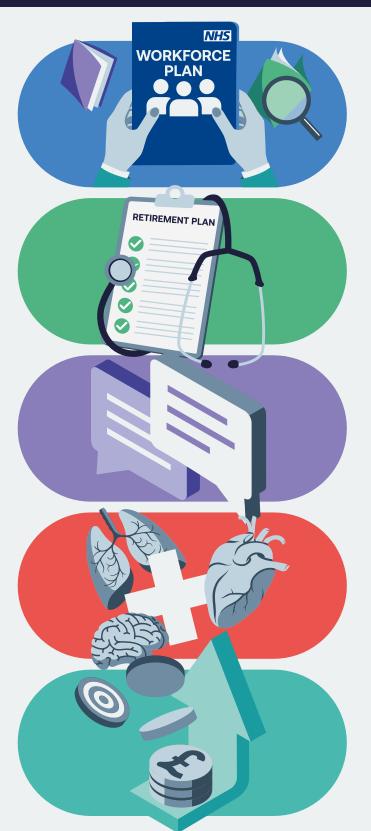
NHS Confederation

Making an impact

Our successful influencing work continues at pace, ensuring members have the support to respond to the challenges you face and to deliver the best outcomes for the communities you serve.

Here are just some of the key areas of impact over 2023/24, achieved by the NHS Confederation and our networks.



NHS Long Term Workforce Plan

Following our intensive lobbying for its development over recent years, the NHS Long Term Workforce Plan (LTWP) reflects our demands for a long-term, fully costed and funded plan across all parts of the workforce. Through NHS Employers, we are now developing new supporting materials and highlighting existing resources that help network members and their teams to develop local plans that support LTWP's implementation.

Pensions reform

We successfully influenced the Chancellor's decision to remove the pension lifetime allowance while increasing the yearly allowance, to discourage early retirement and allow for more senior healthcare professionals to stay in their jobs longer.

Hewitt review

We played a lead role in mobilising the views of our members and ensuring they were able to shape the recommendations of the influential Hewitt review. Following the government's formal response to the review, we remain at the centre of influencing its implementation.

Major conditions strategy

We successfully influenced the strategic framework of the major conditions strategy, though the strategy did not go far enough beyond the role of the NHS to achieve its aims of reducing the healthy life expectancy gap.

Pay uplift for all

Having made the case on behalf of members, both in private with officials and publicly, including a letter to the Secretary of State for Health and Social Care, we were pleased to see funding for the government's promised pay uplift for staff on Agenda for Change terms extended to non-statutory providers.

Making an impact 02



Industrial action

We have been one of the leading national commentators on industrial action, consistently calling for talks to resume between the government and BMA, which finally happened in October 2023. Through NHS Employers, we have also played a key role in supporting the negotiations between different staff groups and the government. In addition, following our calls for further funding for systems to cope with the ongoing industrial action, we secured £200 million in completely new funding and will continue to lobby for more money.

Digital inclusion framework

The digital inclusion framework contained specific recommendations from our members around helping communities to embrace digitalisation through local training and support; providing high-quality digital and face-to-face access to services based on local needs; and enabling inclusive access to up-to-date and connected services taking into consideration needs and abilities.



Protecting the reputation of the NHS

We are leading a major campaign on behalf of our members to protect and enhance the reputation of the NHS in this election year, including by commissioning new research into public attitudes to the NHS.



Towards a smoke-free generation

Our continued lobbying has influenced a historic new law stopping children aged 14 or younger ever legally being sold cigarettes – a move we have called for since the 2022 Khan review.

