

Summary of the Paper

The report identifies significant challenges, including increased waiting times, deteriorating public satisfaction, and systemic issues within the NHS management structure. It highlights the crucial role of partnerships in addressing health inequalities and enhancing integrated care delivery. The report outlines key areas for improvement and sets a strategic direction for the forthcoming 10-year health plan.

Summary of the Key Findings

The report provides 28 key findings and identifies 7 major themes for the forthcoming 10 year health plan. We've picked out some key findings here and then listed all of them at the end of document.

Critical Condition of the NHS

The report concludes that the NHS is in a critical state, still grappling with the aftershocks of the COVID-19 pandemic, degraded management capacity, and a severe lack of capital investment compared to other similar countries. Public satisfaction with the NHS, which was at a record high in 2009, has now reached its lowest ever point.

Health of the Nation

The health of the population has deteriorated, with life expectancy plateauing and declining during the pandemic. The report highlights significant challenges, including an increase in long-term conditions and mental health needs, particularly among children and young people. It also highlights the 'power of prevention'.

Service Delivery and Access Issues

The NHS has struggled to meet key promises to the public since 2015, with increasing waiting times across various services including GP appointments, community services, mental health services, and emergency departments. There are also significant disparities in access and provision, with deprived communities facing the worst shortages.

Too little of the NHS Budget Being Spent in the Community

The report emphasises a significant imbalance in how the NHS budget is allocated, with too much funding directed towards acute hospital care and not enough being invested in community-based services. This misallocation has created several systemic problems that hinder the NHS's ability to deliver high-quality, integrated care across the health and social care spectrum. The impact of patient flow and productivity reinforces systemic inefficiencies and misses opportunities for preventive health. This shift is seen as critical to creating a more sustainable health system. The point is focused on NHS spend and could indicate a possible shift of funding to the currently forming Integrated Neighbourhood Teams (INTs).

Management and Systemic Challenges

The report criticises the NHS's management structure and the impact of reforms such as the Health and Social Care Act 2012, which led to a "scorched earth" approach to health reform. However, recent steps, such as the establishment of ICS on a statutory basis, are seen as potentially providing a more sensible management

structure. Although there is work to be done to clarify the roles and responsibilities of ICBs and NHS organisations in respect of the wider determinates of health. The report also highlights a shift from competition to collaboration within the NHS, emphasising a new philosophy focused on integrated care which prioritises partnerships across sectors.

Opportunities for Voluntary Sector Engagement

Although the report's remit was to focus on the NHS specifically, it repeatedly emphasises the importance of social care, community engagement, and the broader social determinants of health in achieving a more integrated and effective health system.

It frequently highlights that health outcomes are deeply intertwined with social factors and community conditions. It points out that many of the challenges facing the NHS

- such as rising demand for services, longer waiting times, and unmet health needs
- are influenced by broader social determinants of health, including housing, income, education, and employment.

The report stresses that tackling these challenges requires a whole-system approach that extends beyond the NHS to include social care and the VCSE sector.

By leveraging these opportunities, the VCSE sector can play a pivotal role in shaping the future of integrated care, ensuring that health and social care services are coordinated, inclusive, and responsive to the needs of all communities.

Key Opportunities for the VCSE Sector

Addressing Health Inequalities

The report highlights the importance of partnerships between health bodies and the other partners in addressing significant health inequalities across England. The VCSE sector's deep-rooted presence within local communities and its ability to engage with marginalised groups as crucial in ensuring that health services are accessible and equitable. The NHS cannot tackle health disparities alone; it requires the unique reach and understanding of community organisations to deliver tailored interventions that meet the specific needs of different populations.

Supporting Integrated Care Delivery

The transition to ICS (ICs) sharpens the focus on collaboration between NHS bodies, local authorities, and the VCSE sector. The report suggests that VCSE organisations can be essential partners in developing integrated care models that provide holistic services across health and social care. VCSE organisations bring valuable expertise in community engagement, patient advocacy, and delivering community-based services that complement traditional health care.

Ensuring the Needs of Vulnerable and Marginalised Communities are Met

The VCSE sector is uniquely positioned to understand and address the needs of vulnerable and marginalised groups, such as those experiencing homelessness, poverty, or mental health challenges. The VCSE sector's ability to provide services

that are culturally sensitive, person-centred, and community-driven is seen as vital in bridging the gaps that often exist within statutory services.

Building Resilience through Community Support

The report underlines the importance of community-based support, particularly in light of the social and economic challenges faced by the NHS. The VCSE sector plays a pivotal role in building community resilience by providing essential health and wellbeing services and addressing the wider determinants of health. Additionally, local and hyper-local VCSE organisations, often informal, that are crucial for fostering community-led health creation. These organisations, driven by the communities they serve, contribute significantly to creating stronger, more resilient and healthier communities.

