

Making an impact

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Our successful influencing work continues, 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 2024/25, achieved by the NHS Confederation.



Engaging with the new government

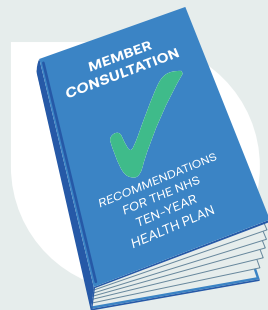
We have established strong relationships with the Secretary of State for Health and Social Care and his team and are plugged into regular discussions about the NHS reform agenda. We've also established good relationships with other ministers at DHSC, the Cabinet Office and the new chair of the Health and Social Care Select Committee, among others. This followed an effective election strategy in which we engaged with political parties and prospective parliamentary candidates, publishing a manifesto representing members' views. We were pleased to see many of our asks taken forward in the Labour party manifesto. We have since published a number of influential reports to inform our engagement with the new government's wider mission approach.

Stabilising NHS finances

The government's first Budget in October 2024 resulted in a better settlement than expected for the NHS, and followed months of advocacy by the NHS Confederation on behalf of our members. We also furthered our call for capital investment by publishing an options paper for government setting out ways to raise the capital funding we have said is needed to improve productivity.

Ten-year health plan

We continue to influence the upcoming ten-year health plan to reflect the needs of our members. We are having regular discussions with senior officials leading on developing the plan and have convened them with our members. We have representatives across three of the plan's working groups and have briefed into several others. We have also brought together members across all the working groups to help develop and test our key policy proposals for the ten-year health plan.



Care closer to home

We developed a strategy to support our members to deliver the government's aim of moving care closer to home within their own system. Our work has included an examination of payment mechanisms to support the shift, and identifying the factors to enable a neighbourhood health and care system. We also launched our integrated neighbourhood working partnership with Local Trust to promote and test community-led approaches to health and wellbeing in some of England's most deprived neighbourhoods, with the aim of improving population health and reducing inequalities through joined up, community-led approaches.

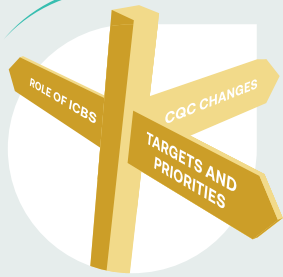


Shifting from treatment to prevention

In the autumn, we concluded two key projects focused on enabling the government's third intended shift for the NHS, from treatment to prevention, looking into the economic return on investment for key preventative interventions and setting out how the government can create the conditions for ICSs to shift to a truly preventative approach.

Making an impact

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Influencing the regulatory landscape

After our consistent advocating, we were pleased to see this year's operational planning guidance contained fewer national priorities focused on key areas of recovery as well as reform. We have worked to shape national regulation and oversight processes, including sitting on the ten-year health plan accountability and oversight working group, and have worked closely with NHS England on developing guidance around system oversight and clarifying the role of ICBs in provider oversight. We are now working with CQC to ensure its approach to ICS assessments adds value for systems and the public.

Winter pressure influencing

We have worked to ensure that the extremely challenging winter faced by our members and the public has remained very high in both the media and political arenas. We have been one of the most prominent commentators in the media, highlighting the need for extra support and reforms to ensure that patients, as well as NHS staff, do not have to face another winter like the last few.

Analogue to digital

We called on the government and NHS England to recognise the importance and challenge of digitising the NHS in sharing and using data across different organisations. We examined member experience of converging electronic patient record (EPR) systems, and the conditions our members need to implement EPR. Our report, produced with Ethical Healthcare Consultancy, led to influential conversations with the government and NHS England on resources, support and funding needed. Our advocacy contributed to the government's pledge to support analogue to digital funding in the 2024 Budget.



Representing employers and the workforce

Through NHS Employers we continue to use intelligence from employers to inform the development of the ten-year health plan, the reform of skills and education policy, the apprenticeship levy and the proposed new employment rights bill. In its role as secretariat to the NHS Staff Council, medical negotiating committees and the Social Partnership Forum, NHS Employers has contributed to the effective completion of the non-pay commitments to the Agenda for Change 2023 pay deal.



