

PSNC Agenda

For the meeting to be held on 12th & 13th July 2016

at The Athenaeum, Church Alley, Liverpool, L1 3DD

Commencing at 11.15am on 12th July

Members: David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Mark Collins, Ian Cubbin, Marc Donovan, David Evans, Samantha Fisher, Peter Fulford, Mark Griffiths, David Hamilton, Mike Hewitson, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Andrew Lane, Margaret MacRury, Rajesh Morjaria, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Prakash Patel, Umesh Patel, Janice Perkins, Adrian Price, Rupen Sedani, Anil Sharma, Faisal Tuddy, Gary Warner

Chairman: Sir Mike Pitt

1. Apologies for absence

Apologies for absence have been received from David Hamilton, Michael Hewitson, Tricia Kennerley and Adrian Price (Wednesday only).

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 10th and Wednesday 11th May 2016 were shared with the Committee and are available on the PSNC website.

3. Matters arising from the minutes

To consider matters arising from the minutes of the May meeting which are not dealt with elsewhere within the agenda.

4. Chairman's Report and Chief Executive's Report

5. Social value of pharmacy – PwC report

A presentation will be given to update the Committee on the PwC work to assess the social value of pharmacy.

ACTION

6. Future Funding distribution

At the time of preparation of the agenda there is still no news of the expected date for announcement on funding following the consultation on community pharmacy in 2016/17 and beyond. The Care minister, Alistair Burt, has announced that he will resign in September. A presentation will be given on the impact of various changes to fees that would give effect to the cuts in H2, 2016/17, and 2017/18.

RATIFICATION

7. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 12th July 2016. The subcommittee chairman will provide a report on the meeting.

8. Health Policy and Regulations subcommittee

A meeting of the Health Policy subcommittee is scheduled to take place on Tuesday 12th July 2016. The subcommittee chairman will provide a report on the meeting.

9. LPC & Implementation Support subcommittee

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 12th July 2016. The subcommittee chairman will provide a report on the meeting.

10. Funding & Contract subcommittee

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 12th July 2016. The subcommittee chairman will provide a report on the meeting.

11. Service Development subcommittee

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 12th July 2016. The subcommittee chairman will provide a report on the meeting.

REPORT

12. The campaign for community pharmacy

An update on the campaign for community pharmacy, including the work with other pharmacy organisations and LPCs, is included as **Appendix 03/07/16**.

13. Update on the Health and Care Landscape

Update on the Health and Care Landscape Briefings that have been published on the PSNC website are set out in **Appendix 04/07/16**.

14. Next PSNC Meeting

The next PSNC meeting will be held on Tuesday 11th & Wednesday 12th October 2016 at Harte and Garter Hotel, 31A High Street, Windsor, SL4 1PQ.

Please also note that the LPC Conference will take place on Wednesday 2nd November at Congress Centre, 28 Great Russell St, London, WC1B 3LS.

The campaign for community pharmacy

Introduction

Since the publication of the letter sent on December 17th 2015 PSNC has been focused on responding robustly to the Government's proposals and on making the case for the ongoing protection and development of the community pharmacy service.

Luther Pendragon continue to manage our public affairs work and we are working with the other pharmacy organisations as outlined below. We are also working closely with LPCs, providing them with resources and guidance to support their engagement with local politicians and other stakeholders in line with the national campaign.

This paper sets out campaign progress since the March report to PSNC as well as next steps, recognising that following the national referendum result and with ongoing major changes in political parties as well as the announcement that Alistair Burt will step down from September, this a time of great political uncertainty and there is a need to keep campaign tactics under constant review. For community pharmacy a new ministerial team and the central position which the NHS played in the Leave campaign present new and potentially useful lobbying opportunities.

PSNC's public responses – timeline of events since March 2016

PSNC continues to issue public statements and resources on the changes. The most recent of these are summarised below and they can all be viewed via <http://www.psn.org.uk/campaign>

March 25th: PSNC counter proposal, setting out ways in which the community pharmacy service could be developed to achieve the savings the NHS needs, published.

April 8th: Publication of a range of updated materials for LPCs to use in the campaign including revised key messages, template letters to MPs and an MP briefing on the counter proposal.

May 12th: PSNC published a paper examining research around dispensing errors and automated dispensing in pharmacy.

May 13th: PSNC issued a contractor update following the PSNC Meeting. This warned that PSNC was pessimistic about the outcome of the Government consultation and advised contractors to make provisions for the proposed funding reduction.

May 23rd: PSNC's response to the hub and spoke consultation published.

May 24th: PSNC's response to the consultation on changes to community pharmacy in 2016/17 and beyond published.

June 6th: PSNC published an infographic briefing for MPs, setting out the benefits of community pharmacy services. This infographic is included as **Appendix A**.

June 24th: PSNC statement on New NHS Alliance report which called for the development of community pharmacy services published.

June 30th: PSNC statement on All-Party Pharmacy Group report which called for the Government to reach a negotiated funding settlement with PSNC published.

July 5th: PSNC statement on Alistair Burt's decision to step down published.

Collaboration with the other pharmacy organisations

The steering and communications groups, which include representatives from PSNC, Pharmacy Voice, the National Pharmacy Association, the Royal Pharmaceutical Society, the Association of Independent Multiple Pharmacies and the Company Chemists' Association, continue to meet to oversee and coordinate campaign work at a national level.

Most recently the steering group has been working on an updated set of campaign messages which will inform the campaign over the summer. A working draft of these messages is included as **Appendix B**. The steering group is also working on a pitch to the Health Select Committee asking it to investigate the plans for community pharmacy; and it is coordinating party conference plans.

Supporting LPCs

LPCs continue to play a crucial role in the campaign for community pharmacy, acting as local contact points for MPs and other local stakeholders such as councillors and patient groups. To support them in this work we have provided a number of resources including key messages, template communications with MPs and suggested tweets and press releases. Members of the communications team have also attended regional LPC meetings to discuss the campaign with them.

Working with Luther Pendragon we have provided a significant amount of ad hoc advice and guidance to LPCs on discussions with their local MPs; and many LPCs attended the national speed briefing event in Parliament. LPCs were given an update on the campaign and suggested actions at the LPC Chairs and Chief Officers meeting in June.

Political lobbying

Lobbying MPs continues to be a focus for community pharmacy organisations. As well as working at a national level through meetings and communications with MPs, PSNC has provided a number of resources and ad hoc guidance to LPCs to ensure that local and national engagement activities are aligned.

May 24th, the day on which the consultation on community pharmacy ended, was an important focus point for Parliamentary activity, with 60 MPs and researchers attending a speed briefing event organised by Luther Pendragon and PSNC. The MPs were briefed on PSNC's counter proposal and our concerns about the Government plans. All national pharmacy organisations were involved in the event and LPCs also attended to provide local context for their MPs. The event was coordinated with NPA activity to deliver the Downing Street petition, and it was followed by a Parliamentary debate in which a number of MPs spoke in support of community pharmacy.

PSNC followed up after the event with an infographic briefing to MPs (see **Appendix A**). This led to a number of productive conversations and meetings with key target MPs (including Conservative backbenchers such as Rebecca Harris, Jason McCartney and Steve Double) who have raised concerns with the minister and Jeremy Hunt.

Other activities and media

We have continued to update the campaign hub on the PSNC website (psnc.org.uk/campaign) with resources and guidance for LPCs and contractors.