STRIKES

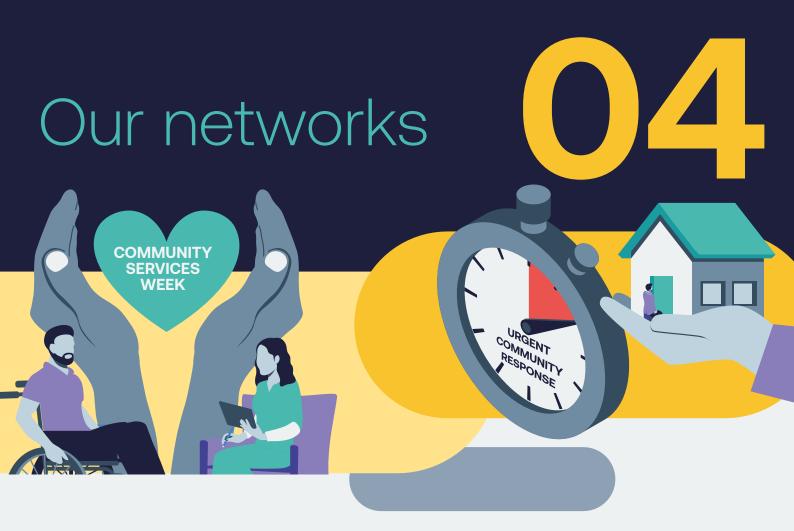
Acute Network

- Throughout widespread industrial action across the NHS we have ensured our members' views are represented in meetings with officials and that the issue remains in the news through highlighting member concerns around the impact on staff, safety and the elective backlog.
- Ahead of the Autumn Statement we engaged NHS England, the Department of Health and Social Care and Number 10 officials on the squeeze to NHS finances, describing the impact of strikes, the loss of COVID-19 funding and the challenge of meeting the government's 65-week target within existing resources.
- The National Audit Office's report on the New Hospitals Programme was heavily influenced by our consistent calls for capital investment to deliver productivity improvements, representing member concerns about NHS maintenance backlogs, estates and digital infrastructure.

• Throughout the widespread industrial action across the NHS we have maintained a regular national media presence for members, ensuring that the risks to patient safety of continued action are fully understood and mitigated wherever possible, while at the same time petitioning both the BMA and the government to put appropriate derogations and staff recall agreements in place.

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- Our survey of 80 senior operational leaders in the NHS suggested that the PIDMAS scheme, encouraging patient-initiated requests to move to alternative providers, has added little in additional capacity for patients, while taking large amounts of administrative time. These findings informed our request that NHS England and DHSC should review the relative benefits of the scheme before moving to the next phase.
- Our network director joined a Labour parliamentary roundtable to highlight the important work NHS services are doing in conjunction with VCSE organisations, as well as highlighting more generally the challenges our members face.



Community Network

- In collaboration with NHS Providers, Celebrating Community Services Week united the community services sector and raised national awareness to the wider health and care sector of the importance of community services.
- Our survey on leaders' concerns about the scale of waits for community health services for children and young people led to national policy influencing calls for more government intervention in prevention and early intervention; funding similar to elective recovery; support for more staff with the right skills mix; and more coordinated commissioning.
- Separately, our NHS Confederation report with Carnall Farrar demonstrated that increased investment in community services reduces pressure on acute services and increases savings. It received ministerial endorsement at our Health Beyond the Hospital conference.

- Supported by members' examples of where it is being done well, our briefing on maximising the potential of urgent community response (UCR) services called for UCR to become an investment priority, backed by national targets focused on expansion and regional variations. These calls for action were further emphasised in an exclusive HSJ article by our chair, Siobhan Melia.
- Following our repeated calls for action, we welcomed the intervention from the government that enables non-statutory organisations to apply for funding to cover the cost of the Agenda for Change pay uplift in England. While the announcement recognises some of our members' concerns, it is a short-term fix and we continue to influence the government to secure a long-term solution.
- A roundtable meeting with Labour's shadow minister for health gave our members the opportunity to hear Labour's plans for health and care, as well as to provide feedback on the party's priorities.

INCLUSIVE LEADERSHIP PLEDGE

Equality, diversity and inclusion

- Over 1,000 leaders across health and care have signed our inclusive leadership pledge, which outlines nine behaviours that leaders and aspiring leaders can publicly commit to within their organisations to work towards creating a psychologically safe working environment for all staff.
- Each of the NHS Confederation's diverse leadership support networks now hosts a 'network of networks', which are providing a safe space for leads of staff networks to collaborate, learn and collectively tackle healthcare and workforce inequalities.
- 48 organisations and systems have improved their equality performance through support from our Diversity in Health and Care Partners Programme, in line with the NHS People Plan.

- We joined forces with AstraZeneca to launch our collaboration to support and enhance patient care through population-healthfocused solutions to health inequalities. The first project for this partnership is underway, working to improve the access, experience and outcomes for black and Asian communities with cardiovascular disease.
- We hosted a webinar, in partnership with the ICS Network, for over 300 leaders, supporting them to embed anti-racist leadership behaviours within their organisations and recognise personal accountability at a system, place and neighbourhood level.
- Over 190 delegates gained a better understanding of the business case for supporting disabled people in the workplace and learned from good practice examples at our two-day national Disability Summit on disability inclusion in the NHS.



