WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	10 July 2013	Agenda Item	10

Report Title	NHS England - Update
Responsible Board Member	Moira Dumma Area Director Cheshire Warrington & Wirral Area Team NHS England

Link To Shadow HWB Function	Board development	Yes
	JSNA/JHWS	Yes
	Health and social care integrated commissioning or provision	Yes

Equality Impact Assessment Required & Attached	Yes		No	√	N/A	

Purpose	For approval		To note	√	To assure	√

Summary of Paper	This is an update on NHS England's Business Plan and activities to inform Board Members.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ nil	£ nil	£ nil
Risks and Preventive Measures	Strong joint commissioning is essential to manage risks and achieve outcomes.		
Details of Any Public/Patient/ Service User Engagement	With each commissioning area there is patient and public engagement.		
Recommendations/ Next Steps	To note and seek any clarifications required.		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices		

Publish On Website	Yes		Private Business	Yes	
	No	√		No	√

Report Author: **Alison Tonge**

Contact details: **01925 406123** / a.tonge@nhs.net

NHS ENGLAND - UPDATE TO WIRRAL HEALTH AND WELLBEING BOARD

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.

This report is provided to the Board with an overview of system issues, a report on our commissioning activities – alongside CCG's, quality and assurance of these activities.

Over the coming months it is anticipated that a more integrated commissioning system and assurance report could be provided between commissioners against the H&WB strategy.

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.

NHS England has published a business plan for 2014/15-2015/16. This has eleven priorities which will become a scorecard on progress. To achieve these priorities involves delivery of eight programs of activity alongside CCG's and integrated within the health and wellbeing strategy. (Appendix A provides summary of the 'what' and the 'how')

Key priorities for CWW Area Team Mapped to Health and Wellbeing Strategy

NHS England Business Plan - Enablers

	Program priority	How we will approach this work	Success?
1	Supporting and Developing and Assuring the Commissioning system	Support tailored to each CCG as required. Based on a risk assessment.	80% of outcome improvements identified by CCG's are delivered. Positive satisfaction with development support.
2	Strategy development	NHS England working with CCG's and LA to develop strategic oversight	integrated care proposals are in place in each H&WB
			Reconfigurations are identified and managed
		Strategic clinical networks are in place and fully engaged in commissioning	Clinical leadership and engagement in priority setting and strategic system work
		Contribution to national work streams	NHS Allocations reviewed
		Contribution to national work streams	NHS Strategy developed
3	Partnerships for Quality	CCG's and NHS England commissioners are supported with plans, risks and gaps.	Winterbourne and Francis recommendations taken into quality action plans
		Quality Surveillance Group in place and functioning	QSG work plan contributes to outcome improvement
		Ensure resilient safeguarding systems with CCG's and Direct commissioning.	Safeguarding system in place, accountability, member of safeguarding boards
4	Emergency preparedness	Ops and delivery team lead this work	Rota, training, tests, LRF membership.
		Ops and delivery team lead this work	Pandemic flu plans in place
5	Clinical and Professional Leadership	Urgent care review	Embed principles and recommendations into local plans and reconfigurations
		7 day service review	Access improved
		Development of a professional network Peer reviews, embed approach within contracts.	Compassion in practice
6	Customer service, information, transparency and participation	Personal health budgets	100% of CCG's able to offer for continuing care
		On line primary care	100% of practices providing facility for repeat prescriptions, access records and bookings
		Outcomes data published	Used in quality improvement work
		Friends and family test rolled out	Embedded in contracts with improvement targets for experience

