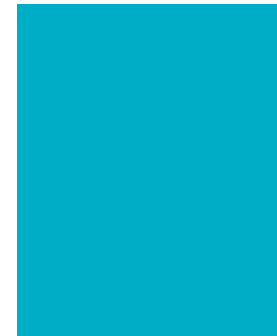


Roles, Responsibilities and Relationships

Presentation to Harrow Health & Well Being Board - 1st August 2013



By Jo Murfitt, NWL Head of Assurance, NHS England (London)



New Commissioning



The 2012 Health and Social Care Act has resulted in a number of changes to who is responsible for commissioning National Health services.

The changes are to commissioning organisations. The NHS remains free at the point of delivery.

From April 2013 new organizations have been created to take on the responsibility for health services commissioning.

These are:

- i. Clinical Commissioning Groups (CCGs)** e.g. Harrow CCG
- ii. National Commissioning Board** now known as NHS England
- iii. Local Authorities** (public health functions with other scheduled to transfer e.g. Health Visiting services from April 2015)

Role of the NHS Commissioning Board

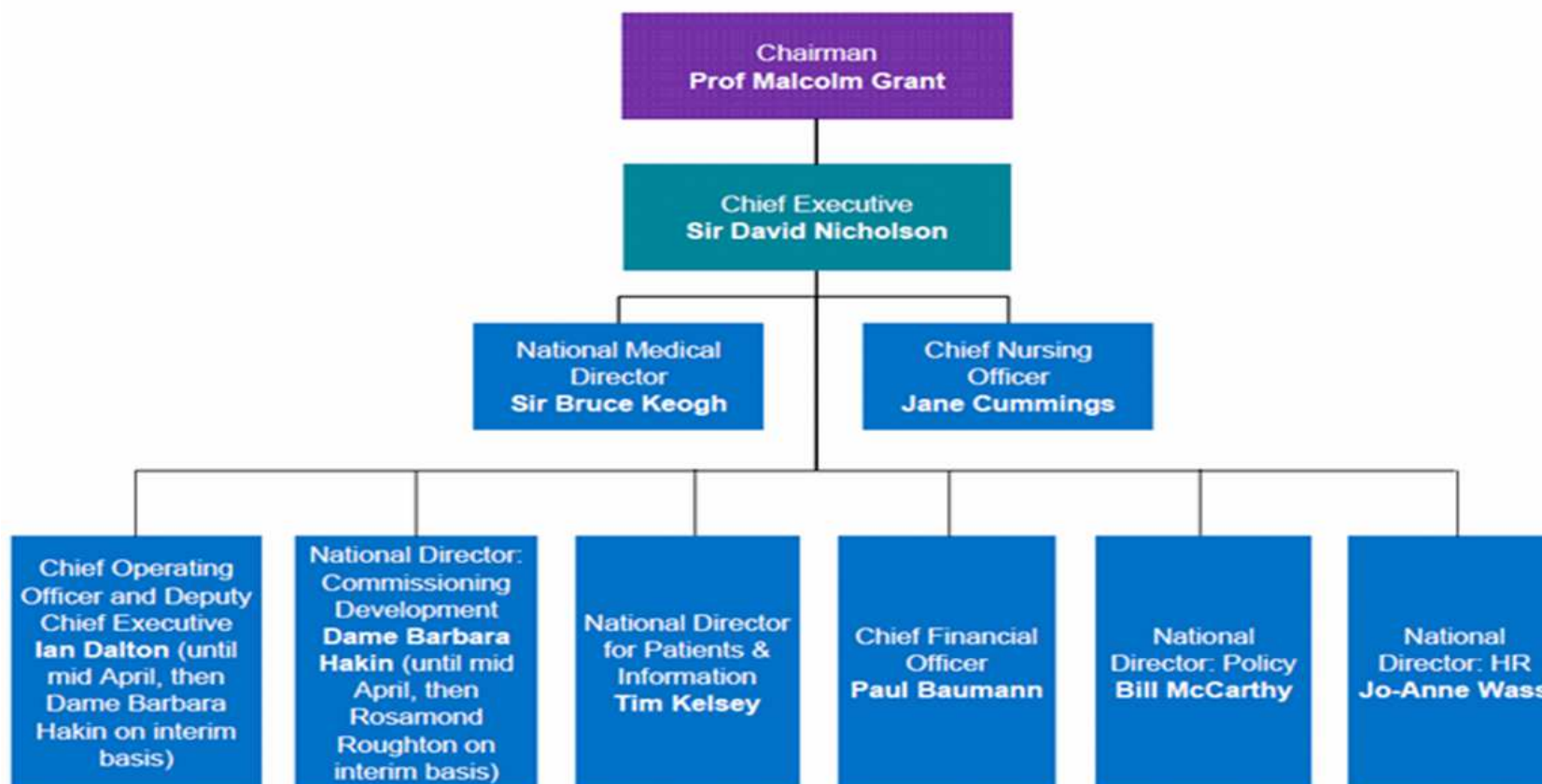


- Directly commissioning £25 billion worth of services including primary care, some public health services such as immunisation and screening, and specialised health services.
- Allocating £60 billion to Clinical Commissioning Groups and supporting them in the effective use of that money to buy local services.
- Planning for civil emergencies and making sure the NHS is resilient.
- Developing relationships and agreements with delivery partners at national level, and at local level on health and wellbeing boards.
- Leading the development of strategy and vision for the NHS, and promoting the research, innovation and change which will make the NHS world class in all it does.
- Setting policies and standards for the NHS, in particular in respect of information, leadership, competition.
- Developing incentives, tools and guidance to help clinical commissioners achieve their goals.

