



Department  
of Health

## Minutes

<b>Title of meeting</b>	NHS England accountability meeting		
<b>Date</b>	09 March 2016	<b>Time</b>	10:00 – 11:00
<b>Venue</b>	Richmond House		
<b>Chair</b>	Jeremy Hunt	<b>Secretary</b>	NHS England sponsorship team member

### Department of Health

**Jeremy Hunt**, Secretary of State for Health (Chair)

**Lord Prior**, Parliamentary Under Secretary of State for NHS Productivity

**Ben Gummer**, Parliamentary Under Secretary of State for Care Quality

**George Freeman**, Minister for Life Sciences

**David Williams**, Director General of Finance, Commercial and NHS

**Flora Goldhill**, Director for Children, Families and Communities

**Nicole Mather**, Director of life sciences

**Ben Dyson**, Director of NHS Group

**Alex Thomas**, Principal Private Secretary to the Secretary of State

**Ed Jones**, Special Advisor to the Secretary of State

**Mayerling O'Regan**, Deputy Director, Primary Medical Care and NHS Commissioning Unit

NHS England Sponsorship team member

### Apologies

**Dame Una O'Brien**, Permanent Secretary

### NHS England

**Professor Sir Malcolm Grant**, Chair

**Simon Stevens**, Chief Executive

**Ian Dodge**, National Director of Commissioning Strategy

**John Stewart**, Director of Specialised Commissioning Strategy

**Lauren Hughes**, Head of Quality Strategy

**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: Maternity

2. The SECRETARY OF STATE asked NHS England what plans it had to implement the conclusions of Baroness Cumberlege's National Maternity Review and whether it would accept all the recommendations it contained. He noted that improving the safety of care was a priority.
3. The CHAIR OF NHS ENGLAND said NHS England welcomed the conclusions of the report and aimed to adopt all of the recommendations. He invited the HEAD OF QUALITY STRATEGY to set out how this would be implemented.
4. The HEAD OF QUALITY STRATEGY said NHS England was developing a cross-system implementation plan with other key stakeholders to ensure the response to the report was cohesive. She added that a cross-system implementation board was being established to define key work streams and ownership.
5. The SECRETARY OF STATE asked the HEAD OF QUALITY STRATEGY to set out what NHS England would do in order to address each of the seven key areas that Baroness Cumberlege highlighted in her report.
6. The HEAD OF QUALITY STRATEGY said NHS England would look to work closely with NHS Improvement and the Department in order to address the recommendations related to safer care. She added that personalisation of maternity care was a key theme of the report.
7. On workforce the HEAD OF QUALITY STRATEGY said Health Education England would look at how best to adapt the midwifery workforce. The Royal College of Midwives had been engaged to discuss how best to promote multi-professional working. She also noted that work to improve perinatal mental health services would form part of the wider work programme set up to respond to the recommendations of the Mental Health Taskforce.
8. The HEAD OF QUALITY STRATEGY said that NHS England was also working with the Health and Social Care Information Centre to scope core metrics to measure, track and benchmark the quality of maternity services. Linked to this NHS England was working with the National Information Board to develop digital maternity care records that could be linked to a new, accessible digital maternity tool.
9. The HEAD OF QUALITY STRATEGY further added that NHS England was looking at how best to set the direction of travel on a payment system that would address Baroness Cumberlege's proposals.

10. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR CARE QUALITY asked how NHS England would know if the actions it was taking to improve the safety of maternity care were proving successful. He added that he would like to understand how NHS England intended to define success both in this Parliament and beyond and what its key milestones were.
11. The HEAD OF QUALITY STRATEGY replied that success could be measured using the metrics included within the CCG Improvement and Assessment Framework.
12. The SECRETARY OF STATE said there needed to be a major focus on safety and avoidable harm in maternity. He asked that a meeting be arranged to agree how progress on implementation would be measured and how NHS England would achieve its mandate objectives on maternity of halving the rates of intra-partum brain injuries, stillbirths, neonatal and maternal deaths by 2030. He asked that NHS Improvement also be represented at this meeting.
13. The NATIONAL DIRECTOR FOR COMMISSIONING STRATEGY said NHS England would be happy to discuss this in detail separately. He also noted that NHS England's pioneer sites would focus on progress against these measures.
14. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR CARE QUALITY asked what benefit NHS England expects to see by having separate pilot schemes for choice pioneers and vanguard sites and how these would be integrated.
15. The HEAD OF QUALITY STRATEGY replied that piloting choice pioneers separately would ensure that this could be done at pace whereas wider system transformation with the vanguards would be more complex.

**ACTION 1: A separate meeting would be arranged to discuss the implementation of the maternity review.**

#### Agenda item 3: Specialised services commissioning

16. The SECRETARY OF STATE asked NHS England what its current assessment was of specialised services commissioning.
17. The DIRECTOR OF SPECIALISED COMMISSIONING STRATEGY said NHS England felt there had been significant progress on specialised services commissioning in the 2015-16 financial year. A specialised services commissioning deficit of less than 0.1%, excluding the Cancer Drugs Fund, was forecast against a budget in excess of £14bn, in contrast with the position going into 2014-15.

18. The DIRECTOR OF SPECIALISED COMMISSIONING STRATEGY added that the new financial year offered an opportunity to develop a clear strategic agenda for specialised services commissioning.
19. It was noted that the National Audit Office would soon publish a report into specialised services commissioning.
20. The DIRECTOR OF SPECIALISED COMMISSIONING STRATEGY added that Sustainability and Transformation Plans would allow greater exploration of opportunities offered at a local level such as collaborative commissioning.
21. The SECRETARY OF STATE said he would like to discuss Sustainability and Transformation Plans at a future accountability meeting.

**ACTION 2: Sustainability and Transformation Plans to be discussed at a future accountability meeting.**

22. The MINISTER FOR LIFE SCIENCES said he believed addressing the cost pressures of specialised services commissioning was the biggest challenge NHS England faces. He noted the work done by NHS England's Specialised Commissioning Committee on a strategic approach to commissioning, driving up standards and reducing variation. He further noted the Accelerated Access Review and its importance in specialised services commissioning and asked what more could be done to use innovation to reduce cost pressures on specialised services commissioning. He added that it would be important to ensure that delivery of the Accelerated Access Review was aligned with the new Cancer Drugs Fund and he was working to ensure this.
23. The CHIEF EXECUTIVE OF NHS ENGLAND said it would be important to strengthen the commercial expertise in NHS England and that DH and NHS England were discussing the transfer of commercial expertise from DH to NHS England. He agreed that the Accelerated Access Review would offer some levers for achieving value for money and to also consider the current processes for making NICE recommendations.

Agenda item 4: Finance

24. The DIRECTOR GENERAL OF FINANCE COMMERCIAL AND NHS asked the CHIEF EXECUTIVE OF NHS ENGLAND what steps NHS England was taking to improve the financial capability of CCGs.
25. The CHIEF EXECUTIVE OF NHS ENGLAND said a significant amount of savings have already been delivered by the CCGs. He added that some CCGs' difficulties were, to some extent, caused by gaps in the weighted capitation formula reflecting population growth. He noted that NHS England would continue to work with these CCGs to help them achieve financial balance in the future.

26. The DIRECTOR GENERAL OF FINANCE COMMERCIAL AND NHS asked the CHAIR OF NHS ENGLAND for the Board's opinion of the alignment between CCG and provider financial plans for 2016-17.
  
27. The CHAIR OF NHS ENGLAND said that NHS England had worked hard to address historical challenges. He noted that the Board received assurance of plans via the Commissioning Committee and this assurance would be further strengthened through scrutiny of Sustainability and Transformation Plans.