

Public Document Pack

Late and supplementary information for Scrutiny Board (Health and Well-being and Adult Social Care) on 18 December 2013

Pages 1-12: Agenda item 6 – Minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 28 November 2013

Pages 13-22: Agenda item 7 – Report of the NHS England's Chief Executive's (prepared for the NHSE Board meeting on 17 December 2013) in relation to Urgent and Emergency Care.

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SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

THURSDAY, 28TH NOVEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors G Hussain, J Walker, C Fox,
K Bruce, S Varley, E Taylor, C Towler,
S Lay, J Hardy and N Buckley

55 Chair's Opening Remarks

The Chair opened the meeting and welcomed everyone in attendance.

The Chair outlined the number of matters under consideration at the meeting and highlighted the need for brevity to ensure all the business was given due consideration.

56 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late and supplementary information for consideration at the meeting:

- Report relating to GP Services at Woodlands Surgery, Chapeltown (minute 61 refers).
- Letter (dated 25 November 2013) from NHS England (West Yorkshire Area Team) regarding GP Services at Woodlands Surgery, Chapeltown (minute 61 refers).
- Report of Leeds Health and Social Care Transformation Board (minute 62 refers).
- Replacement report of Leeds Health and Social Care Transformation Board (minute 62 refers).
- Report on the National Institute for Health and Care Excellence consultation on Future Public Health Quality Standards and Guidance – proposed topic list (minute 65 refers).

The above documents were not available at the time of the agenda despatch, but would be made available to the public on the Council's website. Copies of the papers were also made available at the meeting.

57 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

58 Apologies for Absence and Notification of Substitutes

The following apologies for absence and substitute arrangements had been received and were reported to the Scrutiny Board.

- Apologies from Councillor James Lewis – Councillor John Hardy attending as a substitute.

59 Minutes - 30 October 2013

RESOLVED – That the minutes of the ordinary and call-in meeting held on 30 October 2013 be approved as a correct record.

60 Fundamental review of NHS Allocations Policy

Following the previous meetings held on 25 September 2013 and 30 October 2013, the Head of Scrutiny and Member Development submitted a report that introduced further information in relation to the Fundamental Review of NHS Allocations Policy and the potential implications for Leeds.

The following information was appended to the report.

- An update / briefing note provided by NHS England, through the West Yorkshire Area Team (Appendix 1);
- Summary of the action points arising from the 'core cities' Chief Finance Officer's meeting – 4 October 2013 (Appendix 2);
- A briefing note from the Director of Public Health regarding the Public Health budget in Leeds (Appendix 3)

The Chair of the Scrutiny Board outlined that from the written update prepared by the Director of Finance (NHS England (West Yorkshire)) there appeared to be a proposed shift in position from the initial methodology used to produce the draft allocations earlier in the year.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Ian Currell (Director of Finance – NHS England (West Yorkshire))
- Visseh Pejhan-Sykes (Chief Finance Officer – Leeds West Clinical Commissioning Group)
- Councillor Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)

In addressing the Scrutiny Board, the following points were made:

Director of Finance – NHS England (West Yorkshire)

- The NHSE Board would be considering NHS funding allocations at its meeting on 17 December 2013 – with papers for that meeting released 7 days beforehand.

- The NHSE Board was likely to consider a range of options around NHS funding allocations.
- Key issues were likely to include 'unmet need' and the 'pace of change'.
- A number of representations had been made following the release of draft proposals and the national team responsible for drawing this work together had met with Leeds' Clinical Commissioning Groups.

Chief Finance Officer – Leeds West Clinical Commissioning Group

- Pleased about the conversations with NHSE following the publication of draft allocations earlier in the year.
- A number of specific matters affecting Leeds' situation remained – including the move to GP registered populations rather than census population details.
- CCGs remained unclear about the full impact of individual elements of the formula used to produce draft allocations published earlier in the year.

Executive Board Member for Health and Wellbeing

- Some concerns regarding NHSE's openness and transparency on this matter remained and the involvement and engagement with local authorities had fallen short of expectations.
- The details available publically only provided a partial picture, with proposed allocations for Primary Care and Specialised Services unknown.
- An engagement event to discuss NHSE direct commissioning role around Specialised Services was scheduled to take place in London on 9 December 2013.
- The full impact of any changes in CCG funding on the plans for health and social care integration across Leeds remained unclear.

