

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND
NHS IMPROVEMENT HELD ON THURSDAY 26 SEPTEMBER 2019 AT 14.30 AT
SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

Members:

NHS Improvement

Baroness Dido Harding
Simon Stevens
Lord Patrick Carter of Coles

Chair
NHS CEO
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
Chief Operating Officer

Richard Douglas
Dr Tim Ferris
Julian Kelly
Emily Lawson

Ruth May
Sir Andrew Morris
Professor Stephen Powis
Amanda Pritchard

NHS England

David Roberts
Simon Stevens
Ian Dodge
Noel Gordon
Julian Kelly
Emily Lawson

Vice Chair
NHS CEO
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
Non-Executive Member
Chief Operating Officer
Non-Executive Member

Ruth May
Michelle Mitchell
Professor Stephen Powis
Professor Sir Munir Pirmohamed
Amanda Pritchard
Joanne Shaw

In attendance:

Jessica Dahlstrom

Head of Governance

1. Welcome and apologies

- 1.1. Apologies for absence had been received from Sir David Behan (Associate Non-Executive Director), Lord Ara Darzi (Non-Executive Director) and Lord David Prior (Chair, NHS England). David Roberts as Deputy Chair of NHS England would address any NHS England items on the agenda.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes and matters arising from the meeting held on 27 June 2019 (BM/19/15)

3.1. The minutes from the meeting held on 27 June 2019 were approved and matters arising were noted.

4. Chair's report

4.1. The Chair of NHS Improvement thanked Jeremy Hughes from the Alzheimer Society for a good and helpful Dementia Friends session run today for the Board. She provided an overview of her visits and shadowing experiences across the NHS since the last meeting. It was noted that NHS England and NHS Improvement would write to chairs of NHS providers this week setting out a new chair competency and remuneration framework.

5. Chief Executive's report

5.1. The NHS CEO outlined the new support offer which would be made available for NHS frontline staff including a budget for continuing professional development. He set out detail of the new £150 million per annum extra capital funding to the NHS and capital schemes and hospital upgrades that had now been announced.

5.2. The current operational pressure on the NHS with actions being taken to respond. EU Exit preparations would also be outlined in detail later in the meeting.

5.3. The Chief Executive also thanked NHS England and NHS Improvement staff who were undergoing a period of personal uncertainty while the combined organisation came together.

6. EU Exit readiness (BM/19/16)

6.1. Keith Willett (EU Exit Strategic Commander) joined the meeting for consideration of this item.

6.2. The Boards received a paper which provided an update on preparations for EU Exit, given that the legal default remained that the UK would leave the EU without a deal on 31 October. The Boards noted that the NHS was in a position of readiness. The key challenges would be supporting multiple incidents over a prolonged period and the NHS's reliance on contingency plans being put in place by other government departments.

6.3. The operational response structure was outlined and the role of key organisations was described. The interaction with winter preparations was highlighted. A discussion took place on the risks associated with workforce capacity both in the

NHS and in the social care sector. There was significant variation across the country regarding the proportion of the workforce made up of EU nationals. The NHS was dependent on the effective running of the social care sector and therefore on the impact of EU Exit on the social care workforce. The fragmented nature of the social care sector was discussed. The Board noted these risks and the actions being taken to help mitigate these.

- 6.4. EU Exit was on the agenda of all key NHS boards and committees and the situation was being monitored closely.
- 6.5. The Board thanked the EU Exit Strategic Commander for this extensive work.

7. The NHS recommendations to Government and Parliament for an NHS Integrated Care Bill (BM/19/17)

- 7.1. The Boards were reminded that in February 2019, NHS England and NHS Improvement launched public and stakeholder engagement on proposals for NHS primary legislation, building on the outline proposals that arose from the NHS Long Term Plan. On 24 June 2019 Parliament's cross-party Health and Social Care Select Committee published the findings of their parallel inquiry, which had helped shape NHS England and Improvement's response. The Boards were asked to approve the publication of the final recommendations to Parliament and Government.
- 7.2. Board members were provided with an overview of the responses received and with the final recommendations which had been prepared and which were set out in detail in the paper.
- 7.3. Board members welcomed the high number of responses which had been received and commended the proposals which had been indicative of a growing consensus across the NHS as to the changes that were required.

RESOLVED:

- 7.4. The Board resolved to approve the recommendations set out in the paper, including a statutory merger of NHS England and NHS Improvement

8. Digital-First Primary Care consultation outcome (BM/19/18)

- 8.1. 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 Boards received a report setting out an analysis of responses, conclusions and next steps regarding a consultation on digital-first primary care, which had been launched at the Board meeting on 27 June. The Boards were invited to agree to the publication of the response document.
- 8.3. The need to improve access to digital services at GP primary care practices across the country was highlighted and the potential benefits were considered.

