



Healthy changes?

NHS reform and the voluntary and community sector in Yorkshire & the Humber

Guide to NHS transition in Yorkshire and the Humber

This guide gives you an overview of the NHS transition in Yorkshire & the Humber including a timeline, information on emerging Clinical Commissioning Groups, and where to get further information.

Key agencies

Any Qualified Provider (AQP)

The roll-out of extended patient choice. The goal is to enable patients to choose from any qualified provider where this results in better care. The roll-out will start with selected community and mental health services from April 2012. AQP means that all healthcare providers – including NHS and independent organisations, charities and social enterprises, which meet the qualifying requirements - will be able to deliver some NHS services.

Care Quality Commission (CQC)

The independent regulator of all health and social care services in England. Its job is to make sure that care meets government standards of quality and safety. Healthwatch England will sit within the CQC.

Clinical Commissioning Groups (CCGs)

Groups of GPs that will be responsible for designing and commissioning local health services from April 2013. Until this point, statutory accountability remains with the PCT although increasing amounts of decision-making and budgets may be delegated over time. CCGs will have to use the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy when drawing up their commissioning plans. CCG boards must include a secondary care specialist and a registered nurse. CCG boards will also have at least two independent members – one of whom must be a champion of patient and public involvement and the other will have a lead role in overseeing key governance issues such as audit, and conflicts of interest.

Health Education England

Will provide oversight and leadership for professional education and training.

Health and Wellbeing Boards (HWB)

Will be developed by Local Authorities and will bring together local commissioners of health and social care, elected representatives and representatives of HealthWatch to agree an integrated way of improving local health and wellbeing. The Boards will assess local needs (through the JSNA) and develop a shared strategy to address them (Health and Wellbeing Strategy), providing a strategic framework for local commissioning plans. The Bill will place a legal obligation on NHS and local authority commissioners (including CCGs) to refer to the JSNA and to have regard to the JHWS in exercising their commissioning functions.

HealthWatch England

Will work with local HealthWatch and will also advise the NHS Commissioning Board, English local authorities, Monitor and the Secretary of State. It will have the power to recommend that action is taken by the Care Quality Commission (CQC) when there are concerns about health and social care services.

Local Authorities Commissioning for Public Health

Local authorities will be responsible for public health commissioning from April 2013 with new Directors of Public Health (DsPH). Local authorities will also be responsible for providing some public health services in conjunction with Public Health England. Overall local authorities will have a much greater role shaping services.

Local HealthWatch

A new independent consumer champion created to gather and represent the views of the public. It will take on the work of the Local Involvement Networks (LINKs) and will represent the views of people who use services, carers and the public on the Health and Wellbeing boards, provide a complaints advocacy service from 2013 and report concerns about the quality of healthcare to HealthWatch England.

Joint Health and Wellbeing Strategy

Each Health and Wellbeing Board will be required to draw up a joint and high level Health and Wellbeing Strategy, informed by the Joint Strategic Needs Assessment. It will set the overall strategic direction for Health and Wellbeing.

Joint Strategic Needs Assessments (JSNA)

A collection of information that aims to identify the Health and Wellbeing needs of the local population in each local authority area. The information helps to inform decisions around public service provision. Health and Wellbeing Boards will use the JSNA to develop the Health and Wellbeing Strategy and set commissioning priorities.

The NHS Commissioning Board

Improves patient outcomes by developing and managing an effective system of clinical commissioning groups. The Board will authorise clinical commissioning groups, allocate resources and commission certain services commissioning services that can only be provided efficiently and effectively at a national or a regional level. It will host clinical networks (to advise on single areas of care) and clinical senates (to provide clinical advise on commissioning plans).

Monitor

Will have a core duty to protect and promote patients' interests. In the medium term this means continuing to assess NHS trusts for foundation trust status, and for ensuring that foundation trusts are financially viable and well-led, in terms of both quality and finances. In the future Monitor will license providers of NHS services in England and exercise functions in three areas: regulating prices, enabling integrated care and preventing anti-competitive behaviour, and supporting service continuity.

NHS North of England (Yorkshire & Humber)

The cluster of the three northern Strategic Health Authorities. It currently has responsibility for overseeing the transition in each region, and assisting emerging CCGs to develop and prepare for authorisation. Once SHAs are abolished, many of their functions in relation to providing support to CCGs will transfer to the NHS Commissioning Board.

