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NHS ENGLAND – BOARD PAPER

Title: Proposals to increase joint working between NHS England and NHS Improvement
Lead Director: Simon Stevens, Chief Executive
Purpose of Paper: • To update the Board on proposals to increase joint working between NHS England and NHS Improvement.
The Board invited to: • Note the proposals for joint working.

Proposals to increase joint working between NHS England and NHS Improvement

Overview

1. As we ask local health and care systems to move to more joined up ways of working in how they commission and deliver care for their local populations, NHS England and NHS Improvement must do likewise. We all want to provide better care for patients and remove the barriers to integrated care. To do this, we need to speak with a single national voice, remove duplicative activities and model effective joint working. Working in a more integrated way, at all levels of our health and care services, will deliver better outcomes for patients, better value for taxpayers and better job satisfaction for our staff.

2. There are already a number of examples of how we are working together. In 2016 we appointed a Chief Information Officer and Chief Clinical Information Officer to work jointly on behalf of both organisations at a national level, and combined Regional Chief Nurse posts in London and the South. In 2017 a National Director was appointed to lead a single, combined work programme for both organisations to transform urgent and emergency care and improve A&E performance and winter planning. Last year we also agreed to test the approach of having a single Regional Director head up NHS England and NHS Improvement regional teams, both in the South East and in the South West. Earlier this year Associate (non-voting) Non-Executives were also appointed to each organisation.

3. We recognise that the statutory framework means a merger between NHS England and NHS Improvement is not possible, and we are required to have separate Boards, Chief Executives/accounting officers and governance of our distinctive legal responsibilities. However, following agreement at the NHS Improvement Board on 22 March, the NHS England Board is asked to approve the next steps that will enable improved integrated working across the two organisations through:

    a. Functional integration of NHS England and NHS Improvement regional teams, to be led in each case by a single Regional Director working for both organisations
    b. A move to seven regional teams as the basis for this new, integrated approach
    c. Increased integration and alignment of national programmes and activities

4. Subject to approval, these strengthened joint working arrangements would start to be established from September 2018. Implementation of the changes would be overseen by a joint group, led by the National Director for Transformation and Corporate Operations at NHS England and the Executive Director of Strategy at NHS Improvement.

Background

5. Patient needs have changed over the last 70 years. Half a million more people are aged over 75 today than was the case in 2010, and there will be 2 million more in 10 years. 15 million people have chronic conditions, often several of them, and there will be 3 million more by 2025. A quarter of us will experience a mental health issue in our lifetime. If we

are to effectively respond to these challenges, and the ever increasing financial pressures the system is facing, we need to move towards greater integration of care. This includes integration across primary and acute care; mental and physical health; and health and social care.

6. The NHS set out a collective intent to move towards more integrated care in the NHS Five Year Forward View. Since then, the New Care Models (vanguard) programme has demonstrated what integrated care can deliver. Emergency admissions in our most integrated geographies grew at well under half of the rate of the rest of the country. Where hospitals and GPs were coordinating their work more closely emergency admissions grew by between 1.4% and 1.7%, compared with 5.7% growth elsewhere, based on 12 month data from Q3 2017/18 compared with 2014/15. This means that fewer people were attending hospital and were being better supported and treated at home or cared for by their GP.

7. Integration results in earlier support and interventions to prevent illness and, where we can't achieve that, preventing people's conditions deteriorating into acute illness. This 'population health' approach must be informed by a better, data-driven understanding of local populations, identifying those who are at risk and who we can impact – and designing a more proactive way of delivering care.

8. Through the development of Sustainability and Transformation Partnerships (STPs), we are already working with local health systems to support NHS commissioners and NHS provider organisations (NHS trusts and foundation trusts) – working closely with GP networks, local authorities and other community partners – to make more effective use of their collective resources to improve quality of care and health outcomes for local populations. To support these vital improvements in how health and care organisations collaborate as they design and deliver integrated care and support for patients, we need to work in a much more streamlined way at national level. In doing so we will be able to set consistent expectations of commissioners and providers, and provide forms of support and oversight that best help local systems to meet shared goals.

9. Over the last year we have been working more intensely with ten areas that are looking to become 'integrated care systems'. With these areas we have been testing out what is needed to support them to take shared collective responsibility for use of resources and health outcomes for their local populations. As part of this, we have been exploring new forms of support and oversight.

