

**Cabinet**

**9<sup>th</sup> October 2013**

**NHS and Public Health Reform**



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**Report of Corporate Management Team**

**Rachael Shimmin, Corporate Director of Children & Adults Services**

**Anna Lynch, Director of Public Health County Durham**

**Councillor Lucy Hovvels, Cabinet Portfolio Holder for Safer and Healthier Communities**

**Councillor Morris Nicholls, Cabinet Portfolio Holder for Adult Services**

**Councillor Ossie Johnson, Cabinet Portfolio Holder for Children & Young People's Services**

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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. Cabinet agreed to receive quarterly update reports for a period of 12 months, from April 2013, on developments related to NHS and public health reform.
3. This report provides an update on developments since the last report presented to Cabinet on 17<sup>th</sup> July 2013.

**National Developments**

4. The Government made a commitment in '*Transforming Care*', the Government response to the events at Winterbourne View hospital, to bring forward proposals to increase corporate accountability in providers of health and adult social care. The report committed the Department of Health and the Care Quality Commission (CQC) to look at existing powers and options to improve corporate accountability for safety and quality in providers of health and adult social care registered with CQC and to bring forward proposals for consultation in spring 2013.
5. Professor Don Berwick, an international expert in patient safety, was asked by the Prime Minister to carry out a review into patient safety following the publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals. From March to July 2013 the review looked at various available accounts of Mid Staffordshire, as well as the recommendations of Robert Francis and others, to distil for Government and the NHS, the lessons learned, and to specify the changes that are needed.

The report states that the health system must recognise the need for wide systemic change, reassert the primacy of working with patients and carers to achieve health

care goals, recognise that transparency is essential and ensure that responsibility for functions related to safety and improvement are established clearly and simply. The report also recommends that the Local Government Association should take lead responsibility for promoting better integration of the boundaries between health and social care in the interests of patient safety and encouraging local government to fulfil its scrutiny role effectively.

6. As part of its Strategy for 2013-16 the Care Quality Commission have made a commitment to work more closely with partners in the health and social care system to improve the quality and safety of care.
7. By March 2014 all clinical commissioning groups will need to be able to offer personal health budgets to people receiving NHS Continuing Healthcare. From 1st April 2014 everyone eligible for NHS Continuing Healthcare funding will have a right to ask for a personal health budget. Personal health budgets are an NHS Mandate commitment and one of the tangible ways the NHS can become better at involving people, and empowering them to make decisions about their own care and treatment.
8. On 20<sup>th</sup> July 2013, Children's health minister Dr Dan Poulter wrote to every Lead Member for Children's Services and Chair of the Health and Wellbeing Board to share the resources available to assist councils with the increased responsibility for delivering and commissioning a range of children and young people's public health services for 5 to 19-year-olds, with responsibility for children under five following from 2015 and to encourage sign up to the "Better health outcomes for children and young people pledge". The pledge is a part of the February 2013 system wide response to the Children and Young People's Health Outcomes Forum Report (2012).

The pledge contains the joint commitments to reduce child deaths, prevent ill health, improve mental health of children and young people, support and protect the most vulnerable and provide better care for children and young people with long term conditions.

The Government is encouraging Health and Wellbeing Boards to work with partners and engage with local children and young people to adopt the pledge to reflect local needs.

9. NHS England has published its Call to Action on the future of the NHS setting out the need for the NHS to change the way it approaches health and support. The Call to Action marks the start of an extensive consultation process, including engagement with health and wellbeing boards, the public, patients, health service and other staff, and town hall meetings to encourage an inclusive discussion. The engagement will be patient and public-centred through hundreds of local, regional and national events, as well as through online and digital resources. It will produce meaningful views, data and information that CCGs can use to develop 3-5 year commissioning plans setting out their commitments to patients and how services will improve. This information will also be used by NHS England to shape its direct commissioning responsibilities in primary care and specialised commissioning.

10. The Centre for Mental Health<sup>1</sup> has presented a ten point “Mental Health Challenge” which they wish to work with local authorities on. Durham County Council has signed up to the ten point challenge which takes a proactive approach to tackling mental health issues.

National mental health organisations will support local authorities that take on the challenge by providing resources such as published evidence, expert opinions, networking opportunities and publicly acknowledging the councils that sign up to the challenge and the ‘champions’ they appoint.

