

## **HEALTH AND WELLBEING BOARD: 16 SEPTEMBER 2014**

### **POSITION STATEMENT FROM THE CHAIRMAN**

#### **Learning Lessons to Improve Care Across Leicester, Leicestershire and Rutland**

[http://politics.leics.gov.uk/Published/C00001045/M00003923/AI00039176/\\$LearningLessonstoImproveCareAppendixA.pdfA.ps.pdf](http://politics.leics.gov.uk/Published/C00001045/M00003923/AI00039176/$LearningLessonstoImproveCareAppendixA.pdfA.ps.pdf)

A clinical quality review has been undertaken by all three local clinical commissioning groups (CCGs) in conjunction with University Hospitals and Leicester and Leicestershire Partnership Trust. The review was commissioned to consider local mortality rates, which were found to be slightly above the expected level for the population in comparison with the national average since 2010/11, although still within expected limits.

The local health system decided to undertake this review in keeping with Sir Bruce Keogh's advice that each health system consider their mortality rates further, including the factors affecting the local position, and where additional improvements can be made.

The review examined patients treated between March 2012 and June 2013 who either died in hospital, or within one month of leaving hospital, and looked at all the care provided during this period across health and social care. The purpose of the review was to challenge whether care had been as good as it could have been, and extract key findings to learn lessons and improve care for the future.

The selection of cases deliberately examined those with the most complex needs, which increased the likelihood of finding areas of potential improvement in care and treatment, and where multiple agencies were likely to be involved.

381 cases were reviewed in detail and significant lessons to learn were found in just over half of the cases, with unacceptable care found in 89 cases. This figure included 30 patients for whom alternative care to a hospital admission should have been in place/offered. The findings generally showed variations in care and treatment which need to be addressed.

Some of the lessons learned related in particular to patients within the emergency care pathway. These included lack of clarity in care planning and "do not resuscitate" (DNR) orders, delay in antibiotics being given, and problems with communications between hospitals and GPs. The following actions have been taken:

- Relatives of all the cases were contacted by local clinical leaders to explain the purpose of the review and to explain the outcomes found.
- Some changes are already well underway to practices and procedures in the light of the lessons learned.
- The health and care community appointed Dr Ian Sturgess to work with local partners to consider fundamental changes to our local emergency care pathway and make further recommendations. His report is expected to be published shortly.

- A series of listening events are taking place with local people, carers and a wide range of agencies to discuss end of life pathways and services - so that more discussion, awareness and clarity can be given about the care and treatment of dying patients in keeping with their wishes, and that these matters are raised as early as possible, recognising how difficult these conversations can be for individuals, professionals, carers and families.
- The findings from all the above activities are being reflected in the pathway changes proposed in our five year plan for the health and care system “Better Care Together”

### **Local Progress Towards Primary Care Co-Commissioning**

*The Next Steps Towards Primary Care Co-Commissioning* document was published on 10 November. It has been developed in partnership between NHS England and NHS Clinical Commissioners, the body that represents CCGs nationally. The purpose of the document is to give CCGs the opportunity to choose afresh the co-commissioning model they wish to assume. It clarifies the opportunities and parameters of each co-commissioning model and the steps towards implementing arrangements.

The document is accompanied by a suite of practical resources and tools to support local implementation of co-commissioning arrangements. You can read the document [here](#).

At our Health and Wellbeing Board meeting today we will hear more about the primary care co-commissioning models being considered locally and how these will develop over coming months.

### **Local Progress with Integration through the Better Care Fund**

Following national assurance, our BCF plan was “approved with support” which means we can continue to forge ahead with implementation and access the full pooled budget of £38.3m with effect from April 2015. Feedback from the assessment is being actioned by November 28, 2014 in conjunction with NHS England.

During quarter three of this financial year we have been focusing on the schemes that impact on reducing emergency admissions. We have implemented our new rapid assessment service for frail older people, and our integrated crisis response service and we are currently in the process of working with East Midlands Ambulance Service to train over 200 paramedics in the consistent use of a falls risk assessment tool. This will provide a safe handover to local community services for those who have fallen but do not need to be taken to A&E/admitted to hospital. Both CCGs are also rolling out 7 day working in primary care, by testing approaches to this in specific localities during the Autumn and Winter of 2014/15.

However further improvements are needed in the discharge pathways out of hospital and there are currently a number of pressures and operational matters affecting the flow of patients out of acute and community hospitals, including into domiciliary care services within the County.

Due to this we have undertaken an external review of current actions to improve discharge and the outcome of this work is being reported to the Integration Executive on November 25, 2014, where we will consider what additional direction and resources are needed to address these issues.

We have also put in place a proactive communications plan for the integration programme, with a quarterly ebulletin and a twitter account now in place, along with a schedule of good news stories planned over coming months.

Finally we are awaiting the outcome of our £1m bid for the Transformation Challenge Fund in support of the Lightbulb project (housing offer) and hope to hear the outcome of this by the end of November/early December.

### **Innovation and Funding Opportunities**

#### ***Prime Minister's Challenge Fund (improving access in primary care)***

NHS England has once again opened the application process for the [Prime Minister's Challenge Fund](#). The £100 million fund is open to bids from GPs wanting to extend access to GP services through improvements such as offering weekend appointments and longer opening hours.

