

BOARD PAPER - NHS ENGLAND

Title: Clinical Commissioning Group Development Framework

Clearance:

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Purpose of paper:

- To inform the board of the clinical commissioning group (CCG) development framework, co-produced with CCGs and describing how NHS England will support and develop the commissioning system in relation to CCGs.

Key issues and recommendations

- *Putting Patients First: The NHS England business plan for 2013/2014 - 2015/16* sets out the operating model for NHS England with eight key activities described. The first of these activities is “supporting, developing and assuring the commissioning system.” The CCG development framework describes how NHS England will meet the first two parts of this commitment, in relation to CCGs.
- The CCG development framework is being co-produced with CCGs, and sets out the most important areas for future development if CCGs are to succeed in securing great outcomes and leading transformation.
- Through this, it provides a framework for CCGs and area teams to identify where to prioritise development efforts – “locally determined, nationally enabled” - and signals to national partners and suppliers where they can effectively add value.

Actions required by board members:

- To agree the CCG development framework approach.

CCG Development Framework

Executive Summary

1. *Putting Patients First: The NHS England business plan for 2013/2014 - 2015/2016* sets out the operating model for NHS England with eight key activities described. The first of these activities is “supporting, developing and assuring the commissioning system.” The CCG development framework describes how NHS England will meet the first two parts of this commitment, in relation to CCGs.
2. The CCG development framework is being co-produced with CCGs. Its purpose is:
 - to specify the most important areas for future development if CCGs are to succeed in securing great outcomes and leading transformation;
 - through this, to provide a framework for CCGs and area teams to identify where to prioritise development efforts – “locally determined, nationally enabled”;
 - to guide NHS England in its leverage of development resources with national partners, such as NHS Improving Quality and Local Education and Training Boards; and to signal to suppliers of development where they can most effectively add value;
 - to set out how further insight into what constitutes a great CCG will be gained;
 - to set out how NHS England will support CCGs to access development support, through the establishment and support to learning networks, and the production of specific commissioning products.
3. CCGs and NHS England will work in partnership to take forward the CCG development agenda. The document identifies at section 4.14 the development support already on offer, including the growing library of resources and guidance available through the website. The framework will be reviewed annually in partnership with CCGs, improving and adapting as CCGs progress along their development journey to become great local commissioners.
4. The Board is asked to agree the CCG development framework approach.

Rosamond Roughton
National Director: Commissioning Development
July 2013

Draft CCG
Development
Framework



Commissioning
Development

July 2013



Draft CCG Development Framework 2013/14 v4.0

*Working together to achieve excellence in
clinically led commissioning*

First published:

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Foreword

During 2012/13, 211 aspiring clinical commissioning groups (CCGs) covering the whole of England prepared to come into being as new statutory NHS bodies commissioning over £65bn of services for the local people they serve. Rooted in their local communities, based on the membership of constituent practices and seeking advice from a broad range of clinical professionals, CCGs are set to unleash the potential of clinical leadership in local commissioning.

Building on the significant achievement of all CCGs nationally becoming established to take on their new responsibilities in April 2013, CCGs are now taking forward their ambitions for the improvements they intend to deliver for their local communities and for strengthening their own organisations beyond the levels of organisational health they achieved at authorisation.

While aspiring CCGs showed great commitment to being as good as they possibly could be, it was acknowledged that they were new organisations and the full potential of clinical leadership in commissioning would only emerge over time. For this reason, authorisation of CCGs was designed as a maturity model in which the safe thresholds for authorisation were set in the context of a longer-term vision drawn from what aspiring CCGs were already striving to deliver. Now, CCGs' emerging identity as clinically led organisations will doubtless produce innovative new strengths that need to be encouraged, supported and spread.

This development framework supports CCGs in taking those next steps on their journey. Co-produced with CCGs and open to continuous improvement as we learn more together, it supports CCGs in developing themselves and is a key part of NHS England's commitment to support CCG development nationally. It sets out how further insight into what constitutes a great CCG will be gained and how every CCG will be supported to access development support that recognises its local circumstances and differing stages of maturity.

The framework sets out a clear direction of travel, rooted in achieving CCG ambitions for improvement in health outcomes and the quality and safety of care, and focused on developing healthy, vibrant, clinically led commissioning organisations.

The intention is that the framework will offer CCGs, and all those with an interest in CCGs improving lives locally, an effective way of making their contribution and working together for success.

Dr Nadim Fazlani, Liverpool CCG
Chair of the CCG Development
Working Group

John Bewick
Director of CCG Development
NHS England

Executive summary

Clinical commissioning groups are facing some of the most significant challenges the NHS has encountered since its creation. For over 60 years, England has held to the principle that everyone should receive the healthcare they need, regardless of their ability to pay. To protect and enhance that offer, CCGs need to respond to fundamental changes which are sweeping across health systems around the world, including ours.

For the NHS and for CCGs as commissioners, the enduring challenge is to transform the way care is delivered, improving the quality and outcomes that matter most to patients, their friends and family and the public. In our tax funded health system, CCGs are positioned to be one of the most significant local decision maker engaging our local communities in the transformation of their care delivery systems, freeing up finite resources for reinvestment in what matters most to patients and the public. Alongside assuring the clinical quality, safety, care and compassion of services today, transforming services for tomorrow will be the defining measure of CCGs' success.

