



**NHS England
NHS Improvement**

**DRAFT MINUTES OF THE MEETINGS IN COMMON OF THE NHS ENGLAND
AND NHS IMPROVEMENT BOARDS HELD ON THURSDAY 24 MAY 2018 AT
14.00 AT SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

Present for NHS England:

Professor Sir Malcolm Grant, Chair
David Roberts, Vice Chair
Simon Stevens, Chief Executive Officer
Lord Victor Adebowale, Non-Executive Member
Wendy Becker, Non-Executive Member and Commissioning Committee Chair
Professor Sir John Burn, Non-Executive Member
Dame Moira Gibb, Non-Executive Member and Investment Committee Chair
Noel Gordon, Non-Executive Member and Specialised Services Commissioning Committee Chair
Joanne Shaw, Non-Executive Member and Audit & Risk Assurance Committee Chair
Michelle Mitchell, Non-Executive Member
Paul Baumann, Chief Financial Officer
Professor Jane Cummings, Chief Nursing Officer
Professor Stephen Powis, National Medical Director
Emily Lawson, National Director: Transformation & Corporate Operations
Ian Dodge, National Director: Strategy & Innovation
Matthew Swindells, National Director: Operations & Information

Present for NHS Improvement:

Baroness Dido Harding, Chair
Lord Patrick Carter, Non-Executive Director
Ian Dalton, Chief Executive
Lord Ara Darzi, Non-Executive Director
Richard Douglas, Non-Executive Director
Sarah Harkness, Non-Executive Director
Stephen Hay, Executive Director of Regulation/Deputy Chief Executive
Ruth May, Executive Director of Nursing
Kathy McLean, Executive Medical Director/Chief Operating Officer
Sigurd Reinton, Non-Executive Director

In attendance for NHS England:

Lesley Tillotson, Board Secretary

In attendance for NHS Improvement:

Jessica Dahlstrom, Head of Governance
Sian Jarvis, Executive Director of Communications
Kate Moore, General Counsel
Elizabeth O'Mahony, Chief Financial Officer

1. Welcome and apologies (oral item)

- 1.1. Apologies for absence had been received from Professor Dame Glynis Breakwell (Non-Executive Director and Senior Independent Director of NHS Improvement).
- 1.2. The Chair of NHS England welcomed members of both Boards to the meeting. It was noted that NHS England and NHS Improvement were working increasingly closely, and this meeting in common of both Boards was an important step in the joint working programme.

2. Next steps on NHS England / NHS Improvement joint working

- 2.1. The Chief Executive of NHS Improvement introduced the paper, which had been produced in the context of an NHS focused on delivering high quality care for patients in an increasingly challenging environment. Providers and commissioners were working more closely together to deliver integrated care for patients. To support the service in its aims, it was important for NHS England and NHS Improvement to be more closely aligned and provide joined-up leadership for the service.
- 2.2. The Boards noted that the ambitions for joint working had been set out at the March meetings of both Boards. At NHS Improvement, the joint working programme was closely related to a project on organisational design aimed at clarifying the purpose of NHS Improvement, moving the organisation from having a focus on regulation to having a focus on improvement.
- 2.3. The key proposals set out in the paper were summarised. These included the creation of seven regions led by regional directors as well as the creation of a number of national director posts. It was noted that where certain national functions were hosted by NHS England or NHS Improvement, these would now be delivered by one organisation on behalf of the NHS as a whole. There were plans for a joint NHS Executive Group, to be chaired jointly by both Chief Executives, and an NHS Assembly with representation from a number of NHS stakeholders.
- 2.4. The Boards thanked those who had worked hard on developing the proposals. The importance of ensuring common and appropriate cultures and working styles was highlighted. Consideration was also given to the fact that governance structures would need to be aligned. The Boards emphasised the importance of continuing to be outward as well as inward focused during the change process, which was taking place at a time that the NHS itself was facing significant challenges.

RESOLVED:

- 2.5. The Boards resolved to endorse the proposals set out in the paper.

3. 18/19 operating and financial plans for the NHS

- 3.1. The Chief Financial Officers of NHS England and NHS Improvement presented the paper, which updated the Boards on the operational planning process that was nearing completion for 2018/19. Key issues arising for consideration by the Boards of NHS England and NHS Improvement were highlighted in the paper.
- 3.2. The Boards noted that the planning process for 2018/19 had been a good example of effective joint working and many functions across NHS England and NHS Improvement had been involved in the process. The majority of providers had submitted plans delivering the required performance and work was now ongoing with commissioners and providers in more challenged health economies.
- 3.3. It was considered that the level of risk in the plans was more clearly defined than in previous years as a result of the increased transparency and closer connections between commissioner and provider plans, but was nonetheless significant. However, additional work was required to reduce the level of risk further and teams at NHS England and NHS Improvement were currently working with colleagues in commissioner and provider organisations on capacity planning and elective activity assumptions in particular.
- 3.4. It was noted that additional investment in mental health services and GP access had been secured as part of the planning process. The risk of high non-elective volumes, particularly in the context of the winter of 2017/18, was discussed and the Boards noted that the forecasts which had been developed were considered to be realistic. However, there was some variation in plans and local discussions to ensure all plans were realistic were ongoing. The importance of safeguarding quality especially in the context of cost improvement programmes was emphasised.
- 3.5. The Boards commented that the progress that had been made in this joint planning exercise was encouraging and thanked the teams for their hard work.

4. Next steps on development of Integrated Care Systems

- 4.1. The Executive Director of Strategy of NHS Improvement introduced the paper which updated the NHS England and NHS Improvement Boards on how shadow integrated care systems had learned from and continued the work of the new care models programme. The paper also set out emerging successes from the first wave of shadow integrated care systems and plans for NHS England and NHS Improvement to support integrated care systems in 2018/19. Finally, the paper listed four systems that had been selected to become the next wave of 'shadow' integrated care systems.
- 4.2. The importance of ensuring the success of integrated care systems was highlighted. If successful, these systems could make better use of resources to provide better care for all patients including those with long term conditions and mental health needs. One of the main success measures for the programme of

joint working between NHS England and NHS Improvement would be the ability of the service to deliver truly integrated care.

- 4.3. Consideration was given to the four additional local health systems joining the integrated care system process. In some cases, the size of the population covered was small but in these cases the organisations involved had committed to working closely with neighbouring areas with a view to extending the integrated care delivery in future.
- 4.4. The Boards expressed their support for the programme and highlighted the importance of a clear narrative describing what integrated care would achieve. The expectations for integrated care systems must be set out clearly.

5. Any other business

- 5.1. Both Chairs thanked Board members for attending the Board meetings in common of the NHS England and NHS Improvement Boards. The next meetings in common would take place on 27 September 2018.

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