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# HEALTH MJ

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# Spending Review branded a 'Polyfilla budget' for health

By Laura Sharman

The Spending Review failed to increase investment in local public health and still leaves the NHS facing a shortfall of £6bn next year, sector experts have warned.

The chancellor's Spending Review confirmed £3bn for the NHS to help clear the backlog of elective services and reduce waiting time for mental health services.

Rishi Sunak also announced £18bn on coronavirus prevention measures such as PPE, vaccines and testing.

However, analysis by the Health Foundation found the NHS still faces a shortfall of around £6bn next year.

Anita Charlesworth, the Health Foundation's director of research and REAL centre, said: 'The Spending Review doesn't provide enough next year to give hospitals the resources they need to meet the challenges of delivering care in the face of social distancing and heightened infection control.'

'As a result, there will be a total shortfall for NHS England of around £6bn next year.'

The NHS Confederation blasted the Spending Review as a 'Polyfilla budget', warning the Government is continuing to under-resource the NHS, social care and other public services.

Danny Mortimer, chief executive of the NHS Confederation, said: 'NHS leaders will cautiously welcome the confirmation that there will be £3bn of additional funding to tackle the care backlog, the increased demand for mental health services and wider pressures, but it falls far short of the £10bn that the Health Foundation says is needed.'

'In many ways, this is a Polyfilla budget, which leaves some major cracks unfilled. Political leaders will need to manage public expectations, as there is a very real risk to the



Analysis shows the NHS still faces a funding shortfall of £6bn a year © T Salci / Shutterstock.com

quality of services that hardworking health and care staff are able to deliver.'

However, Mr Sunak said the funding 'honours our historic, multi-year commitment to the NHS'.

He said: 'Next year, the core health budget will grow by £6.6bn, allowing us to deliver 50,000 more nurses and 50 million more general practice appointments.'

'We're increasing capital investment by £2.3bn to invest in new technologies to improve patient and staff experience and replace ageing diagnostic machines like MRI and CT scanners.'

However, the chancellor has also faced criticism for failing to increase the public health grant to local councils, which has fallen by 22% in real terms over the past five years.

The Royal Society for Public Health (RSPH) said this lack of investment is a

'false economy'.

Christina Marriott, chief executive of RSPH, said: 'The continued refusal to adequately fund the public health services provided by local councils – at a time when they are experiencing greater financial pressures than ever in meeting the social, economic and health costs of COVID-19 – does not chime with the chancellor's 'whatever it takes' mantra earlier this year.'

'This failure to invest in the public's health will impact people up and down the country, and as ever, the burden will fall hardest on the most deprived.'

The Local Government Association (LGA) also warned that the lack of new public health funding would make it harder to meet the Government's levelling up agenda.

'No new public health funding, despite this incredibly challenging period, also

runs contrary to addressing the stark health inequalities exposed by COVID-19 and levelling up our communities,' said cllr Ian Hudspeth, chairman of the LGA's Community Wellbeing Board.

'Keeping people healthy and well throughout their lives reduces pressure on the NHS and social care.'

Although the Spending Review did include £1bn social care funding, there have been concerns that this will need to be raised locally through council tax increases.

Cllr James Jamieson, chairman of the LGA, said: 'Council tax rises – particularly the adult social care precept – have never been the answer to the long-term pressures faced by councils, particularly in social care, raising different amounts of money in different areas, unrelated to need. It is not the long-term solution which is desperately needed.'

**INSIDE:** How Leeds is improving palliative and end-of-life care. See p4

briefs



■ A network of digital health hubs should be created to reduce health inequalities, a three-year project has concluded.

The final report from the NHS's Widening Digital Participation Programme found that having internet access and digital skills are essential for people's health and wellbeing.

It recommends setting up the digital hubs to build digital health literacy and improve access to services. It also argues that digital inclusion should be an integral part of health, care and wellbeing strategies.

Nicola Gill, director of the Widening Digital Participation Programme at NHS Digital, said: 'If NHS commissioners, policy makers and designers of digital health services and tools can do just do some of the things recommended in this report, then hopefully we can start to narrow the gap of health inequalities, and help people benefit from the choice and convenience they offer.'

■ A network of 40 'Long COVID' clinics will be opened at the end of November to help assess people suffering from persistent symptoms.

NHS England has provided £10m to fund the clinics, which will see patients suffering from fatigue, brain fog, breathlessness and pain as a result of contracting the virus.

