

Cabinet

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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. 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 9th October 2013.

National Developments

NHS England

4. Simon Stevens has been appointed as the new Chief Executive of NHS England. Mr Stevens who has 26 years' experience in healthcare management at frontline and national level both in England and internationally, will take over from Sir David Nicholson on 1 April 2014.
5. NHS England will work with a wide range of organisations and an external reference group to identify innovative GP groups who will lead the development of a 24/7 service (seven days a week, in and out of office hours). Innovative practices will be able to apply to a new £50m Challenge Fund to set up a pioneer programme. Pioneers will be established in every region of the country which together are expected to cover up to half a million patients. Pioneer GP groups will also test a variety of forward-thinking services to suit modern lifestyles, including greater use of Skype, email and phone consultations.

Patient Care and Safety

6. On the 19 September 2013 the Government set out plans to help prevent future failures of care and safety at NHS hospitals. In the wake of the review of standards at

Mid Staffordshire NHS Foundation Trust and subsequent Keogh Review which looked at 14 NHS Trusts with high mortality rates, 11 of those Trusts have already been placed in 'special measures'. The Health Secretary has set out a new approach to ensure progress at those NHS Trusts, which could be applied to any NHS Trust that is placed in special measures under a new, tougher inspection regime:

- NHS hospitals with the highest standards of patient care and safety will help those with problems. The high performing hospitals will enter into contracts with the NHS Trust Development Authority or Monitor to support the special measures Trusts.
- NHS Foundation Trusts placed in special measures will have their freedom to operate as an autonomous body suspended.
- NHS Trusts who aspire to become Foundation Trusts will in future no longer be able to do so unless and until they have achieved a 'good' or an 'outstanding' rating under the new Care Quality Commission inspection regime.
- More senior clinicians, as well as professionals from outside the NHS, will be recruited to manage NHS hospitals under a new fast-track leadership programme to include time at a leading business school.

7. In response to the abuse which took place at Winterbourne View Hospital, the joint improvement programme was established to help local areas fundamentally transform health and care services for people with learning disabilities or autism and behaviour that challenges. The programme is led by the Local Government Association (LGA) and NHS England, and funded by the Department of Health.

The Joint Improvement Programme Progress Report, published in October 2013, is an analysis of a questionnaire that covers all 152 health and wellbeing board areas. The report highlights areas for development which include the development of whole life course planning, improving engagement and joint working, investment in behaviour support and community based accommodation and increasing advocacy activity.

Integrated Care and Better Care Fund

8. Twenty six councils have agreed to be at the forefront of the integration of health and social care under a programme led by Labour's shadow health secretary Andy Burnham. The councils have been tasked with finding effective ways of joining up the health and social care services by developing individual models of integration and combining of existing health and social care budgets. They will have regular contact with Labour's central health team. It is not yet clear what the links will be between these councils and the 14 that were successful in their bid to become an integration pioneer under Norman Lamb's programme, which also aims to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes.
9. Following the announcement at the Spending Review in June of the £3.8bn monies available through the Integration Transformation Fund (renamed as the Better Care fund from December 2013), in 2015/16, further guidance has been shared with local authorities.

The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and Clinical Commissioning Groups (CCGs) will, therefore, have to redirect funds from these

activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an opportunity to shape sustainable health and care for the foreseeable future.

An element of the funding is linked to performance and outcomes and part of the process is that an agreed integration plan is submitted to Government in accordance with the deadline. All plans are subject to NHS England and Ministerial approval.

Local plans need to be jointly agreed between the local authority and CCG's and signed off by Health and Wellbeing Boards. To assist Health and Wellbeing Boards the Local Government Association and NHS England have developed a template to use in developing, agreeing and publishing their integration plan. The deadline for the return of completed planning templates is 15th February 2014.

On 18 December 2013 the Local Government Finance Settlement covering the period 2014/15 and 2015/16 was published. Social Care funding allocation to DCC in 2014/15 has been confirmed as £39.193m, with the indicative BCF allocation of £43.735m for 2015/16.

