



NCB policy briefings

Health reforms

Volume 1: Introducing the Structure of the Reformed NHS

Volume 2: Standards, Accountability and Patient and Public Involvement

Appendix A: Summary of key agencies tables

Appendix B: Health structure diagram

A diagram illustrating the structure of the reformed NHS. At the top is a large orange rectangle labeled "NCB policy briefing: Health reform". Below it, on the left, is the text "Volume 1" followed by "Introducing the Structure of the Reformed NHS". To the right of this text is a dark blue square. Below the orange rectangle is a red rectangle, and below that is another red rectangle. To the right of the red rectangles is a yellow rectangle. Arrows indicate the following connections: a vertical arrow pointing down from the orange rectangle to the first red rectangle; a vertical arrow pointing up from the dark blue square to the orange rectangle; a diagonal arrow pointing from the dark blue square to the first red rectangle; a vertical arrow pointing down from the dark blue square to the yellow rectangle; and a horizontal arrow pointing from the first red rectangle to the yellow rectangle.

NCB policy briefing: Health reform

Volume 1

Introducing the Structure
of the Reformed NHS

This briefing document sets out expected future structure of the NHS following the NHS and Public Health White Papers, and the Health and Social Care Act 2012.

It describes the roles of the various bodies that will influence commissioning of health services, focusing on issues relevant to children and young people and the voluntary sector.

It can be read in conjunction with the second volume of the Health Reforms Briefing, *Standards, Accountability and Patient and Public and Public Involvement*, which concentrates on the key levers for encouraging good practice and holding the system to account.

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Introduction

The Health and Social Care Bill received royal assent on 27 March and is now an Act (Law). Following this, and the publication of other details by government, the overall framework for the reformed NHS has become clearer. This is one of two briefing documents setting out the new landscape. This first volume sets out the roles of the various agencies, while the second looks at the levers for influencing them (including the role of Healthwatch). Two appendices are also available, summarising the new structure in tabular and diagrammatic form. A further briefing, giving more detail on public health reform (also part of the Health and Social Care Act 2012) will be available at later date. To access these accompanying documents please visit: <http://ncb.org.uk/health/resources-and-publications/policy-briefings>

At the time of writing, a group of government-appointed independent experts, the Children and Young People's Health Outcomes Forum, are considering what outcomes matter the most to children and young people and how different parts of the new system can contribute to these. They will advise government as it produces a 'Children and Young People's Health Outcomes Strategy' for publication later this year. The Forum is seeking views until 30 April. For more information see: <http://healthandcare.dh.gov.uk/category/children/>

The changes described take effect from April 2013 unless otherwise stated.



Local NHS commissioning – Clinical Commissioning Groups

Clinical Commissioning Groups¹ (CCGs) will carry out local commissioning of NHS services, taking over this role from Primary Care Trusts, which are to be abolished.

CCGs will be led by groups of GP practices, but the governing body of CCGs will have to include at least one registered nurse and one doctor who is a secondary care specialist. To avoid conflicts of interest, these individuals must not be employed by a local provider. The governing body will also have two lay members, one championing patients and one appointed for their expertise in governance issues.

The **area covered by a CCG** will be determined by the groups of GP practices that come together to form it. Each CCG will commission services for people registered with the constituent practices and those resident within their defined area. Government has given assurances that it would be the exception rather than the rule for the boundaries of CCGs to cross those of local authorities. Where they do, prospective CCGs will have to show how they will ensure they are able to work with partners. There are expected to be around 220 to 240 CCGs.

CCGs will set out their strategy for local health services in annual **commissioning plans** which must have regard to the joint health and wellbeing strategy for the local area (see health and wellbeing board section, below).

CCGs will have duties to:

- Have regard to the need to reduce inequalities in health outcomes and access to health services
- Promote integration within the NHS and with social care and health related services²
- Secure professional advice (and have regard to new statutory guidance on this)

¹ Government originally proposed that 'GP Consortia' would do this. To reflect a number of changes to the reforms on wider clinical and public involvement, these will instead be known as 'clinical commissioning groups' (CCGs).

² Duties to exercise their functions with a view to securing that health services are provided in an integrated way- and to secure health service provision is integrated with social care and health related services - where they think that this will improve services and/or reduce inequality. Monitor will also have a duty to exercise its functions with a view to *enabling* this. Health related services are services that may have an effect on the health of individuals but are not health or social care services.

- 
- Promote innovation
 - Promote the NHS Constitution
 - Act with a view to enabling patients to make choices with respect to their healthcare (and have regard to new statutory guidance on this)
 - Promote the involvement of patients, and their carers and representatives in decisions about their own care (and have regard to new statutory guidance on this)
 - Involve patients and the public (see *Vol. 2: Standards, Accountability and Patient and Public and Public Involvement*)

NCB and its partners across the children's sector were concerned that GPs do not always have the depth of experience and understanding of children's healthcare needs, particularly for those with complex needs. The broader membership of clinical commissioning groups and stronger duties on obtaining advice – introduced as changes to the proposed reforms following a 'pause' in the passage of the Bill – are positive steps in light of concerns in the sector that the new system would not allow for informed commissioning of children's health services.

Depending on how individual CCGs carry out their commissioning functions, VCOs working in the health sector locally will need to develop new relationships with the management of CCGs as they take over responsibilities from Primary Care Trusts. Challenges in maintaining relationships will already be presenting themselves as PCTs have 'clustered' in preparation for the reforms.

The duties on CCGs with regard to reducing health inequalities, promoting innovation and obtaining advice have the potential to present opportunities for the VCS. Many children and young people's VCOs will already be geared to tackling inequality in innovative and efficient ways and may have expertise to share with CCGs. It should be noted, however, that:

- Government has indicated that it expects CCGs to turn to clinical networks and senates (see below) for at least some of the advice they need
- CCGs are expected to contribute to significant savings in the costs of non-frontline services, which would include commissioning support and advice.



