

Practical guide to engaging with clinical commissioning groups

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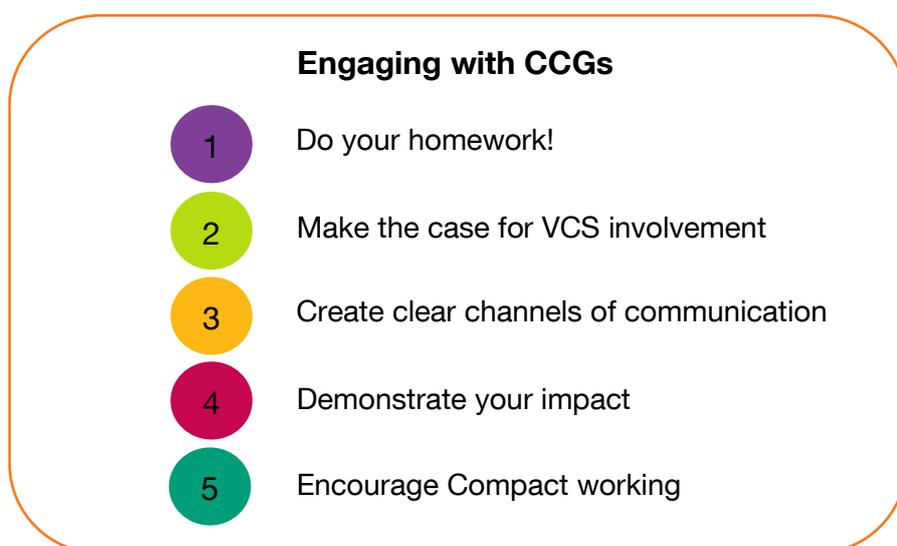
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Compact Voice and Regional Voices would like to thank those who generously contributed their time and expertise to the production of this briefing.

Executive summary

Clinical commissioning groups (CCGs) have been operational since April 2013. Responsible for around 80% of the healthcare budget, CCGs and the organisations that they commission support services from – especially commissioning support units (CSUs) – are vital partners for the voluntary sector. This guide is aimed at helping voluntary sector organisations to engage with CCGs. The first part of this guide provides an overview of CCGs and how they fit in with other NHS bodies, and should be particularly useful for voluntary organisations that are less familiar with health commissioning. The second part of this guide sets out some practical tips to help voluntary organisations engage with and influence CCGs. We break this process of engagement down into five key steps:



To a large degree, the best way of engaging will depend on the relationships and structures that already exist in your area. This guide helps outline the options available and the questions you could be asking.

Good relationships depend on all partners understanding each other; the CCG should understand what makes the voluntary sector distinctive, and you need to tailor your approaches to the CCG to maximise your impact. We emphasise the importance of researching, networking and planning: investing in these activities will be well worth the effort if it leads to better partnership working at a later stage.

Introduction

CCGs are one of the new bodies created by the Health and Social Care Act 2012. The Act transformed the way in which health services were commissioned. This briefing provides a refresher on the purpose and duties of CCGs, and draws on our research to set out concrete steps for voluntary sector organisations looking to influence them.

This briefing is part of a series produced by Compact Voice. The briefings are aimed at voluntary organisations who wish to engage better with local commissioning bodies. The other briefings in the series cover health and wellbeing boards, police and crime commissioners and local enterprise partnerships.

Compact Voice has previously produced briefings about CCGs and health bodies for the voluntary sector, including [Informing and influencing the new local health landscape – a guide for local Compacts](#) (2012) and [The Compact and clinical commissioning groups](#) (2013). [Regional Voices has published Clinical Commissioning- a guide for the voluntary and community sector](#) (2013).

A who's who of health commissioning

To understand how CCGs work, it is important to be familiar with the other key bodies in the health commissioning landscape. These are summarised below:

NHS England

The national body responsible for overseeing the commissioning of health services by CCGs; also commissions certain services directly, including primary care.

Public Health England

Executive agency providing expertise and information to public health teams in local authorities and the NHS.

Health and wellbeing boards

Bring together relevant statutory agencies, Healthwatch and others to agree strategic priorities and ensure commissioned services meet local needs.

Clinical commissioning groups

Groups of local GPs responsible for commissioning most local health and social care services.

Commissioning support units

Providers of commissioning support services to NHS commissioners.

