The new NHS Structures in England
June 2013

Introduction

The new NHS organisations in England legally took on their full responsibilities from 1 April 2013. This paper explains the role and functions of the new NHS organisations and suggests how the Chartered Society of Physiotherapy can and should engage with them.

Information about the new NHS structures has been made available to CSP members in the ‘Understanding and navigating the new NHS’ resource on the CSP website. http://www.csp.org.uk/publications/understanding-navigating-new-nhs.

Individual briefings on each of the new organisations and how CSP members can engage with them at the local level are currently in development and will be made available to members over the summer.
Department of Health

Role and function
- The Department of Health will oversee the non-departmental public bodies that will be responsible for the delivery of health services: NHS England, Public Health England, Health Education England, Care Quality Commission, NICE, Monitor.
- The Secretary of State for Health will be responsible for setting the annual mandate for NHS England, Public Health England and Health Education England and the measures against which performance in the NHS will be judged.
- The mandate for NHS England will set out those areas and services which should be prioritised by NHS England.

The CSP has access to Ministers and senior Department of Health officials through a number of different forums, including the National Stakeholder Forum, the Social Partnership Forum and the Allied Health Professions Federation. It also has regular contact independently on a range of issues important to the physiotherapy profession.

The CSP will continue to maintain a positive dialogue with Ministers and the Department to ensure that the views of the physiotherapy profession are effectively communicated and issues are addressed.

NHS England

Role and function
- The NHS Commissioning Board was renamed NHS England on 1 April 2013.
- It is responsible and accountable to the Secretary of State for the outcomes achieved and delivered by the NHS.
- It will be given an annual mandate from the Secretary of State which will set out what it is expected to deliver within its budget.
- NHS England will have overall responsibility for the commissioning budget to be allocated regionally and locally and will hold clinical commissioning groups to account.
- It will directly commission a range of services including primary care and specialised services.
- NHS England is responsible for setting commissioning guidance for the delivery of services, based on existing guidelines (such as NICE).
- NHS England is structured in line with the five domains of the NHS Outcomes Framework:
  - Preventing people from dying prematurely
  - Enhancing quality of life for people with long term conditions
  - Helping people recover from episodes of ill health or following injury
  - Ensuring that people have a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm.

The CSP already has positive relationships with a number of key officials at NHS England who have moved across from the Department of Health. The CSP will seek to maintain these relationships and develop new ones as NHS England fills its remaining vacancies.

In March 2013, NHS England announced the appointment of 26 National Clinical Directors. Letters, from Dr Helena Johnson and Phil Gray, were sent to the National Clinical Directors with particular relevance to physiotherapy, welcoming them to their role.
and offering to meet and discuss the contribution of physiotherapy in their area. A number have responded positively and meetings will take place in June and July.

NHS England Regions and Local Area Teams

Role and function
- The four regions and 27 Local Area Teams are the local arms of NHS England in direct commissioning of primary care services, some specialist services and in overseeing the work of the clinical commissioning groups.
- Regional Offices provide leadership to local teams relating to their commissioning functions. They will host specialised commissioning teams, overseeing arrangements across specialised sectors.
- The Regional Offices and Local Area Teams in NHS England are working to the NHS Outcomes Framework.
- They are intended to hold clinical commissioning groups to account on driving improvements against set measurements or ‘indicators’.
- They will oversee the provision of services in their locality and be responsible for ensuring national guidelines are being implemented locally.
- The Regional Offices and Local Area Teams will sign off the clinical commissioning groups’ annual plans, on behalf of NHS England, before the funding is released.

These will be key bodies for the CSP, and particularly the English Regional Networks, to build relationships with. This is the level at which commissioning decisions can be challenged if they are considered inappropriate.

