

Update on other Board Business

Purpose of report

Members to note the following:

- Children and Young People's Health update
- Caldicott Review on data sharing
- National Children and Adult Services Conference and Exhibition 2013
- Measles
- Tuberculosis Oversight Group
- Francis Report – The Government response
- Localising the Public Health Responsibility Deal
- Death certification reforms
- Publications

Recommendations

Members are asked to **note** and **discuss** the updates contained in the report.

Action

As directed by Members.

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Update on other Board Business

Children and Young People's Health update

1. The report at **Appendix A** gives a summary of Government policy announcements and LGA work undertaken since March 2013 and details the creation of the Children's Partnership which replaces a number of DH Programme Boards for children and young people.

Caldicott Review on data sharing

2. Dame Fiona Caldicott has been leading this review with an independent panel of experts, on behalf of the Secretary of State for Health. The panel was asked to make recommendations on the balance between sharing personal information and protecting individuals' confidentiality. The review took into account the following factors; how to ensure that we improve the sharing of personal information to support the care of individuals; how to enable the further use of information more widely to improve health and social care services; and how to protect individuals' confidentiality and respect their wishes in relation to how their information is used.
3. The Caldicott Review recommends a new duty to share information when it is in the interest of the patient. Launched alongside health Secretary Jeremy Hunt's response to the recommendations on 26 April '**Information: to share or not to share**' details how the NHS should share patient information while also protecting patient confidentiality as it moves towards a paperless future.
4. For further information please see: <http://caldicott2.dh.gov.uk/>

National Children and Adult Services Conference and Exhibition 2013

<http://www.local.gov.uk/web/national-children-and-adults-conference-2013>

5. This year's conference will this be held at Harrogate International Conference Centre and will open on Wednesday 16 October and close with lunch on Friday 18 October. The programme will provide delegates with many opportunities to hear keynote ministerial addresses and take part in plenary sessions. There will be a variety of participatory breakouts and networking sessions.
6. Regularly attended by more than 1,000 delegates, this conference is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors. This is your opportunity to hear the very latest thinking on key policy and improvement agendas, put your questions and comments to those involved in shaping them at the highest level, and network with your peers on the issues that matter to you locally.
7. Confirmed speakers include Norman Lamb MP, Andy Burnham MP, Stephen Twigg MP.

Measles

8. On 26 April Public Health England published their Measles Immunisation Plan. The main thrust of the new campaign is to urge young people between 10 and 16 years of age who remain under or unvaccinated to get vaccinated. The highest priority groups are young people who are completely unvaccinated and have not received a single dose of MMR vaccine.
9. The national publicity surrounding this issue may result in public health teams in local authorities receiving queries regarding measles in their areas. The Public Health England Centre and NHS England Area Screening and Immunisation teams will work together and with your Director of Public Health to plan and coordinate the local response to ensure you have up to date information about measles cases in your area.
10. Alongside this, we have combined with Public Health England to provide some helpful guidance to councillors on measles. This listing of frequently asked questions explains what is being done to reduce the spread of the latest local outbreaks of the disease.
11. A national catch up programme to increase MMR vaccination uptake in children and teenagers on Thursday 18 April. The aim of the programme is to prevent a measles outbreak by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the next school year in September.
12. PHE figures released show 587 cases in the first three months of this year. In 2012 a record number of 2,000 cases were reported despite this being the highest ever national MMR vaccination level being achieved in England.
13. Cases were distributed across England with the highest cases in northwest and northeast England. Twenty per cent of those cases were hospitalised (108 people).
14. The aim of the catch up programme is to reach over 1 million young people in three areas:
 - 14.1 A rapid active programme to identify and vaccinate un-vaccinated and partially vaccinated 10 -16 year olds that missed out on both doses of the MMR vaccine in the late 1990's and the early 2000's;
 - 14.2 An urgent targeted communication strategy pushing unvaccinated young people towards primary care; and
 - 14.3 A sustained intervention over the longer term that target vulnerable and underserved populations (gypsy and travellers, BME, certain orthodox groups)
15. In association with Public Health England and the Centre for Public Scrutiny the LGA recently produced an FAQ document on Measles:
http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3960557/ARTICLE-TEMPLATE

Tuberculosis Oversight Group

16. On 10 April, Councillor Catherine McDonald represented the LGA at the first meeting of Public Health England's Tuberculosis Oversight Group. PHE have identified Tuberculosis as one of their key health protection priorities for 2013/14.

