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Pandemic could cause 'decade of health disruption' warns IPPR

By Laura Sharman

An extra £1.2bn is needed to help the NHS and social care recover from the damage caused by COVID-19, according to a new report from a think tank.

In its first annual *State of Health and Care* report, the Institute for Public Policy Research (IPPR) warns the pandemic could cause a 'decade of health disruption' to prevention, diagnosis and treatments.

It reveals that since the pandemic began, there have been 31 million fewer GP appointments, eating disorder referrals for children have doubled, and checks on people with severe mental illnesses have fallen below a third of their targets levels.

It also predicts there will be an additional 4,500 avoidable cancer deaths this year and 12,000 avoidable heart attacks and strokes in the next five years because of disruptions to services.

The think tank calculates the NHS needs an extra £2.2bn per year for the next five years to clear the elective backlog and manage the increase demand on mental health services. It also calculates that a further £10.1bn is needed annually to meet the NHS Long Term Plan objectives, in addition to the catch-up funding.



Think tank calls for a £1.2bn 'booster shot' for social care and the NHS

Dr Parth Patel, IPPR research fellow and lead author, said: 'A decade of austerity left our NHS running at the top of its capacity, rather than the top of its game. As a result, the consequences of the pandemic on people suffering with illnesses such as cancer and depression have been huge. There is a real risk now that this damage embeds and

the NHS falls further down international rankings.

'The Government wants to "build back better" in health and care. This landmark report provides a costed and comprehensive plan on how to do that. It offers implementable solutions to the shrinking workforce, the crisis in care and fragmented

health services.'

As immediate policy priorities, the report calls for a 5% pay rise for NHS staff, a guaranteed living wage for all care workers through a government wage subsidy, making social care free at the point of need, and reimbursing internet costs for those most in need.

Longer term proposals include reforming health education, raising spending on NHS infrastructure to match at least OECD levels, and increasing integrated working between health, care and public health services.

Danny Mortimer, chief executive of the NHS Confederation, said: 'There is now a huge amount of ground to make up in order to ensure the Government can address the impact of the pandemic on our services, communities and patients. There is a desperately overdue need for a comprehensive long-term plan for all areas of social care provision.

'The scale of NHS waiting lists and the additional demands for long COVID and mental health facing the NHS requires the Prime Minister and chancellor to commit to long-term support for health and social care, including explaining to the public what can and can't be achieved within the resources that are available.'

Care alliance demands progress on social care reforms

Care providers are 'balancing on a financial cliff edge' due to Government inaction, social care leaders have warned.

The Association of Directors of Adult Social Services (ADASS) and other organisations have urged the Government to make an immediate announcement of extended and increased funding from April to stabilise the care system.

This funding should ensure continued provision of high-quality services and support, meet the continuing costs of COVID-19 and provide relief and respite for exhausted family carers and care workers, the alliance said.

They are also calling for proposals for social care reform to be published before the summer parliamentary recess.

Kathy Roberts, chair of the Care Provider Alliance, said: 'Emergency funding from the Government has been a lifeline to our care and support sector.

'However, as a result of COVID-19 the ongoing cost pressure is leaving many providers, their employees and the people we support balancing on a financial cliff edge.'

James Bullion, president of ADASS, said: 'This government has the chance to end 25 years of indecision over social care and create a historic legacy. We are urging it to seize that chance now.'

A Department of Health and Social Care spokesperson said: 'Funding remains in place to support the tireless efforts of social care staff on the frontline of this pandemic and we are actively reviewing the need for further funding and decisions will be made in due course.

'Delivering a care system that is fit for the future remains a top priority and we will bring forward proposals for social care later this year.'

briefs

■ A new national contract to help councils source social care management systems has gone live in Scotland.

The Social Care Case Management Solutions Framework – the first of its kind in Scotland – will help councils boost digital capability in the delivery of care.

The framework is a joint initiative by Scotland Excel and the Digital Office for Scottish Local Government and is expected to see a spend of around £28m over four years.

Julie Welsh, chief executive of Scotland Excel, said: ‘As well as front line staff being able to securely and safely access, update and share information, the solutions offered through the framework include self-directed support capability for citizens, to improve their ability to shape and control the services they receive.’

The framework has achieved fixed prices for a number of services including licences, configuration, delivery, implementation, knowledge transfer and training

■ The Government is rolling out a new nationally-recognised critical care qualification to boost the qualified workforce.

It has announced a £25m funding boost for nurse training that includes £15m to expand simulated learning and technologies.

It will also invest £10m to develop the new critical care qualification to help boost the number of people able to work in critical care during the pandemic.

Care minister Helen Whately said: ‘Thanks to our investment, more nursing and other healthcare students will be able to benefit from the latest innovations and new technologies to better support their learning at this time.’



Watchdog concerned over ‘do not resuscitate’ orders

An ‘inconsistent and concerning’ approach was taken to issuing ‘do not resuscitate’ decisions during the pandemic, the care regulator has warned.

An investigation by the Care Quality Commission (CQC) found that the pressures of COVID-19 have led to ‘worrying variations’ of people’s experiences of do not attempt cardiopulmonary resuscitation decisions.