National Institute for Health and Care Excellence (NICE)

Will continue to provide independent advice and guidance and will extend its role to social care.

PCT Clusters

Since June 2011 Primary Care Trusts have merged into clusters to help ensure management capacity and accountability is maintained as the system goes through the transition. These PCT Clusters will be functional just for the period of transition. PCT clusters are essentially be made up of geographically appropriate groups of existing PCTs coming together to create a new structure. There are five clusters in Yorkshire & the Humber.

Public Health England

Will be part of the Department of Health, responsible for leading action to promote the health of the population, working with local authorities and other partners. Public health and local authorities will jointly appoint Directors of Public Health (DsPH) who will be responsible for the health of their local populations. PHE will take on full responsibilities, budgets and powers in April 2012 and Public Health budgets will be allocated directly to Local Authorities by 2012/2013.

Timeline

Equity and Excellence, the White Paper on Health was published in July 2010. Since then change has been rapid. This timeline explains when specific changes are expected to happen.

April 2011

- Emerging Clinical Commissioning Groups (CCGs) began to take on delegated authority (overall accountability still rests with the PCT)

June 2011

- Clustering of PCTs complete and operational

July 2011

- Fifth cohort of pathfinder CCGs announced. Majority of the population is covered.

August 2011

- Early Local HealthWatch 'pathfinders' announced.

October 2011

- NHS Commissioning Board set up in shadow form (Special Health Authority)

March 2012

- Health and Social Care Act 2012

April 2012

- Choice to be extended using Any Qualified Provider for selected mental health and community services