Members discussed the report and information presented to the Board, along with the details highlighted at the meeting. Members raised a number of issues, including:

- The definition of 'unmet need' and the potential implications for Leeds arising from the classification used as part of the proposed funding formula.
- Levels of deprivation and the potential impact of changes in CCG funding allocations on health inequalities across the City.
- The balance between more NHS resources being used to support older people and addressing unmet need, which can result in people dying at a younger age.
- The full impact of a potential reduction of £84M for CCGs in Leeds was unclear, particularly in terms of how such reductions would be managed (given the low levels of growth expected across the NHS in the coming years).

- The potential impact of different spending levels (per capita) across each of the 3 CCGs in Leeds.

The Chair thanked those in attendance for their contribution to the discussion at the meeting and looked forward to their input at future Scrutiny Board meetings, where appropriate.

RESOLVED –

- To note the information presented and discussed at the meeting.
- That the Principal Scrutiny Adviser draft a formal response to the NHS Funding Allocation proposals published by NHS England, taking account of the information due to be published ahead of the NHS England Board meeting (scheduled for 17 December 2013).

61 GP Services at Woodlands Surgery, Chapeltown, Leeds

The Head of Scrutiny and Member Development submitted a report that

To consider NHS England's decision to terminate the contract for Woodlands Surgery GP service in order to identify and agree any further action.

The information presented in the report outlined that on 29 October 2013, the Chair of the Scrutiny Board received notification that NHS England (West Yorkshire) had taken the decision to terminate the Woodlands Surgery GP practice contract. The surgery had been receiving guidance from the NHS England (West Yorkshire) and previously from NHS Leeds (the former primary care trust) because it had not been meeting the requirements of the GMS contract.

The report also detailed that on 15 November 2013, the Chair of the Scrutiny Board received a further letter from NHS England (West Yorkshire) advising of its decision to close the Woodlands Surgery on 6 December 2013. This notification was accompanied by a response to questions posed on 29 October 2013 and a public information sheet issued to patients currently registered at the Woodlands Surgery. These details were appended to the report.

The following representatives were in attendance to help the Scrutiny Board consider the information presented:

- Ian Currell (Director of Finance – NHS England (West Yorkshire))
- Steven Courtney (Leeds City Council, Principal Scrutiny Adviser)

The Principal Scrutiny Adviser gave a brief introduction to the report and summarised the events as they had been presented by NHS England.

The Director of Finance (NHS England (West Yorkshire)) addressed the Scrutiny Board and confirmed the matter fell outside his area of expertise. It was also confirmed that there was a range of information that was already in

the public domain (including the details presented to the Scrutiny Board) and as much of the details related to an individual practitioner; NHS England was unable to add any further comment.

The Scrutiny Board discussed the report and information presented and Members raised a number of issues, including:

- There were a number of issues related to the matter under consideration that were relevant to remit of the Scrutiny Board and warranted further consideration – however it was highlighted there was no desire undertake a ‘witch hunt’ and matters needed to be handled sensitively.
- The two recent Care Quality Commission (CQC) reports produced in rapid succession but with significantly different messages.
- The need to consider issues related to and associated with ‘singleton’ GPs.
- The need for the Scrutiny Board to have significant assurance about the governance and performance management arrangements associated with Primary Care.

The Director of Finance (NHS England (West Yorkshire)) confirmed that the Director of Commissioning (NHS England (West Yorkshire)) would welcome the opportunity to attend a future meeting to outline and discuss the West Yorkshire Area Team’s assurance role in relation to GPs and primary care services in general.

The Chair thanked the Director of Finance (NHS England (West Yorkshire)) for his attendance and clarifying NHS England’s current position.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That the Scrutiny Board revisit the matter at a future meeting to consider any ‘lessons learned’ and also consider the West Yorkshire Area Team’s assurance role in relation to GPs and primary care services in general.

62 Leeds Health and Social Care Transformation Board

The Head of Scrutiny and Member Development submitted a report that introduced an update on the work of Leeds Health and Social Care Transformation Board, including its governance arrangements and main work streams.