Healthwatch

Responsible for engaging with users of health and social care services and ensuring their views are heard.

Strategic clinical networks

Networks of commissioners, patients and providers which ensure a strategic approach to improving quality of care in priority areas.

Clinical senates

Comprised of a steering group and broader forum of experts to provide strategic advice to commissioners in their local area.

About clinical commissioning groups

What do CCGs do and what are their duties?

CCGs are responsible for commissioning the majority of services around health in England, including hospital care, community health services, rehabilitation services, mental health services and others. NHS England has responsibility for commissioning in certain areas, including specialised services, core GP services, and dental, pharmacy and optical services (although a new policy initiative referred to as ‘co-commissioning’ gives the option to transfer responsibility for commissioning GP services to willing CCGs).

CCGs have a number of duties which they must take into account when exercising their functions. These include duties to improve services, reduce inequalities, promote patient involvement, provide patient choice, promote innovation and promote the integration of health services. Importantly, CCGs also have a duty to consult patients and the public at various specified stages of the commissioning process, including when creating commissioning plans, developing and considering proposals for change and making decisions affecting the operation of commissioning.

NHS England’s [comprehensive summary of CCG functions](#) provides further detail, including on their specific legal duties. [Transforming participation in health and care guidance](#) also sets out how CCGs should involve patients, carers and the public in their decision making processes.

What areas do CCGs cover?

CCGs do not align with local authority boundaries; it is likely that there will be several CCGs within each local authority, and indeed some that cross county boundaries. Typically, CCGs will cover between 150,000 and 300,000 patients each, but some larger CCGs cover a population of over half a million. There are currently 211 CCGs in England.

Structure of CCGs

CCGs have a significant degree of control over their governance arrangements so there is local variation. This section summarises common features.

- **Governing body:** CCGs are required to have a governing body which is responsible for the CCG’s key decisions. The governing body is chaired by an elected GP, and includes representatives from other GP members, members of the executive team, a hospital doctor, a nurse, lay members and representatives from other local partners. Some members will concentrate on a specific area of the CCG’s work – in particular, one of the lay members will have specific responsibility for patient and public participation. Lay members may be drawn from the voluntary sector. A proportion of the governing body’s work is likely to be delegated to sub-committees.
- **Members and member council:** all GP surgeries are required to be members of a CCG. Most CCGs will have a member council; the exact function of these varies, but they generally represent the membership and liaise with the governing body and executive team. Member councils may also agree the vision and values of the CCG, approve the commissioning plans and any changes to the constitution.

- **Locality structures:** Most CCGs, especially larger ones, will have locality structures for geographical areas within the CCG boundary. This is the system that allows the CCG to operate as a true membership organisation, and builds upon the engagement with each individual practice. Locality structures will co-ordinate a group of practices within their area and will report back to the CCG governing body. In some areas, localities may have a significant degree of autonomy: and some may be allocated a commissioning budget and flexibility to keep any surplus to re-invest in locally.
- **Executive team:** The executive team manages the day to day activities of the CCG. The size of the team will vary according to which activities have been outsourced and which have been kept within the CCG.

How clinical commissioning groups fit into the health commissioning landscape

CCGs and commissioning support units

CCGs are generally much smaller than their predecessor primary care trusts (PCTs), and therefore many need to outsource support services. The biggest providers of such support are Commissioning Support Units (CSUs). Most CSUs have retained some of the personnel and experience from PCTs and offer local and practical commissioning support such as procurement, contract management, business intelligence, service redesign, communications and public and patient engagement, the latter being particularly relevant to the voluntary sector. The Regional Voices' networks in the North ([VSNW](#), [VONNE](#) and [Involve Yorkshire and Humber](#)) have worked with the northern CSUs on the 'Pioneers 4 Participation' programme and [mapped the potential areas of collaboration](#) between CCGs, CSUs and the voluntary sector, against the NHS engagement cycle (analyse and plan; design pathway; specify and procure; and deliver and improve services).

There are a number of CSUs across England registered on the "[Lead Provider Framework](#)" (organisations which have qualified to deliver support services). CCGs are free to contract with whichever CSU they wish, choose another provider or retain services in house. CSUs are currently governed by NHS England but are likely to become independent organisations in the future. Engaging with the CSU as well as CCG can expand the opportunities that voluntary organisations have for involvement in the commissioning process.

