Cabinet

17 July 2013

NHS and Public Health Reform

Report of Corporate Management Team
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Purpose of Report

1. The purpose of this report is to provide an update on recent developments related to NHS and public health reform.

Background

2. From June 2011 to April 2013, Cabinet was presented with quarterly update reports on significant developments in relation to NHS reform in England and the transfer of public health staff and responsibilities to Durham County Council.

3. On 1st April 2013, Strategic Health Authorities and Primary Care Trusts were abolished, Clinical Commissioning Groups took on responsibility for healthcare budgets for their local communities and Local Healthwatch was established to give local people a say in how health and social care services are provided.

4. In addition, Health and Wellbeing Boards became responsible for:

    - Supporting integrated working between health and social care commissioners and providers, and encouraging the use of, for example, pooled budgets, lead commissioning and integrated provision
    - Involving local people in certain elements of their work, reflecting the government's plans for stronger democratic legitimacy and community involvement in health and social care
    - Tackling health inequalities and leading on the development of a local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

5. Also on 1st April 2013, Durham County Council assumed its new role across the three domains of public health (health improvement, health protection and health services) and, in addition to improving the health of local people, the council is now required to ensure that NHS commissioners are provided with public health advice.

6. At its meeting on 10th April 2013, Cabinet agreed to receive further quarterly update reports for a period of twelve months on developments related to NHS and public health reform.

National Developments

7. On 13th May 2013, the government published 'Integrated Care and Support: Our Shared Commitment', which sets out how local areas can use existing structures such as health and wellbeing boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.

   The document outlines a shared vision for integrated care and support to become the norm in the next five years and is signed by the following organisations:

   - Association of Directors of Adult Social Services
   - Association of Directors of Children's Services
   - Care Quality Commission
   - Department of Health
   - Local Government Association
   - Monitor
   - NHS England
   - NHS Improving Quality
   - Health Education England
   - National Institute for Health and Care Excellence
   - Public Health England
   - Social Care Institute for Excellence
   - Think Local Act Personal

   There are ten shared commitments in the document, which each have a national and a local focus, with the main aim being to develop a culture, leadership and workforce which is capable of undertaking the changes required to commission and deliver integrated care and support.

   A national 'pioneer' programme is to be launched in September 2013, with the expectation that 10 pioneer projects will lead the way for all local areas, improving outcomes and efficiency across the whole system. Health and Wellbeing Boards will have a key role in leading these initiatives locally.

8. The Labour Party has set up an independent commission to examine how to integrate health and social care spending. The 'Independent Commission on Whole-Person Care' is led by Sir John Oldham, the Department of Health's former clinical lead for quality and productivity. He has been asked to produce recommendations on how to deliver integrated care using existing resources. Seventy per cent of activity and cost in the care system is for people with multiple chronic diseases, which includes a rising number of older people.

9. In the Spending Round 2013 document presented to Parliament on 26th June 2013 by the Chancellor of the Exchequer, the government stated that, to improve

outcomes for the public, provide better value for money and be more sustainable, health and social care services must work together to meet individuals' needs. The government states in the document that it will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will make available a further £200 million in 2014-15 to accelerate this transformation. From 2015-16 the shared pool will include existing NHS funding for social care and the additional £2 billion set out above, alongside further funds for carers and people leaving hospital who need support to regain their independence. It also includes £350 million of capital funding which will be available for projects to improve integration locally, including IT funding to facilitate secure sharing of patient data between the NHS and local authorities, and to improve facilities for disabled people.

Precise implications and further detail on funding in terms of both new and existing arrangements have to be clarified.

10. NHS England has published 'Safeguarding vulnerable people in the reformed NHS – Accountability and Assurance Framework', which updates and replaces a document issued by the NHS Commissioning Board Authority in September 2012. The NHS England document describes how the NHS system works from April 2013 and aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure that professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working which are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

This safeguarding framework is being taken into account by the County Durham local safeguarding boards for children and adults and assurance has been provided to the Health and Wellbeing Board that appropriate arrangements are in place.

11. Quality Surveillance Groups (QSGs) will act as a virtual team across a health economy, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning, and regulatory activities. By collectively considering and triangulating information and intelligence, QSGs will work to safeguard the quality of care that people receive.

QSGs at local and regional levels will perform distinct roles as part of a nation-wide network:

- Local QSGs are the backbone of the network. They engage in surveillance of quality at a local level by those closest to the detail and most aware of concerns.

They will not only consider information and intelligence but also be able to work together to take coordinated action to mitigate quality failure.

