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NHS ENGLAND – BOARD PAPER

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 13 October 2016.

The Board invited to:

Note the content of the report, and the outcomes of the Commissioning Committee meeting held on 13 October 2016.

NHS England Commissioning Committee Board Report

Report to the Board from: Commissioning Committee
Committee Chair: David Roberts, Non-Executive Director
Date of the committee meeting: Thursday, 13 October 2016

Matters for the Board's attention

1. The Committee discussed the criteria that would need to be met for CCG mergers. Discussion points included:
 - i. The importance of clear messaging around the aims and criteria for CCG mergers and that any merger should be a targeted intervention in particular circumstances, supported by the regional director, the partners in the STP area, and local clinicians
 - ii. The importance of any merger proposal offering improved management, lower bureaucracy and strong clinical and partner engagement
 - iii. The need to ensure optimal scale so that local population management and engagement is maintained
 - iv. The importance of a clear transition plan that ensures financial control is maintained through the transition, and into the new entity.

Items for the Board's information and assurance

2. The Committee were briefed on improving value, outcomes and efficiency in medicines use and pharmacy which gave an overview of current NHS spend on medicines, and opportunities for efficiency savings. Discussion points included recognising the valuable link with RightCare, and the important role for NHS Improvement in this programme, and understanding how to use data and technology to improve compliance with prescribed medicines, therefore reducing costs relating to medicines waste as well as improving patient health.
3. The Committee heard about progress on the personalisation and choice programme including that the uptake of personal health budgets (PHBs) is increasing across the country. Evidence is emerging to show that savings are being made where PHBs are being delivered and there are positive signs that the delivery model is being used widely to improve person-centred care. In discussion, the Committee noted the importance of ensuring effective IT systems are in place to support and facilitate the spread of the programme.
4. Members were then briefed on the joint assurance process, which aims to develop a single integrated assurance process across the NHS for all novel contracts, including new MCP and PACS contracts. The work is being overseen by a Joint Assurance Design Group which is jointly chaired by NHS England and NHS Improvement and is looking at the whole process, from pre-procurement through to implementation. In discussion the Committee noted the importance of providing ongoing assurance and implementation support to providers and CCGs through these processes.

Progress against the Committee's annual work plan

5. The Committee continues to follow its annual work plan, focussing on the main system transformation programmes: design and delivery; in year performance and finance; and oversight of the commissioning system and its development, as well as receiving periodic quality and clinical strategic items.

Recommendation

6. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 13 October 2016.