NHS England

Meeting:	**Trafford Health and Wellbeing Board**
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Item Number:	
Subject:	**Public Health Commissioning: Update and overview**
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1.0 Purpose

1.1 This paper intends to outline the role, function and key areas of work of the Public Health Commissioning team in the Greater Manchester Area Team.

2.0 Background

The NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012, outlines specific responsibilities for the National Health Service England (NHS England) for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

2.1 The services commissioned as part of this agreement are:

- National immunisation programmes
- National routine screening programmes (non-cancer)
- National routine cancer screening programmes
- Children's public health services from pregnancy to age 5
- Child Health Information Services
- Public health services for people in prison and other places of detention led by Health & Justice commissioning
- Sexual Assault Referral Centres led by Health & Justice Commissioning.

In line with the Government's strategies for the NHS and the public health system, we aim to:

- Improve public health outcomes and reduce health inequalities, and
- Contribute to a more sustainable public health, health and care system.

In order to achieve this NHS England under the NHS Public Health Functions Agreement 2014/ 2015 (s.7A) has two objectives:

- Provide high quality services with efficient use of resources within Area Team financial allocations which are set at levels that reflect expectations of efficiency gains in commissioning.
- Deliver changes in s.7A services at pace and scale, and to implement agreed changes in s.7A services in a safe and sustainable manner, promptly and thoroughly.

3.0 Key areas: Overview and performance

3.1 0-5 years Public Health Commissioning

- The commissioning of 0-5 Public Health services will transfer from NHSE to Local Authorities in October 2015. This includes Health Visiting services and Family Nurse Partnership.
- NHSE is working very closely with Local Authorities around the AGMA early Years New Delivery Model. Health Visitors and Family Nurse Partnership are underpinning elements of the model. An AGMA-led 0-5 PH GM Transition Board meets monthly following the inaugural meeting September 2014.
- NHSE will make steps towards a model of co-commissioning with Local Authorities to prepare for a safe transition (October 2015).
- Assurance is given by the NHSE GM 0-5 Commissioning Assurance Committee which includes representatives from NHSE, Health Education England, Public Health England and AGMA.

3.11 Health Visiting

- As a result of the Government's commitment to significantly increase the Health Visiting workforce, the GM LAT has had a strong focus on workforce growth. In GM there was a requirement to expand the workforce from a baseline of 572WTE Health Visitors to 777.5WTE April 13-March 15, with some areas expanding by as much as 93%. The required workforce growth for 2014-15 is 91.6WTE.
- For Pennine Care (Trafford) there is a requirement for a growth of approximately 21% in Health Visitor numbers April 2013-March 2015. As of (14/10/14) Trafford currently have 51.3WTE Health Visitors, this is 4.3WTE from the March 15 target. There are an adequate number of students currently training within Trafford to fill these vacancies.
- Robust systems for monitoring workforce growth are in place and enable monthly analysis of progress at GM and individual provider level.
- Growth remains behind the required trajectory, with four areas at significant risk of not meeting the required Health Visitor numbers by March 2015. There are not enough students to fill all vacant positions and several trusts will rely on external recruitment, which is extremely challenging at this time.
- Performance has improved across all Key Performance Indicators in the past 12 months. Acknowledgment needs to be given to Providers who have maintained high levels of performance during a period of significant change which has seen unprecedented levels of inexperienced Health Visitors entering the workforce.
- An assurance framework is in place for Providers to self-assess themselves against the Clinical Quality Commission standards and to allow monitoring of expected levels of transformation and service development.

- Pennine Care (Trafford) has increased coverage of each of the key Healthy Child Programme contacts between 13-14 and 14-15 and is currently outperforming the combined average for Greater Manchester.