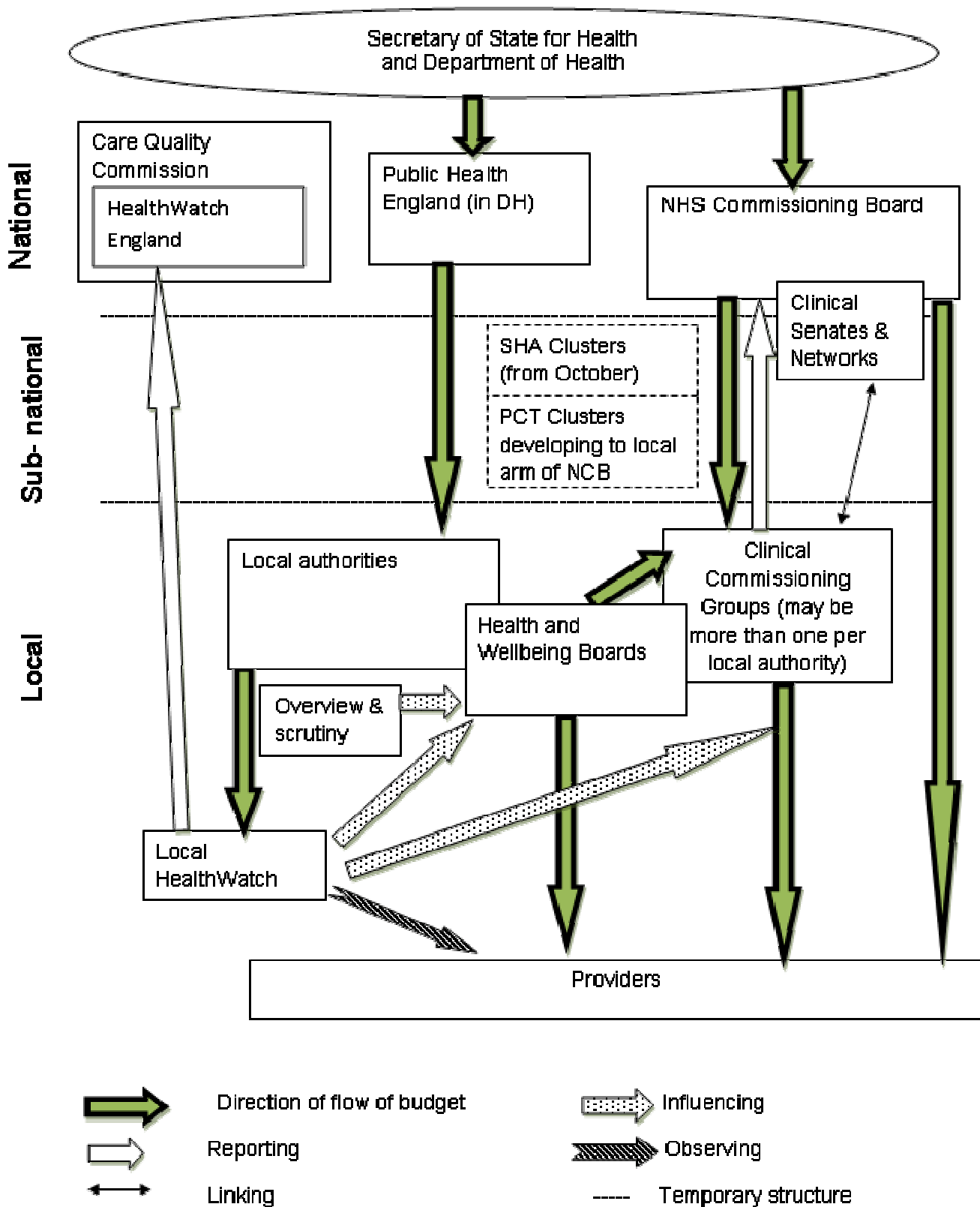
October 2012

- NHS Commissioning Board formally established and carries out limited functions
- Monitor starts to take on new regulatory functions
- Health and Wellbeing Boards established in shadow form

April 2013

- CCGs take full control of budgets, if they are ready.
- PCTs, SHAs and cluster arrangements are abolished.
- Health and Wellbeing Boards formally established
- Public Health England formally created and Local Authorities take on public health duties.
- Local HealthWatch fully established
- HealthWatch England fully established

New health commissioning structures



Clinical Commissioning Groups in Yorkshire and the Humber

Clinical Commissioning Groups are groups of GPs that will be responsible for designing and commissioning local health services from April 2013. Until then, statutory accountability remains with the PCT, although decision-making and budgets may be increasingly delegated over time. CCGs will have to use the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy when drawing up their commissioning plans.

Emerging Clinical Commissioning Groups (CCGs) across Yorkshire & the Humber, listed by PCT cluster.

Proposed CCG name	Number of practices	Sum of population
Airedale, Bradford and Leeds		
NHS Airedale, Wharfedale and Craven CCG	17	155,600
NHS Bradford City CCG	29	118,000
NHS Bradford Districts CCG	42	327,900
Calderdale Kirklees and Wakefield Cluster (NHS Calderdale, NHS Wakefield District and NHS Kirklees)		
NHS Leeds North CCG	32	200,000
NHS Leeds South and East CCG	44	257,700
NHS Leeds West CCG	39	355,700
NHS North Kirklees CCG	32	183,800
NHS Wakefield CCG	40	352,100
NHS Greater Huddersfield CCG	41	237,800
NHS Calderdale CCG	29	212,100
South Yorkshire Cluster (NHS Sheffield, NHS Doncaster, NHS Rotherham, NHS Barnsley and NHS Bassetlaw)		
NHS Sheffield CCG	95	566,900
NHS Rotherham CCG	40	254,800
NHS Barnsley CCG	46	245,900
NHS Bassetlaw CCG	12	111,200
NHS Doncaster CCG	44	307,800
The Humber Cluster (NHS Hull, North East Lincolnshire Care Trust Plus, NHS East Riding of Yorkshire and NHS North Lincolnshire)		
NHS North Lincolnshire CCG	24	168,400
NHS North East Lincolnshire CCG	32	167,200
NHS East Riding of Yorkshire CCG	38	300,400
NHS Hull CCG	59	288,700
York and North Yorkshire (NHS York and North Yorkshire, unchanged)		
NHS Hambleton, Richmondshire and Whitby CCG	23	141,600
NHS Harrogate and Rural District CCG	19	160,100
NHS Scarborough and Ryedale CCG	17	118,000
NHS Vale of York CCG	36	337,500

- Visit www.regionalvoices.net to find a list of clinical commissioning groups across Yorkshire & the Humber paired with the most relevant support and development organisation.
- Visit <http://healthandcare.dh.gov.uk/context/consortia/#yh> for a regularly updated list of Clinical Commissioning Groups.

Commissioning Support Services

There are currently three commissioning support services developing in Yorkshire & the Humber – South Yorkshire, North Yorkshire & Humber and West Yorkshire. CSS’ will provide commissioning and commissioning support to CCGs.

