

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD:**

**NHS ENGLAND- SHROPSHIRE AND STAFFORDSHIRE AREA TEAM  
COMMISSIONING INTENTIONS FOR 2014/15**

**REPORT OF: SULTAN MAHMUD, DIRECTOR OF COMMISSIONING**

**HWB REPRESENTATIVE: DAWN WICKHAM, DIRECTOR OF OPERATIONS**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

This report summarises the intentions of the Direct Commissioning Function of the Shropshire and Staffordshire Area Team of NHS England for 2014/15.

**2. RECOMMENDATIONS**

The Board is asked to:-

1. Note the information in this report
2. Highlight any areas for improved synergy between council/public health/CCG and NHS England Area Team commissioning intentions.

**3. IMPACT OF ACTION**

The impact of the commissioning intentions will be to further improve:-

- Quality and safety of care
- Access to appropriate services for all our population, but especially the most vulnerable
- Performance of NHS services so that NHS ENGLAND can deliver of NHS constitutional rights.

## **Introduction**

### **Area Team Overview**

The Shropshire and Staffordshire Area Team holds responsibility on behalf of NHS England to directly commission Primary Care, Public Health (Screening and Immunisation) and Health and Justice Healthcare. The key drivers in the discharge of this responsibility are to improve quality, reduce inequalities, promote patient involvement and promote more integrated care.

The Area Team:

- Has a population of over 1.56 million
- Has in excess of 1000 primary care contractors
- Covers 8 CCGs and 4 Local Authorities
- Covers Staffordshire, one of the 19 designated challenged Health Economies
- Covers 12 prisons, 5 Sexual Assault Referral Centres (SARCs) and 41 Health and Justice Contracts

### **Key Priorities at a glance**

<b>Primary Care</b>	<b>Health and Justice</b>	<b>Screening and Immunisation</b>
Unwarranted Clinical Variation in the Quality of Primary Care Sustainability of GP workforce Value for money review – re distribution of PMS/APMS premium Ability of Primary Care to add to overall system resilience and sustainability Explore potential for 7 day services	Implement new procurement strategy to embed prime provider model.  <i>Continue to develop NHS England commissioning and contracting structures within the single operating model</i>	Delivery of the section 7a agreement between the Department of Health (DH) and NHS England. <a href="https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015">https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015</a>

## NHS ENGLANDS -2014/15 Business Rules

In planning for the delivery for these services, NHS England's Area Teams and CCGs will need to ensure plans are aligned with CCG commissioning plans. All commissioning intentions are required to be underpinned by the financial reality of the NHS and must meet nationally pre-determined 2014/15 NHS business Rules.