National health commissioning and oversight – The NHS Commissioning Board

The NHS Commissioning Board will be the national body overseeing the NHS and commissioning NHS services that cannot be commissioned by CCGs. It will:

- Authorise, allocate funding to, and performance manage CCGs
- Develop commissioning guidelines for CCGs, model contracts and, with Monitor, the national tariff
- Host 20-25 local commissioning support services (CSSs) and deliver a range of national commissioning support offers
- Commission specialised services, the specific list of which Government anticipate will be closely based on the current Specialised Services National Definition Set³ this includes, for example, provision of equipment for people with complex disabilities, cystic fibrosis services, cleft lip and palate services, specialised dermatology services and specialised paediatric services
- Commission primary care, dentistry, community pharmacy and primary ophthalmic services
- Commission some public health services
- Commission offender health services and military health services.

The NHS Commissioning Board will host both clinical networks and new “clinical senates” formed of doctors, nurses and other professionals. **Clinical Networks** will bring together experts on particular conditions and service areas, building on the existing range of such clinical and professional networks. **Clinical senates** will give expert advice to the NHS Commissioning Board and CCGs on how to make patient care fit together seamlessly in each area of the country. Government expects commissioning groups to follow this advice

- Should include public health and adult and child social care experts.
- Will have a formal role in the authorisation of clinical commissioning groups

³ More information on the Specialised Services National Definitions Set:

<http://www.specialisedservices.nhs.uk/info/specialised-services-national-definitions>

Quote from Minister:

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111115/text/111115w0006.htm#1111164002159>

- 
- Will have a role in advising the NHS Commissioning Board on whether local commissioning plans are clinically robust.

The exact roles and make up of clinical networks and senates is still being developed.

The NHS Commissioning Board has equivalent duties to CCGs in relation to reducing health inequalities, promoting innovation and integration, and obtaining advice.



More information

Developing the Commissioning Board

<http://www.commissioningboard.nhs.uk/commissioningboard/files/2011/10/Developing-the-commissioning-board.pdf>

Questions and answers – NHS Commissioning Board Special Health Authority

<http://www.commissioningboard.nhs.uk/2011/12/22/nhs-commissioning-board-qa/>

There has been concern across the sector about the ability of the new system, with the potential loss of some strategic oversight as PCTs and Strategic Health Authorities are abolished, to deliver children's health services in an informed and coordinated manner. The development of clinical networks and senates and emerging understanding of the NHS Commissioning Board's regional and local operation can be seen as positive developments in this area. The hosting of clinical networks by the Board will be of particular interest to VCOs with expertise on supporting particular patient groups and those with particular conditions. Some existing clinical networks already have representation from the VCS, so there should be further opportunities for engagement as this approach to sharing good practice in treating particular groups and conditions is expanded.

The way in which the Board carries out its roles in issuing commissioning guidance to CCGs, developing model contracts and working with monitor on price setting will potentially have a great impact on the success of different types of provider in the health system. Many VCOs could have greater opportunities if a framework emerges which enables smaller and more specialised organisations to play a part. The VCS will want to engage in all relevant consultations to set out what is needed to create a level playing field in the competition to provide NHS services.



Local strategic and cross-agency planning – Health and Wellbeing Boards

Health and Wellbeing Boards (HWBs) will be established by each local authority to bring local partners together to plan health, social care and public health services.

HWBs will carry out the **Joint Strategic Needs Assessment** (JSNA), which will remain the key vehicle for informing commissioning according to local need. From the JSNA a **Joint Health and Wellbeing Strategy** will be produced by the HWB to set out how these needs should be met by the local authority, CCGs and the NHS commissioning board. New statutory guidance will be issued on JSNAs and Joint Health and Wellbeing Strategies.

The membership of each Board, as a minimum, must include:

- At least one elected member of the local authority
- The Director of Adult Social Services
- The Director of Children's Services
- The Director of Public Health
- A representative of the local Healthwatch organisation
- A representative of each clinical commissioning group in the local area.
- A representative of the NHS Commissioning Board (whilst the JSNA and Joint Health and Wellbeing Strategy processes are being carried out)

Local HWB's views as to whether their partner CCGs take account of the joint health and wellbeing strategy in their commissioning plans will be considered as part of the performance assessment of CCGs.

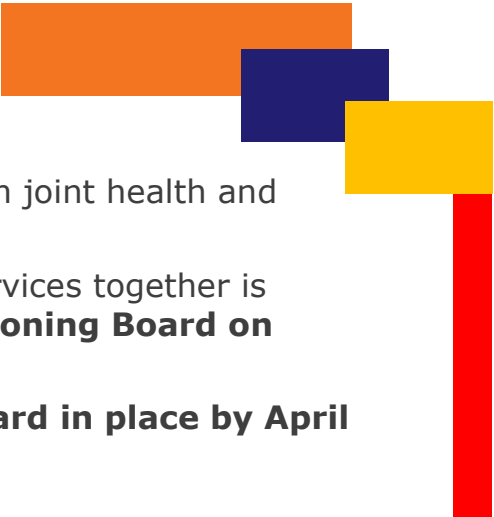
HWBs also have **duties to encourage close working** across health and social care and support and advise on the pooling of budgets and resources between the NHS and local authorities (sometimes referred to as section 75⁴ arrangements). It will also have a power to encourage close working between health, social care and 'health related services'. 'Health related services' are defined as 'services that may have an effect on the health of individuals but are not health services or social care services', which for children could include schools, early years, housing and play services.

Government have stated⁵ that they will encourage **lead and joint commissioning**, and integrated provision, through the mandate to the NHS

⁴ section 75 of the National Health Service Act 2006

⁵ Government response to NHS Future Forum's second report, pp1-3

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132075



Commissioning Board and in new statutory guidance on joint health and wellbeing strategies.