While the report found some examples of good practice, it also uncovered poor record keeping, a failure to involve service users, and a lack of oversight and scrutiny of the decisions being made.

Rosie Benneyworth, chief inspector of primary medical services and integrated care at the Care Quality Commission said: ‘It is vital we get this right and ensure better end of life care

as a whole health and social care system, with health and social care providers, local government and the voluntary sector working together.’

The report – *Protect, respect, connect – decisions about living and dying well during COVID-19* – calls for the creation of a Ministerial Oversight Group to work with local government and other health partners to deliver improvements.



Dismay over ‘small’ rise in public health funding



The public health grant allocations have been branded ‘too little, too late’

The 1.4% increase in councils’ public health grants has been criticised for failing to reflect the demands on services as a result of the pandemic.

The Government has announced public health funding will be increased by £45m for 2021/22, providing councils with £3.3bn. This is in addition to £80m to fund drug treatments and over £70m for weight management services.

However, the NHS Confederation warned the funding would not be enough to tackle the increased backlog of care and the pressures facing community health services.

‘In reality these allocations represent a very small increase of just over 1%, which may cover inflation but otherwise fails to adequately reflect the pressures and additional demands placed on community health services as a result of ever widening health inequalities and the impacts of the COVID-19

pandemic,’ said Andrew Ridley, chair of the Community Network.

A statement from the Association of Directors of Public Health also said the grant allocations are ‘too little, too late’. It also argued it would not be enough to tackle the health inequalities that have been ‘exposed and exacerbated’ by the virus.

Analysis by the Health Foundation found the public health grant allocations represent a £1bn real terms cut compared to 2015/16.

David Finch, senior fellow at the Health Foundation, said: ‘This year’s public health grant allocations provide only a small £45m increase on last year. This is a 24% cut – equivalent to £1bn – on a real term per capita basis compared to 2015/16. These allocations have come late, just before the start of the next financial year, making planning ahead even more difficult.’

Call for ‘digital midwife’ in every service

The Government has been urged to install a ‘digital midwife’ in every maternity service by the Royal College of Midwives (RCM).

The trade union is calling for more investment and support in digital technology to help improve maternity services and enable records to be accessed digitally.

RCM said that having to repeat information to different healthcare professionals can be frustrating and even upsetting for some women, particularly if they have experienced previous pregnancy loss.

Research suggests that electronic records could increase time spent by midwives in providing direct care from 30% to 70%. Previous research also shows that 90% of women want to access their maternity records digitally.

In her call for more investment and support, RCM digital advisor Hermione Jackson said that midwifery was often ‘overlooked’ when it came to digital technology.

‘For too long maternity services have been overlooked, passed over and generally left at the back of the queue when it comes to digital investment,’ she said.

‘Investing in digital technology and giving staff the training and equipment they need will lead to better care, regardless of where that care is delivered.’

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The pandemic has caused more pregnant women and new mothers to have poor mental health, a new report has warned

Report calls for action to safeguard maternal mental health

Pregnant women and new mothers are more likely to experience poor mental health as a result of the pandemic, a new report has warned.

The rapid review of evidence, commissioned by the Maternal Mental Health Alliance (MMHA), also revealed that women of colour and those from disadvantaged backgrounds were more likely to face increased mental health risks during and after pregnancy.

The research found the pandemic has led to anxiety about giving birth alone during lockdown, heightened levels of domestic violence, fears about losing jobs, bereavement and concerns infants may catch the disease.

Luciana Berger, chair of the MMHA, said: 'The report should serve as an ear-splitting warning siren about the dangers to women's maternal mental health and potential risks to the wellbeing of their babies. The pandemic has placed additional challenges on new and expectant mums getting the care and support they need, taking many already-stretched services to the point of breaking.'

'Women of colour and women from disadvantaged backgrounds have been particularly impacted, and ministers must address this injustice with urgency.'

The report, which was conducted by the Centre for Mental Health, found there were gaps in specialist perinatal mental health

services even before the pandemic began. It calls on the Government to fill these gaps, and enhance health visiting and maternity services.

It also argues that up-to-date monitoring and research of maternal mental healthcare should be commissioned.

'The COVID-19 pandemic has been a mental health challenge across society, but it has not affected everyone equally', warned Sarah Hughes, chief executive of Centre for Mental Health.

'It has placed especial pressure on women during pregnancy and after they've given birth. And it has made inequalities that were always there in plain sight even more pronounced.'

NHS must 'build trust' over new technologies

The NHS should evaluate and improve the use of technologies to access services before the Government 'locks in' new innovations, new research has concluded.

A report by the Health Foundation found that while 83% of NHS users said the use of technologies such as remote monitoring and video conferences was positive, 42% warned they made for worse quality of care.

People aged 55 and over and those with a carer were most likely to say the use of technology made for worse quality of care compared to traditional models.

Tim Horton, the Health Foundation's assistant director of improvement, said: 'Given the immense pressure the NHS has been under, it is impressive that so many patients and staff reported positive experiences as new technologies were rolled out.'

