



Department  
of Health

## Minutes

<b>Title of meeting</b>	NHS England accountability meeting		
<b>Date</b>	29 September 2015	<b>Time</b>	17:15 – 18:15
<b>Venue</b>	Richmond House		
<b>Chair</b>	Jeremy Hunt (Secretary of State for health)	<b>Secretary</b>	NHS England sponsorship team member

### Attendees:

#### Department of Health

**Jeremy Hunt**, Secretary of State

**Kristen McLeod**, Principal Private Secretary to the Secretary of State

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

**Jon Rouse**, Director General of Social Care, Local Government and Care Partnerships

**Ben Dyson**, Director of the NHS Group

NHS England Sponsorship team member

#### NHS England

**Professor Sir Malcolm Grant**, Chair

**Simon Stevens**, Chief Executive

**Paul Baumann**, Chief Financial Officer

**David Roberts**, Non-Executive Director and Chair of the Commissioning Committee

**Noel Gordon**, Non-Executive Director and Chair of the Specialised Commissioning Committee

**Ian Dodge**, National Director of 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

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

### Agenda item 1: Matters arising

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

### Agenda item 2: Assurance of the new commissioning system

2. The SECRETARY OF STATE asked NHS England to provide an update on the new commissioning system and its future direction.
3. The NATIONAL DIRECTOR OF COMMISSIONING STRATEGY explained that NHS England is working with NHS Clinical Commissioners to develop the commissioning system. He noted that there are three distinct but interconnected elements to the new commissioning system.
4. He stated that the first element is combining local commissioning budgets through place-based commissioning. This will be achieved through the joining up of primary care, Clinical Commissioning Group (CCG) and specialised commissioning budgets, by pooling funds with local government and by maximising the value that can be achieved through local public sector collaboration.
5. He set out that the second element will involve moving away from traditional models of contracting by provider to new care models that either promote whole population health commissioning, such as those provided by multispecialty community providers, or promote entire health pathways such as for secondary and tertiary cancer patients.
6. He said that the final element involves empowering patients to take decisions about their own care, being able to select where and how they want to be treated and by whom; exercising choices under the NHS Constitution. This will be strengthened through the greater use of integrated personal commissioning, for example through personal health budgets.
7. The SECRETARY OF STATE thanked the NATIONAL DIRECTOR OF COMMISSIONING STRATEGY for this update. He asked what benefits NHS England expects to see from personal health budgets both for those with complex needs and for other patients.
8. The CHIEF EXECUTIVE OF NHS ENGLAND said that evidence and experience to date suggested those with the most complex needs – such as people with mental health problems and complex disabilities are likely to benefit the most from the choice offered by a personal health budget. This is why those patients are going to be the first patients to be offered one.

9. The SECRETARY OF STATE thanked the CHIEF EXECUTIVE OF NHS ENGLAND and asked for a further session to discuss in detail the ongoing work between NHS England and the Department on personal health budgets, including how quality of care will be improved, how outcomes would be evaluated, and milestones for the next three years.
10. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND THE NHS asked NHS England to set out its vision of the future role of CCGs and how it will know whether the various models for the new commissioning system have moved from innovation to implementation at sufficient pace.
11. The CHAIR OF THE COMMISSIONING COMMITTEE said that the focus was on ensuring CCGs had the right data and capability to deliver new models for commissioning. He added that within five years the model of a CCG may well evolve and it will be important to work with CCG leaders as their roles changed to ensure the right support is provided.
12. The SECRETARY OF STATE asked how NHS England could ensure that CCGs took on new powers only once they were ready and able to use them.
13. The CHAIR OF THE COMMISSIONING COMMITTEE replied that NHS England would be developing a clearer model of performance assessment which is transparent, so that CCG performance can be assessed and support offered to those CCGs that could benefit.
14. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND THE NHS asked how NHS England is assured that current CCG leaders have the necessary skills and abilities to take on these changing roles.
15. The CHAIR OF THE COMMISSIONING COMMITTEE replied that NHS England will be working hard with CCGs to ensure that any skills gaps are narrowed and that they are supported to discharge their new functions.
16. The DIRECTOR GENERAL OF SOCIAL CARE, LOCAL GOVERNMENT AND CARE PARTNERSHIPS asked NHS England when an accountability framework for devolution of health services to the Greater Manchester area would be completed.
17. The CHIEF EXECUTIVE OF NHS ENGLAND replied that such a framework had been discussed at the last Manchester devolution partnership board and would be revised and approved by NHS England by March 2016.

### Agenda item 3: Finance

18. The SECRETARY OF STATE invited NHS England to provide an update on the finance position at month four.
19. The CHIEF FINANCIAL OFFICER said that projections currently show a year forecast overspend, which NHS England is confident that it can mitigate and is committed to delivering a balanced position. He added that the NHS England continues to monitor closely provider deficits.
20. The DIRECTOR GENERAL OF FINANCE, COMMERCIAL AND THE NHS said that he has been pleased with the productive discussions with NHS England on managing local provider deficits. He asked how NHS England will be supporting a joined up local health economy response from both CCGs and providers to address the deficits in the provider sector.
21. The CHIEF EXECUTIVE OF NHS ENGLAND replied that NHS England is working across the health system including NHS Improvement. NHS England expects to deliver to its cash limit whilst contributing to the wider DH position.
22. The SECRETARY OF STATE asked NHS England to provide an update on per-patient-costing, which was raised as a risk at the previous meeting, noting that an accurate costing could allow providers to model better their spending projections.
23. The CHIEF EXECUTIVE OF NHS ENGLAND replied that NHS England is proceeding with per-patient costing, which is linked into the work on integrated personal commissioning linking data on how patients use primary care and other services.
24. The SECRETARY OF STATE asked to what extent NHS England could use proxy measures and how this might be implemented.
25. The NATIONAL DIRECTOR OF COMMISSIONING STRATEGY replied that this is being progressed with Commissioning Support Units. There are modelling tools available but there are constraints on data, particularly in the community sector, to be overcome.

#### Agenda Item 4: CCG metrics

26. The SECRETARY OF STATE set out his vision for the proposed CCG metrics as vital for enabling greater transparency and patient choice. He asked NHS England for an update on the work they have been doing on this issue with The King's Fund.
  
27. The NATIONAL DIRECTOR OF COMMISSIONING STRATEGY said that NHS England is working closely with The King's Fund and the DIRECTOR OF THE NHS GROUP to shape the potential metrics. He added that the work already being undertaken on the new commissioning system would mean that patients would be able to make more informed choices about the providers of their care.
  
28. The SECRETARY OF STATE agreed with this and noted that it was important to progress this work, making a judgement now and reassessing the metrics a year later, as information improves.

#### Agenda Item 5: Mandate

29. The SECRETARY OF STATE invited the CHAIR OF NHS ENGLAND to comment on progress of the mandate to NHS England for 2016/17.
  
30. The CHAIR OF NHS ENGLAND said that a short high-level mandate remains his preference.
  
31. The SECRETARY OF STATE said that he agreed with the CHAIR OF NHS ENGLAND in this respect. He did, however, emphasise that it was vital that patients receive transparent, usable data to allow them to make informed decisions about their own healthcare. NHS England and DH will continue to work together to refine the mandate.