We have also been collating evidence of support for community pharmacy and will share this with LPCs to help inform their local campaigning work. Recent support has come from New NHS Alliance, who published a report calling for the NHS and Government to develop community pharmacy services, and the All-Party Pharmacy Group, who similarly issued a report concluding that community pharmacy can and should do more to support patients and the NHS.

Positive coverage of the campaign and community pharmacy has appeared in a number of national media outlets including the Daily Telegraph, Express and Mirror, and we expect further coverage of a letter from patient groups to Jeremy Hunt which has been coordinated by Pharmacy Voice. The NPA continue to lead on patient facing activities and their Downing Street petition eventually gained more than two million signatures.

Next steps

As outlined above, the changing political landscape could present opportunities for community pharmacy. Our priority will be to ensure that MPs leave for the summer recess very aware of the concerns about community pharmacy policy. We will work with LPCs to ensure that this happens, producing guidance and communications as necessary. MPs will be unlikely to attend meetings in Westminster over the summer, but we will work with Luther Pendragon to work up options for local engagement to share with LPCs.

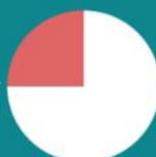
The work by PwC to monetise the value of community pharmacy will in due course provide, we hope, a significant evidence base for our campaign, and once the results are available we will work on resources and campaign materials to make use of this work. We are also collecting video patient case studies that have been filmed by some pharmacy teams and if enough materials are available we will look to edit a campaign video to help make the case for pharmacy.

The steering and communications groups will continue to work to oversee campaign activity and in particular all pharmacy organisations are now working on their plans for the political party conferences. There will be an exhibition stand at the conferences, organised by Pharmacy Voice, and PSNC has booked events at the Labour and Conservative conferences. We are also considering a presence at the Liberal Democrats conference in order to build on relationships with potentially helpful advocates such as Norman Lamb and Tim Farron.

Protecting local health services: using community pharmacy

The proposal

The Government has consulted on proposals to cut community pharmacy funding by £170m. It will phase out key payments and focus on warehouse dispensing and online services.



The cost

A quarter of pharmacies in England could close. Patients will lose out on free, accessible health services. And over one million extra people nationwide would have to visit GP practices or A&E.

The alternative

Leaving the £170m in community pharmacy funding and investing in additional community pharmacy services could bring significant savings.



£2.2bn could be saved in five years through a pharmacy minor ailments advice service.



Each GP appointment prevented by pharmacy minor ailments and emergency supply services saves the NHS £45.



At least 19.5m GP appointments could be transferred to community pharmacy.



94% of people using a pharmacy minor ailments advice service would have used GP practices or urgent care services had it not been in place.



More than 27,394 hospital admissions due to asthma could be avoided by using a pharmacy respiratory support service.



Up to £150m could be saved by preventing medicines waste.



£3,710 could be saved per patient per year using a pharmacy reablement service.



A £34m saving in hospital costs could be made by reducing falls.



£264m could be saved by identifying patients with chronic obstructive pulmonary disease (COPD).

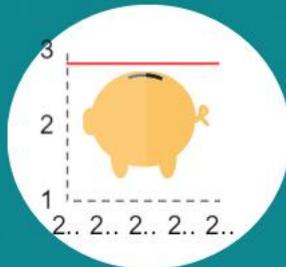


£16-17m could be saved if community pharmacists could substitute branded medicines for cheaper generic equivalents.

How does community pharmacy funding work?

Community pharmacy funding comprises fees and allowances plus a guaranteed retained margin. Retained margin is purchase margin that pharmacies make through effective drug purchases and which they are allowed to keep.

Pharmacies have had massive success in driving down medicines prices for the NHS, saving it at least £11bn since 2005/06 by reducing prices.



Taking into account purchase margins delivered, national annual funding for community pharmacy since 2011/12 has remained relatively unchanged at around £2.8bn.

Community pharmacies receive around 90% of their income from the NHS. The roughly £240,000 of NHS funding they receive has to fund their premises, staff and all other operating costs.



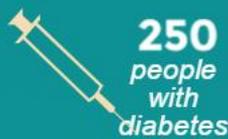
Pharmacies have had no significant increase in funding over the past five years. Inflation, of course, has led to higher costs for pharmacies over the period, and the volume of prescriptions dispensed in community pharmacies has continued to grow, meaning a heavier workload.

The average community pharmacy...



Community pharmacy can reach more people

Community pharmacies have the potential to reach more of the population than any other NHS service provider. The average community pharmacy already supports up to...



powered by



Update on the Health and Care Landscape (May 2016)

PHE urges parents to vaccinate against measles, mumps and rubella

Public Health England (PHE) is [calling for all parents](#) to ensure their child has received a measles, mumps and rubella (MMR) vaccination.

The vaccination rate in England is already one of the highest in Europe, but it needs to increase in order to reach the 95% target set by the World Health Organisation (WHO).

An extra 2,000 children need to be vaccinated each month in order to reach WHO's target.

The call coincides with the [increased cases of measles](#) being reported in England.

A paperless NHS: electronic health records

The House of Commons Library has issued a [briefing paper](#) which discusses the use of digital records in the NHS.

It gives an overview of electronic health records and the notion of a 'paper-free' healthcare system by 2020.

It also discusses care.data, an electronic service which is designed to extract and collate patient data in order to create a national picture of health patterns, such as diagnosis and disease patterns for commissioners to study.

Finally, it provides information on summary care records, electronic health records containing essential information about patients such as medications used, allergies and adverse reactions.

NICE Antimicrobial stewardship quality standard

The National Institute for Health and Care Excellence (NICE) has published a new [quality standard on antimicrobial stewardship](#).

The quality standard provides information on the effective use of antimicrobials to reduce antimicrobial resistance.

It contains six quality statements:

1. Advice on self-limiting conditions;
2. Back-up (delayed) prescribing;
3. Recording information;
4. Microbiological samples;
5. Data collection and feedback; and
6. Electronic prescribing systems.

It has been endorsed by the Department of Health (DH) and a number of other supporting organisations.

Nearly two million patients to receive person-centred support to manage their own care

NHS England has [announced](#) it will be extending the licensing of a tool which captures the extent to which people feel engaged in taking care of their health and wellbeing.

The validated Patient Activation Measure (PAM) tool can help organisations tailor their services to the individuals' needs, and help them manage and engage with their own health and care necessities more confidently.

Locally, it is expected that measuring and improving patient activation will lead to patients enjoying better experiences of care and outcomes, making more positive choices about their health and wellbeing, and experiencing fewer unplanned hospital admissions.

As a core component of the self-care programme, the PAM tool can now reach 1.8 million people as a result of NHS England extending its licence, based on successful trials in six locations. The second phase of the Community Pharmacy Future project in West Yorkshire is using the PAM tool within a community pharmacy environment.

Nicotine without smoke: Tobacco harm reduction

The Royal College of Physicians has published a report, [Nicotine without smoke, tobacco harm reduction](#), which serves as an update on the use of harm reduction in tobacco smoking, focussing particularly on e-cigarettes.

It sets out key recommendations, and concludes that e-cigarettes have a huge potential to prevent death and disability from tobacco use. It also recommends that as a matter of public health interest, e-cigarettes and other non-tobacco nicotine products should be promoted as widely as possible as a substitute for smoking in the UK.

