What is commissioning and how is it changing?

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What is commissioning?

The hierarchy of decision making

- **Central government**: Determines overall NHS budget and objectives
- **NHS England & national bodies**: Set priorities and allocates funding to commissioners
- **Commissioners**: National and local, decide on which services to fund
- **Providers**: Allocate resources between services or departments
- **Clinicians**: With the service user, decide on whether/what care is needed
- **Service users**: Take part in decisions about treatment and self care
What is commissioning?

Planning, agreeing and monitoring services, including:

- Determining needs of a population
- Defining priorities
- Service specification
- Negotiating and agreeing contracts
- Monitoring service quality and ensuring contract standards are met
What does the commissioning system look like?

Since 2013

National

DH

DHSC

Regional

SHAs

NHS England

Local

PCTs

CCGs

Service providers

Service providers

The King’s Fund
Ideas that change health care
Who is responsible for commissioning?

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
Clinical commissioning groups (CCGs)

• 191 CCGs across England

• Commission most NHS services including urgent and emergency care, acute care, mental health and community services

• Responsible for approx. two thirds of total NHS budget

• Membership bodies
  
  • Led by elected governing body made up of GPs, other clinicians and lay members

• **Work closely with NHS England/Improvement**, which is responsible for assuring CCGs, and supporting them to develop

£84.5bn 2018/19
NHS England/Improvement regional teams

- 7 NHS England regional teams

- Directly commission:
  - **Specialised services**, such treatments for rare cancers, renal dialysis, neonatal services
  - **Primary care**, including GPs, pharmacists and dentists
  - **Some public health services**, eg screening programmes
  - Some other services – eg for people in prisons

£24.5 bn in 2018/19
Local authorities

• 152 local authorities

• Commission many public health services including sexual health services, health visitors, school nursing and addiction services

• Commission social care services for older people and for those of working age

Public health grant £3.1bn in 2019/20

2017/18 approx. £17.1 bn on adult social care
Other bodies involved in commissioning

Health and Wellbeing Boards

• Formal committees of local authorities that bring together local authority and NHS representatives
• Very limited formal powers - partnership forum rather than an executive decision-making body

Five commissioning support organisations

• Provide a range of support and services to CCGs and NHS England
• This includes finance, HR services, contract management, and procurement
How is commissioning changing?
How is commissioning changing?

Co-commissioning

- Most CCGs now have a role in commissioning [general practice](#).
- CCGs are also taking on some responsibility for commissioning [specialised services](#).

Joint / integrated commissioning

- CCGs **working together** – some sharing management structures and CEOs.
- CCGs and local authorities are **working together** to support more integrated health and social care.
How is commissioning changing?

Sustainability and Transformation Partnerships

- 44 STPs
- Average population 1.2 million
- Bring together CCGs, NHS England, providers, local authorities and others
How is commissioning changing?

**Integrated Care Systems**

- 14 ICSs (so far)
- Commissioners, providers and others taking shared responsibility for resources
- More autonomy
- Changes in commissioning arrangements
- But statutory functions unchanged

“‘evolved’ version of an STP that is working as a locally integrated health system”

Next Steps, 2017
How is commissioning changing?

The Long Term Plan

“By April 2021 ICSs will cover the whole country”

“Every ICS will need streamlined commissioning arrangements... will typically involve a single CCG for each ICS area”

“Government and the NHS will consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses”
Where next for commissioning?

- Increased collaboration
- Increased delegation
- ‘Strategic’ vs ‘tactical’ commissioning
  - Population based budgets
  - Provider alliances/lead provider arrangements
- Implications for provider / commissioner split?
Thank you

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