



**Commissioning Board**  
*A special health authority*

**COMMISSIONING SUPPORT  
BUSINESS REVIEW**

**CHECKPOINT TWO OUTCOMES**



**14 May 2012**



## **Purpose**

Over the last six weeks the NHS Commissioning Board Authority has been undertaking the second checkpoint of the commissioning support business review process.

The key headline messages are:

- 26 CSSs (including the NHS Communications and Engagement Service) submitted a range of supporting evidence for checkpoint two, including outline business plans and detailed financial information.
- A number of desktop, independent and face to face assessments were made during April and the early part of May to test the evidence against three domains – leadership, customer and business.
- Three scenarios emerged:
  - A – CSS proceeds with medium to low issues as part of development plan
  - B – CSS proceeds with issues that need more rapid management
  - C – CSS stops
- CSS development plans, and plans for those that have been stopped, are now being drawn up to ensure that CCGs have access to the support they need as they enter authorisation.

## **Context**

*Towards Service Excellence* set the challenge for NHS staff to transform their skills, knowledge and expertise into first class, customer focused services that will help CCGs deliver the best and most cost effective outcomes for their patients.

Developing the new environment for commissioning support is a major undertaking and will require huge cultural change both in developing sustainable and customer focused NHS suppliers and in ensuring that the services they provide really deliver against their customer's requirements.

We worked with SHA clusters to design a business review and assurance process that would:

- support emerging NHS commissioning support services to develop high quality and customer focused delivery models, and
- assure both CCGs and the NHS Commissioning Board that the products and services on offer are fit for purpose ahead of the period of temporary NHS hosting.

In January 2012, checkpoint one demonstrated the rapid progress that had been made during 2011 with many emerging CSSs developing good working relationships and understanding of CCGs' needs and also working closely with other PCT clusters and CSSs to explore collaborative arrangements that maximise economies of scale. But, it also reinforced the continuing need for real transformational change in many areas if they are to be approved for hosting and go on to form customer focused organisations capable of establishing themselves as businesses in a competitive marketplace.

## **Checkpoint two process**

The primary purpose of checkpoint two was to:

- Assess whether the CSSs will be ready to offer commercially viable services by checkpoint three and that these services are valued and affordable for CCGs and other customers.
- Agree a binding development and improvement plan between the CSS and the Board Authority.

A series of key tests were co-designed with SHA clusters across three domains:

Leadership	Customer	Business
A need for strong, autonomous leadership to drive the development of the new business and agree the appropriate improvement plan	Able to demonstrate constructive and mutually reinforcing customer dialogue with CCGs.	A robust plan to build the new business as a distinctly separate entity from the existing PCT cluster

By the end of March, the 25 regional NHS CSSs and the nationwide communications and engagement service had submitted their outline business plans along with their supporting financial information. This evidence was then reviewed by a number of expert finance, economic and business specialists who compiled a series of summary reports and briefings to be fed into the panel assessments.

#### Panel assessments

From 23 April – 4 May, a face to face assessment was undertaken with every CSS by a panel comprising:

- A representative of the NHS Commissioning Board Authority who chaired the panel.
- An emerging CCG leader who could scrutinise the customer aspects.
- A sponsoring SHA director of commissioning development.
- An independent business person.

The tone of these assessments was that of a ‘critical friend’ and, while the approach was developmentally focused, they were thorough and challenging. The panels provided the opportunity to test the consistency and coherence of the CSS, its self awareness of its own development needs and the expected development curve, including the challenges and specific support required to maximise its potential. It also gave CSSs the opportunity to describe their unique selling points and the innovation they hope to inject in the delivery of their services.

As well as the summary information that was derived from the outline business plans and financial information, panel members were also provided with a summary of how the customers – CCGs - themselves felt about the proposals.

The feedback from SHAs, CSSs, and the panel members themselves, has been very positive and many people have commented on how beneficial they found the sessions.

#### CCG survey

Earlier, in March, we asked the NAPC/NHS Alliance Clinical Commissioning Coalition (now known as NHS Clinical Commissioners) to lead an independent survey of CCGs to capture feedback on the emerging offers and the engagement and relationships that have been put in place, with a view to understanding why some CCGs were expressing concerns and where CCGs would like to choose an alternative CSS to their local provision.