The most significant service challenges identified as priorities by CCGs include:

- addressing unwarranted variations in quality and safety of present services;
- reducing health inequalities, including variations in access to services and health outcomes;
- delivering whole care delivery system change, promoting health, wellbeing and independence and avoiding unnecessary use of urgent and emergency services; and
- redesigning services to bring them closer to home, wrapped around the complex needs of individuals, including the redesign of primary care.

In tackling transformational service change, CCGs face system challenges including:

- leading local communities in embracing new service offers;
- achieving collaborative agreement across several commissioners to shared priorities; and
- releasing resources trapped in familiar but outdated services for reinvestment.

Putting Patients First: The NHS England business plan for 2013/14 - 2015/16 sets out the operating model for NHS England with eight key activities described. The first of these activities is "supporting, developing and assuring the commissioning system." The CCG development framework describes how NHS England will meet the first two parts of this commitment in relation to CCGs.

The CCG development framework identifies the most important areas for future development if CCGs are to succeed in securing great outcomes and leading transformation. It is intended to support CCGs and area teams in identifying where to prioritise development efforts; it will guide NHS England in its leverage of

development resources with national partners; and it will signal to suppliers of development where they can most effectively add value.

CCGs and NHS England will work in partnership to take forward the CCG development agenda. The CCG development framework and agenda is being steered by CCGs, through the NHS Commissioning Assembly CCG Development Working Group. It is co-chaired by a CCG clinical leader and the Director of CCG Development to ensure that programmes are driven by the needs of CCGs.

Insight into what makes for a great CCG, able to transform services and outcomes for patients within set budgets, will be systematically developed. The aim is to develop a clear understanding of what excellent practice looks like across the range of domains that underpin a CCG's ability to deliver transformational change. A live, standing statement describing what a great CCG looks like will be drawn from a range of sources to give a consistent focus for CCGs and those who can offer CCGs developmental support. The systematic gathering of insight in these areas will be essential to focusing development where it will be most effective.

Each CCG will have its own specific development needs. These will derive from particular local challenges, its present state of maturity and the extent to which it has chosen to use external commissioning support services to ensure quality and safety as well as service transformation. Recognising that each of the 211 CCGs in England has specific circumstances and needs, CCG development will be determined locally by the CCG in discussion with the area team. While CCGs will want to take responsibility for their own development as a statutory body, resources secured nationally to develop CCGs will be harnessed locally by this mechanism.

Reflecting CCGs' express wish to learn from each other in an environment of peer-to-peer support and challenge, NHS England will support the creation of a national learning network designed around CCG preferences for adopting and spreading learning and innovation.

CCGs are one commissioner in a new, more diverse, commissioning landscape. Many of the needs of the local populations they serve require an integrated response which will only be achieved by the actions of several commissioners acting in concert. CCGs need to be excellent externally facing organisations, working with partner commissioners including area teams, local authorities and Public Health England in local Health and Wellbeing Boards. They need to be able to harness and influence clinical networks and Senates that operate on population-wide footprints beyond their boundaries. For that reason, collaboration is given a priority focus in the CCG development framework.

Where CCGs at different stages of the development journey identify common priorities for better access to both existing and leading edge practice, they will be supported to capture best practice and spread and adopt what is most helpful.

The CCG development framework outlined above will be reviewed annually in partnership with CCGs, improving and adapting as CCGs progress along their development journey to become great local commissioners.

DRAFT

1. The challenges facing CCGs

- 1.1 CCGs are facing some of the most significant challenges the NHS has encountered since its creation. The value our society places on the NHS is enshrined in its constitution:

“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”

- 1.1 For over 60 years England has held to the principle that everyone should receive that offer, regardless of their ability to pay. To protect and enhance that offer, CCGs need to respond to fundamental changes which are sweeping across health systems around the world, including ours.
- 1.2 As a nation, we are living longer. However, compared with other countries we continue to perform poorly in some key areas, including rates of premature mortality for women, reducing ill health from conditions related to obesity, and the treatment of some cancers. There are also persistent inequalities in life expectancy and healthy life expectancy between communities.
- 1.3 Demographic change and changes in disease patterns are increasing the demands on the health and care system. An ageing population means rising numbers of frail older people, and of people living with one or more long-term conditions, such as dementia. Several major diseases are also expected to become more common, in part reflecting lifestyle changes. For example, higher rates of obesity and alcohol consumption are leading to an increase in the incidence of diabetes, arthritis and chronic liver disease. Poor mental health is also responsible for a high proportion of ill health, and prevalence has continued to rise.
- 1.4 Meanwhile, because of the wider economic and fiscal position, the NHS is facing one of the tightest funding settlements in its history. Simply doing the same things in the same way will no longer be affordable in future and not responding now will threaten the existing NHS offer.
- 1.5 For the NHS and CCGs as commissioners, the enduring challenge is to transform the way care is delivered, improving the quality and outcomes that matter most to patients, their friends and family and the public. New technologies offer opportunities to radically improve both our knowledge of the choices of care available to us, and how and where we get the care we need. The most significant opportunities for commissioners of health services are to help us keep well for longer and maintain our independence, and to deliver care out of hospitals and closer to home, thus avoiding unnecessary use of

emergency and urgent services. Often, improving the quality of care in these ways virtuously releases resources presently trapped in out-dated services to reinvest in new services.

