

The new health and care system

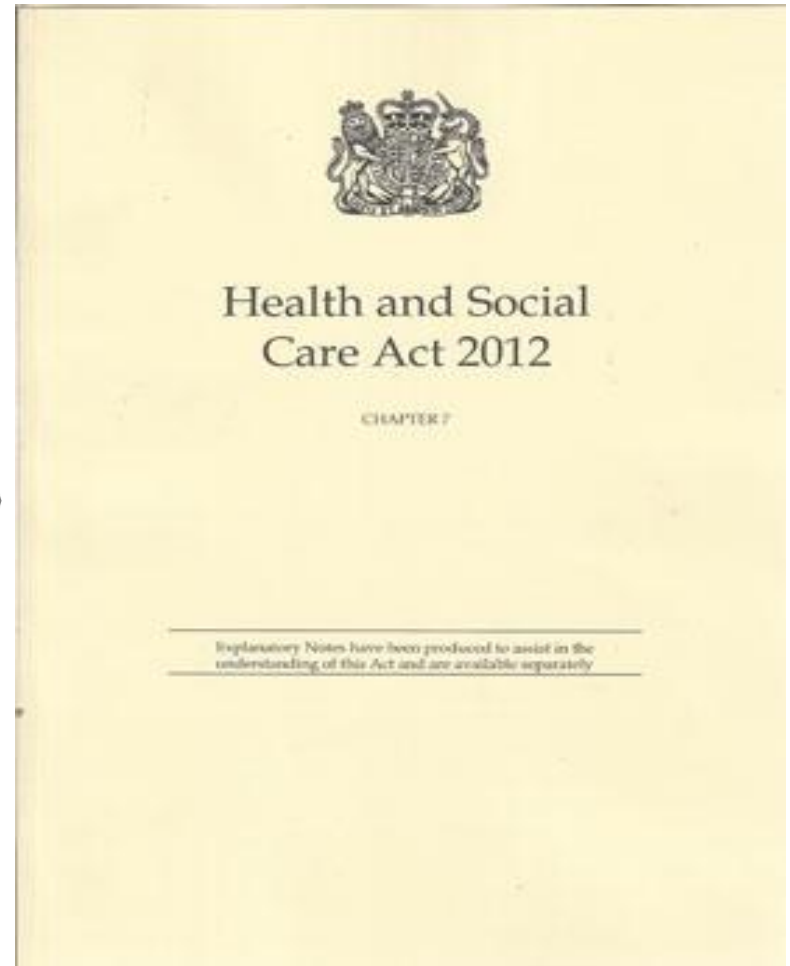
February 2013

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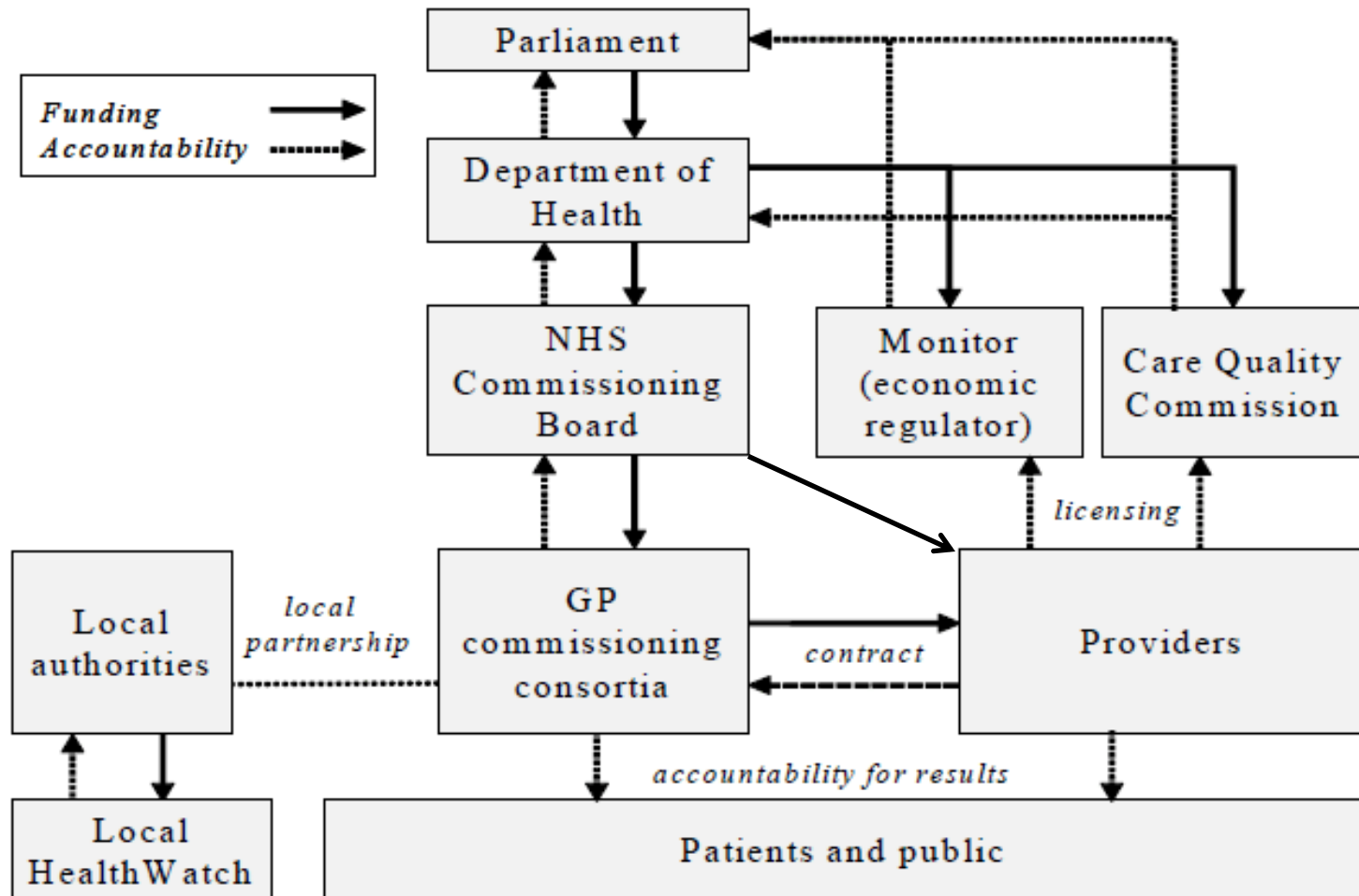
Context