NHS England Direct Commissioning Developments

	NHS England Commissioning developments
Starting Well	• Healthy child programme 0-5 years, implementation of national expansion for health visiting and family nurse partnership. • Provision of public health services for young people in detention. • New immunisation programmes (see below) • Expansion of screening programmes (see below) • Specialised services review of paediatric cardiac surgery, paediatric neuroscience • Development of primary care services across pharmacy, dental, optometry and medical - using national and local intelligence to drive up outcomes, apply consistent national contracts and core offer, identify needs and develop strategic development priorities with CCG's.
Living and Working Well	• Specialised services reconfiguration (ACHD), Vascular, Trauma. • Pathway reviews in bariatric surgery, neuro-rehab, and neurosurgery. • Compliance with national standards on cancer, radiotherapy, CT scanning, burn care • Development of primary care services across pharmacy, dental, optometry and medical - using national and local intelligence to drive up outcomes, apply consistent national contracts and core offer, identify needs and develop strategic development priorities with CCG's. Implement new dental pathways.
Ageing Well	• Development of primary care services across pharmacy, dental, optometry and medical - using national and local intelligence to drive up outcomes, apply consistent national contracts and core offer, identify needs and develop strategic development priorities with CCG's. • New immunisation programmes (see below) • Expansion of screening programmes (see below)

2 KEY MESSAGES

Collaboration is a key priority in this year. Joint commissioning is vital to ensure that we deliver improvements in outcomes identified by CCG's and Health and Wellbeing Strategies. Commissioners will continue to develop integrated commissioning which combines the impact of NHS England, CCG's and Local government.

There is work still to be done on this, as we refresh the Health and Wellbeing strategies through understanding local needs and setting priorities we will combine a national approach to specification and standard setting against local priorities for investment and change.

Progress is also being made in terms of CCG development support, assurance systems are being set up- which will give further confidence in this new system.

Significant change is ahead in terms of service impact arising national standards, a focus on quality at the same time as having less growth funding. This means that as services move toward more community, early intervention and treatment, to prevent over use of hospital care, sustainable health services provision will be based on integration with primary and community care, but also networking of acute and specialised care into clinical centres that can offer quality of care. There will be trade-offs in local access for assurance on high quality and sustainability of the NHS

It is important that we share and support a common vision and direction for how the system will adapt and change in the near future to these challenges.

3 COMMISSIONING UPDATE

3.1 Primary Care

Townfield Medical Centre

Due to the failure of the GP partner's relationship at Townfield MC, Wirral PCT considered that the long term future of the practice was insecure and decided to terminate their contract with effect 30 June 2013. A robust tender exercise has been undertaken and a preferred provider identified. We are in the post award Alcatel period where the decision and process can be challenged and once this period is ended and assuming no legal challenge is lodged, NHS England will enter into negotiations with the successful bidder, with an expected commencement date of 1 October 2013. As the tender took longer than planned, due to exceptional circumstances, NHS England has appointed Central Park Medical Centre to manage the practice in the interim period.

TG Medical Centre

Due to the death in service of the sole practitioner who held the GMS contract at TG Medical Centre, Wirral PCT offered the existing doctors a short term contract which was all we were permitted to offer. This provided an end date of 30 June 2013. A robust tender exercise has been undertaken and a preferred provider identified. We are in the post award Alcatel period where the decision and process can be challenged and once this period is ended and assuming no legal challenge is lodged, NHS England will enter into negotiations with the successful with an expected commencement date of 1 October 2013. As the tender took longer than planned, due to exceptional circumstances, NHS England has offered an extension to TG Medical Centre to continue to run the practice in the interim period.

Villa Medical Centre

Villa Medical Centre continue to progress their premises development and will be moving into temporary accommodation, the nearby community clinic, very soon to enable the current premises to be demolished and replaced with new purpose built primes. The build is expected to take up to 12 months at which point the practice will operate from fit for purpose 22nd century premises.

3.2 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 changes have been or are being made to the immunisation and vaccination schedules, namely:-

- An MMR Catch-Up programme is underway, particularly targeting children aged 10 to 16 who may not have been fully immunised
- Changes have been made to the Meningococcal C vaccination schedule
- Booster dose for MenC in adolescents
- The Rota Virus vaccination for very young babies starts on 30th June

- Healthy children aged 2 and 3 will be offered a flu vaccination in the Autumn
- A shingles vaccination will be offered to older people aged 70 and 79 from the end of September

The annual flu vaccination programme will take place in the Autumn and Winter for people aged 65 and over and for people aged under 65 who have a long term condition and are therefore at higher risk of complications from flu. Data from previous years shows that uptake in under 65's at risk is well below that of people aged 65+. NHS England will work with partner organisations to improve the vaccination rate, especially in those under 65's at risk.

