Health, public health and social care round-up: 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 September
- health and social care reform and finance
- public health reform and practice
- health and social care quality and practice.

Briefing in full

Major developments in September

In September two important independent reports into the future of social care were published (LGiU policy briefings):

- The report of the Barker Commission recommended raising additional funding for integrated health and care from increased national insurance, more means testing and bringing attendance allowance into the system. This would provide free care for people assessed with substantial or critical needs.
- The Commission on Residential Care aims to shift residential care from an option most people dread to one which helps people lead fulfilling lives. It recommends that the elements of ‘care’ and ‘housing’ should be separated in assessment, commissioning, provision and regulation.

In conference season, parties are setting out ideas for how they would improve health and social care. Increased integration is central to all, and both Liberal
Democrats and Labour are likely to put forward an increased role for councils/health and wellbeing boards in commissioning integrated services (details below). Predictably, many NHS leaders in a Health Service Journal survey are less than enthusiastic about this (details below).

Thousands of NHS staff plan to strike for four hours on 13th October due to a dispute with government about pay. This is the first time industrial action about pay has taken place in the NHS in 32 years.

Health and social care reform and finance

Better care fund plans approved

Health Service Journal (HSJ) reports on the first five areas to receive official approval for their plans: Greenwich, Nottinghamshire, Reading, Sunderland, and Wiltshire. The plans are aiming for less than the 3.5 percent reduction in emergency admissions set out in national guidance. For example, Sunderland is aiming for 0.8 percent, but 15 percent from 2016-17 onwards. Reading is aiming for 2.8 percent, identified as very ambitious as it already has very low levels of emergency admission. HSJ also points to the comments made by providers (a required part of plans) which are all sceptical that the targets will be reached. All plans intend to pool more than the minimum requirement of £25 million. For example, Sunderland is planning to pool up to £170 million.

Integrated commissioning programme

NHS England has published a prospectus for this programme which will be piloted in at least ten areas from April 2015. Think Local Act Personal has produced a guide providing further detail. Pilots will:

- provide a person centred model giving people the option of an integrated personal health and social care budget
- involve an integrated year of care capitated payment model as an incentive to shift from rewarding activity to rewarding outcomes.

Organisations including CCGs, councils and at least one voluntary sector partner must submit joint bids by 7th November.

HSJ CCG barometer survey – commissioning intentions

HSJ asked CCG leaders how likely it was that the following models would be implemented in their area as part of their five year strategic plans:

- a large contract for integrated care for a specified population – 74 percent
- GP providers becoming part of a single organisation – 70 percent
- significantly extending personal health budgets – 61 percent
- primary care-led multi-speciality provider group – 61 percent
- changing the commissioner provider split – 48 percent
- CCGs take on significant social care commissioning – 39 percent
- hospital provider becoming part of a chain – 38 percent
Respondents were unenthusiastic about the Labour proposal for health and wellbeing boards to become ‘system leaders’ for people with long term conditions and disability. Just under 16 percent said they thought this would improve overall commissioning and just under 30 percent said it would lead to better integration. A third said they would leave their job if this happened and around half said some GP leaders would leave.

A large number were considering ‘accountable care organisations’ in which a group of providers are jointly contracted to meet the needs of a specified population. Alternatively they were considering ‘prime provider’ arrangements in which a single organisation is responsible for overseeing and organising services from different providers. Several were considering ‘alliance contracting’ in which a range of providers are required to work together. All such arrangements would require overhauling existing contracts to ensure providers worked more closely together. There was less interest in making the local hospital trust the lead provider for integrated care.

Seventy percent of CCGs that responded to the survey were also preparing to take responsibility for the management of GP contracts in their areas as part of the NHS England move to ‘co-commission’ primary care.

**Possible integrated care organisation in Tameside**

HSJ reports that Monitor will send experts to Tameside Hospital Foundation Trust to look into the potential for creating an integrated care organisation, potentially offering public health, social care and wellbeing services. Tameside is one of the eleven trusts in special measures because of high mortality rates, believed to be clinically and financially unstable in its current form and rated inadequate by the CQC. Integrated care is one of the strategic options for the trust.

**Conference season – Conservatives**

David Cameron announced that £100 million will be made available from April 2015 to ensure that seven-day access to GPs is rolled out across England by 2020. Jeremy Hunt announced that 5000 more GPs would be trained, and services would be available until 8 in the evening.

