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Analysis warns UC cut will widen health inequalities

By Laura Sharman

The planned cut to the Universal Credit uplift will hit areas with the worst health the hardest, analysis by a charity has warned.

The Health Foundation said the cut to the £20 uplift will widen existing health and wellbeing inequalities, as it will have the greatest impact on those who already suffer the worst health.

The analysis shows working age families living in local authority areas with the worst health will lose twice as much income as those living in the 10% of areas with the best health as a result of the cut.

The analysis also shows that people living in the 10% of areas with the highest share of Universal Credit recipients will live 7.8 fewer years in good health compared to those living in areas with the lowest share of recipients.

The charity warned the cut to the £20 uplift will lead to poorer health for thousands of families, and will exacerbate existing regional inequalities.

It also said the move would run counter to the Government's commitment to levelling up health across all areas of the country as it would contribute to rising levels of mental ill health.



A charity has warned the UC cut will impact those in the worst health the greatest

Jo Bibby, director of health at the Health Foundation, said: 'The unequal impact of the pandemic on the poorest – in terms of more deaths from COVID-19 and falling family finances – reflects both long standing inequalities and a failure to prioritise support

for the most vulnerable in our society.

'A cut to Universal Credit would be a step backwards and an indication that the government has not learned from mistakes of the recovery from the financial crisis. The pandemic is not yet over and if we are

to avoid long-term scars, it is vital that we maintain this support on which so many families rely. The chancellor must seriously consider the inextricable link between people's income and their health in making this decision.'

A Government spokesperson said: 'As announced by the chancellor at the Budget, the uplift to Universal Credit was always temporary. It was designed to help claimants through the economic shock and financial disruption of the toughest stages of the pandemic, and it has done so.'

'Universal Credit will continue to provide vital support for those both in and out of work and it's right that the Government should focus on our Plan for Jobs, supporting people back into work and supporting those already employed to progress and earn more.'

Polling for Health Foundation shows more than half (51%) of the public are in support of making the uplift permanent, compared to 22% against.

All three devolved governments have also called on the Government to withdraw plans for the cut warning it will exacerbate child poverty, increase general poverty levels and negatively impact the financial health and well-being of welfare recipients.

Sector's mixed reaction to mandatory COVID-19 vaccines

Making COVID-19 and flu vaccinations mandatory for all frontline health and care workers would help level the playing field between the NHS and social care, Care England has argued.

The Government has launched a consultation on the plans to require all staff in health and care settings in England to be fully vaccinated, unless medically exempt.

Care England welcomed the consultation but warned the delay in publishing it has heavily impacted on recruitment and retention of adult social care staff who have already transferred to home care or the NHS.

Professor Martin Green, chief executive of Care England, said: 'The consultation represents a small step towards creating a level playing field between the NHS and social care. We hope this will help alleviate some of the workforce pressures rife within the sector induced as a result of residential care settings having been singled

out initially. However, despite the launch of the consultation, there still remain unanswered questions, such as where COVID-19 boosters fit into the picture, as well as an absence of central guidance around exemptions.'

However, the Royal College of Nursing (RCN) and NHS Confederation both expressed concerns around mandating vaccines.

RCN professional lead for public health Helen Donovan said: 'The majority of all nursing staff accept vaccination – the Department of Health and Social Care's own figures show 92% of NHS staff have had their first dose and 88% have had both doses of the COVID-19 vaccine. The focus should be on communicating the benefits of vaccination rather than making them mandatory.'

The NHS Confederation said the Government should focus on increasing vaccine confidence and encouraging uptake through informed consent.

briefs

■ COVID-19 caused diagnoses of sexually transmitted infections (STIs) to fall by nearly a third compared to the previous year, new data has revealed.

Public Health England (PHE) said the disruption to sexual health services and changes in behaviour during the pandemic caused diagnoses to decrease by 32% in 2020 compared to 2019.

PHE said STIs that required a clinical in-person assessment saw the greatest drop in diagnoses – ranging from 40-49% – while STIs that could be diagnosed using self-sampling kits fell between 20-29%.

The data shows there was a 25% fall in sexual health screens in 2020, with face-to-face consultations falling by 35% since 2019. However, internet consultations doubled over the same time period.

However it warned that overall STI diagnoses remain high, with the highest rates seen in young people aged 15-24 years, people of Black ethnicity, and gay and bisexual men.