Screening

Attached at Appendix B is a briefing on the proposed review of Breast Screening services for Cheshire Warrington and Wirral.

Some of the Screening programmes are changing, namely:

- Introduction of a common pathway in the Diabetic Eye screening programme
- Extension to the breast screening programme
- Introduction of flexible sigmoidoscopy in bowel screening
- Introduction of HPV triage in cervical screening
- Full rollout of AAA programme.

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

3.3 Specialised Services

NHS England is the lead commissioner for a range of specialised health services including secure mental health. National specifications and clinical policies have been published which guide the work of the commissioning team. Work is underway with all providers to ensure that the services offered are sustainable; of high quality and that these meet the national specification and standards identified. Over the summer these specifications and standards will be measured by each provider to determine if there is a gap in any services and if so, how this will be addressed.

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. It is envisaged that services will be operational by October 2013.

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 will be undertaken with CCG colleagues to ensure a cohesive and patient centred Weight Management Pathway is commissioned.

3.4 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.

3.5 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.

CCGs inherited the commissioning responsibility for all secondary care services for veterans' (their families) and non-mobilised reservists. NHS England is primarily responsible for serving personnel and their families (where registered with Defence Medical Services practices. The three NHS England Armed Forces teams are responsible for the direct commissioning of elective secondary care services and community care services with the exception of a few retained MoD specialist services and enhanced pathways (MH in-patient beds, orthopaedic diagnostics and imaging and some surgical procedures). Emergency care services for serving personnel and their families (where they too are registered with the Defence Medical Services GP practices) are commissioned by CCGs but paid for by NHS England.

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.

From April 1st 2013, CCGs were also responsible for maintaining and developing newly established regional Veterans' MH Outreach Services (pump-primed with Murrison monies - Andrew Murrison is an MP asked by the PM to review MH care provision for people who had served in the AFs and his findings and recommendations were laid out in 2010's Fighting Fit report). NHS England will facilitate the transition to secure CCG ownership.

From April 1st 2013, the recommendation was made that 'appropriate lead' CCGs were best placed to host and sustain the established Armed Forces Networks (AFNs) after they transferred from SHAs. England will provide this function as an interim arrangement until agreement is reached on how best to complete this transition to CCGs.

North West Developments

Bury CCG have agreed to manage and maintain the NW AFN.

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.

4 QUALITY

NHS England has established a Quality Surveillance Group (QSG) which has a membership drawn from commissioners, local authority partners, CQC, NTDA and monitor. This group is tasked with developing intelligence on each provider and triangulating information gathered in order to assess any themes

The group is now beginning to focus upon key issues that arise from the intelligence available both in relation to individual providers and as a whole health economy. A key area relating to the Wirral was the planned NTDA assessment visit of Wirral Community services which was planned for late June, The outcome of this visit is awaited however was very positive. The local Healthwatch in Wirral also raised concerns regarding ambulance transport and the problems patients were facing due to new eligibility criteria. The Director of Nursing from NWAS will be attending a future meeting to discuss these concerns. A review of Learning Disability Services within Cheshire and Wirral had been held following a number of concerns raised by the Care Quality Commission. The review had been attended by Commissioners and the provider, Cheshire and Wirral Partnership Foundation Trust (CWP). A number of other external agencies were also present. The review report is to be received in draft by the Quality and Surveillance Group in July and the agreed actions have already been circulated for implementation. The Trust have made many improvements to the

service and are currently consulting on a whole service redesign to refocus care for this patient group in the community setting with enhanced support.

The QSG have a work plan which will be monitoring the actions from the CWP review. The plan will also be looking at care home quality monitoring across the health economy, incident reporting in primary care and the commissioner response and actions to the Francis recommendations. In addition Clinical Commissioning Groups will be providing assurance regarding cost improvement and any potential adverse effect on quality outcomes.