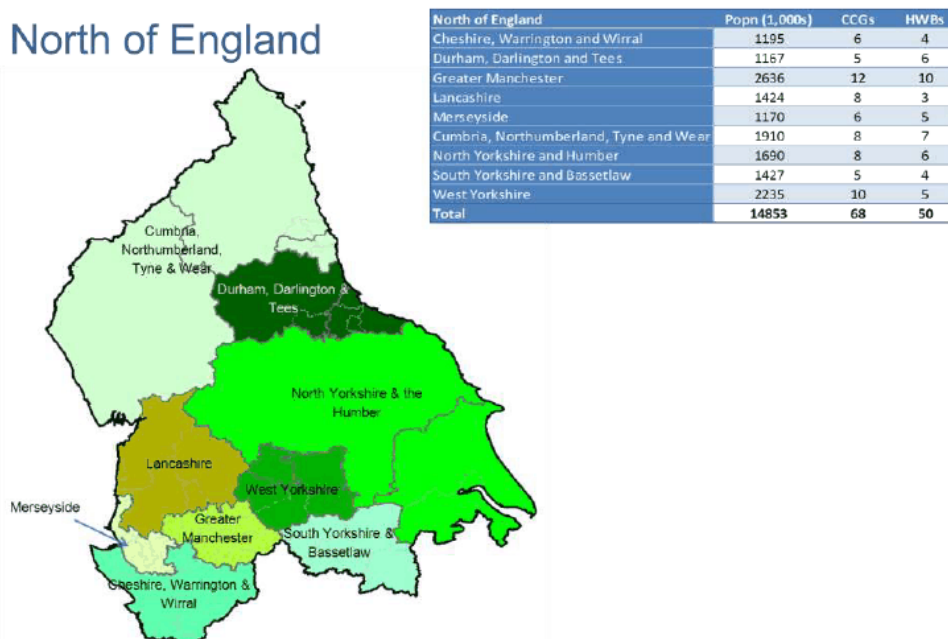
Local Area Teams

NHS Commissioning Board (NHS CB) Local Area Teams will have functions around the development of Clinical Commissioning Groups, emergency planning, quality and safety and service configuration. All teams will commission GP and dental services as well as pharmacy and optical services while 10 teams nationally will also be specialised commissioning hubs. A small number will also directly commission prison health and military health services.

There will also be a further 12 Clinical Senates. Details to be confirmed.

The Local Area Teams in Yorkshire & the Humber will be:

- North Yorkshire & Humber
- South Yorkshire and Bassetlaw (will also act as a Specialist Commissioning Hub)
- West Yorkshire



More information

White Papers

- Equity and excellence: Liberating the NHS (July 2010)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- Healthy lives, healthy people (July 2011)
www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm

Briefings

Regional Voices has produced a number of useful briefings for the voluntary sector about NHS reform, including:

- The Health and Social Care Act 2012
 - Influencing the New Structures in Health
 - An Overview of Health and Wellbeing Boards
 - Caring for our Future (the social care engagement exercise)
 - Creating Effective HealthWatch Organisations
- www.regionalvoices.net/stronger-connections-for-better-health/briefings/briefings/

Consultation responses

- Regional Voices Consultation Responses
www.regionalvoices.net/stronger-connections-for-better-health/briefings/consultation-responses/
- Involve Yorkshire & Humber Responses
- NHS Future Forum engagement meeting with the VCS in Yorkshire & Humber – summary (October 2011)
www.involveyorkshirehumber.org.uk/resources/consultations-and-responses/nhs-future-forum-meeting-with-vcs-in-yorkshire-humber-summary-/
- Healthy lives, healthy people – response (February 2011)
www.involveyorkshirehumber.org.uk/resources/consultations-and-responses/healthy-lives-healthy-people-response/

Further Reading

- Modernisation of health and care: news, information and conversations (Department of Health)
<http://healthandcare.dh.gov.uk/>
- The VCS – implications of the proposed NHS reforms (King's Fund)
www.kingsfund.org.uk/publications/voluntary_sector.html
- Why the NHS must engage with the voluntary sector (Anna Dixon of the King's Fund, in the Guardian)
www.guardian.co.uk/society/joepublic/2011/jun/21/nhs-health-reform-voluntary-sector-anna-dixon
- NHS reforms warning for voluntary organisations (Third Sector)
www.thirdsector.co.uk/news/Article/1075479/NHS-reforms-warning-voluntary-organisations/
- Mark Gamsu's blog about local democracy and health
<http://localdemocracyandhealth.com/mark-gamsu/>

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