■ Thousands of children and young people living with a brain condition caused by exposure to alcohol while in the womb are in desperate need of dedicated and joined up support.

Adoption UK said that even though a third of adopted children are affected by Fetal Alcohol Spectrum Disorder (FASD), more than half of families said they waited two years or longer for a diagnosis.

It argued that while FASD is more common than autism and can cause neurodevelopmental disability and birth defects, it often goes unrecognised.

The charity is calling for every nation of the UK to replicate the success of Scotland's FASD Hub, which provides parents and carers with support, information and training.



Disabled children's conditions have worsened during COVID

Many services for disabled children and their families have been 'slow to return' since lockdown restrictions were lifted, according to the results of a new report.

The report, published by the Disabled Children's Partnership, found that during the pandemic children's conditions have worsened and needs have become more complex, while the mental health of all the family has deteriorated.

It warned that delays in assessments meant needs haven't been identified, with 71% of parents reporting their child's progress has regressed due to service delays. Compared to pre-pandemic service levels, there has been a 40% reduction in community paediatric activity and paediatric surgery, while 63% of local authorities received fewer EHCO referrals.

It found that during the



pandemic children and families felt isolated and abandoned, even when lockdown restrictions started to ease. Nine in ten disabled children were isolated during this period, with three-quarters (76%) saying they saw

no improvement over the course of 2021.

The report – *Then There Was Silence* – states: 'The pressure on families of disabled children has not been short-lived. Our research shows that they are ongoing with

little change despite the easing of restrictions. Continuation of the current situation increases more urgent support from health services and breakdown in educational and social care placements, creating a high risk of family breakdown due to the cumulative impact of the loss of support.'

The report makes several recommendations to local government and the NHS including prioritising the needs of disabled children and their families within COVID recovery plans, and action to tackle the backlog in assessments. It also wants a whole family approach to be taken to assessments and support, including the provision of respite and short breaks.

It also urges the Government to invest in disabled children's health and care services through the Comprehensive Spending Review.

New national director for learning disability and autism

NHS England has appointed a new national director for learning disability and autism to help ensure people can be treated in the community, rather than in inpatient settings.

NHS England and NHS Improvement have pledged to review thousands of people with a learning disability and/or autism in a mental health inpatient care setting to ensure each person has a clear treatment plan and discharge date in place.

Tom Cahill, who has been chief executive of Hertfordshire Partnership University NHS Foundation Trust since 2009, has now been appointed to drive up standards across the health service and independent sector.

NHS mental health director, Claire Murdoch, said: 'The NHS is committed to improving the health of people with a learning disability and autism and I am delighted that Tom has joined us to push forward our plans to provide more care and treatment to people in the community and closer to home.'

'As a former mental health nurse with significant leadership experience, Tom has a wealth of skills and knowledge which he will bring to the role to drive up standards across the NHS and independent sector so that all inpatients with a learning disability or autism receive safe and dignified care.'

Figures show that the number of inpatients with a learning disability has fallen by around a third since 2015.

Cracks in services 'clearly visible'

The pandemic has exposed structural weaknesses in maternity funding leading to 'tragic events' in recent years, maternity royal colleges have warned.

The Royal College of Midwives (RCM) and Royal College of Obstetricians and Gynaecologists (RCOG) said services have been hit by more than a decade of under-investment and an over-reliance on committed staff.

They are calling for sustained investment in maternity services and staff, and for positive cultural change that puts safety at the centre of care.

RCM CEO Gill Walton said: 'The cracks in maternity are now clearly visible. We have seen real, terrible, and tragic events emerge in our maternity services over recent years. These have shown the human cost of getting it wrong for women, their families and for staff, and the financial cost to trusts in pay-outs, which investment could have prevented. It seems that only when these events happen do senior managers and Governments take notice and act.'

The colleges welcomed recent funding to improve services but warned it would not be enough to make up for decades of under-investment.

Dr Edward Morris, president at (RCOG), added: 'It's clear maternity units are bowing under the pressure of reduced staffing levels, inadequate health facilities and the added stress of the COVID-19 pandemic, all of which will test their ability to provide the best care possible to pregnant women and their families. We are calling for sustained investment in maternity services and staff, as women deserve to give birth in a safe and supported environment.'



