



NHS Monthly Insight Report

February 2023

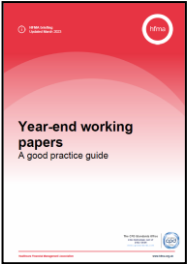
360 Assurance is a member of The Internal Audit Network (TIAN) which comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly insight report highlights key publications and is intended as a useful update and reference tool. This report is produced by TIAN and shared by 360 Assurance.

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Introduction

The Internal Audit Network (TIAN) comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly Insight Report is produced by CW Audit on behalf of TIAN and is shared across TIAN members and their clients.

Developments in the NHS	
HFMA statement on current NHS pressures	<p>The HFMA has set out its views on the current NHS pressures and what needs to happen now.</p> <p>The NHS is facing unprecedented pressures currently, with all staff working flat out to meet significant urgent demand while also addressing the extensive elective backlog. These pressures are being experienced across the whole service, including acute, mental health, community, ambulance and primary care services, with similar pressures in social care adding to the challenge.</p> <p>The frontline pressures – many of which are down to workforce shortages – are compounded by significant financial pressures, which are being felt by NHS boards and finance departments in particular. The service and financial challenges faced this year look set to carry on into 2023/24, despite welcome increases in funding announced in the autumn statement.</p> <p>While HFMA recognise that the problems are complex and some of them not easily solved, there are some actions that would at least help to not make things worse – these are described in the full HFMA statement on the current NHS pressures, which can be found here: https://www.hfma.org.uk/publications/details/hfma-statement-on-the-current-nhs-pressures</p> <p><i>For information</i></p>
Year-end working papers: HFMA good practice guide	 <p>Good working papers are an essential part of the accounting records of NHS organisations. They are particularly important during the year-end process when they are relied upon by both NHS organisations and their external auditors. They reduce the likelihood of errors in the annual accounts, provide confidence in the underlying information, make high quality review easier and help maintain corporate memory. They also contribute to a smoother, more efficient external audit reducing the number of queries to resolve and enabling the auditor to focus their time more appropriately.</p> <p>To support finance teams and auditors, this briefing provides a reminder of what good year-end working papers look like; what arrangements need to be in place to enable staff to prepare them; and some key issues to consider for the 2022/23 year-end.</p> <p>It can be found here: https://www.hfma.org.uk/publications/details/year-end-working-papers-a-good-practice-guide</p> <p><i>For information</i></p>
Integrated care board running cost allowances: efficiency requirements	<p>A letter from NHSE has set out the following key changes to running cost allowances within ICBs:</p> <ul style="list-style-type: none">• Baseline Running Cost Allowances for ICBs have been held flat in cash terms in 2023/24. This has been published through the annual operational planning guidance and the supporting publication of allocations for 2023/24 to 2024/25.• RCA will then be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25.

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	<p>This provides time for ICBs to reorganise and gives some flexibility on funding change, with scope for ICBs to go further and faster where possible, enabling resources to be recycled into front line care.</p> <ul style="list-style-type: none"> • No increases to the RCA to allow for inflation in this period are anticipated. • NHSE are now updating the published future year RCA with three-year allocations for each ICB that reflect this 30% reduction. Adjustments for delegated POD functions will then be made separately. <p><i>For ICBs to implement accordingly</i></p>
ICB annual reports and working with people and communities: Guidance issued by NHSE	<p>This NHSE guidance is for integrated care boards (ICBs) to help them produce annual reports that reflect their work with people and communities and show how they meet their public involvement legal duties. It replaces previous guidance from 2016. It can also be used by other health and care organisations as good practice in making their corporate reports accessible and relevant to people and communities.</p> <p>It can be found here: https://www.england.nhs.uk/publication/icb-annual-reports-and-working-with-people-and-communities-guidance/</p> <p><i>For implementation by ICBs</i></p>
NHS Providers' briefing: NHS England safe and wellbeing thematic review	<p>NHS England has published a thematic review and lessons learned from its national review to check the safety and wellbeing of all people with a learning disability and autistic people who are being cared for in a mental health inpatient setting. The safe and wellbeing reviews (SWRs) were undertaken as part of the NHS response to the safeguarding adults review concerning the deaths of three individuals at Cawston Park Hospital between April 2018 and July 2020.</p> <p>This briefing (https://nhsproviders.org/resources/briefings/next-day-briefing-nhs-england-safe-and-wellbeing-thematic-review) summarises the key findings and considerations identified by the review and NHS Providers view.</p> <p><i>For information</i></p>
NAO report: Progress in improving mental health services in England	<p>This report focuses on the implementation of NHS commitments as set out in:</p> <ul style="list-style-type: none"> • the Five Year Forward View for Mental Health (FYFV, July 2016) • Stepping forward to 2020/21: The mental health workforce plan for England (Stepping Forward, July 2017) • the NHS Long Term Plan <p>The NAO examined whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services by evaluating whether DHSC, NHSE and other national bodies:</p> <ul style="list-style-type: none"> • have a clear understanding of how much their work to date has reduced the gap between mental and physical health services (Part One) • met ambitions to increase access, capacity, workforce and funding for mental health services (Part Two and Part Three) • are well placed to overcome the risks and challenges, including the impact from COVID-19, to achieving future ambitions <p>The NAO concludes that:</p> <ul style="list-style-type: none"> • Since 2016, the NHS has taken some important first steps towards closing the historical and acknowledged gap between

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mental and physical health services. DHSC and NHSE made a series of clear commitments and plans to expand and improve mental health services, but they have not defined what achieving full parity of esteem for mental health services would entail.

