ISLINGTON

Public Health
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Report of: **Henrietta Hughes, NHS England (London Region)/ Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 January 2014	B3	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Direct Commissioning by NHS England

1. Synopsis

NHS England, formed on 1st April 2013, directly commissions Primary Health Care, Specialised Commissioning, Healthcare in Justice, Military Health and Screening and Immunisations. NHS England's strategy 'A Call to Action' sets out a long term vision and the critical changes needed in the medium term. This is an opportunity for patients and the public to engage in the discussion about how health services will be provided in the future. For health services to remain sustainable some key changes in support of our future direction of travel need to begin now and these are set out in the Specialised Commissioning and Primary Care Intentions published in October and November 2013. Listening to and responding to the views of patients and the public is in progress and will feed into the Commissioning Intentions for London which are currently in draft form and are due to be published within the next month. The national Commissioning Intentions will be broken down into what this means locally.

The new structure of the NHS is complex and has many new statutory organisations without a system leader. The challenge for the system is to develop relationships across the boundaries, identify sometimes changing interfaces and to work collaboratively and in partnership putting the patient at the centre of decisions. Over the past 8 months there has been a great deal of progress, building on existing relationships and forming new partnerships.

An excellent example of this is with the Strategic Clinical Networks (SCN) which bring stakeholders together from all parts of the health and social care system and work with the Academic Health and Science Networks (AHSN) to develop best value commissioning, spread of innovation and to inspire and energise the workforce. A great step forward is that patients and

populations are at the centre of these discussions rather than the individual organisations involved. For example, the Mental Health SCN which has a mental health lead GP representative from Islington CCG is working with two of the AHSNs in London on work streams as diverse as mental health training for practice nurses and integrating mental and physical health pathways in diabetes. This enables new innovations to be brought from Academe to NHS service provision, sometimes described as 'Bench to Bedside'. Innovations can be rapidly shared across CCGs and feed into commissioning pathways.

NHS England is deeply committed to assisting the development of excellent commissioning to fulfil the ambition to provide excellent healthcare to all, for now and for future generations. Growing demand due to patients with complex long term conditions means that we need to do more with less to continue to offer excellent care. By working in a collaborative, partnership way, rather than the previous top down approach there are great opportunities to develop and spread innovative commissioning.

2. Recommendations

The Health and Wellbeing Board are asked to note the report.

3. Background

Primary Care Commissioning

Primary care commissioning includes General Practice, Dental, Optometry and Pharmacy contracts. The Primary Care team and Medical Directorate work closely together in the following areas:

- Entry of performers onto the Performers list – this is now a National Performers list run by Area Teams.
- Performance management of Contracts in the 4 clinical areas detailed above
- Market entry and market exit of practices
- Procurements and contract reviews
- Performance management of individual Performers i.e. GPs, Dentists and Optometrists. Pharmacists are not on a performers list.

In the Islington CCG area we currently have 38 GP practices with no practices having 5 or more outliers in high level indicators (0% compared with a national rate of 6.6% and an Area Team rate of 11%). Across the four performer groups in Islington 4 Performers have open cases at their regulatory body. We are planning meetings with individual CCGs to discuss performance improvement measures undertaken by the CCG and whether performance management by NHS England of individual practices will be needed.

The key areas of focus in the Primary Care Commissioning Intentions for London are:

- QIPP Requirement 14/15
- GP IT Investment Criteria
- Investment in Call 2 Action for Primary Care including Premises
- Standard London wide approach in the absence of National Single Operating Model
- Extended Access Pilots
- Fair Funding and Equalisation Policy
- Working with CCG and CQC on Improvements in Primary Care Quality
- Working with CCGs on the Out of Hospital Agenda

A range of primary care related support functions

The Primary Care newsletter is published monthly to allow updates and current issues to be shared. The latest newsletter is found at
http://www.england.nhs.uk/wp-content/uploads/2013/10/pc-newslt-9.pdf

The London Primary Care Commissioning intentions are currently in draft form and will be published later this month. I will table any updated information regarding Primary Care Commissioning at the meeting on 15th January.

Health in Justice Commissioning

NHS England is responsible for commissioning Health in the Justice System. The London Region office of NHS England commissions for the whole of London. This includes Prisons, other secure accommodation, Detention Referral Centres, Sexual Assault Referral Services (Havens), Probation and Custody Suites. The operating model has been developed collaboratively with stakeholders across the NHS and Youth and Criminal Justice System, including key contributions from colleagues in the Department of Health, regional and local NHS offender health teams and National Offender Management Service and the Home Office.

