

ESFA Update: 9 October 2019

[unable to retrieve full-text content] Latest information and actions from the Education and Skills Funding Agency for academies, schools, colleges, local authorities and further education providers.

How we build an NHS that's there for every member of society

This feels familiar: it seems like it was only a week ago I was on a stage in Manchester making a speech about the biggest hospital building programme in a generation – I'm assuming you all saw it?

Well, if you didn't, one of the highlights of my last trip was going to North Manchester General Hospital with the Prime Minister to see one of the 40 hospitals we're building or upgrading over the next decade.

We met with Raj Jain (CEO) and his brilliant leadership team, and we met with some of the patients being cared for by the brilliant doctors and nurses there.

But as we were looking around, it became abundantly clear that those facilities, built in 1876, aren't fit for the modern age. It's like one of the staff there said: asking Premiership footballers to play on a ploughed field.

All I can say: it's a good job Solskjaer isn't running an NHS trust – or Man United would be in special measures by now.

But poor facilities are not something that you should have to accept for your teams.

The right leadership is so important to the health of the NHS, but what's even more important is that our NHS leaders have the right support.

That you're not trying to operate with one arm tied behind your back.

As health secretary, I've listened to you about what support you need to do your jobs, and what I've seen is that the best chief execs, with the best-run trusts, all talk in the long term.

Of course, we all face short-term challenges, day-to-day pressures, but good leadership is about looking ahead, being able to anticipate and plan, think about the resources, the changes and innovation that you're going to need to meet the demands of tomorrow.

One of the most pressing demands is for more people – and that is what most of the £33.9 billion extra funding will be spent on.

There will be more on that in the People Plan later this year. Today, I'd like to talk about 3 other things that are going to be integral to the future of every NHS trust: the [Long Term Plan](#), capital and tech.

And I'd like to take a moment to focus on each one.

First: the Long Term Plan Bill.

Simon Stevens, and his team, have consulted with you, and colleagues from across the NHS, to develop proposals collaboratively for an LTP Bill.

We want any legislative changes to have widespread support, and to ensure they help speed up delivery of the plan.

At their heart, the proposals, which I'm considering carefully, will empower you to work collaboratively with other providers and commissioners, so you can reduce bureaucracy and procurement costs, and so we can improve care and get the best possible return for taxpayers.

The proposals set out how the NHS is moving from competition to collaboration as the main driver for service improvement.

So more joint working. Choice for patients must remain, and competition should be encouraged where it can lead to better outcomes, but it doesn't have to be done in a bureaucratic, crass way. It isn't the organising principle for NHS services.

On mergers: trusts need to be able to make merger decisions in the best interests of patients – and patient interest should be clearly defined.

But the Competition and Markets Authority merger review process adds an unnecessary layer of bureaucracy that's time consuming and costly with knock-on effects for staff and patients.

So the proposals recognise that while the CMA has an important public interest role to play, when it comes to things like pharmaceutical pricing, proposed trust mergers are better assessed by the NHS.

They're better placed because quality of care, and best use of NHS resources, should be the guiding principles when it comes to deciding on mergers, tariff-setting and licence conditions.

And on tariffs, the Long Term Plan sets out how we're moving away from activity-based payments to population-based payments.

Why?

Because we need more flexibility to spur innovation and to remove perverse incentives. We're already doing it with blended payments for emergency care and multi-year tariff setting, but we can go much, much further.

Fair, transparent, locally-set prices will make it easier to redesign care across providers, support preventative care models and reduce transaction costs.

And on procurement, you know there are too many complexities and costs with little added value for patients in return.

So we hear what you're telling us and it's clear: we need simpler, more refined procurement, that reduces bureaucracy when you're developing competitive tender bids, that makes it easier for you to work with commissioners to develop innovative clinical models.

And this new procurement model should cover commissioning of all healthcare services not just arrangements with NHS statutory providers.

So, we hear you, the voices of the NHS.

Second: let's talk capital.

Last week, here in Manchester, we launched the Health Infrastructure Plan: the biggest, boldest hospital building programme in a generation, properly funded – not painful PFI deals – and properly planned so the NHS is ready for the 2020s and beyond.

Now, you all know the topline figures: 6 new hospitals, ready-to-go now, will start immediately, and another 34 new hospitals, in the pipeline, have been given the green-light, and seed funding, to develop their plans.

But the Health Infrastructure Plan (HIP) isn't just about building new hospitals: it's about capital to modernise diagnostics and tech, modernise our primary care and mental health buildings, and help address critical safety issues in the NHS.

It's about the capital system as a whole.

