

## The Darzi investigation: Summary of Lord Darzi's independent investigation of the NHS in England and the upcoming ten-year Health plan

### Key points

The Independent Investigation of the National Health Service in England was commissioned to understand the performance of the NHS and set out key issues that exist in the system. It was led by former health minister Professor Lord Darzi and provides a baseline for the upcoming ten-year health plan.

The investigation has found the NHS is in a 'critical condition' with surging waiting lists and a deterioration in the nation's health. It identifies four drivers of current performance:

- Austerity / under funding.
- The impact of the pandemic
- The lack of patient voice and staff engagement.
- Management structures and systems. A £37 billion capital spending shortfall over the past decade and a half is highlighted, alongside the negative impact of the coalition government's NHS reforms and stripping out management capacity.

The report states many of the factors that have contributed to the NHS's current challenges are outside of its direct control. These include:

- Failure to divert resources into prevention and the pressure on primary care.
- High levels of regulation and inspection, and a lack of consistency and clarity around the role of integrated care boards (ICBs). It concludes that a top-down reorganisation of NHS England and ICBs would be neither necessary nor desirable in supporting recovery.

Immediate focus is on avoiding winter crisis given the financial challenge facing the NHS, with future direction due to be set out in the planned ten-year strategy.

### Background

The full scope of Darzi investigation was:

- To provide an independent and expert understanding of the performance of the NHS and the challenges facing the health system.
- Ensure these challenges are addressed by a new 10-year plan
- Initiate a honest conversation with the public and staff about required improvements, that is realistic with clear timescales of delivery.

### NHS performance

The investigation reviewed NHS performance and the key drivers of that performance. It acknowledged that NHS performance is linked to wider determinates of health, such as poor housing and increasing inequalities.

### Waiting times

- Elective waiting list increased from 2.4million to over 7 million between 2010 and 2024, with those waiting over a year to 300,000.
- Community services - waiting lists over 1 million.
- Mental health – 1 million waiting, with 345,000 waiting over 1 year for first contact. 109,000 of those were under 18 years old.
- A&E departments under unprecedented pressure with just over 60% of people seen within 4 hours, and almost 10% waiting 12 or more hours.

### Quality of care and outcomes

Overall most people receive high-quality care, but there are areas of concerns, such as maternity care.

- Cancer care still lags behind other countries and the 62-day target for referral to first treatment has not been met since 2015. The report notes recent improvements in early diagnosis and survival rates.
- Cardiovascular disease mortality for people aged under 75 has stalled and rapid access to treatment has deteriorated since 2010. In terms of inequalities, people under the age of 75 living in the most deprived areas of England were more than twice as likely to die from heart disease than people living in the least deprived areas. (2022 onwards)
- Excess mortality for those with serious mental illnesses has been increasing since 2015-16.
- Dementia has higher mortality rate in UK and only 65% of patients are diagnosed.

### Moving care closer to home

While the NHS strategy is to shift resources to the community, the data demonstrates a trend indicating the opposite. The share of the NHS budget spent on hospitals increased from 47% to 58% (2006 to 2022). Both hospital expenditure and staffing have grown faster than the other parts of the NHS and numbers in some out-of-hospital services have declined.

- 16 % fewer fully qualified GPs than other OECD 19 countries, with mental health nurses working in the community falling by 5 per cent (2009 to 2023)
- The accessibility of community pharmacy has real potential to deliver more value-added services. However, reduced spending has led to increasing closures of pharmacies.
- The report highlights research that spending in primary and community settings had a superior return on investment when compared with acute hospital services.
- There is a need to shift to provide more care closer to home, with a proportional increase in preventative investment upstream into primary care, mental health and community-based services.

### Productivity and flow

Despite the increase in acute spending, the number of appointments, operations and procedures has not increased at the same pace resulting in falling productivity.

- There are 7 per cent fewer daily outpatient appointments for each consultant.
- 12 per cent less surgical activity for each surgeon.
- 18 per cent less activity for each clinician working in emergency medicine.

