

Update Report to Wirral Health & Wellbeing Board

This report

The aim of this report is to update Health and Wellbeing Board. This report outlines the national and regional context together with specific updates on priorities that the Local Teams are responsible for delivering and progress against established milestones.

Strategy and planning

The Delivering the Forward View: NHS planning guidance 2016/17- 2020/21 was published in December 2015, setting out national priorities for 2016/17 and longer-term challenges for local systems. It outlined the need to deliver the Five Year Forward View, to restore and maintain financial balance and to deliver core access and quality standards for patients.

The guidance requires health economies to create Sustainability and Transformation Plans (STPs) using place-based planning methodologies. CCGs are being given the ability to influence an increasing proportion of the local and regional NHS commissioning resources, including primary care and specialised services. This will put them in a better position to match investment decisions with the needs and aspirations of their local communities, for example to improve primary care and mental health services. Additionally, a Sustainability and Transformation Fund (STF) will be dedicated to delivering initiatives such as the new care models through and beyond the vanguards, primary care access and infrastructure, technology roll out-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health.

There is a requirement to develop two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- A one year Operational Plan for 2016/17, organisation-based but consistent with emerging STP

For 2016/17 there are 9 'must dos', as outlined below:

- Develop a high quality and agreed STP and deliver critical milestones for accelerating progress in 2016/17
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues
- Deliver access standards for A&E and ambulance waits
- Improvement against and maintenance of the NHS Constitution standard for 18 weeks RTT
- Deliver the NHS Constitution cancer standards and make progress in the improving one-year survival rates

- Achieve and maintain the mental health access standards and dementia diagnosis rate
- Deliver action plans to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvement in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

A Cheshire and Merseyside wide stakeholder event took place on Friday 29 January with representatives from commissioning bodies, providers, local authorities, public health authorities, NHS Improvement and NHS England. It determined that the health economy would mobilise on a Cheshire and Merseyside footprint with smaller area delivery units underpinning the STP. A considerable amount of work is underway to develop a robust 2016/17 operational plan in parallel to organising STP governance structures for 5 year plans.

New Care Models Programme – Vanguard sites

- In January 2015, the NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme- one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. In Cheshire and Merseyside, the following 4 sites were successful. West Cheshire Way: Multi-speciality Community Provider
- Healthy Wirral: Integrated Primary and Acute Care Systems
- Cheshire and Merseyside Women’s and Children’s Service: Acute Care Collaboration
- The Neuro Network: Acute Care Collaboration

These sites are working on developing blueprints for the new models of care to be used to spread these new ways of working across the NHS. This work is supported with transformation funding and access to a national support package linking national policy makers with local innovations.

On 8th February 2016 the four Cheshire and Merseyside vanguards submitted their value propositions describing their new care mode, the impact it will have and the support requirements needed to implement it. These value propositions are being considered by NHS England, peer vanguards and patient leaders.

Delivery and assurance

Primary Care

NHS England Cheshire and Merseyside has identified resources to invest in primary care and in support of the wider system including SRGs resilience plans and transforming Primary Care through partnership with CCGs.

Primary Care will have invested in a number of initiatives by the end of March 2016.

Schemes include:

- Improving provision of dental care for people living with dementia
- Increasing the delivery of effective preventive care through Delivering Better Oral Health and Making Every Contact Count
- Antimicrobial resistance: reducing the level of unnecessary prescriptions for antimicrobials in primary dental care
- Further investment in the continued roll out of the Electronic Prescribing Service linking GP practices to Pharmacies
- Increased uptake of the Healthy Living Pharmacy scheme and Making Every Contact Count
- Integration of GP IT systems
- Transforming Primary Care through partnership with CCGs

Public Health

0-5 Healthy Child Programme

Commissioning responsibility for children's public health services was successfully transferred from NHS England to Local Authorities in England on the 1st October 2015. The Cheshire and Merseyside position relevant to key NHS England commissioning objectives 2013-2015 is summarised below:.

Commissioning objective: Health Visitor workforce growth

Increase the number of full time equivalent (FTE) Health Visitors in England by 4,200 by March 2015 from a 2011 baseline position. Each NHS England regional and sub-regional office was tasked with meeting local Health Visiting workforce trajectories to ensure delivery of the national target.

In March 2015, all Cheshire and Merseyside Health Visiting providers reported a workforce full time equivalent (FTE) on or over planned national targets. The over target achievement in Cheshire and Merseyside supported the regional position (North of England) with an additional 18.9 FTE.

Provider capacity was successfully maintained in Cheshire and Merseyside, ensuring that at transfer, on the 1st October 2015, Local Authorities received Health Visiting services at their planned target workforce capacity.

Commissioning objective: Health Visitor Service Transformation

Implementing an expanded, rejuvenated and strengthened Health Visiting service by April 2015; this required implementation and embedding of a new Health Visiting service delivery model supporting both a universal and targeted offer that reflected the level and type of support children and families should receive based on identified needs.

