

NHS England Accountability Meeting

Wednesday 18 December 2013

09:00-10:00

MINUTES

Department of Health
Norman Lamb MP, Minister of State for Care and Support
Earl Howe, Parliamentary Under Secretary of State for Quality
Una O'Brien CB, Permanent Secretary
Ian Dodge, Director, NHS Group
Emily Frith, Special Adviser to the Minister of State for Care and Support
Head of NHS England Sponsorship
Assistant Private Secretary to the Minister of State for Care and Support
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
Tom Easterling, Director, Office of the Chair and Chief Executive
Apologies
Rt Hon Jeremy Hunt MP, Secretary of State for Health

Agenda item 1: matters arising from minutes of the previous meeting on 17 September 2013

1. The one action point from the previous meeting had been completed.

Agenda item 2: Mandate Assurance

Maternity and early years

2. THE MINISTER OF STATE FOR CARE AND SUPPORT underlined the Government's commitment to a named midwife for every woman during pregnancy, childbirth and postnatal care and asked for NHS England's assessment of progress. DAME BARABARA HAKIN reaffirmed NHS England's commitment. SIR DAVID NICHOLSON explained that the planning guidance for clinical commissioning groups (CCGs) (recently published in draft) would set an expectation for all CCGs to define their specification for maternity services, including their plans to implement the named

midwife commitment, by April 2014. Maternity and early years networks would have a key role to play in planning.

Mental health

3. THE MINISTER OF STATE FOR CARE AND SUPPORT underlined the Government's commitment to parity of esteem for mental health services, including increasing access to psychological therapies, and asked about progress with establishing a monthly data collection. BILL MCCARTHY explained that GPs and CCGs supported the need to improve access to psychological therapies and that NHS England was working to improve the availability of timely and accurate data.

ACTION: NHS England to report back on options for improving data collection.

4. SIR DAVID NICHOLSON explained that the planning guidance for CCGs would require CCGs to set out their plans for moving towards parity of esteem for mental health services. NHS England had held a strategy event which had fed into the draft planning guidance.

ACTION: NHS England to ensure that the planning guidance is clear about CCG plans for moving towards parity of esteem.

5. THE MINISTER OF STATE FOR CARE AND SUPPORT commented that there had been some media reports claiming that funding for mental health services had been cut. BILL MCCARTHY reported that clinical commissioners were committed to improving mental health services. There was subsequently a discussion about the impact of financial incentives on mental health commissioning and the effect possible changes to the tariff system might have.
6. THE MINISTER OF STATE FOR CARE AND SUPPORT concluded by reiterating the government's priorities for mental health, in particular drawing attention to the development of access standards, the wider roll-out of IAPT services, looking again at tariff and improvements to the integration of mental health into urgent and emergency care services.

Research

7. THE PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY asked for an update on NHS England's plans to ensure CCGs pay excess treatment costs for NHS patients taking part in certain types of research. SIR DAVID NICHOLSON agreed to look into this.

ACTION: NHS England to provide a note.

8. SIR DAVID NICHOLSON explained that the planning guidance would propose substantial changes to arrangements for specialised commissioning which would result in fewer commissioning hubs.

Choice and competition

9. THE PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY commended the guidance on section 75 of the Health and Social Care Act 2012 (requirements as to procurement, patient choice and competition) which was due for publication shortly and suggested that this might provide a good opportunity for NHS England and Monitor to work together on the communications around it. SIR DAVID NICHOLSON agreed that there was a need to ensure the main points were expressed in easy-to-understand terms. This would include the points that it is for commissioners to take decisions on the use of competition as a means to improving services locally, and that there is no requirement for commissioners to competitively tender all services.

ACTION: NHS England to work with Monitor on clear and straightforward communications to support commissioners in taking decisions about the procurement of services locally in the best interests of their patients.

Agenda item 3: Winter pressures

10. Discussion on this item was postponed to the Secretary of State's next NHS delivery meeting in early January.

Agenda item 4: Financial allocations

11. THE MINISTER OF STATE FOR CARE AND SUPPORT commended NHS England's achievement in publishing planning guidance for the NHS, alongside new financial allocations for CCGs and primary care. PROFESSOR SIR MALCOLM GRANT concurred, highlighting the role the non-executive directors had played and the need for the guidance to dovetail with allocations. He expected that the process would be easier and earlier in 2014 because the work on allocations had been completed and that this would enable a more collaborative approach.
12. THE MINISTER OF STATE FOR CARE AND SUPPORT asked for NHS England's assessment of the strength of clinical commissioning. DAME BARBARA HAKIN explained that there was natural variability between CCGs with some examples of outstanding clinical leadership. She commented that it was important to recognise the level of challenge some CCGs faced, as well as the need for capacity and capability development. It was agreed that clinical commissioning had a number of

advantages over the previous system. SIR DAVID NICHOLSON highlighted the pace and drive that CCGs bring to service improvement.

Agenda item 5: Integration pioneers

13. THE MINISTER OF STATE FOR CARE AND SUPPORT welcomed the work of integration pioneers, some of which he had visited. He reiterated the vital importance of developing a credible and well-resourced centre of excellence to provide guidance and support to the pioneers and to disseminate learning. UNA O'BRIEN added that it was important for the centre of excellence to have the authority to help pioneers find the flexibilities in the system rules. BILL MCCARTHY explained that NHS Improving Quality was leading on this and agreed to look into the latest progress and report back as a matter of urgency.

ACTION: NHS England to provide an urgent update.

Agenda item 6: Any other business

14. There was no other business.