



supporting structures

A soft intelligence report on CSUs

Contents

Page	
04-05	North of England
06-07	Cheshire & Merseyside
08-09	North Yorkshire & Humber
10-11	West and South Yorkshire & Bassetlaw
12-13	Staffordshire & Lancashire
14-15	Greater Manchester
16-17	Arden
18-19	Birmingham
20-21	Greater East Midlands
22-23	North & East London
24-25	North West London
26-27	South London
28-29	Central Southern
30-31	Greater Eastern
32-33	South West
34-35	Surrey & Sussex
36-37	South
38-39	Kent & Medway

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Executive Summary

by Victoria Vaughan, editor-in-chief

Supporting structures: a soft intelligence report on CSUs

There is a new breed of organisation spawned by the current round of NHS reforms: The Commissioning Support Unit (CSU). There were 23 of these bodies six months ago, but a series of mergers has seen that number whittled down to 19. They are run by managing directors with backgrounds ranging from physiotherapy and radiology to corporate law and accountancy. And they collectively employ more than 8,000 staff predominately from former primary care trusts (PCTs).

While they will be 'hosted' by NHS England (formerly known as the NHS Commissioning Board) until 2016, they can't rely on public money. Their sole source of income is generated by working for clients - predominantly from, but not limited to, the 211 clinical commissioning groups (CCGs) that are driving the government's 'clinical commissioning' NHS reform programme. CSUs provide sophisticated advisory and procurement services to their clients, and if they fail to perform their customers will simply take their business elsewhere.

CCGs do not have to employ CSUs. The benefit, though, is that they can commission across a wider area and bring about savings through economies of scale. As a result, the majority of CCGs are working in some degree with a CSU which offers some of the seven broad areas set out by NHS England - these cover business intelligence, procurement and market management, support for redesign, and communications and engagement.

Campden Health has interviewed 18 of the 19 CSU managing directors to produce this soft intelligence report creating a snapshot of commissioning support across England at the point when CCGs take responsibility for huge chunk of the NHS budget (1 April 2013). The MDs were asked the same questions via a face to face interview, a phone interview or, in the minority of cases, via email.

There are broad agreements on challenges and plans for the future but there are differences in offerings and vision. Most CSUs have set up a 'matrix structure' whereby the service teams intersect with the functional teams to promote sharing of knowledge and prevent silo working. The idea is that this will benefit a CCGs as they will be able to access certain expertise more readily. MD of South West CSU, Jan Hull, explained it as having "functional teams consisting of experts in their particular service areas and cutting across this [are] delivery teams consisting of experts from different specialist areas working together to deliver to the customer". However, a handful have employed alternative set-ups. North of England CSU, for example, has established a so-called 'enterprise programme management office' (EPMO) which takes a "helicopter view" of the organisation that will ensure sound project management is being followed. "It's a different way of working, a bit like a consultancy, but people will need to get used to it if we are to price accurately and deploy resources sensibly in the future," said MD Stephen Childs.

In terms of the interface between the CSU and their clients, there is more variation. Some CSUs have multiple points of contact: MD of South London CSU Nick Relph estimates that 70% of his staff are in contact with customers in some way, while others promote having just the one "go to" person. In Central Southern CSU, for example, which covers an area half

the size of Wales, from Buckinghamshire across to Gloucester and down to Wiltshire MD John Wilderspin explains that each client has one "account manager who is responsible for customer care and every aspect of the service".

Perhaps most pertinent to the long-term viability of the CSU model is that it's already clear that some will need to diversify their client base beyond CCGs. Jan Hull is aware of this as her South West CSU has four CCGs customers, making it one of the smallest of the 19. It generates 70% of its budgeted turnover from CCGs and 30% from other business. If only one of their clients was to cancel their contracts, the CSU could immediately find itself in dire straits.

The biggest short-term challenges, though, are around recruitment. All MDs (that would disclose the information) have vacancies ranging from 20 at Kent and Medway CSU to 120 in the North of England, although these figures are changing daily. Some CSUs are using private companies such as Attain to bolster numbers.

But even when/if they get the staff in place, there are issues around their working practices. MD of Arden CSU, Rachel Pearce, said: "The majority of staff are from a PCT background, keeping that customer focus and not being the lead commissioner is a journey our staff have to take."

MD of Greater East Midlands, Professor John Parkes, added: "The majority of staff will still want to hold on to public sector values. We need to become commercial and how we do that in a way that takes account of those ideas and values intellectually is an interesting challenge."

On the much discussed area of private sector involvement in the new NHS the MDs are in agreement that it is unlikely that there would be competition for 'end-to-end' services. Instead, companies will look to offer niche products to CSUs. Stephen Childs said: "When you provide a full complement of commissioning we know that some service lines can run at a loss. Why would a company come into that when they can cherry-pick the best bits?"

There is already in place a range of agreements with the big name consultancy firms and others making deliberate moves to make links with smaller local providers. In West Yorkshire, South Yorkshire and Bassetlaw CSU Ernst and Young has helped with service development and KPMG has worked on financial and commercial planning, while Global Black Swan helped with business development.

Birmingham CSU has partnered with Atos Healthcare which has helped with transition. While Attain has worked with North Yorkshire and the Humber CSU for the last 18 months as partners helping to develop commercial teams. And Greater East Midlands CSU has contracts with KPMG, McKinsey and PWC.

It's a different story in Arden. MD Rachel Pearce, said: "We haven't engaged with the private sector in a way some other CSUs have. I think that's because we are smaller....we have a strong in house team and have done a lot of the work ourselves." It's a view echoed by South CSU MD Keith Douglas. "We are not just looking at the big five consultancy firms. We are looking at sole traders and signing them up as individuals so we can call on them as individuals... This gives us a diversity of staff and skills," he said.

North of England

Commissioning Support Unit

Managing Director: Stephen Childs

1. What services do you provide?

We offer the full range of commissioning support services but in our operating model we separate the transformational from the transactional which is different to how primary care trusts (PCTs) used to work.

2. How are you structured?

We have a leadership team which includes a senior medical advisor and five directors across finance, business development, commissioning support operations, business information services and organisational development and corporate services.

We have to be disciplined in our project and programme management. We have to standardise the process as we are working across such a large area with smaller numbers of people. We have a clearly defined process to ensure that programmes delivered by both the CSU and the CCG are standardised.

We have an enterprise programme management office (EPMO) which we will use to ensure we are following sound project management discipline and it will deploy resources where necessary.

It will have a helicopter view of the organisation to ensure we are working efficiently. The EPMO will know how exactly much time is being spent on each project and service. It's a different way of working, a bit like a consultancy, but people will need to get used to it if we are to price accurately and deploy resources sensibly in future.

We have to understand how much it costs to provide something, including the time it takes. That was a flaw in the old system, that we never really knew the cost. No CSU currently knows, accurately, what it costs to provide a service on such a scale. But there are

big savings to be made through the scale of our operating structure and this will in turn provide a more sustainable service to the CCGs.

3. What regional challenges does your CSU face?

We have high demand on urgent care and we have worked with the Virginia Mason Medical Centre in Seattle to understand how we apply lean transition systems to reform care pathways.

This was essentially adapted from the Toyota production system. The application that has been developed by our providers and commissioners is referred to as the North East Transformation System.

With regard to other concerns across the region it depends on the CCG's priorities in their area.

4. What are your strengths and weaknesses?

Our strengths are:

- Our unique operating model (including time recording system, competency framework and library and EPMO) designed in partnership with The Hackett Group.
- Our in-house business intelligence tool, RAIDR
- Our primary care demand management system (based on lean methodology)
- Our care pathway transformation approach (the North East Transformation System – NETS) based on the Virginia Mason Medical Centre Production System.

Rather than call it a weakness I would say one of the major challenges is moving our people away from the old system and changing the mindset to being customer focused, with the customer being the CCG.

5. What are your relationships like with your CCGs?

For the most part our relationships with CCGs are fantastic. We know that not all of them will stick with us but even if they don't we will maintain that relationship. The North East and Cumbria have really come together around the reforms. Our philosophy is that we got through this together and we will work on the risk together. We are working beyond individual organisations' aspirations, but the CCGs call the shots.

My nervousness for CCGs is that they may get to the end of this phase with service level agreements in position and feel confident about entering into the market place, but when they get out there they will have trouble articulating what it is they want to a supplier more

Facts and figures

Locations: Stockton, Durham City, Newcastle and Carlisle

Staff: Total 750. Vacancies 120

CCGs

NHS South Tees CCG
 NHS Hartlepool and Stockton-on-Tees CCG
 NHS Durham Dales, Easington and Sedgefield CCG
 NHS Darlington CCG
 NHS North Durham CCG
 NHS Sunderland CCG
 NHS South Tyneside CCG
 NHS Gateshead CCG
 NHS Newcastle North and East CCG
 NHS Newcastle West CCG
 NHS North Tyneside CCG
 NHS Northumberland CCG
 NHS Cumbria CCG

Patient population: 3.5 million

Total budgeted turnover for 2013: £62 million

Percentage from CCGs: 71%



savvy than they are.

We will certainly advise them on service specifications but we have to draw a line pretty quickly. We want to be able to support them with procuring support but step back if we want that contract. Independent companies will be watching that relationship very carefully. It's a potential conflict we have to negotiate.

6. What relationships do you have with other stakeholders?

As well as working with clinical commissioning groups (CCGs) NECS has contracts with:

- NHS England's area teams (ATs) to provide health procurement advice
- Preston CCG, Chorley and South Ribble CCG and South Tees Foundation Trust to supply our business intelligent tool, RAIDR

This tool was developed by PCT staff who now largely work for us in collaboration with local GPs. It combines the best of two or three systems that work within the North East and it's proving a success across the CSU area.

It includes data from various sources allowing integration and comparison across multiple data sets. By demonstrating variation in behaviour across practices in a CCG it can profoundly influence clinical care and referral patterns.

For individual GP practices it improves data quality, supporting

campaigns such as flu and health checks, driving up the quality of care provided through enhanced services. It has a very simple operating platform that's easy to learn and helps GPs make commissioning decisions.

7. What is your view on private sector involvement?

What I have seen of their involvement is that they seem more comfortable focusing on particular parts of work. I can't see how they would make money if they don't do that. When you provide a full complement of commissioning support we know that some services lines can run at a loss. Why would a company come in to that when they can cherry-pick the best bits which make money?

When CCGs put some of the more profitable services out to the market and leave the less profitable ones with CSUs there is a risk that a CSU may be undermined. Hopefully we will survive and remain strong enough to make a healthy surplus.

There are many examples of the private sector advising on pathway redesign, turnaround projects and process mapping. They tend to do time limited work where they are in and out and can charge a premium. The total allowance for running costs that CCGs have is not a lot of money, so affordability will be a future issue.

8. What are the major challenges of working in a CSU?

There have been some major challenges in the last 15 years but this really trumps them all. But we are where we hoped to be at this point; if we can standardise our process we will be able to make big savings.

We want to be a strong organisation providing a good service but there is uncertainty until the market establishes itself. We also need to prove we can win business in competitive tendering processes and to do that quickly.

The closest we have got to true clinical commissioning was with primary care groups in 2000 so we need not to burden doctors with all the administration of PCTs. GPs have rightly sought authority to effect clinical commissioning but they don't want

to have the responsibility of running big organisations. There is a danger of recreating 211 PCTs if CCGs opt to do commissioning in-house, which is happening in some areas. The scale that CSUs can provide has the potential to make huge savings and drive very significant service transformation – essential for the next phase of QIPP.

We can deliver an efficient model of care and we have a moral obligation to do so to ensure the NHS gets the very best return for every pound spent.

9. Where do you see your CSU in 2016, post NHS England hosting?

There are no guarantees and no security through hosting. CSUs have already changed as Cumbria joined us. We were 23, now we are 19 it might not be the case in 2016. Really the planning starts now. We are working to understand the cost of being independent.

My personal wish is that we become successful, financially viable organisation. One where our employees have a vested interest in the company doing well, whereby we reinvest profit to improve care. And that it is a model that CCGs are comfortable with.

Biography

How does your career so far help you in your role as a CSU managing director?

I have been on a journey as a practice manager in South East London and a fund holding manager to my most recent post as interim chief executive of NHS Tees, a cluster containing four PCTs. I also led a community services provider organisation in South Tees before it transferred to a local acute Foundation Trust. As a practice manager I came face-to-face with patients and I can fully understand the pressure GPs are under and what it means to commission care. All that experience has been perfect preparation for this role.

Why did you take on this role?

It's a big buzz. I am an entrepreneur at heart and establishing a start-up business within the NHS is an extraordinary opportunity.

Life outside the CSU: Arguing with local council on trying to modify my grade two listed house, chopping firewood and I am a Tottenham Hotspur fan.



Cheshire & Merseyside

Commissioning Support Unit

Managing Director: Tim Andrews

1. What services do you provide?

We have five key service areas. The first three follow the commissioning life cycle. They are: strategic and business planning support; transformation and programme delivery support; and system performance and contract management.

The fourth area is clinical process support which includes medicines management, (including support for specialist pharmacy for NHS England for the North of England) and funded nursing and continuing health care.

The fifth area is corporate services such as human resources (HR), communications, finance and IT.

Our customers all buy a slightly different mix of these services or elements of these services.

2. How are you structured?

There are two parts to the organisation, client services and operations. The client services area is small in number. There is a director of Merseyside and a director of Cheshire, Warrington and the Wirral. The river divides the two regions.