A replacement report from Leeds Health and Social Care Transformation Board was submitted to the Scrutiny Board. This corrected some inaccuracies presented in the previously circulated report. The following information was included in the revised report:

- An introduction and background information relating to the Leeds Transformation Programme;
- Transformation Outcomes and Priorities;
- Transformation Governance Arrangements and Services Strategy
- NHS Transformation Funding
- Transformation Programmes of work, including the following workstreams:
- Strategic Urgent Care
- Dementia
- Integrated Health and Social Care
- End of Life
- Improving outcomes for children

The following representatives remained in attendance to contribute to the Scrutiny Board consideration of the information presented:

- Dr Andy Harris (Clinical Chief Officer – Leeds South and East Clinical Commissioning Group)
- Rob Kenyon (Chief Officer Health Partnerships – Leeds City Council)
- Councillor Lisa Mulherin (Executive Board Member for Health and Wellbeing – Leeds City Council)

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which the Clinical Chief Officer (Leeds South and East Clinical Commissioning Group) made a number of points by way of introduction, including:

- In April 2013 the NHS underwent significant structural and organisational change, in the context of significant financial challenges across the public sector.
- The purpose of the paper included detailing how the Leeds Transformation Board had redefined its role and reaffirmed partners commitment to the transformation of Leeds health and social care commenced when the Transformation Board was initially established in 2010.
- The details of the Transformation Programmes of work (outlined in the report) would contribute significantly to the health and wellbeing of Leeds' residents.

Following the brief introduction, the Scrutiny Board discussed the report and other the details highlighted at the meeting. Members raised a number of issues, including:

- The shift towards preventative actions/ medicine rather than the treatment of disease and illness, and the development of 'up-streaming care'.
- Challenges and pressures around urgent care and patients' behaviours.
- The integration of health and social care services, including the shifting/ transfer of budgets.

- The critical need for public engagement in re-designing systems and helping to create a better understanding around the existing pressures in the current system.
- The need for some greater clarity around the respective roles of the local health and social care bodies – in particular those that sit below the Health and Wellbeing Board. (It was agreed that a summary sheet, explaining such arrangements, would be provided).

The Chair thanked those in attendance for their contribution to the discussion at the meeting and looked forward to their input at future Scrutiny Board meetings.

RESOLVED – To note the information presented and discussed at the meeting.

63 NHS England: Call to Action

Following the meeting held on 30 October 2013, the Head of Scrutiny and Member Development submitted a report that presented (at Appendix 1) the formal response from Leeds Clinical Commissioning Groups (CCGs) to the issues raised by the letter from the Chair of the Scrutiny Board (dated 16 October 2013), alongside some supplementary issues identified.

The report also presented (at Appendix 2) details of the NHS England's Chief Executive report to its Board meeting on 8 November 2013.

It was reported that no NHS representatives had been specifically invited to attend the meeting to contribute to the Scrutiny Board's further consideration of this matter.

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which Members discussed the matter and highlighted a number of points, including:

- A lack of response from NHSE in relation to the letter from the Chair of the Scrutiny Board (dated 16 October 2013).
- The Clinical Commissioning Groups (CCGs) consultation event held the previous day (27 November 2013) and specifically:
 - How well and widely publicised the event had been;
 - Concern around how effective the event would have been in engaging the public.
- There appeared to be broad agreement that NHS funding was 'flat-lining'.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To seek a formal response from NHS England (West Yorkshire Area Team) in the letter from the Chair of the Scrutiny Board (dated 16 October 2013).

- (c) To seek a formal response from Leeds Clinical Commissioning Groups regarding the engagement event, including the number of attendees and outcomes from the event.

(Councillor Sandy Lay left the meeting at 11:30am during consideration of the above item.)

64 Government Mandate to NHS England: 2014-15 Refresh

The Head of Scrutiny and Member Development submitted a report that presented information in relation to the Government Mandate to NHS England 2014-15.

The following information was appended to the report for consideration.

- The NHS Mandate from government;
- A summary/ explanation of the NHS Mandate
- NHS England's response to the NHS Mandate

It was reported that no NHS representatives had been specifically invited to attend the meeting and/or contribute to the Scrutiny Board's further consideration of this matter.

A brief introduction to the report was provided by the Principal Scrutiny Adviser, after which Members briefly discussed the report and associated appendices.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) To seek a joint report from NHS England (West Yorkshire Area Team) and Leeds Clinical Commissioning Groups (CCGs) detailing the local implications of the NHS Mandate on the planning, commissioning and provision of local health services.