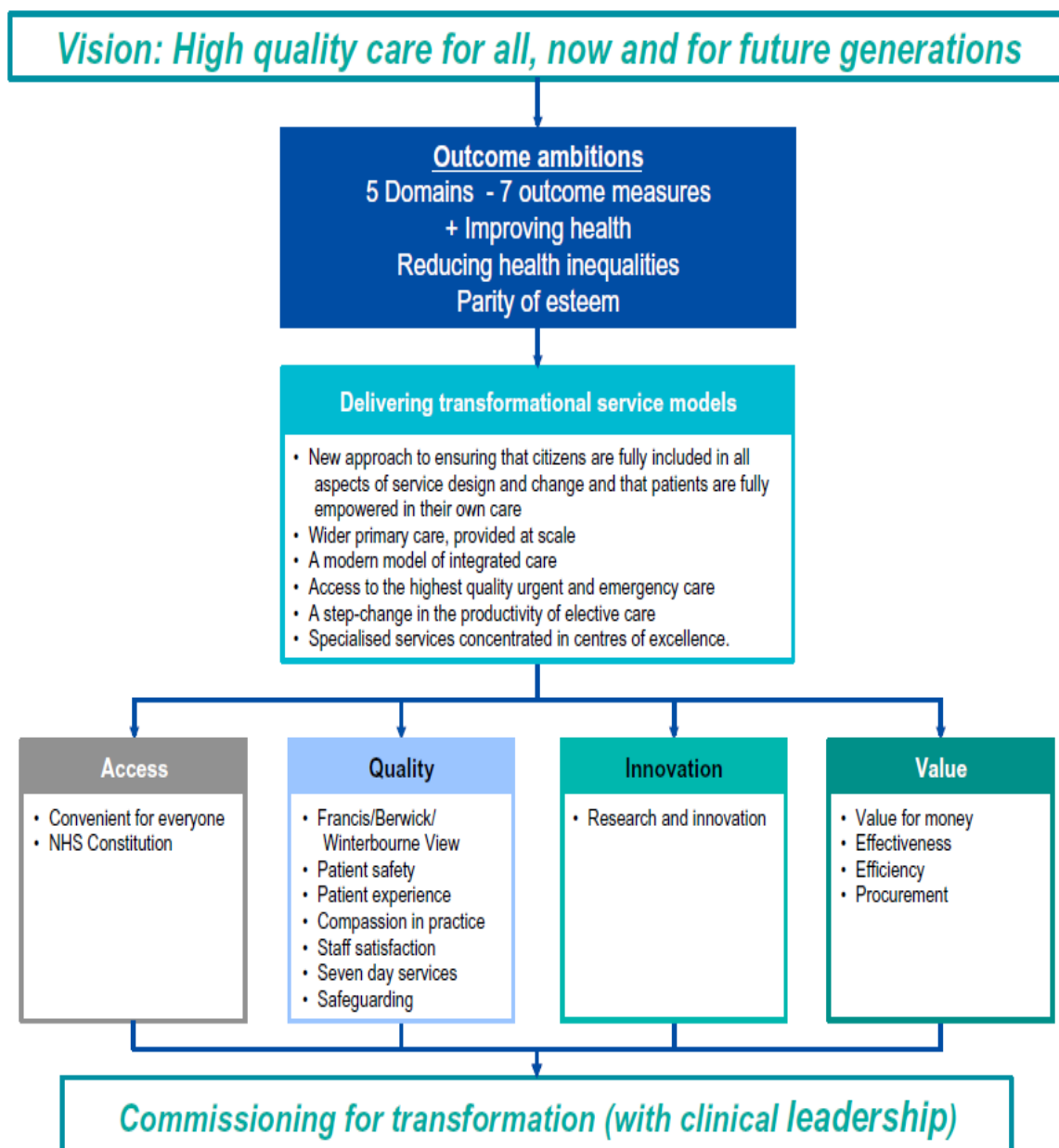
Direct commissioning excluding public health		
Demographic growth	Primary care: Local determination based on resident population in line with crude population projections. Other: Local determination using age profiled population projections for population covered by Area Teams.	
Non-demographic growth	Local determination based on historic analysis and evidence.	
Tariff changes	See above.	
Primary care cost increase	To be confirmed.	
Business rules	<b>2014/15</b> <ul style="list-style-type: none"> <li>• Minimum 0.5% contingency</li> <li>• 1% cumulative surplus carry forward</li> <li>• 2.5% non-recurrent spend.</li> </ul>	<b>2015/16-2018/19</b> <ul style="list-style-type: none"> <li>• Minimum 0.5% contingency</li> <li>• 1% cumulative surplus carry forward</li> <li>• 2% non-recurrent spend.</li> </ul>
Public health		
Demographic growth	Local determination using age profiled population projections for population covered by Area Teams.	
Business rules	<ul style="list-style-type: none"> <li>• Minimum 0.5% contingency</li> <li>• 0% cumulative surplus carry forward</li> <li>• 0% underlying surplus</li> <li>• 0% non-recurrent spend.</li> </ul>	

## Vision

The vision set out by NHS England is that we exist to ensure high quality care for all, now and for future generations. The purpose of this initial document is to outline this Area Team's Direct Commissioning Operational Plan for 2014/15 – 2015/16.

In so doing, it recognises the emerging strategic vision of NHS England and attempts to identify the interrelationship of the Direct Commissioning portfolio with CCG and Local Authority's initial operational plans.

This document also looks to address the key fundamentals of the Everyone Counts Planning Guidance as set out below and where possible, provides narrative about the information submitted in the Operational Planning Templates.