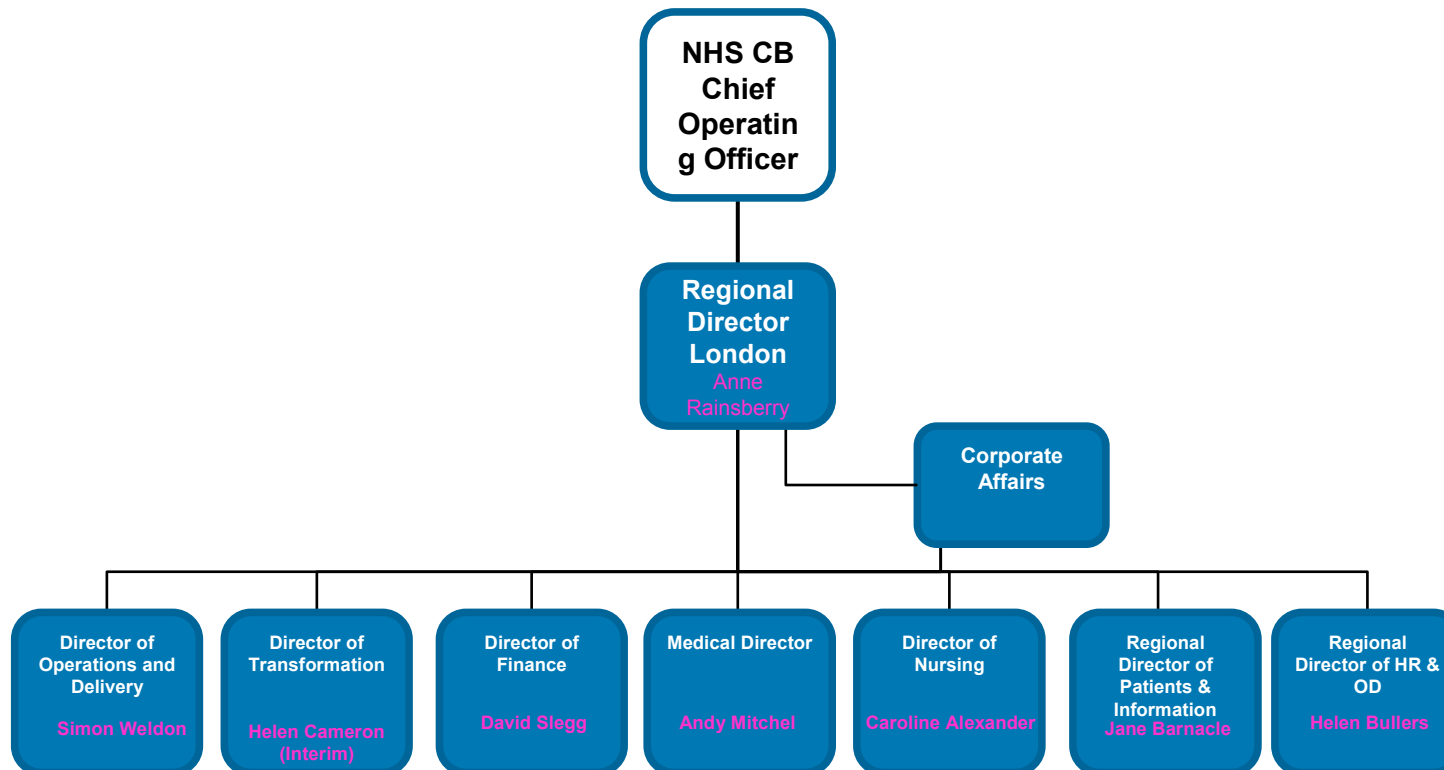
National Team ; NHS England



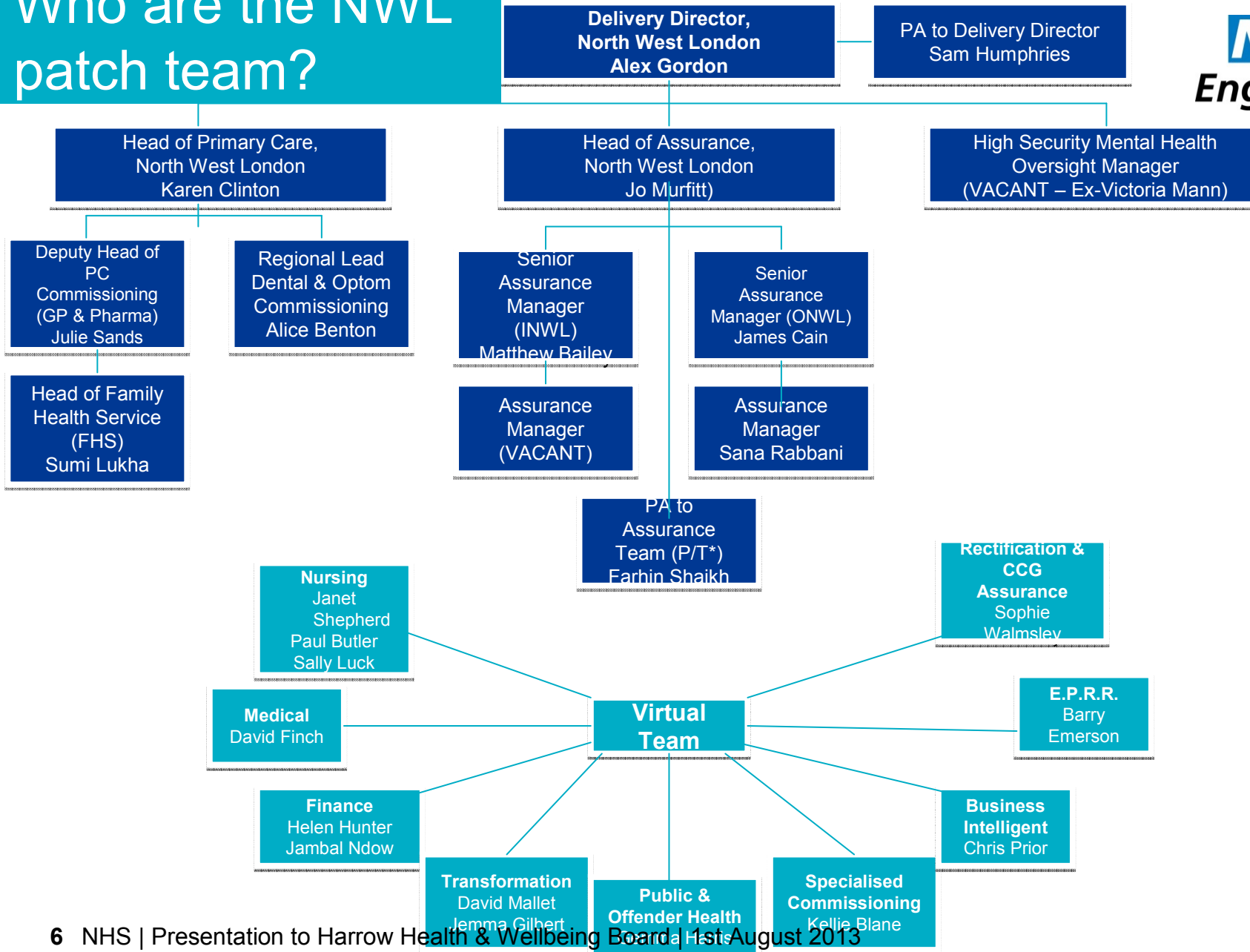
