



NHS Monthly Insight Report

July 2021

360 Assurance is a member of The Internal Audit Network (TIAN) which comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly insight report highlights key publications and is intended as a useful update and reference tool. This report is produced by TIAN and shared by 360 Assurance.

Monthly Insight Report

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Introduction

The Internal Audit Network (TIAN) comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly Insight Report is produced by CW Audit on behalf of TIAN and is shared across TIAN members and their clients.

Developments in the NHS

HFMA: Introduction to digital healthcare technologies



Digital technologies such as digital medicine, genomics, artificial intelligence and robotics have a huge potential to transform the delivery of healthcare.

These technologies can empower patients to participate actively in their care, with a greater focus on wellbeing and prevention. They also support the prediction of individual disease risk and personalise the management of long-term conditions.

The HFMA, supported by Health Education England, is delivering a 12-month programme of work to increase awareness amongst NHS finance staff about digital healthcare technologies, and enable finance to take an active role in supporting the use of digital technology to transform services and drive value and efficiency.

Finance managers have a major role in investment decisions, and therefore need to be aware of how these technologies will transform services in future. This briefing provides NHS finance staff with an introduction to the role of digital in healthcare transformation.

It can be found here: <https://www.hfma.org.uk/publications/details/introduction-to-digital-healthcare-technologies>

For information

The role of the NHS finance function in addressing health inequalities



The NHS has been legally required to tackle health inequalities since the introduction of the Health and Social Care Act 2012 but, since the Covid-19 pandemic, the focus on health inequalities has dramatically increased. The unequal impact of the pandemic across different sectors of society has highlighted existing inequalities and potentially created new ones. This is recognised in the 2021/22 planning guidance which requires NHS bodies to specifically address health inequalities in elective recovery plans and accelerate preventative programmes for groups at the greatest risk of poor health outcomes.

This short paper considers what is meant by health inequalities, what causes them and the impact that they can have on people's health and the NHS. It considers the role that NHS finance staff can play in tackling inequalities and introduces a new HFMA programme of work to support members in this endeavour.

It can be found here: <https://www.hfma.org.uk/publications/details/the-role-of-the-nhs-finance-function-in-addressing-health-inequalities>

For information

Developments in the NHS

Responding to CQC consultation: Changes for more flexible and responsive regulation

In their consultation "[changes for more flexible and responsive regulation](#)", the CQC's proposals were designed to allow them to assess and rate services more flexibly, so they can update ratings more often in a more responsive and proportionate way, and make ratings easier to understand for everyone.

The responses to this consultation indicated broad overall support across all proposals:

- Strong support for using a wider range of regulatory approaches to assess quality, and not just rely on full on-site inspections. Many respondents believed this will lead to a more efficient and proportionate regulatory approach.
- Strong support for reviewing and updating ratings (or judgements of quality where they don't rate) more flexibly, rather than following a fixed schedule of inspections. Respondents believed this will allow CQC to be more responsive to changes in the quality of services, resulting in more accurate and reliable ratings.
- Support for the changes to rating GP practices and NHS trusts. Many respondents believed it will make ratings simpler and easier to understand.

Many respondents also thought their proposed approaches would have a positive impact on CQC's relationship with providers. Providers indicated they valued the way the CQC engaged with them during the pandemic and they welcome opportunities for more collaborative working in the future.

Despite the high level of support, there were some areas where respondents raised some concerns or queries, including:

- A more flexible approach leading to fewer on-site inspections, which some respondents believed could undermine the importance of seeing care being delivered and how it informs our judgements about the quality of care.
- The reliability and availability of data and information that we will be using to change a rating and how we will collect it.
- The potential for a simpler ratings process for GP practices and NHS trusts to result in a loss of detailed information that contributes to our reports and judgements.

The results of the consultation can be found here: <https://www.cqc.org.uk/about-us/our-strategy-plans/responding-our-consultation-changes-more-flexible-responsive-regulation>

For information

Developments in the NHS

Standards of corporate governance and financial management: NHSE guidance for independent sector providers of NHS services



This guidance is relevant to licensed independent sector providers of commissioner requested services (CRS). The continuity of services (CoS) licence conditions contained in Section 5 of the NHS provider licence provide regulatory protection which is specifically targeted at ensuring continuity of CRS.

The guidance brings together key elements of good practice to help providers of CRS adopt and apply adequate systems and standards of corporate governance and financial management as required by licence condition CoS3 (standards of corporate governance and financial management). It can be found here: <https://www.england.nhs.uk/publication/standards-of-corporate-governance-and-financial-management-guidance-for-independent-sector-providers-of-nhs-services/>

For information

Shaping future support: the health and disability green paper

This green paper considers the options for addressing some of the short- to medium-term issues in health and disability benefits. It will also start a discussion about the opportunities for wider change to deliver on the objectives of the health and disability benefit system.

