

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 29 March 2017.

The Board is invited to:

- note the content of the report, and the outcomes of the Commissioning Committee meeting held on 29 March 2017.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 29 March 2017

SECTION 1 – MATTERS FOR THE BOARD’S ATTENTION

1. Members discussed an analysis of the Committee business for 2016/17 and were assured that that the Committee is meeting the obligations as set out in the Terms of Reference (ToR). Members noted that, as part of this review, the Committee ToR have been updated
2. The Committee heard that three of the Manchester CCGs are merging as of 1 April 2017 and recommended that the Board approve a Delegation Agreement for the new merged Manchester CCG is issued for sign and return
3. The Committee approved the Commissioning Support Unit 2017/18 business and financial plans.

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

4. The Committee heard about progress on establishing the Medicines Value Programme which aims to maximise the value the NHS secures from medicines. In discussion the Committee noted the need to ensure good engagement with clinical leaders in the system as well as patients and the public, the importance of clear national messaging and that a significant part of programme is working to ensure the correct use of medicines: getting the right drug to the right patient at the right time
5. The Committee discussed the next steps for STPs and Accountable Care Systems (ACSs). Discussion points included the need to ensure that appropriate patient and public engagement is in place, and that the benefit of an ACS to patients and the public is clearly articulated, the importance of maintaining the focus on outcomes for patients and the importance of ensuring that the capacity, capability and leadership is in place to support this
6. Members were briefed on the operational planning and contracting round for 2017/18-2018/19, including a summary of the latest NHS CCG and NHS England Operational Plans following the 27 February resubmissions. In discussion the Committee noted the challenges presented and the associated mitigation plans, and that the next set of plans are due 30 March 2017
7. The Committee were informed of the financial position at month 11.
8. Lastly, the Committee received and noted the Bi-Monthly NHS Performance Management Report and the Quarterly Direct Commissioning Management Report.

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

9. 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.

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 29 March 2017
11. The Board is asked to agree the updated Terms of Reference (annex 1).

Annex 1 - updated Commissioning Committee 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
- 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.

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.

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

Members

- Three 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 and Information
- Chief Financial Officer
- Chief Executive
- Regional Director, North of England
- CCG representative

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 and Information.

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: March 2018

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 25 April 2017.

The Board is invited to:

Note the content of the report, and the outcomes of the Commissioning Committee meeting held on 25 April 2017.

REPORT TO THE BOARD FROM: Commissioning Committee

REPORT FROM: David Roberts, Commissioning Committee Chair

DATE OF COMMITTEE MEETING: 25.04.2017

SECTION 1 – MATTERS FOR THE BOARD’S ATTENTION

1. There were no matters for the Board’s attention.

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

2. The Committee discussed and agreed the work schedule for the Committee for 2017-18, committing to ensure that the work of the Committee is aligned to the priorities set out in the ‘Next Steps on the Five Year Forward View’.
3. The Committee heard about progress on the End of Life Care (EoLC) programme including that there is a specific Mandate objective which NHS England must achieve on EoLC by 2020: to deliver a significant increase in the proportion of people able to die in their preferred place of death, with a particular emphasis on home. In discussion the Committee noted:
 - i. the important role of primary care in EoLC, and the need to ensure that there is the capacity and appropriate workforce in primary care for EoLC
 - ii. the need to ensure the EoLC programme is linked and aligned with the priority areas in the ‘Next Steps on the Five Year Forward View’
 - iii. the importance of a clear personalised EoLC plan, in place as early as possible, which is accessible to appropriate healthcare professionals, including the ambulance services.
4. Members were briefed on the operational planning and contracting round for 2017/18-2018/19, including a summary of the latest NHS CCG and NHS England Operational Plans following the 30 March final submissions. In discussion the Committee noted:
 - i. the risks associated with maintaining a balanced position, and the mitigation plans in place
 - ii. the importance of collaboration and engagement with NHS Improvement and the Department of Health to ensure clear and joined up messaging to the system
 - iii. that the freeing up of 2000 to 3000 hospital beds following the Government’s recent additional investment in Social Care is critical to the delivery of these plans.
5. The Committee discussed NHS England’s financial performance to meet its financial targets for the year. The end of year position will be reported at the May Commissioning Committee meeting.

6. Lastly, the Committee heard about the CCG Improvement and Assessment Framework for 2017/18 including the approach for the CCG year-end assessment for 2016/17 and activity underway to support CCG improvement. In discussion the Committee noted the need for alignment between the CCG IAF, STP metrics and NHS Improvement's Single Oversight Framework, to ensure a joined up approach to assessing the system as well as the need to ensure continuous learning and improvement throughout the process.

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

7. 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.

SECTION 4 – RECOMMENDATIONS

8. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 25 April 2017.