If you are representing a local voluntary sector organisation, it is worth finding out how the CCG in your area works with CSUs or other support services to help determine who best to engage with. [Contact your local Regional Voices' network](#) to find out about voluntary sector engagement opportunities with CSUs.

CCGs and NHS England

NHS England wears a number of different hats. It holds CCGs to account and draws up an annual performance assessment of each CCG. It also supports CCGs in improving health outcomes for people in England by providing support on areas such as commissioning, partnerships and relationships, and quality improvement and clinical leadership. Lastly,

NHS England also [commissions specialised services](#), primary care services, armed forces health and health in justice, it either commissions services directly or works with CCGs as a collaborative commissioner (co-commissioning).

NHS England aims to engage patients and the public in all its commissioning and there are many opportunities for the voluntary sector to engage with NHS England, including through [NHS Citizen](#), lay membership of [clinical reference groups](#) and by working with [Health and Care Voluntary Sector Strategic Partners](#).

CCGs and health and wellbeing boards

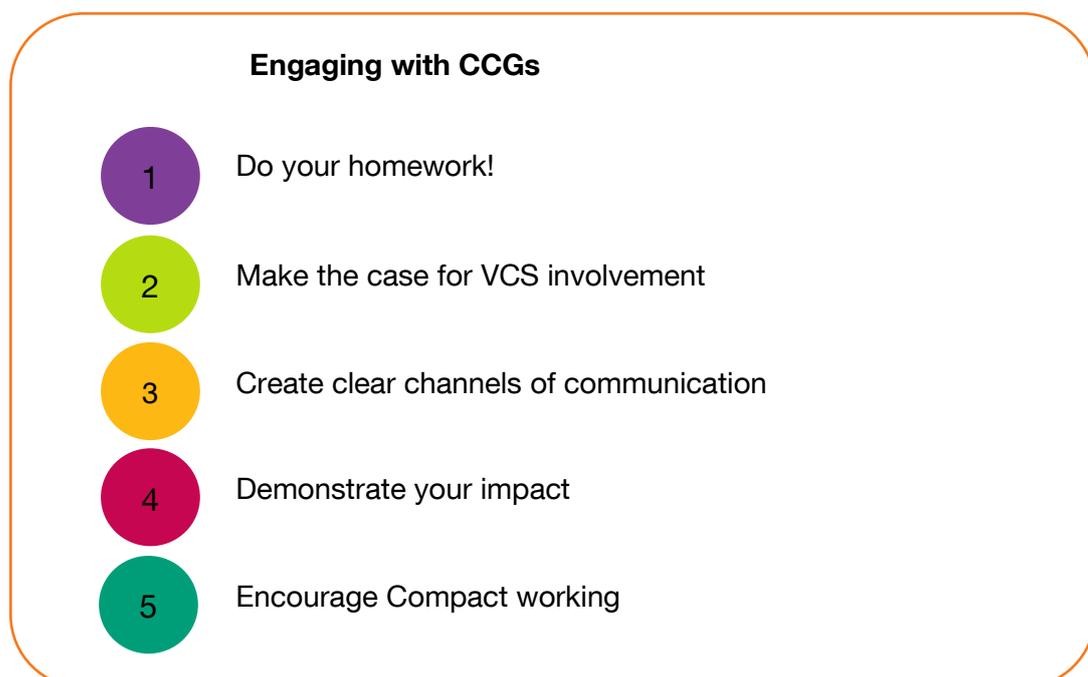
CCG representatives are statutory members of the local health and wellbeing board (HWB). The HWB is responsible for producing the joint strategic needs assessment and the joint health and wellbeing strategy, which CCGs must take into account when producing their commissioning plans. The local HWB must also be consulted by NHS England when it is drawing up its report on the annual performance of each CCG.

CCGs....and CCGs

CCGs, particularly those which cover smaller numbers of patients, often collaborate with each other. For instance, in some areas, one CCG will be designated as a lead commissioner to minimise the procurement burden and co-ordinate the management of providers; in other areas, CCGs will share senior executive posts or enter into schemes to share financial risk. At the very least, it is likely that neighbouring CCGs will have put in place arrangements to keep each other informed of their activities.

Engaging with clinical commissioning groups

In this section we draw on research on how CCGs are working in practice, and examples of good partnership working, to produce a five step practical plan for how voluntary organisations can go about engaging with their local CCG.



