

BOARD PAPER - NHS ENGLAND

Paper: PB.27.04.16/13ii

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 30 March 2016.

The Board is invited to:

- Note the content of the report and the outcomes of the Commissioning Committee meeting held on 30 March 2016.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 30.03.2016

SECTION 1 – MATTERS FOR THE BOARD’S ATTENTION

1. Members discussed the CCG Improvement and Assessment Framework, which went live on 1 April 2016. The shift in approach for the new Framework, which is intended to more directly support CCGs in implementing the Five Year Forward View, was highlighted. The Committee approved the framework and noted:
 - i. The importance of continuously evaluating how the framework is used in practice, how relationships have changed across national and regional teams, how CCG performance has improved, and how the system has improved for patients
 - ii. The need to clearly communicate to CCGs that this is replacing the current assurance process, to ensure that there is no duplication in reporting.

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

2. The Committee noted progress and agreed the next steps for the five frameworks for strengthening patient and public participation in NHS England commissioning. Members noted that the first framework, Primary Care, is complete, with Specialised Commissioning to be finalised in June, followed by Health and Justice, Armed Forces and Public Health frameworks in autumn. This is a first step in a programme which aims to mainstream and embed patient and public participation in the work of the wider system, and the Committee agreed that it is important that NHS England’s Leadership team sends a clear message to the system about this expectation.
3. The Committee noted the financial position at months 10 and 11 and were assured that NHS England was on track to deliver against financial targets for the year.
4. The Committee were formally informed that Directions have now been issued to Shropshire CCG, which was put into the special measures regime in November 2015.
5. The Committee were briefed on the March financial planning submission, which is the second submission from Commissioners for their 2016/17 financial plans; the final plans are due to be submitted on 11 April 2016. Members noted NHS Improvement’s key role in working with providers, and the need to ensure triangulation between commissioner and provider plans.
6. Members discussed the approach undertaken by the CSU Transition Team to ensure each Commissioning Support Unit (CSU) has developed a robust and realistic 2016/17 business plan. It was noted that the CSU transition programme will deliver a break even position for 2015/16, and that all six CSUs will be operating in a highly competitive environment in 2016/17 when CCGs will be required to use the Lead Procurement Framework. The Committee supported the recommendations by the CSU Transition Team to support the submission of the CSU business plans for 2016/17.

7. Lastly, the Committee noted that the outcome of the 2016/17 National Tariff consultation and plans for publication of the final Tariff, and the Greater Manchester Devolution agreement papers, were agreed by correspondence by the Committee. The Greater Manchester Devolution was discussed at the public Board meeting on 31 March 2016.

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

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

SECTION 4 – RECOMMENDATIONS

9. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 30 March 2016.