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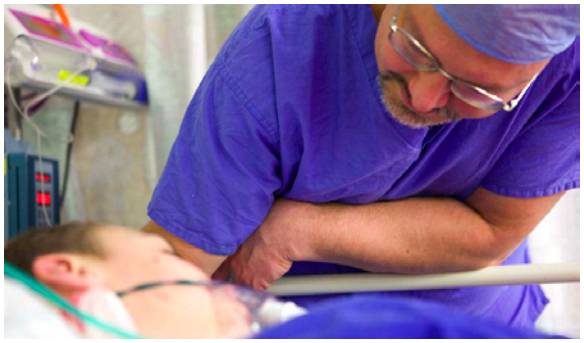
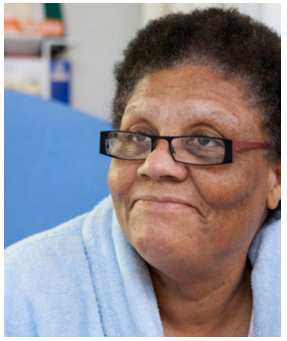
The New Landscape

NHS Commissioning Board perspectives





30 April 2012

THE NHS CONSTITUTION
the NHS belongs to us all

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The new commissioning system: Aims

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

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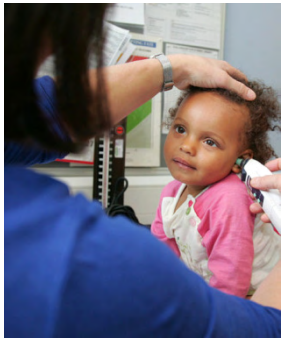
About us

- The NHS Commissioning Board Special Health Authority (CBA):
  - Was established on 31 October 2011
  - Plays a key role in the Government's vision to modernise the NHS and secure the best possible outcomes for patients
  - Is a preparatory body - putting the infrastructure and resources in place for the NHSCB to operate effectively as an independent body
  - Will become a non-departmental public body in October 2012



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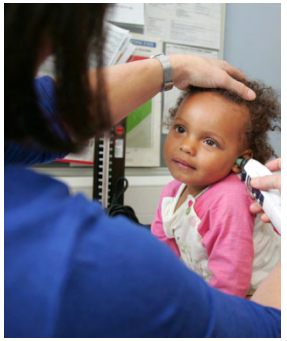
NHS Commissioning Board: Our role

- To allocate resources to Clinical Commissioning Groups (CCGs)
- To support CCGs to commission services on behalf of their patients (according to evidence-based quality standards)
- To have direct responsibility for commissioning services:
  - Primary care
  - Military and offender health services
  - High secure psychiatric services
  - Specialised services
  - Specific public health services (immunisation and screening, health visitors and others)



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Phases to NHSCB establishment

Stage 1 Special Health Authority	• Oct 2011-July/Oct 2012 • Preparatory work only • Take over some National Patient Safety Agency functions from April '12
Stage 2 Executive Non departmental public body	• July/Oct 2012-April 2013 • Becomes an executive non departmental public body • CCG authorisation • Planning for 2013/14
Stage 3 Non departmental public body	• April 2013 onwards • Fully operational • SHAs & PCTs disestablished • Take on full statutory responsibilities

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Principles of design

- A nationwide organisation
- Matrix working at the heart - to provide simplicity, aid efficiency and ensure singularity of approach
- The proposed structure and new ways of working are designed to ensure that everything that the NHSCB does:
  - contributes to improving outcomes;
  - has been clinically-led;
  - promotes equality and supports a reduction in health inequalities; and
  - is informed by the needs, views and wishes of patients and the public.

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Single Organisation, Nationwide Presence

- Overall workforce of 3,560:
  - Approx 2,500 in **local offices** – commissioning high quality primary care services, supporting and developing CCGs, assessing and assuring performance, direct and specialised commissioning, managing and cultivating local partnerships and stakeholder relationships, inc representation on health and wellbeing boards
  - Approx 200 in **four sector teams** - providing clinical and professional leadership, co-ordinating planning, operational management and emergency preparedness and undertaking direct commissioning functions and processes within a single operating model
  - Approx 860 in the **centre**, with a corporate base in Leeds and a small presence in London