Public Health England

10. The roll-out of a phased extension of the annual flu vaccination programme began in September 2013, with children aged two and three being invited to receive the vaccine by their GPs and a national advertising campaign being launched by Public Health England (PHE). A small number of pilot programmes have been launched offering the vaccine to four-to-ten year olds. The results of these pilots will inform the programme's further roll-out in future years to include annual vaccination of all two-sixteen year olds.
11. The Cold Weather Plan (CWP) for England 2013/14 was published by PHE in October 2013. It is up to each local authority and its NHS partners to consider the actions in the plan and adapt and incorporate them as appropriate. The key messages cover:
 - All local authorities, NHS commissioners and their partner organisations should consider the CWP for England 2013 and satisfy themselves that the suggested actions and the Cold Weather Alert service are understood across their locality. They should review or audit the distribution of the Cold Weather Alerts across the local health and social care systems to satisfy themselves that the alerts reach those that need to take appropriate actions.
 - The community and voluntary sector can help reduce vulnerability and support the planning and response to cold weather, particularly through identifying and engaging vulnerable people.
 - Reducing excess winter illness and death is not something that can be tackled in the winter alone. It requires a long-term strategic approach by HWBs, Directors of Public Health and commissioners to assess needs and then commission, plan and implement interventions. Action to reduce cold-related harm should be considered core business by Health and Wellbeing Boards and included in Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
12. PHE's 2013 Local Health Profiles were published in September 2013 and provide summary health information to support local authority members, officers and

community partners make decisions and plans for health improvement. The profiles present a set of important health indicators that show how the area compares to the national and regional average and give a snapshot overview of health for each local authority in England. The Local Health Profile for County Durham shows that performance is worse than the England average in relation to life expectancy, children living in poverty, early deaths, child obesity, teenage pregnancy, breastfeeding, smoking in pregnancy, alcohol specific hospital stays, healthy eating and smoking related deaths. County Durham is better than the England average in terms of GCSE attainment, sexually transmitted infections, road injuries/deaths, statutory homelessness, violent crime and drug misuse.

The information contained in the Local Health Profile will be considered as part of the next Joint Strategic Needs Assessment for County Durham.

13. The Health Premium Incentive Advisory Group has published an interim report, recommendations to the Advisory Committee on Resource Allocation (ACRA), regarding the public health incentive scheme which will form part of the ring-fenced public health grant to local authorities post 2015. It is expected that the final recommendations will be presented to ACRA and to the Secretary of State for Health in early 2014. The incentive scheme will be linked to progress and achievement against the Public Health Outcomes Framework.

Regional Developments

Public Health

14. Public Health England's North East branch is in the process of recruiting additional Public Health consultant posts to lead on health improvement and public health workforce issues. As the system is bedding down post transition relevant public health data flows are being established to support the public health team in the Council. The Director of Public Health, County Durham meets regularly with the centre Director to discuss ongoing operational issues.
15. Public Health England hosted a regional conference in County Durham on 14 November 2013 which focused on the National Child Measurement Programme (NCMP) and Diet and Health. The conference detailed new tools available to support delivery of the NCMP, sharing of good practice and evidence. The support needs of local authorities in relation to diet and obesity and the challenges and opportunities on promoting healthy eating and tackling obesity, were considered, to help to inform the development of local and national action plans.
16. In November Balance¹ held a regional conference in County Durham, for professionals, to learn about the latest alcohol developments. Balance continue to press for the introduction of evidence-based interventions, including a minimum unit price for alcohol, and the event to explored how the North East can work together to influence national policy while taking local evidence-based measures to reduce alcohol harm.

¹ Balance is the North East Office for Alcohol and is jointly commissioned by the 12 local authorities with Durham County Council as the lead commissioner.

