Structure of the NHS in England

1. Introduction

This briefing gives Homeless Link members a simple overview of how the NHS in England is structured. For members wishing to engage with, or influence local services, a range of avenues and levers are suggested below.

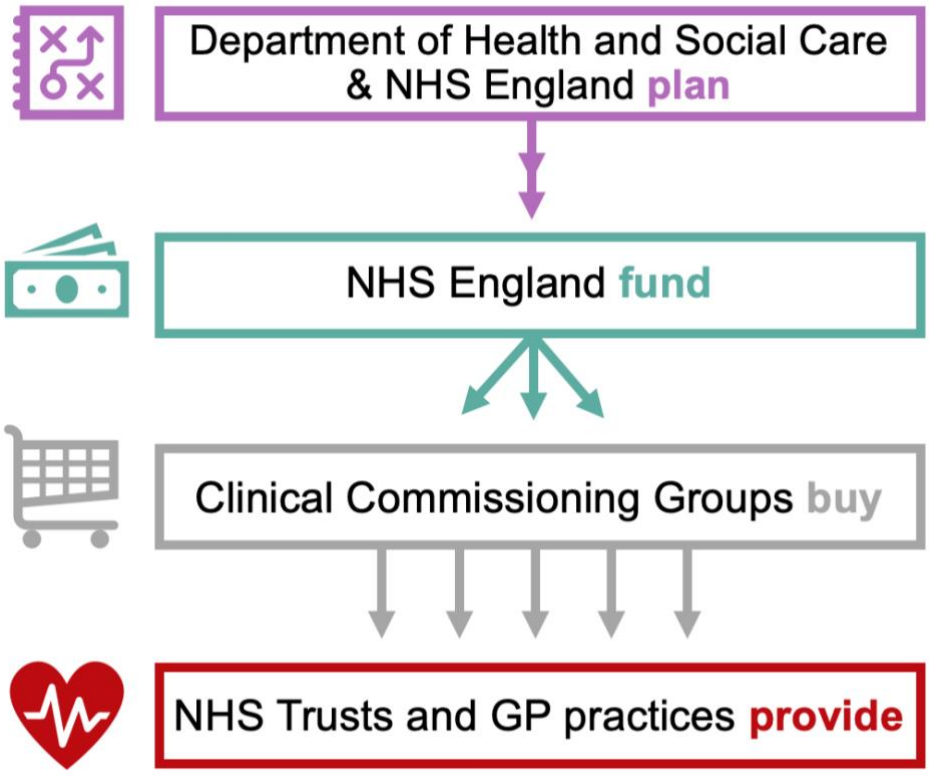
For more information on how the Covid-19 pandemic has affected health provision and means to engage with local health services, please see our companion briefing **Engaging with health services during the Covid-19 pandemic**.

2. Structure of the NHS in England

The NHS in England is a naturally complex organisation, or rather, a broad coalition of different organisations, comprising:

- **providers** (i.e. those who deliver services directly, like GPs),
- **commissioners** (those who 'purchase' and monitor delivery in a local area) and
- higher level **strategic executive agencies** which provide national direction, management and/or monitoring (NHS England, Public Health England, Care Quality Commission, etc).

To give a very simplified model, the key responsibilities for health in England are:



3. Key roles of principal organisations

a) The **Department of Health and Social Care (DHSC)** sets the top level priorities for health care in England, and has arms-length oversight of a range of national NHS organisations or agencies. Among others, these include:

- **Public Health England (PHE)**, which has the responsibility to "protect and improve the nation's health and wellbeing, and reduce health inequalities".[1] PHE has 8 regional centres, and works with public health professionals within local government and the NHS. PHE is also responsible for protecting the nation from public health hazards, so its expertise is crucial in combating Covid-19. At the time of writing, PHE is taking a leading role in issuing guidance to health and social care professionals and organisations, for example: https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance

- **NHS England & NHS Improvement**, which can be seen as the 'next tier down' from the Department of Health and Social Care…

b) **NHS England/NHS Improvement** leads the NHS, and in practice creates the national long term strategy. In April 2019, NHS England was merged with NHS Improvement and took on the latter's responsibilities, which focussed on ensuring safe, high quality care was provided locally by financially secure health systems. However both organisations are still distinct entities at present.

NHS England receives most of the Department for Health and Social Care's funding. In turn, NHS England directs most of the funding it receives from the Department to local Clinical Commissioning Groups…

c) **Clinical Commissioning Groups** (CCGs) each cover a specific geographical area, and review the local population's health needs. There are 131 CCGs as of 1st April 2020.[2] CCGs use the funding received from NHS England to commission (i.e. buy) health services. On the basis of CCGs' understanding of local health needs, they commission from a variety of local health providers.

d) **Provider organisations** deliver health services to local populations. These include:

- **NHS Trusts**, who typically provide secondary care services (i.e. hospital or urgent services) as opposed to primary care (i.e. first point of contact care, like doctors' or dentists appointments)
- **GP practices**, which will likely be part of a network of practices across a local area offering primary care
- **Dentistry** providers
- **Local authorities** who provide public health services
- **Charities**, including some homelessness and housing organisations
- **Private sector providers**, such as HCA, Spire or BMI Healthcare

[1] See https://www.gov.uk/government/organisations/public-health-england/about, accessed 28.4.20
[2] See https://www.nhscc.org/ccgs/, accessed 29.4.20

e) Meanwhile, social care is provided by, and is the responsibility of, **Local Authorities**.