65 Consultation on Future Public Health Quality Standards and Guidance - proposed topic list

The Head of Scrutiny and Member Development submitted a report that set out details of the consultation being undertaken by the National Institute for Health and Care Excellence (NICE) around the proposed topic list for future Public Health Quality Standards and Guidance.

The Scrutiny Board was advised that the Director of Public Health had sent his apologies for the meeting due to a prior engagement and a brief introduction to the report was provided by the Principal Scrutiny Adviser.

As part of his introduction of the report, the Principal Scrutiny Adviser outlined the following matters/ initial views, highlighted by the Director of Public Health for consideration by the Scrutiny Board:

- The list is very extensive, so will need to be refined to be a workable programme
- Maternal nutrition
- Oral health promotion in the community
- School based interventions on mental wellbeing
- Clusters of unhealthy behaviours (rather than each individually)
- Smoking Harm reduction – including smokeless tobacco and role of e cigarettes

In was also reported that the Director of Public Health had suggested that should the Scrutiny Board express any specific views he would be happy to collate these into an overall consultation response from the Council.

The Scrutiny Board was advised that the consultation would run until 20 December 2013.

The Scrutiny Board discussed the report and comments put forward by the Director of Public Health. Members highlighted a number of points, including:

- The need for more guidance on dental health – with poor dental health often associated with deprivation and cardiovascular disease.
- Guidance on recreational open space, other recreational provision and work on highways to provide advice on projected health implications/ benefits, in order to inform policy decisions of the Council.
- Completing issues often associated with the Council's roles as a Public Health authority; a licensing authority and a planning authority.
- Issues arising from PFI agreements (particularly schools), the result of which often excluded local residents from making use of such facilities outside of school operating hours.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) That the Principal Scrutiny Adviser, in conjunction with the Chair of the Scrutiny Board, should provide the Director of Public Health with the comments made at the meeting to inform an overall consultation response from the Council.
- (c) That a copy of the overall consultation response from the Council (referred to in (b) above) be provided to members of the Scrutiny Board.

66 Work Schedule

The Head of Scrutiny and Member Development submitted a report that presented the current draft iteration of Scrutiny Board's work schedule for 2013/14.

The report reminded the Scrutiny Board that, at its meeting on 21 June 2013, members had identified the following themes to form the broad direction of its work programme for 2013/14:

- Narrowing the Gap;
- Service quality;
- Urgent and emergency care;
- Progress / implications associated with achieving NHS Foundation Trust status;
- Information flows/ data sharing

It was also highlighted that at its meeting on 31 July 2013, the Scrutiny Board also considered and agreed to undertake further work around the following areas:

- Progress / implications associated with achieving NHS Foundation trust status;
- Urgent and emergency care;
- Men's health (request for scrutiny);
- Dermatology (request for scrutiny); and,
- Children's Epilepsy Surgery (request for scrutiny).

The report also highlighted that at its meeting on 25 September 2013, the Board had agreed that its work schedule should have some initial focus on issues associated with the NHS funding allocation policy.

The Principal Scrutiny Adviser outlined the on-going work to translate these issues into a more detailed work schedule, which was appended to the report. Members were specifically requested to comment on proposals for the Board to consider 'Narrowing the Gap'.

A brief update was given on the outcome of the dermatology working group meeting held on 20 November 2013.

Members discussed the report and proposals presented and a number of points were highlighted, including:

- Suggestions around how the Scrutiny Board might take forward the 'State of the City' debate, which had taken place the previous day, including inviting the Director of Development (and others as appropriate) to the next available meeting of the Board to examine the Board's role in taking matters forward.
- Support to community groups aimed at empowering communities to improve health.
- The need to draw together and conclude the Board's work in relation to the issues raised by the Leeds Dermatology Patient's Panel.
- To specifically include 'Smoking' as one of the topic areas associated with the Board's work around 'Narrowing the Gap'.

RESOLVED –

- (a) To note the information presented and discussed at the meeting.
- (b) Subject to other issues highlighted during the meeting, the draft work schedule as presented be agreed.

(Councillor John Hardy left the meeting at 12:10pm, during consideration of this item.)

67 Date and Time of the Next Meeting

RESOLVED – That the date and time for the next meeting of the Scrutiny Board was Wednesday, 18 December 2013 at 10:00am (Pre-meeting for Board Members at 9:30am)

(The meeting concluded at 12:25pm)

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Paper NHSE121301

BOARD PAPER - NHS ENGLAND

Title: Chief Executive's report

Clearance: Sir David Nicholson, Chief Executive

Purpose of paper:

- This report highlights a number of significant events that have taken place since the last meeting of the Board and are not covered elsewhere on the agenda. It also records urgent action taken since the last Board meeting.