NHS England National Directors



Directorates for NHS CB London Regional office



Who are the NWL patch team?

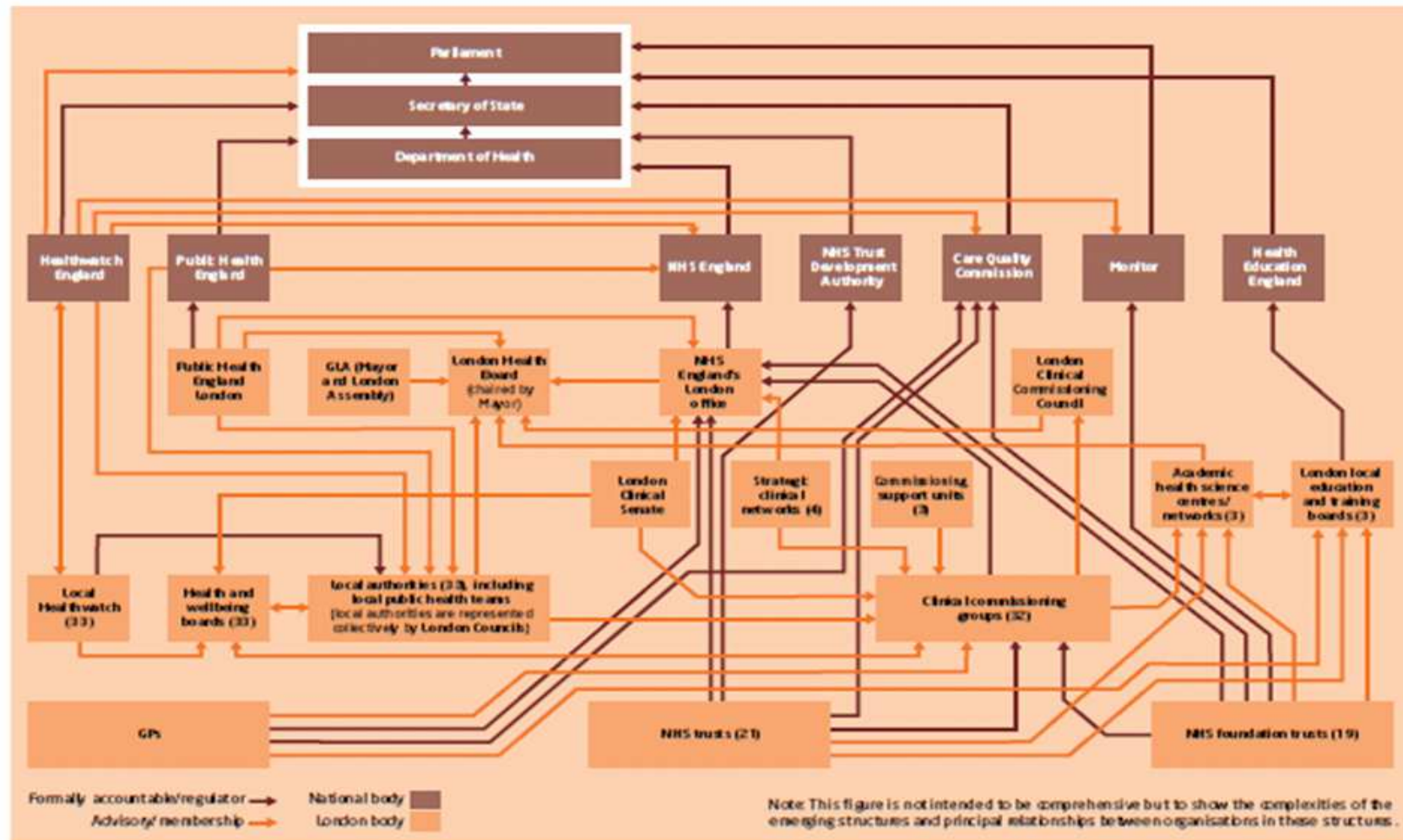


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*16 hours per week – Tues to Fri 10am-2pm