QualityWatch public health and prevention report published

QualityWatch, a major research programme developed in partnership by the Nuffield Trust and The Health Foundation, has published a [report](#) providing an overview of public health outcomes in recent years.

The report combines quantitative data from 20 quality indicators across five key areas of public health areas with a survey and in-depth interviews conducted with senior public health professionals.

It is designed to help those working in health and social care to identify urgent areas for improvement. It also discusses the current state of public health services and the potential impact of recent financial and legislative developments on key health outcomes.

Further commissioning packs from NHS Right Care

A further set of [Commissioning for Value packs](#) have been produced by NHS Right Care for Clinical Commissioning Groups (CCGs) covering cardiovascular disease, neurology and respiratory.

The packs are personalised for each CCG and include a wide range of outcome measures, as well as information on the most common procedures and diagnoses for the condition in question.

Statistics on obesity, physical activity and diet – England, 2016

A [report](#) published by the Health & Social Care Information Centre (HSCIC) presents information, drawn together from different sources, on the following topics:

1. overweight and obesity prevalence among adults and children;
2. health outcomes of being obese or overweight such as health risks, hospital admissions and prescription drugs used for treatment of obesity;
3. physical activity levels among adults and children; and
4. diet among adults and children, including trends in purchases and consumption of food and drink and energy intake.

Key facts from the HSCIC report include:

- in 2014, 58% of women and 65% of men were overweight or obese. Obesity prevalence has increased from 15% in 1993 to 26% in 2014;
- in 2014/15, more than 1 in 5 children in Reception, and 1 in 3 children in Year 6 were measured as obese or overweight. Children in most deprived areas are twice as likely to be obese than children in least deprived areas; and
- in 2014/15, 36% of adults (16+) played sport at least once a week. 57% did not play any sport in the 28 days prior to being surveyed.

Refreshed infographic highlights scale of LTCs challenge

NHS England has updated its [long term conditions \(LTC\) infographic](#), highlighting the prevalence of LTCs and their effects on the healthcare system in England.

The infographic sets out an overview of LTCs; it provides information on how many people live with LTCs, as well as the cost and burden associated with LTCs in primary and secondary care.

It also provides information on what areas of care can be improved and what is already being done to drive improvements for patients and their carers.

Understanding pressures in general practice

The King's Fund has published a [research report](#), which highlights the increasing demands and pressures faced by the GP workforce.

The report has revealed that face-to-face consultations increased three times faster than the GP workforce. It also shows a 15% overall increase in contacts; a 13% increase in face-to-face contacts and a 63% increase in telephone contacts.

The research is based on findings from 30 million patient contacts across 177 practices in England between 2010/11 and 2014/15.

New funding for local HIV prevention

PHE has announced a [HIV \(human immunodeficiency virus\) Prevention Innovation Fund](#) for 2016/17 of up to £600,000.

PHE has made the funding available for innovative local prevention projects and is encouraging funding applications to be sent in from voluntary organisations across England.

Proposals of particular interests are from organisations that tackle:

- diagnosis for both HIV and other sexually transmitted infections;
- stigma associated with HIV;
- other risky behaviours that can increase risk of contracting HIV such as drug and alcohol misuse; and
- the integration of HIV prevention into wider sexual and reproductive health.

Professor Kevin Fenton, National Director of Health and Wellbeing at PHE said: "The fund represents an opportunity for local areas to further benefit from national support and I hope to see a range of applications, showcasing creative local solutions to a longstanding public health issue."

The state of caring in the UK

Carers UK has published its [State of Caring 2016](#) report, based on an annual survey of carers in the UK. This is the largest survey carried out to date, and includes responses from over 6,149 carers.

The document provides an overview of the physical, emotional and financial challenges faced by carers, the level and quality of support being given to them and the implications of caring for someone, and their own quality of life.

Key facts from the report include:

- 1 in 5 of those providing 50 hours or more of care each week are receiving no support with their caring role;
- 64% of carers who are struggling to make ends meet cut back on seeing friends and family to cope; and
- 54% of carers expect their quality of life to get worse in the next year.

'A different ending': Review looking at end of life care published

The Care Quality Commission (CQC) has published its [review](#) examining end of life care in the UK.

The aim of the report was to find out how patients are treated at the end of their life in different settings and whether this is likely to vary depending on the patient's diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

The CQC spoke to people who may be less likely to receive good care, as well as commissioners, providers and staff members.

It was found that people from certain groups in society are experiencing poorer quality of care at the end of their lives than others. This may be due to different reasons such as commissioners not fully understanding their needs, and staff not engaging enough by not having conversations with patients about their end of life care.

New primary care model yielding early results

A few months after the Primary Care Home (PCH) model pilot started, several test sites have [reported](#) seeing a positive impact on care and services.

Many of the test sites are focussing on common themes, including an emphasis on co-location of community staff within GP services. Some are concentrating on developing specific roles to look at improving prescribing and medication control. Others are developing joined-up IT systems to better share data and resources.

The principles of the PCH model are similar to the multispecialty community provider model, – one of the [NHS Five Year Forward View \(5YFV\)](#) types of [vanguards](#), and learning and development will be supported by the new care models programme.

The test sites were chosen in December 2015 and their story was featured in [Health & Care Review](#) (published 29th December 2015).

PHE publishes infographics and leaflet guides

PHE has published a series of leaflets explaining important issues for women, who have had a positive screening result for [hepatitis B](#), [syphilis](#) or [HIV](#).

The leaflets can be used by healthcare professionals and women to refer to when discussing their results and follow-on care.

PHE has also released a series of infographics and guides relating to vaccinations:

- [Vaccines throughout life: infographic](#);
- [Childhood immunisation: quick guide for parents of premature babies](#);
- [Pre-school vaccinations: guide to vaccinations from two to five years](#);
- [The battle against meningococcal disease: infographic](#); and
- [The impact of vaccines: infographic](#).

Quality checks for NHS services

NHS England has [announced](#) it will employ people with a learning disability to help improve NHS services ranging from dentistry to acute care.

The NHS Quality Checkers programme will ask them to inspect local NHS services and give feedback on how they can better meet their needs and those of other patients.

Quality checkers use their own experiences to assess the quality of care and support patients receive, giving a unique insight from the perspective of a person affected by a learning disability.

Some quality checking programmes in some regions have been evaluated and seem to increase the quality of services and improve outcomes. NHS England is now looking to expand this to a national rollout.

New framework to improve care for patients with diabetic foot disease published

A [report](#) containing joint recommendations from various organisations has been published and aims to ensure that patients with diabetic foot disease receive consistent, high quality care regardless of where they are treated.

The recommendations have been drawn from various key organisations such as the British Orthopaedic Association, the British Orthopaedic Foot and Ankle Society, the Vascular Society, Diabetes UK and other key organisations.

Key priorities are:

1. to get better, as quickly as possible, whilst reducing risk of further morbidity;
2. to avoid hospital admission if possible, and certainly admission to a hospital that is distant from home;
3. to avoid major and minor amputation;
4. to be managed speedily, effectively and efficiently with management plans focussed on the patient's individual circumstances and their personal needs; and
5. to have their diabetes and other medical conditions well managed at the same time that their foot disease is being assessed and treated.

The recommendations cover key topics such as commissioning, service design, foot protection and foot screening. They describe the key systems, processes and standards needing to be in place to achieve this goal.