Clinical Commissioning Groups

Role and function
- Clinical Commissioning Groups (CCGs) are new decision-making bodies, replacing Primary Care Trusts. There are 212 CCGs in total.
- CCGs are responsible for more than 60% of the total NHS commissioning budget, and almost all local health services, apart from primary care services like GPs and dentists.
- All of England’s 8,000+ GP practices will be members of their local CCG.
- Each CCG has a Board – also called a Governing Body – made up of representatives of its members. Members of the CCG Board will lead on different areas of expertise – such as cancer or long term conditions. Each Board has a Clinical Lead (who will usually be the Chair) and an Accountable Officer.
- Each CCG is required to produce an annual commissioning plan, outlining how it will meet national outcomes, and local priorities. They have a duty to consult patients and the public in developing commissioning plans.
- Nationally and regionally, clinical commissioning groups will be held to account on delivering improvements in patients’ outcomes.
- Each CCG is represented on the local Health and Wellbeing Board. Local Health and Wellbeing Boards set the local priorities for CCGs.
- CCGs must consult Local Authority Health Scrutiny Panels if they are considering any proposal for a substantial development of the health service. Local Authority Health Scrutiny Panels have the power to refer decisions by the CCG to the Secretary of State if they disagree with them.
It is not possible for the CSP centrally to build effective relationships with all 212 CCGs, therefore it will be important for CSP members to engage with these organisations locally to ensure physiotherapy services are adequately prioritised in each local area. CSP is providing information, advice and support to members to encourage them to engage at this level.

### Health and Wellbeing Boards

**Role and function**
- Health and Wellbeing Boards are local government led and form the interface between local government, public health, NHS and social care services.
- Each Local Authority will have a Health and Wellbeing Board.
- Health and Wellbeing Boards are legally responsible for identifying the health and wellbeing needs of their area. They will undertake a joint strategic needs assessment (JSNA) and develop joint a health and wellbeing strategy (JHWS) to set local priorities.
- Health and wellbeing boards will have a central role in holding commissioners to account on their plans and in helping to drive better integration between services. They have the power to refer a CCG’s commissioning plan to NHS England if it is not in line with the JHWS.
- Health and Wellbeing Boards promote integration across local health, public health and social care services, and promote democratic accountability in decision-making around health and social care services.
- The composition of Health and Wellbeing Boards will vary from area to area, but all must be in line with statutory guidance and include at least one local councillor, the Directors of Adult Social services, Children’s Services and Public Health, a representative of the local Healthwatch and a representative from each CCG. They can add members to this list to include others such significant health, voluntary sector or community representatives.

Again, it is not possible for CSP centrally to build effective relationships with every Health and Wellbeing Board, but these are important local bodies for the physiotherapy profession to engage with. Information, advice and support is being provided to CSP members to help them engage with the Boards. The Boards are being run differently in different areas, ideally CSP would like to see AHP representation on each Board, but where securing a permanent seat on the Board is not an possible, it is even more important that strong relationships are developed by members at the local level in order that their advice is sought on decisions about services in which physiotherapy has an important contribution to make.

### Public Health England

**Role and function**
- Public Health England is responsible for delivering specialist public health services locally and nationally – including providing national leadership during public health emergencies.
- Public Health England will be responsible for supporting the development of effective commissioning programmes.
- It will provide transparency and accountability across the public health system on delivering improvements in outcomes.
• Public Health England will allocate and deploy public health budgets and manage the development and integration of the new public health system.
• Public health commissioners will be held to account for delivering improvements in the measurements set out in the Public Health Outcomes Framework:
  o Improving the wider determinants of public health
  o Health Improvement
  o Health Protection
  o Healthcare public health and preventing premature mortality.
• The Health and Social Care Act 2012 placed a new responsibility for public health on local government. Each local authority has a Director of Public Health, with a Public Health team, accountable to Public Health England. This team will work on local priorities in the Joint Health and Wellbeing Strategy and national priorities in the Public Health Outcomes Framework.
• Local Authorities have been given responsibility for commissioning the NHS Health Check programme, which aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or has certain risk factors, will be invited (once every five years) to have a check to assess their risk of those conditions and will be given support and advice to help them reduce or manage that risk. The programme requires collaborative planning and management across both health and social care. Health and wellbeing boards will also therefore be vitally important in the local oversight of this mandated public health programme.

Physiotherapy has a key contribution to make to the public health agenda, therefore, constructive dialogue with Public Health England will be important. CSP is seeking to develop those relationships at a national level. At the local level, the Directors of Public Health will be key stakeholders for CSP members, who are encouraged to get to know those individuals.

