

NHS England London Commissioning Intentions for 2015/16

1. Introduction

NHS England (NHSE) is accountable for delivery of the national screening and immunisation programmes in accordance with an agreement between the Secretary of State for Health and the NHSE which sets out the terms in which the Board will exercise a Secretary of State function. Public Health England (PHE) will provide public health advice on the specification of national programmes, and also a quality assurance function with regard to screening.

Directors of Public Health will advise, for example, on whether screening or immunisation programmes in their area are meeting the needs of the population, and whether there is equitable access. They provide challenge and advice to the NHSE on its performance, for example through the joint strategic needs assessment and discussions at the Health and Wellbeing Board on issues such as increasing uptake of immunisations and screening, and how outcomes might be improved by addressing local factors. They also have a role in championing screening and immunisation, using their relationships with local clinicians and clinical commissioning groups, and in contributing to the management of serious incidents.

This paper provides an update on progress on the implementation of the 2015/16 NHS England London commissioning plans. Directors of Public Health and Clinical Commissioning Groups (CCGs) via the Office of CCGs were sent copies of our 2015/16 commissioning intentions in September 2014.

The agreement is based on a shared commitment to protect and improve the public's health – the Department of Health (DH), NHSE and PHE share the vision of working in partnership to achieve the benefits of this agreement for the people of England. NHSE commissioning intentions are available at <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/12/ph-comms-intent-15-16.pdf>

However the NHSE Board has not yet prioritised all their investment plans and has not yet determined which if any new programmes will be commissioned in 2015/16. This paper therefore focuses in more detail on plans by the NHSE London Public Health team about how the plans will be implemented.

Set out below is an update on where we are in terms of commissioning plans for the following programmes of care:

- Antenatal and new born screening
- Early years and Child Health Information Systems
- Immunisations
- Cancer Screening Programmes
- Adult Screening Programmes
- Health in the Justice System services
- Veterans Health

2. Programmes of Care

2.1 Antenatal and New Born Screening

From December 2014 maternity services are now offering a further 4 routine blood spots tests for metabolic conditions to add to the existing tests performed via a heel prick on all new born babies. The new tests are for homocystinuria, maple syrup urine disease, glutaric aciduria type 1 and isovaleric acidaemia. Although the numbers of babies with these diseases is small, about 30 in England per year, early detection will prevent those babies affected from dying or being severely disabled for the rest of their lives.

During January 2015 there will be changes to the national new born information feeds, with the NHS number being generated by a new service, and improvements to transfer of test result data to child health information services and health visitors. Failsafe checks to ensure that all babies are identified and have full screening results have been established in most areas now.

2.2 Early Years Services

Nationally NHSE has been working with the DH and Local Government Association to agree the funding allocation to underpin the transfer of commissioning responsibilities for Health Visiting and Family Nurse Partnership (FNP) services to Local Authorities from October 2015.

In London we have worked closely with London Council representatives to undertake a very detailed review of Health Visiting service contracts, funding, and workforce and performance issues. As a result of London Council's work, supported by NHSE, the DH has agreed that Local Authorities should be funded above a floor for health visiting services of £160 per head of under 5s population. This importantly recognises the challenges faced by a number of London Councils but it does not necessarily recognise the growth in the under 5s population in a number of boroughs and the implications this has for Health Visiting services. This is being flagged separately by a number of London Councils who are concerned at the financial liabilities that the transfer of services may bring. By the end of January all boroughs should be clear as to the funding that will be transferring to them. We also anticipate that the final mandation of what the service will deliver and how Local Authorities will be monitored will be published shortly.

During January - March 2015 NHSE will be leading contract negotiations with health visiting service providers and will need to agree if contracts are to be novated in October 2016 to a Local Authority or if a Local Authority prefers a new 6 month contract that runs with the current provider from October to March 2016. Local Authorities will also be invited to put forward any inclusions they would like to have negotiated into contracts for the April-September 2015 period.