- Regional QSGs provide an escalation mechanism for Local QSGs. They assimilate risks and concerns from local QSGs, identifying common or recurring issues that would merit a regional or national response. The will also have a key role, particularly in 2013/14, in assuring the effective operation of local QSGs.

Quality Surveillance Groups are primarily concerned with NHS commissioned services: those services that are funded by the NHS, including relevant public health services:

- from public, private, not for profit and third sector providers;
- of primary, secondary, and tertiary services;
- operating in the community and in acute settings; and
- of mental health, dentistry, general practice, offender and military health services.

How QSGs will interface with arrangements for quality improvement and safeguarding in the local government setting are still under consideration, and will be tested through the pilots, in advance of further guidance being issued.

12. The Department of Health has published ‘NHS (Clinical Commissioning Groups – Payments in respect of quality) Regulations 2013’. As part of these Regulations, the quality premium is intended to reward Clinical Commissioning Groups (CCGs) for:

- Improving the quality of services commissioned for local populations
- Improving outcomes for patients
- Reducing inequalities in access to healthcare and outcomes from healthcare.

Clinical Commissioning Groups will be given the payments - likely to be around £5 per patient – for meeting certain targets but will not receive the payments if they do not achieve financial balance and payments will be reduced if they fail to meet targets set out in the NHS Constitution, including those related to waiting times.

The “NHS England, Everyone Counts: Planning for Patients 2013/14” guidance, asks each Clinical Commissioning Group to identify three local priorities against which it needs to make progress during the year.

Agreement had previously been made with the Shadow Health and Wellbeing Board at its meeting on 6th March 2013 regarding the three local priorities for North Durham Clinical Commissioning Group (CCG) and Durham Dales, Easington and Sedgefield CCG (DDES CCG).

However, subsequently, further discussion has taken place between DDES CCG and the Durham, Darlington and Tees Area Team which has resulted in a change to one of the priorities, from “Health related quality of life for people with long term conditions” to “Reducing unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s”.

The Health and Wellbeing Board at its meeting on 21st June 2013 supported DDES CCG in the selection of its local quality premium priorities, which are:

- Reducing under 75 mortality rate from cancer
- Reducing unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Reducing emergency admissions for children with a lower respiratory tract infection.

13. Public Health England has published its priorities for 2013 to 2014. The five priorities are:
    - Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
    - Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
    - Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections which resist treatment with antibiotics
    - Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
    - Improving health in the workplace by encouraging employers to support their staff and those moving into and out of the workforce to lead healthier lives.

Regional Developments

14. The NHS England North of England Regional Office provides strategic leadership and works with Clinical Commissioning Groups and partners across the region to ensure a strong and innovative commissioning system.

15. The Durham, Darlington and Tees Area Team is to develop a minimum of three local professional networks (LPNs) for pharmacy, optometry and eye health. The networks will be extended arms of Area Teams, bringing together primary and secondary care clinicians, commissioners, patients and other key stakeholders to support the implementation of national strategy and policy at a local level.

16. North of England Commissioning Support (NECS) has assumed responsibility for many of the NHS commissioning support services to enable Clinical Commissioning Groups in the region to fulfil their new roles. NECS operates from a number of bases in the North East and Cumbria - one is at John Snow House in Durham.

17. The County Durham, Darlington and Tees Local Health Resilience Partnership (LHRP) is now well established and has regular meetings, with an action plan being progressed by a multi-agency sub-group. The Director of Public Health for County Durham is a member of the LHRP, to provide assurance on behalf of both Durham County Council and Darlington Borough Council that the health of the local population is adequately protected in the event of a health emergency and that effective and tested plans are in place.

Over the past six months, two multi-agency emergency planning exercises have taken place and others are planned over the course of 2013/14. All emergency plans have been updated to take account of the different organisations' responsibilities in relation to emergency planning and the NHS.

Developments in County Durham

County Durham Health and Wellbeing Board

18. The last meeting of the Shadow Health and Wellbeing Board took place on 6th March 2013 and the statutory Health and Wellbeing Board for County Durham held its inaugural meeting on 21st June 2013.

19. The Chair of the Health and Wellbeing Board was agreed as Councillor Lucy Hovvels, Cabinet Portfolio Holder for Safer and Healthier Communities, and the Vice Chair was agreed as Stewart Findlay, Chief Clinical Officer of Durham Dales, Easington and Sedgefield Clinical Commissioning Group.

20. The following matters were discussed at the inaugural meeting:

Joint Health and Wellbeing Delivery Strategy 2013/17
The Joint Health and Wellbeing Strategy was agreed by the Shadow Health and Wellbeing Board in November 2012, following extensive consultation and engagement, for example with Area Action Partnerships and local people.

