

# **Finding your way around: A Guide to the new NHS Commissioning Structures**

**Michael Bell**

**London Funders**

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# Presentation Outline

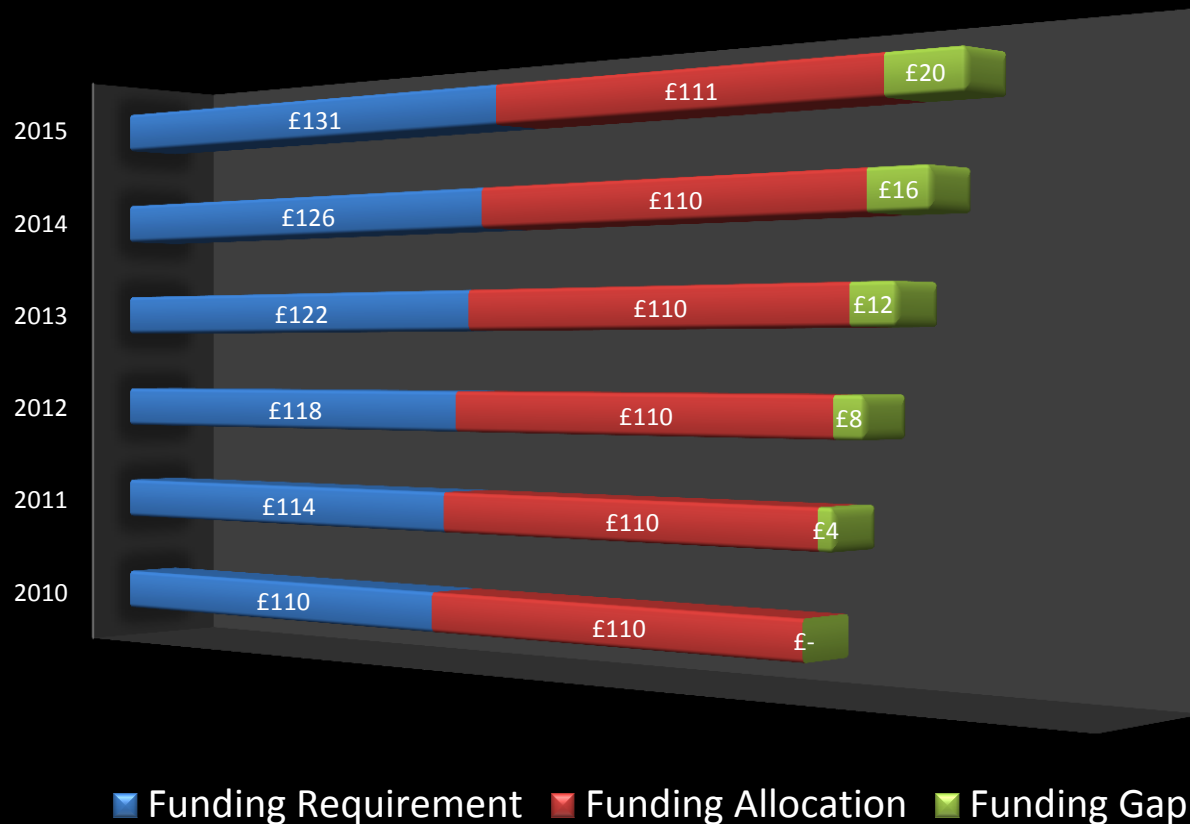
- The Scale of the Financial Challenge
- The Health & Social Care Act 2012
- A New Commissioning Landscape:
  - NHS England
    - National
    - Regional
    - Local
  - Clinical Commissioning Groups
  - Commissioning Support
  - Public Health
- The Changing Provider Landscape

# Twenty Years of Revolution

- The Purchaser-Provider Split
- Introducing the market
- The Wanless Review (“Choosing Health”)
- From provider led to needs driven
- Funding growth & Target Culture
- “Commissioning A Patient Led NHS”
- Darzi and the Next Steps Review
- The NHS Constitution
- The Health & Social Care Act 2012

