



## ***Commissioning Board*** ***A special health authority***

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To: PCT and SHA DCDs and CSS leads across England  
cc: PCT CEOs, BDU team

Dear colleague,

There has been a great deal of progress over the past few weeks in the development of commissioning support arrangements that will most effectively support future Clinical Commissioning Groups (CCGs), with the first assurance checkpoint completed and detailed guidance in place to assist with preparation for checkpoint 2.

It seems timely to provide you with an update on the development of 'at scale' offers that can add value to the local commissioning support offer and enable informed discussions with CCGs, who will of course have choice in how they source their future commissioning support arrangements.

### **Communications and Engagement**

The NHS Transitional Executive Forum has decided that there should be a single, locally delivered but networked nationwide NHS communications and engagement offer. This means that commissioning support services that intend to include communications and engagement in their offer should be offering the nationwide NHS service and not developing their own separate NHS proposals. Commissioning support service prospectuses and discussions should reflect this. The national communications and engagement programme team and a number of local CSS leads are working together to explore potential partnership delivery models such as business-to-business arrangements between the locally delivered communications and engagement service and local commissioning support organisations. Several workshops have been held in February and March with a number of colleagues in the commissioning support learning networks to begin and progress these discussions.

For more information on the communications and engagement offer please contact Transition Director Stephanie Hood at [stephanie.hood@southeastcoast.nhs.uk](mailto:stephanie.hood@southeastcoast.nhs.uk).

### **Business Intelligence**

It is not intended to develop and operate a single business intelligence commissioning support service, but a model will be set for national and sub-national services. We are starting to develop a view of what services might look like; potentially via a central provider

data collation service, supported by a small number of data management and integration centres with more local commissioning services providing reporting and applications to their CCGs. The model will be explored and developed in close working with commissioning support services and the public health and intelligence for commissioners work streams.

For more information on the emerging model (including standards, cost structure and capability) please contact Programme Director Ming Tang at [ming.tang@hcs.nhs.uk](mailto:ming.tang@hcs.nhs.uk).

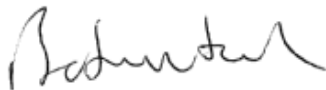
### **Clinical Procurement**

For clinical procurement, a model will be defined with standards clearly set. Given the specialist skills required and the need to ensure the AQP process is properly delivered, the likely model will be a small number of specialist commissioning support services offering business-to-business proposals through local commissioning support organisations, rather than a single service in its own right. Proposals will be assessed on their capacity and viability through the commissioning support assurance process (after checkpoint 2).

### **Business Support Services (back office)**

The approach here will be to build on existing QIPP work. CCGs will want to access comprehensive and professional services from a range of providers. Commissioning support organisations wanting to offer business support services such as HR, payroll, procurement of goods and services and some aspects of informatics will be assessed for capacity and viability through the assurance process (after checkpoint 2). Informatics services will be assured through a specific maturity assessment tool. Please note that information relating to the estates service will be communicated separately.

Yours sincerely,



**Dame Barbara Hakin**  
**National Director of Commissioning Development**