**Health Education England**

**Role and function**

- Health Education England is responsible for leading and planning the development of the healthcare and public health workforce and will be responsible for delivering on the Education Outcomes Framework.
- Statutory Committees of Health Education England have been established in each area, these are called Local Education and Training Boards (LETBs).
- Health Education England and LETBs will determine priorities for training and education in physiotherapy for qualified therapists and physiotherapy support workers.

CSP has already had positive engagement with Health Education England and will seek to maintain a constructive dialogue with senior officials over the development of the physiotherapy workforce.

**Local Education and Training Boards**

**Role and function**

- LETBs are employer-led forums, bringing together providers of NHS funded services with education providers, professionals, local government and researchers.
LETBs support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training.

They set local priorities and commission the education and training necessary for the supply of people with the right skills for health services in that area; and account for funding allocated by Health Education England.

They have taken on the functions of post graduate deaneries responsible for post graduate medical education. The deaneries have mainly been incorporated into LETBs.

They collect information about the workforce and the local health economy and feed this into the Centre for Workforce Intelligence.

LETBs will vary in how they are organised, but all will have a Board, made up of local healthcare providers from primary and secondary care representing a full range of local health services. They are also expected to have a wider Partnership Council and sub-groups made up of local health service providers, service commissioners, healthcare professionals, educators, research organisations, patients and communities.

At the LETB level, CSP would like to see an AHP on each Partnership Council to represent the allied health professions in decisions about education and training provision. CSP members can work with AHP colleagues at the local level, where there is an AHP on the Partnership Council, to feed in ideas and opinions, and where there is not an AHP representative, to contact the Chair of the LETB to make the case for there being one.

**Monitor**

**Role and function**

- Monitor is the economic regulator for the NHS.
- It is responsible for regulating prices, setting efficient prices, or maximum prices for NHS-funded services, in order to promote fair competition and drive productivity.
- It is tasked with safeguarding choice and preventing anti-competitive behaviour which is against the interests of patients.
- Monitor is required to promote integration and ensure the NHS works effectively in the interests of patients.
- Monitor licences Foundation Trusts and assesses NHS trusts for Foundation Trust status. Other eligible providers of NHS health care services will require a licence from April 2014.
- Monitor is also responsible for ensuring the continuity of services by defining regulated services that will be subject to special licence conditions and supporting commissioners to protect essential health services for patients if a provider gets into financial difficulties.

CSP will need to engage with Monitor at a national level, when appropriate, over issues relating to competition policy.

**Care Quality Commission**

**Role and function**

- The Care Quality Commission (CQC) is the quality regulator for the NHS.
- CQC will licence providers on the basis of essential safety and quality requirements.
- CQC is responsible for setting standards and inspecting providers against those essential standards of safety and quality. The new Chief Inspector of Hospitals and Chief Inspector of Primary Care will be part of the CQC.
• CQC will use feedback from complaints, Healthwatch, CCGs and NHS England to inform inspections.

CSP will need to engage with the CQC at a national level, when appropriate, over issues relating to the effectiveness, safety and quality of care.

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### Healthwatch

**Role and function**

- Locally, Healthwatch organisations will be commissioned by local authorities.
- They will mainly be existing local voluntary sector organisations, replacing Local Involvement Networks (LINks).
- Local Healthwatch will seek to provide advocacy and support services, supporting individuals who want to make a complaint about their experience of care.
- These organisations will also provide a source of intelligence for the national organisation, Healthwatch England, and will be able to report concerns about the quality of providers, independently of the local authority.
- Where areas of concern are identified in the delivery of any services, Healthwatch will play an important role in taking these concerns forward on behalf of patients.
- Local Healthwatch will be represented on Local Health and Wellbeing Boards, and possibly on Clinical Commissioning Groups.

At a national level, CSP officers have attended Healthwatch England Board meetings, and the Healthwatch England launch event. Continuing to develop those relationships will be important. CSP has been encouraging members, particularly retired members, to join their local Healthwatch organisation and engage in discussions about local service provision. The quality of Healthwatch organisations is variable at the moment, but these bodies will have the ability to challenge commissioning decisions and should be considered important for CSP to engage with.