'However, the fast pace at which they were introduced means that important steps – such as evaluation and co-design with patients – will necessarily have been shortcut. As we emerge from the shadow of the pandemic, the NHS must evaluate and improve these approaches before locking them in for the future.'

Nearly a third of NHS staff said they were unconvinced about the long-term use of these approaches.

Mr Horton added: 'The NHS has not yet 'sealed the deal' with the public on the future use of technology and further work is needed to address concerns and build trust in new technologies.'

'While the speed of innovation has been hugely impressive, rushing to make these changes permanent without understanding more about their impact would risk holding back promising technologies from fulfilling their potential to improve care for every patient.'

'Threadbare' social care damaging people's health

A lack of social care has caused people's health to deteriorate and led to more needing hospital treatment, according to the results of a survey.

The Care & Support Alliance (CSA) has warned that older people, working age disabled adults and unpaid carers have all been hit hard by the pandemic due to shortages of social care services.

A survey of care recipients found more than a quarter (28%) said their health had deteriorated due to a lack of care, with one in seven needing hospital treatment as a result.

Nearly one in four people said they had asked for help during the



pandemic but didn't receive any.

It also found a lack of social care was having a negative impact on carers, with 41%

saying their health had deteriorated because of their caring responsibilities.

A Cry for Hope: why 2021

must be the year for social care reform calls on the Prime Minister to bring forward social care reforms and increase funding to the sector.

Caroline Abrahams, co-chair of the CSA and charity director of Age UK, said: 'Our threadbare social care service was already unable to help a large portion of those who needed care before the pandemic, now its fragility is adding unnecessary pressure on hospitals just when we are all making huge sacrifices in order to protect the NHS.'

'We know unpaid carers and care staff are doing all they can but there simply isn't the money to give people the care they need.'

Place-based working is here to stay



Ewan King, deputy chief executive of the Social Care Institute for Excellence, considers whether the Health and Care White Paper will really be the key to unleashing greater integration and collaboration between local government and the NHS

Launched last month, the new Health and Care White Paper arrived with little fanfare. This makes sense. Not only was the paper published in the midst of a lockdown; it simply builds on a plan that is already well advanced and it does not seek to set a radically different course.

But what does it mean for local government, social care and how we work together to integrate care around the person? Integrated Care Systems (ICSs), which now cover a large part of the country, will now be given statutory powers. Under the new legislation, ICSs will comprise both an NHS ICS board and an ICS health and care partnership.

This is a step in the right direction and has been warmly received. The Local Government Association says that the White Paper provides a promising base on which to build a more collaborative culture. As a statement of intent on integrated care, it has also come at a good time, as COVID-19 has underlined the case for collaboration and integration and accelerated some aspects of integration.

Balancing the needs of the entire population

With ICSs, we are beginning to see promising glimpses of the future. In our recent report for the NHS Confederation, we found a growing number of partnerships which were ‘managing simultaneously to balance the needs of the whole population with the aim of delivering better care

to individuals’. We went on to discuss many promising examples of where local authorities were equal partners in decisions. Many changes, which local government has been demanding for years, are now beginning to happen, albeit on a small scale.

West Yorkshire and Harrogate ICS has, for instance, managed to build really strong local partnerships across the patch between health, local government and the community. According to Rob Webster, their ICS lead, local partnerships need to belong to commissioners, providers, local government, NHS and communities, not to

Many changes, which local government has been demanding for years, are now beginning to happen, albeit on a small scale.

any single organisation.

In Camden – as a result of an initiative jointly led by the council and NHS – a citizen’s assembly has been established which has managed to engage several hundred residents in defining the future ambitions for health and care and which will be consulted in the future on whether these are being delivered.

In Bradford, local authorities and health are working more closely together as well. The council’s ‘system philosophy’ means they now design strategies, plan finances and monitor performance – and outcomes

for people together. Iain MacBeath, strategic director for adult care in Bradford Council, says the mind-set is to act as system leaders before being organisational leaders; and they ask staff to do the same. He says it’s having a real impact on its priorities and plans for the future.

Three key elements

So far, so good. But will the White Paper really be the key to unleashing ever greater integration and collaboration? Firstly, the White Paper does not present a solution to the long-standing problem of social care

Thirdly, we need to redouble efforts to build citizens and political accountability into decisions about health and care. Too often big decisions about health have been taken behind closed doors – whether it’s about a hospital closure or a new way of delivering home care. Local government is good, if not perfect, at engaging communities, and can lead the way at building more co-production into how strategic decisions about local health and care.

Progress is possible

This is not to say these barriers are insurmountable. To make progress, local partners need to think big. This means finding creative ways to mobilise the local community; using resources to support health, social and economic development. In York for instance, this has meant developing a single vision for an asset-based area, which combines the very best of the NHS – such as integrated primary care hubs – with the voluntary sector, volunteers, the police and housing. Partnerships should be locally driven; there is no one-size-fits-all model.

The White Paper can help build the foundations for further good practice to develop. But on its own, it has limited impact. To make place-based working the cornerstone of the future relationship between local authorities and the NHS, we need committed leadership, and a relentless focus on building trust.

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