Making the case for women's health

Our research project on women's health economics reflected the views of hundreds of experts by experience, making a clear case for investment in women's health as a key plank of the government's growth mission. The project concluded with a parliamentary launch of the research findings, which were welcomed by many leading stakeholders in both the women's and health sectors.

Partnerships and equality



We continued the Tackling Inequalities Programme to support EDI directors and senior leaders in addressing workforce and health inequalities within the NHS. By building a peer network and providing essential tools and insights, the programme empowers leaders to advocate for tackling inequalities and integrate EDI into their organisations' core strategies.

Over 150 delegates gained insights on how women and allies can collaborate to break barriers and drive innovative solutions for gender equity at our eighth annual Health and Care Women Leaders Network conference. Delegates collected valuable tools for their leadership journeys, drew inspiration from established leaders and experts, and connected with senior and aspiring leaders in health and care.

The BME Leadership Network published Excellence Through Equality: Anti-Racism as a Quality Improvement Tool, to tackle persistent racial inequalities in NHS services by highlighting effective anti-racist initiatives. The tool offers guidance for members on best practices, outlines a systematic approach for implementing anti-racism strategies, and emphasises community engagement in decision-making.



540 members responded to a survey led by the Health and Care LGBTQ+ Leaders Network, which provided insights on the actions needed to address the challenges faced by LGBTQ+ staff and ensure that all LGBTQ+ employees in health and care can thrive.

We used a five-step improvement model to address health inequalities in Redbridge, as part of a collaboration with AstraZeneca. The work has led to efficiencies across the system by helping 2,770 patients living with cardiovascular disease to better manage their conditions by using community assets.



The Health and Care Network of LGBTQ+ Networks supported over 270 LGBTQ+ network chairs and leads with training and a safe space to connect and discuss challenges. Partnering with the University of York, the network delivered a free pilot training programme to enhance leadership in purpose, impact, and integrity.

Our networks

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ICS Network



Our practical workshops and development sessions have helped system leaders make the most of their integrated care partnership as a vehicle for setting strategic priorities. Our work with place leaders has explored how place and neighbourhood working can be further developed, and our newly launched community of practice is supporting place leaders and others with developing leadership within neighbourhood health.

Based on extensive member engagement, we have been working with integrated care board leaders and system partners to shape the future of commissioning in a system context. Our research on the lessons learned from early delegation of specialised services will highlight the opportunities that it can bring to support integrated care.

Our ICS Network Annual Conference brought together around 300 leaders from across the country to learn from each other, hear from expert speakers and spend time networking and sharing challenges and ideas.

We have worked with system leaders to develop proposals on how to raise additional capital funding to improve investment in ICSs' estate, equipment and digital tools. We also published proposals for reforming NHS payment mechanisms, to help ICSs move their resources towards preventative care.

We listened to our members' concerns on the future direction of regulation and performance management and facilitated engagement with the Dash Review of the CQC. Our stocktake of progress one year on from the government response to the Hewitt review set out what needs to happen to support continued progress.

Our evidence-based report on the progress of ICSs demonstrated that ICS leaders are positive about the progress their local systems are making against their four purposes but also revealed key barriers to moving to a prevention-based approach, including financial constraints and short-term targets.



Primary Care Network



Through our relationships with the government and senior healthcare officials we influenced the national guidance on a 'Neighbourhood Health Service' and launched a new partnership with Local Trust to promote and test community-led approaches to health and wellbeing in some of England's most deprived neighbourhoods.

In partnership with KPMG we published a report on the development of primary care provider collaboratives, their future ambitions and recommendations to support their development. It was informed by 20 leaders in collaboratives and two roundtables with wider partners including ICB directors of primary care.

We engaged with key officials within DHSC and NHS England post-election, providing briefings on specific topics including GPs in the Additional Roles Reimbursement Scheme (ARRS), collective action and neighbourhood health centres. Our input influenced changes to the ARRS, and recommendations for future contract changes have been put forward on behalf of our members.



Primary care leaders have gained knowledge and insight from our leadership programmes, conferences and workshops including the Leading Teams Through Change programme for the Greater Manchester Primary Care Provider Board, a conference in the south east supporting integrated neighbourhood working, and an online workshop for members on PCN-level relationships and conflict resolution.



Working closely with NHS England and DHSC we've used our member intelligence and insights to present a strong case to shape the future of primary care, including working with NHS England to deliver the Red Tape Challenge, and collating member feedback throughout the year to shape our key asks for the ten-year plan.

