

NHS Commissioning in Thames Valley March 2013

This briefing note describes the new structures for commissioning health and care services for the people in the Thames Valley following the implementation of the Health and Social Care Act 2012. It details the new organisations that will be involved in commissioning from 1 April 2013.

The following organisations are all taking on functions, and in some cases receiving staff, from the primary care trusts (PCTs) and Strategic Health Authority (SHA) in Oxfordshire, Buckinghamshire and the Berkshire.

Clinical commissioning groups (CCGs)

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.

CCGs will formally take on their new responsibilities on 1 April 2013. There are seven CCGs in Berkshire (3 CCGs in East Berkshire & 4 CCGs in West Berkshire. They have formed 2 federations West and East) within which the CCGs share posts (including Chief Finance Officer and Chief Officer/Accountable Officer). In Buckinghamshire there are two CCGs: Chiltern CCG; population 326K and Aylesbury Vale; population 198K and Oxfordshire has one that covers a population of 696k.

Clinical leaders (usually the chair but sometimes the accountable officer) provide clinical leadership for each CCG, representing the clinical voice of members (the individual practices), overseeing governance and relationships with partners.

Commissioning support units (CSUs)

CSUs will 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 will also call upon CSUs to provide other functions such as transactional HR and finance.

CSUs are currently hosted by the NHS Commissioning Board (now known as NHS England) and CCGs within the Thames Valley have identified which CSUs they would like to buy functions and services from. Most are buying services from the Central Southern CSU.

CCGs vary in the amount and type of commissioning support they are buying (for example Oxfordshire as a relatively large CCG (688k population) has chosen to employ a higher proportion of support staff 'in-house'.

Thames Valley Area Team (AT)

This is the local arm of NHS England (the NHS Commissioning Board), responsible for:

- Commissioning primary care (GPs, dentists, optometrists and pharmacists) across Oxfordshire, Buckinghamshire and Berkshire
- Some Public Health functions, on behalf of Public Health England: screening, immunisation and the health child programme for under 5's
- Specialist commissioning (this is for relatively rare and specialist treatments that need to be commissioned across higher population numbers). This will be Led by Wessex Area Team
- The Thames Valley AT will also lead on Offender Health commissioning on behalf of Wessex AT.
- Armed Forces health care is commissioned by Bath Gloucestershire, Swindon and Wiltshire AT on behalf of the South of England and London.
- CCG development and assurance
- Emergency preparedness, resilience and response
- System oversight; partnerships; and quality and safety

Public Health

The public health function is transferring from PCTs to local authorities and to Public Health England which will promote health protection and prevention.

Health and wellbeing boards

Health and wellbeing boards have been established to set a joint health and wellbeing strategy (JHWS) for each upper tier council area (for example county and city councils). They are designed to promote joint working and integrated services across health and social care.

Each board includes an elected member of the local council; the council's directors of adult services, children's services and public health; a member of the local Healthwatch; and representatives of each CCG in the local area. Each board is free to expand their membership to include a wide range of perspectives and expertise and they will seek to engage a wide range of partners, such as police, housing, education and transport as well as service providers and the voluntary sector. NHS England will have a non-voting seat on each HWBB. Health and wellbeing boards have been working in shadow form since April 2012 and will take on their full responsibilities in April 2013.

Healthwatch

Healthwatch will be commissioned by local authorities as the independent consumer champion for health and social care, gathering and promoting the views of local people. It will provide people with information and advice on local services and finding the right advocacy organisation, speaking out and getting involved.

Healthwatch will replace Local Involvement Networks (LINKs) in April 2013. Each local Healthwatch will be an independent organisation, able to set its own agenda and work programme, employ its own staff and involve volunteers.

Healthwatch England was established in October 2012 to provide leadership, guidance and support to local Healthwatch organisations and influence national policy. It will be a statutory committee of the Care Quality Commission (CQC).

Clinical senate

Across the country, 12 clinical senates will provide advice and leadership to help CCGs, health and wellbeing boards and the NHS Commissioning Board make the best decisions about healthcare for local populations. The senates will be made up of clinicians and health professionals including public health and social care, alongside patients, the public and others. There will be a senate to cover the Thames Valley.

Strategic clinical networks

Strategic clinical networks, hosted and funded by the NHS Commissioning Board, will cover conditions or patient groups where improvements can be made through an integrated, whole system approach. These networks will 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 will cover the same 12 areas as the clinical senates.

Thames Valley Local Education and Training Board (T.V. LETB)

T.V. LETB has been established in shadow form and, subject to successful authorisation, will be established by April 2013 as a sub-committee of Health Education England, the new national leadership body for education, training and development of the healthcare and public health workforce.

T.V. LETB is led by local NHS service providers. Their priorities for the next five years have been identified and a skills development strategy is currently being developed. This will take account of the operating plans of service commissioners, incorporating the joint strategic needs assessments developed by local authorities and public health.

Thames Valley Academic Health Science Network (AHSN)

There will be 15 AHSNs across England, bringing together NHS organisations, higher education, local government and business. All CCGs and NHS England direct commissioners should be members of an AHSN.

They aim to align clinical research, informatics, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice and developing and implementing integrated healthcare services. Working with Academic Health Science Centres they will identify innovations and spread their use through their networks.

NHS Trust Development Authority (NTDA)

The NTDA will be established from April 2013 to provide 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

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