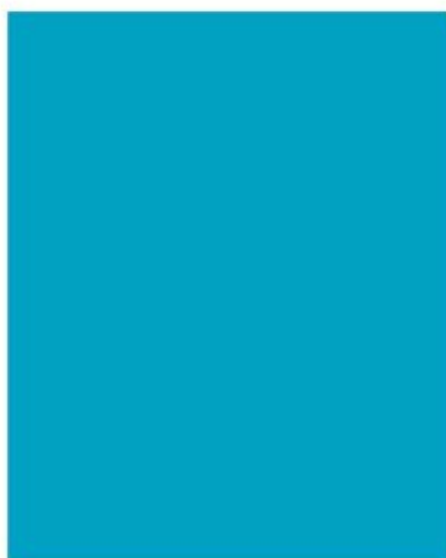


Accountability Report to Cheshire East Health and Wellbeing Board

November 2013



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Updated: (only if this is applicable)

Prepared by : Alison Tonge

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1. Context and Purpose

Our first report to the Board in July set out the broad remit of NHS England, the priorities we are working on, how this work supports the overall strategy of the Board and our partnership. A report will be submitted quarterly to the Board as part of a formal update. It is vital that NHS England is fully engaged and participates in the partnership work of the Board. Therefore, as this report is developed we would invite proposals from our partners on how we can improve and develop this integrated working.

This report is a strategic report, it does not focus on operational performance issues, we have established a joint meeting (quarterly) between CCG, NHSE and LA partners to review the performance and quality improvement achieved by primary care and public health commissioning.

This report provides both an update on our work, but also sets out the commissioning intentions of NHS England, and how we envisage engaging in the planning cycle for the next 2 and 5 year health and wellbeing plans.

2. Our Commissioning Intentions for the Next 2 Years

NHS England operates within a single national model. This means that national standards, service policies and specifications apply. As we implement these national standards with providers we will identify areas where there are quality gaps or financial challenges in meeting these standards.

We will also identify where we have opportunities to improve equity, both in terms of access but also in terms of outcomes. Our priorities for service change are therefore, governed by achieving clinical sustainability, financial sustainability and equity.

NHS England commissions five programs on a national basis. Armed Forces is commissioned by North Yorkshire for the North of England and Offender Health by Lancashire for the North West.

2.1 Primary Care

1. Support the Clinical Commissioning Groups and their health economies with the development and implementation of their Primary Care Strategies for integrated care. Developing supports for all CCGs in planning new locality services, establishing standards, specifying, commissioning and contracting these.
2. During 2014/15, progress their negotiations of PMS contracts in line with NHS England guidance.
3. During 2014/15 and 2015/16, commission all Directed Enhanced Services in line with NHS England guidance.
4. During 2014/15, work with interested GP Practices or groups of Practices to pilot 7 day, 8 am to 8 pm working in line with recent national announcements.
5. During Q3 and Q4 2014/15, working with the provider, Local Authority and Warrington Clinical Commissioning Group, review redesign and re-procure

- (where appropriate) the Warrington Local Pharmacy Services contract in line with the revised Pharmaceutical Needs Assessment for Warrington Borough Council.
6. During 2014/15 and 2015/16, decrease the number of referrals to secondary care oral and maxillofacial surgery providers by implementing the national dental care pathways which will move more minor oral surgery procedures into the community.
 7. During Q3 and Q4 2013/14, 2014/15 and 2015/16, establish and commission robust patient centered CQUINs from all secondary care dental providers.
 8. Review, re-design and re-commission (where appropriate) the following primary care services to meet the current and future needs of the population where contract end dates provides the opportunity :
 - i. During 2014/15 progress the work review already in progress regarding Specialised Community dental services across the Area Team geography as the end date for all three current provider contracts is 31 March 2014. This will include emergency and in and out of hours dental care.
 - ii. During 2014/15 progress the work about to commence regarding Primary Care Oral Surgery Services across the Area Team geography, end date for all current provider contracts is 31 March 2014.
 - iii. Alternative Primary Medical Service contract for the Wirral All Day Health Centre is being reviewed with the Wirral Clinical Commissioning Group during Q3 and Q4 2013/14, as the end date for the current provider contract is 30 September 2014. Following the review, a proposal regarding the needs for a service will be taken forward during Q1 and Q2 2014/15.
 - iv. During 2014/15, Alternative Primary Medical Service Contracts, end date for three current provider contracts is 31 March 2015.
 - v. During 2015/16, Primary Care Orthodontic services, end date for all the current services is 31 March 2016.
 9. During Q1 2014/15 the Eye Care Local Professional Network will support the Clinical Commissioning Groups by completing a review and making recommendations regarding the re-design and re-commissioning (where appropriate) of locally agreed optometry enhanced services, based on national service specifications, where available.
 10. During 2014/15 and 2015/16 (where relevant) commission the following services in line with NHS England guidance :-
 - vi. Translation and Interpretation Services
 - vii. Occupational Health Services
 - viii. Clinical Waste Services