You know better than anyone the challenges we face – that capital is too stop-start, the disjoint between the national allocation and local decisions, and the last-minute nature of some approvals.

This new regime will provide indicative, multi-year planning envelopes that will be confirmed annually.

To balance control and delivery, we're proposing 2 sets of changes: one, to offer more assistance to providers in developing their business cases, and 2, to streamline the approvals process.

To ensure that funding reaches the frontline as soon, and as efficiently, as possible, all national organisations will need to work together more closely to manage NHS capital expenditure, through greater budget transparency and improved forecasting.

Under this new system, providers will remain responsible for maintaining their estates, and for setting and delivering their organisation's capital

investment plans. But local providers must work much more collaboratively to plan capital investment. After all, if one trust breaches capital spending limits, then clearly that's going to have a knock-on effect on others and their capital plans: we all share the same national pot.

Integrated care systems (ICS) will have primary responsibility for spending within their capital envelopes – covering both types of acute trusts, mental health trusts, community trusts, primary care – and of course linking in with ambulance and specialist trusts.

I want to see more capital and estates collaboration through ICSs. I want to see providers who think they can better use local assets currently owned by NHS Property Services (NHSPS) to take over these assets and use them for the very best of the local health system. We've seen some early examples of use of the new powers for trusts to request ownership of NHSPS assets – starting in my own patch with Newmarket Hospital. And I will in principle be open to all such transfers, within the accommodative rules we've set out.

Trusts need to think of their physical assets as working for the ICS, and ICSs need to work to make the most of all the assets there are locally, and everyone needs to focus on using our physical assets to bolster the most important asset: the health of the population who we serve.

That is the new vision – and I need you to help me make it a reality.

The role of regions will be advisory: to support ICSs with advice to deliver their plans, to ensure ICSs in turn work with each other, and to make the relationship between the centre and local systems tractable.

And then we need more integration at a national level too. There will be one capital sign-off nationally: a Capital Committee including NHS England, NHS Improvement and DHSC. I want the national sign-off to be spectacularly more straightforward. We will be guardians of the national capital expenditure limits, and strategic in allocations of central capital, and encourage planning for the future through the HIP process. But the bureaucracy around sign-offs will be radically simplified.

The system must be fair to everyone: NHS trusts and foundation trusts alike.

We want to make sure capital better flows to where it's most urgently needed, while still rewarding trusts for strong financial performance, preserving the autonomy trusts have while ensuring the whole system uses capital as strategically as possible.

It's about building a more equitable, fairer system, where every constituent part of the NHS lives up to its responsibilities by acting in a collaborative way – and that, collectively, we all act in the best interests of patients and taxpayers.

And I want to say a word about what I mean by integration. This isn't superficial. I want trusts to be bold when it comes to integration.

It's very easy to point at real or perceived barriers and say: 'let's just do

the bare minimum'.

Primary care, community care, mental health and adult social care should all be looking at ways, including structural ways, in which they can properly integrate to provide a more seamless experience for the patient.

Engaging and inspiring the workforce is critical to achieving this.

Empowering frontline staff to own the integration and find all the myriad ways to break down barriers and make things work better.

And that means investment in wider health and care infrastructure, such as genomics, prevention and public health, life sciences, and the wrap-around care and support we provide to elderly people and people with physical or learning disabilities.

The whole of the NHS is moving towards system-level working – and you are a vital part of that system.

Which brings me to the third – and final – thing I want to talk about: tech.

Now, I'd like to think since last year's conference we've got to know each other a bit. I've made my case for tech passionately and repeatedly, and to give a lot of providers credit, you've listened and responded.

We're axing the fax, purging the pager, and I've set up NHSX to drive digitisation across the whole of health and social care.

And the team at NHSX is getting the right architecture in place: common standards on privacy, encryption, inter-operability and data.

And not just the right technical architecture but shared standards on governance, procurement and contracts, so that you can buy whatever you want, from whoever you want, as long as it's safe, inter-operable and does the job.

This standards-led approach, open to innovation from outside the NHS, is the only way to go for an organisation as large and as complex as the NHS.

And this approach is already bearing fruit.

Just under a third of the population (26%) are now registered for a GP online service: that's more than 16 million people.

By the end of this year, every member of staff at Imperial College, and Chelsea and Westminster trusts will be using a single shared electronic patient record (EPR) system. Around 17,000 staff will have only one EPR to learn and patient records will be available across organisational boundaries.

We trust you to do your job so we're going to mandate tech standards for providers, like we've done with GPs.

We don't want to micro-manage you: we want to empower you to make the right decisions for your communities and their care needs – but they must fit

standards so everyone's systems can fit in with each other.

