

# The structure of the NHS

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3<sup>rd</sup>

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Faculty of  
**Medical Leadership  
and Management**



# NHS ENGLAND'S SIMPLE GUIDE

<https://www.england.nhs.uk/wp-content/uploads/2014/06/simple-nhs-guide.pdf>

# The NHS in Scotland, Wales and Northern Ireland

The healthcare service in **Northern Ireland** provides both health and social care and is administered by the Department of Health, Social Services and Public Safety.

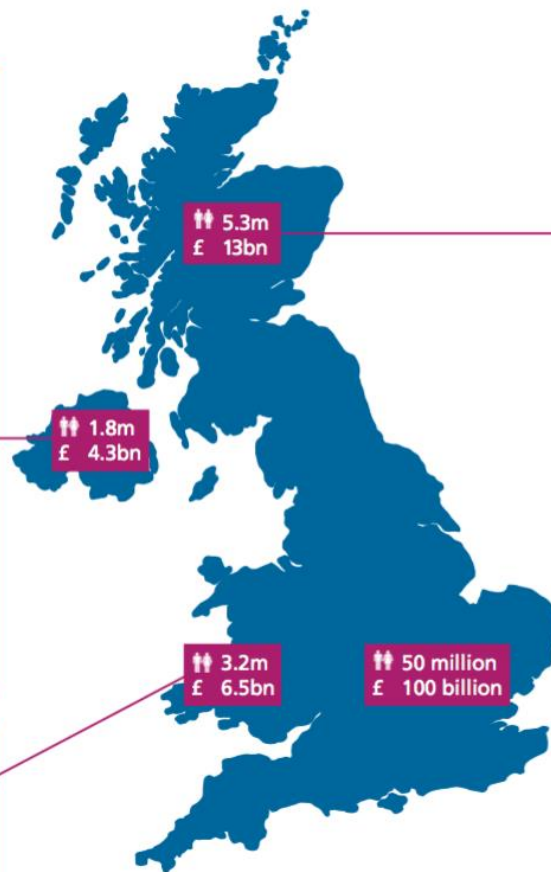
- The **Health and Social Care Board** holds overall responsibility for commissioning services through five Local Commissioning Groups.
- Five **Local Commissioning Groups** are responsible for commissioning health and social care by addressing the needs of their local population.
- Five **Health and Social Care Trusts** have responsibility for providing integrated health and social care in their regions. The Northern Ireland Ambulance Service is designated as a sixth trust.
- The **Patient and Client Council** exists to provide a powerful, independent voice for patients, carers and communities.
- The **Regulation and Quality Improvement Authority** is an independent organisation that encourages continuous improvement through a programme of inspections.
- The **Public Health Agency** is an organisation with the remit to improve health and wellbeing, provide health protection and directly input into commissioning via the Health and Social Care Board.

➔ [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

The NHS in **Wales** is devolved, and is the responsibility of the Welsh Government.

- Seven **Local Health Boards** plan, secure and deliver healthcare services for their populations;
- There are three **National Trusts**: the Welsh Ambulance Service, Velindre NHS Trust (provides specialist services in cancer and other national support) and the new Public Health body for Wales.
- Seven **Community Health Councils** represent the health and wellbeing interests of the public in their district.

➔ [www.wales.nhs.uk](http://www.wales.nhs.uk)



The NHS in **Scotland** is completely devolved, meaning that responsibility for it rests fully with the Scottish Government. The Cabinet Secretary for Health and Wellbeing and Scottish Government set national objectives and priorities for the NHS that should be delivered and monitored via NHS Boards and Special NHS Boards.

- Fourteen **NHS Boards** – these replaced trusts in 2004 and cover the whole of Scotland. They are all-purpose organisations that are expected to plan, commission and deliver NHS services for their area. They take overall responsibility for the health of their populations and commission all services including GP, dental, community care and hospital care. These boards are expected to also work together regionally and nationally so that specialist healthcare – for example, neurosurgery – is correctly commissioned. At a local level the boards have representation or partnerships with community health and social care teams and there is close involvement of local authorities, patients and public.
- Seven **Special Boards** and a **Health Improvement Board** provide national services and scrutiny as well as public assurance of healthcare.

➔ [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

## Differences between the NHS in England and the other home countries

- Northern Ireland has a fully integrated health and social care service; Scotland has passed legislation to achieve this goal
- Scotland and Wales have integrated boards as opposed to trusts that commission services at a local level
- Scotland has SIGN (Scottish Intercollegiate Guidelines Network) and not NICE for their clinical guidance

👤 Population  
 £ Healthcare budget



## NHS values and the Constitution

The NHS values describe what we aspire to in providing NHS services, to facilitate co-operative working at all levels of the NHS. The NHS values were derived from extensive discussions with staff, patients and the public, and provide a framework to guide everything that we do within the NHS.

The NHS Constitution was published by the Department of Health in 2011. It is the first document in the history of the

NHS to explicitly set out what patients, the public and staff can expect from the NHS and what the NHS expects from them in return. The Constitution cannot be altered by government without the full involvement of staff, patients and the public, and so gives protection to the NHS against political change.

➔ For details on the NHS Constitution or to download a copy, go to: [www.nhs.uk/nhsconstitution](http://www.nhs.uk/nhsconstitution)

## An overview of the Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced radical changes to the way that the NHS in England is organised. The legislative changes from the Act came into being on 1 April 2013 and include:

**A. A move to clinically led commissioning.** Planning and purchasing healthcare services for local populations had previously been performed by England's 152 primary care trusts (PCTs). The Act replaced the PCTs with 211 clinical commissioning groups (CCGs), led by clinicians. CCGs now control the majority of the NHS budget, with highly specialist services and primary care being commissioned by NHS England.

**B. An increase in patient involvement in the NHS.** The Act established independent consumer champion organisations locally (Healthwatch) and nationally (Healthwatch England) to drive patient and public involvement across health and social care in England. The Healthwatch network has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

**C. A renewed focus on the importance of public health.** The Act provided the legislation to create Public Health England (PHE), an executive agency of the Department of Health. PHE's aim is to protect and improve the

nation's health and to address health inequalities.