Providers were required to deliver a four tier service delivery model, to demonstrate conformity to the national health visiting specification and to be prepared to deliver to

and report on the number of mandated visits to the resident population that each provider was commissioned to support.

All Health visiting Providers in Cheshire and Merseyside completed a national health visiting specification compliance exercise. This aimed to demonstrate the extent of delivery of the four tier model by self-assessment against the national health visiting specification 2015/16. Local Authorities across Cheshire and Merseyside supported this exercise establishing evidence of the baseline position at transfer in October 2015. All Providers achieved the level of delivery planned for March 2015. NHS England Cheshire and Merseyside continues to explore opportunities to engage with 0-19 commissioners and Providers to support the development of pathways and initiatives that require a multi- agency approach or require progression across the Cheshire and Merseyside footprint.

NHS England Cheshire and Merseyside developed a local dashboard for performance monitoring against implementation of the universal core contacts/offer. Data was collected quarterly and providers supported reporting for benchmarking purposes. At the end of September 2015, a national interim data collection/reporting process was proposed for Local Authorities. In an initial test prior to the October 2015 transfer and supported by Public Health England, 7/9 local Authorities in Cheshire and Merseyside successfully reported to the national data set.

In recognition of local government responsibilities to their residents, the transfer of commissioning responsibility of 0-5 public health services required a shift from registered to resident population service delivery. Plans to transition service delivery in Merseyside were developed and overseen by a multi-agency steering group. Merseyside providers commenced the transition to a resident population service delivery on the 1st July 2015 and this exercise was almost completed by the 1st October 2015. Cheshire providers completed a resident population service delivery transition in 2014/15; with the exception of children and families resident in North Wales and registered with an English General Practitioner.

Immunisations

Seasonal Flu plans

Seasonal flu plans, including the roll out of the national pharmacy flu scheme, were rolled out this winter. Evaluation of the seasonal flu programme 2015/16 is awaited. Seasonal flu planning for the 16/17 season has commenced with NHS England supporting CCG and Local Authority partners in developing 16/17 contracts with local providers that are supportive of a whole system approach to seasonal flu planning.

Rollout of the universal childhood flu vaccination programme

Roll out of the universal childhood seasonal programme was completed as planned for 2015/16 with all school nursing providers in Cheshire and Merseyside successfully offering all children in primary school years 1 and 2 a seasonal flu vaccination. All providers reached the necessary vaccination uptake to achieve interruption of transmission of the flu virus in our communities; with many achieving

an over-target position. Evaluation of the universal childhood seasonal flu programme is awaited.

Introduction of Meningitis ACWY vaccine for teenagers/ young adults

There has been a rise in the “W” strain of meningococcal meningitis in England over the past 4 years, which particularly affects young adults. In response, a new vaccinations programme is in place to call all young people, who were 18 by 31st August 2015, for the Meningococcal ACWY vaccine to protect against the “W” strain, and three other strains.

From 1st August 2015, those age 17 years to 18 years (date of birth, 1/9/96 to 31/8/97), will be invited via a call-recall process to receive the Men ACWY vaccine at their GP surgery, and commissioned via a primary care DES. This programme continues to be offered and will complete on 31st March 2016.

University entrant (Freshers) and secondary school Men ACWY vaccination programmes were offered in the autumn and winter of 2015/16. A national uptake report covering the Freshers campaign is due shortly. Secondary school Men ACWY programmes are ongoing in Cheshire and Merseyside as the vaccine only became available in January 2016.

Meningitis B vaccine

This vaccine is given as an addition to the primary infant schedule and the programme commenced on the 1st September 2015. The Men B vaccine is offered at the same time as other routine immunisation visits at ages 2 months and 4 months with a booster dose at age 12 months. This vaccine can cause a fever and so paracetamol is recommended at the same time. Men B uptake data will be available imminently and accessible to the public. Preliminary data suggests that excellent uptake of this vaccine programme has been achieved.

Accident & Emergency 4 Hour Waiting Time Standard

The performance across Cheshire and Merseyside area has been challenging and for most Hospital providers has been below the NHS constitutional standard of 95% of patients waiting less than 4 hours. This has been a particular issue since October 2015. The key challenges vary across our various health care systems and in specific Trusts. System Resilience Groups are working across Cheshire and Merseyside to understand these differences, to address the challenges, and to learn from the experience of this winter.

Cancer 62-day Urgent Referral Waiting Time Standard

Performance against the 62-day Standard for local acute hospitals is on track, but the standard is not being met for tertiary providers. This is due to the complex referral pathways for patients which results in these providers receiving a significant number of referrals later than they require in order to arrange and carry out treatment before the 62-day standard is breached. Overall performance for NHS Wirral has

been positive with the exception of October and December in recent months. Action plans are being developed and implemented to reduce delays, for example to streamline diagnostic and decision-making processes.