## **PRIMARY CARE**

Improving the quality and access to primary care for the population of Shropshire and Staffordshire is a priority for the Area Team

Our Strategic Aims around primary care are simple:

- To improve access to primary care
- To reduce unwarranted clinical variation
- To improve patient experience
- To ensure that practices are sustainable and resilient

This will require the following enablers

- A sustainable workforce to deliver high quality primary care.
- A review of primary care infrastructure and development of an improvement plan to support primary care at scale.
- Strong local clinical, managerial and patient leadership.
- Exemplary delivery of the NHS performance frameworks.

The rate limiting step is consistent collaborative commissioning across 8 CCGs and 4 Local Authorities with the establishment of the Joint Commissioning Board for Primary Care with seven programmes of delivery.

*Programme 1- Reducing Unwarranted Clinical Variation.* We will look to systematically identify and address the systemic and clinical causes of variation and significantly improve the poorest practices.

*Programme 2- Primary Care Incentives and Remunerations Review-* We will review current payment systems and contractual models in primary care and suggest novel ways in which primary care could be funded locally to support at scale working and transformational change.

*Programme 3- Improved Access.* We will explore innovative approaches to improving access to general practice services. We will look to support the changes to the urgent care system to make 7/7 working a reality across the whole system.

*Programme 3- Workforce.* We will build on existing good work and look to address the workforce problems facing general practice in Shropshire and Staffordshire.

*Programme 5 – Optimisation of Professions Allied to Medicines.* We will look to these professions play a greater role in treating minor ailments; empowering patients with long term health conditions to manage their own health more effectively; improving the efficiency across the whole system.

Programme 6- Infrastructure- Estates and IT- We will review our infrastructure base to factually understand what is required to deliver 5 year commissioning plans.

Programme 7- Public Empowerment- We will devise a plan to empower more of our local population to take greater responsibility for their own healthcare. We will devise a plan to ensure triangulation and organisation of patient views to foster change in primary care.

## Shropshire & Staffordshire Area Team (SSAT) Area Team – Primary Care Direct Commissioning Plan on a Page 14/15 – 15/16

This plan represents a summary of the Area Team’s strategic vision for Directly Commissioned Primary Care Services for the 2 year planning period, 14/15 – 15/16. The Area Team commits to ensuring consistently high quality holistic care in the wider primary care system which is more accessible, proactive and coordinated.

**Objective One**  
To continuously improve quality of Primary Care services through systematic review and ensure the reduction in unwarranted variation in quality of primary care services

**Delivered through effective performance management & joint working with CCG’s**  
Continual use of national tools and local performance frameworks to identify those primary care providers who could offer better services to patients. Responding effectively to unacceptably low quality of care and enabling new providers to offer their services to the public.

**Objective Two**  
Ensure business continuity through PCS transition

**Delivered through project management and engaging and supporting colleagues through change**  
Current planning for change is based on recommended single site/service model and will require support to ensure all independent contractors receive satisfactory service through transition.

**Objective Three**  
To work in partnership to redesign primary care services to ensure delivery at scale

**Delivered through co-commissioning of primary care services and partnership working**  
We will work with CCGs to develop a joint, collaborative approach to commissioning general practice services, with a stronger focus on local clinical leadership and allowing more optimal decisions about the balance of investment across primary, community and hospital services. This will be programme managed by the Primary Care Joint Commissioning Board to ensure pace and scale of change.

**Objective Four**  
Access to the highest quality urgent and emergency care

**Delivered through joint & partnership working**  
In partnership with the CCGs, LAs, PH and other stakeholders ensure service development initiatives will drive existing services to better support urgent care management both in and out of hours. This will link to the work being delivered through the Better Care Fund. Supporting a shift of resources towards general practice and ‘wrap around’ community services. Enabling patients and carers to play a more active role in their own health and care, involving local communities in shaping services, giving people greater choice over the general practice they register with and transforming patient access to GP services.

**Objective Five**  
To support changes to the primary care system to deliver prevention and early intervention

**Delivered through continuous monitoring and effective system management**  
Commissioning affordable services that provide better outcomes for patients as well as value for money. Ensuring that QIPPS are managed and delivered.