Assuming that funding and contracts can all be agreed by March 2015 PHE's London team and our NHSE London team will then be keen to work with London councils and their children's commissioners to discuss developments in health visiting services such as the use of the Ages and Stages approach. Ages and Stages Questionnaire (ASQ) is an evidenced based tool to assess the global development of a child at various stages of their development. The DH has specified ASQ 3 to be

used for all two year reviews across England from 1st April 2015. PHE/NHSE are in the process of rolling out a train the trainer package to support implementation. These discussions will also provide an opportunity to talk about what data is available currently and the implementation of national policy changes such as the change from registered to resident for Health Visiting case load management.

We will continue to write separately to Health and Wellbeing Board chairs, DPHs and CCGs to keep them updated on the transfer of commissioning responsibilities for health visiting and FNP services.

2.3 Child Health Information Services

Although Health Visiting and FNP services commissioning transfers to Local Authorities in October 2015, NHSE will remain responsible for the commissioning of Child Health Information Services (CHIS). , This arrangement is currently planned to continue until 2020.

In London there are 23 CHIS services provided by 19 providers most which are very small in size, have had little investment or attention over the years and in general are not sufficiently resilient to meet the challenge that the new commissioning arrangements will require. We have recently undertaken a detailed quality review of each of the CHIS services. As a result of these reviews which were completed between October-December 2014 we have agreed local action plans with service providers. These are focused on actions for example to improve the quality of the current services and to ensure a number of key data linkage projects are delivered e.g. for maternity feeds, and transfer of data from antenatal and newborn screening tests.

Last year we commissioned a CQUIN (commissioning for quality and innovation) payment for CHIS to actively follow up the immunisation outcomes of children looked after by Local Authorities and babies born to hepatitis B mothers. We intend to carry out an audit to check the immunisation status of these children and young people in order to establish whether any further service improvements are needed.

We are also setting up a task and finish group with representatives from London boroughs to agree the future data needs of local authorities as a result of the transfer of Health Visiting and FNP services and to ensure these can be provided by local CHIS services.

In addition we think that there are probably too many small providers and that the numbers of CHIS providers should be reduced to create a smaller number of larger more robust providers. This view is being discussed and the intention is to present a paper to the February meeting 0-19 Children's Board which includes representatives from London boroughs as the Co-Chair as well as Directors of Public Health, Local Authority Children's Commissioners and CCG representation. Once a recommendation is made we will undertake further stakeholder discussions. Any new service model would be in place from April 2016.

2.4 Immunisation

It is acknowledged that London is ranked as the worst performing region in terms of its annual COVER data (routine immunisation for 0-5 year olds). This partly reflects population mobility, levels of deprivation, and increasing birth rates which culminate in a number of challenges to recording and reporting the complete immunisation

record for every child resident in the Borough. We have been in discussion with all London boroughs and CCGs about childhood immunisation performance and the steps we can take as one of the partners tasked with improving performance.

For 2015/16 our commissioning plans include some service redesign to ensure complete courses of immunisations are given to babies identified through antenatal screening as being at risk. This will prevent poor outcomes for babies such as developing liver damage due to Hepatitis B. We also intend to focus on assuring the complete immunisation records for each Looked After Child across all Local Authorities by aligning immunisation uptake data with local authority systems and child health information systems.

London has an incidence of Tuberculosis (TB) of greater than 40 per 100,000 population. This figure is the estimated number of new pulmonary, smear positive, and extra-pulmonary tuberculosis cases per 100,000 population. 40 per 100,000 is the figure when a population becomes more at risk. This means for example for a borough the size of Barking and Dagenham there is expected to be between 50 and 60 new cases of TB per year. As our part of delivering the new London TB strategy we will be commissioning neonatal BCG (TB protection for new-borns) across London. We inherited different commissioning arrangements from Primary Care Trusts and in 2015/16 we will move to having one commissioning model to ensure a consistent offer is made by London maternity services.

We will also learn from a pilot undertaken in Lewisham led by Lewisham CCG with Lewisham and Greenwich NHS Trust and we will fund the offer of a seasonal flu vaccination and pertussis vaccination to all pregnant women again to ensure a consistent offer across London.

We will also continue to roll out the children's flu programme to school years 1 and 2 (age 5 and 6) in all primary schools across London. Following this year's seasonal flu delivery programme we plan to hold a review session in March/April to review the lessons learnt and plan for the 2015/16 flu campaign. Part of this review will look at the role community pharmacists have played as well as what other actions we need to take to improve uptake especially amongst the at risk under 65s group and amongst other priority groups such as pregnant women, mental health, learning disabilities, carers and at-risk non-registered patients. We will invite representatives from local health and wellbeing boards to attend our review session.