3.12 Family Nurse Partnership (FNP)

- The expansion of FNP was another commitment by the Government. In April 2013 there were 430 FNP places available to pregnant teenagers across GM in the three existing sites in Manchester, Wigan and Bolton. These sites were commissioned to expand by a further 170 places in 2013-14.
- An FNP programme has been commissioned in the seven remaining GM Local Authorities. Trafford has 50 commissioned FNP places which will give an excellent rate of coverage across the Borough. The FNP Implementation Plan is on track with good multi-agency engagement. Referrals will begin to be accepted from Quarter 3 14-15.
- By April 2015 the number of FNP places will have increased by almost 300% to 1250 places across GM.

3.13 0-5 years Public Health Commissioning: Current challenges

- Recruitment of Health Visitors to meet final trajectories.
- Data transfer / data sharing – especially maternity services to Health Visiting services. This is essential to the success of the AGMA Early Years New Delivery Model.
- IT / data systems remain an ongoing challenge impacting on delivery, monitoring and reporting.
- Ensuring local authorities get sufficient resources; an additional £1.4m is required across GM, in 2015/16 to meet full growth, seeking DH resolution.

3.14 Transition of commissioning responsibility to Local Authorities

- Contract guidance is awaited to ensure the smooth transfer of services.
- Financial allocations have been scoped with further discussion and agreement required. The budget in scope to transfer is £49.9m.
- The Department of Health has mandated five universal elements of the Healthy Child Programme, specifically: Antenatal visit, New Birth Visit, 6-8 week check, 1 year review, 2-2.5 year review.

3.2 Child Health Information Services (CHIS) Overview

- GM Area team inherited 10 CHIS services across 5 providers, operating on 4 different CHIS ICT systems with variable budgets
- Three of the CHISs are hosted by GM CSU on behalf of GM Area Team as the services/ teams did not transfer to a permanent provider pre 1 April 2013. This arrangement is currently under review.
- All CHIS services are working towards the Greater Manchester CHIS service specification until the National CHIS service specification is introduced in November 2014.
- Quarterly GM CHIS provider network set up to share good practice and learning.

3.21 CHIS key challenges and issues

- Common challenges CHISs face include variable capability/ functionality of existing CHIS ICT systems, staffing capacity and receiving timely information e.g. birth

notifications from Maternity, newly registered children from GP Practices, movements in and out of the area as well as outside of the area.

- National CHIS incidence related to data quality identified 3xCHIS services (Bolton, Stockport and Tameside &Glossop) in GM to proceed to the second phase of risk reduction programme. This includes a patient level extraction/ reconciliation by GP practice.
- All CHIS providers across NHS England are being assessed against the national specification and service improvement plans developed as part of the risk reduction programme.
- 6 of the 10 CHIS ICT systems in GM is part of the National connecting for health legacy LSP contract which expires in June/July 2016. National intention is to develop a procurement framework of approved ICT suppliers that are complaint with the national specification.

3.22 CHIS commissioning intentions 2015/16

- Commissioning responsibility of CHIS will remain with NHSE until 2020.
- NHSE North region review of CHIS configuration to align to national CHIS developments

3.3 Screening and Immunisation programmes

Since April 2013, the Area Team has been responsible for the commissioning of the national immunisation programmes and the six national screening programmes (see Appendix 1). The Area Team responsibilities also include:

- Reviewing the delivery and performance of programmes against the national service specifications.
- Ensuring that new programmes are implemented.
- Overseeing serious incident investigations.
- Supporting the investigation of vaccine preventable disease outbreaks.
- Providing overview reports to Directors of Public Health on programme performance.

In Greater Manchester, several assurance processes have been established for the Screening and Immunisation programmes. These include the Greater Manchester Screening and Immunisation Executive Group. This group, led by the Area Director, oversees the performance and quality issues related to all the screening and immunisation programmes. For each Screening programme (e.g. breast screening programme) there is also a specific programme board which is accountable to the Executive Group. Within the Area Team there are quality surveillance groups which oversee quality issues affecting the screening and immunisation programmes. The screening programmes are also subject to the National Quality Assurance system and external quality assurance visits.

A summary of the programmes' uptake and coverage is presented below. There is variation in coverage / uptake in all programmes at the general practice level. The reduction in coverage in the cancer screening programme is being observed across the country. The Area Team is developing a health inequalities strategy to help address this variation and continues to work closely with screening programmes where external quality assurance visits have identified issues.

