West Midlands Academic Health Science Network
Board Meeting
9 - 11am
On Wednesday 25 March 2015
4 Greenfield Crescent, Edgbaston, Birmingham
B15 3BE

Minutes

Present: Michael Sheppard (MS), Christopher Parker (CP), Tony Davis (TD), Andy Garner (AG), Andy Taylor (AT), Mandy Shanahan (MS2), Sue Ibbotson (SI), David Adams (DA), Jo Chambers (JC), Dame Julie Moore (JM) and Blair Davis (BD)

Apologies: Jeremy Kirk, Brian Walsh, Peter Winstanley, Andy Hardy, Gavin Russell and Peter Lewis

Agenda Item 1: Welcome/Opening remarks/Apologies

MS welcomed Board members and apologies were received from those listed.

Agenda Item 2: Minutes of the last meeting

The minutes of the last Board meeting were accepted as a true and accurate record. The Chair noted most actions would be covered under later agenda items.

Agenda Item 3: Actions arising

It was confirmed that the secretary had sent out details of challenge process as agreed at the last Board meeting and TD confirmed that all other actions of the last Board meeting had been completed.

Agenda Item 4: Executive team report

CP informed that the opportunities for innovation process has been moving along well.

There is an increasing desire for NHS England (NHSE) regional organisations to be more closely aligned. This links to the Smith/Levy review and the proposed triple integration. David Levy visited the WMAHSN this week, and although limited in what he was able to say, he was able to say that AHSNs will remain largely untouched. However, the number of Clinical Senates could reduce, Strategic Clinical Networks will have the 'Strategic' removed from their title and NHS Improving Quality (NHSIQ) will be reduced significantly in size, with staff being redeployed. Many AHSNs have expressed a desire to take on the redeployed staff; however ,CP is very cautious about this as we have no idea of the detail or the

consequences. It could also divert us from our original role and undermine our neutrality as the 'honest broker'. There are also HR implications for our host trust, University Hospitals Birmingham NHS Foundation Trust (UHB). CP expressed this concern at a recent meeting in London and conveyed that this would be a matter for our Board to discuss.

JM agreed with this and stated that unless there are any clear benefits, then she does not agree to this. This was the general consensus amongst the Board members.

MS stated that we need to be cautious about picking up these activities, and that if there were any sudden changes or communications from NHSE regarding this, it may be necessary to contact Board members individually if this occurs before the next Board meeting.

CP updated the Board that while Paddie Murphy is still the 'caretaker' for the Patient Safety Collaborative (PSC), we have now appointed Peter Jeffries from Birmingham Children's Hospital NHS Foundation Trust to take on the PSC Programme Manager post, and hopefully he will be able to start soon. [Post meeting note: he will start part-time duties on 11 May and shift to a full time PSC role on 1 July.]

The first patients are being recruited for the West Midlands Genomics Medicine Centre (GMC). Three Ambassadors funded by the AHSN are to be appointed at Royal Wolverhampton Hospitals NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and University Hospitals of North Midlands NHS Trust to link between phase 1 and 2 trusts, ensuring any problems encountered at phase 1 are ironed out for phase 2 (and beyond). The GMC will improve IT and data sharing across the region, as well as the delivery of a genomics education and training package, with University of Birmingham (UoB) delivering the MSc in Genomics Medicine.

The Innovation and Adoption Management Service is about to be launched and will be moving later in the year to the commercial hub in the Institute of Translational Medicine.

The AHSN has been party to talks with the Greater Birmingham and Solihull Local Enterprise Partnership (LEP), UHB, Birmingham City University, Aston University and UoB to discuss how to attract individual investment to the region and grow a greater life sciences capability. (DA was also at the meeting with the LEP and Birmingham City Council and reminded CP and informed the Board that all those present had agreed to put emphasis on stratified medicine.)

CP and TD have been meeting with the theme directors to negotiate greater affordability and clearer focus on outputs.