1. Do your homework!

It is important to have a clear idea of what CCGs do and how they work in practice in your area from the outset. Collecting this information will give you a better idea of how the CCG actually operates, where the influence lies and who is already engaging with the CCG. Although the governing body is responsible for the key decisions of the CCG, it may be that important discussions are held elsewhere; for instance, in a sub-committee or within a locality structure.

The box below sets out some key questions that you may want to ask.

What do I need to know about each CCG I want to engage with?

- ✓ The area the CCG covers and who the member GP surgeries are
- ✓ The CCG constitution which sets out governance arrangements for the CCG, including the role of the member council
- ✓ The ways in which the CCG is working with other CCGs in the area, including what, if any, functions they share
- ✓ The composition of the governing body, including the identity of the patient and public lay member
- ✓ Any sub-committees which exist on the governing body, when they meet, who sits on them and what their remit is
- ✓ Which CCG meetings you can attend – governing body meetings may be held in public and attendance arranged on request, but sub-committee meetings are almost always held in private
- ✓ The identity of senior members of the executive team supporting the work of the CCG and any lead manager for engaging with the voluntary sector
- ✓ Commissioning plans, along with the agenda and minutes from the most recent meetings – typically available on the CCG's own website
- ✓ The functions which the CCG has kept in house and the functions it has outsourced
- ✓ The identity of any provider of commissioning support services and the specific services that they provide
- ✓ The extent to which the voluntary sector is already engaging with the CCG, including the ways in which it inputs at different points in the commissioning cycle and the services which the CCG has already commissioning from the sector.
- ✓ The gaps which exists in voluntary sector engagement with the CCG
- ✓ Emerging trends on how the CCG works and what approaches it takes.

Regional Voices' [Who's Who Guides in Health and Social Care](#) give an overview of CCGs and CSUs in each region. You can find CCGs in your area, along with links to individual CCG websites and member GP surgeries using the [NHS Choices](#) search function.

2. Make the case for voluntary sector involvement

NHS England is working to ensure CCGs have the tools to build partnerships with the voluntary sector: NHS England's [Five Year Forward View](#) emphasises stronger partnerships between the NHS and voluntary organisations. However, for CCGs who have limited previous experience of the voluntary sector or preconceived ideas about how it operates, it is useful to be able to make a concise case on the value you can add.

Five reasons for public bodies to work with voluntary sector organisations

1. **Expertise:** by working with geographic or thematic communities – often over the course of many years – voluntary sector organisations have detailed and granular knowledge of local health and social issues
2. **Value driven:** the ultimate goal of the voluntary sector is to meet the needs of its beneficiaries, so it will often deliver added value.
3. **Innovation:** voluntary sector organisations can often identify problems and start experimenting with solutions more rapidly than the statutory or private sector – particularly when they are grant funded.
4. **Preventative services:** the voluntary sector excels in early intervention, prevention and holistic services which reduce the need for individuals to rely on statutory services later on.
5. **Contact with underrepresented groups:** voluntary sector organisations reach people who are less likely to be heard by government, ensuring that policies take into account the needs of all sections of society.

The [NPC's report, 'Supporting good health: the role of the charity sector'](#), sets out further arguments which can be useful when making the case for voluntary sector involvement. CCGs who understand the sector are more likely to take action to overcome the barriers to engagement considered below.

Case study: Bristol CCG's market development activities

As part of its Modernising Mental Health commissioning process, Bristol CCG decided to provide extra support to smaller voluntary organisations who often struggle when bidding to provide services. The two voluntary sector organisations commissioned to deliver this support surveyed the sector to understand where the gaps were, and provided assistance through briefings, networking events and support surgeries to address these issues. The CCG also provided grants for specific support in bid-writing.

A number of voluntary organisations took advantage of the support offered, and eleven voluntary organisations are involved in collaborations which now hold Modernising Mental Health contracts with the CCG.

Bristol CCG was shortlisted in the [Innovation category at the 2014 Compact Awards](#) for this work.

While it is understandably easy to focus on delivery of services, it is also important to remind the CCG why the sector exists and what makes it distinctive. Having this conversation is particularly useful in persuading the CCG why grant rather than contract funding might be appropriate. Regional Voices has supported NHS England to provide a '[Bitesize Guide to Grants](#)', to help overcome some of the [barriers that CCGs are finding to using grants](#).

Why use grants rather than contracts?

