

BOARD PAPER - NHS ENGLAND

Title: NHS England Commissioning Committee Board Report
Lead Director: David Roberts, NHS England Non-Executive Director, Chair of Commissioning Committee
Purpose of Paper: <ul style="list-style-type: none">To update the Board of the meeting of the Commissioning Committee on 22 September 2015.
The Board is invited to: <ul style="list-style-type: none">Note the content of the report and the outcomes of the Commissioning Committee meeting held on 22 September 2015.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 22.09.2015

SECTION 1 – MATTERS FOR THE BOARD’S ATTENTION

1. The Committee discussed developments within services directly commissioned by NHS England. Much of the discussion focused on NHS England’s approach to the GP Contract for 2016/17. It was agreed that 2016/17 should be a year of stability and modest contract change.
2. The risk to performance posed by reduced access to social care was also noted in the wider discussion.
3. The outcomes of the 2014/15 CCG assurance process and the feedback received from the 360° CCG stakeholder survey were discussed by the Committee. There was a correlation between the outcomes of the stakeholder survey and the assurance process i.e. those CCGs which were not assured often received poorer stakeholder feedback. It was recognised that the dip in numbers of ‘assured’ CCGs is due to the wider environment, including finances, provider performance and changes in leadership, as well as NHS England’s increased expectations of more mature organisations. The Committee agreed that in future, NHS England will continue to implement performance assurance regime, aligning the CCG scorecard with other measures. Performance and succession planning for CCG leaders was discussed.

SECTION 2 – ITEMS FOR THE BOARD’S INFORMATION AND ASSURANCE

4. The Committee discussed NHS England’s commissioning intentions for urgent care, incorporating NHS111 and out-of-hours services. These have been informed by feedback from CCGs, the Urgent Clinical Care Group and work with clinical senates. The current status of the services, the background to NHS111 and a description of optimal co-ordinated commissioning and provision were topics of discussion. Members approved the commissioning intentions, noting that NHS111 is now performing well and is valued by patients and CCGs. The crucial nature of the relationship between NHS111 and GP Out of Hours (OOH) services, and the need to encourage integrated commissioning to support integrated provision was also recognised.
5. The Committee discussed the transfer of responsibility for the commissioning of health services for people in police custody to NHS England from local police forces. The transfer was agreed to, with the Committee noting strong support for the change amongst service users and partner organisations. The importance of commissioning integrated 24/7 pathways, incorporating care both in and out of custody, and linking closely with public health and mental health was also noted. The potential financial risk represented by the transfer, depending on the outcome of the Spending Review, was highlighted.
6. The Committee concluded with updates from the Cancer Taskforce, the Mental Health Taskforce and the Maternity Review. The Cancer Taskforce reported in July, making 96 recommendations which have been divided into seven workstreams. A cross-system national cancer team and cross-system programme board will be established. These will be led by an implementation director (Cally Palmer was appointed as NHS National Cancer Director shortly after the Committee meeting). Outcomes from the review will influence the specialised commissioning review and the development of lead provider commissioning and contracting arrangements for New Models of Care.

7. When discussing the Mental Health Taskforce Committee, members noted that the review would include expanding access to psychological therapies, perinatal mental health, and increasing focus on crisis care. The Committee were informed that the review is due to be published later this year.
8. The Committee were informed that the maternity review is due to report later this year. In discussion they noted that the review will consider the future shape of services, as well as issues relating to providing maternity services in geographically isolated areas. The review will cover issues including community hubs, personalised commissioning, multi-disciplinary team working and creating a learning culture.

SECTION 3 – PROGRESS AGAINST THE COMMITTEE’S ANNUAL WORK PLAN

9. The Committee continues to follow its annual work plan, receiving regular performance and management reports as agreed, and receiving periodic updates from the clinical reviews.

SECTION 4 – RECOMMENDATIONS

10. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 22 September 2015.