Under the directors are the seven head of client operations who manage a locality comprising of on average two CCGs (although one head also manages the contract with one of the local area team of NHS England around specialised commissioning).

It also includes the head of business development and the head of the transformation and programme delivery which supports project management and service redesign.

Everything else sits in the operations part of the CSU which has four directors. The chief operating officer is responsible for: medicines management, CHC/ funded nursing care, quality and performance, governance and the customer solutions teams (which covers complaints, freedom of information

requests individual funding requests and PALs).

The chief financial officer covers finance, contracting, procurement, business intelligence (BI) and data management. We handle the contract for the North West specialised commissioning BI and we also, in partnership with other CSUs, operate one of the nine data management information centres.

There is a director of HR, organisational development and communications and a director of information and communications technology (ICT). Each head of client operations manages (on a matrix basis) a local team of about 15 to 20 people from across all functions who work directly with the CCG. These locally facing teams not only support CCGs on the ground but also act as conduits to centrally based colleagues ensuring clients do not have to navigate the CSU in search of expertise.

About a quarter of staff are locally based with CCGs and the rest operate out of virtual centres. Of those many will still go out to the locality to support a project or a team as required. This is intended to give us flexibility and an effective balance between central delivery and local, visible client support.

3. What regional challenges does your CSU face?

We are a microcosm of the whole country. There is rural leafy Cheshire and inner city Liverpool – it's a very mixed bag. There are some very significant elderly populations in some areas such as Southport and Formby and on the fringes of Cheshire where there is a big retirement community.

We have some trusts that have challenges around legacy private finance initiative (PFI) schemes and others with

inherited PCT challenges in terms of underfunding although they will be balanced when they hand over.

4. What are your strengths and weaknesses?

One of our strengths is the fresh perspective a CSU brings. Most services don't resemble PCTs. It's early days but what we aspire to be really good at is innovation and transformation support. Everything we have done is about ensuring everybody gets an opportunity to contribute to the innovation agenda.

Our weaknesses are that we are new and we inherited some very good areas and some areas which are not delivering as well. For example we have bought together eight versions of business intelligence from the former PCT to combine the best features and this has

Facts and figures

Locations: Chester, Liverpool, Birkenhead, Warrington and Nantwich

Staff: Total 650. Vacancies 50

CCGs

NHS Southport and Formby CCG

NHS South Sefton CCG

NHS St Helens CCG

NHS Knowsley CCG

NHS Liverpool CCG

NHS Halton CCG

NHS Warrington CCG

NHS Wirral CCG

NHS West Cheshire CCG

NHS Eastern Cheshire CCG

NHS South Cheshire CCG

NHS Vale Royal CCG

Patient population: 2.3 million

Total budgeted turnover for 2013: £35 million

Percentage from CCGs: 70%



taken six to eight months. Time is a big enemy. We have also been going through a very challenging recruitment drive.

5. What are your relationships like with your CCGs?

They are not a homogenous mass. We have a range of relationships. They are extremely positive but it's inevitable that as all CCGs are made up of different people some view the CSU as integral part of the system, an asset to be used and maximised, others are more skeptical. Those that are more positive are still tough on us as they want our support to match their ambitions. Others remain to be convinced and have more of an instinct to commissioning in-house.

We are working quickly but CCG want services now, quite rightly.

6. What relationships do you have with other stakeholders?

We work closely with NHS England area teams where we are providing support on transitional activity which has not landed with other organisations yet, as well as ongoing support for areas such as Specialised Commissioning.

Many of our local authorities started off thinking that they would be competing with CSUs to provide things to CCGs. They had in some cases individuals with the same or similar job titles so they thought they had the same

skills. But the more we have spoken to the chief executives and their teams they are starting to appreciate that they are not always comparable.

If the local authority can do something more efficiently we'd want to look at that and work with them. We are not trying to cling onto CCG revenue. If there is a better offering that we can't match that's fair enough. We believe that the CSU can really support better health and social care integration and opportunities around this aspect are starting to develop a degree of resonance.

Provider relations are now also starting to develop. We are already providing ICT to a number of them and there is a lot of interest in our BI solutions that will enable much closer data integration between providers and commissioners.

7. What is your view on private sector involvement?

To be frank we are focusing on our contracts. We have arrangements with a raft of external organisations, agencies and consultancies so we can bring in skills and capabilities to augment our capabilities. One of our strategies is the flexible resource pool. We need access to a range of skills so instead of ringing up the usual suspects we have created a system of profiles which articulates the skills of individuals and companies. If you need people with a specialism in cancer here are 10 people with those skills who are available and interested. The system also includes their proposed day rate for the project so it's a bit like a reverse auction for project support. It's a really efficient tendering of a piece of work and it's not a typical way of doing business in the NHS. We are encouraging NHS organisations and the third sector to put their profiles up so we can rapidly find hard to reach resources.

The private sector tends to be more expensive so if there is the equivalent in the public sector we would go for that.

8. What are the major challenges of working in a CSU?

CSUs are professional service organisations. I spent 10 to 15 years in outsourcing and 10 years in law as a solicitor in a corporate law firm so I

think a CSU is a sort of hybrid of both. It's not like a big accountancy practice or a business management consultancy, nor is it really a pure outsourcer such as Capita or Serco.

We have to recognise that everything we do has a customer and they want value for money. In the private sector that is a consideration, as if you don't deliver a good service you don't get business. But it should also be seen as an important element of public sector work. CCGs have that critical choice but it's not such a big shift in culture and if it is it shouldn't be.

9. Where do you see your CSU in 2016, post NHS England hosting?

I am not thinking about it too much. We have got to focus on the next six months and delivering great service to our existing clients. If we do that we should have a good chance of being around and viable in 2016.

Biography

How does your career so far help you in your role as a CSU managing director?

I am used to working in two extremely commercially competitive environments with long days. Corporate law has a certain cultural reputation as does outsourcing to a degree. But my experience was of working in inspiring cultures with dynamic and enthusiastic staff. If we can get staff motivated and enthused we will be pointing in the right direction.

Why did you take on this role?

One of the things I say to staff who see my CV is that my mum was a nurse, my dad a policeman, my sister is a nurse who now works for a CCG in Hull and my brother is a charity worker. I spent five years in a high street law firm before going to university, so I came from a very strong public sector orientated environment. It's stuck with me. The CSU offers me a chance to bring all of my experience in the private sector back into the fascinating but hugely challenging public sector. I am really excited about that opportunity and feel very privileged to have the chance to help shape what I really believe are organisations with a huge role to play.

Life outside the CSU: I enjoy tennis, cycling and canoeing and I coach my son's under eights tennis team.



North Yorkshire & Humber

Commissioning Support Unit

Managing Director: Maddy Ruff

1. What services do you provide?

We provide the full range of commissioning support and business support services.

For commissioning support we have experts across a variety of commissioning disciplines which we can call upon for CCGs looking to redesign services. We have a team of people for strategic change which covers areas such as governance and medicines management.

On the business side we cover finance, workforce, planning, information management and technology (IMT), HR, corporate services, communications and engagement, procurement and market management. We have a couple of new products. One covers how to respond to the Francis report and another is a directory of service for the new NHS 111 non-urgent care telephone number. We are in talks with other CSUs about working in partnership on this directory for neighboring CCGs.

We also have a computer based learning system (CBLs) which allows staff to undertake statutory and mandatory training without leaving their desk. This avoids the huge challenge faced by CCGs in releasing people to undertake training. All our CCGs are signed up and we are extending it to induction. We have been providing services since October.

2. How are you structured?

We have a leadership team which includes a director of business services, commissioning services, HR and governance, business development and marketing and a commercial director, who is from our partner, Attain.

We have four relationship managers, who are each responsible for two CCGs each. It's not a case of popping by for

a cup of tea and a biscuit. We've been working with the CCGs to understand what kind of organisation they want to develop how we can tailor our service to suit that need.

Since April these managers have been embedded with CCGs. They spend 90% of their time at CCGs and we have one corporate day, on a Monday so people can meet and report back.

3. What regional challenges does your CSU face?

North Yorkshire is 5,000 square miles; it has very rural areas and vastly contrasting urban areas such as affluent Harrogate and Hull, where there are significant inequalities. The CCGs also have different financial challenges with the four North Yorkshire CCGs inheriting debts from the former primary care trust (PCTs).

There is also huge transformational change in the area. We are supporting North East Lincolnshire, and the four North Yorkshire CCGs with that, and we are talking to East Riding and Hull to support them with Attain.

The programme management office project teams are working on this. We also have our service delivery experts who work with individual CCGs on service redesign.

This is the direction we want to go in. We'll offer really good business services to our CCGs but we really feel we can add value in transformational service.

4. Where are your strengths and weaknesses?

I would say transformational change and HR and organisational development, where we are building up a bank of associates, are particular strengths.



We are still learning and we will make mistakes. But when things are not quite as good as they could be, we have strong relationships with our customer to help us negotiate our way through

It's something our CCGs want as they need support in building a new organisation and all that it involves such as working through individual's values and how they are going to work as a team to ensure they meet their strategic aims. We have done a lot with some CCGs and we are aiming to get more work in this area in the future.

A big strength is that we got staff aligned in summer last year and have

Facts and figures

Locations: Willerby in Humber and York in North Yorkshire

Staff: Total 400. Vacancies undisclosed.

CCGs

NHS Hull CCG

NHS East Riding of Yorkshire CCG

NHS North East Lincolnshire CCG

NHS Vale of York CCG

NHS Harrogate and Rural District CCG

NHS Hambleton, Richmondshire and Whitby CCG

NHS Scarborough and Ryedale CCG

NHS North Lincolnshire CCG

Patient population: 1.7 million

Total budgeted turnover for 2013: Undisclosed

Percentage from CCGs: Undisclosed



been able to deliver services for the six months between October and April hopefully our customers shouldn't notice any difference come April 1.

As for weaknesses, we are still in the early days, as are all CSUs. We are still learning and we will make mistakes. But when things are not quite as good as they could be, we have strong relationships with our customer to help us negotiate our way through.

We do need some clarity on the road map to externalisation and what the relationship between the CSUs and NHS England will be.

5. What are your relationships like with your CCGs?

We have a positive collaboration with CCGs and we have done a huge amount of work to make sure of this. We carried out our first survey through Routeways in December and it involved a questionnaire and some interviews. It found 70% would recommend us and 80% said we were responsive and collaborative.

We are pleased with that as we will use it to benchmark our progress when we carry out another survey in June. We intend to continue to do two surveys a year.

6. What relationships do you have with other stakeholders?

We have a medicines management team supporting the process around

quality, innovation, productivity and prevention (QIPP) and working with our dispensing practices of which there are quite a number.

We also provide medicines management to NHS Airedale, Wharfedale and Craven CCG and West Yorkshire CSU. We are talking to other CSUs about partnership working but nothing has been finalised yet.

We provide IMT to all the practices in our CCGs and to some hospitals including Humber NHS Foundation Trust, City Health Partnership Hull (CHCP) and Navigo and Care Plus, two social enterprises south of the Humber which provide community services.

We have met with our local authorities and they are keen to work with us although nothing has been agreed. We have met with the local medical committee and we also produce a stakeholder newsletter on a monthly basis.

Once it becomes clearer what the CCG's strategic aims are we'll be working with the voluntary sector to see if they have services which will align with commissioning plans.

We also work with North Yorkshire public health observatory on patient experience metrics and enhanced services activity.

7. What is your view on private sector involvement?

We have supported our staff using our partnership with Attain for the last 18 months. They are our commercial partners, helping to develop the commercial teams.

We can call upon them when we need them, which adds value to our customers.

We have worked with KPMG and its primary focus was to help us have a robust financial model and a commercial outlook.

As we move forward I envisage working regularly with other private organisation where there is added benefit.

8. What are the major challenges of working in a CSU?

The main challenge is to deliver a service to the specifications of our customers.

Our survival depends on whether we can delight our customers. We want our services to be the highest quality, real value for money and continually innovating which is very different to any role I have had in the past.

9. Where do you see your CSU in 2016, post NHS England hosting?

It's hard to see what the model might be as it will be a very different landscape in 2016. Whether we'd be a joint venture, private sector or social enterprise is not clear and we are considering that.

We have set up in such a way that we are ready to break free from NHS England. But we need guidance and we await direction on that.

What I would say is that this organisation has a strong sense of social purpose that it's here to benefit patients.

Biography

How does your career so far help you in your role as a CSU managing director?

In March 2011, I was appointed as executive director of commissioning development for the NHS Humber Cluster, before moving into the role of Interim Managing Director for the North Yorkshire and Humber Commissioning Support Service in February 2012 and I was confirmed in that role in May last year. I am very well known across North Yorkshire and Humber as I have worked in the area for 20 years and it's those relationships that are helping me. I have experience of commissioning and so I understand the role that CCGs have taken on. I understand what it's like to be a commissioning leader and I think gives me credibility. I also have relationships with GPs and I understand primary care. I have experience in leadership management and inspiring people and building up a team.

Why did you take on this role?

I felt it was a challenge. I think we've got a big opportunity to be able to provide a whole range of commissioning support services and for CCGs to flourish. Lots of staff I talk to know how things can be so that patients benefit. So I hope we can drive that change.

Life outside the CSU: I am the unpaid driver and horse groom for my 18 year old daughter who takes part in British Eventing. I also have a horse and I love walking my labrador and cocker spaniel in the countryside.



