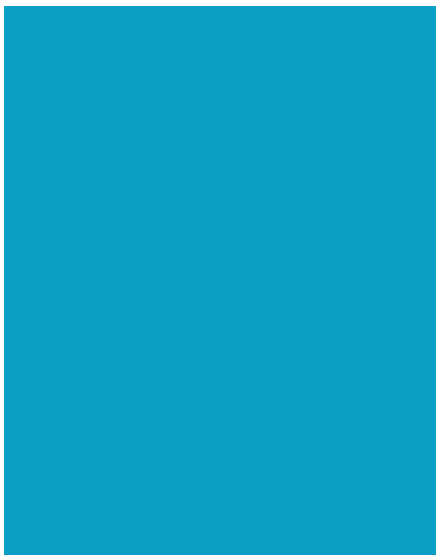


**Direct
Commissioning
Assurance
Framework**



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Direct Commissioning Assurance Framework

First published: November 2013

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Executive summary

NHS England directly commissions £27 billion of healthcare services each year. The NHS England Board, along with patients, the public and fellow commissioners, need to be assured that the organisation is able to demonstrate the effective use of public funds in commissioning safe, high quality and sustainable services within available resources.

A working group has been established to develop and propose a framework against which the NHS England Board can achieve this assurance. The same principles that are applied to the assurance of Clinical Commissioning Groups (CCGs) and other partners providing healthcare services are also consistently applied to the assurance of NHS England's commissioning activity.

The working group has engaged a range of internal and external stakeholders and this has led to a single annual assurance cycle being proposed, comprised of a series of summative quarterly assurance discussions. These quarterly discussions will be framed around six 'assurance domains' that reflect the attributes of a great commissioning function.

The assurance conversation will be held between area teams and their respective regional team, consistent with the line management arrangements in place within NHS England. However, it is recognised that area teams' direct commissioning functions are dependent on other functions within NHS England at a regional and national level. These should be highlighted through the assurance process and support requirements will be identified during the discussions.

In addition, there are co-dependencies between area teams, CCGs and other local partners in commissioning high quality care for the same populations. This applies across care pathways and in pursuing improvement in the quality of primary care and necessitates that proposals are developed for mutual assurance. As a first step this framework is published alongside a similar framework for CCG assurance.

Introduction and context

The assurance process must help to assess how the direct commissioning function can realise its full potential and how other teams within NHS England can support it on that journey. The framework maps out some of the interdependencies between the respective teams and functions within NHS England across the six assurance domains. Undertaking the assurance process will also help to clarify these interdependencies to ensure that these are clearly articulated and understood as part of the assurance and development process for direct commissioning.

One of NHS England's key roles is to directly commission services in five areas:

- Primary medical care, dental services (including secondary dental), community pharmacy and primary optical services;
- Specialised services;
- Some specific public health screening and immunisation services;
- Services for members of the armed forces; and
- Health and justice services

The commissioning of these services is largely conducted through area teams. It should be noted that area teams are not independent statutory bodies with accountable officers and direct commissioning therefore depends on significant inputs from the whole of NHS England. As a single national commissioning organisation, NHS England set out single operating models for each of these services to set the ambitions for delivering high quality care and to secure consistency of approach to commissioning and delivering improved outcomes. These are the foundations on which the six assurance domains are based. In addition, NHS England proposes to apply the same principles when assuring its own commissioning activity as it would in the assurance of Clinical Commissioning Groups (CCGs).

As a national commissioning body, NHS England seeks to act as system leader and develop exemplar models of direct commissioning. In developing an assurance framework for direct commissioning, NHS England aims to act in a transparent and collaborative way and challenge itself about quality improvement and the effective use of resources, as NHS England would expect for other parts of the healthcare system.

This framework represents the outline proposal and arrangements for direct commissioning assurance to assess how well direct commissioning functions are performing against their plans to improve services and deliver better outcomes for patients.

