

NHS England

Minutes of the Board meeting held in public on 26 March 2015

Present:

Professor Sir Malcolm Grant	Chairman
Simon Stevens	Chief Executive
Ed Smith	Non-Executive Director and Deputy Chairman
Lord Victor Adebawale	Non-Executive Director
Professor Sir John Burn	Non-Executive Director
Margaret Casely-Hayford	Non-Executive Director
Ciaran Devane	Non-Executive Director
Dame Moira Gibb	Non-Executive Director
Noel Gordon	Non-Executive Director
David Roberts	Non-Executive Director
Paul Baumann	Chief Financial Officer
Jane Cummings	Chief Nursing Officer
Ian Dodge	National Director: Commissioning Strategy
Sir Bruce Keogh	National Medical Director
Dame Barbara Hakin	National Director: Commissioning Operations
Tim Kelsey	National Director for Patients and Information
Karen Wheeler	National Director: Transformation & Corporate Operations

In Attendance (Item 8):

Carolyn Downs	Chief Executive – Local Government Association
David Pearson	President – Association of Directors of Adult Social Services

Secretariat:

Fiona Barr	Head of Corporate Governance and Board Secretary
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1.0	Welcome and Introduction
1.1	The following declarations of interest were made: <ul style="list-style-type: none"> • Malcolm Grant – Board Director of Genomics England Ltd • Moira Grant – Chair of Skills for Care.
1.2	There were no apologies for absence.
1.3	The Chairman referenced that a very productive workshop had been held with NHS Citizen the previous day.
2.0	Minutes of the Previous Meeting
2.1	The minutes of the meeting held on the 29.01.15 were accepted as an accurate record. There were no matters arising.
3.0	Chief Executive's Report
3.1	Simon Stevens thanked NHS staff for their involvement and participation in the NHS Change Day and the commitments made. He referenced improvements in NHS performance, including in the Accident & Emergency service (A&E) for which careful planning had been made for Easter. The £250m allocation in the recent Budget for child and adolescent mental health was highlighted along with developments in the tariff for NHS providers. Managing the temporary workforce in the NHS was identified as an important means by which NHS providers could help address immediate financial challenges. Implementation of the <i>Five Year Forward View</i> are now underway

	including new programmes on Obesity and Diabetes and the devolution of services in Manchester. NHS England's 2015/16 Business Plan (to be discussed later on the agenda) laid out clear priorities in the period ahead.
3.2	The Board received the report.
4.0	NHS England 2015/16 Business Plan
4.1	Karen Wheeler introduced the Business Plan, explaining how it had been developed over the preceding months; she thanked the Board for their input and comments.
4.2	The Board welcomed the concision of the document and the alignment of activity and resource around ten clear priorities. It also noted that the Department of Health was satisfied that the Business Plan 2015/16 met NHS England's mandate commitments. The Board reflected that key to delivery was a collaborative way of working between stakeholders, providers and patients to bring about the necessary changes. They noted the importance of leadership and culture in the NHS to unlock the vision of the Business Plan and FYFV.
4.3	The Board confirmed that it was content with the priorities set out in the 2015/16 Business Plan and the associated budgets for programme and running costs (as well as the delegation of detailed budgets to the Investment Committee). Given there were still some minor changes to be made to the document before final publication, the Board agreed to delegate final approval to the Chief Executive and Chairman.
5.0	Primary Care Co-Commissioning Update and Next Steps
5.1	Ian Dodge briefly introduced the paper explaining how the new framework of co-commissioning primary care supported NHS England's vision for more joined-up "place based" commissioning and was in line with the new deal for primary care signalled in the FYFV.
5.2	The Board noted that the Commissioning Committee was satisfied with the new arrangements and had confidence that any conflicts of interest had been managed appropriately through the provision of statutory guidance and training for lay members of Clinical Commissioning Groups (CCGs).
5.3	The Board was assured by the progress made. In line with NHS England's policy on the co-commissioning of primary medical services, the Board formally resolved to delegate primary medical service functions, as set out in delegations and delegation agreements, to CCGs that had been approved for the purpose, and authorised the Chief Financial Officer to execute the new arrangements.
6.0	New Care Models Programme: Overview
6.1	Ian Dodge advised the Board that the New Models of Care (NMC) programme was now up and running. There had been overwhelming interest from the NHS resulting in a total of 269 applications being made which had been shortlisted to 63 of which 29 Vanguard Sites had been selected.
6.2	The Board asked how local patients and stakeholders had been engaged in the process and were advised that empowerment and co-design with patients and citizens were at the heart of the Vanguard model. In many instances, the demand for change at a local level lay behind an NMC application.
6.3	The Board was advised that the plans for each Vanguard site would now be subject to review and challenge so a tailored package of support could be put in place. To accelerate the pace of change and to inform future rounds, good

