# The national picture

HFMA

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# Thank you

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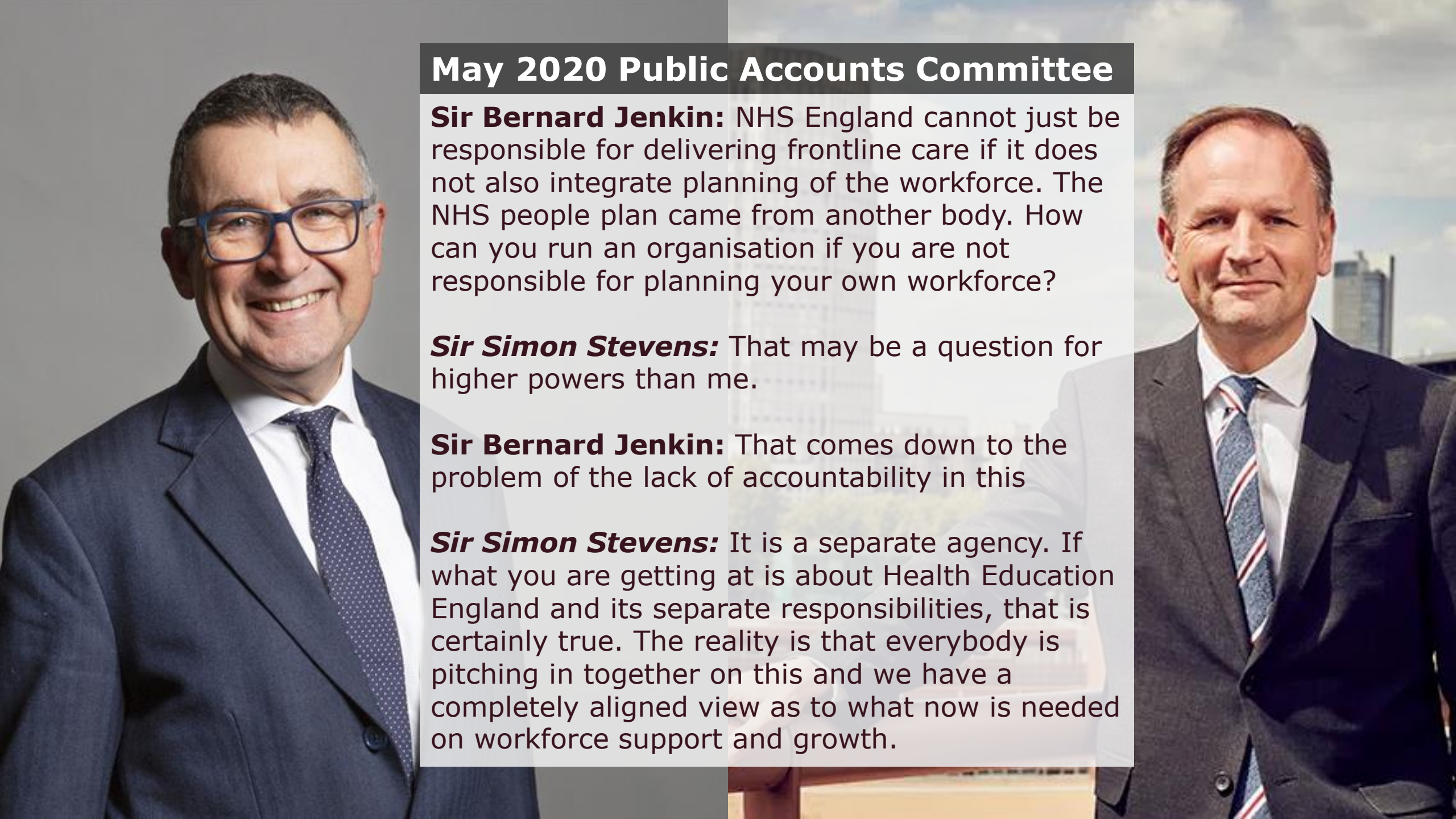
RESPECT

# What we will cover

1. Pre-Covid policy priorities (sense of history)
2. Challenges (reality check and shared pain)
3. Achievements and opportunities (light and shade)
4. Mood music, rumour, conjecture

