

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

**BOARD**  
**01 OCTOBER 2024**

**Report Title:** Lord Darzi Report into the NHS

**Purpose of report**

This paper provides the Board with a copy of the Lord Darzi Report into the NHS and updates them on the ICBs position regarding the actions detailed within the report.

**Key points**

I am very grateful to have been given the opportunity to be part of the expert reference group for Lord Darzi's independent investigation of the NHS. The report<sup>1</sup> was published on 12 September 2024 and I was pleased to see the recognition that staff are the beating heart of the NHS and share a passion and determination for making the NHS better for patients.

I welcome the report's clarity on the scale of the challenges that we face – in everything from waiting lists and waiting times to capital underinvestment – alongside the ambition to deliver three key 'shifts': moving from an analogue to a digital NHS; shifting more care from hospitals to communities; and being much bolder in moving from sickness to prevention.

These themes chime with the priorities of the ICB and the ambition we have set out with our partners in our Better Health and Wellbeing for All Strategy, our digital infrastructure strategy, and the work on prevention and early intervention being led by our Healthier and Fairer Communities Programme - as well as plans to improve access to primary care. The report's conclusions on how the NHS must rebuild its capacity to get more people off waiting lists and back into work, also matches our own ambition to integrate frontline work and health services and contribute more to our local economies through our leadership of an NHS Anchor Institutions Network. But we know that we have much more to do together to achieve the three big shifts that the report recommends.

Lord Darzi's report also concludes that putting integrated care systems onto a statutory basis has given the NHS a 'sensible management structure, consisting of a headquarters, seven regions and 42 integrated care boards (ICBs)'. I welcome his conclusion that roles and responsibilities need to be clearer, especially on how far ICBs are responsible for population health and the performance management of providers, and how the framework of national standards, financial incentives and earned autonomy needs to be reinvigorated.

I was very pleased Lord Darzi recognised that 'good management has a vital role in healthcare', and that more NHS management capacity is needed to ensure 'that resources are used well, and that the talents of our clinicians are focused on delivering high-quality care.' As a former trustee of the Chartered Management Institute, I have long advocated for the professionalisation of management within the NHS and development for managers and leaders.

The government has now committed to a 10-year plan to reform the NHS and address those three big shifts, I look forward to working with colleagues and partners to deliver these ambitions to ensure that the NHS strengthens its foundations and continues to reform so it is fit for future generations.

Whilst the 10-year plan is being developed as an ICB we need to consider how we achieve the 'left shift

in funding from sickness prevention' against a backdrop of significant health inequalities across our region.

We also need to seize the opportunity to build on our partnership working with Local Authorities, VCSE and Combined Authorities to enable healthcare to contribute to the economic growth of our region. This will be a key consideration for our Integrated Care Partnership.

Finally, the need to play a part in addressing child poverty and the evidence-based impact it has on young people's health outcomes will be critical for us. As an ICB we can focus on aspects of secondary prevention e.g. healthy weight and dental health and work in partnership with Local Authorities on other factors. Over the forthcoming months, and as the plan develops, we will want to ensure our available resources are targeted at prioritised areas that will improve the healthcare inequalities for our region.

<sup>1</sup>[Independent Investigation of the National Health Service in England.](#)

### Risks and issues

This report highlights issues across the NHS.

### Assurances and supporting documentation

This report will feed into the development of the 10 year plan for Health. We will continue to keep the Board updated with any system or policy changes as a result.

### Recommendation/action required

The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.

### Acronyms and abbreviations explained

ICB – Integrated Care Board  
 ICS - Integrated Care System  
 CQC - Care Quality Commission  
 DHSC - Department of Health and Social Care

<b>Sponsor/approving executive director</b>	Professor Sir Liam Donaldson
<b>Report author</b>	Samantha Allen, Chief Executive

### Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

### Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	Yes		No	✓	N/A	
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<b>Equality analysis completed</b> (please tick)	Yes		No		N/A	✓
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<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	Yes		No		N/A	✓
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<b>Key considerations</b>	
<b>Are additional resources required?</b>	N/A
<b>Has there been/does there need to be appropriate clinical involvement?</b>	N/A
<b>Has there been/does there need to be any patient and public involvement?</b>	N/A
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	N/A