The changing commissioning landscape explained

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The shape of the current system

**Statutory commissioners**

- **191** clinical commissioning groups
- **7** NHS E/I regional teams
- **152** local authorities

**Supporting/co-ordinating bodies**

- **5** commissioning support units
- **44 (14)** STPs (ICSs)
- **152** health and wellbeing boards*

*statutory
How is commissioning changing?
Commissioning services collaboratively

Primary care
Specialised services
Public health
Joint or integrated commissioning

**CCG-CCG**
- Sharing staff
- Joint committees
- Merging
- By 2021 typically 1/ICS

**Local authority-CCG**
- Joint committees
- Pooled budgets
- Transferred responsibilities
- Joint appointments

**STPs/ICS**
- System-level planning
- ICS with greater £ and performance management responsibilities – cover whole country by 2021

**Providers**
- Taking on some commissioning responsibilities e.g. MH
- ICPs may do more in future
# Different levels of planning and delivery

<table>
<thead>
<tr>
<th>Level</th>
<th>Functions</th>
<th>Priorities from the NHS Long-Term Plan</th>
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| Neighbourhood (c.30,000 to 50,000 people) | • Integrated multi-disciplinary teams  
• Strengthened primary care through primary care networks – working across practices and health and social care  
• Proactive role in population health and prevention  
• Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams). | • Integrate primary and community services  
• Implement integrated care models  
• Embed and use population health management approaches  
• Roll out primary care networks with expanded neighbourhood teams  
• Embed primary care network contract and shared savings scheme  
• Appoint named accountable clinical director of each network |
| Place (c.250,000 to 500,000 people) | • Typically council/borough level  
• Integration of hospital, council and primary care teams / services  
• Develop new provider models for ‘anticipatory’ care  
• Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance | • Closer working with local government and voluntary sector partners on prevention and health inequalities  
• Primary care network leadership to form part of provider alliances or other collaborative arrangements  
• Implement integrated care models  
• Embed population health management approaches  
• Deliver Long-Term Plan commitments on care delivery and redesign  
• Implement Enhanced Health in Care Homes (EHCH) model |
| System (c.1 million to 3 million people) | • System strategy and planning  
• Develop governance and accountability arrangements across system  
• Implement strategic change  
• Manage performance and collective financial resources  
• Identify and share best practice across the system, to reduce unwarranted variation in care and outcomes | • Streamline commissioning arrangements, with CCGs to become leaner, more strategic organisations (typically one CCG for each system)  
• Collaboration between acute providers and the development of group models  
• Appoint partnership board and independent chair  
• Develop sufficient clinical and managerial capacity |

Source: [NHS England 2019](#)
What next?

Board meetings

The Board of NHS England is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are welcome to attend and observe, subject to available space. The meeting is broadcast live.

The Board meeting, although held in public, is not a public meeting and as such there is no opportunity for the public to ask questions.

Whilst there is no opportunity for questions to be raised in the meeting itself, members of the public are welcome to submit any questions they may have to england.boardattendance@nhs.net, and a written response will be provided.

The Board also holds meetings in closed session where confidential items of business are discussed.
Our research

- Transactional → relational approach
- Commissioning cycle → change in emphasis (less focus on the afternoon)
Change in emphasis – commissioning cycle

7AM

2PM
Our research

- Transactional → relational approach
- Commissioning cycle → change in emphasis (less focus on the afternoon)
- Organisational identity → system identity
Our research

Changes

› Transactional → relational approach
› Commissioning cycle → change in emphasis
› New financial arrangements
› Organisational → system identity
› Individual organisational processes → system-wide process
› Changes in staffing and skill mix

Facilitators

› Ability to challenge national bodies (or go under the radar)
› Financial and performance calamities can be a stimulus for change
› Focus on behaviours and ways of working first → structures follow
› Push to merge → benefits of ‘place’
Thank you

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