The Challenge sets out ten actions that will enable councils to promote mental health across all of their business including:

- Appoint an elected member as ‘mental health champion’ across the council (for Durham County Council this will be Cllr Lucy Hovvels)
- Appoint a lead officer for mental health to link in with colleagues across the council (for Durham County Council this will be Anna Lynch, Director of Public Health)
- Follow the implementation framework for the mental health strategy<sup>2</sup> where it is relevant to the council’s work and local needs
- Work to reduce inequalities in mental health in our community
- Work with the NHS to integrate health and social care support
- Promote wellbeing and initiate and support action on public mental health
- Tackle discrimination on the grounds of mental health in our community
- Encourage positive mental health in our schools, colleges and workplaces
- Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health
- Sign up to the Time to Change<sup>3</sup> pledge.

11. In the June 2013 spending round £3.8 billion worth of funding was announced to ensure closer integration between health and social care. In August 2013 further information on the Integration Transformation Fund (ITF) was provided. The funding will be a pooled budget which can be deployed locally on social care and health, subject to the following national conditions which will need to be addressed in local plans:

- local plans to be jointly agreed between the local authority and CCG’s and signed off by Health and Wellbeing Boards, by March 2014;
- protection for social care services (not spending);
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- better data sharing between health and social care, based on the NHS number;
- ensure a joint approach to assessments and care planning;
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached;
- agreement on the consequential impact of changes in the acute sector.

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<sup>1</sup> Centre for Mental Health is an independent national mental health charity.

<sup>2</sup> No Health without Mental Health: Implementation Framework (2012).

<sup>3</sup> Time to Change pledge is a public statement of aspiration that an organisation wants to tackle mental health stigma and discrimination

The ITF for 2015/16 comprises £1.9 billion existing money continued from 2014/15 and an additional £1.9 billion from NHS allocations. Of this fund £1 billion will be performance-related.

12. On 10<sup>th</sup> September 2013, the Health Secretary outlined changes to improve care for vulnerable older people and alleviate pressure on Accident & Emergency (A&E). To support the NHS in the short term, the Government has made an extra £500 million funding available over the next two years. This winter £250 million will be used by 53 NHS Trusts, however none of this funding has been allocated to Trusts in the North East region. Funding will be for additional capacity in hospitals; community services; improving the urgent care services; primary care services; social care, focusing on integrating health and social care teams to help discharge elderly patients earlier and prevent readmission.

Specific measures to minimise the effects of ‘influenza, and flu-related A&E visits in the coming winter months have also been announced including a national flu campaign to protect the most vulnerable and a vaccination programme for children between two and three years old.

Proposals have been set out to fundamentally tackle increasing pressures on NHS A&E services in the long-term, starting with care for vulnerable older patients with complex health problems. These include a named clinician responsible for the coordination of their care right across the NHS – between hospital, in care homes, and in their own homes.

## **Regional Developments**

13. The Director of Public Health in County Durham meets regularly with the North East Centre Director for Public Health England to discuss issues relevant to County Durham. These include the Measles, Mumps and Rubella national vaccination catch up programme, general health protection issues and the professional support provided by Public Health England to Durham County Council.
14. The County Durham, Darlington and Tees Local Health Resilience Partnership continue to meet bi-monthly to ensure the health economy has effective and tested plans in the event of an incident that has health related implications.

## **Developments in County Durham**

### **County Durham Health and Wellbeing Board**

15. The Health and Wellbeing Board (HWB) held a development session on 25<sup>th</sup> September and discussed the following reports:

#### **Health and Social Care integration**

16. The next HWB development session in January 2014 will have specific development time for the Board to consider the government’s plans to further integrate health and social care services. This will include horizon scanning activities, looking at areas of

integration in other areas, looking at models of integration and will include a specific focus on the possible areas of integration in County Durham.

The HWB were informed that County Durham's expression of interest to be part of a national integration 'pioneer' programme was unsuccessful, however, feedback from the Integrated Care Pioneer Panel noted the strengths outlined in the application and recognised the partnership governance in place which can be built upon.

### **Social Care funding transferring from NHS England**

17. The HWB discussed the transfer of social care funding from NHS England under a Section 256 agreement of the NHS Act 2006.

The Clinical Commissioning Groups and the local authority have worked jointly on outlining what the funding will be used for.

The proposed spend was discussed under 3 broad headings:

- Eligibility
- Prevention
- Short term assessment & intervention

### **Engagement Framework Action Plan**

18. A Memorandum of Understanding was shared with the HWB, outlining ways of engaging with patients, services users, carers, the voluntary and community sector and other stakeholders in relation to the HWB activities.