We are consulting on the following aspects of our support for disabled people and people with health conditions:

- Ways to provide more support to help meet the needs of disabled people and people with health conditions and allow them to more easily access and use benefits and services.
- Improve employment support for disabled people and people with health conditions, and how to encourage people to take up that support, where possible.
- Short-term improvements to our current services such as improvements to assessments and decision making, to improve the experience of disabled people.
- Changes to future assessments and alternative approaches.
- Changes that could be made to the structure of the main benefits claimed by working-age disabled people and people with health conditions.

The consultation on the green paper can be found here: <https://www.gov.uk/government/consultations/shaping-future-support-the-health-and-disability-green-paper>

For information

Information Governance Operating Model 2020-2022 published by NHSE

This operating model sets out the operating arrangements for the provision of a high quality and effective Information Governance (IG) service across NHS England, NHS Improvement and NHSX. It is intended to provide clarity regarding the roles and responsibilities of both the Corporate IG team and the NHSX IG Policy team. The model can be found here: <https://www.england.nhs.uk/publication/information-governance-operating-model-2020-2022/>

For information

Second reading of the Health and Care Bill: Nuffield Trust briefing



The new Bill will change how England's largest public service works locally, and how it relates to Parliament and the Government. This briefing, based on Nuffield Trust's research and analysis of emerging proposals over several years, presents the key points and issues on which they believe MPs should provide scrutiny.

Key points:

- The new powers for the Secretary of State to direct the English NHS and to intervene in local service changes risk creating a health service where party political aims distort decisions or are perceived to. This could undermine trust and make for worse choices, as it has in the past.
- The Bill could see even minor local changes to NHS services anywhere in England sent to Whitehall for approval. This risks bogging down innovation and dragging ministers into decisions better left to local leaders.
- The changes to create a more cooperative NHS at a local level represent the right direction of travel. However, the local structures are complicated. There is a risk of gridlock where people do not cooperate well.
- By splitting the NHS into larger areas, the calculation that steers money to areas who need it more will be less precise. There is a risk that small areas with higher needs will lose out.
- The Bill does very little to address the severe and worsening crisis in social care. The admirable goal of the NHS working better with social care will not be achieved if the sector is failing to deliver basic support and protection, as is the case today.
- New Integrated Care Boards have many important powers to take on, and a complex structure. Putting them fully in charge over the next few months may be difficult during the ongoing pandemic.
- The requirement for the Secretary of State to describe who is in charge of the NHS workforce is not very helpful, and should be replaced by a duty to carry out independent calculations of whether policies will make enough key workers available or not.

The briefing can be found here: <https://www.nuffieldtrust.org.uk/resource/second-reading-of-the-health-and-care-bill>

For information

Developments in the NHS

The government's levelling up agenda - an opportunity to improve health in England (The Health Foundation briefing)

In this briefing, the Health Foundation:

- examine what the government's strategy to 'level up' should contain if it is to improve health in line with government commitments
- assess the approach taken by the government so far, and whether better health is likely to be supported
- outline some key elements that should feature in the forthcoming white paper.

Key points

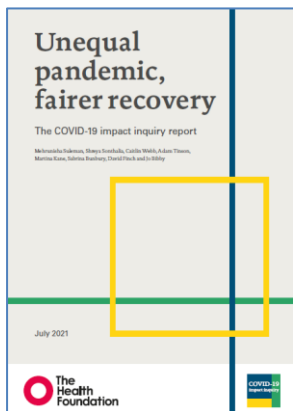
- The government has set out an aim to 'level up' the country, promising to increase prosperity, widen opportunity and ensure that no region is left behind. Action to 'level up the nation's health' has also been described as a core part of this agenda. Yet levelling up is an opaque term, and the government's plans are still under construction.
- Despite encouraging signs, levelling up funding and policies laid out so far are partial and fragmented. Measures of health are not yet influencing the initial allocation criteria for levelling up funds, and initiatives are firmly tilted towards boosting financial and physical infrastructure capital. The role of local government and the NHS in helping to level up is also underplayed.
- A more balanced view of the factors that shape people's health and impact on the prosperity of a local place is needed in the forthcoming levelling up white paper. Attention should be paid to investing in all four capitals: financial/physical, human, social, and natural.
- Good health is interconnected with all of these assets and vital to creating prosperity. Action to improve health and reduce inequalities therefore needs to be a core component of the government's levelling up approach.
- A broader set of metrics should be used to target funding and assess progress, with short and longer term measures of health and wellbeing taken into account.
- Any plan to level up health should be underpinned by three interlinked elements:
 1. a strategy to improve health and reduce inequalities that genuinely aligns priorities across different government departments
 2. a real partnership between national and local government
 3. a greater role for the NHS in improving population health.

