



**HEALTH AND WELLBEING BOARD**

**DATE: NOVEMBER 2019**

<b>REPORT TITLE</b>	<b><u>NHS ENGLAND QUARTERLY REPORT TO WIRRAL HEALTH AND WELLBEING BOARD</u></b>
<b>REPORT OF</b>	NHS England

**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 and NHS Improvement. This report outlines the national and regional activities July 2019 to October 2019 together with specific updates on priorities of NHS North West

**2. NHS England and NHS Improvement: Working Together**

From 1 April 2019, NHS England and NHS Improvement came together to act as a single organisation. The Boards of NHS England and NHS Improvement will continue to operate separately meeting as committees in common. The two Boards share an integrated management team.

The organisational change is being conducted over three phases. Phases one and two are complete and were concerned with establishing a single management structure at executive and regional level. Phase three is concerned with establishing the integrated staffing structure for NHS England and NHS Improvement below executive level. Staff were consulted on proposed changes through July and August 2019. The outcome of the consultation was published in September 2019 and phase three implementation began in October with internal recruitment to posts continuing until the end of December 2019.

### **3. Planning**

#### **3.1. Long Term Plan Implementation Framework**

Further to the publication of the NHS Long Term Plan and the subsequent Implementation Framework (both can be found here: [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)), local systems have been working hard to develop their five-year strategic plans. Draft plans were submitted to NHS England and NHS Improvement in September and have continued to be refined through October with final versions of system plans to be agreed with system leads and regional teams by mid November 2019. Publication of the national implementation programme for the Long-Term Plan is expected in December 2019.

#### **3.2. The NHS's recommendations to Government and Parliament for an NHS Bill**

The NHS Long Term Plan included suggested changes to the law to help implement the Plan. In Spring, NHS staff, partner organisations and members of the public were invited to give their views on these proposals. The NHS has published its response to the views it received during engagement and set out its recommendations to Government and Parliament for an NHS Bill. This Bill could help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners. The recommendations can be read in full here: [NHS-recommendations-Government-Parliament-for-an-NHS-Bill](#)

### **4. Delivery**

#### **4.1. NHS drive to increase uptake of vaccines**

Immunisation and vaccination is one of the most impactful public health interventions in terms of reducing preventable morbidity and mortality. In England, vaccinations are offered to patients throughout their lives and are delivered through a combination of general practice led services, school health services and other providers such as community pharmacy.

Whilst coverage for most vaccines, especially primary courses of childhood immunisations, is high, there has been a small but steady decline in the last few years, with coverage dropping in each of the past five years, below the important recommended level of 95%. Nationally, vaccination rates are at 91.2% for measles, mumps and rubella (MMR), meaning that we do not have a high enough coverage to prevent onward transmission of infections, particularly measles.

One of the consequences of this is that the UK lost its “measles-free” status with the World Health Organisation (WHO). The WHO has stated that in the first six months of 2019 reported measles cases globally are almost three times as many as the same time last year.

There are a multitude of factors which affect this. Macro-factors include changing public attitudes to expert opinion, perception of risk of diseases which are now thankfully rare, and the impact of social media. Micro-factors include the practical logistics of accessing appointments, accurately tracking coverage and communicating with patients and parents.

Measures to be taken forward for discussion include:

- Introducing a consistent way of reminding people to attend vaccination appointments;
- Ensuring that IT systems can alert staff to people who need to be vaccinated in the community;
- Broadening access to training for healthcare professionals;
- Continuing to promote information on vaccine safety and effectiveness to tackle concerns about misinformation.

General practice has an important role to play in supporting increased uptake and the findings of the review will feed into DHSC’s broader vaccination strategy.