GP system IT error miscalculates CV score

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued an [alert](#) to GP practices in England after an issue involving the QRISK®2 Calculator in SystmOne, run by TPP resulted in a limited number of patients having their cardiovascular risk miscalculated.

The MHRA is working with TPP as a matter of urgency to make sure the issue is resolved as quickly as possible and that any affected patients are identified.

A report of investigations into unsafe discharge from hospital

The Parliamentary and Health Service Ombudsman has published a [report](#) which focusses on the experiences drawn from recent complaints they have investigated surrounding patients' hospital discharge processes.

The main problems identified in *A report of investigations into unsafe discharge from hospital* are:

1. patients being discharged before they are clinically ready to leave the hospital;
2. patients not being assessed or consulted properly before their discharge;
3. relatives and carers not being told that their loved one has been discharged; and
4. patients being discharged with no home-care plan in place or being kept in hospital due to poor coordination across services.

The report urges DH and NHS England to consider the findings in the report and act on them, so that others do not have to experience avoidable and unnecessary suffering.

Health matters: fifth edition published

PHE has published the [fifth edition](#) of its *Health matters* series, focussing on investing in early year services from pregnancy to age 2.

The publication outlines how local authorities and health professionals can support women, and their partners, from conception to pregnancy and into parenthood.

The publication includes advice on:

- encouraging a healthy pregnancy;
- the importance of newborn screening and vaccination;
- encouraging secure attachment;
- promoting breastfeeding;
- improving maternal mental health;
- healthy child programme; and
- health and development reviews.

Launching *Health matters*, PHE Chief Executive Duncan Selbie, said: "This new edition of *Health matters* highlights the importance of how parents and children can benefit from early years services. It pulls together, in one place, the current evidence, guidance and tools for professionals to support the development of the healthy child up to 2 years."

Place-based services of care

PHE has produced a [web feature](#) on the place-based approach to care.

The feature provides an illustration of how health and care is integrated within a local community, and explains the background to the place-based approach to care.

This guidance aims to support healthcare professionals in their role to commission and deliver integrated services to local populations.

Developing care for a changing population reports

The Nuffield Trust has published three reports, commissioned for the Nuffield Trust and the Commonwealth Fund's 15th international meeting on improving the quality and efficiency of healthcare.

The reports are based on developing care for a changing population:

[Patient engagement and health information technology](#)

This paper looks at how health information technology can promote patient engagement when accessed and assists patients in managing their own complex health conditions and self-care.

It concludes that patient and front-line staff should be actively involved in the design and implementation of digital tools, and that older people and their carers are increasingly familiar with the internet so digital technology should be utilised more widely to support their care.

[Supporting patients with costly, complex needs](#)

This paper looks at supporting patients with costly, complex needs by reviewing the emerging evidence and practice in Europe as well as 10 reflections for policy-makers to refer to when considering how to reform health systems to meet the needs of such patients.

[Learning from GP-led organisations](#)

This paper explores issues and challenges surrounding the running of large-scale, GP-led organisations that provide services for people with complex needs. It features two case study organisations and concludes with a consideration of how they can be applied in the new models of care emerging in response to the 5YFV.

Junior doctor contract negotiations

The UK's Health Secretary has [updated](#) Parliament on the negotiations agreement between the Government, NHS Employers and the British Medical Association (BMA) regarding the junior doctors' contract.

More information and regular updates can be found on the [BMA website](#).

The Future of GP collaborative working

The Royal College of General Practitioners has published a report, [The Future of GP Collaborative Working](#), which showcases innovative schemes designed to improve the integration of patient care. It highlights seven case studies covering a wide range of GP-led services across the UK covering different specialties, population groups and ways of addressing complex health issues.

Reshaping the workforce to deliver the care patients need

The Nuffield Trust has published a report, [Reshaping the workforce to deliver the care patients need](#), which examines the best way to restructure the organisation of NHS staffing to support new ways of delivering care to patients.

The report is based on survey responses from local Health Education England leaders, case studies from around the country, seminars, interviews and literature reviews.

The report found that training the existing non-medical workforce is the best way to reshape and grow the workforce.

Key recommendations include:

- utilising the support workforce;
- extending the skills of registered healthcare professionals; and
- advanced practice roles for nurses.

The report includes 10 important lessons for organisations seeking to redesign their workforce, to ensure the changes are carefully implemented to avoid them being counter-productive.

Teenage mothers and young fathers: support framework

PHE and the Local Government Association have published [A framework for supporting teenage mothers and young fathers](#), a tool developed to help commissioners and service providers review the current provisions for young parents in their local areas.

The framework contains key constituents of an effective service model that should be taken into consideration when designing services. The framework should be adapted depending on individual local circumstances. It covers a range of services including ones for sexual and reproductive health, alcohol and drug use, emotional health and wellbeing as well as smoking cessation.

There are suggestions for how services could be tailored and useful resources that commissioners may wish to refer to.

Commitment to Carers – improving carer health and wellbeing

As part of its ongoing [Commitment to Carers](#), NHS England has published a [carers toolkit](#), which is designed to help health and social care organisations to work together in identifying, assessing and supporting the wellbeing of carers and their families.

It serves as a resource to help promote integration between adult social care services, NHS commissioners and providers and third sector organisations that support carers of all ages.

There is also an accompanying animation which provides an overview of how the integrated approach can make a difference to carers and their families.

Quality improvements for outpatient services and primary care

The National Institute for Health Research has published an updated [literature review](#), from one previously published in 2006. It looks at ways of improving the effectiveness and efficiency of hospital outpatient services.

The paper concludes that significant areas of care traditionally delivered in a hospital setting can be transferred to primary care, with appropriate safeguards and support. However, the cost of this approach has not been evaluated so more evidence is required before it can be justified.

NHS England sets out local NHS funding growth to 2020

NHS England has published indicative figures for how much each part of England could see its NHS budget grow by 2020, and the [funding available for transformation](#).

NHS England has also [announced](#) that it will invest around £112 million in 2016/17 in the [vanguard projects](#) in different parts of the country.

It will also help local NHS and care leaders develop their [Sustainability and Transformation Plans](#), to demonstrate how they will implement the 5YFV in their locality using the funding available to them.

Launch of Diabetes UK's commissioning network

Diabetes UK has developed a [commissioning network](#), a leading source of information and support for commissioning and improvement in diabetes care.

The network is [free to join](#) and provides monthly updates on the latest good practice from across the country and a forum for sharing ideas and learning. It also allows access to the latest resources from Diabetes UK.

How is the NHS performing?

The King's Fund has issued its latest findings on NHS performance in its [quarterly monitoring report](#).

Key findings from the report include:

- 67% of providers ended 2015/16 in deficit;
- 7 million patients were waiting for hospital treatment in March 2016, the highest number since 2007;
- 65% of trust finance directors felt that patient care in their local area had worsened in the past year;
- 85 million patients spent longer than four hours in A&E in 2015/16, the worst performance since 2003/04; and
- 5,700 patients were delayed in hospitals at the end of March 2016, the highest number since 2008.

CQC publishes report into people's involvement in their care

CQC has published a report, [Better care in my hands](#), which examines patients' involvement in their own care.

The CQC has examined national and thematic reports, its inspection findings and NHS patient surveys to help build the picture on which the report is based. It sets out what enables people's involvement in their own care and provides examples of good practice, as identified by CQC inspectors.

The report can be used by health and social care services to ensure their provisions enable person centred care to take place.

