December 2024

NHS Providers submission to Change NHS consultation

This response is submitted by NHS Providers. NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

The 10 year health plan for England

Question 1: What does your organisation want to see included in the 10-Year Health Plan and why?

Make "the how" and "the what" equal partners in progressing the three shifts

- NHS foundation trusts and trusts want to do things differently and better for patients and communities, consistently meeting their changing needs to deliver safe, high-quality care. To enable this, the 10-Year Health Plan must recognise – in principle, policy and practice – that the NHS is a complex adaptive system. It is a people-centric and people-dependent safety critical industry where change is a constant. That is, the 10-year plan must address "the how" as well as "the what" of the three shifts towards prevention, digital transformation and community care.

Change behaviour to progress change

- The NHS Constitution sets out a clear objective for the service to improve our physical and mental health and wellbeing, combining expert knowledge and skill with care and compassion. We need a particular emphasis on a values-driven system encompassing compassion and inclusivity, learning, evidence-informed approaches and understanding of human factors to meet this objective. This is underlined in the exploration by Mary Dixon-Woods et al of culture and behaviour within the NHS at the time of the Francis Inquiry. She concluded that to enable a safe and compassionate service, "organisations need to put the patient at the centre of all they do",

with "equal attention to systems, cultures and behaviours: setting coherent and challenging goals and monitoring progress towards them; empowering staff to provide high-quality care and providing them with the means to achieve this through routine practice and innovation; and exemplifying and encouraging sound behaviours". We must learn from this, to avoid the mistakes of the past.

- Roger Kline notes that structural reforms have made "little change to how the NHS workforce was managed and led with a continuing stream of expectations, requirements, targets, inspections and funding decisions which fundamentally influence workforce culture and leadership". Command and control is deeply embedded in the NHS, and "the dominant cultures within those national bodies deeply influence behaviours and priorities at local level". For change to happen, behaviour needs to change. Supporting the right cultures and enabling the right behaviours to deliver safety, quality and improvement is one of the biggest and most important challenges in healthcare.

Enable a responsive and continuously improving system

- There is an opportunity for the plan to set out a new role for the government and national bodies, by reshaping them as strategic system stewards who work to enable the system to perform and deliver for patients and communities.
- The NHS Quadruple Aim provides a helpful framework for action. The plan then needs to look to ways of enabling success, sharing risk appropriately, and mobilising change effectively, through policy designed to withstand and adapt to changing circumstances, organisational development and continuous learning. This is key to shifting the system away from a compliance mindset, which does not create resilience and flexibility.
- Over time the change in ethos could help shift the health system to an approach focused on operational upsides (e.g. improving productivity, efficiency gains, optimising well-being, removing barriers to effective teamwork) and managing risks (e.g. the risk of harm), rather than on disconnected policy objectives and a privileging of finance over quality.
- Learning from the past on the potential for unintended consequences in any incentive is also key. We should heed, for example, the recommendation from the Health and Social Care Committee's 2021 report on workforce burnout and resilience "that NHS England undertake a review of the role of targets across the NHS which seeks to balance the operational grip they undoubtedly deliver to senior managers against the risks of inadvertently creating a culture which deprioritises care of both staff and patients".
- NHS trusts are already maturing and prioritising their approaches to continuous improvement, and are moving towards adopting management systems which enable a consistent, coordinated approach to planning, improving, controlling, and assuring quality. This can be taken further by

government and national bodies as they seek to provide an ethos and framework which allow for both strategic alignment and operational flexibility in pursuit of high quality.