London's Health Organisations

Figure 1 Principal formal relationships between health bodies in London



NHS England's Priorities



- **Improving Patient Experience** e.g. Friends and Family Test
- **Commissioning Development** e.g. new annual 'assurance' process for CCGs
- **Technology, Systems and Data** e.g. accessing patient records on line
- **Partnerships and Relationships** e.g. working with Monitor, Trust Development Agency and Care Quality Commission at NWL Quality and Surveillance Group(QSG)
- **Direct Commissioning** e.g. development of service specifications for specialist services
- **Quality Improvement and Clinical leadership** e.g. Development Centres for CCG chairs, Chief Officers and Action Learning Sets
- **Governance Frameworks** e.g. development of model constitutions for CCGs
- **Patient Safety** e.g. Development of clinical senates and clinical standards e.g. London Quality standards

NWL Team Priorities



- Participation in and support/oversight of work at North West London Hospitals in terms of tackling key performance areas e.g. A&E, waiting times for surgery
- Focus on patient experience e.g. supporting work on Friends and Family test , preparation for further rollout of areas to be covered by test e.g. maternity, and understand how information is being used to improve performance
- Assurance of CCGs; monthly and introduction of new balanced scorecard
- Overview of Recovery and Improvement Plans for A&E and preparation for winter planning
- Review and determination of request made by Ealing CCG to move to CWHH collaboration
- Participation in SAHF including supporting work on developing the process for approval of primary care business cases

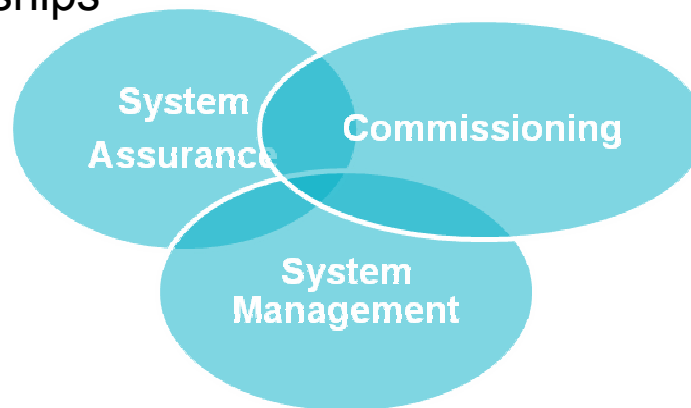
3 Key Objectives for the Regional Team

Regions have 3 key overarching objectives:

To act as assurers of the system

To commission specific healthcare services*

To manage the system through strategic project and programme delivery & effective partnerships



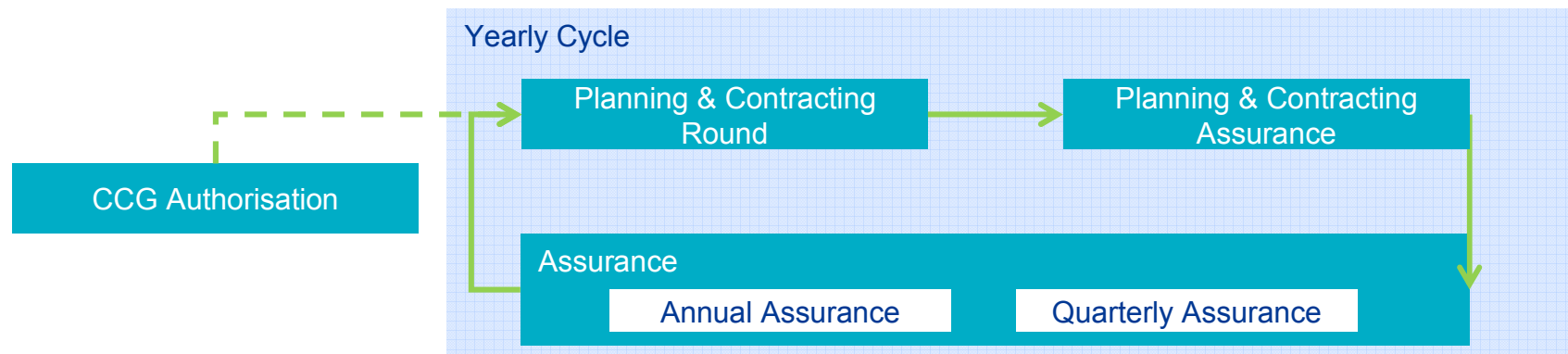
The following slides take each objective in turn providing detail around Regional activity & responsibility.