The briefing can be found here: <https://www.health.org.uk/publications/reports/the-governments-levelling-up-agenda>

For information

Developments in the NHS

Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report (The Health Foundation)



This report, produced by the Health Foundation's COVID-19 impact inquiry, is a comprehensive review of the factors that fuelled the UK's COVID-19 death toll. It highlights that:

- poor health and existing inequalities left parts of the UK vulnerable to the virus and defined the contours of its devastating impact.
- the pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest. Recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy.
- government restrictions, although needed to limit COVID-19's spread, have had wide-ranging consequences: from unmet health needs and mental health problems to education gaps, lost employment and financial insecurity.
- some groups – young people, disabled people, ethnic minority communities and care home residents – have been more affected than others. Prisoners, homeless people and people experiencing sexual exploitation have also faced particular challenges.
- type and quality of work, housing conditions, and access to financial support to self-isolate all contributed to increased exposure to the virus among working age adults.
- the legacy of the financial crisis has had a direct bearing on our experience of the pandemic. Deep-rooted issues – poor health, increased financial insecurity and strained public services – left the UK more vulnerable to COVID-19's health and economic impacts.
- in recovery, there is an opportunity to create a healthier, more resilient society. Government must address the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.
- ensuring the recovery improves health – as well as the economy – requires cross-government action to level up health. This will pay dividends for the nation's health and prosperity in the longer term.

The report can be found here: <https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

For information

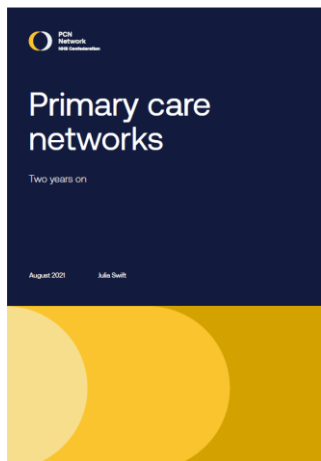
Understanding integration: how to listen to and learn from communities (King's Fund guide)

One key question for ICSs and the partners working in them is how they will know whether they are meeting the needs of the people they serve. Those best placed to understand what they need, what is working and what could be improved are the people and communities using services. Their lived experience is a powerful tool to improve existing services and identify new and better ways to meet people's needs. Over the past year, Picker and The King's Fund have been working with NHS England and NHS Improvement on how ICSs can listen to and learn from people and communities. They have produced a practical guide for partners working in these systems, with ideas on how they might go about this. There is no one-size-fits-all solution. It will require a range of different methods and approaches to understand, monitor and measure how well people's needs are being met. Perhaps most importantly, it will require partners to listen and learn together. As important as the methods adopted, will be the importance placed on this area of work and we have put together a set of principles for systems to adopt to ensure that the voices of people and communities are at the heart of partnership working. The guide, created by The King's Fund and Picker on behalf of NHS England and NHS Improvement, has been developed with input from ICSs, patient leaders, and engagement and experience experts. It can be found here: <https://www.kingsfund.org.uk/publications/understanding-integration-listen-people-communities>

For information and consideration by ICS as they continue to develop

Developments in the NHS

Primary care networks: two years on (NHS Confederation report)



This report is based on a series of engagement sessions, hosted by the PCN Network, and a survey of more than 150 PCN clinical directors and PCN managers. It sets out the key themes from this engagement, alongside a look ahead to the future of PCNs. It also outlines some principles to guide the development of PCNs and key areas for improvement within the network contract DES, followed by opportunities for PCNs in ICSs.

Despite still being in their infancy, primary care networks (PCN) have played a leading role in England's response to COVID-19. Just two years on from their creation, they have risen to the challenges presented by the pandemic, administering the majority of vaccinations, reaching out to underserved communities and making headway against their objective to tackle health inequalities. Overall, the picture is one of progress, with high levels of enthusiasm for PCNs remaining despite the challenges posed by a high workload and reacting to COVID-19. PCNs' profile has increased, leading to greater awareness of the services they offer; relationships with local partners have been strengthened; workforce development has been evident in increased numbers, leadership capability and retention; and PCNs are developing creative ways to reach underserved communities, tackle health inequalities and manage population health.

Challenges remain. More than nine in ten survey respondents said their workload was greater than expected, with the consistently high workload derailing PCNs' existing and planned work programmes. New service specifications are causing confusion over the purpose of PCNs, while a lack of consistent infrastructure was seen as hindering progress. Tensions were also identified with some local partners.

The NHS Confederation one year on report, released in July 2020, identified three principles for NHS England and NHS Improvement to consider when developing PCN policy, accompanied by a set of asks. They centred on PCNs having autonomy over their resources and influence over policies determining their future, as well as within ICSs; a flexible approach to be factored into their development; and for the shift towards ICSs to be accompanied by streamlined processes for PCNs. These principles have informed PCN policy over the past year, especially with regards to the health and care bill and ICS guidance. While the 2021/22 network contract DES addressed some of the asks, they have not been resolved fully and remain relevant. The NHS Confederation encourage NHSEI to use these principles to underpin the development of PCN policy and all policies that impact PCNs.

The report can be read here: <https://www.nhsconfed.org/publications/primary-care-networks-two-years>

For information

Disclaimer: This briefing paper is intended to highlight recent developments and issues within the NHS that may be of interest to non-executive directors, lay members and NHS managers. It is not exhaustive and TIAN cannot be held responsible for any omission.