The role of Health and Wellbeing boards in bringing services together is mirrored by **duties on CCGs and the NHS Commissioning Board on integration**.⁶

All local areas are expected to have a shadow board in place by April 2012.

In the context of the removal of the duty on local authorities to produce a Children and Young People's Plan and withdrawal of relevant guidance, Health and Wellbeing Boards will be an important new forum for strategic and cross-agency planning of local services for children. Their role in joint commissioning will add to opportunities to integrate services, particularly for children with complex needs. The bringing together of local partners in this way can also provide for more opportunities for the more integrated, child-centred solutions, which many VCOs specialise in, to be considered.

NCB and partners have been concerned that potential of HWBs to engage the full range of local services that impact on children's health and wellbeing may not be realised. The legislation concentrates on the integration of health and social care with other health-related services only being presented as an optional part of the role of HWBs. Of particular concern is the lack of involvement of education providers (which is not required by the legislation), especially with ongoing education reforms reducing the influence of the director of children's services⁷ (who will be present on every HWB) over education delivery. A narrow focus on health and social care would likely limit opportunities for the many VCOs offering health and wellbeing interventions that also cross other services such as education, housing and youth services.



More information

JSNAs and joint health and wellbeing strategies explained

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131702

⁶ Both have a duty to exercise their functions with a view to securing that health service provision is integrated with social care and health related services, where they think that this will improve services and/or reduce inequality. Monitor will also have a duty to exercise its functions with a view to enabling this. Health related services are services that may have an effect on the health of individuals but are not health or social care services.

⁷ The expansion of the academies programme, for instance, means a smaller proportion of schools are maintained by the local authority with oversight from their director of children's services



Competition and regulation of healthcare providers

Licensing and regulation of providers

HealthCare providers will be licenced jointly by the Care Quality Commission and Monitor. The **Care Quality Commission** will retain its responsibility for overseeing compliance with quality requirements and its independent powers to intervene, where necessary, to protect patient safety.

Monitor, currently providing oversight of Foundation Trusts, will be transformed into an economic regulator for all NHS services. Its overarching duty will be to promote economy, efficiency and effectiveness in the provision of services, in the interests of patients.

Choice and competition

Choice of **Any Qualified Provider**⁸ will be limited to services covered by national or local tariff pricing and the government response to the future forum states that “We will focus on the services where patients say they want more choice, for example starting with selected community services, rather than seeking blanket coverage.”

There are eight areas for which choice of Any Qualified provider will be introduced in April 2012, which include wheelchair, continence and podiatry services for children and adults and primary care psychological therapies for people aged over 16.

Commissioners will decide when and how to use competition, but they will have to take into account regulations on procurement and competition, standing rules on patient choice, NHS Commissioning Board guidance, national tariff and rules on local pricing.⁹

Monitor will have a duty to exercise its functions “with a view to preventing anti-competitive behaviour in the provision of health care services for the purposes of the NHS which is against the interests of people who use such services.”¹⁰

⁸ Previously known as Any Willing Provider, the name change reflecting that all providers will need to meet certain standards set by CQC

⁹ Protecting and Promoting Patients’ Interests: the role of Sector Regulation
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131611.pdf

¹⁰ A proposed duty for Monitor to promote competition in the NHS was removed following the listening exercise. The proposed legislation was also amended at an early stage so that, to avoid competition concentrating on price, national tariffs would state a fixed and not a maximum price.



Not giving preference to a particular sector

The Act forbids Secretary of State, the NHS Commissioning Board and Monitor from deliberately causing a variation in the proportion of services provided by ‘persons of a particular description’ by reference to whether they are in the public or private sector or ‘any other aspect of their status’. Government have stated that the intention of this is to rule out any deliberate policy to increase or maintain the market share of any particular sector of provider – private, voluntary or public.¹¹



More information

Sector regulation: a short guide to the Health and Social Care Bill

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132828

While the opening up of NHS services to a wider range of providers presents obvious potential opportunities for the VCS to develop its contribution to health outcomes, there may also be some challenges associated with the changing landscape. More use of competition in the NHS raises questions around how small, specialised VCOs may fair against larger private sector providers. Monitor’s new role as an economic regulator, including the enforcement of rules on competition, could potentially place new constraints on relationships between commissioners and VCS providers and between VCS providers working in partnership to integrate services. Amendments to the priorities Monitor will be expected to pursue, which were introduced during the passage of the Bill, along with support and guidance on the interaction between integration and competition may help to mitigate this.

Understanding amongst commissioners of the contribution that the VCS can make may remain an issue. Research for NCB’s VSS report, *The Ripple Effect*¹², has found that VCOs working with children and young people in particular, have been susceptible to funding cuts and losing out on public

¹¹ Government response to the NHS Future Forum report pp41-42

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444

¹² *The Ripple Effect: The nature and impact of the children and young people’s voluntary sector* <http://ncb.org.uk/health/resources-and-publications>



sector contracts, as local authorities and Primary Care Trusts seek to reduce their spending.

The impact of sections of the Health and Social Care Act on the market share of particular sectors of provider is not clear. While the VCS appears to be included in this restriction, these measures are likely to be symbolic, and in any case should still permit work aimed at addressing barriers to market entry and creating a level playing field for VCOs.

It will be important for the experience of the VCS to be heard as the details of regulation of providers and rules on competition are developed and choice is spread across more NHS services.