**Objective Six**  
Commission sustainable services in a time of economic restraint that are effective and efficient.

- Overseen through the following arrangements**
- **Formal Primary Care Joint Commissioning Board to include Area Team, CCG and Local Authority membership to deliver transitional and transformational change.**
  - Primary Care Quality Group
  - Quality Surveillance Group
  - Intensive Support Team (IST) for Primary Care
  - Financial review through Area Team Senior Management Team supported by QIPP Programme Board
  - Deployment of the Single Assurance Framework
  - Implementation of Area Team GP Intensive Support Scheme

**Sustainability**

**Workforce** – Work in collaboration with CCG’s, LETC and HEE to ensure there are sufficient training places and identify skills required of post graduate training. Implementation of local retention/return to practice schemes, work with CCG’s to attract GP’s to the area and remain.

**Premises** – work with NHS PS to deliver the best use of the premises available and ensure new schemes will support meeting strategy objectives.

**Communication** – work with the patients and public to design new services understand how to benefit from them and ensure that changes are communicated and explained to patients.

- Key measures**
- A greater number of providers performing in the upper quartile across a range of clinically relevant metrics.
  - Proactive coordination and personalisation of care
  - Promoting health & wellbeing
  - Ensuring fast, responsive access to care
  - Ensuring consistently high quality and value of care.

**Detailed General Practice Objectives 2014/15**

Improvement Area	Domain	Success Looks Like	Within AT Control?	External Inputs	Enabling Projects	Risks
Primary Care Strategy	Strategy	An effective strategy fits with the needs of the people of Shropshire and Staffordshire. A strategy that is executable and drives decision making in day to commissioning activity.	YES whilst there is a national strategic framework . It is locally determined	NHS England National Strategic Framework	Regional PC Transformation Programme	Currently not using local patient groups and qualitative information a systematic way to inform strategy formulation
				8 CCG and 4 HWB commissioning 5 year strategic plans	Joint Primary Care Commissioning Board Delivery of 2014/15 Contract changes	
Contractual Delivery Gateway ref 00698	Efficiency	AT Implementation of GMS contract for 2014/15 which will support our emerging strategic objectives for primary care	Partially	National guidance	Consistent Approach Regionally	Financial consequence of contract changes ne to be explicated at AT level
GP Recruitment	Access	To move GP to Patient Ratio in line with national average.	Partially	Ability to use 2.5% NR monies to pump prime at scale recruitment and retention schemes.	CCG Support, HEWM Support, LMC	Lack of local flexibility. Practices resources
Patient Satisfaction	Access/Quality	To achieve 2014/15 UNIFY trajectories for patient satisfaction	Partially	National Patient Survey	we require a high level of knowledge management with additional analytical input and expertise.	Currently not using patient groups and qualitative information a systematic way to improve patient satisfaction
					2013/14 QOF retirement LES requires practices to submit further details about demand and supply	
Unwarranted Clinical Variation	Quality	Reduction from 5% to 2% of practices in the S&S AT footprint that have 5 or more negative outliers in the primary care webtool	YES	Primary Care Webtool, CCG Datasets, PHE Datasets	CCG soft intelligence reports, CCG primary care data and PHE primary care profiles. Agreement with CCGs on practices for targetted agonist action	Suspension of Primary Care Webtool.
					Primary Support team Deployment	
PMS Reviews	Efficiency	Continuation and expansion of PMS reviews in line with Gateway reference	YES	National Framework yet to be developed	Consistent Approach Regionally LMC and Practice Engagement	
APMS Procurement	Efficiency	Implementation of the AT/CCG APMS algorithm for the 12 APMS practices in the AT footprint that will require reprocurement (2014-16)	CCG/AT	National Framework yet to be developed	Sustained work with CCGs to ensure AT procurement plans are consistent with wider local commissioning priorities	Team capacity Election Year political reticence to decommission services Procurement support
Improving Access (transactional)	Access	To have only 5% of practices with half day closing once a week	YES	Regional and national picture of the status quo would be useful	Regionally to agree core data sets required for effective performance management of access with providers?	
Improving Access (transformational)	Access	7 Day Access	Partially	National Guidance	Learning from PM Challenge fund process	Funding
QIPP Delivery	Efficiency	To achieve a DC QiPP of 2.5%	YES	NHS England DC Business Rules 2014/15-2015/16	Allocation issues to be resolved to understand scale of challenge	

## Pharmacy Objectives

### DRAFT Primary Care Pharmacy Strategic Plan 2014-16

To commission high quality, patient centred services which focus on delivering improved clinical outcomes through medicines optimisation, reducing health inequalities and safety risks associated with medicines.

