DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		THE NHS COMMISSIONING LANDSCAPE		
DATE OF DECISION:		23RD OCTOBER 2013		
REPORT OF:		MEDICAL DIRECTOR, NHS ENGLAND, WESSEX LAT		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The Health and Social Care Act 2012 resulted in a major re-organisation of the NHS. The new structures came into effect fully on 1st April 2013. This report outlines the major elements in the NHS commissioning landscape. In addition, a presentation will be made to the Health and Wellbeing Board outlining the national role of NHS England and the Wessex Area Team.

RECOMMENDATIONS:

(i) That the report be noted.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide the members of the Health and Wellbeing Board with an understanding of the wider landscape for NHS commissioning.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. It was considered important to provide this information to the Health and Wellbeing Board and to enable members to ask questions to develop their understanding of the new bodies in the system.

DETAIL (Including consultation carried out)

3. The Health and Social Care Act 2012 resulted in the largest re-structuring of the NHS since it formation in 1948. This report outlines some of the major elements of the new commissioning landscape and details the new organisations that have been established to deliver commissioning functions since April 2013.

4. The following organisations are taking over some of the functions (and in some cases receiving staff) from the six Primary Care Trusts (PCTs) that have been operating in the area, along with some of the functions of the former Strategic Health Authorities, which ceased to exist at the end of March 2013.

NHS England

5. NHS England has approximately 5,500 employees. It is based in Leeds, with the majority of its staff being based in 4 regional and 27 area teams. It aims to work with NHS staff, patients, stakeholders and the public to improve the health outcomes for people in England. NHS England has developed an eight component operating model to ensure that the commissioning system is in the best possible place:

- Supporting, developing and assuring the commissioning system
- Direct Commissioning: NHS England directly commissions specialist services, primary care, public health services, dental services, armed forces health services and offender health services
- Emergency Preparedness
- Partnership for quality
- Strategy, research and innovation for outcomes and growth
- Clinical and professional leadership
- World class customer service: Information, Transparency and Participation
- Developing Commissioning Support

NHS England (Wessex) – "Wessex Area Team"

6. This is the local arm of NHS England and is responsible for:
    - CCG Assurance and Development;
    - Directly commissioning primary care services (those provided by GPs, dentists, optometrists and pharmacists);
    - Directly commissioning specialist health services (this is for relatively rare and specialist treatments that need to be commissioned across higher population numbers);
    - Directly commissioning public health screening services (such as bowel screening, cancer screening, vaccinations and immunisation services);
    - Emergency preparedness, resilience and response;
    - System oversight - including quality and safety, partnerships and service reconfiguration.

7. Given the lead arrangements in place within NHS England, the Wessex Area team will be commissioning Specialist health services on behalf of the Thames Valley Area (which covers Buckinghamshire, Oxfordshire and Berkshire). The Thames Valley Area team will be commissioning Offender Health Services provided within our patch, on our behalf. Meanwhile, the Bath, Gloucestershire, Swindon and Wiltshire Area team will be commissioning Military Health services on behalf of all Area teams in the south of England, including Wessex.

Clinical Commissioning Groups (CCGs)

8. CCGs are commissioning organisations formed from general practices. All practices are required to join a CCG. Practices will shape commissioning decisions and hold the CCG to account for decisions made on their behalf. Many CCGs cover a smaller area than the previous PCTs. They are intended to ensure a closer relationship between local people, GPs and commissioning decisions. There are nine CCGs in Wessex, including one, North East Hampshire and Farnham CCG, which straddles the border with Surrey.

9. Clinical leaders, usually the Chair but sometimes the Accountable Officer, provide clinical leadership for each CCG. They represent the clinical voice of members; oversee governance and relationships with partners. Each CCG has an Accountable Officer, usually a senior manager, but sometimes a clinician, nominated by the CCG and appointed by NHS England, who is charged with ensuring that the CCG fulfils its duties and exercises its functions effectively, efficiently and economically.

Commissioning Support Units (CSUs)

10. Commissioning Support Units (CSUs) provide CCGs with many of the commissioning support functions and services that were previously carried out by PCTs, such as business intelligence and procurement. Some CCGs also call upon Commissioning Support Units to provide other functions, such as transactional HR and finance.

11. CSUs are currently hosted at “arm’s length” by NHS England. The majority of CCGs within Wessex have identified NHS Commissioning Support South based in Eastleigh as the CSU they would like to buy functions and services from for 2013/14.

