



Department of Health

Title of meeting NHS England Accountability Meeting

Date 13 December 2016 **Time** 17:00 – 18:00

Venue Richmond House

Chair Jeremy Hunt
David Mowat (agenda item 1)

Secretary NHS England Sponsorship Team member

Attendees:

Department of Health

Jeremy Hunt, Secretary of State

David Mowat, Parliamentary Under Secretary of State for Community Health and Care

Chris Wormald, Permanent Secretary

David Williams, Director General of Finance and Group Operations

Jonathan Marron, Director of Community, Mental Health and Seven Day Services

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

Ian Dodge, National Director, Commissioning Strategy

Rosamond Roughton, Director of NHS Commissioning

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

Mandate, Partnerships and Accountability team member

Apologies

Tamara Finkelstein, Director General of Community Care, DH

Paul Baumann, Chief Financial Officer, NHS England

Agenda item 1a: CCG improvement action

1. The Parliamentary Under Secretary of State for Community Health and Care asked NHS England to set out its strategy and plans for improving CCG performance.
2. NHS England set out the year end position for 2015-16. This was based on the CCG assurance framework, which was constructed of five components: leadership; finance;

performance; planning; and delegated functions. From this assessment NHS England noted that:

- twenty six CCGs were rated inadequate and had legal directions applied;
- all 26 CCGs were receiving a range of support from NHS England; and
- a sub-set of nine CCGs under direction had been placed in an intensive support regime of special measures to strengthen financial and operation performance.

3. For 2016-17, NHS England set out progress on the CCG Improvement and Assessment Framework (CCGIAF), which comprised sixty indicators across twenty nine areas. A baseline had been established and the year-end assessment methodology was being developed.
4. The Parliamentary Under Secretary of State for Community Health and Care noted the baseline assessment for the six clinical priority areas used for the 2016-17 CCGIAF (Cancer, Dementia, Diabetes, Learning Disabilities, Maternity, and Mental Health) and asked how the bar was set, noting that for all clinical areas over fifty per cent of CCGs were assessed as needing improvement or in greatest need of improvement.
5. In response NHS England noted:
 - For the six clinical priority areas, the bar was set by independent expert panels.
 - Outside the six priority areas, other metrics covered aspects of CCG operation such as whether CCGs were well-led and financially sustainable.
6. NHS England was asked what action it took with CCGs that were assessed as inadequate, if there was an incentive for CCGs to come out of formal directions, and whether as a result of NHS England's action, CCGs were improving.
7. NHS England noted that:
 - CCGs assessed as inadequate receive intensive monitoring and intervention actions. These included management changes, mergers, issuing formal legal directions, and NHS England taking control of key decisions.
 - CCGs under special measures were expected to be able to exit special measures after twelve months.
 - It would be able to measure any improvements in commissioning, and progress against the six clinical priority areas, when it carries out its year-end assessment of the CCGIAF.

Agenda item 1b: GP Forward View

8. The Parliamentary Under Secretary of State for Community Health and Care asked NHS England to set out the progress made on the GP Forward View (GPFV).

9. NHS England noted that the GPFV signalled a turning point in GP practice. It set out a support package to help stabilise general practice and to help redesign and strengthen primary care. Progress on national enablers such as the delivery of investment, workforce, workload, practice infrastructure, and care redesign were set out.
10. NHS England also set out its strategy for helping to reduce demand on general practice by empowering individuals to stay well and make informed choices. Several areas of the strategy were discussed including enabling self-care, redirection (such as social prescribing, open access services e.g. physiotherapy), and new consult models.
11. The Secretary of State asked NHS England how it intended to continue to communicate the GPFV to General Practice.
12. NHS England set out its national approach, and noted that it was also looking at how to support effective local strategies with GPs and local media.

Agenda item 2: Financial Performance

13. The Secretary of State asked NHS England to set out its assessment of financial performance at month 7.
14. NHS England reported a year to date overspend on £221m (0.4%). There was an overspend on CCGs and Specialised Commissioning that was partially compensated for by an underspend in other areas of direct commissioning and NHS England central budgets. NHS England was keeping a one per cent reserve, which was currently uncommitted and will be used as required to offset overspends across the health and care system to ensure delivery of overall financial balance.
15. The Secretary of State noted NHS England's position and emphasised the importance of delivering overall financial balance in 2016-17. He asked for a further meeting to discuss demand management.

Agenda item 3: Mandate assurance

16. The Secretary of State asked NHS England to set out its progress on the mandate to NHS England for 2016-17.
17. NHS England noted that at month six, the majority of the deliverables were rated as Green or Amber/Green and that NHS England expect to meet these deliverables in full by the end of the year
18. The Red and Amber/Red rated deliverables were discussed including the core NHS-wide waiting time standards.
19. The Secretary of State noted the importance of preventing further slippage on A&E waits.

Agenda item 4: Mandate to NHS England for 2017-18

20. The Secretary of State noted that he would discuss the mandate to NHS England for 2017-18 with Simon Stevens separately.