Health, public health and social care round-up: August 2015

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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
- public health
- health and social care reform and finance
- health and social care quality and practice.

Briefing in full

Major developments in August

As usual, August was a quiet month for new policy announcements.

In a positive move, NHS England invited local authorities, CCGs and housing builders to submit proposals for partnerships to develop the health promotion potential of new towns and housing developments. While it is helpful for NHS England to demonstrate active engagement in tackling the wider determinants of health, this is undermined by the £200 million central cuts to the public health budgets.

Concerns about the sustainability of social care providers continued through August, with the four major national providers informing the Chancellor that their future was in doubt if the living wage was not supported with additional funding. Subsequently the Guardian and other national media reported that one of these, Four Seasons
Health Care has begun an emergency financial review in light of continued losses. Four Seasons looks after 20,000 people in 400 nursing homes. An independent review of the evidence about e-cigarettes published by Public Health England has brought welcome clarity to this issue, and demonstrates the potential for helping people to stop smoking.

Health and social care reform and finance

Care Act implementation: results of local authority stocktake August 2015

The latest ADASS and LGA stocktake, undertaken in May, found that the impact of increasing costs on the local provider market was one of the main risks facing the social care sector. Findings include:

- 68 percent said they had contingency plans to manage the collapse of a major care provider, with a further 17 percent saying plans would be in place by July and 15 percent by September or later.
- 58 percent reported a robust and comprehensive understanding of fair care costs in their area.
- 70 percent had arrangements in place to identify whether providers were paying the national minimum wage.
- The main risks facing the delivery of Care Act reforms were the impact of costs on the local provider market, staffing and provider instability, inadequate funding and uncertainty around future cuts.

Concerns about social care funding

Community Care reports on further concerns from social care providers about the future of care. The UK’s five largest providers – Four Seasons Health Care, Bupa UK, HC-one, Care UK and Barchester – have written to George Osborne saying that there could be a collapse of a major provider if the national living wage is implemented without an increase in social care funding. This repeats last month’s letter from the UK Home Care Association. The government has said that social care funding would be considered as part of this year’s spending review.

Mental capacity impact assessment

The Law Commission published an impact assessment to accompany its proposed replacement legal framework for mental capacity deprivation of liberty safeguards, commissioned by the government. It estimates that the cost of implementing the current framework should cost £1.59 billion a year – more than 13 times the estimate of current costs - £117 million. Community Care reports that the difference is largely explained by the fact that councils are currently failing to process the number of cases required to meet the lowered threshold set by the court ruling on the West Cheshire case in March 2014. The Law Commission estimates that its new framework will cost around £533 million a year.

Proposals for devolution in Gloucestershire
Local Government Chronicle reports that a partnership of Gloucestershire CCG, the County Council, six districts, the local economic partnership and police have applied to the Communities Secretary to take control over health and social care budgets in a devolution bid. The bid does not include plans for an elected mayor.

Health Service Journal (HSJ) CCG barometer on sustainability of providers: summer 2015

HSJ’s quarterly survey of CCG leaders had the following findings:

- most commissioners with unsustainable hospital providers would prefer to see reform involving a joint venture with other providers, joining with GPs to form a multispeciality provider or an organisational chain with other providers
- the least popular solutions were full mergers, a Hinchingbrooke style franchise or social enterprises
- three quarters of CCG leaders believe that they have at least one unsustainable acute provider on their patch or in their wider health community
- nearly a third are not confident in their ability to address financial problems and make efficiency savings, with the main barriers being lack of upfront investment, conflicting priorities of different national bodies and the tariff payment system
- nearly seventy percent of CCGs thought there should be equal responsibility for commissioners and providers for financial problems.

CCGs on special measures

NHS England has issued guidance on how persistently failing CCGs will be helped to improve. As well as NHS England working closely with the organisation to oversee progress, some responsibilities could be passed to other organisations. HSJ reports that in June Simon Stevens had included councils as one of the organisations that could take over powers, but HSJ also questions whether the NHS has the legal powers to transfer responsibilities to councils or providers. NHS England has not yet placed any CCGs in special measures, but has used legal directions.