But the truth is that getting the right architecture in place and mandating shared standards isn't going to be enough – it's also about cold, hard cash.

Let me be clear: it's not about getting the latest gadgets and gizmos into the NHS, it's about ensuring we upgrade slow, outdated – and often dangerous – systems so we can save lives, and save time for staff.

As I've seen in Salford and Addenbrooke's – and it's happening in Birmingham and Southampton – they're investing in the right tech to support their staff and make their patients' experiences better.

The driving force should be meeting a minimum set of core digital capabilities, but without the necessary spend, that's impossible.

How can we unleash the potential of our national NHS AI lab if hospitals are still printing off X-rays and sending them by courier to be analysed?

So we need the right architecture and standards, the right innovation culture and the right tech spend.

This is about seizing the once-in-a-generation opportunity that the record £33.9 billion we're putting into the NHS offers us to build a health service that is truly fit for the future. And with our multi-year full capital budgets to be set at the next capital review.

So a Long Term Plan that looks to the next decade and beyond.

A Health Infrastructure Plan that takes a strategic future-focused approach to capital.

And a new tech priority, properly mandated and properly funded, across the NHS to save lives and save time.

That's how we ensure you get the right support to do your jobs.

That you can build up your organisations and back your teams.

That you can lead with confidence and optimism about the future.

And that's how, together, we build an NHS that's there for every single member of our society, for generations to come, whoever they are and wherever they live.

[Welsh police forces to recruit new](#)

officers in first wave of 20,000 uplift

- Home Secretary set out her vision for policing at second National Policing Board meeting
- Every police force in Wales and England will be able to recruit officers in the first year of the unprecedented uplift
- 6,000 new police officers in the first wave of ambitious recruitment targets to keep our streets safe, including 302 officers across the four Welsh force areas.
- “Public are clear they want to see more police officers on their streets, whether they live in the city or the countryside” – Home Secretary

The Home Office has today confirmed the officer recruitment targets for police forces for the first year of the unprecedented drive to increase their ranks by 20,000 over the next three years.

Strengthening police numbers is a priority for the UK Government, which is providing £750 million to support forces to recruit up to 6,000 additional officers onto our streets by the end of 2020-21, the first stage in this new uplift. This is thanks to the additional funding announced by the Chancellor in the Spending Review.

Police forces in Wales will be able to recruit a total of 302 new officers. Their first-year recruitment is as follows:

- South Wales Police will be able to recruit 136 new officers, which will increase their officer numbers by 4.6%
- North Wales Police will be able to recruit 62 new officers, which will increase their officer numbers by 4.3%
- Gwent Police will be able to recruit 62 new officers, which will increase their officer numbers by 4.7%
- Dyfed-Powys Police will be able to recruit 42 new officers, which will increase their officer numbers by 3.7%

The Home Secretary set out her vision for policing yesterday when she chaired the second meeting of the National Policing Board, involving representatives of frontline officers and police leaders.

Home Secretary Priti Patel said:

The public are clear they want to see more police officers on their streets, whether they live in the city or the countryside.

This is the people's priority and it is exactly what the UK Government is delivering.

It means more than 300 extra officers right across Wales, helping to cut crime and keep communities safe.

UK Government Minister in Wales Kevin Foster said:

All four of our police forces in Wales will benefit from the additional resources announced today, enabling them to tackle crime more effectively and help keep people and communities safe.

The UK Government has been clear that putting more police officers on our streets as part of our biggest recruitment drive in decades is our priority.

All officers recruited as part of the 20,000 uplift will be additional to those hired to fill existing vacancies. They are also on top of the extra officers already being recruited because of the £1 billion increase in police funding for 2019-20, which includes money from council tax and for serious violence.

UK Government funding for recruitment in 2020-21 will cover all associated costs, including training and kit.

The National Policing Board, set up by the Prime Minister in July to drive recruitment and other major policing issues, yesterday heard that all forces are already recruiting and the website for the campaign, 'Be a Force For All', has been visited more than 215,000 times.

The Police Federation and the Police Superintendents Association attended the board for the first time, honouring the Home Secretary's commitment for front line officers and their senior managers to be represented.

National Chair of the Police Federation John Apter said:

Yesterday's meeting was constructive, and it is important that we, as the largest police staff association, were at the table to ensure our members were represented.

Investment in policing is long overdue and for the first time we now have the actual number of officers each local force will increase by in the next year.

These figures have been based on the current funding formula models and while this method is not perfect, I accept it is the only solution available to deliver the numbers quickly in year one.

We now need to ensure that the formula is revisited for future years to ensure a fairer allocation of officers across all forces, but this is certainly a positive start and will provide a much-needed boost to my members and the communities they serve.