1.6 In our tax funded health system, CCGs are positioned to be the most significant local decision maker in whether our care delivery systems are transformed, freeing up finite resources for reinvestment in what matters most to patients and the public. Alongside assuring the clinical quality, safety, care and compassion of services today, the defining measure of CCGs' success will be their ability to transform services for tomorrow.

1.7 The most significant service and system challenges identified as priorities by CCGs include:

Service Challenges
<ul style="list-style-type: none">• Addressing unwarranted variations in quality and safety of present services;• Reducing health inequalities, including variations in access to services and health outcomes;• Delivering whole care delivery system change, promoting health, wellbeing and independence and avoiding unnecessary use of urgent and emergency services; and• Redesigning services to bring them closer to home, wrapped around the complex needs of individuals, including the redesign of primary care.
System Challenges
<p>In tackling transformational service change, CCGs face system challenges including:</p> <ul style="list-style-type: none">• Leading local communities in embracing new service offers;• Achieving collaborative agreement across several commissioners to shared priorities; and• Releasing resources trapped in familiar but outdated services for reinvestment.

1.8 CCGs are emerging into a new landscape in which many organisations and individuals are establishing their new roles and forging new relationships within commissioning, across the new NHS landscape, with local government. While CCGs' confidence in their new role is growing, challenges continue to include:

Development Challenges

- Striving to engage and exploit the talents of clinicians and managers within the CCG;
- Strengthening the new relationships between general practices as the membership of the CCG;
- Exploring the new potentials of commissioning support services provided from outside the CCG to complement their own strengths, improving their access to expertise, value for money and resilience in commissioning functions;
- Establishing new collaborative commissioning arrangements with other local commissioners including local government, NHS England and other CCGs; and
- Establishing good and productive relationships with NHS England nationally and locally, including receiving useful support, commissioning together locally, and assurance and oversight.

- 1.9 Reflecting CCGs' need to look not only within but also beyond its own organisation to be successful, NHS England seeks to support shared development opportunities with partners wherever possible, as outlined in Section 6, Collaboration.

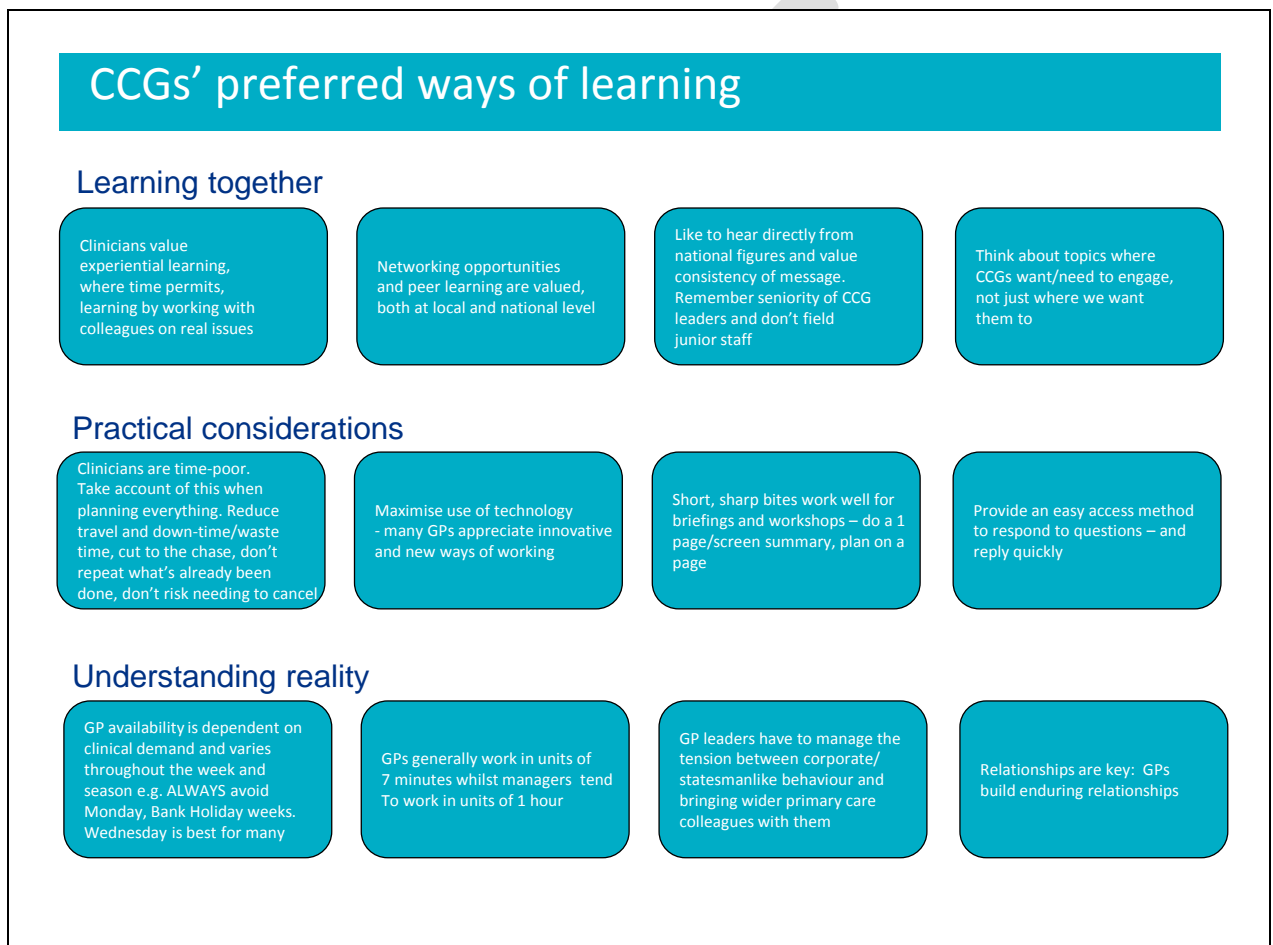
2 Developing the framework - working in partnership