Where it all began.. sort of



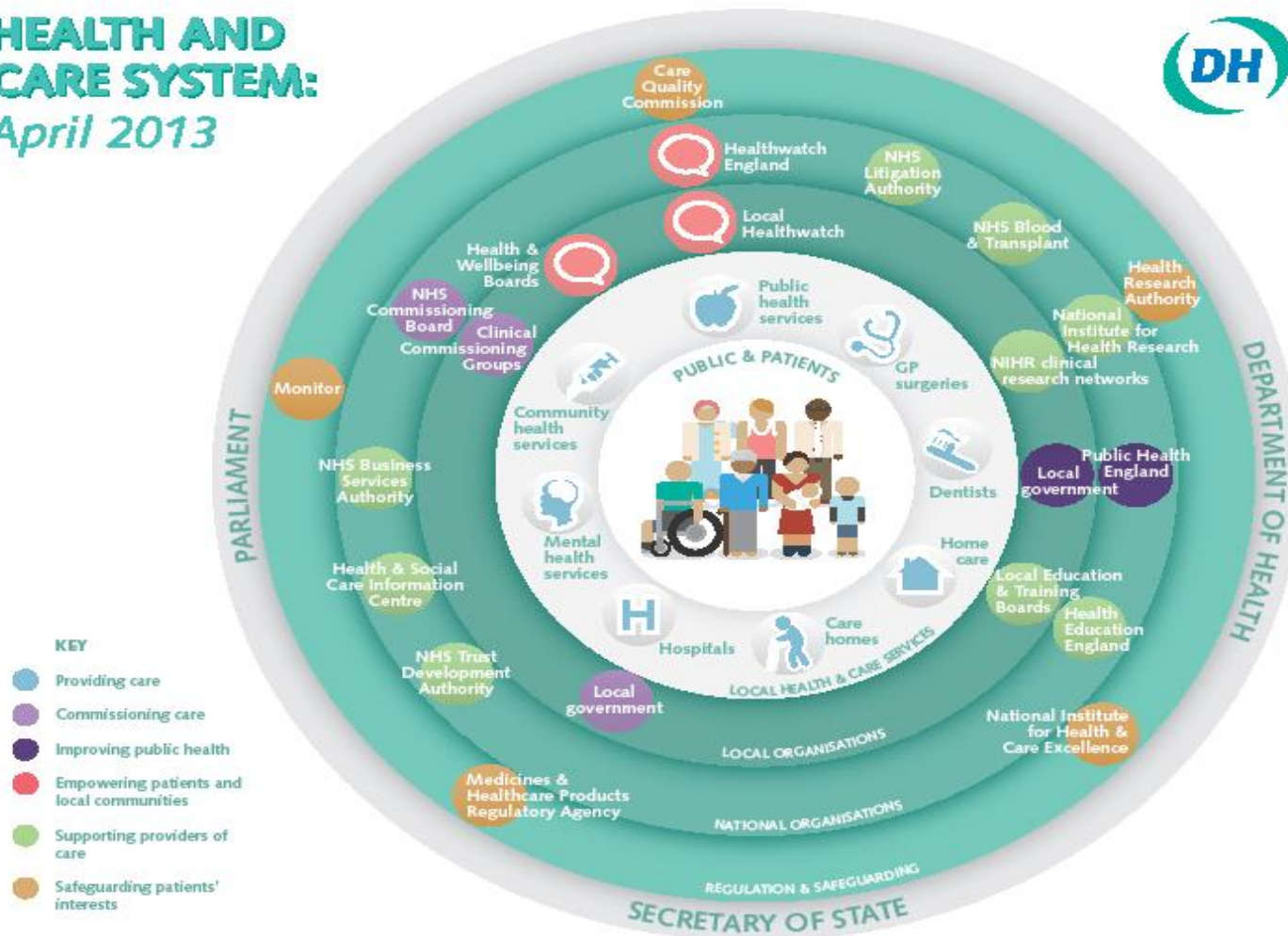
System Overview

New health and care landscape



Another way of looking at it

HEALTH AND CARE SYSTEM: April 2013



Overview of commissioning changes in health

Who commissions what?

General rule of thumb

Clinical commissioning groups

NHS Commissioning Board

Local authorities

What happens locally?

Health and wellbeing boards

CCGs

What happens nationally?

The Mandate to the NHS Commissioning Board
(I'll come back to this)

Role of Public Health England

Who is accountable?

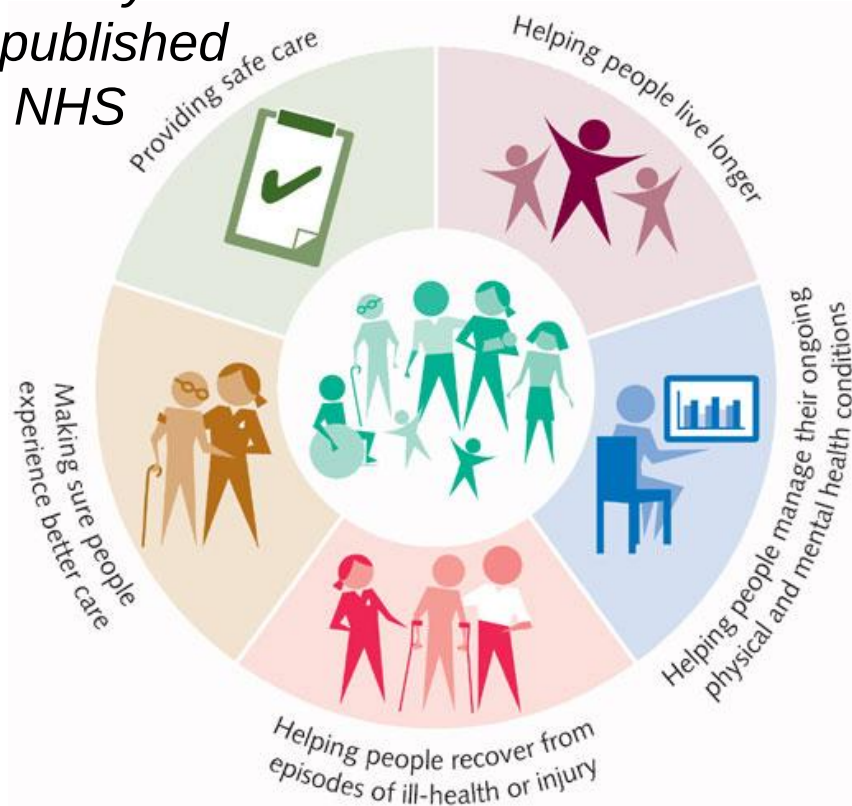
Everyone!

The Mandate

For the first time ever, the Government has publicly consulted on, and published its priorities for the NHS

- What is it?
- What's in it?

You can visit the mandate page at: <http://mandate.dh.gov.uk/> for further information



At a glance

THE MANDATE – at a glance

The Mandate is structured around **five key areas**, which align with the NHS Outcomes Framework, as well as including additional direction on topics such as finance. *(This is only a summary – see the Mandate for details.)*

1. Preventing people from dying prematurely

We want England to become among the best in Europe at preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age.

Objectives include:

- supporting the earlier diagnosis of illness;
- ensuring people have access to the right treatment when they need it;
- reducing unjustified variation between hospitals in avoidable deaths;
- using every contact with NHS staff as an opportunity to help people stay in good health.

2. Enhancing quality of life for people with long-term conditions

We want the NHS to be among the best in Europe at supporting people to manage ongoing physical and mental health conditions, such as diabetes and depression, so that people can experience a better quality of life, and so that care feels much more joined up.

