Service Delivery

A guide to current NHS architecture across the UK nations

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It can be a challenge to keep up with the rapid changes in how the NHS is governed and organised across all the nations of the UK. It is however important to understand where to look to understand strategic plans for respiratory, where future plans are made and at what level you might need to target, or find someone to listen to you, if you aspire to influence for better primary and community respiratory care.

Each of the four countries have their own NHS governance structure and terminology because health is a devolved matter for the Scottish, Welsh and Northern Irish governments.

This guide will bring you up to speed and make you more confident with the new structures and jargon.

NHS England

In July 2022 the new NHS Health and Social Care Act came into being and it replaced the previous act of 2013 that had been notable for creating clinically led CCGs. CCGs had a relatively short life span with many having already been merged in anticipation of a new Health and Social Care act in 2020. However, this timeline coincided with the peak of the first wave of Covid-19 resulting in the delayed legislation by 2 years.

NHS England leads the national health service in England and is divided into seven regions:

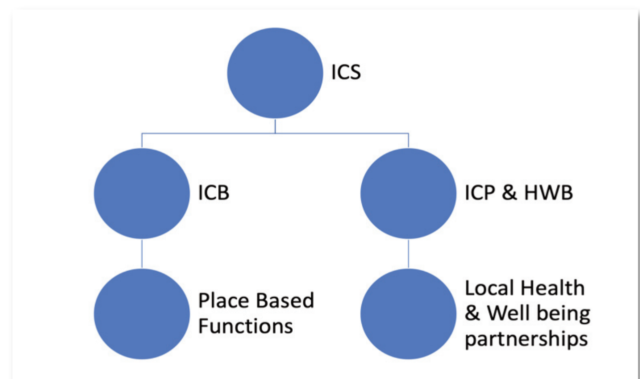
- East of England
- London
- Midlands
- North East and Yorkshire
- North West
- South East
- South West

Each NHS region now supports and develops:

Integrated care systems (ICSs)

ICSs are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. There are 42 ICSs across England, covering populations of around 500,000 to 3 million people.

A key aim of the ICS development was making statutory, the joint working between health and local authority sectors to ensure that funding and strategy for common responsibilities such as child and adolescent mental health or elderly care services was utilised to achieve best value for money.



The ICS is informed and advised by a number of structures that sit below it, from the same geographical area and also more locally at borough or council level. The ICS role is to deliver NHS England national and regional policy by assimilating and acting on the local knowledge and expertise that exists from health, social care, voluntary and community sectors. The

ICS then asks these local boards to deliver on their strategy by working collaboratively for local needs.

Integrated care boards (ICBs)

The ICBs replaced CCGs. There are also 42 ICBs which reflects the merger of the over 200 CCGs that occurred in the few years prior to the pandemic and finally being abolished in July 2022. The ICB has an NHS health responsibility across the ICS geographical area. From a respiratory perspective, here you might see hospital trusts, community trusts and GPs collaborating to improve COPD pathways where all three parts of the health system have a role for diagnosis and management of COPD. The ICB here should want to enable better pathways to ensure they can report better performance on e.g. admissions or quality diagnosis and show effective use of finance. It is at this level that health commissioning and performance monitoring will sit, dictated by the ICS strategy.

Integrated Care Partnership and Heath & Well Being Board (ICP & HWB)

The ICP&HWB will have members from the ICS geographic area representing the NHS, local government, public and community sectors solving local problems with each having an equal say. From a respiratory perspective a common area where strategy and services may be discussed would be childhood asthma and the effects of indoor or outdoor air pollution. Local authorities have responsibility for housing and roads and their actions could have a great impact on asthma attendances and outcomes reducing the need for health expenditure.

Place boards (PBs)

These boards operate at a smaller geography than ICSs, ICBs and ICP&HWBs. This would be at borough or council level or equivalent to the geographies of the old CCGs. Here, the ICS strategy is delivered by using joint NHS and local authority budgets with joint local planning and decision making. From a respiratory perspective this might mean greater targeting of smoking cessation services to areas of a local authority with higher smoking prevalence as a means to impact on respiratory attendances and admissions.

Local Health and Wellbeing Partnerships boards (LHWBs)

Health and wellbeing boards were established in 2013 and were a key mechanism for driving joined-up working at a CCG level. Following the Health and Care Act 2022, they still have a role in the new architecture and this smaller geographic level. Their duties and powers in this new system are still being decided. They will play an important role as a key mechanism for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally. They have a particular role in engaging with the local population and addressing inequalities through local knowledge.

Delivering the health strategy within an English ICS

Once the ICS and local boards have agreed a strategy and operational plan for improving health the key mechanism for delivery are:

- Primary and community care services and Primary Care Networks
- Mental Health Services
- Adult Social Care Providers
- Hospital and other health care services

Primary Care Networks (PCNs)

These are groups of primary care providers delivering services in their community, usually to a population of around 30-50,000 patients. Each PCN has a Clinical Director who is responsible for the granular design and delivery of services asked of it by the Place boards. These locality-based services would be designed to be flexible to the needs of their individual patient group. From a respiratory perspective there are opportunities to improve respiratory diagnostics through concentrating expertise in fewer diagnostic clinics or providing remote support in rural situations rather than expecting all primary care sites to achieve the same standards when they may have different resources, skills and knowledge.