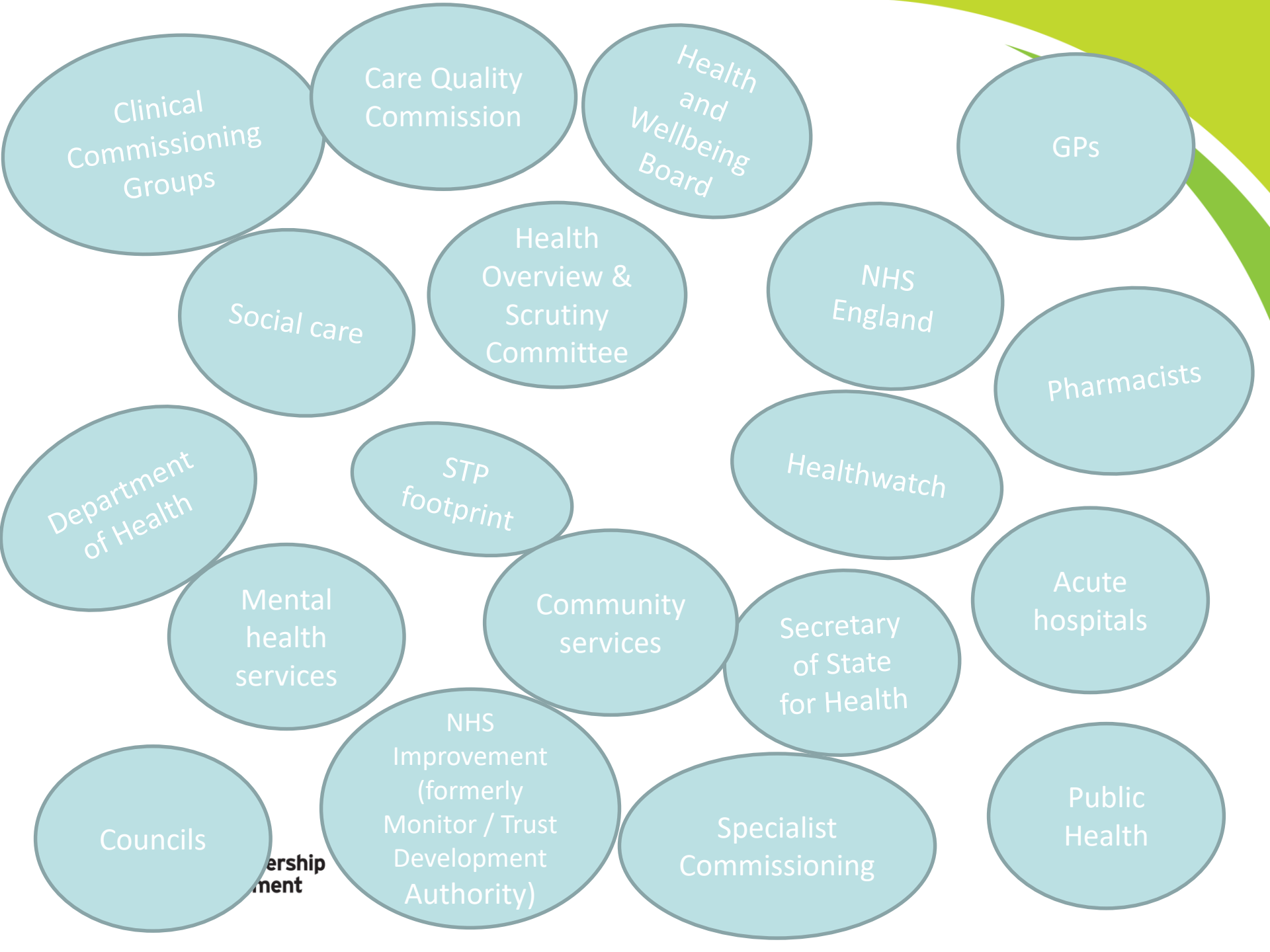
**D. A streamlining of 'arms-length' bodies.** The Act conferred additional responsibility on the National Institute for Health and Care Excellence (NICE – formerly the National Institute for Clinical Excellence) to develop guidance and set quality standards for social care. The Health and Social Care Information Centre (HSCIC) was also tasked with responsibility for collecting, analysing and presenting national health and social care data.

**E. Allowing healthcare market competition in the best interest of patients.** The Act aimed to allow fair competition for NHS funding to independent, charity and third-sector healthcare providers, in order to give greater choice and control to patients in choosing their care. To protect the interests of patients under these new arrangements, Monitor was established as the sector regulator for health services in England. Monitor issues licences to NHS-funded providers, has responsibility for national pricing and tariff (in conjunction with NHS England) and helps commissioners ensure that local services continue if a provider is unable to continue providing services.

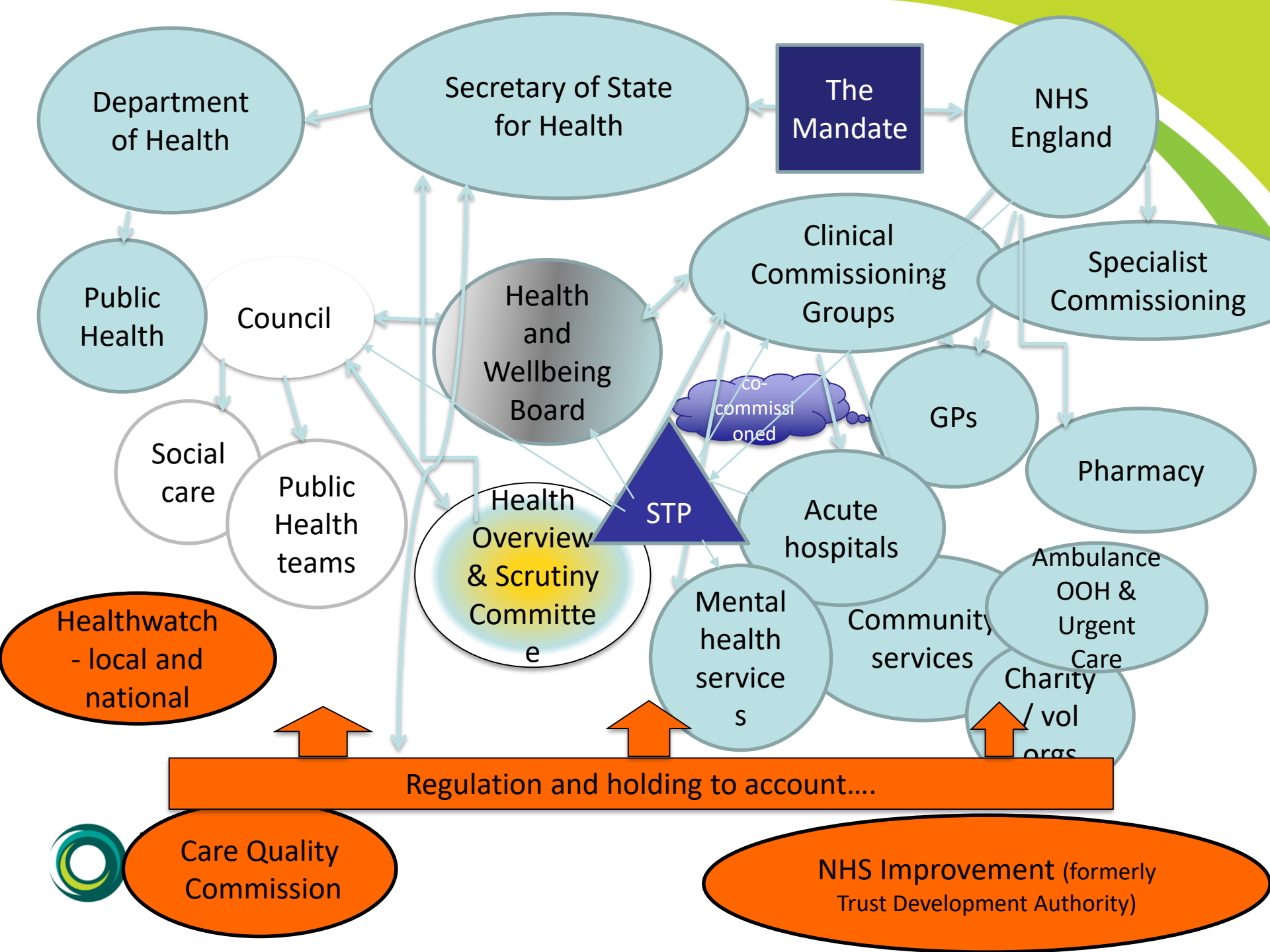
➔ Find out more about the changes resulting from the Act at: [www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets](http://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets)