The clinical intentions proposed may be developed further, in line with comments received via the consultation process we are engaged with.

2.2 Public Health

A number of changes are proposed in the national agreement which increase the pace of change for the implementation of national service specifications and review provider compliance with performance standards. Performance 'floors' by programme may be set to address unacceptably low performance by providers.

Planned developments include :-

1. Childrens seasonal flu expansion to cover all 2, 3 and 4 year olds with possible piloting of roll out to primary and secondary schools.
2. Childrens Public Health services 0-5, to secure delivery for the expansion targets in health visiting and family nurse partnerships.
3. HPV testing for women with mild/borderline cervical smear results.
4. Extension of the Bowel Screening Programme for men and women up to age 75.
5. Bowel Scope Screening roll out for 60% delivery by March 2015.
6. Potential pilots in Meningitis B vaccinations subject to national approval.
7. Meningitis C vaccination catch up for university entrants.
8. Implementation of DNA testing for sickle cell and thalassaemia screening.
9. Possible extension of the shingles immunisation programme to other ages.

2.2.1 Public Health Local Implementation Priorities

As a consequence of the national commissioning approach and specifications, it is important that local commissioning enables sustainable high quality services. We will therefore, be undertaking the following initiatives at Regional level :-

1. Benchmarking of services across Area Teams on needs, outcomes, activity and cost - to identify opportunities for action.
2. A review of Child Health Information Systems in Cheshire, Warrington and Wirral.
3. Complete the Breast Screening Review to establish the recommendations for clinical sustainability and quality of care.
4. Develop joint LA/NHS England plans for the 0-5 Childrens Public Health Services, prior to the transfer of commissioning responsibility expected in April 2015. This includes joint procurements where other aligned services are market tested by Local Authorities.
5. Improve the uptake and coverage of screening and immunisation programmes – focusing on areas of inequality across the Area Team.
6. Review the costs of Diabetic Eye Screening services to achieve best value prices consistent with efficient and effective care.
7. Develop CQUINs for Public Health services which drive quality improvement.

2.3 Specialised Services

NHS England has published commissioning intentions with a focus on both clinical sustainability through service reform and financial sustainability through sound technical efficiency.

Technical areas include key terms for contracts – non tariff pricing which offer best value through benchmarking. CQUIN incentives focused on value and excluded drugs and devices procured commercially with prices driven down through national buying power.

These intentions also identify the need to work with our providers to test out new networks of care and provider partnerships such as a prime contract model.

Over the next year, we will be undertaking systematic service reviews lead by commissioners so that there is a commissioning strategy for each key service area to inform the development or consolidation of service teams and to ensure quality of care and equity of access.

2.3.1 Specialised Services - Cancer and Blood

1. Cancer surgical services compliance with population coverage / size.
2. Confirming Model of Care and commissioning of HIV service.
3. Haemoglobinopathies (National Pathfinder).

2.3.2 Specialised Services – Internal Medicine

1. Complete and implement Vascular reviews.
2. Confirm Cardiac Device Implanting Centres.
3. Obesity Care Pathway (pre-surgical) with CCGs.
4. Acute Kidney Injury (National Pathfinder).