West and South Yorkshire & Bassetlaw

Commissioning Support Unit

Managing Director: Alison Hughes

1. What services do you provide?

We provide 11 service lines of commissioning support to varying degrees for each customer, including:

- Business intelligence (BI)
- Communications
- Engagement and diversity
- Continuing healthcare
- Finance
- Governance
- Information technology (IT)
- Medicines management
- Procurement
- Provider management
- Transformation and workforce
- Organisational development

2. How are you structured?

We have a strong executive director team which has the right mix of commercial and NHS background to get the balance between the NHS and the commercial focus right.

We have eight customer relationship managers who manage service delivery for customers. In the past we talked about providing service, now we talk about capability and solving our customers' problems.

These are critical roles holding the profit and loss account. Most relationship managers only have two CCGs as customers, there is one for Sheffield and one across the three Leeds CCGs. This is to ensure focus and build strong relationships.

3. What regional challenges does your CSU face?

Each CCG faces challenges in delivering improvements for their different populations and in addition there are

a number of financially challenged organisations across Yorkshire.

4. What are your strengths and weaknesses?

We intend to be known for our ability to transform behaviours, systems and processes supported by our innovation, business intelligence, transformation, organisation development (OD) and IT teams. It's a huge challenge bringing people together from 10 or more organisations and we are working to integrate in a measured and managed way. Staff are absolutely up for the challenge and really want to make the new system work. I have been taken aback by their passion about what the new system can be and their commitment to our new organisation.

Commercialisation of our culture is going to be tough. The real challenge is that staff often think about commercial business as ruthless and that doesn't sit well with their NHS values to improve care for patients. But there are fantastic value-driven organisations in the private sector. It is not about ruthless commercialisation. It's about being a value-driven organisation that is a viable business and those aims need not be mutually exclusive.

5. What are your relationships like with your CCGs?

Very positive and very supportive. They want to make it work. They have already given us more work beyond the contract. Relationships are strong but undoubtedly will be tested during the next few months as we go into delivery and provision.

6. What relationships do you have with other stakeholders?

Again they are very positive. We have contracts with an acute and care trust for IT services. We do not have local authority business at present, our focus is on our NHS customers.

7. What is your view on private sector involvement?

We have relationships with other providers in our supply chain in areas such as BI and organisational development. Ernst & Young have

Facts and figures

Location: Bradford and Sheffield

Staff: Total 600. Vacancies 70

CCGs

NHS Airedale, Wharfedale and Craven CCG
 NHS Bradford Districts CCG
 NHS Bradford City CCG
 NHS Calderdale CCG
 NHS Greater Huddersfield CCG
 NHS North Kirklees CCG
 NHS Leeds North CCG
 NHS Leeds South and East CCG
 NHS Leeds West CCG
 NHS Wakefield CCG
 NHS Rotherham CCG
 NHS Doncaster CCG
 NHS Bassetlaw CCG
 NHS Sheffield CCG
 NHS Barnsley CCG

Patient population: 3.6 million

Total budgeted turnover for 2013: £54 million

Percentage from CCGs: 55%



helped in service development, KPMG with financial planning and commercial finance and Global Black Swan have helped with innovation and business development.

We are working with Mental Health Strategies as we need skills in that area. Initially I think there will be competition from some niche players but the real opportunity for us is to develop partnerships and a dynamic and resilient

supply chain for our customers.

I see it as our job to have a relationship with, and contracts with, lots of different organisations.

It's my job to know where the best services are for customers and sometimes we will need to bring in other players to do it.

8. What are the major challenges of working in a CSU?

The major challenge is to ensure that we support our customers to enable them to deliver their outcomes in an increasingly constrained financial environment.

In order to succeed we must delight our customers. We need to be a flexible efficient and responsive organisation that anticipates our customer's needs.

The customer focus is everything. Without our customers we have nothing. We have to be responsive to what they are asking us to deliver.

9. Where do you see your CSU in 2016, post NHS England hosting?

I think there are going to be a number of options CSUs can take.

My immediate focus is on our customers; we have to get the business model right.

Biography

How does your career so far help you in your role as a CSU managing director?

I started life as a physiotherapist and spent 10 years working clinically. I have had a number of managerial roles in acute trusts, the SHA and the PCT. My most recent post was for Yorkshire and Humber strategic health authority (SHA) working on the foundation trust pipeline. This has given me fantastic knowledge about all parts of the NHS. I have always been entrepreneurial, I have always looked for opportunities to do things differently and lead teams that focus on people's strengths and capabilities. I have always looked for opportunities to improve services for staff and patients.



Why did you take on this role?

It's my ideal job. To set up a new organisation and build a different culture fits with my passion for delivering real changes for patients. With a CSU we can support our customers and influence that on a big scale.

It's my aim to get us in *The Sunday Times* top 100 employers list. I have always wanted to work in such an organisation. Why shouldn't an NHS organisation be a top employer? Great staff deliver outstanding solutions that delight customers.

Life outside the CSU: Sailing off North Wales, gardening and cycling.

Staffordshire & Lancashire

Commissioning Support Unit

Managing Director: Derek Kitchen

1. What services do you provide?

Support for transformational commissioning; QIPP2; response to Francis and general commissioning support utilising; business intelligence, communications and engagement, continuing healthcare, contract management, corporate governance, legal services, employment services, financial services, HR, IT, patient and public involvement and procurement.

2. How are you structured?

A single executive team manages the two separate operating units; Lancashire and Staffordshire, I see this a little like a holding company model. The executive team has myself as managing director, a chief financial officer, two delivery directors; one in Lancashire, one in Staffordshire. There is a vacant organisational development director post. I also have a director of transformation post – to lead our transformational commissioning offer to CCGs, (as opposed to internal transformation). That post has not been advertised yet.

We have an operating model that has three main components to it. Embedded staff that wear the CSU badge, meaning the CSU is responsible for their pay, rations, and performance. However, on a daily basis they follow the guidance and the priorities set for them by the CCG in which they work. It is vital that we maintain the necessary face-to-face element of what we do with CCGs. Behind that there is what I call the consultancy service, those people who are not based in CCGs, but travel and talk with CCGs on a very regular basis. All of this is supported by a transactional centre.

3. What regional challenges does your CSU face?

I think everybody faces the challenges

that QIPP2 brings, so financially, enough said. We must make sure that we support CCGs fully in ensuring that what led to the Francis Report does not happen again, while this applies to all CCGs across the country, obviously this more acute with us being part of Staffordshire. We cover four counties. These are large areas so you have got a full range of demographics both in terms of social mix, ethnic mix and levels of social deprivation. I would say that Staffordshire and Lancashire enjoy a pretty similar mix, to be honest. Nearly all the providers in “our” four counties face the same operational and financial pressures.

4. What are your strengths and weaknesses?

Our strength lies in the fact that the CSU was set up very early and has been trading for two years. We have had the benefit of working with the CCGs since April 2011. That has a bearing on our weaknesses that are twofold. One is that we were formed as quite a transactional support service, and we are now evolving into a transformational support unit. It would be unfair and wholly unwise of me to say that we have it right in all places, but I do think we are in a good place.

It is fair to say that the Lancashire operation was slower in its evolution. We are catching up and we have CCG confidence, and they are all assured that we will be ready to deliver what we say we will deliver by April 1. There will continue to be lessons to learn for all of us.

5. What are your relationships like with your CCGs?

My view, which is supported by the various surveys that we get sight of, is that we have really good working relationships with CCGs. I include here

my personal working relationships with the accountable officers, the chairs and the chief financial officers (CFOs). It is particularly true of Staffordshire, because obviously I have been there doing that for longer, but I would say the relationships in Lancashire have built very quickly and well – I am grateful for the welcome and support I have received since October.

6. What relationships do you have with other stakeholders?

I work with three area teams, here the relationships are good and sound. In

Facts and figures

Location: Staffordshire, in Newcastle-under-Lyme and Leyland, Lancashire

Staff: Staffordshire – Total 345. Vacancies 41
Lancashire – Total 420. Vacancies 54

CCGs

NHS Herefordshire CCG
NHS Shropshire CCG
NHS Telford and Wrekin CCG
NHS North Staffordshire CCG
NHS Stoke-on-Trent CCG
NHS Cannock CCG
NHS Stafford and surrounds CCG
NHS East Staffordshire CCG
NHS South East Staffordshire and Seisdon CCG
NHS North Lancashire CCG
NHS West Lancashire CCG
NHS East Lancashire CCG
NHS Blackpool CCG
NHS Fylde and Wyre CCG
NHS Chorley and South Ribble CCG
NHS Greater Preston CCG
NHS Blackburn with Darwen CCG

Patient population: 3.7 million

Total budgeted turnover for 2013: £44 million

Percentage from CCGs: 97%



terms of local authority, we are building that relationship, which therefore includes public health. In my opinion, there is a bit of umbilical cord with public health because we are reliant on public health for input and vice versa. I cannot help my CCGs with commissioning plans if I do not know the epidemiology information that comes out of public health.

7. What is your view on private sector involvement?

I do not think we will grow unless we take in commercial advice and input. As good as we are, we were not born as a commercial organisation, so we need to get that insight. We have worked with Atos for the last two years on this.

We outsourced part of the financial modelling to Four Sight a small company in the West Midlands which worked on the nuts and bolts, but financial planning has been done wholeheartedly by ourselves.

In Lancashire, we have worked with KPMG in areas of commercial thinking and it also did some of the initial financial planning.

There are going to be companies out there that will compete with us. I don't believe that there is a non-NHS organisation that can do everything that we do as a CSU. But I do think there are non-NHS organisations that can do some of what we do better and cheaper. But obviously that will be the technology related stuff in many respects. I could

well see a situation where any one of the big houses competes with me in terms of business intelligence, but could also partner up with me in the provision of that element of our service.

8. What are the major challenges of working in a CSU?

I think there are many, but bear in mind that we are still bringing staff on. We will need to make sure that all of our staff understand very quickly that 'we deliver what we promise' piece, and they fully realise the commercial environment in which we are working and how they need to react to that.

What we say to staff is that after April 1 CSUs will not have a natural right to exist in the NHS. So your hospitals, community nurses, community hospitals and mental health providers will always have that natural right to exist in people's hearts, including the politicians.

Commissioning has been completely redesigned and is in the hands of GPs. Let us not forget that the vast majority of the population who interface with the health service only ever see their GP. So, again, I think commissioning will grow big in the hearts of people and politicians. I am not so sure many people will cry over the future of a CSU outside of the commissioning fraternity. While that might sound a bit dramatic and fatalist, it is actually meant to be realistic, and for me it is the excitement of the challenge. If our staff get, that they will understand how they need to operate to ensure that we all have that right to exist.

9. Where do you see your CSU in 2016, post NHS England hosting?

Quite genuinely, and I have been slightly criticised for this on occasion, I was more concerned about making sure we were fit for purpose than worrying about the form of the organisation. If we do not delight our customers, then it does not really matter what we look like in externalisation because we will not be here. The classic models are there. Everybody talks about potentially three options, which are standalone, joint venture with private sector organisations or joint venture with public sector organisations. We are now appraising those three options, and there is not much more value in me saying anything else on that one.



As good as we are – and I think we are very good – we were not born as a commercial organisation, so we need to get that insight

Biography

How does your career so far help you in your role as a CSU managing director?

I joined the health service in 1986. I have been finance director and chief executive of Northern Birmingham Mental Health Trust. Prior to that I had varying levels of seniority in finance roles as I am a trained accountant.

I took five years out in the commercial sector and came back to North Staffordshire PCT in 2008. I came back in as a performance improvement director. Then when we started to think about how the reforms were going to work in Staffordshire, I decided that this is what I wanted to do, because I have always considered myself a change leader. My wife would call me a change junkie. I have always taken stakeholders through change.

Why did you take on this role?

There are number of things I have done in my career where you had to take stakeholders with you for them to happen, and I include staff as stakeholders. So this just seemed a natural fit with that element of me, and also the commercial aspect of my career.

I found it exciting that commissioning support provides an opportunity to do work we did in PCTs at scale, rather than 152 times over.

Life outside the CSU: Family and golf.



Greater Manchester

Commissioning Support Unit

Managing Director: Dr Leigh Griffin

1. What services do you provide?

We provide about 14 services. Each of those is structured into sub-service offerings, and not every CCG is buying the full range – a number are, but not all. They range from more transactional services such as finance, IT or people services that help CCGs around compliance and quality, for example, complaints management, resilience and support to emergency planning.

We have a service called effective use of resources, which helps CCGs around individual funding requests. We have an equality and diversity in human rights service, which supports the CCGs around ensuring that all plans and services meet these requirements. We have medicines management; market management, which covers procurement on the CCGs' behalf; provider management, which covers contract and performance management; service redesign and communications and engagement. Business intelligence is also provided within IT, so it's quite a rich range of services.

2. How are you structured?

There is myself as managing director, and there are three directors in post supporting me – a director of finance, a chief operating officer and a director of commercial partnerships and new business.

We have heads of service, reporting either directly to me or a director, who are responsible for the specific, individual services. We also have account managers who work with the CCGs, managing the totality of the delivery of service.

It is important to me that I do not describe the organisation in terms of the structure, because I am very keen to get into a matrix management way of working where we can deploy skills

and capabilities fairly fluidly and develop people.

3. What regional challenges does your CSU face?

We are creating something different that is at scale, but that hopefully at its heart has an absolute commitment to customer care and relationship management.

