



NEWSLETTER SUPPLEMENT

May 2012

Welcome to the May 2012 newsletter supplement from the Technology Strategy Board (TSB) Knowledge Transfer Network and the Telecare Learning and Improvement Network (LIN).

This Newsletter supplement provides useful references to the Health and Social Act 2012 and NHS reforms that may be of interest for organisations implementing telehealth and telecare services in England.

If you would like daily information on #telecare and #telehealth, then a Twitter stream is now available at the TelecareLIN web site (you do not need to register on Twitter and it is accessible to organisations not able to connect directly to social media):

<http://www.telecarelin.org.uk/News/twitterStream/>

The monthly newsletter is available from <http://www.telecarelin.org.uk>

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The Health and Social Care Act 2012 (England)

Summary

The biggest healthcare news headline over recent weeks has been the passing of the [Health and Social Care Act 2012](#) in England – the bill received royal assent at the end of March 2012. Work has been progressing for some time to set up the new NHS structures. Current predictions are that there will be 212 Clinical Commissioning Groups (CCGs) that will have around £60bn of NHS budget each year for their listed populations. The CCGs will have to go through an authorisation process over the coming months in addition to CQC registration. GPs also face a revalidation process.

The Department of Health will shortly be consulting on the NHS ‘Mandate’ that will provide the overall framework for the NHS for 2013-2014 and beyond. This high level document will then be taken by the NHS Commissioning Board and translated into priorities for the clinical commissioning groups. Over the Summer, secondary legislation will be agreed to cover the detailed sections of the Act.

The NHS Commissioning Board (NHS CB – sections 15, 23-24 of the Act) and Clinical Commissioning Groups (CCGs – sections 13,14, 25-28 of the Act)

The [NHS National Commissioning Board](#) will be formally established in October 2012 and take on its statutory duties in April 2013. It is currently set up as a special health authority. The NHS CB will be independent of the Department of Health but will need to respond to an annual Mandate covering around £80bn of expenditure. It will have regional and local area teams (3000+ staff).

The majority of commissioning activity (around £60bn) will be carried out by local Clinical Commissioning Groups. The CCGs will be supported and also held to account by the NHS CB. CCGs will use Commissioning Support Services (CSS - around 30 organisations) which can be independent, but there is likely to be considerable expertise retained from primary care trusts/strategic health authorities in the short term.

The NHS CB will also be responsible for commissioning specialist services, primary care, prison and military health services as well as many public health services on behalf of [Public Health England](#).

The Guardian Healthcare Network is maintaining a [map](#) of the current state of Clinical Commissioning Groups (also see [BinleysOnline](#) for map). Initially, there were expected to be more than 250 CCGs, although a number of mergers have taken place in recent months. Population coverage will be important for local provision as well as financial sustainability. The CCGs have to go through an [authorisation process](#). This will take place in four waves from July 2012 to January 2013. The [first wave](#) of 35 CCGs to go through authorisation were announced in early May 2012. Where CCGs are not ready for April 2013, their commissioning responsibilities are likely to be led by the regional arms of the Commissioning Board.

The first annual [mandate](#) from the Department of Health will be very important. The Department of Health will consult on the mandate during Summer 2012. It will set out what the NHS CB is required to deliver on during 2013/14 and beyond. The NHS CB will turn this into a framework for CCGs to provide their local services. It is expected to focus more around outcomes than the previous overarching policy framework, the [NHS Operating Framework](#).

The [NHS Outcomes Framework](#) will also provide an accountability framework with five domains:

- **Domain 1, Preventing people from dying prematurely**
This domain will capture how successfully the NHS is in reducing the number of avoidable deaths.
- **Domain 2, Enhancing quality of life for people with long-term conditions**
This domain will capture how successfully the NHS is supporting people with long-term conditions to live as normal a life as possible.
- **Domain 3, Helping people to recover from episodes of ill health or following injury**
This domain will capture how people recover from ill health or injury and wherever possible how it can be prevented.
- **Domain 4, Ensuring that people have a positive experience of care**
This domain looks at the importance of providing a positive experience of care for patients, service users and carers.
- **Domain 5, Treating and caring for people in a safe environment and protecting them from avoidable harm**
This domain explores patient safety and its importance in terms of quality of care to deliver better health outcomes.

Work is still being carried out to refine these domains which will link with the mandate.

Sections 33-34 of the Act will abolish the existing Primary Care Trusts and Strategic Health Authorities. During this transitional period, PCTs are covered by around 50 PCT Clusters and SHAs have clustered to four regions.

Health and Wellbeing Boards (HWBs – Sections 194-199 of the Act)

[Health and Wellbeing Boards](#) will be a forum for leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. They will be based around the 152 social care authorities and CCGs that are active in each geographical area.

The focus will be on the needs of the local community and their priorities. There will opportunities for health and social care commissioners to work more closely together with other important community stakeholders (eg third sector and voluntary organisations). HWBs will have local democratic involvement and enable communities to participate in addressing their local health and social care needs through the [Joint Strategic Needs Assessment](#).

Other Sections of the Act (Part 3, 4, 9)

The Act covers the roles of Monitor and NICE as well as the competition framework. There are considerable changes in public health with a significant amount of activity being moved to local social care authorities. Another area of interest will be the development of a Health and Social Care Information Centre that will provide support patient choice.