### Clinical Networks

**Role and function**

- Clinical Networks provide expert advice to commissioners, to improve outcomes and define evidence based best practice pathways.
- Networks are focussed on specific, specialist areas of care. Currently there are four:
  - Cancer
  - Maternity & Children
  - Cardiovascular
  - Mental health, Dementia & neurological.
- It is expected that these areas will change over time and other condition area networks will be developed.
- Networks will have strong links with commissioners, clinical senates, academic health science networks, local education and training boards and clinical research networks.
- They are not statutory agencies but will have an annual accountability agreement with NHS England.
- Networks will be organised regionally, hosted and supported by NHS England through Local Area Teams.
Clinical Networks will provide opportunities for CSP members in specific fields to engage and influence commissioning decisions. Members of Professional Networks in those clinical areas should be encouraged to engage with the Clinical Networks and offer their expertise and advice.

Clinical Senates

Role and function
- There are 12 Clinical Senates, each covering a defined geographical area. They will not be focussed on particular conditions, but rather take a broader strategic view on overall health care in their area.
- They are non-statutory advisory bodies with no executive authority or legal obligations. Senates are funded by NHS England and hosted by Local Area Boards.
- Senates will provide local commissioners with strategic advice on the integration of services, how services are designed around the needs of the patient, and in determining what care pathways should look like.
- Senates will also play a role in the authorisation of CCGs.
- Senates are made up of a Senate Council, or core group of leading health care professionals, with a larger Senate Assembly which will feed into the work of the Senate Council.
- Senate Councils have a clinical Chair employed by NHS England. Senate Council members will include members from CCGs, clinicians from provider organisations, NHS Local Area Teams, local authority leaders in public health and social care, and patient organisations.
- Senate Assemblies are a larger group from which the Senate Council can draw expertise. Members can be from professional bodies and trade unions, the voluntary sector, and other NHS bodies. Senate Assembly members are appointed in a process overseen by the Senate Council Chair, and by NHS England Regional Medical and Nursing Directors and Local Area Team Medical Directors.
- Membership of the Senate is not intended to be representative. Each appointed individual will need to demonstrate clinical and strategic expertise and credibility.

Although the Clinical Senates don’t take decisions about what health services will be commissioned or who will provide them, they are potentially very influential over those who do and are therefore significant bodies for the CSP to engage with. They advise on care pathways, integration of services, and service development from a clinical standpoint, providing an opportunity to demonstrate the value of physiotherapy services in improving outcomes, promoting innovation and good ideas, advising on clinical pathways.

These will be key bodies for the English Regional Networks to engage with and CSP members should be encouraged to put themselves forward for membership of the Senate Assemblies.

Operational Delivery Networks

Role and function
- Operational Delivery Networks (ODNs) were announced in December 2012 and are being established in 12 geographical areas, each network aligned to a named Clinical Senate.
• Working with the Clinical Senates, Clinical Networks, commissioners, providers and patients, they will ensure the delivery of safe and effective services across the patient pathway and help secure the best outcome for patients.
• ODNs will cover areas such as neonatal intensive care, adult critical care, burns and trauma and are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist support and expertise.
• ODNs are funded from specialised commissioning budgets and will be hosted by an agreed lead provider.

CSP members with a specialist interest in the clinical areas covered by the ODNs should be encouraged to engage with them at the regional level, with the support of the English Regional Networks.

National Institute for Health and Care Excellence (NICE)

Role and function
• NICE is responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health, as well as guidance and quality standards for social care.
• It makes recommendations to the NHS on new and existing medicines, treatments and procedures, and treating and caring for people with specific diseases and conditions:
  o Producing evidence-based guidance and advice for health, public health and social care practitioners
  o Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
  o Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

CSP already has a strong relationship with key officials at NICE and works to ensure that the views of the physiotherapy profession are fed into the development of relevant guidance. It will be important for this to continue as NICE is responsible for increasing amounts of guidance upon which commissioners are required to act.

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