Other structural changes

The reforms will transform Local Involvement Networks (LINKs) into **local Healthwatch**, continuing the existing patient and public involvement functions of LINKs and taking on new roles in providing information and advice to the public and advising Healthwatch England and the Care Quality Commission. (See *Vol. 2: Standards, Accountability and Patient and Public and Public Involvement*)

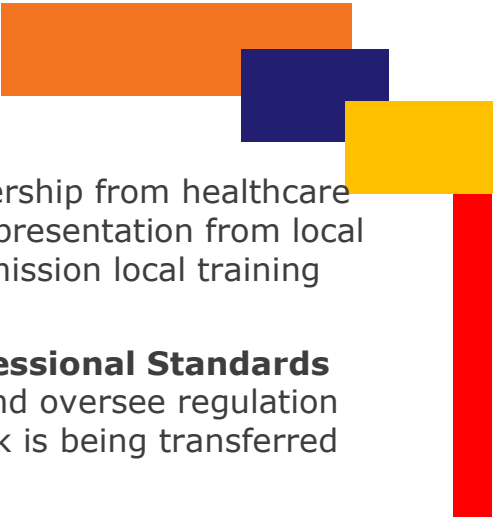
Healthwatch England will be established from October 2012 to support this activity at national level and feed relevant views and concerns of local Healthwatch into national commissioning and regulation.

Directors of Public Health will lead on local authorities' new public health functions, including using the public health grant to commission a range public health services formally commissioned by Primary Care Trusts. (A forthcoming briefing focussing on the public health will provide more detail on these aspects of reforms.)

Public Health England will be established as an executive agency of the Department of Health to replace a number of bodies currently charged with health protection and advisory functions and provide information and intelligence to support local public health services, and support the public in making healthier choices.

Health Education England¹³ will be established to provide national leadership and oversight on strategic planning and development of the health and public health workforce.

¹³ More information: *Liberating the NHS: Developing the Healthcare workforce - From Design to Delivery*



Local Education and Training Boards⁸, with membership from healthcare and public health providers, independent chairs and representation from local health education providers, will be established to commission local training for healthcare professionals.

The **Health and Care Professions Council** and **Professional Standards Authority for Health and Social Care** will register and oversee regulation health and social workers. Responsibility for social work is being transferred from the General Social Care Council in July 2012.

NICE will take on responsibilities around promoting innovation in social care as well as in health care, changing its full title accordingly. The **National Institute for Health and Care Excellence** will also produce quality standards for NHS, Public Health and Social Care Services¹⁴.

The **NHS Trust Development Authority** will be established to oversee remaining NHS Trusts and support them to gain foundation trust status.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132076

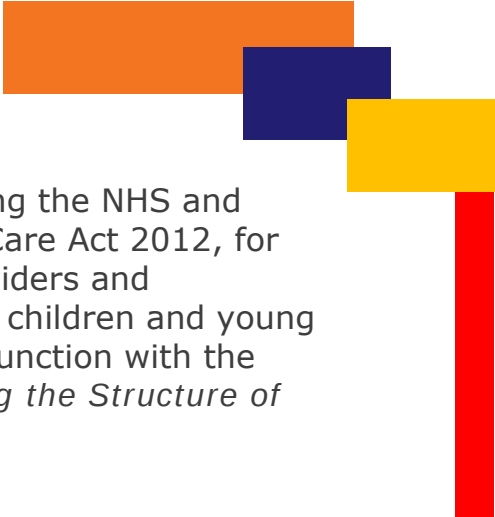
¹⁴ See the companion briefing, Standards, Accountability and Patient and Patient and Public Involvement

NCB policy briefing: Health reform

Volume 2

Standards, Accountability
and Patient and Public
Involvement





This briefing document sets out the key levers, following the NHS and Public Health White Papers and the Health and Social Care Act 2012, for encouraging good practice and holding healthcare providers and commissioners to account. It focuses on the impact on children and young people and the voluntary sector. It can be read in conjunction with the first volume of the Health Reforms Briefing, *Introducing the Structure of the Reformed NHS*.

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Introduction

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<http://ncb.org.uk/health/resources-and-publications/policy-briefings>

At the time of writing, a group of government-appointed independent experts, the Children and Young People's Health Outcomes Forum, are considering what outcomes matter the most to children and young people and how different parts of the new system can contribute to these. They will advise government as it produces a 'Children and Young People's Health Outcomes Strategy' for publication later this year. The Forum is seeking views until 30 April. For more information see:

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National guidance and government expectations

The NHS Constitution

The NHS Constitution is an existing document bringing together in one place details of what staff, patients and the public can expect from the National Health Service. It includes rights and pledges on access to information and involvement in care as well as other issues such as maximum waiting times and single sex accommodation. The Health and Social Care Act (The Act) will give the constitution statutory footing in a number of ways. Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board will both have a duty to act with a view to ensuring that health services are provided in a way that promotes the NHS Constitution. They will also have a duty to promote awareness of it among patients, staff and members of the public. Government has signalled that they will use 'standing rules' (see below) to give legal force to some of the rights the constitution contains.



More information: *The NHS Constitution – NHS Choices*

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

The Mandate

Before the start of each financial year the Government will publish a mandate, setting the budget and objectives of the NHS Commissioning Board and any specific requirements placed on the Board. It will cover the financial year following its publication and may give details of further years.

The NHS Commissioning Board is under a legal duty to seek to achieve the objectives and meet any requirements set out in the mandate. Local Health and Wellbeing Boards must also have regard to it in drawing up their joint health and wellbeing strategies.

The Act requires that the Board and Healthwatch England is consulted on a draft mandate and government has stated that it will also be subject to public consultation.

Standing Rules

The Act allows government to set 'standing rules' through regulations to apply additional legal requirements on CCGs and the NHS Commissioning Board.



These will be used to:

- Maintain the existing arrangements for NHS continuing healthcare¹
- Set out the mandatory terms to be included in contracts between commissioners and providers
- Set requirements around the provision of information for monitoring purposes
- Provide the legal basis for certain patient rights in the NHS Constitution.

They will normally only be issued at the same time as the mandate and government has stated its intention to consult publically on their development.²

Quality Standards

The National Institute for Health and Care Excellence (NICE) will produce quality standards for NHS, public health and social care services. NICE quality standards are a set of specific, concise statements and associated measures, setting out markers of high-quality, cost-effective patient care.