	practice would be shared and there would be an analysis of the main barriers and the reasons why applications had been unsuccessful.
6.4	The Board reflected that inviting the NHS to lead changes in how care was organised and delivered represented a significant departure from the traditional “top down” approach. There was clearly an appetite for using innovation and new ways of working to resolve local challenges though replicability across the country was key.
6.5	In closing, the Board wished its thanks to be conveyed to the team supporting the NMC programme.
7.0	Genomics: Update on NHS Preparedness for Delivery of the 100,000 Genome Project
7.1	Tim Kelsey and Bruce Keogh updated the Board on the work to deliver the 100,000 Genomes Project, including the designation of the first wave of NHS Genomic Medicine Centres which became operational from March 2015.
7.2	They explained that successful delivery of the project would position the NHS as a global leader and make a major contribution to the economy by establishing the UK as the international base for genomics science and industry. They highlighted the significance of the project in signalling a new era in personalised medicine, adding that it was being done at scale and speed but safeguards had been put in place to support intellectual property, clinical governance and technical assurance.
7.3	The Board noted the considerable progress made by the NHS Genomics Medicines Centres, NHS England and Genomics England Ltd in delivering a complex programme within ambitious timescales and agreed to receive a paper at a future meeting on plans for realising a new era of personalised genomic medicine once the 100,000 Genomes Project had been completed.
7.4	Bruce Keogh sought and received the Board’s approval to undertake a scoping exercise to help the Board understand the implications of emerging technologies, particularly genomics and associated IT, on the NHS.
8.0	Adult Social Care – the Service and its Role in an Integrated Service
8.1	The Chairman welcomed Carolyn Downs, the Chief Executive of the Local Government Association, and David Pearson, the President of the Association of Directors of Adult Social Services, and invited them to present their report.
8.2	They provided an overview of Adult Social Care (ASC) in England and its fit within an integrated system, advising the Board that ASC was entering a period of significant change from April 2015 to implement the reforms of the Care Act. They also noted that the service remained under considerable financial pressure, in light of changes in legislation and demography, and that the ability of the NHS to continue to make its efficiency savings would be compromised if ASC funding was not protected at reasonable levels.
8.3	In discussion the Board considered the importance of making best use of the strengths of both the NHS and ASC and recognised the role that social care played as part of a sustainable NHS. It also reflected on the benefits of a funding settlement which included both health and social care and was underpinned by a shared outcomes framework which aligned financial incentives. The importance of joining up health and social care for the benefits of patients was recognised as was the transformative role of personalised budgets. The Board agreed that only through closer working, at both a national and local level, would health and social services really be