For school aged children we are in the process of both working with a number of local authorities to agree an 'add on' schedule to their new contracts for school nursing or where the local authority is not in a position to include an 'add on' we are currently out to procurement for a stand-alone school age children's immunisations service.

It is expected that the new school-aged vaccination service will be able to deliver a number of benefits, particularly in terms of a higher degree of granularity of the data by local authority and school as well as service improvements in terms of uptake of school aged vaccinations such as the Human Papilloma Virus (HPV), Meningitis C and Td/IPV (also known as Teenage Booster) vaccination.

In terms of timescale the deadline for Pre-qualification questionnaires (PQQ) submission is 29/1/15. Invitation to Tender (ITT) submissions are then due to be received by 26th March. Evaluation and contract award will take place in April/May with full mobilisation in place from August 2015. Plans exist in the interim to cover the period from April to August 2015.

2.5 Cancer Screening Programmes

(i) Bowel Screening

To facilitate the introduction of bowel scope screening in London, several of the bowel screening centres are required to reduce the size of the population they serve. We recently agreed to a respecification of the bowel screening centre in North East London. Homerton University Hospital NHS Foundation Trust (and Barts Health Care NHS Trust) previously served north east and north central London. In the new model, the trusts will now provide a service to a smaller number of CCGs' populations. Queens Hospital, part of Barking Havering and Redbridge NHS University Hospitals NHS Trust will be established as a new bowel screening centre serving outer north east London. Similar discussions are taking place between King's College Hospital NHS Foundation Trust and Lewisham and Greenwich Hospitals NHS Trust with the aim of reducing the size of the South East London bowel screening centre. Where people go for their tests should not change, only the administration of the programme in order to comply with national guidance.

(ii) Breast Screening

We have been in discussion with our service providers about our plans to tender the breast screening service. Our focus is currently on stakeholder engagement and user involvement and we are planning to undertake a health equity audit as well as setting up various focus groups to help develop the service specification. Our intention is to undertake any tendering during 2015 with the new service model in place from April 2016. As part of this process we are keen to review how the very few mobile services are operating across London.

(iii) Cervical Cytology Screening

We have been in discussion with representatives from London Councils on opportunistic cervical screening and where responsibility for both commissioning and funding sits given this test can be provide as part of an opportunistic general sexual health consultation for some women. The data shows a very varied position with increases in opportunistic screening in some areas and decreases in others. We know that many councils are looking at their local sexual health provision via their existing contracts and we are keen to work with London Councils given overall cervical screening uptake especially in younger groups of women is falling.

We are also in the process of rolling out a cervical sample takers data base which will require all those who take samples to be registered. This should provide some assurance as to the training and competency of sample takers and help us with work to reduce inadequate samples and contribute to the quality assurance of sample taking in London. The use of the data base will be rolled out in 2015 and we will be keen to talk to local DsPH about how this can form part of the assurance of Community Sexual Health services .

2.6 Adult Screening: Diabetic Eye Services

In September we served notice on all our current Diabetic eye Screening services and launched a re-procurement process. We invited representatives from CCGs and DsPH, along with user representatives to join our steering group which oversees the procurement.

We are about to write out to selected providers to invite a number of them to submit an Invitation to Tender (ITT) bid. Since we issued our re-procurement plans which are based around Strategic Planning Group footprints or groupings of CCGs, we have been working to agree an updated service specification that incorporates new guidance from PHE as a part of best practice. ITT submissions will be received by 18th March with an intention to award a new 3 plus 2 year contract by 18th May with new services in place from October 2015. We will send a separate note setting out the outcome of our procurement. We are also talking to CCGs on the opportunities for some co commissioning of a particular test (Optical Coherence Tomography) which can be performed for some patients at the same time as their annual diabetic eye examination.

2.7 Adult Aortic Aneurism Screening

There are currently five services providing aortic aneurysm screening across London. This is a relatively newly established service and we are not planning to review the current service configuration so there will be no change to our current commissioning arrangements.