Cross-departmental accountability for the health and care of the population

- Part of the change in approach that is needed relies on looking more broadly at the system within which the NHS exists. It is only through this that the NHS will be able to sustain delivery of safe, high quality care for all over the long term, and in response to changing patient needs. When considering enablers for improving patient care, the top three areas trust leaders would like the new government to prioritise are capital investment in estates (54%), capital investment in digital (48%) and social care (41%).
- We see multiple inequalities across the population, driven by a range of factors including levels of poverty and deprivation, structural racism, safe and healthy housing, education, employment and access to healthy food and green space. The NHS has significant potential to contribute to a comprehensive approach to supporting people's health, and this needs to be supported by a prioritisation of health and wellbeing, and reducing inequalities, across government policy and action. We need to support and reform the NHS and social care, and to elevate health as a public good, vital to a thriving economy and to our wellbeing as a society.
- The government needs to take responsibility not just for treatment when we are sick, but for health, with cross-departmental accountability for the health and care of the population. By focusing on prevention and early intervention, and integrating health and care within the work of every part of government we will ensure the sustainability of the NHS and secure a significant social and economic return on investment.

Question 2: What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

A clearly articulated and well-understood vision of the shift of care into the community

- There must be agreement and a clear articulation for **why** the shift is needed and what success looks like. This will help garner support from NHS staff and the public, and ensure investment, oversight and performance management are aligned. Specifically, it must be recognised that community services do work of high and immediate value, and the benefits of the shift go far beyond reducing demand on acute services, including supporting patients with chronic disease management and care coordination.
- Co-production with the public is key to an effective shift especially given the health inequalities faced by certain individuals and communities and factors driving these. Learning should be taken from initiatives such as South London Listens, which represents a collaboration of NHS mental

health trusts working with key local partners. Within this, the Be Well programme brings community organisations together with health services in a local hub to deliver tailored, culturally responsive mental health support. A 2023 evaluation found 3,000 individuals engage with the hubs each month, many of whom might otherwise be unknown to health services.

- To ensure patients receive a seamless experience of care, it is essential that patients, families, and carers are well-informed about the services available, and clearly understand what they are entitled to. The shift between hospital and community-based services must be communicated early and effectively, ensuring individuals can navigate both settings with ease, and are not disadvantaged by changing care settings.

Robust data collection, analysis and sharing to join up care and enable continuous improvement

- Enhanced data sharing processes must be in place across organisational boundaries to effectively manage the shift to community care. There are multiple barriers to interoperability within the NHS and with wider partners, including unnecessary complexity, hard to access clinical information and disconnected systems. Addressing the issues with electronic patient record systems is key for safety and efficiency.
- Examples of successful approaches include community interest company Bromley Healthcare's data sharing agreement with local GPs, which is enabled by strong relationships and the co-location of key partners. While their approach allows organisations to view respective data, more sophisticated data sharing continues to be challenging, especially for integrated neighbourhood teams. Addressing this will require suppliers of NHS data and digital software to develop mature data-sharing systems that allow different organisations to access data in a way that reduces duplication whilst respecting information governance.
- Robust and timely national data, including from non-NHS organisations, and indicators and metrics on quality of care delivered in the community are needed so impact can be tracked and improvement opportunities and early warning signs for declining care quality can be identified. A clear national articulation of what good quality community care looks like is also required. The work underway to develop standards of care for community mental health services should also be considered as part of the Plan.

Funding must follow the ambitions to shift more care into the community

- There has been historic underinvestment in community and mental health services, and funding has failed to keep pace with demand. This is despite the existence of the mental health investment standard (MHIS), the growing demand for community services and the policy ambition to deliver

more care closer to home. The MHIS has been a critical safety net that has ensured share of total NHS spend on mental health services has, albeit only gradually, grown since its introduction in 2015/26. Additional funding and incentives (e.g. the elective recovery fund) are too often focused on acute services.

- There needs to be a strategic, innovative and long-term approach to funding for community services, with payment models that enable services to better meet demand and support integration. Policy levers, such as whole-system incentives and differential funding growth for community services, must be explored.
- The plan should learn from, and build on, the work of NHS-led mental health, learning disability and autism provider collaboratives, which have demonstrated success in enabling more specialist care to be provided in the community.
- Realising cost savings will take time and require up-front investment in community services, alongside continued investment in the acute sector in the medium term.
- Ensuring local government receives sufficient funding for public health, prevention and early intervention services and social care to create resilience and build back lost capacity is critical.