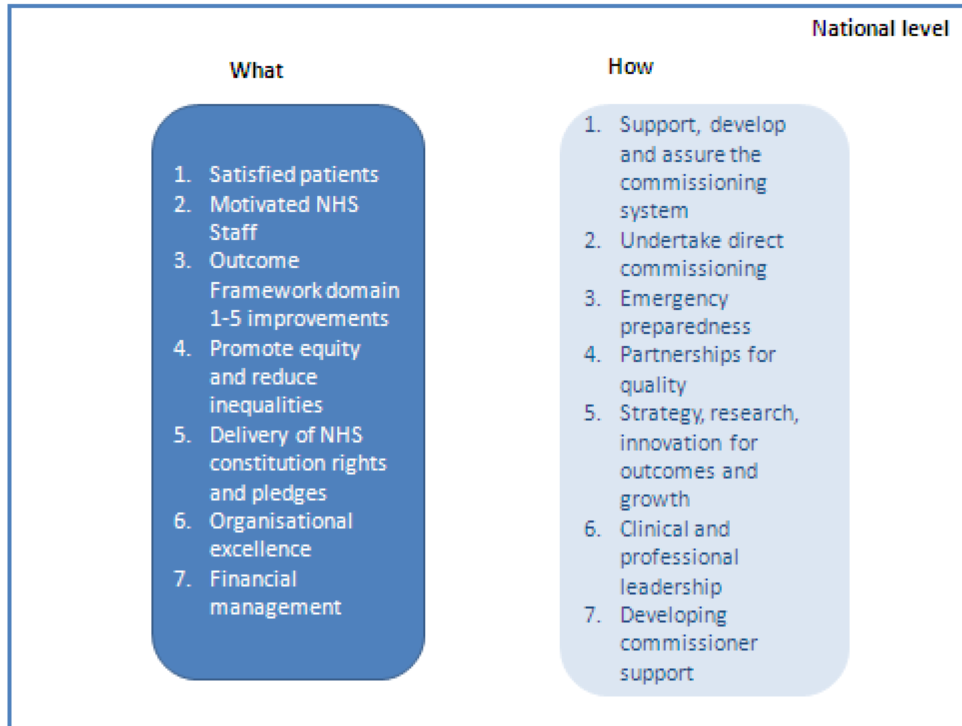
Cheshire, Warrington and Wirral QSG has had 3 meetings with full engagement from commissioners, Care Quality Commission and Monitor as well as some Local Authorities and Health-watch, including Wirral. Themes which have emerged and are forming the work plan for the QSG are:-

- Care Homes
- Impact of Cost Improvement Programmes
- Pressure Ulcers
- Quality in Primary Care

5 ASSURANCE DATA

In future there will be a short assurance overview provided to the Board on NHS commissioning activities as a dashboard, this will be provided by the Operations and Delivery team of NHS England.

Appendix A



NHS
England

THE NHS
CONSTITUTION
the NHS belongs to us all

NHS England

Breast Screening Review in Cheshire, Warrington and Wirral

First published: June 2013.

Prepared by Richard Freeman, Head of Public Health Commissioning

Contents

Summary

Current services

Reasons for the Review

Methodology

Timescale

FAQs

Breast Screening Review in Cheshire, Warrington and Wirral

Summary

NHS England is responsible for commissioning breast screening services and intends to work with patients and clinical staff so that women receive high quality, cost-effective, evidence-based services that meet nationally defined service specifications.

The Area Team has identified that some of the current breast screening services do not meet the national specification with regards to minimum size and that the Chester programme has an outstanding urgent action from a Quality Assurance visit concerning its size. In addition, the team wishes to ensure that screening pathways are linked to the appropriate symptomatic and treatment pathways.

As a result of these issues the NHS England Cheshire Warrington and Wirral (CWW) Area Team intends to review breast screening services across the CWW area.

