

NHS England Quarterly Report to Wirral Health & Wellbeing Board

July 2018

1. Purpose of this report

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional position together with specific updates on priorities that the Local NHS England Teams are responsible for progressing.

2. NHS70: Celebrating 70 years of the NHS

The National Health Service turns 70 on 5 July 2018.

Throughout 2018 there will be ongoing events and celebrations highlighting the work of the NHS over the last 70 years

National celebrations at Westminster Abbey and York Minster will pay tribute to NHS staff and patients to mark the NHS's 70th birthday on Thursday 5 July 2018. The services will be attended by around 3,000 NHS staff from across the country and representatives of charities, councils, and other key partners who work with the NHS.

Wider celebrations on July 5th to mark the NHS's big birthday will include thousands of 7Tea parties to raise money for NHS charities, whilst dozens of landmark buildings will light up blue including York Minster, the Blackpool Tower, the Gateshead Millennium Bridge, the London Eye and Queen Elizabeth Olympic Park. The BT Tower will also run a special birthday message from on its iconic info band.

Locally our landmarks lighting up BLUE across Cheshire and Merseyside are:

- Mersey Gateway Bridge
- Everton FC, Goodison Park
- Active Learning Lab (University of Liverpool)
- Steve Prescott Bridge – St Helens
- Footbridge across the M62 between Bowring Park and The Rocket
- Port of Liverpool building
- Cunard Building
- Liverpool Town Hall
- St Georges Hall – Liverpool

- St Helens Rugby Club
- Mechanical Engineering Building - Liverpool University
- World Museum, Liverpool
- Liverpool Radio City Tower
- Sefton Park Palm House, Sefton Park
- Isla Gladstone Conservatory, Stanley Park
- Warrington Rugby Club
- Liverpool Convention Centre
- St Luke's Church (Bombed out Church), Liverpool

3. Strategy and planning

3.1 NHS England and NHS Improvement: working closer together

NHS England and NHS Improvement announced on 27th March 2018 some key steps that we are taking to bring our organisations closer together.

We have one NHS: commissioners and providers in each part of the country are serving the same people, and we need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems.

We will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one regional director working for both organisations, and a move to seven regional teams to underpin this new approach.

For North England this will mean 2 integrated NHSE & NHSI regional teams; one to cover the North East and Yorkshire, one to cover Cheshire, Merseyside, Lancashire, South Cumbria and Greater Manchester. The new regional director for the North West is expected to be announced by September 2018

A more joined-up approach across NHS England and NHS Improvement will enable us to:

- work much more effectively with commissioners and providers in local health systems to break down traditional boundaries between different parts of the NHS and between health and social care

- speak with one voice, setting clear, consistent expectations for providers, commissioners and local health systems
- use NHS England and NHS Improvement’s collective resources more effectively and efficiently to support local health systems and the patients they serve
- remove unnecessary duplication and improve the impact from our work, delivering more for the NHS together than we do by working separately.

There are a number of examples of how we are working together already, including a number of joint national and regional appointments and a single national programme for urgent and emergency care, winter planning and A&E performance.

NHS England and NHS Improvement still have distinctive statutory responsibilities and accountabilities and nothing we are proposing cuts across these. The legislation also means that a formal merger between our organisations is not possible; instead we propose to combine forces for those functions where we can better work as one.

3.2 NHS Long Term Plan

GPs, patients and healthcare professionals are being given the chance to have their say on plans by the NHS which will help shape the future of a modern general practice.

The NHS is looking at ways to reform the GP contract to provide a stronger and more sustainable general practice for patients as part of the new NHS Long Term Plan.

In particular, with a wide range of partners, NHS England has reviewed the Quality and Outcomes Framework (QOF) which provides payments for achieving outcomes that reflect high quality care in general practice.

It is also looking at how general practice payments might change to fairly support the rollout of digital technology across the country.

The changes to the current GP Contract, which was agreed nearly 15 years ago, are being looked at to meet the changing needs of a growing and ageing population and increased use of digital services locally.

NHS England is inviting views from GPs, patients and healthcare professionals on both documents.

Feedback can be given using the links below and is requested by August 31;

<https://www.england.nhs.uk/2018/07/help-shape-modern-primary-care-says-nhs-england-as-part-of-nhs-long-term-plan/>

Primary care is one of the four national service improvement priority areas identified in Next Steps on the Five Year Forward View.

These two pieces of work set out ways to ensure that investment is fair and supports high quality care in a changing environment.

In the case of the Quality and Outcomes Framework, reforms to the scheme are proposed that recognise and support the professional values of GPs and their teams in the delivery of first contact, comprehensive, coordinated, person-centred care.

In the case of digital-first primary care, proposals seek to ensure that the way we commission, contract and pay for care keeps up with the opportunities digital innovation offers – ensuring that new technology is safely integrated into health and care pathways, whilst not unfairly destabilising existing services.

Both of these pieces of work will feed into NHS England and the BMA General Practitioners Committee in England discussions concerning next year's GP contract.

3.3 New Fund to support and retain GPs.

NHS England announced at the end of May, a new £10 million fund to support and retain GPs

Of this some £7 million will be made available through regional-based schemes to help GPs to stay in the workforce, by promoting new ways of working and by offering additional support through a new Local GP Retention Fund.

A further £3 million will also be made available to establish seven intensive support sites across the country in areas that have struggled most to retain GPs. Details on these sites and plans for retention efforts there will be shortly.

The fund will support local health services focussing on supporting newly qualified GPs or those within their first five years of practice, who are seriously considering leaving general practice or who are no longer clinically practising in the NHS in England but remain on the National Performers List (Medical).

