

Annex 1 – ‘The new commissioning system’

Slide 1



NHS
Commissioning Board
A special health authority

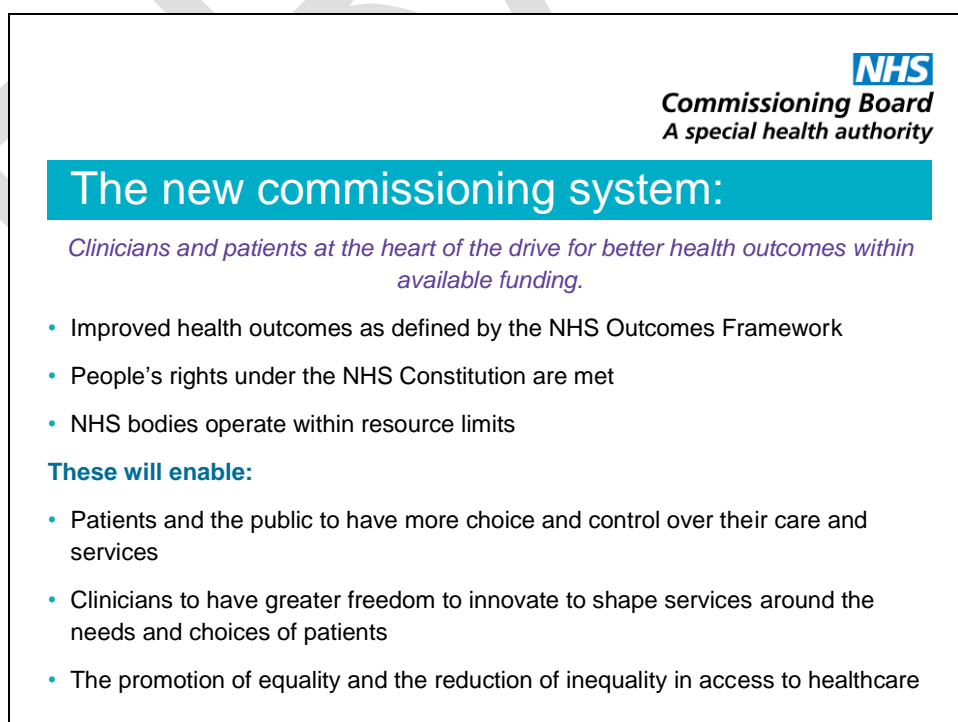
NHS Commissioning Board
LGA Community Wellbeing Board

Wendy Saviour
31 May 2012

THE NHS CONSTITUTION
the NHS belongs to us all

The slide features a grid of images: a nurse examining a child, a surgeon operating, a woman's portrait, and a family. It includes the NHS logo, the Commissioning Board name, the title 'NHS Commissioning Board LGA Community Wellbeing Board', the name 'Wendy Saviour' with the date '31 May 2012', and the NHS Constitution logo.

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The new commissioning system:

Clinicians and patients at the heart of the drive for better health outcomes within available funding.

- Improved health outcomes as defined by the NHS Outcomes Framework
- People's rights under the NHS Constitution are met
- NHS bodies operate within resource limits

These will enable:

- Patients and the public to have more choice and control over their care and services
- Clinicians to have greater freedom to innovate to shape services around the needs and choices of patients
- The promotion of equality and the reduction of inequality in access to healthcare

The slide features the NHS logo, the Commissioning Board name, the title 'The new commissioning system:', a quote 'Clinicians and patients at the heart of the drive for better health outcomes within available funding.', a bulleted list of three points, and a sub-section 'These will enable:' followed by another bulleted list of three points.

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About us

- Established on 31 October 2011
- Our responsibilities are set out in the mandate from the Department of Health
- It is a preparatory body – we are putting the infrastructure and resources in place for the Commissioning Board to operate effectively as an independent body
- Will become a non-departmental public body in October 2012



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Local structures

- We will need to engage effectively with national and local partners to deliver our aims
- Operations Directorate will be the interface with the NHS, Local Government and other local stakeholders
- Our approach is evolving, it will need a structure that will enable a national span with local reach
- There should be a 'single conversation' at National level which does not constrain local freedoms

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Our role: Working with CCGs

- We will decide the optimal scale of direct commissioning responsibilities
- There will be fewer CCGs than thought, we need to consider the geography of each group and how to make best use of talent, leadership capability
- CCGs will be allocated resources by the CB, We will support and develop CCGs and hold them to account through authorisation and annual assessment process
- Stakeholders will contribute to 360 survey demonstration of stakeholder arrangements working in practice
- A key mechanism for driving improvement will be the priorities of Health and Wellbeing Boards

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Our role: Commissioning services

NHS CB will also have direct responsibility for commissioning some services:

- Primary care
- Military and offender health services
- High secure psychiatric services
- Specialised services (including for children)
- Specific public health services (immunisation and screening, children's public health services aged 0-5 including health visiting and family nurse partnerships)

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Our role: HWBs and JHWS

- Joint Health and Well Being Strategies and the Joint Strategic Needs Assessment will consider the whole population across the life course
- HWB bring together commissioners to form a common understanding of outcomes, identify groups in need of support, listen to what matters to people locally, collaborate and hold each other to account
- The CB is a key local partner of the HWB, sending a representative to attend when requested, participating in development of the JSNA and JHWS
- Key for of NHS CB for the services it will directly commission, using the HWB to make the links with services provided elsewhere in the system, for example health visitors and schools
- We will need to work in partnership with local government to achieve these aims

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Developing successful relationships

- Local Government is a vital partner for the NHS CB nationally, and at local area office level
- Key strategic partnerships are likely to be formalised through agreements or compacts, considering shared aims, ways of working and values, as well as operating models and service level agreements where appropriate
- Directly commissioned services and wider service reconfiguration are priority conversations regional directors are starting to find the best 'shape' in each area
- Our 'compact' with the LGA which will set strategic context, including the importance of integration to drive improvement

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Challenges and risks

- Risk that HWB put in place strategies and plans before Local Offices have had chance to engage
- Local Office areas to cover multiple HWB areas; pressure on time and need for sophisticated partnership-building skills
- Joint working between HWB and CB should not overshadow leadership of CCGs with local government and communities
- Aligning CB strategy for primary care and specialist services with local Joint Health and Wellbeing Strategies
- Balancing consistency and 'N' in NHS with local priorities identified through JSNA