

National Commissioning Board - House of Lords

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[Lord Greaves](#) (Liberal Democrat)

To ask [Her Majesty's Government](#) what is the timetable for setting up local field offices of the [NHS](#) National Commissioning Board; and what will be their function (1) before the abolition of [Primary Care Trusts](#), and (2) after their abolition.

To ask Her Majesty's Government whether local field offices of the NHS National Commissioning Board will be set up in each area covered by a Primary Care Trust cluster; whether they will be co-located at the headquarters of each cluster; whether they will share staff and office and other facilities with the relevant cluster; and whether any staff employed by primary care trusts will be transferred to the Board in order to carry out the functions of local field offices.

To ask Her Majesty's Government whether the activities and decisions of local field offices of the NHS National Commissioning Board will be subject to public or democratic scrutiny at a local level; and, if so, in what way.

To ask Her Majesty's Government whether the proposed local field offices of the NHS National Commissioning Board will carry out local commissioning; and, if so, of what type of projects and services.

To ask Her Majesty's Government how many staff they propose to locate in the local field offices of the NHS National Commissioning Board (1) during the next year, and (2) in subsequent years; and what proportion this will be of the total number of National Commissioning Board staff.

To ask Her Majesty's Government how many NHS staff are now engaged in work connected with the proposed NHS National Commissioning Board; how many such persons have been engaged from outside the NHS or on a consultancy basis; and how many of them are based in the proposed local field offices

[Earl Howe](#) (Parliamentary Under Secretary of State (Quality), Health; Conservative)

On 8 July 2011, the document *Developing the [NHS](#) Commissioning Board* was launched by Sir David Nicholson, chief executive designate of the NHS Commissioning Board, which contains initial thinking on the design of the new NHS Commissioning Board. This document has already been [placed in the Library](#).

The document states that, as the Government's response to the NHS Future Forum made clear, current primary care trust cluster arrangements will be reflected in the initial local arrangements for the board, subject to the passage of the [Health and Social Care Bill](#). It is anticipated that the different local teams would need to come together under clear

leadership at sub-national level. It is envisaged this would be done by dividing the country into four "commissioning sectors", within which the local teams would be organised. The initial geographical footprints for these sectors would reflect the four strategic health authority clusters which are being developed.

It is proposed that functions and features of these commissioning sectors could include: leadership of a number of more local teams overseeing the Board's relationships with clinical commissioning groups, its direct commissioning functions, and its relationships with other partners such as local government; hosting a specialised commissioning team, overseeing arrangements across the sector; and leads for key functions which the board will need to carry out at a more local level, including finance and professional leadership.

This document also explains that there have been around 8,000 staff performing functions that will be the responsibility of the board and this is likely to reduce to around 3,500. Of these, approximately two-thirds will be deployed locally within the "field force" managing relationships with clinical commissioning groups and performing some direct commissioning and other associated functions. These remain high-level estimates and will be developed further by the board's leadership.

Local commissioning by the NHS Commissioning Board will be subject to local democratic scrutiny. The current health scrutiny powers of local authorities are being retained and extended to cover all providers of [National Health Service](#) funded services. Local authorities will retain the power to refer proposals for substantial service change to the [Secretary of State](#).

Where their discussions touch on the exercise or proposed exercise of local commissioning functions of the board (for example when discussing primary care commissioning), the board will also be required to send a representative to the health and wellbeing board, when asked to do so. Joint Strategic Needs Assessments (JSNA) and joint health and well-being strategies (JHWS) will be developed by local authorities and clinical commissioning groups through the local health and well-being board. The board will have a duty to participate in the preparation of, and to have regard to JSNAs and JHWS, when discharging its commissioning functions. In practice, this means that, if their local commissioning plans depart very significantly from the JSNA and JHWS, they will need to either change them or state the reasons for the departure. Local authorities and clinical commissioning groups must involve the local [HealthWatch](#) organisation when they develop JSNAs and JHWS through health and well-being boards.

The NHS Commissioning Board Authority has been set up to prepare for establishment and operation of the NHS Commissioning Board-this includes organisational design. Work is still ongoing; therefore, a timetable for setting up sub-national arrangement is yet to be finalised.

From its establishment, 20 secondees from the department and eight secondees from the NHS have started working for the NHS Commissioning Board Authority.