

NHS ENGLAND

ACCOUNTABILITY REPORT TO WIRRAL HEALTH & WELL BEING BOARD

April 2015

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 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

NHS England provides a quarterly Accountability report to each Health and Wellbeing Board. This report outlines national and regional context together with specific update on priorities that the Area Teams are responsible for delivering and how these priorities are progressing.

This report gives an update on NHS England, progress on the Two Year Operational Plans as well as the development of the Cheshire and Merseyside Business Plan for 2015/16.

3 NHS ENGLAND UPDATES

Organisational Alignment & Capacity Programme

You will recall from the last report that NHS England was reviewing its operational arrangements to ensure that our structures are fit for purpose and within available funding going forward. This has resulted in the merger of two area teams to form the Cheshire & Merseyside Team. Our functions will remain the same for now as there is no change envisaged currently. However we will be working closely with our CCG partners to continue to develop their leadership role and take on wider commissioning responsibilities over time specifically for Primary Care and Specialised Services.

The senior management team for the Cheshire & Merseyside Team is as follows:



As a result of the changes, we have reviewed who will be attending each of the Health and Well being Boards across the patch going forward and Andrew Crawshaw, Director of Delivery will be attending these meetings in future.

Development of Co-Commissioning Arrangements with Local CCGs

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

Primary care co-commissioning is one of a series of changes set out in the [NHS Five Year Forward View](#). Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

Co-commissioning could potentially lead to a range of benefits for the public and patients, including:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities; and
- A better patient experience through more joined up services.

There has been a strong response from CCGs wishing to assume co-commissioning responsibilities and there are three models CCGs could take forward:

- Greater involvement in primary care decision making;
- Joint commissioning arrangement; or
- Delegated commissioning arrangement.

Locally we are pleased to be putting in place the following arrangements with each of the Clinical Commissioning Groups. This is subject to agreement with each of the CCG Governing Bodies by the end of March:

Delegated	Joint	Greater Involvement
NHS St Helens CCG NHS Liverpool CCG NHS Knowsley CCG NHS Halton CCG	NHS Southport And Formby CCG NHS Eastern Cheshire CCG NHS Warrington CCG NHS Vale Royal CCG NHS South Cheshire CCG NHS West Cheshire CCG	NHS Wirral CCG NHS South Sefton CCG

This means that from 1 April, over 70 percent of CCGs will take on greater commissioning responsibility for GP services under the new co-commissioning arrangements.

There will be further opportunities for CCGs to assume greater joint commissioning responsibilities throughout 2015 and beyond and we will continue to support CCGs in this.

For further information, please visit: <https://www.england.nhs.uk/commissioning/pc-co-comms/>

Prime Ministers Challenge Fund

On 30 September 2014, the Prime Minister announced a second wave of 'Access Pilots', with further funding of £100m for 2015/16. NHS England are leading the process and overseeing the new pilots when they have been announced.

Cheshire & Merseyside Sub Regional Team have received eight bids and were asked to review and make recommendations for the national panel. The panel looked for a broad geographical spread of pilots and assessment of the breadth of the prioritised bids to ensure that there is a good spread of innovation.

We are expecting an announcement of those that have been successful in their application in the coming weeks.

New Care Models Programme - Vanguard sites

NHS England has announced the first 29 'vanguard' sites that will transform care for five million patients across England. The sites, supported by the New Care Models Programme, have been chosen from 269 applications to trail blaze new ways of providing more joined-up, personal care for patients and increase efficiency.

Groups of nurses, doctors and other health staff from across the country put forward their ideas for how they want to redesign care in their areas, and now the NHS will be backing 29 of the most innovative plans, with the aim of bringing home care, community nursing, GP services and hospitals together for the first time since 1948.

Drawing on bespoke packages of national support and a £200 million transformation fund, from April the vanguards will develop local health and care services to keep people well, reduce demand and improve productivity.

The vanguards will take the national lead on the development of game-changing care models:

- multispecialty community providers (MCPs) – moving specialist care out of hospitals into the community;
- integrated primary and acute care systems (PACS) – joining up GP, hospital, community and mental health services, and;
- models of enhanced health in care homes – offering older people better, joined up health, care and rehabilitation services.

For patients, this could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home.

Locally we have the following vanguard sites:

Wirral University Teaching Hospital NHS Foundation Trust

Wirral Health Partners is made up of: Wirral University Hospital NHS Foundation Trust; Cheshire and Wirral Partnership NHS Foundation Trust, Wirral Community NHS Trust; Wirral Clinical Commissioning Group; GPs on the Wirral; Wirral Metropolitan Borough Council; Cerner UK Ltd, Advocate Physician Partners ACO (USA based); and the King's Fund.

