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Mortality rates have declined but health imbalances remain, writes Michael Burton

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Cash may help stem the growing NHS workforce crisis

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# HEALTH MJ

themj.co.uk/health

The management journal for health and care

April 2019

# Spending Review 'must restore cuts in public health budgets'

By Michael Burton

Health experts have called on the Government to boost spending on public health services in the autumn Spending Review to help reduce pressure on the NHS.

Highlighting cuts to public health of £550m since 2015/16 a new study by the British Medical Association says that 'doctors have expressed particular concern that recent budget changes will result in public health services that are inadequate for meeting the needs of the local populations which they serve.'

The BMA says that preventable ill-health accounts for an estimated 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days. It also says 40% of the uptake of health services may be preventable through action on smoking, drinking alcohol, physical inactivity and poor diet.

In its report, *Prevention Before Cure: Prioritising Population Health*, published at the end of March the BMA sets out 'a framework for a cross-Government, evidence-based approach to prioritising primary and secondary prevention.'

It focuses on four key areas:

- Addressing the social determinants that influence health.



Doctors are concerned that recent budget changes will result in public health services that are inadequate for the needs of the local population

- Increased and sustained funding for public health.
- Effective regulation to tackle the key drivers of ill-health.
- Prioritising prevention through the health service.

The report adds: 'The whole health and care sector, as well as local and national government all have a role to play and this framework provides a platform to do so.'

In response Nick Ville, director of policy at the NHS Confederation, said: 'The Government needs to match its rhetoric on improving the health and

wellbeing of the nation by ending the short-sighted cuts to public health and prevention services that we have seen in recent years.

He added: 'Emergency admissions related to obesity, smoking and alcohol are on the rise so it is essential that we make prevention a priority for the NHS and move to a population health approach. This will require effective partnerships between the NHS and other local public services. Without this, we will fail to narrow the widening health inequalities we are seeing.'

'The NHS Long Term Plan prioritises health and wellbeing services and outlines a vision for the future that needs to be backed. But this will be undermined if the Government fails to boost spending on public health services in this autumn's Spending Review.'

In 2018 the Government identified prevention as one of its three priority areas for the future of health and social care. Despite this, the BMA warns that budget cuts have fallen disproportionately on poorer areas with the greatest health problems.

NHS Providers has backed targeted legislative changes to speed up the integration of health and care so long as they can pass three key tests.

Responding to the Commons health and social care committee inquiry into the NHS Long Term Plan, NHS Providers says:

## Trusts back targeted legislation for integration

'We welcome and support the move to integrated local health and care systems. We also acknowledge that the current NHS legislative and regulatory framework does not fully

support this direction of travel.'

The body, which represents hospital trusts, adds: 'We recognise that a complete re-write of the current legislative framework has not, at this point, been

judged either feasible or desirable.'

However it says targeted legislation needs to have been fully scrutinised, be better than alternative options and must leave a 'clear and coherent legislative framework' for NHS bodies to work within.

**INSIDE: Why healthcare workers need £900m training. See p7**

comment



By Michael Burton

Mortality rates since 2002 from all causes have declined, but health inequalities remain stubbornly difficult to reduce even though there is no mystery about their causes. People in affluent areas have better health, age better and die later than those in poor areas. This is due to lifestyle issues, like smoking, diet and alcohol and drugs as well as wider environmental factors like the impact of poor housing, unemployment and poverty. Any cursory look at health patterns across the UK can be easily laid over socio-economic data.

How Governments respond to this however is a muddle. Recognising that prevention is better than cure and that environmental factors contribute to poor health, the then Coalition transferred public health from the NHS to local government in 2013. It then proceeded to cut £550m from public health budgets. Last year, in a report, the Government recognised the importance of prevention even though its budget cuts, because they are uniform, have fallen hardest on the areas with the worst health.

As the BMA said in its recent report on prevention, a focus on public health can reduce hospital admissions and GP appointments but it also requires all agencies, the NHS, local and central government, to participate.

The trouble is the Government – all governments – give the impression they cannot make up their minds just where responsibility for public health lies. There is no question that legislation, such as banning smoking in public places or reducing sugar in food and soft drinks has a major impact on health by being national, more so perhaps than council smoking cessation programmes, walking tours or free entry to leisure centres.

By cutting public health budgets the Government seems to have decided prevention is not, after all, an important council responsibility. But then, whose is it?

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# ‘Offer grants to nursing students to tackle NHS workforce crisis’

By Paul Dinsdale

A major expansion of nurse training and a tripling in the number of people training as postgraduates are needed to prevent the health and care workforce crisis from worsening dramatically, says a report.

