Overview of health and care structures – *The Health and Social Care Act 2012*

The changes to the health and care system will:

- Improve quality and choice of care for patients, and increase transparency for taxpayers;
- Give GPs and other clinicians the primary responsibility for commissioning health care;
- Create a coherent system of regulation for providers, to drive quality and efficiency;
- Limit Ministers' ability to micromanage, while ensuring they remain ultimately accountable.

How the new system will work

1. From the point of view of **patients and the public**, access to NHS services on the basis of need, not ability to pay, will continue. The reforms are intended to improve quality and efficiency by reforming the organisations that commission, regulate and support health and care services.
2. At local level, **local authorities** will have a much stronger role in shaping services, and will take over responsibility for local population health improvement.
3. New **Health and wellbeing boards** will bring together local commissioners of health and social care, elected representatives and representatives of Healthwatch to agree an integrated way to improving local health and well-being.
4. Most NHS care will be commissioned by **clinical commissioning groups**, which will give GPs and other clinicians responsibility for using resources to secure high-quality services.
5. NHS commissioners will be supported by a new body, the **NHS Commissioning Board**. The Board will authorise clinical commissioning groups, allocate resources, and commission certain services, such as primary care. It will also host **clinical networks** (to advise on single areas of care) and **clinical senates** (providing clinical advice on commissioning plans).
6. NHS providers will no longer be performance managed by Strategic Health Authorities. There will be a consistent system of regulation for all providers: the Care Quality Commission will ensure services meet safety and quality requirements, while Monitor will promote efficiency, with powers to set prices, ensure competition works in patients' interests, and support service continuity.
7. Monitor will temporarily also retain oversight of foundation trusts, while the **NHS Trust Development Authority** (not in the Act) will help the remaining NHS trusts achieve foundation status.
8. **Health Education England** (not in the Act) will provide oversight and leadership for professional education and training.
9. The **National Institute for Health and Care Excellence** will continue to provide independent advice and guidance to the NHS, and will extend its role to social care. The **Information Centre** will continue to act as the central, authoritative source of health and social care information.
10. Ministers in the **Department of Health** will still be ultimately accountable for the NHS. Instead of directly managing providers or commissioners, Ministers will transparently set objectives for the NHS through a mandate to the NHS Commissioning Board. It will hold to account all of the national bodies, with powers to intervene in the event of significant failure, or in an emergency.
11. Action to protect and promote the health of the population will be led nationally by a new public health service, **Public Health England**: an agency of the Department.
12. **The overview on the next page provides an illustrative diagram of the structures established by the Act. It does not feature changes to education and training, research or professional regulation.**

Factsheet A3 provides details about the changes to the health and care system. It is part of a wide range of factsheets on the Health and Social Care Act 2012, all available at: www.dh.gov.uk/healthandsocialcarebill

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