National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report provides an update on key issues and developments in the Health and Social Care Directorate for November and December 2020.
2. The Chief Executive’s Report details the delivery of quality standards, endorsement statements and shared learning examples.

Summary of activity

1. During this period, the Health and Social Care Directorate has continued to focus on business as usual activities whilst supporting the use of NICE's COVID-19 resources.
2. The virtual Shared Learning Awards, on 12 November with a web audience of 250 attendees, included a range of presentations from speakers describing their use of NICE guidance. Two presentations reflected on delivering care during the COVID-19 pandemic. Attendees voted Avon and Wiltshire mental health partnership NHS trust's project on early intervention in psychosis as this year's award winner. The approach set out in this project draws upon NICE guidelines on Prevention and management of psychosis and schizophrenia in adults (CG178) and Recognition and management of psychosis and schizophrenia in younger people (CG155).
3. We’ve reviewed how the Guideline Resource Implementation Panel (GRIP) works and consulted with internal and external stakeholders. As a result, we plan to improve engagement with our strategic partners including NHS England and NHS Improvement, Health Education England, and NHS Commissioners and we will be including experts in the field in future meetings. The experts provide invaluable insights from their practice so that we better understand potential resource and implementation issues.

Notable issues and developments

Ongoing response to COVID-19

1. During December 3 COVID-19 related shared learning examples were published detailing the provision of community end of life care, home-based cardiac rehabilitation, and approaches to supporting employees' mental wellbeing in children’s services during the pandemic.
2. NICE is working with the Welsh Government to explore how NICE guidelines can be adapted to take account of Welsh legislation. A Clinical Reference Group has been established to look at COVID-19 guidelines in Wales and consider whether making references to relevant Welsh legislation or policy might make implementation easier. NICE's COVID-19 rapid guideline on managing the long-term effects of COVID (NG188) is being used as a pilot.

Developing products and tools

1. Members of the Public Involvement Programme (PIP) have co-led [an international project to develop a Summary of Information for Patients (SIP)](https://htai.org/interest-groups/pcig/projects/current-projects/) providing patient groups with plain language information about medicines under assessment. The SIP is a standardised template, completed by industry, providing a lay summary of industry’s evidence submission to NICE. It is intended to help patients understand the company submission so that they can better engage in appraisals and write their own submission to the NICE committee. This should also help patients understand the committee papers when they engage as experts, something they have told us they find difficult. The SIPs will also be a useful aid for clinical experts and lay members to understand the more detailed industry evidence submission. PIP is currently piloting this approach with 4 SIPs for different conditions to see how useful the patients and others find it in the NICE setting, as well as how best to fit it into the process.
2. The [student champion online resources for 2020 to 2021](https://www.nice.org.uk/Media/Default/Get-involved/Student-champions/evidence-search-resources-2020-2021.zip) have been revised and are available on the NICE website. The team is now facilitating interactive online workshops and using break out rooms to encourage engagement. Ten schools participated in our online workshops for student champions during this period. This compares well with the 8 face to face workshops in the same period last year. Early feedback is positive and indicates a strong appreciation of how interactive the online sessions are, and how they have helped to embed the participants' learning.
3. The Adoption team is supporting 2 new Accelerated Access Collaborative (AAC) rapid uptake products; FeNO and asthma biologics. Extensive fieldwork interviews are being undertaken with practitioners and commissioners for both topics to identify the levers and barriers to adoption and collate real world examples of guidance into practice. This work will inform the working group’s criteria for pathway transformation funding and the priority areas to be addressed in 2021.

Disseminating key messages

1. In November, we participated in a round table event organised by the British Association of Social Workers and the National Institute for Health Research. This was attended by key national partners in adults' and children's social work and focused on a growing interest in the use of research and evidence to inform social work practice. NICE guidance and resources are referenced in the paper summarising outputs from the event which is to be disseminated through social work networks nationally.
2. We contributed to a national strategic workstream focused on mental wellbeing of the social care workforce led by Skills for Care with involvement of the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Department of Health and Social Care (DHSC). Following a presentation to the ‘Strategic workforce wellbeing group’ in November, we shared relevant NICE recommendations and quality statements to inform development of a range of resources (printable and digital) aimed at the full social care workforce.
3. In November, our webinar 'Putting people first: collaborating for better medicines support' focused on the difference that joint working of health and social care can make in people's experience of accessing medicines support; utilising NICE Guidelines on managing medicines in care homes (SC1) and managing medicines for adults receiving social care in the community (NG67). Two hundred people participated, including social care providers and clinical staff. We were joined in presenting the webinar by 2 members of the National Coproduction Advisory Group (NCAG) who shared their own lived experience in this area.

