

NHS ENGLAND

REPORT TO CHESHIRE EAST OVERVIEW AND SCRUTINY COMMITTEE

JULY 2014

1 CONTEXT

NHS England is the national body, tasked by Government, to improve health and care, underpinned by the NHS Outcomes framework and the NHS Constitution. The mandate given to NHS England sets out objectives and deliverables for the next two years. NHS England has established agreements for successful working alongside Public Health England, and Monitor. A concordat with the LGA recognises Health and Wellbeing Boards as system leaders comprising of membership drawn from Local Government, CCG's and NHS England.

NHS England is structured by Region and Area. Each Area Team is responsible for three main activities- system development, assurance and commissioning.

NHS England undertakes some commissioning on behalf of the NHS directly, rather than through local government or CCG's. This commissioning is in five areas. Offender, Military, Public Health, Primary Care and Specialised Services.

These areas were retained by NHS England due to the scale and geography of commissioning, the expertise required and to drive England wide service standards in these areas, so they are not impacted by local variation.

2. THIS REPORT

This report outlines national and regional context together with specific update on priorities that the Area Team is responsible for delivering and how these priorities are progressing. The report also summarises the proposed initiatives in the Operational 2 year plan for commissioned services. It also provides a brief report card on the initiatives pursued in 2013-14 and the outcomes from these so far.

3 2013-14 SUCCESS AND PROGRESS ON PRIORITIES

NHS England has now completed the first full year of operation, which has been formative in developing new structures, building teams and relationships both locally but also between the national team responsible for standard setting and strategy and the local team responsible for implementation.

Governance structures have been developed internally, NHS England has become a member of health and wellbeing boards, communication and engagement structures have been established with CCG's across the area and with Area Teams and CCG's in the North West in respect of Specialised Services.

Assurance systems have been developed, and this will now enable the team to move forward with a more developmental and enabling approach for CCG's and joint commissioning structures with partners. NHS England has taken up the opportunity to support sub regional health and wellbeing transformation under the auspices of the regional Leaders Board.

Primary Care

The following has been achieved since April 2013:

- A robust Area Team Primary Care Governance process has been established to monitor and manage primary care providers. Currently the dashboard which supports this process is mainly paper based and needs to be developed where it becomes electronic.
- Performance of Primary Care providers has generally been very good and where providers have been identified as low performers the Area Team has acted promptly with those providers.
- Regular Assurance meetings with the Clinical Commissioning Groups have been established which focus on the Medical providers and the co-commissioning responsibility between the Area Team and Clinical Commissioning Groups.
- There are a number of service reviews which have been completed or will continue into 2014/15, with the following services :-
 - Salaried Dental Services
 - All Day health centre, Wirral
 - Willaston GP Surgery
 - Orthodontic Service
 - Primary Care Oral Surgery Service
 - Optometry enhanced Services
 - Public health initiatives within Dental, Pharmacy and Optometry providers – initially focusing on smoking cessation but with the opportunity to expand this to other initiatives.
- Completion of the procurement and mobilisation of the successful bidders of primary medical services for Townfield Medical Centre and TG Medical Centre, Wirral.
- Progress the procurement of Primary Medical Services for the patients and residents of Willaston, Cheshire.
- Commissioning and performance management of 2ndary care dental services.
- Management of budget within challenging financial limits.

Public Health

The following has been achieved since 1 April 2013:

- Performance for Screening & Immunisation programmes have continued to be at high levels and to either improve or at least be maintained
- Nationally specified additions and amendments have been made to vaccination programmes including Rotavirus, Shingles, Childhood flu, Meningococcal C
- The first phase of the MMR Catch-Up programme resulted in improvements in MMR coverage amongst the target 10 to 16 year age group
- Midwives have been delivering the seasonal flu vaccine to pregnant women after being trained by the Area Team
- A joint procurement with Warrington BC has taken place for an integrated 0 to 19 Public Health Nursing Service. This was an innovative joint procurement, and is a model that will be developed further with the other LA partners.
- A review of breast screening services has been conducted and will lead to changes in programme configuration
- Seasonal flu vaccination performance has been at target levels for age 65 and over and has improved for all groups
- The team is on track to achieve workforce expansion targets for Health Visitors

- The team has established programme boards for all service areas to ensure there is appropriate governance and accountability
- The team have managed a wide range of issues and incidents to a conclusion
- There are a number of areas where gaps in services should be addressed, specifically:
- Three of the Breast screening programmes are below specified minimum population size
- The Wirral Diabetic Eye Screening Programme has fragmented commissioning arrangements
- The CHIS services do not meet national requirements

