Health, public health and social care round-up: August 2014

1 September 2014
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Summary

The health, public health and social care round-up summarises new policy, research and publications that are relevant to elected members and officers interested in health and social care. It is intended to be a digested read and provides links to the source documentation of major reports for further consideration. The briefings are organised in the following categories:

• major developments in August
• health and social care reform and finance
• public health
• health and social care quality and practice.

Briefing in full

Major developments in August

As usual, August was a quiet month for major health and social care developments. Councils expressed their concerns about the financial and wider resource implications of the first stage of implementing the Care Act e.g. implementing national eligibility criteria. Councils are now looking into the potential financial costs of the second stage: extending assessment to self funders, and implementing the care funding cap.

NHS reforms have resulted in both opportunities and challenges for councils. In the section below are examples of councils integrating commissioning with the NHS, concerns about changes to already integrated services, major tender exercises and councils applying to provide NHS commissioning support. This is an evolving situation with many more examples set to emerge in the coming year.
Further concern was expressed about NHS England’s steering group set up to identify community solutions for people with learning disabilities in hospital. The group, Ideas Collective, challenged the aim of closing hospital places without sufficient focus on community support.

**Health and social care reform and finance**

**Adass and LGA response to consultation on regulations and guidance for the Care Act**

Adass and the LGA have set out concerns about various elements in the draft DH guidance. These include:

- social workers will spend more time interpreting legal aspects of the Act, at least in the first few years of implementation
- there is lack of clarity about eligibility criteria which could prove too subjective in implementation
- the boundary between health and social care is blurred in some aspects e.g. draft regulations on eligibility refer to accessing medical services as a social care need.

Final regulations and guidance will be published in October, with draft regulations and guidance on the care cap element of the Act due for consultation at the end of the year.

**LGA poll on implementing the Care Act – financial reform**

Community Care reports on an LGA poll of councils which found major concerns about the costs of implementing the care cap and the increase in assessments for people who self fund. LGA has written to Normal Lamb outlining the concerns and calling for further funding, should an analysis of costs to be undertaken by DH and local government should identify a funding gap. Adass has published a tool developed by Lincolnshire County Council which will help estimate the numbers of self-funders who might ask for an assessment, and the numbers of carers who might want an assessment. Adass is asking councils to use the tool over the summer to establish costs for these groups.

**Interview with better care fund chief**

A Health Service Journal (HSJ) interview with Andrew Ridley, responsible for overseeing the Better Care Fund, said that he did not expect all plans to be approved by the November deadline, however all would be approved in time for implementation in April 2015. Commissioners should ‘brace themselves’ for a further five tough years, but better care fund integration will make savings ‘in the long term’.
POLICY BRIEFING

NHS Five Year forward view – 5YFV

NHS England has published an overview of its five year strategy for the NHS which aims to both influence and draw on local planning. The strategy, due in October, will set out a range of preferred service models and will cover opportunities for health, care and the financial context. NHS England has said this will not involve another ‘lengthy and costly’ engagement exercise asking people what they want from health and health care. Instead, it will build on existing research and work with organisations such as National Voices on proposals.

The stability of the care market and market oversight in England

This independent report commissioned by the Care Quality Commission to inform its new market oversight responsibilities found that large-scale provider failure similar to Southern Cross is possible. Funding pressures are having an ongoing impact on the stability of providers, and the combination of factors which led to the collapse of Southern Cross – high levels of debt, concerns about occupancy levels, the sale and lease back of properties – are still present in some providers. Providers most at risk are those that do not own their own properties and have a concentration of homes in a limited number of less affluent areas. The report also concluded that there were few signs of any imminent failure in the learning disability care market, large scale failure would be rare, and it was likely that no failure would be so great as to lead to care not being available for those that needed it.

Recommendations include:

• CQC should not simply rely on financial indicators because published accounts are backward looking and would not identify companies like Castlebeck which were financially viable until hit by scandal.
• Market intelligence such as information from inspections, service users, company reports and councils should be used.
• Formal metrics should be sufficiently flexible to consider different types of risk facing different companies.
• Councils and the CQC should work more closely together to share market knowledge.
• The role of CQC relationship managers who work with providers, should include skills of financial analysis.

Concerns and integration in Devon

HSJ reports on opposition to plans by Northern, Eastern and Western (NEW) Devon CCG to award community services contracts without undertaking a tender. Devon County Council is concerned about a particular aspect of the proposal – to transfer the community services contract from Torbay and Southern Devon Health and Care Trust, with which the council works closely, to social enterprise Plymouth Community Healthcare.
HSJ also reports on NEW Devon CCG approving plans to integrate commissioning arrangements and pool budgets with Plymouth City Council social care with a view to make savings of up to 12 percent as well as integrating services. An interim arrangement will be established next March to jointly commission health and social care services, followed by more formal arrangements the following March. It has not yet been decided whether the CCG or council will formally hold the budget.

Councils apply to provide commissioning support

HSJ reports that two councils have passed the first stage of NHS England’s procurement process to run CSU services – Essex and Surrey county councils have progressed, alongside bids from existing CSUs, from private organisations such as Capita, and from partnership bids. The next stage is an invitation to tender by the end of October, with the new framework of support to CCGs operating from the end of January 2015.