CCGs on legal directions

HSJ reports on three CCGs placed on legal directions by NHS England – the largest CCG in the Country, Northern, Eastern and Western (NEW) Devon, Surrey Downs and Enfield. Directions include requirements for improvement plans, financial recovery plans, approval of appointments and recommendations for elements such as leadership and commissioning.

Monitor supports NEW Devon in complaint

Monitor did not uphold the complaint against NEW Devon from existing provider Northern Devon Healthcare Trust that the CCG broke procurement regulations by selecting a new preferred provider for a £100 million community services contract to Royal Devon and Exeter Foundation Trust without going to tender. Monitor said the CCG’s decision was proportionate and enabled it to select providers from available
options. However, it also said that the CCG needs to do more work to ensure the contract is placed in a way which ensures value for money and quality.

**CCG assurance operating manual**

This manual from NHS England sets out how CCGs will be quality assured this year. The new score card rating involving quality indicators and judgements on capacity will not be introduced until 2016-17.

**Proposals for new GP federation**

Health Service Journal reports on proposals in North Staffordshire and Stoke on Trent to establish the Northern Staffordshire GP federation, recently established as a non profit company. The intention is to merge the majority of practices’ back office and IT systems, and to work with providers to establish a multispeciality community provider, making cost savings by working at scale.

**Consultation on reducing objections to national tariff**

HSJ reports that the DH is consulting on plans to raise the threshold at which providers can object to and withdraw from annual changes to the national tariff. This is to avoid this year’s problems in which hospitals, particularly large teaching hospitals, objected to the tariff meaning that NHS England and Monitor were unable to set official prices.

**Outsourcing CCG support**

HSJ reports that NHS England has struck a £330million seven year deal to outsource primary care support services to Capita. The deal will result in a saving of £21 million and there will be a phased closure of NHS offices, significant redundancies and the adoption of centralised administration and technology functions. Two NHS offices – Leeds and Preston – will remain open. The BMA has expressed concern that the relationship between doctors and support will be lost.

**Public health**

**Response to government consultation on cutting public health budgets**

In a joint response to the consultation, the LGA and SOLACE called the £200million funding cut ‘unwarranted’ and ‘short sighted’ and based on a misunderstanding about how councils were using public health budgets. Any perceived under-spend, was, in most cases, as a result of councils taking time to disinvest in old contracts that were not delivering cost effective outcomes and recommissioning services more effectively over a three-year period. Cutting the ring-fenced funding would undermine this and would certainly impact on the NHS. The response sought information on whether there would be a further ‘ring-fence’ on the reduced funding and was clear.
this would be detrimental overall, and to councils contributing additional funding to public health.

**Healthy new towns**

NHS England and PHE have produced a prospectus for bids from local government and housing developers to form partnerships to help design in health and care in new neighbourhoods and towns. Up to five long-term partnerships of different sizes, from small projects to over ten thousand units will be chosen and will receive a programme of support. Expressions of interest must be received by 30 September.

**Increase in people with diabetes**

Diabetes UK warns that the number of people with diabetes has risen by nearly 60 percent in the past decade and there are now more than 3.3 million people with some form of the condition, up from 2.1 million in 2005. Diabetes UK calls for improved prevention and treatment.

**Five million people at risk of developing diabetes**

Public Health England warns that five million people in England have blood sugar levels leaving them at a high risk of developing Type 2 diabetes. The report was commissioned by the NHS Diabetes Prevention Programme which will support people to reduce their risk by helping them to lose weight, be more active and have a healthier diet. A separate evidence review shows that programmes similar to the NHS DPP can be effective in preventing just over a quarter of people at risk from developing the condition. Practitioners, clinicians, academics and the public are being consulted on the programme which will be aligned with NICE guidance and rolled out in 2016. Data on people at risk can now be broken down by local authority level for the first time, and ranges from 8.5 percent of people in Brighton and Hove to 14 percent in Harrow. People identified at being at risk through an NHS Health Check or blood tests will be offered a place on the NHS DPP.