For some people that may be quite a cultural shift. We are putting a lot of investment in our staff but it will be a challenge to move to a very different way of working.

Some of our customers may want things delivered in a way they are used to, and that may be right in some instances. Other customers will want different things, so we have to tailor to individual customers' needs.

Of course there is the risk that they may want to look elsewhere. Within 18 months they are duty bound to market-test. Some may be keener to do that than others, so I want to give those customers confidence and assurance in us and hopefully secure loyalty for any market testing. I think we need to understand and focus on what our real strengths are though, and perhaps in some services look at partnering with other organisations or maybe CSUs.

There is a range of challenges, and of course the fundamental challenge is with the NHS as it heads through further years of QIPP and constraint, and really responds positively to the challenges of Francis.

4. What are your strengths and weaknesses?

A strength is our relationships. Greater Manchester is a geographical entity. It is a health system, so we have the opportunity of working with that system. I think that it helps that there has been

a history of collaboration across that system which we can build on. We have customers who want us to succeed, and we have put a lot of effort into understanding and engaging with them. I think that is valued, so I think those are strengths.

I also like to think that we have strength in terms of the quality of people we have employed. We have done some staff surveys, and 70% of people are saying they feel they have the opportunity to influence the culture and they understand what we are doing. That is great; we need to build on that. It is not a bad starting place. I think our understanding of the Greater Manchester health system, our history of working with that system on an individual basis and our commitment to relationships and relationship management are our key strengths. A potential weakness could be our commercial awareness. I think we

Facts and figures

Location: Salford, Manchester

Staff: Total 550. Vacancies undisclosed.

CCGs

Bolton CCG

Bury CCG

Central Manchester CCG

Heywood Middleton & Rochdale CCG

North Manchester CCG

Oldham CCG

Salford CCG

South Manchester CCG

Stockport CCG

Tameside and Glossop CCG

Trafford CCG

Wigan Borough CCG

Patient population: 2.8 million

Total budgeted turnover for 2013: £43 million

Percentage from CCGs: 70-75%



have to balance a couple of things. One is to work with the health system and collaborate with them, and at the same time we need to be very clear about the cost and value of what we are doing. We need to understand that we are heading into a commercial market where we stand or fall by our comparative position and perception.

There are some commercial skills which we clearly have on board. However, there is a need to build that awareness without losing the NHS commitment.

5. What are your relationships like with your CCGs?

I think they are good. As with all relationships, they can get better. We have put a lot of effort in over the last three or four months. It has been important for us to understand that CCGs are not all alike. They have particular needs, cultures and styles. Some have more evidenced clinical leadership than others. Some have inherited real profound difficulties, so it is important for us to get close. I meet with the CCG leads every week. I write to them every couple of weeks. They each have a link director. We have a local presence in every CCG. I think there is a desire to mutually support and understand, but they are going to hold us to account. They have not got a great deal of resource, and they have a lot expected of them. We have to deliver for them. I do

not kid myself, we will be held to account, and rightly so.

6. What relationships do you have with other stakeholders?

I think they are steadily growing. We are an organisation that has grown significantly since last autumn when we had 30 staff. We have now got 500. We have strengthening relationships with local authorities, and are jointly discovering potential there for joint work. We have a very good relationship with the NHS England area team. It is not a formal relationship in any regard, but it is a good dialogue and there is a mutual respect for our positions.

We have an emergent relationship with the Trust network. There are also other partners and we are keen to develop those relationships. They range from the voluntary sector through to other parts of the statutory sector to the independent sector in terms of potential partnerships. Each of those sectors may provide partnership as well as customer opportunities.

7. What is your view on private sector involvement?

The funding that the NHS receives needs to be used to best effect to improve health and healthcare, and to reduce inequalities. That is the bottom line. I am keen to ascertain the best way of doing that. The NHS has always been a mixed economy. There are key parts of the NHS, for example large chunks of primary care that have been at least quasi independent, but they have worked to NHS principles and have received funding through the NHS. That has worked; we have accommodated that. As we continue to seek the best value for money we will continue to look at opportunities whilst remaining true to the basic values and principles of the NHS. I would not wish to see money taken out of the NHS. It needs to be used for its core purposes.

8. What are the major challenges of working in a CSU?

First of all I can think of no job I would rather do. That is easy and glib to say, but it is very heartfelt. The pace at which we are changing is daunting and challenging though. We are creating

something fundamentally different from April 1. There will be an expectation that everything runs very smoothly from day one, and life is not like that. Many of us are unaware exactly what shape the market will take and what balance there will be that will settle between the collaborative and the competitive side of the agenda. At times we will be competing for work, but our absolute commitment to work with customers is at our heart in terms of co-designing and delivering improvement.

9. Where do you see your CSU in 2016, post NHS England hosting?

I am optimistic that we will see success on a number of fronts. Not everything will run smoothly, I'm not foolish enough to think that. However, I think in 2016 we will have delivered for our core customers and retained their loyalty. We may be providing more services for them, and we may be providing services for others, and I would hope that we would be providing services on a broader footprint.

Biography

How does your career so far help you in your role as a CSU Managing director?

I have been a PCT chief executive for 10 years in a number of different locations, both in the North West, Sefton, and most recently in the West Midlands, in Telford and Wrekin and in Shropshire. This is not a PCT or a chief executive role, so I have to check myself on occasion. I am no longer PCT chief exec; I am providing a service that is much more explicitly about provision to a range of customers, which stands or falls on the quality of delivery to customers.

Why did you take on this role?

There is no job I'd rather do. I have had experience around leading organisations through some quite challenging periods of change. The nature of NHS reform is such that I have had experience of setting up new organisations and closing them. I have also had experience of leading organisations to tackle turnaround, fundamental financial and quality challenges.

Life outside the CSU: I live in glorious countryside with a Welsh springer spaniel. I am an avid supporter of Leeds United. I do not get much time for chilling out at the moment, but when I do I like films, reading and walking with my dog.



Arden

Commissioning Support Unit

Managing Director: Rachel Pearce

1. What services do you provide?

The full range of commissioning support services – service redesign, contract support, business intelligence, procurement, continuing healthcare (CHC), medicines optimising, HR, IT, communications and finance.

2. How are you structured?

We work on a professional services model. We have a leadership team of eight which includes five senior partners who cover redesign and innovation, procurement and performance, person-centred commissioning, business intelligence, business strategy and then a chief financial officer and a chief operating officer.

It's a flat structure with four layers – senior partners, associates, leads and business support. The expectation is that staff will be agile within this matrix and that we have moved away from a traditional hierarchical structure.

Each senior partner also acts as a relationship manager so that they are the point of contact for the CCG and they are senior enough that they can liaise with the CCG's executive team.

3. What regional challenges does your CSU face?

Our population is quite elderly so we have service needs for the frail elderly and in preventing hospital admission. There are issues of inequality as the south of the area is very affluent but there are highly deprived areas across the north.

We have significant changes ahead in the acute sector. George Eliot Hospital is looking for a franchise arrangement and The University Hospitals Coventry and Warwickshire Trust is aiming to become a foundation trust. There are four acute providers in our area so we need to support clinical commissioners

in deciding who will provide the best service for patients.

CCGs are not inheriting any debts as all the PCTs balanced their books, but there are challenges around the QIPP programme for 2013/14. Have previously been quite affluent. Some previously affluent health economies are facing an increase in demand on urgent care.

4. What are your strengths and weaknesses?

One of our strengths that we are relatively small, agile and creative. We have been able to do quite a lot of innovative work and we are able to adapt. Our strategy is to be a boutique provider of support. We are not aiming to be as big as possible. We are thinking about how to provide commissioning support to other NHS and public sector organisations.

We were established in December 2011 so we have experience of delivering commissioning support as we have been in place for a while.

Two of our unique selling points are our collaboration with other organisations and thought leadership around what transformed commissioning could look like and the future skills that are needed. We are also looking at how CCGs can respond to the Francis report and what might be needed around the next phase of QIPP.

We have a strong team around service redesign and transformation and a good business intelligence product called Ventriss which provides real time information on hospital performance and we are developing dashboards for primary care. We have strong procurement and technical support around contracting.

We have 130 staff working on continuing health care which we are

providing to all our CCGs – this covers assessment, developing packages of care and carrying out reviews.

Our challenge is that we are a new organisation with customers that are still forming and we are still embedded in NHS England so will need to work under its limitations.

5. What are your relationships like with your CCGs?

Good. Our CCGs have high expectations of us in terms of supporting them but we have a good commitment from them; we have kept all our local CCGs. It's a good start and we want to build on that and get agreements beyond the initial 18 months.

6. What relationships do you have with other stakeholders?

We have a contract with Warwickshire local authority to offer support for public health and we are hosting an audit service. We also have agreements in place with other CSUs for data management, regional services and procurement support.

We also have a partnership with a third sector organisation called The

Facts and figures

Locations: Warwick (HQ), Coventry and Worcester
Staff: Total 321. Vacancies undisclosed.

CCGs

NHS Warwickshire North CCG
NHS South Warwickshire CCG
NHS Coventry and Rugby CCG
NHS Wyre Forest CCG
NHS Redditch and Bromsgrove CCG

Patient population: 1.4 million
Total budgeted turnover for 2013: £25 million
Percentage from CCGs: 88%



Young Foundation to deliver their social entrepreneur in residence programme.

7. What is your view on private sector involvement?

We haven't engaged with the private sector in the way some other CSUs have. I think because we are a smaller CSU and we have had a strong in-house team from the beginning so we have done a lot of work ourselves. We have used additional local from a consultancy

company called Provex Consultancy particularly for additional financial support. Our strategy is to work with public sector organisations and more NHS organisations. We may outsource our back office functions such as HR and IT in the future using organisations who can deliver these more cost effectively at scale.

8. What are the major challenges of working in a CSU?

Starting an organisation from scratch is tough and we are always trying to develop a more commercial focus. The majority of staff are from a PCT background so keeping that customer focus and not being the lead commissioner is a journey our staff have to take. And we are working in an extremely complex environment with multiple stakeholders. It's part of our ongoing organisational development and we have a programme to look at how we structure our performance management of staff to be more commercial.

9. Where do you see your CSU in 2016, post NHS England hosting?

We are hoping to be independent. We are working through what the model would look like, whether it's a mutual

Biography

How does your career so far help you in your role as a CSU managing director?

I came into NHS management through the NHS training scheme 21 years ago. I have held a variety of roles across the NHS and recently in commissioning. I came to NHS Warwickshire as Assistant Chief Executive becoming Director of Delivery Systems in April 2011 when Warwickshire and Coventry PCTs merged. I then moved into managing the CSU and became Managing Director in June 2012.



Why did you take on this role?

For the challenge of starting up an organisation. I saw the huge opportunity to develop a different kind of NHS organisation, particularly around commissioning. Creating an organisation that has a public sector values and a commercial focus is exciting.

Life outside the CSU: I am a vice chair of a non statutory health and wellbeing organisation in Gloucester. I live in the Cotswolds so enjoy being outside and I have two sons aged nine and 12 who keep me busy.

or a social enterprise and whether the employees or others would be partners but that's dependent on guidance from NHS England expected later in the year.

Birmingham

Commissioning Support Unit

Managing Director: Rob Bacon

1. What services do you provide?

We provide 12 service lines. One of the most important is supporting QIPP where we excel, particularly with our strategic commissioning support team.

We are helping commissioners look at the configuration of services and how to improve quality and value for money. We look at whole system redesign, using business intelligence to present commissioners with options for change and care services redesign, business intelligence and systems usage.

Also we support implementation with our skilled and experienced project management, finance and communication and engagement staff.

Another key area is quality assurance in light of Francis. We have a strong department led by a nurse director.

The areas that we support include board level reporting on provider performance and themed reviews on topics such as dignity and learning disabilities as highlighted by the Care Quality Commission (CQC).

We look at workforce assurance, looking at the way services are delivered, such as staffing levels and skill mix of wards.

We do the foot work and talk to staff and look at the issues they are raising. We take urgent action where safety issues are raised and also provide follow through, dealing with matters brought to our attention by CQC.

We look at the patient experience and triangulate that with information on quality. We offer the key elements of a quality service which will help CCGs be effective commissioners.

2. How are you structured?

We have a leadership team of seven including my role. We have directors of finance, business intelligence and quality, and leads for governance,

communications and business development.

We embed 70 staff in with CCGs. If you visit the CCG you would see our staff fully integrated into the CCG, but we provide the added back-up of skills and numerical strength – such as cross cover if someone falls ill.

We have relationship managers which go into the CCGs to ensure they are happy with our delivery.

3. What regional challenges does your CSU face?

A key issue is the emergency care system where all parts of it are under huge pressure with rising accident and emergency attendance and medical emergency admissions which have increased in the last six months. The reasons for this is multifactorial. The underlying issues are the rise in older people and more people with long term conditions. Essentially that's the challenge all CCGs need to work to address with support from the CSU.

4. What are your strengths and weaknesses?

One of our strengths is our business intelligence offer, in particular our management intelligence commissioning service (MICS) which provides CCGs and GPs real time data of hospital activity and costs.

Our CCGs are also a strength as they are very switched on, they have really tested us which has helped us improve.

The challenge is bringing together all the staff from different organisations across Birmingham, the Black Country and Solihull and integrating systems, by the end of March we will have completed that. We will also have mapped our processes of which there are more than 300.



