

**MINUTES OF A MEETING OF THE NHS ENGLAND BOARD HELD IN PUBLIC ON THURSDAY 2 FEBRUARY 2023 AT 14.00PM AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON SE1 8UG**

**Members:**

Richard Meddings	Chair
Sir David Behan	Non-Executive Director
Mike Coupe	Non-Executive Director
Julian Kelly	Chief Financial Officer
Dame Ruth May	Chief Nursing Officer
Sir Andrew Morris	Deputy Chair
Professor Sir Stephen Powis	National Medical Director
Amanda Pritchard	Chief Executive Officer
Sir David Sloman	Chief Operating Officer
Professor Sir Mark Walport	Non-Executive Director
Baroness Mary Watkins	Non-Executive Director
Professor Sir Simon Wessely	Non-Executive Director

**Attendees:**

Sam Allen	Chief Executive, North East and North Cumbria Integrated Care Board
Adam Crampsie	Chief Executive, Mental Health Concern
Mark Cubbon	Chief Delivery Officer
Navina Evans	Chief Workforce Officer
Dr Tim Ferris	National Director of Transformation
Kathy Hall	Director of the DHSC/NHSE Digital Policy Unit
Julian Hartley	Incoming Chief Executive, NHS Providers
Chris Hopson	Chief Strategy Officer
Katherine Ibbotson	Director of Governance and Legal
Sarah Jane Marsh	National Director for UEC and Deputy Chief Operating Officer
Claire Murdoch	National Director for Mental Health
Katie Neumann	Head of Board Governance
Pauline Philip	National Director Elective and Emergency Care
Julian Redhead	National Clinical Director for Urgent and Emergency Care
Jacqui Rock	Chief Commercial Officer
Steve Russell	National Director of Covid and Flu Vaccinations
John Stewart	National Director of Specialised Commissioning
Dean White	Head of Corporate Governance and Board Secretary

**1. Welcome**

**• Apologies for absence**

- 1.1. Apologies for absence had been received from Rakesh Kapoor (Non-Executive Director), Susan Kilsby (Non-Executive Director), Wol Kolade (Deputy Chair), Professor Sir Munir Pirmohamed (Non-Executive Director), Jeremy Townsend (Non-Executive Director), and Laura Wade-Gery (Non-Executive Director).

- **Declarations of interest**

- 1.2. Members noted that Sir David Behan is the Chair of Health Education England (HEE). No further declarations of interest were raised over and above those held on record and no direct conflicts of interest were raised in respect of business covered by the agenda.

- **Minutes from the meetings held on 1 December 2022 (BM/23/01(Pu))**

- 1.3. The minutes from the NHS England (NHSE) meeting held on 1 December 2022 were approved.

## **2. Chair's report (verbal update)**

- 2.1. The Chair welcomed colleagues and members of the public to the Board meeting, and welcomed Baroness Mary Watkins, Professor Sir Mark Walport and Professor Sir Simon Wessely, Non-Executive Directors (NEDs) who joined the NHSE Board on 27 January 2023.
- 2.2. The Chair noted that this was Pauline Philip's, National Director of Emergency and Elective Care and Mark Cubbon's, Chief Delivery Officer last Board meeting and thanked them for their substantial contributions and dedication to NHS England and the NHS.
- 2.3. The Chair highlighted the substantial pressures across the service and thanked NHS staff for their continued hard work and support to deliver health and care services to those who need it.

## **3. Chief Executive's Report (verbal update)**

- 3.1. The NHS Chief Executive Officer (CEO) noted the merger of NHSE and NHS Digital (NHSD) on 1 February 2023 and welcomed NHSD colleagues to the organisation.
- 3.2. An overview was provided of current demand and operational pressures across the NHS and the actions being taken to manage this, emphasising the innovation and improvement delivered across the health and care sector to manage rising demand. A discussion took place on the *Delivery plan for recovering urgent and emergency care (UEC) services*, noting that the initiatives and aims set out in the plan reflected ways of working and models of care in place in parts of the NHS and which had proven effective and delivered improvements in patient care.
- 3.3. The Board noted the publication of the 2023/24 planning guidance and discussed the planned integrated care board leadership meeting that will take place in February to work through first draft system plans for 2023/24. The need to consider system and service resilience in planning activity and the role of ICBs to drive improvements and deliver the priorities for the NHS were considered.
- 3.4. An update was also provided on the other recovery and delivery plans being developed to address core operational challenges, including the primary care recovery plan, which focussed primarily on addressing challenges in accessing primary care services, the Long Term Workforce Plan, noting that this was on

track to be published in Spring, and the Single Maternity Delivery Plan, which will be finalised in the coming months. On the Maternity Plan, the Board noted this would build on the recommendations and learnings from previous maternity investigations and reviews and discussed the potential changes to the Maternity Transformation Programme Board to support this work.

- 3.5. The Board reflected on the substantial support from organisations and individuals from the voluntary and community sectors to support health and care delivery and thanked them for their continued contributions.

#### **4. NHS performance update (BM/23/02(Pu))**

- **Operational Performance Update**

- 4.1. The Chief Operating Officer (COO) introduced the report on NHS operational performance and summarised the unprecedented levels of demand reported in December. The reported reduction in demand from December to January, increase in capacity, and corresponding improvement in operational performance were considered. The position on elective activity was discussed, including the approach being taken to eliminate 78 week waits by the end of April, the support provided by NHSE on this, and progress made to date.
- 4.2. Members considered the position across UEC services, noting the improvement in ambulance handover delays against the previous year, general reduction in conveyancing rates, and the introduction of community-based falls response services which can respond to level one and two falls between 8am and 8pm, seven days a week.
- 4.3. Consideration was given to the position on industrial action (IA) and the impact to date. The plans being developed to manage the potential impact of further planned IA, noting the particular concerns around IA from nursing and ambulance staff in the coming week, and the communications to NHS staff, patients and the public on this were considered.
- 4.4. More detailed information was requested on genomics in a future report, focussing on the strategic opportunities in this area.

**ACTION: DS**

- **Financial Performance Update**

- 4.5. The Chief Financial Officer provided an update on the Month 8 2022/23 Financial Position and the forecast position for year end. Assurance was provided that the NHS was on track to deliver within its 2022/23 budget.

#### **5. Urgent and Emergency Care Recovery Plan (BM/23/03(Pu))**

- 5.1. The National Director for UEC and Deputy COO introduced the *Delivery plan for recovering UEC services*, highlighting the core aim of the plan to create whole system flow and improve bed occupancy. The plan covers five areas of focus: 1) Increasing capacity; 2) Growing the workforce; 3) Improving discharge; 4) Expanding and better joining up health and care outside hospital; and 5) Making it easier to access the right care. The specific actions proposed in relation to elderly

patients, children and young people (CYP), individuals with mental health needs, and the patient cohort that experience health inequalities were also considered.

- 5.2. The National Clinical Director for UEC discussed the actions and engagement proposed for NHS leaders and emphasised the importance of collaboration and cross-system working to deliver the plan and drive sustained improvement. The Board discussed that a key focus is continuing care needs post-discharge, in particular intermediate care and rehabilitation. The importance of shared care records and data, standardised, optimal processes and ways of working, and supporting collaboration and coordination across the NHS and social care to enable this were considered. The position on discharge activity was considered and a discussion took place on the additional capacity and changes in ways of working that would need to be scaled up to maintain consistent discharge activity seven days per week.
- 5.3. The Board acknowledged the substantial efforts and continued dedication from NHS staff to develop and deliver these initiatives.

## **6. NHS England Community Mental Health Transformation Programme – NHS partnership working with the third sector (BM/23/04(Pu))**

- 6.1. The National Director for Mental Health set out the context for the NHSE Community Mental Health Transformation Programme and the core aims of this work, in particular on accessing care differently and supporting health and care delivery for all who need it. Members commended the protection of the additional funding allocated for mental health and emphasised the criticality of this to enable continued improvement.
- 6.2. Sam Allen, CEO of North East and North Cumbria ICB (NENC) provided an overview of the work carried out in her ICB on wider service delivery, including mental health and CYP services. The collaboration with voluntary and community sector organisations to drive transformation and increase capacity across NHS services, and the substantial experience they brought to this work, were considered.
- 6.3. Adam Crampsie, Chief Executive, Mental Health Concern, reflected on his experience in providing support for the delivery of NHS services. The capacity for co-creation between NHS and partner organisations to improve access to and quality of care across mental health services was considered, highlighting the substantial progress made to reduce the community treatment waiting list in NENC through partnership working between Mental Health Concern and Cumbria, Northumberland, Tyne and Wear NHS Trust's Community Treatment Teams. The reach of Mental Health Concern and similar organisations beyond the bounds of what is possible for statutory services, and the workforce that is recruited to these organisations were considered.
- 6.4. A discussion took place on the progress delivered through the introduction of annual mental health checks, primarily delivered through primary care, and the further work needed to ensure continued attendance for these and to support the identification and management of continuing care needs. It was highlighted that record numbers of physical health checks have been carried out across the NHS, with the most recent data reflecting delivery as 28% higher than pre-pandemic

levels. Reflecting on the previous challenges of mental health checks, the Board considered the need to review the health and inclusion plans in place to support this to ensure sustained delivery and improvement for people with severe mental illness.