3. Health in the Justice System

The Health in the Justice System team is responsible for commissioning and contracting for 9 London prisons, 2 immigration removal centres, 2 initial accommodation centres, 3 sexual assault referral centres commissioned via King's College Hospital NHS Foundation Trust, and 22 Liaison and Diversion Schemes.

During 2014 we have undertaken procurement for health services for the 3 prisons located in the London Borough of Greenwich. These contracts were awarded to Oxleas NHS Foundation Trust and we are in the process of overseeing the handover/transfer of staff from the current provider CareUK to the new provider. This handover will be complete by April 2015. During 2015 we will undertake procurements for the prison health care service in Wormwood Scrubs prison in Hammersmith and Fulham and for Holloway Prison in Islington.

3.1 Health Care transfer from Police to NHS commissioning responsibility

The Health in the Justice System team is working in partnership with the Metropolitan Police Service (MPS) and the Mayor's Office for Policing and Crime (MOPAC) on the proposed transfer of commissioning of healthcare in police custody in London. However recently the Secretary of State decided to make the direction to transfer the legal responsibility for police custody for April 2016 rather than the earlier date of April 2015 that we had been expecting.

The impact of this decision for us in London, however, is very limited. Firstly, the British Transport Police and City of London Police transfer is going ahead on a voluntary basis in 2015, with the procurement process already underway.

We are also working with MPS in preparation for the transfer of their service to us planned for 2016/17. Our preparatory work is already delivering improvements for the MPS in health care provision in areas such as the training for MPS health care

staff, the installation of the NHS N3 network and improvements in clinical facilities in interview/treatment rooms.

3.2 Liaison and Diversion Services

A partnership of two mental health trusts (West London and Central and North West London) was successful in winning the bid to provide Liaison and Diversion services across their respective geographical areas as part of the Wave 2 trial site pilots. The data collected from the pilot sites, nationally, will contribute towards supporting the business case to the Treasury to increase the funding and roll out an enhanced model of police custody and court mental health liaison and diversion services across the country.

3.3 Street Triage

We have also been piloting a street triage service within South London and Maudsley NHS Trust as one of the nine pilots funded by the DH to improve the response to people in crisis who come into contact with the police or other emergency services. The funding for the pilot will come to an end in March 2015 but we have been working with our CCG commissioners who have committed to ensuring that the triage service will continue as part of their overall crisis care. Data coming from the pilot has shown benefits to both users and to the police.

3.4 Transporting Patients assessed Under the Mental Health Act

Working with CCGs via the lead commissioner Brent CCG we have just funded a project to look how best to support and improve the transport provision for patients assessed under the Mental Health Act 2014 who require transportation to inpatient facilities.

Stakeholders recognise that the current service, provided by the London Ambulance Service (LAS) is not meeting the requirements of patients who require transportation, the commissioners of the transport service and the needs of related professionals including the police and Approved Mental Health Professionals among others. The aim of the project is to agree for London a better model of transport to inpatient facilities for such patients.

We expect phase 1 of this scoping work to be completed by March 2015. Brent CCG will then lead any commissioning actions that are agreed.

3.5 GP Registrations

Working with London Probation Trust, we are promoting a scheme to increase the level of GP registration for offenders. The scheme is based on a successful pilot developed by the Director of Public Health in Sutton. Patients will be informed of the scheme by the probation office, substance misuse services or youth offending team, and they will come to their local GP practice with a letter written by one of the above services confirming their involvement with the patient. If they have a place to stay, this will be stated in the letter. The letter will suffice for registration purposes under the category 'documentation from a reputable source' where the practice has a policy of requiring documentation at registration. Where these patients are homeless, GPs will be asked to register them using the local Probation Office, Youth Offending Office or Community Drug Service as the patient's proxy home address.

We will be rolling this out across London starting in Sutton and Wandsworth. With changes to the discharge of offenders through the transforming rehabilitation programme, London prisons will house more offenders reaching the end of their custodial sentences and this project will support the intention to rehabilitate such people back in to society. On average 25,000 offenders are discharged from London prisons every year but this number is set to increase as more offenders are released from London prisons as part of a new policy on rehabilitation.

