



# Department of Health

**Title of meeting** NHS England Accountability Meeting

**Date** 27 June 2017 **Time** 13:30 – 14:30

**Venue** Richmond House

**Chair** Jeremy Hunt **Secretary** NHS England Sponsorship Team Member

## **Attendees:**

### **Department of Health**

Jeremy Hunt, Secretary of State

Steve Brine, Parliamentary Under-Secretary of State for Public Health and Primary Care

Jonathan Marron, Director General of Community Care

David Williams, Director General of Finance and Group Operations

Kathy Hall, Director of Strategy

Kara Humphreys, Deputy Director, NHS England Sponsorship and Commissioning Policy

Ed Jones, Special Adviser to the Secretary of State

NHS England Sponsorship team member

### **NHS England**

Professor Sir Malcolm Grant, Chair

Simon Stevens, Chief Executive

Paul Baumann, Chief Financial Officer, NHS England

Ian Dodge, National Director, Commissioning Strategy

Tom Easterling, Director of the Chair and Chief Executive's Office

Mandate, Partnerships and Accountability team member

### **Apologies**

Chris Wormald, Permanent Secretary

### **Agenda item 1: Delivery against the mandate for 2016-17**

1. NHS England set out its progress in delivering the mandate for 2016-17. Performance was discussed, including for the core standards on 18 weeks Referral to Treatment Time, Accident and Emergency waiting times, and the Better Care Fund (BCF).
2. The Secretary of State thanked NHS England for its work in delivering the mandate over the past year and noted that:

- while circumstances were challenging, it was important to take further action to moderate inappropriate demand growth to help the 18 week RTT standard;
- he would be looking for the actions, set out in the mandate, to deliver A&E waiting times to be implemented in full;
- the planning requirements for the BCF for 2016-17 would be published very shortly, and that following the additional funding for social care it would be important for both the NHS and local authorities to make significant improvements in bringing down delayed transfers of care, when patients are fit to leave hospital and awaiting social care or community health services; and
- he had discussed the work that NHS England would continue to do to ensure the NHS met the 62-day cancer waiting time standard. NHS England noted that it had asked the NHS to take action to return to the standard by March 2018.

Agenda item 2: Progress against the CCG Improvement and Assessment Framework and the development of STP metrics.

3. The Secretary of State asked NHS England to set out the progress made against the CCG Improvement and Assessment Framework (CCGIAF) and asked about the overall state of commissioning and how it was improving.
4. NHS England noted that it had made an assessment of the 60 indicators and 29 areas in the CCGIAF and that there had been a concerted effort to make improvements and lift performance of CCGs. NHS England had measured improvements in a number of CCGs, with an increase in the number rated outstanding. In a few instances CCGs had moved from the Outstanding to the Good category and from the Requires Improvement to Inadequate category. The biggest driver for CCGs dropping down a category was financial performance.
5. The Parliamentary Under-Secretary of State for Public Health and Primary Care asked NHS England to what extent successful CCGs were providing the building blocks for effective Sustainability and Transformation Partnerships (STPs). NHS England replied that there was a general alignment of high performing geographies, although this was not totally consistent, and that there were no inadequate CCGs in high performing STPs. The CCGIAF measures were a component part of the metrics planned to measure STP performance and it was not possible to directly relate CCG performance measures to the wider set of metrics to measure STP performance.
6. The Secretary of State and NHS England discussed the metrics that would be used to measure the performance of STPs and plans to publish the STP dashboard.
7. The Secretary of State thanked NHS England for setting out its assessment of the CCGIAF, its plans for the STP dashboard, and noted that these assessments would be published towards the end of July 2017.

### Agenda item 3: Financial Position

8. NHS England provided its end of year financial position. The Secretary of State noted the position and that NHS England had managed an underspend of £902m to help balance the overall NHS position. NHS England noted that this had been achieved through excellent financial management by CCGs.
9. The Director General of Finance and Group Operations thanked NHS England for its role towards achieving financial balance again in the NHS and noted that it would be important to maintain this position for the year ahead. He noted the importance of managing provider deficits at a local level and of NHS England and NHS Improvement working together to achieve this.
10. The Secretary of State and NHS England discussed the progress made on the plans that NHS England and NHS Improvement were developing to achieve financial balance in 2017-18 and the progress made to mitigate the potential risks. The Secretary of State and NHS England both emphasised the importance of ensuring continued excellence and outcomes for patients when considering how to mitigate the financial risks across the NHS.
11. The Secretary of State extended his thanks to NHS England for its careful management of financial risk and its role in managing significant cost pressures across the NHS.

### AOB

12. NHS England noted the upcoming NHS England consultation on items which should not be routinely prescribed in primary care.
13. The Secretary of State and NHS England also discussed Continuing Healthcare (CHC), the National Audit Office (NAO) report on CHC, and the importance of updating the framework to ensure assessments were consistent across the NHS and an improvement in the experience of service users.