**NHS England**
**NHS Improvement**

# DRAFT MINUTES OF THE MEETINGS IN COMMON OF THE NHS ENGLAND AND NHS IMPROVEMENT BOARDS HELD ON THURSDAY 27 SEPTEMBER 2018 AT 13.00 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
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, Vice Chair
Dr Tim Ferris, Non-Executive Director
Ruth May, Executive Director of Nursing
Kathy McLean, Executive Medical Director/Chief Operating Officer
Sir Andrew Morris, Non-Executive Director
Laura Wade-Gery, Non-Executive Director

**In attendance for NHS England:**
Lesley Tillotson, Board Secretary
Pauline Philip, National Urgent and Emergency Care Director

**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
Pauline Philip, National Urgent and Emergency Care Director

## 1. Welcome and apologies (oral item)

1.1. Apologies for absence had been received from Lord Victor Adebowale (Non-Executive Member, NHS England), Stephen Hay (Executive Director of Regulation/Deputy Chief Executive, NHS Improvement) and Wol Kolade (Non-Executive Director, NHS Improvement).

1.2. The minutes from the Board meetings in common held on 24 May 2018 were approved.

## 2. Operational Delivery: Winter preparations and 2018/19 operational and financial performance

2.1. The National Director of Urgent and Emergency Care introduced the paper which summarised the preparations which were being made for the winter of 2018/19. She thanked staff for all their hard work on these preparations.

2.2. Work was ongoing on strategic initiatives to help transform the way in which the NHS delivered urgent and emergency care, including an increase in the use of the 111 helpline and development of same day emergency care. There had been a focus on reducing length of stay and delayed transfers of care. The ambulance service was going through a transformation programme which had resulted in an improvement in the delivery of ambulance standards.

2.3. Other programmes to prepare the NHS for the winter included work on increasing the uptake of the influenza vaccination rates among relevant groups of the public and NHS staff. A new vaccine had been developed and the importance of ensuring all NHS staff were vaccinated to protect patients was highlighted. It was possible to carry the ‘flu virus without showing symptoms and therefore easy access for staff to the new highly effective vaccine was very important to ensure a high uptake. Money had once again been made available to fund free vaccines for social care staff.

2.4. There had also been a focus on planning the elective care programme to ensure short term cancellations over the winter period could be avoided where possible. NHS England and NHS Improvement had been working intensively with those organisations with poor urgent and emergency care performance.

2.5. The Boards thanked NHS staff for their hard work throughout both winter and summer periods and thanked the National Director of Urgent and Emergency Care and her team for their work.

2.6. An overview was provided of performance against other operational standards including elective waiting times and cancer targets. Performance on cancer targets had deteriorated because of a spike in demand, which had been caused by increased publicity and awareness around prostate cancer. The importance of members of the public continuing to come forward if they had suspected signs of cancer was highlighted as early detection was crucial.

2.7. The Boards noted that for the first time, a joint report had been prepared on commissioner and provider finances. Consideration was given to the different stages of the plan review process and the risks which had now been identified within the plans. The importance of delivering a balanced position as a platform for the Long Term Plan for the NHS was emphasised.

2.8. Regarding risk, it was noted that although the risks in the plan were now better understood and triangulated than they had been in the past, there was no financial risk reserve this year and therefore the position would need to be carefully managed.

## 3. Developing the Long Term Plan for the NHS

3.1. The Chief Executive of NHS England introduced the paper, which set out progress made on the development of the Long Term Plan (the Plan) for the NHS. It was important to note the improvements required in clinical outcomes and to recognise that there were extensive financial and operational pressures on the NHS. The Plan would be developed in that context.

3.2. Both Chief Executives thanked all those that had been engaged in the development of the Plan. An outline was provided of the engagement programme and the timeline for the finalisation of the Plan. The interaction with the publication of the Budget at the end of October was noted.

3.3. The development of the Plan was a jointly managed process between NHS England and NHS Improvement and was a great opportunity for the NHS to set its own direction. The two key objectives of the plan included the delivery of improved care by the NHS and ensuring the optimal use of the increased funding for the NHS.

3.4. Board members commented that to deliver change, capital investment was required. Other dependencies included public health funding, social care funding and health education funding and these issues would need to be addressed as part of the financial planning process. The importance of prioritisation and a clear understanding of opportunity costs was highlighted. Headroom for transformation would need to be created alongside ensuring the financial sustainability of the NHS.

3.5. Board members welcomed the inclusion of workforce in the Plan and considered the challenges associated with ensuring an optimal workforce for the NHS. A discussion took place on how the need to address health inequalities would be incorporated in the Plan.

3.6. The Boards thanked all colleagues who had been involved in the development of the Plan to date, often alongside their challenging usual roles.

**RESOLVED:**

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

## 4. Integrated Care Systems programme update

4.1. The Executive Director of Strategy (NHS Improvement) introduced the paper which provided an update on progress made by Integrated Care Systems (ICSs) and connected the programme with the Long Term Plan.

4.2. ICSs were now, in many cases, progressing to the practical implementation phase in their development and were describing how each system would work together to deliver benefits for patients and service users. It had become increasingly obvious that the integrated way of working should be rolled out to all parts of the NHS. It would continue to be important to have strong provider organisations, however, they should be working in close collaboration with other community partners.

4.3. An overview was provided of the ICS which had been created in the Frimley area. One key aspect of this ICS was the delivery of more care in the community rather than in hospital. Extended hours availability of GPs was also an important feature, as were evening drop-in mental health services. Different ways of working with social care were also discussed and the importance of shared care records was highlighted. It was noted that clinicians had played a leading role in the design of the services.

4.4. A discussion took place on ICS governance and the challenges associated with the statutory accountabilities of individual organisations. Solutions which had been identified in the Frimley area were outlined. These included a systemwide agreement on over- and underspends and a systemwide lay non-executive group to oversee delivery.

4.5. It was noted that the creation of ICSs would help the spread of innovation and best practice throughout the NHS.

## 5. NHS England / NHS Improvement integration: Next steps on creating a single operating model and shared culture and joint governance model

5.1. The National Director: Transformation & Corporate Operations introduced the paper, which provided an overview of progress made on the joint working programme between NHS England and NHS Improvement. Progress had been made on the operating model, engagement, finance and HR processes. The context of the Long Term Plan and the immediate challenges faced by the NHS was noted.

5.2. The importance of defining the combined entity's purpose and direction was highlighted. There was a clear requirement for matrix working between regions and national functions, which in turn would require a flexible resource and a change to current processes. A changed culture was also needed with shared beliefs among all staff, and a programme of engagement was ongoing to enable this change.

5.3. Board members commended the amount of progress made and welcomed the amount of common ground which had been identified.

**RESOLVED:**

5.4. The Boards resolved to endorse the proposals set out in the papers.

## 6. Any other business

6.1. There was no other business.

**Close**