Integrated care services hub

South Tyneside Council has awarded South Tyneside Foundation Trust a ten year contract to run an integrated care services hub for older people, particularly those with dementia. It will provide a range of services in one place including information and advice, independent living aids, and rooms for medical consultations and assessment of need. Thirty people will live on site, and there will also be around 30 beds for respite care.

System resilience groups

HSJ reports on NHS Clinical Commissioners expressing concern that the system resilience groups required by NHS England are subjecting CCGs to top down requirements and bureaucracy. Urgent care working groups were set up last year to oversee emergency care pressures, but the new groups now cover elective care and should include representatives from CCGs, providers and councils. £350 million winter pressure funding from NHS England will only be allocated when system resilience group plans, submitted by July, are signed off.

Adult social care efficiency tool

This tool enables councils to identify comparable indicators on spending per head, quality of service and access to service in similar areas ‘statistical neighbours’. Information is on the two largest groups receiving adult social care – older people and people with learning disabilities. The aim is for councils to benchmark their own performance and identify different approaches from which they can learn in similar authorities. It cannot be used to make judgements about relative performance of councils or to identify the ‘correct’ price for care.

Mutuals in health: pathfinder programme

The DH has launched a programme for Foundation Trusts and NHS Trusts to explore the potential benefits of mutualisation. A £1 million fund will provide around 10 Pathfinder Trusts – and partners, which could include councils. Expressions of
interest are required by 4th September. A mutual approach has been supported by the government as a positive way forward for the NHS. Currently around 53 mutual organisations provide a service to the NHS.

Public health

Transfer of 0-5 public health commissioning to local authorities

This DH guidance sets out the mandatory health visiting services that councils will be required to provide when they take over responsibility in October 2015. These follow services currently commissioned under the NHS healthy child programme.

- antenatal health promoting reviews
- new baby reviews
- six to eight week assessments
- one year assessments
- two to two and a half year reviews.

Following April 2017, greater flexibility of provision may be allowed. The LGA has pointed out that areas need to receive sufficient funding for these new responsibilities.

Health and social care quality and practice

Special measures regime for general practice

The CQC has provided details about the new inspection, rating and failure regime for general practice which will be introduced in October. If a practice assessed as inadequate does not improve within six months, it will be put on special measures. If it has not improved within a further six months, the CQC may cancel its registration and/or NHS England may terminate its contract. Practices giving immediate concern could be placed in special measures with immediate effect. NHS England and the Royal College of GPs will pilot a programme to support practices on special measures.

Centralised stroke services save lives

Research published in the BMJ about the centralisation of stroke services in London into hyperacute units found that almost 100 fewer people died every year and patients spent 1.4 fewer days in hospital. The report suggests that other urban areas should seriously consider a similar model.

Correlation between nursing levels and deaths from stroke

Analysis of data from the Royal College of Physicians stroke programme found that stroke patients were more likely to die in stroke units with lower nurse staffing levels.
at weekends. A similar correlation between ratios of registered nurses to patient beds in weekdays. The impact of doctor staffing levels was less clear.

CQC - experts by experience contract stalled

HSJ reports that the CQC has paused its tender to select an organisation to recruit, train and manage inspectors with personal experience of health and care in order to clear the terms of the tender with the DH. Current providers have had their contracts extended until the end of March. HSJ understands that Healthwatch England supports the pause, since local Healthwatch organisations had expressed concern that the timescale was too tight for bids to be submitted.

Concern about NHS England group on Winterbourne View improvements

Community Care reports on the Ideas Collective, a network of learning disability experts, including a previous DH national director for learning disabilities, which claims that the NHS England group, chaired by Steve Bubb from voluntary sector leaders’ group ACEVO, needs to change direction. A closure programme for assessment and treatment units and hospitals placed insufficient focus on the factors that led to the need for inpatient beds – poor community health and social care services. The network also criticised the steering group for only having one service user and one carer member. The group is being advised by a service user and carer reference group. The Ideas Collective said that the programme should focus on reducing ATU beds to the level that was needed; it should also retract a previous statement concerning the funding of group homes and long-term provider contracts. The group will report by the end of October.

New task force for mental health services for children

Care Minister Norman Lamb launched this taskforce, co-chaired by NHS England and DH, which will consider how the commissioning and delivery of these services can be improved. The task force will look into the role of the voluntary sector and how to help young people online. The taskforce follows the Mental Health Action Plan which aims to promote parity between physical and mental health, published in January.

NHS car parking principles

The DH has published principles to provide ‘clear and consistent rules’ on car park provision by the NHS. The aim is to do away with unfair charges and ensure that charging should be reasonable for the area in which the organisation was located. Principles include:

- free or reduced charges or caps for staff working shifts when public transport cannot be used
- similar concessions for frequent outpatient attenders and visitors whose relatives are gravely ill
- staff parking should be based on need e.g. for those whose job involves visiting people at home
• consider installing schemes which allow drivers to pay for just the time they have been parked
• penalties should be waived in situations where overstaying is beyond the driver’s control
• organisations should manage ‘rogue contractors’.

For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk