

**BOARD PAPER - NHS ENGLAND**

<b>Title:</b> Report of the Commissioning Committee
<b>Author:</b> David Roberts, Chair of the Commissioning Committee
<b>Purpose of Paper:</b> <ul style="list-style-type: none"><li>• This paper contains an update on the activities of the Committee for the period from 12 May to 23 June 2015 and highlights any issues and decisions of which the Board should be aware. The Committee met once during this period.</li></ul>
<b>The Board is invited to:</b> <ul style="list-style-type: none"><li>• Note the work undertaken by the Commissioning Committee at its meeting on 27 May 2015.</li></ul>

## NHS England Board – 23 July 2015

**REPORT TO THE BOARD FROM: Commissioning Committee**

**COMMITTEE CHAIR: David Roberts, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 27 May 2015**

1. This paper contains an update on the activities of the Commissioning Committee for the period from 12 May 2015 to 23 June 2015 and highlights any issues and decisions that the Board should be aware of. The Committee met once during this period.
2. The minutes of the 27 April 2015 meeting were approved by the Committee
3. The key issues addressed at the 27 May 2015 Commissioning Committee were:

### **Maternity Review**

4. The Committee received an update on the independent review of maternity services. This review is underway and five key workstreams have been identified; work is progressing but is currently still at the scoping stage. Debate in the Committee focused on the aims of the review and the need to ensure that safety remains paramount. The Committee was particularly keen for the review to aim to drive a reduction in the rate of still births. The Committee will receive further updates as the review progresses.

### **Work Programme for Levers and Incentives 2015/16 and 2016/17**

5. The Committee reviewed the complexity of the incentives that are applicable to clinical commissioning groups (CCGs) and providers of care, and the amount of funding which is dedicated to these schemes. The Committee noted that experience of incentive schemes is mixed, and that whilst there are some examples where incentives have served to boost performance, there is inconclusive evidence as to the consistent effectiveness of current incentives. The Committee suggested that there was a need to ensure that incentives were simplified and better aligned with strategic priorities. Each incentive should be analysed in isolation and will require detailed consideration. The Committee asked for proposals to be worked up and brought back later in the year.

### **Extended Scope for Co-Commissioning: Opportunities, Risks, Legal Framework**

6. The Committee received an update on co-commissioning and was asked to give consideration as to what the next steps in the programme should be. The Committee noted the impressive rate of progress that had been made, suggesting that on-going support and consolidation may be the best approach for the coming months. It was suggested that, ahead of a further commissioning strategy discussion, it would be sensible to focus on embedding the co-commissioning of GP services at local level.

### **Forward Work Plan and Discussion about the Scope of the Committee**

7. The Committee discussed its forward work plan. It was agreed that the work agenda was relevant and that the Committee should continue to follow its broad direction. Some minor deviations from the plan were suggested as a result of discussions and work arising from previous meetings.
8. The Committee agreed that financial control should come under its remit as planned, noting it should receive financial information in order to provide an overall view of the performance of the commissioning system and a clearer understanding of delivery of Mandate commitments. To accommodate this additional information, it was agreed that Committee meetings should be extended to three hours from September 2015.

**Author: David Roberts, Chairman – Commissioning Committee**  
**Date: June 2015**