# Facing the Big Squeeze: The £20bn “Nicholson” Challenge

## A Growing Funding Gap



# A Return to Growth?

- Average Increase in NHS expenditure 1949-2010 – 4% above inflation p.a.
- 2011-2015 increase in expenditure 0.1%
- The tightest spending round in 50 years
- A return to 4% annual growth rate unlikely – it would require a further seven year freeze on all other public expenditure
- Demographic pressures leading to increased demands on NHS services

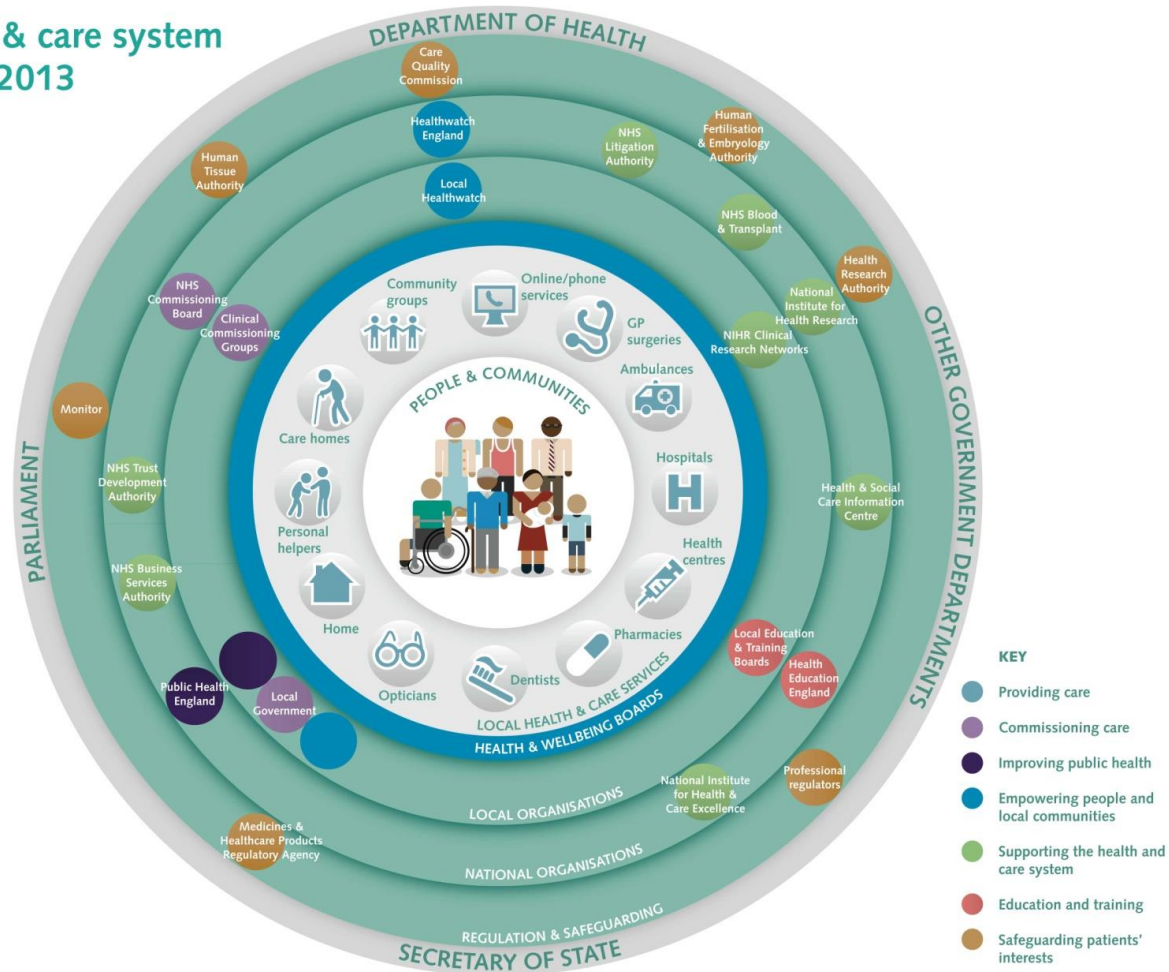
# The Lansley Revolution

*“No Top Down Reorganisation of the NHS”*

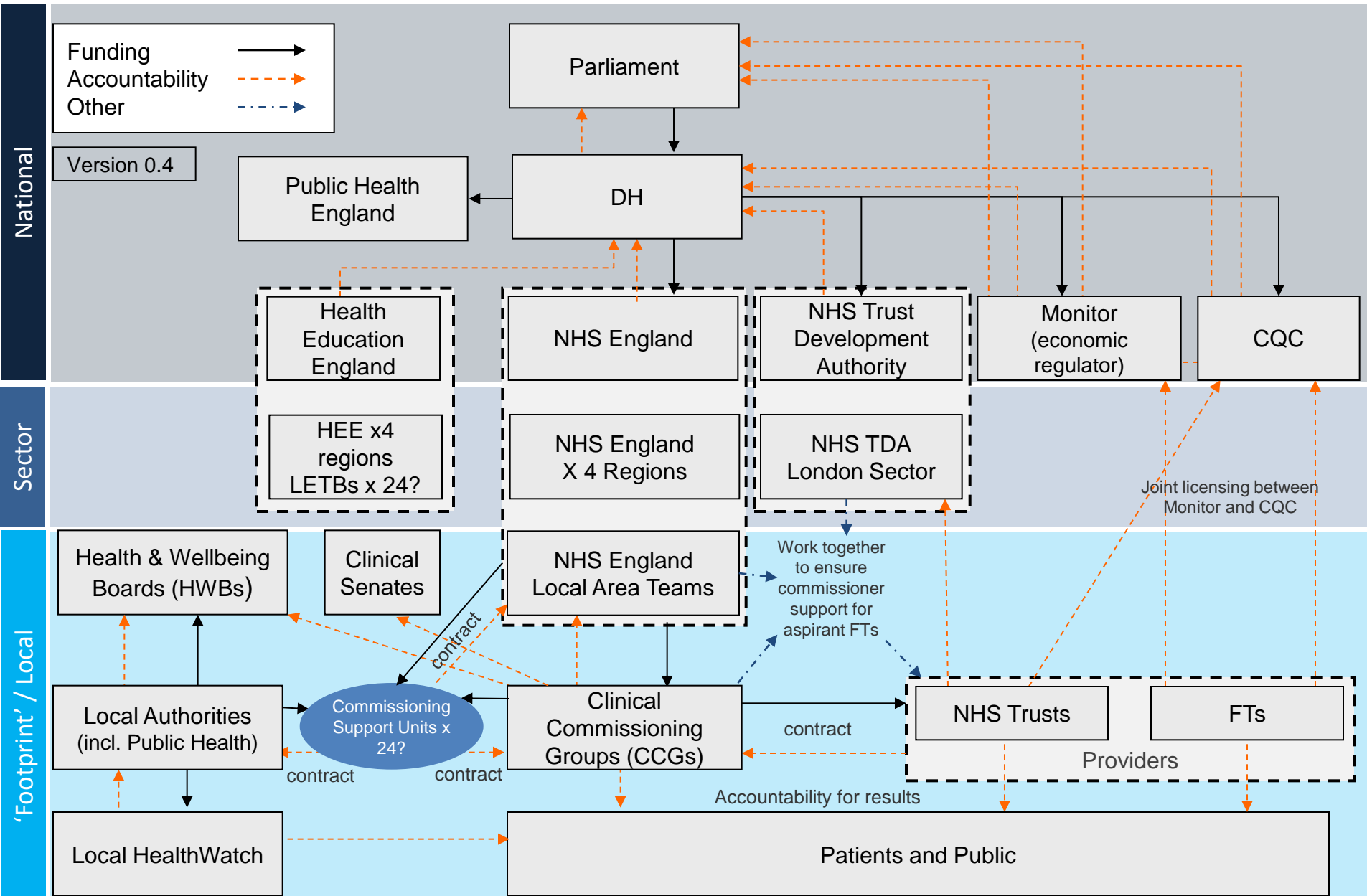
- The Health & Social Care Act 2012
  - Management Cost Reductions
  - “Bottom Up” Patient & Clinical Engagement
  - Clinical Commissioning Groups
  - Front-line “protected”
  - Any Qualified Provider
  - Public Health England – with a new role for Local Authorities