**Independent review on e-cigarettes**

This independent evidence review published by PHE concludes that e-cigarettes are around 95 percent less harmful than smoking, and there is no evidence so far that these are leading to smoking in children or non-smokers. E-cigarettes may be contributing to people stopping smoking – almost half of the 2.6 million adults using e-cigarettes in Britain are current or ex smokers, most of whom are using the devices to stop smoking or remain smoke free. Therefore, e-cigarettes have potential to help smokers stop smoking. The review is concerned that increasing numbers of people are equally or more harmful than smoking.

**Research into risk behaviours in children and young people**

This government paper based on research from the Horizon Scanning Programme Team summarises current views of academics, practitioners, policy officials and
young people on the current state of risky behaviour that reduces young people’s health and wellbeing and limits their life chances. Evidence suggests a slow and steady decline in risk behaviours and negative outcomes, such as drinking, drug use, smoking, youth crime, suicide and teenage pregnancy.

**Health and social care practice and quality**

**Village life: independence, loneliness and quality of life in retirement villages**

This new study from the International Longevity Centre UK finds that, based on evaluation, residential housing with flexible care provision (extra care) can have a major impact in promoting residents’ quality of life, including increasing independence and reducing isolation. The centre calls for a radical rethink of housing provision for older people, replacing traditional institutional care homes with retirement communities.

**People, places, possibilities**

This report from the Centre for Welfare Reforms points out the advantages of the local area coordination model which has been subject to positive evaluation across many countries over 25 years. The model involves a network of community workers/volunteers who work at ward level to help people in communities before they fall into crisis and require adult health or care services. The report includes information from an evaluation of the model in Derby City Council. 50 people were supported in two localities over a ten month period, and despite the programme working at only 40 percent capacity, savings of between £800 and £880 thousand were made, with high levels of individual satisfaction on control, confidence and feeling connected. The Local Area Coordination Network is working to develop local area coordination in England and Wales.

**Cornwall’s living well programme**

HSJ reports on an evaluation of this programme which targets people who are dependent on services and matches them with trained voluntary sector workers to promote physical and social activity. Individuals also have a care plan coordinated in a GP practice team, including the voluntary sector. The programme found that emergency admissions and total hospitals admissions both reduced by around a third. The programme, run in conjunction with Age UK, is to be rolled out in Portsmouth, North Tyneside, Ashford and Canterbury, Redbridge, Barking and Havering, Sheffield, Guildford and Waverley, East Lancashire and Blackburn with Darwen.

**CQC whole health system inspections**

CQC intends to pilot its new whole system approach to inspection in Northern Lincolnshire and in Greater Manchester – particularly in Salford, which has a number of outstanding providers, and Tameside, where the hospital was one of the 14 investigated for high mortality rates in 2013. If ministers agree, the CQC will look at
the work of commissioners in North Lincolnshire. HSJ reports that the CQC’s chief inspector Steve Field has said that discussions are taking place about whether local authority care commissioning should also be regulated, but the CQC does not have a view about this.

**Rethinking regulation**

The Professional Standards Authority has reviewed healthcare regulation in the UK, finding it incoherent, expensive and requiring a radical overhaul. The report criticises the number of regulators (more than 20) which it says is slowing the pace of change in health and care and demoralising healthcare workers through multiple burdens. A better understanding of risks is needed by all regulators and the government needs to provide more consistent messages about whether poor practice should result in blame or learning.

**End of life care One chance to get it right update**

This DH publication sets out progress on commitments made by government to improve end of life care; progress includes the new CQC inspection regime, new NICE guidance, actions to improve education, training and research, professional regulation and the implementation of the priorities for care.

However, a recent CQC report found that almost half of the 105 hospitals inspected so far were causing harm or unnecessary suffering to dying people, with failings such as referring to numbers rather than names and issuing do not resuscitate orders without informing the patient or relatives.

**BASW to take on College of Social Work resources**

The British Association of Social Work has won the bid to take on a range of resources from the College of Social Work, due to close this year due to lack of funds. These include the Professional Capabilities Framework, several college publications and a framework to endorse post qualifying training. An endorsement framework for qualifying programmes will be temporarily hosted by the Greater Lancashire Social Work and Training Network.

Community Care points to the irony of BASW taking over these roles in light of the acrimony between the two organisations when the College was set up three years ago. It also reports that the transfer has been largely welcomed by the social care community.

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