The initial establishment of the NHS Commissioning Board in 2011 focused specifically on undertaking development and authorisation of newly established CCGs in order to prepare them to take on their statutory duties from April 2013. Much of the remaining commissioning system was retained within legacy organisations to ensure resilience during transition. This resulted in a phased introduction of area teams into their commissioning roles and as such, area teams remain at an earlier stage of their development in 2013/14 than CCGs. In this context, NHS England are proposing that the initial focus for assurance is to establish the baseline across the six assurance domains, including review of

evidence, systems and processes within the direct commissioning function, on which future summative rounds of assurance will build.

The Health and Social Care Act 2012 created a more dispersed system that requires a number of commissioning partners, CCGs, NHS England, Local Authorities and Public Health England, to work collaboratively to commission patient pathways in integrated ways. This has also added complexities in the data flows for these service areas.

NHS England has made a commitment to CCGs and wider stakeholders that it will apply the same level of scrutiny to its own direct commissioning responsibilities as it does to CCG commissioning. To enable this and to reflect the importance of mutual accountability, the framework has been developed and will be published alongside the CCG assurance framework, applying consistent principles in parallel wherever this is practicable and in the interests of patients.

Scope of assurance

Assurance will apply to the entirety of the direct commissioning functions of area teams, reflecting the integral contributions from all, including the local medical, nursing and finance expertise at local level. It will also acknowledge that the regional and central support teams have an important role in direct commissioning that should also be reflected in assurance.

For the purposes of this proposal, assurance is defined as the checking and acting on the assessment findings, across the delivery, capability and development needs of the direct commissioning function of area teams. It is intended to identify areas within the six assurance domains where performance is achieving the required standards as well as where performance is challenged. It is conducted in an adult to adult relationship and with a positive tone, which results in an assessment which assures direct commissioning, but also contributes to on-going ambitions for development.

For the purposes of this framework the assurance function of the NHS England Board is assumed to be delegated to regional teams. During development of the framework alternative models of assurance have been considered. However, this model has been chosen for the following reasons;

- Assurance will be best performed if there is an on-going relationship between the assurer and the assuree
- The Board delegation describes oversight of direct commissioning as a regional function – assurance covers that role

The process of assurance by regional teams will need to involve staff from across the regional team, including finance, medical and nursing. The role of leading and

co-ordinating the process within the region may be performed either by the Regional Director of Operations & Delivery or the Regional Director of Commissioning, based on local determination.

The framework sets out the arrangements for the assurance process which NHS England intends to test widely with direct commissioning colleagues, CCGs and other key stakeholders over the coming months. The Q2 baseline assurance round during Q3 will help to establish and embed the processes, systems, behaviours and data on which future assurance will build. It is our expectation that the framework will continue to evolve as the commissioning system continues to develop in 2014/15 and beyond.

Principles of direct commissioning assurance

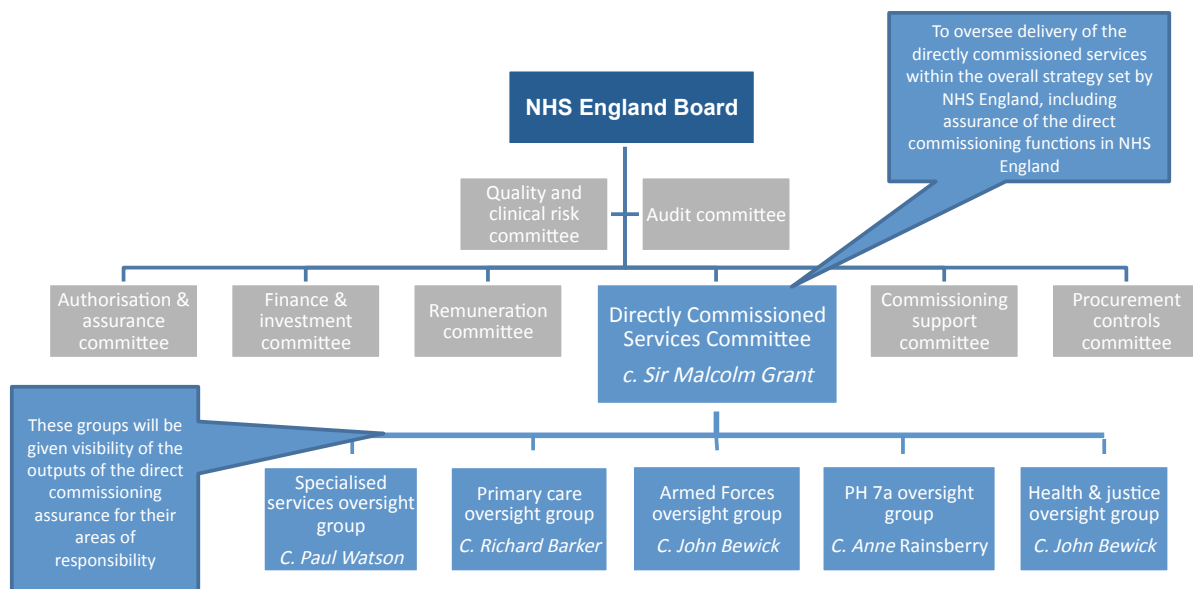
Our engagement to develop this framework for direct commissioning has resulted in a set of principles which should underpin the way the assurance framework is further developed and delivered:

- Assurance should be transparent and demonstrate to partner organisations, patients and the wider public the effective use of public funds to commission safe and sustainable services. An annual assurance report will be published on NHS England's website.
- The framework should assure the effectiveness of the contributions of all of the roles of an area team in delivering the direct commissioning function and not only that of commissioners.
- Assurance should be summative and should take place over the year through adult to adult discussions.
- Assurance should reflect the dependencies between the area teams with regional and central support teams in delivering the direct commissioning function.
- The framework should be subject to year on year improvement and set stretching standards that drive improvements in direct commissioning.
- The framework should minimise bureaucracy and additional reporting requirements by drawing on available data and making appropriate use of self-certification.
- The framework should be adaptable and be able to respond to the availability of new data sources.
- The framework should reflect the need for mutual accountability of partner commissioners where patients move through different care settings and focus on scrutinising the cohesion of those pathways.

- The voice of the patient should be central both as a subject of assurance (in terms of patient inclusion in commissioning decision making through domain 2) and as a sense-check to the assurance process itself.
- The framework will be developed and tested with a broad range of commissioning partners.
- The framework should complement CCG assurance and assess direct commissioning functions through the application of consistent principles.
- The framework should be developed and implemented based on the 'ways of working' agreed between NHS Clinical Commissioners (NHSCC) and NHS England.
- The framework should assure equity of access, consistency of offer and equity of outcome.

Governance of direct commissioning

Governance of directly commissioned services includes arrangements with a number of other external bodies. The governance arrangements that area teams put in place will interface with these broader governance forums and as such consistent messages relating to delivery and capability of area teams should be received by these groups.



Mutual accountability

To reinforce the reciprocal nature of assurance discussions and our mutual responsibility for the commissioning of local services and accountability to patients, CCG assurance has been developed with comparable principles and standards. CCG assurance will also be based around the six assurance domains and will involve quarterly meetings to discuss a set of locally agreed areas for discussion.

However, NHS England know that what is important is that practical, mutual assurance takes place at the same time through a unified and coherent process, and that both assurance processes can join together to ensure that commissioners are working in unison to address any concerns around the quality of care across the whole local health economy.

Given the dispersed system of commissioners at local level, and aspects of direct commissioning that NHS England discharges through certain area teams but not others (e.g. specialised services via ten area teams), there are aspects of commissioning that straddle the responsibilities of NHS England, CCGs, Public Health England and local government, including social care. For this reason, mutual assurance is an integral principle in the development of the direct commissioning assurance framework and as such CCGs and other partners will be invited to attend the assurance discussions of their local area team to enable a coherent discussion across local commissioning partners.

Assurance of NHS England's direct commissioning function needs to be considered in the context of the wider commissioning system and the interdependence of area teams and CCGs as co-commissioners. The following have been suggested as key elements within the assurance process to enable mutuality and will be tested through the on-going development of the approach:

- Whilst direct commissioning assurance will be led through the regional teams within NHS England, it is crucial to reflect the views of co-commissioners.
- Information and intelligence gained through the CCG assurance conversation regarding the effectiveness of collaboration between CCGs and NHS England should be reflected within the direct commissioning assurance process.
- Wider consultation through a 360° stakeholder survey that considers the local healthcare economy in its entirety (i.e. Local Authorities, Health and Wellbeing Boards (HWBs), Local HealthWatch) will enrich the intelligence gathered through assurance process.
- Consideration of including local authority partners within appropriate aspects of direct commissioning assurance.

