

Dame Meg Hillier DBE MP
Chair, Public Accounts Committee
House of Commons
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Dear Dame Meg,

Public Accounts Committee 3 November oral evidence session on Introducing Integrated Care Systems – follow up actions

I welcomed the opportunity at the hearing to discuss with you and the other Committee members the implementation and integral role of Integrated Care Systems (ICSs) in improving health and care for your constituents.

At the hearing, I made a commitment to write to you and the Committee to provide an update or further clarity on the steps underway to respond to some of the concerns raised during the hearing, including:

- Availability of dental appointments across the country
- The long term workforce plan for the NHS
- The implementation of the Messenger Review
- How MPs can engage with their local ICS

Access to NHS Dentistry

Availability of dental appointments across the country

Prior to the pandemic, at an England level, dental contractors were delivering around 90% of the contracted level of patient care, which equated to around 50% of adults and around 58% of children receiving care over a 24-month period up to December 2019.

Impact of the pandemic

Dental care provision was significantly impacted by the pandemic due to Infection Prevention and Control (IPC) guidelines.

NHS contractors were supported through this period, with an estimated £1.7bn paid during 2020/21 alone to ensure the future availability of dental care.

Since July 2022, with the easing of IPC requirements, the NHS has removed income protection and normal contracting arrangements have been in place.

However, despite the numbers of dentists submitting NHS activity claims returning to pre-pandemic levels, we are not yet seeing NHS activity levels recover to levels seen prior to 2020.

I can assure the Committee that NHS England view it as critical to restore access to funded levels, given the impact on patient access of current levels of under-delivery, and we are taking steps to address this. We are doing this in the following ways:

- In July 2022, we agreed with the profession the first significant changes to the NHS dental contract since 2006. I have set out these reforms in more detail below.
- We are undertaking a robust mid-year review exercise targeting those contractors who have failed to deliver 30% of their agreed patient care activity in the first 6 months of 2022/23.
- We are exploring further options for supporting patients who are currently unable to access care, through making use of existing flexibilities within the contract. For example, our commissioning teams are already putting in place new capacity for patients with urgent care needs, and for those who are currently being turned away from NHS practices.

This new activity is designed to maximise our spend of available dentistry funding against a background of lower levels of activity across some practices.

Dentistry reforms

NHS England announced the first significant changes to the NHS dental contract since 2006 in July 2022, after being commissioned to undertake this work by the Department of Health and Social Care (DHSC), and following considered and extensive engagement with professional bodies and stakeholders.

These changes will make a real and immediate difference to patients and dentists, improving access, especially for patients with higher needs, and enhancing our support to teams delivering NHS dental care services.

This first step in dental system reform announced changes in six areas:

- **Introducing enhanced Units of Dental Activity (UDAs) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2 care.** This will ensure that the right levels of funding are reaching NHS dental practices for complex and time-consuming treatments, such as extractions of three or more teeth in a course of treatment and/or non-molar endodontic care to permanent teeth.
- **Improve monitoring of and adherence to personalised recall intervals as detailed in NICE Guidance.** Dentists are currently expected to recall patients based on an assessment of their oral health risk in line with NICE guidance, although many patients still attend for a check-up every 6 months. We plan to work closely with the profession to ensure improved compliance with this guidance, helping patients with poorer oral health to be prioritised. This may mean some patients with poor oral health have a recall interval of less than 6 months, while those with good oral health may have recall intervals more usually of 12 months, or even 24 months.
- **Establishing a new minimum indicative UDA value of £23.** Practices are paid to perform an agreed number of UDAs per year, at a price negotiated

between the NHS and the contractor. Where a practice has a very low indicative UDA value, this can limit the payment that the practice could offer a dental associate or other members of the dental team, who they subcontract to. Therefore, it may be harder for the practice to recruit and retain staff. The new measures will help practices recruit and retain dental staff for NHS work.

- **Address misunderstandings around the use of skill mix in NHS dental care.** We are making it easier for dental teams to work together in an efficient way to deliver care. Dental therapists can currently carry out a wide range of treatments including fillings in adult and baby teeth and extractions of baby teeth. Although in the private sector therapists undertake check-ups, up until now this has not happened in the NHS. We are supporting dental teams to realise the potential of this wider role.
- **Taking steps to maximise access from existing NHS resources.** We have reformed the contractual arrangements to give high performing dental practices the opportunity to take on more activity, where affordable, and therefore see more patients. This will also strengthen our commissioning options in the face of persistent under-delivery (defined as under-delivery for three consecutive years) of agreed levels of patient care.
- **Improve information for patients.** We will now be requiring more regular updating of the NHS Directory of Services.

In our announcement letter we committed that by 1 October 2022, all the necessary changes to payment claim systems to support the Band 2 changes, enable monitoring of personalisation of recall intervals and remove the administrative barriers to better use of skill-mix would be in place, and I am pleased to confirm that this was the case.

We also committed that, by the same date, the minimum indicative UDA value paid to a contractor would be implemented; again, this was delivered.

Regulatory update

Changes to the allocation of UDAs to support higher needs patients are dependent upon amendments to the underpinning regulations.

NHS England has been working closely with colleagues from DHSC, and these amendments have now been laid before Parliament, with an expectation that they will come into effect from 25th November 2022.

I am pleased to confirm that all necessary changes to IT payment systems have been progressed in parallel so there will be no delay to implementation and this change being reflected in contractors' monthly activity summaries.

We anticipate the regulatory changes required to strengthen commissioning options in the face of persistent under-performance will be laid next year.

This will enable commissioners to start using these flexibilities from 2023/24 onwards, as we have already engaged on with the profession.

Improvements going forwards

We recognise that these measures on their own will not address all the current access problems facing patients.