They are intended to enable:

- Health and social care professionals to make decisions about care based on the latest evidence and best practice
- Patients and carers to understand what service they should expect from their health and social care provider
- Service providers to quickly and easily examine the clinical performance of their organisation and assess the standards of care they provide
- Commissioners to be confident that the services they are purchasing are high quality and cost effective.

Up to 150 quality standards will be developed by NICE over the next five years covering treatment and care for various conditions and outcomes.

Quality standards will be reflected in the new Commissioning Outcomes Framework (see below) and will inform payment mechanisms and incentive schemes such as the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) Payment Framework.

¹ Care arranged and funded solely by the NHS for individuals outside hospital who have ongoing healthcare needs

² HL Deb, 16 November 2011, c806

<http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111116-0003.htm#1111160000034>



NICE will be under duties to keep quality standards under review and to consult publicly on their development.

Of the 32 quality standards that have been published, or that are in development but whose scope or draft scope has been published, 19 are restricted to people over 18 years old. This includes standards for some diseases much more common in older patients but also standards for patient experience in general terms and service user experience for mental health. There are plans for just one of these 19 (diabetes) to have a children's equivalent.



More information: NICE quality standards

<http://guidance.nice.org.uk/qualitystandards/qualitystandards.jsp>

Commissioning Guidelines

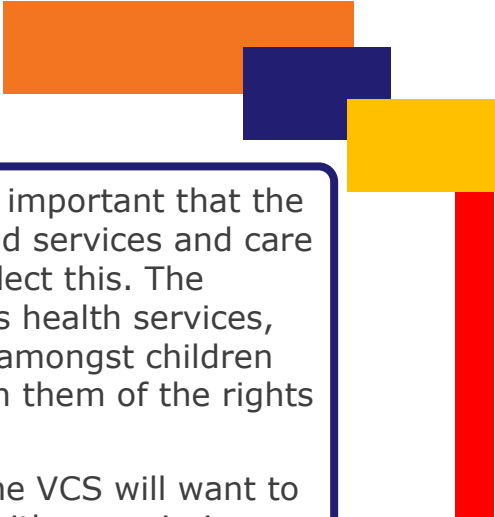
The NHS Commissioning Board will issue commissioning guidelines for use by all CCGs. They will be based on NICE quality standards and advise on commissioning in a way that promotes the outcomes specified in the commissioning outcomes framework (see below) and joint working across NHS, social care and public health. CCGs will be under a legal duty to have regard to this guidance and NHS Commissioning Board must consult Healthwatch England when drawing it up. Government have also said that clinical networks and senates will also be able to feed in.

Information Standards

The NHS Commissioning Board³ will publish information standards setting out principles for the processing of personal information in relation to healthcare. Providers and commissioners will have to use these agreed technical and data standards to promote compatibility between different systems. The NHS Commissioning Board will determine these standards and they will include, for example, record keeping, data sharing capabilities, efficiency of data transfer and data security.

Despite the delegation of decisions about the spending of most of the NHS budget to local CCGs, the new health system will contain several important national levers for influencing the quality of services. The children and young people's VCS will be able to feed into this through public consultation and will have a role in holding providers and commissioners of children's services to account for delivering the standards set.

³ The Department of Health will also carry out this function for adult social care



For promoting children's health and wellbeing it will be important that the suite of quality standards are sufficient to promote good services and care for children and that commissioning guidelines also reflect this. The mandate should include objectives relating to children's health services, and there will need to be continued awareness raising amongst children and young people, and the professionals that work with them of the rights contained within the NHS Constitution.

Providers, and potential providers of NHS services in the VCS will want to make sure that standing rules in relation to contracts with commissioners help establish a framework where the VCS can compete fairly with providers from other sectors. They will also want the values of any innovative, collaborative and child centred approaches they deliver to be reflected by relevant commissioning guidelines.



Performance management and the NHS Outcomes framework

The NHS Outcomes Framework

The NHS Outcomes framework is one of three overarching outcomes frameworks which are being introduced in place of the old performance regime (vital signs, national indicators etc) for local authorities and the health service.

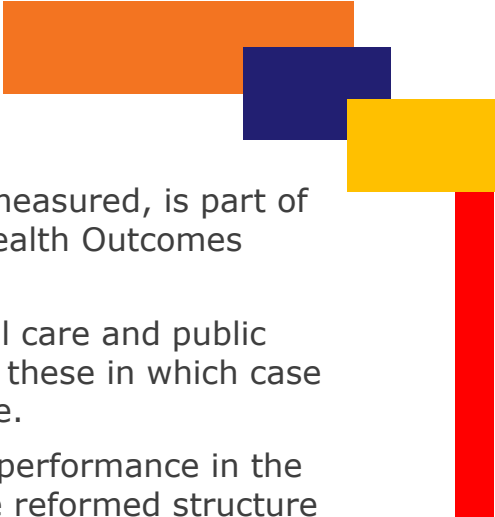
Government intends to use the framework to hold the NHS to account. Objectives in the mandate will relate to the outcomes framework and the NHS Commissioning Board will use a Commissioning Outcomes Framework to measure the contribution CCGs make to achieving these objectives.

The NHS Outcomes Framework includes overarching indicators as well as more detailed indicators to measure 'improvement areas' under five domains.

1. Preventing people from dying prematurely
Includes indicators on reducing deaths in babies and young children
2. Enhancing quality of life for people with long-term conditions
Includes an indicator on unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s
3. Helping people to recover from episodes of ill health or following injury
Includes an indicator on emergency admissions for children with lower respiratory tract infections.
4. Ensuring that people have a positive experience of care
An indicator based on the Children's Outpatient Experience Indicator is being developed for this domain.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm
Includes indicators on Admission of full-term babies to neonatal care and incidence of harm to children due to 'failure to monitor'.

Although seven indicators specific for children are included, around 40 per cent of the total of 60 indicator measures, including half of the "overarching indicators" exclude children.⁴ Looking at what outcomes matter the most

⁴ See NCB and Council for Disabled Children, Outcomes Frameworks in the new reformed health system http://www.ncb.org.uk/media/577025/outcomes_framework_briefing.pdf



for children and young people, and how these can be measured, is part of the current work of the Children and Young People's Health Outcomes Forum.