#### ***Integration Pioneers***

Norman Lamb has announced that up to 10 more local areas can join the pioneer programme. Further details on how to respond to this opportunity are due to be published shortly.

It is anticipated that this second wave of pioneers will already be working on implementing new models of care with a focus on integrated provision.

The expanded pioneer network will collectively identify and solve common issues, to share and disseminate learning faster and further around health and social care integration progress.

### **National Publications of Interest to the Board**

#### ***NHS England Publishes Five Year Forward View***

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

The NHS Five Year Forward View was [published on 23 October 2014](#) and sets out a vision for the future of the NHS. It has been developed by NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.

Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

***Directors of Adult Social Services (ADASS) publish State of the Nation Report on Adult Social Care Funding***

<http://www.local.gov.uk/documents/10180/5854661/Adult+social+care+funding+2014+state+of+the+nation+report/e32866fa-d512-4e77-9961-8861d2d93238>

This report considers the pressures on adult social care funding in the context of ongoing austerity in the public sector, and the savings still to be made, the introduction of the Care Act, and the work to integrate with health via the Better Care Fund.

It sets out the funding gap facing adult social care services in light of these pressures and the demographic changes affecting the population and calls on the government to use the Spending Review to put adult social care on a stable footing for the future.

***Commissioning For Value: A Comprehensive Data Pack for CCGs***

The [Pathways on a Page](#) packs are the latest in a series of Commissioning for Value support offers for clinical commissioning groups (CCGs). The first packs – [published in October 2013](#) – contained information on a range of improvement opportunities, helping each CCG identify where it could focus its efforts, by comparing spend and outcome data with that of its peers. This new pack provides in depth ‘pathways on a page’ for 13 patient conditions, within those programmes that were most commonly identified as offering the greatest potential improvements last year. Two mental health pathways for common mental health disorders and psychosis have also been included.

The analysis supports commissioners to identify the best opportunities to improve healthcare for populations – improving the value that patients receive from their healthcare and improving the value that populations receive from investment in their local health system. The insights can help everyone engaged in a local health economy shine a shared light on where to focus attention in terms of commissioning decisions, reform, improvement and prevention.

***Making an Impact through Good Governance: A Practical Guide for Health and Wellbeing Boards.***

[http://www.local.gov.uk/health-and-wellbeing-boards/-/journal\\_content/56/10180/6656438/PUBLICATION](http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6656438/PUBLICATION)

This Local Government Association publication features good practice examples from across the country including Leicestershire’s work in relation to the Integration Executive – see page 15.

## ***A Shared Agenda: Creating an equal partnership with CCGs in Health and Wellbeing Boards***

<http://www.nhscc.org/latest-news/nhscc-press-release-new-report-published-help-realise-potential-local-partnerships-benefit-patients/>

NHS Clinical Commissioners (NHSCC) have published this briefing to share the views and thoughts of CCGs on the development and direction of Health and Wellbeing Boards, as well as their ambitions for future joint working.

## ***Start Well, Live Better: A Manifesto for the Public's Health***

[http://www.fph.org.uk/start\\_well%2c\\_live\\_better\\_-\\_a\\_manifesto](http://www.fph.org.uk/start_well%2c_live_better_-_a_manifesto)

This manifesto is the culmination of an extensive consultation with Faculty of Public Health members about the top public health priorities. It identifies 12 priority areas that members of the faculty believe will improve health and wellbeing, save lives, and give children and young people the best possible chance of achieving a healthy future.

## ***Patient Online Support and Resources***

<http://www.england.nhs.uk/wp-content/uploads/2014/10/npo-guidance-291014.pdf>

Developed in partnership with the Royal College of General Practitioners, this guide for GPs CCGs and commissioning support units provides practical tools on implementing a range of online services including booking appointments and ordering repeat prescriptions.

It responds to the requirement for general practices to offer and promote to patients: online appointment booking, online ordering of repeat prescriptions and, by 31 March 2015, online access to summary information as a minimum in their patient record.

## ***Pupil Health and Wellbeing and Attainment***

<https://www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment>

This briefing offers head teachers, governors and school staff a summary of the key evidence that highlights the link between health and wellbeing and educational attainment.

## ***Health Committee's report into Child and Adolescent Mental Health Services***

[http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf?utm\\_medium=email&utm\\_source=The+King%27s+Fund+newsletters&utm\\_campaign=4925400\\_HWBB+2014-11-10&dm\\_i=21A8,2XKGO,FLWOSX,AO19L,1](http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf?utm_medium=email&utm_source=The+King%27s+Fund+newsletters&utm_campaign=4925400_HWBB+2014-11-10&dm_i=21A8,2XKGO,FLWOSX,AO19L,1)

The Health Committee conducted an inquiry into children's and adolescent mental health and found there are serious and deeply ingrained problems with the

commissioning and provision of mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people. Their report draws a number of conclusions and recommends a series of actions.

**For more information about the work of the Health and Wellbeing Board: visit [www.leics.gov.uk](http://www.leics.gov.uk) and  Follow us on Twitter**