In October we began to re-engage with representatives across the sector to agree a further suite of reform measures which will be aimed at supporting the dental workforce and ensuring NHS care is prioritised against private capacity.

NHS dentistry is an important service for our patients. I am pleased that we have made the first major changes in over 15 years and NHS England is committed to working with the Government, the profession and patients on further improvements.

The development of a long term workforce plan for the NHS

As I mentioned during the oral evidence session, we will have completed our elements of the workforce plan, as commissioned by DHSC, by the end of the financial year at the latest. However, I hope to be able to submit the elements we have been commissioned for before then.

As Sir Chris set out during the evidence session, it will then be for Ministers to review and publish the plan.

The Messenger Review

The recently-published Messenger Review (2022) highlighted “the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service”.

It also concluded “that the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities”.

The Messenger Review identified seven recommendations to rollout the best examples of leadership through improved training, career development and talent management, and embedding inclusive cultures and behaviours within health and care.

All recommendations were welcomed by NHS England, the wider NHS and colleagues in the social care sector.

While the NHS has not received additional funding at time of writing to support implementation, following discussion in August 2022 with NHS England Executive colleagues, it was agreed to focus initially on recommendations that could be taken forward within existing resources.

Current Progress in 2022/23

Agreed commitments for 2022/23 are on track for the NHS to deliver as outlined below.

Recommendation 1:

Targeted interventions on collaborative leadership & organisational values

1a) A new, national entry-level induction for all joining health & social care

Best practice research from global and non-health industries, together with focus groups engaging new starters, will influence the final content of the new induction. It is expected that this induction will introduce new starters to the behaviours and values that are expected within services, fostering a sense of belonging beyond the immediate organisation they join.

This will provide an overview of national expectations when joining the NHS (and social care), of the behaviours, values and opportunities as an employee and employer. This offers, for the first time, a national branded welcome to the NHS (and social care), with key messages from senior leaders across the sectors.

It is anticipated that this will work in conjunction with, and augment, existing local induction programmes. The new induction offer for NHS (and social care) new starters is expected to be completed by end of March 2023.

1b) A new national mid-career programme for managers across Health and Social Care

The review identified that development and experiences of staff were variable. In some instances, it was reported that there was excellent development, and in others less so, leading to inconsistencies.

Underpinning this recommendation from the Messenger Review Team was a recognition that health and care, through the advent of ICSs, was moving from historic competition to collaboration.

The first phase of implementing this recommendation was a stocktake of what is currently being undertaken in systems in relation to NHS system leadership and management activity. This phase has now concluded, and will go on to inform the design and implementation of mid-career development offers.

The identification of minimum standards to underpin Recommendation 1a and 1b, and the creation of a framework and set of principles for mid-career development, is expected to be completed by Spring 2023.

The framework is to be utilised by ICBs to foster collaboration, drive system leadership development, and deliver the ICS quadruple aims. The framework will help ICBs to identify good practice and where gaps exist to be addressed locally. Key success measures will be identified, developed and designed over the coming months.

Recommendation 2: Action to improve Equality, Diversity and Inclusion (EDI)

Evidence shows a link between staff experience and patient outcomes, meaning improving the experience of our colleagues from minority communities and backgrounds benefits patients, productivity and performance.

For example, in those employers where more staff believe their employer provides equal opportunities for career progression, patient satisfaction is found on average to be higher¹. Healthcare studies also show patients generally fare better when care is provided by more diverse teams and financial performance also improves with increased diversity².

The prominence of equality, diversity and inclusion in the Messenger Review and the recognition of the vital role of all leaders is clear. NHS England is taking forward the actions described in recommendation 2 by developing an EDI Improvement Plan, which will include a compendium of evidence-based actions to further improve equality, diversity and inclusion in the NHS workforce, with a specific focus on the role of leaders, at all levels, to improve the productivity and quality of care we deliver.

Co-produced with staff networks and system partners, this Plan is expected to be published by the end of March 2023.

Recommendation 6: More effective recruitment and development of Non-Executive Directors

It has been agreed with the NHS England Chief Operating Officer that there will be a national induction for Chairs, CEOs and NEDs. This will be co-designed with a range of stakeholders and piloted with evaluation during Spring 2023.

Additionally, we have been reviewing the NHS England approach to board level appointments and talent pipelines to these roles, which will include scoping and planning how we support effective development of Non-Executive Directors. It will also include a “refresh” of the current Chair and NED talent database.

Next steps and measuring success

A detailed plan to deliver remaining recommendations of the Messenger Review will follow in 2023. These include recommendations 3,4,5 and 7. This plan will continue to take account of good practice from other industries and sectors together with evaluation of current NHS leadership, management, and talent management approaches, and will be co-created with NHS leaders and managers from across the service.

Impact assessments will be a central tenet of future leadership and management development such that value for money, productivity, service change through improvement, and staff engagement and motivation can be measured and articulated.

The design of a robust evaluation will run alongside the programme, with the intention to include longitudinal evaluation of business impact. Development of this evaluation framework will commence in the New Year.

¹ <https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf>

² [Diversity improves performance and outcomes - PubMed \(nih.gov\)](#)

How MPs can engage with their ICS

During the session, committee members asked about how to engage with their local Integrated Care System. In July 2022, we shared a guide to the NHS with all MPs representing constituencies in England.

This included information on how MPs could contact their local system. I have asked my team to reshare these packs with members of the Committee and all MPs, and I can confirm these were sent on 16 November 2022.

Thank you once again for the chance to discuss the work of ICSs in building greater partnership working at a local level.

Best wishes

A handwritten signature in black ink that reads "A. Pritchard". The signature is written in a cursive style with a large, stylized initial 'A'.

Amanda Pritchard
Chief Executive Officer
NHS England