Developments in County Durham

County Durham Health and Wellbeing Board

17. The Health and Wellbeing Board (HWB) met on 15th November 2013 and discussed the following reports:

The Smoke Free County Durham Tobacco Control Action Plan

18. The HWB endorsed the Smoke Free County Durham Tobacco Control Action Plan, which aims to make smoking less desirable, accessible and affordable. Locally this means improving health and reducing health inequalities by reducing the number of smokers. The Smokefree Tobacco Control Alliance for County Durham brings together partners from across the county to work together to implement action locally. It is jointly chaired by Councillor Audrey Laing, Durham County Council and Anna Lynch, Director of Public Health, County Durham.

Smoking is the biggest single contributor to the shorter life expectancy experienced locally and contributes substantially to the cardiovascular disease (CVD) and cancer incidence. Smoking is a major health inequality issue within County Durham and is an area of focus within the Joint Health and Wellbeing Strategy.

North Durham CCG and Durham Dales, Easington and Sedgfield CCG

19. A report was noted by the HWB on the North Durham CCG (NDCCG) and Durham Dales, Easington and Sedgfield CCG (DDES CCG) planning process, which feeds into the 2014/15 planning round. As a part of the NHS 'Call to Action' programme each of the CCGs within the Durham, Darlington and Tees area have agreed to work jointly with the Local NHS England Area Team utilising the North of England Commissioning Support (NECS) communication and engagement teams. They have written to key stakeholders to obtain their views on what the CCG and other health commissioners should consider in the development of their commissioning plans for 2014/15. In developing the commissioning plan the CCGs will give consideration to operating framework requirements, Integrated Transformation Funding arrangements and budget allocations.

In November NHS England and the Local Government Association (LGA) wrote to CCGs and local authorities to emphasise the importance of developing and implementing bold and transformative long-term strategies and plans for their services, to prevent financial unsustainability and decline in safety and quality of patient care. The letter stated that this long-term transformation will only be achieved through commitment to create a fully integrated service between the NHS and local government.

In light of the letter received and the need to coordinate across the Health and Wellbeing Strategy and NHS planning arrangements the 2 CCG's in County Durham have made proposals to NHS England, supported by DCC, to form a single planning unit that is coterminous with Durham County Council. The CCG's recognise the need to ensure there are effective links made with other planning units but in particular Darlington, Sunderland and North Tees and Hartlepool due to the commissioning and contractual arrangements for provider trusts and patient flows across these areas.

20. The HWB also noted a report on North Durham CCG and DDES CCG urgent care arrangements. Both CCGs have identified urgent care as a priority in their 2013/14 annual commissioning plan. Detailed winter plans for 2013/14 have been developed and agreed for County Durham. An Urgent Care Board has been established which is led by both CCGs and has responsibilities for the coordination and oversight of the winter plan across County Durham. The Urgent Care Board includes representation from Durham County Council (DCC), the Police and Fire Service. Across the health economy both CCGs are also implementing a series of commissioner visits to the emergency departments. The purpose of the visits is to review the effectiveness of services, quality and safety, patients experience and understand key issues.

There are a number of other areas of development that both CCGs are undertaking that support urgent and emergency care:

- Intermediate care – both CCGs and DCC are involved in the service developments that will support the timely discharge of patients and prevent emergency admissions by ensuring that patients have access to consistent intermediate care (short term intervention).
- GP practice variation – the purpose of practice variation is to use available data and support practices to look critically at variation such as emergency department attendances, emergency admissions and urgent care attendances. This process uses peer review and aims to change referral patterns that ensure patients access the appropriate pathway.
- Long term conditions – both CCGs are implementing a range of schemes that aim to ensure that patients with long term conditions are managed effectively in their home or in community settings to avoid emergency admissions, for example chronic obstructive pulmonary disease.

