

## NHS England Accountability Meeting

Tuesday 17 September 2013

16:00-17:30

### MINUTES

<b>Department of Health</b>
Rt Hon Jeremy Hunt MP, Secretary of State for Health
Earl Howe, Parliamentary Under Secretary of State for Quality
Una O'Brien CB, Permanent Secretary
Richard Douglas, Director General, Strategy, Finance and NHS
Gareth Arthur, Deputy Director, Commissioning Policy and Sponsorship
Kristen McLeod, Principal Private Secretary to the Secretary of State
Ed Jones, Special Adviser to the Secretary of State
Christina Robinson, Special Adviser to the Secretary of State
Policy Manager, NHS England Sponsor Team (Secretary)
<b>NHS England</b>
Professor Sir Malcolm Grant, Chair
Sir David Nicholson, Chief Executive
Dame Barbara Hakin, Chief Operating Officer and Deputy Chief Executive
Paul Baumann, Chief Financial Officer
Tom Easterling, Director, Office of the Chair and Chief Executive

#### Agenda item 1: matters arising from minutes of the previous meeting on 23 July 2013

1. All the action points were in hand. PROFESSOR SIR MALCOLM GRANT noted in particular that NHS England had written to the Minister of State for Care Services on progress with its work on the vision and analysis for delivering parity of esteem between mental and physical health services.

#### Agenda item 2: Stocktake of DH-NHS relationship, six months on from establishment

2. THE SECRETARY OF STATE welcomed the collaborative working between NHS England and the Department to deliver shared priorities, and highlighted the many productive relationships between the two organisations.
3. UNA O'BRIEN reflected that the NHS reforms and the establishment of NHS England had led to the Department adjusting the way it carried out its business. It was agreed that the most important thing was to make the reforms work for patients. To achieve this, the Chair of NHS England said it was important to ensure that clinical commissioning groups (CCGs) had the scope to innovate.

4. It was agreed that the priorities for the DH/NHS England were to continue to:
  - Maintain good relationships at all levels;
  - Work openly and transparently together; and
  - Share the management of risks.

#### Agenda item 3: Finance

5. PAUL BAUMANN explained the financial position for the year to date. As a whole, CCG spending was in line with expectations. With regard to direct commissioning, changes made to the way specialised services were commissioned meant that any variation from planned expenditure would be transparent in future.
6. PAUL BAUMANN provided an update on the progress of the Fundamental Review of Allocations Policy. THE SECRETARY OF STATE welcomed NHS England's commitment to ensuring that the allocation formula reflected evidence of need. The importance of getting the pace of change right was also agreed.

#### Agenda item 4: Mandate refresh

7. THE SECRETARY OF STATE wanted to avoid significant changes to the Mandate which had been published for the first time in November 2012. However, he was keen that some elements of the Vulnerable Older People's Plan were reflected through the refresh. It was agreed that the refreshed Mandate should remain focused on outcomes, with NHS England determining the operational detail and the Department holding it to account on progress.

ACTION: NHS England and the Department to continue to work with each other on the refresh and what success will look like.

#### Agenda item 5: progress against the Mandate

8. THE SECRETARY OF STATE noted the progress reported against the Mandate objectives. On parity of esteem for mental health services, including improved access to psychological therapies, PROFESSOR SIR MALCOLM GRANT underlined NHS England's commitment to delivering this and SIR DAVID NICHOLSON said that this had required considerable engagement with clinicians, which was now bearing fruit.

#### Agenda item 6: Any other business

9. PROFESSOR SIR MALCOLM GRANT provided an update on progress with *The NHS belongs to the people: a call to action* published in July. NHS England was planning to ask CCGs to consider how local health services might be transformed over the next

five years, alongside producing 2 year operational commissioning plans early in 2014.