



# NHS changes

a guide for voluntary and community organisations  
in Kensington and Chelsea

August 2012

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## Introduction

The Social Council has prepared this briefing as many people in the voluntary sector are finding it difficult to keep up with the current changes in structure of the NHS. The sector is also wondering how this will affect their organisations, and asking what they should do to prepare for the changes.

## How did we get here?

Currently, the **Primary Care Trusts (PCTs)** are responsible for planning care for a local population. PCTs commission services from **provider organisations** such as hospitals and also commission **public health** services (see below). Primary Care Trusts are **statutory organisations**, which mean they can only be created and abolished by an Act of Parliament, and they are responsible for fulfilling public duties.

[NHS Kensington & Chelsea \(the PCT for Kensington and Chelsea\)](#) is still technically a statutory organisation in its own right. However, in 2011, it merged all its executive functions with the PCTs in Westminster and Hammersmith & Fulham. This was to enable the three PCTs to cut 67% of their running costs as required by the Department of Health. The three PCTs are currently operating under the name **Inner North West London PCTs (INWL)**. This is a temporary measure until all PCTs cease to function on 31 March 2013.

Some PCT functions are also being carried out across the eight boroughs that comprise North-West London<sup>1</sup>.

## What's happening next

The [Health and Social Care Act 2012](#) defines a major restructuring of the NHS both at a national and local level, and involves the abolition of PCTs, and the transferring of their functions to some new organisations and some existing organisations, as detailed in the table below. All of these arrangements formally begin on 1 April 2013, but are operating in 'shadow' form now so that there is a smooth transition. Most staff from INWL PCT will transfer to either local authority, Public Health England, Clinical Commissioning Groups or the Commissioning Support Unit, depending on their current role.

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<sup>1</sup> As well as Kensington & Chelsea, North West London includes Westminster, Hammersmith & Fulham, Hounslow, Hillingdon, Brent, Ealing, and Harrow.

NEW ORGANISATION	FUNCTION
<p><b><u>West London Clinical Commissioning Group</u></b> (WLCCG)</p>	<ul style="list-style-type: none"> <li>■ Will commission hospital and community healthcare services for the residents of Kensington &amp; Chelsea and also Queen’s Park and Paddington.</li> <li>■ The CCG board comprises local GPs, clinicians from other disciplines and public and patient representation.</li> <li>■ Will have a patient and public engagement panel which will include voluntary sector representation and a board member with responsibility for public engagement.</li> </ul>
<p><b>CWHH CCG Collaborative</b> (CWHH stands for <b>C</b>entral; <b>L</b>ondon, <b>W</b>est London, <b>H</b>ounslow and <b>H&amp;F</b> CCGs)</p>	<ul style="list-style-type: none"> <li>■ WLCCG is part of the CWHH CCG Collaborative. The Collaborative also includes Central London CCG (Westminster excluding Queen’s Park and Paddington), Hammersmith &amp; Fulham CCG and Hounslow CCG.</li> <li>■ The Collaborative was formed to share a leadership team and work together to tackle cross Borough issues; influence the provider landscape across NSL and better manage the performance of the CSU (see below).</li> </ul>
<p><b>Commissioning Support Unit</b> (CSU)</p>	<ul style="list-style-type: none"> <li>■ An outsourced function of the CCG, will provide the actual technical work of commissioning.</li> <li>■ They will initially be NHS organisations staffed mainly from former PCT staff, with a guaranteed contract for four years, after which the function can be tendered openly.</li> <li>■ Local voluntary organisations are most likely to hold relationships with commissioning professionals in this new organisation, rather than the CCG.</li> <li>■ There will be one CSU for the eight CCGs in North West London.</li> </ul>
<p><b>Kensington &amp; Chelsea Health &amp; Well-Being Board</b> (KCH&amp;WBB)</p>	<ul style="list-style-type: none"> <li>■ This new body will oversee the entire new health structure in Kensington &amp; Chelsea, and monitor the CCG.</li> <li>■ The Council (RBKC) employs a member of staff to coordinate the work of the board.</li> <li>■ The current Local Involvement Network (Link) has representation on the Board but there is no other voluntary sector representation. However there are plans for a wider stakeholder group with a mechanism to feed into the Board.</li> <li>■ H&amp;WBBs will be responsible for producing the borough’s Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).</li> </ul>
<p><b>Tri-borough public health department</b></p>	<ul style="list-style-type: none"> <li>■ This department, currently part of the PCT, will be transferred to Westminster City Council, which will manage this function for the three boroughs.</li> <li>■ By transferring public health from the NHS (which provides healthcare) to local authorities, it is hoped that public health interventions can be better coordinated with other statutory functions such as education and housing.</li> <li>■ The tri-borough Director of Public Health is Dr Melanie Smith.</li> </ul>