Health economists at the Nuffield Trust, The King’s Fund and the Health Foundation calculate that these solutions can only be fully implemented if there is a £900m increase in the annual budget for training and developing health care workers in England by 2023/24.

The report, *Closing the Gap*, focuses on nursing and general practice, where shortages are especially acute.

It says nurses in training should be given cost of living grants of £5,200 a year, and warns that even with grants, the expansion of postgraduate training, bringing 5,000 more students onto nursing courses each year and actions to stop nurses leaving the NHS, the shortfall cannot be entirely filled domestically by 2023/24.

The authors say that to keep services functioning, an additional 5,000 nurses a year must also be ‘ethically recruited’ from abroad, with ‘wide exceptions to new salary restrictions’ in the immigration White Paper, and funding for visa costs incurred by NHS trusts.

Projections show that, without decisive actions like these being embraced in the NHS workforce plan, nurse shortages will double to 70,000 and GP shortages in England will almost triple to 7,000 by 2023/24.

They predict this deterioration would mean the goals of the recent NHS Long Term Plan, such as improvements in general practice and better access to mental healthcare, will be



Nurses in training should be given cost of living grants of £5,200 a year

impossible to achieve.

On social care, the authors say the proposed migration system after Brexit is ‘not appropriate’, and the Government will have to come up with a ‘special new route into the UK for care workers’. The NHS must be careful that pay policies to attract more staff do not simply pull them out of social care services which patients rely on.

A comprehensive overhaul of social care funding is needed immediately to stop poor pay and conditions continuing to drive staff away.

The report follows the three bodies’ analysis last year assessing the scale of the problem, which warned that staffing shortages in NHS Trusts could reach 250,000 without urgent action. It comes ahead of the Workforce Implementation

Plan expected next month, which will lay out how NHS leaders aim to address these issues.

Anita Charlesworth, director of research and economics at the Health Foundation, said: ‘The NHS doesn’t have enough nurses and without action this problem is going to get significantly worse over the coming years.’

‘The workforce is the make-or-break issue for the health service and unless staffing shortages are substantially reduced, the recent NHS Long Term Plan can only be a wish list.’

The report calls for:

- £250m a year in additional funding for developing workforce skills, as part of the overall £900m, so that staff can keep up with changing technology and patient needs.
- The Government to legislate immediately to create a regulated profession of physician associates, so that these skilled staff can take on more tasks and reduce the pressure on doctors across England.
- Nationally-backed initiatives to close gender and ethnic pay gaps in the NHS.
- The NHS to become a better employer so that fewer people want to leave. For example, this will require letting more people near retirement work part-time.
- NHS pay to keep rising in real terms and not return to cuts or fall behind pay in the rest of the economy, with a review of how extra pay and student loan write-offs can be used to tempt staff into shortage areas.

## Wellbeing among NHS staff ‘declining’

Morale among NHS staff has fallen sharply in the last year, according to the latest NHS staff survey. The figures show a downturn in the wellbeing of NHS staff surveyed. As many as 40% of staff reported feeling unwell as a result of work-related stress in the last 12 months and the overall measure of health and wellbeing has declined. Both of these are the worst results in the last five years, the survey shows.

Professor John Appleby, chief economist at the Nuffield Trust said: ‘These pressures are not just a matter for staff themselves, but have a knock-on effect on patients, too. Satisfaction in the quality of care that staff feel they can provide is continuing to decline and the proportion of staff who saw something that could have hurt patients has risen to 28%.’

‘This could in part be due to increased awareness and better reporting, but it is still a worrying sign and offers an insight into the heavy burden that many staff carry during their shifts.’

‘It is encouraging to see that satisfaction within ambulance trusts, traditionally one of the poorest rated services in this survey, is showing signs of improvement on previous years. However this continues to be an uphill struggle to reach the same levels as other NHS staff.’

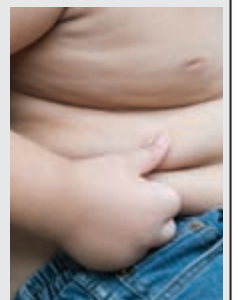
## ‘Monitor kids from early age to prevent obesity’

Children monitored regularly for height and weight from an early age are less likely to become overweight, according to researchers at the University of Manchester and Oxford. They say current practice may fail to spot children who are a normal weight on school entry but develop obesity in later life.

The study, published in the journal, *Preventive Medicine*, says a single measurement is taken when children start school, which may not be repeated until they are age 11, and only children who are obese from a very young age are easily identified for support.

The data allowed them to plot population-level and individual-level growth curves for girls and boys and find typical patterns. The study reviewed the literature and pooled data from 54 studies and over 750,000 children worldwide.