- Consequently, it is unclear how far the current commitments take the NHS towards its end goal, and what else is needed to achieve it. While funding and the workforce for mental health services have increased and more people have been treated, many people still cannot access services or have lengthy waits for treatment. Staff shortages continue and data that would demonstrate the results of service developments are limited.
- DHSC and NHSE acknowledge that it will now take longer to achieve some of the existing commitments following the COVID-19 pandemic, amid signs of a large rise in mental health conditions, particularly among young people. Over the next few years, demand for mental health services will continue to significantly outstrip provision, putting pressures on patients, staff and people trying to access services.
- DHSC and NHSE have plans to pursue challenging new ambitions such as improving community mental health services, but they need to be in a position to apply the lessons learned from their efforts to date. They have further to go to ensure value for money in their expansion efforts and will need to demonstrate a firmer grip on the significant ongoing risks to their ambitions.

The report can be found here: <https://www.nao.org.uk/reports/progress-in-improving-mental-health-services-in-england/>

For information

Realising the potential of community-based multidisciplinary teams (Health Foundation briefing)



This briefing (<https://www.health.org.uk/publications/reports/realising-the-potential-of-community-based-multidisciplinary-teams>) summarises evidence from IAU evaluations of three MDTs and wider evidence to inform current efforts to develop integrated care in England. It reflects on what this evidence means for local leaders looking to implement MDTs, as well as for national leaders seeking to support these models of integrated care.

While there is guidance on MDTs and evidence on enablers and barriers to effective team working, there is no single blueprint for MDTs that would guarantee better health outcomes, reduced emergency hospital use or improved patient experience. The effect of MDTs depends on many factors, including team resources and skills, staff engagement, IT resources, access to data, population characteristics, and broader context such as local community services and overall levels of investment.

Therefore, to realise the benefit these initiatives can have, implementation needs to be carefully planned and supported by ongoing monitoring and evaluation. Applying learning health system approaches and providing rapid feedback on whether MDTs are being implemented as planned and achieving the expected results will allow for ongoing learning and improvement.

For information

NHS Confederation briefing: How have provider collaboratives been set up?

This briefing can be found here: <https://www.nhsconfed.org/publications/how-have-provider-collaboratives-been-set-up>. Provider collaboratives are partnership arrangements bringing at least two trusts together to work at scale for the benefit of their communities. They have a shared purpose and effective decision-making arrangements to reduce unwarranted variation, improve resilience and to ensure that specialisation and consolidation occur where this will provide better outcomes and value. Establishing governance arrangements has formed an important part of provider collaboratives' development. NHS Confederation engagement with provider collaborative leaders has

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	<p>revealed an emerging spectrum of approaches in play and highlighted a number of key considerations that have defined collaboratives' approach to governance. This briefing unpacks what they found. It will be of use to provider collaborative and system leaders working in this space to understand the different governance models out there, and what might be best for their emerging collaboratives.</p> <p>Most provider collaboratives are adopting a consensual, evolutionary and flexible approach to the development of governance arrangements relevant to their context, developmental stage and aspirations. This reflects permissive guidance from NHS England which allows integrated care systems and their constituent providers the flexibility to decide which arrangements will work best. There is wide variation across the governance spectrum, with many at the less developed stage and a relatively small number placing initial and significant emphasis on the development of highly formalised and detailed governance.</p> <p>The focus on governance seems to be greater where there are significant relationship and trust issues to handle or when the provider collaboratives arrangement is seen as a precursor to changed organisational models, including merger. There is a need to sufficiently formalise arrangements to move provider collaboratives beyond being simply forums for senior representatives of partners where collective challenges are discussed and shared. Developing proportionate governance is the key issue – identifying what the appropriate balance is appears to be an issue for many provider collaboratives. While not central to provider collaboratives' development, clarity on the nature and detail of governance arrangements is seen as important for focused development and the further development of confidence and trust.</p> <p><i>For information</i></p>
Committee Of Public Accounts report: Introducing Integrated Care Systems	<p>This is a House of Commons Committee report issued on 8 February, with recommendations to government. The Government has two months to respond.</p> <p>This report summarises the conclusions reached and recommendations made by the Committee in relation to the implementation and development of integrated care systems.</p> <p>It can be found in full here: Introducing Integrated Care Systems - Committee of Public Accounts (parliament.uk)</p> <p><i>For information</i></p>

Disclaimer: This briefing paper is intended to highlight recent developments and issues within the NHS that may be of interest to non-executive directors, lay members and NHS managers. It is not exhaustive and TIAN cannot be held responsible for any omission.