2.3.3 Specialised Services – Trauma and Head

1. Major Trauma compliance and affordability
2. Neurorehabilitation Pathways and commissioning model
3. Implementation of National Burn Care Review
4. Back Pain and Sciatica (National Pathfinder)

2.3.4 Specialised Services – Mental Health

1. CAMHS Tier 4 capacity and quality of services.
2. Forensic Pathway (National Pathfinder)

2.3.5 Specialised Services – Women and Children

1. National Paediatric Cardiac Surgery Review
2. Paediatric Care Pathways (National Pathfinder)

2.4 Offender Health

We will be undertaking systematic Service Specification reviews lead by Commissioners, across each of the following key work programme areas :-

1. Primary Healthcare Contract (HMP Risley / HMYOI Thorn Cross) – Review of current provision view a view to commencement of the re-procurement process.
2. Mental Health Contract (HMP Risley / HMYOI Thorn Cross) - Review of current provision view a view to commencement of the re-procurement process.
3. Substance Misuse Contract (HMP Risley / HMYOI Thorn Cross).
4. Primary Healthcare Contract (HMP Styal).
5. Substance Misuse Contract (HMP Styal).
6. Forensic Contract (Cheshire SARC) - Police and NHS England have agreed to continue to commission St Mary's SARC at CMFT for a further year for services relating to sexual assault. Ongoing work to improve service specifications and avoidance of duplication of services continues.
7. Aftercare Contract (Cheshire SARC) - Aftercare services with RASACS are to be extended for a further 18 months to bring commissioning for victims in-line with that of the police and crime commissioner.
8. Liaison and Diversion Pilot(s) - NHS England funds to be awarded to successful bids for L&D pilot 2014/15. Two bids received for the Cheshire area – National Team to moderate evaluation.
9. Through the Gate – Commissioning Intentions not yet known, potential service review specification.

2.5 Armed Forces

Plans are progressing well with regards to Armed Forces Commissioning. There are three Area Teams nationally that commission health services for the Armed Forces, North Yorkshire and Humber in the North, Derbyshire and Nottinghamshire for East and the Midlands and Bath, Gloucestershire, Swindon and Wiltshire for the South and London. The three teams work closely together and with the National Support Team (NST) for Armed Forces. The MOD require NHS commissioning to be consistent and equitable across the country for their personnel irrespective of where they are based.

2.5.1 Armed Forces Priority Areas

Contract Management

NHS England will align contract terms, incentives and activity management including CQUIN so that provider management can be enhanced in this area.

Screening and Immunisation Programmes Transfer

The MOD have asked the NHS to pick up this activity as they currently contract for it themselves. The current timeframe is estimated at July 2014 although MOD preference is for April 2014.

Armed Forces Networks Development

The intention is that ultimately these will be led by CCG's as they primarily focus on veterans issues (CCG's are responsible for commissioning of services for veterans). A key link for the networks will be local Health and Well-being Boards. Cheshire, Warrington and Wirral CCGs are represented through Warrington CCG (Margi Butler).

Mental Health Services for Veterans (IAPT)

There is likely to be an increased focus on mental health services, both generally for the whole population and specifically with the Armed Forces. Veterans Mental Health Outreach services funding (Murrison money) is due to come to an end after 2014/15 and consideration needs to be given to on-going procurement of services.

Clinical Reference Group (CRG) Development

This has been established for Armed Forces and its inaugural meeting was held recently. The North West is very well represented with 3 out the 14 in its membership.

3. Co-Commissioning Impact Assessment

It has been agreed that NHS England will share and create a repository of commissioning intentions by service and provider, this will thereby enable mutual sharing of impact and a more coordinated contracting round for 2015/16. This collection of data will be coupled with a series of meetings across CWW and across the North West for Specialised Commissioning. The initial results of this work will be completed by early December. This template has been circulated and is well received by all partners.

4. Planning for a Sustainable NHS

Guidance has now been issued (Gateway 00658) on the strategic and operational planning cycle. In response to the call to action, the health care system needs to make a bold transformation in the way care is delivered and a commitment to create a fully integrated service between the NHS and Local Government. This planning guidance identifies a 2 year plan for delivery by March 2014 and a 5 year plan by June 2014. This latter plan should be developed in partnership and represent the total scope and opportunity for whole system change and joint commissioning.