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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





People in the North were more likely to die and be hospitalised due to COVID-19

Health in the North hit hardest by COVID-19, finds report

Northerners were more likely to die and be hospitalised due to COVID-19 in the first year of the pandemic compared with the rest of England, a report has found.

The report revealed that people living in the North of England had a 17% higher mortality rate due to COVID-19 and a 14% higher mortality rate due to all causes. Researchers said half of the increased COVID-19 mortality and two-thirds of the increased all-cause mortality were explained by preventable higher deprivation and worse pre-pandemic health in the North.

It also found, that in the North, care home COVID-19 mortality was

26% higher, 10% more hospital beds were occupied by COVID patients, and there was a larger drop in mental wellbeing compared to the rest of England.

Commissioned by the Northern Health Science Alliance, *A Year of COVID-19 in the North* argues these inequalities cost the UK up to £7.3bn in lost productivity.

Dr Luke Munford of University of Manchester said: 'The pandemic has hit us all hard in different ways, but our report shows that people living in the North were much more likely to be hardest hit, both in terms of health and wealth.'

'The fact that over half of the

increased COVID-19 mortality and two-thirds of all-cause mortality was potentially preventable should be a real wake-up call.

'We need to invest in the health of people living in the North to ensure they are able to recover from the devastating impacts of the pandemic.'

The report makes a series of recommendations to the Government including a place-focused vaccination programmes targeted at vulnerable populations in the North of England, increased capacity in northern hospitals, and increased local authority resources and service provision for mental health in the North.

Call for permanent discharge to assess funding

The Government has been urged to make funding for its 'discharge to assess' scheme permanent in a bid to free up thousands of hospital beds and help the NHS recover from the pandemic.

The Government has confirmed it will provide £478m to fund the scheme for a further six months to help patients leave hospital as quickly as possible and receive care in or close to their homes.

The announcement has been welcomed by the Community Network but they urged the Government to go further and make the funding permanent.

Daniel Reynolds, director of communications and membership



operations at NHS Confederation, and Miriam Deakin, director of policy and strategy at NHS Providers, said: 'It was vital that the funding was extended. The next key step is for the Government to make this funding permanent from

April onwards to help manage the care backlog and ensure the future sustainability of services.

'While the funding has come later than we would have liked, it now means we can continue the good work that has led to better outcomes for patients and more certainty for community services and social care providers.'

The approach provides four weeks of care support for each discharged person and has helped free up 3,000 hospital beds and 6,000 staff since April.

The funding was part of a wider £5.4bn cash injection announced by the Government to help the NHS respond to COVID-19.

Time to build upon the digital journey

To build a sound future for our health services, we must accelerate the digital journey, as Paul Sanders explains

From virtual GP appointments to our world-leading vaccination programme, we've all seen first hand the transformative power of data-driven, digital technologies to protect lives during a crisis. As we look to the post-pandemic world however, we must ask ourselves how we can apply those same technologies to ensure our vital health services are ready to deal with the challenges of tomorrow.



Cloud is key

COVID-19 highlighted the need for medical professionals to be able to access crucial patient data whenever and wherever they need it. Robust, reliable data at the click of a button empowers clinicians to make faster, more informed decisions in the interests of those within their care.

Adopting the right cloud solution is a crucial enabler, as demonstrated by Gloucestershire Health and Care NHS Foundation Trust which uses our cloud Cito Electronic Document Records Management Solution. This solution offers clinicians instant access to vital patient information, including larger documents, photos and videos which were previously inaccessible from its Electronic Patient Record (EPR) systems. Cito also supports a paperless approach, which ultimately means less room for error, more security and, ultimately, better outcomes for patients.

Cloud solutions provide a secure and scalable foundation where solutions can be rolled up or down as per requirements. They give a level of assurance of service because NHS trusts are not reliant on their own infrastructure. They're more accessible, with enhanced safety and security, faster, and fundamentally, has a lower cost of ownership. Access to cloud also ensures we can really start unlocking the value of data and future proof our NHS Trusts.

The future is digital

The way that sensitive patient information is collected, managed and used is critical to ensuring that our health services are delivering the best outcomes for people and communities. There is strong support for this among healthcare 'customers', with Civica's recent *A Word From the Wise* report revealing that 82% of those surveyed trust health services with their data.