The right number and mix of staff with the right skills

- Community staffing must increase to both meet existing demand and deliver more care in the community. In the short term, this needs to be achieved without pulling staff away from other settings, to avoid creating new or exacerbating existing pressures.
- Ambitions to increase the number of staff providing care in the community are included in the Long-Term Workforce Plan (LTWP). To be effective, the plan must be fully funded, with a robust implementation strategy. Even then, results will take time and an equivalent plan for social care, and consideration of the workforce of other key partners, such as the voluntary sector, is needed.
- There must be enough staff with the right mix of skills, experience and expertise. The right mechanisms also need to be in place to form effective multidisciplinary teams across different organisations to provide integrated care in the community. Embedding inclusive processes and addressing racial disparities must also be central to work addressing the need for new roles and alternative training routes; medical and nursing degrees offering placements in community settings; portfolio working opportunities for paramedics; and more flexible career pathways for staff to move between sectors. Equitable access to training, development opportunities, and career pathways is a theme that comes up repeatedly in terms of supporting a diverse NHS workforce.
- Derbyshire Community Health Services NHS Foundation Trust has worked with the local council to move approximately 130 homecare support staff from the council to the trust. The partnership is

underpinned by a Section 75 agreement, and the pooling of resources. This has helped boost the system's capacity and resilience and supported integrated care delivery for service users.

Question 3: What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

- Trust leaders are acutely aware of the immense benefits that technology will be able to bring to the delivery of healthcare and remain committed to ensuring that their organisations are working towards delivering the next generation NHS which embraces the power of technology to deliver better outcomes for patients.
- In October 2024, our Digital Transformation report shared the findings from a survey with trust board members and digital leads from across the provider sector. We asked trust leaders to outline the biggest barriers to and enablers of progressing with digital transformation. We consider each of their priority issues below.

Funding and financial constraints (73% say this is a barrier)

- Over the last decade, the NHS capital budget has been repeatedly diverted to cover day-to-day spending, with the decision being made to prioritise managing revenue spending pressures at the expense of vital long-term investment in both the NHS estate and digital transformation budgets. Lord Darzi criticised this approach of capital-to-revenue switches as "obviously dysfunctional and stor[ing] up problems for the future".
- As a result of this practice, as well as the impact of inflation in recent years, limited operational capital budgets have restricted trusts' ability to maintain or substantially improve NHS technology and digital assets.
- Removing current barriers to capital spending due to the national capital departmental expenditure limit (CDEL) and exploring alternative routes to capital investment for the longer term would help.
- Trust leaders have also shared their frustration with how the capital regime currently operates. Very often there is a "hockey stick" effect where capital spending is backloaded towards the end of the year, with pots of strategic capital funding becoming available at short notice leading to inefficient investments being made to avoid underspends.
- The way in which digital transformation is funded – through a combination of access to capital budgets to launch projects as well as recurrent revenue requirements to maintain such investments – also means it is susceptible to being deprioritised in favour of more urgent spending demands.
- In order to ensure the NHS can continue to make better use of technology, it is vital that spending on digital technologies is protected. If government wants to see the digitisation of the NHS at

pace, then it must set out a long-term digital strategy supported by a multi-year funding settlement that will empower trusts to be able to sustainably invest in the most pressing digital needs for their organisation to improve both access to, and delivery of, patient care.

Operational pressures impacting technology adoption (50% say this is a barrier)

- Our Digital Transformation report highlights that the relentless operational pressure on staff has contributed to a lack of capacity to engage with digital programmes, which often require significant time, energy and resource to implement effectively.
- Given the pressure on trust leaders to deliver on operational priorities, it is unsurprising that trust leaders have had limited capacity to dedicate sufficient headroom to long-term investments, such as digital transformation programmes.
- Government and national bodies must work to create the space and empower all parts of the health system to embrace the shift towards greater utilisation of digital technologies.
- Technology has the power to significantly boost workforce productivity and enable staff to spend more time on patient care, rather than on repetitive and time-consuming administrative tasks. However, it is vital that new digital systems are set up in a way that enables this boost to productivity and does not add to the current workload of staff.
- Trusts have highlighted the importance of engaging with staff and patients throughout the design and implementation of digital technologies and ensuring staff have sufficient training to ensure usage of digital systems is as effective as possible. In order to maximise the value of additional staff time freed-up by digital technologies, national bodies must develop a culture that will support staff to devote additional time to training and research, as well as increasing care volumes (Horton & Moulds, 2024).