	designed and delivered around each individual's needs.
8.4	The Chairman thanked Carolyn Downs and David Pearson for attending the Board meeting and stimulating such an informative discussion, confirming that NHS England was committed to continued closer working. The Board also invited a future discussion on children's social services.
<i>The Board meeting was adjourned for 15 minutes.</i>	
9.0	Digital Health Services by 2020: Delivering Interoperability at Point of Care to Support Safe, Effective, Efficient and High Quality Care
9.1	Tim Kelsey updated the Board on the progress being made to implement digital standards across the NHS which underpinned the delivery of the goals outlined in the Five Year Forward View and the National Information Board Framework – "Personalised Health and Care 2020". He explained that, subject to the Board's approval, a public consultation would begin with the health and care sector on the proposals contained within the paper.
9.2	The Board welcomed the adoption of digital standards across the NHS – particularly for the benefits it would provide to patients in having access to and control over their records. It emphasised the need to strive for the highest standards of digital security and encouraged patients to lead the change by demanding access to information at the point of care (perhaps through the development of mobile apps).
9.3	In summary, the Board: <ul style="list-style-type: none"> i. ratified the current approach to the implementation of digital standards as mainstream health and care commissioning requirements ii. approved the current priority list of digital standards for 2015/16 and supported the future priorities in the digital standards pipeline for 2016—2018 iii. confirmed its support to use all available commissioning levers in 2015/16 to help secure comprehensive adoption of digital standards by the publicly funded NHS and care sector.
10.0	NHS Performance Report
10.1	In setting out the findings of the report, Barbara Hakin reminded the Board that the majority of A&E patients were seen within four hours and the median waiting time was only 50 minutes. She also noted: <ul style="list-style-type: none"> • two million more A&E attendances than five years ago • more than a quarter of a million more emergency admissions than two years ago • 33% more diagnostic tests than five years ago • one million more operations and procedures than five years ago (half million more than two years ago).
10.2	She also advised that the NHS now sees around 320,000 outpatients per week and 150,000 planned care admissions and that 15% more Category A ambulances arrive on scene than two years ago (8% more than one year ago). There had also been an increase of 400% in NHS 111 calls since 2012, with 12.4m people using the NHS 111 in 2014 (though, in 2012, the NHS 111 service only covered about a tenth of England).
10.3	The Board received the report and were assured by the actions being taken to support NHS performance. It was also advised that further work was being undertaken by the Executive to better understand the reasons behind performance.

11.0	Emergency Preparedness, Resilience and Response (EPRR)
11.1	Barbara Hakin introduced the report which updated the Board on NHS emergency preparedness, resilience and response (EPRR) in line with the statutory requirements placed upon NHS England by the Civil Contingencies Act (2004) and the Health and Social Care Act (2012). She said the report provided good assurance against NHS England's statutory responsibilities and would inform the Department of Health's position on EPRR.
11.2	The Board reflected that Ebola and industrial action by healthcare unions had been two major issues in 2014/15 and commended the work of the EPRR team.
12.0	NHS England Performance Report
12.1	The Board received the NHS England Performance Report which set out the organisation's performance against its 2014/15 Business Plan. The Board noted that risks to performance were reviewed monthly by the Executive.
13.0	Consolidated 2014/15 Financial Report (Month 10)
13.1	The Chief Financial Officer updated the Board on the financial results for the first ten months of 2014/15. He advised that the year-end forecast was a 0.2% overall underspend primarily driven by a slower pace of CCGs clearing legacy claims relating to continuing healthcare provision.
13.2	The Board received the report, noting that the financial position had been well-managed through the year though anticipated that 2015/16 would be more difficult.
14.0	Reports from Board Committees
14.1	The reports from the meetings of the Investment Committee on 02.02.15 and 09.03.15 and the Audit & Risk Assurance Committee on 27.02.15 were taken as read.
14.2	David Roberts, the Chairman of the Commissioning Committee, reported on the meeting which had taken place the day before (25.03.15) advising that the main areas of focus had been strategy, assurance, finance and quality. The Committee also reviewed the programmes for NMC and co-commissioning as well as the commissioning arrangements under a new devolved approach in Manchester. In addition the Committee also approved the Commissioning Assurance Framework 2015/16, subject to minor changes, and also reviewed a new Commissioning Scorecard which was under development and on which views were being sought from CCGs.
15.0	Any Other Business
15.1	There were no items of any other business and at 12:55 the Board resolved to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).
Date of Next Meeting: Thursday 28 May 2015, London	

Agreed as an accurate record of the meeting	
Date:	

Signature:	
Name:	Malcolm Grant
Title:	NHS England Chairman