

USEFUL INFORMATION ABOUT NHS Commissioning Support Services (CSSs)

Overview

Subject to the passage of the Health and Social Care Bill, there will be new and efficient models of commissioning support to help Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NHS CB) in undertaking their commissioning responsibilities and delivering the best possible outcomes for patients.

It is envisaged that the NHS CB will temporarily host commissioning support services (this means that the NHS CB will be the employer of CSS staff) that grow from PCT clusters from April 2013 where those services demonstrate, through the business review, that they will be viable. It is proposed that all these services will move to freestanding models by April 2016 at the latest.

Location

SHA and PCT clusters are working with CCGs to explore the optimum level to operate at and final numbers and locations have yet to be determined. It is likely that some commissioning support services will operate out of a number of locations.

Some of the national 'scale' offers for business intelligence, major clinical procurements, communications, and corporate or business support services, such as finance or HR, are likely to operate at a national and sub-national level with close links and working relationships with local CSS teams and CCGs. It is expected that most of these scale offers are expected to be accessed by CSSs and offered as part of their own service offers. Work is taking place over the next few months to develop and firm up the proposals for how they will operate.

Numbers of Staff

The numbers of commissioning support staff in any service will largely depend on how CCGs decide to operate and the extent to which they carry out activities in house or share or buy in support services, and what operating models NHS CSSs develop.

Early indications suggest there may be around 25 to 35 local CSSs. These numbers will be influenced by a number of factors, including customer support for the services, and a viable and affordable business model.

Organisation Design

PCT Clusters should be working closely with CCGs and other local stakeholders to define the optimum and most efficient operating models and organisational structures as part of the business review.

These will become clearer as CSSs form their outline business plans as part of the assurance business review process and its second 'checkpoint' scheduled in March 2012, and their full business plans during Spring and Summer 2012.

By the end of March 2012, it is expected that each CSS will have developed governance arrangements that allow it to operate at arms length from the PCT Cluster, with clear leadership and senior teams in place, as outlined in the NHS Operating Framework Planning Guidance for 2012/13 (published in December 2011). Consultation exercises are expected to commence thereafter in line with local organisation change policies.

Any transfer that may occur of staff to hosted options is expected to commence later in 2012. For those CSSs transferring to the NHS CB, the NHS CB People Transition Policy will set out the process and timescales. Phase 2 of this framework is expected to be published after the Health and Social Care Bill receives Royal Assent. This will build on local HR Frameworks and governs the appointment of staff into the NHS CB and has been developed in partnership with the Trade Unions.

Useful documents

Draft guidance 'Towards Service Excellence' was published last November that describes the emerging strategy for commissioning support. All Cluster Chief Executives received a copy of this in November.

http://www.hsj.co.uk/Journals/2011/11/09/t/q/p/Towards-Service-Excellence_021111-FINAL.pdf

In December 2011, information on the business review process, timescales and the criteria that emerging CSSs will be assessed against, was sent to all SHA and PCT clusters.