Specialised Commissioning

The following has been achieved since April 2013

- Financial frameworks have been developed between CCG's and NHS England to enable budgets to be agreed and risks managed (As resources moved to NHS England from CCG's in the allocations process)
- A full review of services against national standards (called a 'compliance review') which has revealed improvements required by providers to meet these standards within 1 year and where more strategic changes are required to close this gap, these are identified as commissioning reviews.
- Governance structures have been established to effectively provide oversight on £2bn budget across the North West with contracting teams and specialised service advisors.
- A service review has been completed on Neuro rehabilitation with a point prevalence study for required capacity across all providers in the North West. This has resulted in an agreed business case for capacity and the project is now moving toward procurement for a lead provider
- A service review has been completed in Cancer services for both Greater Manchester and Cheshire & Merseyside. This review has resulted in a proposed consolidation of provision into fewer centres together with future procurements.
- Vascular services in Lancashire have been reviewed and will be taken forward in 2014-15 as part of the work plan for next year along with Greater Manchester Vascular services.
- Learning Disabilities review of individual clients and placement in response to Winterbourne,
- Trauma services have been reviewed in terms of sustainability and will feature as a key priority area for 14-15
- Matrix working between Area Teams has been developed for Quality Teams, so that providers in each of the Area Team sub regions will have a local Quality team providing oversight on quality improvement.
- Operational Delivery Networks have been established in Trauma, Critical Care, Neonatal services.

2. PLANNING GUIDANCE 2014

In November 2013, NHS England, NHS Trust Development Agency and Monitor wrote to all NHS Organisations to outline their requirements for all organisations to develop a five year strategic plan and two year operational plan by 20th June 2014.

The Planning Guidance "Everyone Counts" defined that the 6 characteristics of high quality, sustainable health and care systems in 5 years' time are as follows:

- Citizen inclusion and empowerment
- Wider primary care, provided at scale
- A modern model of integrated care

- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence

Organisations would need to work together to develop their plans for the local population based on the agreed “unit of planning”. For Cheshire, Warrington and Wirral, these are as follows:

- Eastern Cheshire CCG
- South Cheshire CCG & Vale Royal CCG
- Cheshire West CCG
- Warrington CCG
- Wirral CCG

Both NHS England and Clinical Commissioning Groups have been working to develop both their five year strategies and two year operational plans. The final draft of the Operational Plan was submitted on 4th April. The purpose of this report is to outline NHS England’s key priorities for the next two years and how these are linked to the Health and Wellbeing Strategy.

3. NHS ENGLAND TWO YEAR OPERATIONAL PLANS FOR CHESHIRE, WARRINGTON AND WIRRAL

This 2 year operational plan represents the first 2 years of a 5 year strategic plan for Cheshire, Warrington and Wirral. CWW AT is committed to driving improvements to secure equity of access and a reduction in variation in the services all patients across Cheshire, Warrington and Wirral and the North West (for specialised services) receive.

There are a number of service priorities that will be addressed over the next 2 years. These service issues have been identified through a number of routes including:

1. Legacy Issues from previous commissioning organisations (some dating back several years)
2. Quality Improvement reviews and improvements relating to national standards
3. Capacity issues arising from growth in need for services

The service priorities for each area of direct commissioning are listed below. These service reviews are not likely to have significant service change therefore will only require engagement.

Primary Care

- Work with CCG’s on the Primary Care Strategy which is envisaged as embedded within new community based integrated teams for population outcome improvement.
- Complete all the Dental Service reviews and redesign the model of service delivery and care pathways (based on national models when available) to deliver a sustainable and financially viable service model for the future.
- Complete the amalgamation and redesign of Primary Care Support Services to deliver a safe and robust service within the financial envelope available, which will result in a 40% reduction in costs.
- Complete and recommission (where appropriate) the reviews for the 3 APAMS contracts due to end on 31 March 2015.
- Complete and recommission (where appropriate) the review of the Warrington Local Pharmacy Provider.