**Direct Commissioning is undertaken by the Region in London, but this is the responsibility of Local Area Teams (LATs) in other Regions.*

Assurers of the System in 3 Ways

System assurance at a Regional level address the following 3 areas:

- 1. Authorisation & Rectification of CCGs:** Nationally guidance on CCG authorisation was published. Regional teams then worked in collaboration across their directorates to oversee the authorisation of CCGs; ensuring clinical and multi-professional focus in relation to engagement, planning, governance, collaborative arrangements and leadership were accessed.
- 2. Planning & Contracting:** Planning and contracting for both CCGs and NHS England's Direct Commissioning function has and will continue to take place. Assurance of this process is critical to ensuring that suitable plans are set out that can deliver improvements in health outcomes that meet the needs of local populations.
- 3. Assurance:** In year and annual assurance is key to assuring delivery against local plans and organisational health of commissioners.



The following slides take each of the 3 components and provide greater detail on the regional functions relating to each.

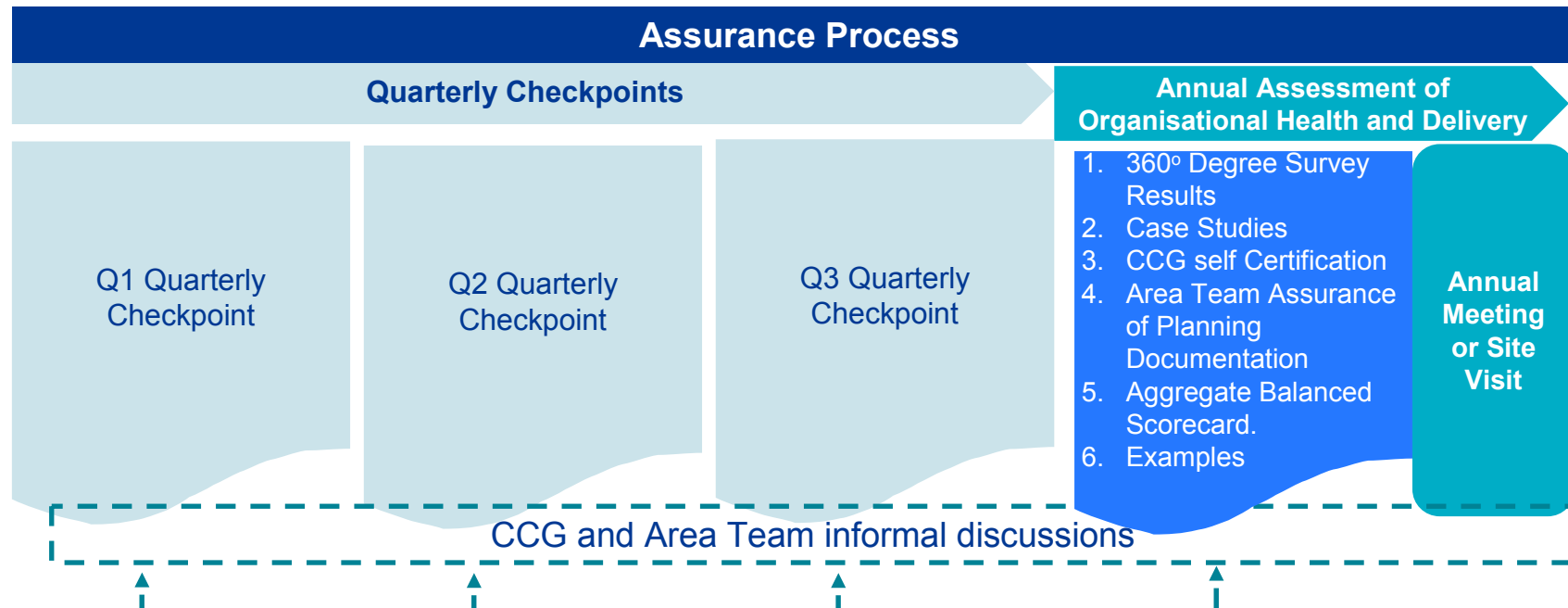
Authorisation & Rectification of CCGs

- 'Clinical commissioning group authorisation: Guide for applicants' set out the national process for CCGs wishing to become statutory bodies.
- Following CCG applications Regional teams led local assessments, considering the CCG against the domains of authorisation. This not only required cross directorate working, taking account of finance, clinical and operations views but also considered broader views from other parties.
- As at April 1st 2013, following moderation on decisions and agreement at the NHS England National Sub-committee all CCGs were authorised. Some were authorised with conditions.
- Regions are now leading rectification, centred around the provision of support to enable CCGs to efficiently discharge their conditions (in the 12 months from 1st April 2013) in line with their agreed Rectification Plans.
- Quarterly National Reviews form the basis of the rectification process. The June Quarterly Review in London saw evidence against 90 of the outstanding 119 conditions currently in place for London CCGs reviewed by cross directorate teams. This review process has drawn on deep clinical expertise covering specific areas such as safeguarding.



In year and annual assurance requires assessment of quality based on a rounded set of domains

- Regions have worked with National colleagues to develop a CCG assurance framework that provides a rounded view of how CCGs are delivering quality and outcomes for patients and continuously improving from the point of authorisation