We look at the patient experience and triangulate that with information on quality. We offer the key elements of a quality service which will help CCGs be effective commissioners

5. What are your relationships like with your CCGs?

Very positive. Some are buying up to 90% of our services, some are doing more work themselves and buying 50% to 60% of our services. I want to move to a situation where they look at us as an extension of their organisation, as part and parcel of their management decisions. We are part of their team no matter how much they buy from us, they have got that commitment from us.

Facts and figures

Location: West Bromwich and Kings Norton, South Birmingham

Staff: Total 450. Vacancies 50.

CCGs

NHS Birmingham Cross City CCG
 NHS Birmingham South and Central CCG
 NHS Dudley CCG
 NHS Sandwell and West Birmingham CCG
 NHS Solihull CCG
 NHS Walsall CCG
 NHS Wolverhampton CCG

Patient population: 2.5 million

Total budgeted turnover for 2013: £21.2 million

Percentage from CCGs: 82%



6. What relationships do you have with other stakeholders?

We have a data management and business intelligence contract with NHS England's area team for specialist services in the West Midlands. We also provide an at scale data management service for parts of Wales, Surrey and Guernsey.

We partner with a number of CSUs to provide data management and communications and engagement and we provide webservice solutions to about 30 CCGs. We also work with two

local authorities on their strategic review model.

7. What is your view on private sector involvement?

The private sector has some important experience and skills. We partner with Atos Healthcare which is helping us with transition. We will potentially link up with the private sector if it's better than us in a particular area. We are more than happy to look at strategic partnerships.

8. What are the major challenges of working in a CSU?

The challenge is to redesign the way we work and change the culture. We need to be innovative and quick to bring things to market in an environment where we are competing with the private sector along with CCGs doing work in-house. We hope they come to us but we know it's not a given. We recognise their right to choose and I think that has motivated staff to cut through the red tape we have found in the past. This helps support better patient care, which is what everyone gets out of bed for.

9. Where do you see your CSU in 2016, post NHS England hosting?

I am certain we'll be working in the independent or private sector. We will

Biography

How does your career so far help you in your role as a CSU managing director?

I have 15 years experience of leading complex organisations in the NHS and I was most recently cluster chief executive for the Black Country. In terms of commercial environment I was an accountant for the Chartered Institute of Management Accountants, which lead to becoming a finance director in the NHS.



Why did you take on this role?

Because it is the most interesting leadership challenge in the NHS. You get an opportunity to think about how to respond to the demands of our customers. There are no national standards to meeting those challenges, it's determined commercially by us and our teams. We have to change the culture and the way people work in the NHS. We have to encourage team working, respond to the customer and create a dynamic organisation.

Life outside the CSU: I am refurbishing an 18th century farm house and I enjoy spending time with my family.

look at whether it is a social enterprise or a community interest model. But my understanding is that the NHS England is looking at models it will accept. Once that's decided we can review which is most appropriate for us.

Greater East Midlands

Commissioning Support Unit

Managing Director: Prof John Parkes

1. What services do you provide?

There are 32 service lines provided in 11 service bundles: clinical services; commissioning intelligence; contract and provider management; financial services; HR and corporate services; IT services; marketing, communications and engagement; prescribing and medicines optimisation services; procurement and market management; service redesign and customer account management.

2. How are you structured?

Our leadership team is slightly different - we have three chief operating officers (COOs) covering the northern, central and southern areas. They ensure the services that our CCGs want are provided within that specific geographic area. In total we have six directors including myself, the others cover finance, human resources and organisation development and commerce.

The COOs lead on service lines to ensure a strong grounded local focus for example one leads on continuing healthcare.

We aim to have a local focus responsive to customers providing services which realise economies of scale and synergies. In many regards we all interact with CCGs, I regularly go out and meet with them. We also have local account managers who work with the CCGs.

We use software to interface with the customers and we update their files with any queries or concerns so they don't need explain several times over.

We also have a clinical information officer who's a GP, which strengthens the work we do for CCGs.

3. What regional challenges does your CSU face?

Inevitably we are a snapshot of other parts of the country. Some of our health systems have bigger challenges than others in terms of demand. The underlying population demographic poses challenges - some areas are doing service reconfigurations, some have got PFIs, others haven't. It is a microcosm of what is happening across the NHS. We have a hospital reconfiguration project management team helping with business cases and looking at using our data to give and insight about where money is being spent using program budgeting. The issues around communication and engagement all feed into what we are doing with our commissioning offer.

4. What are your strengths and weaknesses?

Fundamentally what we want to do is 'at scale' commissioning. How do we realise 'at scale' synergies and opportunities that are responsive but also allow us to have a local focus?

The work we are doing around data management with our business intelligence tool will be really helpful to CCGs not just in terms of those GPs interested in commissioning but it includes practical information for the busy GP.

Some might say our scale is a risk but I don't accept that as I see it as much more of an opportunity.



Most CCGs want to establish a long term relationship and want to test what we have to offer

5. What are your relationships like with your CCGs?

Good. Most CCGs want to establish a long term relationship and wanting to test what we have to offer. Its not a lax, laissez-faire relationship, it's one that's professional. We both accept we are on a journey and in six months time we will be in a different place to where we are now but we both want to get to a place which benefits patients.

Facts and figures

Location: Moulton Park, Northampton.

Other GEM offices include: Birch House, Mansfield, Nottinghamshire; Cardinal Square, Derby; Cross O'Cliff, Lincoln; Scarsdale, Chesterfield, Derbyshire; Sherwood Place, Milton Keynes and St John's House, Leicester.

Staff: Total 800. Vacancies 50

CCGs

NHS Southern Derbyshire
 NHS Hardwick
 NHS North Derbyshire
 NHS Erewash
 NHS Leicester City
 NHS West Leicestershire
 NHS East Leicestershire and Rutland
 NHS Lincolnshire West
 NHS Lincolnshire East
 NHS South Lincolnshire
 NHS Lincolnshire South West
 NHS Nene
 NHS Corby
 NHS Milton Keynes
 NHS Rushcliffe
 NHS Nottingham City
 NHS Nottingham West
 NHS Newark and Sherwood
 NHS Mansfield and Ashfield
 NHS Nottingham North and East

Patient population: 5 million

Total budgeted turnover for 2013: £50 million

Percentage from CCGs: 92%



6. What relationships do you have with other stakeholders?

We are doing specialist commissioning for the East of England. We are one of the nine data information centres and we are also authorised to do clinical procurement on behalf of other CSUs. We have just put in a bid to be on the any qualified provider (AQP) list. From our perspective anything else we do we has got to add value for our 20 CCGs.

7. What is your view on private sector involvement?

We are having discussions with a number of private companies and we are looking to see where they are able to add value to our CCGs. We are in discussions with the independent sector on how we can drive down costs. We have long standing relationships with McKinsey, KPMG and PWC. We have worked with Unipart around how they use lean processes, so it's a more bespoke relationship rather than a long term partnership.

Some private companies will want to go directly to CCGs, some companies say they don't want to deal with 211 CCGs and they want to work with us. Some want to go for it and compete but the sector is now more limited than it has been if I look back three or four years ago. Humana has given up on the UK, for example.

8. What are the major challenges of working in a CSU?

Issues for us as we move forward are that the majority of staff will still want to hold on to public sector values. We need to become more commercial and how we do that in a way that takes account of those ideas and values intellectually is an interesting challenge.

9. Where do you see your CSU in 2016, post NHS England hosting?

Externalisation of CSUs needs to happen in April 2016 unless something

Biography

How does your career so far help you in your role as a CSU managing director?

I was a PCT chief executive of NHS Northants and Milton Keynes and we were in the top 10 in the days of World Class Commissioning. I was then a cluster chief executive. I have been an NHS chief executive for about 10 years so I understand the challenges other people are facing which I think adds value. I am also a professor of healthcare management at Northampton University where I mainly lecture on population health. I also sit on the independent reconfiguration panel looking at a major service review.



Why did you take on this role?

I could see the opportunity that CSUs can bring to healthcare and to enable CCGs to be successful to make the UK's health outcomes match up against other OECD countries through a shared agenda.

Life outside the CSU: I like going to the gym religiously, three times a week. I gave up alcohol on New Years Eve and I am seeing the health benefits already.

else changes. We do have a general election by latest May 2015. We have yet to see the route and options. I assume each CSU will be able to choose what form they want to take but there is a lot of water to flow under that bridge.

North & East London

Commissioning Support Unit

Managing Director: Andrew Ridley

1. What services do you provide?

We provide eight service lines: health needs and opportunity assessment; business intelligence, IT and informatics; communications, public patient engagement and freedom of information; support for commissioning/ QIPP planning and service redesign; procurement and market management; quality and provider management; corporate (finance, HR and legal support); and support outside the £25 per head budget.

Additional services cover safeguarding support services, GP IT and practice based prescribing advice for example.

2. How are you structured?

We work with a matrix structure which is the only way to do it when you have service lines across multiple geographies. We have a leadership team of seven directors including myself. We have a COO and director of customer services, and directors of contracting and quality, finance, analytics, transformational change and corporate service.

We have nine account directors out with the CCG customers and they are the voice of the customers in the organisation. They are very senior managers or band nine and they report to the COO.

The tone from the top is very much one of customer service. We spent a lot of time modelling behaviours through external organisation development companies Berkeley Partnership and The Performance Coach (TPC).

Our induction programme is called *Welcome to the CSU*. It's off site in a nice environment and people get to spend 90 minutes with a member of the leadership team as part of the three hour programme. It's also a good opportunity for people who are based in different

offices, whether with customers, middle office or back office, to get to know each other.

3. What regional challenges does your CSU face?

There are some major hospital reconfigurations underway in our patch. *Health for NEL* covers reconfigurations in North East London and *BEH Clinical Strategy* covers Barnet, Enfield and Haringey restructuring which includes the much discussed Barnet and Chase Farm hospital.

4. What are your strengths and weaknesses?

We are in a gilded position where we don't have to worry about our viability. We can grow but we don't need to. We can be quite selective in what we choose to do and it's our customers which drive that choice.

Business intelligence is a growth area for us. IT and information, contracting, managing change, complex change programs such as reconfigurations and analytics are strengths of ours. Although we do procurement for our CCGs it isn't a growth area and South London CSU has scale there as West London does with communications. Our scale is in Analytics and IT.

Our strategy is to get to a big enough size so we can deliver economies of scale get to a point where people ask us to take things on because of our reputation.

In terms of weakness the funding formula is tough on our CCGs as the management cost is £25 per patient and this covers offices and staff but there is no London weighting.

We have the most 'in deficit' CCGs in England, which is pretty unremitting, especially when you add the reconfigurations, the diverse population

and rising demand.

The change in culture is a challenge. You hear the way some colleagues speak to CCGs and have to remind them that we are acting in an advisory role not telling the CCG what to do.

5. What are your relationships like with your CCGs?

CCGs have got a tough job especially when you add the challenge of the population of these London boroughs. We have to do everything we can to make our offering affordable. We have very positive and collaborative relationships with our CCGs.

6. What relationships do you have with other stakeholders?

We provide business intelligence on specialist commissioning for NHS England and East Anglia. Specialist commissioning is high cost low volume

Facts and figures

Location: Hackney, Camden and Redbridge

Staff: Total 675. Vacancies 50

CCGs

NHS Redbridge CCG

NHS Barnet CCG

NHS Islington CCG

NHS Enfield CCG

NHS City and Hackney CCG

NHS Tower Hamlets CCG

NHS Camden CCG

NHS Newham CCG

NHS Haringey CCG

NHS Barking and Dagenham CCG

NHS Havering CCG

NHS Waltham Forest CCG

Patient population: 3.5 million

Total budgeted turnover for 2013: £53 million

Percentage from CCGs: Undisclosed



work which covers rare cancers, HIV and renal care.

We have a lot of tertiary centres – St Bartholomew's, University College Hospital, The Royal London – in our patch so it's a big part of our business. We do surge management to coordinate out of hours care when providers are at capacity. I have been surprised by how nimble the big trusts in our patch have been in responding to the changing primary health care landscape.

We provide IT to small providers under AQP who need to connect to the NHS system.

We are in talks with the local authorities particularly around a sexual health service contract next year. Local authorities work very differently from the NHS and that has been interesting to see. They are flexible and autonomous and there is nothing to stop them working with each other across vastly different geographies to supply refuse collection for example, if their politics align.

IT is a growth area for us. Eight of

our 12 CCGs have bought our offer to supply GP IT services. We will use different suppliers for this according to what each CCG wants.

We are driving innovation in that area and we are working with Barts Health on integrated IT to support integrated care which maybe something we could offer other providers.

7. What is your view on private sector involvement?

Strategically I think that companies work through CSUs. There will be some CCGs, a small number, who will be comfortable working with 12 different suppliers but others won't want that hassle and they will work with the prime vendor model where we are the principle contact with plural suppliers. So it will be like contracting with a department store for commissioning support.

If a CCG has a problem with a particular thing we will have multiple partners and associates in our supply chain who will best placed to tackle it. We do that with IT engineers and I think we'll see more of that. We are consulting on who to build relationships with.

We have worked with the big consulting firms on many areas. McKinsey has done work on integrated care, Ernst and Young have worked on Barking, Havering and Redbridge integrated care and out of hours care and PWC have done work in Newham and Waltham Forest on financial recovery. It really varies. PA Consulting Group has done project management for and with us.