Joint author Dr Heather Robinson said: ‘Adult BMI starts to be predictable from child growth patterns from as early as age two years in some children so we should be measuring them from that age. However, as most measurement programmes are linked to schools as a way of accessing large groups of children, we can still achieve much by making the most of these observations between four and 11 years of age.’



Health MJ is produced by the publishers of The MJ as a monthly supplement.  
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## Fewer A&E patients being treated within four-hour limit

Latest figures on waiting times in hospital A&E departments show a fall in the number of patients being treated within the target time.

Commenting on monthly NHS performance figures for February, Deborah Ward, senior analyst at The King's Fund, said: 'Despite a mild winter, these figures reveal a hidden crisis in hospitals up and down the country.'

'In February, only 84.2% of patients were seen by A&E units within the four-hour target, the lowest level since this data was



first collected. Meanwhile, the NHS is now missing six out of eight of the existing targets for cancer diagnosis and treatment.

We must not become immune to the reality that behind today's figures are stories of people with urgent medical needs waiting

too long to be treated. While the NHS England's Clinically-led Review of NHS Access Standards seeks to address some of these issues, changing existing targets and introducing new standards is not a panacea for improving patient care. Without enough staff and resources to care for patients, targets both new and old will continue to be missed.'

Health Secretary Matt Hancock announced recently that the four-hour maximum waiting time for A&E patients would be abolished later this year, as NHS England believed that many Trusts were spending time 'gaming the system' to avoid lengthy waits. The move was criticised by the medical Royal colleges as being detrimental to improving patient care.

## Awards scheme unveiled for work on supported living

An awards scheme has been launched to celebrate the efforts of individuals and organisations across the country to support people to live independently.

The National Healthy Housing Awards 2019 are open to those working in a wide range of agencies, from local authorities and social landlords to multi-disciplinary partnerships.

The awards build on the success of the HIA Awards, which have celebrated the work of

home improvement agencies in England since 2001 in supporting thousands of vulnerable people every year.

The new awards, organised by Foundations – the Government-funded national body for home improvement agencies – will continue to champion the work of HIAs, but will also cover a broader range of categories to reflect the way services are increasingly being commissioned in more integrated and

collaborative ways, for example through the use of adaptations, digital technology and tailored home support.

Paul Smith, director of Foundations, said: 'Outstanding work is carried out every day to support people across the country to live comfortably in their own homes, and the National Healthy Housing Awards offer the chance to celebrate individuals who strive for excellence and the services that make organisations special.'



Helping people live independently

# Need for 'urgent investment' to halt decline in children's health visitors

By Paul Dinsdale

A shortage of health visitors is affecting children's welfare and investment is urgently needed to help safeguard the future of our youngest generation, says the Local Government Association (LGA), which represents 370 councils in England and Wales. It identified widespread problems in recruiting and retaining staff, with the full-time equivalent of about 8,000 children's health visitors working in the profession, compared with 10,000 in 2015, a reduction of 20%. Although these numbers do not include health visitors working outside the NHS, it says there is a clear downward trend.

A combination of those taking retirement, taking up other roles within the NHS and too few trainees entering the profession has led to the existing workforce being stretched to its limits in order to meet rising demand, while the numbers of vulnerable children and families is also increasing.

The LGA's call follows the publication last month of the health and social care committee's report on the first 1,000 days of life, which recognised the crucial support provided by councils and the significant financial constraints they are under.

Councils took responsibility for commissioning health visiting in 2015, coinciding with the end of a Government



There has been a 20% reduction in health visitors since 2015

programme to boost health visitor numbers.

The closure of the Health Visitors Implementation Plan led to an immediate reduction in new training places by 22%.

In addition to the loss of investment in the health visitor workforce since 2015, councils have also seen a £531m cash terms reduction to their public health budgets between 2015/6 and 2019/20.

The LGA is now calling on the Government to reverse these public health reductions in the forthcoming Spending Review to ensure that enough support is given to those aged 0-5.

Early years investment is proven to lead

to significant savings in adulthood, with the benefits outweighing the costs by as much as 1,000%, it claims.

CLr Ian Hudspeth, chairman of the LGA's community wellbeing board, said: 'Children's health visitors working in local government play a pivotal role in helping ensure all children get the best possible start in life.'

'However, the funding has simply not kept pace with the scale and demand and we now face a serious shortfall in the number of health visitors, which has to be filled if we are to continue to meet the needs of families in all of our communities.'