# THE NHS JIGSAW GAME

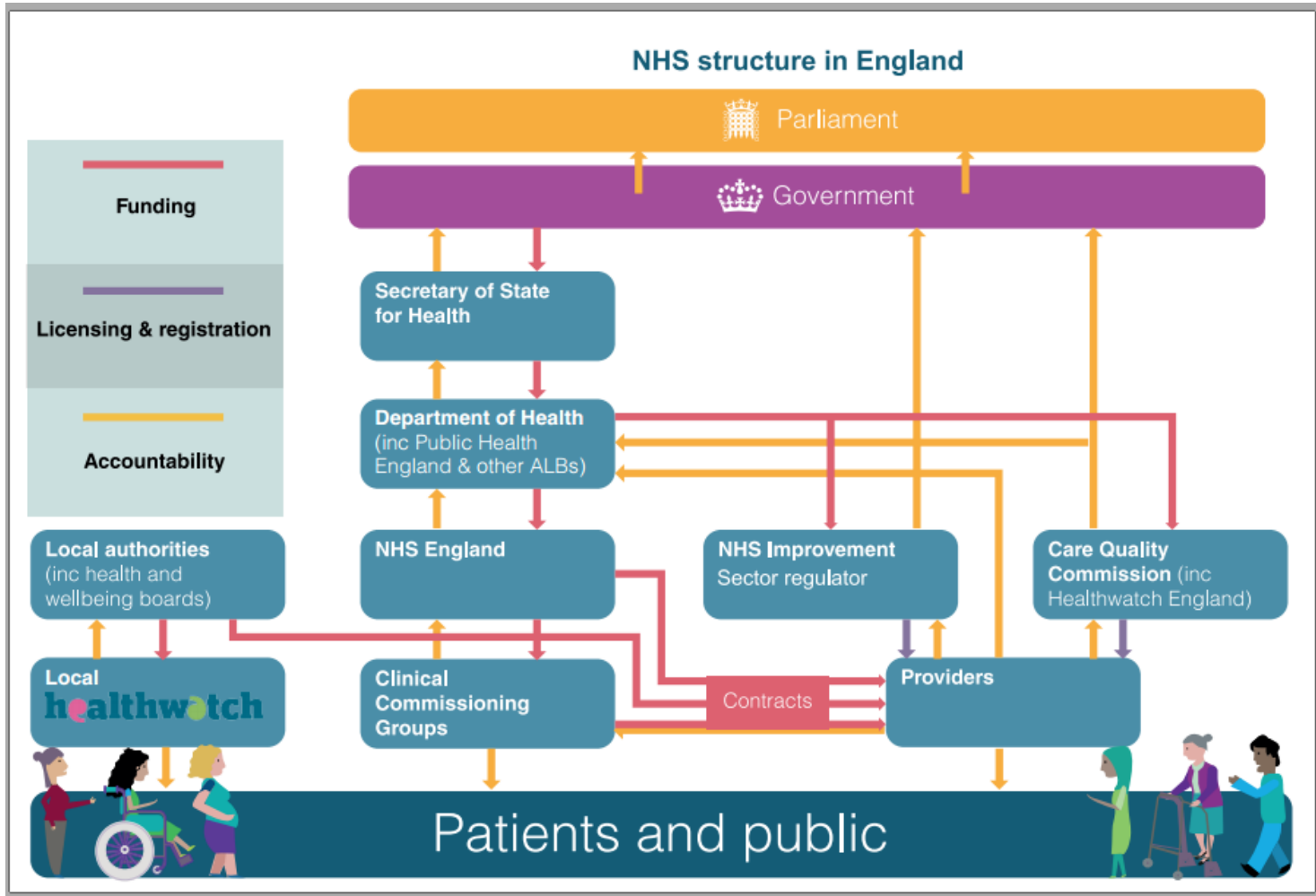
How do these organisations, people fit together?  
(and how does the money go round?)