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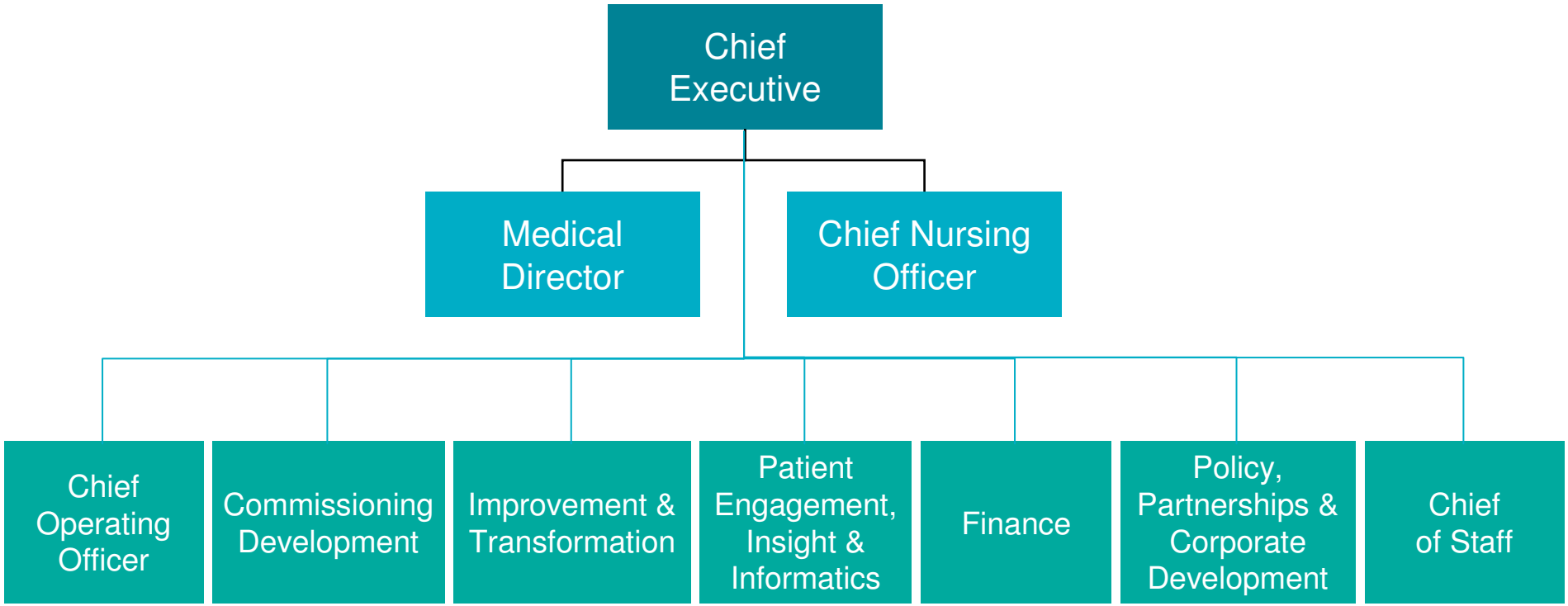
NHSCB Directorates



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Developing successful relationships

- Strong partnerships at a national and local level are essential to the success of the NHS CB.
- A partnerships strategy is a priority focus for the NHS CB Authority, setting the context for future working with other organisations.
- 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.
- A new set of partners operating in a new context brings challenges and opportunities. Local Offices will be part of one nationwide organisation with one operating model – they will need to operate in different ways, with different skill sets, than PCTs.

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Relationship with DH: The Mandate

- "The mandate will set out the totality of what the Government expects from the NHS Commissioning Board on behalf of the taxpayer for that period…"

White paper 2010

- The Bill gives legal force to 3 elements of the mandate:
  1. Objectives – Which the Board must "seek to achieve"
  2. Requirements – Which the Board must "comply with"
  3. Resource limits – Within which the Board must operate