NHS chief executive, Sir Simon Stevens, said: 'Long COVID is already having a very serious impact on many people's lives and could well go on to affect hundreds of thousands.'

'That is why, while treating rising numbers of patients who are sick with the virus and many more who do not have it, the NHS is taking action to address those suffering ongoing health issues.'

The condition is thought to affect more than 60,000 people in the UK.

## Projects to explore post-pandemic service delivery

Ten projects have been chosen to receive £1.5m to understand the impact of COVID-19 on service change and health inequalities.

The Health Foundation's COVID-19 Research Programme will provide up to £200,000 for projects that will inform policy and service delivery decisions.

Research will include the impact on legal obligations within adult social care and safeguarding, and ethnic

inequalities in adults with mental health disorders.

Other projects will explore changes in health, wellbeing and economic security throughout the pandemic in ethnically diverse households and what the geographical and social inequalities are in COVID-19 cases and deaths in England.

Dr Jennifer Dixon, chief executive of the Health Foundation, said: 'This grant

programme investigates these two areas. Are the changes in services beneficial and how did rapid change in provision happen?'

'And what can we learn from the disproportionate effect COVID had on certain population groups?'

'The aim is to use these insights to help future policy and service delivery decisions that could benefit the population.'



## Social care staff 'ignored' in free visa extension plan



NHS Providers is calling for care staff to be exempt from the Immigration Health Surcharge

The Government has been accused of overlooking social care staff in its move to provide free visa extensions for healthcare workers.

The announcement means more than 6,000 frontline health workers – including doctors, nurses, paramedics, midwives, occupational therapists, psychologists and allied health professionals – will have their visas extended for a year for free.

Home secretary, Priti Patel, said: 'We truly value the work these heroes are doing, which is why we're renewing our free 12-month visa extension offer.'

'We estimate this will benefit a further 6,000 dedicated frontline workers and their families who deserve our support and our gratitude.'

Health secretary, Matt Hancock, added: 'This visa extension will help to benefit healthcare

professionals who have shown extraordinary dedication during this challenging period to protect all of us and our families from the threat of the virus'

However, NHS Providers said that social care staff have been left out by this move.

'Social care staff have also been at the frontline of the response to the pandemic and have worked hand in hand with the NHS. It's very disappointing their essential contribution is still not being recognised,' said deputy chief executive Saffron Cordery.

'A clear plan is now needed on how these care staff will be exempted from the Immigration Health Surcharge.'

Under the announcement, the free visa extensions will now be extended from 1 October 2020 until 31 March 2021.

## Midwives call for greater flexibilities

Vulnerable women experiencing severe and multiple disadvantage must be given more support during pregnancy, a leading royal college has warned.

The Royal College of Midwives (RCM) argued midwives must be given greater freedom to support pregnant women who are in abusive relationships, have experienced childhood trauma or have mental health problems.

It said these women are at greater risk of poor outcomes in pregnancy but the effectiveness of midwives is often hampered by a lack of resources and professional support.

Gill Walton, chief executive of the RCM, said: 'Midwives are in a unique position to support and signpost women to access the right services for them, and we know that, when they're able to do so, the outcomes for women and their babies is infinitely better.'

'Too many women face barriers to accessing the right care and support during pregnancy, and that has potentially tragic implications. Yet the answer is a really simple one: give midwives the autonomy and the flexibility they need to support vulnerable women.'

The RCM is calling for all NHS bodies to adopt its five-point plan such as providing additional support, better training, and increased partnership working.

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For editorial inquiries contact Laura Sharman at l.sharman@hgluk.com

For display advertising inquiries contact Kasia Brzeska-Reffell at k.brzeska@hgluk.com

and for recruitment advertising contact Dave Lawrence at d.lawrence@spacehouse.co.uk. Tel: 01625 614000

Health MJ: 32 Vauxhall Bridge Road, London SW1V 2SS





The health secretary has pledged to reduce excess bureaucracy in health and social care

# Hancock unveils ‘bureaucracy busting drive’ in health services

The Government has outlined plans to reduce excess bureaucracy and streamline processes in the health and social care system.

Health secretary Matt Hancock has unveiled the new strategy that identifies eight priority areas to enable frontline health and care staff to spend more time with patients and less time on paperwork.