Two other Outcomes Frameworks will cover adult social care and public health. Some of the same outcomes will be included in these in which case the NHS and local authorities will be jointly accountable.

The NHS outcomes framework will be used to monitor performance in the NHS from April 2012 and take on its full role within the reformed structure from April 2013.



More information: *The NHS Outcomes Framework 2012/13*

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

Performance management of CCGs

A **Commissioning Outcomes Framework** is being developed to measure the contribution of CCGs to NHS outcomes, through their commissioning of local health services. It will include indicators taken directly from the NHS Outcomes Framework where data can be collected reliably on a local scale as well as measurements of the quality of commissioned services, based on NICE quality standards where available.

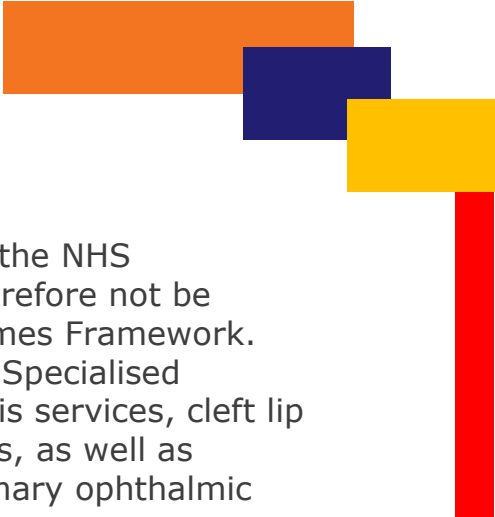
It will also be designed to measure how far the services commissioned by CCGs are contributing to reductions in health inequalities – to assess their compliance with the Equality Act as well as their duties on reducing health inequalities.

The NHS Commissioning Board's annual review of each CCG, and determination of additional payments for quality, will look at measures from the Commissioning Outcomes Framework alongside their contribution to Joint Health and Wellbeing Strategies, their financial performance and engagement of the public.



More information : Commissioning Outcomes Framework – Engagement Document

<http://www.commissioningboard.nhs.uk/2011/11/29/cof/>



Directly commissioned services

A number of services will be commissioned directly by the NHS Commissioning Board rather than by CCGs and will therefore not be included within the scope of the Commissioning Outcomes Framework. These will include specialised services described in the Specialised Services National Definitions Set⁵, such as cystic fibrosis services, cleft lip and palette services, and specialised paediatric services, as well as primary care, dentistry, community pharmacy and primary ophthalmic services.

Government proposes that the NHS Commissioning Board “will set up robust systems for measuring the quality of services that it commissions directly and ensuring that they contribute to the best possible outcomes for patients” and that information on this will be published alongside the Commissioning Outcomes Framework.

The extent to which the current range of measures in the NHS Outcomes Framework excludes children is a cause for concern. The sector will want to remain vigilant, challenging government to act on advice from the Children and Young People’s Health Outcomes Forum and develop indicators to better reflect children and young people’s experience and outcomes.

As many of the indicators in the Commissioning Outcomes framework are based on quality standards (which so far have poor coverage of under 18s) there will also be a need for these indicators to be reviewed in line with knowledge of what service standards are important for children and young people.

The scope of the Commissioning Outcomes Framework, in the absence of similar levels of detail about the monitoring of other services and duties on commissioners, will also create a need for scrutiny from the sector. The NHS Commissioning Board will need to be held to account for the services it commissions. This will be particularly key in groups which have issues accessing good primary care or need specialised services. The sector will also want to make sure that CCGs duties around patient involvement (see section below) and partnership working are taken seriously, particularly in relation to providing a good service for children, and that the NHS commissioning board plays its part in holding CCGs to account on these duties.

⁵ <http://www.specialisedservices.nhs.uk/info/specialised-services-national-definitions>



Healthwatch

Local Healthwatch

The reforms will transform Local Involvement Networks (LINKs) into local Healthwatch, commissioned by local authorities. Local Healthwatch will carry out the existing duties of LINKs:

- Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care (health and social care) services
- Enabling people to monitor and review the standard of local care services and how they could and should be improved
- Obtaining the views of people about their needs for, and their experiences of, local care services
- Making the views of patients, and reports and recommendations on how health services could be improved, available to providers, commissioners and overview and scrutiny committees.

They will also take on the new functions of:

- ▶ Providing information and advice about local care services and about choice
- ▶ Reporting local views to Healthwatch England
- ▶ Advising Healthwatch England and CQC on what reviews and investigations it should carry out.

NHS independent complaints advocacy (ICAS) will also be commissioned by local authorities. There is an expectation that this will be accessed through local Healthwatch, with the local authority either commissioning from the Healthwatch organisation, or from another provider to which the local Healthwatch organisation will signpost members of the public.

The new function of local Healthwatch to provide information and advice and the abolition of Primary Care Trusts (PCTs) will mean that local Healthwatch can be seen as taking over the role of current **PCT Patient Advice and Liaison Services** (PALS). NHS provider trusts will continue with their own PALS arrangements.

Each local **Health and Wellbeing Board** will include a representative of the local Healthwatch, creating a channel to influence the Joint Strategic Needs Assessment (JSNA), joint health and wellbeing strategy and CCGs' annual commissioning plans. There is an additional duty on Health and Wellbeing Boards to involve their local Healthwatch organisation in the development of the joint health and wellbeing strategy, creating more scope for engagement in this particular process.



Regulations are expected to require those contracted to deliver the functions of local Healthwatch to be representative of people from, or receiving care services in, the local area. Government have also made clear in statements to Parliament that the responsibilities of local Healthwatch include carrying out their functions for children as well as adults.⁶

Regulations currently restrict the role of LINKs in children's social care, including with regards to their 'enter and view' powers to avoid inappropriate access by local Healthwatch staff to children's care settings. Similar restrictions are also expected to apply to local Healthwatch, although the Act allows for children's social care to be within the remit of Healthwatch's overarching functions.