Review on antimicrobial resistance

The Review on Antimicrobial Resistance has published a [report](#), in which the Chairman outlines the final international recommendations for the world to defeat superbugs.

The report discusses how antimicrobial resistance can be tackled, how solutions can be paid for and next steps required to deliver the policy proposals suggested.

Physical inactivity: economic costs to NHS CCGs

PHE has published a report, [Physical inactivity: economic costs to NHS Clinical Commissioning Groups](#), which provides estimates of the costs of physical inactivity in England as a result of treating adverse health outcomes.

These figures provide CCGs and their partners with an indication of the cost and potential realisable savings of increasing physical activity within their population.

Packaging of tobacco products

DH has produced a [guidance document](#) outlining new rules on tobacco (and herbal products for smoking) packaging for retail.

Financial Improvement Programme to save the NHS tens of millions of pounds

NHS Improvement has [selected](#) 16 trusts to join their Financial Improvement Programme, which could find around £50 million of savings in its first year.

The programme will provide expert support teams to offer the skills and experience required to build on existing financial improvement measures. It is expected to protect patient care and services and innovative approaches, tools and lessons learnt will be shared with the rest of the NHS.

The programme is likely to cost around £25 million and will save the NHS around £50 million in the first year alone.

NHS providers working hard, but still under pressure

NHS Improvement has published their [analysis](#) of providers' operational and financial performance between April 2015 and March 2016.

Key facts from the report include:

- there were 20.7 million A&E attendances in 2015/16 which is an increase of 2.9% over the previous year;
- in March 2016 alone providers saw over 1.88 million patients in A&E, the highest number ever seen in a month, an increase of 7.5% more than in March 2015; and
- the year-end deficit of £2.45 billion was almost three times greater than that reported in 2014/15, and £461 million worse than the revised plan (£340 million worse than initial plan).

Mental health pilot scheme doubles numbers getting key physical health checks

A [pilot scheme](#) which took place in four mental health trusts saw the number of people getting five key physical health checks increase from 46% to 86% over two years.

The scheme, a programme for patients with a serious mental illness, is now being rolled out across the NHS.

It used the 'Lester tool', a poster and electronic clinical prompt system to support clinical teams to screen and intervene for cardiovascular conditions such as diabetes and high blood pressure, as well as smoking, lifestyle and weight. The programme was independently evaluated by the Royal College of Psychiatrists Clinical Care Quality Improvement Unit.

CQC promises 'more collaborative' approach to regulation

CQC has taken on a new [strategy](#) for their approach to regulation.

The strategy is based on four priorities:

1. encourage improvement, innovation and sustainability in care;
2. deliver an intelligence-driven approach to regulation;
3. promote a single shared view of quality; and
4. improve our efficiency and effectiveness.

The CQC envisages a more targeted, responsive and collaborative approach to regulation to enable more high-quality patient care.

The stolen years: The mental health and smoking action report

A [report](#) by Action on Smoking and Health (ASH) has been published and sets out recommendations for how to tackle smoking in people with a mental health condition.

The report is endorsed by 27 health and mental health organisations and contains 12 ambitions that feed into ASH's underlying principles to combat this problem.

The overall ambition is for smoking among people with a mental health condition to decline to be less than 5% by 2035, with an interim target of 35% by 2020.

Discharging older patients from hospital

The National Audit Office has published a report on the state of discharge of older patients from hospital.

The report, [Discharging older patients from hospital](#), estimates the total cost of treating patients in acute clinical care, who no longer need treatment, to be in the region of £280 million a year.

Some key facts from the report include:

- 5 million bed days lost to reported delayed transfers of care in acute hospitals in 2015;
- an estimated 2.7 million of hospital bed days occupied by older patients no longer in need of acute treatment;
- the average length of inpatient stay for older patients in 2014/15 (based on emergency admissions only) is 11.9 days; and
- an older person can lose 5% of muscle strength per day of treatment in a hospital bed.

The report makes a number of recommendations for DH, NHS England and NHS Improvement to consider.

Devolution – What does it mean from an NHS England perspective?

NHS England has published [presentation slides](#) aimed at local systems pursuing devolution of health and social care.

The document covers various topics relevant to devolution including how devolution fits with the Sustainability and Transformation Planning process. There is also information on NHS England's decision criteria, assessment criteria framework and FAQs.

Promotional material for flu

PHE has published two leaflets, as part of its [annual flu programme](#), aimed at parents.

The two leaflets are:

- [five reasons to vaccinate your child against flu](#); and
- [protecting your child against flu](#).

Worry about wasting GP's time stopping people from reporting cancer symptoms

A [study](#) funded by Cancer Research UK has found that people are too worried about wasting their GP's time to seek help when facing symptoms indicative of cancer.

The perception of GPs' lack of time was derived in particular from waiting times at the practice and difficulty making an appointment.

Participants felt that sometimes an alternative healthcare practitioner, such as a nurse, a pharmacist, or even self-medication, could provide a diagnosis or treatment, and that GP time was wasted if these alternative sources of medical attention were not sought before a visit to the GP.

Hospital admissions estimated to be attributable to smoking go up by 5% in ten years

HSCIC has issued a [report](#) which contains statistics on smoking in England in 2016 drawn together from various sources.

The report covers smoking patterns in adults and children, availability and affordability of tobacco, behaviour and attitudes to smoking and smoking-related costs, ill-health and mortality.

Statistics presented include facts on smoking prevalence, hospital admissions, death, e-cigarettes, expenditure and prescriptions.

Key facts from the HSCIC report include:

- In 2014, 19% of adults in Great Britain currently smoked, down from a peak of 46% in 1974;
- In 2014, 18% of secondary school pupils reported they had tried smoking at least once;
- There were 1.7 million admissions for conditions that could be caused by smoking in 2014/15. This is an average of 4.7 thousand admissions per day; and
- In 2015, 4% of adults in Great Britain were current e-cigarette users.

GP antibiotic prescriptions cut by 2.6 million in one year

The national Patient Safety Team at NHS Improvement has worked with PHE and NHS England to help GPs reduce the number of antibiotic prescriptions across England.

Data [released](#) in May 2016 shows:

- the total number of antibiotics prescribed by GPs is down by 7.3% in just one year – a total of 2,696,143 fewer items; and
- the unnecessary use of 'broad-spectrum' antibiotics, which should be reserved for the treatment of serious infections, has been reduced by 16% – a reduction of over 600,000 items.

The future of public services: digital patients

Reform has published its report, [The future of public services: digital patients](#), the third instalment of a series looking at the role of technology in public services.

This report looks at the role of wearable and app technology and the opportunities they can bring in healthcare, particularly for those patients with low health literacy who have poorer health and suffer repeat hospital admissions.

A discussion is also made in relation to digital health records and the implications of these on a patient's relationship with their clinician.

The report makes several recommendations for NHS England to consider to secure the vision of harnessing patient data via apps and wearable technologies.

Health technologies – are older people interested?

A [report](#) has been published by 2020health, which discusses the implications of an ageing population and their engagement in health technologies.

The discussion paper considers the perceived idea of older people being resistant to embrace technology. It concludes that older people and their children very much welcome assistive technology and the findings from a survey indicate there is growing appetite for robotic help and communication aids.

Gardens and health

The King's Fund has published a [report](#), commissioned by the National Gardens Scheme, which sets out the evidence base on how gardens and gardening relate to people's health.