This includes shortening the lengthy appraisal processes, modernising outdated professional regulation, greater digitisation of services and reducing repetitive data requests.

Mr Hancock said: ‘Of course, rules and regulations have their place. They can be the cornerstone of safe and high-quality care. But when left unchecked, rules and regulations can outgrow their original purpose – and they can stifle innovation and damage morale.’

He also pledged to unlock the positive change seen during the pandemic and ‘build on the very best of what we have seen over these past nine months’.

Danny Mortimer, chief executive of the NHS Confederation, said: ‘This report is a welcome indication

that the Government is taking seriously the need to maintain the lean, light and agile culture of governance and regulation experienced during the COVID-19 crisis.

‘We are pleased that the Government has listened to our members’ insights and concerns, and is willing to act on them. The secretary of state must now make sure he does not lose the wind in his sails; we need to see concrete action to make sure “busting bureaucracy” becomes not just a catchphrase, but a reality.’

## ‘Poor experiences’ of mental health services

Many people are reporting poor experiences of community mental health services, according to a damning report from the Care Quality Commission (CQC).

The report found people are struggling to access crisis care and support for physical health needs.

The survey found 44% of people said they had waited too long to receive NHS therapies, with a quarter (24%) saying they had not seen services often enough to meet their needs in the past 12 months.

Over a quarter (28%) of people did not know who to contact out of office hours if they had a crisis, with 17% saying they were unable to access the help they needed in this situation.

Dr Kevin Cleary, CQC’s deputy chief inspector of hospitals and



lead for mental health, said: ‘Some people will have been unable to attend their regular appointments with community mental health teams during the first national lockdown, which started in March, this will almost certainly have a knock-on impact on the number of people seeking crisis care.’

‘It is therefore disappointing to see in this survey, that people are having poor experiences of community

mental health services, particularly in relation to crisis care, access and involvement in decisions about their care.’

The CQC also warned that many people are failing to get support for their physical health needs or finding financial advice, which are all key drivers for good mental health.

Dr Cleary added: ‘It is also a worry that people didn’t always get help with their physical health needs or with financial advice and benefits, particularly in light of the wider health and socio-economic impacts of the pandemic.’

‘There is likely to be even more demand for the vital services provided by community mental health teams as a result of the pandemic.’

## Speeding up the NHS AI journey

AI is often portrayed in the media as having the potential to become an intrusive ‘big brother’ technology. But this scaremongering is often misplaced. AI has the ability to completely transform the way organisations operate and streamline and enhance the offering provided to citizens.



Steve Brain, Executive Director, Health & Care, Civica

However, while big tech organisations continue to make breakthroughs in the use of AI, it must be made clear that its use does not need to be all-singing, all-dancing. In fact, many of us interact with AI daily, without even knowing it.

The important thing for NHS leaders to remember is that small steps can be taken to ease their AI journey. Here are three tips to start achieving value through AI.

**1. Drive a culture of innovation:** With reduced budgets and smaller teams, some public service organisations are still looking at AI as a technical advancement instead of an organisational initiative. AI implementation and an organisation’s digital transformation strategy is not just another task for IT. To be successful, the whole organisation must be on board.

### The important thing for NHS leaders to remember is that small steps can be taken to ease their AI journey

**2. Manage employee apprehension to new technologies:** Key to building this culture is leaders who are transparent in their plans to adopt new technologies and continuously communicate with employees about the benefits. Once people see they can move one step at a time, the overall task will seem less scary.

**3. Use AI to deliver better outcomes, faster:** The first question leaders should consider is ‘what’s the problem we’re trying to solve and how big is it?’ AI must be used to improve and enhance citizen service. For example, take Aurum, our new AI platform recently piloted with six NHS trusts. The platform uses the latest data science techniques to quickly find instances of systemic variation in clinical activity, helping identify millions of pounds of service improvement opportunities. Aurum is saving NHS Trusts time and money, but ultimately improving patient outcomes, at a critical time when health services are being stretched like never before.

Understanding the need to drive AI innovation throughout the public sector, Civica launched its new NorthStar innovation lab earlier this year to develop innovative ideas focused around automation and advanced technologies. Our new AI platform is the first of many products to be developed in the labs and has already shown that AI is pivotal to helping the NHS innovate and continue delivering world-class healthcare.

