

NHS England Accountability Meeting

Monday 17 March 2014

17:30-19:00

MINUTES

Department of Health
Rt Hon Jeremy Hunt MP, Secretary of State for Health
Norman Lamb MP, Minister of State for Care and Support
Earl Howe, Parliamentary Under Secretary of State for Quality
Dr Daniel Poulter MP, Parliamentary Under Secretary of State for Health
Una O'Brien CB, Permanent Secretary
Richard Douglas CB, Director General, Finance and NHS
Ian Dodge, Director, NHS Group
Emily Frith, Special Adviser to the Minister of State for Care and Support
Kristen Macleod, Principal Private Secretary to the Secretary of State
Gareth Arthur, Deputy Director, Commissioning Policy and Sponsorship
Head of NHS England Sponsorship (Secretary)
Policy Manager, NHS England Sponsor Team
NHS England
Professor Sir Malcolm Grant, Chair
Dame Barbara Hakin, Chief Operating Officer and Deputy Chief Executive
Jane Cummings, National Director of Nursing
Martin McShane, Domain 2 Director
Tom Easterling, Office of the Chair and Chief Executive
System Alignment Team Member

Agenda item 1: matters arising from the minutes of the previous meetings on 18 December 2013 and 21 January 2014

1. There were no actions outstanding from the previous meetings.

Agenda item 2: Maternity

2. THE PARLIAMENTARY UNDER-SECRETARY FOR HEALTH asked for an update on the maternity and children's dataset, work to reduce the rate of stillbirths in England, progress in ensuring that all women had a named midwife in line with the National Institute of Clinical Excellence definition, and work with Health Education England on training midwives and health visitors. He felt services needed to look at the whole patient journey – from antenatal through to post-natal care and beyond.
3. The CHIEF NURSING OFFICER outlined NHS England's work programme to improve maternity services. She confirmed NHS England's commitment to the named

midwife definition as outlined in NICE guidance and agreed to speak to the Care Quality Commission about aligning their inspection of maternity services with the mandate objective. She outlined actions to improve progress with the maternity and children's dataset and to ensure good partnership working with HEE. She agreed with the PARLIAMENTARY UNDER-SECRETARY FOR HEALTH that it was essential to look at the whole patient journey.

4. ACTION - CNO to speak to CQC, and write to the PARLIAMENTARY UNDER-SECRETARY FOR HEALTH
5. There was some discussion around the rate of still births and NHS England's plans to mitigate this. The PARLIAMENTARY UNDER-SECRETARY FOR QUALITY asked whether our data definitions were consistent with other countries.
6. ACTION - CNO to investigate.

Agenda item 3: Mental health

7. SIR MALCOLM GRANT outlined NHS England's work programme to deliver parity of esteem for mental health, and emphasised the increasing diversity of providers of mental health services.
8. The MINISTER OF STATE FOR CARE AND SUPPORT stated that there was a need to manage the impact of tariff changes and commissioning on existing providers, and agreed that there also were opportunities to generate efficiencies within mental health services as well as ensuring that parity of esteem was reflected in overall expenditure on mental health.
9. DAME BARBARA HAKIN explained the actions NHS England area directors were taking to assure CCG plans for mental health and ensure CCG plans for mental health reflect parity of esteem. manage the impact of change on existing mental health providers.
10. DAME BARBARA HAKIN also emphasised the need to change NHS culture around mental health, as well as have a clear programme to improve services such as IAPT and dementia.
11. The SECRETARY OF STATE stated that there needed to be a clear and shared definition of success in delivering the overall programme of parity of esteem as well as the specific deliverables within that programme.
12. ACTION: NHS England to develop proposals on specific marker indicators of success of the agreed parity programme, and discuss them with the MINISTER OF STATE FOR CARE AND SUPPORT.
13. The MINISTER OF STATE FOR CARE AND SUPPORT asked for an update on the extension of patient choice to mental health services

14. MARTIN MCSHANE said that work was underway, including encouraging providers to update choice information for patients.
15. ACTION: NHS England to provide a note for the MINISTER OF STATE FOR CARE AND SUPPORT.
16. In response to questions from ministers, MARTIN MCSHANE then outlined NHS England work to meet the IAPT target, improve system capacity for tier 4 CAMH services, and fill vacant training places.

Agenda item 4: Transforming Care Programme

17. The SECRETARY OF STATE asked for an update on progress with moving adults with learning disabilities and challenging behaviour from hospital to community care, where it was appropriate for them to do so.
18. DAME BARBARA HAKIN stated that all patients in this group had been assessed and were safe. She outlined NHS England actions to tackle blocks to moving patients for whom community care would be appropriate, out of hospital. She acknowledged that for some patients inpatient care would continue to be the right option, and that for a further group of patients the complexity of putting in place appropriate support to enable community placement would take longer than anticipated. She stated that NHS England were working at pace with CCGs and local authorities to find the right solutions for these patients and facilitate their transition.

Agenda item 5: admin resourcing

GP premises

19. THE PARLIAMENTARY UNDER SECRETARY FOR QUALITY outlined concerns expressed by GPs about access for funding.
20. DAME BARBARA HAKIN outlined work by NHS England and CCGs to maximise access to capital funds and ease funding flows.

Consultancy costs

21. RICHARD DOUGLAS stated that expenditure on consultants needed to be minimised. SIR MALCOLM GRANT emphasised the strong internal controls NHS England had in place to restrict expenditure on consultants, but stated that some expenditure was necessary to deal with short-term capacity pressures.
22. The SECRETARY OF STATE asked for a set of shared principles for appropriate expenditure to be established.
23. ACTION: Richard Douglas to progress with NHS England.

Clinical support

24. The SECRETARY OF STATE stated that national clinical directors needed to have sufficient support to enable them to act as advisors not as executives.

25. UNA O'BRIEN stated that the national clinical directors needed to continue to provide advice to both NHS England and DH. SIR MALCOLM GRANT agreed in principle but pointed out that the role was different from before. These post holders were advisers rather than directors, and the majority were part-time. They could not be expected to undertake the range of functions of their predecessors in the Department.
26. ACTION: develop proposals for discussion at the Senior Departmental Sponsor meeting.

NHS Improving Quality

27. SofS asked NHS England to consider the role of NHS IQ, for further discussion at a later date
28. ACTION: NHS England to consider the role of NHS IQ and prepare options for consideration at the next meeting.

Any other business

29. The SECRETARY OF STATE thanked NHS England for their hard work over the last year. He felt that NHS England had proved itself over a tough year.
30. The SECRETARY OF STATE stated that over the coming year he wanted NHS England to focus on delivering the mandate and building on their Call to Action by considering how primary and community care could be transformed. The Better Care Fund and forthcoming strategy on out of hospital care would be key to this. The MINISTER OF STATE FOR CARE AND SUPPORT also expressed his view that this programme was essential to delivering better care.
31. The SECRETARY OF STATE requested options for greater involvement of CCGs in primary care commissioning.
32. ACTION: NHS England to prepare options for discussion at the next meeting.