# Pre-Covid priorities and the proposed response

| | |
|---|---|
| **Staffing crisis** | People plan funded via CSR, social care domestic supply |
| **Quality and access** | Powis review of targets |
| **Money off track** | Every organisation in balance by end of parliament; 5 year revenue deal; multi-annual capital funding; directed funding in MH and community; gradually unwind overwrought financial control totals regime |
| **Organisation & System** | Devolve as much as possible as centrifugally as possible (eg spec comm); nudge towards systems having more control and accountability for money |
| **Architecture** | National, region, system, place, neighbourhood as planning units; Legislation for national and local bodies to operate at scale and promote collaboration |
| **Wider reform** | Fix social care, Brexit |



## May 2020 Public Accounts Committee

**Sir Bernard Jenkin:** NHS England cannot just be responsible for delivering frontline care if it does not also integrate planning of the workforce. The NHS people plan came from another body. How can you run an organisation if you are not responsible for planning your own workforce?

***Sir Simon Stevens:*** That may be a question for higher powers than me.

**Sir Bernard Jenkin:** That comes down to the problem of the lack of accountability in this

***Sir Simon Stevens:*** It is a separate agency. If what you are getting at is about Health Education England and its separate responsibilities, that is certainly true. The reality is that everybody is pitching in together on this and we have a completely aligned view as to what now is needed on workforce support and growth.

# The underlying beliefs?

## System by default

(systems are responsible for transformation and need to be delivery vehicles)

(Some flex in organisation-based operations eg regulation, 5 tests)

Pennine as the new Heatherwood

## Subsidiarity

(place to take greater role than originally planned)

(Region to have a greater presence – from direction-setting to problem-solving)

## Scale

(fewer moving pieces at national and local level are a good thing)

(collaboration is the best model to drive improvement)

But at the margins or in the driving seat and what happens before the law changes?

With greater power comes greater risk

Over-reliance on economies of scale and faith in spreading good leadership rather than codified practice

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# Some challenges

| | |
|---|---|
| 1 | Staff will burnout |
| 2 | The backlog is too large to address |
| 3 | Some hardcore financial incentives remain despite debt write-off |
| 4 | Some transformation will slip back |
| 5 | Previous disasters highlight risk of syndemics and child mental health |
| 6 | Will social care be ‘fixed’ in this macroeconomic climate? |
| 7 | Twin roles of system are not easily compatible |
| 8 | Still in pre-legislative era where still orgs not systems |
| 9 | How valued are commissioners and commissioning? |
| 10 | A lot of changes to services have happened without scrutiny and oversight |

EXHIBIT 3

# It may take up to two years for providers to work through the surgical backlog if they could operate at 10–20% above historical levels.


Source: McKinsey survey of 25 large US hospital systems (>1,200 inpatient beds)

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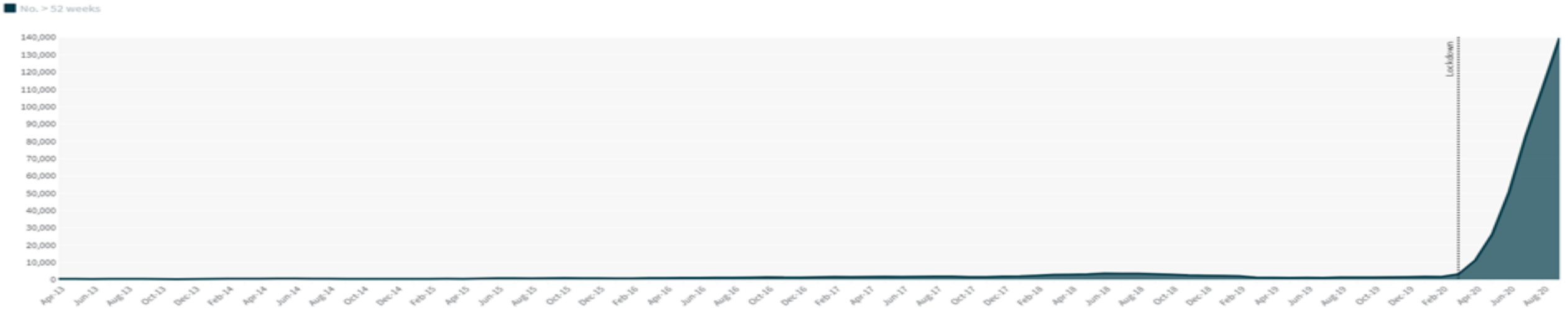
# But also hope