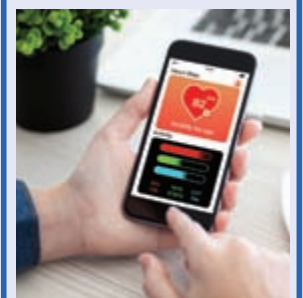
## briefs



■ Housing & Care 21 is rebranding as Housing 21 as from this month. Bruce Moore, chief executive (*above*), said: 'We listened to feedback from our residents who told us that one of the things they like least is being seen by others as living in a residential care home.'

'Care will still be an important part of our extra care service but we are delighted to announce that we are going back to being Housing 21.'

Focusing on expanding our extra care and retirement housing offer, we have embarked on an ambitious build programme, with 35 schemes starting on site this year to ensure that more older people can live in housing appropriate to their needs.



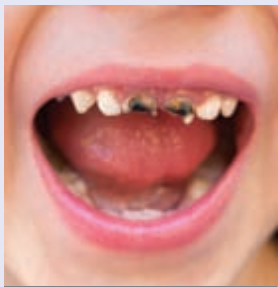
■ Salford NHS Alliance has created a library of health apps to encourage people to take more responsibility for their own health from their smartphone and tablet.

Over 325,000 health care apps are now on the market, and residents in Salford can find the most suitable ones, in a library on the web at: [www.salford.orcha.co.uk](http://www.salford.orcha.co.uk).

Each app is subjected to seven stages of rigorous tests to investigate how good, secure and user-friendly it is, and to assess any potential risks it may hold before being given a review score.

Around 200 new care and health apps are launched on the market every day, and the dedicated app library is updated constantly to keep pace with the latest clinical thinking.

briefs



Poor oral care in the UK

■ British schools rank last in providing oral health education according to a YouGov poll of parents in 13 countries, behind Algeria, Indonesia and India.

Dental leaders have urged investment in oral health programmes in England, modelled on pioneering efforts in Wales and Scotland. The YouGov survey from 13 countries asked parents with children aged 5-16 if their child's school provided lessons on good oral care.

Tooth decay can affect a child's school readiness, social skills as well as potential for success later in life. Official surveys in the UK indicated more than a quarter of teenagers say they are too embarrassed to smile or laugh due to the condition of their teeth.

■ A group of charities is calling on the Government to amend the guidance on teaching practice in England to better reflect the needs of children who have spent time in the care system.

Nearly two-thirds of care-experienced children have suffered neglect and/or abuse while living with their birth family. In a letter to schools minister Nick Gibb, the charities recommend changes to guidance which assists the design and delivery of initial teacher training and continuing professional development.

The letter has a dozen signatures from leading support and advocacy organisations, including the NSPCC and Young Minds. Signatories are calling for care-experienced children to be recognised as a cohort with specific needs alongside existing groups.

# Adoption support fund for families extended

The Adoption Support Fund (ASF) is to be extended beyond its original end date of March 2020, says the Department for Education (DfE).

The DfE has taken the unusual step of making this commitment before the annual Government Spending Review this autumn.

The ASF funds therapeutic

support for families in England whose children left care through adoption or special guardianship arrangements. The children are likely to have experienced severe trauma prior to coming into care and often need therapeutic support

Adoption UK chief executive Dr Sue Armstrong Brown said: 'Extending the fund has thrown

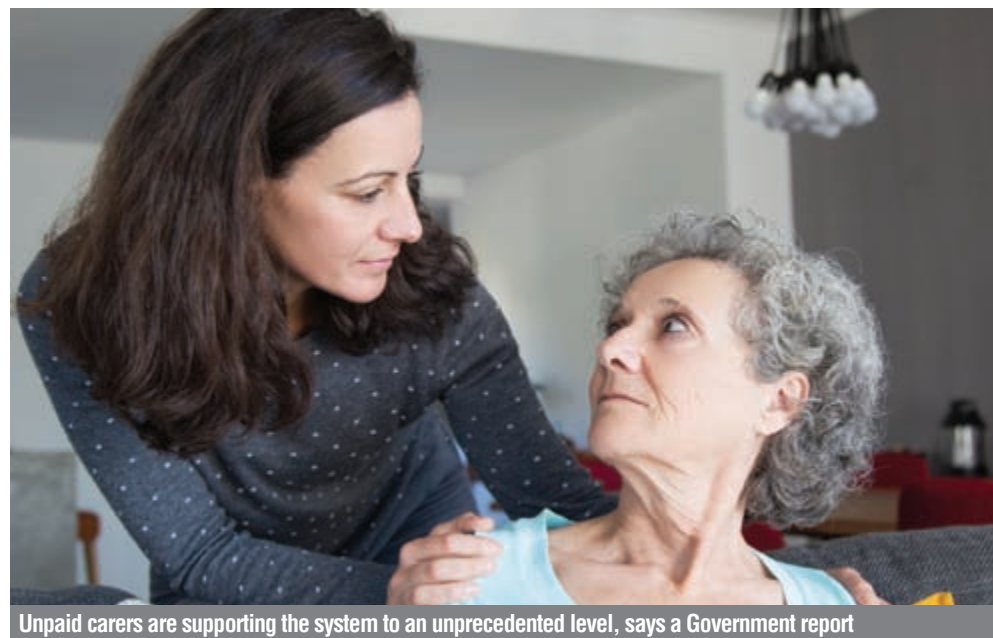
a lifeline to families bringing up some of the most vulnerable children in England.'