- The intelligence gained through direct commissioning assurance should be shared with stakeholders to enhance honesty and transparency across the commissioning system.

In designing mutual assurance, NHS England also needs to consider interdependencies with local authorities as commissioners of public health as well as social care services. The model of mutual accountability must be anchored within the local Health and Wellbeing Board. HWBs play a key role in bringing organisations together for the mutual interest of their population. It is the place where all key commissioners of health and social care services come together alongside other vital stakeholders, to hold each other to account on behalf of local people for the use of public resources and the outcomes they deliver. NHS England will explore with CCGs, local authorities, HWBs and other key stakeholders, including patient and public groups, how we can best develop and integrate this approach to mutual assurance.

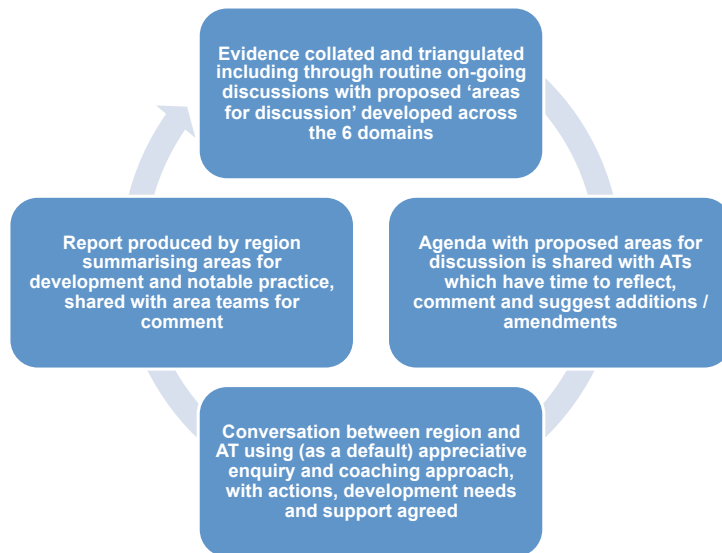
Developing the Framework

A Direct Commissioning Assurance Working Group was established in June 2013 in order to lead the development of the assurance framework for direct commissioning. This working group was comprised of cross-directorate representatives from national support centres, regional teams and area teams and specific leads for each of the directly commissioned services. In addition, the working group has held engagement events with area team commissioners responsible for each of the directly commissioned service areas, operation and delivery leads and CCGs. Business Intelligence representatives have also engaged with their commissioning colleagues to identify sets of key metrics that will be needed to provide evidence for the direct commissioning assurance framework.

Core Elements of Assurance

The Direct Commissioning Assurance Process

This assurance process will be undertaken through a series of quarterly assurance discussions between the region and the direct commissioning function of the area teams. These will be structured around points where key evidence becomes available and relevant for the stage of the financial year to which the assurance meeting relates. This will culminate in an annual assurance report being published to summarise the assurance position of the direct commissioning function. We will seek to publish this in an accessible and easy to read format for patients and the public.



The quarterly assurance discussions will be based on a set of information and indicators across the six assurance domains and will demonstrate how the area team is performing. The sources of evidence will include data from the delivery dashboard, local insight from area teams and wider NHS England functions to assure effective processes, governance and behaviours consistent with the definitions of great commissioning. Some of this information will be publically available, including delivery against the agreed strategic plan, operating plans, NHS Constitution commitments and relevant outcomes frameworks, but much of it will be reviewed on the basis of self-certification by the direct commissioning function of area teams. The indicators of performance information should be based on the priorities for direct commissioners set out as part of the annual planning cycle. Regions will use available performance data as part of the assurance discussions. The quarterly assurance discussion will also assess that the area team is on track financially.