North Durham CCG has completed a review of urgent and emergency care. The evidence and information collected as part of the review has indicated that a significant number of patients currently accessing urgent care in-hours could be seen in primary care. Similarly around 30 percent of patients currently attending the emergency department in-hours could be seen in primary care. A revised model has been proposed and an outline business case is being finalised along with a service specification. In summary the key elements of the North Durham model for urgent and emergency care are to improve and develop capacity in existing services:

- Enhance the role, capacity and capability of primary care to enable patients to be seen in-hours within their local community. This includes consideration of a move towards 7 day working.
- Ensure an integrated minor and major pathway in the emergency department providing urgent and emergency care ranging from minor injury to major trauma.
- Ensure effective communication and coordination in the system through effective links with the existing 111 service to primary care and the emergency department.
- Ensure effective unplanned care transport services that are integrated within the model.

DDES CCG are currently undertaking a review of their urgent care arrangements and will be developing plans in the coming months.

The Public Mental Health Strategy

21. The HWB endorsed the Public Mental Health Strategy 2013-2017, which covers all ages and directs action for:

- Promoting mental health and wellbeing
- Preventing mental ill health
- Early identification of those at risk of mental ill-health
- Recovery from mental ill-health

The Public Mental Health Strategy for County Durham was developed by the Public Mental Health Strategy Development Group consisting of key partners, service users and carers. It is based on comprehensive identification of needs and identifying evidence based practice to promote good mental health.

This strategy aims to promote mental wellbeing and prevent the development of mental health issues. It will do this through increasing the resilience of the population in County Durham and reducing risk factors associated with poor mental health. There is a need to promote mental health and emotional well-being at individual and community level; improve the mental health and wellbeing of children and young people, and to reach out to the groups at greatest risk of poor mental health.

This work will form the basis of an overall mental health framework in County Durham.

The Winterbourne View Concordat and Action Plan

22. The HWB received an update on the Winterbourne View Concordat and Action Plan implementation in County Durham. To complete this work a project group involving DCC Commissioning colleagues, the Operations Manager for Learning Disability services, the Continuing Health Care Team and the North East Commissioning Support Unit was established in May 2013. The primary focus in relation to individuals centres on 10 people with Learning Disability on the Winterbourne register. Regarding the 10 individuals, initial plans are in place to either identify suitable placements locally or to develop new services where required. Detailed individual work is now being actioned.

The Adult Autism Strategy

23. The HWB received an update on progress of the implementation of the Adult Autism Strategy. In August 2013, Local Authorities were notified that a second self-assessment exercise was to be undertaken. Work has been carried out with partners to complete the on-line return. Areas to be addressed following the self-assessment include the following:

- The needs of older people with autism
- Strengthening the focus on employment pathways for people with autism to achieve higher levels of employment
- Engaging with partners in the Criminal Justice system to ensure that people with autism are dealt with effectively and fairly.

A local action plan will look to consolidate progress made in relation to data and needs mapping, carer and service user engagement and the development of post diagnosis

support services. Alongside that, mainstream agencies need to continue to make 'reasonable adjustments' where possible, in order to improve service access for people with autism.

Social Care funding transferring from NHS England

24. Social care funds of c. £10.1m for the 2013/14 financial year and c. £12.9m for 2014/15 are due to be transferred from NHS England to the local authority under a section 256 agreement. The HWB ratified the proposed options for use of the social care funds for 2013/14.
25. The funding will be used to support the following objectives:
 - Providing care as close to home as possible.
 - Reducing inappropriate admissions to care homes.
 - Maintaining people's independence at home and reducing unplanned admissions to hospital.
 - Providing more coordinated hospital discharge planning and avoiding readmission.

This approach seeks to improve the independence and wellbeing of our population, relieves volume and funding pressures within the acute and social care sector, fits with our developing approach to whole system change in intermediate care services and fully aligns with the strategic objectives within the Joint Health and Wellbeing Strategy.

