The time is fast approaching when Clinical Commissioning Group (CCG) leaders will be formally handed the opportunity – and accountability – to lead on commissioning for their own patients and populations. The demands of those in CCG leadership positions are manifold, and they are under intense scrutiny as this very central element of the NHS system reforms comes to the fore. Commissioning effectively will be only the absolute minimum required of CCGs. However, the best are working through how they can do this, whilst also meeting the ongoing challenge associated with the need for greater innovation, better cross-system working and the reduction in costs – and still improving quality.

In November 2012, Hay Group brought together a number of CCG Chairs and Accountable Officers (AOs) to share their insights, observations and experiences so far. The sense of commitment and enthusiasm about the opportunity to make a genuine impact on patient care at a local level was strong within the group. There was particular interest in hearing from colleagues from around the country who were tackling similar issues.

This paper summarises the contributions from the panel and the themes which emerged from the event.
Setting the scene

Karen Lynas, deputy managing director, NHS Leadership Academy

As the NHS organisation that developed and sponsored the assessment and development process for CCG Chairs and AOs, the NHS Leadership Academy will continue to be important for CCGs. As such, Karen framed the national context for the event, summoning up Shakespeare’s ‘Twelfth Night’ as she reflected on the position that some in CCG leadership positions may feel that they are in:

“Some are born great, some achieve greatness and some have greatness thrust upon ‘em....”

Karen went on to explain the priorities of the Academy, and how it has been strategically positioned to support CCGs, and the whole of the system, through these objectives.

- Professionalise healthcare leadership in the NHS.
- Encourage and enable innovation.
- Create capability and capacity for leadership development – by equipping those whose role it is to support CCG leaders at local level.
- Develop a formal accredited route to NHS leadership positions – by creating national development programmes at foundation, mid-career and senior levels.
- Lead on diversity – to ensure that the leadership in the NHS is representative of the community it serves.
- Support system change in the NHS – by placing NHS leadership development ahead of the curve in the future, rather than only responding to change.

Karen shared with the audience that she and the Academy faced a similar challenge to those working in critical roles in CCGs. When it comes to development, the NHS must consider what to do differently, as well as building on previous successes in leadership development – simply replicating the past will not be good enough.
Framing the future of NHS commissioning

Lubna Haq, director of healthcare, Hay Group

Having led the national assessment and development processes for prospective CCG Chairs and AOs, Lubna was able to share insights from Hay Group’s analysis of the entire cadre of people who participated.

The overall picture

Lubna described how those coming forward into the assessment and development processes often spoke with some apprehension about how ready they perceived themselves to be to take on the formal leadership role. This was also often coupled with a general feeling that those coming from a more ‘traditional’ managerial career, perhaps in a PCT, would fare better than others. In fact, this proved not to be the case. The overall picture is that the majority of those from both clinical and non-clinical backgrounds came through the assessment process as either ready for immediate appointment, or ready with some specific development support.

Dr Jane Povey, clinical leadership development director, NHS Commissioning Board (NHSCB)

Jane described the NHSCB perspective with regards to the development that it is making available to CCGs as they prepare for authorisation. She echoed the opening comments from Karen Lynas by reiterating that CCG leaders needed to look beyond traditional approaches to leadership. The Chair and AO roles are new and highly complex, with multiple accountabilities and a diverse array of partnerships and relationships that need to be both developed and fostered.

In this context, Jane explained that the NHSCB is making extensive national development support available to CCGs during the authorisation process, and beyond, including:

- a range of online guidance and resources to support the new organisations
- organisational design and leadership development support
- support via national agencies to help improve commissioning pathways and services.

Jane was keen to point out that the NHSCB welcomed any contributions from CCGs and CCG leaders, as it works up different development support options,

“Now is an opportunity to work together to push the boundaries of what constitutes leadership development in the NHS.”

The national diagnostic picture
**General challenges**

Two general challenges were often cited by people coming through the assessment process. The first of these was associated with working effectively with multiple stakeholders, in particular local authorities and the third sector. The demands on many candidates in this area were much greater than they have experienced in the past. For some, it was a new area of responsibility. Chairs and AOs were keen to be collaborative and provide transparency in relation to what their CCGs can and cannot achieve. However, these stakeholders work in very different ways, which are often new to CCG leaders.