It is anticipated that this assurance approach will also help NHS England to identify themes and priorities to inform and support the further development of direct commissioning functions. This is consistent with the objective of the CCG assurance framework to support the development of CCGs.

The quarterly assurance discussions also present an opportunity to assess the actions being taken by direct commissioning functions, often in collaboration with local CCGs, to address concerns about the quality of care delivered by local providers. This must include the assessments of providers by the Care Quality Commission (CQC) and a much greater role for the voice of the patient and other local stakeholders. Complaints data will also be an important component of this wider context view.

NHS England anticipate that carrying out the assurance process will be a key component of the working relationship between regional and area teams, other functions within NHS England and local partners, including CCGs.

Our expectation is that where support needs are identified, the direct commissioning functions will receive much of this from within NHS England, in recognition of the interdependencies between team roles, and that this will be integral to the on-going relationships between teams in the organisation. In addition, shared development between area teams and CCGs will be crucial to the on-going development of the co-commissioning partnership.

As part of the assurance process, NHS England also needs to identify the mechanisms by which it would seek to escalate any serious concerns for the attention of the NHS England Board; for example where interdependencies are not being addressed. The assurance framework sets out the basis for such escalation.

The six assurance domains

The structure of the direct commissioning assurance framework is based on the principle of building an assurance process that demonstrates to NHS England's stakeholders that its direct commissioning function is making effective use of public funds to commission safe and sustainable high quality services.

Feedback from engagement events, with a cross-section of NHS England teams and CCGs, has told us that the domains used during the CCG authorisation process were an effective foundation on which to define the characteristics of a great commissioning function for NHS England. These have been further developed based on feedback from these events to more accurately reflect the specifics of NHS England's commissioning responsibilities including reflecting the structures, processes and governance arrangements set out in the single operating models and developed into the six assurance domains for direct commissioning.

Evidence will be sought and reviewed against each of the proposed six assurance domains as part of the summative assurance conversation:

- **Domain 1:** A strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements.
- **Domain 2:** Meaningful engagement with their communities, citizens, patients and carers.
- **Domain 3:** Clear and credible plans with delivery against improved outcomes within financial resources, and are aligned to CCG commissioning plans and local Joint Health and Wellbeing Strategies (JHWS).

- **Domain 4:** Robust NHS England governance arrangements are embedded locally, with the capacity and capability to deliver all their duties and responsibilities to effectively commission all the services for which they are responsible.
- **Domain 5:** Collaborative arrangements for commissioning with other direct commissioning functions, CCGs, local authorities and external stakeholders.
- **Domain 6:** Great leadership that contributes to making a real difference to the health, wellbeing and healthcare services of local communities.

Annex A sets out the assurance themes that underpin each domain and will be used to demonstrate assurance against the domain.

It is a key principle of the framework to use published data and indicators that are readily available to develop a delivery dashboard on a quarterly basis, or as applicable, against each of these domains. NHS England will work to ensure that reporting requirements and the impact on area teams is minimised wherever possible and supported through existing data tools.

Where an area team identifies itself as needing improvement against an element of the framework, support should be discussed and agreed with the regional team. Where common themes for support are identified across a number of area teams, peer to peer support as well as support from regional and central support teams in coordinated programmes may be appropriate.

Q2 base-lining exercise

During Q3 of 2013/14, the first round of direct commissioning assurance will take place. This quarter's assurance will establish the processes, systems, behaviours and data on which future assurance will build. As such, many of the assurance questions and evidence sources will relate to the key attributes of organisational health rather than the on-going quarterly delivery data and activity. The assurance framework contains suggested evidence in support of the assurance domains and regional teams are advised to use their local insights to seek additional evidence where this may be required to support the assurance conversation. It is expected that the Operations & Delivery function will have a key role in the preliminary assurance round by supporting the direct commissioning function both to complete the self-assessment and ensure that processes and systems are in place as set out within the assurance framework.

Testing the assurance process

The quarterly meetings during 2013/14 will, at least partly, be on the basis of assessing self-certification by the area team, reviewed through specific key

questions by regional teams, taking into account local context, challenges and the views of CCGs as commissioning partners. Regions are expected to have a conversation with the direct commissioning function of the area team on the basis of:

- Reviewing exceptions identified by the direct commissioning function of the area team;
- Reviewing exceptions highlighted as the result of CCG or other feedback;
- Local insight or delivery data is used to generate additional key questions for the assurance conversation.

