



Department
of Health

Minutes

Title of meeting NHS England accountability meeting

Date 26 January 2016

Time 17:15 – 18:15

Venue Richmond House

Chair Jeremy Hunt

Secretary NHS England sponsorship team member

Attendees:

Department of Health

Jeremy Hunt, Secretary of State for Health

Lord Prior, Parliamentary Under Secretary of State for NHS Productivity

David Williams, Director General of Finance, Commercial and NHS

Jon Rouse, Director General of Social Care, Local Government and Care Partnerships

Alex Thomas, Principal Private Secretary to the Secretary of State

Ed Jones, Special Advisor to the Secretary of State

NHS England Sponsorship team member

Apologies

Dame Una O'Brien, Permanent Secretary

Ben Dyson, Director, NHS Group

NHS England

Professor Sir Malcolm Grant, Chair

Simon Stevens, Chief Executive

David Roberts, Non-Executive Director and chair of NHS England's Commissioning Committee

Ian Dodge, National Director of Commissioning Strategy

Karen Turner, Director of Mental Health

Tom Easterling, Director of the Chair and Chief Executive's Office

Mandate, Partnerships and Accountability team member

Apologies

Paul Baumann, Chief Financial Officer

Agenda item 1: Matters arising

1. There were no actions arising from the previous meeting.

Agenda item 2: Mandate Assurance

2. The SECRETARY OF STATE thanked NHS England for its continued support in helping to deliver his priorities for the health and care system and was grateful for the regular updates on progress.
3. The SECRETARY OF STATE welcomed the progress that NHS England had made against the 2015-16 mandate objectives and invited THE CHAIR OF NHS ENGLAND to comment on the latest position. THE CHAIR OF NHS ENGLAND said that he was pleased that NHS England and the Department of Health (DH) have reached an agreed assessment and actions to make progress against all of the objectives.
4. The DIRECTOR GENERAL OF SOCIAL CARE, LOCAL GOVERNMENT AND CARE PARTNERSHIPS thanked NHS England for the progress made in a number of areas of mental health. He thanked NHS England for its commitment to the Crisis Care Concordat and the reduction in the use of police cells. He added that he was pleased with the speed of NHS England's response to Future In Mind and the additional funding for the Children and Young People's mental health, noting that transformation plans were now in place throughout the country. He also praised NHS England's good progress on the mental health contribution to its urgent and emergency care review.
5. The DIRECTOR GENERAL OF SOCIAL CARE, LOCAL GOVERNMENT AND CARE PARTNERSHIPS noted the challenges to delivery of the Early Interventions in Psychosis programme. He noted that Health Education England (HEE) and the Health and Social Care Information Centre (HSCIC) were responsible for delivery of workforce planning and recruitment, and delivering the data required to measure access and waiting time standards respectively. He asked NHS England if there was any help that DH could provide, working with both organisations, to ensure continued progress of this programme.
6. THE DIRECTOR OF MENTAL HEALTH replied that she was grateful for the engagement DH was having with HEE to help progress workforce planning and recruitment and asked for this to continue. In addition, she noted that the Royal College of Psychiatrists baseline clinical audit of NICE concordance had identified variation across the country and a shortage of family therapy. NHS England will continue to work with HEE who are co-ordinating and aligning the workforce development programme.
7. THE DIRECTOR OF MENTAL HEALTH further noted that with respect to the data sets, NHS England, along with NHS Improvement, had been working with HSCIC to engage providers and put the necessary data reporting arrangements in place. In the interim, NHS England had obtained reports via Unify to measure referral to treatment time on an aggregate basis. THE DIRECTOR OF MENTAL HEALTH said that NHS England was working with the HSCIC to ensure that the data collections would start in April 2016.

