Integrating care

Next steps to building a strong, integrated care system across England

ABOUT US

The Hearing Loss and Deafness Alliance (HLDA) is a group of 32 organisations spanning the voluntary and independent sectors and professionals. The Alliance seeks to represent the needs of children, young people and adults with hearing loss, deafness and tinnitus on issues related to audiology, hearing services and public health. The Alliance has worked with NHS England and NHS Improvement on implementing the Action Plan on Hearing Loss through producing the Commissioning Framework for Hearing Loss Services and the NHS, LGA and ADPH to produce Joint Strategic Needs Assessment Guidance for hearing needs. We have also worked with NHS England on providing practical What Works Guides for commissioners.

SUMMARY

We support the goals in the NHS Long Term Plan to;

- reduce inequalities, tackle unwarranted variations in access to services, prevent ill health, support people to age well and reduce the impacts of dementia

- provide patients with more control and a wide choice of options. Including guarantees that patient choice and control will be protected and enhanced

We are therefore reassured by the fact NHS England and NHS Improvement plans to hold a separate public consultation on a new procurement regime in addition to this current consultation to address stakeholder concerns about governance, accountability, transparency and efficiency, and how patients' rights will be protected in the new system.[1,2,3]

At this stage, our main concern is that for too long NHS commissioners have incorrectly ranked hearing care as a low priority service. This has come at a significant cost to patients, their friends, family and carers and the health and care system.

In this next round of proposed NHS reforms, we call on the Department of Health and Social Care (DHSC) to build protections into planned new legislation to prevent this happening again. This is also key to ensuring the NHS meets its Public Sector Equality Duty (PSED) to people with hearing loss (a recognised disability) and age-related hearing loss (an age-related disability).

Addressing this risk is now an urgent public health priority because 12 million people in England have hearing loss, yet only 1/3 currently have help owing to the low priority afforded unsupported hearing loss and longstanding inequalities in access. People with unsupported hearing loss are at increased risk of;

- social isolation and loneliness
- depression
- cognitive decline
- dementia
- other mental health issues
- reduced quality of life
- falls
- unemployment and wage inequalities
- premature retirement [4]

NHS England, NICE, the Local Government Association, public health experts and the World Health Organisation have all identified hearing loss as a major and growing public health challenge which needs coordinated action.[5] Yet local commissioners in England have not responded to the evidence and as a result far too many people are still left without the support they need. This failure to act incurs significant additional costs to the NHS and Social Care.[6]

NHS England and NHS Improvement's own research, NHS Commissioning Framework and JSNA guide for hearing loss, and NICE adult hearing loss guideline, provide the evidence base to act on unsupported hearing loss.

Put simply, the tools to tackle the public health challenge and inequalities associated with hearing loss are already in place. We would ask the NHS and DHSC use this opportunity to help tackle unmet hearing needs as part of the ageing well strategy and offering more care closer to home. This is best done by building in protections for patients who require hearing care, including access to a choice of provider and a comprehensive care pathway as set out in NHS and NICE guidelines.

Integrated Care System (ICS) legislation

1. What is your name?

Brian Lamb

2. In what capacity are you responding?

☒ **Charity, patient representative organisation or voluntary organisation**

3. Are you responding on behalf of an organisation?

☒ **Yes**

☐ No

If 'Yes', please provide the following details:

Organisation name:

Hearing Loss and Deafness Alliance Email: brian.publicaffairs@gmail.com

4. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

☐ Strongly agree

☐ Agree

☒ **Neutral**

☐ Disagree

☐ Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below:

We support putting ICSs on a statutory footing to bring clarity to the current CCG dominated structure which has led to unwarranted variation in access to essential hearing care services.

1 in 5 adults are deaf or have hearing loss in the UK, and any new commissioning system needs to ensure that it takes account of the needs of these communities when considering any legislative changes (including giving ICSs a statutory footing). Currently, CCGs commission routine adult audiology services, and local decision making has led to examples of variation in provision. For example, North Staffordshire CCG is the only area of the country to not routinely provide hearing aids to all who would benefit from them, going against all evidence and NICE guidance. Clarity is needed on the processes of commissioning decisions made at ICS, place level, or through provider collaboratives, in order to address the potential for risks in unwarranted variation of provision. Given the impact of decision making at an ICS level (manging care for populations of over 1 million people), , appropriate safeguards would need to be in place to ensure the needs of people with hearing difficulties, and other protected characteristics as defined in the Equality Act 2010, are protected. For example, it would be a retrograde step, and contrary to the evidence and goals in the NHS Long Term Plan, for North Staffordshire CCG's policy to restrict access to NHS audiology to be rollout out across the ICS.

Unmanaged hearing loss is associated with worse health, social, and wellbeing outcomes, including increased risk of social isolation and mental ill-health, increased risk of falls, and there is recent and growing evidence that unmanaged hearing loss in midlife is associated with an increased risk of dementia and cognitive decline. Furthermore, people delay seeking help for their hearing loss for an average of 10 years. Clarity on the mechanisms for prioritising public and population health is needed to understand how public health broadly (and subsequently early intervention for hearing loss) may be approached under the proposed changes.

