Derby City Council

November 2015

HEALTH AND WELLBEING BOARD: POLICY UPDATE

Derby Health and Wellbeing Board has a responsibility to lead and advise on work to improve the health and wellbeing of the population of Derby and specifically to reduce health inequalities. It has a remit to support the development of improved and joined up health and social care services. This briefing provides the Board an overview and update of some of the Government's current health and social care policies to support the Board in delivery of these responsibilities.

- **NHS Five Year Forward View** suggests that without significant change there will be widening gaps in health and wellbeing, care and quality, and funding and efficiency and proposes that the future must include a new relationship with patients and communities and new models of care.
- **New Models of Care -** The NHS Five Year Forward View sets out a vision for the future of the NHS. To deliver this, it suggests that new models of care and delivery are needed. What these models are and how successful they are, is significantly important to both the national and local direction of the health and social care system.
- **Devolution -** The devolution of responsibilities from central to local government and local areas is one of the Government's key policies. A number of devolution deals have already been agreed. Whilst the majority of the deals predominantly focus on transport; business; further education and skills; infrastructure and planning, some, most notably Greater Manchester, also include the devolution of health and social care.
- The **Consensus Statement on Improving Health and Wellbeing** formalises the commitment of key organisations to work together more effectively to improve health and wellbeing.
- The **Health and Social Care (Safety and Quality) Act 2015** reinforces the seventh Caldicott principle that, "the duty to share information can be as important as the duty to protect patient confidentiality". It also includes two new duties relation to the sharing of information for direct care of a patient.

Key issues and recommendations

- To consider its role and responsibilities in supporting the delivery of the Five Year Forward View.
- To monitor the success of established vanguards and consider potential options for introducing new models of care locally.
- To monitor the progression and relative success of devolution models implemented elsewhere and continue to consider local models of devolution.
- Members to embed and implement the commitment to integrated working to improve health and wellbeing as set out in the Consensus Statement on Improving Health and Wellbeing.
- To be assured that the new duties established by the Health and Social Care (Safety and Quality) Act 2015 are being implemented locally.

1 Five Year Forward View

In November 2014, NHS England published the Five Year Forward View which sets out a vision for the future of the NHS. It articulates why change is needed, what that change might look like and how it can be achieved.

The Five Year Forward View suggests that if no significant action is taken to tackle the current challenges in the NHS, or if action is just focussed on the short-term, it will lead to three widening gaps:

- ***The health and wellbeing gap:*** if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.
- ***The care and quality gap*****:** unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist.
- ***The funding and efficiency gap*****:** if we fail to match reasonable funding levels with wide-ranging and sometimes controversial system efficiencies, the result will be some combination of worse services, fewer staff, deficits, and restrictions on new treatments.

  (Department of Health, 2014, p.7).

The Forward View goes on to outline what the future will look like and proposes two key changes:

- **A new relationship with patients and communities:** suggests that the energy of patients and communities have not been fully harnessed to-date, and proposes a focus on four areas:
  - *Getting serious about prevention;*
  - *Empowering patients;*
  - *Engaging communities;*
  - *NHS as a social movement.*
- **New models of care:** described in detail in section 2.

The NHS Confederation has just produced a presentation, 'The Five Year Forward View one year on' to give an overview of the Five Year Forward View and what has been done to date.

1.1 Getting Serious about Prevention

"The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago, Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded -and the NHS is on the hook for the consequences" (Department of Health, 2014, p.9). It suggests that the NHS should play a greater role in 'health-related social change' and proposes a range of new approaches to improving health and wellbeing:

- Incentivising and supporting healthier behaviour;
- Local democratic leadership on public health;
- Targeted prevention;

- NHS support to help people get and stay in employment;
- Workplace health.

1.2 Empowering patients

The Forward View recognises the importance of promoting wellbeing and independence and propose a number of initial steps:

- Improve the information to which people have access;
- Support people to manage their own health –staying healthy, making informed choices of treatment, managing conditions and avoiding complications;
- Increase the direct control patients have over the care that is provided to them.

1.3 Engaging communities

In addition to empowering individuals, the Forward View identifies the need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services through:

- Supporting carers;
- Encouraging community volunteering;
- Stronger partnerships with charitable and voluntary sector organisations;
- The NHS as a local employer.