| | |
|---|---|
| 1 | Transformation of Victorian outpatients model years ahead of schedule |
| 2 | NHS has tackled huge backlogs before |
| 3 | Strategy (writing on the wall) is clearer towards system-working |
| 4 | Non-tech service delivery changes that improve efficiency and experience |
| 5 | The DGH that wants to recruit from across England |
| 6 | Not forgetting the patient as an actor and agent |
| 7 | Leadership under the spotlight through a year of Covid and George Floyd |
| 8 | Unit of planning starting to change eg staffing at a system level |
| 9 | Strongest argument for just in case not just in time eg oversupply |
| 10 | The importance of small things and a sense of agency - Fix the CoW |

## Patients waiting a year for planned care

18 weeks incomplete pathways




Source: The King's Fund analysis of NHS England data

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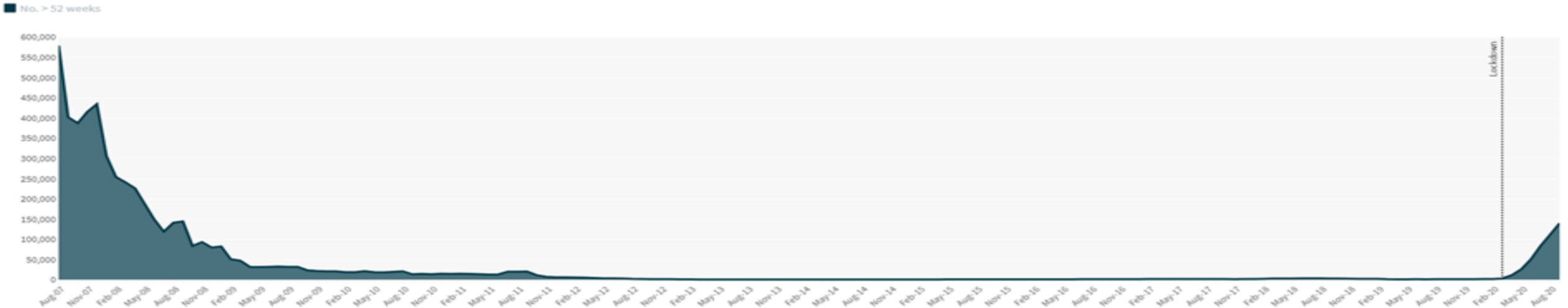