8. The DIRECTOR GENERAL OF SOCIAL CARE, LOCAL GOVERNMENT AND CARE PARTNERSHIPS agreed that it was important data reporting started in April as these reports were necessary in order to accurately assess adherence to the access standard. The SECRETARY OF STATE agreed and asked whether the data set could be used for the CCG assessment framework. The NATIONAL DIRECTOR OF COMMISSIONING STRATEGY advised that NHS England would be able to use the data next year.
9. The SECRETARY OF STATE asked NHS England whether it would be possible to provide information on the number of people over time accessing mental health services through GPs and mental health trusts. THE DIRECTOR OF MENTAL HEALTH said that she thought that this would be possible. She added that it was important to note that in addition to an increase in the number of people accessing mental health services, people were now also getting treatment that worked. The CHIEF EXECUTIVE OF NHS ENGLAND noted that NHS England was committed to improving transparency around access to mental health services.
10. The DIRECTOR GENERAL OF SOCIAL CARE, LOCAL GOVERNMENT AND CARE PARTNERSHIPS asked NHS England how it was going to make progress on perinatal mental health. He noted that the full £15million allocated for 2015-16 had not yet been spent. He asked whether NHS England's Board is assured that robust plans for spending the £75million investment for the next five years are in place.
11. THE DIRECTOR OF MENTAL HEALTH replied that with respect to 2015-16 allocations, NHS England had spent time developing plans and, as a consequence, spending had been delayed until September. However a portion of the funding had now been spent. An Expert Reference Group was in place reviewing perinatal provision in three key geographical regions to identify areas of greatest need on which to focus funding.
12. THE DIRECTOR OF MENTAL HEALTH added that this was a five year programme of spending and that for 2016-17 onwards, NHS England has been considering the approach to delivering major service reform. This will focus on increasing capacity in community services and reducing inpatient demand. She set out some of the new approaches that NHS England was taking, including ensuring that there were always open beds available, and identifying areas where there is a shortage of perinatal psychiatry provision in which to focus training bursaries.
13. The SECRETARY OF STATE asked NHS England whether it could provide further information about the scale of transformation in perinatal mental health for the next five years. The CHIEF EXECUTIVE OF NHS ENGLAND said NHS England would be able to do this.

Agenda item 3: Finance

14. NHS England provided a paper on its finance position at month eight. The SECRETARY OF STATE said that he had welcomed the meeting on efficiencies together with NHS Improvement.

15. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY said that the planning guidance produced by NHS England along with the department's other arm's length bodies was very helpful. He asked NHS England how it was continuing to support CCGs and providers, working with NHS Improvement.
16. The CHIEF EXECUTIVE OF NHS ENGLAND said that in addition to what was set out in the planning guidance, there was still a need for providers to bring down procurement costs and agency costs. Sustainability and transformation plans were also being developed by commissioners across the country. NHS England and NHS Improvement would be working with commissioners to ensure that these were robust, deliverable, and in line with the planning guidance.
17. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY asked NHS England whether it was assured that it had people with the right capability at a local level to deliver the necessary changes required in the planning guidance. The CHIEF EXECUTIVE OF NHS ENGLAND said that the NHS England Board has discussed how it ensures that capability is embedded into the local health system as a whole. The CHAIR OF NHS ENGLAND'S COMMISSIONING COMMITTEE added that this was a critical focus for the board.
18. The SECRETARY OF STATE asked NHS England if it was considering what could be done with CCG commissioning by looking at variation in commissioning costs in the same way that providers were looking at variation in procurement costs.
19. The CHIEF EXECUTIVE OF NHS ENGLAND said that circa £72 billion of what commissioners buy is on the national tariff and is therefore standardised. He added that there was huge productivity potential within community and mental health services as well as the high cost drugs and devices associated with specialised commissioning.
20. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY noted that he would like NHS England to be involved in the efficiency work related to purchasing and estates. The CHIEF EXECUTIVE OF NHS ENGLAND replied that he would be happy for NHS England to be involved.
21. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND NHS asked how NHS England's board was approaching the £22 billion efficiencies and the demand management for which it was responsible. The CHAIR OF NHS ENGLAND replied that the Board was meeting to conduct a thorough review of the progress against the NHS Five Year Forward View, including the Prevention and New Models of Care and Right Care programmes. The CHAIR OF NHS ENGLAND'S COMMISSIONING COMMITTEE added that the NHS England Board has a rolling programme of reviews for the efficiency savings for which it was responsible.