All individuals within a prescribed accommodation should have consistent access to health care services that are:

- Needs-led
- In line with demand
- Equitable to those available to the general population
- Address health inequalities
- Support rehabilitation and sustainable recovery and continuity of care.

The ambition is to support commissioners in delivering a consistent, high quality approach to the delivery of services that secure the best outcomes for people in prisons and other secure settings. NHS England will use the framework to drive local improvements in quality and outcomes and reduce health inequalities. The full document describing the commissioning arrangements of NHS England
http://www.england.nhs.uk/wp-content/uploads/2013/03/offender-commissioning.pdf

The key areas of focus are:

- Direct procurement healthcare services (London) – commissioning of services
- Procurement support (nationally)
- Service review and developments – specifically with SARCs (Havens)
- Transfer of commissioning responsibility for healthcare in police custody suites by April 2015
- Develop liaison and diversion schemes – through developing service specifications and a national operating model
- Promoting healthy prisons
- Re-commissioning of non-direct healthcare services in prison
- Information management and technology – procurement of IT for custody suites and roll out of prescribing model for prisons
- Research and development – developing a framework for pathway review
- Involving patients in the design and monitoring of services

- Links with CCGs to develop continuity of care pathways, referral pathways with primary care and pathways to support those being released from custody / on bail

Links with Public Health England / CCGs / Specialist commissioning / Mental Health Trusts to improve continuity of care

Screening

Key areas of focus are:

- Service review and developments – including service redesign and review of back office functions
- Service developments with co dependencies on CCGs, Public Health England, specialised commissioning, Primary care Commissioning, Local Authorities and other providers – including formalising co-commissioning arrangements with partners
- Contracting intentions – including single provider contracts and consistent contracting
- Supporting coverage – working with CCGs and other partners to increase coverage
- CCG Information technology and IT developments - NHS England and CCGs will need to work cooperatively around IT developments within primary care, where there are often multiple interfaces with screening programmes.

Antenatal and new-born screening - NHS England needs to work closely with CCGs who commission maternity services

Immunisations and Military Health

Key areas of focus for 14/15 are:

- Tightening key areas of the agreement. We have given further clarity to what NHS England is accountable for. More outcome measures are now set against numerical baselines.
- Beginning to deliver further ambitions
- NHS England inherited historic variations in contractual arrangements and local levels of service performance. NHS England will set out steps to align contractual arrangements with national service specifications and, through focusing on low performers, to start reducing historic variations in local performance.
- For immunisations and early years, this will include:
    - developing memoranda of understanding and public health action plans with CCGs,
    - developing an integrated governance framework with Local Authorities
    - an additional 621 Health Visitors over the next two years
- For military health, this will include:

Better communication of the London Region's commitment to veterans

Specialised Commissioning

The Prescribed Specialised Services Manual

In line with the Health and Social Care Act 2012, Ministers take into account four factors when deciding which elements of specialised services should be prescribed and therefore directly commissioned by NHS England rather than by CCGs:

a. The number of individuals requiring the provision of the service or facility;
b. The cost of providing the service or facility;
c. The number of persons able to provide the service or facility; and
d. The financial implications for CCGs if they were required to arrange for the provision of the service or facility

The commissioning intentions for Specialised Commissioning published on 13 October 2013 provide the context for constructive engagement with providers, with a view to achieving the shared goal of improved patient outcomes and service transformation within the fixed resources available. To support patient-centred care, NHS England is committed to securing alignment across all aspects of NHS commissioning. We are working with CCGs, partner NHS oversight bodies and local government to secure the best possible outcome for patients and service users within available resources. In London NHS England meets with the London CCG Commissioning Council, a body with representation from all CCGs in London.
At a clinical level, major changes in the scope of services directly commissioned by NHS England are not intended for 2014/15, as a period of stability is required after the major changes in 2013/14.
The key areas of focus are:

- Use of data to support high quality services
- Work with CCGs to commission along patient pathways to secure early intervention and prevention strategies that reduce the level of demand in specialised services
- A systematic market review for all services to ensure the right capacity is available across services
- Collaborative working with CCGs, local authorities and providers
- Explore with CCGs innovative commissioning approaches to facilitate the transformation of CAMHS pathways
- Review of all non-PbR tariff payments
- Contracting intentions – including single provider contracts and consistent contracting

Clinical reference groups and Strategic Clinical Networks

Clinical Reference Groups (CRGs) were introduced in 2012 to assist in the transition of prescribed services into NHS England and to support the development of commissioning and contracting products, such as service specifications and clinical commissioning policies. The CRGs continue to review and develop the clinical service specifications, introduce clinical access policies, define quality measures and build quality dashboards. This will form a key part in the development of the future specialised services commissioning strategy. Clinical Senates and Strategic Clinical Networks are working to support commissioners and providers in consideration of local challenges and Operational Delivery Networks (ODNs) are working to ensure coherent and co-ordinated cross-provider working to comply with commissioned pathways and standards.