Objectives include:

- involving people in their own care and treatment;
- the use of technology (e.g. ordering repeat prescriptions online);
- better integration of care across different services;
- better diagnosis, treatment and care of those with dementia.

3. Helping people to recover from episodes of ill health or following injury

The Board is being asked to highlight the differences in quality and results between services across the country in order to share best practice, and improve services.

- ensuring greater equality between access to mental and physical health services
- Improving transparency through publication of data, and involving local people in decision-making about services.

4. Ensuring that people have a positive experience of care

The Board is being asked to make sure we experience better care, not just better treatment, particularly for older people and at the end of people's lives. Objectives include:

- measuring and understanding how people feel about their care ("the friends and family test");
- ensuring vulnerable people receive safe, appropriate, high quality care;
- improving the standards of care and experience for women during pregnancy;
- supporting children and young people with specific health and care needs;
- providing good quality care seven days of the week;
- Improve access and waiting times for all mental health services, including IAPT.

5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

The Board is being asked to continue to reduce the number of incidents of avoidable harm and make progress towards embedding a culture of patient safety through improved reporting of incidents.

6. Freeing the NHS to innovate

We want to get the best health outcomes for patients through objectives that include:

- strengthening autonomy at the local level;
- promoting research and innovation;
- controlling incentives, such as introducing the quality premium for CCGs;
- leading the continued drive for efficiency savings, while maintaining quality, through QUIPP.

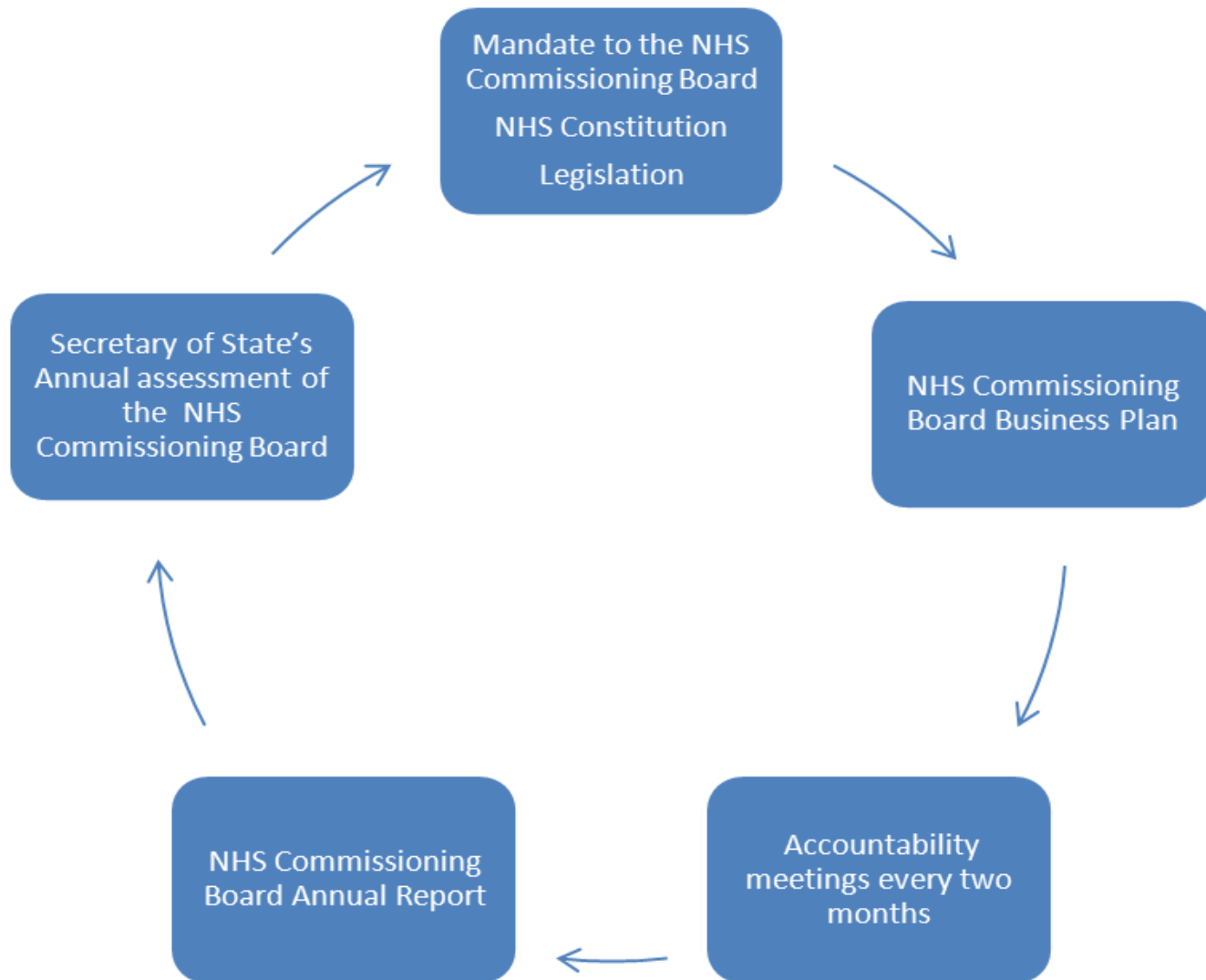
7. The broader role of the NHS in society