Today's recruitment targets announcement follows the establishment of a £25 million Safer Streets Fund.

Police and Crime Commissioners can bid for funding to prevent burglary and theft in crime hotspots through initiatives that could include interventions to improve home security, such as installing better locks and gating alleyways, and making streets better lit at night, for example.

It also follows the Home Office extending a pilot to make it simpler for forces to use Section 60 serious violence stop and search powers and announcing a £20 million package of actions cracking down on county lines drug gangs.

The Home Office has also announced £10 million of funding to increase the number of officers carrying Taser to keep themselves and the public safe and said plans for a police covenant will focus on the physical protection of officers, their health and wellbeing and support for their families.

ENDS

Notes to editors

**[Conversion of existing approved
Community Marketing Authorisations to
UK Marketing Authorisations \(MAs\) –
letter to industry](#)**

Documents

Details

Stay up to date

Get ready for Brexit on 31 October 2019. This page tells you how to prepare for Brexit. It will be updated if anything changes, including if a deal is agreed.

[Sign up to email alerts](#) to get the latest information

The legislation that will come into force in a no-deal Brexit will, subject to being approved by Parliament, automatically convert Community MAs into UK MAs on exit day (so-called 'grandfathering').

As stated in the guidance, the Medicines and Healthcare products Regulatory Agency will issue Product Licence (PL) numbers to Community MAs based on the existing UK practice for determining how many separate national licences are needed across a product range. A proposal setting out the allocated PL numbers will be sent to Community MA holders and published in early January 2019.

If your company holds one or more Community MAs and has not received our letter, please email capconversion@mhra.gov.uk so that we can verify the appropriate contact details.

For more information see our guidance on [Converting Centrally Authorised Products \(CAPs\) to UK Marketing Authorisations \(MAs\), 'grandfathering' and managing lifecycle changes](#).

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1. 9 October 2019 Change of text within Stay up to date box.
2. 31 December 2018 First published.

[Two million applications to the EU Settlement Scheme](#)

Home Secretary Priti Patel has today (9 October 2019) announced that there have been two million applications to the EU Settlement Scheme, according to internal figures.

The [EU Settlement Scheme](#) is designed to make it straightforward for EU citizens and their family members to stay after the UK leaves the EU.

To apply they only need to complete three key steps – prove their identity, show that they live in the UK and declare any criminal convictions. EU citizens and their family members have until at least December 2020 to apply.

According to the [latest official statistics on the EU Settlement Scheme](#), more than 1,800,000 applications had been received and more than 1,500,000 had been granted status up to the end of September 2019, providing them with an immigration status under UK law.

The statistics also show that more than 1,700,000 applications had been received from EU citizens in England, 92,700 from Scotland, 29,300 from Wales and 28,700 from Northern Ireland. The highest number of applications are from Polish, Romanian and Italian citizens, with more than 345,000 Polish citizens applying.

Home Secretary Priti Patel said:

EU citizens have made a huge contribution to this country and will play a key role in cementing Britain's status as an outward-looking, global leader after Brexit.

That is why I am thrilled that we have had 2 million applications to the EU Settlement Scheme so that EU citizens can secure their immigration status under UK law.

To help raise awareness of the EU Settlement Scheme at a local level, the Home Office is holding a series of innovative pop-up events across the UK where staff will answer questions and help people to apply in person.

Home Office Minister Brandon Lewis attended the launch in Great Yarmouth on Friday 6 September 2019 and future events are planned for Aberdeen, Glasgow, Tower Hamlets, Nottingham, Leeds and Birmingham.

The Home Office will also be launching further advertising activity in the coming weeks to build upon its existing £4 million marketing campaign to encourage EU citizens to apply.

Minister of State for Security and Deputy for EU Exit and No Deal Preparation Brandon Lewis said:

EU citizens are our friends, family and neighbours and we want them to stay.

It is fantastic news that there have been two million applications to the EU Settlement Scheme.

There is plenty of support and information on offer to help people

apply and get the status they need. That includes a helpline that is open seven days a week, a toolkit for employers and an army of voluntary organisations up and down the country to support hard-to-reach EU citizens.

There is a wide range of support available for EU citizens and their families to help them apply. We have awarded up to £9,000,000 to 57 voluntary and community sector organisations across the UK who are helping vulnerable people such as the homeless, disabled and elderly.

Additional support is also available to those EU citizens in the UK who do not have the appropriate access, skills or confidence to apply. This includes more than 300 assisted digital locations across the UK where people can be supported through their application and more than 80 locations where applicants can have their passport scanned and verified.