#### System Priority Objectives

1. Underpin the pharmacy strategy with the views of patients, the public, commissioners and providers

2. Utilise available technologies to gain assurance on the quality of services commissioned

3. Utilise the LPN to engage with local clinicians to help develop improved services contributing to better outcomes

4. Better integration of pharmacy within the health economy to allow first port of call for self care and expert advice on med

5. Develop robust mechanisms to allow pharmacists to contribute to and manage long term conditions to help capacity

6. Develop and improve communication mechanisms across interface to reduce medication errors and improve safety

7. Utilise the pharmaceutical needs assessment to inform local commissioning decisions

#### Governance – Primary Care Quality Committee, LPN, LPC, Pharm. Contracts Committee

##### Operational Plan 2014/15

- Ensure the Pharmacy Call for Action themes and feedback are used to develop the two and five year strategy
- Implement the NHS England's proposed IT solution for managing and monitoring the Pharmacy Assurance Framework
- Finalise and agree service priorities into signed off business cases for implementation and monitor outcomes
- Take forward workstream initiatives developed by the Pharmacy LPN to help deliver local priorities
- Utilisation of community pharmacy to help improve flu vaccination uptake rates
- Evaluation of the Minor Ailment Scheme & Emergency Supply and commissioning if outcomes are favourable
- Findings of the Pharmaceutical Needs Assessment to be utilised in future commissioning decisions
- Develop an outline strategy for health promotion in pharmacy based on existing best practice
- Review historical commissioning of enhanced services to improve outcomes within the context of available resources
- Develop an integration pathway for community pharmacy to deliver services around long term conditions and medicines optimisation

##### Operational Plan 2015/16

- Monitor outcomes from newly commissioned services to identify areas of efficiencies or under performance
- Targeted Medicines Use Reviews in certain priority therapeutic areas in consultation with local CCGs
- Implement pathways allowing greater integration of community pharmacy with other providers such as GPs, hospitals, community clinics such to deliver improved management of long term conditions and medicines optimisation
- Working with CCGs and hospital providers to implement safer systems of communication across the primary /secondary care interface to reduce medicine errors and improve patient safety around medicines.
- Implement a clear programme of work to maximise public health campaigns and working with Public Health utilise Healthy Living Pharmacies to deliver improved outcomes
- Working with the LPN and LETBs support the training needs of the community pharmacy workforce

##### Measuring success

-5 Year Strategy in place - 100% pharmacies visited within 3 years – up to date/ robust IT data for CPAF – Improved flu vaccination by at least 5% - Pharmacy becomes first port of call for Minor Ailments - Improved uptake and delivery of NMS via Refer to Pharmacy Scheme - Demonstrable impact on crisis aversion for mental health patients – Improved clinical outcomes for patients utilising inhalers - 10% Reduction in pharmaceutical waste and improved patient outcomes by targeted MURs – Improved patient satisfaction with service and improved range of services – 10% Increase in patients utilising Healthy Living Pharmacy for advice – 10% reduction in number of medicine errors – Commissioned Pharmacy Service to manage/support at least one long term condition – Implementation of IT systems sharing information – Electronic Summary Care Records - Standard Accreditation