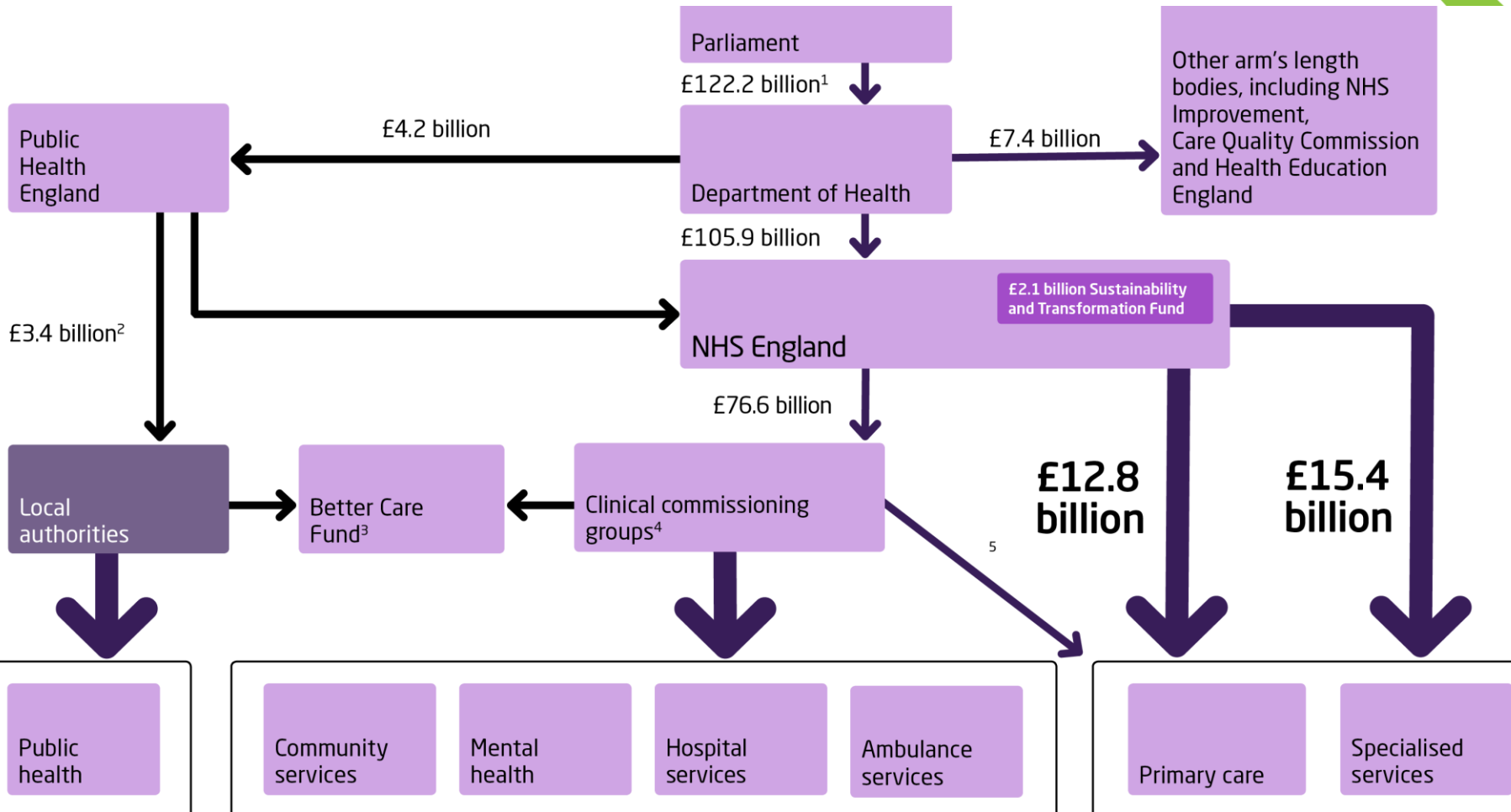






# Some fixed points and shifting sands ....





## NHS executive group

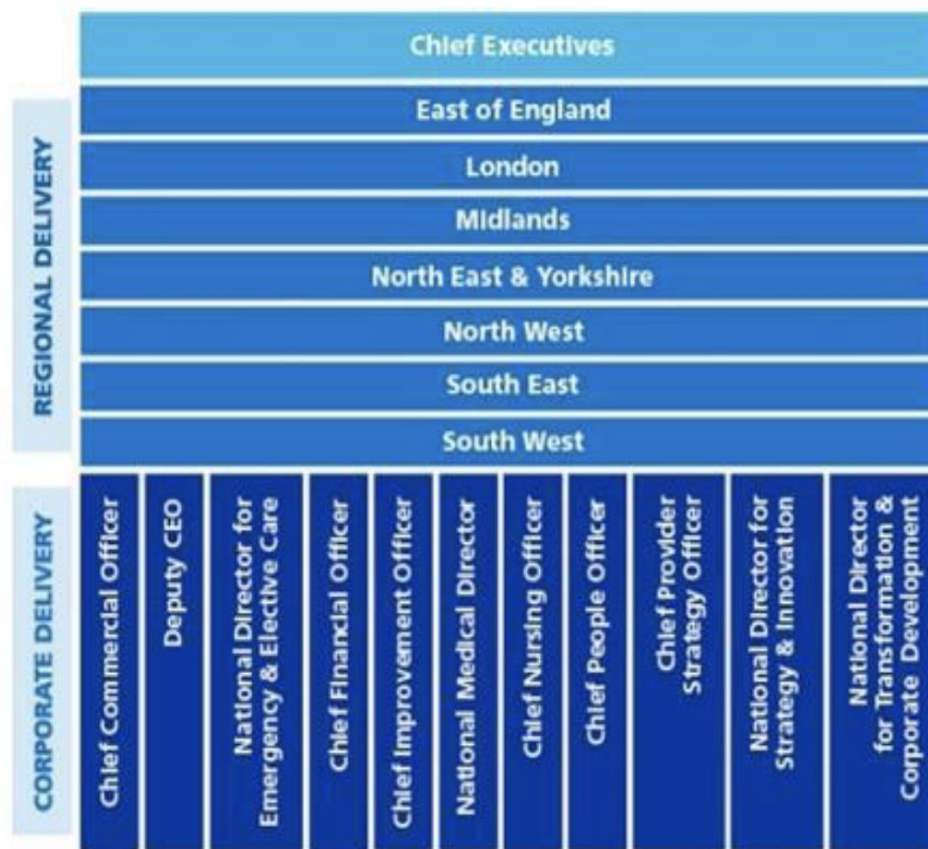
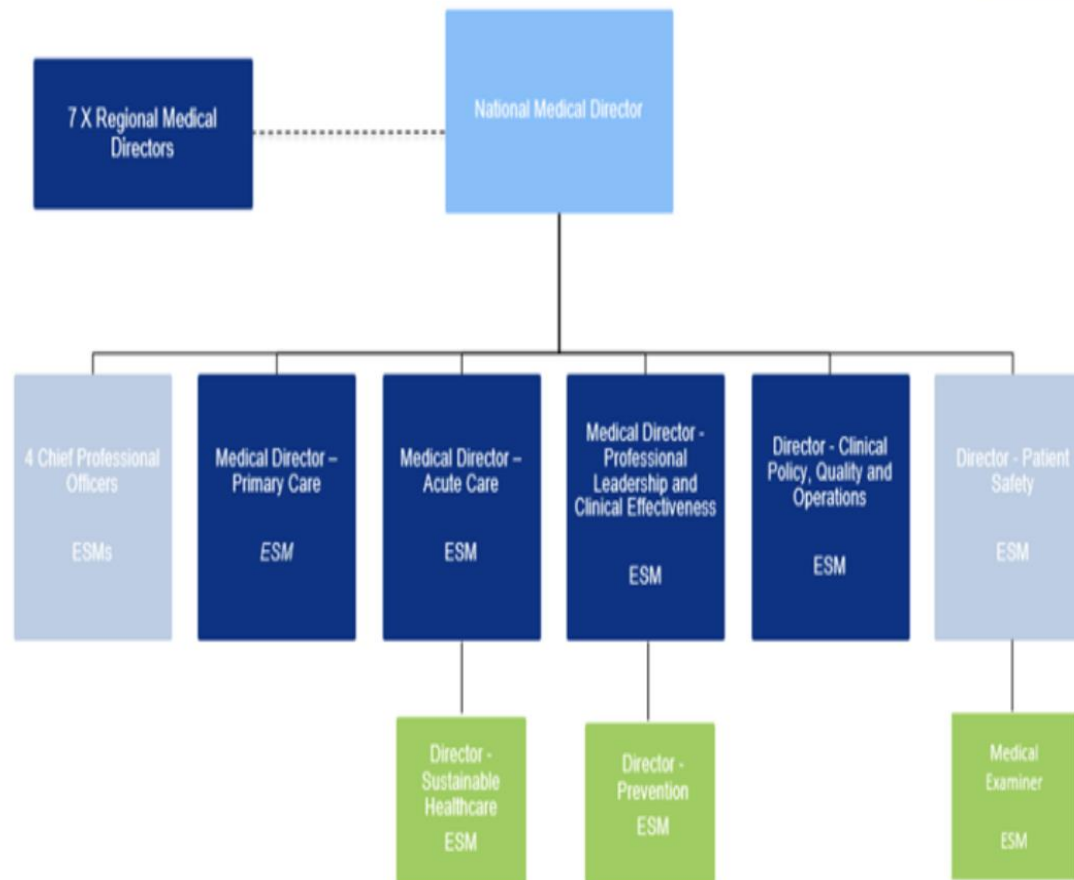
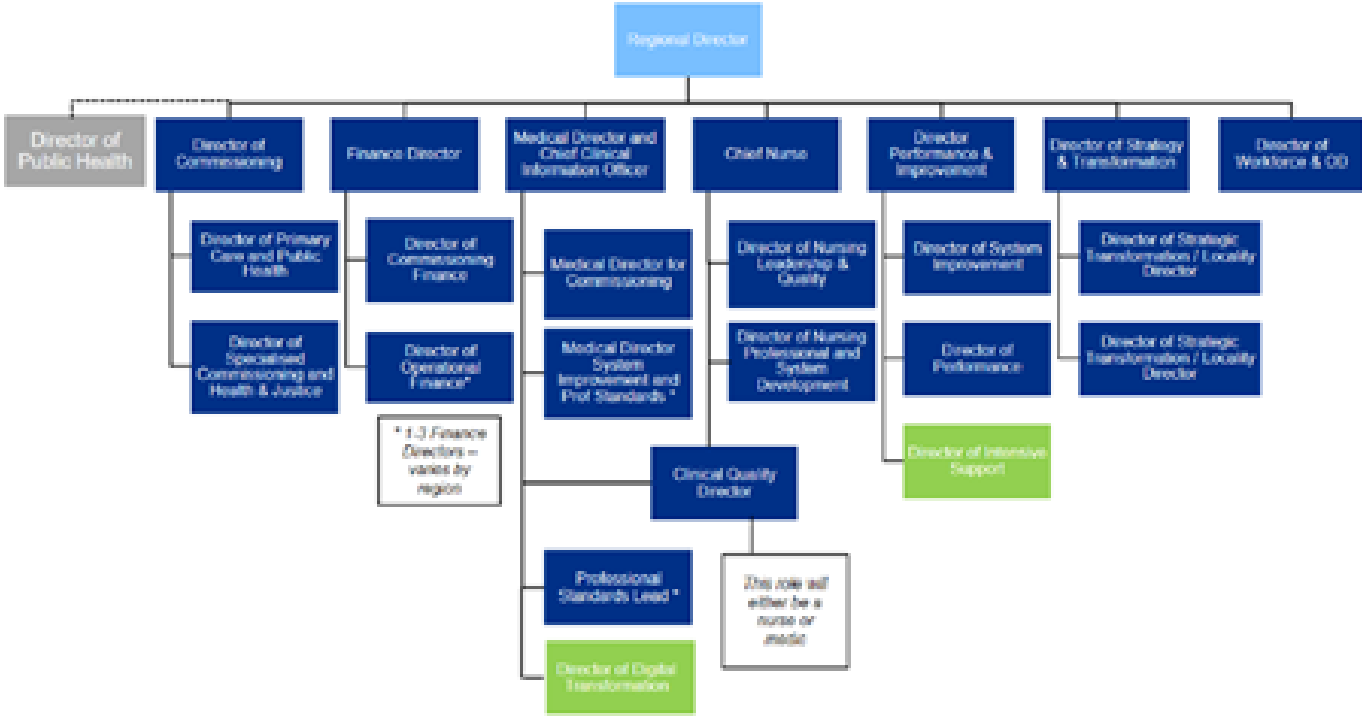


