

## 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 26 July 2017.

**The Board is invited to:**

Note the content of the Report, and the outcomes of the Commissioning Committee meeting held on 26 July 2017.

## **REPORT TO THE BOARD FROM: Commissioning Committee**

**REPORT FROM: David Roberts, Commissioning Committee Chair**

**DATE OF COMMITTEE MEETING: 28 June 2017**

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### **MATTERS FOR THE BOARD'S ATTENTION**

1. The Committee was informed formally of the decision taken by Chair's Action to:
  - remove directions from NHS North Hampshire CCG
  - approve the methodology, thresholds and boundaries for each of the categories in the CCG Improvement and Assessment Framework
2. The Committee was requested to consider:
  - The removal of directions for:
    - NHS Barnett CCG
    - NHS Herefordshire CCG
  - The exercise of NHS England's statutory power of direction for:
    - NHS North Lincolnshire
    - NHS Solihull CCG
    - NHS Derbyshire CCG
    - NHS Liverpool CCG
3. The above proposals were accepted under Chair's Action with the following conditions:
  - Derbyshire CCG, agreement of the date for the financial recovery plan, as per the condition from the Chief Financial Officer
  - Approval being received from the Chief Executive to the relevant recommendations.
4. The Committee was briefed on the NHS' 10 Point Efficiency Plan: full measurement and reporting proposals. The proposals were accepted with the Committee requesting that further work be undertaken on how we measure and track any unintended consequences for the NHS through the effective triangulation of data across programmes with a focus on productivity, outcomes, and impact on staff. The Chief Finance Officer will discuss with the Chief Executive the effective engagement of the DH and NHS Improvement in the governance of the programme, seeking to use existing partnership arrangements.
5. Progress on the implementation of the Mental Health and Dementia programme was reported to the Board. The Committee welcomed the progress on a range of key deliverables. Workforce was identified as a key risk. It was proposed that, given workforce posed a cross-cutting for other programmes, there should be a discussion on the issue at a Board Development session. The Committee also discussed the impact of the pressures within Local Authority budgets for Mental Health and Public Health and underlined the need for even greater focus on how this was affecting vulnerable people. To help with this, metrics to support the impact on diverse communities and health inequalities will be developed.

6. Members heard about the progress on Accountable Care Systems. In discussion it was noted that there is a need to have a clear narrative on the direction of travel for the NHS in relation to Sustainability and Transformation Partnerships, ACS and Accountable Care Organisations which reflects locally driven solutions with a national framework. A Board Development Day was proposed to consider this.

## **ITEMS FOR THE BOARD'S INFORMATION AND ASSURANCE**

7. The Committee was briefed on the Medicines Value Programme workstreams:
  - developing the policy framework which governs access to medicines;
  - establishing the commercial arrangements that influence price;
  - optimising the use of medicines; and
  - putting in place the infrastructure to support an effective supply chain
8. Significant progress has been made in delivering against the objectives including:
  - The operationalisation with NICE of the Budget Impact Test, fast track appraisal process.
  - The transition of the Commercial Medicines Unit to NHS England.
  - Increased capacity and capability in the system, working with in partnership NHSI and CCGs; and
  - the implementation of regional Medicines Optimisation Committees
9. The Medicines Value Programme Board has been established and is developing a comprehensive risk management approach to the programme.
10. It is expected that in the following will be launched over the summer:
  - A framework to support commissioners and prescribers in maximising the opportunity presented by biosimilar medicines.
  - The 2 year Pharmacy Integration in Care Homes (PICH) programme which will roll out additional capacity from 600 pharmacy professionals, working with care home patients to review their medicines
11. The Month 2 finance report and National Performance report were presented for information as they had been discussed at the full Board on 21 July

## **PROGRESS AGAINST THE COMMITTEE'S ANNUAL WORK PLAN**

12. 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.

## **RECOMMENDATIONS**

13. The Board is invited to note the content of the report and the outcomes of the Commissioning Committee meeting held on 26 July 2017.