The coverage in the three cancer screening programmes is above the acceptable standards, but in common with the national and Greater Manchester position is reducing. As the screening process can take several months from invitation to when an episode is completed, the information may appear to be out of date.

3.31 Performance in Trafford

- Breast cancer screening coverage is 73% (Quarter ended Dec 2013, acceptable level 70%) and has been below the England average in recent years.
- Bowel cancer screening uptake is 54% (March 2014, acceptable level 52%) but is below the average for England (55%).
- Cervical cancer screening coverage is 78% (March 2014, acceptable level 70%).
- Diabetic eye screening programme uptake is 78%, which is above the programme acceptable level of 70%.
- The Abdominal Aortic Aneurysm screening programme performance uptake is 81% (March 2014) above the achievable standard of 70%.
- All the Antenatal and Newborn screening programmes are achieving the acceptable uptake standards for the programmes.
- The uptake of the primary immunisation programmes for children at 12 months is 97%, above the acceptable standard of 95%.
- The uptake of a first MMR immunisation by 24 months of age is 95% (achieving the acceptable standard of 95%).
- The uptake of 2 doses of MMR by age 5yrs is 93% (which is below the standard of 95%); there is currently only one area in GM which is achieving the acceptable rate. The rate in England overall is 88% and Trafford is the 3rd best performing district in Greater Manchester.
- The uptake in the 2013/14 Flu immunisation programme in Trafford was 78% in the over 65 year old population (2nd in Greater Manchester, target 75%), 55% in the under 65 year olds in clinical risk groups (5th in Greater Manchester, target 75%), and 44% in pregnant women (5th in Greater Manchester, target 75%).
- The 2014-15 flu immunisation programme has just started. 2 Local Authorities (Bury and Salford) in Greater Manchester are currently involved in the national pilot of the school based flu immunisation programme which will help inform the national roll out of the programme next year (2015-16), and planning has already started for this locally in Greater Manchester.

4.0 Summary

Strong and effective partnership working within Trafford Borough ensures that local services are consistently are of high quality.

The performance of services within Trafford Borough for NHSE Public Health commissioned services is generally higher than Greater Manchester as a whole.

There are no significant areas of risk at this time that requires attention by the Health and Wellbeing Board.

5.0 Further Information:

If you require more information around NHSE Public Health Commissioning, please do not hesitate to contact the team.

Jane Pilkington, Head of Public Health Commissioning

Appendix 1 – National Screening and Immunisation programmes

Immunisations Programmes:

§ Children 0 – 5

Tetanus
Pertussis (whooping cough)
Haempohilus influenza type b (Hib)
Polio
Meningococcal C disease (MenC)
Measles
Mumps
Rubella
Pneumococcal disease (certain serotypes)
Rotavirus (July 2013)

§ School Age Programmes

Boosters, (tet, dip, polio, Men C, check MMR), HPV (girls aged 12-13)

§ Adults

Shingles (70 years), Pneumococcal (65 years)

§ Seasonal Flu

§ At risk populations

Neonatal Hepatitis B, Neonatal BCG, Pertussis in pregnancy, Pneumococcal

Screening Programmes

1. Breast Cancer Screening – women aged 50 – 70, every 3 years
2. Bowel Cancer Screening – men and women 60 – 74, every 2 years
3. Cervical Cancer Screening – women 25 – 64, every 3 years (to 49) then 5 yearly (to 64)
4. Diabetic Eye Screening (DESP) – men and women diabetics aged over 12, annually
5. Abdominal Aortic Aneurysm Screening (AAA) – men aged 65, once
6. Antenatal and New Born Screening Programmes:
    - Foetal anomaly screening (including Down's Syndrome screening)
    - Infectious diseases in Pregnancy screening (Hep B, HIV, Syphilis, Rubella)
    - Sickle cell and Thalassemia screening
    - Newborn Blood spot screening
    - Newborn Hearing screening
    - Newborn and Infant Physical Examination screening