Support that is agreed and begins in the financial year 2019/20 is guaranteed. From July 2019, support will be delivered over nine months rather than the usual 12 months. The arrangement will be in place until the outcome

of the Spending Review, and its impact on the future of the ASF is known.

The extension follows an announcement last month that ASF spending has delivering £100m worth of support for more than 30,000 adoptive families in England since its introduction in 2015.

# Unpaid carers 'propping up' social care system



Unpaid carers are supporting the system to an unprecedented level, says a Government report

By Paul Dinsdale

The UK is in the middle of a social care crisis and unpaid carers are supporting the system to an unprecedented level, says a Government report.

The Office for National Statistics (ONS) says that in 2016, informal adult care was valued at £59.5bn per year, with around two million adults in the UK receiving informal care.

The ONS says this is the equivalent of around four million adult social care workers working every week of the year at their median weekly hours.

The report shows that, as the UK population gets older, an increasing number of workers are providing care towards the end of their working life for family members. One in four older female workers, and one in eight older male workers, have caring responsibilities.

People are living longer and are increasingly likely to have a living parent and/or a grandchild. Unpaid informal care provided by friends and family is essential to our society and the economy.

People aged in their 50s and 60s are most likely to provide informal care. Nearly three in five carers in England and Wales are aged 50 years and over, and one in five people aged 50 to 69 years are informal carers.

The ONS says that there will be increased need for informal care, but also for older people to stay in the

workforce longer, and to ensure they have adequate funds to support their longer lives.

The report shows that a substantial proportion of older workers already balance work with caring responsibilities, particularly women.

Almost one in four (24%) female workers care, compared with just over one in eight (13%) male workers.

Carers are less likely to work than non-carers overall, but this is driven by men. Men who care are less likely to work than men who do not provide care, while women are equally likely to be in work whether caring or not.

Older workers who are women are far more likely than men to work part-time. Almost two-thirds (62%) of women in employment work part-time, compared with less than one-quarter (24%) of men.

Rachael Griffin, a tax and financial planning consultant at Quilter, said: 'The ONS report reveals the staggering number of people propping up the country by filling the care gap caused by the social care crisis. There continues to be no significant policies in place to ease the growing strain left on the country by an ageing population.'

'These figures show that the seemingly illusory Green Paper on social care is needed now more than ever so we can start to formulate a concrete plan for how the country can tackle this growing problem.'

## Digital tech 'key to improving social care'

Digital technology will play an increasingly important role in social care, a senior industry leader has told a conference.

Bruce Hiscock, chief executive officer of everyLIFE Technologies, told attendees at the National Dementia Care and Nursing Home Expo in Birmingham that Matt Hancock, secretary of state for health and social care, had acknowledged the pivotal role technology has to play in delivering 'safer and more accountable care.'

'The reality is, we hear a great deal more about digital health than we do about the digital transformation quietly taking place in social care,' he said.

'Few sectors are as central to our national identity and integrity as those that care for our vulnerable, frail and elderly, and their place should not be on the sidelines.'

'This view played a pivotal role in our decision to throw out the rulebook back in 2014 and look at how smart technologies might transform the provision of home and residential care.'

'Our early belief in 'better' was instinctive, based on our own experiences of care provision but we lacked independent evidence. In 2017, we commissioned the Social Care Institute for Excellence (SCIE), in partnership with York Consulting, to undertake an independent evaluation of our technology.'

The company has developed the PASSsystem, a digital care platform which has since been adopted by more than 700 care providers across the UK.



A tipping point for adult social care is fast approaching according to the chief of one of England's biggest councils

# Social care's 'year-round crisis'

By Paul Dinsdale

The NHS could face a year-round crisis due to a lack of social care provision, the chief of one of England's biggest councils has warned.

Andrew Travers, the chief executive of Lambeth LBC in south London, made his comments following a warning by the Local Government Association (LGA) that a 'tipping point' for adult social care was fast approaching and that inaction from ministers was no longer an option.

Labour said a £6.3bn in adult social care funding had been lost since 2010. Vince Cable, the Liberal Democrat leader, also said the sector faced 'a very critical situation'.