- 2.1 *Putting Patients First: The NHS England business plan for 2013/14 - 2015/16* sets out the operating model for NHS England with eight key activities described. The first of these activities is “supporting, developing and assuring the commissioning system.” The CCG development framework describes how NHS England will meet the first two parts of this commitment.
- 2.2 Throughout authorisation aspiring CCGs and NHS England worked closely and productively together within agreed principles of how the relationship would work best for CCGs, recognising preferred ways of working of clinically led organisations and the reality of local circumstances (see figure 1.0)
- 2.3 CCGs and NHS England will refresh these principles for the development process ahead. They may include:
 - Creating a process ‘fit for purpose’, adding value to each CCG, regardless of stage of development and scale of challenges;
 - Focussing on developing commissioners’ ability both to ensure the quality and safety of services today, and to transform services for the needs of tomorrow;
 - Enabling the delivery of local priorities for improvements in outcomes;
 - Sustaining a mutually positive and supportive relationship between CCGs and NHS England, as captured in the NHS Commissioning assembly;
 - Minimising administrative demands on CCGs, while ensuring the needs of CCGs are clearly identified to enable the timely alignment of appropriate support; and
 - Recognising that CCGs are a new type of membership organisation in the NHS with emerging potential and a need for innovative and bespoke development.
- 2.4 CCGs express a strong preference for the purpose of development to be supporting real improvements in local services, be that the quality and safety of today’s services or transforming services for tomorrow. The focus of CCG development is those core characteristics which give CCGs their identity as effective clinically led organisations.
- 2.5 The CCG development framework and agenda is being steered by CCGs, through the NHS Commissioning Assembly CCG Development Working Group. It is co-chaired by a CCG Clinical Leader (Dr Nadim Fazlani, Chair of Liverpool CCG; with deputy Chair Dr Graham Jackson, Chair of Aylesbury Vale CCG) and the Director of CCG Development for NHS England to ensure that programmes are driven by the needs of CCGs. This framework sets out the key actions taking place from April 2013 onwards.
- 2.6 In many areas, CCGs may commission bespoke packages for a single or small number of CCGs locally. CCGs will be assisted to share information

about what has worked well for them in such circumstances, so that others may benefit from what they have found useful. CCGs also recognise that there will be some core development needs which would best be met by a consistent national offer.

- 2.7 All development support providers will be encouraged to build on the established understanding of the way that CCGs and their clinical leaders prefer to work and learn.

Figure 1.0 CCGs' preferred ways of learning



3 Developing an understanding of what constitutes a great CCG

- 3.1 CCGs are a new type of commissioning organisation in the NHS: a statutory body, rooted in the community it serves, constituted by its members and led by clinicians.
- 3.2 During the last 18 months leading up to CCGs being established in March 2013, CCGs developed a clear and distinctive identity as local, clinically led commissioning organisations. Captured in six domains, these key characteristics of CCGs likely to be successful in their new roles are the starting point from which NHS England seeks to support CCGs in moving forward.
- 3.3 While over half of CCGs met the safe threshold of authorisation by March 2013, at that time the remaining CCGs had some conditions which largely focused around:

Challenges from authorisation

1. **Clear and credible plans**
2. **Financial plan**
3. **Corporate governance arrangements**
4. **Safeguarding**
5. **Governance of quality**
6. **Risk management**
7. **Governing body skills audit and OD planning**

- 3.4 These areas of challenge suggest where initial development efforts should be focussed to enable all CCGs to fulfil their potential.
- 3.5 Looking ahead, the insight work programme aims to develop an understanding of what makes a great CCG able to transform services and outcomes for patients.
- 3.6 Emerging characteristics of CCGs which show great potential to inform our understanding of leading edge practice and shape CCG ambition include:

A strong sense of the CCG belonging to its members

The CCG is a true membership organisation. All GPs are engaged and feel and demonstrate ownership. All staff groups in member organisations including nursing and non-clinical staff are engaged. GPs and other staff groups talk about 'our CCG'. In talking about the CCG, members do not distinguish between individual and collective interests.