1.4 The NHS as a Social Movement

The Forward View recognises that none of these initiatives and commitments by themselves will be the difference between success and failure over the next five years. But collectively they will help shift power to patients and citizens, strengthen communities, improve health and wellbeing, and - as a by-product - help moderate rising demands on the NHS.

These sort of partnerships and initiatives are the sort of 'slow burn, high impact' actions that are now essential.

Local implications and considerations

- Whilst the NHS Five Year Forward View is predominantly about the changes and actions that the NHS need to take in the coming years, the issues it identifies are system-wide, as are the solutions. The proposals around prevention, engaging and empowering individuals and communities align directly to the means by which we propose to deliver our Health and Wellbeing Strategy.
- The Health and Wellbeing Board needs to consider its role and responsibilities in supporting the delivery of the Five Year Forward View.

References

NHS England (2014) *Five Year Forward View*. Link: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

King's Fund *The NHS Five Year Forward View.* Link: http://www.kingsfund.org.uk/projects/nhs-five-year-forward-view

2 New Models of Care

The Five Year Forward View articulates why change is needed, what that change might look like and how it can be achieved. It describes seven models of care which could be provided in the future:

- Multispecialty Community Providers (MCPs);
- Primary and Acute Care Systems (PACS);
- Urgent and emergency care networks;
- Viable small hospitals;
- Specialised care;
- Modern maternity services;
- Enhanced health in care homes.

In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. An outline of each of the new care model programme vanguards is outlined below:

2.1 Multispecialty Community Providers (MCPs)

Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals proactively targeting services at patients with complex ongoing needs. It is anticipated that care in the future could be provided in very different ways to make use of new technologies and skills and to become more convenient to patients.

To achieve this, it is now possible for extended group practices to form – either as federations, networks or single organisations. These Multispecialty Community Providers (MCPs) are expected to become the focal point for a far wider range of care needed by their registered patients.

Over time, these providers might take on delegated responsibility for managing NHS budgets (or combined health and social care budgets) for their registered patients.

There are 14 multispecialty community provider vanguards, including Erewash MCP locally (included within the Joined Up Care Programme).

Example - *Erewash Multispecialty Community Provider*

Erewash Multispecialty Community Provider cover a registered GP population of 97,000 and 12 GP practices.

Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Erewash GP Provider Company, Derbyshire Health United (Out of Hours Service & 111) and NHS Erewash Clinical Commissioning Group made a joint application to become a Vanguard site.

The Vanguard will develop a prevention team made up of health and care professionals including GPs, advanced nurse practitioners, mental health nurses, extended care support and therapy support.

It will deliver services to people who do not require hospital services and can be treated for their conditions in a community setting.

2.2 Primary and Acute Care Systems (PACS)

A range of contracting and organisational forms are now being used to integrate care, including lead/prime providers and joint ventures.

A new variant of integrated care is now permitted in some parts of England by allowing single organisations to provide NHS list-based GP and hospital services, together with mental health and community care services.

The leadership to bring about these 'vertically' integrated Primary and Acute Care Systems (PACS) may be generated from different places in different local health economies.

Examples could include hospitals opening their own GP surgeries or a mature MCP taking over a community hospital. At their most radical, PACS would take accountability for the whole health needs of a registered list of patients, under a delegated capitated budget –similar to the Accountable Care Organisations (ACOs) that are emerging in other countries.

There are currently nine integrated primary and acute care system vanguards including mid-Nottinghamshire locally.

Within Northumberland Accountable Care Organisation vanguard, proposals have been put forward where Northumberland CCG would hand its budget and most of its functions to a provider-led ACO.

Example - *Northumberland Accountable Care Organisation*

The Northumberland Integration Board is made up of Northumbria Healthcare NHS Foundation Trust (Lead Partner); Northumberland Clinical Commissioning Group; Healthwatch Northumberland; Northumberland County Council; Northumberland Primary Care Practices; Northumberland Tyne and Wear NHS Foundation Trust and North East Ambulance Service.

This vanguard will help communities to live long and healthy lives at home - supported through the opening of the Northumbria Specialist Emergency Care Hospital, an extension of primary care to create 'hubs' of primary care provision across the county seven days a week.

Following implementation of the new model, patients will be able to access their GP over the weekend, preventing the need to go to the Emergency Department when symptoms worsen. The model cuts across organisational boundaries and includes enhanced access to community nursing services, fully coordinated discharge and shared.

2.3 Enhanced health in care homes

Using the opportunity created by the establishment of the Better Care Fund, the NHS locally and the care home sector will be worked with to develop new shared models of in-reach support, including medical reviews, medication reviews, and rehabilitation services.

