

BNSSG ICB Board Meeting

Date: Thursday 3rd October 2024

Time: 12:30 – 15:30

Location: Virtual, Microsoft Teams

Agenda Number:	5	
Title:	Chief Executive Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		
<p>The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive’s perspective, of importance to the successful delivery of the ICB’s aims and objectives.</p> <p>The main areas of discussion this month are;</p> <ul style="list-style-type: none"> • Independent investigation of the NHS in England – Lord Darzi report • Winter Priorities • NHS IMPACT Clinical and Operational Excellence Programme: Learning and improvement networks and improvement analytics and working guides 		
Recommendations:	To discuss and note the annual assessment	
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Agenda item:5

Report title: Chief Executive Report

Introduction

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- Independent investigation of the NHS in England – Lord Darzi report
- Winter Priorities
- NHS IMPACT Clinical and Operational Excellence Programme: Learning and improvement networks and improvement analytics and working guides

Independent investigation of the NHS in England – Lord Darzi report

On the 12 September 2024, Lord Darzi published his investigation into the health of the NHS. [Independent investigation of the NHS in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/independent-investigation-of-the-nhs-in-england). It provides a clear diagnosis of the challenges faced by the NHS and gives insight into the way forward.

The context for the review was clear. The NHS is in serious trouble and the health of the nation is getting poorer. Increasing long term conditions and worsening mental health have led to approx. 2.8 million people classified as long term sick. However the context of the review was clear, this is not a reason to question the principles of the NHS but rather to understand how we can move forward.

The document clearly outlined the challenges faced by the population. Despite more patients than ever being seen in primary care, people still struggle to see a GP. Community waiting lists have soared to 1 million, the vast majority of those being children and A&E is in a poor state with long waits contributing to thousands of additional deaths per year. Elective care waits have ballooned with fifteen times more people waiting greater than a year than we had ten years ago. However, the report did note that people do receive high quality care if they access the right service at the right time.

The report also noted that cardiovascular mortality has increased as rapid access has deteriorated, cancer mortality is higher and dementia has a higher mortality rate in the UK than OECD average and only 65% of patients are diagnosed.

The area of productivity was highlighted as a major challenge. Too great a share of funding has been spent through hospitals with expenditure rising from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could not be discharged. The number of hospital staff have increased dramatically, 17% growth since 2019, yet the

patients are not flowing through hospitals in the same way e.g. 7% fewer outpatient appointments per consultant and 18% less activity for each clinician working in the emergency department.

The report suggests that there are four main drivers for this position.

1. Funding

Between 2010 and 2018 funding grew at 1% compared to a long term average of 3.4%. In respect of capital expenditure there was a £37 billion shortfall of capital investment.

2. Pandemic Lagacy

The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems. NHS volumes dropped more sharply than any other comparable health systems.

3. Voice of Staff and Patients

Patients feel less empowered or secure and the priorities of patients have not been addressed. Staff sickness has increased and discretionary effort has fallen.

4. Management Structures

Structures and systems have been subject to regular change and are confused. The 2012 Health and Social Care Act did not work whilst the 2022 Act brought some coherence but there is still confusion around responsibilities in performance management. The current framework of standards and financial incentives is no longer effective.

Moving Forward

The 10 year health plan will be the vehicle for moving the NHS forward, and the Darzi report provides a comprehensive diagnosis of the problems to kickstart that process. However, it will be important that the report is not the only voice to shape the plan. It will be important that the voice of patients, clients, communities and our staff are also listened to. Harnessing these voices and their buy in to the change will be key.

It is expected that the process for building the plan will be known over the coming weeks, however there are key areas that I would fully expect to be key to the plan.

- The redirection of financial flows will be fundamental. We will need to shift resources towards General Practice, Mental Health and Community Services and in the case of BNSSG this could be based within our locality structures aligned to the multidisciplinary neighbourhood care teams as referenced in the Darzi report.