The data that can be collected in advance of the assurance meeting will be populated into a single delivery dashboard, which will provide information for each of the directly commissioned services for which the area team is responsible.

NHS England is considering the options for publication of the results of direct commissioning assurance, with particular reference to local and national accountability. This will include the consideration of the publication of a single assurance outcome report (including relevant dashboard information) on the NHS England website as a record of progress to date.

The further development of the assurance framework will also consider these requirements and the need to generate reports that are specific to individual services. For example, Public Health reports should feed into national governance and oversight arrangements. Furthermore, the quarterly assurance discussions must be linked to the co-commissioning discussions through CCG mutual assurance.

Identifying support needs

A key aspect of the assurance process is to ensure that there is a consistent method of identifying support requirements across the direct commissioning landscape. Each of the teams within NHS England has a role in supporting the effectiveness of direct commissioning.

Whilst the formal role for providing assurance to the NHS England Board has been delegated to regional teams, there is an expectation that many other organisations will be invited to input into the assurance process and to support the development of area teams based on the outputs of the assurance conversation.

Support will be offered to all teams as part of the process and will be as broad as the commissioning functions require, calling upon resource from all parts of NHS England and partner organisations, such as NHS Improving Quality.

NHS England will actively promote initiatives and processes to enable the mutual development of area teams and CCGs in their co-commissioning roles.

In certain circumstances, the assurance framework may identify concerns where the direct commissioning functions of area teams are particularly challenged in delivering their agreed plans and where the broader development offer does not give sufficient scope to deliver the necessary improvements. In these exceptional circumstances the issues will be escalated through the line management arrangements in order to ensure that extra scrutiny or support is given as required.

Conclusion

NHS England's single operating model allows for the co-production of key policies and processes with inputs from national, regional and area teams. Direct commissioning assurance is a prime example of where such collaboration is essential. This document represents NHS England's proposal for how direct commissioning assurance will be undertaken.

It sets out an assurance process throughout the year to assess direct commissioning across six assurance domains. The quarterly assurance discussions between area teams' direct commissioning functions and regions will ensure a greater focus on the development and support required to deliver continuous improvement to commissioning practises.

Opportunities for sharing best practice with partner groups and organisations will be central to ensuring that direct commissioning functions are operating at the leading edge of commissioning practice.

Annex A: Assurance domains and associated themes

Domain	Domain Description	Themes
<p>1. A strong focus on clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements</p>	<p>Direct commissioning functions have strong partnerships with clinicians at local level, through their local professional networks, CCGs, local professional committees, clinical senates and wider clinical and professional groups, to ensure that there is involvement and clinical leadership in making and implementing commissioning and quality improvement plans. Views and input is sought, heard and valued from a range of professionals, including primary and secondary care clinicians and other allied health professionals, including national and regional colleagues for those services where national guidance or specifications are used</p>	<p>1.1 Quality and safety is demonstrably and systematically at the heart of the direct commissioning function's work, including its governance, decision-making, planning and commissioning arrangements</p>
		<p>1.2 The direct commissioning function can demonstrate that there is appropriate local clinical leadership in planning and implementing commissioning and quality improvement</p> <p>Clinical perspectives shape planning and decision-making at each of the stages of the commissioning cycle and are shown to add value to the cycle</p>
		<p>1.3 The direct commissioning function is engaged in efforts to identify quality and safety issues today through Quality Surveillance Groups (QSGs), include other local commissioners from CCG and local government and local Healthwatch and representative of Monitor and the CQC</p>

