

BOARD PAPER - NHS ENGLAND

Title: Chief Executive's Report.
By: Simon Stevens, Chief Executive.
Purpose of Paper: <ul style="list-style-type: none">• 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.
The Board is invited to: <ul style="list-style-type: none">• Note and discuss the various items referred to herein.

**NHS England Chief Executive's Board Report
NHS England Board – 24 September 2015**

1.0 INTRODUCTION

- 1.1 Here I report on various topics not otherwise covered on our public Board agenda.
- 1.2 The *NHS Expo* in Manchester earlier this month was an unqualified success. A great cross-section of staff from across the NHS engaged in realistic but energetic debates about how different parts of the NHS are gearing up to shape their own destinies, at an event put on at no cost to the NHS or taxpayers. I used the event to launch the NHS' new programme to support staff health and wellbeing, in partnership with NHS Employers, the Royal College of General Practitioners, British Medical Association, and staff side unions – see the separate item on this Board agenda for more details.
- 1.3 The Oval cricket ground has hosted two large *Five Year Forward View* (FYFV) related events since our last Board meeting in July. One was a gathering of 400 NHS organisations and international innovators who came together to 'match make' as part of the new *NHS innovation 'test beds'*. The other was a two day event where a shortlist of the 55 acute and mental health trust applicants pitched to each other and to patient groups and other stakeholders their best ideas for the new *Acute Care Vanguard*s. The successful organisations for this new cohort of Vanguard
- s will be announced shortly. Work has also begun to develop alternative Multispecialty Community Providers (MCPs) and Primary and Acute Care Systems (PACS) contracts.

2.0 LOCAL LEADERSHIP

- 2.1 Since our July 2015 Board meeting, we've continued our programme of direct engagement between the leadership of NHS England and frontline NHS and local government leaders around England.
- i. A fortnight ago, national directors and I spent two days in Bristol hearing from clinical commissioning group (CCG) leaders, provider trust chief executives, and local government executives across *the South West*, as well as from our own staff. I also spent time with teenage cancer patients, their families and hospital staff at University Hospitals Bristol.
 - ii. Last week I was joined in *Manchester* by David Behan, Bob Alexander, Andrew Dillon, Duncan Selbie and Ian Cumming to review progress towards the April 2016 kick-off for 'Devo Manc'. Sir Howard Bernstein and I co-chair the Greater Manchester Devolution Partnership Board.
 - iii. Anne Rainsberry and I have been in discussion with *London* councils, the Greater London Authority and Mayor about possible next steps on the integration agenda in London, recognising that for many reasons this should not take the same form as proposed in Greater Manchester.
 - iv. With our support, local authorities in the *West Midlands* have now launched a commission to review how enhanced mental health services could lead to reduced joblessness and accelerate economic growth. Norman Lamb has agreed to chair this panel.
- 2.2 A separate paper on our Board agenda sets out the principles NHS England might use in responding to these and other devolution proposals from other parts of the country as they arise.
- 2.3 The opening event of the new *Cumbria Success Regime* was held last week, and I will be visiting together with senior leaders from Care Quality Commission and NHS Improvement in several weeks' time to review first-hand the work now taking place. Leadership appointments and programme scoping with NHS Improvement are also now complete for the other two first wave *Success Regime* locations - Essex and North East and West Devon.

3.0 CCG SUPPORT

- 3.1 In line with our more differentiated approach to CCG assurance, we are working with the King's Fund and other partners to develop a new CCG scorecard that we will use to help assess CCG performance. High performing CCGs wanting to apply for the first time for delegated powers for primary care commissioning from April 2016 have until 06.11.15 to do so. We have also, during August, for the first time issued statutory directions to three underperforming CCGs – Surrey Downs, North East & West Devon, and Enfield, further to the equivalent directions previously issued to Barnet CCG.

4.0 ARM'S LENGTH BODY ALIGNMENT

- 4.1 The process of establishing the new NHS Improvement under Ed Smith's leadership is advancing, and we are working closely with him as the new organisation and leadership takes shape. I will be making complementary appointments to several important roles in NHS England. As previously discussed, Barbara Hakin and Tim Kelsey leave us on 31.12.15, and recruitment for new leadership is in hand. The process begins with the imminent recruitment of senior clinicians to lead our primary care and specialised commissioning teams, and a senior executive to lead implementation of our new national cancer strategy.

5.0 2015/16

- 5.1 Continued work is under way to ensure commissioners deliver to budget this year. Paul Baumann, Chief Financial Officer, will update the Board on the multiple and complex actions in hand to secure this. There are also encouraging signs that emergency activity growth in Q1 has been modest, and so far lower than the prudent level of increase funded in commissioner contracts precisely in order to avoid any suggestion that commissioners were underfunding needed volumes. The publication last week of the latest version of the NHS Atlas of Variation is also a reminder that – despite current budget pressures – there are substantial opportunities still available to commissioners to unleash improvement and value from current budgets in just about every part of the country.
- 5.2 Equivalent work is underway by NHS Improvement and the Department of Health (DH) in respect of the budgets for which they have responsibility. Lord Carter will also be writing to individual trusts shortly setting out his estimate of the efficiency opportunity in front of them. However the further *increase* in providers' temporary staffing overspending in Q1 - at precisely the time when they planned the opposite - points to the need for much more rigorous, collective and immediate employer action to cap rates and convert agency spending into flexible permanent jobs. Complementary action is also needed by Government in respect of international recruitment and new career ladders between care assistant and graduate nursing roles. These are expected shortly.

6.0 2016/17 PLANNING TIMETABLE

- 6.1 Until the outcome of the Spending Review (SR) is finalised at the end of November 2015, it will not be possible to finalise detailed 2016/17 NHS allocations, efficiency assumptions and tariff. Similarly the NHS England Mandate and associated requirements from Government needs to await decisions on SR sequencing over the next five years, so DH will simply consult on broad themes ahead of that. However we will issue some key planning parameters shortly in conjunction with the NHS Trust Development Authority and Monitor. Our aim is that CCGs and providers produce specific plans for 2016/17 well before March 2016, and use the opportunity between now and summer to develop meaningful local FYFV health systems sustainability and transformation plans with their partners.

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