We want the Board to promote and support participation by NHS organisations and NHS patients in research, to improve patient outcomes and to contribute to economic growth. The Board must also seek to make partnership working a success.

8. Finance

The Board's revenue budget for 2013-14 is £95.6 billion. Its objective is to ensure good financial management and improvements in value for money across the NHS

The annual accountability cycle



Overview of providers and regulators

Foundation Trusts

AQP

Quality regulation

Professional regulators

CQC

Economic regulation

Monitor

So where are we?

- THE FINAL COUNTDOWN – APRIL 1st
- 27 working days to go until the new health and care system becomes fully operational
- PCTs, SHAs and CCGs

New and changing roles

Role of the Department of Health

- DH has traditionally held two roles – “steward” of the health and care system and NHS HQ
- In future, DH principal role will become “system steward”
- So what does this mean?

The new structures and the challenges we face have implications for how we work

Discharging his statutory duties:

- Promote comprehensive health service
- Quality improvement
- NHS Constitution
- Reducing inequalities
- Promoting autonomy

Acting as system steward for the NHS

Bringing together PH, SC and NHS

Accounting to Parliament and the public

Working across government and with key partners

Owning and shaping the strategic vision for health, social care and healthcare

but...



e.g. accountability +
independence; local +
national

...finding our feet



facing risks and challenges

The NHS Commissioning Board

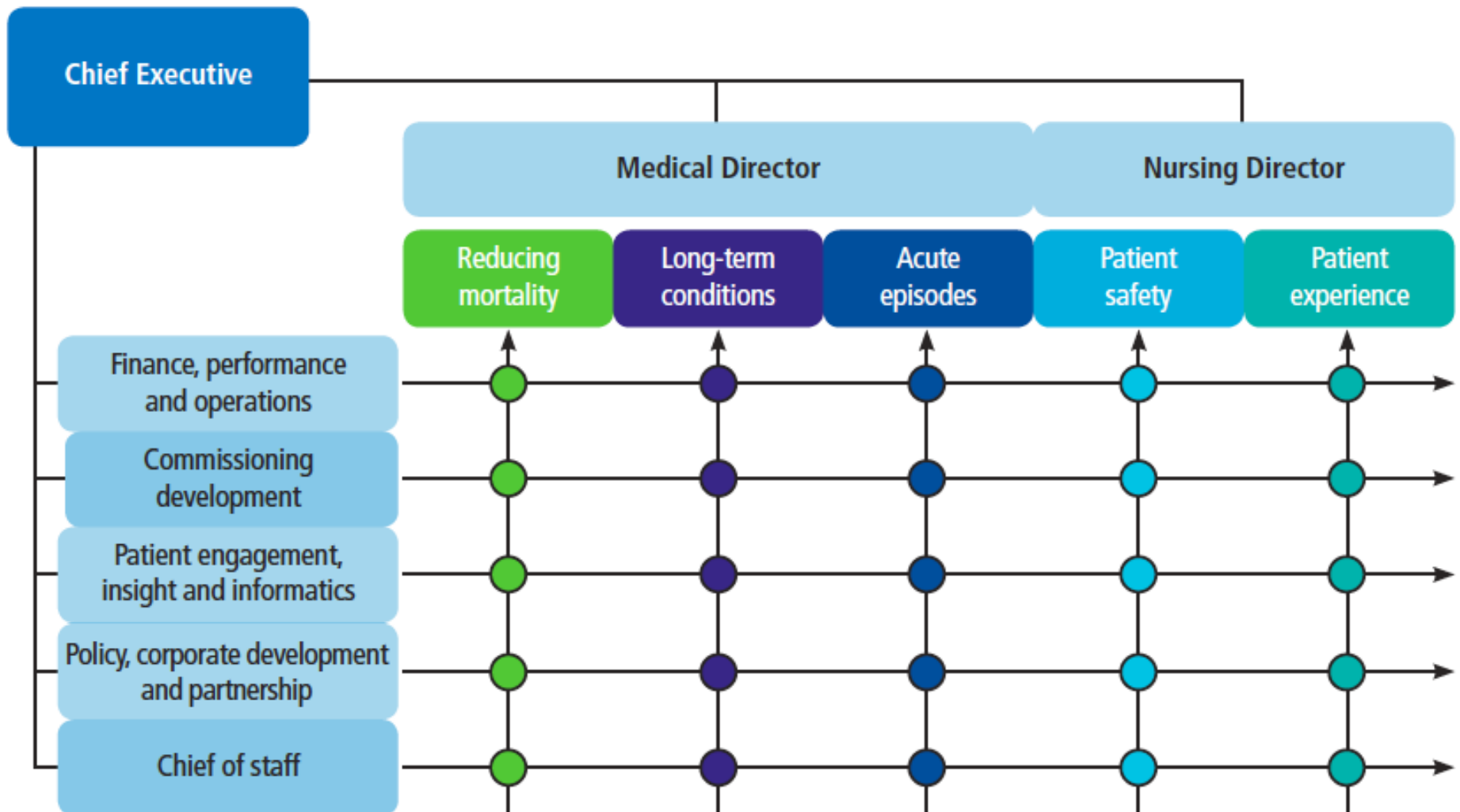
Role of the NHS Commissioning Board

- To agree and deliver **improved outcomes**
- To oversee the **commissioning budget**
- To develop and oversee a comprehensive system of clinical commissioning groups with responsibility for commissioning the majority of healthcare services;
- To **commission directly** around £20bn of services
- To support **quality improvement**
- To promote innovative ways of demonstrating how care can be made more **integrated for patients**;
- To promote **equality and diversity** and the **reduction of inequalities** in all its activities;
- To **champion patient interests**;
- To develop a framework to make **choice a reality for patients**,
- To oversee planning for **emergency resilience**
- With its partners, develop a medium term **strategy** for the NHS

