

BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 15 December 2016 – 10:45 to 12:45

Location Rooms 102A & 124A, Skipton House, London

MINUTES

RECORD OF MEETING

Welcome, Introduction & Apologies

- i. The Chairman welcomed everyone to the meeting, noting that the Board is committed to openness and transparency. The meeting was held in public, but it was not a public meeting.
- ii. There were no apologies for absence.
- iii. Board Members were invited to declare any interests in respect of specific items on the agenda for this meeting. There were no declarations over and above those already recorded.
- iv. The Chairman welcomed Cally Palmer, National Cancer Director, who was in attendance to present the programme update on taking the cancer strategy forward.

1. Minutes of the Previous Meeting

- 1.1 The minutes of the meeting held on 29 September 2016 were approved. There were no matters arising.

2. Chairman's Report

- 2.1 The Chairman informed the Board that he had been involved in a number of speaking engagements and liaison meetings since the last meeting, including a visit to the NHS England Test Bed in Sheffield
- 2.2 The Chairman reported that he and the Chief Executive had conferred Everyone Counts awards on a number of NHS England staff in November – stressing how important these awards were in recognising members of staff who go extra the mile and are often unnoticed.
- 2.3 He further reported that he had attended a meeting of the Board of NHS Improvement on behalf of the NHS England Board, commenting that this gave him the opportunity to understand their challenges – in particular how they are addressing the deficit position within the provider sector.
- 2.4 Further, the Chairman reminded the Board of the work of the Task and Finish Group on Conflicts of Interest, which will report in the near future, with the aim of providing a consistent and coherent set of guidance across the NHS and beyond. He reported that there had been good cooperation from many interested parties, including both the ABHI and the ABPI, stressing that the guidance was to protect individuals from false imputation of inappropriate behaviour. He noted that different interests held by individuals were more readily managed within silos, but that complexity grew as new ways of working within the NHS meant that traditional boundaries were dissolved.
- 2.5 The Chairman briefly reported on the current state of play with the 100,000 Genomes programme, noting current discussions with Ministers.
- 2.6 Finally, the Chairman formally reported to the Board a recent decision, taken under Standing Orders jointly by the Chairman and Chief Executive and

following the requisite consultation with other non-executive directors, in the context of continuing issues with Capita, whereby an extension of up to eight weeks had been granted for the current grace period for inclusion of Dental Practitioners on that list. The Board noted the decision.

3. Chief Executive's Report

- 3.1 The Chief Executive updated the Board, focussing on the following areas:
- He had given evidence at a number of recent Parliamentary Committee hearings, and had particularly underlined the need to focus on social care, reiterating that in order for the NHS to deliver that which is required, there must be a well-resourced social care system that can keep up with rising demand.
 - He noted the recently published one year cancer survival rates, which had shown that more people than ever before were living longer after a diagnosis of cancer.
 - Finally, he reported that the Board of the Human Fertilisation and Embryology Authority would be meeting to consider mitochondrial donation, and if accepted then NHS England had committed to funding of up to £8m for a clinical trial.
- 3.2 The Board received and noted the Chief Executive's report.

4. Taking the Cancer Strategy Forward: programme update

- 4.1 Bruce Keogh introduced this item, informing the Board that there had been some discussion recently around the availability of cancer drugs and explaining that they are getting both better at treating cancer and more expensive, and that some have limited efficacy. He reminded the Board that the new Cancer Drugs Fund (CDF) aims to offer faster access to the most appropriate treatment and to provide better value for money for the taxpayer.
- 4.2 Bruce remarked that transition has been successful, with 41 of 43 drugs moved to the new CDF, and that 7 out of 9 of those assessed have now been approved.
- 4.3 Bruce welcomed Cally Palmer, National Director for Cancer. Cally reminded the Board that the aim of the Cancer Taskforce was not only to reduce preventable cancers, increase cancer survival and improve the experience of those undergoing treatment for cancer, but also to deal with the variation in access to care and the standard of delivery of care across the country.
- 4.4 Cally highlighted the following points from her report:
- 16 Cancer Alliances have been established across England to drive implementation of the strategy locally. Over the next two years more than £200m transformation funding will be made available to the Alliances by a bidding process to help them to drive faster and earlier diagnosis; implement personalised care and support; and roll out stratified cancer pathways.
 - An intensive support team will be established, in partnership with NHS Improvement, to work with the 29 most challenged CCGs to bring about rapid and sustainable improvement by specifically focussing on supporting providers to achieve the cancer wait times.
 - A programme of funding over two years to enable a programme of modernisation to radiotherapy equipment. £130m will be funded from NHS England.
- 4.5 The Board welcomed the update on the work of the Cancer Taskforce,

requesting a further update next year.