The second challenge most frequently discussed was keeping GP colleagues engaged, interested and generally motivated to be part of the CCG. This seemed to be particularly acute in areas where practices were relatively small, or geographically dispersed – and where GPs were less clear as to the impact of the development of the CCG on them.

**Strengths**

A number of personal qualities came through in those looking to take on leadership roles. Hay Group consultants repeatedly commented on their passion, determination, resilience and strong desire to establish an effective and high-performing CCG. Candidates were often also very strong conceptually – in that many were able to grasp and communicate the big picture to others. They were focused on patient outcomes and knowledgeable about their communities; helping them to convey the vision and the story in a way that engages local stakeholders.

**Development areas**

However, though many candidates were able to demonstrate they could grasp the big picture, they were less likely to be interested in day-to-day operations. Whilst they excelled at creating the vision, they struggled to provide clarity over its implementation. The risk here for candidates was that their CCG colleagues could be left unsure of their role in delivering the strategy.

Other areas which emerged were concerned with team leadership and team management. Many candidates felt reluctance to hold people to account, and there was a general lack of understanding of the significance of building the right team to help them achieve their objectives. It is crucial to provide support in these areas, as even candidates with considerable senior leadership experience were finding this challenging in the CCG context.

**Leadership styles**

‘Leadership style’ refers to how people get things done with and through other people. Effective leadership depends on the ability to draw on a range of six leadership styles, according to the context and people involved. However, the majority of candidates were drawing on a relatively limited repertoire, relying mainly on three styles or less.

‘Pacesetting’, one of the six styles, is characterised by a focus on ‘getting the job done’ – and was the most commonly reported leadership style among CCG leadership candidates. This is unsurprising, given the relatively short time that CCGs have had to take shape. However, pacesetting is generally only effective in the short term, and relying solely on this style will not bring about sustainable results alone.
Pacesetting

CCG insights: Framing the future of NHS commissioning

Dr Sam Everington OBE, Chair, Tower Hamlets CCG

With his experience of working in Tower Hamlets for 25 years, Sam shared some of the challenges faced in this area. Tower Hamlets has a young, ethnically diverse and highly mobile population of around 250,000 people – and is marked by inequalities. Despite having commanded the world’s attention for the duration of London 2012, and being home to Canary Wharf, it remains one of the most deprived areas in the UK. Life expectancy is the third lowest in London, and there is a 12 year difference in life expectancy between men in the most and least affluent areas of the borough.

Innovation as an organisation

Despite the distinct characteristics of Tower Hamlets, many CCGs would recognise their strategic objectives and challenges, including engaging a wide group of stakeholders in the commissioning process; and unlocking the creativity of healthcare practitioners and patients to find innovative solutions. However, the approach taken by Tower Hamlets is unusual.

Sam shared the holistic, proactive and multidisciplinary approach to improving health outcomes that his CCG has adopted. One example he shared concerned those patients who were receiving palliative care. The 36 GP practices are spread across eight Local Area Partnerships (LAPs). Each LAP conducts a monthly multi-disciplinary team meeting, at which every patient’s case is reviewed by GPs, district nurses and palliative care nurses. Another unusual organisational feature is that funding for all eight LAPs is set partly based on patient numbers and disease profile (70 per cent) and partly according to performance (30 per cent). If one of the LAPs underperforms, all eight receive less money. Data sharing through a single system enables each LAP to see the performance of others and Sam suggested this was driving up quality by encouraging competition across the patch.

Innovation in services

Sam then provided examples of frontline projects, many suggested by nurses, patients and GPs, which are helping improve health in Tower Hamlets. In addition to his role as Chair of Tower Hamlets, Sam is a GP at London’s Bromley-by-Bow Centre. Renowned for its inclusive approach to health and healthcare, and the importance it attaches to education, the environment, arts and employment; the centre hosts over a hundred projects and social enterprises including complimentary therapies, a nursery and numerous community care projects. Recent examples include:

- a nurse-artist running children’s art sessions which double as asthma awareness courses
- a flower-arranging class, established after a nurse identified a group of elderly female patients left housebound as a result of leg ulcers. The class not only enables the women to receive treatment, but they also become more mobile, active, and have the opportunity for greater social interaction
- a vitamin D awareness campaign in schools which not only educated children about the benefits of diet and sun exposure, but also helped reduce a spiralling vitamin D prescription budget. The project helped to break a self-perpetuating cycle where patients relied solely on supplements.