The focus on building on and rebranding the work of LINKs creates an opportunity to ensure lessons are learnt (see NCB's research⁷, for example) to ensure that children and young people are better involved in holding the health service to account in the future. It is a positive first step that five of the Healthwatch Pathfinders are choosing the engagement of children and young people as a focus for development. For there to be real improvement those with expertise in engaging children will need to share their knowledge and will need to challenge government and Healthwatch England (see below) to send a clear message on what should be expected.

New aspects of local Healthwatch's role, such as provision of information and advice and involvement in strategic planning, will offer potential for the VCS to make a bigger contribution in these areas.

Leaders in the sector will want to work with government to develop a clearer picture on Healthwatch's involvement in children's social care. The role of local Healthwatch in drawing together existing participation work, such as children in care councils, may provide opportunities for more refined solutions that enable to children and young people to have an equal voice but in a way that meets their wider needs.

⁶ Hansard citation: HL Deb, 15 December 2011, c1499
<http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111215-0003.htm#11121598000527>

⁷ NCB (2011) LINKs involvement of children and young people
http://ncb.org.uk/media/48063/links_vss_report_final2.pdf found that LINKs, the predecessor to local Healthwatch organisations, have not tended to engage children well. It found that not all LINKs understood that engaging with children was part of their official remit. Even those LINKs that engaged with children often set different age parameters for their involvement, many of which excluded younger children, and children's involvement in setting the LINKs' agenda was limited.



More information: Local Healthwatch: A strong voice for people – the policy explained

<http://healthandcare.dh.gov.uk/Healthwatch-policy/>

Healthwatch England

Healthwatch England will be established in October 2012 to:

- Provide leadership and support to local Healthwatch
- Advise the Secretary of State for Health, the NHS Commissioning Board, English local authorities and Monitor as well as the CQC about concerns raised by local Healthwatch
- Request that the CQC carries out an investigation if it has evidence of poorly performing services.

CQC will be under a duty to respond to advice and requests from Healthwatch England.

Healthwatch England will be established as a subcommittee of the Care Quality Commission, the regulator of health and adult social care services. Government are proposing it will have 6 to 12 members. Although based within CQC it will have dedicated and separately accounted funding, and legislation requires at least half of its membership to be independent of CQC.

Healthwatch England, as a source of national support and a body to which issues can be escalated, should constitute a further enhancement to the opportunities that local Healthwatch presents for the VCS and children and young people's participation. This new focal point for spreading good practice may also become a key forum for the VCS to share their expertise in engaging children and young people. As the detail of Healthwatch England's identity and role is developed, the sector will want to exert their influence to help ensure that this body plays its part in making the views of children and young people heard.

The fact that Healthwatch England is based within CQC, the regulator for health and adult (but not children's) social care, will further complicate Healthwatch's role in children's social care (see above). This creates a need to develop additional expertise and links, to Ofsted and the Children's Commissioner, for example, to ensure that children's issues overall are adequately represented. NCB have called for a 'children and young people's champion' on Healthwatch England to help deliver this.



More information: Healthwatch England Narrative

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132416



Other agencies' public and patient involvement duties

Health and Wellbeing Boards

Health and Wellbeing Boards will have duty to involve the people who live and work in the local area (as well as the local Healthwatch) in preparing the Joint Health and Wellbeing Strategy. Draft statutory guidance highlights the importance of ensuring the involvement of people in the most vulnerable circumstances and the role of the VCS in bringing their views and needs to the fore.⁸

This guidance also states that the voluntary and community sector have a vital role to play in contributing to JSNAs and Joint Health and Wellbeing Strategies and suggests that local compacts should be recognised in these documents.⁹

The duties on Health and Wellbeing Boards may offer additional opportunities for children and young people to be heard and the VCS to play a role. Statutory guidance that reflects the importance of engaging the vulnerable and the VCS's potential contribution to needs assessment and planning will also be positive. A survey carried out in 2011 suggests that the VCS are expected to be represented on many HWBs¹⁰.

It should be noted however that in spite of current guidance¹¹ being strong in these areas, the children's VCS has been found to be underrepresented¹² in the partnership arrangements that preceded Health and Wellbeing Boards.

These new duties are also being introduced in the context of the planned repeal¹³ of local authorities' overarching duty to involve local people in decision making, to be replaced with what some¹⁴ are arguing is a weaker

⁸ JSNAs and joint health and wellbeing strategies – draft guidance, p19, 21

⁹ JSNAs and joint health and wellbeing strategies – draft guidance, p18

¹⁰ More than half of emerging HWBs surveyed said they were likely to involve the VCS. As reported by Children and Young People Now 01/06/11 including a survey of 46 local authorities by Cordis Bright. <http://www.cypnow.co.uk/news/1072430/Schools-overlooked-new-health-boards/?DCMP=ILC-SEARCH>

¹¹ Joint strategic needs assessment: Statutory guidance (2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

¹² NCB (2011), *The Ripple Effect: The nature and impact of the children and young people's voluntary sector* <http://ncb.org.uk/health/resources-and-publications>

¹³ Department for Communities and Local Government (2011), Best Value Statutory Guidance

<http://www.communities.gov.uk/publications/localgovernment/bestvaluestatguidance>

¹⁴ See <http://www.involve.org.uk/duty-to-involve-2/>

duty to consult. The relevant statutory guidance¹⁵, which also sets out the role of Local Strategic Partnerships, has already been revoked.



More information: JSNAs and joint health and wellbeing strategies – draft guidance

<http://healthandcare.dh.gov.uk/draft-guidance/>

Clinical Commissioning Groups

CCGs have a number of relevant duties.

