



**NHS Monthly Insight Report**

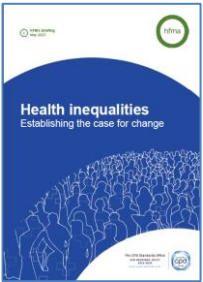
**May 2023**

# Monthly Insight Report

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### Introduction

360 Assurance is a member of The Internal Audit Network (TIAN), which comprises the eight 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.

Developments in the NHS	
<p>Health inequalities: establishing the case for change (HFMA Briefing)</p> 	<p>This is the first introductory briefing on health inequalities produced by the HFMA working with NHS England. It is aimed at raising awareness and providing a useful background on why health inequalities are important, and how finance staff can support the case for change (both within their organisation and across the local system).</p> <p>The areas covered are the financial, economic case for change, the moral and social issues and their significance to different population groups in patient experience and outcomes. It also covers the practical components that will be helpful for finance staff in supporting the agenda of prevention and reducing health inequalities.</p> <p>The briefing can be found here: <a href="https://www.hfma.org.uk/publications/details/hfma-health-inequalities-establishing-the-case-for-change">https://www.hfma.org.uk/publications/details/hfma-health-inequalities-establishing-the-case-for-change</a></p> <p><b><i>For information and consideration by NHS finance staff</i></b></p>
<p>Executive lead roles within integrated care boards (statutory guidance issued by NHSE)</p>	<p>The commitment was given to Parliament, during consideration of the Health and Care Act 2022, that every integrated care board (ICB) would identify members of its board that would have explicit responsibility for the population groups and functions set out in this guidance:</p> <ul style="list-style-type: none"> <li>• Children and young people (aged 0 to 25)</li> <li>• Children and young people with special educational needs and disabilities (SEND)</li> <li>• Safeguarding (all-age), including looked after children</li> <li>• Learning disability and autism (all-age).</li> <li>• Down syndrome (all-age).</li> </ul> <p>(Please note that when referring to 'children and young people', this document refers to ages 0 to 25 and babies, children and young people).</p> <p>These executive leads support the chief executive and the board to ensure that the ICB functions effectively, in relation to the groups above. These executive leadership roles are added to the statutory requirement for each ICB to include at least one mental health lead.</p> <p>These leadership requirements were created with the intention to secure visible and effective board-level leadership for addressing issues faced by the groups outlined above, and to ensure that statutory duties related to safeguarding and SEND receive sufficient focus. Leaders in</p>

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	<p>these roles will therefore act as both decision-makers and the board-level contact point for the ICB, which will be vital in helping to reduce the inequalities experienced by people in these groups. These individuals will be a key contact point for NHS England regional and national teams and local partners across health, social care, housing, youth justice, criminal justice, education, and regulators, including the Care Quality Commission and Ofsted.</p> <p>Considering this, ICBs must assign these responsibilities to suitable board members. While NHSE would not expect all the roles to be performed by the same person, there is no requirement for them to be separate individuals and there may be a strong rationale to combine some of the roles. They expect those responsible to have suitable experience and sufficient capacity to meet the responsibilities required within their wider portfolio. ICBs should be open and transparent about who holds these roles and should make this information publicly available.</p> <p>The statutory guidance can be found here: <a href="https://www.england.nhs.uk/long-read/executive-lead-roles-within-integrated-care-boards/">https://www.england.nhs.uk/long-read/executive-lead-roles-within-integrated-care-boards/</a></p> <p><b><i>For action by ICB boards</i></b></p>
Building a Resilient Social Care System in England: what can be learnt from the first wave of COVID? (Nuffield Trust report)	<p>In this report, the Nuffield Trust identify the things that affected how well the government and the social care sector were able to cope with the pandemic. In the years before Covid-19, cuts to the money that councils were able to spend on social care left the social care system with problems. Many people were not able to get the care they needed and a large number of people relied on unpaid carers to support them. A lot of the organisations that provide care were struggling financially and could not find enough staff to give enough good quality care to people who needed it.</p> <p>Covid-19 made these problems very visible and made them worse. The Nuffield Trust suggests it is vital that these problems are well understood so that they can be put right to create a stronger social care system. Many lessons have been learnt during Covid and the support to social care improved as the pandemic continued. It is important that the positive learning is not lost.</p> <p>The report can be found here: <a href="https://www.nuffieldtrust.org.uk/research/building-a-resilient-social-care-system-in-england-what-lessons-can-be-learnt-from-covid-19">https://www.nuffieldtrust.org.uk/research/building-a-resilient-social-care-system-in-england-what-lessons-can-be-learnt-from-covid-19</a></p> <p><b><i>For information</i></b></p>
Delivery plan for recovering access to primary care	<p>General practice is delivering more than a million appointments every day and half a million more every week than pre-pandemic. This has been possible because of the hard work of staff and through significant investment since 2019, which has grown the general practice workforce by 27% to meet rising demand and the needs of an ageing population. The number of people in England aged 70 or over is up around a third on 2010, from 6.1 million to 8.1 million, and this group has on average five times more GP appointments than young people.</p> <p>However, the pandemic has changed the landscape, and the increase in practice capacity needs to keep pace with growing demand. Primary care, like many parts of the NHS and health systems globally, is under tremendous pressure – one in five people report they did not get through or get a reply when they last attempted to contact their practice.</p> <p>NHSE has developed a delivery plan for the recovery of access to primary care. It has two central ambitions:</p> <ol style="list-style-type: none"> <li>1. To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.</li> <li>2. For patients to know on the day they contact their practice how their request will be managed.</li> </ol>

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- If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
- If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
- Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

The plan can be found here: <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

*For information*

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.