8. What are the major challenges of working in a CSU?

We can grow and in that respect we are not like a primary care trust (PCT). We have autonomy and choice and it's quite exciting and buzzy when we win new

business. We are more in charge of our own destiny with freedom to operate but the downside is that our income isn't guaranteed which is a huge challenge for people.

9. Where do you see your CSU in 2016, post NHS England hosting?

It is not a notable deadline. We are focusing on delivering business and continuing to grow. We will focus on core areas and make strong links with other suppliers. We are hoping to get to a place where in London and East Anglia we are the default supplier of commissioning support. Over time we will have greater specialisations.

Biography

How does your career so far help you in your role as a CSU managing director?

I have been a director of primary care at Tower Hamlets then deputy acting chief executive. I then moved to East London and City cluster which included Tower Hamlets, Newham and Hackney and I was MD of the CSU for the three boroughs we then merged with Outer North East London (ONEL) cluster and the central cluster. So I was pushed forward as an example when the policy was announced as someone who was already using the CSU model. We were a CSU in January 2011 before the national policy was launched. At that point we had no service lines, no key performance indicators, we had to work it all out.

Why did you take on this role?

For the challenge and opportunity it presents. When in a PCT you always felt that no matter how good you were you could only work in your area but now we operate at scale and spread good ideas further.

Life outside the CSU: I have a ferocious appetite for global travel. This year I am doing the B's - Barcelona, Brazil and Barbados.



North West London

Commissioning Support Unit

Managing Director: Sarah Whiting

1. What services do you provide?

- Commissioning support
- Business intelligence
- Financial management
- Contracting and performance
- Procurement
- Joint commissioning
- Quality and safety
- Individual funding requests
- Planned procedures with a threshold

Business support

- IT support to commissioners
- HR
- Communications
- Network management/co-ordination

GP provider support

- GP IT support
- Medicines management

2. How are you structured?

There are eight directorates which work across departments in a “customer

team” approach to make sure we provide a joined up service to CCGs and others we’re providing services to.

3. What regional challenges does your CSU face?

Our North West London CCGs have a very diverse population with some of the richest and poorest areas of London and the health inequalities that come with that kind of divide. Locally there is the service reconfiguration programme *Shaping a Healthier Future* which is the biggest of its kind in London and the big local opportunity to deliver better services for patients.

4. What are your strengths and weaknesses?

We’ve recruited a great mix of the teams from PCT who have the essential knowledge and experience; plus new people from outside the NHS that are bringing a new mix of skills that are needed for the new system.

Facts and figures

Location: Marylebone

Staff: Total 350-400. Vacancies undisclosed.

CCGs:

- NHS Central London CCG
- NHS West London CCG
- NHS Hammersmith and Fulham CCG
- NHS Hounslow CCG
- NHS Brent CCG
- NHS Ealing CCG
- NHS Harrow CCG
- NHS Hillingdon CCG

Patient population: 1.9 million

Total budgeted turnover for 2013: Undisclosed

Percentage from CCGs: Undisclosed

5. What are your relationships like with your CCGs?

We’re all learning together and all have a lot of ambition to fix what’s held PCTs back and address the challenges ahead. Relationships have changed a lot during the last 18 months as we all become much clearer about how the new system will work.

6. What relationships do you have with other stakeholders?

We also provide:

- London Ambulance Service commissioning support for all London CCGs
- Joint commissioning support to Local Authorities in Hounslow, Hammersmith and Fulham, Kensington and Chelsea, and Westminster
- Communications and freedom of information (FOI) support to the NHS England regional offices in London and South of England
- UK Genetics Testing Network across the country

Biography

How does your career so far help you in your role as a CSU managing director?

In previous roles, I was chief executive of the Inner North West London PCTs and prior to that managing director of Hammersmith and Fulham PCT. In both roles I have driven the integration of council and NHS commissioning. I have more than 18 years’ experience in NHS commissioning and have led on the introduction of a range of high profile projects including, host PCT commissioning arrangements with major London acute hospitals, unscheduled care centres, a local primary care development programme called QOF+, and NHS 111 pilots.

Why did you take on this role?

It is a great opportunity to continue playing an important role in helping improve NHS services and the health of patients; while also being a chance to develop new skills for myself and all NWL’s staff in a new kind of organisation.

Life outside the CSU: Gardening, my dogs and climbing.





7. What is your view on private sector involvement?

They have lots of skills and experience that commissioners could make use of. We need to be able to see the opportunities to partner as well as the threats from competition.

8. What are the major challenges of working in a CSU?

Adapting to the new culture required of being both customer focused and business minded. So we need to understand and respond to the customers we have and market

ourselves to potential customers. Internally we need to be much better than PCTs have been about understanding costs down to a very granular level and constantly looking for ways to improve productivity and efficiency.

9. Where do you see your CSU in 2016, post NHS England hosting?

We don't have any preconceptions about the right model for post NHS England hosting but the ambition is to be a thriving business with a great reputation for helping commissioners improve health for their patients.

South London

Commissioning Support Unit

Managing Director: Nick Relph

1. What services do you provide?

We have a core package of IT, finance, business intelligence and acute contracting that all the CCGs buy. Beyond that, we have a whole range of services covering commissioning support that was developed in partnership with our CCGs. This has been an important part of our development. Six to nine months ago, CCGs in South London were on the worry list so we went back to them and asked them what support they needed. Everything has been co-designed and CCGs buy in what they feel they need.

2. How are you structured?

We have four teams working in three localities. Two cover South East London; one covers South West London; and the fourth covers North West Surrey. That's what our customers wanted. We estimate that 70% of our staff at some point touch customers in some way, either because they are based in their practices or near them. That is important to us because our ambition is for all our staff to have a good sense of customer service. We want to make life as easy as possible for the CCGs and that's the way the system should work.

3. What regional challenges does your CSU face?

The one that everyone will be familiar with is the situation in South London where the trust is in special administration. We are in the middle of contracting processes and helping CCGs to understand what all that means. Everybody accepts that the answers are broadly in the right direction but it is a question of making the changes happen and supporting them over the next two to three years.

Beyond that, there is a reconfiguration plan, Better Service,

Better Value, in South West London around Epsom and St Helier and some would argue that North West Surrey will also need to think through a reconfiguration. That will involve us working with colleagues in the Surrey and Sussex CSU.

We have quite a complex provider landscape in some areas, including the Virgin Care contracts in Surrey.

4. What are your strengths and weaknesses?

I think the way we have built services for customers has given us a very loyal and strong customer base. We have not designed things and tried to sell them but have worked with the CCGs as customers.

As the third or fourth largest CSU we have a strength in working at scale and that's particularly helpful around some of the strategic challenges.

I am not sure about weaknesses – although I am clear that our biggest challenge is to deliver the quality of service that our customers need and deserve. I think we all know what bad customer service feels like and we need to get to a position where our staff understand what good feels like. We need to get under the bonnet of our CCGs, as it were, and find out what they need us to do to help them. Yes there are common issues across CCGs – but equally each one is unique and we need to understand how to make relationships successful.

5. What are your relationships like with your CCGs?

Good – and that's come out of our work over the last nine months, co-producing the services we offer rather than marketing or selling ourselves. As I have said, that's given us a loyal and strong customer base.



I think we all know what bad customer service feels like and we need to get to a position where our staff understand what good feels like

6. What relationships do you have with other stakeholders?

We meet regularly with the NHS England and while there is a hugely challenging change programme underway, I have to say relationships are good and in positive shape.

We have made a start with the health and wellbeing boards and local government but that has not been our

Facts and figures

Location: Lambeth

Staff: Total 420–450. Vacancies: Approximately 45.

CCGs:

NHS Bexley CCG
 NHS Bromley CCG
 NHS Greenwich CCG
 NHS Lambeth CCG
 NHS Lewisham CCG
 NHS Croydon CCG
 NHS Sutton CCG
 NHS Merton CCG
 NHS Southwark CCG
 NHS Wandsworth CCG
 NHS Kingston CCG
 NHS Richmond CCG
 NHS North West Surrey CCG

Patient population: Unknown

Total budgeted turnover for 2013: £45 million

Percentage from CCGs: Undisclosed



focus so far. There is no coherence of local government across South London so there is no single voice we can talk to. And fundamentally, it is the CCGs that need to have the relationship with health and wellbeing boards.

7. What is your view on private sector involvement?

We have a few contracts with the private sector, in IT for example where they are supporting infrastructure. We are open minded about partnerships of all descriptions, whether with the voluntary

sector, other CSUs or the private sector. Our role is to get the best for our CCGs so wherever the best is, that's where we will look to work in partnership.

8. What are the major challenges of working in a CSU?

It's all about doing the basic services and doing them exceptionally well. I am not sure that the NHS has a good record on shared services but I do think that the CSUs are the right idea and a good bit of architecture. But if we do not get those very basic services right – if we do not deliver the acute contracts or the GP IT does not work – our lifespan will be limited.

9. Where do you see your CSU in 2016, post NHS England hosting?

I suspect that there will be some consolidation and that some niche players will emerge delivering specialist services. For example, there are functions such as communication around strategy that you do not need to do routinely but when you do, you need high level skill. Why should all that expertise be in the private sector? There is an opportunity for some home grown expertise.

I think there will be a mixed market among CSUs. Some will be in the private sector and some will be social enterprises.

Ultimately, it will depend on the

Biography

How does your career so far help you in your role as a CSU managing director?

I am health through and through and have worked either inside the NHS or alongside the NHS for more than 30 years. My background is in accountancy and the last six years I have had a mixed background in the private sector and the NHS. My last role was as chief executive of three PCTs in North West London and before that I was chief executive of Thames Valley SHA. I have also worked as a non executive director for a private healthcare company – a role I no longer undertake in my current position. I think the combination of NHS experience and commercial experience is big plus. That and understanding the numbers and making sure the business is on a firm footing.



Why did you take on this role?

Joining the CSU was a very positive choice for me because I think that they are the right architecture for what we are trying to do in the health reforms and because I have the right background for the role.

Life outside the CSU: Walking and swimming to keep fit.

CCGs. We are certainly very clear that our future rests in discussion with our key customers and any decision have to be taken in conjunction with them.

Central Southern

Commissioning Support Unit

Managing Director: John Wilderspin

1. What services do you provide?

We are a big CSU and we provide a wide range of services but not necessary all things to all CCGs. By and large this relates to size. Smaller CCGs generally have bought more, bigger ones generally commission more in-house.

We have nine major service lines and offer more than 30 individual services. These align with NHS England's descriptor of six overall service themes likely to be offered by CSUs. Service lines run all the way through the commissioning cycle and include service redesign, strategic planning, procurement, contract negotiation, provider performance management, quality assurance and commissioning for quality.

The way we do that isn't just looking at money and activity and traditional measures, we are looking at outcomes. We want to make sure we support CCGs to commission quality. We aim to support CCGs to deliver the recommendations in the Francis report by focusing on outcomes for groups of patients and individual patients, on patient safety and patient experience.

We also cover the transactional and back-office side of commissioning so finance, human resources, communications and IT. These areas underpin high quality information and support to improve the commissioning of good quality care.

2. How are you structured?

We benchmark ourselves against other providers and we have got to predict what future needs may be.

At the moment it still looks a bit like a traditional PCT but we want to move the senior team into a 'matrix' structure. If you want to provide a good service and work towards the customer then

you have to work like a business.

So for example the finance manager looks at how they can provide beyond finance services and work with CCGs. An account manager is responsible for customer care and every aspect of the service. They are the point of access for our customers. They work to make sure we've brought together all individual service lines into a package for the customer. They bring individuals from the different service lines in the CSU to the same team working for that customer.

We have separate people who lead on delivering excellence, these are the service line managers.

3. What regional challenges does your CSU face?

We cover an area half the size of Wales – Buckinghamshire across to Gloucester and down to Wiltshire. So it's a very big patch. We have some CCGs which are very rural and some much more urban. Some of our patch is well-off with good health outcomes, but in contrast there are big issues around Slough which is quite deprived and with poorer outcomes and there are also challenges around demographics with a significant older population. We have to continue to improve quality where resources limited.

4. What are your strengths and weaknesses?

The obvious thing is our size and the opportunity to share good practice across the whole of the geography. From Gloucester to Slough staff will pick best practice up quickly and feed it back to their colleagues and customers.

We are bringing all our customers together into a customer reference panel where they get a chance to share information as well as talk to us.

With these economies of scale we will be able to do new things and build in flexibilities to deliver our skills and resources to maximum effect.

We need to work on our unique selling points with our customers. There are three or four practical things we can focus on: commissioning for quality, developing and applying health intelligence, expert contract negotiation and improving performance management.

It will be interesting to see how it evolves. As staff talk about building a CSU they are excited, there will be stuff we can do we haven't dreamed of, that's where it can get fun.

Facts and figures

Locations: Newbury (HQ), Gloucester, Swindon, Devizes, Bath, Reading, Windsor, High Wycombe and Oxford

Staff: Total 512. Vacancies 112

CCGs

NHS Aylesbury Vale CCG
 NHS Chiltern CCG
 NHS Oxfordshire CCG
 NHS Gloucestershire CCG
 NHS Bath and North East Somerset CCG (BANES)
 NHS Swindon CCG
 NHS Wiltshire CCG
Berkshire West Federation
 NHS Newbury and District CCG
 NHS South Reading CCG
 NHS North & West Reading CCG
Berkshire East Federation
 NHS Wokingham CCG
 NHS Windsor, Ascot and Maidenhead CCG
 NHS Slough CCG
 NHS Bracknell and Ascot CCG

Patient population: 3.6 million

Total budgeted turnover for 2013: £44 million

Percentage from CCGs: 80%



Our weakness is also our size. We need to make sure we are sensitive to the different needs of our customers. We are striving to have personal relationships.