Figure 3 Organisational Structure of the Joint Venture

# Medical



# Seven x Regional Structure



PHE Post

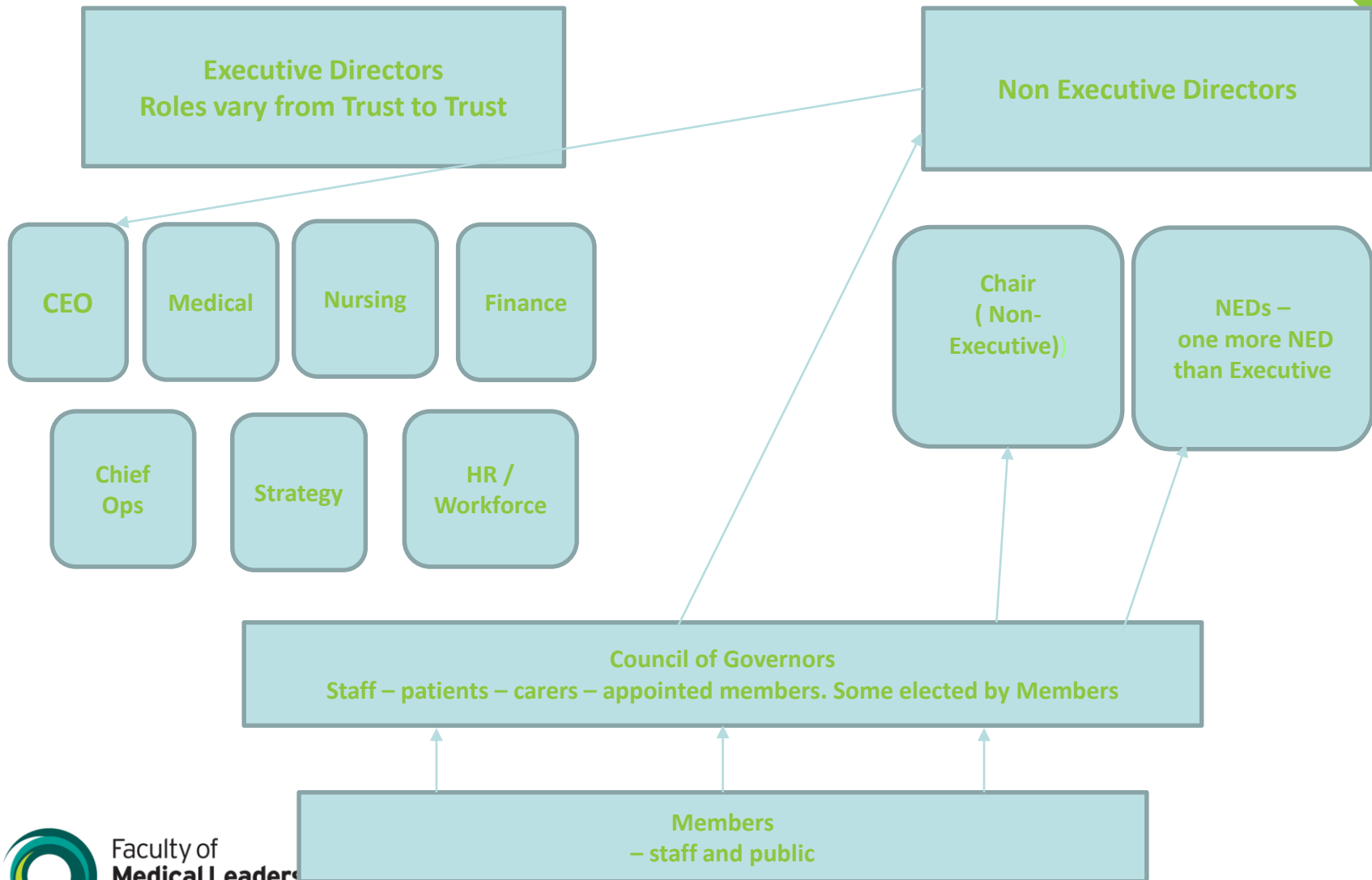
# WHO WOULD YOU FIND ON A....

- **FOUNDATION TRUST BOARD?**
- **CLINICAL COMMISSIONING GROUP GOVERNING BODY?**
- **HEALTH AND WELLBEING BOARD?**
- **COUNCIL CABINET?**
- **STP BOARD?**



# Foundation Trust governance

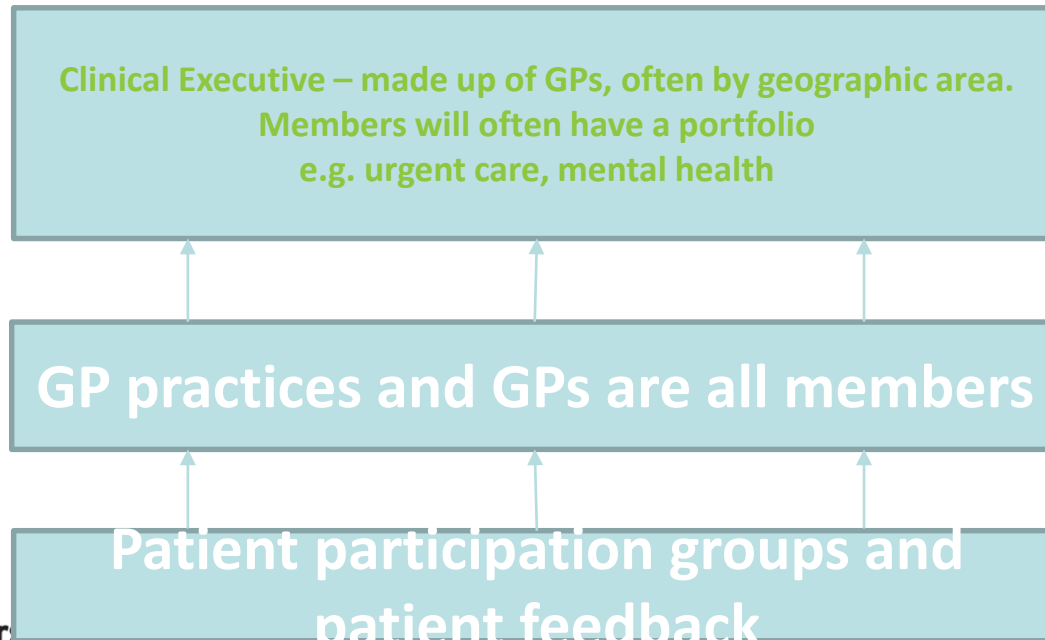
More information at [www.nhsproviders.org](http://www.nhsproviders.org)





# Clinical Commissioning Group governance

More information at [www.nhsc.org/ccgs](http://www.nhsc.org/ccgs)



# Local Government; Health and care

**Council** – local authorities can be 2 tier (county/district) or unitary (towns/cities) made up of around 60-70 councillors

Leader or elected Mayor  
elected councillor from majority group

**Cabinet Member for Adult Care** – elected Cllr chosen by the Leader. Makes budget decisions

**Cabinet Member for Children** – elected Cllr chosen by the Leader. Makes budget decisions

Other Cabinet Members

STP

Health Overview and Scrutiny Committee has power to look at local health services. Can also refer to SoS if proposed changes to health are not supported by Council

