National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

This report provides an update on key issues and developments in the Health and Social Care Directorate for January and February 2021.

The Chief Executive’s Report details the delivery of quality standards (QS), endorsement statements and shared learning examples.

Summary of activity

Seven indicators developed by NICE covering vaccinations and immunisations, cancer and serious mental illness (SMI) are to be included in the 2021/22 Quality and Outcomes Framework (QOF) after negotiations were completed by NHS England and the General Practitioners Committee (GPC) of the British Medical Association (BMA). The new indicators for people with SMI align with NICE guidance and QS that emphasise the importance of monitoring physical health for people with SMI. Across all 3 areas of care, the new indicators are supported by around £100 million of financial incentives. The incentives are paid to individual general practices based on their performance against the 7 indicators and this work will help to embed NICE guidance into care across general practice.

The Public Involvement Programme (PIP) launched the first batch of online training modules for lay members. The modules have been developed with input from lay members and enable them to access training at a time convenient for them and to have a resource for reference. A small number of people have now been invited to complete the modules and initial feedback has been positive: 'I felt the five digital modules were really good. The highlights were the elements that covered the role of the chair, stakeholder feedback and the resource files' - lay member. Further modules are being developed for launch later in the year.

The quality standards and indicators team has completed a comprehensive review of current local use and perceptions of QS across the health and care system. The team gathered feedback through a stakeholder workshop, in-depth interviews, a user survey as well as discussions with members of the NICE Field Team. This was further supported by a review of identified literature, shared learning examples and website user journey statistics. The findings outline the wide-ranging application of QS in practice, the diversity of audiences using the product as well as the value and positive impact QS have had on quality improvement. The findings also summarise barriers that some stakeholders face when trying to use QS or to encourage others to use them. The team will use these findings to inform future work.

Notable issues and developments

Partnership working

We continue to work closely with key partners and have been developing, or updating, partnership agreements. We recently met with, among others, NHS England and NHS Improvement, Royal College of Obstetricians and Gynaecologists (RCOG), Social Care Institute for Excellence (SCIE) and the AHSN Network to discuss partnership working and plan to have the partnership agreements in place shortly. We are also making good progress on agreements with the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCP).

One of the organisations that we work closely with is the Care Quality Commission (CQC) and we have put significant effort into the management of our relationship over this period. We provided feedback on the new CQC strategy at 4 workshops on their core themes of safety; people and communities; smarter regulation and accelerating improvement. We have also submitted a written response focussing on the potential role of NICE guidance and QS in improving outcomes across Integrated Care Systems, our enthusiasm to collaborate on safety initiatives and set out more clearly the role of interventional procedure guidance, and making better use of data to achieve our collective ambitions.

We have also supported the CQC's Chief Inspector of Adult Social Care by providing the evidence base for discussions on further themed reviews and this work has been co-ordinated through a strategic oversight group which met in this period. Our partnership agreement with the CQC has been updated to cement our close relationship.

In January, we responded to the NHS England and NHS Improvement consultation on Integrating care: next steps to building strong and effective integrated care systems (ICSs) across England. Our response focused on how NICE guidance and QS can support providers to collaborate, particularly given our new strategy setting out our commitment to work at the interface between health and social care. The NICE Field Team are actively exploring with local ICS partners how we can best work together.

We continue to work closely with the Department for Education and recently submitted a response to their ‘call for advice’ in support of a wide-reaching review of children’s social care. We were able to highlight NICE guidance relevant to the review. We also made suggestions on how children and young people with experience of social care could shape the review, based on our experience of co-producing NICE children’s social care guidelines.

Aligning to the NICE strategy

To supplement the two strategy pre-launch events held with key health and life science partners in February, we have been meeting with key social care organisations. Those we met with include the Social Care Institute for Excellence (SCIE), Skills for Care (SfC), the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Care Programme Approach (CPA) and Think Local Act Personal (TLAP). There was positive feedback from these meetings on NICE's role in supporting the development of evidence in social care, having a clearer vision for our role in social care as being at the interface with health care in support of integration, and working collaboratively to support implementation of NICE guidance.

To support delivery of the new strategy, an in-depth review of our current approaches to engagement and implementation is underway. This includes a refresh of the implementation strategy following the Board 'deep dive' session in December and a review of our strategic influencing approach and capacity which is being supported by an external consultancy.

Recent improvements to individual programmes and products already include the introduction of real-world data in the development of NICE Indicators. The Clinical Practice Research Database (CPRD) is being used to develop indicators to improve care for people that are prescribed antidepressants, supporting the new strategic ambition to use real-world data to inform our work.

We have recently had discussions with the Department for Health and Social Care, CQC and the Association of Directors of Adult Social Services about the new assurance framework for social care proposed within the recently published Integration and Innovation white paper. We are discussing the potential role of NICE guidance and QS within this and will keep the board informed of progress in this area.

Health inequalities

Work continues on the cross-institute priority of health inequalities through an oversight group and three workstreams (strategic, methods and implementation). Progress so far has included a review of NICE's current activities and work to develop a health inequalities toolkit with the University of York. The toolkit will inform scoping and review questions for guidance development.

There is also work ongoing to incorporate data on health inequalities into Impact Reports; and discussions with the National Clinical Audit and Patient Outcomes Programme (NCAPOP) around better collection and reporting of health inequalities data.

Patient safety

The HSC directorate is supporting the cross-directorate work of the patient safety oversight group. The group is currently leading a review of all patient safety activity within NICE and considering our strategic approach. We will develop recommendations to enhance the impact of our contribution to patient safety at a national and local level.

Key risks

The number of vacancies within the Health and Social Care directorate resulting from staff turnover and internal secondments to support programmes such as NICE Connect has led to existing staff being asked to take on significant extra responsibilities in the short term. This could both have a negative impact on staff wellbeing and lead to a further increase in staff turnover.

We have been working with the Audience Insight team to gather information on the impact of COVID on our community and voluntary sector organisations. Early findings indicate that an increased workload coupled with reduced funding streams is placing immense pressure on the sector. We will be presenting recommendations to the NICE Executive Team on ways in which NICE may be able to support our stakeholders’ changed circumstances.

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