

## **HEALTH AND WELLBEING BOARD: 22 JANUARY 2015**

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

#### **SECTION 1: Local Developments**

##### **1.1 Urgent Care**

Nationally urgent and emergency care services have been experiencing significant pressure over recent weeks, a position which has also been reflected in our local health and care system. During our meeting today we will be considering the overall performance of the urgent care system in Leicestershire, in particular our response in terms of improving hospital discharge.

Since the agenda and papers were published for this meeting Leicestershire County Council has received notification of some additional funding which has been allocated to 65 councils across the country in recognition of the pressure of increased admissions on hospital discharge pathways into adult social care.

A copy of the letter notifying the Council about this is at Appendix A. The funds being allocated will support the activities that are already in progress as part of the Integrated Urgent Care Action plan, and will be discussed at the LLR Urgent Care Board this evening.

##### **1.2 Better Care Together**

The Better Care Together Programme Board meets in public today and the papers can be found at this weblink:

<http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=30980&type=full&servicetype=Attachment>. The Board will receive a comprehensive update on progress to date along with the proposed communication and engagement plan.

The Strategic Outline (investment) Case for the programme is currently being considered for approval by the corporate bodies engaged in the Better Care Together programme. The report presenting the Strategic Outline Case to Leicestershire County Council's Cabinet on January 14 can be found at this weblink:

[http://politics.leics.gov.uk/Published/C00000135/M00004223/AI00040407/\\$81JanuaryLLRBCTFiveYearStrategicPlan2.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00004223/AI00040407/$81JanuaryLLRBCTFiveYearStrategicPlan2.docA.ps.pdf)

##### **1.3 New Integration Research Partnership Launches in Leicestershire**

Leicestershire County Council and Leicestershire Healthwatch have partnered with Loughborough University to secure research funding to evaluate the effectiveness of integrated care. As a result, £70k has already been secured for a full time researcher who will be based at Leicestershire Healthwatch.

The researcher will undertake an independent academic evaluation of four interventions which are targeted to reducing emergency admissions. As part of this work the researcher will develop and test patient experience measures to gain valuable insight into patient's views of these alternatives to hospital admission, and how effectively integrated care has been delivered from their perspective.

The outputs of the research will help NHS and LA partners evaluate the impact of joint investments being made in 2015/16 through the Better Care Fund, and consider future commissioning decisions using this evidence. The outputs will also be disseminated across the country through Healthwatch and Health and Wellbeing Board regional and national networks.

## **SECTION 2: National Publications and Guidance of interest to the Board**

### **2.1 NHS Planning for 2015/16**

The NHS Planning Guidance "*The Five Year Forward View into Action*" found here <http://www.england.nhs.uk/ourwork/forward-view/> and supplementary guidance found here <http://www.england.nhs.uk/wp-content/uploads/2014/12/plan-guid-nhse-annx-231214.pdf> together set out the framework and timescales for refreshing CCG operating plans and the core priorities for delivery across the NHS in 2015/16. Key milestones are 27 February for draft operating plan submissions and 31 March for final submissions into NHS England. The Health and Wellbeing Board considered commissioning intentions for 2015/16 at our December development session.

### **2.2 Transfer of 0-5 Children's Public Health Commissioning to Local Authorities**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/389446/Baseline\\_Agreement\\_Exercise.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389446/Baseline_Agreement_Exercise.pdf)

This document sets out the proposed funding allocations for local authorities for the commissioning of children's 0-5 public health services from 1 October 2015 to 31 March 2016. It also explains the process for how local authorities can respond before the Department of Health finalises the allocations. Local authorities are asked to consider their proposed allocations and respond by 16 January.

### **2.3 Integrated care licence conditions: draft guidance for providers of NHS funded services**

This Monitor consultation seeks views on draft guidance outlining the core principles NHS providers can follow to enable patients to receive care in an integrated way. It closes on 13 February 2015.

<https://www.gov.uk/government/consultations/integrated-care-licence-condition-draft-guidance-for-providers-of-nhs-funded-services>

### **2.4 Whole Person Care for People with Learning Disabilities**

This report focusses on the needs of working-age disabled adults and particularly on how, as health and social care services are increasingly integrated, they can be protected and more effectively met. It aims to provide an empirical evidence base to demonstrate how whole person care should meet the needs of working age disabled adults. <http://www.ippr.org/publications/inclusive-integration-how-whole-person-care-can-work-for-adults-with-disabilities>

## 2.5 NHS England Consultation on Genetics Services

NHS England has launched a 12-week consultation on proposed changes to the way in which genetic laboratories are commissioned. The proposals aim to deliver services across England which can better meet advances in genomic technologies, whilst driving improvements in quality and patient outcomes. The [proposed changes are set out in the new draft service specification](#), which has been informed by experts in the field. [Consultation is open](#) to anybody with an interest in these services.

## 2.6 NHS Cancer Drugs Fund

The NHS [Cancer Drugs Fund \(CDF\)](#) has published the outcome of its review of drugs included in the Fund. The budget will grow to an estimated £340 million from April 2015, an increase of 70% since August 2014. A national panel – comprising oncologists, pharmacists and patient representatives -independently reviewed the drug indications currently available through the CDF, plus new applications.

They carried out a detailed assessment of the evidence, looking at clinical benefit, survival and quality of life, the toxicity and safety of the treatment, the level of unmet need and the median cost per patient. In cases where the high cost of a drug would lead to its exclusion from CDF, manufacturers were given an opportunity to reduce prices.

The result of the review is that 59 of the 84 most effective currently approved indications (clinical ‘uses’) of drugs will rollover into the CDF next year and four important patient protections are in place:

- Any patient currently receiving a drug through the CDF will continue to receive it, regardless of whether it remains in the CDF.
- Drugs which are the only therapy for the cancer in question will remain available through the CDF.
- If the CDF panel removes a drug for a particular indication, some patients may instead be able to receive it in another line of therapy or receive an alternative CDF approved drug.
- Clinicians can apply for their patient to receive a drug not available through the CDF on an exceptional basis.

Professor Peter Clark, Chair of the Cancer Drugs Fund (CDF) and a practising oncologist, said:

“We have been through a robust, evidence-based process to ensure the drugs available offer the best clinical benefit, getting the most for patients from every pound.

There were drugs that did not offer sufficient clinical benefit so we simply cannot go on funding those. There were others that offered some benefit but were costly and I am pleased that a number of pharmaceutical firms worked with us to make prices more affordable, saving millions of pounds that can now be reinvested in other treatments. “These are difficult decisions, but if we don’t prioritise the drugs that offer the best value, many people could miss out on promising, more effective treatments that are in the pipeline.”

## **2.7 Changes to Registration Arrangements for GP Practice**

GP practices are now able to register new patients who live out of area without home visiting responsibilities. Area teams are responsible for securing access to urgent care for out of area patients when at home during core hours and have assured NHS England of their plans for these to be in place from 5 January 2015. Access during out of hours continues to be the responsibility of clinical commissioning groups. [Guidance](#) is available to support implementation and explains how these arrangements will work.

## **2.8 Measuring Child Development at age 2 to 2.5 years**

This factsheet explains how the ASQ-3 tool will be used to collect data for a public health outcome measurement of child development at age two. It is for health visiting providers and others involved in the roll-out of the tool and provides information on data collection arrangements.

<https://www.gov.uk/government/publications/measuring-child-development-at-age-2-to-25-years>