People / Adult Social Care professional who advises / supports

Director of Public Health

People / Children professional who advises / supports

Health & Wellbeing Board  
Strategic committee with Councillors, council officers, CCG members and Healthwatch

development and management



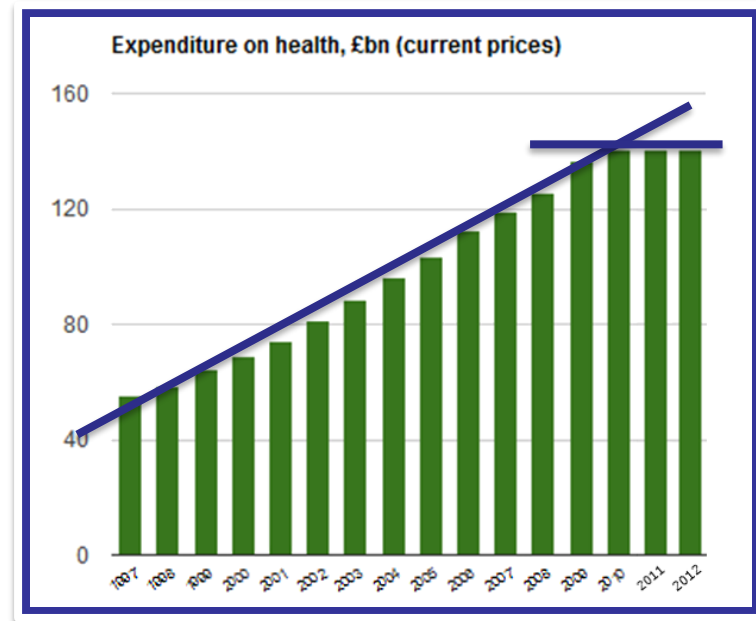
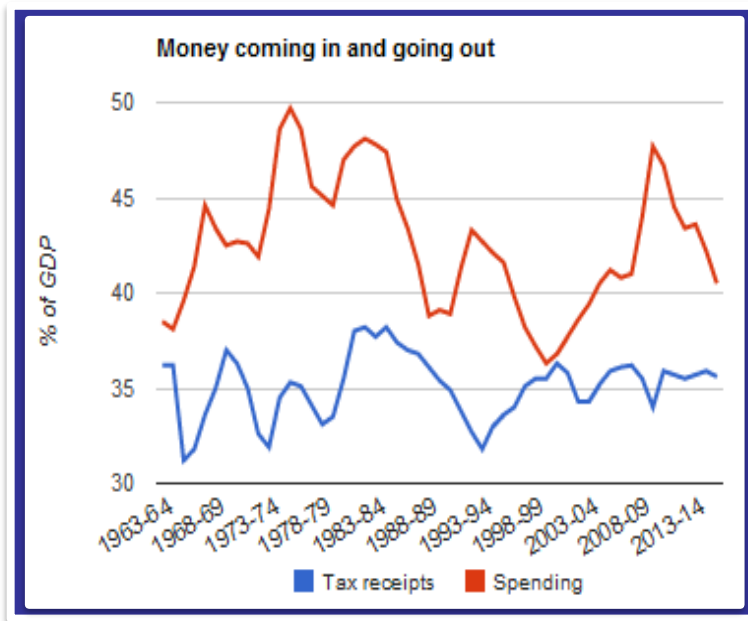
## Steering not rowing



Shaping performance through strategy and policy

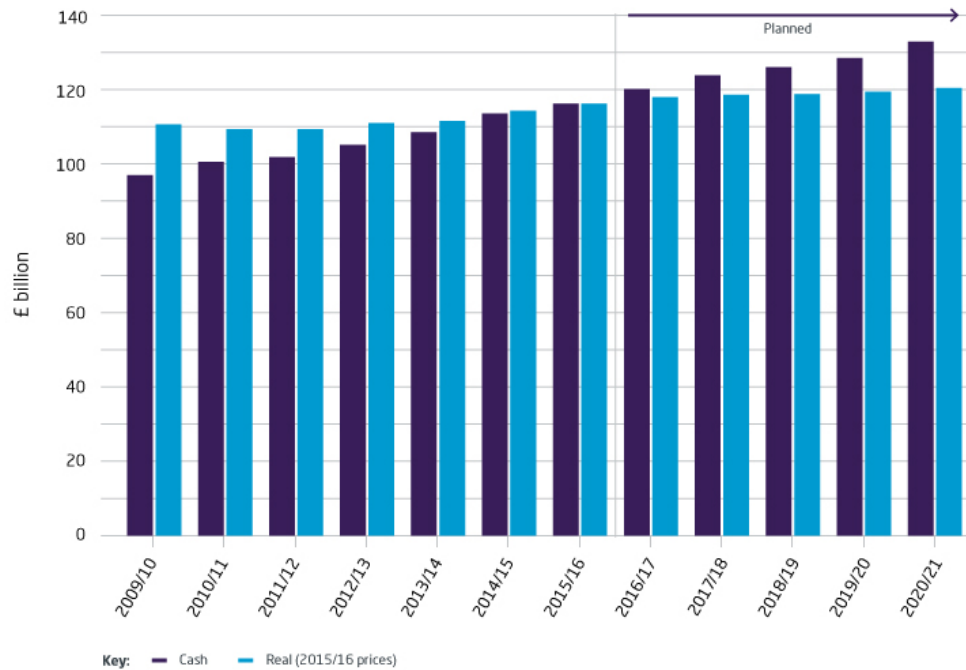
### 3. RESOURCE CONSTRAINTS

“Britain's economy has been mired in recession since late last year, and the government has faced growing calls to ease the fiscal reins in order to support growth. [The] double-dip recession took its toll on public finances last month after a slump in corporate tax receipts unexpectedly pushed the exchequer into deficit.” – BBC, Aug 2012



Reference: IBD Academy

## FUNDAMENTAL TRENDS IN HEALTHCARE: NHS BUDGET AND HOW IT HAS CHANGED



Between 2009/10 and 2020/21, spending on the NHS in England will rise by nearly £35 billion in cash terms – an increase of 35 per cent. But much of this increase will be swallowed up by rising prices. In fact, around £24 billion will be absorbed by inflation, leaving a real increase of just £11 billion (a 10 per cent rise over eleven years; equivalent to an average annual increase of just 0.9 per cent).

Reference: King’s Fund, <http://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>

Department of Health annual report and accounts 2014-15 and Spending Review and Autumn Statement 2015. Real figures are in 2015/16 prices and adjust cash spending for inflation as measured by the GDP deflator.

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science - bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

# SHARED DELIVERY PLAN

(Now developed into the Long Term Plan)



## NHS MANDATE AT A GLANCE 2016/17

1. Through better commissioning, **improve local and national health outcomes**, particularly by addressing poor outcomes and inequalities
2. To help create the **safest, highest quality health and care service**
3. To **balance the NHS budget and improve efficiency and productivity**
4. To lead a step change in the NHS in **preventing ill health** and supporting people to **live healthier lives**
5. To **maintain and improve performance** against core standards
6. To improve **out of hospital care**
7. To support **research, innovation and growth**

*Reference: Department of Health December 2015*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/494485/NHSE\\_mandate\\_16-17\\_22\\_Jan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf)

## THE FYFV



- Radical **upgrade in prevention** and public health
- Patients will gain far greater **control of their own care**
- NHS will take decisive steps to **break down the barriers** in how care is provided
- **New care models** being piloted through the Vanguards
- RightCare will support CCGs to identify improvements through **Commissioning for Value**. Value opportunities exist where a health economy is an outlier and most likely to yield the greatest improvement in clinical pathways and policies