Wirral Health Partners will accelerate a new model of integrated care across primary and secondary care providers, supported by a technology enabled population health model. Integrated care teams will be expanded to reduce readmissions and support people to remain at home through primary/secondary care collaboration. Following implementation, the new model will work by identifying older people who are at potential risk of serious fracture following minor falls that result in emergency admission. With approval of the patient, care plans will be developed, home assessments carried out and aids added to reduce the probability of falls happening. With this support, patients are able to stay in her home and potentially avoid a serious fracture.

Primary Care Cheshire

A new Multispecialty Community Provider will now be developed in West Cheshire, an area in North West England with a population of 330,000. The lead partners for developing this model locally are NHS West Cheshire CCG and Primary Care Cheshire (a single entity). They are being joined by a further three participating partners: Cheshire & Wirral NHS Partnership Foundation Trust, Countess of Chester NHS Foundation Trust and Cheshire West and Chester Local Authority.

Under the plans put forward, patients can expect better and more integrated support from different local health and care services, with a particular focus on young children, managing long-term conditions and supporting elderly patients.

To this end, the new partnership will be launching 3 new programmes as part of their model: 'Starting Well' will focus on ensuring the best start in life for babies, children and young people in the local area; 'Being Well' will enable greater collaboration between local services and the several clusters of GP practices, supported by integrated teams, to help people manage long-term conditions, and; 'Ageing Well' will focus on excellent care for the frail/complex wherever they are living (including those in care homes).

For more information, please visit: <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/>

GP Infrastructure Bids

The Primary Care Infrastructure Fund is a four year £1billion investment to accelerate improvements in GP premises and infrastructure.

This is part of the additional NHS funding, announced by the Government in December last year, to enable the direction of travel set out in the Five Year Forward View.

This new funding, alongside our incremental premises programme, is designed to accelerate investment in increasing infrastructure, accelerate better use of technology. In the short term, it will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.

In January 2015, we invited bids for investment in 2015/16. The deadline for this wave of bids has now closed. There will now be an internal review of the bids received and an announcement of those that have been successful in due course.

4. PROGRESS ON NHS ENGLAND TWO YEAR OPERATIONAL PLANS

The 2 year operational plan represents the first 2 years of a 5 year strategic plan. The Sub Regional Team is committed to driving improvements to secure equity of access and a reduction in variation in the services all patients across Cheshire & Merseyside and the North West (for specialised services) receive.

An update is provided below for each area of direct commissioning:

Primary Care

NHS England (Cheshire & Merseyside) have carried out a successful procurement of Community Dental Services. Detailed below is a list of the new service providers from 1st April 2015. The majority of contracts tendered were awarded and will be in place for 3 years. The new contracts will allow for more detailed data to be gathered, which help to inform a health needs assessment that will be carried out during the life of these contracts. The information collected will be used to inform future commissioning of these key services, for some of the most vulnerable patients in society.

List of the successful bidders across Cheshire and Merseyside following the CDS procurement;

- Out-of-Hours Urgent Dental Care (Cheshire & Merseyside) – Revive Dental Care Ltd
- In-Hours Urgent Dental Care (Liverpool) – Atlantic Dental Practice
- Adult & Paediatric Special Care (Cheshire West & Wirral) – Wirral Community NHS Trust
- Adult & Paediatric Special Care (Cheshire East & Warrington) – East Cheshire NHS Trust
- Adult & Paediatric Special Care (Knowsley/Liverpool/Sefton) – Liverpool Community Health NHS Trust
- Adult & Paediatric Special Care (Halton/St Helens) – Bridgewater Community NHS Foundation Trust
- Paediatric Exodontia (Cheshire West & Wirral) - Wirral Community NHS Trust
- Paediatric Exodontia (Cheshire East & Warrington) – Bridgewater Community NHS Foundation Trust
- Paediatric Exodontia (Knowsley/Liverpool/Sefton) – Liverpool Community Health NHS Trust
- Paediatric Exodontia (Halton/St Helens) – Bridgewater Community NHS Foundation Trust

For those services where contracts have not been awarded; Dental Helpline / Triage Service for Cheshire and Merseyside and the In-Hours Urgent Care Dental Service across Cheshire, Warrington, Wirral, Knowsley, Sefton and Halton and St Helens, there are robust contingency plans that have been developed to ensure that these services will be provided from 1st April 2015;

- The Dental Helpline / Triage service will be provided by Revive Dental Care Ltd, who are also the new Out-of-Hours Urgent Dental Care provider.
- The In-Hours Urgent Dental service will be provided from a variety of general dental practices across the patch, which will greatly improve access for patients, who require urgent dental treatment and are not regular attenders at a general dental practice.

