

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 on the meeting of the Commissioning Committee on 14 December 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 14 December 2015; andApprove the revised Terms of Reference.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 14.12.2015

SECTION 1 – MATTERS FOR THE BOARD’S ATTENTION

- 1. The Committee discussed the strategy for allocations to support delivery of the *Five Year Forward View* in the 2016/17 planning round. The Committee noted that the Spending Review settlement allows and requires us to ensure that the NHS is back on a stable financial footing in 2016/17, whilst increasing the pace-of-change. Members also noted the opportunity presented by the Spending Review settlement to invest in the Sustainability and Transformation Fund, and the introduction of a sparsity adjustment for remote areas.**
- 2. Members noted that from January 2016 responsibility for oversight of financial planning and performance is included in the remit of the Committee and recommended that this is reflected in the Terms of Reference (appendix 1). In light of the added responsibilities, members agreed that an additional Non-Executive Director join the Committee.**

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

- 3. The Committee noted progress and agreed the next steps for the proposal to develop a set of non-binding scenarios describing how commissioning could be structured at local levels in the future. These scenarios could guide CCGs in development of their strategic plans and in adopting New Models of Care.**
- 4. The Committee discussed and endorsed a proposal to develop a leadership and capability support programme for CCGs.**
- 5. The Committee heard that of the 53 CCGs that applied, 52 were recommended to take on delegated arrangements for primary care commissioning from 1 April 2016. The Committee approved the recommendations.**
- 6. Following the discussion at the September Board meeting, the detailed devolution programme plan was discussed and approved. The Committee heard that lessons learnt from Manchester have helped to shape the programme plan and received assurance that a robust governance structure has been put in place.**
- 7. The Committee were formally informed that approvals were given by Chair’s action to issue directions to Kernow CCG.**

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

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

SECTION 4 – RECOMMENDATIONS
<p>9. The Board is invited to</p> <ul style="list-style-type: none">• note the content of the report and the outcomes of the Commissioning Committee meeting held on 14 December 2015, and• approve the revised terms of reference

Commissioning committee¹

Purpose

Advises the Board on development and implementation of strategy for the commissioning sector, agrees commissioning priorities and resource allocation, and receives assurance that performance, quality and financial outcomes are delivered. Oversees assurance and development of the commissioning system.

Duties

Overall duties

- Oversee development and implementation of strategy for the commissioning sector, including progress towards place based commissioning and co-commissioning;
- Oversee financial planning and performance;
- Set the service and financial policy framework for commissioning, to ensure robust planning is in place so services are patient focused and clinically led, and managed within budget;
- Review and agree changes to individual elements of the financial policy framework for the commissioning sector (for example, allocations or Payments by Results policy);
- Agree in-year commissioning resource prioritisation;
- Assure in-year financial performance and risk appraisal including the commissioning sector, central running, programme costs and reserves;
- Seek assurance there are robust systems and processes in place for monitoring and assuring the performance and quality of directly commissioned services, engaging with patients and the public as required, and driving for continuous quality improvement;
- Receive assurance that required quality, performance and financial outcomes are delivered, with associated risks identified and mitigated;
- Oversight of national agreements with other parties;
- To receive and assure reports from groups whose activity falls under the remit of the Committee.

Duties in respect of Clinical Commissioning Groups (CCGs)

- Approve key policy decisions on CCG assurance with due regard to appropriate engagement with key stakeholders;
- Assure that NHS England officers deliver a CCG assurance process, which ensures the expected outcomes in line with statutory obligations, including CCGs meeting their statutory duties with regards to quality, supported by robust systems and processes to assure CCGs of the quality of the services they have commissioned and that they meet the requirements of patients and the public;
- Consider and make decisions to approve or reject recommendations for the exercise of statutory powers, including making decisions on intervention.

¹ In respect of NHS England's duties related to directly commissioned services, this committee covers all directly commissioned services including Specialised Services.

Duties in respect of Commissioning Support Units (CSUs)

Oversee assurance of CSUs and ensure that they are fit for purpose to deliver high quality services.

Members

- Four Non-executive Directors, one of whom will be the chair of the committee and one with significant financial background/expertise
- National Medical Director
- Chief Nursing Officer
- National Director: Commissioning Strategy
- National Director: Commissioning Operations
- Chief Financial Officer
- Chief Executive

Attendees

Individuals will attend for specific agenda items as appropriate.

Quorum

The meeting will be quorate if at least four members are present, of whom:

- At least one must be a Non-Executive Director;
- One must be either the National Medical Director or Chief Nursing Officer;
- One must be either the National Director: Commissioning Strategy or the National Director: Commissioning Operations.

Frequency

The committee will meet 10-12 times each year. Where necessary, the committee will communicate electronically to take decisions outside of formal meetings. All decisions taken in this way will be formally recorded at the next meeting.

Review date: January 2017