CCGs have the power to give grants to voluntary sector organisations (section 14Z6(1) [Health and Social Care Act 2006](#) (as amended)). The points below help make the case for why your CCG should make use of this power:

- 1. Drive innovation:** Grants allow voluntary organisations to develop innovative and creative approaches to improving health and wellbeing.
- 2. Build capacity:** Grants can support the development and capacity of the local infrastructure organisations, allowing the sector to co-ordinate in engaging with the CCG.
- 3. Promote small charities:** Smaller charities make things happen for local people but often do not have the resources or expertise to negotiate complicated contracts – small grants can make a significant difference.
- 4. Proportionate funding:** While contracts can be a useful tool in providing incentives and measuring impact, the costs of bidding, negotiating and administering can be disproportionate to the value of the services.

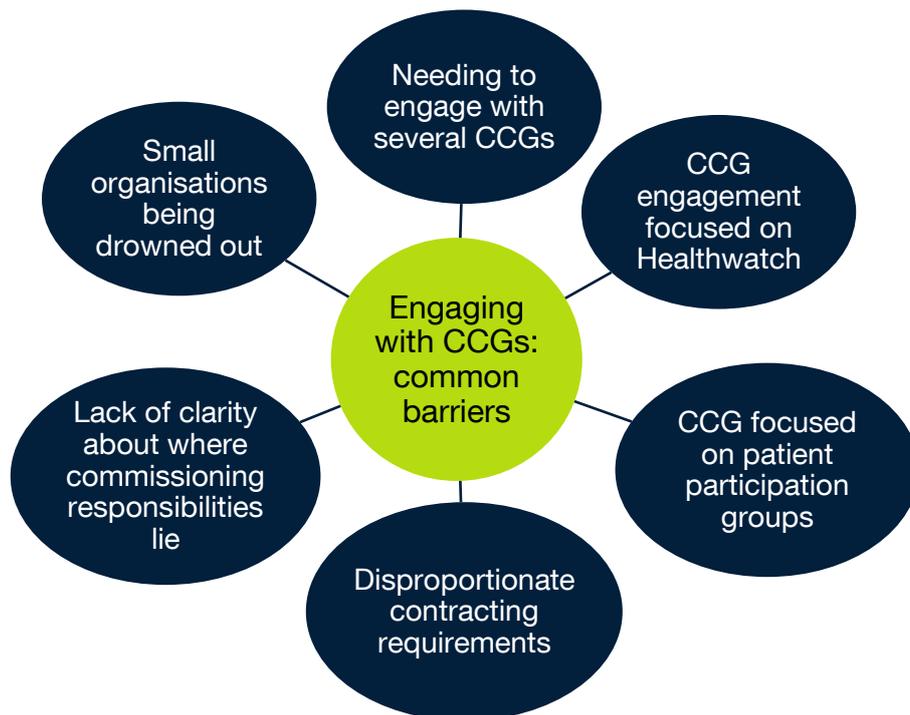
3. Create clear channels of communication

The first part of creating good communication channels is determining the best way of engagement. The box below sets out some questions to consider.

Who do I target for engagement?

- ✓ Make sure it is really the CCG that you want to engage with. Consider why it is you are approaching the CCG, and not the HWB, the CSU, the council etc.?
- ✓ Who do you already know who feeds into the work of the CCG? This could be GPs, governing body members, individuals on the executive team or in the CSU. Do you know anyone who is already in contact with the member for public and patient engagement?
- ✓ Who has the discussions and makes the decisions you care about? Remember that the important meetings might be at a sub-committee or locality level rather than at the governing body itself.
- ✓ Who in the voluntary sector is already engaging with the CCG? Is there a co-ordinated way in which the wider sector feeds into the CCG?
- ✓ How does the CCG engage with patients and the public? Is this function outsourced to a CSU or is it carried out by the CCG itself?

As CCGs become established, common barriers to engagement have emerged. Some of these are set out below:



One of the most effective ways of tackling these barriers is ensuring that the voluntary sector is co-ordinated in its approach to the CCG. This can be challenging in an environment where many infrastructure organisations are losing their core funding or where competitive bidding erodes goodwill and the possibility of sharing intelligence. However, it is clear that many CCGs do not have the capacity or the ability to engage with a diverse voluntary sector. Whether it is through the local infrastructure (in some areas, infrastructure organisations are negotiating funding from CCGs to perform the co-ordinating function) or another route, it is important that the sector is able to provide a coherent front.