Quality Surveillance Groups

12. A network of Quality Surveillance Groups (QSGs) have been established across the country to bring together different parts of health and care economies locally and in each region in England to routinely share information and intelligence to protect the quality of care patients receive. QSGs are supported and facilitated by the NHS England’s Commissioning Board’s 27 Area and 4 Regional Teams.

13. QSGs are not intended to add another level of bureaucracy, but instead provide a forum for local partners to realise the cultures and values of open and honest cooperation which should be in place already. They seek to reduce the burden of performance management and regulation on providers of services, by ensuring that supervisory, commissioning and regulatory bodies work in a more coordinated way.

14. The Wessex Area Team has developed a QSG which brings together commissioners, the Local Authority, the Care Quality Commission (CQC), Healthwatch and other organisations to share information about the quality of local NHS services. In this way and in line with the recommendations

following the public inquiry into the failings at Mid Staffs Hospital, we will be better placed to spot the early warning signs of problems with quality and take swift action to ensure patients are safe and receive the best care possible.

Public Health

15. A large part of the public health function transferred from PCTs to local authorities, with some responsibilities moving to Public Health England (PHE), which will promote health protection and prevention. NHS England (Wessex) is responsible for commissioning public health screening services. The regional team from Public Health England met a number of members of the Health and Wellbeing Board at an event at Chilworth in September 2013.

Clinical Senates

16. Across the country, 12 clinical senates provide advice and leadership to help CCGs, Health and Wellbeing Boards and the NHS England make the best decisions about healthcare for local populations. The senates are made up of clinicians and health professionals including public health and social care, alongside patients, the public and others. NHS England Wessex will host the **Wessex Clinical Senate**, which covers the same geographical area as the Local Area Team.

Strategic Clinical Networks

17. Strategic Clinical Networks (SCNs) are hosted and funded by the NHS England, and cover conditions or patient groups where improvements can be made through an integrated, whole system approach. These networks help local commissioners to reduce unwarranted variation in services and encourage innovation in the following areas:

- Cancer
- Cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- Maternity and children's services
- Mental health, dementia and neurological conditions.

Strategic Clinical Networks cover the same 12 areas as the clinical senates, and as such, this will be another responsibility of the Wessex Area team.

Wessex Local Education and Training Board (LETB)

18. The Wessex LETB is a sub-committee of Health Education England, which has responsibility for the education, training and development of the healthcare and public health workforce across the whole of the Wessex Area and southwest Wiltshire.

19. The Executive Board has representation from the Deanery, local healthcare training universities, providers and commissioners (including CCGs and the Wessex Area Team). The Board is in the process of developing a strategy to align with the needs of these groups, and aims to work with the social care sector to enhance partnership working and synchronise training where appropriate.

Wessex Academic Health Science Network (AHSN)

20. Based at the University of Southampton, the Wessex AHSN covers the whole of the Wessex Area plus southwest Wiltshire, in the same way as the LETB. Its membership will include representation from a wide range of organisations.

21. The role of the AHSN is to promote research and innovation in healthcare and to work in partnership with both the academic sector and the local business sector to achieve them. It will measure its success by the development of innovative care, by new pathways, new techniques or new equipment. It is anticipated that a major, positive outcome of the new AHSNs will be an improvement in local business development for the area and ultimately, for the country. The AHSN will also ensure systematic roll-out and adoption of good practice across a much wider area.

NHS Trust Development Authority (NTDA)

22. The NTDA provides governance and oversight of NHS provider trusts that are not yet foundation trusts. The functions of the NTDA have previously been carried out mainly by strategic health authorities and the Department of Health. There is a strong expectation that the majority of trusts will achieve foundation status by April 2014.

NHS Property Services Ltd

23. The majority of the PCT estate transferred to this new national organisation which maintains, manages and develop facilities ranging from GP practices to administrative buildings. It is a limited company but will remain wholly owned by the Secretary for State for Health. PCT estates staff transferred directly to this organisation.

RESOURCE IMPLICATIONS

Capital/Revenue

24. None.

Property/Other

25. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

26. The Health and Social Care Act 2012 sets out the legal framework for the operation of Health and Wellbeing Board.

Other Legal Implications:

27. None

POLICY FRAMEWORK IMPLICATIONS

28. None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None.

Documents In Members' Rooms

1.	None.

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Report Tracking

VERSION NUMBER:	2
DATE LAST AMENDED:	14/10/13
AMENDED BY:	Claire Heather