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: • To update the Board of the meeting of the Commissioning Committee on 27 January 2016.
The Board is invited to: • Note the content of the report and the outcomes of the Commissioning Committee meeting held on 27 January 2016.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 27.01.2016

SECTION 1 – MATTERS FOR THE BOARD'S ATTENTION
1. Members were briefed on progress made towards creating autonomous Commissioning Support Units (CSUs). The Committee noted that efforts towards CSU autonomy were put on hold while CSUs focussed on becoming accredited under the Lead Provider Framework and securing contracts over multiple years.   There are some important practical issues that need to be resolved, including assurance processes and access to working capital. The NHS England CSU team will continue to work to develop proposals to address these issues.

SECTION 2 – ITEMS FOR THE BOARD'S INFORMATION AND ASSURANCE
2. The Committee noted progress and agreed the next steps for the work undertaken by the newly formed Personalisation and Choice team, which brings together the personal health budgets, Integrated Personal Commissioning, and patient choice teams.   In discussion the Committee noted that: a) It is important that Integrated Personal Commissioning and personal health budgets are effectively communicated to CCGs and GPs as an integral part of delivering the planning guidance   b) It is critical to have an IT platform which joins up NHS and social care systems and is usable, scalable and efficient, and a national back office to support the personalisation and choice agenda   c) Choice in elective care provider is key to improving the future performance of the NHS. Encouraging choice of provider can help reduce waiting lists by targeting activity to those providers able to offer the most timely treatment, but long waiting lists may discourage exercising of choice.   3. The Committee discussed the development of the CCG assessment framework. The Committee were assured that there has been input and agreement from a wide range of internal and external stakeholders and that an Assessment Framework National Development Group has been established to oversee and drive this work. In line with NHS England's business plan, the six key clinical priority areas will be included in the assessment framework and an independent external chair will oversee the agreement of the indicators for these areas. The Committee noted the importance of ensuring the framework is aligned to the Five Year Forward View.   4. Lastly, the Committee heard that roll-out plans for the RightCare have been accelerated and will now be implemented across the country faster than originally planned. To

support CCGs there are a number of upcoming regional events, and a newly designed 'commissioning for value' pack has been developed and circulated. Additionally, an 'Atlas of Variation Opportunities Locator tool' has been developed, which illustrates to every CCG what opportunity they have to improve performance, what the population health gain would be from that, and what national experts advise to effect the required changes. In discussion the Committee noted the importance of transparency and a planned approach in utilising provider capacity made available through RightCare, and the importance of National Director support for this programme.

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

5. 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

6. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 27 January 2016.