Domain	Domain Description	Themes
2. Meaningful engagement with their communities, citizens, patients and carers	Direct commissioning functions have robust arrangements in place to engage communities, citizens, patients and carers in commissioning decisions that ensure services are responsive, appropriate and consistent and reflect their specific commissioning responsibilities. Engagement is intrinsic to what a direct commissioning function does, often in partnership with CCGs and other area teams.	<p>2.1 Direct commissioning function has sourced, analysed and interpreted the expressed and unmet health and wellbeing needs of all constituent communities and groups within its population</p> <p>2.2 Direct commissioning function has plans in place to identify, engage and communicate with strategic partners and diverse groups and communities and can demonstrate examples of this engagement e.g. Health and Wellbeing Boards, Community and Voluntary Sector, 3rd Sector</p> <p>Acceptable mechanisms for engagement with patients, carers and members of the public is intrinsic to what the direct commissioning function does</p> <p>2.3 Direct commissioning function understands NHS England's statutory duties in relation to enabling patients to make choices and to promote the involvement of patients, carers and relatives in decisions about their care and treatment</p> <p>2.4 Direct commissioning function demonstrably and regularly monitors, acts on and shares patient feedback, concerns, complaints and choice, from a range of different sources, particularly in identifying quality and safety issues</p> <p>The direct commissioning function can demonstrate data systematically feeds into activities for improving quality today and transforming services for tomorrow</p> <p>Complaints are used to inform improvements in the range and quality of service</p>

Domain	Domain Description	Themes
<p>3. Clear and credible plans with delivery against improved outcomes within financial resources, and are aligned to CCG commissioning plans and Local Joint Health and Wellbeing Strategies</p>	<p>Direct commissioning functions have service delivery plans that set out priorities in order to improve local health outcomes. These plans are supported by detailed financial plans that deliver financial balance and are integrated with their commissioning plans. There are on-going discussions with the relevant fellow commissioners to ensure that care pathways in which they have a shared interest, including primary care and specialised services, are aligned to long-term strategies and plans</p>	<p>3.1 The direct commissioning function has credible plans that will deliver continuous improvements in quality, reductions in inequalities in access to healthcare and healthcare outcomes in line with the national planning guidance for each service which also meet NHS Constitution requirements</p>
		<p>3.2 The direct commissioning function has credible plans that deliver financial plans that meet the business rules for each direct commissioning area from Everyone Counts.</p>
		<p>3.3 Plans of the direct commissioning function, local CCGs and other commissioners across the health and wellbeing system, constitute a coherent and sustainable plan to meet the needs of local populations</p>
		<p>3.4 The direct commissioning function plan is aligned to local CCG plans, is consistent with the Joint Health and Wellbeing Strategies (JHWS), the JSNA and the local & national priorities</p> <p>The direct commissioning function plans are aligned with relevant plans commissioning strategies, JHWS, the JSNA and the Pharmaceutical Needs Assessment of local authorities</p>
		<p>3.5 The direct commissioning function has systems and processes established to translate commissioning plan into contracts and delivery</p> <p>The direct commissioning function has systems in place to track and manage performance and providers for which it directly commissions, including taking action when required standards are not met and responding to concerns raised about safety, quality or other risk issues</p>
		<p>3.6 The direct commissioning function is aware of current procurement requirements and is aligned to national strategies for re-procurement</p>

Domain	Domain Description	Themes
<p>4. Robust NHS England governance arrangements are embedded locally, with the capacity and capability to deliver all their duties and responsibilities to effectively commission all the services for which they are responsible</p>	<p>NHS England, both nationally (central support unit) and locally (area teams) has appropriately secured the capacity and the capability to deliver excellence in their commissioning responsibilities for span planning, securing and monitoring of the services for which they are responsible. Direct commissioning functions have clear governance arrangements with CCGs for the commissioning and quality improvement of primary medical services and specialised services locally</p>	<p>4.1 NHS England can demonstrate that it has clear governance structures and the capacity and capabilities in place to monitor and support planning and delivery</p> <p>The direct commissioning function has robust and comprehensive assurance arrangements in place</p>
		<p>4.2 NHS England has appropriate systems for safeguarding with clear accountability and has annual plans to train staff in recognising and reporting safeguarding issues within the services they commission</p>
		<p>4.3 NHS England understands and can evidence how it discharges its responsibility for championing innovation and the adoption of innovation and promoting and using research</p>
		<p>4.4 NHS England can demonstrate that it has sufficient staff resource with the correct range of skills and, where relevant, contracted commissioning support to provide capacity and capability to deliver its full range of commissioning responsibilities, within the constraints of the national staffing framework</p>
		<p>4.5 NHS England, nationally and locally, can demonstrate compliance with the public sector Equality Duty</p>
		<p>4.6 Direct commissioning function have clear governance arrangements with CCGs for the commissioning and quality improvement of primary medical services and specialised services</p>
		<p>4.7 Direct commissioning function have assessed their communications capacity / capability requirements and have plans in place to secure appropriate internal or external capacity and capability required to deliver its commissioning plans</p>