Public Health

- Breast Screening Review – to ensure that these services meet Quality Assurance standards on population served

- Diabetic Eye Screening Review – to deliver a robust, consistent and accessible screening service within current resources given the pressures of an increasing population of patients with diabetes
- Child Health Information Systems – to deliver a robust system which is able to meet national and local requirements, especially to ensure that the system is able to communicate with other systems and provide timely reports

Specialised Services across the North West

- Securing specialised cancer services that comply with national standards and guidance
- Ensuring sufficient capacity at each level of care for neurorehabilitation patients
- Addressing need for intermediate step down for spinal injuries patients
- Working with CCGs in providing comprehensive obesity services
- Implementing in partnership with CCGs the findings of the national CAMHs tier 4 review
- Ensuring compliant cardiac services and taking into account the impact of the paediatric cardiac surgery review
- Implementing the output from the vascular reviews that have been undertaken, undertaking procurement as required.
- HIV services are reviewed and connected in a network of sexual health services.
- Review of medium and low secure services across the northwest for capacity and flow

Offender Health across the North West

- Transforming Rehabilitation programme & “Through the gate”
- Lack of integrated provision of substance misuse across list prisons
- Escorts and Bed Watch – Lack of prison officer capacity resulting in delayed access to secondary care
- Escorts and Bed Watch overspend against current allocation
- Services for prisoners with a learning disability
- Assessment for Autistic Spectrum Disorders
- Impact of introduction of ‘opt out’ blood borne virus testing
- SARC provision
- Low level of coverage of existing liaison and diversion services
- Lack of needs analysis across the NW secure estate
- Strategic co-ordination of patient engagement across the secure estate
- Social Care

(Please note: Offender Health Services are commissioned by the Lancashire Area Team on behalf of the North West)

The specific initiatives that Overview and Scrutiny Committees will be asked to consult on as they are likely to have significant service change and therefore require formal consultation are as follows:

- Call to Action – 5 Year Plan for Primary Care and Integrated Services
- Breast Screening Review
- Diabetic Eye Screening Review
- Cancer Surgery IOG Compliance
- Cardiac Services Review
- Review of Medium Secure Mental Health Services
- Caring Together
- Development of comprehensive cancer centre (CCC) for Cheshire and Merseyside
- Cheshire & Merseyside Maternity Review

Our definition of significant service change is based on the following criteria:

- Changes in accessibility of services: any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- Impact on the wider community and other services: This could include economic impact, transport, regeneration
- Patients affected: changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- Methods of service delivery: altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- Potential level of public interest: proposals that are likely to generate a significant level of public interest in view of their likely impact.

Financial Context and QIPP Challenge

NHS England is facing a significant financial challenge both in 2014-15 but also a larger potential gap in funding for 15-16 if savings are not found from redesign in pathways, reducing in variation in costs and better value commissioning.

Each of the commissioning areas have a QIPP program which will close this gap, and requires close partnership working across all commissioners and with providers to achieve. A dedicated turn around team has been established which includes commercial terms of business, clinical policies and management, redesign projects, informatics and finance.

Commissioning Area	Commissioning developments	DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
		Preventing People from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	Ensuring People have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
Public Health	<ul style="list-style-type: none">• Expansion of childhood flu vaccination programme to 4 year old children• Commissioning of maternity services to implement pertussis programme.• Review of Immunisation programmes to include:<ul style="list-style-type: none">○ Hep B Neonatal programme review○ targeted MMR catch-up exercise○ Pharmacy flu programme○ Men B○ Shingles extension• Planning for potential expansion of new born blood spot screening.• Implementation of information systems review in respect of new born, infant physical exam (NIPE).• Healthy Child Programme 0-5years, implementation of national expansion for health visiting and family nurse partnership• Implementation of Men C vaccination for university entrants• Extension of screening programmes to include bowel screening at 55, Implementation of findings following	<div>L</div> <div>M</div> <div>L</div> <div>M</div>	<div>L</div> <div>M</div> <div>L</div> <div>M</div>	<div>M</div> <div>L</div> <div>L</div> <div>M</div>	<div>M</div> <div>L</div> <div>M</div> <div>M</div> <div>M</div> <div>M</div>	

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	<p>breast screening review taking place during 2013-14.</p> <ul style="list-style-type: none"> Strategic review of Cervical screening laboratory arrangements in Cheshire & Merseyside Diabetic eye screening review and implementation of findings. Review of Sexual Assault Services Ensuring that Offender Health has the full provision of screening and immunisations as appropriate. <p>Health needs assessment at Risley and Thorn Cross.</p>	<p>L</p> <p>L</p>	<p>M</p>	<p>M</p>		<p>L</p> <p>M</p> <p>M</p>
Specialised Commissioning	<ul style="list-style-type: none"> Securing sufficient capacity in compliant providers for CAMHs tier 4 services, working in partnership with CCGs to ensure availability of appropriate services across the patient pathway. Addressing long waiters for paediatric spinal surgery through agreed action plan with providers Establishment of compliant clinical models for cancer, cardiac and vascular services across the North West Securing compliant services across HIV networks, working in partnership with CCGs and Local Authorities. 	<p>M</p>	<p>M</p> <p>M</p>	<p>M</p>	<p>H</p> <p>M</p> <p>M</p>	<p>H</p> <p>M</p>

