

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND
NHS IMPROVEMENT HELD ON THURSDAY 27 JUNE 2019 AT 13.00 AT SKIPTON
HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

Members:

NHS Improvement

Baroness Dido Harding
Ian Dalton
Lord Patrick Carter of Coles

Richard Douglas
Dr Tim Ferris
Julian Kelly
Emily Lawson

Ruth May
Sir Andrew Morris
Professor Stephen Powis

Chair
Chief Executive
Non-Executive Director and Senior
Independent Director
Vice Chair
Non-Executive Director
Chief Financial Officer
National Director for Transformation &
Corporate Development
Executive Director of Nursing
Non-Executive Director
National Medical Director

NHS England

Lord David Prior
Simon Stevens
Wendy Becker
Ian Dodge
Noel Gordon
Julian Kelly
Emily Lawson

Ruth May
Michelle Mitchell
Professor Stephen Powis
David Roberts
Joanne Shaw
Matthew Swindells

Chair
Chief Executive Officer
Non-Executive Member
National Director for Strategy & Innovation
Non-Executive Member
Chief Financial Officer
National Director for Transformation &
Corporate Development
Chief Nursing Officer
Non-Executive Member
National Medical Director
Vice Chair
Non-Executive Member
Deputy Chief Executive

In attendance:

Jessica Dahlstrom

Head of Governance

1. Welcome and apologies

- 1.1. Apologies for absence had been received from Lord Ara Darzi (Non-Executive Director), Wol Kolade (Non-Executive Director) and Laura Wade-Gery (Non-Executive Director).

2. Declarations of interest

- 2.1. The Chief Nursing Officer declared an interest which was that her husband had been appointed as Interim Chair of the East of England Ambulance Service NHS Trust Board.
- 2.2. The Boards of NHS England and NHS Improvement thanked Wendy Becker (Non-Executive Member of NHS England), Ian Dalton (Chief Executive of NHS Improvement) and Matthew Swindells (Deputy Chief Executive of NHS England), who were leaving the Boards, for their work and dedication to the NHS.

3. Minutes and matters arising from the meeting held on 28 March 2019 (BM/19/01)

- 3.1. The minutes from the meeting held on 28 March 2019 were approved.

4. Chair's report

- 4.1. The Chairs of NHS England and NHS Improvement outlined their recent visits and activities and provided an overview of recent meetings in which they had participated. Recent genomics developments were highlighted, and both Chairs commented on the importance of a continued focus on ensuring that the work of black and minority ethnic staff in the NHS was fully recognised and valued.

5. Chief Executives' reports

- 5.1. The Chief Executive Officer of NHS Improvement welcomed the publication of the end of year report for the NHS provider sector and highlighted the achievements delivered by providers during 2018/19 including improved operational and financial performance. The Chief Executive Officer thanked NHS staff for their work. Kettering General Hospital was congratulated for exiting the special measures for quality regime.
- 5.2. The Chief Executive Officer of NHS England thanked the departing Chief Executive Officer of NHS Improvement and the Deputy Chief Executive of NHS England for their contribution to the NHS. An update was provided on the organisational change process and it was noted that the staff consultation would be launched in July 2019. The CEO had been meeting NHS England and NHS Improvement staff in our local and regional offices around the country, and would continue to do so. The support offer which would be put in place for staff was outlined. He further reported to the boards that the Junior Doctors Committee of the British Medical Association have voted in favour of a new junior doctors pay settlement. He welcomed the supportive response from the Health and Social Care Select Committee to our legislative proposals for the NHS, and outlined plans which were now being reinstated in relation to EU Exit.
- 5.3. Board members discussed the multiple demands placed on the organisation and on the senior management team. It was noted that work on the implementation of the Long Term Plan (LTP) would be led locally by Sustainability and Transformation Partnerships (STPs). In many areas, the changes required in the

system would be a shared responsibility for all system leaders. The role of regional leadership teams was discussed.