In common with many other stakeholders who responded to the 'NHS England and NHS Improvement engagement process on Implementing the NHS Long Term Plan: Proposals for possible changes to legislation', we still have concerns about;

- governance, transparency and efficiency with the proposed system
- how the voice of non-life-threatening but essential NHS services like hearing and aural care, and the patients who need these vital services, will be articulated, heard and heeded at all levels and how commissioning decisions will be taken for this group and how this will relate to population and public health services
- the continuing absence of guidance about how the new procurement regime will offer sufficient protections for patients, the wider NHS and providers delivering quality care

While the proposal to give ICSs a statutory footing will likely lead to greater accountability, we hope that these concerns will be addressed in proposals for a new NHS procurement regime which is "transparent, objective, and subject to appropriate oversight and scrutiny, with the possibility of reviewing or challenge decisions made by commissioners"[7] on which there is to be dedicated public consultation and broad and open engagement.[8,9,10] We look forward to playing our role in this consultation. Ideally audiology would be commissioned in a consistent way nationally to help tackle current inequalities in access and to protect and advance hearing care for all.

5. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

☐ Strongly agree

☐ Agree

☒ **Neutral**

☐ Disagree

☐ Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below:

We are neutral on this proposal. Ideally, we would like to see more coordinated working with public health experts so that issues such as unsupported hearing loss are taken seriously at an ICS level. While incentive for collaboration is indeed a positive it's important to recognise concerns around how the priorities of patients, service users and the place population are listened to and taken into account in any decision making process. For example during formal consultation process that determines service provision. As there will be more interested parties involved in the process it is vital that these voices are not lost among other opinions.

6. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

☐Strongly agree

☐ Agree

☒**Neutral**

☐ Disagree

☐ Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below:

We are neutral on this proposal.

7. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

☐ Strongly agree

☐ Agree

☒ **Neutral**

☐ Disagree

☐ Strongly disagree

If you have any specific comments or additional information to provide, please provide it in the text box below:

This largely depends on the service.

There are some services which are most equitably commissioned at national level and others where the additional costs of more local commissioning are outweighed by local fit and sensitivity to local circumstances.

This is readily recognised by the hearing sector where despite national evidence of the effectiveness of services and how to commission the best value audiological care, many local CCGs have failed to implement best practice and as a result, patients experience unwarranted variation and inequalities in access across England.

CCGs have also not implemented recommendations from NICE, NHS England and NHS Improvement, Public Health England and the Local Government Association. This means that in many regions the NHS is failing to meet its public sector duty to advance equalities of opportunity for people with a hearing disability, and people with an age-related hearing disability in particular. For example, in North Staffordshire local people still cannot access NHS funded hearing aids based on out-of-date eligibility criteria which contradicts NICE evidence and local consultation feedback.

More needs to be done to address unwarranted variation including for example agreeing a national service specification which is then commissioned at an ICS level.

More clarity would also be would be needed around safeguards and how services would be delegated. Currently all auditory implants including cochlear implant

services are commissioned by NHSE as a specialised service. Only 5% of adults who would benefit from a cochlear implant are fitted with one, despite strong evidence for their effectiveness. Any local budgetary restrictions or variation could potentially serve to widen any gaps or variation in provision and result in fewer people accessing the service they need.

Almost done

You are about to submit your response. By clicking 'Submit Response' you give us permission to analyse and include your response in our results. After you click Submit, you will no longer be able to go back and change any of your answers.

If you provide an email address you will be sent a receipt and a link to a PDF copy of your response.

Email address

brian.publicaffairs@gmail.com

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[1] NHS, The NHS's recommendations to Government and Parliament for an NHS Bill, paras 100-106.

[2] NHS, The NHS's recommendations to Government and Parliament for an NHS Bill, paras 100-106.

[3] NHS, Integrating care Next steps to building strong and effective integrated care systems across England, para 2.61

[4] NHS England, the Local Government Association, the Association of Directors of Public Health, Public Health England et al. 2019, Joint Strategic Needs Assessment Guidance. https://www.england.nhs.uk/wp-content/uploads/2017/09/joint-strategic-needs-assessment-guidance-jul19.pdfl NICE, 2018, Hearing Loss in adults: assessment and management, methods, evidence and recommendations https://www.nice.org.uk/guidance/ng98/evidence/full-guideline-pdf-4852693117; Livingston et al, 2017, Dementia prevention, intervention, and care. The Lancet Commissions. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31363-6/fulltext Lamb, B., Archbold, S. (2019). Hearing, Dementia and Cognitive Decline, A public health challenge for healthy aging. Ear Foundation. www.eurociu.eu

[5] NHS England, the Local Government Association, the Association of Directors of Public Health, Public Health England et al. 2019, Joint Strategic Needs Assessment Guidance; NICE, 2018, Hearing Loss, Hearing loss in adults: assessment and management, NG98; World Health Organization, Prevention of deafness and hearing loss, World Health Assembly resolution https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R13-en.pdf

[6] Archbold S, Lamb B, O'Neill C, Atkins J. (2015) The Real Cost of Adult Hearing Loss: reducing its impact by increasing access to the latest hearing technologies. Ear Foundation .

[7] NHS, The NHS's recommendations to Government and Parliament for an NHS Bill, para 90;

[8] NHS, The NHS's recommendations to Government and Parliament for an NHS Bill, paras 100-106.

[9] NHS, The NHS's recommendations to Government and Parliament for an NHS Bill, paras 100-106.

[10] NHS, Integrating care Next steps to building strong and effective integrated care systems across England, para 2.61