The report contains a number of recommendations that aim to encourage the NHS, Government departments, national bodies, local Government, Health and Wellbeing Boards and CCGs to make more of the diverse health benefits of gardening in support of their priorities.

Update on the Health and Care Landscape (June 2016)

New Commissioning for Value packs released

NHS RightCare has published its latest [Commissioning for Value \(CFV\) focus packs](#) on:

- cancer and tumours;
- mental health and dementia;
- maternity and early years; and
- musculoskeletal, trauma and injuries.

The CFV packs are personalised for each Clinical Commissioning Group (CCG). They are intended to help CCGs identify the best opportunities for improving services in their areas by supporting local discussions and providing an in-depth analysis around common conditions and pathways.

Updated evaluation strategy to support sharing of best practice and learning

A [strategy](#) which sets out the approach to national and local evaluation of the new care model [vanguards](#) has been published.

Evaluating the vanguard models is crucial as it allows best practice to be shared and successful new care models with positive results can be rolled out across the NHS in different parts of the country.

The strategy also outlines a partnership approach to evaluation. It includes analysis of key outcomes of the new care models, as well as provision of support for local evaluation enabling vanguards to evaluate their progress against the measures that are most important to them.

New care model update bulletin published

The third and latest issue of the [new care models update bulletin](#) has been published. This month's bulletin provides an update and information on new care models, specific examples of shared best practice from vanguards, an update from partners, media features and upcoming events.

CIPFA insight: more medicine needed

The Chartered Institute of Public Finance & Accountability (CIPFA) has published [More Medicines Needed: the Health of Health Finances Revisited](#), a report which looks at the Government's [Five Year Forward View](#) (5YFV) for the NHS.

The report warns that the NHS could overspend its budget of £10 billion a year by 2020, and the NHS will struggle to make the planned £22 billion efficiency savings by 2020. It also states that new pressures have arisen since the 5YFV plans were set out in 2014.

It says a large proportion of the £8 billion funding accounted for last year is being used to get by, rather than invested in new projects.

Rob Whiteman, Chief Executive of CIPFA, said: "The NHS faces a shortfall of £2.45 billion this year and that's likely to grow to £10 billion by 2020. The Five Year Forward View, an attempt to bring long-term planning to the NHS, has floundered after just one year."

Needs of dying people 'not a priority' for many HWBs and CCGs

Hospice UK has published a [report](#) on the priority of palliative and end of life care in local health and care needs assessment and strategies.

Key facts from the report are:

- 34% of Health and Wellbeing Boards (HWBs) do not consider the needs of dying patients in their assessments of the health and care needs of their local populations;

- 57% of HWBs do not include the needs of dying adults and children in their key strategies that inform local service planning;
- 27% of CCGs do not have a strategy for addressing end of life care for adults in their area; and
- 71% of CCGs do not have a strategy for supporting children and young people living with life-shortening conditions.

The report also finds that there are an estimated 92,000 adults in England every year who require palliative care but are not able to get the support they need.

Hospice UK calls for several recommendations in the report to be actioned by various health authorities.

Coordinating care for people with long-term conditions and dementia

An [article](#) published in the National Institute for Health Research, with a particular focus on diabetes, stroke and visual impairment, looked at the effects of having multiple conditions, on the quality of patient care, patient needs and whether services are meeting those needs.

The authors first conducted a literature review, database search of people with dementia, followed by interviews and focus groups.

This study shows that significant numbers of people with dementia have conditions such as stroke, diabetes and vision impairment. It found that dementia complicates the delivery of appropriate services and magnifies the difficulties that people with long-term conditions experience. It also shows that systems are not currently designed to involve carers to the degree they should be.

New care models and prevention: An integral partnership

A new [document](#) has been published which showcases some of the prevention work that five vanguards are carrying out.

The publication is the first in a series of two, which looks at developing new models of care. The second publication, due in June, will look at staff engagement and new models of care.

The case studies can be used a useful resource for other organisations and partnerships developing new care models across the NHS.

The impact of lung disease in the UK

The British Lung Foundation (BLF) has published a report, [The Battle for Breath](#), which looks at the extent and impact of 15 major lung conditions, as well as a general overview of lung disease across the UK.

Key findings from the report include:

- 115,000 people a year die from lung disease – 1 person every 5 minutes;
- 1 in 5 people in the UK have been diagnosed with a lung disease; and
- every day, 1,500 new people are diagnosed with a lung disease.

Data from the report may be useful for policymakers, researchers, healthcare providers and professionals, the commercial healthcare sector, patients and patient groups. BLF hope that the report will be referred to when forming strategies and policies to tackle lung disease, and to improve outcomes for patients in the UK.

Building Carer Friendly Communities: research report for Carers Week 2016

A [report](#) has been published by Carers Week 2016 focussing on key findings of this year's theme, Carer Friendly Communities.

Carer Friendly Communities are places where carers feel supported and are recognised as individuals with needs of their own.

The research presented in the report was carried out as part of Carers UK annual State of Caring survey and covers five themes; community, health, employment, education; and older carers.

Key facts from the report include:

- 3 in 4 carers don't feel their caring role is understood and valued by their community;
- 51% of carers have let a health problem go untreated;
- 72% of carers have given up work or reduced their hours;
- 48% of carers have given up their studies; and
- 59% of older carers say their health is becoming a significant worry.

Carers Week is an annual campaign, which raises awareness of caring, highlights the challenges carers face and recognises the contribution they make to families and communities throughout the UK.

Workplace experiences of staff in relation to ethnicity published for every NHS trust across England

The NHS Equality and Diversity Council has published a [report](#) showcasing the results of a survey in which respondents were asked about their workplace experiences in relation to their ethnicity.

The survey found that black and ethnic minority staff in the NHS had less favourable treatment, which is negatively affecting the quality of care received by patients.

Living longer, living well

The Richmond Group of Charities has published a report, [Living longer, living well: How we can achieve the World Health Organization's '25 by 25' goals in the UK](#), which examines future trends for public health in the UK.

The report is an in-depth research project looking at long-term conditions in the UK. The study considered evidence around various public health interventions surrounding alcohol, diet, physical activity and smoking.

Key facts from the report include:

- achieving the World Health Organization '25 by 25' goals in the UK would mean 1.12 million people having one extra year of healthy, disability-free life;
- the mortality impacts ranged from a reduction of around 2,450 deaths by 2025 as a result of increased tobacco taxation to around 78,000 deaths from a total ban on alcohol marketing; and
- four selected interventions, studied in depth, would have a substantial impact on mortality and disability over a 10-year period.

Map of technology and data in health and care

The King's Fund has featured a [map](#) on their website that highlights parts of the world that have started experimenting with and implementing new healthcare technologies to improve and optimise patient care.

It is limited to a selection of case studies featured in their publications and events. It also features the NHS test bed sites which were set up to evaluate the impact of new technologies in England.

Children wait ten years for mental health support

A new report from the Centre for Mental Health, *Missed opportunities*, considers evidence about children and young people in the UK who have a mental health condition.

The report highlights particular groups of children and young people that could be at higher risk for poor mental health.

The main finding of the report is that there is an average of a 10 year delay between young people experiencing their first symptoms and receiving help.

NHS England and Public Health England launch new online dashboard of cancer-related information

Public Health England (PHE) and NHS England have co-produced the [cancer dashboard](#), which will link closely with the new CCG Improvement and Assessment Framework.

