

<b>NHS England (London Region)</b>	<b>BOROUGHES :</b> BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON <b>WARDS:</b> ALL
<b>REPORT TITLE:</b> Leadership of service change in the New NHS	
<b>REPORT OF:</b> Paul Bennett Director of Delivery North, Central and East London NHS England	
<b>FOR SUBMISSION TO:</b> North Central London Joint Health Overview & Scrutiny Committee	<b>MEETING DATE:</b> 19th July 2013
<b>SUMMARY OF REPORT:</b> This briefing details how structures and leadership of service change in the New NHS are organised at local and London regional level. The interface between the NHS and the Health Overview and Scrutiny committees is also described as well as the role of NHS England in Direct Commissioning and the interface with Public Health England and Clinical Commissioning Groups.  <b>CONTACT OFFICER:</b> Paul Bennett Director of Delivery North, Central and East London NHS England	
<b>RECOMMENDATIONS:</b> The Committee is asked to note the contents of this paper.	
<b>DIRECTOR:</b> Paul Bennett Director of Delivery North, Central and East London NHS England <b>DATE: 1 July 2013</b>	

## **PLANNING AND SYSTEM LEADERSHIP**

The Health and Social Care Act 2012 sets out how in the new NHS, commissioners will lead service changes with much greater leadership by clinicians. In the new structures, leadership of health service changes in London that are essentially local will be best provided at the borough level by clinical commissioning groups (CCGs), working with Health and Wellbeing Boards.

Service changes that cut across boroughs or sectors of the capital and which require collective action will need to be led by a number of CCGs working together with NHS England. Across London NHS England will provide oversight of London as a world city, in collaboration with bodies such as the London Clinical Commissioning Council (a membership organisation of the 32 CCGs), and the London Clinical Senate (which provides independent strategic advice for CCGs, providers, Health and wellbeing boards and NHS England). NHS England (London region) has a dual role assuring delivery of CCG commissioning plans and as a significant direct commissioner of health services.

Depending on the issues under discussion, other stakeholders are also likely to have an important part to play, including NHS providers, academic health science networks, local authorities and health and wellbeing boards, and national bodies such as the NHS Trust Development Authority, Public Health England and Health Education England. Major service reconfigurations affecting several NHS trusts are most likely to require collective action by commissioners across boroughs and sectors. There will also be some issues that require CCGs to collaborate across London, such as commissioning of ambulance services and emergency planning and preparedness.

This new model of dispersed leadership that requires collaboration is already being adopted for example in South East London and WELC ( Waltham Forest, East London and the City) where groups of CCGs with NHS England and Directors of Public Health are coming together to lead as a collective.

## **HEALTH OVERVIEW AND SCRUTINY – THE INTERFACE WITH THE NHS**

The initial White Paper published by the government in July 2010 proposed the abolition of health overview and scrutiny committees (HOSCs), but following the “listening exercise” in the spring of 2011 the continuing role of health overview and scrutiny has been recognised in the Health and Social Care Act. The previous legislation governing health scrutiny has been modified to reflect the changes in structure to the NHS introduced by the Act. It enables officers and members of NHS bodies and providers to be called to attend before the HOSC to account. In practice this means councils have the power to engage with the local clinical commissioning group (CCG), which is responsible for commissioning many of the local health services, NHS provider trusts delivering services to local people, independent sector providers, and NHS England in respect of services commissioned for local people, which will include GP services, dentistry and a significant range of specialist and public health services.

Individual Overview and Scrutiny Committees have the power to refer matters of significant service change to the Secretary of State for consideration. Referrals apply to 'any type of provider of NHS-funded services, whatever their governance arrangements and ownership structure'.

The first super JHOSC in London was formed in November 2007. All 33 London Boroughs including two outer London Boroughs Essex and Surrey formed a JOSC to respond to NHS London's proposals for change to the NHS Services across London.

## **THE ROLE OF NHS ENGLAND IN DIRECT COMMISSIONING AND THE INTERFACE WITH PUBLIC HEALTH ENGLAND AND CLINICAL COMMISSIONING GROUPS**

NHS England and the Department of Health published their detailed agreement showing how the NHS England will drive improvements in the health of England's population through its commissioning of certain public health services. The agreement sets out the outcomes to be achieved in exercising these public health functions and provides ring-fenced funding for NHS England to commission public health services. The services commissioned as part of this agreement are those where there is, for example, alignment with national clinical pathways and added value of central commissioning. The services included in the agreement are:

- National immunisation programmes
- National routine screening programmes (non-cancer)
- National routine cancer screening programmes
- Children's public health services from pregnancy to age 5
- Child Health Information Systems
- Public health services for people in prison and other places of detention
- Sexual Assault Referral Centres

Overall, NHS England has a budget of **£95.6 billion** to deliver the mandate. Within this overall funding, it has allocated **£65.6 billion** to local health economy commissioners: that is, CCGs and local authorities. The agreement provides NHS England with **£1.8bn** from the public health budget for these programmes, in addition to other funding provided for public health in primary care. The agreement sets out how NHS England is accountable for the successful delivery of these programmes, and arrangements for expert support from Public Health England. It provides service specifications which include the public health evidence and advice needed to support effective commissioning.

## THE WORK OF CCGs THAT IS COMMISSIONED BY NHS ENGLAND

In general CCGs are responsible for commissioning health services to meet all the reasonable requirements of their patients, with the exception of certain services commissioned directly by the NHS England i.e.:

- Health improvement services commissioned by local authorities,
- Health protection and promotion services provided by Public Health England.

CCGs play a key role in promoting integrated care and, as a member of the local Health and Wellbeing Board, in assessing local needs and strategic priorities. This means working collaboratively with local authorities and NHS England. CCGs may decide to pool budgets or have collaborative commissioning arrangements.

Commissioning responsibilities will include: planning services, based on assessing the needs of your local population; securing services that meet those needs; and monitoring the quality of care provided.

In most cases, CCGs will also be responsible for meeting the cost of the services provided. There will be some services they commission for their geographic area (e.g. A&E services) where the costs for an individual patient may be charged to another CCG (i.e. in an area where the patient is registered or, if unregistered, where they live).

NHS England directly commissions the following services:

- **Specialised Services**

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills.

- **Primary Care Services**

NHS England commissions many of the primary care services previously commissioned by PCTs. It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. NHS England is a single organisation and takes a consistent approach to managing contracts wherever it is appropriate to do so. Clinical Commissioning Groups (CCGs) have a significant role in driving up the quality of primary medical care but will not performance manage primary-care contracts.

- **Offender Healthcare**

One of the NHS CB's responsibilities will be to commission directly health services or facilities for persons who are detained in prison or in other secure accommodation and for victims of sexual assault.

- **Some Services for Members of the Armed Forces**

NHS England commission health services for members of the Armed Forces and their families if registered with Defence Medical Services Medical Centres.

NHS England has 27 local area teams but acts as one single organisation operating to a common model with one board. Responsibility for public health services is held by Public Health England (PHE) and local authorities, although as described above, NHS England commissions, on behalf of PHE, many of the public health services delivered by the NHS.