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

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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

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<th>Year</th>
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<td>2010</td>
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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

NHS & Social Care Funding: The Outlook to 2021/22 (Institute of Fiscal Studies)
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
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 (introduction 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?