

NHS England Accountability Meeting

Tuesday 23 July 2013

14:00-15:30

MINUTES

Department of Health
Rt Hon Jeremy Hunt MP, Secretary of State for Health
Una O'Brien CB, Permanent Secretary
Richard Douglas, Director General, Strategy, Finance and NHS
Ian Dodge, Director, NHS Group
Gareth Arthur, Deputy Director, Commissioning Policy and Sponsorship
Ed Jones, Special Adviser to the Secretary of State
Emily Frith, Special Adviser to the Minister of State for Care Services
Private Secretary to the Secretary of State
Policy Manager, NHS England Sponsor Team (Secretary)
NHS England
Professor Sir Malcolm Grant, Chair
Sir David Nicholson, Chief Executive
Dame Barbara Hakin, Chief Operating Officer and Deputy Chief Executive
Bill McCarthy, National Director: Policy

Agenda item 1: progress against mandate

1. A report providing an early indication of progress towards achieving the mandate objectives was considered and it showed that plans were in place to deliver the mandate objectives by 2015, although data on outcomes for many objectives was not yet available.
2. THE SECRETARY OF STATE thanked NHS England for the work already undertaken in delivering the mandate and said that it would be helpful if it could identify ways in which success against the Mandate could be better defined. PROFESSOR SIR MALCOLM GRANT agreed that this would be a constructive step.

Mental health

3. THE SECRETARY OF STATE asked about progress in delivering the roll out of access to psychological therapies by March 2015. BILL MCCARTHY confirmed that plans were in place and that NHS England was working closely with Health Education England to ensure it was delivered on time.

4. THE SECRETARY OF STATE asked about progress on the broader commitment to achieve parity of esteem between mental and physical health services. BILL MCCARTHY said that work was underway including analysing data on mental health waiting times. Secretary of State emphasised the importance he placed on mental health and asked for an update on NHS England's work on the vision and analysis by the end of September..

ACTION: NHS England to share its plans for delivering this with the Minister of State for Care Services.

Finance

5. THE SECRETARY OF STATE asked NHS England about ensuring that expenditure was kept within the financial settlement and meeting the QIPP commitments during the current financial year. SIR DAVID NICHOLSON explained that NHS England was in touch with the NHS Trust Development Authority on the financial situation of providers as well as monitoring the financial position of clinical commissioning groups (CCGs). THE SECRETARY OF STATE noted the importance of taking early action in the event of NHS Trusts encountering financial difficulties and was keen to ensure that the current arrangements allowed this.
6. PROFESSOR SIR MALCOLM GRANT said that there was also the longer term challenge of delivering better care within a more constrained financial environment. This was part of the discussion NHS England would be having with stakeholders as described in *The NHS belongs to the people: a call to action* published on 11 July.
7. THE SECRETARY OF STATE said that the Department was considering various options to release more funds from within the NHS for patient care. This included work on better co-ordination of procurement within the NHS to achieve economies of scale and more robust processes to support charging of overseas visitors where this was appropriate. UNA O'BRIEN welcomed NHS England's input as the proposals developed and SIR DAVID NICHOLSON, recognising the challenges ahead, said that NHS England would consider the use of some of its levers, to support the Department's work.

ACTION: NHS England to continue to work with the Department of Health in developing these proposals.

8. On the spending review, PROFESSOR SIR MALCOLM GRANT welcomed the creation of pooled commissioning funds for health and social care in principle and all agreed that work taking this forward needed to focus on how it would operate in practice including clarity about the accountability arrangements for how the funding was used. PROFESSOR SIR MALCOLM GRANT commented that the challenge lay in identifying funds to be released from the NHS to create this budget

Quality of care

9. THE SECRETARY OF STATE was pleased, and expressed his thanks, with the way NHS England and the Department had worked together on tackling poor care, supporting the improvement of A&E performance and in the development of the Vulnerable Older People's Plan. He hoped that this would continue especially in supporting the commissioning system to drive improvements in standards.

NHS Constitution

10. THE SECRETARY OF STATE asked NHS England about its preparations for meeting the pledges on waiting times in the Constitution through the winter. DAME BARBARA HAKIN confirmed that, although managing winter pressures would always be a challenge, work had been done to identify the risks and plan accordingly to ensure that constitution pledges were honoured.

Long term conditions

11. The discussion of long term conditions focused attention on the need to ensure that the incentives in the system were working as intended. BILL MCCARTHY said that in delivering the target of 100,000 telehealth users in 2013, there were also wider issues to consider such as clinical governance.

Maternity and early years

12. THE SECRETARY OF STATE identified two strategic challenges for maternity services: ensuring that the public were comfortable with the introduction of midwife-led units where this was happening, and reducing the number of interventions. DAME BARBARA HAKIN noted the importance for NHS England of supporting the Strategic Clinical Networks for Children and Maternity and CCGs in delivering improving maternity and early years services.

Personalisation for young people

13. THE SECRETARY OF STATE asked how NHS England was engaging with local authorities on special education needs (SEN) and whether there was work being undertaken to develop success criteria for joint commissioning. BILL MCCARTHY said that NHS England had made a considerable investment in developing a positive and productive relationship with local authorities and this was starting to pay dividends. SIR DAVID NICHOLSON agreed that it would be possible to develop some specific deliverables in this area over the two year period of the Mandate.

Research and choice

14. THE SECRETARY OF STATE was interested in how NHS England was planning to improve performance in the initiation and delivery of clinical trials. PROFESSOR SIR MALCOLM GRANT commended the work NHS England had done on data transparency was a major step forward in understanding the efficacy of clinical intervention. Historically the NHS had not been strong on research, but NHS England

was now under a statutory duty to promote research and to make use of its findings, and was now developing its research strategy.

15. On choice, BILL MCCARTHY reported that commissioners were now engaging with the issue and NHS England was providing support to improve progress in this area.

Agenda item 2: CCG authorisation

16. DAME BARBARA HAKIN reported that CCG authorisation had been going well and provided an update on progress. A review meeting on 16 July had resulted in a large number of conditions being lifted and a further 46 CCGs had had all conditions removed. Directions remained with 8 CCGs, which were receiving intensive support.

Agenda item 3: Mandate refresh

17. In terms of the mandate refresh, it was agreed that the Secretary of State, the Chair of NHS England and its board should have a shared understanding about the capacity and capability of NHS England to deliver all that was asked of it, and clarity about the financial implications of meeting additional objectives.
18. ACTION: NHS England to continue to work with colleagues from the Department on the implications of the mandate refresh.

Agenda item 4: "The NHS belongs to the people: a call to action"

19. This was covered under item one – see paragraph six.