## THE SEVEN NEW MODELS OF CARE

**1. Multi-specialty  
community providers**

**2. Primary and acute  
care systems**

**3. Urgent and  
emergency care  
networks**

**4. Acute care  
collaborations**

**5. Specialized care**

**6. Modern maternity  
services**

**7. Enhanced health in  
care homes**

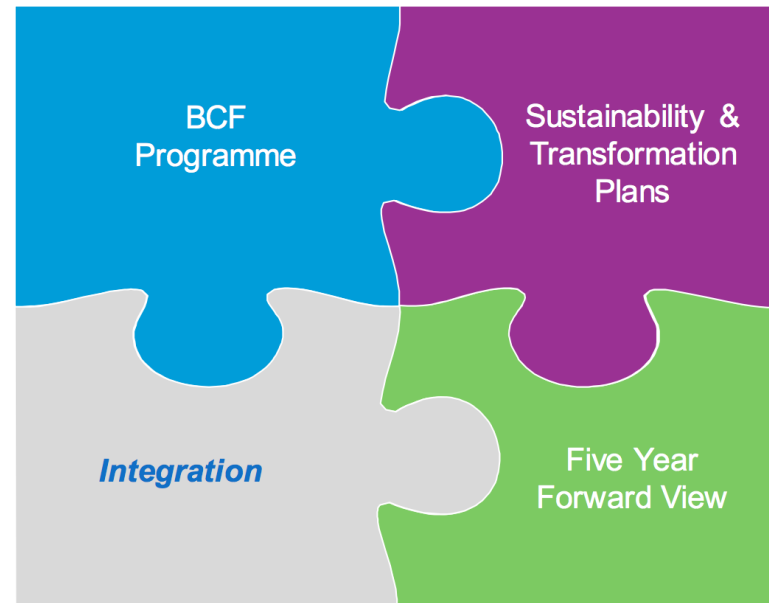
## HOW IT ALL FITS TOGETHER

Ambition for integrated health and social care by 2020.

Greater integration is seen as a potential way to use resources more efficiently.

Supported by Sustainability and Transformation Plans that are place-based and show how local services should evolve and become sustainable over 5 years.

Areas will graduate from the BCF upon demonstrating they have moved beyond requirements for more ambitious and transformative models of integration.



*Better Care Fund Update, Andrew Kealy March 2016*

## #GPForwardView



"If general practice fails, the whole NHS fails" BMJ

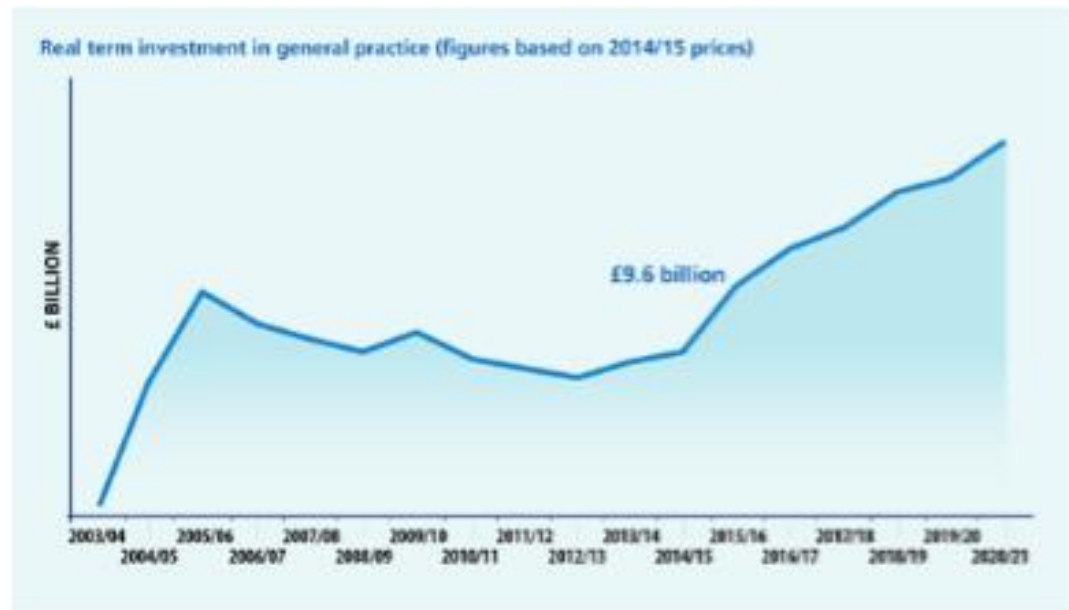
1. Investment

2. Workforce

3. Workload

4. Infrastructure

5. Care Redesign



# LONG TERM PLAN SEEKS MORE ..

1. **joined-up and coordinated care**
2. **proactive services.**
3. **differentiated support offer to individuals.**

Thus, 5 major, practical, changes to the NHS service model :

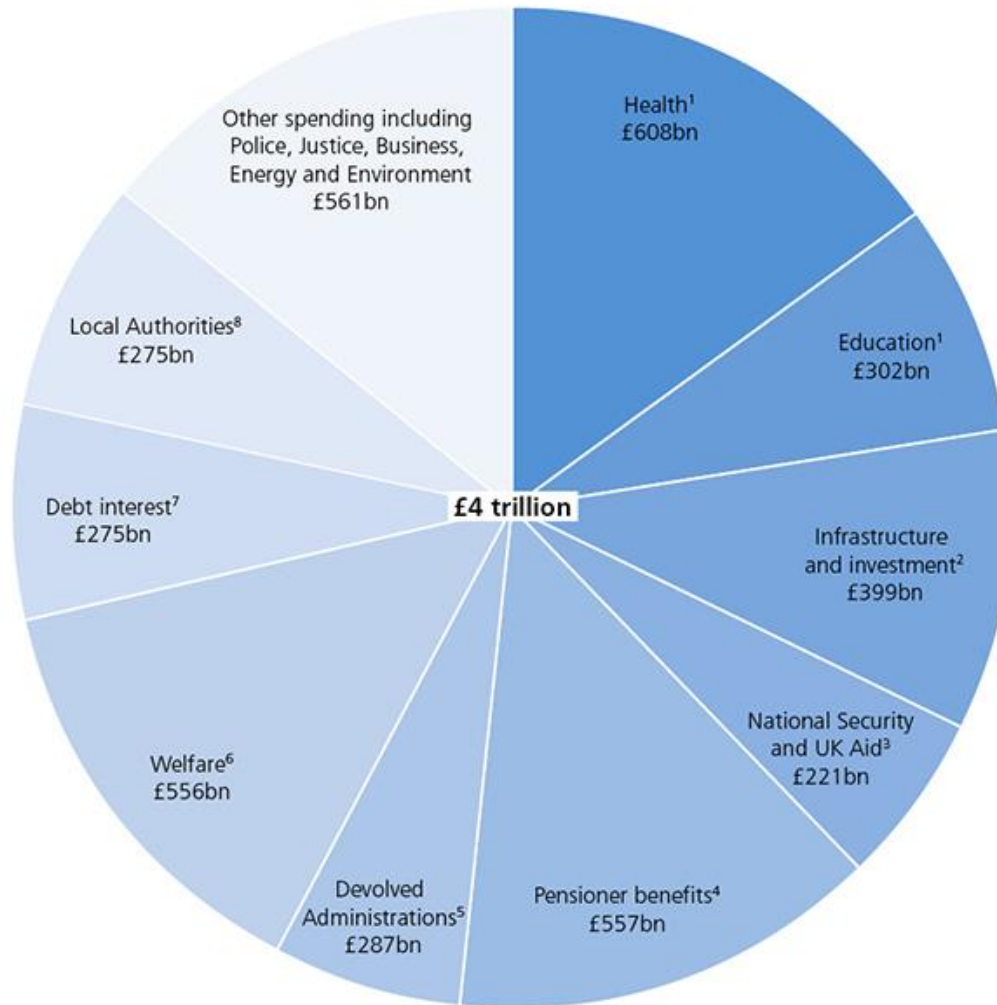
- **boost ‘out-of-hospital’ care**, and finally dissolve the historic divide between primary and community health services.
- **redesign and reduce pressure on emergency hospital services.**
- **more personalised care** when people need it.
- **digitally-enabled primary and outpatient care** will go mainstream across the NHS.
- **focus on population health** and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