NHS England will actively support and guide the development of these plans as a partner in the Health and Wellbeing Boards and as a commissioner. The timetable and ambition is significant therefore, there is some urgency in establishing a shared commitment to deliver this plan.

5. Integrated Transformation Fund

To develop fully integrated services requires a different approach in the arrangements between health and local government. Leadership is required in developing joint priorities and strategies, joint commissioning structures, joint supplier / provider management, significant sharing of information, staff, and money/risk.

The Integrated Transformation fund is £3.8bn pool which brings together existing resources and requires these to be re-directed to strategies under the auspices of this ITF.

The £3.8bn is made up of the existing planned S256 transfer for 2014-15 (£1.9bn) plus a further £1.9bn from the NHS. This is not additional or new money but re-directed investment.

The LGA and NHS England have jointly drafted guidance (17th October) on the deployment of this fund within a broad joint commissioning approach and wider pooled budget.

In 2015-16 the fund will be allocated to local areas, under joint governance of health and local government. There will be a performance achievement element of the fund £1bn of the £3.8bn will be payable on measurable impact on outcomes, 50% payable at the beginning of 2015/16 contingent on the Health and Wellbeing Board adopting a plan in April 2014 that meets national conditions and on the basis of impact from the 2014-15 transfer.

6. Overview and Scrutiny

NHS England recognises the importance of the OSC role and our duty to consult in the case of significant service change. We will develop a full programme of service review areas, based on the commissioning intentions and will provide this as a forward plan for the OSC to engage and timetable.

7. Update on Current Initiatives for the Board

7.1 Primary Care

The following developments are progressing :-

Alderley Edge GP Practice

There are plans for the practice to move into purpose built premises with the Parish Council offering a suitable site and acting as the developer and ultimately the landlord. The practice's current accommodation is outdated and unsuitable for health services in the 21st Century.

The scheme has been approved by the Cheshire, Warrington and Wirral Cluster PCT and is predicated on a £500k grant (available during 2014/15) from the NHS to facilitate the funding of the scheme. Progress is being made with the Parish council appointing the key organisations to progress this scheme.

Knutsford Integrated Care Centre Development

Progress continues with a GP led scheme for the practices to come together in a purpose built premises which would deliver a broad range of services including primary care, community and some secondary care services. An options appraisal document has been produced and this is forming the basis of a proposal from the providers with regards to a scheme which would have NHS England, the Clinical Commissioning Group, Cheshire East Council and the Acute Trust support.

The Acorns Surgery, Middlewich

The Cheshire, Warrington and Wirral Area Team has approved a capital grant to enable the Acorns Surgery to move into different and fit for purpose premises. Their current premises are in a poor condition and not suitable for the provision of health care moving forward. In addition, they have no spare space which can be used for additional services with little or no scope for expansion.

The plan to renovate Lex House into accommodation suitable for Primary Medical Services is progressing well. This will enable the practice to continue practicing from the heart of the town for many years to come. The timetable for the works to be completed and the practice to move in remains within this financial year.

7.2 Public Health

NHS England has commissioned the following immunisation and screening programs for the area:-

Vaccination and Immunisation Programmes

NHS England commissions national vaccination and immunisations programme in accordance with the NHS Constitution. A number of initiatives are underway, which are described below.

An MMR Catch-Up programme has been underway with Phase 1 informing parents that their children should come forward for vaccination. Phase 2 is expected to start shortly with School Nursing teams being commissioned to provide catch-up vaccinations in schools where more than 30 children aged 10 to 16 have been identified as not yet vaccinated. The current position is that 1,957 children in this age group, equating to 6.8%, have not had one MMR vaccination. There are 21 schools with 30 or more unvaccinated children and in these schools there is a total of 1,038 children who have not had one MMR dose.

