HEALTHY PEOPLE
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Northern Devon

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Northern Locality Board Meeting

July 2013

Locality Managing Director's Report

1.0 Introduction

This report provides an overview of work streams progressed by the Locality Managing Director in June 2013.

Topics covered in this paper include:

- Engagement event with Torridge and North Devon District Councils
- Transforming Torrington Together
- Patient Transport Services
- Urgent Care Forum
- Section 251 and data flows
- Map of Medicine

2.0 Engagement event with Torridge and North Devon District Councils

The event took place with the two district councils on 3 July 2013 and held at The Royal Hotel in Bideford. The aims of the event were to create an early opportunity to meet council colleagues and build relationships, develop ideas for working together, and with communities, to meet our mutual aspirations and to start a conversation, share information and listen to councillors views, about 'care closer to home'.

Approximately 30 councillors attended the event and discussions were fully participated in. Dr John Womersley and I presented an overview of Care Closer to Home and the benefits and risks. These were well received and understood in terms of the need for change. A review of some of the success criteria was also discussed.

We were able to gather much feedback from the event and our next steps will now include a summary of what care closer to home means to start the conversation with patients and the public. We will launch this in July. We will also develop a proposal of how health can link into existing communities to take forward local discussions on how communities can develop services in line with care closer to home.

3.0 Transforming Torrington Together

The Northern Locality has worked with Northern Devon Healthcare Trust to determine how we can set up a test for change pilot. By test of change we mean how we can transform services in Torrington which will overcome the pressures we are facing in relation to demographic changes, increasing numbers of patients as well as a flat cash environment.

The Locality has invested in additional community services, nursing and therapy staff. By introducing these additional staff services have been able to be enhanced. These include daily rehabilitation (was weekly), balance classes to prevent falls at home, rapid response to patients to avoid a crisis, timely hospital discharges, discharge coordinators and nursing home education support. Due to these enhanced services admissions to Torrington hospital have fallen as patients are being cared for in their own home. The proposal will be to test the need for the ten inpatient beds at Torrington Community Hospital. A consultation document has been launched and public events arranged to ensure we capture as many views as possible of local people. It is proposed that the test of change pilot commences in September with a review in March 2014 to evaluate the proposal.

4.0 Patient Transport Services (PTS)

The PTS contract has been awarded in the Western Locality to SRCL Limited. SRCL Limited is a group company and ESL will be providing the transport. I attended the initial meeting with ESL to understand their approach to mobilisation which includes start up and initiation, operational set up, transition and project close. Project close will need to be end of September 2013. The Western Locality will have a different transport provider to that in the Northern and Eastern localities which is NSL. Both companies were successful in a robust procurement process meeting the quality requirements of the specifications and will deliver a quality service with faster response times and better communications to patients.

5.0 Urgent Care Forum

The Urgent Care Forum took place on the 18th June with all stakeholders present. The Forum will now meet monthly. Terms of Reference were agreed with some minor amendments, mainly for clarity and the action plan will be developed to include a broader approach. The action plan will cover primary care, data and metrics/dashboard, financial flows including 70%/30% emergency Payment by Results review, acute, out of hours and care homes and social care community. Urgent care is a high priority area for the locality and the action plan must now be progressed across the whole health community to deliver demonstrable changes especially in relation to areas where performance has been weak.

6.0 Section 251 Regulations

The legal landscape in relation to the use of personal data changed following the implementation of the Health and Social Care Act 2012 and the re-organisation of the NHS in England on 1 April 2013. These changes have had several implications for risk stratification, including:

- Clinical Commissioning Groups do not have the same functions and powers as primary care trusts (PCTs)
- The statutory authority of CCGs and Clinical Support Units to process confidential information for risk stratification must come either from patient consent or from the Section 251 regulations
- While the HSCIC (Health and Social Care Information Centre) has statutory powers under the Health and Social Care Act 2012 to collect and process confidential information, the circumstances in which it can disclose information are limited by law. These limitations restrict the ways in which identifiable data can be lawfully disclosed for risk stratification purposes.

In parallel, the second Caldicott review of information governance (Caldicott2) confirmed previous guidance on the topic of risk stratification. Specifically, the review confirmed that:

- risk stratification is a form of *indirect* care rather than direct care
- organisations must not use *personal confidential data* for risk stratification purposes, unless they have a legal basis for doing so
- risk stratification should generally be performed using pseudonymous data
- only clinicians who have a legitimate relationship with an individual patient may access their re-identified data in order to decide whether to offer them a preventive service such as the support of a community matron.

For these reasons, it is important for CCGs to review their local arrangements to ensure that any risk stratification being conducted on their patients' data is done so in ways that are consistent with the new legal environment.

Our business intelligence team as part of the collaborative business service are reviewing the guidance from DH (Information Governance and Risk Stratification: Advice and Options for CCGs and GPs, 2013) and have recommended that option B be adopted as this allows the CCG to resume risk stratification and limit any delay. This work is in progress and will be updated at future Board meetings. The Section 251 regulations also impacts on other information reports which are shared with practices and therefore other work-streams also need to be assessed and other ways found to support the work streams which are critical to the locality.

7.0 Map of Medicine

Map of Medicine (MoM) is the pathway of care tool currently used across NEW Devon Clinical Commissioning Group and also in South Devon & Torbay Clinical Commissioning Group. MoM has historically been funded centrally by the National Programme for IT but the CCG was informed with very short notice that this funding has been discontinued three years early and that funding will cease on 30th June 2013.

Through discussions within and between localities as well as the collaborative business service it has been agreed to continue funding MoM through use of monies from the referral management team and non health budget funding. This will not impact on localities budgets in 2013/14. Further work will now be taken forward on producing an options appraisal on the longer term needs of the CCG in relation to pathways of care.