6. Operational, quality and financial performance update (BM/19/02)

- 6.1. The Boards received a paper outlining the recent operational performance of the NHS, and a paper setting out the 2018/19 financial results. The National Director of Urgent and Emergency Care provided an overview including of the increase in the number of patients seen within four hours in A&E departments. The positive impact of changes such as GP streaming and same day emergency care was noted. Positive feedback had been received from local systems regarding the joint working between NHS England and NHS Improvement which had resulted in a better coordinated support offer to the service.
- 6.2. A discussion took place on the increased clinical input into 111 calls and the Boards noted that the uptake of advice from 111 had increased. The Boards considered the data presented on Referral To Treatment (RTT) target performance and progress made on reducing long waits. An update was provided on the performance of cancer services, which had experienced an increase in referrals and the number of patients seen within the targeted time. A discussion took place on process improvements which could be made to ensure cancer pathways were as efficient as possible, together with capacity issues in specialist staffing which needed to be addressed.
- 6.3. An overview was provided of developments in the creation of Integrated Care Systems (ICSs) and the Boards welcomed those systems which had recently become an ICS. Progress had been made on the design of care packages to enable patients with learning disabilities to live independent lives and this continued to be an area of focus. The Quality Committee had discussed the Learning Disability Mortality Review Programme in detail.
- 6.4. The Chief Financial Officer provided an overview of the year end financial position for 2018/19 and congratulated the teams which had worked hard on achieving the final underspend position. An update was provided on capital spend. Board members commented on the efficiency savings achieved compared to plan, and a discussion took place on how to reduce the reliance on non-recurrent measures. The Boards discussed the capital regime and noted that projected capital expenditure for NHS providers.
- 6.5. Consideration was given to the impact of continued operational pressure on staff working for the NHS and the Interim People Plan would be important in ensuring staff were supported. The Boards thanked all staff in primary and secondary care services for their dedication.

7. Long Term Plan Implementation Framework (BM/19/03)

- 7.1. Matt Tagney (Programme Director for the NHS Long Term Plan) joined the meeting for consideration of this item.

- 7.2. The Boards noted the LTP Implementation Framework which was presented to the Boards for approval ahead of publication. Extensive engagement had occurred to support the development of the Implementation Framework and key feedback received from stakeholders was highlighted.
- 7.3. Board members discussed the extent to which local systems had flexibility to allocate funding across different priority areas. It was noted that the requirement was to deliver the outcomes within the funding available, but there was some flexibility on the timing of implementation depending on local circumstances. Funding for primary medical and community health services, and mental health services was protected.
- 7.4. The links between the LTP Implementation Framework and the Interim People Plan were highlighted.
- 7.5. The Boards thanked the team working on the LTP Implementation Framework for their work.

RESOLVED:

- 7.6. The Board resolved to approve the LTP Implementation Framework for publication.

8. Primary care update (BM/19/04)

- 8.1. Dominic Hardy (Director of Primary Care and System Transformation), Ed Waller (Director, Primary Care Strategy and NHS Contracts) and Dr Nikita Kanani (Deputy Medical Director of Primary Care) joined the meeting for consideration of this item.
- 8.2. The Board received a report setting out the new primary medical and community health services funding guarantee. The report also highlighted the initiation of a new community services programme and set out progress made on the new GP contract implementation.
- 8.3. A progress update was provided on primary care network formation, with the new network contract due to go live on 1 July, and the plans for primary care network development support were set out. The paper also recommended launching a new consultation on funding and commissioning rules for 'digital-first' primary care, and publishing the findings of the GP premises policy review.
- 8.4. Board members welcomed the proposals in the paper. They also expressed their support for digital first primary care in the context of reducing inequalities by expanding access to GP services in underdoctored parts of the country and suggested that the impact on inequalities was measured to ensure it had the desired results.
- 8.5. A discussion took place on the impact of the proposals on the primary care workforce and it was noted that one of the key advantages was to enable existing workforce to work more flexibly, with the aim of improving GP retention and the GP participation rate.

RESOLVED:

8.6. The Board expressed its support for the launch of a new consultation on funding and commissioning rules for digital first primary care and for publishing the findings of the GP premises policy review.

9. Items which should not be routinely prescribed in primary care (BM/19/05)

9.1. Dr Graham Jackson, Co-Chair of the Clinical Working Group, joined the meeting for consideration of this item.

9.2. The National Medical Director presented a paper which set out the findings of a consultation on items which should not be routinely prescribed in primary care and sought the agreement of the NHS England Board on the proposed next steps. The changes which had been made following the consultation were outlined.

9.3. The Board welcomed the report. Clarification was provided on the application of the rules to new patients compared to patients already receiving the medication covered in the paper. The Board discussed the steps to be taken in implementing the guidance and the differences between clinical guidance and clinically-based commissioning guidance were considered.

RESOLVED:

9.4. The Board resolved to approve the final recommendations and the publication and dissemination of updated guidance to CCGs.

10. Report from Board Committees: ARAC, RemCo and DQPC (BM/19/06)

10.1. The Board noted the committee activities set out in the report. The Chief Financial Officer provided an overview of the process for finalising the annual accounts for NHS England and NHS Improvement.

10.2. The Board thanked the Governance team for their work on developing a shared governance model.

11. Governance update (BM/19/07)

11.1. The Board received an update on progress made on a shared governance model for NHS England and NHS Improvement, and noted the Terms of Reference for the Provider Oversight Committee and the Regional Support Groups which had been approved in correspondence.

12. Any other business

12.1. There was no other business.

Close