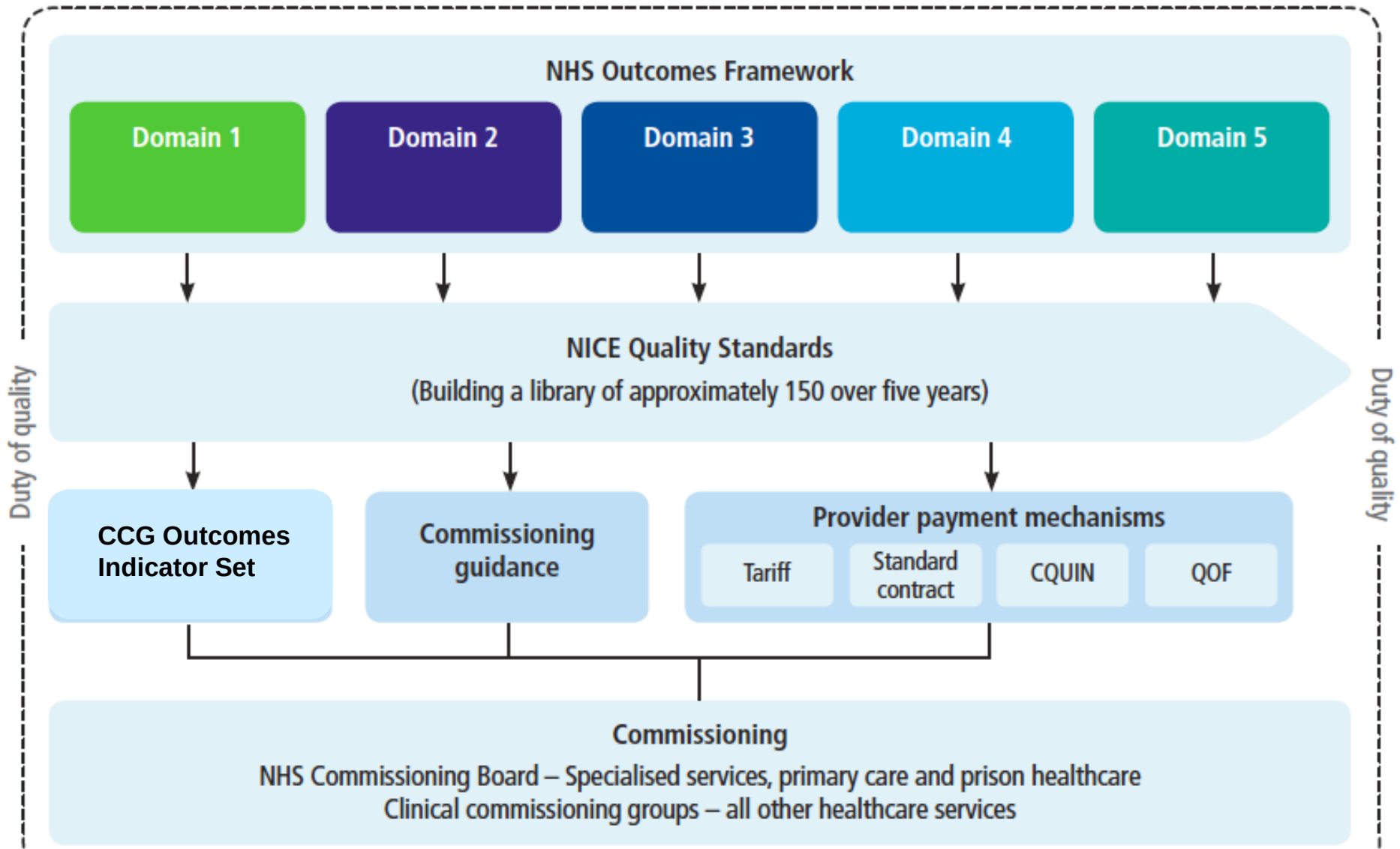


- By transforming **patient and public participation** in the NHS and putting patients first
- By **empowering clinical leaders** at every level, including CCGs, networks, senates, the Board itself and providers
- A **cohesive** set of **system enablers** (pricing, contract, guidance) to support CCGs and ourselves
- By **setting policies and standards** for the NHS
- Through strong **partnerships** (with Local Authorities; HEE; PHE; Monitor; CQC; NICE; Unions; Professional Groups; Patients and their representatives; Providers)