- 6.5. Members discussed how NHS and non-NHS service provision mapped to known demand for mental health services, and the extent to which this informed the development and adoption of alternative models of care where appropriate. A third of current demand would be met through the Programme, once rolled out, and consideration was given to the next phase of this work and further alignment of these initiatives to comprehensively address demand, including the planned increase in the appointment of Additional Roles Reimbursement Scheme Mental Health Practitioners across primary care networks.

## **7. Next steps on the delegation of specialised services commissioning (BM/23/05(Pu))**

- 7.1. The Director of Specialised Commissioning introduced the report on the proposed delegation of commissioning responsibility to ICBs for specialised services. The background to specialised commissioning, the approach taken to this under NHSE, and the opportunities that greater ICB leadership of appropriate specialised services presents for patients and whole populations were considered.
- 7.2. The Board discussed the potential risks associated with the proposed joint commissioning, and potential future delegation of commissioning responsibility, of specialised services. The mitigations in place and to be implemented to manage this were considered, including NHSE maintaining oversight of specialised services and safeguards around minimum service levels, ensuring there is no inappropriate proliferation of specialised services across the country. It was noted that financial liability will remain with NHSE for 2023/24, pending the Board's consideration of potential full delegation of commissioning responsibility to ICBs in the future.
- 7.3. The potential impact of the proposed delegation on the delivery of learning disability and autism services was considered and Members agreed that these services were not suitable for delegation currently given the further work required on inpatient services. The Board was assured that the services being provided through provider collaboratives would not be impacted by the proposed delegations.
- 7.4. The rationale for and benefits of the proposed move to population-based health budgets was considered, noting this was a step towards the proposed needs-based weighted allocation formula to be implemented from 2024/25. A report on this would be submitted to the Board in due course.
- 7.5. The establishment of joint committees to support more joined up commissioning with ICBs and support progress in delivering improvements in care at a system-level, both in and out of hospital, was considered. Assurance was provided that the composition of the committees was based on the geographies which correspond with natural patient and clinical flows. The controls in place to manage the consolidation of services across ICBs for economic reasons were considered. Assurance was also provided that NHSE would continue to manage national

standards and service specifications, clinical access policies, high cost drugs and devices and national clinical leadership, with compliance with these required under the joint working arrangements.

## **RESOLVED:**

7.6. The Board resolved to:

- a. Endorse the list of services that are appropriate for greater ICB leadership from April 2023, those that are likely to be appropriate at a future point in time, and those services where commissioning responsibility will be retained by NHS England.
- b. Accept the recommendations of the National Moderation Panel to delegate commissioning responsibility for 59 services to nine statutory joint committees formed between NHS England and ICBs from April 2023.
- c. Approve the joint working model for the commissioning of specialised services in 2023/24 and delegate authority to Regional Directors to sign the Joint Working Agreements on behalf of NHS England to enable new commissioning arrangements to 'go live' from April 2023.
- d. Note the move to population-based budgets to support delegated commissioning arrangements and the importance of this shift in terms of supporting integrated care systems to address inequalities in access to and outcomes from specialised services.

## **8. NHS Transformation Directorate – Digital, Data and Technology (BM/23/06(Pu))**

- 8.1. The Board received an overview of the key work areas underpinning the strategy for digital, data and technology in health and care over the next three years and the plans in place to progress this. The ongoing collaboration between NHSE and the Department of Health and Social Care in this area was noted.
- 8.2. The position on Electronic Patient Records was considered, across both primary and secondary care, and Members discussed the core challenge around interoperability between systems to support data sharing. Members discussed the approach to data collection and use under the strategy, beyond EPRs, and the opportunity this presented to optimise the use of data to improve patient flow and improve access to and delivery of services to all patients.
- 8.3. An update was provided on the work on the NHS App and NHS.uk, highlighting the progress made on administering prescriptions through the App, availability of personal child health records (red books) on the App, and the time saved for GPs through these digital channels. The further work needed to increase the number of health and care appointments booked through the App was noted, the reliance of expansion and scaling up of the NHS App on managed convergence and interoperability across systems was noted.
- 8.4. Members requested a map of what access to and delivery of NHS services will look like post-implementation of these initiatives.

**ACTION: TF, KH**

## **9. Revised NHS England Board Governance Framework (BM/23/07(Pu))**

- 9.1. The Chair summarised the NHS England Board Governance Framework, noting the establishment of a new committee of the NHS England Board – the Data, Digital and Technology Committee, and the Cyber Security and Risk Sub-Committee as a sub-committee of the Audit and Risk Assurance Committee to ensure robust oversight of functions transferred from NHSD to NHSE.
- 9.2. The potential changes to the framework when NHSE and HEE merger on 1 April 2023 were noted.

## **10. Any other business**

- 10.1. There was no other business.

**Close**