TD then went on to provide updates on the mental health, integrated care and digital health programme extensions:

- Mental health: Marie Moore, joint HEWM and WMAHSN education lead, has picked up the two mental health extensions proposals and is working on getting them integrated in to the mental health institute LETC work plan.
- Integrated care: there have been discussions with Rhian Hughes and Ruth Chambers about additional outcomes and outputs on Flo and StarT Back, to which

they have revised the proposal on IC and we are going through diligence at the moment.
- Digital health: Create more of a digital-based service for the region. Tim Jones and Theo Arvanitis reworked the proposition and have come to a successful conclusion.

All of these proposals had to fall within a financial envelope of funding available. This concludes the extension process.

TD went on to discuss the *BQ Magazine* supplement, which came out of the WMAHSN dinner "A strong life science city as part of strong life science region". The supplement concentrates on the key stratified medicine and personalised healthcare messages, and also our strength in digital health. The LEP is keen to go out for consultants to complete a life sciences road map, but TD and CP remain sceptical regarding this as it could be repetition of previous endeavours. The clear ask to government should be for a digital health test bed.

Agenda Item 5: Business Plan 2015/16

MS updated the Board that we are required to do final version of the Business Plan by 10 April 2015 and the next Board meeting will be in May. Therefore, it was thought that the Board should see this first draft now but further details will need to be communicated at a later date.

TD wanted to clarify that this is a real 'draft' version aimed at two audiences: members/ stakeholder/Board and a means of assurance for NHSE. The aim is to change to a more service-based activity and the introduction of the membership service.

The Business Plan will start to address what the AHSN will deliver next year, as well as going forward. There are three areas of concentration: expert networks, targeted services and a challenge process using our push and pull process. It is also important that we protect our honest brokerage function.

Genomics medicine and the innovation and adoption unit will help with innovation on digital health/integrated care and patient safety. We want to keep our communications and challenging function and be as inclusive as possible.

We are planning to write to all existing members from 1 April informing them that they are now a non-paying member. Paid membership will begin from 1 January 2016, and this will be based on an annual membership subscription.

Income projections have also been done and weighting has to be taken into account. (providers/commissioners/ medical school/academic institutions/size). CSUs are to be a conduit to CCGs i.e. sign up on behalf of CCGs and offer them access to the services.

Also included in the Business Plan is the challenge process. People still think we are 'funders' and there are deadlines for people to engage with us. This will be clarified in the Business Plan.

MS then initiated a discussion around membership. The objective is for AHSN to be self-sufficient.

TD informed that AHSNs that have AHSCs have different membership models as their AHSN capacity is tied to AHSC membership.

MS then invited questions. AT discussed how he felt that it is important to ensure that people understand the membership model and what they will be getting for their money.

JC stated that it is important to health organisations that have different specialties, and that it is important to recognise everyone has a different staring point and ensuring we build the knowledge and understanding to access.

TD agreed that there will be a communications challenge around this and that it will be best to go and visit individuals to aid understanding.

SI queried whether it is worthwhile thinking about this through networks and services to emphasise in themes.

TD agreed and stated if the licence was changed, the membership model would not just be about sustainability but also providing what the region requires of us and what we agreed in order to add value to the region. All were in agreement with this.

Agenda Item 6: Annual Report 2014/15 and Annual Stakeholder Event

CP informed the Board that Sarah Millard is collating our Annual Report which is currently at 68 pages but will be refined. A draft annual report will be circulated, and the completed version is due to launch on 28 April and the Annual Stakeholder Event.

CP went on to explain that the conference venue for the annual event is likely to be the same as last year, Chateau Impney. The day will include talks about the successes of the last year as well as the launch of the new website and looking forward.

Agenda item 7: Risks and issues

TD confirmed that risks R004, R005 and RA01 on the register can now be removed. TD was unsure as to the details behind the risk raised by GR, and due to his absence this could not be confirmed.

ACTION: CP to go back to GR for further explanation of the risk raised.

ACTION: Risk register to be updated.

Agenda Item 8: AOB

No other business was discussed.

Agenda Item 9: Date and venue of the next meeting

Wednesday 27 May 9 -11am, Main Conference Room, Health Education West Midlands, St. Chad's Court, 213 Hagley Road, Birmingham B16 9RG