There are six enhanced health in care home vanguards including Nottingham city locally.

Example - *Nottingham City Clinical Commissioning Group*

Nottingham City CCG covers a registered GP population of 342,000 and 60 GP practices. The CCG's application to work collaboratively to provide models of enhanced care in care homes was submitted in partnership with CityCare Partnership, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Nottingham City Council, AgeUK Nottingham and Nottinghamshire and local primary care providers.

The proposed new model will provide a structured and pro-active approach to care, complemented by a number of local innovations including; mobile working for Primary care; access to SystemOne for care homes; remote video consultation between care home residents and GP; remote access to resident health data through telehealth; and increased use of telecare.

The new model will ensure that all potentially long hospital stays are proactively managed and will build on work already initiated with acute trusts, care homes and community services to develop a 'pull' approach to acute discharges, ensuring that social services are involved at the earliest opportunity.

2.4 Acute care collaboration

In September 2015, NHS England and its national partners announced a new type of new care model vanguard.

There are 13 acute care collaboration vanguards (including Working Together Partnership locally) which will link together local hospitals to improve their clinical and financial viability.

Example - *Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)*

The Provider Working Together Partnership is an existing partnership established in March 2013 between seven acute trusts in South Yorkshire, Mid Yorkshire and North Derbyshire and covering a patient population of 2.3 million.

The programme aims to develop a clinical strategy involving different models highlighted in the Dalton Review. To deliver a seven day service and improve patient care, the partners plan to develop solutions and models for joint ventures on shared services and to work across organisational boundaries. Models will include greater use of networking, sharing of clinicians across sites and delivery of specialist and diagnostic services across a number of different providers. The focus will be on ensuring sustainable local services that are both clinically and financially viable.

2.5 Urgent and emergency care

In July 2015, NHS England and its national partners announced a new type of new care model vanguards.

There are eight urgent and emergency care vanguards which will improve the coordination of urgent and emergency care services and reduce the pressure on A&E departments. These include Greater Nottingham and Leicester, Leicestershire and Rutland System Resilience Groups.

Example - *Greater Nottingham System Resilience Group*

The Greater Nottingham System Resilience Group (SRG) is made up of more than a dozen local partners including: Nottingham University Hospitals NHS Trust, the South Nottingham and Erewash clinical commissioning groups, Nottingham City and County Councils, East Midlands Ambulance Service (EMAS), Nottingham CityCare Partnership, County Health Partnership, Nottinghamshire Healthcare NHS Foundation Trust, Derbyshire Health United Ltd (111 provider), Nottingham Emergency Services (GP out of hours), Health Watch Nottingham and Health Watch Nottinghamshire.

The vanguard will support ambitious improvements in urgent and emergency care for the citizens of Greater Nottinghamshire. Partners will look at what more they can do, using innovative workforce solutions to ensure that people receive care in a timely way and closer to home – in many cases avoiding the need for assessment or admission to hospital.

Work will focus on:

- Enhancing mental health services in the community to give patients the care they need, in the best place in a timely manner. This will include rolling out and extending the National Mental Health 111 pilot to provide faster and better care when it is needed.
- Improving access, clinical assessment and treatment to primary care clinicians at the 'front door' of the emergency department so that patients are assessed and then followed up closer to home.
- Enabling more direct clinician to clinician conversations so that more patients are directed to the right service, first time, every time.

The system will involve patients, carers and wider partners in its improvement to lead the way in providing ever more timely and safe emergency care.

Implementation

Whilst some areas will be able to commission and deliver services using their current care models, it is expected, however, that many areas will need to consider new options if they are to improve quality, respond to rising patient volumes within the expected available local funding.

In some places, including major conurbations, it is expected that several of these alternative models will need to evolve in parallel. In other geographies it may make sense for local communities to discuss convergence of care models for the future. This will require a new perspective where leaders look beyond their individual organisations' interests and towards the future development of whole health care economies.

Of our five 'most similar' local authorities (Bolton, Coventry, Bury, Kirklees, and Walsall), three are involved in Vanguards – Coventry and Walsall in an acute care vanguard and Kirklees in an urgent and emergency care vanguard.