<b>Public Health England</b>	<ul style="list-style-type: none"> <li>■ A new national body to oversee all public health work across England, and to which Directors of Public Health locally are accountable.</li> </ul>
<b>NHS Commissioning Board</b> (NCB)	<ul style="list-style-type: none"> <li>■ Will oversee all the functioning of the NHS and commission some services which are currently commissioned by INWL PCT.</li> <li>■ There is a London office of the NCB</li> </ul>
<b>Local HealthWatch</b>	<ul style="list-style-type: none"> <li>■ This new local organisation will provide a mechanism for patients and the public to monitor and influence health and care services locally.</li> <li>■ The current Local Involvement Network (LINK) will evolve in to Local HealthWatch, and will also absorb the local Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS).</li> </ul>

## NHS provider organisations / NHS Trusts

The last major change of structure in the NHS involved the splitting off of the commissioning functions and the provider functions of primary care trusts into different organisations. The commissioning organisations remained known as PCTs, and the provider organisations became new independently constituted NHS organisations, or **NHS Trusts**.

There will be no major change to this in the current restructuring, although all NHS providers are required to become [foundation trusts](#) (which gives them more financial and organisational autonomy) by April 2014.

<b><a href="#">Imperial College Healthcare NHS Trust</a></b>	<ul style="list-style-type: none"> <li>■ The NHS Trust that runs St Mary's, Queen Charlotte's, Charing Cross and some other local hospitals.</li> </ul>
<b><a href="#">Chelsea &amp; Westminster Hospital NHS Trust</a></b>	<ul style="list-style-type: none"> <li>■ The Trust that runs the Chelsea &amp; Westminster Hospital plus various satellite services such as the West London Centre for Sexual Health at Charing Cross Hospital and the sexual health clinic at 56 Dean Street, Soho.</li> </ul>
<b><a href="#">Central London Community Healthcare NHS Trust</a></b> (CLCH)	<ul style="list-style-type: none"> <li>■ Provides out-of-hospital NHS services (dietitians, podiatrists, district nurses, falls prevention, community dental services, sexual health and contraception services, etc) in Barnet, Hammersmith &amp; Fulham, Kensington &amp; Chelsea and Westminster.</li> </ul>
<b><a href="#">Central &amp; North-West London NHS Trust</a></b> (CNWL)	<ul style="list-style-type: none"> <li>■ NHS community mental health service provider covering 8 boroughs including Kensington &amp; Chelsea.</li> </ul>

## Health funding for voluntary organisations

As we are in a time of change, there are still quite a lot of uncertainties about how voluntary organisations will be funded. Where there are specific PCT commissioners, for example sexual health, mental health, drugs and alcohol, we strongly recommend keeping in close contact with those commissioners, who will be able to guide you as to how commissioning or grant-funding relationships will change.

PCT funding that has traditionally supported more general community projects, such as the recent NHS K&C Innovation Fund, is likely to end in its current form, although the public health department will most likely have funding for community projects from April 2013. However, it is likely that the new department will commission specific services rather than grant-fund activities through open application. Contracts that run beyond 1 April 2013 will be transferred to Westminster City Council.

It is not at all clear yet what funding or commissioning opportunities will arise from the new Clinical Commissioning Group.

## What can we do to prepare

We believe there are three key things that voluntary organisations can do now to prepare for the changes:

<p><b>1. Maintain all relationships</b></p>	<ul style="list-style-type: none"> <li>■ As there are still uncertainties about where things will end up, we advise you to maintain all relationships that you have with council and NHS officers, and keep promoting what you do as widely as you can.</li> </ul>
<p><b>2. Be commissioning-ready</b></p>	<ul style="list-style-type: none"> <li>■ Alongside the NHS structural changes, there continues to be a move away from grant-funding to more formal commissioning processes such as tendering. Make sure you understand how these processes work, and get all the documentation and information about your organisation ready for tendering. A guide to being ready for tendering is on the 'PQQ' (Pre-Qualification Questionnaire) section of KCSC's website.</li> <li>■ Register your PQQ with the new contracting vehicle Kensington &amp; Chelsea Community Enterprises CIC and/or apply for membership of Desta Health &amp; Social Care Consortium. This will give you access to partnership contract opportunities.</li> </ul>
<p><b>3. Develop your evidence base</b></p>	<ul style="list-style-type: none"> <li>■ Be as thorough as you can in generating a strong evidence base for what works well. As funding reduces, all commissioners will want to see good value for money, and services being able to properly show that they are improving health, reducing inequality, giving clients progression, and so on.</li> </ul>

## A final word from commissioners

KCSC is maintaining on-going relationships with key strategic NHS stakeholders for the voluntary sector, and we will make available any significant news to local organisations through our website and e-bulletins.

Our director of Public Health, Dr Melanie Smith, and the public health manager currently responsible for the voluntary sector Pete Westmore have asked us to make clear that they value and support the local voluntary sector, and they see a thriving voluntary sector as an integral part of delivering public health. They ask us to bear with them at this time of unprecedented change, and also bear in mind that they are now operating on vastly reduced human capacity. They will pass any useful information on to KCSC, and we will disseminate that through our website and e-bulletins.