



Minutes

Title of meeting	NHS England accountability meeting		
Date	21 July 2015	Time	17:30 – 18:30
Venue	Richmond House		
Chair	Jeremy Hunt , Secretary of State (Chair) Lord Prior , Parliamentary Under Secretary of State for NHS Productivity (Chair for agenda items 1 to 3)	Secretary	NHS England sponsorship team member
Attendees	<u>Department of Health</u> Jeremy Hunt , Secretary of State Lord Prior , Parliamentary Under Secretary of State for NHS Productivity Ed Jones , Special Adviser to the Secretary of State David Williams , Director General of Finance, Commercial and NHS Ben Dyson , NHS Group Director Deputy Principal Private Secretary to the Secretary of State NHS England Sponsorship team member <u>NHS England</u> Professor Sir Malcolm Grant , Chair Simon Stevens , Chief Executive Paul Baumann , Chief Financial Officer Ian Dodge , National Director, Commissioning Strategy Tom Easterling , Director of the Chair and Chief Executive's Office Mandate Partnerships and accountability team member		
Apologies	Una O'Brien , Permanent Secretary		

Agenda item 1: matters arising

1. There were no actions arising from the previous meeting.

Agenda item 2: Five-year forward view

2. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY asked NHS England to set out current progress in relation to implementation of the NHS Five Year Forward View. The NHS ENGLAND NATIONAL DIRECTOR OF COMMISSIONING STRATEGY noted that, with respect to prevention, the nationwide diabetes prevention programme is up and running, targeting 10,000 people in year one.
3. He further noted the important role to be played by prevention in delivering savings for the NHS, as articulated in the NHS Five Year Forward View. The CHIEF EXECUTIVE OF NHS ENGLAND noted that PHE would require help from the Government to sustain funding, develop incentives and encourage behaviour change from both consumers and industry. He also noted that the diabetes prevention programme was based on a strong evidence base, which demonstrated 30%-60% reductions in Type II diabetes incidence over three years.
4. The NHS ENGLAND NATIONAL DIRECTOR OF COMMISSIONING STRATEGY set out progress in relation to the integrated personal commissioning pilots, a joint programme blending comprehensive health and social care budgets. He noted that the biggest risk to the success of these pilots was constructing per-patient costing, which was currently constrained by information sharing and governance issues, which NHS England was working to resolve with Dame Fiona Caldicott. The SPECIAL ADVISER noted that considerable work was ongoing to resolve these issues.
5. He further noted that about 3,000 patients were in receipt of a personal health budget. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY asked what could be done to increase take up. The NHS ENGLAND NATIONAL DIRECTOR OF COMMISSIONING STRATEGY responded that NHS England expects the number to increase as it continues to provide support to CCGs as they develop their plans for further rollout of personal health budgets. The CHIEF EXECUTIVE OF NHS ENGLAND stated that NHS England is undertaking a programme of technical work to mitigate identified risks.
6. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY observed that strong local and national leadership was required to deliver the transformation articulated within the NHS Five Year Forward View and asked NHS

England how it was ensuring that it developed its leadership to carry out transformation quickly.

7. The CHAIR OF NHS ENGLAND confirmed that the board is receiving assurance through regular reports and updates on NHS England's plans and progress in relation to delivery of the NHS Five Year Forward View and developing the necessary capacity and capability to support implementation.
8. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND NHS asked NHS England to set out the timelines and milestones for the delivery of actions to help implement the Five Year Forward View and whether they were on track.
9. The CHIEF EXECUTIVE OF NHS ENGLAND advised that the various types of new care models would demonstrate results at different times. He confirmed that the enhanced health in care homes and urgent and emergency care models should begin to demonstrate results within the next twelve months. The integrated primary and acute care systems and multi-specialty community providers required significant redesign of service so were expected to produce gains over the coming 24-36 months and beyond.
10. The NHS ENGLAND NATIONAL DIRECTOR OF COMMISSIONING STRATEGY advised that a Programme Support Package which will address common needs of all 29 vanguards at a local, cohort and national level will be published at the end of July. This will include a specific section on models of evaluation.

Agenda item 3: Efficiencies

11. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY asked NHS England what structures were in place to provide assurance that the delivery of NHS England's part of the £22bn of efficiency savings by 2020 was on track.
12. The CHAIR OF NHS ENGLAND responded that a programme oversight group has been established, whose role is to provide oversight across the areas for which NHS England has responsibility. This group formally reports each month to the NHS England executive group and reports quarterly to the board.
13. The CHIEF EXECUTIVE OF NHS ENGLAND added that NHS England had delivered savings equivalent to £19bn over the lifetime of the previous Parliament, and reminded colleagues that the 5YFV efficiency pay-off was back-loaded and that some up-front investment may be needed.

14. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND NHS asked NHS England to provide an update on progress against the activity savings for which it has responsibility.
15. The CHIEF FINANCIAL OFFICER OF NHS ENGLAND discussed the specific work streams associated with this saving, including the RightCare programme. All six work streams for which NHS England has responsibility will have a bespoke programme plan and a phased financial impact projection. These will be complete by the end of August.

Agenda Item 4: Finance

16. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR NHS PRODUCTIVITY asked for NHS England's current finance position.
17. The CHIEF FINANCIAL OFFICER OF NHS ENGLAND noted that NHS England has completed its financial planning for 2015-16 and commissioner financial plans for 2015-16 show a balanced position for the year. He noted that at month two, NHS England is delivering to plan with no significant variance.
18. The CHIEF FINANCIAL OFFICER OF NHS ENGLAND also set out the current commissioner financial risk, of nearly £400m and the mitigations put in place to manage them.
19. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND NHS asked NHS England about its readiness to gear up to a four-year budget. The CHIEF FINANCIAL OFFICER OF NHS ENGLAND indicated that NHS England is prepared for developing multi-year allocations and it continues to work with Monitor and TDA on how to develop four-year plans for commissioners and providers.

Agenda Item 5: AOB

20. The CHAIR OF NHS ENGLAND asked for further information on the content, process and timing of the mandate to NHS England for 2016-17 and its relationship with the single departmental plan for the health and care system that the Department is producing, the interdependencies of these processes, and the planned Government spending review.

21. The NHS GROUP DIRECTOR noted that the Department would be working with NHS England over the summer in developing the mandate for NHS England to ensure that the proposed mandate aligns with the likely shared delivery plan and the five year forward view. He noted that consultation on the mandate is planned for September 2015 to ensure that the final version of the mandate is published before NHS England has to finalise planning guidance and CCG allocations in December.

22. The NHS GROUP DIRECTOR noted that the proposed mandate consultation would focus on the high level structure and objectives. The CHIEF EXECUTIVE OF NHS ENGLAND agreed that it would be important to consult at a high level on the overall structure and only to firm up the content following the spending review.

23. The SECRETARY OF STATE noted that his preference would be for a short mandate that was focused on improving outcomes within each local CCG population. He noted that it would be vital that the metrics being developed to assess health and quality outcomes at CCG population level were robust, and that it was possible these metrics could also be used to incentivise the new models of care.

24. The Mandate Assurance Report for May 2015 was received at the meeting but due to time constraints was deferred for discussion at the next appropriate Senior Departmental Sponsor meeting.