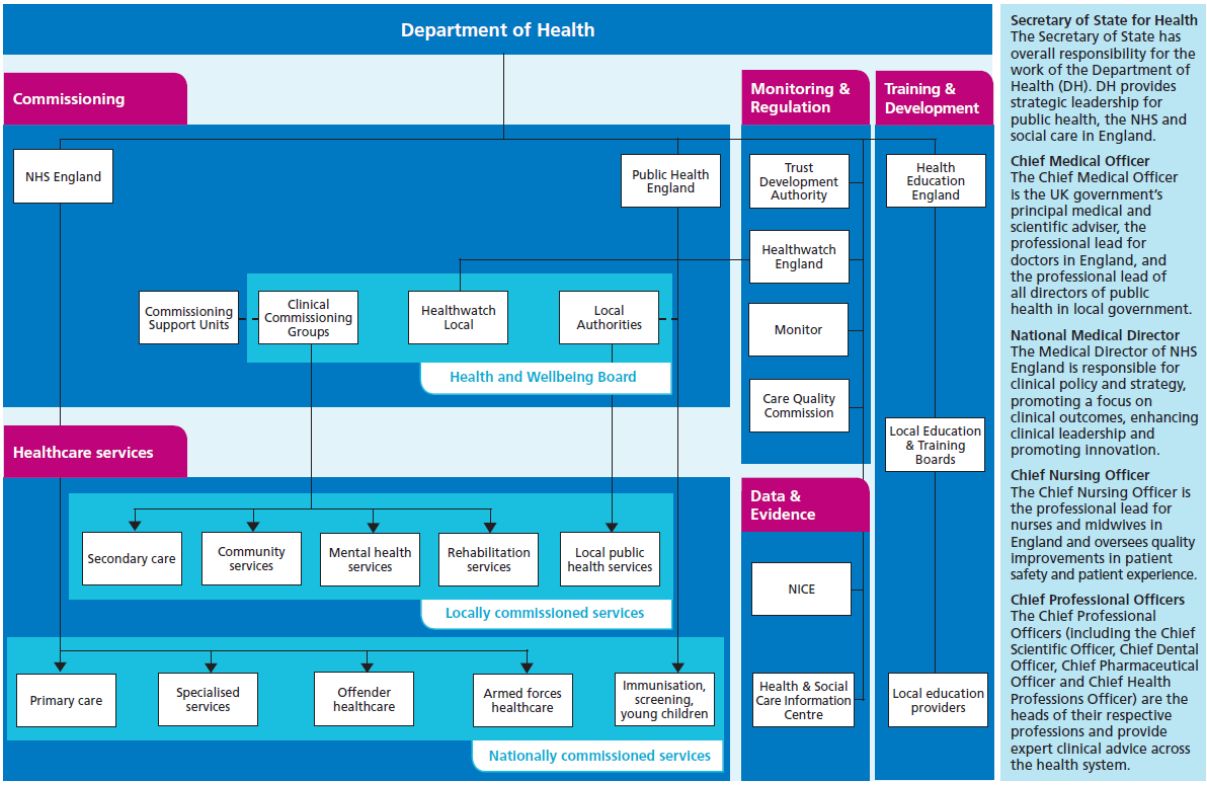
Understanding health and social care commissioning

To an outsider, understanding how the health service operates can be daunting and bewildering. The diagram below, reproduced from Understand the New NHS presents the structure of the NHS in England. The guide also includes difference between the NHS in England and the other home countries.

Figure 1: The structure of the new NHS



An alternative starting point is to watch this Kings Fund video.

In practice there are five key areas where you can focus your attention – the following table outlines these areas and their relevance - in England:

Table 1:Key Areas of Focus for Engaging with the NHS

Health and Wellbeing Board	This is the body responsible for the strategic direction for health priorities for a given Local Authority area. The board will look at national targets and refine this according to local need (often assessed through the Joint Strategic Needs Analysis) to create priorities at a local level. The board is not able to commission local services but sets the framework for priorities under which commissioning can occur. The results of your evaluation may well

	be useful to show the impact of your intervention and thus make cold homes a strategic priority for the Health and Wellbeing Board in the future.
Local Public Health Services*	Public Health is delivered by each Local Authority (and located within the local authority team). Public Health has smaller budgets than the Clinical Commissioning Group and focus on meeting local health objectives. Areas where Public Health may be useful to your project: • Public Health campaigns (including through local pharmacies) • They conduct the Joint Strategic Needs Analysis – a data led assessment of local health needs • They deliver local social services
Clinical Commissioning Groups*	This is the collective decision making and commissioning arm of the local primary care service. The CCG will commission local services e.g. Adult Social Care – these services are generally commissioned based on achieving health outcomes and as such assess performance on health indicators e.g. reduced hospital admissions. The Clinical Commissioning Group is governed by local GPs. CCG boundaries are often similar to LA boundaries but are not always the same. You can find your local CCG here: https://www.england.nhs.uk/resources/ccg-maps
Commissioning Support Units	These organisations provide management and administrative support to CCGs. Notably this includes data analysis and management. While it is unlikely you would get data from a CSU without a CCG's blessing, it is the part of the organisation that you may end up linking in with for the details of data sharing (including data protection agreements). This is likely to only be the case for a large (LA level) project.
Individual GPs (Primary Care)	GPs hold extensive, and arguably the best, patient data. They hold data on patient visits as well as their referrals onto further primary and secondary care and the outcomes of these referrals. They generally use one of only a few software data management systems – the most popular are EMIS Web and SystmOne.

* There is currently a shift towards joint commissioning and integrated service delivery between public health and the clinical commissioning groups. A good example of this is the Better Care Fund – driven nationally this provides a framework for integrated care and joint commission principally aimed at the over 65s. There are also an increasing number of initiatives being delivered in partnership with third sector organisations, particularly around wellbeing.

While these are the five key areas to focus your attention in scoping to engage with the health sector, it will also be worth looking at which providers have been commissioned[1] to provide community health care services. These services are different from the care provided by GPs (primary

[1] There may be multiple commissioned providers for a single service – talking to the Public Health team will help you understand who all these providers are in social care, and the CCG will be able to understand who they are in community health care.

care) and hospitals (secondary care), because the healthcare is provided in the community or in patients' homes e.g. by District Nurses. These services are of note as they will have an ongoing relationship with a patient who has a long-term health condition (such as COPD) and so may be able to assist you in evaluation of your intervention where there is a benefit to them or they are required to do so by the CCG.