Driven by insight, learning and a strong wish to improve

The CCG sees engagement with patients, carers and the public as intrinsic to what it does, and values highly the insight and intelligence they gain in the process. It has an embedded, systematic approach to analysing and turning such insight into management decisions and actions. There is an unrelenting focus on improving quality and patient safety. Quality data and trends, and patient complaints and feedback, is the first and standing item on the governing body agenda.

Holding a powerful vision for change, captured in practical planning

The CCG and all its members can articulate and explain their local priorities where they will focus their improvement efforts for their community. The vision for these priorities is translated into practical, affordable, achievable steps – in the short, medium and long term.

Demonstrating inclusive leadership of communities and patients

Core to the CCG's behaviour is the knitting together of alliances, collaborations, joint ventures, and the pooling of budgets. The CCG is recognised as a system leader locally—a strong ally and partner, and a valued, indispensable participant in local decision-making. The CCG leaders invest significant amounts of time in developing and maintaining strong cross-organisational relationships-- brokering agreements, earning trust, being honest with each other. The CCG has a strong reputation for having the interests of patients and the wider community at the heart of everything it does.

Having a culture of innovation balanced with risk

The CCG demonstrates an entrepreneurial culture. It is able to combine a focus on governance and quality control with a tolerance of reasonable risk. This enables them to balance a need for evidence-based interventions with a willingness to learn, experiment, take risks and fail (and learn from it).

A clear organisational business model for delivering change

The CCG has a clearly articulated vision and a credible strategy for delivering the vision. It manages its providers and supply chain professionally, robustly and always in the interests of patients. There are regular and effective joint working arrangements with clinicians in secondary care that enable better design and management of pathways of care and improve the CCG's knowledge base as a purchaser of community and hospital based services. The CCG buys commissioning support services from the best-qualified provider to support delivery of its vision and plan.

Being strong collaborators with other local commissioners around the needs of local communities

The CCG has deep collaborative ties to their Health and Wellbeing Board, clinical senates and Area teams. They have shared governance of their joint commissioning with NHS England and have an agreed approach to integrated commissioning with their local authority partners. Working with their Health and Wellbeing Board, local authority and Area team, and supported by national and local data profiles, the CCG has a clear and granular understanding of their local health economy and local health population that is shared with their local health and wellbeing system leaders. Collectively, they use this data analysis and understanding to steer their spending to maximise the value for money.

- 3.7 The insight work programme will seek to build on this understanding by developing further insight into the qualities, practice and behaviours of a great CCG. It will be informed and shaped by the following views expressed by CCGs:
- CCGs are ambitious to become as good as they possibly can be.
 - CCGs, their members and patients should co-produce a statement defining what constitutes a great CCG. Diversity and difference should be recognised and embraced as each individual CCG will have their own ambition of what constitutes great practice and this will be partly dependent upon the environment in which the CCG operates.
 - CCGs would like to draw on insight from the wider system to further develop their understanding of what makes for a great CCG.
 - CCGs value peer to peer learning and would like to learn from the leading or more advanced CCGs. A variety of different approaches for sharing learning were recommended including social media, case studies and networking with recognition that one size does not fit all.
- 3.8 In partnership with CCGs, patients and other key partners, the insight work programme will develop a live statement of what excellent practice looks like in clinical commissioning.
- 3.9 This statement will be refreshed every six months to reflect new learning and insight. It will inform the reasonable progress of all CCGs in relation to organisational health in the annual assurance process.

3.10 Sources of insight will include:

The experiences of leading CCGs in practice, and shared learning around best practice
The systems and behaviours of leading CCGs will be studied and codified for sharing with the wider CCG community, alongside guidance on spread and adoption.
Roundtable events with representatives from CCGs and the wider system
The leading figures from CCGs, providers and the wider system will be brought together to confirm and challenge current thinking on excellence in commissioning, with the output published and circulated.
International healthcare systems and other industries
Research from across the globe will be studied, with 'deep dives' into the most promising areas; and other sectors, such as education and aviation, will be consulted for their experience and success in e.g., driving systematic improvements in complex environments and quality assurance, respectively
Academia and think tank research
Thought-leaders and academics will be brought together to challenge, test and steer research assumptions and proposed focus areas.
Leading providers of commissioning support
Views of current providers of commissioning support will be sought, with a structured analysis and distillation of their insight and expertise into 'what works' by way of support.

- 3.11 The insight work will also seek to clarify and raise awareness of the system barriers that block or impede CCGs' ability to transform services and outcomes, with the aim to facilitate the unblocking of such obstacles.
- 3.12 Throughout the year, the insight programme will host roundtables with invited CCGs, experts and thought leaders, commission research into areas of challenge for CCGs, seek to codify current best practice, and keep abreast of new research in Britain and abroad. It will set out its findings and conclusions in two insight reports, scheduled for publication in August 2013 and March 2014.

