The changing face of clinical commissioning

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1. About NHSCC
About NHSCC

- The independent membership organisation of CCGs – around 90% in membership
- Proudly member-led and member-driven
- Support CCGs to secure the best possible healthcare and health outcomes for their populations

We do this in three main ways:

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<tr>
<th>Voice</th>
<th>Support</th>
<th>Networking</th>
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<tr>
<td>Giving members an independent and strong collective voice and national representation in the debate on the future of the NHS</td>
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<td>Providing information via regular bulletins and publications, and hosting webinars and workshops on topical themes</td>
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<td>Developing our networks to give members safe spaces to share learning, solve problems, and engage with other organisations</td>
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2. The evolution of clinical commissioning
Key milestones in commissioning

2012: Health and social Care Act

2013: CCGs established (211)

2014: Integrated health and social care

2015: Place-based commissioning, the Five Year Forward View, devolution deals

2015: Primary care co-commissioning implementation begins

2016: STPs established (44)

2017: Moves to strategic commissioning

2019: Long Term Plan signals ongoing role for CCGs: leaner + more strategic (191 CCGs as of Sep19)

2021: Ambition for there to be ‘typically’ 1 CCG per ICS
What the NHS Long Term Plan means for commissioners

Continued move towards strategic commissioning, working across larger footprints

- ‘Typically’ achieving 1:1 CCG to ICS ratio by April 2021

Continued important role as a system partner

- “CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Pal implementation”

  + shaping, not just supporting partnership working

- A key role for PCNs at neighbourhood level (approx. 30-50k population) – scale and pace of change not to be underestimated

- Less said on place – need to maintain vital links at borough/place level

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How CCGs are adapting to the changing nature of place-based care

In 2017 CCGs were telling us they needed to shift activities and work towards becoming more strategic

- Working at scale across system and place level
- Taking on strategic commissioning functions:
  - Focus on outcome based commissioning
  - Working with capitated budgets
  - Sophisticated approached to population health needs assessment

This continues today + in addition CCGs are increasingly working collaboratively with key system partners

- Increasingly looking to work in partnership with local authorities
- Working differently with NHS providers (from circa 2018/19, although variable)

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Early progress in collaborative commissioning with NHS providers

In Nov 2018 ‘Driving forward system working’ found relationship between commissioners and providers on the brink of change:

- Commissioners taking a more strategic approach
- Providers taking on/supporting some more tactical aspects of activities

- Clinical commissioners as ‘stewards’ of the system: focusing on assessment of population health needs and demand forecasting; planning the nature, range and quality of future services; and defining and contracting for outcomes

- Providers could take over/support functions including: contract management, care coordination and combining CIP and QIPP efforts. CCGs would retain statutory responsibility for these functions

- Found varied local progress in collaborative commissioning – often an ambition rather than reality, with steps e.g. in terms of shifting language
Partnership working with local authorities

Integrated commissioning as well as integrated provision – many ways of doing this e.g. pooling budgets, joint commissioning for outcomes etc.

• Importance of ‘place’ level for meaningful relationships
• As highlighted in joint report, ‘Shifting the centre of gravity’ there are examples of partnership working to deliver improved health outcomes
  - Croydon: ‘Alliance Agreement’ across health and social care partners including CCG, local authority, health providers and VCSE sector – shared approaches and principles
  - Luton: The local authority and the CCG co-created dementia strategy, joint concordat signed last year, co-located
  - Salford: Aligned to Greater Manchester, the CCG has pooled public health budgets with the local authority and they have joint decision making
+ many other examples

BUT challenges of financial pressures across the system

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Retaining the value of clinical commissioning

As ICSs develop, we must maintain the value of clinical commissioning:

• Tangible ‘place’ level links and responsibilities—especially relationships with local government

• ‘Stewards’ and the system perspective—CCGs can make sure providers are doing the right thing for their population

• Keeping clinical engagement at the core
  o Clinical leadership is key for commissioning and provision, providing credibility, close links to local populations, and clinical insight

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3. What does this all mean for commissioners?
Managing current pressures alongside transformation

Transforming ways of working

CCGs are coming together across larger footprints, working at scale across system and place level and delivering strategic commissioning functions

- Working at scale – including many CCGs looking to formally merge
- Working as system partners across system and place

Addressing immediate challenges

CCGs are facing continued financial pressures

- Continued efficiency requirements, including 20% reduction in administration costs
Continuing efforts to get best value from the NHS £

• CCGs face ongoing financial deficits – while delivering significant efficiencies:
  o 2017/18 CCGs reported £250.5m overall deficit
    ➢ ‘unprecedented’ £2.5bn efficiencies (3.1% of their allocations)
  o 2018/19 CCGs reported £264m deficit
    ➢ £2.4bn efficiencies, (2.9% of their allocations)

• Significant efforts being made to maximise value e.g.
  o Medicines optimisation
  o Evidence Based Interventions Programme

• Mergers being widely considered, not just to meet Long Term Plan aspiration but also to reduce running costs
The role of a ‘streamlined’ CCG

The CCG role at ICS level is becoming clearer…. 

- Assess population health needs
- Plan and prioritise how to improve health outcomes
- Allocate funds to deliver best value and outcomes
- Procure and monitor service performance
- Engage clinicians, patients, the public and local stakeholders
- Act as system ‘stewards’ bringing parties together across health and care
  - Bringing clinical leadership to those discussions

What will change?

- Commissioners to operate at different levels: neighbourhood, place, system, region
- Commissioning functions will stay but its activities will move to their appropriate levels

What’s needed?

- Readiness for change
- More examples of the commissioning arrangements that are emerging in ICSs
- Streamlined CCGs need the capacity to manage a lot of relationships – undertake a stewardship role
- Understanding of legislative flexibilities
Impact of potential legislative proposals on CCGs

8 items on “provisional list of potential legislative changes” in the Long Term Plan

- Followed by NHSE consultation – NHSE response to this expected imminently
- Premise that “legislative change could make implementation easier and faster”
- Broadly welcomed by NHSCC – similar to key ‘asks’ that our members shaped

Some have key implications for commissioning, e.g.

Reducing requirement to procure

- Welcome this – instances where procurement requirements are time-consuming without adding value
- Detail of ‘best value test’ needs to be clear
- But most difficult proposal to progress

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Impact of potential legislative proposals on CCGs

Increasing the flexibility of national NHS payment systems
- Proposals welcome – PBR default can hinder collaborative working.
- Need clarity on detail e.g. whether it will apply for all services

Giving CCGs and providers the ability to create joint committees and joint AO appointments
- Overall some concerns to be worked through so that accountability is clear; must retain ‘grit’ in the system; need to address CCG and local authority collaboration as well

Placing a new shared duty on NHS providers to promote the ‘triple aim’
- Would be welcome to facilitate integrated working; some clarity needed e.g. what local population a provider would have a duty towards

Allowing groups of CCGs to arrange services for combined populations and to carry out delegated functions; enable NHSE to enter into formal joint commissioning arrangements with CCGs.
- Positive – potential to reduce fragmentation and join up care for patients
**Reflections**

### The journey so far

- CCGs have embraced the evolution of commissioning and provision
  - Have been adapting to a fragmented system
  - Aim is to facilitate better care and health outcomes
  - CCGs now embedded as key system partners in STPs/ICSs – stewardship role

### The road ahead

- Continued clinical commissioning role at system and place level
- Need to determine final number of CCGs based on what makes sense for local areas/populations
- Focus is now on enabling transformation at the right pace
- All parts of the system need clarity and stability – social care and public health as well as the NHS
Thank you