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	<ul style="list-style-type: none"> Working with CCGs to secure sufficient capacity at each level of care for neurorehabilitation patients and intermediate step down beds for spinal injured patients in order to prevent a blocking of the major trauma centre inpatient capacity. Ensure financial and clinical sustainability of major trauma centres across the North West 	M	M	M	M	M
Primary Care	<ul style="list-style-type: none"> Developing the Primary Care Strategy for Area Team with patients groups, CCGs, LAs, providers and local committees. This will be based on the CCGs strategies and will form part of their Integrated Care Models. Improving access to medical services, including improved availability of primary care services Pilot new NHS Dental contract. Completing the review of Orthodontic Services 		M M M		M M M	

4. CHESHIRE, WARRINGTON AND WIRRAL FIVE-YEAR STRATEGIC PLANS

It is anticipated that as 5 year plans are formulated across the Area by CCG's and in partnership with Local Government, these will be aggregated and tested to ensure there is alignment and coherence. It is important that these plans represent the total plan for 'place' and take account of prevention through to specialist care. The impact assessment of these plans in terms of identification of opportunities, risks, and any gaps will be developed over the coming month in anticipation of the first cut submission.

NHS England Cheshire Warrington and Wirral Area Team is also responsible for development of 5 year plans, these are being formulated with a strong collaborative and partnership model in the three commissioning areas: Specialised Services, Public Health and Primary Care. Each of these areas will have a first 'cut' plan for the 4th of April which will focus on vision and scope, direction. The detailed road map of change toward this vision will be fleshed out during the following 3 months.

Primary Care

A Primary Care Transformation Board has been established with membership from NHS England, Regional and National level, and CCG's/providers. This Board operates as a joint model of leadership between NHS England and CCG's in developing the 5 year plan for primary care. NHS England will ensure there is a strong emphasis on integration, innovation, standards and value alongside the CCG overall integrated care strategies for primary and wider community and social care services. The vision is to create integrated primary and community teams operating as accountable teams for improving care and outcomes for a defined population. These teams will have services build around the needs of these populations as well as core service offered universally. There is a focus on care co-ordination, early intervention and developing specialist teams accessible for treatment and care of complex patients. A national strategic framework for Primary Care is also under development which will be utilised in developing this work further

Public Health

NHS England is responsible for commissioning child health, immunisation and screening programmes. All of these interventions are integral to maintaining and developing healthy communities, but clearly are only part of the plans for change in this area. It has therefore been agreed that the Directors of Public Health together with Public Health England and NHS England will work collaboratively alongside 'CHAMPS', to develop a 5 year framework. This work will map out the contributions of partners toward healthy individuals and communities identify how this relates to the priorities and needs within the JSNA's and opportunities and risks arising from this initial work. For example any opportunities to collaborate to address inequalities. The work will also address the opportunities for greater collaboration in developing and improving outcomes through pathways of care and integrated commissioning models. Four areas have initially been prioritised in this work. Obesity, Alcohol. Children's and Sexual Health. The initial work from this framework in terms of mapping contributions will be provided by the 4th April.

Specialised Services

There is a national strategy under development which sets out the vision for concentration of services into centres of excellence, initially outlined as 15-30 nationally as well as delivering on QIPP and the financial challenge faced by NHS England. These centres will operate as networks and will comply with national standards of care. The service provided in these centres will be 'bundled' in accordance with best practice of co-location of service for improved outcomes, and ensuring that services provided between sites within a centre will not impinge on quality of care. The strategy will seek to optimise equity of outcomes and access whilst driving value for money through larger centres and sustainable workforce. Three sub regional planning groups have been

established for Greater Manchester, Cheshire and Merseyside and Lancashire. An initial report will be provided on vision, current state and gaps during autumn 2014.

RECCOMENDATIONS

The committee is asked to:

1. Note the contents of the report;
2. Build the specific initiatives into the Committee's work plan over the next two years as advised.

INSERT LINK DIRECTOR NAME

Insert Director's Title