In the short-term, AI could mitigate existing shortcomings and help the NHS get through this time of immense pressure, while in the long term, the technology will develop more safe, interactive, exciting and efficient public services which work for everyone’s future.

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# Improving palliative and end-of-life care



People in Leeds are set to experience better palliative and end-of-life care as experts launch a novel, partnership approach to improving it, which will also help the city's COVID-19 recovery.

People are living for longer and many of them with long-term health conditions. Leeds, the third largest city in the UK, has an ageing population of which the 65+ age group is projected to grow by over 15,000 (+13%) between 2016 and 2026.

So, the need for excellent palliative and end-of-life care is also growing – a situation intensified by the pandemic. Not only has COVID-19 meant excess deaths but it has disproportionately affected older people, high risk communities, care homes and hospitals.

The pressure to also improve the efficiency of that care has increased as precious resources come under immense strain. Working collaboratively across the system is the way forward, according to experts in Leeds.

Leeds Palliative Care Network (LPCN), was already working with partners across the city, supported by Leeds Academic Health Partnership, to improve palliative and end-of-life care. As the impact of the pandemic unfolded, the LPCN reviewed its plans to assess what might need pausing or strengthening.

Most planned improvements remained essential, such as supporting the implementation of ReSPECT for digital advance care planning, extending multi-disciplinary team support to all care homes and strengthening specialised care for people with dementia or mental health problems. But improvements such as the availability of partnership and LPCN virtual

education and training programmes needed extending.

Through Leeds Academic Health Partnership's support and facilitation, the LPCN were also introducing a Whole System Approach (WSA) to strengthen improvements further.

Developed in Leeds, before being rolled out nationally, this approach originally focused on tackling childhood obesity. Its key features include engaging stakeholders across the system, building a shared understanding of the problem, creating aligned and cohesive actions and maintaining communication across the system. These are the foundations of any successful service review or transformation, according to Dr Duncan Radley, senior research fellow, Leeds Beckett University.

'The organisations participating in the WSA to obesity strengthened their networks, brought partners together and found ways of maximising resources across the system – a really key feature for all public sector organisations facing a landscape of limited or reducing resources,' says Dr Radley.

'While we were developing the WSA for Public Health England, it rapidly became apparent that it was very transferable to broader public health and health and social care "wicked issues".'

'Local government organisations who helped develop and test the material began to use it on other programmes including oral health promotion, physical activity

and children's services. Co-creating actions across the system leads to addressing a problem through a wider lens and helps all stakeholders to see their role in tackling the problem.'

In November, using the WSA, more than 100 people from hospital and community-based health services, social care, care homes and voluntary and independent organisations were joined by members of the Leeds Palliative Care Network at a series of events.

They focused on community services across the city – how they work with each other and with hospitals or hospices to best serve people's and families' needs.

Dr Simon Stockill, medical director at the NHS Leeds Clinical Commissioning Group, who is championing the work, says: 'We know that around 6,800 people die each year in Leeds, three-quarters of whom would potentially benefit from palliative and end-of-life care. Around half of all deaths occur in hospital, which people tell us is their least preferred place to die. With up to 1,700 more people each year potentially needing this type of care by 2040, there will be even more demand on services.'

'Coupled with that, the pandemic has brought further pressures and challenges, particularly within palliative care services. So this new approach is not only vital to our city's recovery from the virus but to a lasting transformation for those needing palliative and end-of-life care.'

Led by the Leeds Palliative Care Network and Leeds Beckett University, supported by Leeds Academic Health Partnership, these events reviewed existing services to understand:

- how to better coordinate and link the different care services;
- how to enable high quality care at home if that is a person's preference; and
- how to design services to provide care in ways that Leeds' people say they need.

The LPCN is not predetermining the outcome as this would negate the purpose of using the WSA. The events, underpinned by further insights through Healthwatch Leeds' engagement with service-users and carers, are only the first steps of the process. Partners will take the work forward as the results are drawn together early next year. Part of that will be a detailed approach looking at how the system works in a particular area of the city for a specific group of people.

Dr Adam Hurlow, LPCN chair, says: 'Leeds has a proud legacy of cross-city collaboration providing high quality and innovative palliative and end of life care.'

'The whole systems approach provides a real opportunity to drive further improvement to meet the needs of all the people of Leeds at the end-of-life whilst supporting the people close to them, and ensuring we have system fit to meet the upcoming challenges, of demographic change, clinical complexity and limited resources.'



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