The dashboard, which is still in development, serves as a tool to help clinical leaders, commissioners and providers identify and prioritise areas for improvement.

Filtering the data can be done by selecting the reporting level (provider or CCG), tumour type or by CCG area.

The dashboard is split into different domains of key areas; survival, treatment, patient experience, quality of life, operational performance and incidence and mortality.

Performances can be compared against other similar organisations or the average in England in the overview tab, or they can be compared over time using the trends tab.

Adult inpatient survey 2015

The Care Quality Commission has published the adult inpatient [survey](#) for 2015. The 2015 adult inpatient survey received feedback from 83,116 patients aged 16 or above who had at least one overnight stay in an NHS hospital during July 2015.

Key facts from the survey include:

- there have been some consistent small improvements in the quality of communication between medical professionals (doctors and nurses) and patients;
- patients' experiences of being discharged from hospital have deteriorated over the years;
- fewer patients felt that information was given to them before being discharged compared to last year, and fewer patients said they were given information to take home about what they should or shouldn't do after leaving hospital; and
- the experience of patients with mental health conditions was poorer than for patients without a mental health condition.

Interests of users must be paramount in new approaches to care

The Public Accounts Committee has published a [report](#) calling for greater measures to safeguard the interests of adults receiving personal budgets for social care.

The report expresses concern that not everyone in receipt of a personal budget has genuine choice and control over the services they receive, and get little support in order to get the personalised care they need.

Local authorities' (LAs) financial pressures are acknowledged by the Committee; the Committee asks for greater clarity on how LAs can implement personal budgets to maximise benefit to users. It also calls on the Department of Health (DH) to set out clearly to LAs and providers what ideal support should look like.

The impact of the sugar tax on different drinks

The TaxPayers' Alliance has published a [research](#) report to pressurise the Government to abandon its sugar tax proposal. The report argues that the sugar tax will only increase the cost of living and is independent of actual sugar content in drinks, with examples highlighted.

Cards on the table: tips and tricks for getting in on the action of devolution

The Centre for Public Scrutiny has published a [paper](#), which examines the journey of the English devolution process.

The paper provides some guidance to local areas on how to address governance challenges they may face, gathering evidence from a variety of sources.

The document is mainly intended for those leading on governance in areas subject to devolution deals, pursuing or planning to pursue devolution deals and for scrutiny practitioners.

Obesity crisis: 500 children with Type 2 diabetes is a 'wake-up call' for the nation

Latest data shows there are 533 children and young people, including 11 children aged 9 or under, in England and Wales with Type 2 diabetes, which is normally only seen in adults.

The Local Government Association (LGA) [estimates](#) that this number will rise unless robust action takes place to combat it in the Government's childhood obesity strategy.

A survey of children under 17 in the UK found that 95% of those diagnosed with Type 2 diabetes were overweight and 83% obese.

The LGA has said this is a 'wake-up call' for the Government. It has called for a reduction in sugar content in fizzy drinks, clearer labelling on consumable products, greater provision of tap water in schools and restaurants, as well as a ban on junk food advertising near schools.

LGA Community Wellbeing spokeswoman, Councillor Izzi Seccombe, said: "This is a wake-up call for the nation as the Government faces a once-in-a-lifetime opportunity to take radical game-changing action in its forthcoming childhood obesity strategy. We cannot afford to delay any longer."

First 10 sites of Healthier You: NHS Diabetes Prevention Programme ready to make referrals in coming weeks

The [NHS Diabetes Prevention Programme](#) has [selected](#) the first 10 areas of implementation and they are ready to take on referrals in the next few weeks. The first 10 areas will be:

1. Leeds;
2. Cumbria;
3. Lincolnshire;
4. Birmingham;
5. East Midlands;
6. Herefordshire;
7. Berkshire;
8. South London
9. East London; and
10. Durham

The roll-out of the programme will adopt a staggered approach; the first 10 sites will initiate the programme and this will be scaled up to 27 sites in 2016, covering 26 million people, with the programme taking on 40,000 referrals. Eventually, it will be implemented across the whole country by 2020 with an expected 100,000 places on programmes available each year after.

Personalised help to reduce the risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes will be offered to those referred to the programme.

The Sustainable Development Unit for NHS England and PHE

A new [report](#) by the Sustainable Development Unit for NHS England and PHE has estimated that the NHS could save over £400 million while simultaneously cutting 1 million tonnes of carbon emission every year by 2020.

The report, which follows on from the [Carter Review](#), selected 35 areas and calculated the financial and environmental benefits that can be achieved by making changes that will also benefit people's health.

The report suggests that providing mental health services to people being treated for physical health needs in hospitals, encouraging staff to travel to work by bike or foot and increasing the use of communication technology can offer both financial and environmental benefits.

A [toolkit](#) has been set up to help organisations calculate the financial savings that could be achieved for each intervention as well as the reduction in tonnes of carbon, based on a scale-up of those 35 areas.

New bowel cancer screening test

The UK National Screening Committee has [decided](#) to roll out nationally a new bowel cancer home testing kit, after it was tested in a successful pilot involving 40,000 people.

The test will be offered to all men and women aged 60 to 74, every two years. The new test has been simplified so is easier to use than the current kit. It is hoped to increase screening uptake by 10% and result in 200,000 more people a year being tested.

The independent Cancer Taskforce has set an ambition of 75% uptake of screening across England by 2020, and the new test will help achieve this.

Funding for mental health

The NHS Mental Health Network has produced an [infographic](#) to highlight the need for Government funding and the current financial position of NHS mental health trusts.

Key facts from the infographic include:

- 1 in 4 adults report having been diagnosed with at least one mental health problem;
- approximately 2 million more people in the UK will have a mental health problem by 2030; and
- a recent survey shows that 90% of mental health trusts do not feel confident that a £1 billion additional taskforce investment will be enough to meet mental health service challenges.

The key to successful health and care integration

A new [report](#) detailing a vision for integrated health and care services has been published by the NHS Confederation, LGA, Association of Directors of Adult Social Services and NHS Clinical Commissioners.

The report discusses how integration can meet the requirements of individuals with complex and chronic health needs. Challenges and funding pressures are also discussed as well as implications on the whole health and care sector.

To integrate services faster, the report calls for:

- national leaders to re-dress the shortfall in funding, particularly in public health and community services as demand outstrips resource;
- a cultural shift away from focussing on services only when people are ill or have critical social care needs, to improving public health and meeting the needs of people;
- local leaders to look beyond individual organisations to work together to better integrate and make transformation happen quicker; and
- agreement and action to address the barriers to making integration happen.

Stephen Dorrell, Chair of NHS Confederation, said: “This report sends a clear message that to improve the standard of care that we deliver to people we must better integrate our health and social care services. The NHS continues to face unprecedented demand and challenging financial circumstances. Against this background, we need to make sure we are utilising all the collective resources of a ‘place’ to benefit our local communities. There is now a real urgency to deliver on this ambition. Our priority now must be to turn rhetoric into action.”

Public and patient partnerships: How they can address the inequality and finance gap in health and care

NHS Confederation has published a [report](#) discussing how patient and public involvement can be utilised to close the financial and inequality gap in healthcare. It outlines what good public and patient partnership looks like, the practical benefits and how it can be implemented.

The report closes with two case studies: Newham CCG’s work on reducing Type 2 diabetes through public and patient partnerships, and Sheffield’s Recovery Enterprises, which is an organisation that helps people with mental health conditions achieve their ambitions.