The Health and Wellbeing Board agreed the JHWS Delivery Plan which has been developed to support the implementation of the Joint Health and Wellbeing Strategy (JHWS). This JHWS Delivery Plan outlines the actions to be undertaken in partnership over the next four years in order to meet the six Strategic Objectives in the Strategy:

- Children and young people make healthy choices and have the best start in life
- Reduce health inequalities and early deaths
- Improve quality of life, independence and care and support for people with long term conditions
- Improve mental health and wellbeing of the population
- Protect vulnerable people from harm
- Support people to die in the place of their choice with the care and support that they need.

Work programmes have been developed which will be taken forward by specified groups, boards and individuals. Monitoring the Delivery Plan will take place on a bi-annual basis, with the first performance monitoring report being presented to the Health and Wellbeing Board in November 2013.

Integrated care and support 'Pioneer' project
As set out in paragraph 7, as part of the integrated care and support agenda, the government has requested expressions of interest from local areas to be involved in a pioneer project, which cuts across care being provided to service users and patients by local health and social care organisations and the voluntary sector where appropriate.

There are six criteria for pioneer projects to meet, as outlined below:

- Articulate a clear vision of its own innovative approaches to integrated care and support
- Plan for whole system integration
- Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area
- Demonstrate the capability and expertise to deliver successfully a public sector transformation project at scale and pace
- Commit to sharing lessons on integrated care and support across the system
- Demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence.

County Durham Health and Wellbeing Board supported an expression of interest for a pioneer project relating to intermediate care provision in County Durham. Intermediate care includes a range of short term treatment of rehabilitative services designed to promote independence, reduce the length of stay and to help avoid unnecessary hospital admissions.

The Health and Wellbeing Board will be kept up to date in relation to County Durham's expression of interest.

Monitoring provider quality in the NHS

The Health and Wellbeing Board received a report relating to the Francis Inquiry into the care provided by Mid Staffordshire NHS Foundation Trust, which was published on 6th February 2013. The report provided an overview of how the new NHS architecture supports the monitoring of provider quality, including an update that:

- NHS organisations in County Durham have considered the recommendations, where appropriate, following the Francis Inquiry and will set out how they intend to respond to the Inquiry.
- Locally, the oversight of quality will be coordinated by Quality Surveillance Groups hosted and coordinated by NHS England Area Teams and in which the Care Quality Commission will have an increasingly prominent role.
- CCG quality teams are also fundamental in the local determination and assessment of quality.

Implications of the Winterbourne Review

The Health and Wellbeing board received an update report on progress relating to the Winterbourne View Concordat which relates to an inquiry held at Winterbourne View Hospital into the treatment of people with learning disabilities in 2011. The update report included:

- Norman Lamb MP, Minister of Care and Support, has recently written to all Health and Wellbeing Boards in relation to commitments and progress of the Winterbourne View Concordat which aims to reform the care provided to people with learning disabilities, autism and those with challenging behaviour.
- Progress is being made in County Durham and the council is working closely with NHS colleagues to ensure that the government deadlines are met.

- The required register of relevant service users in County Durham has been compiled and was submitted to the Department of Health (DH) within the set timescales.
- A 'Stocktake' exercise has been completed jointly by the council and Clinical Commissioning Groups in County Durham to be returned to the Department of Health by 5th July 2013.

The 'Stocktake' focused on the following areas:

- Models of Partnership
- Budget
- Case Management
- Current Review Programme
- Safeguarding
- Commissioning
- Developing Local Teams and Services
- Prevention and crisis response capacity
- Understanding the population who need / receive services
- Children and Adults – Transition Planning
- Current and Future Market Requirements and capacity.

The Health and Wellbeing Board agreed that the signatures required for the stocktake return would be from Durham County Council, Clinical Commissioning Groups and the Chair of the Health and Wellbeing Board.

A local implementation group has been established to address the specific, individual case issues of ten service users. Plans will be developed for each individual to enable their return to suitable local services by June 2014.

The Health and Wellbeing board agreed to receive a further update report, including a detailed implementation plan.

Securing Quality in Health Services

The Health and Wellbeing Board received a report from Darlington Clinical Commissioning Group on the Acute Services Quality Legacy Project (ASQL). This project was established in 2012, as part of the process for Primary Care Trusts in County Durham and Darlington and Tees Valley to transfer commissioning responsibility to local Clinical Commissioning Groups by April 2013.

