

Joint NHSE and NHSI board meeting – 27 September 2018

For more detail on any of the items outlined in this summary, the board papers are available [here](#).

Winter 2018/19 planning update

- NHSI and NHSE will support trusts to deliver important progress for winter 2018/19 such as more effective flu vaccines for older people, and a new £145m capital upgrade for A&E departments. There is a national ambition to release a further 4,000 beds from length of stay reductions of long stay patients in hospital over 21 days. Trusts have been segmented based on current and projected performance, and will receive tailored support.

Financial and operational performance report

- This is the first time that NHSE and NHSI have produced a joint finance report. NHSE and NHSI have agreed a joint programme of actions designed to eliminate the £519m trust deficit.
- Demand for emergency and non-elective NHS services continues to rise but there is evidence that the strategy to ensure patients are treated in the most appropriate setting for their urgent care needs is having an impact on A&E attendance growth.
- The latest data from the mental health dashboard highlights that more CCGs than ever before have met the Mental Health Investment Standards (although 1 in 10 CCGs have cut their mental health spending).

Development of the Long Term Plan for the NHS

- The Long Term Plan work streams have been asked to be clear about the workforce required to deliver their ambitions, how their proposals are deliverable within the agreed financial settlement, details on how their proposals will be implemented and the impact they will have on inequalities reduction.
- All work streams are working to identify opportunities to reduce variation in practice, improve outcomes and increase efficiency, by building on existing Carter and GIRFT programmes.
- The digital and technology work stream will articulate a new map for digital, data and technology.
- From November 2018 to March 2019, NHSI and NHSE will work with local and regional NHS bodies, including STPs, to map out implications of the national priorities for local services and people.

Integrated Care Systems programme update

- All but one of the ten first wave ICSs performed above the national average for cancer waiting times in 2017/18. Eight performed above the national average for referral-to-treatment times and seven performed at or above national average for the A&E standard.
- Six of the Wave 1 ICSs delivered a better financial position than they planned in 2017/18.
- All systems have made progress implementing primary care networks at the neighbourhood level. All report full or nearly full coverage, although networks are at different levels of maturity.
- Eight of the ten Wave 1 ICSs are now working under a new financial framework, in which the ICSs link some or all of their provider sustainability funding to the collective financial performance of the system.
- Memoranda of Understanding have been agreed for 2018/19 with each ICS, which include national expectations based on implementing priorities for the coming year.

- ICSs will be a foundational part of the future NHS system architecture, and NHSI/E are considering how to put them on a firm consistent footing across England, as well as how to clarify their essential functions and what support the most challenged systems need.

Next steps on delivering a single operating model and shared culture

- In designing the single operational model, NHSI and NHSE are committed to deliver 20% efficiency.
- The way NHSI and NHSE's joint enterprise will work is described as follows:
 - NHS system-level decisions will be made jointly between their constituent organisations, corporate and regional teams and through engagement with stakeholders via the input of the NHS Assembly.
 - The locus of decision-making and resources will be centred more on the Regional Directors and their teams.
 - Corporate Directors and their teams will provide strategy, support and services, such as improvement capability, run activities where those activities only need to be done once and benefit from scale, and deliver national regulation, guidance and support to the NHS as a whole.
- NHSI and NHSE state that this model will be adaptive, meaning that as local systems improve, the balance of activities that take place in regions and in the local health system may shift so that services, support, regulation and improvement are all located where they best deliver improved care.
- NHSI and NHSE are developing a shared narrative covering their purpose, identity and priorities which will soon be tested against the long term plan and with the new Joint Executive Group. They will also work to develop a shared culture and set of values and behaviours.
- NHSI and NHSE will undertake a single internal planning process and are aiming for a fully integrated approach for 2020/21.

Governance model for joint working between NHSE & NHSI

- In terms of executive leadership, proposals include:
 - The creation of a single NHS Executive Group, co-chaired by two CEOs and with membership from national directors from the two organisations and the new regional directors
 - A set of single national director roles, reporting to the two CEOs, which include a single NHS Medical Director, a single NHS Nursing Director/Chief Nursing Officer for England, a single Chief Financial Officer and a single National Director for Transformation and Corporate Development
 - Single regional teams bringing together NHSI & NHSE functions, led by regional directors with a single reporting line to the two CEOs, and with responsibility for the performance of all NHS organisations in their region in relation to quality, finance and operational performance
 - Significant devolution of responsibility to regional directors and a different model of local leadership in the NHS. National teams will provide expertise, challenge, support and intervention
 - Several committees in common, including strategy and delivery and performance.