

World Class commissioning summary

Background

The Department of Health has in recent years, signalled a shift in focus towards commissioning, including setting out the "Commissioning framework for health and well being." To date, much of this work has focused on creating the right structure and process for commissioning. We are now building on this by adding vision and content and developing a consensus on the characteristics of excellent commissioning.

The interim report from the NHS Next Stage Review signalled the journey towards an improved NHS which is fair, personalised, effective and safe, and which is focused relentlessly on improving the quality of care. Improving commissioning is at the heart of delivering this agenda.

To deliver the improvements signalled in the NHS Next Stage Review, there is an urgent need to build capacity for commissioning in the NHS. To that end, the Department of Health and the NHS have jointly launched the world class commissioning programme which aims to dramatically transform the way we commission health and care services in this country.

The programme consists of three main streams of work

1. Articulating a vision for world class commissioning including the competencies of a world class organisation
2. Developing a commissioning assurance system to ensure outcomes are improving, hold commissioners to account and reward performance and development
3. Putting in place access to support and development tools that will provide commissioners with the support they need to become world class

The vision and organisational competencies for world class commissioning have been jointly developed by the DH, NHS, and other partner organisations through a series of workshops, events and surveys. They were published on 3rd Dec 2007. The documents set out what a world class commissioning organisation will look like and the 11 competencies that will be needed to become a world class commissioning organisation.

Work is now focused on developing the assurance system and support and development framework.

Key objectives of the world class commissioning programme

The overriding objective of the world class commissioning programme is to transform the way health and care services are commissioned – adding life to years and years to life.

World class commissioning will deliver better health and well-being for all

- People will live healthier and longer lives
- Health inequalities will be dramatically reduced

World class commissioning will deliver better care for all

- Services will be evidence-based and of the best quality

Adding life to years and years to life

- People will have choice and control over the services that they use, so they become more personalised

World class commissioning will deliver better value for all

- Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources
- PCTs will work with others to optimise effective care

World class commissioning competencies

To become world class, commissioners will need to develop the knowledge, skills, behaviour and characteristics of a world class organisation. The Department of Health and NHS have jointly developed a set of core organisational competencies that define a world class commissioning organisation.

In summary world class commissioners will:

- Locally lead the NHS
- Work with community partners
- Engage with public and patients
- Collaborate with clinicians
- Manage knowledge and assess needs
- Prioritise investment
- Stimulate the market
- Promote improvement and innovation
- Secure procurement skills
- Manage the local health system
- Make sound financial investments

However, world class commissioning is not an end in itself. In order to be successful, commissioners will need to demonstrate better health and well-being for all, better care for all and better value for all: adding life to years and years to life.

Assurance system

The assurance system is a crucial element in the world class commissioning programme. It will provide one nationally consistent system which will be overseen by the Strategic Health Authorities (SHAs).

The core components of the assurance system and of its implementation have been agreed and tested with a group of PCTs in the North West SHA. Throughout the process of developing the assurance system, there has been extensive involvement by PCTs and SHAs. Following the completion of this test at the end of January, the system is about 80% complete.

It is planned that the annual assessment of PCTs using the assurance system will be undertaken with their SHA in the autumn.

The assurance system has three elements:

- Health outcomes
- Competencies
- Governance

Outcomes will be a locally determined subset of the *Vital Signs* indicators. PCTs will set local stretch targets to move them towards the best in the NHS, and then towards world class. The world class commissioning competencies will be measured through a combination of self assessment, metrics and evidence gathering, 360 degree feedback and external panel review. Governance will assess board capability, finance and the strategic planning process and content. The major measurement elements in each case have been defined and tested. Performance against the competencies are marked as below baseline, baseline, intermediate or world class.

Between the end of January and the summer, DH, in partnership with the SHAs will build the infrastructure and processes that will underpin the delivery of the assurance system. They will be supported by a consortia led by Ernst & Young and McKinseys. The system will be finalised by June 2008, with capacity building in the SHAs taking place by September 2008, and assessment with PCTs taking place during the autumn.

Support and development

A range of support and development tools will be available for commissioners to draw upon as they work to become world class. Commissioners will draw upon these differentially depending on their local strengths and weaknesses. Broadly, the tools will fall into three categories: shared resources such as good practice and shared services; resources to build internal capability; and external resources that commissioners can 'buy' in to supplement their own capacity and capability. The Framework for Procuring External Support for Commissioners (FESC) is an example of an external resource.

The shape and form of the support and development framework is being developed in partnership with the NHS Institute, NHS Confederation, SHAs, PCTs, DCLG, DCSF, improvement agencies and others. It is planned that elements of the support and development framework will be in place to support PCTs as they undergo the commissioning assurance system later in the year.