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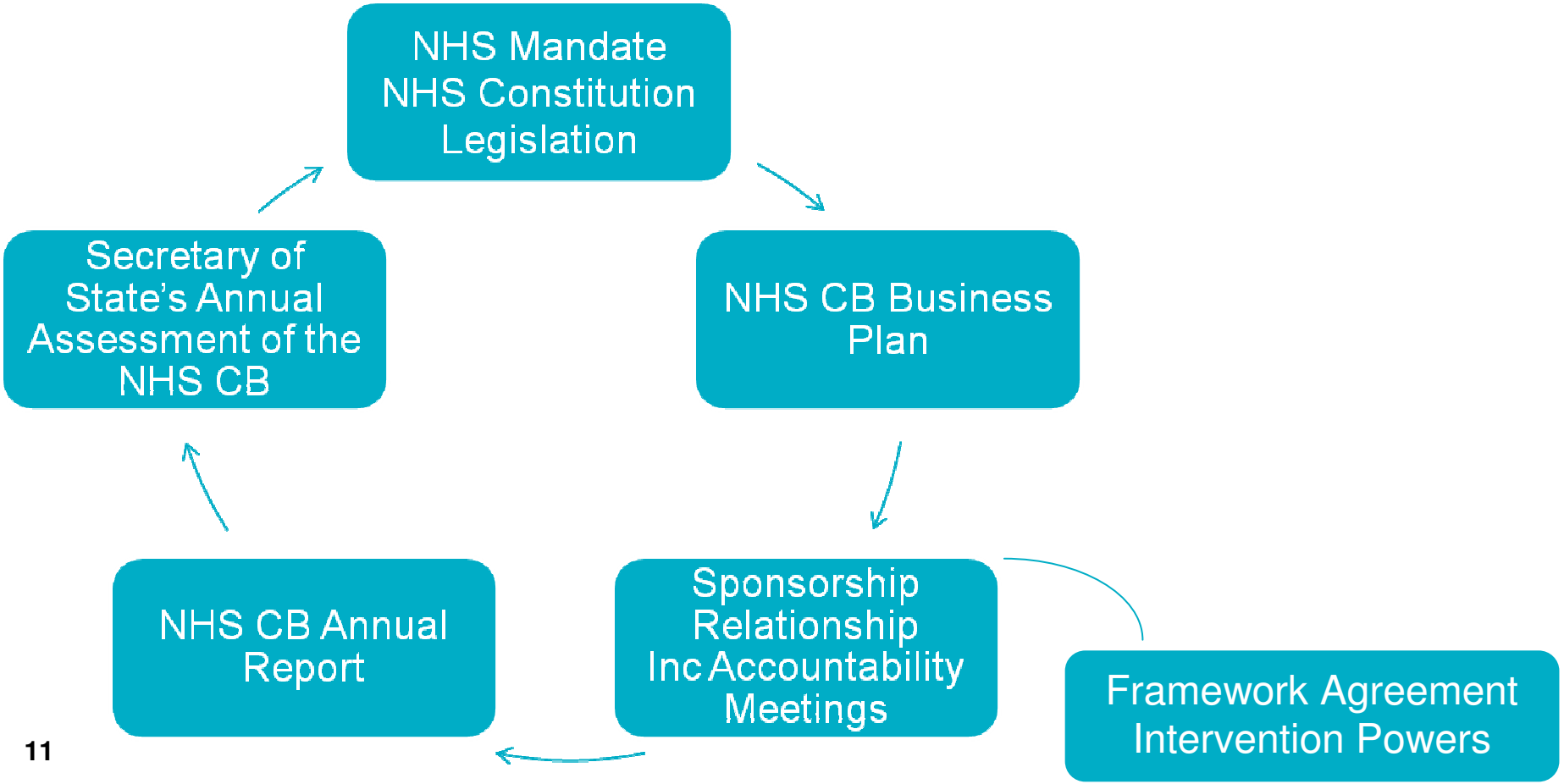
How does it fit in the accountability cycle?



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Working with Local Government

- Local Government is a vital partner for the NHS CB nationally, and at local office level.
- Ambition is to foster a culture in which there is support, challenge, engagement and co-ordination.
- The NHS CB needs to set the context nationally for positive relationships to develop between local offices and all relevant partners.
- The NHS CB is working with the LGA to develop a joint agreement that will govern its relationship at a national lvel. This will set out key principles and ways of working together.

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NHS CB and HWBs

- The NHS CB is a key local partner of the HWB, with most interaction likely to be with the relevant local office
- Role of the NHS CB is particularly key for the services it will directly commission, both providing and responding to expertise about these services
- The NHS CB will send a representative (from relevant local office) to attend the HWB when requested, and will appoint a representative to participate in development of the JSNA and JHWS
- It will consult with the HWB in its performance assessment of CCGs, and HWB concerns (for example about CCG commissioning plans) can be formally referred to the NHS CB

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Partnership and the JHWS

- Joint Health and Well Being Strategies and the Joint Strategic Needs Assessment produced by the HWB will need to consider the whole population across the life course.
- The NHS CB will need to contribute to and be involved in the JSNA and JHWS, so as to be able to commission services responsive to local needs and address inequalities. They will have a vital input in terms of evidence on the services they commission, and also can offer means of addressing identified needs through the services they commission.
- The NHS CB will need to work in partnership with organisations locally, meeting duties placed upon it to co-operate to drive improvement in this area.