Actions	Date
Complete CCG Development Framework Feedback Report	May 2013
Hold Insight Roundtables	July to December 2013
Commission primary research into areas of challenge for CCGs	July 2013
Scan international evidence for applicable best practice, and identify key areas of practice for spread and adoption	July 2013
Publish first Insight Report including updated statement on excellence in commissioning	August 2013
Identify, analyse and codify best practice in current CCGs	October-November 2013
First 'deep dive' into international best practice	November 2013
Publish second Insight Report and updated statement of excellence in commissioning	March 2014

4 Supporting the specific needs of each CCG: locally determined, nationally enabled

- 4.1 As they continue their maturity journey, each CCG will identify the changing development needs and support they need to move forward.
- 4.2 It is recognised that each CCG will have its own specific development needs, depending on local context and circumstances. Variations in size, the degree to which commissioning support has been outsourced, the scale of the commissioning challenge, the stage of maturity of the CCG and the specific local priorities all contribute to a CCG's specific set of development needs.
- 4.3 Each CCG will be asked about their needs, seeking to understand their challenges and how they want to be supported, whilst providing challenge and encouraging ambitions to be stretched where appropriate.
- 4.4 Post authorisation, CCGs are reviewing and revising their organisational development plans. CCGs will have the opportunity to discuss their development needs with their area team in a way which is tailored to their individual needs and aligned with area team development. Best practice in producing a CCG organisational development plan will be shared nationally via the CCG development framework.
- 4.5 CCGs recognise that consideration of their specific local circumstances will help strengthen their annual development plans, for example, a self-assessment of the following:
- The present state of development of the CCG post-authorisation;
 - The challenges of improving the local care delivery system;
 - The development needs shared with other local commissioners; and
 - The extent, use and utility of external commissioning support services.
- 4.6 CCGs recognise the importance of developing with their commissioning partners:
- Many CCGs are adopting a whole systems approach to development and actively involving member practices and commissioning partners in setting developmental priorities.
 - Recognising the benefits of co-commissioning in a more complex landscape, CCGs see benefits in working in partnership to identify common development needs, and in agreeing a coherent development programme across local commissioners.
 - CCGs have suggested that development should be integrated with the CCG assurance framework and be mutually supportive to both CCGs and commissioning partners such as area teams and HWBs.

Creating a mixed market for CCG development support

- 4.7 This framework seeks to encourage a vibrant, innovative market of development support for CCGs. By giving insight into the identity and characteristics CCGs are striving to develop, it seeks to better align the support on offer, be that from organisations who are funded to develop CCGs, those who are in a position to offer CCG support at no charge or those who CCGs choose to commission and fund. While the framework will guide the national offers from large, at scale providers, it is not the purpose of this framework to produce a closed national development programme, but rather to encourage all those who may be able to offer CCGs exactly what they need. CCGs want to select the right type of development support to meet their particular needs.
- 4.8 Many CCGs are already working collaboratively with colleagues to access development support at scale, often in partnership with area teams, local leadership delivery partners and Local Education & Training Boards (LETBs).
- 4.9 Informed by local needs, NHS England will work to augment and align the development resources available to CCGs and their commissioning partners, harnessing economies of scale and mutual support where it makes sense to do so.
- 4.10 CCGs will be able to choose support from a wide range of resources, including:
- The matrix of directorates and development support provided by NHS England itself, including area teams;
 - Health Education England and its Local Education and Training Boards;
 - Academic Health Science Networks (AHSN) and Clinical Networks;
 - NHS Improving Quality (NHS IQ);
 - The NHS Leadership Academy and regional leadership delivery partners;
 - Public Health England;
 - Local Government Association; and
 - Independent sector and commissioning support service providers.
- 4.11 In response to CCGs' requests to help make the support available more visible, NHS England will make available a directory of development support offers that also allows CCGs to share timely feedback on providers. This will also identify those areas where it is felt appropriate that all CCGs undertake development to a consistent national standard. This may include the development of a CCG's governing body and the development of individuals in key leadership roles.

- 4.12 Many CCGs face significant immediate challenges ensuring the quality, safety and timeliness of the services they commission, for example ensuring timely access to appropriate urgent and emergency services. Finding immediate and longer term sustainable solutions to these challenges often relies on aligned local action across several local commissioners, their commissioning support services and a deep understanding of the flows of patients through the local care delivery system.
- 4.13 NHS England will seek to bring the substantial national legacy of useful expertise and support in how to addressing these challenges, particularly from the central support functions of NHS England and NHS IQ.
- 4.14 There is significant development and progress already underway, which includes:

Development and support already underway

- CCGs are taking forward their organisational development plans in discussion with area teams
- National programme for 'Leading transformation' via NHS Improving Quality developed
- Partnership programme developed for 'Health and wellbeing system improvement' with the Local Government Association, Public Health England and other partners
- Building Health Partnership learning sites established for CCGs working in partnership with the community and voluntary sectors
- CCG public participation guidance
- Networks for Chief Clinical Officers and other members of the CCG governing bodies
- Access to Leadership Academy core programmes
- CCG Outcomes Tool, an information benchmarking tool published by NHS England
- A growing library of resources published as part of the CCG Learning Network
- Accelerated learning event to develop arrangements for working with Commissioning Support Services
- National co-production workshops with CCGs, to develop a common understanding of CCG Development; with links to the emerging support available
- National co-production workshops to develop CCG Assurance for 2013/14