## **Dental Objectives**

### **Operational Milestones for 2014/15**

- Compliance with NHS England Dental Assurance Framework.
- Established programme of contractual visits.
- Undertake equilibrium analysis to understand demand and capacity for secondary dental care on a factual basis.
- Ascertain case mix in secondary care oral surgery and ascertain level of coding compliance.
- Complete orthodontic needs assessment and develop an action plan to address recommendations.
- Systematic quality assurance process for primary care orthodontics established to support DAF for orthodontics.
- Work with key partners and stakeholders to ensure sustainability of hospital led orthodontic services.
- Complete vulnerable adults oral health needs assessment in Stoke on Trent and consider whether to replicate across the Area Team geography.
- Identify potential providers to develop the preventative role of dental nurses in Shropshire.
- A fully established LPN seen as an integrated part of the wider commissioning system.
- Ensure local stakeholder involvement in the national Call to Action exercise.
- Ensure that access to out of hour's urgent dental care is equitable.
- Develop a system-wide approach to patient safety in dentistry by ensuring systems and processes are in place between Area Team directorates to ensure appropriate and relevant information sharing.

### **3.2 Operational Milestones for 2015/16**

- PDS Orthodontic service procurement.
- Implementation of national care pathways when published.
- Prepare primary care providers for the dental contract reform process.
- Quantify the need for secondary care dental services not currently adequately provided within the Area Team geography
- Establish mechanisms to ensure that the commissioning of community prevention and primary care dental services are coordinated between NHS England and Local Authorities.

## **OPTOMETRY OBJECTIVES**

- Improving Optometry and Eye Health, A Call to Action, is due to be produced in May 2014, which will provide feedback from the key eye health stakeholders and the findings will help to formulate the local strategy around eye health.
- Embed the Eye Health Local Professional network at the heart of the Area Team, enabling clinical leadership and patient participation to drive our plans
- To complete an Area Team eye care needs assessment, in conjunction with the local EHNA, to understand what the hotspots are around eye care in the area and to develop an action plan.
- Primary Eye care practitioners could be used to deliver far more community services, enabling the secondary eye care practitioners to see the patients with more serious conditions that need to be treated within the hospital environment. The Eye Health LPN will work with the Area Team, CCGs, LAs, the voluntary sector and patient representatives to ensure that the appropriate pathways are developed and services commissioned.
- To focus upon vulnerable groups and identify ways to increase the uptake of sight tests.
- Compliance with NHS England primary eye care assurance mechanism
- To commence a review to understand the levels of Age-related Macular Degeneration (AMD), Glaucoma, & Diabetic Retinopathy that cause avoidable sight loss. Preventable sight loss is now part of the Public Health Outcomes Framework, and links in with other wider Public Health Strategies, including smoking, obesity and diabetes.

There are strong links between sight loss and dementia, depression and falls, and so Eye Health is definitely part of the wider Health and Social Care agenda, and eye health promotion is of paramount importance in order to prevent avoidable sight loss. The Eye Health LPN will support the Area Team, alongside Public Health to promote the value of eye examinations.



## HEALTH AND JUSTICE COMMISSIONING

	National and Local Priorities 2014-16	Expected Outcomes	End State Ambition
<b>General Prison Healthcare</b>	<ul style="list-style-type: none"> <li>• Procurement strategy implemented to embed prime provider model.</li> <li>• Long term condition services NSF audit across all 12 prisons.</li> <li>• Learning disability annual health checks.</li> <li>• Section 117 aftercare plan.</li> <li>• Prison inpatient model and pathways.</li> <li>• Access to specialist mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the prime provider model and standard contracts.</li> <li>• Compliance against NSFs assessed and improvement plan implemented.</li> <li>• Assessment of annual health check implementation completed and improvement plan implemented.</li> <li>• Continued achievement of section 117 aftercare plan target.</li> <li>• Prison inpatient demand and capacity assessed, service model proposal developed and negotiated with providers and NOMS.</li> <li>• Pathways into specialist mental health services defined and supported through clear commissioning arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated services operating under a single contracting structure.</li> <li>• All prisoners with long term conditions receive care to the standards required within the NSF.</li> <li>• All prisoners with an identified learning disability receive an annual health check.</li> <li>• All prisoner returning from a mental health act inpatient stay are accompanied by a section 117 aftercare plan.</li> <li>• Clear West Midlands inpatient model, capacity and pathways in place.</li> <li>• Prisoners are able to assess specialist mental health services on a needs led basis.</li> </ul>