Changes to the commissioning and contracting were required to enable digital services to develop further and these had been outlined in the consultation. The Boards received an overview of the implications in areas such as GP practice lists and financial arrangements.

- 8.4. A discussion took place on the threshold patient number for disaggregating patient lists as set out in paragraph 8 of the paper. Board members discussed accessibility and the impact on the proposals on reducing health inequalities.
- 8.5. Consideration was given to empowering patients through the digital agenda and the role which primary care networks could play in this. Significant benefits could be delivered for all patients and especially for patients managing long term conditions.

RESOLVED:

- 8.6. The Board resolved to approve the recommendations set out in the paper.

9. Clinically-led review of NHS access standards (BM/19/19)

- 9.1. The National Medical Director presented a paper which provided an update on the clinically led review of NHS Access Standards. The Review was commissioned in June 2018 to ensure that the core access standards supported the ambition for the NHS that would be set out in the NHS Long Term Plan.
- 9.2. Board members noted that access to cancer and mental health services alongside Urgent & Emergency Care and planned care were being considered, and field testing was underway or due to commence across all agreed care pathways. The evaluation of the field testing experiences would be undertaken over the autumn and then published to inform a consultation in the new year.
- 9.3. The National Medical Director thanked the organisations, patients and medical professionals who had worked hard on the development and testing of the standards. The outstanding programme of work for the testing phase was outlined.
- 9.4. A discussion took place on the existing standards, their benefits and drawbacks. The input from patients and the public has been sought in the development of the new standards. The timescales for the development of new standards were considered. The implementation of any new standards was likely be phased.

10. Operational, quality and financial performance update (BM/19/20)

- 10.1. The Board received a report providing a summary of the most up to date operational performance including recent activity trends, covering the period up to month 4. The Chief Financial Officer gave a verbal update on the month 4 financial position.
- 10.2. The Chief Operating Office/Chief Executive of NHS Improvement highlighted positive changes which had been made in the delivery of services including non-elective care services. The workforce issues currently experienced by the NHS

were highlighted and Board members noted that pension changes had had an adverse impact on workforce capacity. Demand for services continued to increase but significant progress had been made in transforming the delivery of care.

10.3. The National Director of Urgent and Emergency Care provided a further detailed overview of current performance against operational targets. A stock take exercise was about to be undertaken to identify the most appropriate operational support packages to be offered to frontline services. A discussion took place on the increase in demand and the importance of primary care. Further work would be undertaken, including development of an urgent pensions related package for agreement with Government.

ACTION: AP, PP

10.4. Board members welcomed the development of 111 becoming available online and highlighted the importance of promoting this where possible. A discussion took place on workforce and retention issues and the initiatives which were being put in place by NHS England and NHS Improvement as part of the People Plan. The importance of HR and Nursing Directors working to reduce staff turnover was emphasised.

10.5. The Board discussed the month 4 financial position. The NHS was broadly on plan. The commissioner and provider positions were considered, and the Chief Financial Officer outlined the risks in the plan. The benefits of NHS England and NHS Improvement coming together to look at the overall NHS financial position was highlighted, and it was noted that this had facilitated a better understanding of risk. The importance of robust capital forecasts for the NHS was highlighted.

10.6. System working would be a key success factor in delivering financial improvement both in high performing systems and in parts of the country that were currently struggling. It would be important to be clear with systems what was expected and on the support that was available. The importance of empowering systems was highlighted, and it was noted that some prototype areas for system level support had been agreed.

11. Community pharmacy reform (BM/19/21)

11.1. The Boards noted the report which set out a landmark community pharmacy deal which had been reached in July. The National Director for Strategy and Innovation outlined the main points and thanked all those involved for their work.

11.2. Several examples of the reforms which had been agreed were considered. A discussion took place on the source of the benefits delivered through the deal. Board members recognised the increasing value delivered by the pharmacist workforce in all settings. Consideration was given to the training requirements for pharmacist staff, and the importance of leveraging the skills of this part of the workforce was emphasised.

12. Public Participation Dashboard (BM/19/22)

12.1. The Boards received a paper presenting the 'public participation dashboard' which provided a high-level overview of public participation practice and performance. The Boards noted the themes and trends, as well as the next steps outlined.

13. NHS England Mandate Assurance 2018/19 (BM/19/23)

13.1. The Boards received and noted the Government's positive statutory annual assessment of NHS England's performance covering both the 2017/18 and 2018/19 financial years.

14. Any other business

14.1. There was no other business.

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