Current services

Within the CWW area there are currently 5 Breast Screening Programmes (BSPs), namely:

BSP	Number patients Age 50 to 70	Number patients Age 47 to 73
Chester	25,236	33,000
Crewe	41,700	57,400
Wirral	47,395	62,000
East Cheshire and Stockport	63,973	Not known
Warrington, Halton, St Helens and Knowsley	76,500	100,000

Reasons for the Review

The table above shows that the breast screening programmes have a variety of sizes. It is important that a programme has an adequate size for a number of reasons:

- Smaller centres may not have sufficient staff to allow for appropriate clinical supervision
- Smaller centres may find it difficult to attract and retain clinical staff and may also be less resilient should staff leave or be absent
- It may be difficult to assess compliance in smaller centres with key indicators of clinical quality. This is because the statistical confidence interval associated with an indicator may be very wide in small sample sizes

In November 2012 the report of the Quality Assurance team which reviewed the Chester BSP found that the programme was well below the minimum size required. It made a recommendation with a Level 1 (immediate) priority that the programme should work with an adjacent programme to form a joint Multi-Disciplinary Team (MDT) and move towards a full merger.

In addition, the costs associated with the Wirral BSP have recently increased and the Area Team reached agreement that it would part-fund the increase and also conduct a staffing review.

It should also be noted that the national service specification for breast screening services requires a minimum population served of 500,000 people. The Chester, Crewe and Wirral BSPs do not meet this requirement.

The Area Team is also aware that some of the current geographical screening configurations may not reflect treatment pathways and the team wishes to ensure that there is a seamless pathway for women into assessment and treatment where required.

In view of all of the above, it has been decided that a review will be conducted of breast screening services across the Cheshire, Warrington and Wirral area.

Methodology

The review will be conducted by the Public Health section of the Area Team. A project group will be formed and will include a wide variety of disciplines including Public Health, Nursing, Quality Assurance, Commissioning, the Cancer Network, Communications, HR and Finance. The role of the project team will be to undertake the review and implement any agreed outcomes.

A stakeholder group will be formed alongside the project group so that those affected or with an interest in the review's outcome can contribute to the review and be kept informed of progress.

The review will consist of:

- Gathering information about current services.
- Reviewing services against good practice guidelines and specifications.
- Identifying benefit criteria against which options will be assessed. These could include clinical quality, improving population coverage, patient experience, links to treatment services etc.
- Identifying options for the future of services
- Appraisal of the various options, both in financial and non-financial terms, using the benefit criteria
- Identifying the preferred option based on the options appraisal
- Working through the detailed implications of the preferred option to identify risks and how to mitigate them
- Developing a project plan for implementation of the preferred option if approved

The review's recommendations will be subject to appropriate consultation and governance processes.

Timescale

The review will start in June 2013 with this briefing and meeting staff. It is expected that the review will by the end of 2013.

Once a preferred option is identified a project plan will be produced to identify timescales for implementation. Given the range of likely options it is not possible to be specific about when implementation will take place.

FAQs

What does this mean for jobs? It is too early to say whether jobs will be affected by the review. Staff will be kept informed of the review and will be able to contribute. Formal consultation will take place should the review result in changes.

Will current screening locations be maintained? It is expected that the review will consider how best to maximise screening coverage. This may include reviewing whether screening locations are best placed to do this and whether the screening model requires any changes to help women access screening.

Will women have to travel further for assessment? It is important that women who have a positive screen are able to access assessment services. The review will consider how assessment centres are located, but will also review whether alternative configurations can improve quality and maintain access.

How will links with treatment services be maintained? The review will consider how best to ensure that there is a seamless pathway for patients into treatment services, where required. Treatment providers will be fully consulted on any changes. The review will also consider implications of potential changes for assessment of women with symptoms.

How will the review affect screening for women at high risk? The review team will consider the impact of any proposed changes on services for women at high risk of breast cancer. Where proposals may impact on those services, discussions will be held with service providers and CCGs to avoid any unintended consequences.

Will the changes just affect the 3 smaller programmes, or are all the programmes affected? It is expected that the principal focus of the review is on the smaller programmes, but the team may propose changes that affect the 2 larger programmes if they believe that there are good reasons for doing so.

For further information please contact:

Richard Freeman,
Head of Public Health Commissioning,
NHS England, Cheshire Warrington and Wirral Area Team,
Quayside, Greenalls Avenue, Stockton Heath, Warrington, WA4 6HL.
Phone: 01925 406061
Email: Richard.Freeman6@nhs.net