The HWB also discussed a forward programme of engagement activities including a Health and Wellbeing Board engagement event in October 2013 focusing on key messages from the Joint Strategic Needs Assessment of health and wellbeing needs and the refresh of the Joint Health and Wellbeing Strategy.

### **Winter planning arrangements for 2013/14**

19. The winter planning arrangements for health and social care were discussed for 2013/14. Winter planning is under the remit of the Urgent Care Board which has a working relationship to the Health and Wellbeing Board and CCG Clinical Programme Board. A Strategy is in development which captures the actions the CCGs (North Durham; Durham Dales, Easington and Sedgefield and Darlington) will undertake to monitor and manage the increased service pressures which occur during the 2013/14 winter period and provide assurance of the health economy. The Strategy will also capture initiatives identified by partners, including Durham County Council, to monitor and manage arrangements over the winter period. Information was also included in relation to the preventative aspects of public health's winter planning responsibilities including flu vaccinations for vulnerable people.

20. Over the coming months the Health and Wellbeing Board will consider the following:

- Key messages from the Joint Strategic Needs Assessment 2013
- Public Mental Health Strategy, including suicide prevention

- Winterbourne Implementation Plan to agree actions following the recommendations made as part of the Winterbourne View Inquiry into the quality of care for people with learning disabilities
- Dual Diagnosis Strategy to support people with mental health and substance misuse issues
- Healthy Weight Strategy
- Drugs Strategy

## **Local Healthwatch**

21. 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.
22. Work is continuing with appointments to the Local Healthwatch Board with approximately two thirds of the Board now in place and work is ongoing to establish Healthwatch County Durham as a corporate body.
23. The Healthwatch County Durham team is continuing to build networks across the county and has been engaging with various groups for example, Dementia Cafes co-ordinated by the Alzheimer's Society, Making Changes Together conference and King James Academy. They have so far engaged with over 500 local people.
24. The Chair of Healthwatch County Durham provides regular feedback to the HWB on the work of Healthwatch County Durham.

## **Public Health**

25. Following the transfer of public health staff, functions and responsibilities from the NHS to Durham County Council (DCC) on 1<sup>st</sup> April 2013, some outstanding issues remain with regard to estates and discussions are currently taking place to resolve these.
26. Under the Health and Social Care Act 2012, DCC has a new statutory duty to improve the health and wellbeing of the population of County Durham. To demonstrate the commitment of DCC to this duty the Leader and Portfolio Holder for Safer and Healthier Communities will shortly be launching a Public Health Pledge.
27. The Public Health Pledge has the ambition that 'County Durham residents enjoy good health and wellbeing, equal or better than the average across England.'
28. The Public Health Team have made the commitment to:
- Build upon the commitment to the Area Action Partnership model of shared planning and community participation in relation to the public health responsibilities that transferred to the Council on 1st April 2013. Work with geographical communities and well as communities of interest and identity, valuing their diversity, building on their strengths and assets and on issues they feel will have the greatest impact on their health and wellbeing.

- Work with Durham County Council elected members and officers to ensure that all opportunities to improve health and wellbeing and to reduce health inequalities are taken.
- Ensure that action taken to improve health and wellbeing and to reduce health inequalities is supported by research and best practice and that at the same time encourage innovative approaches in communities.
- Work with a range of partner organisations locally, regionally and nationally to galvanise action to improve the health and wellbeing of County Durham residents. This will include the new and existing NHS organisations, local authorities in the North East, voluntary and community partners, the universities and Public Health England, the new national public health organisation that will be supporting and providing professional advice and information to Durham County Council.
- Work with experts in Public Health England to ensure that the health of County Durham residents is protected from harm from infectious and communicable diseases.

## **Recommendations**

29. Cabinet is recommended to:

- Accept this report and further quarterly reports on developments related to NHS and public health reform.
- Note that a Health and Wellbeing Board engagement event with patients, services users, carers, the voluntary and community sector and other stakeholders to discuss the key messages from the Joint Strategic Needs Assessment and the refresh of the Joint Health and Wellbeing Strategy will take place on 22<sup>nd</sup> October 2013.

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## **Appendix 1 - Implications**

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**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 and public health policy.

**Procurement** – There are no direct implications.

**Disability Discrimination Act** – There are no direct implications.

**Legal Implications** – There are no direct implications.