Paper: NHSE 191401

BOARD PAPER - NHS ENGLAND

Title: Chief Executive's report
By: Simon Stevens, CEO
Purpose of paper: • Update on the work of the Chief Executive over the last two months. • Provide information on a number of NHS England priorities not covered elsewhere on the agenda.
Actions required by Board Members: • To note, and to discuss various items referred to herein.

NHS ENGLAND CEO's REPORT TO THE BOARD

Overview

1. Since the July board meeting I've continued to get out and about, meeting with patients, staff and our partners. Recent visits include community hospitals, voluntary organisations, local councils and GPs in Devon; a Friday night with GPs, nurses, paramedics and call handlers serving urgent care patients in north east London and Essex; and meeting a group of people with learning disabilities describing their experiences of - and powerful challenge to – the way NHS and social care services currently work. I've also participated in a number of discussion sessions with our third sector, local government and NHS partners debating the future direction of the NHS in the context of the Five Year Forward View. To further advance our commitment to transparency, I now publish a list of my official meetings with non-public sector bodies quarterly on our website.

2. I gave evidence to the Public Accounts Committee on out-of-hours GP services, together with Una O'Brien, Barbara Hakin and Keith Willett, and met with the All Party Parliamentary Group on Cancer. To advance public understanding of our work and the issues facing the NHS, in the past fortnight alone I've spoken on BBC Radio 2's Jeremy Vine show, at the Alzheimers Society Annual Conference, at the HSJ Commissioning Summit, the Cambridge Health Network, with Roy Lilley at the Kings Fund, and again this week in Coventry at Public Health England's annual conference.

Commissioning developments

3. Since the last meeting of the Board we have progressed a number of commissioning-related initiatives. A few of the headlines not covered elsewhere in this meeting's Board papers are as follows.

    - *Mental health.* To support the NHS' goal of increasing dementia diagnosis rates (from a national average of around half, to two-thirds by March) we have issued CCG and GP practice-specific benchmark data. As part of our commitment to 'parity of esteem', we would like to be in a position to introduce for the first time access standards/waiting times for mental health services, on a phased basis, beginning next year. We are exploring the feasibility of doing so with mental health providers, commissioners, user groups, and other stakeholders. We also published our review of child and adolescent mental health services 'tier 4', which highlighted the need for improved access in several parts of the country, and for better integration between CCG-commissioned local services and NHS England-commissioned specialised services.

- *Cancer.* The Cancer Drugs Fund provides additional funding for cancer medicines that would not otherwise be routinely available. We have recently agreed with DH that the budget for the fund should be increased from £200m last year to £280m for this year and next. We will be consulting on mechanisms for ensuring that this extra funding is used to provide greatest overall patient benefit, while also exploring options for ensuring greater alignment between the work of the CDF and NICE. Separately we have agreed to fund four new clinical trials with Cancer Research UK, as well as joint work with Macmillan on encouraging earlier diagnosis of cancer.
- *Learning disabilities.* Under Jane Cummings' leadership, a new Transforming Care Learning Disability Action Plan has been developed to reduce the use of inappropriate inpatient care and the creation of better alternatives. The action plan for the next 18 months comprises seven strands including stakeholder engagement, 'second opinion' reviews and advocacy, and new commissioning and financial models. A new programme director has been appointed, and we also expect to hire several people with learning disabilities to work on this with us.
- *Primary care.* It was decided last year to slowly (over what will have been 17 years from 2004) redistribute MPIG resources across all GMS GPs, based on the longstanding GMS formula. Not doing so would mean less money for most other GPs, and would perpetuate historical inequities in primary care. In recognition of pressures this may cause for a small number of the most affected practices who meet benchmarks for deprivation, quality and efficiency, transitional relief has now been offered for the next two years. This will provide breathing room to assess whether the formula used to fairly allocate primary care funding needs amendment. In the meantime, discussions are under way with the General Practitioners Committee about the GMS contract for next year. Finally, CCGs are finalising their proposals for sharing or taking on commissioning responsibility for primary care, subject to formal approval by the NHS England.
- *Health and social care integration.* Work continues on the NHS' three major initiatives to join-up health and social care. We issued a prospectus for our new Integrated Personal Commissioning programme which will offer combined 'year of care' health and social care budgets for individuals (see Item 4a of Board agenda). Separately, Nick Clegg, Norman Lamb and I met with the 14 NHS and local authority Integrated Care Pioneers to review progress. As for the Better Care Fund, the joint national assurance process with the Department of Communities and Local Government continues, with five fast track sites approved with support to date.
- *Commissioning rules.* Together with Monitor we have issued pre-consultation documents on the 2015/16 tariff and related payment system changes, as well as a discussion paper on options for reforming urgent

and emergency care funding. NHS England has issued a pre-consultation paper on changes to the 2015/16 NHS standard contract, which amongst other matters signals our intention to consult on proposals on hospital food and nutrition, workforce equality, stronger performance incentives and penalties, and disincentivising the re-employment of NHS very senior managers during the period they are in receipt of NHS redundancy payments.

NHS priorities for the next six months

4. Looking at the second half of this financial year, the NHS needs to make substantial progress on three parallel sets of activities. Each is on the agenda for this month's Board meeting.