- From analogue to digital will be a key theme. We will need to drive our digital strategy hard to ensure that systems, especially outside of hospital, deliver improved experience and outcomes for our staff and patients. We will also need to embrace the potential of AI and life sciences.
- From delivery to prevention will also be at the heart of the plan, as it is at the heart of integrated care systems. One area that is currently being discussed by Chief Executives is the extent to which the NHS is driving prevention and where the NHS will land with regards to areas such as primary or secondary prevention. If the NHS is to deliver on the key Health related challenges, then how much prevention should be NHS led?
- Productivity can only be improved if the plan tackles areas such as staffing, operational management and capital investment as a package. Staffing has grown, the buildings and technology have not. Therefore, more people, using the same technology in buildings that do support new ways of working will never be optimal.
- Clarification on roles and accountabilities are needed particularly in the area of NHS England and ICBs. It will be important to balance the management resource with an emphasis on delivery, but avoiding the drawn out pain of organisational restructuring.
- Finally, the NHS has a huge impact on driving national prosperity. As an anchor institution we have unmatched employment and purchasing power which can drive economic growth. We also have a critical role in getting people back to work, and supporting them to stay there.

Winter Priorities

On the 16th September NHSE issued to all ICBs and Trusts it's assumptions for winter and second half of the year. The letter was based around five key areas. Planning and financial framework, providing safe care over winter, supporting people to stay well, maintaining patient safety and experience and next steps.

With regards to planning and financial framework the letter was a reminder of the tight financial environment across both the NHS and wider government and it reiterated the absolute position of systems delivering their agreed 2024/25 plans.

With regards to providing safe care over winter our attention was drawn back to the delivery plan for recovering urgent and emergency care (UECRP). This is the second year of the delivery plan and the delivery priorities for this year will remain unchanged. At the heart of this plan is an understanding of system capacity and demand and putting in place actions to bridge the gap.

In the area of supporting people to stay well this winter the issue of vaccination is key. The letter drew out key actions for NHSE, ICBs and Trusts. As an ICB we are being asked to work with:

- local partners to promote population uptake with a focus on underserved communities and pregnant women
- primary care providers to ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised
- primary care and other providers, including social care, to maximise uptake in eligible health and care staff

The area of maintaining patient safety and experience was at the heart of the letter. We are being asked to focus on ensuring patients are cared for in the safest possible place for them, as quickly as possible. This requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.

There are specific asks of the ICB:

- ensure the proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter:
 - primary care and community services should be working with these patients to actively avoid hospital admissions
- provide alternatives to hospital attendance and admission:
 - especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better served with a community response outside of a hospital setting
 - this should include ensuring all mental health response vehicles available for use are staffed and on the road ahead of winter
- work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
- assure at board level that a robust winter plan is in place:
 - the plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours
 - it should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers
- make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system
- review the [10 high-impact interventions for UEC](#) published last year to ensure progress has been made:
 - systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions

We have made progress on all of the actions, and we will present our full winter plan at the November board meeting.

NHS IMPACT Clinical and Operational Excellence Programme: Learning and improvement networks and improvement analytics and working guides

As part of NHS England's improvement work (NHS IMPACT) colleagues across NHSE – including ECIST and GIRFT – have been working with colleagues from across the NHS to develop a series of improvement guides and supporting infrastructure. The purpose of this work is to bring together and codify the best clinical and operational practice from across the country, to support further local improvement.

Initial versions of improvement guides, covering the following topics, were published on the 26th September:

- improving flow through the emergency care pathway (reducing avoidable admissions and optimising admitted care)
- generating greater value for patients from theatres, elective surgery and perioperative care
- generating greater value for patients from outpatient services
- improving medical consultant job planning

They are accompanied by new analytic compartments in the Model Health System which will allow us locally to use data to identify opportunities and to benchmark at a Trust and system level.

To support the role of out of the guides and to help accelerate improvement, 16 learning and improvement networks have been established (LINs) which are aligned to the 7 NHS regions. Each region has both an Elective Care and UEC local improvement network.

The first step of the process is focussed on delivering acute hospital care however NHSE are committed to delivering other guides in mental health, community and primary care. From a BNSSG perspective we are currently exploring how this process will dovetail with our system wide continuous improvement process.