The report states patients no longer flow through hospitals as they should, linked to underinvestment in capital and social care.

### Four interrelated drivers of performance

- Austerity in funding and capital starvation – 2010's saw revenue spends increasing around 1% in real terms. Adjusted for population growth and age structure changes, this means funding has flatlined.
- A shortfall of £37 billion has prevented the backlog maintenance of over £11.6 billion, modernised technology and equipment and paid for new hospitals.
- The NHS has missed an opportunity to shift its model from 'diagnose and treat' to 'predict and prevent'.
- The public health grant has been reduced since 2015/16, impacting local public health teams to deliver preventative services such as smoking cessation and sexual health.

### The impact of the COVID-19 pandemic and its aftermath

- Underinvestment has led to higher bed occupancy and fewer doctors, nurses, beds and capital assets, meaning the UK entered the pandemic with low levels of resilience.
- The NHS delayed, cancelled, or postponed more routine care during the pandemic than any comparable health system. For example, between 2019 and 2020, hip replacements in the UK fell by 46 per cent compared to the OECD average of 13 per cent.
- The COVID-19 pandemic also led to a significant increase in the need for mental health services.

### A lack of patient voice and staff engagement

- Patient satisfaction has declined, and the number of complaints has increased, resulting in a lack of patients' choice. Compensation payments for care failures now total £3 billion (1.7 % of the NHS budget)
- Reduction in 'discretionary effort' across a range of roles between 2019 and 2023, due to NHS staff burn out following the pandemic.

### Management structures and systems

- The investigation is critical of the 2013 Lansley reforms, which set about a restructuring the NHS, leading to essential management capacity being stripped out.
- Growth in the number of staff in NHS England, the Department of Health and Social Care and other national bodies leading to confused accountability with local leaders spending significant time on internal management activities rather than looking out to their local communities. The investigation suggests the system is over administrated, with the Care Quality Commission (CQC) is not fit for purpose.
- The investigation concludes that any top-down reorganisation of NHS England and ICBs is not necessary. However, it states the need to reduce variation of ICBs' roles and responsibilities, and the need to refresh the framework of national standards, financial incentives and earned autonomy.

### New 10-year Health Plan – to build NHS fit for the future.

Public engagement underway to shape 10-year Health Plan which is due to be published in spring 2025.

Underlined by 3 big shifts in healthcare:

- hospital to community
- analogue to digital
- sickness to prevention

A key part of the first shift 'from hospital to community', are deliver plans for new neighbourhood health centres, which will be closer to homes and communities. Patients should be able to see family doctors, district nurses, physiotherapists, mental health specialist or health visitors under the same roof.

Transforming from analogue to digital to create more modern NHS will include creating a single patient record, summarising patient health information, test results, and letters in one place, through the NHS App. New laws are set to be introduced to make NHS patient health records available across all NHS trusts, GP surgeries and ambulance services in England - speeding up patient care, reducing repeat medical tests and minimising medication errors.

Joined up systems will enable data sharing, saving NHS staff time with quicker access to patient data, ensuring focus on face-to-face engagement with patients.

Sickness to prevention will reduce the time people spend in ill health and prevent illnesses before they happen. As an example, the 10 Year Health Plan will explore the opportunities tech may offer patients with diabetes or high blood pressure, allowing them to monitor their own health from the comfort of their own home.

Public engagement to gather feedback from public and those working in health and care to inform decision making on 10 year Health plan is underway via [Project: Start here | Change NHS](#)

#### Sefton Place plan – Alignment with Darzi investigation and future 10 year plan

Although there is more to do, Sefton Borough are already making headway in supporting many of the principals for the new 10-year Health Plan – to build NHS fit for the future. A number of examples are listed below:

- Sefton MBC has strengthened their technology enabled care offer, including the launch of ASKSara (an award-winning online self-help guide providing expert advice and information on products and equipment for older and disabled people).
- Sefton have already invested in the provision of falls sensors and remote monitoring devices in a number of care homes which will reduce the number of older people being admitted into acute care.
- Sefton MBC has delivered £1.6million of grants to care homes across Sefton to support improvements to help people remain in the care home to reduce admittance into acute care
- The Better at Home programme has been developed and will be going live in December 2025. This principal of the programme is to:
  - increase the volume of patients going home.
  - increase the throughput of patients going to rehabilitation bedded unit.
  - Reduce discharge costs and volume as well as reduce the volume of people accessing care homes.
- As part of the Better at Home offer Sefton is in the process of extending capacity across their Reablement offer, so that more people will have access to reablement and rehabilitation within their home following discharge. The service will provide 3 weeks of free support to help people regain full independence, this will result in less people being reliant on ASC provision, support admission avoidance, reduce length of stay, and support the discharge process.
- Sefton has committed to the development of 9 Extra Care schemes of which 2 are already operational. This equates to 741 units of independent accommodation. Sefton will be working in partnership with a number of housing providers over the next 2/3 years. Extra Care Housing is an alternative accommodation, which will help meet the needs of Sefton's population and will provide people on site care so that they can continue to live within an independent setting. As their care needs increase so will the package of care. This allows people to remain in the community without the need to move into residential or nursing homes and will reduce the number of admissions and readmissions into acute care.

- An early Intervention and Prevention strategy is currently being developed by Sefton MBC. The first consultation meeting is taking place on Thursday 5th December where representatives from Health, Social Care, Faith organisations and Voluntary and Community sector will be present to discuss areas where the Council can support the early intervention and prevention agenda. An initial draft strategy is expected to be ready by the end of December 2024.
- The Better Care Fund (BCF) is instrumental in supporting transformational change across Health and ASC provision. There is currently a deep dive of the BCF programme to ensure that schemes continue to meet objective of the BCF and if not ensure that these schemes are replaced by schemes that are transformational and will meet the objectives of the Borough. The deep dive will also provide opportunities of greater alignment between Health and Social care by pooling budgets to develop joint services and outcomes.
- Further development of neighbourhoods based integrated teams, using tools and intelligence available to proactively identify local population need, prevent ill health, and proactively offer care through a targeted multi morbidity model.
- This approach is supported by the development of Integrated Health and Social Care Hub at The Strand which will provide services at the heart of Bootle's community. Bootle is one of our most deprived communities, impacted by health inequalities and poor outcomes. By offering primary, secondary, community, VCF and preventive services from The Strand, health outcomes will improve while also increasing footfall, positively impact the local economy and regeneration of the area. Also under consideration is a potential new Integrated Health and Wellbeing hub in Maghull.
- Review of existing community health services is underway to ensure optimal delivery and identify further opportunities to shift services out of hospitals and closer to home. This includes provision of Women's Health Hub model which will deliver a range of services in the community. Targeted work underway to improve community offer to patients with Frailty and Dementia
- Strengthening Living Well Sefton and CVS offers to promote wellbeing and support prevention of ill health through self-care and increased community resilience, underpinned by community health offer including improved NHS health checks.
- Community first expanding support in pharmacies to include case finding, self-care for conditions such as UTIs, and additional vaccinations.
- Improved access to Primary Care including in additional capacity from PCNs supporting enhanced care services, additional mental Health services, same day access hubs, and acute visiting service, all supporting patients to manage their acute and long-term conditions better in the community. The Local GP contract continues to target quality improvements including additional care planning, case finding, screening and expanded treatments to ensure even more care is provided closer to home.
- Ongoing focus on tackling health inequalities with PCN work with the complex lives cohort, making every contact count and ensuring adoption of "No wrong door approach", and delivering support through ACES programme empowering patients to make sustainable long-term changes. Sefton place Complex lives strategy under development to create multi organisational offer to patients.

- New integrated Mental health recovery team to provide support for those in crisis or being discharged back into the community. Pilot demonstrated 67% those supported by the 12-week programme required no additional input from other services.
- Focus on ensuring unnecessary admissions are avoidance by improving interfaces across services, using risk assessment to identify and support patients to ensure that those accessing secondary care absolutely need to be there.

### Conclusion

The Board are asked to note the contents of this paper.