Mr Travers said that without a long-term solution to funding social care, 'it wouldn't just be a winter NHS crisis – you might see it in the spring, and the autumn'.

Hospitals faced intense pressure over the winter as a lack of available social care places led to thousands of mainly older patients recovering from cold-related illnesses being stuck on wards, blocking beds for new arrivals.

Last month, the Conservative-run Northamptonshire CC said it was unable to meet its financial obligations, in part due to social care pressures.

Mr Travers, whose Labour-run authority serves a population of almost 330,000 and spends more than £95m a year on adult social care, said he did not think many more councils would immediately follow Northamptonshire's lead.

In an interview, he said: 'The way to look at it is to say that local authorities will balance their budget, but at what cost? If you or one of your nearest and dearest was in the system, at the health-social care interface, then you'd start to notice.'

'Part of the reason for that is that it's difficult for hospitals to discharge people into the community because the social care packages are not there. So you might see an increase of difficulty for people who are caught up in the system and operations being delayed because wards are full of people who can't be discharged.'

As head of finance for Barnet LBC in north London, following the first local government cuts in 2010, Mr Travers created the 'Barnet Graph of Doom', a chart showing that if social care commitments continued to rise and budgets stayed flat, councils would have no money to spend before long.

The National Audit Office has said that English councils with social care obligations were routinely dipping into reserves to keep services running and that one in 10 would have exhausted these within the next three years if current spending levels continued.

## NHS deficit continues to worsen

The underlying deficit for hospitals and other NHS healthcare providers in England still stands at around £4bn, according to third quarter statistics.

NHS Improvement figures indicate NHS trusts are heading for an overspend this financial year of around £660m, even after emergency bailouts and one off payments

Sally Gainsbury, senior policy analyst at the Nuffield Trust said: 'NHS Improvement are right to say that the new money announced last summer offers trusts a more sustainable future through increases in the payments they receive to treat patients.'

'But these increases close less than half of the underlying £4bn gap between costs and income. The remaining hole of £2bn or more will need to be closed through more cost cuts, and emergency bailouts will have to continue for at least the next three years.'

'Those bailouts will come from funds which would otherwise be used to pay for new services and quality improvements, such as addressing the continued increase in waiting times, which the [recently published] British Social Attitudes survey showed was still the top reason for dissatisfaction with the NHS.'

'This means patients will continue to pay a heavy price for the decade long underfunding of NHS trusts which started in 2010.'

# Number of staff leaving NHS due to work-life balance issues treble

The number of NHS staff leaving over long hours and workloads has trebled in six years, new figures show.

Nurse leaders said patient care was being 'routinely compromised by chronic staff shortages' which were set to worsen, unless action was taken.

The NHS figures show that more than 200,000 nurses have left the service since 2010 – including more than 160,000 staff who left for reasons other than retirement.

In 2017/18, more than 26,000 nurses left the health service – a

rise from 21,041 in 2010/11, the statistics show.

The figures for all staff groups show the number of voluntary resignations has increased by 55% since 2011/12.

Voluntary resignations citing poor work-life balance were the largest reason for such departures – with 18,013 such cases in 2017/18, compared with 6,699 in 2011/12.

The NHS data, obtained by the Labour Party, found that in 2017/18, more than 10% of nurses, health visitors and midwives left the NHS.

In a speech at the Institute for Public Policy Research (IPPR), shadow health secretary Jonathan Ashworth said the NHS was facing a workforce 'crisis' and that Labour would invest in staff pay and training.

He also pledged to restore nursing bursaries which were abolished by the Conservative Government.

He said: 'It is utterly staggering that our NHS has lost over 200,000 nurses under the Tories and that voluntary resignations from the NHS are up 55%.'



NHS staff are leaving as long hours and workloads treble

## Keeping the unwell in work

Some 150,000 people in Greater Manchester are not working because of ill health. Now, a new partnership aims to help them get well before they can no longer hold down a job



For people aged 50 to 64 in particular, ill-health is the main barrier to work

Thousands of Greater Manchester residents whose health makes it hard for them to work could benefit from a groundbreaking new service launched recently by the Greater Manchester Combined Authority (GMCA) and Greater Manchester Health & Social Care Partnership (GMHSCP).

Working Well Early Help is the first programme of its kind in the country. It brings doctors, employers, individuals and support services together in partnership to take early action to help residents with ill health at a crucial point when they are starting to be at risk of falling out of employment or newly out of work.

Backed by England's largest NHS investment in local employment support, as well the European Social Fund, the £8m scheme aims to change how health and employment services work together.