## The money go-round



# Comprehensive Spending Review

Chart 2: Breakdown of total public spending: 2016-17 to 2020-21





## For the Department of Health this £116.4 Billion (DEL) in 2016-17 meant

- £10 billion real terms increase in NHS funding in England between 2014-15 and 2020-21, of which £6 billion will be delivered by the end of 2016-17, and £4.8 billion capital funding every year for the next 5 years
- transforming the NHS into a 7-day service and investing in new clinical strategies for cancer and mental health, and enabling the provision of up to 10,000 additional nursing and health professional training places this Parliament
- integrating health and social care services by 2020, supported by a strong funding settlement for social care
- £22 billion of efficiencies to be made within the NHS by 2020-21, with savings reinvested into frontline health services, as set out in the NHS's own plan, the Five Year Forward View, and actions to tackle deficits and ensure good financial management across the NHS

## WHICH FOR THE NHS TRANSLATES INTO

Loads of money .... but little room for manoeuvre

£ billion	Outturn						
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
NHS TDEL*	98.1	101.3	106.8	110.2	112.7	115.8	119.9
Real terms growth rate		1.9%	3.6%	1.3%	0.4%	0.7%	1.4%
Cumulative delivery of £10bn commitment **		2	6	7	8	9	10

## NHS England distributes these resources with regard to its own

- **Allocations formula**, which determines:
  - core CCG allocations;
  - specialised services allocations;
  - primary medical care allocations; and
  - total allocations (the sum of the core CCG, specialised and primary medical care).Local commissioning budgets thus reflect “pace of change” policy; contributions to the Better Care Fund (BCF); and CCG running cost allowances.
- **Planning guidance for 2016 -2021** (“Delivering the Forward View”) :
  - Creates a sustainability and Transformation Fund (STF) totalling £1.8 Billion (ring-fenced as “pass-through payments” for providers in addition to normal contractual payments).
  - Calls for five year Sustainability and Transformation Plans (STP), place-based to drive the FYFV.
  - Requires organisations to produce a one year Operational Plan for 2016/17, consistent with the emerging STP.
  - Anticipates spending on GP services growing in real terms at a higher rate than for other health services, with an extra 4%-5.4% per cent cash funding every year for five years.
  - Expects CCGs to use their extra funding to increase funding for local mental health services in real terms

## S of S' Annual Assessment of the NHS Commissioning Board (known as NHS England) 2015-16

"I have based my assessment on: evidence from your own annual report and accounts for 2015- 16; available data; feedback from stakeholders; and the discussions that my departmental team and I have held with you and your teams throughout the year".

- a) the extent to which the Board met any objectives or requirements specified in the mandate for the above year;
- b) the extent to which the Board gave effect to the proposals for that year in its business plan; and [SEP]
- c) how effectively it discharged its duties on quality of services, reducing inequalities and public involvement and consultation. [SEP]

As is required I am laying a copy of this letter before Parliament today and will be publishing it on the GOV.UK website afterwards.

## Group Work – so what would your ‘end of term’ report say ?

### Suggested topics


- Five Year Forward View
- Sustainability & Transformation Plans (STPs)
- New Care Models (Vanguards etc.)
- Access and 7 day service
- Patient safety
- Mental health
- Money !
- Meeting demand (e.g. 4 hour waits in A&E)

### Possible perspectives

- Hospital doctors ( all grades)
- GPs
- Community & MH staff
- Patients and their representatives
- Local Authorities
- Politicians (local & national)
- Regulators (GMC, CQC, NHS I )
- Universities & pharmaceutical industry
- Cabinet Office and other Government Depts. (? Brexit, modern apprentices etc.).

## Official Summary

“My overall assessment of performance [in 2015-16 ] is that in increasingly challenging times your organisation has made much good progress. You have continued to deliver the majority of your objectives in line with the Government’s mandate and your business plan, and have put key foundations in place to deliver the Five Year Forward View. There remains, though, a great deal more to do to achieve our shared goals by 2020.”

A person is running on a beach at sunset, holding an umbrella. The sun is low on the horizon, creating a bright reflection on the wet sand. The sky is a mix of blue and orange. The person's shadow is cast on the sand.

**“Start by doing  
what's necessary,  
then do what's  
possible; and  
suddenly you  
are doing the  
impossible.”**

— Francis of Assisi

**THE  
MIGHTY**



Faculty of  
**Medical Leadership  
and Management**

# SUPPLEMENTARY QUESTIONS >>>>

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## Sustainability & Transformation Plans

“The publication, in collaboration with NHS Improvement, of 44 footprint areas to bring together local health and care leaders as well as communities is a major step forward. This, along with the publication of Sustainability and Transformation Plans (STPs) in the coming months, presents a real opportunity to further strengthen and empower local leadership and set a framework through which health, care, and finances will improve in the future.”

## Five Year Forward View

“ The New Care Models programme is intended to revolutionise the provision of health and care in England. I welcome your focus on accelerating the pace of implementation in 2016-17 and, as we move into the delivery phase, I look forward to further updates on the performance of vanguards as well as plans for rollout from 2017-18. “

## 7 day services

“ The mandate for 2015-16 emphasised that the NHS should be there when people need it; providing equally good care seven days of the week. I look to you to continue to support the NHS to deliver the same high quality urgent and emergency care regardless of when patients need to use services and to improve access to GP services, particularly in evenings and at the weekends. I welcome the progress that you have made this year and I expect you to continue working together with your system partners in order to make further progress on this priority, in line with the Government’s mandate for 2016-17 and our longer term goals for 2020. “

## Safety

“ Patient safety must remain at the heart of all that the NHS does. This year, you have shown your commitment to improving maternity services through working with Baroness Cumberlege during the development of her National Maternity Review and developing cross-system plans to implement the vision set out in her final report. I look forward to seeing you continuing your work across the system to transform maternity services and to support the NHS to achieve the key safety ambitions that I set out in November 2015. “

## Mental Health

“ A key element of the 2015-16 mandate was to close the health gap between people who have a mental illness and the wider population. Good progress has been made this year in many areas of mental health including your commitment to the Crisis Care Concordat,<sup>5</sup> the launch of the transformation programme for children and young people’s mental health and reduction in the use of police cells for those in mental health crisis. There remains, however, much more to do in order to achieve genuine parity of esteem. Foundations for this have been established this year through the Five Year Forward View for Mental Health,<sup>6</sup> produced by the independent Mental Health Taskforce. I am pleased that you have accepted the recommendations in full as I believe this will begin to drive progress in achieving true parity of esteem between physical and mental health which is something I have discussed with you over the course of this year. The Five Year Forward View for Mental Health has set out a clear direction for the future of mental health provision, including the delivery of the vision set out in Future In Mind<sup>7</sup> to transform mental health services for children and young people. I expect you to take forward its recommendations and ensure that mental health services are clearly integrated within the New Care Models and that the £600m additional funding allocated as part of the Spending Review is used to improve mental health provision across the country. “

## Finances

“Your organisation has performed well by balancing its budget and delivering against its full range of financial duties this financial year, and making a significant contribution to the offsetting of deficits elsewhere in the health sector. However, the financial challenges to the health and care system, in particular in the provider sector, are significant and widespread. As well as ensuring that all parts of the commissioning sector exercise financial discipline, I expect you to work closely with NHS Improvement in the coming year to support the development of robust provider plans and ensure that the NHS as a whole balances its budget. The extra real-terms investment secured as part of the Spending Review settlement is a demonstration of this Government’s commitment to the NHS and, alongside your system partners, the efficiency savings identified as part of the Five Year Forward View must now be realised.”

## Demand and access

“ As your annual report sets out, the NHS has faced significant demand challenges this year, in particular in the urgent and emergency care sector. A year on from my last assessment, however, the NHS is still not fully meeting key standards included in the NHS Constitution especially in relation to A&E and the Referral to Treatment Time. I know that the NHS is developing urgent but sustainable plans to address these issues and I ask that you continue working with your partners to ensure that there is resilience within the system in order that access and waiting time standards be routinely met. “