The report provided a summary of the key messages from the project, which included:

- There will be a significant increase in prevalence across the major long term conditions over the next ten years and a greater proportion of the population will be over the age of 65. This will have an impact on the use of acute services to a varying degree in the different service areas.
- Forecasts show that providers can maintain a financially stable position over the next five years as long as cost improvement plans deliver to target. Failure to deliver these targets will have implications for NHS Foundation Trusts' operating surplus / deficit position and ultimately the length of time they can rely on cash savings to keep them solvent.

- This means that new funding is unlikely to be available to expand the access to services of the very highest quality as providers look to maintain the current levels of quality within the resources they have access to.
- These national and regional workforce considerations are further compounded by supply and demand of particular grades and skills of the current and future workforce within the acute sector in County Durham, Darlington and Tees.

The recommendations in the report were identified in the context of the wider financial and workforce contexts, the underlying health data, views of the clinical advisory groups and the specific workforce risks and opportunities. They cover the following areas: Acute paediatrics, maternity and neonatal services; acute care; end of life care; long term conditions; and planned care.

21. The future work programme for the Health and Wellbeing Board includes the following:
    - Agreeing the Joint Strategic Needs Assessment 2013
    - Agreeing a forward plan of engagement activities with stakeholders of the Health and Wellbeing Board including service users, patients, carers and the voluntary and community sector
    - Agreeing winter planning arrangements for 2013/14
    - Development of an integrated care and support pioneer project for County Durham
    - Development of a Public Mental Health Strategy for County Durham
    - Development of a Cardiovascular Disease Prevention Strategy for County Durham

Local Healthwatch

22. Local Healthwatch is a statutory member of the County Durham Health and Wellbeing Board. It gives citizens and communities a stronger voice to influence and challenge how health and social care services are provided within the county.

23. The contract for Local Healthwatch in County Durham was awarded to the Carers Federation and became effective on 1st April 2013. John Bedlington has been appointed as the Chair and is a member of the Health and Wellbeing Board. Joanne Scott has been appointed as the Local Healthwatch manager and an experienced support team is in place, including: Community Participation and Engagement Officer, Development Officer, Information and Signposting Officer and a Healthwatch Administrator.

24. The role of Local Healthwatch is key to ensuring that the views of service users and patients are fed into the development of the revised Joint Strategic Needs Assessment 2013 and the Joint Health and Wellbeing Strategy.

Public health

25. On 24th May 2013, Durham County Council's Chief Executive received the final transfer scheme documents relating to public health in County Durham, which came into effect on 1st April 2013 and have been signed by a member of the Senior Civil Service by authority of the Secretary of State for Health.

- The Staff Transfer Scheme relates to rights and liabilities in connection with public health staff contracts of employment
- The Property Transfer Scheme relates to the property, rights and liabilities which transferred from the NHS to Durham County Council.

26. Following the transfer of public health staff, functions and responsibilities from the NHS to Durham County Council on 1st April 2013, some outstanding issues remain with regard to estates and some public health responsibilities ensuing from the transfer to the council. Discussions are taking place with the relevant stakeholders to resolve these issues.

27. In January 2013, Durham County Council received its ring-fenced budget allocations for a two-year period from April 2013. It is not known at this stage how the government will calculate the allocations from 2015/16 and work is ongoing nationally through the Advisory Committee on Resource Allocation (ACRA) to develop the new formula for future allocations.

28. The membership of ACRA and its subgroups is currently being reviewed by NHS England to ensure that it continues to have the right expertise for its important work, including the right mix of academics, clinicians, NHS managers, local authority managers and representatives of patients and service users. The membership will be agreed between NHS England and the Department of Health.

Recommendations

29. Cabinet is recommended to:

    - Accept this report and further quarterly reports on developments related to NHS and public health reform.

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Background Documents

Integrated Care and Support: Our Shared Commitment

Appendix 1 - Implications

Finance – There are no direct implications.

Staffing – There are no direct implications.

Risk – There are no direct implications.

Equality and Diversity / Public Sector Equality Duty – Under provisions in the Health and Social Care Act, the Secretary of State, NHS England, Local Authorities and Clinical Commissioning Groups have a duty to reduce health inequalities.

Equality Impact Assessments are carried out as part of the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Accommodation – There are no direct implications.

Crime and Disorder – The Joint Strategic Needs Assessment considers the wider determinants of health and wellbeing within a local authority's area, including crime and disorder issues and signposts to the Safe Durham Partnership Strategic Assessment.

The Director of Public Health County Durham has a role to work with the Police and Crime Commissioner to promote safer communities.

Human Rights – There are no direct implications.

Consultation – The government continues to consult with patients and professionals on NHS reform and key policy in relation to public health.

Procurement – There are no direct implications.

Disability Discrimination Act – There are no direct implications.

Legal Implications – There are no direct implications.