A number of regional bodies are working with NHS England, CCGs and other commissioners to develop solutions to these issues. If you have experienced these issues, or any others, we would be interested to hear from you.

Case study: Stockton grant funding project

The 2014 Health Improvements Initiative is a project jointly funded by Hartlepool and Stockton-on-Tees CCG and Stockton Borough Council. Recognising the value of local voluntary sector organisations working on health initiatives, a total of £500,000 was made available in grant funding. While the commissioners set expectations and were part of the decision making process, the local voluntary sector support organisation, [Catalyst Stockton](#), managed the grant funding. 27 bids were submitted and 14 organisations were successful in securing funding.

More information available on [Regional Voices' grant resources hub](#).

4. Demonstrate your impact

The crucial point is to be able to demonstrate that you are solving a problem that the CCG cares about. The best way to think about this is by putting yourself in the CCG's shoes and explaining why what they need is something that you are well placed to assist with.

Impact and solutions

- ✓ Review your evaluation processes – do they demonstrate that you are delivering social value and value for money?
- ✓ Get the numbers right, but also make the most of qualitative evidence – remember that you are best placed to gather the stories of the people you work with.
- ✓ Adopt the language of the CCG as much as possible, using documents such as commissioning plans and the constitution. The more you can use their reasoning to make your case, the more persuasive you will be.
- ✓ Consider how your proposal [helps the CCG fulfil its duties](#): for instance in relation to promoting innovation, reducing health inequalities or promoting patient participation.
- ✓ Become familiar with the local joint strategic needs assessment and the joint health and wellbeing strategy and find examples of other JSNAs and JHWSs that adopt an approach that you are advocating.
- ✓ Be aware of what other CCGs are doing in the area that you work in.
- ✓ Be able to articulate the future of the service you provide.
- ✓ Demonstrate the value of the particular funding type that you are advocating for.

There are also a number of publicly available sources of data which can be used to bolster your case. One East Midlands, (Regional Voices' East Midlands network) and Public Health England have been working collaboratively on a project to support voluntary sector organisations use 'open or free' data sources (such as Public Health England's [Data and Knowledge Gateway](#), the [Office for National Statistics](#), and the [Health and Social Care Information Centre](#) data catalogue). The project, '[Better Data - making the third sector business case for health improvement](#)' aims to support organisations to use this data effectively to support business case development. Key data sources of use to the voluntary sector can be found on the [Regional Voices Evidence Pages](#).

5. Encourage Compact working

The national Compact and local Compacts

[The Compact](#) is the agreement between government and the voluntary sector in England. It sets out key principles which establish a way of working that improves their relationship, in order to achieve common goals for the benefit of communities and citizens in England. The latest version of the Compact was produced in 2010, and all central government departments have signed up to it.

The national presence of the Compact means that it has a strong identity and widespread buy-in. This is combined with the flexibility of local Compacts, which are often based on the national Compact but which are tailored to reflect the needs of each community. [Compact Voice's map of local Compacts](#) will help you find your local Compact, and who its main point of contact is.

Using Compact principles

The national Compact is made up of five key principles.



Each principle is sub-divided into a number of undertakings made by government and / or the voluntary sector.

These undertakings are more than abstract concepts – they are concrete steps which can help ensure that the voluntary sector is not an optional extra, but a co-producer and provider.

Using the national Compact as an example, the following table shows how undertakings within Compacts can be used to push for real change.

| | Undertaking | Application to CCG |
|------------|---|---|
| 1.4 | Ensure greater transparency by making data and information more accessible. | Encourage the CCG to produce high quality agendas for meetings, with graphic overviews, summaries and highlighting significant risks, issues and exceptions |
| 2.2 | Consider the social impact that may result from policy and programme development. | Encourage the CCG to publish and adhere to a commissioning and procurement plan which embeds social value |
| 3.2 | Consider a wide range of ways to fund or resource civil society organisations. | Remind the CCG of their power to give grants as well as contracts and the circumstances where it might be advantageous to do so. |
| 4.3 | Where there are restrictions or changes to future resources, discuss with civil society organisations the implications as soon as possible. | Ask the CCG to give regularly updates (through a sector representative or forum) of ongoing budget discussions. |
| 5.2 | Acknowledge that organisations representing specific disadvantaged or underrepresented groups can help promote social and community cohesion. | Work with the CCG to map the diversity of the local voluntary sector and show how links with specific organisations could help reach a wide range of ‘under the radar’ people and groups. |

Embedding the Compact in your local community

42% of respondents to the 2014 Annual Survey of Local Compacts said that their CCG is signed up to their local Compact, compared to 21% in the [2013 survey](#). The [Department of Health’s statutory guidance](#) also sets out the expectation that the relevant local Compact should be considered and recognised within the JSNA and JHWS process.