**Conference season – Labour**

In a series of speeches, Andy Burnham set out ideas for a ten year plan for health and social care:

- No more ‘central rabbits out of hats’ – no forced central structural organisation – but organisations will need to work in much closer partnership and there should be ‘fewer players on the pitch’.
• Bringing social care into the NHS to provide an integrated health and care service covering physical and mental health and social care needs.
• Lifting up social care – no longer a ‘dead end’ career but working to NHS standards.
• A single local commissioning organisation led by local government to re-establish links between health, education, planning, leisure and housing.
• Changes to financial incentives – budgets for a year of patient care rather than episodic tariffs which reward activity.
• Every hospital would be an integrated care organisation, but funding changes should protect community-led services rather than there being an acute hospital takeover of services.
• Monitor’s role in promoting competition would be removed, but the organisation could have an important role in overseeing the financial stability of the health and social care economy and driving integration.

The Kings Fund has commented that the above measures seem to imply the need for reorganisation.

Ed Milliband has announced a £2.5 billion NHS ‘time to care’ fund to fund more nurses, GPs, care workers and midwives paid for by a ‘mansion’ tax, a levy on tobacco companies and a crackdown on tax avoidance.

Conference season – Liberal Democrats

Liberal Democrats have issued a discussion paper, Protecting public services and making them work for you. A health related idea involves joined-up GP services commissioned by health and wellbeing boards; this would avoid both a national body with no democratic accountability, and CCGs, made up of local GPs, commissioning local primary care services. Norman Lamb has proposed new laws to enable health and wellbeing boards to become commissioning bodies. An alternative model would be an enhanced CCG with local government representation. The Lib Dems are also proposing ‘Better Outcome Boards’ partnerships of three or more public authorities such as councils, NHS, police, job centres, with independent sector partners, with financial incentives for joint working.

Co-commissioning specialised health services

NHS England has produced proposals for extending the role of CCGs in commissioning specialised health services, indicating it was not appropriate that CCGs were not involved in commissioning important local services such as radiotherapy, or chemotherapy. A small number of highly specialised services should still be commissioned centrally, a small number could be commissioned solely by CCGs, the bulk would be co-commissioned – in partnership rather than transferring budgets.

Four models for increasing capacity in adult social care assessment
The Community Care conference discussed models for increasing capacity for assessment of self funders. These include:

- online assessments
- third party assessments eg voluntary sector organisations or private sector care homes undertake the assessment on behalf of the council
- community drop ins e.g. GP surgeries or high street hubs
- a specialist self funder assessment team.

Strategic commissioning of long term care for older people: can we get more for less?

This Laing and Buisson discussion paper proposes a new commissioning model in which a lead provider ‘social care maintenance organisation’ would contract with the NHS, CCGs and councils to provide a full range of social care services for older people. This is proposed as a solution to councils trying to make savings and providers looking for a realistic return on their investment. The SCMO would commission contracts with long term outcomes with providers rewarded for meeting service users’ outcomes.

Independence for commissioning support units put on hold

HSJ reports that NHS England has paused the plans for CSUs to become independent by 2016. Guidance expected this summer will not now be released until 2015, probably after the general election.

Draft Legislative Reform (CCGs) Order 2014

MPs have approved this order which gives greater flexibility and control, including creating a joint committee to exercise joint commissioning functions.

Children with special educational and complex needs: guidance for health and wellbeing boards

This guidance informs HWBs about how best to oversee changes made by the Children and Families Act 2014 which introduced a new statutory requirement for local services to work together; from September, councils, CCGs and education services will be expected to collaborate when assessing, commissioning and implementing care plans for children with SEN and disabilities. HWBs are responsible for ensuring that effective implementation is taking place.

Public health

Public health funding

The DH has announced the public health settlement for councils in 2015-16, at £2.79 billion, the same funding as for this year. There will also be a £5 million health premium incentive scheme to reward areas that have met one national and one local indicator. The national indicator will be the number of successful completions of drug
treatment programmes, a scheme to be piloted in 2015-16. The incentive scheme has been judged as helpful in principle, but too small to make a difference by organisations such as the LGA and Kings Fund. The DH is consulting on the design of the incentive scheme and the distribution of allocations until October 23rd.

