fire for quality, quantity, price, delivery and service."

**Professor Jon Glasby, Director, Health Services Management Centre**
"Following the care scandals of recent years, there’s a major job to rebuild public confidence and staff morale. We’ve got various systems to prevent something really bad happening, but we also need to enable really good things to happen too – and these two aims might need different approaches."

**Professor Mark Exworthy, Health Services Management Centre**
"Simon’s article in Health Affairs* identified three ‘potentially competing assumptions’ in NHS reforms: improvement requires a sufficient supply of health professionals, more hierarchical control to offset self-interested provider behaviour, and the role of local incentives and accountability. Whilst these issues remain as salient as ever, the period of ‘constructive discomfort’ he proposed will need to be tempered with consolidation and sustainability in an era of fiscal constraint."

**Professor Russell Mannion, Health Services Management Centre**
"A key challenge is to restore public confidence in the quality of services following a series of high profile scandals such as Mid Staffordshire. And rather than new structural reform the focus should be on changing the cultural characteristics of the NHS that have colluded in fostering a climate where dysfunctional behaviour and malpractice have not been effectively challenged."

**Rudolf Klein, Emeritus Professor of Social Policy, University of Bath**
"Seemingly unlimited rhetorical ambitions are chasing severely limited resources. So concentrate efforts on core objectives, give achievable goals priority over aspirational visions and spell out the implications of the fiscal ice age: constrained budgets inevitably mean constrained services. Keep resignation as an option if short term pressures threaten NHS’s long term future."

**Ed Mayo, Secretary General, Co-operatives UK**
"Welcome back. The goodwill of public, patients and staff towards the NHS is one of your greatest assets. It has proved astonishingly resilient over recent years, and you should be its greatest champion. If you need to reform, build on strengths rather than castigate weaknesses. All good health in the end is a partnership between people, their communities and, where needed, health professionals."

**David Hunter, Professor of Health Policy and Management, University of Durham**
"NHS England urgently needs to provide effective and visible system leadership. There is too narrow a focus on health care rather than on health and the whole system. The new CEO must support the frontline, acting as a buffer between the NHS and Health Secretary who is over-politicising its management."

**Peter Lees, Medical Director, Faculty of Medical Leadership and Management**
"The Nicholson era saw the NHS become very accomplished at performance management of finance and quality. This was essential to good business and surviving the crisis, but there is a real danger that good financial performance will come to be seen as an end in itself. The NHS needs to find a way of demonstrating positive social impact through the money it spends - that is, to translate funding into health gains."

*For further reading, see Simon’s article in Health Affairs. "A necessary dose of realism about the potential of primary care and the future of the NHS" Simon Stevens, Health Affairs, 2014 23(3):109-111. doi:10.1377/hlthaff.2014.0154*
Colin Leys, Centre for Health and the Public Interest

"Are NHSE and the 211 Clinical Commissioning Groups (CCGs) able to handle one of the largest outsourcing initiatives in the public sector? With billions of pounds of healthcare contracts now out to tender is there enough know-how in GP-led commissioning bodies to avoid another Serco or G4s? The recent Public Accounts Committee report suggests not. Given the risks identified by the PAC, Simon Stevens should undertake a 'fit for purpose' assessment of CCGs’ contracting capacity as a matter of urgency."

recession. For sustainability, however, we also need to remember that it is the NHS staff who deliver the service to patients and they do that better and with more compassion when they feel valued, supported, well led and developed.”