

Understanding the relationships – Local Authorities, CCG's and the NHS Commissioning Board

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Introduction

- Who am I?
- Emergent
- Only some relationships
- Approach

Running order

- Introduction
- Some key players
- Some broader context
- So....
- Perceptions?
- Skills, knowledge and behaviours
- Conclusion

Some key players (1) – NHS Commissioning Board

- To agree and deliver **improved outcomes** and account to Ministers and Parliament for progress
- To oversee the **commissioning budget**, ensuring financial control and value for money;
- To develop and oversee a comprehensive system of **clinical commissioning groups** with responsibility for commissioning the majority of healthcare services
- To **commission directly** around £20bn of services
- To support **quality improvement**
- To promote innovative ways of demonstrating how care can be made more **integrated for patients**

Some key players (2) – NHS Commissioning Board

- To promote **equality and diversity** and the **reduction of inequalities**
- To develop **commissioning guidance**, standard contracts, pricing mechanisms and information standards
- To engage with the public, patients and carers, **champion patient interests** and ensure patients have access to a wider range of information about services;
- To develop a framework to make **choice a reality for patients**,
- To oversee planning for **emergency resilience**
- With its partners, develop a medium term **strategy** for the NHS, which alongside the local priorities developed through health and wellbeing boards, helps form the basis for local commissioning plans.

Some key players (3) – Health and Wellbeing Boards

- Strong **Local Authority** influence – so not just a HWBB
- Assess needs** of the population through JSNI
- Agree and produce a **Health and Wellbeing strategy** to address needs, which **commissioners will need to have regard of** in developing commissioning plans for health care, social care, and public health
- Promote **joint commissioning**
- Promote **integrated provision**, joining up social care, public health and NHS services with wider Local Authority services
- Involvement in development of **CCG commissioning plans**
- Advice to NHSCB** in authorising and assuring CCGs

Some key players (4) - CCGs

- **Clinically led commissioning** for a whole population
 - “Clinical commissioning groups’. **Governing bodies** must include at least two lay members, one registered nurse and one secondary care doctor.
 - **Clinical senates** will be established.
 - **CCG boundaries** should not normally cross those of local authorities. The NHSCB must seek the views of the emerging Health and Wellbeing Boards. HWBs may object, but cannot veto.
 - CCGs will be **unable to delegate** their statutory responsibility for **commissioning decisions** to private companies or contractors.
 - CCGs will have a new duty to promote **integrated services**
- The NHS Leadership Academy - developing outstanding leadership in health

Some broader context

- Centralism/Localism/Individual choice
- State/private
- Economic challenge
- QIPP, Local Authorities 20%, Police 18%
- Industrial relations

So.....

- System complexity
- High uncertainty
- Problem or opportunity?

Question:

- What do we need to do to influence the system, in order to benefit patients and deliver QIPP?
- Local players
- Skills and behaviour

Perceptions (1)?

- Local Authorities – Politically led – bureaucratic, or focused on “place”?
- GPs – patient focused and individualistic – hard to work with - or radical agents of change?
- Conventional NHS leaders – pace setters and target hitters – or committed to radical change for patients?

Perceptions (2)?

- CCGs and HWBB's – culture clash (individualistic and Political)? - or both focused on “place”?
- CCGs and HWBB's - fragmented and controlling? – or source of real change, with clinical dynamism and democratic scope?
- CCGs and HWBB's - short term targets? Or long term commitment to “place”?

Perceptions (3)?

- Providers – victims? Or influencers?
- Providers - Local Authority Scrutiny - or opportunity (estate, early warning, major change...) ?
- Local relationships matter

Skills, knowledge and behaviours

- Continuous change, uncertainty (and resilience)
 - System leadership
 - Access to and use of intelligence
 - Awareness of opportunity
 - Understanding of other cultures, priorities and drivers
 - Understanding your strengths and preconceptions too
- www.nhsleadership.org.uk/framework-theframework.asp

Conclusion and close

We are all leaders - there are things we can do, and skills we can develop, to get the best out of this complexity

Thank you for listening
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