**NHS England chief promotes public health**

Simon Stevens, speaking at the public health annual conference, stressed the importance of improving public health for the future of the NHS and the wider economy. Obesity was identified as ‘the new smoking’ and ‘a slow motion car crash in terms of avoidable illness and rising healthcare costs’. He indicated that the NHS England five year plan, due later this year, will make recommendations to government, including:

- a shift in NHS investment towards targeted and proven prevention programmes
- financial incentives such as tax breaks to employers who provide approved workplace health programmes
- powers to councils to make local decisions to tackle fast food, alcohol, tobacco etc
- new incentives to ensure the NHS sets a national example in how it supports its own staff.

**Experts seek to reduce sugar intake guidelines**

A study from University College London and the London School of Hygiene and Tropical Medicine recommends reducing the daily sugar intake to 14 grams a day less than half a can of fizzy drink or four pieces of a chocolate bar. This includes fruit sugar from honey or fruit juice. This would tackle dental decay and obesity. The study recommends removing sugary food and drink from sale in organisations supported financially by local and central government. The daily limit for children would be even lower.

**National survey of oral health of three-year-olds**

Public Health England researchers checked the teeth of nearly 54,000 children at nurseries, children's centres and playgroups and found that 12 percent of children had evidence of tooth decay – an average of three teeth decayed, missing or filled. There were large geographical variations – from 34 to 2 percent. Some children had a particular type of decay linked to the consumption of sugary drinks in baby bottles or sipping cups. Parents are advised to give sugary food and drinks in smaller quantities and less often, and not to add sugar to weaning foods or drinks. Parents should start brushing teeth as soon as the first tooth appears, supervise brushing until the ages of seven or eight, and register with a dentist as soon as possible.

**Local action on health inequalities**

PHE has published eight evidence reviews and 14 short briefing papers setting out evidence and good practice in tackling social issues that lead to poor health and
Protecting public health funding

Following concerns that some councils were using the public health grant for services that had a questionable link to health (such as road repairs) Public Health England chief officer Duncan Selbie wrote to councils requiring directors of public health to sign off local public health plans in addition to the chief executive or section 151 officer.

Health and social care practice and quality

Update on Deprivation of Liberty Safeguards (DOLS)

The government has added a review of DOLS to the Law Commission’s review of frameworks for authorising deprivation of liberty which had previously just included people in supported living for whom authorisation is needed from the Court of Protection. This reverses a previous decision not to include DOLS, and follows a highly critical report from the House of Lords and the Supreme Court ruling in March which led to a large increase in DOLS applications for councils. The Law Commission will produce a paper next summer with a final report in 2017.

Community Care reports that the DH will give the College of Social Work responsibility for accrediting best interests assessor training programmes to promote higher standards and consistency. The programmes had passed from the General Social Care Council to the DH in 2012.

Wide variation in referrals to psychological therapies

Health and Social Care Information Centre figures show a large variation in waiting times for psychological therapies. At the far ends of the scale, just three percent of patients from NHS Eastern Cheshire were referred within the government target of 28 days, while NHS Barking and Dagenham referred 96 percent. Overall 61 percent of CCGs met the target.

Premature deaths of people with learning disabilities: progress update

This DH report shows progress against the 18 recommendations in the Confidential Inquiry into premature deaths of people with learning disabilities locally and nationally. It identifies that more needs to be done on:

• participating fully in the self-assessment framework and act on its results
• securing the provision of named care coordinators
• ensuring reasonable adjustments are made and audited.

MyNHS Website launched

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This website, hosted by NHS Choices, is intended to allow patients, service users, carers and staff to compare a range of health, public health and care services using a range of existing metrics.

- Hospitals – patient safety, efficiency, food standards, mortality ratios, infection cleanliness, agency staff spending.
- Public health – obesity in adults, smoking prevalence, breastfeeding at 6-8 weeks, take-up of NHS health checks.
- Social care – users’ quality of life, carers’ quality of life, permanent admission to care homes for younger adults, admission to care homes for older people, user satisfaction, carer satisfaction, users feeling safe.

Data on CCGs, mental health services, GP practices and clinicians will be added at a later time.

**CQC annual mental health survey of mental health services in England**

This year’s survey of 13,500 frequent users of mental health services found:
- a third of patients do not know where to go in a crisis
- just over half said they were given information about drugs
- 57 percent said they were involved in planning their care as much as they wished.

The CQC has stated that services must improve.

**What good looks like in adult social care**

The CQC has set out what outstanding, good, requires improvement, and inadequate look like across the key areas it will inspect services against. Following a consultation earlier this year, the CQC has published key lines of enquiry and what care looks like for each of the ratings. The new approach to inspecting adult social care starts in October.

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