Key issues and recommendations:

- The month since the last Board meeting has seen a great deal of progress and a number of significant developments. We continue to follow up the 'Call to Action' with a significant programme of work. Our Mandate from the Government for 2014/15 has been confirmed. We are taking a range of actions as part of the system-wide response to the Francis report. We have published a landmark report on urgent and emergency care.

Actions required by Board Members:

- The Board is asked to note the report.

Chief Executive's report

Introduction

1. This report highlights a number of significant events that have taken place since the last meeting of the Board and are not covered elsewhere on the agenda. It also records urgent action taken since the last Board meeting.

Development of our strategy

2. The delivery of the commissioning system's strategic response to the challenges outlined in 'The NHS Belongs to the People – A Call to Action' continues to gather pace. This is being achieved through on-going engagement by CCGs and area teams with local communities and stakeholders, and through NHS England's strategy and planning process that will lead to the production of five year strategic plans.
3. The 'Call to Action' (CTA) is now being considered and discussed at local level, with over 250 local events taking place over the autumn. CCGs and NHS England area teams are using a variety of approaches to reach across local populations, including running dedicated CTA events with staff, patients and the public, attending community groups, participating in fairs and exhibitions, and running on-line forums and surveys.
4. At national level, NHS England is supporting and adding further impetus to the 'Call to Action' through our programme of national events. The purpose of these events is to bring together national stakeholders and local communities around key themes that will be central to the next NHS planning round, and to generate 'thought leadership' pieces that commissioners can use to help shape their five year strategies. Two important events were held in November: a workshop on the 'parity of esteem' (i.e. valuing physical and mental health equally) and an 'NHS Futures Summit' hosted jointly with Monitor and the NHS Trust Development Authority.
5. The 'Parity of Esteem' event in Manchester attracted over 70 delegates. Mental illness is the single largest cause of disability and cost to the NHS. The event was designed so that participants could take part in a focused conversation about how the NHS can prioritise mental and physical health in future planning, to allow patients and the public to challenge the views of the experts and put forward their own views on what 'good' services look like for people with mental and physical health needs.
6. The NHS Futures Summit was held on 21 November in central London. Hosted by Sir Malcolm Grant, Dr David Bennett from Monitor and David Flory from the NHS Trust Development Authority, the summit was designed to spark debate about how the landscape of health and care providers should evolve over the next decade. Over 100 senior health leaders took part including commissioners, providers, health policy experts and patient and charity representatives. The agenda was organised around contributions from six leading thinkers or practitioners who each outlined their views about how providers might adapt to

changing health needs and economic constraints. A report of the summit will be prepared which will be used to prompt further debate about options for the future and to assist CCGs and their partners as they begin to develop their own five-year strategies.

7. Digital communication continues to be a key part of the Call to Action. Over the last month, the Call to Action hash tag has been used 295 times. A recent word cloud analysis of coverage of the Call to Action has identified the top themes as being patients and prevention, which may indicate effective dissemination of messages from October's national prevention event.
8. Aligned with the 'Call to Action' has been the on-going development of the strategy and planning process, and the framework that will enable and support CCGs and area teams to develop five year strategic plans through the next NHS planning round. NHS England is developing a suite of tools as part of this process. This includes 'Any Town CCG' which will show what a typical CCG's strategy challenge will look like and how the application of high-impact interventions will address this and help close the gap. The model is comprised of three scenarios (Rural, Urban and Sub Urban) to help CCGs identify with this plausible analysis. The high impact interventions have been thoroughly tested for evidence they generate improvements in quality, patient experience and savings – and have created a methodology which can be applied to assessing future improvements and innovations. Templates and programmes of planning are also in production to enable CCGs to construct robust plans, and to ensure there is alignment across strategic vision and long term ambitions, immediate operational challenges and financial plans.

NHS England Mandate refresh

9. The Government has now published its mandate for NHS England for 14/15. The publication marks the successful conclusion of extended discussions between NHS England and the Department of Health regarding the mandate.
10. The refreshed mandate establishes the Government's strategic objectives for the NHS, retaining a clear focus on outcomes rather than inputs and processes, and empowering commissioners to think creatively about how local populations are best served.
11. Following the publication of the refreshed mandate, Professor Sir Malcolm Grant has written to the Secretary of State, Rt Hon Jeremy Hunt MP, setting out NHS England's commitments, objectives and principles for securing the outcomes identified in the Mandate.

Pharmaceutical Pricing Regulation Scheme

12. A new Pharmaceutical Pricing Regulation Scheme has been agreed by the Department of Health to start from 1 January 2014, and will be non-contractual and voluntary, building on the current PPRS. The scheme will be a single, holistic, UK pricing agreement covering all the relevant key issues that underpin the pricing of NHS branded medicines. Importantly, it is intended to provide

stability and predictability to both government and industry to enable certainty of planning.

13. The purpose of the scheme is to provide Government with surety on the level of NHS expenditure on all branded medicines supplied by companies in the voluntary scheme. There will be “Allowed Growth Rates” in PPRS spend for each year of the scheme set at 0%, 0%, 1.8%, 1.8%, 1.9% and these will remain fixed. Where spending growth exceeds these, the industry will make offsetting payments to the Department of Health. There will be some lags in identifying the total quantum of offsetting payments such that the “Allowed Growth Rates” may be exceeded within a year and be corrected for in subsequent years.
14. The Mandate funding being available to NHS England by the Department of Health for 2014/15 and 2015/16 reflects expected payments to be made by branded pharmaceutical companies to DH as part of the Pharmaceutical Price Regulation Scheme agreed between DH and the Association of the British Pharmaceutical Industry.

The Government's response to Francis

15. On 19 November the Government published a full response to the 290 recommendations made by Robert Francis, following the public inquiry in to the failings at Mid Staffordshire NHS Foundation Trust.
16. This follows the government’s initial response in February, which included the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations so they have to be open with families and patients when things go wrong.
17. NHS England has already taken action in response to the concerns raised by the tragedy at the Mid-Staffordshire NHS Foundation Trust. This includes launching the Friends and Family Test to gather patient feedback, and rolling out a new plan for nursing, midwifery and care staff – the 6Cs Compassion in Practice strategy.
18. I would like to draw the board's attention to the significant work that NHS England is leading to improve the safety of patients as part of a co-ordinated response to the Francis Report. In the coming months we will:
 - launch Patient Safety Collaborative Programmes in a network covering the entire country – that will bring together frontline teams, experts, patients, commissioners and others to tackle specific patient safety problems as well as learning from each other to improve safety;
 - create an NHS Improvements Fellows programme – appointing 5,000 fellows within five years who will be champions, experts, leaders and motivators in patient safety and will help the collaboratives devise and implement solutions;
 - make Patient Safety Data more accessible – ensuring up-to-date information on patient safety issues, including staffing, pressure sores, falls and other key indicators will be available at the fingertips of patients;

- publish Never Events Data – and by so doing for the first time placing the NHS as a world leader among health services in terms of openness and transparency, and
- re-launch the Patient Safety Alerts System – giving a clearer framework for organisations to understand issues and take rapid action when responding to patient safety risks.

Review of urgent and emergency care

19. On 13 November we published Professor Sir Bruce Keogh's review of urgent and emergency care services. The review report proposes a fundamental shift in provision of urgent care, with more extensive services outside hospital and patients with more serious or life threatening conditions receiving treatment in centres with the best clinical teams, expertise and equipment.
20. Developed after an extensive engagement exercise, the review report proposes a new blueprint for local services across the country that aims to make care more responsive and personal for patients, as well as delivering even better clinical outcomes and enhanced safety.
21. The report makes proposals in five key areas:
 - **providing better support for people to self-care** – the NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional;
 - **helping people with urgent care needs to get the right advice in the right place, first time** – the NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem;
 - **providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E** - this will mean: putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they don't need to be conveyed to hospital to initiate care;
 - **ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery** - once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for

all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the country. It expects the overall number of Emergency Centres – including Major Emergency Centres – carrying the red and white sign to be broadly equal to the current number of A&E departments, and

- **connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts** - building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

22. The next phase of the review is now under way, overseen by a delivery group comprised of more than 20 different clinical, managerial and patients' associations. It is likely to take three to five years to enact the change outlined in the review report. However, over the next six months we expect to make significant progress in the following areas:

- work with local commissioners as they develop their five-year strategic and two-year operational plans; · Identification of transformational demonstrator sites to trial new models of delivery for urgent and emergency care and seven-day services;
- development of new payment mechanisms for urgent and emergency care services, in partnership with Monitor;
- completion of a new NHS 111 service specification so that the new service – which will go live during 2015/16 – can meet the aspirations of this review, and
- co-production with clinical commissioning groups of the necessary commissioning guidance and specifications over the remainder of 2014/15.

Childrens Takeover day

23. We made a commitment at our AGM in September to do more to involve children and young people in our core business. We therefore took the opportunity to participate in 'Childrens Takeover Day' on 28th November as an opportunity to put this commitment into practice.

24. Takeover Day is a national initiative that gives children and young people the chance to work with adults for the day and be involved in decision-making. Children benefit from the opportunity to experience the world of work and make their voices heard, while adults and organisations gain a fresh perspective on what they do.

25. There were two aspects to the day. First, I was pleased to be shadowed for the whole day by a young person called Issy Brant from Changing Our Lives. Issy

brought fresh insights to our work and I thoroughly enjoyed my time with her. Issy has written about her day on the Changing Our Lives website:
<http://www.changingourlives.org/index.php/what-we-do/our-projects/takeover-day/itemlist/tag/Takeover%20Day>

26. Second, the executive team attended a workshop with 45 young people from across the country, organised in partnership with the Young People's Health Partnership. The Young People's Health Partnership is a consortium of seven organisations working with the Department of Health, Public Health England and NHS England as strategic partners to raise the profile of the health agenda across the Voluntary Sector.
27. The young people spent the day together and then presented their ideas and proposals to the executive team. They identified a range of suggestions and proposals about how services could be improved for young people. I and my executive team colleagues pledged to act on what we heard. One of the most exciting proposals was to establish a young people's board and we will take this forward over the coming months.

Urgent actions taken since the last meeting of the Board

28. I would like to report three urgent actions taken since the last meeting:
 - approval of Updated standing financial instructions (SFIs) and standing orders (SOs);
 - approval of a special payment to a GP, and write-off of debt owed by the GP, and
 - Approval of the Eltham Community Hospital Stage 2 LIFT Business Case.
29. Further details of both urgent actions are contained in annex A.

**Sir David Nicholson
Chief Executive
December 2013**

Annex A: NHS England urgent action

Name of urgent action	Lead National Director(s)	Overview	Details	Board members approved	Date to be reported to Board
Updated SFIs and SOs	Bill McCarthy	Updated SFIs need to be published as quickly as possible, for the reasons explained in the separate request for that document. These needed to be accompanied by updated standing orders because of the significant interlinkage across the two documents.	Amendments to standing orders, ensuring they are in line with latest version of SFIs, adding in new introduction, amending to reflect Board agreements e.g. about use of the seal, and removing areas of duplication	Audit committee members including Moira Gibb and Naguib Kheraj David Nicholson Ed Smith Malcolm Grant	17 Dec 2013

Name of urgent action	Lead National Director(s)	Overview	Details	Board members approved	Date to be reported to Board
Special Payment and Write off Action	Paul Baumann	Special Payment to a GP and Write off of debt owed by GP.	<p>This was a complex case which required a special payment of £78,000 to be made to a GP and a further £75,788.36 to be written off in respect of outstanding debt owed by the GP.</p> <p>The case arose from a contractual dispute between the GP and a PCT and was inherited by NHS England. The settlement with the GP was arrived at after mediation.</p> <p>The approval of the Board was requested and also the approval of DH is required (n.b. this has <u>not</u> been secured at the time of writing) as this is above NHS England's delegated limit.</p>	<p>Efficiency Controls Committee members including Ed Smith, Paul Baumann and Jo-Anne Wass,</p> <p>David Nicholson, Malcolm Grant and Moira Gibb</p>	17 Dec 2013
Eltham community hospital	Paul Baumann	Approval of the Eltham Community Hospital Stage 2 LIFT Business Case	<p>Urgent Decision for the Chief Financial Officer to issue the letter to Community Health Partnerships at Attachment 2, to enable the scheme to proceed to financial close by the target date of 6 December.</p>	<p>Finance and Investment Committee members including Ed Smith and Moira Gibb, Malcolm Grant</p> <p>David Nicholson</p>	17 Dec 2013

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