With the worst days of the pandemic hopefully now behind us, we've got a prime opportunity to build upon the digital journey in our health services to ensure they are more innovative, more accessible and delivering for everyone.

Paul Sanders is Clinical Systems Managing Director at Civica

www.civica.com

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The role of local authorities in care reforms

Anja Beriro, a partner at law firm Browne Jacobson, the role local authorities will play in the new Integrated Care Systems and what steps they can take to make them better prepared for changes in the delivery of health and social care

Statutory Integrated Care Systems (ICS) will replace Clinical Commissioning Groups (CCGs) in England from March 2022. Many public bodies at a regional and local level will be impacted. This is a once in a generation chance for local government to reset the relationship with health colleagues and demonstrate the key role that it plays.

ICS will become statutory bodies, taking on the role currently played by CCGs. There are currently two documents that assist with our understanding here: the *Health and Care Bill* (the Bill) and the *ICS Design Framework* (the Framework).

There will be two main components of an ICS:

1. The Integrated Care Board (ICB) – the ICB will secure the provision of health services by taking on the commissioning functions of CCGs, develop and maintain a plan to meet the health needs of its population, set out the strategic direction for the ICS and agree an annual capital resource use plan. A representative of the relevant responsible local authorities will be part of the ICB.

2. The Integrated Care Partnership (ICP) – this is effectively a joint committee between the ICB and all of the ‘responsible local authorities’ in the area of the ICS. The Bill states that membership must be at least one member of the ICB and one member from each responsible local authority plus

any other members appointed by the ICP. The ICP is to prepare an integrated care strategy for the ICS area which will then be delivered by the ICB, NHS England (NHSE) and the responsible local authorities (with each having a statutory duty to ‘have regard to’ the strategy when making decisions). The ICP will then play an important role in holding the ICB and other parties to account in the delivery of the strategy.

What should the focus be for local authorities in the next few months?

Are you required or do you need an invite?

‘Responsible local authorities’ (defined in the Bill as those local authorities with social care and public health functions) are statutorily required to be a partner in the ICB and establish the ICP. However, without the involvement of the district, borough, town and parish councils a huge opportunity will be missed to truly improve the health and wellbeing of our population. The role of the lower tier local authorities should not be underestimated in delivering better health care overall, for example, through the planning system or providing social housing and welfare advice.

‘Place’ is a concept used to describe a smaller geographic area below that of the ICS boundaries where much of the activity of the ICS will take place and this will be particularly relevant to local authorities as Place may mirror local government

boundaries. So, if you are not a responsible local authority, you should get in touch with the director of public health for your area and ask to be invited to discussions and onto the boards.

How will they establish the ICB?

The CCGs that will transfer into an ICB must propose the first constitution, based partly on consultation with relevant persons, to be approved by NHSE. Consider now how you would like to feed into that decision making, what can you bring to the table that is different to the health partners and who would be the most appropriate representative (director of public health is mentioned in the Framework). You should also think about who will be on any shadow board.

Establishing the ICP

Consider the role of the ICP when thinking about what it should look like. The integrated care strategy should be based on data from the area in question, so how will that be collected and who needs to be at the table in order to share, analyse and decide on priorities? The Framework talks about collating data from people with lived experience of health and social care including patients, unpaid carers and traditionally under-represented groups. Consider the forums that are currently used to gain insight and how these could be used

to engage on the content and delivery of the integrated care strategy.

Funding the ICS

Current CCG budgets will be passed to the ICB along with some funding that NHSE uses to commission directly. There are a number of ways in which the proposals anticipate local government and the NHS will fund things together. The Better Care Fund and s75 agreements are both mentioned in the Framework and the Bill also includes new wording around pooled budgets. Pooled budgets can be used when formal delegation of functions from the ICB to a joint committee formed between any one or more of a relevant body and a local authority or a combined authority. This formal delegation of functions has been widely welcomed as filling a gap in the current abilities to work jointly.

Which ICB do we belong to?

One of the criticisms of the ICS proposals is the lack of co-terminus boundaries for health and local government. A responsible local authority must take part in an ICS with which its area ‘coincides with or falls wholly or partly within’. So even the legislation is anticipating that a responsible local authority could be involved in a number of ICS. Local authorities would do well to consider now how this may impact their budgetary and resourcing plans.

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