17. Tuberculosis (TB) is currently at its highest level in the UK for 30 years. TB is the leading cause of death among curable infectious diseases. The World Health Organization declared TB a global emergency in 1993 and says that nearly nine million people become sick and 1.4 million die from tuberculosis each year. Around 9,000 cases of TB are currently reported each year in the United Kingdom.
18. In the UK we have regrettably seen no fall in the number of new cases each year over the past five years and they are today significantly above the lowest point that was achieved in the 1980s.
19. PHE are in the position of having considerable evidence of effective approaches to reduce the burden of TB in England, surveillance systems and a comprehensive understanding of the epidemiology. Nevertheless we have rates of TB that are at best stable, and at worst continuing to rise (albeit slowly).
20. PHE's specialist epidemiologists and modellers at Public Health England's Infectious Disease Surveillance and Control Centre are in the process of modelling the potential impact of the major interventions. In doing so, they aim to determine the levels of TB which we could achieve if PHE and its partners are successful in a comprehensive disease prevention and control programme. The development of the new public health system gives a new opportunity to develop and implement such a programme.
21. The meeting reviewed the current epidemiology, the evidence for what will make the biggest difference, and considered what a comprehensive disease prevention and control programme would look like across the public health system, the NHS, local government, the third sector and others as appropriate.

Francis Report – The Government response

22. On 26 March the Government published **Putting Patients First: its response to Francis Report**. The government's response to the Francis recommendations contains some important headlines including a new regulatory model under an independent Chief Inspector of Hospitals. The Chief Inspector will also develop ratings of hospital performance at department level.
23. There will be a new statutory duty of candour will ensure honesty and transparency are the norm in every organisation overseen by the Care Quality Commission. A new set of fundamental standards will be introduced to make explicit the basic rights that anyone should expect of the NHS and health and social care professionals will be held more accountable.
24. NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree. This will ensure the people who become nurses have the right values and understand their role.
25. The Chief Inspector will ensure that hospitals are properly recruiting, training and supporting healthcare assistants.
26. There will be a new Chief Inspector of Social Care who will be charged with rating care homes and other local care services, promoting excellence and identifying problems. Social care providers will receive performance ratings from specialist Care Quality Commission inspection teams.

27. The government said very little about local government's role in health scrutiny and the funding and stewardship of local Healthwatch, we understand further detail will follow in due course.
28. <https://www.gov.uk/government/news/putting-patients-first-government-publishes-response-to-francis-report>

Localising the Public Health Responsibility Deal

29. The Department of Health, working with local authorities, the Local Government Association, Public Health England and local business have launched a public health toolkit. This will support local authorities to get greater buy in from local businesses to the public health agenda. It contains simple actions which businesses could take to improve staff and customer health and wellbeing.

Death certification reforms

30. The Chair of the Community Wellbeing Board met Minister of State for Public Health, Anna Soubry MP, on 12 March to raise the LGA's concerns regarding the implementation on the new duty on unitary and county councils to appoint independent medical examiners to oversee the death certification process. This is a new duty placed on local authorities under the Health and Social Care Act 2012. It has not yet been implemented and, as yet, there is no confirmed date for implementation. Following the meeting, the Chair of the Community Wellbeing Board wrote to Helen Grant, Parliamentary Under-Secretary of State for Justice, Women and Equalities and Minister for Victims and Courts, to provide her with a comprehensive summary of the LGA's concerns with regard to the new duty.
31. Since the meeting, LGA officers and advisers have been invited to join the Death Certification Reforms Implementation Board, led by DH, identify and mitigate risk to implementation and develop a support programme for local authorities and their stakeholders to prepare for implementation.
32. The public consultation document on the new duty, which was expected to be published before Easter, has not been published. Once it is available, the LGA will produce a briefing, summarising the main proposals and outlining the LGA's initial response.

Publications

33. The LGA has produced a series of publications of interest to members on the Community Wellbeing Board and available to download from the LGA website at www.local.gov.uk/publications:
 - Tackling Teenage Pregnancy
 - Child Measurement Service FAQ
 - NHS Health Checks FAQ
 - Making safeguarding personal: executive summary
 - Making safeguarding personal

- Measles: frequently asked questions
- An offer of help and support to improve the local delivery of health services
- Tackling mental health issues: local government's new public health role
- Community safety partnerships: a guide for clinical commissioning groups
- Local Healthwatch: Governance and involvement of councillors
- Health and wellbeing boards: a practical guide to governance and constitutional issues