10. Through this work it has become clear that strengthening the alignment between the teams in our two organisations is needed if we are to provide more effective support for local health systems (both STPs and the emerging integrated care systems); for CCGs and providers in those health systems; and ultimately for patients and service users. This includes establishing an increased number of integrated teams (working on a 'do once' principle) and, in other areas of work, more closely aligning the work of NHS England and NHS Improvement teams. Learning from our existing joint work, and the joint regional appointments in the South of England, has shown that there are clear opportunities to reduce duplication across our two organisations and simplify our asks of the system.

Existing areas of joint working

11. Joint working between NHS England and NHS Improvement is not a new suggestion. We have been working together to scope what the next steps in joint working should be to ensure that we speak to systems with one voice and, where appropriate, streamline the oversight and support we provide. Actions we have already taken to enable this are:

    a. July 2016 – appointment of a single Chief Information Officer and a single Chief Clinical Information Officer
    b. August 2016 – introduction of combined Regional Chief Nurse posts, in London and the South
    c. March 2017 – appointment of a single national director overseeing a combined programme of work to transform urgent and emergency care and improve A&E performance and winter planning, with the eight Regional Directors each overseeing system performance for a set of STPs on behalf of both organisations
    d. September 2017 – introduction of combined Regional Director posts, one covering the South East and one the South West of England

12. Feedback from these early approaches to joint working shows there is strong support for going further in how we work together, with opportunities for improvement being recognised by both staff and the system. Early benefits from this are being seen most clearly where we have been able to communicate to the system with a single voice. We are now looking to build on our early experiences through further integration and alignment at both regional and national levels.

Increasing integration at a regional level

13. We are proposing to establish integrated regional teams that carry out functions of both NHS England and NHS Improvement in each regional area. Each integrated regional team would be led by a single Regional Director, providing a single reporting line from each region into both organisations.

14. Each Regional Director would be responsible for overseeing a single integrated team. Each of these teams would be responsible for working with local health systems, and their constituent CCGs and provider organisations, to provide oversight and support for improvements in quality, health outcomes and use of resources. Each regional team would need to carry out a number of specific functions that are the responsibility of either NHS England or NHS Improvement (e.g., CCG assurance for NHS England and regulatory interventions in NHS trusts or foundation trusts on behalf of NHS Improvement). These functions would, however, be carried out as part of a single integrated regional team wherever possible.

15. Based on learning from the current regional models and the challenges involved in supporting large geographies, we are proposing to have seven regional teams:

    a. two in the North
    b. two in the Midlands and East

c. South East and South West (in progress)
d. London

16. Subject to approval, the precise geographic coverage of each regional team will be developed with our current regional teams to ensure that new footprints work best for local health systems and the populations they serve.

Increasing integration and alignment at a national level

17. Supporting local health and care systems to deliver effectively goes beyond regional support. We will not fully realise the benefits of an integrated regional model without changing the way we work nationally as well. As set out above, some national programmes have made progress in this already.

18. More work is needed to define how we do this to best effect. Subject to approval, as part of our next stage of planning, NHS England and NHS Improvement will undertake further work to consider which national functions should be carried out by a single team (working on behalf of both organisations), which functions should be carried out by separate but aligned teams, and which functions will remain separate for legal or other reasons. This will build on the existing single national programmes for areas such as urgent and emergency care.

19. We will also be developing more detailed proposals for the systems and processes that will need to be in place to support these new models of working. Our joint NHSE and NHSI Board meeting in May will review progress on this front.

Next steps to deliver joint working

20. This paper sets out our ambition for better joint working. Starting to implement these changes from September 2018 will require close working with staff across our organisations, as well as with the local systems that we engage and work with.

21. We recognise that the proposed changes will affect our staff to different degrees. To support all staff through these changes, we will be providing additional support to line managers and individuals and consulting with our Trade Unions and staff.

22. We will now focus on working with staff and partners on the details of how the new approaches and roles will work, creating the joint ways of working and assessing the impact on both our organisations. This work will be conducted by a joint team, staffed by individuals from both organisations, working together with the leadership of the National Director for Transformation and Corporate Operations in NHS England and the Executive Director of Strategy at NHS Improvement. As we develop further the detail of our approach we will report again to the May and the July boards, seeking approval where necessary.