18 Week Referral to Treatment Waiting Time Standard

Performance against this Standard has been usually good across the Cheshire & Merseyside area, NHS Wirral CCG have seen challenges to performance from September 2015.

Health Outcomes

Safeguarding

NHS England is dedicated to ensuring that the principles and duties of safeguarding adults and children are consistently and conscientiously applied with the well-being of all, at the heart of what we do. Areas we cover include:

Lampard Inquiry (Savile report)

On 26 November 2015, the Department of Health published a response to the final report relating to Jimmy Savile <https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-response-to-lessons-learnt-report>

The report has been shared with named GPs, other relevant health care professionals and safeguarding groups for children and adults. Lisa Cooper, Deputy Director Quality & Safeguarding, NHS England has liaised with Local Authority Designated Officers (LADO) across Cheshire and Merseyside with regard to ensuring processes are robust and link with NHS England when there are concerns relating to Primary Care contractors.

Goddard Inquiry

In June 2015, Lord Justice Goddard sent a letter to all Trusts; Safeguarding Boards; Local Authorities; Police Forces; and Education establishments regarding retention of records germane to her Inquiry. The letter can be found at: <https://www.iicsa.org.uk/sites/default/files/letter-to-nhs-ceos.pdf>

NHS England National Team forwarded this letter in October 2015 to all Regional Directors for dissemination across Trusts.

There are ongoing discussions with the Department of Health and NHS England regarding the practical and financial implications of this directive. However, the NHS England National Safeguarding Lead has advised that until further notice all Trusts should be aware of the letter and should have taken action in accordance with Lord Justice Goddard's request.

The letter has been re-sent to all Directors of Nursing, CCG Leads and Designated Nurses in December 2015 for review and action.

Female Genital Mutilation (FGM)

Mandatory reporting came into force on 31 October 2015 and all health providers are aware of the duty to report. Health policy and processes relating to FGM have been agreed across Cheshire and Merseyside for all health providers

Parity of Esteem

NHS England has established a Parity of Esteem program to focus effort and resources on improving clinical services and health outcomes. National priorities for Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis (EIP) and Dementia have challenging targets set for 2015/16.

- NICE implemented care for people suffering from anxiety and depression and first episode of psychosis
- IAPT first MH mandated waiting time target to be introduced for RTT for 6 and 18 weeks
- National ambition for dementia. Maintaining and improving diagnosis rate of 66.7%

Improving Access to Psychological Therapies

£2m was made available to achieve fully validated waiting lists and good operational processes in all IAPT services and £6m towards the clearance of backlogs in services experiencing long waits.

Locally - 10 out of the 12 CCGs applied for Waiting List Initiative (WLI) funding. 9 bids were successful with matched funding of 50:50 by the CCG. Decision letters were sent to CCGs on 4/9/15. The total additional funding to C&M CCGs is £774,190

A second tranche of WLI monies has been identified in Q4. 2 C&M CCGs have successfully bid and an additional £345K has been committed.

CCGs and their Providers submitted a joint baseline assessment on the state of preparedness to deliver the Early Intervention in Psychosis new standards from 1 April 2016. A tripartite assessment was undertaken and feedback obtained on the level of assurance their plans provided.

A series of MH deep dive meetings were carried out across C&M by NHS England to review the findings and gain assurance on the readiness to meet the new standards.

CAMHS

All CCG's in Cheshire & Merseyside submitted their partnership based CAMHS transformation plans, in line with NHS England requirements with the deadline date being 16th October. Following an assurance process co-ordinated by the NHS England Mersey and Cheshire Medical Directorate with input from the Strategic Clinical Network, all plans have been signed off as fully assured thus enabling the

financial resources assigned to these plans being released to all CCG's. All areas were required to publish their CAMHS transformation plans by 31st December with an ongoing commitment to continue to make these more reader friendly for young people.

Plans to transform Eating Disorders Services formed part of these CAMHS Transformation plans and the funding for this aspect of the transformation will be released to CCG's following quarter 3 assurance.

Indicative 2016/17 financial allocations for CAMHS Transformation in 2016/17 have been communicated to all CCG's and include an uplift from the 2015/16 allocation. This funding will be allocated to CCG's as part of the baseline allocation and all CCGs and their partners will be required to demonstrate how this funding is being used to deliver improvements in CAMHS services and outcomes.

Extensive work is taking place at national and local level to determine the support needed by local partnerships to aid the transformation of CAMHS, including work around Data, Service Transformation, Workforce, and Prevention & Early Intervention

CYP Mental Health Improvement teams are being established also in each of the SCN's to help support this transformation. This includes dedicated Clinical and Local Authority Advisor capacity & expertise.