HSC Northern Ireland

In Northern Ireland the NHS is referred to as Health and Social Care (HSC). It provides healthcare as well as home care services, family and children's services, day care services and social work services.

Department of Health (DoH)

The DoH is one of the 9 devolved NI government departments within the NI Executive. The DoH was formally known as *The Department of Health, Social Services and Public Safety – (DHSSCS)* until 2016. The DoH is responsible for health and social care (HSC) services in conjunction with Public Health & Public Safety.

DoH Strategic Planning and Performance Group (SPPG)

The SPPG is an office within the DoH and is responsible for commissioning services based on the strategy of the NI executive's DoH. It also has responsibility for achieving value for money as well as measuring outcomes and reporting this back to the executive. This board commissions for delivery through health and social care trusts, GPs, dentists, opticians, and community pharmacy.

The SPPG replaced the Health and Social Care Board (HSCB) which closed in March 2022 following new legislation enacted because of its complex and bureaucratic structures and lack of clarity of accountability and decision making.

A key aim of the new structure is to develop integrated care systems. The SPPG achieves locally relevant commissioning through local commissioning groups and integrated care partnerships.

Local Commissioning Groups (LCGs)

There are 5 LCGs in NI:

- Belfast
- Northern
- South-eastern
- Southern
- Western

The LCGs work together to achieve the best outcomes possible for the local community by developing a joint needs assessment and strategy for improving public health. The LCGs carry out a range of functions with respect to the commissioning of health and social care for people within their area. The membership includes AHPs, Dentists, GPs, Local Government, Nurses, Pharmacists, Public Health and Social Workers.

Integrated Care Partnerships (ICPs)

There are 17 ICPs that cover the 5 Local Commissioning Groups (LCGs) – and serve approximately 25–30 practices covering 100,000 population. The ICPs focus on improving services for the frail elderly, LTCs (including respiratory, diabetes and stroke), and address the entire care pathway for each patient cohort from prevention of the LTC through to the accurate diagnosis, assessment, and management right through to end of life care considering how improvements can be made at all stages of the patient journey.

Public Health Authority (PHA)

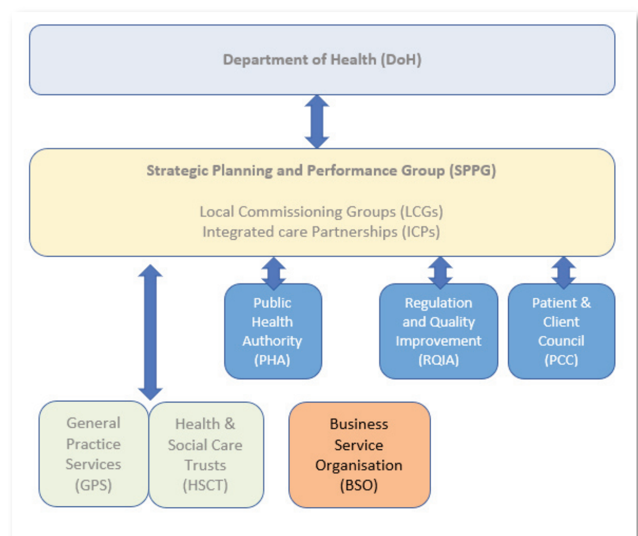
The PHA was created in 2009 as part of the Health and Social Care Trust (HSC) reform and works directly with the DoH. The PHA is responsible for health protection and health and social wellbeing improvements. The PHA is responsible for protecting public health by identifying inequalities in health and addressing areas like preventable diseases.

Regulation and Quality Improvement (RQIA)

The RQIA was established in 2003, it is the independent body responsible for the monitoring and inspecting of the availability and quality of health and social care services across Northern Ireland ensuring these are accessible to patients and clients and meet the required qualitative standard.

Patient and Client Council (PCC)

The PCC was also created in 2009 as part of the Health and Social Care Trust (HSC) reform, its purpose is to act as an independent voice for patients, clients, and carers and communicates directly with the DoH.



Delivering Northern Ireland's health strategy

General Practice Services (GPS)

GPs are located and embedded in the communities they serve, they are responsible for the initial diagnosis, assessment, and management of common acute and long-term conditions, in conjunction with the onward referral to secondary, specialist or other services as indicated.

The NI Health and Social Care trust (HSCT)

There are 5 HSCTs aligning with each of the LCG regions with a sixth trust covering ambulance services in NI. They are responsible for providing a range of health and social care ser-

vices to their geographic populations. The services are delivered from hospital sites, local community hospitals, health centres, social services, a community network and home care.

Business Service Organisation (BSO)

The BSO was established in 2009 and provides a broad range of support functions to the health and social care sector in Northern Ireland that includes amongst a long list of services, helping people to register with a GP, supporting health and social care staff, analytics and procurement.