Joint Strategic Needs Assessment / Joint Health and Wellbeing Strategy

26. A refresh of the Joint Strategic Needs Assessment (JSNA) is being undertaken in order to identify any gaps in evidence of health, social care and wellbeing needs for County Durham. The six strategic objectives in the Joint Health and Wellbeing Strategy (JHWS) have been reaffirmed by the Health and Wellbeing Board as:
 - Children and young people make healthy choices and have the best start in life
 - Reduce health inequalities and early deaths
 - Improve the 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
27. An engagement event was hosted by the County Durham Health and Wellbeing Board on 22nd October 2013. The event was attended by 134 stakeholders from a wide range of backgrounds including local authority, NHS, voluntary and community sector, members of the public, service users, carers and patient groups. Stakeholders were invited to identify gaps in health, social care and wellbeing evidence provided in the JSNA and in the JHWS to help develop key actions to address any gaps.
28. An online feedback opportunity ran on the Durham County Council website from 22 October – 12 November 2013 to seek wider feedback.

29. From November 2013 to January 2014 presentations are being undertaken with Area Action Partnerships on the JSNA and JHWS.
30. Presentations are also being provided to Children and Young People's and Adults Wellbeing and Health Overview and Scrutiny Committees to ensure that their views on the key messages from the JSNA and the strategic actions from the JHWS have been captured.
31. Consultations have also taken place with children, including those with disabilities, through Investing in Children and an additional consultation has taken place with parents of disabled children through the Making Changes Together group.
32. The feedback to date has included a number of key areas which will need to be considered by the Health and Wellbeing Board, including:
 - Young people who self-harm
 - Young carers
 - Offender health
33. The Health and Wellbeing Board will be asked to agree the refresh of the Joint Health and Wellbeing Strategy in March 2014.
34. A report on the JSNA 2013 key messages and the JHWS refresh for 2014-17 will be presented to Cabinet on 16th April 2014.
35. Over the coming months the Health and Wellbeing Board will consider the following:
 - Better Care Fund in relation to the integration of social care and health services and associated funding
 - Clinical Commissioning Group Clear and Credible Plans
 - Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
 - Dual Diagnosis Strategy
 - Cardiovascular Disease Strategy
 - DDES and North Durham CCG Primary Care Strategies
 - Healthy Weight Strategy

Local Healthwatch

36. Healthwatch County Durham continues to make progress in becoming established as a corporate body in the form of a Charitable Incorporated Organisation.
37. Healthwatch County Durham now has a full Board of 12 members. Board members or "governors" have been assigned a particular lead area to oversee and are attending various stakeholder committees and meetings across the County.
38. The Board are looking to develop three levels of membership to reflect level of involvement. Level 1: receiving and offering information; level 2: active involvement including volunteering and; level 3: corporate/group membership.
39. Eight public access hubs have been established countywide. These will provide a single point of contact for people to access information about health and social care services and to feed in views to inform service improvements.

Public Health

40. The annual report of the Director of Public Health has been published and due to be received by Cabinet on 15th January 2014.
41. Cabinet approved the County Durham Tobacco Action Plan and the Public Health Pledge at its meeting on 30th October 2013. These demonstrate the Council's ambition and commitment to improving the health of communities across the county. In addition, the Council is considering becoming a signatory to the Local Government Declaration on Tobacco Control, an initiative developed by Newcastle City Council and launched nationally in the House of Commons in December 2013.
42. NHS England Area Team for County Durham, Darlington and Tees Valley has established two oversight boards. One focuses on screening programmes and the second on immunisation programmes. These Boards will provide the Director of Public Health with assurance that the NHS system has robust plans, both strategic and operational and has good and effective clinical governance in place to ensure that the health of County Durham communities is adequately protected. This assurance is a statutory duty for the Council under the Health & Social Care Act 2012, discharged through the Director of Public Health.
43. The public health team has started to progress a public health transformation programme which has a large focus on a community wellbeing model both for children and adults. The approach will target communities with the greatest need, working with existing council services with a focus on reducing health inequalities in the county.

Recommendations

44. Cabinet is recommended to:
 - Accept this report and further quarterly reports on developments related to NHS and public health reform.

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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 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.