Innovation in action
Thoughts from the frontline

The event concluded with a series of roundtable discussions between delegates. Four main themes emerged.

1 A pressing workload

The demands being placed on CCG leaders were highlighted as a real challenge at the moment. GPs need time to be freed up from their practices to create the time and space they need to become effective leaders. They need to create time to reflect on what it is that their CCGs need to achieve, and how to deliver this.

2 Development needs

Participants felt that support for clinicians remains essential. Leadership has been something that has ‘happened’ to clinicians, rather than it being a formal career choice. While the leadership development options for CCGs are being worked through, leaders were concerned about what shape these might take. There was a view that development should be built on shared practice, rather than best practice. Participants discussed whether identifying best practice was ever really viable, when each CCG needed to respond to the unique needs of its community. With this in mind, delegates suggested that national development programmes should be complemented by localised, experiential development. Training should be delivered on-the-job where possible, to avoid taking people out of action for long periods of time.

3 Cross-skilling

Discussions focused on the need to break down barriers between clinicians and non-clinicians, rather than thinking of them as separate groups. There are many transferable skills between the two career paths – the challenge for people now is to make that transfer happen. There was also a feeling that clinicians need ongoing support to develop commissioning skills, with many still acting as GPs who do a bit of commissioning ‘on the side’.

4 Engagement

In this paper, we refer to the ongoing challenge above all in CCGs to engage their membership fully. There were discussions as to how to deal with GPs who expressed disinterest in getting involved in commissioning (as they understood it), but were keen to redesign clinical pathways. There was some consensus that this is in fact an essential part of commissioning – the challenge is for leaders to spot this in their colleagues and tap into that energy and enthusiasm.
Now is an opportunity to work together to push the boundaries of what constitutes leadership development in the NHS

Dr Jane Povey, clinical leadership development director, NHS Commissioning Board (NHSCB)

Reflections

Reflecting on the speaker contributions and roundtable discussions, there would appear to be a number of key priorities for CCG leaders as they come through the authorisation process, if these are not already in hand.

- **Organisational design** – each CCG must create and implement an operating model for its locality. This means taking into account local structures and patterns of delivery, the needs of the community and the strengths of the CCG leadership. Above all, leaders must ask themselves, “What will be fit for purpose in my area?”

- **Development** – leaders must now consider the development needs of their governing body and/or executive team. Many people will be grappling with their new responsibilities and they will need support in understanding what is expected of them – both in terms of technical knowledge and behaviours which will help them to work effectively together.

- **Future talent** – too many clinical leaders speak as if they are taking on a temporary role that others are not prepared to. Chairs and AOs need to think about where the next generation of leaders will come from, and how they can be developed and supported to lead CCGs in the future.
There are a number of key priorities for CCG leaders as they come through the authorisation process; organisational design, development needs, and future talent.

Contact us

If you would like to discuss support with your organisational design, top team and board effectiveness, leadership development or any of the other issues covered in this paper, please contact:

Lubna Haq  
Director of healthcare  
020 7856 7506  
lubna.haq@haygroup.com

Simon Bird  
Associate director  
020 7856 7305  
simon.bird@haygroup.com

About Hay Group

Hay Group works with leaders to transform strategy into reality. We develop talent, organise people to be more effective and motivate them to perform at their best. Our focus is on making change happen and helping people and organisations realise their potential.

Our clients are from the private, public and not-for-profit sectors, and represent diverse business challenges. For over 60 years, we have been renowned for the quality of our research and the intellectual rigour of our work. We give our clients breakthrough perspectives on their organisation, and we do it in a way which delivers results and real value.

For more information please visit www.haygroup-bigsqueeze.co.uk