Engaging with partners

1. Early in November, we represented NICE at the CQC's online event to contribute to the development of their new strategy. One of the 4 themes of the strategy is the CQC’s role in improvement and bringing system partners together to ensure there is a consistent improvement support offer for providers. There will be a further opportunity to discuss this in meetings scheduled between NICE and CQC in the new year and to contribute during the formal consultation that commenced on 7 January 2021.
2. We also met with CQC social care colleagues to discuss opportunities for joint work to promote our guidelines in the context of the CQC’s work:
* A meeting with the CQC lead for provider collaboration reviews (PCRs) resulted in the sharing of NICE recommendations and quality statements focused on integrated working between social care and health. The CQC will use these to inform their inspectors' assessment frameworks for PCRs on learning disability and mental health provision.

With the CQC's Head of adult social care policy, we identified opportunities to work in a more aligned way on the CQC's plans on improvement. One example includes building on our existing resources such as the Quality improvement resource: adult social care. There is also potential for us to work closely on the theme of learning disabilities, a priority for the CQC's Chief inspector of adult social care services.

1. In November we made an agreement with the Academic Health Science Network (AHSN) to develop a partnership agreement. We also agreed a more aligned approach to NICE Impact reports through:
* Including the AHSN in our topic selection process and identifying any uptake data that the AHSNs may hold on the uptake of NICE guidance.
* Sharing the topic scope to allow the AHSN to identify areas of uptake work which could be included in the report. The first scope we will share with the AHSN is CVD prevention due for publication in May 2021.

Sharing the published report along with our “what next report” and use this as a starting point for further conversations.

1. We have been engaging with academic partners who are keen to support NICE on the student champion scheme and to use it as part of their Evidence Based Practice modules. New academic partners and individual students continue to contact the team to find out how they can take part in the NICE student champion scheme and work more closely with NICE. Notable in this period has been the new medical school in Sunderland; its first 2-part workshop will be in February and March 2021.
2. The first meeting of the Expert panel steering group was held in November and comprises 3 lay people and 2 NICE staff. The steering group's purpose is to oversee the work of the [PIP Expert Panel](https://www.nice.org.uk/about/nice-communities/nice-and-the-public/public-involvement/public-involvement-programme-expert-panel), which is a virtual panel of public members providing a wide range of viewpoints and experiences to help improve the quality of NICE’s work, and to set its strategic direction. Key outcomes from the meeting included setting KPI’s for the Expert Panel and identifying underrepresented groups for targeted recruitment.
3. In November, the Public Involvement Programme promoted the CHTE methods review consultation to community and voluntary sector partners. This included being a panellist on the consultation event webinar, and speaking events covering more than 50 patient organisations. Feedback from these included "Thank you very much for joining today and giving such thoughtful and considered advice, it’s certainly going to shape the way in which we respond [to the methods consultation]!"
4. During December we met with NHS Resolution to explore potential areas for collaboration, in particular on patient safety. We identified several areas where NICE guidance could be more embedded in their work and in return, where NHS Resolution can provide insights to inform our guidance development. We agreed to develop a closer relationship with the overall aim of achieving better outcomes for patients.
5. At a regional and local level, the Field team have continued to progress engagement with stakeholders despite the increasing challenges presented by COVID-19. Examples include:
* Supporting a number of sustainability and transformation partnerships (STPs) and Integrated Care Systems (ICSs) with their health inequalities work programmes. For example, in the South East, we highlighted how NICE guidance and quality standards can support targeted primary care interventions to address and support people from black, Asian and minority ethnic groups with hypertension, diabetes, and obesity.
* Delivery of population health management sessions to 6 STPs and ICSs in the East of England resulting in NICE being embedded in 2 of those programmes.
* Continuing engagement with social workers including co-production of an education session on autism, with Manchester City Council, and supporting strength-based practice as part of the urgent community response agenda in the East Midlands.
* Engagement and intelligence gathering relating to primary care networks (PCNs) continued during November. However, this slowed rapidly due to urgent preparations to deliver the COVID vaccine.
* Working with the Association of Directors of Adult Social Services (London) to update the standards for the quality assurance of bed-based care providers in the London Market Insight tool so it can be extended to domiciliary care, extra care and supported living.
* Contributing to an NHS England and NHS Improvement regional workshop to review the ophthalmology pathway by presenting NICE resources that support this work. This resulted in agreement that the revised regional ophthalmology pathway will be underpinned by NICE guidance.
* Working with 5 local authorities in the south east, south west and north west who have, or are planning to use, NICE guidance or quality standards in their carers’ strategies.
* The Implementation Facilitator (Northern Ireland) attended the HSJ Patient Safety Awards as a judge for the ‘Best partnership solution improving patient safety’.
* Supporting NICE International and delivering a session on implementation to the Philippines Department of Health and Health Technology Appraisal Council.

Key Risks

1. A lack of stability across the Health and Social Care directorate is a key risk, with several senior level posts continuing to be filled temporarily and a number of staff covering vacancies and for colleagues on internal secondments.
2. Also, the post of Associate Director for Social Care continues to be vacant while NICE's role in social care is clarified in the new strategy. Cover arrangements are in place and priority engagement and deliverables identified. However, this loss of social care expertise is a risk in terms of our reputation and impact in the social care sector.

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January 2021