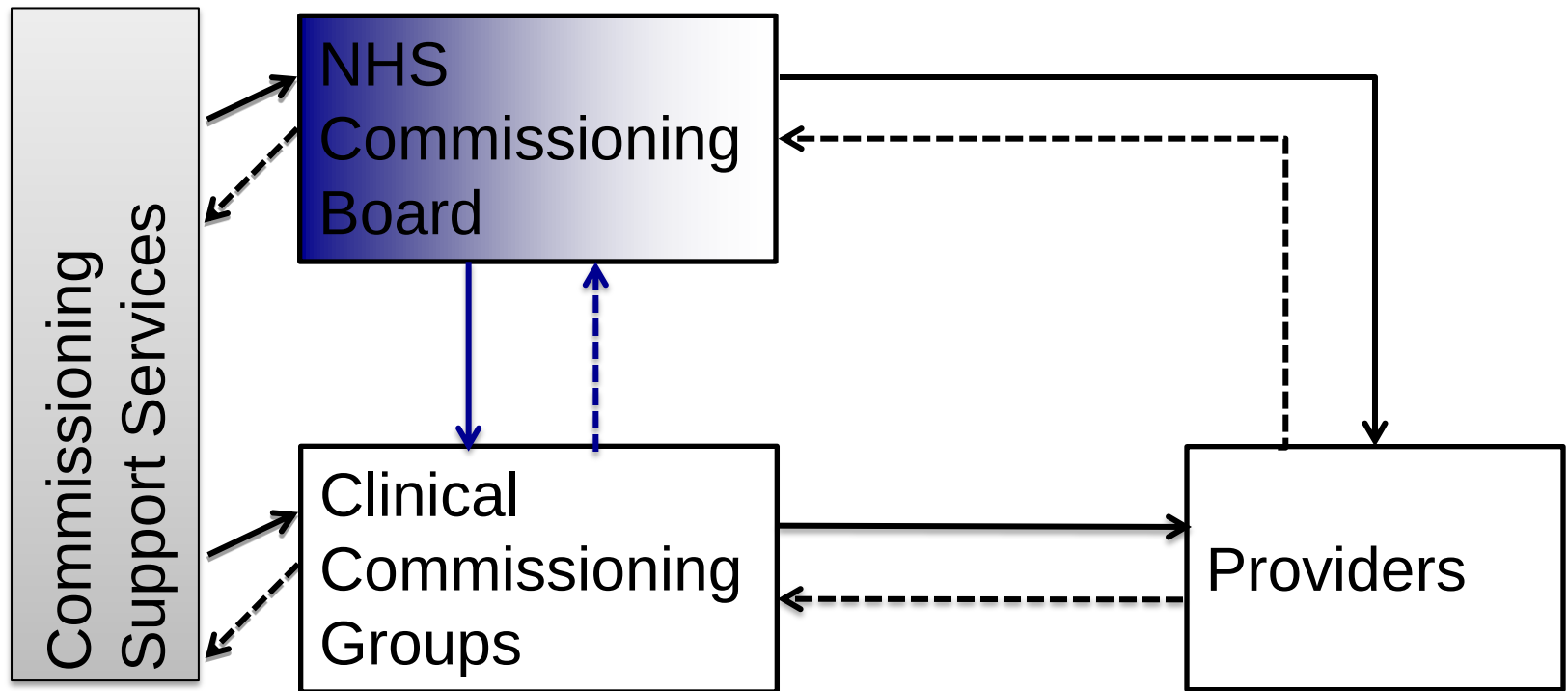
NHS Commissioning Board



System Enablers



NHS Commissioning Board



The Board and CCGs

Commissioning Assembly

Accountability

Authorisation

Directions

Assurance

Intervention

Statutory Guidance

National Support

CCG Development

Tools & Resources

Assumed Liberty

Enablers

