

New Structures in Health and Care

Policy Briefing for the Voluntary Sector

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Briefing Aim:

Summarise the key changes brought about from April 2013 through the Health and Social Care Act 2012

Identify issues for voluntary and community organisations in key aspects of the new health and care system.

March 2013

Introduction

The implementation of the **Health & Social Care Act 2012 ("The Act")** required the largest ever transition programme in the history of the NHS. As clinical commissioning groups, health and wellbeing boards and Healthwatch take centre stage at a local level, the voluntary and community sector (VCS) faces a range of challenges and risks. The VCS needs to reposition itself and play a leading role informing, shaping, delivering and reviewing health and social care services. This briefing summarises the main changes, and highlights key considerations for the voluntary and community sector.

All the structures outlined in this document now exist, with their legal operation having commenced either before or in April 2013.

A system designed around outcomes

The reforms created by The Act are underpinned by two principles:

1. patients having more control over the care they receive; and
2. those responsible for patient care, the doctors, nurses and others who work in the NHS, having the freedom and power to lead an NHS that delivers continually improving outcomes for its patients.

At the centre of the reforms are three outcomes frameworks: for health, public health and social care. These link together and guide all partners working in the new health care system, such that services will report against the health outcomes they deliver rather than process-driven targets.

Further information about the NHS outcomes frameworks:

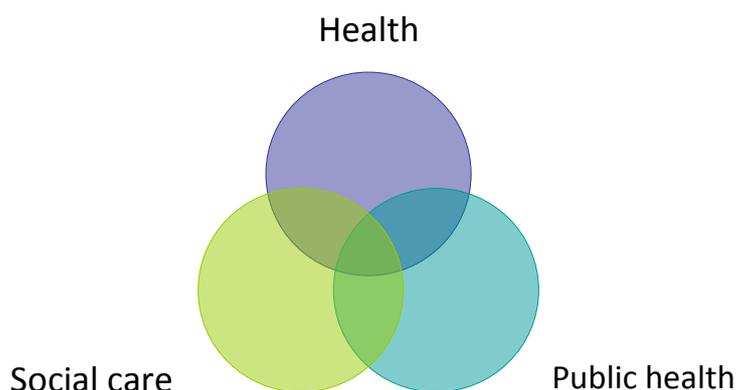
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2012-to-2013>

Further information about the public health outcomes frameworks

<https://www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes>

For information about the social care outcomes framework

<https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>



Summary of the new System

Patients and the public

Access to NHS services continues to be based on need and not ability to pay. “*No decision about me without me*” is intended to become the guiding principle behind which patients are treated. Patients will be able to choose their GP, consultant, treatment and hospital or other local health service. Patients now have a collective voice through a national body, **Healthwatch England** and in their communities through local **Healthwatch, a consumer champion** commissioned by local authorities, which replaced the existing Local Involvement Network (LINK).

Commissioning of healthcare

Clinical commissioning groups (CCGs) give GPs and other clinicians’ responsibility for designing local services for patients and these now commission most standard NHS care; CCGs took over their responsibilities from primary care trusts as the people who buy health services for patients. The new **NHS Commissioning Board**, a national arms length body, holds CCGs to account, with powers to intervene in the event of significant failure, or in an emergency. The NHS Commissioning Board also commissions some specialist services and has **local area teams**.

Hospitals and other health service providers

Providers should have greater freedom and fewer centrally set targets than previously and are paid according to the results they achieve. Providers can also make more money from different sources of revenue or reinvest it into NHS services. The **Care Quality Commission** continues to ensure services meet safety and quality requirements, whilst **Monitor** promotes efficiency, with powers to set prices and ensure competition works in patients’ interests.

Public health

An increased focus on prevention has been brought through local councils taking over responsibility for public health services and population health improvement. Councils now employ Directors of Public Health and are responsible for providing a range of services. **Public Health England** support councils in this role, promoting equality and tackling health inequalities in the areas set out in the Public Health Outcomes Framework, as well as leading on the design and delivery of systems to protect the population against existing and future threats to health.