Adults of all ages across Greater Manchester who are experiencing poor health can receive up to six months of individually tailored advice and support from a dedicated caseworker to help them back to good work. This will typically include health, wellbeing and lifestyle advice; building of confidence and relevant skills and experience; and help to make changes at work or find suitable new employment.

It is estimated that 150,000 Greater Manchester residents are out of work due to their health – making up almost two-thirds of unemployed adults in the city region. For people aged 50 to 64 in particular, ill-health is the main barrier to work.

The new scheme will benefit people working in, and running, small and medium-sized enterprises (SMEs) – which are estimated to make up over 99% of Greater Manchester's businesses.

Mayor of Greater Manchester, Andy Burnham, and Greater Manchester's executive lead for population health, Sarah Price, launched the initiative at a special round table event at Oldham Library in March. They were joined by Richard Cienicala, deputy director of the Joint Work and Health Unit at the Department of Health and Social Care/ Department for Work and Pensions, local people who have found themselves struggling in work or losing their job because of their health, and some of the frontline staff who will now be supporting thousands of residents facing the same situation.

Sarah Price said: 'Our programme is tackling this challenge head-on, by providing early support to thousands of people before long-term unemployment and its most serious consequences take hold.'

CLLr Sean Fielding, Oldham Council leader and Greater Manchester portfolio lead for employment and skills, said: 'The free service works in a holistic way. I would recommend anyone with a disability or health condition who is either struggling at work and currently on sick leave or newly unemployed to contact the service.'

The Working Well Early Help service builds on Greater Manchester's family of highly successful Working Well programmes, which has so far assisted more than 20,000 longer-term unemployed people with health conditions to move towards work.

The initiative is being delivered by MAXIMUS Healthworks, in a partnership between MAXIMUS and north west-based social enterprise Pathways Community Interest Company. Its impacts will be evaluated by the city region's Salford University and Sheffield Hallam University.

# Health care workers need £900m training



Despite NHS staffing at record levels the numbers are still failing to keep up with rising demand and Brexit threatens to curb recruitment from the EU. Three health think-tanks recently offered their solutions to the staffing crisis in both the health sector and social care

A radical expansion of nurse training, with cost of living grants of £5,200 a year and a tripling in the number of people training as postgraduates, is among a set of urgent measures that a new report says are needed to prevent the health and care workforce crisis from worsening dramatically.

**The report's analysis of general practice finds the shortfall in the number of GPs is so serious that it cannot be filled at all**

Experts from the Nuffield Trust, The King's Fund and the Health Foundation calculate that these solutions can only be fully implemented if there is a £900m increase in the annual budget for training and developing health care workers in England by 2023/24.

The report, *Closing the gap*, focuses on nursing and general practice, where shortages are especially acute. On nursing, it concludes that even with grants, the expansion of postgraduate training, bringing 5,000 more students onto nursing courses each year, and actions to stop nurses leaving the NHS, the gap cannot be entirely filled domestically by 2023/24.

Anita Charlesworth, director of research and economics at the Health Foundation, said: 'The NHS doesn't have enough nurses today and without action this problem is going to get significantly worse over the coming years. The workforce is the make or break issue for the health service and unless staffing shortages are substantially reduced the recent NHS Long Term Plan can only be a wish list.'

She added: 'It doesn't have to be this way. Decisive policy change backed by targeted investment could eliminate nursing shortages over the next decade. But, if the NHS is to have access to the skilled health workers it needs, the Government must stop seeing funding for the workforce as a cost to be minimised and prioritise investment in training more staff.'

The authors say that to keep services functioning, an additional 5,000 nurses a year must therefore also be ethically recruited from abroad. This Government will need to make wide exceptions to new salary restrictions in the immigration White Paper and fund the visa costs incurred by NHS trusts.

Projections for the report show that without decisive actions like these being embraced in the upcoming NHS



workforce plan, nurse shortages will double to 70,000 and GP shortages in England will almost triple to 7,000 by 2023/24.

The authors warn this deterioration would mean the goals of the recent NHS Long Term Plan, such as improvements in general practice and better access to mental health care, will be impossible to achieve.

The report's analysis of general practice finds the shortfall in the number of GPs is so serious that it cannot be filled at all. The only way forward is to use the skills of other staff including pharmacists and physiotherapists much more widely and routinely in and alongside general practice. This is a major undertaking and requires, for example, the recruitment of 6,000 physiotherapists.

Richard Murray, chief executive of the King's Fund, said: 'Patients are facing longer delays for NHS treatment as services struggle to recruit and retain enough staff.'

'Without radical action to expand the NHS workforce, there is a very real risk that some of the extra funding pledged by the Government will go unspent, waiting lists will continue to grow and important improvements to services like mental health and

general practice will fail.'