- The Assurance will cover a number of domains considering, the quality of care, how patient rights under the NHS Constitution are being promoted, the improvement in health outcomes for local people, whether CCGs are delivering services within their financial plans and progress in lifting authorisation conditions as part of their authorisation status
- Both quarterly and annual assurance require a rounded pan-Directorate approach



The approach to Direct Commissioning Assurance is currently under development



- The national intention is to replicate the same principles used for assurance of CCGs for the assurance of Direct Commissioning
- Regional and local teams will need to assure the Directly Commissioned elements of NHS England. In London Direct Commissioning is carried out at a regional level, however this function is performed by Area Teams in other Regions.
- The Direct Commissioning Assurance Approach will cover the following scope:
 - Specialised Commissioning
 - Secondary Acute Dental
 - Public Health, Health in the Justice system, Military Health
 - Primary Care
- The following Domains will be assessed within the assurance framework, using a Balanced Scorecard:
 - Domain 1: Are local people getting good quality care?
 - Domain 2: Are patient rights under the NHS Constitution being promoted?
 - Domain 3: Are health outcomes improving for local people?
 - Domain 4: Are CCGs delivering services within their financial plans?

- NHS England commissions a range of services through 10 Local Area Teams
- In London the Regional Team and Area Teams are integrated and as such Direct Commissioning is conducted by the Regional team
- Developing the Direct Commissioning System
- FY13/14 has been an establishment year to transition to new commissioning arrangements
- The transition process has been enormously complex but as the new arrangements are bedded in significant opportunities exist:
 - To standardise and improve access
 - To strengthen evidence based approaches to care
 - To use the single operating model and single organisation to drive outcomes

NHS England's Budget



- NHS England has overall budget of £95bn, of which £15.6 bn is allocated to London.
- Overall CCGs are responsible for a budget of £63 bn, including £10 bn in London ;Harrow CCG's budget £242 m
- Specialised Services; national budget £12.4 bn with £3.1bn of this allocated to London services
- Primary Care including all dentistry ; national budget £11.6 bn with £1.9 billion allocated for London
- Public Health allocated £1.7 bn with £247m allocated to London
- Social Care ; transfer via Section 256 £859m nationally