Local implications and considerations

- Locally we need to closely monitor the progress of the vanguards as their relative success is likely to determine the future shape of the NHS.
- It is likely that the national expectation will be that Derby should develop new models of care. It is therefore appropriate that the Health and Wellbeing Board should consider:
  - which models of care would be suitable to develop locally and the role of local public services, third sector and community will have to play;
  - the respective roles of the Health and Wellbeing Board and Joined Up Care Board in shaping and implementing new models of care locally.

References

NHS England (2014) *Five Year Forward View*. Link: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

NHS Vanguard Sites. Link: http://www.england.nhs.uk/ourwork/futurenhs/new-care-models/

West, D. (2015) 'Exclusive: CCG plans handover to 'accountable care organisation' in *Health Services Journal.* (30 July 2015). Link: http://www.hsj.co.uk/news/commissioning/exclusive-ccg-plans-handover-to-accountable-care-organisation/5089255.article

3 Devolution

The devolution of power and responsibility from central government to local authorities and local areas is a key policy drive of the current government. The Cities and Local Government Devolution Bill 2015/16 recently passed its second reading and if introduced will allow Secretaries of State to remove duties and powers from public bodies, including NHS trusts and commissioners, and transfer them to local authorities. It will provide a statutory basis for various elements of the devolution deals agreed to date.

A number of devolution deals have already been agreed, Greater Manchester, Sheffield; West Yorkshire; Cornwall with a further 38 submitted to Government as of 4th September, including 'D2N2' – Derbyshire, Derby, Nottinghamshire and Nottingham. These will be considered as part of the upcoming Spending Review Process.

Directly elected mayors are a key component of the Government's devolution policy and their election are a condition of devolution to cities.

Outlined below are some of the key devolution deals agreed and the key elements of them:

3.1 Greater Manchester

The Greater Manchester Agreement set out proposed new powers for the Greater Manchester Combined Authority (GMCA). The agreement will include the establishment of a directly elected mayor who will take on a range of responsibilities and will also take on the role of Police and Crime Commissioner. Two of our five 'most similar' local authorities – Bolton and Bury are part of the Greater Manchester Agreement. Greater Manchester is expected to elect its Mayor in 2017.

GMCA will take on the following responsibilities:

- Devolved business support budgets;

- Power to restructure further education in Greater Manchester;
- Joint commissioning, with the Department for Work and Pensions, of the next stage of the Work Programme;
- Control over the housing investment fund and the 'earn back' deal
- The opportunity to plan the integration of health and social care.

Additional proposals were outlined in the July 2015 budget, including:

- The Greater Manchester Fire Service will be abolished and its functions transferred to the Mayor;
- A Greater Manchester Land Commission will be established;
- The Mayor is to be given powers to introduce Mayoral Development Corporations;
- Further discussion regarding joint working between central government and Greater Manchester on children's services and employment programmes.

Greater Manchester Health and Social Care Devolution

In February 2015, the Greater Manchester Health and Social Care Devolution Memorandum of Understanding was published. It proposed a new Greater Manchester Health and Social Care Partnership Board (GMHSPB), which will produce a joint health and social care strategy for Greater Manchester. It is operating in shadow form in 2015-16 and planned to go live in April 2016. It will have two sub-groups: a Greater Manchester Joint Commissioning Board (JCB) and an Overarching Provider Forum.

The JCB will commission health and social care services across Greater Manchester on behalf of its constituent organisations, pooling the commissioning budgets of the CCGs and the social care budgets of the boroughs. Proposals are to be implemented via a section 75 of the National Health Service Act 2006, which permits agreements to share functions and budgets between NHS bodies and local authorities

It is expected that, at local (borough) level, Health and Wellbeing Boards will ensure that health and social care services are provided in a joined-up fashion. For local areas, the Health and Wellbeing Boards will continue to agree strategies and priorities but they will need to be aligned to the GM-wide Strategic Sustainability Strategy (LGA, 2015).

