



NHS Monthly Insight Report

December 2023

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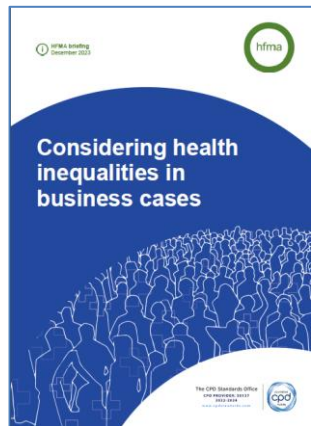
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Introduction

Audit Yorkshire is a member of The Internal Audit Network (TIAN), which comprises of 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 NHS 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 Audit Yorkshire.

Developments in the NHS

HFMA briefing: Considering health inequalities in business cases



All investment decisions within the NHS will have an impact on health inequalities. This may be intentional if the purpose of the investment is to reduce health inequalities, or unintentional. If not considered explicitly in the business case, the impact may not become apparent until the investment is made and the change enacted, potentially having an adverse effect on local inequality.

This briefing looks at practical ways in which business cases can consider health inequalities. It steps through the five case model recommended by HM Treasury, looking at how the impact of health inequalities can be quantified and brought into the narrative of the business case. It also suggests questions that people can ask themselves to ensure they have considered health inequalities in all the relevant sections of their business case.

It can be found here: <https://www.hfma.org.uk/publications/considering-health-inequalities-business-cases>

For information

Developments in the NHS

Transitioning to centralised energy purchasing to find efficiencies for the NHS

Energy is a highly commoditised area where, through an alternative and centralised purchasing strategy, the NHS can achieve greater value for money and find efficiencies for reinvestment into frontline services and patient care.

A central review identified that there are currently 200 energy contracts in place across trusts in England, under different agreements, with varying value and purchasing strategies. Given this, NHS England has agreed, in partnership with Crown Commercial Service (CCS), to develop an NHS specific energy agreement under the CCS framework – Supply of Energy 2. They estimate that transitioning to a centralised energy purchasing agreement has the potential to save between £60-£100 million per year for the NHS.

NHS England has worked with CCS to shape an energy product specifically for the NHS. The NHS basket will shape the energy buying strategy. This NHS unique basket contains four key service offers:

- A long-term, risk-based buying strategy which will allow the NHS to work as one to harness the greatest value, energy security and green energy
- Additional energy management support for every ICS
- A comprehensive bill validation service aimed at ensuring the NHS has been historically charged the correct amount for energy
- A full energy bureau service aimed at freeing up time for local energy managers to focus on efficiency projects, by validating and processing energy bills.

At this stage this package is only available to trusts, but once the agreement is in place, NHSE will consider extending the energy basket to other health organisations if possible.

This agreement will not be mandated but NHSE strongly recommends that all NHS trusts enter into the central agreement. If a trust is an existing CCS NHS customer, they will automatically benefit from the new energy basket. CCS will contact its current customers to advise on next steps and outline how contracts will be transferred to this agreement. All existing CCS contracts will move to this new agreement between January and March 2024.

For trusts who are not with CCS, NHSE want to understand when trust energy contracts are coming to an end. NHSE have carried out a data collection and gathered contract information from several trusts. For those that have not yet responded, they will be following up over the coming weeks. Once they understand contract end dates across the NHS, NHS England and CCS will work with trusts to move current contracts across to CCS, if they chose to do so.

For information / action by trusts as appropriate depending on existing energy procurement arrangements

Developments in the NHS

Starting local authority assessments – updated CQC assessment guidance published

This guidance will support local authorities to understand how the CQC will assess them. It includes the framework used to assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014. The CQC have reviewed and updated some areas of the guidance and framework following a formal evaluation of our pilot assessments carried out during May to November 2023, and will continue to develop and refine their approach during the initial formal assessments and may update the guidance if needed.

Assessments will use a subset of the quality statements from their overall assessment framework which will apply to providers, local authorities and integrated care systems. This is because local authorities are being assessed against a different set of statutory duties to registered health and care providers.

The updated guidance replaces interim guidance which was published in February 2023. It can be found here: <https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework>

For information

NHS Confederation report: Integrated care partnerships: driving the future vision for health and care



Integrated care partnerships (ICPs) bring together an alliance of partners concerned with improving the care, health and wellbeing of their local population. While ICPs have one important statutory responsibility – to develop, publish and keep under review their integrated care strategy – many are looking beyond this to develop a wider purpose.

ICPs are being thought about differently up and down the country, and vary widely based on local arrangements with place partnerships, health and wellbeing boards and broader system structure.

To find out more about how they are developing, the NHS Confederation's ICS Network and Local Government Association interviewed a range of leaders to understand their views on the role and future of ICPs. This report captures what we found and spotlights several innovative ideas ICPs have developed in order to inspire and encourage ICP leaders. It also identifies seven essential characteristics of effective ICPs, and establishes three key purposes for that local leaders attribute to these partnerships, as: 1) convenors, 2) vehicles for change, and 3) challengers to the status quo.

The sheer diversity of ICPs demonstrates that they have benefited from the flexibility allowed in the legislation and guidance. Following this, interviewees were keen to see national government and relevant arm's-length bodies:

- give equal importance to ICPs as integrated care boards (ICBs) in their engagement and communications on key issues
- drive parallel join up nationally to mirror and accelerate local integration
- be driven by ICBs and ICPs when it comes to revisions of guidance on system strategies, encouraging a focus on delivery and outcomes for their populations.

The report can be found here: <https://www.nhsconfed.org/publications/integrated-care-partnerships-driving-vision-health-care>

For information

Developments in the NHS

NHS Providers' report: Boosting referrals into urgent community response services

Integrated care boards, community providers and primary care networks have been asked to increase the volume and consistency of referrals into urgent community response (UCR) services to improve patient care, ease pressure on ambulance services and avoid admissions.

Community providers are already working hard to scale up their UCR services and have been very successful in helping people access care at home, making swift progress since NHS England introduced a national direction to ensure a greater degree of consistency across these services.

However, according to this NHS Providers' report, Community Network members say there is scope to go further to drive up the number of patients who benefit from UCR services, including through boosting referrals into the service from key system partners:

- There is a role for both systems and national policymakers in supporting this and in encouraging system partners to work collaboratively on a vision and strategy for increasing referrals to UCR services.
- A more robust national dataset would support both providers and the national team to benchmark activity levels and understand where more work is needed to increase referrals.
- Further work to develop local relationships, as well as national support to tackle issues around information governance and data sharing, are central to moving these processes forward.
- Greater prioritisation and investment at national and local levels remains important to ensure community providers are appropriately resourced to meet demand for UCR services.

The report can be found here: <https://nhsproviders.org/community-network-urgent-community-response-briefing-2023/key-points>

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.