On social care, the authors say the proposed migration system after Brexit is not appropriate, and the Government will have to go back to the drawing board to come up with a special new route into the UK for care workers.

The NHS must be careful that pay policies to attract more staff do not simply pull them out of social care services which patients rely on. A comprehensive overhaul of social care funding is needed immediately to stop poor pay and conditions continuing to drive staff away.

Mr Murray added: 'NHS workforce shortages are mirrored in social care where poor pay and conditions continue to drive away staff. Social care is heavily reliant on overseas recruitment, but the government's post-Brexit migration proposals risk limiting this vital source of workers.'

Candace Imison, director of workforce strategy at the Nuffield Trust, said: 'The imminent workforce plan needs to mark the moment we stop treating the staffing of health and social care as a second order issue. Our recommendations might seem radical, but the time for tinkering at the margins has passed.'

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# The NHS and digitally-enabled care

We are at a pivotal crossroads for the NHS and social care and how it approaches its long-term challenges. The NHS Long Term Plan sets out an ambition that digitally-enabled care will go mainstream across the NHS. What are the key digital technology trends and how will it help citizens, clinicians and staff to improve health and care outcomes? **Keiron Salt** offers some answers

Technology provides the ability to personalise vast amounts of information and knowledge about an individual and enables care decisions to be delivered and tailored to that individual and become truly citizen centric. So what are the key technology enablers?

## The smartphone and mobile devices

The smartphone and mobile devices have revolutionised our lives. They help us run our lives, communicate and access information wherever we are. As the range of wearables and sensors attached to consumer mobile devices become more sophisticated and costs reduce, it has the potential to provide significant insight into long-term health trends through continuous real-time readings. For example, heart rate monitoring can empower citizens to make decisions about their health and prevent illness.

Combining the rich information captured by wearables with the future innovation and machine learning on cloud platforms will provide clinicians with new insight to treat their patients and truly tackle the ambition in the long term NHS plan of 'When ill, people will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices'.

Broader adoption of mobile devices for

health and social care staff whether in the community or major hospital campus will enable access to vital patient information at the point of care. This information will enhance the carer and patient relationship. It will improve the care decisions for their patients and facilitate collaboration with colleagues. It also improves efficiency as patients' notes and test results are accessible and can be updated wherever and whenever. We have also seen in other sectors efficiencies and quality of service improved by the ability to schedule community based workers according to the citizen's needs, expertise required and location.

## Intelligent connectivity and 5G

The mobile device will increasingly become the window onto the cloud. The cloud will have the computational power and the future innovative services deployed. The processing power will be in the cloud and hence the network will become vital to be able to exploit this power.

To be able to harness the cloud, intelligent connectivity (software-defined defined network and network function virtualisation giving greater control over network, applications and security) enables bandwidth for critical applications to be prioritised, provides agility and performance to access cloud services. It gives you greater control of

your infrastructure, to make it smarter, faster and safer. It means that solutions are more responsive where specialists collaborating together are able to review high quality MRI scans and X-rays.

A community nurse is able to access key patient information securely and quickly during their rounds. Support staff are able to access Office365 that is responsive and reliable.

Future 5G coverage will provide a truly transformational capability where mobile and fixed networks will converge with compute power and machine learning with significantly more bandwidth and reduced latency. This will truly enable the utilisation of vast computational power on the cloud.

This will enable machine-learning to process highly sophisticated personal health readings, scans and DNA over time and predict disease and conditions such as Alzheimer's, Diabetes, heart disease and strokes to drive early intervention and prevention strategies.

## Long live the NHS!

In the first of this series of four articles for *Health MJ*, I described how the NHS is crucial to society in the UK, but also the challenges it faces in order to maintain its high standard of care.

Technology can bring new possibilities

such as machine learning to augment the clinical expertise of the NHS and empower citizens to take control of their health.

Effective transformational change goes far beyond technology and must focus on the cultural change and user co-design in order to benefit from the successful adoption of technology. The workforce and citizens must also drive the change and see the benefits and be equipped with the digital skills to utilise the technology.

Dr Eric Topol's recent review demonstrates the NHS is serious about its digital ambitions and addressing the barriers it faces. As the review states: 'Ultimately, embracing and implementing these technologies throughout the NHS, while clearly representing a challenge, is likely to prevent diseases and their complications, and produce an overall improvement in health outcomes.'

Health innovation and technology will bring personalised care, new ways of working and possibilities to address the challenges and help secure the longevity of the NHS in improving the health and care of the UK. After all, we all benefit from a healthy NHS.

*Keiron Salt is chief information officer, health, for BT. <https://business.bt.com/public-sector/health/>*

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