Greater Manchester has identified eight 'early implementation priorities' as identified on its health and social care devolution website:

1. ***Seven day access to primary care***
2. ***Public Health place-based agreement major programmes and early intervention priorities*** – creating a single unified public health leadership system;
3. ***Academic Health Science System*** – the establishment of an over-arching board to facilitate alignment of the work of Manchester Academic Health Science Centre (MAHSC), Greater Manchester Academic Health Science Network (GMAHSN) and Local Clinical Research Network (LCRN);
4. ***Healthier Together decision*** - all Greater Manchester CCGs will agree a recommended configuration of the Healthier Together single service model across urgent and emergency care, acute medicine and general surgery;
5. ***Dementia pilot*** - Salford will pilot a way of working which will help people living with dementia get better care, through integrating services and using opportunities to use technology and digital advances to help patients live at home safely;
6. ***Mental health and work*** - a pilot, supporting a cohort of 3-5,000 people, will help develop

a service model which supports unemployed people who are finding it difficult to get in to work because of mental health issues;

7. ***Workforce policy alignment*** - this piece of work will seek three areas of agreement across provider organisations in Greater Manchester: common standards on pre-employment checks, statutory and mandatory training and common rates for specific targeted locum and agency staff;
8. ***Children and Young People's Mental Wellbeing (CAMHS)*** - all CCGs and their local authority partners are being asked to establish an overarching programme to transform Children and Young People's Mental Wellbeing services as outlined in the March 2015 report Future in Mind.

3.2 Sheffield City Region Devolution Agreement

An initial devolution deal was agreed with Sheffield City Region in December 2014 with a more detailed devolution deal published in October 2015. This deal will provide the Sheffield City Region Combined Authority (SCRCA) with:

- A consolidated, multi-year transport budget;
- Responsibility for franchised bus services and smart ticketing, and for a 'key route network' of local authority roads;
- The power to produce a statutory spatial strategy;
- The power to create Mayoral Development Corporations;
- A £30m per year funding pot, lasting 30 years;
- 'Local commissioning of outcomes' for the adult skills budget from 2016-17, and fully devolved budgets from 2018-19;
- Joint design of employment support programmes for 'harder-to-help claimants';
- Piloting the retention of 100% of business rate growth in SCRCA.

The Sheffield City Region will introduce an elected mayor from 2017. The Sheffield Agreement, however, does not currently propose that the Sheffield elected mayor takes on the role of Police and Crime Commissioner, or of taking control of the fire service. There is also no mention within the Agreement around any devolution proposals around health and social care.

3.3 West Yorkshire Combined Authority

The devolution deal with the West Yorkshire Combined Authority was announced in the March 2015 Budget. The Combined Authority will take further responsibility over skills, transport, employment, housing and business support including:

- Reform the further education system in West Yorkshire;
- Devolution of the Apprenticeship Grant for Employers (AGE);
- Consultation with the Department for Work and Pensions regarding joint commissioning of the next phase of the Work Programme, from 2017;
- National and local spending on business support to be aligned through the Leeds City Region Growth Hub, with more devolution of support from 2017 onwards;
- More control for the Leeds City Region over the delivery of local transport schemes;
- Reconfiguration of the city region's Joint Assets Board with the Homes and Communities Agency (HCA); development of a joint Asset and Investment Plan.

3.4 Cornwall

The Cornwall Devolution Deal was agreed in July 2015. The deal was agreed with Cornwall Council and the Cornwall and Isles of Scilly NHS Trust. The deal does not require a combined authority or elected mayor to be established. The deal follows Cornwall Council's publication of the document 'The Case for Cornwall' in March 2015. Under the deal, the following powers will be transferred:

- Devolution of local transport funding and of power to franchise bus services;
- Joint working to "reshape further education training and learning provision for adults", with the new system to begin in 2017;
- Discussions with local partners to improve outcomes for Employment and Support Allowance claimants, and identifying new apprenticeship opportunities;
- Cornwall Council to have intermediate body status for EU Structural Funds, giving it the power to select projects for funding from April 2016;
- Government and Cornwall Council will work together to integrate local and national business support services, aimed at a "devolved approach" from April 2017;
- Proposals to be invited for a low carbon enterprise zone related to geothermal energy;
- Cornwall Council and local health bodies to produce a business plan for the integration of health and social care provision;
- Enhanced joint working regarding land and buildings owned by the public sector in Cornwall, including the NHS and the Homes and Communities Agency;
- Establishment of a Cornish Heritage Environment Forum.

3.5 North East Combined Authority

A devolution agreement for a North East Combined Authority was agreed this month (October 2015) and includes devolution of responsibilities in relation to transport, investment, funding, skills training, business support, housing and strategic planning.

Like Manchester, this deal will see a directly elected mayor in 2017 and also the establishment, in partnership with the NHS, of a Commission for Health and Social Care Integration. This will look at the potential for further integration of health services – including acute and primary care, community services, mental health services, social care and public health – in order to strengthen services, improve outcomes and reduce health inequalities. This could lead to the region taking control of devolved health and social care budgets.