5. What are your relationships like with your CCGs?

We have good relationships with CCGs. It's a large patch and issues vary, but we are working closely with our customers. We have a customer reference panel where we can get feedback about what they want us to do.

6. What relationships do you have with other stakeholders?

We have won a bid to work with NHS England on military provision given that we cover a lot of that geography.

We are slightly unusual in that we grew substantially even before we formally came into being so we started as a Thames Valley, Gloucestershire and Swindon CSU, then were joined by Wiltshire and Bath and North East Somerset.

It's inevitable that CSUs are going to consolidate further. The first priority is that as a big organisation we are responsive to each customer after that we could look at who else might value our service.

We also want to develop partnership with local authorities. If we are going to provide a really great service to CCGs we need to be working with the people they are working with. An example is public health if we are going to provide top class healthcare intelligence we need to work with Public Health England (PHE), CCGs, LA and NHS England to present a really rich picture. We have started talking to public health directors, and PHE.

7. What is your view on private sector involvement?

I want to relate to other people providing commissioning support whether they are social enterprises or in the private sector. If there are people out there we can learn from, who provide a service that our customers need, that we can't yet provide, we'll work with them.

As examples, we are working with both Heart of Birmingham NHS Foundation Trust, but also with Sollis plc on different aspects of data management and information to support commissioners.

8. What are the major challenges of being a CSU?

The first thing we have to do is demonstrate "added value". Our first objective is to provide a high quality service to our current CCGs so we retain existing customers.

The current challenge is that we, like them, are going through a massive transition, some staff are permanently with us, some are seconded. That makes it very hard to provide the desired level of quality right now.

However, everybody is realistic that we are providing some of our services at a very early stage, even before we formally come into being. We recognise that as of April 1 everybody will be in the new world so we will all have scope to do the best we can.

9. Where do you see your CSU in 2016, post NHS England hosting?

I hope we will be a successful NHS CSU which is ready to go into a fully competitive market as a stand alone organisation. At the moment our host organisation expect us to live within our means and grow our business. We have to think of ourselves as a business from day one. We will ask our staff and customers what they would like to see. Some people are very keen on working in a partnership model and or social enterprise model.

Biography

How does your career so far help you in your role as a CSU managing director?

I have come from a role at the department of health (DH) where I was leading the implementation of health and well being boards. Prior to that I worked in PCTs and in the Modernisation Agency and before that I spent 17 years involved in running hospitals.



Why did you take on this role?

It's an opportunity to build a new organisation from scratch. To do some of the things which I did in part in a PCT but never had the chance to take through to fruition such as developing top class health intelligence capability and commissioning for outcomes, patient experience and safety rather than principally for national targets. It also allow me to support clinical commissioning which is something I am very passionate about.

Life outside the CSU: I help coach my daughter's under 18 rugby team. I love travel, wine and cooking.

Greater Eastern

Commissioning Support Unit

Managing Director: David Stout

1. What services do you provide?

We provide the full range of service lines but not every CCG signs up to all of them and we don't provide legal services. Our approach is to offer end to end commissioning support.

We are managing the contracting process for most CCGs which includes the use of contractual sanctions if needed.

For Hertfordshire we are supporting the CCGs on the quality function which covers reviewing the delivery of quality elements of the contract such as the C difficile target, oversight of serious incidents and the implementation of the commissioning for quality and innovation (CQIN) scheme.

2. How are you structured?

We have two established commissioning support business units; one covering the Essex CCGs and another for the Hertfordshire, Bedfordshire and Luton CCGs. Some functions are shared across the two such as finance and HR.

We have a third business unit for ICT covering IT support services for CCGs and some NHS providers.

3. What regional challenges does your CSU face?

In Essex, two out of five of our hospitals – Colchester and Basildon and Thurrock – are under immediate investigation for high mortality rates following the Francis report into Mid Staffordshire Hospitals.

In Hertfordshire none of the acute hospitals are foundation trusts (FTs) with the challenge of taking these through the FT pipeline.

Mid Essex and Basildon and Brentwood CCGs are in turnaround because of inherited PCT deficits so that will impact on their commissioning budgets.

In Bedfordshire there is a big service

reconfiguration going on under the banner of Healthier Together.

4. What are your strengths and weaknesses?

Our key strength is our local knowledge of the patch and our ability to deliver end to end commissioning support. We also have a number of clinically based services such as medicines management optimisation and continuing health care. We are investing in the development of our service to support CCGs. Effective procurement will be a key way CCGs can deliver significant changes in future. This will involve not just AQP but also more ambitious approaches such as the prime contractor model where the CCG contracts for outcomes with one lead provider which sub contracts with other local providers. This potentially transfers risk from commissioners to providers and puts the onus of service improvement on providers and promotes an integrated approach.

Our weakness is that we are bringing people from different organisations and areas where they have not done things in the same way. We are working on what extent we want to unify services or tailor them to the CCGs, the trade offs are economies of scale and serving customer needs. We do have a challenge with vacancies which are currently more than 10%.

5. What are your relationships like with your CCGs?

We have established good relationships with our customers as we got our service level agreements signed off in the first week of December. We are working hard to deliver to CCG's standards and to start with a positive adult relationship. We want to get a good track record in delivery of service provision. It's not a cosy relationship and our CCGs are

rightly expecting improvements from our services which we are striving to deliver.

6. What relationships do you have with other stakeholders?

We have an integrated commissioning team with the local authority in Hertfordshire and we are developing our links with other local authorities, Other customers include the local mental health and community providers which we provide with IT services.

We are in talks with NHS England about carrying out work on their behalf. Some of this work such as IT support is likely to be short term while NHS England puts in place longer term national arrangements.

7. What is your view on private sector involvement?

We work in partnership with MedeAnalytics, an independent sector

Facts and figures

Location: Bedford, Welwyn Garden City, Basildon and Witham

Staff: Total 750. Vacancies 100

CCGs

NHS Bedfordshire CCG
 NHS Luton CCG
 NHS East and North Hertfordshire CCG
 NHS Herts Valleys CCG
 NHS Thurrock CCG
 NHS Basildon and Brentwood CCG
 NHS Castle Point and Rochford CCG
 NHS Mid Essex CCG
 NHS West Essex CCG
 NHS North East Essex CCG
 NHS Southend CCG

Patient population: 3.5 million

Total budgeted turnover for 2013: £52 million

Percentage from CCGs: 80%



provider of data analysis, which is an agreement we have inherited from the PCT. It provides analysis of clinical activity, breaking down acute service use by practice. This is important for CCGs to help them engage with practices. This covers nearly the whole CSU area apart from North East Essex and Mid Essex. We have a contract with Attain, a private sector health commissioning company, to support our procurement service. The contract runs until September 2013. We are looking to establish a longer term strategic partner for this service. We had consultancy support on the development of the CSU from Attain



We are in talks with NHS England about carrying out work on their behalf. Some of this work such as IT support is likely to be short term while NHS England puts in place longer term national arrangements

in Essex and Prederi in Hertfordshire. We are exploring establishing further partnerships with third sector and private providers where it can increase efficiency or add capacity.

8. What are the major challenges of working in a CSU?

The main thing is the culture change. Getting people to think in a new way, to become more customer focused.

9. Where do you see your CSU in 2016, post NHS England hosting?

Right now, it's not the first thing bothering me. I am not thinking that far ahead. Form is not as important as function and I want to make sure our customers are happy about the quality of service we are providing. If we get the quality of service right then we should be well placed to succeed whatever the organisational form.

Biography

How does your career so far help you in your role as a CSU managing director?

I was deputy chief executive of the NHS Confederation and a PCT chief executive, but the latter was some years ago. The world has changed radically since when I did it but I understand the business of commissioning and what the core tasks are.

My role at the Confederation helped me to understand the health policy landscape through following the ins and outs of the passage of the Health and Social Care Bill and as PCT network director at the Confederation I saw what some really good PCTs were doing and I have good links at a national level. As the Confederation is a charity I understand the need to operate as a business. There were no guarantees, I had to bring in investment, so there was a degree of commerciality.

Why did you take on this role?

Working at a national level I'd make endless speeches about the challenges facing the NHS and I felt it was the right time for me to do something about it in a more hands on way.

It seemed an interesting opportunity to work at coalface and be part of planning care for a population of 3.5 million. It's definitely an interesting challenge to be more commercial, where you succeed or fail by how good you are.

Life outside the CSU: I am learning to play the saxophone and I am a Tottenham Hotspur season ticket holder.



South West

Commissioning Support Unit

Managing Director: Jan Hull

1. What services do you provide?

We provide end to end commissioning support services including business intelligence, IT, major reconfiguration and service redesign, commissioning strategy, provider management, contract management, clinical procurement, HR, finance and communications services, and a range of specialist services.

2. How are you structured?

We have an executive leadership team consisting of the managing director and four directors: a commercial director/ chief finance officer; a director of strategy and service transformation; a director of business solutions and innovation; and a director of business intelligence and informatics.

Each of our CCGs has a relationship manager, their 'go to' person, who is

responsible for the overall business relationship with that customer.

To deliver our services we are operating a matrix model, and have put considerable effort into developing this, working with staff and our customers. So we have functional teams, consisting of experts in their particular service area, and cutting across we have delivery teams consisting of experts from different specialist areas working together to deliver to the customer.

This puts the CCGs at the heart of our work, and enables us to be flexible and responsive.

3. What regional challenges does your CSU face?

We have significant variation across the patient population. From rural sparsely populated areas in Somerset, to the diversity of black and minority ethnic

Facts and figures

Locations: Central Bristol, Emerson's Green in South Gloucestershire, Clevedon in North Somerset and Yeovil and Bridgwater in Somerset

Staff: 350 Total. 25 vacancies

CCGs

NHS Bristol CCG
 NHS North Somerset CCG
 NHS South Gloucestershire CCG
 NHS Somerset CCG

Patient population: 1.4 million

Total budgeted turnover for 2013: £26 million

Percentage from CCGs: 70%

populations and an influx of young people due to the many universities and colleges in and around Bristol.

The strategic health needs of such diverse populations include issues of health deprivation and social care need, all requiring different commissioning solutions.

We also have some significant performance and financial challenges.

4. What are your strengths and weaknesses?

Our strengths are that we offer an end to end service, including a strong business intelligence service function and are one of the accredited data management and integration centres.

We also have skills in transformation and service redesign, and are actively involved in the commissioning management agenda to support our CCGs.

A potential weakness is that we have four core CCGs while other CSUs have more. This means that we need to diversify our customer base.

Biography

How does your career so far help you in your role as a CSU managing director?

I was deputy chief executive and director of commissioning development in NHS Somerset which has had a strong track record. So I understand the rigors of commissioning and the importance of clinical leadership and focus. I also spent six months in Somerset CCG as an interim accountable officer in 2011 which was invaluable experience.

I spent the first half of my career in sales and marketing in an international Unilever business and it's great to be applying some of that experience in the CSU.

Why did you take on this role?

As the health reforms started to take shape I was drawn to developing a CSU as an area which was a good fit with my skills. Although it has been relentless in terms of the workload it is a close to a blank sheet of paper as you can get in the NHS and that is an exciting opportunity.

Life outside the CSU: I am married, with a daughter and son in their twenties. I enjoy entertaining and playing the flute.





5. What are your relationships like with your CCGs?

We have worked hard to engage with our CCGs, and we feel that our relationship management structure is working well.

We are conscious of the fact that we will be judged on the quality of our services.



The way in which everybody works will need to change by bringing customer focus to the fore

6. What relationships do you have with other stakeholders?

We have a contract with NHS England's area team for specialist commissioning, offender and dental health, and we provide IT services for some of the local community providers. We also host Smoke Free South West, the team leading tobacco control initiatives in this area. We do have some contracts with local authorities around business intelligence and are keen to expand our business with local authorities.

7. What is your view on private sector involvement?

We have worked with some external consultants in the set-up phase helping with financial plans but we have not entered into long-term arrangements. I think that some companies that have

been involved with setting up CSUs want to compete in the market, so there are potential conflicts of interest that haven't surfaced yet. I don't think end to end service on things such as continuing healthcare and individual funding is what they want to do as it requires a clinical knowledge base. Business intelligence is a busy landscape where there is still an appetite in the private sector and it will be interesting to see what will happen during the next two years. I do think the NHS CSUs will consolidate.

8. What are the major challenges of working in a CSU?

Changing the NHS culture to become more commercial while retaining it's public sector values. We have a talented workforce, respected by our CCGs but the way in which everybody works will need to change by bringing customer focus to the fore. Chasing new business is an exciting challenge.

9. Where do you see your CSU in 2016, post NHS England hosting?

We would want to take an early view about externalisation once the direction of travel is set out by the NHS England later this year.

Surrey & Sussex

Commissioning Support Unit

Managing Director: Rob Garner

1. What services do you provide?

We are a full service CSU, providing professional services to our customers. Our services are built around the needs of our customers but this is balanced against the economies of scale needed to provide value for money.

With each of our clients we have crafted a bespoke portfolio of products, built on the back of standardised services. This is in-line with the needs of the market and gives us a strong platform for building the sorts of customer relations that are essential to building a sustainable business.