# Healthcare wrapped around People & Communities

The health & care system from April 2013



# The New Architecture from April 2013





## NHS England regions:

- North
- Midlands and East
- South
- London

- Co-ordination of local area teams
- Specialised commissioning
- Commissioning of Offender Health and Military Health
- Co-ordination of clinical senates and networks
- Performance oversight, including intervention and failure regime
- Involvement in large scale reconfigurations
- Co-ordination and oversight of emergency preparedness
- Stakeholder engagement, particularly with other regional offices of bodies such as CQC and Monitor
- Information functions

## NHS England:

### 27 - Local Area Teams

- Commissioning Primary Care:
- Monitoring the performance of and assuring the competence of CCGs.
- Management of family health service functions (in some places at regional office level)
- Local professional and clinical leadership
- Partner and stakeholder engagement, including representation on Health and Wellbeing Boards
- Oversight of operation of local *Better Care Fund*

# The Local Commissioning Architecture

- Clinical Commissioning Groups
  - Clinically led
  - Authorization
  - Operating at scale
- Commissioning support services
  - Service providers
  - Continuing role of Needs Assessments
  - Health Intelligence and evidence base
- Local Authorities and Public Health

# The Local Authority Context

- 27% Cut in LA budgets
- End of ring-fencing
- Structural Consolidation
- Risks in social care budget “shunting”
- Disability and housing benefit changes
- New Role in Public Health (ring-fenced budget)
- New role in *Better Care Fund*
- Central role in JSNA and Health & Wellbeing Boards

# A word on Public Health

## The Architecture

- NHS CB - screening, immunisation vaccination
- Public Health England - Health protection scientific advice, information and intelligence regional leadership
- DPHs in LAs
  - health improvement and protection, population health advice to CCGs and CSSs
  - Commissioning of HIV Prevention work most contraceptive services and all STI/HIV testing services (GUM)
- Health & Wellbeing Boards
  - local direction and priorities and Joint Strategic Needs Assessments
- London Health Improvement Board / London Health COMmission
  - Pan London health improvement agreed by Boroughs led by Mayor

# *Any Qualified Provider:* A Changing Provider Landscape

## Acute Sector

- Mandatory move to FT status – where next
- Financial viability challenge and the PFI legacy
- Mergers, Acquisitions & Disposals – a role for the Independent Sector?
- Further specialist designation?
- Clinical and Financial Pressures for radical reconfiguration

## Mental Health, Community & Primary Care

- Transforming Community Services (TCS)
- “Parity of Esteem”
- Duty to secure continuous improvement in primary care

# Assurance, Governance & Regulation

- The NHS England
  - Sub-National committees of the Board
  - Specialist committees of the Board
- Provider Development (FT Pipeline) – NHS Trust Development Authority
- Fitness to Trade – Monitor
- Fitness of Purpose (Clinical Quality) – CQC and Chief Inspector regime
- Workforce Development – Health Education England
- Public Health England

# Beyond Lansley

## Trends & Predictions

- Continued pressure to invest in community based services and disinvest in hospitals (“Better Care Fund”)
  - Expanding role for local authorities (integration of health & social care)
  - Increased emphasis on self management and early intervention and “Integrated Personal Care Budgets”
  - A greater role for Academic Health Science Networks
  - Continued drive towards AQP – with more diverse range of NHS providers (including private sector, social enterprises and third sector)
  - More specialisation by hospitals, hospital “chains”
  - Larger multi-purpose primary care services
- ... and the Labour Party’s commitments to date:**
- An end to AQP (as presently constituted...)
  - Consolidation of CCGs/relationship with LAs
  - “No Top Down Reorganization of the NHS”



# Questions?



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