Domain	Domain Description	Themes
		4.8 The direct commissioning function has assessed its information requirements and planned capacity and capability to deliver those requirements
5. Collaborative arrangements for commissioning with other direct commissioning functions, CCGs, local authorities and external stakeholders	Direct commissioning function collaborates and holds mutual assurance with a range of partners including CCGs as well as the local health and wellbeing boards and clinical senates. As partners within health and wellbeing boards, the strategies and plans of direct commissioning functions and their partner CCGs, effectively reflect JSNA and JHWS processes, and contribute to delivering improved outcomes for all local people	<p>5.1 The direct commissioning function can describe its collaboration and formalised governance arrangements with partners that span its commissioning responsibilities and in particular where partners have a shared interest, which includes:</p> <ul style="list-style-type: none"> ● The direct commissioning function's commissioning strategies and plans complement and align to those of local partners ● The direct commissioning function can demonstrate that it has engaged and reflected the input of partners in its strategy and commissioning plans. ● Improving the quality of services directly commissioned by NHS England ● Issues of broader strategy and system leadership to ensure the continuing resilience of health services, emergency preparedness and response <p>5.2 Engage with stakeholders in relationship to reconfiguration and consultation</p> <p>5.3 The direct commissioning function can demonstrate how it is collaborating effectively with other direct commissioning functions, local partners and seeking patient representation in areas where there is co-ordinated commissioning, which reflect the appropriate footprint of the service being commissioned</p> <p>5.4 NHS England engage with a wider group of stakeholders, including Monitor, Trust Development Authority, Ministry of Defence, National Offender Management Service, Public Health England</p>

Domain	Domain Description	Themes
		<p>5.5 The direct commissioning function collaborates with local HWB partners on the development of local JSNAs and JHWS, PHE, CQC</p> <p>The direct commissioning function contributes to local Health and Wellbeing processes, engagement and decision making to maximise the benefit of all public investment for a local population to ensure quality for today and transforming services for tomorrow</p> <p>5.6 There is an established plan for undertaking gap analysis in care pathways</p> <p>5.7 Primary Care strategies are engaging CCGs on collaborative arrangements</p>
<p>6. Great leadership that contributes to making a real difference to the health, wellbeing and healthcare services of local communities</p>	<p>As fellow health and wellbeing leaders, direct commissioning functions have the skills to make significant contributions to ensuring the quality of services today and transforming services for tomorrow for local communities, citizens, patients and carers</p>	<p>6.1 The direct commissioning function can show how its development plans take account of the development needs of both its local leadership and NHS England more widely, based on an appropriate assessment</p> <p>The direct commissioning function can demonstrate where it has used clinical involvement in service redesign and quality improvement</p> <p>The leadership role of Clinical Senates and Strategic Clinical Networks is embedded in area team and local collaborative commissioning arrangements</p> <p>6.2 The direct commissioning function sets out how it is systematically embedding and promoting an open and transparent culture within its commissioning team and in its engagement with communities, citizens, patients, and the public, as well as other local health and wellbeing leaders, and can give examples of this</p>

Domain	Domain Description	Themes
		<p data-bbox="1126 280 2029 475">6.3 The direct commissioning function can show how senior management roles provide adequate capacity and capability to maintain strategic oversight for its direct commissioning and collaborative commissioning partnership roles. The direct commissioning function can describe these processes and explain its reasoning</p> <p data-bbox="1126 483 2029 592">6.4 At local level, the direct commissioning function has set out the vision of NHS England for improving quality and outcomes, including population health and reducing health inequalities</p>