Actions	Date
In response to CCG development needs, agree 13/14 national support programmes for CCG development with at scale providers	June 2013
Make widely available to CCGs a directory of development support offers that describe what support is available to meet CCG development needs	First directory available from August 2013
Co-produce a process that will support CCGs and their commissioning partners to identify their development needs and agree a mutual and coherent development plan	December 2013
Undertake an initial market evaluation based on feedback from CCGs on the wider mixed market of development support	December 2013
Co-produce and undertake an evaluation of the development support available and publish an initial report	March 2014

5 Supporting the spread and adoption of best practice and sharing learning

- 5.1 CCGs have expressed a wish to learn and develop within a context of peer support and challenge through the sharing of best practice and by addressing common problems in a supportive environment.
- 5.2 NHS England will help to establish a learning environment comprising appropriate technology platforms and networks designed around CCG preferences for adopting and spreading learning and innovation e.g., enabling social networking, group discussions and hosting of documents and resources. This will support:
- Innovation and solution finding;
 - Adoption and spread of good practice;
 - Enhancing CCG effectiveness; and
 - Peer to peer support.
- 5.3 CCGs have indicated a strong preference for access to a range of learning methods, as one size does not fit all. A safe, supportive, interactive and participative learning environment which is accessible to a range of participants, including CCG clinicians, managers and support staff is deemed very important.
- 5.4 NHS England will work with CCGs and partners to co-design and establish a vibrant learning environment that helps share information and which meets the preferred learning styles of CCGs. The CCG learning environment will be built on the basis of agreed principles which may include:
- Optimising the adoption and spread of best practice;
 - Promoting innovation and solution finding;
 - Enabling emergent needs of CCGs to be self-identified and pursued; and
 - Harnessing peer to peer support to help deliver real service improvement
- 5.5 CCGs have further expressed a preference for:
- Learning to take place in their own environment;
 - Short, bite-sized sessions due to time constraints;
 - Both e-learning and face to face learning;
 - Action learning, learning networks and 'learning by doing' with peers;
 - Examples of best practice & case studies; and
 - Access to the latest national thinking.

- 5.6 Many partners are already facilitating peer to peer learning and networks. Network opportunities already being offered include the NHS Commissioning Assembly, Chief Clinical Officers Network, Nurse Commissioner and Lay Chair Networks. National network opportunities are also available through partners such as Allied Health Science Networks, NHS Improving Quality, NHS Clinical Commissioners and NHS Networks.
- 5.7 Working with established and new partners to meet CCG development needs will be central to ensuring an effective and sustainable system where CCGs can learn from one another and easily access the wide range of development support and networking opportunities on offer from a number of organisations.
- 5.8 Development of support for sharing learning and the spread and adoption of good practice includes:

Development already underway for shared learning and spread and adoption of best practice

- Peer to peer learning, for example through CCG Development Working Group Task and Finish Group and learning exchange time banks
- A collaborative forum for CCG development support network leaders to share learning so that CCGs have the best possible support in place
- Continuing to post appropriate development and support material on the NHS England CCG Development web site or the NHS England Library of Commissioning Resources, Tools and Guidance
- Utilising in full the potential of technology platforms such as social networking and Apps to support the spread and adoption of good practice and shared learning. e.g., enabling social networking and group discussions

- 5.9 Network leaders will be supported to create a shared understanding of the specific development and learning needs of CCGs and to ensure that their networks are seen as effective by members of CCGs.
- 5.10 The intention is not to duplicate work which our partners are already delivering in relation to supporting shared learning, but to work in collaboration to ensure that CCGs have the best possible support in place.
- 5.11 CCGs will be supported to work with network leads to develop an evaluation strategy that will use CCG feedback to review the CCG learning environment and networks to ensure these are as useful and accessible to CCGs as possible.

Actions	Date
Establish a shared understanding of how best to support the spread and adoption of best practice and shared learning, based on the preferred learning styles of CCGs	September 2013
Establish a collaborative forum for CCG development support network leaders to share learning so that CCGs have the best possible support in place	September 2013
Work with CCGs and partners to co-design and establish a learning environment, comprising appropriate technology platforms and networks, that helps share information and which meets the preferred learning styles of CCGs	September 2013
Publish the findings from an evaluation programme based on CCG feedback to determine the effectiveness of the CCG learning environment, technology platforms and networks	September 2014