The annual flu vaccination programme is taking place for people aged 65 and over, people under 65 with a long term condition and for pregnant women. The Area Team has provided training and assistance to GP practices to prepare for the vaccination programme. Agreement has also been reached with maternity units for them to offer the flu vaccination in ante-natal clinics, which has been shown to improve uptake. Early data showed that performance in the Cheshire Warrington and Wirral area was ahead of the England average, which itself was above comparable performance last year. We will have data to the end of October in mid-November. Also, this year healthy children aged 2 and 3 are being offered a flu vaccination and practice staff have been trained to provide this new vaccination.

The shingles vaccination was due to be offered to older people aged 70 and 79 from the end of September. Unfortunately, there have been problems with supply of the vaccine, which has led to slower than expected uptake. These problems are expected to be resolved so that eligible patients will soon have access to the vaccination.

Vaccination performance in Quarter 1 of 2013/14 is now available. Analysis shows that uptake remains high, but that performance for Cheshire East is below the national target of 95% for MMR 1st dose at 2 years (94.9%), MMR 2nd dose at 5 years (90.1%) and Pre-school booster at 5 years (90.8%).

Screening

The review of Breast Screening services for Cheshire Warrington and Wirral is continuing and an interim report will be presented to a stakeholders group at the start of December. It is not expected that changes will be made to where women are screened and assessed because the main focus of the review is on how the various programmes are managed so that quality standards are met.

Bowel Scope Screening is a new cancer screening programme that will offer all 55 year olds registered with an NHS GP a single out patient clinic flexible sigmoidoscopy examination of the distal colon and rectum. This is a highly effective intervention that identifies both pre-cancerous polyps, and established cancers. Half of colorectal cancers occur in the rectum, and most of the rest in the distal colon, bowel scope screening picks up most polyps and cancers. The bowel screening unit at Leighton Hospital has applied to be an early wave site for the roll-out of this screening test and we expect it to be approved for the whole of Cheshire, with provision taking place in a number of sites across the county.

Health Visiting and Family Nurse Partnerships

This is a key priority nationally for investment in an expansion of health visitors and to reform the services delivered to meet the national evidence based model and specification. This expansion is based upon a national commitment and evidence that this improves outcomes for the most in need families and children. At present, it is expected that East Cheshire NHS Trust will deliver the required workforce expansion numbers by the end of March but this will be closely monitored.

The commissioning of these services is expected to transfer to local authority management in April 2015. NHS England will be preparing a detailed transition plan in partnership with the local authority's public health and children's services.

7.3 Specialised Services

NHS England is the lead commissioner for a range of specialised health services including secure mental health. National service specifications and clinical policies have been published which guide the work of the commissioning team. These specifications will ensure that all providers of specialised services comply with common, nationally agreed standards. A compliance exercise has been undertaken with all providers to ensure that the services offered are sustainable; of high quality and that these meet the national specification and standards identified. Where gaps in compliance have been identified, detailed action plans will be agreed with each organisation to work towards full compliance. These will be time

limited and robustly monitored. A number of service reviews have been identified from this compliance process and these may be national, regional or locally based. These will mostly require collaborative working across pathways of care such as CAMHS tier 4, obesity and neurorehabilitation services where accessibility to a range of services, both before and after specialised care, will be important to ensure patients receive care in the most appropriate setting.

A 5 year strategy for specialised services is being developed nationally and this will help to shape a local strategy, reflecting the direction of travel for specific services and the importance of effective partnership working. This strategy is focused on ensuring equity of access to specialised care, clinical outcomes and the range of services available across the North West.

Vascular Services

South Mersey Vascular Services have been the subject of a review; the Arterial Surgery Centre has been identified at the Countess of Chester hospital. The majority of appointments, diagnostics and all follow up care will be at the local hospitals and the clinical teams are working across sites in a network. This new model will ensure that services are compliant with the national standards. The implementation of this is progressing well.

Bariatric Surgery

A procurement of bariatric surgery services during 2012/13 resulted in contracts being awarded to a number of providers including the Countess of Chester Hospital. Work is being undertaken with CCG colleagues to ensure a cohesive and patient centered Weight Management Pathway is commissioned.