Health and wellbeing boards

At a local level the health, public health and social care system is brought together through the health and wellbeing board (HWB). These bring together all relevant statutory services together with councillors and a representative of local Healthwatch to agree strategic priorities and ensure services commissioned meet the needs of local communities. Through the ongoing **Joint Strategic Needs Assessment (JSNA)** process, HWBs will identify the current and future health and wellbeing needs of a local population, using this as the basis of their **joint health and wellbeing strategy (JHWS)**.

Issues for the Voluntary and Community Sector

Clinical commissioning groups

Groups of GPs and other key healthcare professionals now work together as clinical commissioning groups (CCGs) and are responsible for the majority of the healthcare budget in their area to plan and pay for services for the local population. CCGs decided themselves what geography they will cover and therefore in some local authority areas there are now several CCGs. All GP practices within a geographical area are part of the CCG for that locality. Each has a governing board including GPs, nurses, hospital doctors, other healthcare professionals such as physiotherapists and patient representatives. Although some CCGs had delegated authority to commission services earlier, they began formally begin operating in April 2013.

Key considerations for the VCS:

- In many areas the voluntary and community sector has found effective ways to engage with CCGs, whilst in others, the sector has struggled to engage effectively. The Department of Health is working with NAVCA, Social Enterprise UK and the Institution for Voluntary Action Research with a range of pilot sites to maximise the potential of collaboration between CCGs and the sector to improve health in local communities and develop support materials (<http://www.commissioningboard.nhs.uk/blog/2013/01/30/learn-sites/>). Regional Voices has also produced a guide to the VCS to provide an easy to understand resource for VCS organisations to use with their CCG- <http://www.regionalvoices.org/vs-wellbeing>.
- The sector must work together to offer co-ordinated engagement with CCGs; they are unlikely to want to engage with lots of individual organisations, and this will be particularly important in cross-border CCG areas. It is recommended that you contact your local Council for Voluntary Service (CVS) or equivalent in the first instance to understand what work is already taking place.
- Across England there are currently 212 CCGs, although this may change over time. Many do not follow the local authority boundaries, so knowing who to influence will be a significant challenge. The links below give more information about the size, budget and location of all CCGs.

Useful links:

Where the CCGs are <http://www.commissioningboard.nhs.uk/resources/ccg-maps/>

Resources for CCGs <http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/>

Commissioning support services

Local and national commissioning support services (CSS) were designed to support CCGs, offering an efficient, locally-sensitive and customer-focused service. Whilst CCGs retain legal accountability and responsibility for meeting their statutory functions and their commissioning decisions cannot be delegated, the commissioning support service will support them in carrying out commissioning functions, like leading change and service redesign, as well as actual commissioning functions, such as procurement, contract negotiation and monitoring and information analysis.

Key considerations for the VCS:

- Where they are used, commissioning support services will be vital for VCS organisations working in health in developing sustainable and effective local relationships. Local

support organisations should be seeking to develop and maintain relationships with these organisations.

Useful links:

Information about establishing CCGs

<http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/>

NHS Commissioning Board

The NHS Commissioning Board (NHSCB) is responsible for designing the commissioning landscape including agreeing how CCGs are authorised and run, holding them to account under the NHS outcomes framework and ensuring they spend their budgets properly. It also currently hosts and provides support to commissioning support services. In addition, the NHSCB undertakes commissioning for some [specialised services](#) such as transplants and health services in prisons and directly commissions primary care including GP services.

The NHSCB is an independent arms length body, accountable to the Secretary of State for Health for delivery against the NHS Outcomes Framework but theoretically outside of political direct control. It is currently creating a business plan over a 10-year period creating strategic direction to the NHS. NHSCB meetings are held quarterly in Leeds and are open to the public.

Key considerations for the VCS:

- It will be important for the VCS to be clear about what good commissioning looks like, so that small to medium sized voluntary organisations are not excluded from the process.
- Part of the ongoing criteria for CCG authorisation is whether they have good links with the VCS. Where this is not the case, the VCS should seek to influence and could speak to the NHSCB to support change

Useful links:

Link to the NHS Commissioning Board website <http://www.commissioningboard.nhs.uk>

Public health

Local Authorities now take the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, and ensuring health services effectively promote population health. A full list of the responsibilities of local authorities- <https://www.gov.uk/government/publications/public-health-in-local-government>.