A fundamental difference between health and social care provision in England is that health care is, for the most part, free at the point of need for everyone regardless of income. Conversely, social care is paid for by those who receive it, depending on their means.

It is important to note that the above is a simplified view of the system. For example, NHS England also directly commissions certain specialised services such as secondary and community services for members of the Armed forces[3], and some NHS Trusts will provide a selection of primary care services. Likewise, there has been an increasing move towards mergers of CCGs, hospital chains, as well as greater integration between health and social care, as outlined below.

More information

- This 2017 video from the Kings Fund: *How does the NHS in England work?* Gives a short and accessible overview, though some of the new models of working outlined have since progressed: https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

- For more on this, with an explanation of how NHS and social care regulators play a role, The King's Fund has provided some useful diagrams here: https://www.kingsfund.org.uk/audio-video/how-new-nhs-structured

4. Integration of health, social care and housing planning

(a) The NHS Long Term Plan

In 2014, NHS England's Five Year Forward View[4] outlined key priorities for the NHS, These priorities been built upon by the 2019 NHS Long Term Plan[5] and include:

- improved prevention
- new models of provision, chiefly to ensure more specialised support and care could be provided outside of hospital in enhanced community settings. In essence, the aim is to reduce reliance on conventional hospitals by expanding and developing local community providers, as well as integrating services across health and social care

Among other rationale, these changes were proposed as a means to address growing demand for NHS services, and a greater proportion of patients with multiple needs and conditions (i.e. 'comorbidities') which require far more NHS time and

[3] See https://www.england.nhs.uk/commissioning/commissioned-services/, accessed 4.5.20
[4] https://www.england.nhs.uk/five-year-forward-view/, accessed 29.4.20
[5] https://www.longtermplan.nhs.uk/, accessed 29.4.20

resources. The theory behind these changes is that improving prevention should slow the increase in demand over the long term. In turn, more community provision of specialist support should enable hospitals to focus more on urgent and very specialised care, rather than 'managing' existing conditions.

The NHS Long Term Plan (which covers 10 years to 2029) reviewed progress made towards these goals. The Plan also set out objectives to push the NHS further towards integrated and enhanced care models. The NHS Long Term Plan is shortly to be updated in light of the Covid-19 pandemic.

(b) Sustainability and Transformation Partnerships, and Integrated Care Systems

These top-level strategic priorities have led to the development of, among other models, **Sustainability and Transformation Partnerships (STPs)**. STPs are a coalition of NHS organisations and local authorities brought together to improve health and social care in their area, and to put together a shared plan to address local needs.[6]

NHS England/NHS Improvement now aims for STPs to transition into **Integrated Care Systems (ICS)**, among other 'enhanced care models'. In short, the STPs should be a stepping stone towards local coalition partners developing Integrated Care Systems. These would have:

- broader responsibility for funding and performance across an area for health, public health and social care, and increasingly housing as well
- less involvement and scrutiny from regulators and national bodies such as NHS England

The idea is that rather than working in competition, those responsible for meeting the needs of their local population work together to better plan, commission and provide services.

Greater Manchester is one of the few areas which is currently operating as an ICS. The Greater Manchester Health and Care Partnership combines the Greater Manchester Combined Authority (itself a coalition of 10 local authorities) with local NHS to control the health and social care spending for the 2.8 million people in their area.[7]

More information on ICS and other care models can be found from the Kings Fund here: https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems

[6] More detail on STPs, and for links to local STP plans, please see https://www.england.nhs.uk/integratedcare/stps/view-stps/, accessed on 4.5.20
[7] For more information, see https://www.gmhsc.org.uk/, accessed on 16.4.20.

5. Homeless Link's health influencing

Homeless Link is also engaged in health influencing on a national level through its membership of the VCSE Health and Wellbeing Alliance, made up of 20 voluntary sector organisations covering a wide range of populations. Homeless Link is a leading member of the Alliance's Inclusion Health sub group, which worked with others to ensure that health inequalities were included in the NHS Long Term Plan. Following the Covid-19 outbreak, Homeless Link is working with NHS England and Improvement, together with Alliance members Nacro, Clinks and the Association of Mental Health Providers to inform and support the homeless health response to the virus.

Homeless Link is also running a range of weekly webinars during the pandemic, as well as training and access to our jobs board free of charge if you need to advertise for volunteers at this time.

Please contact us here if you would like more information about the Health and Wellbeing Alliance.