5. *First, the NHS needs to improve its performance on fundamental access and care standards through the Autumn and winter*. The public attaches great importance to these measures, and success over the next 3-6 months will require strong partnership working between providers, CCGs and others locally, as well as joined-up leadership from TDA, Monitor and NHS England regionally and nationally.
    - On A&E, emergency admissions and ambulances, while demand is rising and there are substantial pressures, many of the increased emergency admissions appear to be for quite short lengths of stay. In discussion with CCGs and local System Resilience Groups, providers may need to open ahead of time some of the extra capacity they were planning for using the 'winter' £400 million, which has been allocated early this year.
    - On elective waiting times, extra funding was made available earlier this summer for more elective activity to meet RTT waiting times standards. If this cannot soon translate to the agreed increases in operations at local NHS providers, CCGs will need to use unspent funds buying operations from elsewhere.
    - On cancer performance, encouragingly and partly as a response to public campaigns, urgent cancer referrals are up by an estimated 19% over the past year. Although these referrals are de facto matched by commissioners' funding, providers are needing to put in place capacity and to streamline internal care pathways so as to ensure cancer fast-track waiting times standards continue to be met. (See Item 6 of the Board agenda.)

6. *Second, we need to ensure that the NHS is positioned as well as it can be for 2015/16.* This will require balancing a number of competing considerations. A realistic approach to new service requirements and a pragmatic approach to operation of the Better Care Fund will need to be matched by concerted action on system-wide efficiencies. (See Item 4 of the Board agenda.) NHS England will be cutting its own running costs by March 31st so as to go into the

new financial year in a balanced financial position. (See Item 7 of the Board agenda.)

7. *Third, we need to articulate a strategic direction for the next five years.* So with our partners we will publish an NHS Forward View next month. (See Item 5 of the Board agenda.)

Contingency planning

8. *Ebola.* Together with Public Health England and DH, NHS England's emergency preparedness team have worked diligently to ensure the NHS was and remains ready to respond to demands arising from the outbreak of Ebola in West Africa. We were closely involved in the arrangements and care for the British nurse William Pooley who was repatriated from Sierra Leone and successfully looked after at the Royal Free Hospital in London.

9. *Scotland.* The Scottish Parliament has run its own NHS for the past 15 years, with freedom to set its own health spending. That will continue regardless of the result of their independence referendum. However Scottish patients currently make use of a number of specialist health services throughout England, such as heart/lung/and other organ transplants as well as numerous specialist cancer treatments. Were Scotland to decide to cede from the United Kingdom, the legal status of Scottish patients wishing to access these services south of the border would change. This would require a new bilateral agreement, or if Scotland were accepted into the EU/EEA then Scottish patients could in theory be treated here on the same basis as, say, a patient from Belgium or Slovakia. Any work on these new cross-border funding protocols and prior approval mechanisms has been deferred until the referendum result is known.

Use of NHS England seal

10. NHS England is required to apply its seal to a number of documents. A list of documents sealed between 1 February and 27 August 2014 is attached in the Annex to this report.

Simon Stevens, CEO

Annex A

Documents sealed with the NHS England seal between 1 February and 27 August 2014

Number	Date	Document
27	6.2.14	Deed of obligation- land at Hook Lane, Harrietsham, Maidstone
28	6.2.14	Deed of variation – in relation to diagnostic services agreement for London
29	6.3.14	Deed of variation of Lease of elective facilities on trust site at premises at Cirencester Hospital, Cirencester, Gloucester
30	20.3.14	Deed of obligation relating to payment by Maidstone Borough Council of the primary healthcare contribution relating to TPS DEZ Developments – land to the rear of the former BP filling station, 531 Tonbridge Road, Maidstone.
31	27.3.14	Deed of Novation and guarantee 1 April 2014 Mr Patrick Ford and Watford Orthodontic practice Limited and National Health Service England.
32	27.3.14	Deed of Novation and guarantee, 1 April 2014 Mr HR Patel and Abingdon Dental Practice and National Health Service England.
33	27.3.14	Cuffley Health Centre property lease of 2nd floor – Central and Eastern Commissioning Support Unit.
34	3.4.14	Underlease by reference to superior lease Unit 20, High Force Road, Cadcam III Estate, Riverside Park Road, Middlesborough
35	28.4.14	Deed of Novation and guarantee Mr WS Qureshi, the Dental Suite, (Northants) and NHS England
36	8.5.14	Deed of Variation – in relation the agreement for PET/CT services dated 13 February 2008 (addition of fixed site at Hull)
37	11.6.14	Lease of part ground floor, The Gables, 17 Massets Road, Horley, Surrey
38	11.6.14	Counterpart underlease of part ground and third floor Charter House Parkway, Welwyn Garden City, Hertfordshire.
39	3.7.14	Deed of Variation in relation to the Agreement of Elective Services dated 13 February 2008 (clarification of 3rd party services for NHS Trust)
40	3.7.14	Deed of Variation in relation to the elective services agreement dated May 2008 (variation to formula for indexation of prices for 2014/15 and clarification relating to provision of 3rd party services to NHS Trust
41	3.7.14	Underlease of part by reference to superior lease relating to part of the 1st floor, 1 Lower Marsh Street, London, SE1 8RJ

42	10.7.14	Deed of Novation, HMP Manchester Drug and Alcohol Treatment Service
43	17.7.14	1. The Original Building Contract (JCT) for Baggaley Construction Ltd 2. The JCT Novation from Baggaley Construction to Harold Adkins and Sons Ltd 3. The CDM Novation 4. The PSA with Nottingham Lift Company
44	31.7.14	Deed of Novation and guarantee: 1 May 2014 Mr HR Patel and Abingdon Dental Practice Ltd and NHS England
45	31.7.14	Deed of Novation and guarantee: 1 May 2014, Mr WS Qureshi and the Dental Suite (Northants) Ltd and NHS England.