Our expert webinar sessions have delivered insight on a number of topics including optometry, mental health, community pharmacy, and neighbourhood working, as well as a health inequalities series in collaboration with NHS England and a session on fairer funding models for general practice.

Our networks

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Acute Network



Our work on the causes of increased waiting times in A&E and the benefit and net financial gain of increasing investment in out-of-hospital care was cited in Lord Darzi's independent investigation into the NHS, leading to it becoming one of the government's three key shifts for reform.

We partnered with Carnall Farrar to analyse the nature and extent of the elective backlog, showing that doing more activity without changing the way that we work will not solve the problem of ever-increasing demand. The report and our recommendations were publicly welcomed by health and social care secretary Wes Streeting, influencing the government's two other shifts towards digitisation and prevention.

To help members understand the changing landscape of shared leadership models, we commissioned former NHS chief executive Paul Roberts to conduct interviews and prepare a report on the nature, benefits and challenges associated with group working.

Our Interface Improvement Programme, delivered with the Primary Care Network, supported 11 teams to understand, develop, implement and sustain solutions to the challenges of working at the interface of primary and secondary care within their areas.

Our six-part webinar series on Health Economic Partnerships helps acute trusts articulate their critical role in driving economic and social development. Topics include the role of trusts in anchor systems, what devolution means for the NHS, quantifying the economic impact of the NHS, and how to bring health to the high street.

Feedback from partners across the system has informed the new interface improvement programme, in partnership with the NHS Confederation's Mental Health Network, to support teams to plan and implement their own solutions to the challenges around supporting the needs of mental health patients within A&E departments.



Community Network



To maximise our impact on influencing national policy, we facilitated a meeting with a selection of our members and the Department of Health and Social Care's second permanent secretary Tom Riordan, to discuss national ambitions around neighbourhood working and scaling up best practice.

Ahead of the government's Spending Review, we submitted evidence on behalf of members making the case for increased revenue and capital funding for the sector, the right number and mix of staff to deliver community services, greater focus on and investment in tackling community waiting times, and prioritisation and proportionate funding for wider system partners.

Our survey and member interviews carried out in late 2024 found that community estates issues are a barrier to integration, while productivity can be improved through investment in data and digital. Our resulting report highlights the condition of, and member needs around, community estates and access to capital spending.



In collaboration with NHS England, over 100 leaders from health, education, local government and the voluntary sector joined our series of webinars exploring the issues facing children and young people's services. Our recommendations on the future of these services influenced NHS England's work on the ten-year plan and fed into discussions about the Autumn Budget and upcoming Spending Review.



As the government's focus shifts to how future health costs can be curbed in vulnerable populations, we published a report that demonstrated the benefits of investment in Disabled Facilities Grants to adapt homes and prevent falls among older people, as well as identifying the key obstacles to broader uptake.

Mental Health Network



We worked in partnership with Centre for Mental Health to develop a revised figure for the social and economic costs of mental ill health of £300 billion. This up-to-date understanding of the economic, human and health and care costs can support more targeted spending at a local and national level.

After our sustained lobbying, the new government included reforming the Mental Health Act in its first King's Speech. Following meetings with Baroness Merron, DHSC civil servants and peers, we tabled an amendment to the mental health bill to highlight the need for effective planning and resourcing to implement the reforms, particularly around services for people with learning disabilities and autistic people.

We worked with the wider sector and used our collective voice to ensure the government upheld its commitment to the Mental Health Investment Standard, which has been key in starting to address the high level of unmet need.

Our submission to Lord Darzi's independent review, prepared in partnership with the Royal College of Psychiatrists, was referenced several times in his final report, highlighting the serious physical health inequalities experienced by people with serious mental illness, as well as the condition of mental health estates and the impact this has on patients.



We worked with NHS England to improve the consistency of definitions around out-of-area placements, which are relevant to both our NHS and independent sector members. We also published an explainer briefing on the role of independent providers in NHS mental health and learning disabilities sector.



From conference sessions on improving ADHD pathways and leadership development, to webinars on addressing substance use challenges, we brought together members from across the voluntary, independent and statutory sectors to reflect, learn and improve their own approach to delivering high-quality care and support.