

BOARD PAPER - NHS ENGLAND

Title: Directly commissioned services committee

Clearance: Professor Sir Malcolm Grant, Chair of the Directly Commissioned Services committee

Dame Barbara Hakin, Interim Chief Operating Officer/Deputy Chief Executive

Purpose of paper:

- To provide an update on discussions and actions following the inaugural Directly Commissioned Services committee held in August 2013.

Key issues and recommendations:

The committee:

- considered its role, remit and supporting structures and proposed amendments to its terms of reference; and
- noted and endorsed the current work programme.

Actions required by Board Members:

The Board is asked to

- note the outcome of discussions and next steps from the Directly Commissioned Services committee in August 2013 and to agree the revised terms of reference.

Directly commissioned services committee

Summary of committee discussions

1. The committee held its inaugural meeting in August 2013.
2. The committee agreed the six functional areas to enable NHS England to discharge its direct commissioning functions were
 - Overseeing national agreements;
 - Ensuring quality standards are defined;
 - Agreeing priorities and allocating resources;
 - Ensuring that services are being delivered to quality standards;
 - Appropriate planning; and
 - Capacity and capability for direct commissioning within NHS England
3. Members requested that the Chair and Chief Operating Officer revise the terms of reference for the committee to reflect these key areas and additional membership.
4. Members noted that the committee would be supported by the Clinical Priorities Advisory Group (CPAG) and the programme oversight group. It was agreed that CPAG and the programme oversight groups would not be regarded as sub-committees of the Board.
5. The committee noted the overview of the work programme for directly commissioned services provided by the director of commissioning (corporate), with particular reference to the three risk areas.
6. The committee received updates in relation to primary care and specialised commissioning from the heads of commissioning.
7. Members agreed interim proposals for patient cohort and individual funding requests.
8. Members endorsed the CPAG decisions from meetings held in May and July 2013 respectively.
9. Members endorsed principles for commissioning through excellence

Actions required by Board Members

10. The Board is asked to note the outcome of discussions and next steps from the Directly Commissioned Services committee in August 2013 and to agree the revised terms of reference.

Dame Barbara Hakin
Interim Chief Operating Officer/Deputy Chief Executive
August 2013

Directly commissioned services committee terms of reference***Purpose***

To oversee the delivery of directly commissioned services within the overall strategy set by NHS England.

Duties

The Directly Commissioned Services Committee (DCSC) has been established to oversee the delivery of directly commissioned services, including assurance of the direct commissioning functions in NHS England.

The DCSC is responsible for:

- Assuring that services are being delivered to quality standards that are clinically led and are patient focused;
- Ensuring that quality standards for each service are defined;
- Oversight of national agreements with other parties;
- Agreeing commissioning priorities and allocation of resources;
- Assuring that appropriate planning is in place so that services are patient focused and clinically led; and,
- Assuring that NHS England has the capacity and capability to commission well.

The DCSC is supported by the Clinical Priorities Advisory Group (CPAG).

The CPAG has been established to ensure that clinical prioritisation recommendations are provided to the DCSC where there could be a change in service provision, and where there are resource implications which may present collaborative healthcare challenges.

In addition, the DCSC is supported by five management Programme Oversight Groups. The work of each of these is overseen by an overarching executive group.

Members***Attendees***

- | <i>Members</i> | <i>Attendees</i> |
|---|--|
| <ul style="list-style-type: none"> • Chair – Non-executive Director • Non-executive Director • Chief Executive • Chief Operating Officer/Deputy Chief Executive or designated deputy • Chief Financial Officer or designated deputy • National Director: Policy or designated deputy • National Director: Patients and Information or designated deputy • National Medical Director or designated | <ul style="list-style-type: none"> • Head of Primary Care Commissioning • Head of Specialised Commissioning • Head of Public Health, Offender Health and Armed Forces Health • Chair – Clinical Priorities Advisory Group • Director of Commissioning Policy and Primary Care • Director of Partnerships |

<p>deputy</p> <ul style="list-style-type: none"> • Chief Nursing Officer or designated deputy • National Director: Commissioning Development or designated deputy • Director of Commissioning (Corporate) • Regional Director • Clinical Commissioning Group Leader 	
<i>Quorum</i>	<i>Frequency</i>
<p>The meeting will be quorate if at least four members are present, of whom one must be a Non-executive Director and one must be either the National Medical Director or Chief Nursing Officer, of their deputies.</p>	<p>The committee will meet on a quarterly basis. Members are expected to attend all meetings.</p> <p>Where necessary, the committee will communicate electronically to take out of committee decisions and maintain the rolling programme of work, with all decisions taken in this way formally recorded at the next meeting.</p>