It is the latest in a series of initiatives aimed at improving patient care by improving GPs quality of work life

3.4 National Directors

- Paul Baumann CBE, Chief Finance Officer, NHS England is to leave the Health Service in November to take up the post of Receiver General of Westminster Abbey. Paul agreed to delay confirming a start date for his new role until the long-term NHS financial settlement was confirmed in June 2018
- Professor Jane Cummings announced she is retiring from the post of Chief Nursing Officer for England on 24th May 2018. Jane will play an instrumental role in supporting the alignment of the two nursing teams across NHS England and NHS Improvement over the next six months

Both posts will be recruited to as joint appointments for both NHS England and NHS Improvement

4. Delivery and Assurance

4.1 Urgent and emergency care: preparations for winter 2018/19

We continue to work with local health & care systems across Cheshire and Merseyside to improve access to and the quality of urgent and emergency care services. To support and inform local plans for winter, NHS England announced the intention to improve patient care by reducing long stays in hospitals.

Shorter stays will benefit patients who would otherwise remain in hospital when they are well enough to leave as well as freeing up beds for those who are sicker.

Many older people, particularly those who are frail and may have dementia, actually deteriorate while in hospital – a stay of more than 10 days leads to 10 years' muscle ageing for people most at risk.

Nearly 350,000 patients spend more than three weeks in a hospital each year. That is around a fifth of beds, or the equivalent of 36 hospitals. Some patients need to be there for medical reasons but many do not.

The NHS, working with local authorities, aims to reduce the number of long staying patients by around a quarter, freeing up more than 4,000 beds in time for the winter surge. It's anticipated this will be a significant feature of Urgent Care Boards winter plans.

4.2 Mental health

As outlined in the Five Year Forward View for Mental Health and Implementing the Five Year Forward View for Mental Health, NHS England has committed to doubling access to Individual Placement and Support (IPS) services nationally by 2020/21, enabling approximately 20,000 people who experience a severe mental illness (SMI) to find and retain employment.

Rates of employment are lower for people with mental health problems than for any other group of health conditions. IPS is an evidence-based approach to providing employment support for people experiencing severe mental health problems, shown to be twice as effective as vocational rehabilitation and associated with reduced use of other services including inpatient admissions. In 2016/17, IPS services in England achieved approximately 2,300 job outcomes.

Earlier this year, NHS England launched transformation funding to support the national expansion of IPS services. Funding is being allocated in two targeted waves over the next three years.

The first wave, which totals approximately £10 million of funding across 2018/19 and 2019/20, will support the expansion of well-established, high quality IPS services. The 21 areas allocated wave 1 funding have all been notified and are working at pace to expand services as per their bids. Meanwhile, the second wave of funding, which we hope to launch later this year, will support increasing provision in other areas that have IPS services which require further development, or no current IPS service provision.

Among the IPS services to receive wave 1 funding, and which uses evidence-based strategies to support people with SMI into employment, is Northamptonshire Healthcare NHS Foundation Trust.

An independent consortium was commissioned by the government's Joint Work and Health Unit to support the growth of IPS services. As part of its work, the consortium has produced a number of useful tools and templates to support the growth of consistently high quality IPS services. These can be accessed at www.ipsgrow.org.uk.

Cheshire and Merseyside is one of the 21 areas allocated wave 1 IPS funding.

4.3 Care in nursing homes (React to Red)

Pressure ulcers are a major cause of harm and distress. They can have a huge impact on the quality of life of anyone that develops one. Complications from a pressure ulcer can include pain, risk of infection, complications associated with bed rest and depression. React to Red is an evidence based educational resource. It aims to increase knowledge and awareness of prevention and early intervention measures amongst carers, care home staff and care providers.

Its focus is the SSKIN bundle, a set of interventions that can support care staff in the prevention of pressure ulcers.

React to Red resources are provided free of charge to Care Homes. The resources come in a pack containing a DVD, workbook, posters, carer leaflet, competency form and a pocket guide. Training is offered to the care homes and they are asked to put forward champions from their staff who will continue the training within the home, a train the trainer approach.

NHS England Nursing team have supported 200+ care homes across Cheshire and Merseyside over the last 12 months. Within Wirral, 38 care homes (32%) have attended training sessions and been given a training pack and extra pocket guides.

4.4 Capital investment in primary care

NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20).

It is part of the General Practice Forward View commitment for more modernised buildings and better use of technology to help improve general practices services for patients

ETTF has delivered locally in Cheshire & Merseyside 74% of the total revenue in the North of England. There was £3.93m of ETTF capital investment into Wirral last year, supporting 5 transformational digital and technology related schemes. These funded projects enabled:

- Improved clinical workforce agile working including significant scale up of GPs/Community provider's ability to deliver care from outside of the practice setting.
- Improved patient access.
- Improving information sharing and interoperability potential between NHS care settings across primary, community and acute providers
- Enhancement of the quality of clinical information available to GPs and wider primary care teams and their ability to enter information into patient records in real time, improving the quality of care and freeing up clinical time.
- Supporting wide ranging administrative efficiencies in primary care settings meaning that the GPs and practice staff will have more time for patient facing work.

This was supplemented with £658k of further capital in 2017/18 to support core 'business as usual' primary care IT digital and tech requirements, i.e. basic practice hardware (PCs, Monitors and the like).

Achieving, in total, circa £4.6m of additional capital investment monies for digital capability in 2017/18 for Wirral.

Final planning for 2018/19-2019/20 investments, continues with an additional £10million across both digital and premises infrastructure being considered across Cheshire & Merseyside

ENDS

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