NHS Scotland

Within the Scottish government, health and social care policy is the responsibility of the **Health and Social Care Directorates**, that include primary care, population health and vaccine directorates amongst others. These directorates communicate their relevant strategies to a number of **Health Boards**, that are divided into those that cover geographic regions and those with specific functions, such as Public Health, Ambulance, NHS 24 and Healthcare Improvement amongst others.

Primary care services that include GPs, dentists, opticians and pharmacists sit within the population health and primary care directorates and are directly contracted to provide their services.

At a more local level, Scotland has structures for the planning and delivery of the integrated health and social care that requires local authorities and health boards to work together to deliver for local priorities as well as national strategy.

Regional Boards

In Scotland there are 14 health boards that cover different geographical areas. Unlike in England and NI, the regional boards are responsible for both the regional commissioning and management decisions as well as delivery of health care through their hospitals, and community services, such as district nursing.

Integrated Joint Board (IJB)

31 local authorities in Scotland have an IJB and it is the decision-making body responsible for the strategic planning of integrated health and social care activity for that locality. The membership comprises local authority councillors, non-executive NHS directors as well as representation from primary care, secondary care, nursing, care sector and members of the public. Their strategic priorities can include prevention, shifting balance of care from hospital to community and enabling independent living amongst others.

Health and Social Care Partnership (HSCP)

There are 31 HSCPs spread across the 14 health boards and they deliver the strategy and are managed by the IJBs. All Partnerships are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Some are also responsible for children's services, homelessness and criminal justice social work.

GPs and General Practice Clusters

Whilst GPs are individually contracted there are structures to connect them to the rest of the health and social care system and with each other. The HSCPs that deliver integration are further divided into localities, based on geography. Each locality contains several clusters that comprise 5-8 practices. Each practice has a practice quality lead and each cluster has a cluster quality lead. The aim of these is to facilitate quality improvement and to allow contribution of practice level activity to the design of local healthcare services. The quality work of these clusters replaces the Quality and Outcomes Framework (QOF) activity which was considered in Scotland to be bureaucratic and risked disproportionate emphasis on certain conditions over others.

NHS Wales

There is a department for health and social services in Wales that sets the policy and strategy for the NHS in Wales.

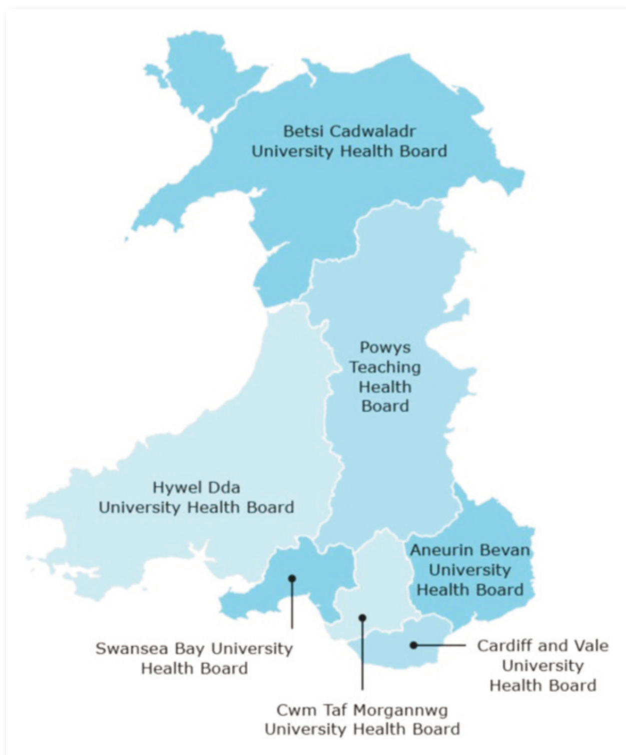
In Wales, as with Scotland, the commissioning and management as well as delivery of health is the joint responsibility of **Health Boards**. These are divided into regional boards, defined by geography and 3 other boards that work at a national level.

Wales does not have a health and social care integration system per se but has agreed a 5-year fund in 2022 to develop models of integrated care.

Wales is working towards aligned models of clinical service delivery across its boards through the 2021 **National Clinical Framework** using valuebased healthcare principles.

Regional Boards

There are seven health boards that cover different geographical areas (see page 36). They are responsible for primary care, community and hospital services within their geographic boundaries.



National Boards

1. Ambulance services
2. Velindre NHS Trust - They provide specialist cancer services to the people of Wales and the Welsh Blood Service. It also hosts the **NHS Wales Shared Services (NWSSP)** that is responsible for business support functions and **Health Technology Wales (HTW)** that aims to improve the quality of care in Wales through technological advancement.
3. Public health Wales - They work to protect and improve health and well-being and reduce health inequalities for the people of Wales.

GPs and General Practice Clusters

In 2010 the Welsh government set out a concept of GP services being delivered on a locality basis. There are now 64 primary care clusters that serve between 30-50,000 population. Together with other primary care services such as pharmacies they can plan and deliver locally.