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of clinical commissioners

Promoting place-based planning and delivery: The role of clinical leadership

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Why we came together

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All parts of health and care need to be involved in integration



Timely to renew 'Stepping up to the place',
reflective of the evolving health and care
landscape

Why we need a shared vision

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- **Improved patient experience and outcomes**
- **Population health management**
 - Interrelated parts but thinking and planning not always joined up e.g. prevention and public health
- **Efficient use of resources**
 - Making best use not only of NHS £ but spend across the health and care system as whole

Current mechanisms (e.g. HWBs and STPs) not always delivering on integrated working



A networked organisation of

NHS CONFEDERATION

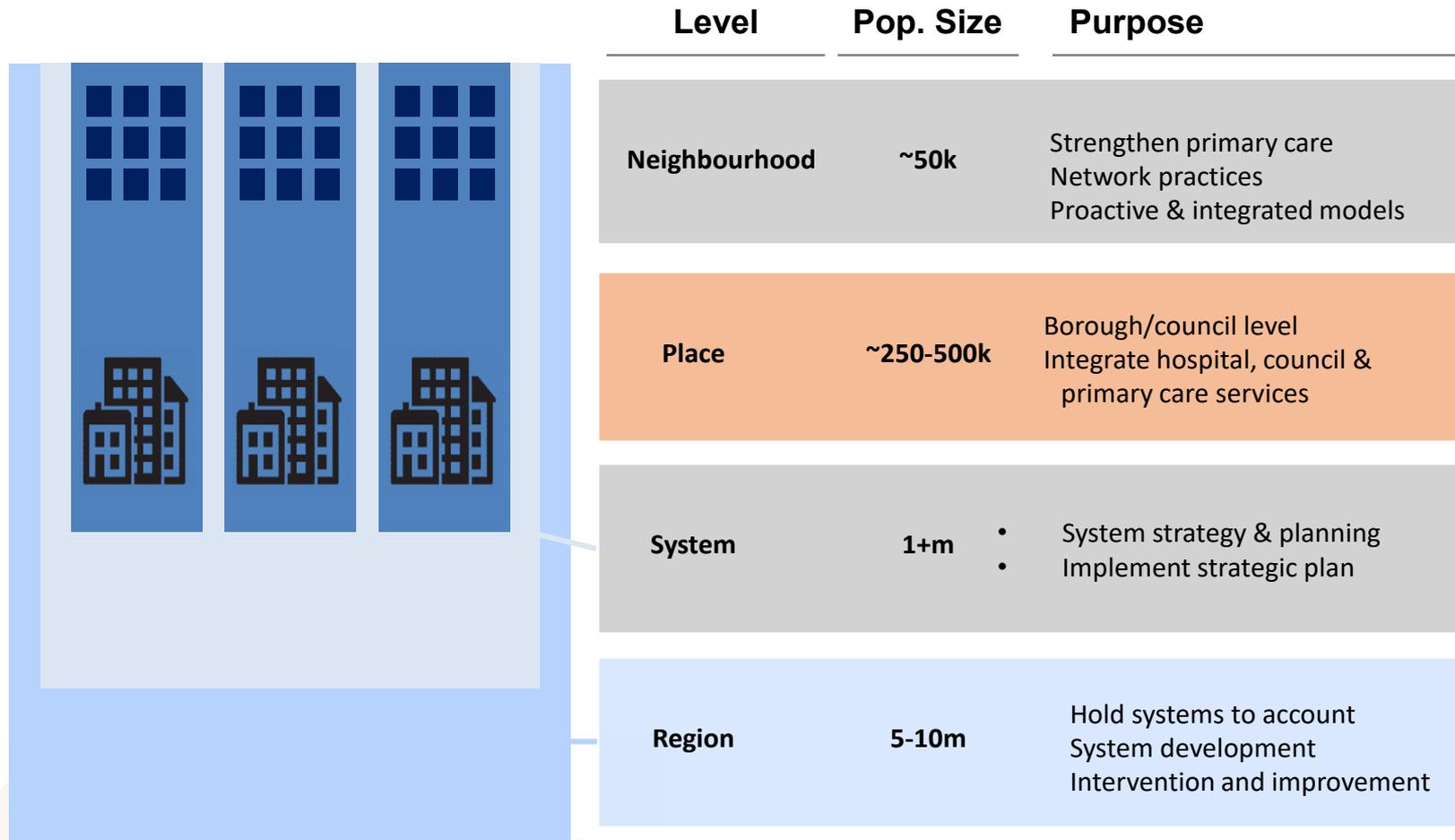


Place-based commissioning

- **Integrated *commissioning* as well as integrated provision**
 - Many ways of doing this – pooling budgets, joint commissioning for outcomes,
- **...and at what level?**
 - **‘Systems’** are becoming more tangible in the NHS (e.g. ICS)
 - But how to go one step down and think about **place** – this is where local government and CCG relationships can be very meaningful and its where relationships between hospital and community providers with local govt and health commissioners need to be developed further



Place-based commissioning



In our vision “*leaders work effectively across health and care, and drive transformation*”.

Within this, **clinical leadership is key for commissioning and provision**, providing:

- Credibility
- Close links to local populations, bringing an understanding of area and patients
 - (parallels with elected local government)
- Clinical insight

= It is vital that clinical leadership remains at the heart of system transformation and placed-based working

“Clinicians bring a level of credibility to a plan or objective that otherwise wouldn’t be there”



How are CCGs adapting to the changing nature of place-based care?

- **Working at scale across system and place** level and delivering strategic commissioning functions
- **Evolving relationships with NHS Providers**
 - New forms of contracting and risk-sharing
- **Closer working with local authorities**
 - Pooled budgets
 - Agreeing shared principles e.g.

Luton Health and Wellbeing Concordat



Next steps to achieve our shared vision

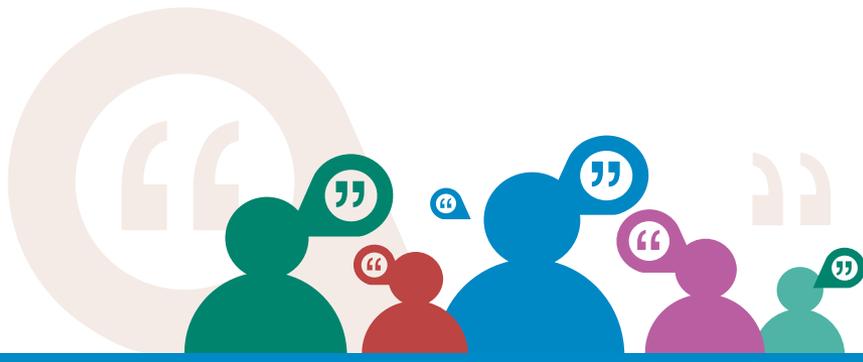
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A number of barriers remain – **NHSCC's 'enabling asks' aim to remove some of these to support integration across system and place:**

1. **Responsibility to improve health and health outcomes**
2. **Regulation and assurance**
3. Payment reform
4. **Accountability and governance**
5. Procurement, competition and choice





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Thank you
@NHSCCpress

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