New care models and staff engagement

A new [publication](#) by NHS providers, NHS Confederation, LGA and NHS Clinical Commissioners brings together the experiences of four [vanguards](#) that have focussed on placing staff at the centre of new care models.

The vanguards featured are:

- All together Better Dudley (multispecialty community provider);
- Barking and Dagenham, Havering and Redbridge System Resilience Group (urgent and emergency care);
- Better Care Together – Morecambe Bay Health Community (integrated primary and acute care system);
- East and North Hertfordshire CCG (enhanced health in care homes).

The case studies are hoped to be a resource for teams who wish to implement similar ideas in their local areas.

Health & social care leaders share their views on headline issues

The Nuffield Trust has published the results of a [survey](#) it conducted between April and May 2016 on a range of issues including finance, general practice and rationing. Respondents included senior managers, clinicians, clinical leaders, local Healthwatch bodies and social care sectors.

Key facts from the survey are:

- 57% of respondents said that morale in their organisation had fallen in the past six months; workload was the main reason given for this (77%);
- just 6% of respondents agreed that they would be able to return to financial balance and eliminate overspending; and
- 60% of respondents disagreed that new spending measures in last year's Spending Review would make it possible to help more people.

Six principles for engaging people and communities: putting them into practice

National Voices, a coalition of health and social care charities in England, has published a [document](#) about creating person-centred, community-focussed approaches to health, wellbeing and care. It builds on the principles of community relationships set out in the 5YFV.

The document is aimed at leaders, managers and practitioners in the NHS and local Government. It provides an overview of important principles, how they can be measured and implemented by providing case studies and questions to stimulate thoughts, reflections and challenges.

Royal Society of Public Health's call to decriminalise drug use

The Royal Society for Public Health, with support from the Faculty of Public Health (FPH), is calling for the personal possession and use of all illegal drugs to be decriminalised.

Results from a representative poll of more than 2,000 adults in the UK showed that 56% of respondents felt that drug users in their area should be referred to treatment as opposed to being charged with a criminal offence.

A new [report](#) sets out the recommendations and argues a new approach is needed and has been published ahead of the Government's expected drug strategy. It has been endorsed by FPH and is backed by Parliamentarians, drugs reform charities and law enforcement groups.

Other key recommendations include:

- universal provision of evidence-based drugs education to young people through statutory Personal, Social, Health and Economic (PSHE) education in schools;
- moving lead responsibility for drugs strategy from the Home Office to DH and aligning more closely with alcohol and tobacco strategies; and
- use of evidence-based drug harm profiles to inform enforcement priorities and public health messaging.

The call forms part of a wider package of measures aimed at moving the UK drugs strategy away from a predominantly criminal justice approach towards one based on public health and harm reduction.

Percentage of women recorded as smokers at the time of giving birth falls below national target

Latest statistics published by the [Health and Social Care Information Centre](#) (HSCIC) show that the number of pregnant women in England recorded as smokers at the time of giving birth has declined from 11.4% in 2014/15, to 10.6% in 2015/16.

The fall in percentage means that the national annual percentage of women recorded as smokers at the time of giving birth in a financial year has fallen below the national target of 11% for the first time.

Out of 209 CCGs, 103 CCGs met or surpassed the national 11% target. The report also showed wide variation among CCGs ranging from 1.5% in NHS Central London (Westminster) to 26% in NHS Blackpool.

NHS Chief launches new fast track funding so NHS patients get faster treatment innovations

The head of NHS England has [announced](#) the launch of a new programme which enables faster spread and uptake of innovations across the NHS.

The programme provides an explicit national reimbursement route to hasten the adoption of innovative apps and devices for patients with diabetes, heart conditions, asthma, sleep disorders, infertility and many others.

This is because a new Innovation and Technology tariff category will remove the need for multiple local price negotiations, and instead guarantee automatic reimbursement when an approved innovation is used, while at the same time allowing NHS England to negotiate national 'bulk buy' price discounts on behalf of hospitals, GPs and patients.

Tackling bullying and harassment in the NHS – new resources launched

NHS Employers has [published](#) resources produced by the Health, Safety and Wellbeing Partnership Group to help support NHS organisation develop environments where staff are free from the fear of intimidating behaviour. The resources include a webpage containing practical tools, evidence and support for tackling bullying and an infographic.

Key facts from the infographic are:

- 20% of all NHS staff report they have been bullied by other staff;
- 9% of all NHS staff have indicated experience of psychological distress due to bullying behaviours; and
- 80% of staff believe the state of their health affects patient care.

Nearly a quarter of a million people diagnosed with diabetes in the last year

On the launch of Diabetes Week 2016 (12th-18th June), Diabetes UK has [published](#) research which shows that 235,000 people have been diagnosed with diabetes in the last year. It also highlighted that by the end of Diabetes Week, an extra 4,500 people will have been diagnosed with diabetes.

The research shows there is still a lack of understanding around diabetes; a survey of 1,491 adults in Great Britain found that 53% of people are unaware that poorly managed diabetes can lead to complications such as heart attacks and strokes.

Chris Askew, Chief Executive of Diabetes UK, said: “There are over four million people living with the condition in the UK. The fact that 4,500 people will discover they have diabetes over the next seven days is deeply concerning, and highlights the current scale of the crisis.”

Home care for older people

The National Institute for Health and Care Excellence (NICE) has published a quality standard, [home care for older people](#).

This standard covers home care that is given to older people in their own homes. It contributes to DH’s [Adult Social Care Framework 2015/16](#), [NHS Outcomes Framework](#) and [public health outcomes framework](#).

The quality standard is expected to contribute to improvements in various areas such as social and health-care related quality of life, satisfaction of people using care home services and retention of care home staff. It contains six quality statements:

1. person-centred planning;
2. plan for missed or late visits;
3. consistent team of home care workers;
4. length of home care visits;
5. consistent reviewing the outcomes of the home care plan; and
6. supervision of home care workers.

Public perceptions of the NHS

The British Medical Association has commissioned a [survey](#) on public perceptions of the NHS as of June 2016. There were 1,240 adult respondents living in England.

The respondents were questioned about their perceptions of the NHS, public health and seven day services.

Key results from the survey include:

- 17% agree that the NHS is moving in the right direction;
- 75% say they are concerned about cuts to LA public health budgets; and
- 81% say that ring-fencing NHS funding is not enough, and that the Government should increase the amount of money received by the NHS.

Health and wellbeing boards explained

The King’s Fund has published [information](#) to give more information on HWBs. The web feature covers what they are, why they are relevant to the NHS, if they will deliver benefits for local populations and next steps for integrated commissioning.

Child flu vaccine plays important role in annual flu programme

PHE, DH and NHS England have [issued](#) a statement reaffirming their confidence in the role of the children's nasal spray flu vaccine in protecting them from flu.

PHE has released provisional figures to showcase the nasal spray's efficacy in the UK.

From October 2016, the vaccine will be extended to healthy children in school year 3 in England. Once again, children aged 2, 3 and 4, and in school years 1 and 2 will also be eligible to receive the free vaccine.

Dr Richard Pebody, head of flu surveillance for PHE said: "We estimate that overall, the vaccine was 57.6% effective in preventing influenza infection amongst children in 2015 to 2016. These findings are encouraging and in line with what we also typically see for the adult flu vaccine."

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).