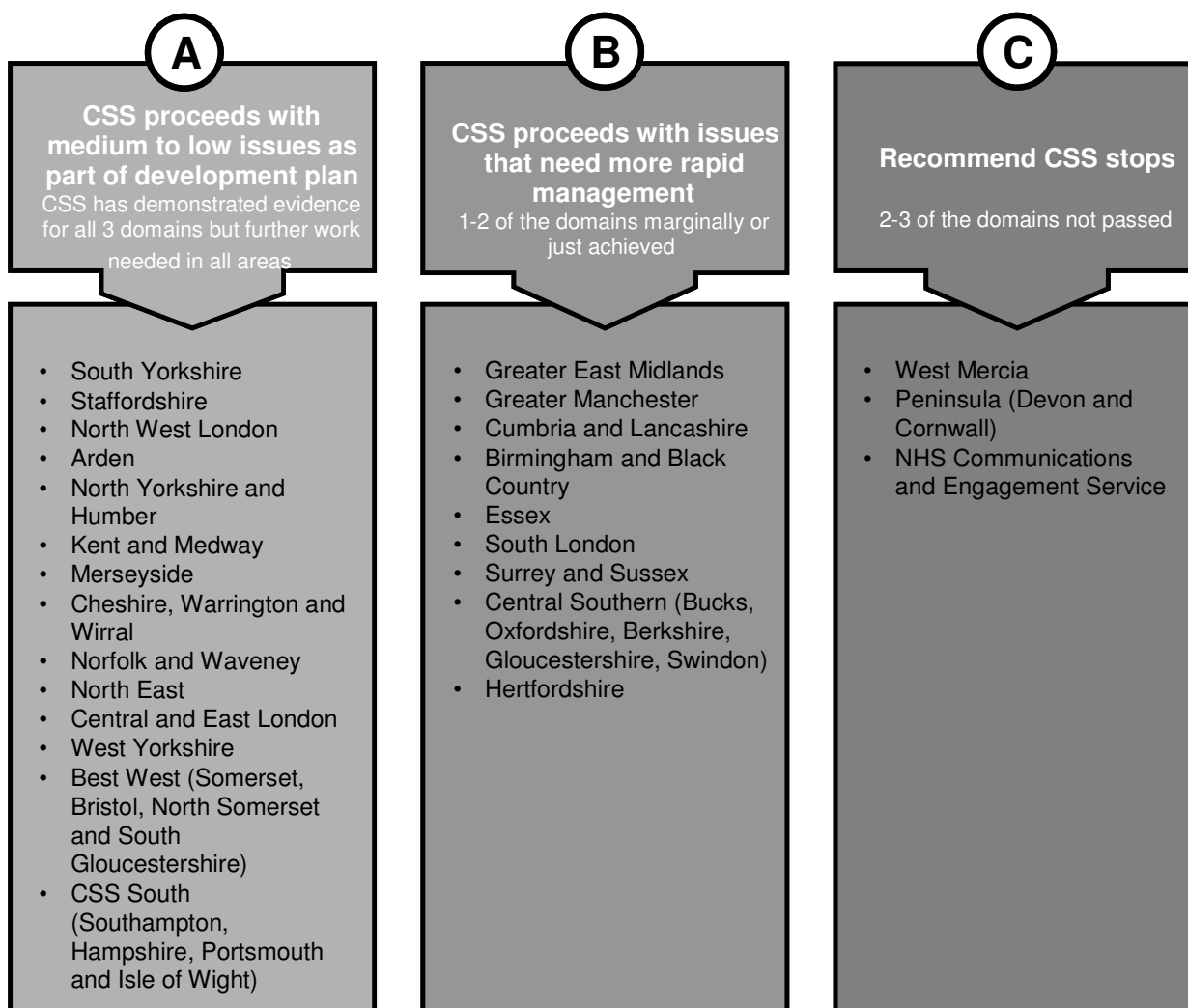
The survey was undertaken by independent research company TNS-BMRB which used a mix of online surveys and telephone interviews to give CCGs maximum flexibility over how to respond. In total, 141 CCGs took part (around 66%) and the findings provided a valuable insight into the perceptions on the ground. The questions were built around the key domains on leadership, customer engagement and business and the results were fed into the evidence packs for the panel assessors.

### Moderation

Following the panel assessments, a moderation meeting was held by the Board Authority with each of the panel chairs and an SHA representative to ensure that the process had been consistent, coherent and to ensure that the key principles around transparency, objectivity and confidentiality had been applied.

### **Outcome**

The results of the moderation meeting were agreed by the Board Authority on 10 May and are:



### **Next steps**

For each of the CSSs that are progressing to checkpoint three, a binding development plan will be mutually agreed by the end of the month that will support their transition. The development plan will contain a number of actions and deadlines based on the areas that need further

clarification or improvement across each of the four development domains – leadership, customer, business and, now that checkpoint two is complete, delivery.

Alongside the plans, the Board Authority will work with SHAs and CSSs – and national organisations such as the NHS Confederation - to put in place a tailored package of support that will enable the CSSs to create their full business plans and finalise their operating models over the summer, for example through business mentors.

The development plans will be regularly reviewed and progress monitored monthly by the Board Authority. Where CSSs do not meet the milestones set out, the Board Authority will re-evaluate the support it is providing and the resources it is investing.

Where CSSs fall within the second scenario and require more rapid action to resolve gaps or weaknesses, then the Board Authority will work with these areas over the next couple of weeks to put in place more proactive plans that will be subject to more rigorous management.

For those CSSs that have 'stopped', SHAs are already working closely with the CSS, PCT cluster and CCGs to ensure that robust plans are put in place and to provide the necessary reassurances to staff. This is to ensure that CCGs have confidence in their commissioning support arrangements and that they can choose the best service that meets their needs. It will be particularly important to ensure that CCGs have time to put these arrangements in place ahead of their application for authorisation.

In these cases, it is clear that there will still be a significant need for locally-based staff to deliver support services to CCGs and that the main impact will be to senior management arrangements and organisation shape rather than to the roles that are available to NHS staff.

## **Summary**

There has clearly been an incredible amount of hard work put into the development of the business plans and defining a responsive offer for CCGs.

Inevitably, some areas require further development and in others there is more work to do to ensure that CCGs' needs are being met. Developing viable and responsive commissioning support by 1 April 2013 presents a real challenge, but these results demonstrate that NHS CSSs are capable of meeting this challenge.