<b>Secondary Care (prisons)</b>	<ul style="list-style-type: none"> <li>• Accurate prisoner secondary care data routinely received.</li> <li>• Redesign of secondary care pathways.</li> <li>• Capacity constraint identified with NOMS.</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting times performance and prisoner activity understood and informing service delivery and underpins secondary care redesign activities.</li> <li>• Capacity constraints recognised by NOMS and NHS England, remedial actions and long term national strategy agreed.</li> </ul>	<ul style="list-style-type: none"> <li>• Assurance that prisoner access to secondary care services is in line with national expectations.</li> <li>• Increased healthcare delivered within the prison.</li> <li>• Prisoner escort capacity constraints do not restrict access to secondary care services.</li> </ul>
<b>Public Health Section 7a (prisons)</b>	<ul style="list-style-type: none"> <li>• Performance against national targets on Hep B, Hep C and TB (Xray)</li> </ul>	<ul style="list-style-type: none"> <li>• Services deliver the public health targets within the section 7a agreement, with improvement plans and support provided where action required.</li> </ul>	<ul style="list-style-type: none"> <li>• Prisoners access public health services which meet national standards and expectations and which support prevention and improve health</li> </ul>
<b>Sexual Assault Services</b>	<ul style="list-style-type: none"> <li>• Regional paediatric support for SARCS.</li> <li>• Consistent SARC service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Paediatric services commissioned which meet expected national standards.</li> <li>• Local SARC services reflect the emerging NHS England single operating model for SARCS.</li> </ul>	<ul style="list-style-type: none"> <li>• Children have appropriate access to paediatric services following a sexual assault.</li> <li>• Equity of service provision is available across the West Midlands.</li> </ul>
<b>Liaison &amp; Diversion</b>	<ul style="list-style-type: none"> <li>• Trial site development.</li> <li>• Revolving door offenders project.</li> </ul>	<ul style="list-style-type: none"> <li>• Selected trial sites are supported. Other local projects continue to develop ready for possible trial site selection including schemes to support the 2 new super custody blocks.</li> <li>• Targeted work undertaken to</li> </ul>	<ul style="list-style-type: none"> <li>• The new national liaison and diversion service model is rolled out across the West Midlands in line with the national project timetable.</li> <li>• Frequent attendees in</li> </ul>

		identify and proactively work with the top 100 offenders.	police custody are targeted for healthcare engagement, supporting reduced reoffending.
<b>Police Custody</b>	<ul style="list-style-type: none"> <li>• Transition of commissioning responsibility to NHS England.</li> <li>• Pathways into community services</li> </ul>	<ul style="list-style-type: none"> <li>• Police healthcare contracts transferred to NHS England.</li> <li>• Pathways agreed and developed which support access to community services from police custody</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England ownership and delivery of commissioning responsibilities.</li> <li>• Patients supported to access community services where a need identified in police custody</li> </ul>
<b>Patient and Family/Carer Engagement</b>	<ul style="list-style-type: none"> <li>• Commissioner developed patient and carer engagement systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient and family engagement mechanisms are utilised by commissioners across health and justice settings</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners have a range of mechanisms to ensure patient and carer views are reflected in the commissioning and development of services.</li> </ul>

## Public Health Commissioning

Immunisations programmes	Screening programmes
<ul style="list-style-type: none"> <li>• Immunisation programmes</li> <li>• Neonatal Hepatitis B</li> <li>• Pertussis pregnant women</li> <li>• Neonatal BCG</li> <li>• Respiratory syncytial virus (RSV)</li> <li>• Diphtheria, tetanus, poliomyelitis, pertussis and Hib</li> <li>• Rotavirus</li> <li>• Meningitis C (MenC)</li> <li>• Hib/MenC</li> <li>• Pneumococcal</li> <li>• DTaP/IPV and dTaP/IPV</li> <li>• Measles, mumps and rubella (MMR)</li> <li>• Human papillomavirus (HPV)</li> <li>• Td/IPV (teenage booster)</li> <li>• Seasonal influenza</li> <li>• Seasonal influenza immunisation programme for children</li> <li>• Shingles</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Infectious Diseases in Pregnancy</li> <li>• NHS Down's Syndrome Screening (Trisomy 21)</li> <li>• NHS Foetal Anomaly</li> <li>• NHS Sickle Cell and Thalassemia</li> <li>• NHS Newborn Blood Spot</li> <li>• Newborn Hearing</li> <li>• NHS Newborn and Infant Physical Examination</li> <li>• NHS Diabetic Eye Screening</li> <li>• NHS Abdominal Aortic Aneurysm</li> <li>• Breast</li> <li>• Cervical</li> <li>• Bowel Cancer</li> </ul>

