Clinical commissioning groups established

2012
Health and social care act

Integrated health and social care

2014

Place-based commissioning to the fore, the Five Year Forward View, devolution deals

2015

2013
Clinical commissioning groups established

Steering towards strategic commissioning
Transforming the system

2016
STPs established

2017
The move to ACS, ACOs, next steps on the five year forward view

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

www.nhsc.org
What is strategic commissioning?

The next phase of commissioning must retain the strategic functions of managing population healthcare at a local level. Our members believe this means:

- Operating as a high level decision-making body
- Developing sophisticated approaches to population needs assessment
- Being accountable to the local population
- Operating at a geography larger than the CCG
- Retaining strong clinical leadership
- Working with capitated budgets
- Retaining the role of a purchaser
- Focusing on outcome-based commissioning

"...we’ll need a strategic commissioning function, including needs assessment, setting expected outcomes that would also make sense to the population, resource allocation, strategic procurement and holding the delivery system to account."

“We want to preserve the value of clinical leadership and input into commissioning. Clinicians bring a level of credibility to a plan or objective that otherwise wouldn’t be there.”
What do clinical commissioners need?

NHSCC has identified six asks for national stakeholders to support CCG readiness for the future commissioning landscape.

1. **National clarity on the direction of travel.** For CCGs to evolve, they need to understand the range of ‘end states’ for clinical commissioning and therefore which functions remain, which work at scale and how they interact. The current policy landscape is perceived as permissive, and while this opens opportunities, it also creates risks for CCG governing bodies which are trying to execute their existing functions.

2. **Sharing best practice.** CCGs have a strong appetite to learn from each other and from areas pioneering the development of ACOs and ACSs. They ask that national bodies work with NHSCC to share learning more consistently and frequently.

3. **Support clinical commissioning leaders to manage change.** CCG leaders have fairly high morale at present. However, there are concerns about succession planning and resilience in the context of such large change programmes. It’s important to ensure existing leaders are equipped with bespoke skills in keeping resilient and collaborative in changing times. They also need to be supported as networks of leaders.

4. **Time, resource and space to transform.** CCGs need less burden from centralised reporting to ensure they can confidently plan for the future. Our members would like stronger commitment and clear policy steer on their role in transformation from the national bodies, to support the delivery of longer-term change.

5. **Capabilities to support strategic commissioning.** CCGs need national support to gain the capability to commission at a larger scale for population health. Skills and tools needed to support readiness of the sector are identified as data gathering and analysis, predictive modelling, succession planning and organisational development.

6. **An improved regulatory framework.** CCG leaders feel that the pace of change towards ACOs and ACSs was fast, but their confidence in the regulatory framework’s ability to catch up was low. CCGs would like a single regulatory framework which will mirror the way integrated provision will work on the ground, ie as one system. For strategic commissioning specifically, our members are clear the assurance process would need to be lean and high level.

To read the full research report visit [www.nhsccl.org](http://www.nhsccl.org)
The challenges

Our members envisage significant risks in the current pace of change. These include a perception that the national regulators are not keeping up with the volume and complexity of developments, that there is little clarity for CCGs on the direction of strategic commissioning or ‘end state’, and concerns about provider readiness.

Legislative framework

Concerns that the national bodies will not be able to adapt current regulation to the pace of change and collaboration needed. While STPs are potential catalysts, our members are concerned about their accountability.

Time

Managing the pressures of today with planning for tomorrow.

Skills gap

For CCGs to be ready for more strategic working, they need skills in data gathering and analysis, navigating the legislation, organisational development, succession planning, collaborative leadership.

Untried models

Concerns that many of the emerging landscapes are as of yet untried models in the UK context and this could have unintended consequences if they are not closely monitored or supported.

Capacity

Our members believe their CCG does not currently have the capacity to undertake strategic commissioning.

Readiness for integrated working

Concerns about managing legacy debt and the current fragility of providers across primary, secondary and social care.

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