2. How are you structured?

We are building our customer management teams that include Directors, Account Managers, and operational leads. This along with our CBUs (customer facing business units) will ensure we develop and keep close to our customers, to develop real depth of understanding of their business and make sure we're always there when they need us.

3. What regional challenges does your CSU face?

Surrey and Sussex health economies have historically faced fairly significant challenges. We have a large number of significant acute hospitals on the patch that, as in many other parts of the country, have seen a continued rise in attendances and admissions via accident and emergency. Therefore ensuring we get our role right in ensuring our urgent care system is working efficiently and enables patients to seek the right care in the right place at the right time is essential. This is particularly important in Surrey and Sussex where

we face an ageing population and a high number of people with long term conditions. Getting their care right is crucial for them and for the healthcare system. There is also a higher proportion of people with dementia than other parts of the country, making high quality dementia care a priority for our commissioners.

4. What are your strengths and weaknesses?

We have successfully appointed some very talented people and have a true customer focus that's at the heart of everything we do and symbolises the transition we're making as the new NHS emerges. We will look to hit the ground running and establish the value of what we do for our customers. To our advantage, many people in the CSU have extensive experience of the NHS in Surrey and Sussex and have their own personal track records of delivery. Our key challenge is to quickly establish our own track record for delivery and a reputation for offering quality services.

5. What are your relationships like with your CCGs?

Getting these relationships right is fundamental to our shared success and to delivering for patients. There is a shared goal, a real determination across the board to maximise the benefits from the new system from day one. Of course, our relationships will evolve and grow as we demonstrate that we can both help develop the health economy and deliver.

6. What relationships do you have with other stakeholders?

Over time, it is crucial we are connected into and actively

contributing to a network of organisations and people working together to ensure high quality care. We need to ensure patient interests inform each decision and every conversation.

7. What is your view on private sector involvement?

There are times when the private sector is part of the answer. We are working on developing appropriate strategic alliances, but the potential for any such alliance is predicated on alignment of our value set.

8. What are the major challenges of working in a CSU?

We're currently dealing with the challenges of establishing the CSU. At the minute, we're in the same boat as everyone who's part of making the

Facts and figures

Location: Lewes, East Sussex and Leatherhead, Surrey.

Staff: Total 350. Vacancies 50.

CCGs

NHS Guildford and Waverley CCG
 NHS East Surrey CCG
 NHS Coastal West Sussex CCG
 NHS Crawley CCG
 NHS Brighton and Hove CCG
 NHS Horsham and Mid Sussex CCG
 NHS High Weald Lewes Havens CCG
 NHS Eastbourne, Hailsham and Seaford CCG
 NHS Hastings and Rother CCG
 NHS Surrey Downs CCG
 NHS Surrey Heath CCG

Patient population: 2 million

Total budgeted turnover for 2013: Undisclosed

Percentage from CCGs: Undisclosed



Like all other CSUs our ambition is to become a well respected, viable business, and will work in collaboration with our CCGs and sister CSUs, to make this a reality

reforms a reality – we could do with more hours in the day and more days in the week.

Nonetheless we're making

massive progress with creating the ways of working, the teams and the ethos that will enable clinical commissioners to start delivering their priorities from day one.

9. Where do you see your CSU in 2016, post NHS CB hosting?

Like all other CSUs our ambition is to become a well respected, viable business, and will work in collaboration with our CCGs, and other CSUs, to make this a reality.

Equally, we will look increasingly to support CCGs on their transformation agenda as they grow and develop their ambitions.

South

Commissioning Support Unit

Managing Director: Keith Douglas

1. What services do you provide?

Broadly speaking we provide a package of traditional professional services. Contracting, which covers direct contract management, finance and business intelligence. HR, communications, financial management such as payroll, quality and a bit of governance.

CCGs, like PCTs, are responsible for quality as are GPs – this is of particular importance given the Francis report.

We support a number of CCGs on transactional quality elements but the CCGs are accountable for quality of care delivered to their population and as such, many are holding this element of quality as part of their own structures.

Where they have bought services from us, we are accountable to them for providing a good monitoring service and supporting them in getting specific requirements into contracts, however the CCGs determine what quality measures they want within their contracts.

2. How are you structured?

We use a matrix structure. We have a team wrapped around each customer so that they have clear contact points at each level of the CSU.

The teams work together so there can be no passing the buck if things aren't going well, that's not going to wash.

They succeed or fail as a team. Staff do link to the functional structure for CPD and support but the key mechanism of work is the customer facing teams.

There are five directors and each has a responsibility for one or more CCGs. So there is a director and a team leader and specialists which provide multiple points of contact for each customer. But they are customer-facing.

3. What regional challenges does your CSU face?

Across the south we are a financially challenged area. Under the old PCT funding model we receive lower than the national average by about 10%. Our CCGs are not in deficit but it's a challenge. They have QIPP programs around how to deliver care properly for patients which are demanding.

4. What are your strengths and weaknesses?

We started early in June 2011 so we are on track. A couple of CSUs have been going for longer but not many. We are relatively stability and have a consistent approach. We have done a lot of work with the culture shift and have a strong senior team, so we have a solid foundation to build upon. Our core services are business intelligence and contracting (including BI and finance).

I wouldn't call it a weakness but we are establishing a new service while having to continue to deliver services for PCTs and CCGs. We are a new entity, so making sure that we continue doing what the customers/CCGs require of us while managing transition is a challenge. We have to make sure we keep the show on the road.

5. What are your relationships like with your CCGs?

They are as good as they can be. Everything we have done, we have developed with them. We jointly construct our performance indicators and our service specifications. We jointly looked at the structure costs and processes so this means we should have put ourselves together in terms of our ability to deliver for CCGs. That links to having the right staff in post doing the right thing. The CCGs have signed up with us for two years and they will

support us for those two years but they won't have a lot of patience following March and they will be looking for results and expecting us to deliver.

6. What relationships do you have with other stakeholders?

We won the tender to provide business intelligence services for Wessex and Surrey and Sussex Area Teams specialist area team (local NHS England). This covers specialist services, dentistry and offender health; the area also covers Oxford, Buckinghamshire and Berkshire and Kent and Medway.

We are talking to the local authorities but we are not yet commissioned by them.

We also provide a data management service and are one of the nine national data centres which take the outputs from hospitals and community services. The challenge is to ensure the right

Facts and figures

Location: Eastleigh, Hampshire

Staff: Total 240. Vacancies 60

CCGs

NHS Isle of Wight CCG

NHS Southampton CCG

NHS Portsmouth CCG

NHS Fareham and Gosport CCG

NHS North Hampshire CCG

NHS South Eastern Hampshire CCG

NHS North East Hampshire and Farnham CCG

NHS Surrey Heath CCG

NHS Surrey Downs CCG

NHS West Hampshire CCG

NHS Dorset CCG (out of Dorset contracts only)

NHS Milton Keynes CCG (ambulance contracting only)

Patient population: 2.4 million

Total budgeted turnover for 2013: approx £22 million

Percentage from CCGs: 97%



patient is matched to the right GP, to the right CCG and then make that data available for CCGs. We provide the ambulance contract to NHS Milton Keynes CCG and cover out of area contracts for NHS Dorset CCG.

7. What is your view on private sector involvement?

What we are doing as a CSU is looking to see how we can make sure the services we deliver and the people we employ work well on our customers behalf. We are having conversations with private and third sector organisations but we are not just looking at the big five consultancy firms. We are looking a sole traders and signing them up as associates so we can call

upon them as individuals. Smaller organisations give us a diversity of staff and skills. We want to create a broad church of support that we can call upon that's affordable and legitimate.

8. What are the major challenges of working in a CSU?

It's very exciting to have the opportunity to work in this way. In a way you'd like to push the stop and rest button. It has been a difficult nine months, setting up and shutting down PCTs and supporting demobbing staff through hthe changes. People coming in the CSU need to recognise the new role we are in. PCTs were accountable for decisions but now we working for CCGs who are the decision making bodies and we have to have a clear customer focus.

We get paid by that customers and we have got to make sure our services are delivering properly.

9. Where do you see your CSU in 2016, post NHS England hosting?

That date is not particularly meaningful. What we are doing, regardless of hosting, is getting into a places where it looks like and feels like a commercial organisation and recognising that how we get revenue is by delivering a good service. What will be, will be, post hosting. We expect something out of the NHS England later this year which will state the ground rules. We have not done work on what form we'd take but we are thinking what it might look like. They way we are structured and governed is pretty much like a standard

Biography

How does your career so far help you in your role as a CSU managing director?

I was a radiographer and spent 20 years working in hospitals including Guy's and St Thomas', Carshalton and Redhill and Southampton.

I moved into general management of the radiology department and then into managing medicine and elderly care management and finally orthopaedics in an acute hospital. I was director of contracting for SHIP PCT cluster made up of Southampton, Hampshire, the Isle of Wight and Portsmouth. I was then director of commissioning development at the cluster and moved quickly into the CSU from there.

The clinical background does help. It means I understand and I can talk to clinicians at the right level. I do think it gives me an edge. I understand when to get tough and when to leave things be. I have also worked for the DH for a four years. I think more clinicians should be given the opportunity to work in management.

Why did you take on this role?

It's so interesting. I started very early with it and seeing it develop is really exciting. We are building a brand new form. It is not something I set out to do I have evolved in this role.

Life outside the CSU: I love sport. I am a big football fan and I support Liverpool. I play tennis and enjoy spending time with my family.

organisation so if the opportunity for commercialisation comes we believe we are ready to go quite quickly, but there will be a 2015 election so we'll see. Everybody is talking about commercialisation.

Kent & Medway

Commissioning Support Unit

Managing Director: Daryl Robertson

1. What services do you provide?

Kent and Medway CSU (RMCS) provides:

- Integrated provider management
- Operational commissioning support
- Strategic change services
- Corporate services
- HR and organisational development
- Consultancy Services

2. How are you structured?

KMCS has a highly experienced Executive Team comprising of staff with significant and varied NHS experience as well as individuals with commercial experience at a senior executive level. We have established six operational business units, although our services are delivered in a matrix style to ensure delivery to our customers is integrated, outcome based and efficient.

3. What regional challenges does your CSU face?

- Working with our customers to rapidly embed commercial expertise in a patient environment.
- Supporting CCGs to develop into mature organisations that commission safe and effective services

- Working in partnership with CCGs to use innovation to underpin future efficiency savings

4. What are your strengths and weaknesses?

Strengths

- Strong experienced team including recognised national experts in specialist areas
- Using innovation deliver effective services
- Focus on customer delivery – KMCS wants to be the best and not necessarily the biggest CSU

Challenges

- Like all CSUs, KMCS is having to adapt to a new commercial environment and retain and attract specialist skills

5. What are your relationships like with your CCGs?

CCGs and CSUs have both been on a long and often testing journey to establish new organisations and go through demanding authorisation processes. This has been challenging for staff and often required patience and understanding on both sides.

Facts and figures

Location: Ashford (HQ), Harrietsham and Maidstone
Staff: Total 384. Vacancies 20

CCGs

NHS Medway CCG
 NHS Dartford Gravesham and Swanley CCG
 NHS West Kent CCG
 NHS Thanet CCG
 NHS Swale CCG
 NHS South Kent Coast CCG
 NHS Ashford CCG
 NHS Canterbury and Coastal CCG

Patient population: 1.6 million

Total budgeted turnover for 2013: £23.7 million

Percentage from CCGs: 98%

We are confident that we can now continue to build on previous successful whole system working to deliver a seamless service for patients in partnership with GP commissioners. We have very recently jointly presented our work with CCGs on advance assistive technology at the Healthcare Innovation Expo and we are also working with CCGs on the key priorities such a dementia.

6. What relationships do you have with other stakeholders?

As well as working with CCGs, KMCS provides services to the Kent and Medway Area team, providers and local authorities. We have a number of acknowledged specialists working on national level projects or on expert groups.

7. What is your view on private sector involvement?

KMCS is committed to working in partnership with industry and academia

Biography

How does your career so far help you in your role as a CSU managing director?

I have a broad and varied NHS career portfolio coupled with broader life experience. This helped me ensure we retain a public sector ethos while developing an organisation that understands and responds to having to excel and compete in a commercial context.



Why did you take on this role?

It was an outstanding opportunity to help break the mould and make a real difference in how patient care is commissioned and delivered by providing effective, efficient and innovative support services.



to ensure we are delivering high quality services – our customers expect us to have access to the latest and best knowledge, skills and practice.



We have very recently jointly presented our work with CCGs on advance assistive technology at the Healthcare Innovation Expo

Some of our services are delivered in partnership with other NHS support services organisations as we realise some services are best offered at scale or require specialist skills and knowledge. KMCS is using innovation to underpin its service offering and have established:

- An Innovation Forum: In partnership with CCGs we are discussing and developing new ideas giving a voice to the creative thinkers and making

time and space for innovation

- An Innovation Realisation Centre: Bringing together academic and commercial partners, providers and multiple CCGs. This is a chance for partners to explore new opportunities that have academic rigour, commercial viability and will support real improvements to the delivery of patient care.

8. What are the major challenges of working in a CSU?

Adapting to working in a changing commercial environment. Supporting staff through a period of unprecedented change while maintaining a safe and stable health system.

9. Where do you see your CSU in 2016, post NHS England hosting?

Delivering high quality and innovative services to health and related non-NHS health and social care settings as a not-for-profit community interest company.