7.4 Offender Health

The last few months have seen many changes within the NHS and the centralisation of offender health arrangements to Lead Local Area Teams has been a major change. The main focus of offender health work is the commissioning of prison health services and services for victims of sexual assaults, (SARCs) and management of the contracts. There is on-going developmental work to support the further transfer of commissioning responsibility for health services in offender secure settings to the NHS by 2015, this includes healthcare in police custody, courts and Liaison & Diversion programmes.

There are 3 prisons within the Cheshire, Warrington & Wirral area and most noticeably Cheshire is home to the North West's only female establishment which awarded a new healthcare contract to Spectrum Healthcare from the 1st April 2013. The premise of this contract is to improve the quality of health provision whilst reducing annual costs over a three year period.

Cheshire Police have recently completed the 2 year Early Adopter programme which looked at the transfer of commissioning responsibility for healthcare provision in police custody from the Home Office to the NHS – this is a national programme which has been rolled out in waves to a number of different forces. Cheshire Police were a wave 1 force and worked very well in partnership with NHS Commissioners to re-commission healthcare services and improve quality, which therefore led to a successful jointly signed off Statement of Readiness.

Cheshire Police have also engaged in the Liaison & Diversion Voluntary Attendee Scheme, which is a 12 month pilot to health screen a cohort of people entering the criminal justice system and refer on to services where appropriate at the early stage as Voluntary attendees at police stations.

Warrington Criminal Justice Liaison Team are also part of the Liaison & Diversion development programme – they are delivering an intensive support programme in partnership with Revolving Doors.

NHS England funds are to be awarded to successful bids for Liaison & Diversion pilot 2014-15. 2 bids have been received for the Cheshire area and sent to the National Team to moderate.

There is currently a Youth scheme running via the YOT service in Halton & Warrington, which is very good and they have submitted a bid to be part of the next phase of L&D pilot in 2014 - 15. Also an adult Criminal Justice Liaison Team in Warrington who have also submitted a bid. Both new bids have suggested they will work in partnership should they be successful.

7.5 Armed Forces

Three NHS England Area Teams are responsible for Armed Forces commissioning across England, Bath, Gloucestershire, Swindon and Wiltshire Area Team (South incl London), Derbyshire and Nottinghamshire Area Team (East and Midlands) and North Yorkshire and the Humber Area Team for the North.

13/14 Armed forces Programme of Delivery includes:

Developing a 3-5 year Strategic plan for Armed Forces across the North working in partnership with the other 2 AF lead ATs and planning regional forum(s) for key stakeholders and the 10 North CCGs with military bases in their footprints.

Ensuring the AF population across the North has equitable access to all NHS Screening and Immunisation programmes and that they are delivered to national standards and specifications.

Working with key stakeholders via the various Health & Wellbeing Boards and LSPs across the North to raise awareness of the range of health and social welfare issues and challenges faced by the armed forces community. We will be working with LA DPHs to develop a strategy for JSNAs aimed at this population

Partnership Working

There are some significant safeguarding challenges for commissioners/statutory and non-statutory service providers around transition from military service to civilian life (more so for the Army than for Navy or RAF) e.g. MH, homelessness, unemployment, substance misuse, domestic violence.

North West Developments

The North West IAPT Military Veteran Service has secured funding from CCG's across the North West for a further year, as did the wrap-around service LIVE-AT-EASE. A website Directory for Military Veterans and their families has also been launched with LCFT listed and a Specialist Rehab and Mobility Centre have been established in the North West in Preston.

8. Quality

The Quality Surveillance Group for Cheshire Warrington and Wirral is now well established with good representation from all partners which included CCGs, Care Quality Commission, Monitor, Healthwatch, Merseyside Deanery, Local Authorities, Public Health England and NHS England CWW Area Team who have responsibility for commissioning Specialised Services, Primary Care and some aspects of Public Health.

Partners have shared intelligence on a number on providers of health services which have led to some Quality Reviews of services and resulting action plans to deliver improvements.

A work plan has been developed to work collaboratively across CWW which includes establishing a network for Healthcare Associated Infections, working together in relation to Care Homes and focusing on reduction of pressure ulcers.