Inadequate infrastructure (38% say this is a barrier)

- The maintenance backlog has been steadily rising over the last decade, with the latest estates return information collection data for 2023/24 showing a further deterioration of the condition of the NHS estate. Since 2010/11, the total maintenance backlog has more than doubled, with the latest data showing that the backlog has increased to £13.8bn (NHS England, 2024).
- The NHS estate includes many older buildings, with 42% of the estate built before 1985 and 14% of the estate predating the NHS itself (UK Parliament, 2024). Parts of the NHS estate are in an incredibly poor condition.
- In order for the power of technology to be fully harnessed, it is imperative that the appropriate infrastructure (e.g. sufficient wi-fi, smart equipment) is in place to be able to support a digitally connected health service.

- Ensuring trusts across all sectors have sufficient access to capital funding in order to halt the deterioration of the NHS estate and ensure facilities are sufficiently modernised to accommodate digital connectivity and interoperability will be an important first step to shifting towards a digitally capable and mature NHS.

Lack of appropriate workforce capability (35% say this is a barrier)

- Recruiting and retaining digital skillsets and developing digital capabilities within the workforce are critical for successful adoption and utilisation of technology, including the development of digital, data and technology skillsets.
- Trusts are currently finding it increasingly difficult to attract people with these skillsets due to the substantially higher salaries being offered in the private sector, especially across emerging technologies such as artificial intelligence.
- If the shift towards a more digital NHS is to be successful, then it is vital that government and national bodies invest in creating a digitally skilled workforce.

Question 4: What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

National prioritisation

- A national statement of intent on prevention and early intervention is crucial, backed by strategic commitments and resources to deliver. This commitment should include:
    - Targets to halve the gap in healthy life expectancy rates and actions for how this will be met
    - Clear lines of accountability (nationally, regionally and locally), with an advisory committee (or other appropriate mechanism) to oversee
    - Co-ordinated, cross-government action, recognising the role of each government department and arm's-length bodies in addressing the wider determinants of health.
    - Prioritisation of activity where there is likely to be the largest impact, including:
        - tackling health inequalities, with effective co-design and engagement in preventative initiatives that are accessible for more deprived groups and ethnic minority communities
        - childhood and adolescence, as key periods of development, laying the foundations for the future health of society. 75% of mental health conditions develop before the age of 24 and 23% of 11-15-year-olds are living with a long-term condition.
        - conditions or risk factors with the highest disease burden and cost to healthcare services, as identified by data analysis and research.

- Many of the solutions for prevention can be found within pre-existing policy reviews that have been widely consulted on, but for the most part have not been implemented or integrated into policy. These include: the major conditions strategy, prevention green paper, cross- governmental mental health plan, suicide prevention strategy, national food strategy, the Khan review, the Hewitt review, and childhood obesity strategy.

Support to prioritise prevention

- Clear national direction of travel and focus will enable local prioritisation. Existing NHS performance targets and measures disincentivise action on prevention. NHS trusts are also bound to short-term financial planning. Responding to urgent operational pressures and workforce challenges can detract from long-term prevention.
- Development of new targets and measures for systems and providers are needed to enable the shift to prevention. Incentives should be aligned to national priorities, including commitments to halve the gap in healthy life expectancy and constitutional targets (which historically have detracted focus and resource away from preventative action). Targeted investment in prevention will reduce long-term demand for services and better enable providers to meet constitutional standards. We would welcome further engagement on the development of these incentives.
- To underpin local action and incentives, there must be improved data reporting and oversight at all levels to monitor progress.