How can I embed the principles of good partnership working?

- Encouraging explicit reference to the principles of the Compact in commissioning plans.
- Establishing routes of communication between the CCG and the local Compact group.
- Encouraging the CCG to sign up to the local Compact if they are not already – this can be part of a broader process of renewing a local Compact.
- Don’t forget the other levers for good partnership working – in particular the public authority’s duties under the Public Services (Social Value) Act 2012 and the public sector equality duty under the Equality Act 2010.
- [Talk to Compact Voice!](#) We provide local support to help build and maintain sustainable relationships.

Case study: New Newcastle Compact

The Newcastle Voluntary Sector Liaison Group (VSLG) is made up of representatives from the local authority, voluntary sector and a local CCG, and exists to discuss partnership issues. In September 2012, the VSLG established a cross sector working group to review the local Compact and make recommendations. The resulting New Newcastle Compact was co-designed by Newcastle North CCG and Newcastle East CCG, and both are signed up to its principles.

The process of co-designing the local Compact allowed the CCGs and voluntary sector to gain a greater understanding of each other. It also has been signed by the local Health and Wellbeing Board (known as the Newcastle Wellbeing for Life Board). The VSLG has commenced dialogue with other public sector partners, encouraging them to sign up too - including the police and crime commissioners and six Parish Councils.

Read more about this project - [Newcastle New Compact won the Local Compact Partnership Award at the 2014 national Compact Awards.](#)

About Compact Voice

Compact Voice works to promote the Compact and ensure that strong, effective partnerships are at the heart of all relationships between the voluntary sector and government locally and nationally. Compact Voice provides training, support, advice and information about better partnership working to both sectors, represents the interests of the voluntary sector to government, and champions the principles of the Compact.

About Regional Voices

Regional Voices is a partnership of nine regional networks which champions the work of voluntary and community organisations to improve health, wellbeing and care across England. It is a [Health and Care Voluntary Sector Strategic Partner](#) of the Department of Health, NHS England and Public Health England and it works to support voluntary and community organisations to understand changes within the health and care system and supports organisations to influence these changes, in order to achieve better outcomes.

Selected further resources

- Compact Voice has recently published a revised version of the [Partnership working toolkit](#) which provides practical, straightforward information covering everything you need to know about local Compacts, understanding and engaging with commissioners, decommissioning well and constructive dispute resolution procedures.
- [Regional Voices](#) has carried out detailed work on health partnerships in general and has a briefing on engaging with CCGs in particular. Regional Voices' network organisations have produced practical tools to support the sector in health commissioning: the [VONNE Guide To the Voluntary Sector for Policy Makers and Commissioners](#); RAISE's [A Healthier Perspective](#)- (toolkit to support commissioners and the voluntary sector in

partnership working); the [VSNW guide Towards More Effective Commissioning](#) (showcases examples of co-produced solutions to entrenched health difficulties).

- A number of other voluntary sector infrastructure organisations have also been producing resources in this area: in particular, see the [NAVCA report on building health partnerships](#); and the [ACEVO / Central Southern CSU](#) report on partnership working.
- [NHS England](#) provides a number of resources for CCGs, which are useful for putting yourself in the shoes of CCGs. The NHS England guide to the [role of the voluntary sector in providing commissioning support](#) is useful, although now a year old.
- The [King's Fund](#) provides a wealth of research and analysis on the health commissioning landscape; you can subscribe to their newsletters for free.

Further information

This briefing is part of a series produced by Compact Voice, which are aimed at helping voluntary organisations to engage better with commissioning bodies. Other practical guides in the series focus on:

- Clinical Commissioning Groups
- Police and Crime Commissioners
- Local Enterprise Partnerships

The guides will be published throughout March and April 2015, and can be downloaded from www.compactvoice.org.uk.

If you require this information in an alternative format or have any feedback on our resources, please email compact@compactvoice.org.uk or call 0207 520 2451.