To engage patients and the public at a strategic level they must:

- Involve patients and the public in planning and making changes to local health services they commission. They must set out their approach to doing this in their constitution and have regard to guidance published by the NHS Commissioning Board – who will consider the fulfilment of these duties as part of their annual assessment of CCGs
- Consult people they commission services for on the development of their annual commissioning plan
- Have a lay member of their governing body appointed to champion patient interests
- Hold their board meetings in public
- Publish contracts with providers.

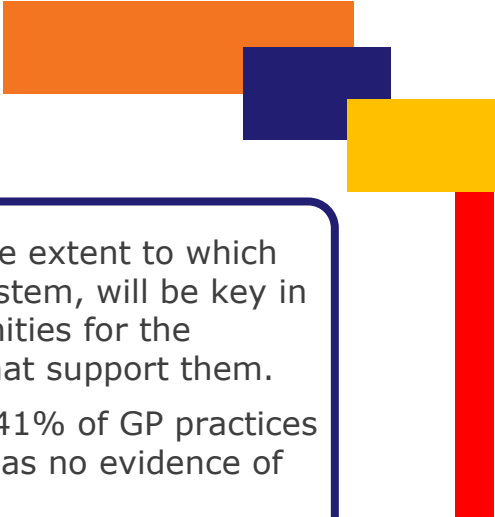
To involve patients on an individual level they have duties to:

- Promote the involvement of patients, and their carers and representatives in decision about the individual's care and treatment, having regard to guidance published by the NHS Commissioning Board
- Act with a view to enabling patients to make choices about aspects of their care and treatment.

Additionally:

- Monitor must carry out appropriate public and patient involvement in the exercise of its functions
- Foundation Trusts must hold their board meetings in public.

¹⁵ Creating Strong, Safe and Prosperous Communities: Statutory Guidance (2008)
<http://www.communities.gov.uk/publications/localgovernment/strongsafeprosperous>



The way in which these duties are implemented and the extent to which understanding of good practice is spread across the system, will be key in determining whether there will be meaningful opportunities for the involvement of children and young people and those that support them.

A review¹⁶ by Participation Works found that although 41% of GP practices reported to have a Patient Participation Group, there was no evidence of children's active engagement in these forums.

Guidance from the NHS Commissioning Board will be a key lever for encouraging CCGs to fulfil their patient and public involvement duties in a way that ensures better representation of children in consultation exercises, and involves children in the planning of their care. The sector will want to challenge the NHS Commissioning Board to issue strong guidance and monitor compliance, and use this as a tool to promote good practice.

Improving training for all medical professionals will also be important. The Council for Disabled Children's Managing My Way research¹⁷ found, for example, that the majority of professionals felt they did not receive enough training to develop their skills in communicating with young people, especially those who use different communication methods. Health Education England and Local Education and Training Boards will need to be challenged to support CCGs to promote the involvement of children and young people in decisions about their own care.

¹⁶ Burke, T. (2010). Anyone listening? Evidence of children and young people's participation in England. Participation Works. Pages 39-46.

¹⁷ Council for Disabled Children (2011), Managing My way
<http://councilfordisabledchildren.org.uk/resources/cdcs-resources/managing-my-way/cdc-managing-my-way-resources/research-report>

Appendix A – Summary of key agencies tables

Agency	Note on status	Principally taking over from	Shadow/transitional forms	Timing
NHS Commissioning Board	Executive non-departmental body	Parts of the Department of Health; Strategic Health Authorities; PCTs (local commissioning support)	▶ Special Health Authority from October 2011 ▶ Executive non-departmental body from October 2012	April 2013
Public Health England	Executive agency of the Department of Health	- Health Protection Agency - National Treatment Agency for substance misuse - Regional Directors of Public Health and their teams in the Department of Health and Strategic Health Authorities - Regional and specialist Public Health Observatories - Cancer Registries and the National Cancer Intelligence Network - National Screening Committee and Cancer Screening Programmes	▶ CEO appointed April 2012	April 2013

Agency	Note on status	Principally taking over from	Shadow/transitional forms	Timing
HealthWatch England	Committee of CQC	N/A	N/A	October 2012
Health Education England		Medical Education England	- Established as a special health authority in June 2012 - Commence a 'shadow' form in October 2012	April 2013
Monitor		- Cooperation and Competition Panel, OFT/Competition Commission (Competition) - Department of Health, SHAs (Pricing)	Licensing Foundation Trusts from October 2012	April 2013
NHS Trust Development Authority	Temporary	Strategic Health Authorities (overseeing remaining NHS Trusts)	Preparatory work from June 2012	April 2013

Agency	Note on status	Principally taking over from	Shadow/transitional forms	Timing
NICE	To be established as non-departmental body Continuing with additional responsibilities			
Care Quality Commission	Continues as sector regulator for quality	Joint licensing with monitor April 2013		
Health and Care Professions Council		• Health Professions Council • General Social Care Council	Renaming and transfer of social care role July 2012	
Professional Standards Authority for Health and Social Care		• Council for Healthcare Regulatory Excellence; General Social Care Council	Renaming and transfer of social care role July 2012	

Agency	Note on status	Principally taking over from	Name of Pilots	Live
Clinical Commissioning Groups		Primary Care Trusts (Clinical commissioning)	▶ Pathfinder (clinical commissioning groups)	From 2013
Local Authorities (public health functions)		Primary Care Trusts (public health functions)	N/A	April 2013
Health and Wellbeing Boards	Committee of local authority	- Primary Care Trusts (PCTs) - Local Authorities (Joint Strategic Needs Assessment)	▶ (Health and Wellbeing Board) Early implementers Shadow HWBs in place by April 2012	April 2013
Local HealthWatch	Commissioned by local authority	LINKs	▶ (HealthWatch) Pathfinders	April 2013
Local Education and Training Boards		Strategic Health Authorities (training functions)	▶ Strategic Health Authority sub-committees from April 2012	April 2013

Appendix B – Summary structure diagram