Strategic Clinical Service Review

NHS England directly commissions 143 specialised services and will be developing a commissioning framework for each service. For many of these services, it will be the first time that there has been a single national commissioner and it will be important to ensure that each framework takes into

account factors such as patient need, required changes to service provision, technological advancement and the health care provider market. As each framework is developed, NHS England will decide how best to take forward the procurement of services, in line with regulations and Monitor's final guidance when available. This process will take into account proportionality, best practice and equal treatment. If a competitive procurement process is needed, details will be advertised as required by the regulations in order that all potential providers are aware of the opportunity.

Standard Contract
NHS England has been engaging with stakeholders to inform the development of a revised NHS Standard Contract for use in 2014/15 and this will be published during December 2013. It is likely that there will be considerable continuity with the current contract, in terms of both structure and content. There will also be some significant revisions, to reflect stakeholder feedback and other important developments, including implementation of recommendations from the Francis report and from NHS England's review of incentives, rewards and sanctions, which will be completed by the end of October 2013.

Individual Funding Requests
During 2013/14, the responsibility for Individual Funding Requests (IFR) for specialised treatments transferred to four regional teams which manage the process on behalf of the 10 area teams working to a single NHS England "Individual Funding Requests Policy and Standard Operating Procedure". The current management process, the policy and Standard Operating Procedure will be reviewed and revised for 2014/15, strengthening national consistency. A training programme for panel members, commissioners and potentially for providers will be available.

Cancer Drugs Fund
The Cancer Drugs Fund will continue during 2014 and will continue to be managed as part of the prescribed services single operating model. The single national consistent policy for the management of the Cancer Drugs Fund will continue and be refreshed as required. This will be operationally managed on a regional footprint by four of the area teams responsible for prescribed services.

For the full document please visit this website
http://www.england.nhs.uk/wp-content/uploads/2013/10/comm-intent.pdf

For a full timetable of key activities, deliverables, deadlines and milestones please visit
http://www.england.nhs.uk/wp-content/uploads/2013/01/direct-commissioning.pdf

4. Implications

4.1. **Financial implications** None Identified

This paper provides an update across a wide range of programmes and services being delivered by various organisations including the Council and the CCG in support of the Health and Wellbeing Board's priorities.

4.2. **Legal Implications**

The services which NHS England commissions include services which can be more effectively commissioned at national level, or which it would be inappropriate or impractical for CCGs to

commission (section 3B National Health Service Act 2006, inserted by the Health and Social Care 2012).

4.3. **Equalities Impact Assessment** .

The promotion of equality and the tackling of health inequalities are core functions of NHS England's work. The NHS Equality and Health Inequalities team aims to help shape the future of the NHS from an equality, health inequalities and human rights perspective and to improve the experiences, health outcomes and quality of care for all who use and deliver health and care services. We are committed to work in partnership and collaboration with patients, communities and our colleagues, both within and beyond the NHS, to tackle unjust and unacceptable health inequalities, in making the health and social care service more responsive to the needs of patients and the workforce and to tackle unjust and unacceptable health inequalities. Health Inequalities are well known in Islington and it is intended that the Commissioning Intentions of NHS England take these into account.

4.4. **Environmental Implications**

None identified

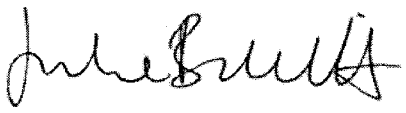
5. Conclusion and reasons for recommendations

The paper details the current status of commissioning intentions for the areas directly commissioned by NHS England, namely Primary Care, Health in the Justice System, Screening and Immunisations, Military and Specialised. The National Commissioning Intentions for Specialised and Primary Care Commissioning have been published. The Commissioning Intentions for London will shortly be published (tabled if available for the 15th January Islington Health and Wellbeing Board meeting).

Background papers: None.

Attachments:
Final Report Clearance

Signed by



Date 6 December 2014

Received by ....

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