Funding levels and flows

- There are no dedicated funding, resources or infrastructure for preventative initiatives within the NHS. In a May 2024 NHS Providers survey, 94% of trust finance directors reported that they do not have sufficient funding for prevention. Better national data collection is necessary to understand how much providers and systems are currently spending on prevention.
- Capital and revenue constraints limit the extent to which providers can invest in digital or other resources that are necessary for preventative action. Workforce shortages and skills gaps are key barriers. Greater investment in prevention, made on a long-term basis, could be used in part to address staff skill gaps related to public health, health inequalities and prevention.
- There must be increased funding for local authorities. The public health grant has faced significant cuts in recent years (particularly in the most deprived areas), which has placed additional strain on NHS services.
- Not all ill-health can be prevented and patients will continue to require care and treatment, where high quality care is needed to support patient needs.

Collaborative system working to understand and act on population health needs

- Guidance should clearly outline the NHS' role in prevention. There are high levels of commitment to prevention among senior leaders in the NHS - they now need a clear framework for action, which outlines what progress looks like for systems and providers and how they will be supported to deliver.
- System working and cross-sector partnerships (including with local authorities and voluntary, community, and social enterprise [VCSE] organisations) are key for understanding population health needs, addressing the wider determinants, and providing holistic, person-centred healthcare, through joined up services. Integrated care systems (ICSs) should take the lead in convening action, to deliver on their core purposes on population health and addressing health inequalities. To underpin this integrated approach, the system needs:
    - Alignment and strategic commitment to prioritise prevention
    - Data to understand population health needs and to target interventions
    - Staff training, time and capacity dedicated to prevention, health inequalities, and public health, to support a culture shift
    - Access to public health expertise within NHS organisations and through collaborative working with local authorities
    - Joined up budgets to implement preventative initiatives
    - Greater support for the voluntary sector to be enabled system partners.
- Preventative work should be underpinned by co-production and engagement with patients and communities, to ensure initiatives are successful, to foster greater trust with communities, empower patients to self-monitor and manage conditions and recognise early symptoms, and improve health literacy and navigation of healthcare services.
- NHS trusts play an important enabling role within systems to deliver on prevention, by reducing avoidable harm and improving quality and patient safety. Key preventative actions include smoking cessation, screening, NHS health checks, making every contact count, building the research and evidence base on prevention, and targeted work with specific groups (such as frequent attenders). NHS trusts are leading the way on prevention, as highlighted in *Shifting care upstream* and *New roles in prevention*.
- The role ambulance trusts can play in prevention and reducing health inequalities is often overlooked, despite the contact clinicians have with inclusion health groups and the role they can play in identifying the impact of wider determinants of health within people's homes and communities.
- Trusts are also anchor institutions within local areas and should act to prevent ill health and wellbeing among their workforce.

- Commitments within some NHS trusts to become anti-racist organisations marks a positive step towards improving workplaces for NHS staff – but more support is required for these initiatives to be implemented across all health services.

Question 5: Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in.

Focus on prevention and early intervention, and integrating health and care within the work of every part of government, to ensure the sustainability of the NHS and secure a significant social and economic return on investment.

Rapid change

- Ensure a comprehensive cross-government approach to improving health and reducing health inequalities, identifying policy priorities for each government department and taking a "health in all policies" approach to decision making
- Expand the Office for Budget Responsibility's remit to include consideration of health and care impacts and costs, including the specific impact of inequalities
- Engage employers on their role in tackling the wider determinants of health
- Clarify the government target for halving the gap in healthy life expectancy, with clear timeframes and an action plan for delivery. Set out accountability structures for monitoring how the target will be met, such as an independent advisory committee

Medium-term change

- Integrate health impact assessments into the work of every government department
- Provide adequate support for the VCSE sector to continue to support local communities
- Invest in the public health grant, ensuring local authorities have adequate funding to improve population health within local communities

Invest in eliminating the maintenance backlog and the systematic renewal of our facilities, technology and estates to improve the quality and safety of patient care and deliver even greater value for money.