Public Health

Seasonal Flu 14/15 Campaign:

Previous Area Team footprint	Over 65s	All under 65s at risk	Pregnant women	2 and 3 year olds	Health Care Workers
Cheshire, Warrington and Wirral	75.2%	51.9%	50.6%	43.7%/ 48.4%	64.1%
Merseyside	76.5%	54%	47.2%	38.2%/ 37%	76%
Comments	Both ATs have exceeded the 75% target and Merseyside is the highest in England.	Both ATs performance is down on last years in % terms, but are nevertheless in the top 5 in England.	Both teams have improved uptake in pregnant women by a large portion. CWW is the highest achieving AT	This is only the second year of the childhood flu programme so lower rates are expected than with other more established age cohorts.	Mersey is currently highest performing AT for HCW vaccination

0-5 transition to Local Authorities:

All 9 Local Authorities have agreed contracting arrangements for 15/16 in advance of them assuming commissioning responsibility for 0-5 services in October 2015. We are working hard with all LAs and Providers to ensure contract sign off. The weekly 0-5 contract tracker provides the national team of progress to date. We are working with those Authorities who have issues with their proposed allocation from the Department of Health for 0-5 services and are staying close to the national team and updating them on progress. We are confident that resolution will be found by using the in-year adjustment process and are maintaining good relationships with all of our authorities in order to progress.

Health Visitor growth:

CWW is on track to meet the trajectory and Merseyside is on track to exceed the workforce trajectory. The team have worked extremely hard with local Providers to make this happen with real effort going into this work to turn performance around

Mersey trajectory 304.8 wte HVs by March 15	Position at December 2015 as per MDS submission: 310.67 wte HVs
CWW trajectory: 272.9 wte HVs by March 15	Position at December 2015: 271.85

Specialised Commissioning

There are a number of significant service issues that are currently being addressed by the Specialised Commissioning Team in partnership with key Cheshire, Warrington and Wirral colleagues. These include:

- **Neurorehabilitation**

The Cheshire and Merseyside Rehabilitation Network (CMRN) has been asked to consider the benefits and potential timescales associated with becoming an ODN. The CMRN and CWWAT highlighted the shortfall of CCG-commissioned level 2 services for Cheshire patients together with potential solutions to Cheshire CCGs.

Agreement was not reached on an interim or long term solution and is subject to further work at individual CCG level.

- **Upper GI Cancer**

Specialist upper GI cancer (oesophago-gastric) services are configured around two SMDTs, at Aintree and LHCH. Warrington patients flow to LHCH and Wirral to the Aintree SMDT. National guidance and the service specification indicate that for the volume of surgical activity being undertaken, there should be a single team providing services for the population of Merseyside.

Providers have failed to reach a collaborative solution which would bring services on to a single acute site in line with external clinical advice. LHCH has subsequently proposed that specialist surgery currently undertaken on the LHCH site is transferred to Royal Liverpool in order to meet this recommendation for the population served by this SMDT.

Strategic discussions are underway between CWW AT and CEOs which may resolve this issue and avoid the need for procurement in line with Health Liverpool strategic aims. This may involve a two stage move with integration of the LHCH SMDT on to the Royal Liverpool site and then transfer of the Aintree SMDT to Royal Liverpool, pending CEO agreement. If a procurement is required to establish a single SMDT/surgical service for Merseyside, this will be initiated in March 2015 as a single 'lot' alongside the procurement of upper GI cancer in Greater Manchester.

- **Adult HIV**

An implementation plan has been developed and communicated to HIV providers and public health local authority Chief Officers. The plan outlines the planned stages in developing a formal networked model of care within Cheshire & Merseyside. The paper was well received and is now in the implementation phase. Whilst the network is in development, the initial focus is on clinical governance where plans are in place to develop a service level agreement between the hub (the Royal Liverpool) and the spokes to formalise network links as per April 2015 contracting arrangements.

- **Mental Health**

CAMHS tier 4: Phase 1 procurement is now complete and with the opening of beds in other areas capacity within the NW is considered sufficient to meet needs. Additional case management capacity has been recruited to strengthen the management of the system across the North West. These new posts will be operational by December.

A piece of work has recently been completed looking at patients coming in and out of the North West. This has shown an increase in out of North West placements for 6 people from the North West but an increase in 144 patients from outside the North West being placed in the North West Providers. This has been raised nationally as an issue. There are significant issues relating to financial performance and case management capacity that are being addressed.

- **Cancer Pathway Review for Mid Cheshire**

As part of the strategic partnership Stronger Together between Mid Cheshire and UHNM, a review of cancer pathways is being undertaken commencing January 2015. A Programme Board, led by South Cheshire CCG will be established to oversee this work in conjunction with NHS England. Any change in current arrangements will need to ensure Monitor principles are satisfied and will lead to improved outcomes. A steering group including Provider CEOs is also being established.

We are currently in the process of developing our Business Plan for 2015/16 and will be sharing this with key stakeholders in due course.

Andrew Crawshaw
Lead Director