In London Directly Commissioned Services account for £6.1m budget



	Budget	Operations & Delivery activities
Primary care commissioning	c.£1.9 bn	<ul style="list-style-type: none"> • Setting strategic direction for commissioning of primary care in line with national priorities • Contracting • Monitoring and performance management • Intervention where necessary • Ensuring that the commissioned primary care is aligned with best practice
Specialised Services commissioning	c.£3.1 bn	<ul style="list-style-type: none"> • Setting strategic direction for commissioning of specialised services in line with national priorities • Contracting with the high density of specialist providers • Monitoring and performance management of providers • Intervening where necessary • Ensuring that the commissioned services are aligned with best practice
Health in the Justice System, Public & Military Health	c.£1.0 bn	<ul style="list-style-type: none"> • Delivering strategic leadership and setting direction for the commissioning services in line with national priorities to improve health, reduce health inequalities and reduce re-offending • Contracting with the high density of providers and ensuring robust links with Military health commissioning lead Area Team • Monitoring and performance management of providers • Intervening where necessary • Ensuring commissioned services are aligned with best practice

Services Commissioned by NCB



Directly Commissioned Services include:

- Primary Care (GPs, Dentists, Pharmacist and Opticians)
- Offender health .

- This includes;
- Prisons & Young Offender Institutions
- Secure Children's Homes
- Secure Training Centres
- Immigration Removal Centres
- Police Custody Suites
- Courts (Liaison and Diversion Services)
- Some services for the military and their families

Commissioning General Medical Services



Commissioning includes;

- Planning the optimum services which meet national standards and local ambitions, and
- ensuring that patients, carers and the public are involved in the process alongside other key stakeholders and the range of health professionals who contribute to patient care;
- Securing services, using the contracting route that will deliver the best quality and outcomes and promote shared decision-making, patient choice and integration; and
- Monitoring, assessing and, where necessary, challenging the quality of services;
- and using this intelligence to design and plan continuously improving services for the future.

Challenge now for NHS E is how this role supports the work Harrow CCG need to do to deliver their Out of Hospital strategy

Regulatory

- Local responsible officer functions
- Local management of the performer lists
- Market entry and exit for pharmaceutical services (linked to Pharmaceutical Health Needs assessments)
- Managing individual performance issues for dentists, community pharmacists, GPs and optical providers
- Commissioning occupational health services for primary care providers and their staff
- Helping to secure services for patients following a major incident such as fire, flood or similar emergency
- Supporting providers in difficulty to ensure that basic services continue
- Contracts for disposing of clinical waste, including medicines
- Distributing forms e.g. prescriptions, sight test forms.
- Expenditure on core GP IT and premises reimbursement

Specialist Commissioning Services



74 Clinical Reference Groups have been clustered around 5 national Programmes of Care:

- Internal Medicine; includes cystic fibrosis, renal services, diabetes etc.
- Cancer and Blood; includes radiotherapy, chemotherapy, HIV
- Mental Health; includes CAMHs, forensic services, eating disorders
- Trauma; Includes neurosurgery, spinal surgery critical care
- Women and Children's; includes genetics, Paediatric Intensive care, fetal medicine

Public Health Services in NHSE commissions



- The national immunisation programmes e.g. immunization and vaccinations for under 5s.
- The national screening programmes e.g. includes breast, bowel and cervical cytology screening.
- Public health services for offenders in custody.
- Sexual assault referral centres.
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships, and much of the healthy child programme).
- Child health information systems.

Role of Health and Well Being Boards



- To provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way
- To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
- To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the area
- To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes in the short, medium and long term. JSNAs are the principle vehicle to drive commissioning strategies.

Why should NHS England be a member of Harrow H&WBB ?



- Health and wellbeing boards are the vehicles by which the NHS, local government and local communities work together effectively to improve services and population health and well-being. They offer a real opportunity to address health inequalities by identifying priorities for health and local authority commissioning and by focusing resources on improving health and well being outcomes. NHS E funds many services for Harrow residents
- There are many areas of shared interest between NHS E and Harrow H&WBB including improving health outcomes e.g. focus on screening, improving immunizations and vaccinations in children, as part of NHS E's direct commissioning role
- NHS E has a key role to ensure a safe and high quality delivery of primary care in Harrow using contract levers to deliver improvements where necessary
- NHS E also has a responsibility to ensure it assures CCG performance . This includes work on improving outcome e.g. focus on Harrow CCG's local priorities, improving IAPT uptake and dementia identification rates.