Rapid change

- Increase the CDEL to provide greater flexibility to invest in NHS estates without breaching national spending limits

- Ensure the NHS annual planning process is completed well in advance of the start of the financial year and provide trusts with the tools and resources to effectively plan and maximise the value gained from investment

Medium-term change

- Enable digitisation of the service, where appropriate, on an industrial scale
- Clear the maintenance backlog of nearly £14bn, and urgently address instances of unsafe reinforced autoclaved aerated concrete
- Continue to invest in data sharing, interoperability and data governance skills to support the NHS in focusing resources where they are most needed
- Establish and deliver a long-term capital infrastructure programme, with funded projections for bed capacity and alternative care models in community, mental health and primary care services

Long term change

- Outline the next steps for the rolling programme of capital investment for hospitals that missed out on the New Hospital Programme to ensure those trusts have estates fit for the future

Deliver the NHS LTWP, and redouble efforts to improve the equality, diversity and inclusion experienced by our people, to create the capacity and capability to deliver the best possible patient care, now and in the future.

Rapid change

- Work with unions, medical royal colleges and other sector partners to demonstrate commitment to valuing, retaining and upskilling the workforce
- Continue implementation of the Messenger review's recommendations
- Support the work underway to improve the equality, diversity and inclusivity of the NHS and tackle discrimination

Medium-term change

- Invest in management as vital to enabling operational efficiencies, improving patient satisfaction, reducing the frontline administration burden on clinicians, and facilitating innovation
- Fund and deliver the NHS LTWP, including its regular updates

Enable a learning culture and invest in the skills for continuous improvement and evidence-based decision making to improve the safety and quality of care, productivity and staff experience.

Rapid change

- Enable the NHS in developing a culture of openness, where staff and leaders feel confident in speaking up and being met with a supportive response
- Maintain consistency and clarity at national level about the role of improvement approaches, with alignment of policies and priorities across the system
- Promote the benefits of and skills for evidence-based decision making within the NHS
- Enable the status of the UK and NHS as a world-leading research base through streamlined and supportive regulatory approaches and maintaining partnerships with international networks

Medium-term change

- Prioritise an open, learning culture across the system as essential to improvements across NHS safety, quality of care and improvement
- Support health leaders to make systematic improvements in areas beyond clinical quality including corporate services, operational performance, workforce wellbeing, cost and waste reduction, population health, and financial performance, with evidence-based approaches informing implementation
- Support a wider range of NHS organisations to secure research funding and develop their research capabilities

Meet more patient needs in the community and create a robust social care sector to support the performance and sustainability of the whole health and care system.

Rapid change

- Develop a clear vision for the 'shift to the community', co-produced with the public and clearly communicated to patients, families and carers
- Agree and implement a definition of parity of esteem for mental health, and pursue equity of mental health care, with a focus on health inequalities and the socioeconomic drivers of mental ill health
- Ensure effective and transparent mechanisms to guarantee sufficient funding reaches the mental health services patients need most, including maintaining and improving the MHIS, and set clear, monitored and enforced expectations for ICSs in national mental health investment and initiatives, recognising decades of structural marginalisation.
- See beyond the urgent and emergency care pathway as a proxy indicator of NHS performance, and meaningfully support flow through the system with investment better following patient and community needs
- Take an inclusive approach to backlog recovery across all sectors, with clear asks for systems and providers to consider inequalities (deprivation and ethnicity) within the prioritisation of waiting lists

Medium-term change

- Continue the work to tackle discrimination and disparities in the outcomes, experience and access to mental health services
- Fully fund the implementation and impact assessment of new care models aimed at providing mental health care in the right place at the right time, and new models of inpatient and community mental health care
- Develop a strategic approach to funding for community services, with payment models that enable services to better meet demand and support integration
- Ensure local government receives sufficient funding for public health, prevention and early intervention services and social care

Long term change

- Deliver a long-term, multi-year settlement to reform social care and place it on a sustainable footing