6 Collaboration

- 6.1 CCGs are one of a number of commissioners in a new, more diverse, landscape. Collectively CCGs, local government, area teams and public health are stewards of significant resources for local populations. Maximising the value of the total spend will depend on local commissioners pursuing shared priorities and developing innovative solutions to unlock resources currently trapped in historical and ineffective care delivery. These resources can then be reinvested in more effective health and wellbeing services.
- 6.2 CCGs recognise that it is essential to develop good collaborative relationships with all parts of the new commissioning system, including patients and the public.
- 6.3 They are ambitious to take a leadership role in major service changes locally, recognising that each local situation and priority will need careful agreement on who should lead.
- 6.4 The following areas have been identified by CCGs as key challenges requiring collaboration:
- Integrating health and social care to improve outcomes
 - Primary care strategy and development
 - Service redesign, transformation and delivery of QIPP
 - Improved demand management that is responsive to changing demographics
- 6.5 Ensuring the effective leadership of Health and Wellbeing Board (HWB) partners is vital to successful service transformation and to maximise the value of public funding across local government, the NHS and public health. Coupled with this, a clear and common understanding of roles, responsibilities and inter-dependencies between commissioning partners in HWBs has been identified as key to delivering these challenges and to achieve improved outcomes for local populations across health and social care.
- 6.6 As HWBs are the key strategic planning forum for all local commissioners, developing a shared vision and joint delivery plans will be crucial for transforming the health and care system. In recognising their own development needs as collaborative partners, CCGs and their local HWB partners have signalled a desire for a shared approach to development.
- 6.7 CCGs and area teams have also jointly expressed a desire to develop their collaborative relationship together to improve the quality of primary care that is set within a primary care strategy which enables CCGs to meet their wider ambitions for service transformation and QIPP delivery.
- 6.8 CCG development will reflect the importance of collaboration and the desire for shared development in the new commissioning architecture and the areas signalled as key, including:

Areas for development

- Effective partnership with local government for shared leadership across HWB partners to develop a common vision, shared priorities, and coherent evidence-based plans for system transformation
- Developing the relationship with patients, carers, and communities as well as the voluntary sector as advocates for the needs of local people in relation to health and wellbeing.
- Supporting the collaborative relationship between CCGs and NHS England area teams as fellow local commissioners in the context of shared assurance and development.
- Examining how the advice and support offered by clinical networks operating on population bases beyond CCG boundaries can be best harnessed into local commissioning.
- Exploring how specific collaborations and governance can be formed effectively across commissioners, beyond on-going contractual based arrangements, to address particular, large scale transformational challenges.

Actions	Date
Establish a partnership with local government to support a health and wellbeing system improvement effort that will reflect the need of the individual and shared development needs of CCGs and their partners as local system leaders	May 2013
Support and draw lessons from development programmes for the new commissioning relationship between CCGs and the Community and Voluntary Sector	October 2013

7 Capturing emerging best practice in CCG commissioning skills

- 7.1 As new commissioning organisations in a new commissioning architecture, each of the 211 CCGs faces a unique combination of circumstances that determines its range of specific development needs. Many of these development needs can be met through adaptation of existing resources. There is, however, a range of areas in which there is a need for development support that is new, and not readily available.
- 7.2 As new commissioning organisations, many CCGs are innovating, establishing new best practice and identifying where capturing and sharing those skills would be most helpful.
- 7.3 Under the leadership and prioritisation of the NHS Commissioning Assembly CCG Development Working Group, a series of evidence-based development support packages will be produced that will enable CCGs to draw on the skills, knowledge and best practice of leading edge experts in their field.
- 7.4 Some of these support packages will draw on on-going programmes of work in other parts of the wider system, where relevant and useful; others will be new developments.
- 7.5 Based on learning from authorisation and early CCG input, emerging priorities for the development of tools or guidance include the following areas which will be developed in the coming year:

Emerging priorities for the development of tools or guidance

- Identifying the greatest local opportunities to transform local outcomes for health and wellbeing and release resources trapped in outdated and avoidable services.
- Taking a leadership role in redesigning local care delivery systems
- Producing a clear and credible plan to deliver transformational change.
- Securing expert commissioning support to complement the commissioning strengths within the CCG.
- Organisational business models suitable to a membership organisation.
- Effective shared governance arrangements across the commissioning community responsible for the total allocation to a local population.
- Effective ways of commissioning for outcomes.
- Improving quality in the here and now.

- 7.6 To ensure maximum possible impact, support will also be provided to other teams in NHS England and to external bodies that are preparing development products for CCGs aligned with identified CCG priorities.

Actions	Date
NHS Commissioning Assembly CCG Development Group to agree the proposed topics for the specific CCG skills and support products for 13/14.	May 2013
Agreed topic briefs and working group membership.	June 2013
Product launches from the 13/14 programme.	September 2013 – March 2014

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8 Next steps

- 8.1 The CCG development framework outlined above will be refreshed annually in partnership with CCGs, improving and adapting as CCGs progress along their development journey to become great local commissioners.
- 8.2 From this framework an annual CCG development programme will be developed with CCGs identifying who will do what by when.

Actions	Date
Further engagement with CCGs and partners on the CCG development framework	April to June 2013
Propose the CCG development framework to the NHS England Board	July 2013
CCGs and area team partners to be invited to attend national regional assurance and development events	June to July 2013
Area teams and CCGs to identify common development needs, and work together to agree a coherent development programme across local commissioners	April to October 2013
Undertake a joint evaluation with CCGs and partners on the CCG development framework and support available	March 2014

Key milestones and deliverables