3.6 'D2N2'

Derbyshire and Nottinghamshire have both submitted proposals for separate combined authorities to DCLG – Derby and Derbyshire Combined Authority and Nottinghamshire Combined Authority. In addition a joint 'devolution prospectus' has been published. This joint prospectus currently has five strands:

- Enterprise;
- Skills to employment;
- Built environment;
- Transport;

- Smart infrastructure.

The local devolution plans do not currently include a directly elected mayor or health and social care devolution. The D2 and N2 combined authorities, however, do want, "…to use this devolution deal conversation to open up a long-term dialogue about how aspects of the public sector, such as social care and health, can be replicated to a local governance model" (Devolution Prospectus D2N2, p.9).

Local implications and considerations

- The success or failure of devolution models elsewhere could significantly influence the national and local direction of travel.
- Whilst health and social care devolution is not currently proposed locally, should the Manchester model be deemed successful, it is likely that there will be increasing pressure from the centre to develop a local model for health and social care devolution. The Health and Wellbeing Board might want to consider when and how it wants to start to have discussions about what would work locally.
- It is worth the Health and Wellbeing Board monitoring the progress of devolution elsewhere, particularly Greater Manchester, to understand how structure and governance arrangements develop and if/ how the role of the Health and Wellbeing Boards change.
- It is important for the Health and Wellbeing Board to monitor the progress of the Derbyshire Combined Authority and of D2N2 proposals. Whilst health and social care are not currently included, wider determinants affecting health and wellbeing are included e.g. housing, planning, employment etc.

References

Devolution Prospectus D2N2 (2015) Link: http://www.d2n2lep.org/write/Devolution_Prospectus.pdf

Greater Manchester Combined Authority (2015) *Greater Manchester Health and Social Care Devolution Website* (accessed 26/10/2015). Link: http://gmhealthandsocialcaredevo.org.uk/

Local Government Association (2015) *LGA briefing - Greater Manchester Health and Social Care Partnership*. Local Government Association, London. Link: http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/7060676/ARTICLE

Sandford, M. (2015) *Devolution to local government in England*. Briefing Paper, Number 07029, 7 October 2015, House of Commons Library. Link: http://researchbriefings.files.parliament.uk/documents/SN07029/SN07029.pdf

4 Consensus Statement on Improving Health and Wellbeing

A 'Consensus Statement on Improving Health and Wellbeing' has been agreed between:

- NHS England;
- Public Health England;
- Local Government Association;
- Chief Fire Officers Association;
- Age UK.

The statement describes an intention 'to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths'.

Headline consensus statement

"We will work together to use our collective capabilities and resources more effectively to enhance the lives of the people we work with and we will support and encourage our local networks to do the same in their communities".

Local implications and considerations

- This further formalises the commitment to integrated working and the increasing role of the Fire and Rescue service in improving health and wellbeing. Work should continue locally to embed and implement this commitment.

References

Chief Fire Officers Association (2015) *Consensus Statement on Improving Health and Wellbeing*. Link to full detail: http://www.cfoa.org.uk/20354

5 Health and Social Care (Safety and Quality) Act 2015

The Health and Social Care (Safety and Quality) Act 2015 came into force on 1 October 2015. The Act reinforces existing good practice and obligations on health and social care professionals and provides statutory support for the seventh Caldicott principle that – "the duty to share information can be as important as the duty to protect patient confidentiality". It includes two new duties:

- A requirement for health and adult social care organisations to use a consistent identifier (the NHS Number) for sharing data for direct care of a patient;
- A legal duty requiring health and adult social care bodies to share information with each other for the direct care of a patient.

The Information Governance Alliance (IGA) is offering new guidance and a short series of webinars to support the implementation of the new Act - see ICA news website.

Local implications and considerations

- The Health and Wellbeing Board needs to be assured that local health and social care professionals continue to meet the seventh Caldicott principle and local organisations are aware of and implementing the two new duties.
- A Derbyshire Information Governance Board has been established locally to deal with the information governance issues raised through the transformation programme. The Health and Wellbeing Board could ask this Board for an update on local IG issues and to provide assurance that these new duties are being met.

References

Department of Health (2013) *Information to Share or Not to Share: The Information Governance Review*. Crown Copyright. Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Department of Health (2015) *Health and Social Care (Safety and Quality) Act 2015*. Link: http://www.legislation.gov.uk/ukpga/2015/28/contents/enacted

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