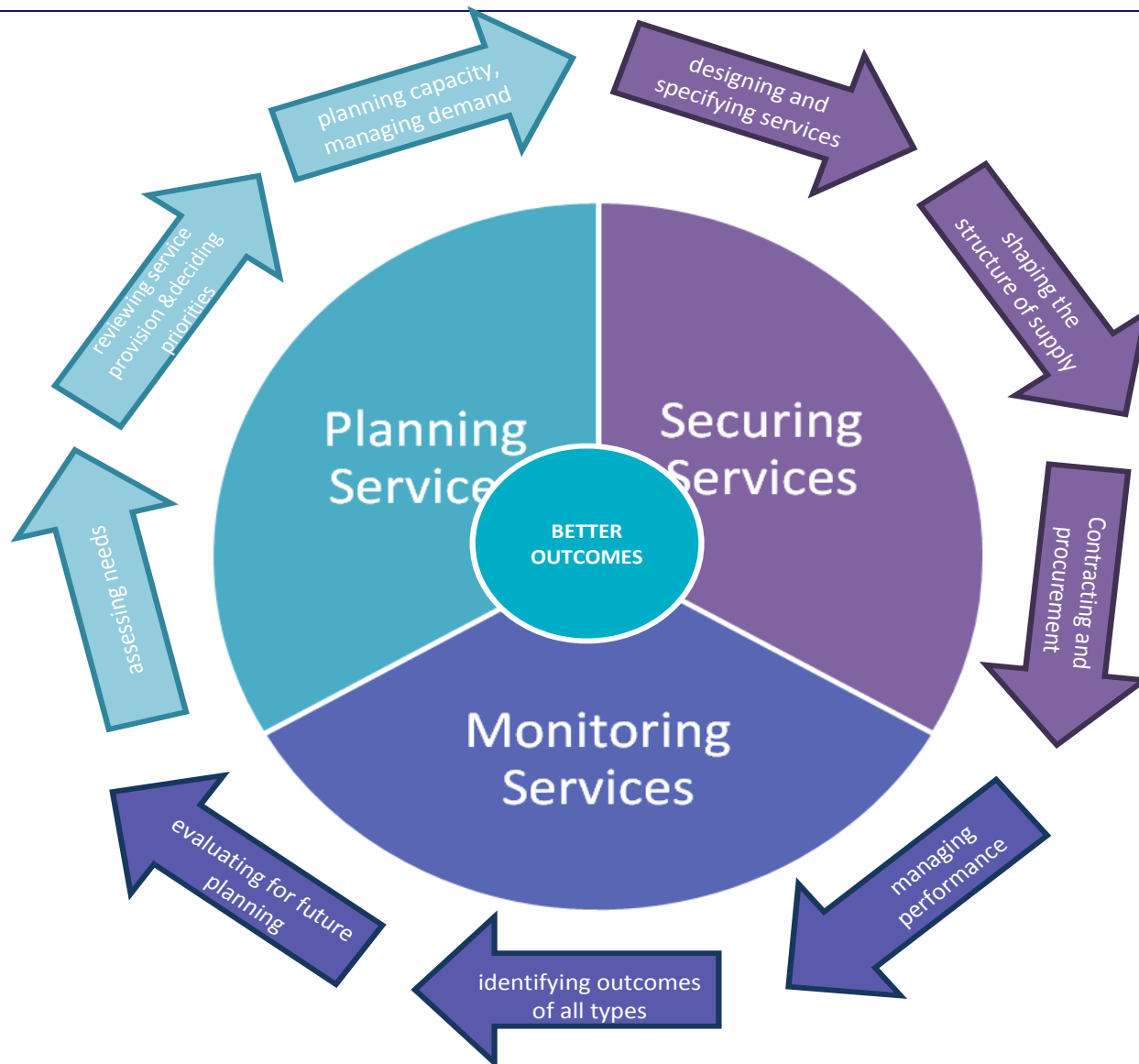
Co-Commissioner

Pathway Redesign

Health and
Wellbeing Boards

Shared Contracts

Commissioning cycle



Looking to the Future

A new commissioning response?



- Patients



- Providers

- Quality improvement



- Current economic climate



- Behaviour and culture change

Discussion