### Other responsibilities:

- Healthy Child Programme and Health Visiting (universal offer) (from pregnancy to age 5)
- Family Nurse Partnership (nationally supported targeted offer)
- Child Health Information Systems
- Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate
- Sexual assault referral services
- New developments for 14/15
- Men C University / further education entrants
- Bowel scope

Shropshire and Staffordshire Area Team and Public Health England Screening and Immunisations team are working in partnership with local authorities, providers and clinical commissioning groups to improve the public health and well-being of our population now and for future generations by delivering the S7a public health agreement and commissioning universal and targeted, high quality, value for money services (14/15 – 15/16)

#### **System Objective One**

Deliver the requirements of S7a agreement in line with best practice.

#### **System Objective Two**

Commission breast age expansion for the South Staffordshire and Shropshire programmes

#### **System Objective Three**

Reduce health inequalities across commissioned programmes by improving uptake across commissioned programmes

#### **System Objective Four**

Reduce premature mortality by improving uptake across commissioned programmes

#### **System Objective Five**

Ensure people have a positive experience of care

#### **System Objective Six**

Reduce variation across programme performance and strive for continuous improvement.

#### **Delivered through effective commissioning and service development**

- Commission value for money services as required in S7a.
- Undertake service specification gap analysis and develop action plans to address gaps (July 2014)
- Monitor programme performance (KPIs and standards) and address issues
- Deliver HV and FNP fte requirements (March 2015)
- Work in partnership with LAs to ensure safe transition of HCP to Local Authorities (October 2015.)
- Implement action plan for delivery of age expansion (April 2014)
- Develop a strategy for the CHIS across the Area Team in line with national requirements. (xxxx)
- Commission school age based community immunisations service (September 2014)
- Commission childhood flu programme
- Commission high risk breast screening in line with national requirements (December 2015)
- Develop CQUIN to incentivise providers to understand health inequalities within and across programmes and work with CCG / LAs to develop plans to address (April 2014)
- Work with Quality team and primary care on GP practice visits to improve vaccination and screening rates (April 2014)

#### **Delivered through patient / public engagement**

- Develop processes to systematically engage with patients / public on commissioning of services and to obtain patient experience feedback to inform commissioning (June 2014)
- Raise public awareness of programmes plan (May 2014)

#### **Delivered through continuous improvement**

- Share best practice with providers to reduce variation in performance and sustainably achieve highest practicable performance across all programmes (2016)

#### **Measured using the following success criteria**

- Number of FTE HV and FNP recruited to deliver HCP requirements (14/15 – HV 11.18 fte) 14/15 FNP 150 families)
- Maintenance of / continuous improvement towards 95% population vaccination coverage rates
- Breast age expansion implemented
- Family history screening implemented
- Continuous improvements in uptake rates of screening programmes.
- Sustainable delivery of KPIs to highest standards
- Delivery of financial balance

#### **Overseen through the following governance arrangements**

- Systematic application of robust financial and contract management monitoring and review
- Regular monitoring of programme delivery through programme boards.
- Quarterly assurance reports to Local Authorities
- Area Team Quality Surveillance and Intelligence sharing meetings and risk register
- Area Team Clinical Team GP practice visits
- LA and CCG Children's Commissioning Boards
- Monthly finance meetings (inc. QIPP)
- Monthly programme management meetings
- QA monitoring and peer review visits

#### **System values and principles**

- High quality care for all, now and for future generations
- We prioritise patients in every decision we take
- We listen and learn
- We are evidence based
- We work in collaboration with partners to achieve best outcomes to
- Respect, consent, dignity and confidentiality
- Commission value for money services