For Wirral, according to the latest available data:

- 0-5 years olds: uptake has decreased across the 0-5 year immunisations including MMR. This decrease reflects the national picture. Wirral uptake remains higher than the Cheshire & Merseyside and England averages but below the national target (95%)
- School aged immunisations: Uptake of the first dose of HPV vaccine has increased in comparison with the previous year and is above the Cheshire & Merseyside average.
- Adult immunisations: Shingles vaccination uptake has continued to decrease. Uptake in Wirral is below the Cheshire, Wirral, Warrington average and England average. Pre-natal Pertussis vaccination rates remain above the averages for Cheshire & Merseyside
- There continues to be significant variation in uptake across Wirral GP practices for all immunisations

NHS England North West is continuing to work with LA and CCG colleagues to improve uptake, there is a local improvement plan and a Measles Elimination plan for Cheshire and Merseyside is being developed.

## **4.2 Winter planning**

Preparations regarding winter planning and strengthening urgent care resilience have been underway for several weeks. The focus being on building system capacity and responsiveness to emerging service pressures through increasing seven-day working, reducing long lengths of stay, addressing workforce challenges and understanding social care capacity.

Daily winter reporting will commence in November and is anticipated to be in place until March 2020.

## **4.3 Reducing long hospital stays**

Nearly 350,000 patients currently spend over three weeks in acute hospitals each year. Many of those are older people who are often frail, and while a short period of treatment in hospital is sometimes necessary, staying too long can leave them vulnerable to infections or deconditioning.

Research suggests that more than one in three 70-year-olds experience muscle ageing during a prolonged stay in hospital, rising to two thirds of those aged over 90, which can leave some permanently less mobile or able to perform tasks they could before.

To support staff in planning care for patients recovering from an operation or illness, a campaign, called [‘Where Best Next?’](#), has been launched which aims to see around 140,000 people every year spared a hospital stay of three weeks or more.

As well as being better for those individuals who get home with the right support quicker, the drive could also free up more than 7,000 beds for other patients, the equivalent of building an extra 15 large hospitals.

NHS England and NHS Improvement have worked with a number of partners to identify five key principles which can help ensure that patients are discharged in a safe, appropriate and timely way.

The five principles relate to different stages of a patient’s stay:

- Plan for discharge from the start
- Involve patients and their families in discharge decisions
- Establish systems and processes for frail people
- Embed multidisciplinary team reviews
- Encourage a supported ‘Home First’ approach

## **4.5 Sepsis: Alert and Action Technology.**

In a major nationwide push to tackle sepsis, this year the NHS made it mandatory for all hospitals in England to implement national sepsis guidance. Sepsis (also known as blood

poisoning) is a life-threatening response to an infection in the body, where the immune system damages tissues and organs.

New 'alert and action' technology is being introduced which uses algorithms to read patients' vital signs and alert medics to worsening conditions that are a warning sign of sepsis.

Three leading hospitals are using alerts to help identify sepsis and tell doctors when patients with the serious condition are getting worse, ahead of the measures being rolled out across England.

NHS leaders in Cambridge, Liverpool and Berkshire are now helping the rest of the health service to adopt tools to spot it, which costs 37,000 lives a year and is notoriously difficult to identify.

- In Liverpool, the hospital's digital system brings together laboratory results and patient observations into one place to help staff diagnose and treat suspected sepsis, saving up to 200 lives a year.
- In Cambridge, deaths from sepsis have fallen consistently over the last three years, with at least 64 lives saved in the past year thanks to the innovative alert and action feature.
- In Berkshire since introducing a digital system, the Trust has increased screening rates by 70% with nine in 10 patients now consistently screened for sepsis during admission as opposed to two in ten beforehand, allowing doctors to spot more cases sooner.

The schemes are part of a national effort to push best practice and new technology across the NHS, to help hospitals learn from the success of others and spread use of the best technology further, faster.

ENDS

<b>REPORT AUTHOR:</b>	<b>Name:</b>	<b>Nicola Allen</b>
	<b>Role:</b>	<b>Head of Medical, NHS England and NHS Improvement – North West</b>
	<b>email:</b>	<b>nicola.allen7@nhs.net</b>