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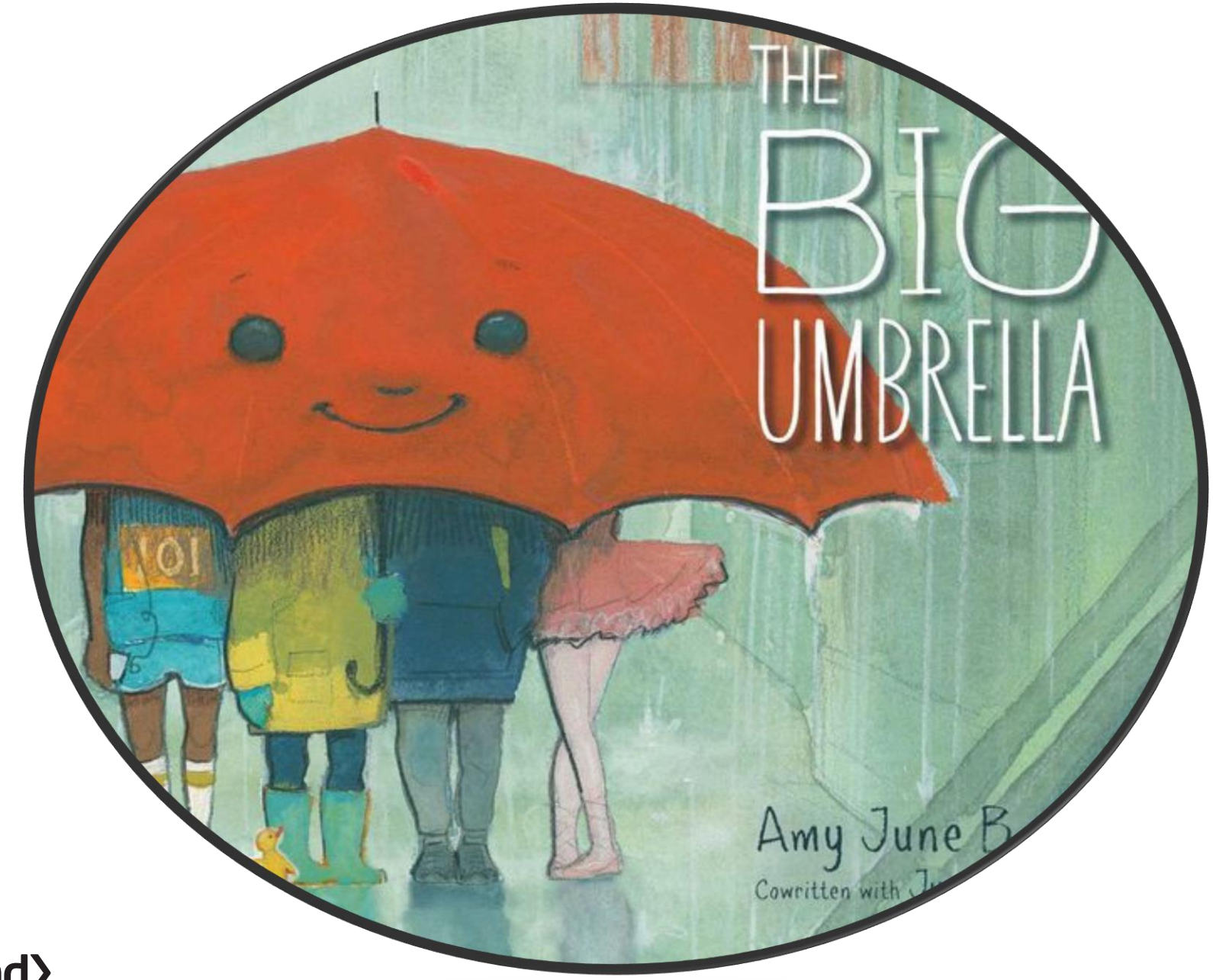


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# Mood music, rumour, conjecture

## Straw poll on legislative proposals

1. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade? **Probably**

2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients? **Probably**

3. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs? **Maybe**

4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies? **Depends**

## Provider collaboratives

*All NHS provider trusts will be expected to be part of a provider collaborative. These will vary in scale and scope, but all providers must be able to take on responsibility for acting in the interests of the population served by their respective system(s) by entering into one or more formal collaboratives to work with their partners on specific functions.*

But

- What exactly is the problem to address?
- Is this about building a menu of options or prescribing a model
- Collaborate on what? All of it? Specialist work, planned care?
- How does it cut across existing collaborations inc. planned M&A, shared chairs and CEOs, vertical integration
- Is it about coordination or control?

# Mood music, rumour, conjecture

Political priorities – 48 hospitals, 50k nurses, 50m primary care appointments

Political choices and the HMT/No.10 Taskforce

Policy direction likely to survive a changes in national bodies

Response to Covid-19 changed some minds on NHS as a ‘bottomless pit’ or ‘slow to change’, but…

Social care – your guess is as good as mine, but the types of questions that were being asked gives me some hope

# Final thoughts

We're not close to being through this yet…

But who would have thought a vaccine would be available, care would be moved online, capacity would be expanded

The short term focus will be on elective backlogs

The long-game will focus on staff wellbeing, the mental health of children, health inequalities

Leaders will remain under the spotlight – remember what is in you control and what isn't

Be kind to yourselves

# Thank you (again)

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