Commissioning and providing telecare and telehealth services in England within a reformed NHS Structure

There is no identifiable new Department of Health direct funding for telecare or telehealth within the current 2012/2013 [NHS Operating Framework](#) in England and the aim is to work with industry

partners to cover upfront costs on the basis of an ongoing revenue stream or through some other type of outcome-based approach (eg based on long term condition case management). In addition, a [year of care tariff](#) (HSJ subscription Required for access) is under consideration for telehealth/long term conditions which may be available from April 2013. The detailed outcomes of the [Whole System Demonstrator Programme](#) are awaited and in conjunction with industry and other stakeholders, the Department of Health has established the [Three Million Lives Initiative](#) to support people with long term conditions over the next five years through service transformation.

PCT Clusters and emerging Clinical Commissioning Groups (CCGs) are looking at how services can be reconfigured locally through the [QIPP Programme](#) and [CQUIN](#) – these may, in some areas, include transformation initiatives that involve technology. Local authorities have additionally been using some of the [social care money](#) available via the NHS to support their local telecare programmes and service transformation. This was recently evidenced in the [report](#) by the House of Commons' Health Select Committee on Social Care.

A [Social Care White Paper and draft legislation](#) based on the 2011 [Law Commission Review](#) is due next month (June 2012). Implementation of the [Dilnot recommendations](#) on future funding arrangements are not expected in this parliamentary session.

The NHS reforms present a challenge to commissioning of innovative new services. It can be easy for commissioners to stick with old inefficient forms of service delivery even though evidence is becoming available for more effective healthcare support systems.

In a recent Guardian interview, Care Minister, Paul Burstow considered how best to incorporate telehealth into care pathways and indicated that there may be goals around telehealth in the forthcoming NHS Mandate.

'Do nothing on telehealth and you let down your local community': minister

"The DH has been working with commissioners and health and social care providers on how they can best incorporate telehealth into care pathways, and is to begin examining how it can set the conditions to support it use, such as tariff design, payment by results mechanisms, and making sure the NHS Commissioning Board, when it becomes fully operational next year, is prepared to drive takeup.

With the health and social care bill having battled its way through parliament, the government is looking to produce the first mandate for the NHS - which will include goals around telehealth, Burstow reveals - and consultations about the mandate with patients' and healthcare professionals' groups will begin in late spring or early summer".

[Paul Burstow, Guardian Interview 3 April 2012](#)

In the meantime, provider services in England (community nurses, therapists etc) have been removed from the original 151 PCTs. These services are now located in acute hospital trusts, mental health trusts or community trusts (some of which are social enterprises). There has been some joining up of community services across geographical boundaries.

So, in England, where will telecare and telehealth services be located in future?

For telecare, the picture is very similar to previously with some potential developments. Primarily, telecare services in England are provided through 152 social care authorities and a number of housing organisations (including a number of district councils and housing associations). In addition, there are a growing number of commercial and independent contractors who provide services to the public sector on contract or to consumers directly. An updated map of telecare providers will be available from July 2012.

New and continuing developments are centered around:

- More integrated service commissioning and provision eg discharge support, integrated care teams, intermediate care services, re-ablement
- Telecare control centres providing some installation, technical support and initial triage for telehealth remote monitoring
- Personalisation and self-directed service support, direct payments etc
- The possibility of collaborative and integrated programmes with CCGs, telehealth service providers, managed service organisations

As previously mentioned, local authorities are benefiting from some NHS money being made available for winter pressures, early discharge etc. This is being used for local telecare, re-ablement and other short term/prevention programmes.

We can expect to see some further consolidation of telecare control centres as local authorities and housing providers seek budget efficiencies. We are also likely to see some further warden services transferred to mobile support staff supported by telecare. Health and Well-Being Boards are likely to be interested in developing integrated health and social care services which could encompass telecare and telehealth in transformation programmes.

Telecare within social care provision will continue to be commissioned generally through local authorities with a greater emphasis on choice so that users, carers and their families can integrate services into their homes that fit their lifestyles and needs. Some local authorities are developing service directories in partnership with providers to support and promote their personalisation programmes.

With considerable infrastructure in place across the country, telecare services are expected to continue to grow and mature as new sensors, devices and smartphone apps become available.

Telehealth remote monitoring services are currently commissioned by PCTs in England which have been consolidated into around 50 PCT clusters. A [map](#) of telehealth services in England is available.

Increasingly, Clinical Commissioning Groups will take on actual budgets and commission services from a range of providers including the local community health service teams which have come out from PCTs. In addition, health commissioners are looking to procure transformed services at scale - CCGs will need to consider how they meet the needs of their populations including people with complex long term conditions. There is increasing interest in lower cost mobile phone based solutions. Some commissioners are still being held back waiting for WSD results and more detail on the types of people who are most likely to benefit.

New funding solutions are being examined which will enable risks to be shared and patient outcomes optimized. In addition, the Department of Health is looking at ways of incentivising more integration across health and social care.

During this transition period, community services may be reconfiguring and innovating at a faster pace leading to new styles of integrated and managed services which are likely to include telecare and telehealth. In addition, more consumer products, devices and smartphone apps are becoming available – this will lead to a greater demand on statutory services to provide options alongside a growing interest in self-care.

Further reading:

[King's Fund Reading List on NHS Reforms \(UK\)](#)

[Progress Update on Design of the NHSCB \(April 2012\)](#)

[DH: Clinical Commissioning Groups](#)

[DH: Health and Wellbeing Boards](#)

<http://healthandcare.dh.gov.uk/hwb-guide/>

[King's Fund Reading List on NHS Reforms \(UK\)](#)

[Health Secretary explains new Health and Social Care Act | Department of Health \(UK\)](#)

[Sir David Nicholson sets out next steps for transition | Department of Health \(UK\)](#)

[NICE and Quality and Outcomes Framework](#)

Newsletter supplement prepared by Mike Clark and brought to you by the Telecare LIN on behalf of the Technology Strategy Board



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