3.6 Immigration removal centres and work with the Home Office

We recently took over responsibility from the Home Office for commissioning health care in London's 2 Immigration Removal Centres. Both units are based in the London Borough of Hillingdon and close to Heathrow Airport. The units in London only accommodate single men. Other centres nationally house women and children or families. Central and North West London NHS Foundation Trust have also recently been appointed to provide this service.

As part of a national programme of work we will be able to commission our providers to provide a consistent approach to managing torture and trauma cases as well as driving consistency in the healthcare response to general detainee health needs and the consequences for their health related to continued detention, removal or discharge.

Part of our work will be to more closely link to community services to ensure continuity of care for discharged detainees in need of ongoing treatment. To that end we are starting to work with Hillingdon CCG and the London Borough of Hillingdon on managing some specific detainee needs and supporting good safeguarding and good quality of care.

3.7 Paediatric Sexual Assault Referral Centres (SARCs) Services

NHS England is responsible for co-commissioning of SARC services with MOPAC. We have 3 centres across London with services provided by King's College NHS Foundation Trust. Our focus for 2015/16 will be two fold. Partly it will be to improve the physical environment for children who attend by increasing the number of forensic examination suites to reduce waiting times and secondly it will be to review and seek to improve how those who have attended such centres are then followed up and managed locally along pathways for victims of sexual assault and rape. As part of a wider agenda we are also working with colleagues in MOPAC to review the work of the adult SARCs and the Havens and Rape crisis centres to ensure a more coherent approach to providing services to these very vulnerable groups.

4. Veterans Health

Under the arrangements made by NHSE our colleagues in the south of England are responsible for commissioning services for veterans in England as well as liaising with the Defences Medical service. In London our role is to support an active London Armed Forces network. This is part of our delivery of the Armed Forces covenant which supports all armed forces personnel and their families' access to primary care and other services upon discharge. We have at any one time about 18,000 living veterans in London. This covenant supplements and supports the community covenant which all London boroughs have signed up to.

Part of our work in 2015 will be with the 2 London boroughs, Greenwich and Hounslow, who expect to see an increase in veterans as a result of the decant of military bases in Germany.

5. Conclusion

This paper tries to provide a brief overview of our commissioning activities planned for 2015/16. As a result it does not describe our routine business as usual work on for example improving the uptake and coverage of our cancer screening programmes or immunisations in children etc. We will be providing separate reports on our work in this area as far as we are able linked to the publication of new data.

In summary we wish to use the advantage that being one Public Health and Health in the Justice System Team for London can bring and to commission a consistently high quality set of services for London residents. We welcome the commitment and help of a wide range of partners including health and wellbeing boards in meeting this aspiration.

6. Mandatory Implications

6.1 Joint Strategic Needs Assessment (JSNA)

The NHSE commissioning intentions respond to the JSNA, with more detailed work to follow to ensure recommendations in the refreshed JSNA are mapped into commissioning plans.

6.2 Health and Wellbeing Strategy

The Health and Wellbeing Strategy priority areas are reflected in the NHSE commissioning plans. Public health priorities are set out in the in the Strategy, the BHR five year strategic plan, with deliverables for 2015/16 aligned to the NHSE plans.

6.3 Integration

The report makes recommendations related to the need for effective integration of services and partnership working.

6.4 Financial Implications

There are no direct financial implications for Barking and Dagenham as a result of the 2013 Health Protection Profile. It is recommended the report is used to inform the Joint Strategic Needs Assessment (JSNA). Any actions from the JSNA that require resources from the Local Authority are most likely to be funded from the Public Health Grant, however there are competing demands on this cash limited funding.

(Implications completed by Roger Hampson, Group Manager, Finance)

6.5 Legal Implications

The law applicable to the Public Health elements of this programme is set out generally in the body of this report.

The procurement of services through selected contractors is governed by the Public Contracts Regulations 2006, which set out requirements for tendering and

procurement to which Contracting Authorities such as the Council and the NHS must comply.

(Implications completed by Daniel Toohey, Principal Corporate Solicitor)

6.6 **Risk Management**

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The extensions allow for effective integration of services and partnership working.

7. **Supporting Documentation**

None