5. Update on the 2017/2018 and 2018/2019 operational planning and contracting round

- 5.1 Matthew Swindells reminded the Board that the contracting round would cover 2017/18 and 2018/19, and had been brought forward by three months, with the ambition to have this completed by end December 2016.
- 5.2 He reported that good progress had been made, with feedback from Regional colleagues that the finalisation of a number of contracts is already underway, with good collaboration between commissioners and providers. NHS England and NHS Improvement teams continue work locally to achieve agreement, with clear escalation processes in place should the need arise.
- 5.3 The Board noted the update provided.

6. Sustainability and Transformation Plans

- 6.1 Matthew Swindells informed the Board that each of the 44 STP areas had formulated their sustainability and transformation proposals at the end of October. These were focussed on local delivery of the Five Year Forward View, improving health, quality and productivity of the NHS with a particular focus on prevention and avoiding unnecessary hospital.
- 6.2 He reported that work was ongoing, jointly, to turn those proposals into specific plans. He noted the support received from the Local Government Association throughout that process.
- 6.3 Matthew reported the expectation of increasing the level of clinical engagement, the involvement of the public, the voluntary sector, and local councillors would continue in the New Year.
- 6.4 The Board noted the update provided.

7. NHS England Corporate and NHS Performance Report

- 7.1 Karen Wheeler introduced this item and provided the Board with further assurance that NHS England continues to deliver against national programme plans. She reported the continued focus on holding Capita to account for improving the delivery of primary care support services, noting the commitment from Capita to continue to make progress against the recovery plan timescales.
- 7.2 Matthew Swindells reviewed the latest activity and performance data. He noted further increases in the numbers of delayed transfers of care, the reduction in A&E performance and the continued pressure on access to services due to the increased pressure on beds.
- 7.3 Matthew reported the work around the country to ensure that access to GP and community services would be available to help reduce the pressure on emergency departments throughout the forthcoming Christmas and New Year period.
- 7.4 The Board noted the report.

8. NHS Finance Report

- 8.1 Paul Baumann updated the Board on the latest financial data for the commissioning system, noting that the data presented reflected the position at the end of October.
- 8.2 He reported that the core forecast remains at breakeven, but highlighted the challenges faced by CCGs in particular to the substantially increased level of commissioner efficiencies required to maintain financial balance across the NHS as a whole.

8.3 The Board noted the report.

9. Reports from Board Committees

9.1 The Board noted the update from the Commissioning Committee meetings held on 28 September 2016, 13 October 2016 and 17 November 2016.

9.2 David Roberts reported that the main areas of focus for the Committee had been the Sustainability and Transformation process along with broader transformation (eg the GP Forward View and new models of care); the major organisational programmes (including a deep dive session on Urgent and Emergency Care); and assurance of NHS England's own activities as well as across the commissioning system as a whole.

9.3 The Board noted the update from the Investment Committee meetings held on 22 September 2016 and 10 October 2016.

9.4 Dame Moira Gibb informed the Board of a decision taken by the Investment Committee on the proposed changes to NHS England funding and delegations to align with a system-wide IT and digital approach, as discussed at their meeting held on 6 December 2016.

9.5 The Board formally ratified the decision.

9.6 The Board noted the update from the Specialised Services Committee Meeting held on 8 November 2016.

9.7 Noel Gordon highlighted the endorsement of the plan, under advice from Public Health England, to go ahead and commission anti-retroviral drugs for the prevention of HIV, known as pre-exposure prophylaxis (PrEP), through an extension of the national HIV prevention programme which will launch a large scale clinical trial early in the financial year 2017-18 with the aim of addressing critical outstanding implementation questions.

10. Any other business

10.1 The Chairman reflected that episodes of disease and ill health can affect the population at any time, and whilst many people across England would be taking time off, there would be a number of staff within the NHS and Social Care systems who would be providing services throughout the Christmas and New Year period. On behalf of the Board he expressed appreciation to them and to their families.

10.2 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) and the meeting was closed.

Agreed as an Accurate Record of the Meeting

Date:	
Signature:	
Name:	Professor Sir Malcolm Grant
Title:	NHS England Chairman

Members:

Professor Sir Malcolm Grant	Chairman
David Roberts	Vice Chairman, Chair of Commissioning Committee and Interim Chair of Audit and Risk Assurance Committee
Simon Stevens	Chief Executive Officer (CEO)
Lord Victor Adebowale	Non-Executive Member
Wendy Becker	Non-Executive Member
Professor Sir John Burn	Non-Executive Member
Dame Moira Gibb	Non-Executive Member and Chair of Investment Committee
Noel Gordon	Non-Executive Member and Chair of Specialised Services Commissioning Committee
Michelle Mitchell	Non-Executive Member
Paul Baumann	Chief Financial Officer (CFO)
Professor Jane Cummings	Chief Nursing Officer (CNO)
Sir Bruce Keogh	National Medical Director (NMD)
Ian Dodge	National Director: Commissioning Strategy (ND:CS)
Matthew Swindells	National Director: Operations & Information (ND:O&I)
Karen Wheeler	National Director: Transformation and Corporate Operations (ND:TCO)

Secretariat:

Lesley Tillotson	Board Secretary
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