ICS Network

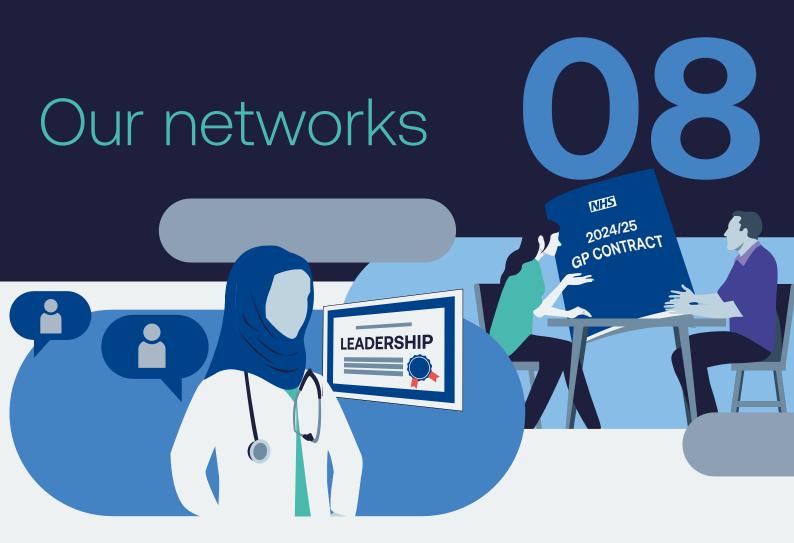
- Six workshops run by the ICS Network, NHS England and a consultancy have supported ICBs to plan and approach organisational change so they can adapt to planned reductions to integrated care boards' running cost allowance.
- Through a learning platform of practical resources, we have supported health and care systems with their work around social and economic development – one of the four core purposes of ICSs. The resources have been accessed over 2,000 times.
- We have worked with ICS leaders to identify short and long-term priorities among the Hewitt review's recommendations and worked with NHS England and government to help coordinate progress being made towards the review's ambitions.
- We have been actively involved in shaping the CQC's ICS assessment process, including the conversation around the proposed regulatory fees. We have led key influencing work to share members' concerns on the cost and scope of assessments and the importance of peer review and challenge within the assessment approach.
- Our influencing work has raised the profile of integrated care partnerships (ICP) and system working. In line with the Hewitt review recommendations, we have worked with the Local Government Association and other partners to launch a new national forum for ICP and care board chairs, to raise priorities and support joined-up policymaking nationally.
- We held one-to-one interviews with system leaders across the country to gain understanding of their needs and ambitions for system improvement. These conversations have driven our improvement work including the new Learning and Improving Access Across Systems partnership, running alongside our Leading Integration Peer Support Programme and our Clinical and Care Professional Leadership offer.

Mental Health Network

WORKFOR

- After our consistent lobbying, the government announced funding to support the creation of open-access hubs for children and young people in ten local areas. Also in line with our calls, both Labour and the Lib Dems announced they would open hubs in every local area, and ensure all pupils have access to mental health support in schools.
- Our report with the Nuffield Trust, Attitudes and Access to Mental Health Nursing, influenced the NHS Long Term Workforce Plan in its commitment to increase training places by 38 per cent for mental health nursing and 46 per cent for learning disability nursing by 2028/29.
- As a direct result of our roundtable with third sector members and NHS England to discuss working in a more integrated way, we have been invited to feed into the 2024/25 NHS planning guidance to increase the role of supported housing within systems.

- Our report, Maximising the Potential of Digital Mental Health, identified common principles, key themes and further ideas for exploration in digital mental health. The findings and recommendations are being built into our own work, including exploring good practice examples of digital improving services across places.
- With input from 80 per cent of medical directors in England, we helped trusts to understand consistency and variations across the country and explored how medical directors can be supported to be effective and impactful in their roles.
- We supported 15 trusts to participate in the national Mental Health Act Quality Improvement programme and shared the resulting learning and improvement ideas across our membership. Ideas included a cultural needs and care toolkit to better inform care planning with patients, a communications need passport, and incorporating cultural preferences into care planning and subsequent decision-making.



Primary Care Network

- We've established member-led design groups to drive change in primary care and provide space for members to have conversations about the future of primary care in systems. Our workforce and estates group shaped our report on the Additional Roles Reimbursement Scheme featuring key recommendations and case studies, while the integrated neighbourhood working group has driven a programme of work that has led to roundtables with national and system leaders, alongside educational sessions with ICSs and local leaders.
- Through extensive engagement with over 200 members, we articulated our vision for the future of at-scale general practice and PCNs, setting out the key elements of an empowered, connected and respected primary care system.
- Working with our member-led design groups, we produced a report summarising our priorities for 2024/25 GP contract and PCN specification and into the future.

- Representatives from the Department of Health and Social Care (DHSC) joined our member engagement session, held in partnership with the ICS Network, to hear and discuss our members' views on the national review of Section 75 arrangements. We continue to influence national leaders and policy makers on issues that matter most to our members, including the major conditions strategy, vaccination strategy and Additional Roles Reimbursement Scheme.
- Through our primary care leadership development programmes we have supported more than 200 primary care clinical and non-clinical leaders to build their leadership capabilities.

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