A new executive agency, **Public Health England** delivers national services (health protection, public health information and intelligence) and supports the development of the specialist and wider public health workforce (appointing Directors of Public Health with local authorities, supporting excellence in public health practice and bringing together the wider range of public health professionals). There is a national office, local units and a distributed network of individuals across other services

The NHS still continues to play a full role in providing care, tackling inequalities and ensuring every clinical contact counts.

Key considerations for the VCS

- The work of many VCS organisations impact on public health. VCS engagement and delivery should be crucial to public health and thus it is important for the VCS to understand and engage with the new structures. Many of the voluntary and community services that were commissioned by PCTs have now moved to local authorities, with the

majority of engagement being through local public health teams (through the Directors of Public Health in local authorities).

- The Public Health Outcomes Framework will be used to hold local government, the NHS and Public Health England to account. As with the NHS Outcomes Framework it will influence how VCS groups are commissioned to provide public health services and will form the basis for contracts and payments. Concerns have been raised that a separation between the NHS and Public Health Outcomes Framework may result in clinical NHS services continuing to ignore the role of public health in improving the overall efficiency of NHS services.

Useful links:

Public health news <http://healthandcare.dh.gov.uk/category/public-health/>

About the Public Health Outcomes Framework <https://www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes>

Health and wellbeing boards

Local authorities have a new duty to bring together commissioners for health and social care in their areas, to work together on health and wellbeing boards (HWBs). All local areas now have an operational HWB.

The functions of the board are to:

- Develop a joint health and wellbeing strategy (JHWS) for the local area based upon a comprehensive assessment of local people's needs and assets (the JSNA – see below);
- Use the strategy to shape key decisions on how resources are used to meet those needs;
- Develop close working relationships with partner organisations to provide seamless services to local people.

Each HWB contains (at a minimum):

- One local elected representative (councillor)
- A representative of the local Healthwatch
- A representative of each local CCG
- The local authority director for adult social services
- The local authority director for children's services
- The director of public health for the local authority

This minimum membership does not include a representative from the VCS. Local boards are free to expand their membership to include a wide range of perspectives and expertise, such as representatives from the VCS and many areas have chosen to do this. In other areas, however, the route to the health and wellbeing board for the VCS will be primarily through the Healthwatch representative. VCS organisations are likely to wish to influence HWBs to ensure that the health and care needs of their members are fully reflected in local strategies and commissioning plans.

Key considerations for the VCS:

- Influencing HWBs has thus far proven to be a significant challenge in some areas, where there is only a Healthwatch representative and not a wider VCS representative. VCS organisations will need to develop relationships with the Healthwatch representative, even in areas where a VCS seat on the board is provided.
- HWBs should be very open to influence, meeting in public, often in community settings, in order to engage with the wider community. Where HWBs are more reticent, VCS organisations will need to work together to establish relationships and coordinate messages.

Useful links:

Resources for the voluntary sector about health and wellbeing boards, including a briefing for health and wellbeing boards about working with the VCS <http://www.regionalvoices.org/health-wellbeing>

Department of Health guidance on health and wellbeing boards
<http://healthandcare.dh.gov.uk/category/public-health/hwb/>

Joint Strategic Needs Assessment (JSNA)

Joint Strategic Needs Assessments (JSNAs) are comprehensive assessments of the current and future health and social care needs of an area. They are created by HWBs, to guide the commissioning of local services, including the plans created by CCGs and by local authorities. They should take into account health inequalities and look at health and wellbeing in its widest sense, which may influence such services as housing and education.

JSNAs are not new but have been strengthened through The Act by making them the responsibility of local authorities, through HWBs, and placing the emphasis on CCGs to use the JSNA in developing commissioning plans. In most areas it is likely that the JSNA will be an ongoing process rather than a one-off assessment.

Key considerations for the VCS:

- As JSNAs guide the commissioning of local health and well-being services, it is important for VCS organisations to ensure that the health and wellbeing needs of their members are fully reflected in JSNAs. It will be helpful for voluntary and community groups to provide good evidence in order to influence the content of JSNAs.
- Influencing JSNAs requires a co-ordinated approach from the voluntary and community sector, so that HWBs do not have to constantly respond to the needs of individual groups, some of which may be more influential and organised than others. It is recommended that you contact your local Council for Voluntary Service (CVS) or Voluntary Action in the first instance to ascertain what existing work is being undertaken in relation to the JSNA in your area.