Opportunities for LIO's and ICS-VCSE Alliances

The report underscores the need for a significant shift in NHS spending and focus from acute hospital care to community-based services. This presents a crucial opportunity for LIOs to position themselves as key partners in this transition. Many LIOs and ICS-VCSE Alliances will already be using their strategic partnerships with ICBs, NHS Organisations and other system partners to be taking some or all of these actions.

Advocating for Increased Investment in Community Services

This is an opportune time to utilise and strengthen strategic partnerships with ICSs and NHS organisations to advocate for increased funding and resources to be directed towards community health initiatives, social prescribing activities, and community-led programs. These efforts are essential for health creation and long-term funding for building community resilience.

Promoting True Co-design

The shift towards ICS has created a greater focus on partnership working and integrated models of care that bring together different sectors and services. The report encourages partnership, but the remit of the report means it focuses on NHS delivery in the community. We need to advocate for true co-design that includes the local VCSE sector as key delivery partners.

The Role of LIOs in Coordinating and Supporting Community Health

We must ensure that community support extends beyond a top-down medical model to truly promote community-led health creation. LIO's and ICS-VCSE Alliance's are instrumental in coordinating, advocating for, and supporting this community-driven work at neighbourhood, place, and system levels, ensuring the needs of local groups are represented and integrated into broader health strategies.

Engaging PCN's and Integrated Neighbourhood Teams (INTs)

It's crucial to ensure that PCN's and the newly forming Intergrated neighbourhood teams are aware of the wide range of VCSE organisations in their area and support them to engage with them in a meaningful way. There are approximately 139 per Primary Care Network (PCN), or 255 - 765 when including estimates of informal groups and organisations. See footnote for links to references.

Strengthen Data Sharing and Evaluation

The report emphasises the importance of data and data sharing, making it crucial for VCSE organisations to collaborate with ICSs and NHS bodies to ensure that community insights are included in strategic partnerships and decision-making processes. At the same time, it is essential to recognise that as key providers of NHS services, VCSE organisations should not be forced into rigid NHS data frameworks that fail to capture the full scope of their work. Data-sharing agreements must account for the unique nature of VCSE services, valuing their contributions to integrated care without oversimplifying their role. These frameworks should highlight the added value of the VCSE sector, ensuring that its flexibility and diversity are not compromised.

List of all Key Findings

The first 18 pages of the report provide a comprehensive overview of the 28 key findings. Here is an overview of all of them;

1. The NHS is in serious trouble.
2. The first step to rebuilding public trust and confidence in the NHS is to be completely honest about where it stands.
3. The state of the NHS is not due entirely to what has happened within the health service. The health of the nation has deteriorated and that impacts its performance.
4. This report sets out where the NHS stands now, how we arrived at this point, and some of the key remedies.

Performance of the NHS

5. How long people wait, and the quality of treatment, are at the heart of the social contract between the NHS and the people. The NHS has not been able to meet the most important promises made to the people since 2015.
6. People are struggling to see their GP.
7. Waiting lists for community services and mental health have surged.
8. A&E is in an awful state.
9. Waiting times for hospital procedures have ballooned.
10. Cancer care still lags behind other countries.
11. Care for cardiovascular conditions is going in the wrong direction.
12. The picture on quality of care is mixed.
13. The NHS budget is not being spent where it should be—too great a share is being spent in hospitals, too little in the community, and productivity is too low.
14. The NHS is not contributing to national prosperity as it could

Drivers for Performance

15. Austerity: The 2010s were the most austere decade since the NHS was founded, with spending growing at around 1 per cent in real terms.
16. Capital: The NHS has been starved of capital and the capital budget was repeatedly raided to plug holes in day-to-day spending.
17. There is a shortfall of £37 billion of capital investment
18. The pandemic: The impact of the pandemic and its aftermath—a bigger backlog than other health systems.
19. Patient engagement: The patient voice is not loud enough.

20. Staff engagement: Too many staff are disengaged.
21. Management structures and systems: Still reeling from a turbulent decade and the growth in oversight.
22. A further effect of the 2012 Act has been a costly and distracting process of almost constant reorganisation of the 'headquarters' and 'regulatory' functions of the NHS.

Conclusions

23. The NHS is in a critical condition
24. Some have suggested that this is primarily a failure of NHS management. They are wrong.
25. Despite the challenges, the NHS's vital signs remain strong.
26. The principles of the NHS are still true, we cannot afford not to have the NHS.
27. It has taken more than a decade for the NHS to fall into disrepair, so improving it will take time.
28. Key themes have emerged for how to repair the NHS. These need to be considered alongside strategies to improve the nation's health and reforms to social care.

Major themes for the forthcoming 10yr review

Here is an overview of the major themes laid out in the report;

1. Re-engage staff and re-empower patients
2. Lock in the shift of care closer to home by hard-wiring financial flows
3. Simplify and innovate care delivery for a neighbourhood NHS
4. Drive productivity in hospitals
5. Tilt towards technology
6. Contribute to the nation's prosperity
7. Reform to make the structure deliver

You can find the full report here:

<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>