Useful links:

Regional Voices briefing on local influence through JSNAs, JHWSs and health and wellbeing boards <http://www.regionalvoices.org/health-wellbeing>

Department of Health Guidance on JSNAs and JHWS <http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

Healthwatch

Healthwatch is the new consumer champion to “give citizens a greater say in how the NHS is run”. Each local authority area now has a local Healthwatch that provides a collective voice for local people across both health and social care. It is an independent organisation, with its own staff, able to influence the planning and commissioning of health and wellbeing services through its seat on the local health and wellbeing board. Healthwatch replaced the Local Involvement Network (LINK).

Local Healthwatch organisations can influence at the national level through Healthwatch England, a statutory committee of the Care Quality Commission (CQC). Healthwatch England collates the views and experiences of people who use services to influence national policy and also provides support to local Healthwatch organisations.

Key considerations for the VCS:

- In areas where Healthwatch is the only route for VCS influence on health and wellbeing boards, the VCS will need to be extremely well linked with the local Healthwatch.
- The VCS should aim to engage with the local Healthwatch to ensure the voice of its members are heard.
- The differences between Healthwatch and the wider VCS are not well understood. There may be a job to be done locally to ensure the differences are appreciated by strategic decision makers.
- Healthwatch should provide an opportunity for those organisations representing the voice of patients and service users in specialist fields to be able to reach decision makers if implemented effectively.

Useful links:

Briefings and resources about Healthwatch <http://www.regionalvoices.org/healthwatch>

Healthwatch England website www.healthwatch.co.uk

Local Healthwatch, the Policy Explained <http://healthandcare.dh.gov.uk/files/2012/03/Local-Healthwatch-policy.pdf>

CQC's Healthwatch resources <http://www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch>

Care Quality Commission (CQC) and Monitor

The CQC was already the independent regulator for health and social care services in England, regulating care that people receive in a variety of health and adult social care settings. Registration covers Adult Social Care, independent health & social care providers, NHS Trusts, Primary Dental Care and Primary Medical Services. However, its remit has been strengthened since April 2013.

Monitor is the governments' economic regulator for the NHS, originally set up to regulate NHS Foundation Trusts. Through The Act, its role was widened to regulate all organisations commissioned to run to run NHS health services.

Eventually, Monitor will license and regulate social care providers through working with the Care Quality Commission. An important part of Monitors' role is to regulate the price of services and reduce anti-competitive practice.

Key considerations for the VCS:

- There are concerns that VCS providers which do not operate "standard" services may eventually fall within the scope of the regulators which could put pressure on many smaller organisations which do not have the resources or systems in place to meet these
- A significant challenge will be ensuring that VCS are financially sound and robust enough to meet Monitors' licensing requirements.

Useful links:

CQC website <http://www.cqc.org.uk/public>

Monitor website <http://www.monitor-nhsft.gov.uk/>

Any Qualified Provider (AQP)

When a patient is referred (usually by their GP) for a particular health service, they should be able to choose from a list of qualified providers who meet NHS quality requirements and price, called Any Qualified Provider (AQP). This will give patients more choice of where they are treated.

NHS commissioners will identify specific services (such as end-of-life or mental health care) which they will open up to private and not-for-profit organisations. These organisations will then bid to achieve 'Qualified Provider' status and will receive a 'fixed price' for providing services when selected by the patient.

Key considerations for the VCS:

- The move to AQP could provide opportunities for many smaller providers if the application to meet AQP is not too onerous in opening up their services to those who might not otherwise have accessed them
- For others, the financial uncertainty surrounding AQP, where patients may or may not choose your service, may be problematic in comparison to block contracting.

Useful links:

AQP Resource Centre <http://supply2health.nhs.uk/AQPResourceCentre/Pages/AQPHome.aspx>

To find out more about Regional Voices' work in health, wellbeing and care go to <http://www.regionalvoices.org/developments>



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Regional Voices connects voluntary and community organisations with government, through nine regional networks, to inform and influence policy at local, regional and national levels. Regional Voices is a Strategic Partner to the Department of Health, NHS Commissioning Board and Public Health England.

If you require this information in an alternative format or further information email or call: contact@regionalvoices.org 0113 394 2300

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