HEALTH AND WELLBEING BOARD

2 APRIL 2014

LOCAL AREA TEAM COMMISSIONING PLAN

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Summary

This paper provides summary information about NHS England (Kent and Medway) commissioning plans for Medway for the period 2014/2015 and 2015/2016. The full plan including the risk including a fuller risk summary will be circulated when complete.

1. Budget and Policy Framework

1.1. NHS England (NHSE) Planning Guidance *'Everyone Counts: Planning for Patients 2014/15 to 2018/19'* was published 20 December 2013 and can be found on the NHSE website - http://www.england.nhs.uk/2013/12/20/planning-guidance/.

1.2. The Planning Guidance describes NHS England's ambition for the years ahead and its ongoing commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge.

2. Background

2.1 The background is set out above and the attached paper provides the update on the Local Area Team Plan.

3. Options

Not applicable

4. Advice and analysis

Not applicable

5. Risk management

5.1 There is no risk for the health and wellbeing board.

5.2 Key risks which NHS England is managing (with partners) that we would like the Board to note:-

5.2.1 Failure to co produce a primary care strategy with the CCG which has sign up from all stakeholders including patient groups
5.2.2 Failure to deliver health visitor trajectory due to recruitment challenges
5.2.3 Procurement capacity for health & justice services

6. Financial and legal implications

6.1 There are no financial risks for the Health & Wellbeing Board.

6.2 For NHS England Kent & Medway it should be noted that the Board of NHS England has not yet signed off final budgets, this will be done 4th April.

7. Recommendations

7.1. The Health and Wellbeing Board is asked to:

- Confirm that the Local Area Team (Kent and Medway) 2 year operational plan reflects the local priorities agreed by the Health and Wellbeing Board

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Background documents

none

NHS England (Kent and Medway)

Medway Commissioning Plan 2014/15 and 2015/16

Introduction

1. This paper provides summary information about NHS England (Kent and Medway)'s commissioning plans for Medway (for the period 2014/15 and 2015/16).

Context

2. NHS England (known legally as the NHS Commissioning Board) is an independent organisation which operates across England, at arms-length from government. Through its twenty-seven local area teams, NHS England is responsible for directly commissioning:
    - primary care services (including GP services, dental services and pharmacy services);
    - secondary care dental services;
    - specialised healthcare services;
    - healthcare services for offenders and those within the justice system;
    - a range of public health service on behalf of Public Health England (e.g. covering pregnancy to age five public health programmes, screening and immunisation programmes, sexual assault referral centres); and
    - some healthcare services for the armed forces.
3. NHS England (Kent and Medway) is the local arm of NHS England (also known as the Kent and Medway Area Team).
4. In regards to its direct commissioning functions, NHS England's focus is on improving health outcomes for patients and ensuring equity and consistency in the provision of health services, but with services tailored to meet local need. This includes establishing national service specifications and commissioning intentions, which are then tailored locally.
5. NHS England also works closely with local clinical commissioning groups (CCGs) to support them to use their local knowledge and understanding of the needs of local patients to commission a wide range of other community and hospital services.
6. Each year the Government publishes the NHS a mandate setting out ambitions for the National Health Service. This can be viewed at https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015. The mandate details the outcomes that the Government wants the NHS to achieve for patients but gives clinical commissioning groups (CCGs) and NHS England (through its direct commissioning role) flexibility on how these are delivered.

7. Much of the basis for the Government's mandate originates in the NHS Outcomes Framework which describes the five main categories of better outcomes we want to see within the health service:
    a. We want to **prevent people from dying prematurely**, with an increase in life expectancy for all sections of society.
    b. We want to make sure that those people with long-term conditions, including those with mental illnesses, get the **best possible quality of life**.
    c. We want to ensure patients are able to **recover quickly and successfully** from episodes of ill-health or following an injury.
    d. We want to ensure patients have a **great experience** of all their care.
    e. We want to ensure that patients in our care are **kept safe** and protected from all avoidable harm.
8. Delivering these identified long-term ambitions will require transformational change, which will require a change in the way health services are delivered. That is why in July 2013 NHS England (along with our national partners) launched *A Call to Action* which set out the challenges and opportunities faced by the health and care systems across the country over the next five to ten years. We need to find ways to raise the quality of care for all in our communities to the best international standards, while closing a potential funding gap of around £30 billion by 2020/21.
9. On the 20th December NHS England issued planning guidance to CCGs and NHS England direct commissioners titled Everyone Counts: Planning for Patients 2014/15 to 2018/19. This sets out how it is proposed to invest the NHS budget so as to drive continuous improvement and to ***make high quality care for all, now and for future generations*** into a reality. The planning guidance can be viewed at http://www.england.nhs.uk/2013/12/20/planning-guidance/ and will be used to inform the development of local health services in Kent and Medway.
10. Change will need to be achieved through:
    - Listening to patient views
    - Delivering better care by realising the benefits of the digital revolution
    - Transparency and sharing data about local health services
    - Transforming primary care services
    - Ensuring tailored care for vulnerable and older people
    - Delivering care in a way that is integrated around the individual patient
    - Ensuring access to the highest quality urgent and emergency care
    - A step change in the quality of elective care
    - Providing specialised services concentrated in centres of excellence
    - Improving access to services (e.g. moving to seven day service provision)
    - Supporting research and innovation

11. NHS England is focused on ensuring equity and consistency of provision but with services tailored to meet local need. This includes establishing national service specifications and commissioning intentions, which are then tailored locally. The following sections provide information on the development of commissioning plans and intentions for those services that NHS England directly commissions for the population of Medway, taking account of the national planning guidance and commissioning intentions.

Public health services (e.g., national screening and immunisation programmes, public health services 0-5 years)

12. Responsibility for the commissioning of public health services is split between Public Health England (PHE), local authorities and NHS England.
13. An agreement between the Secretary of State for Health and NHS England, made under Section 7a of the National Health Service Act 2006, details the public health commissioning functions that are carried out by NHS England. These functions, which include responsibility for commissioning national screening and immunisation programmes and health visiting services, are characterised by 32 national service specifications and nationally mandated programmes of work. These include public health provision in secure estate (prisons), sexual assault services, and public health programmes for under-fives until 2014.
14. Attachment 1 provides details of the local commissioning intentions that relate to these national requirements.

Health and justice healthcare services (e.g. healthcare services provided in secure estate settings such as prisons)

15. NHS England (Kent and Medway) commission health and justice healthcare services across Kent, Surrey and Sussex, which include health care services provided to offenders and others within the criminal justice system.
16. Work is underway to develop national service specifications covering the delivery of healthcare services in secure estate settings, such as prisons. In addition, the NHS and the National Offender Management Service (NOMS) is continuing to progress the transfer of commissioning responsibilities for healthcare from police forces to the NHS. This includes with regards to forensic medical examinations and healthcare services provided within police custody suites). The majority of commissioning of healthcare in prisons has already transferred over to the NHS.
17. Attachment 2 provides details of the local commissioning intentions that relate to health and justice services.

Primary care services (e.g. core services from general practitioners, community pharmacies, dentists and optometrists):

18. The delivery of core primary care services is largely covered through nationally negotiated contracts (e.g. the general medical services (GMS) contract) or

nationally determined regulations (e.g. regulations governing the process for reviewing applications to open a new community pharmacy).

19. For general practice services a number of changes have been agreed to the national GMS contract, including:

- **Having a named, accountable GP for people aged 75 and over.** As part of a commitment to more personalised care for patients with long-term conditions, all patients aged 75 and over will have a named, accountable GP with overall responsibility for their care.
- **Out-of-hours services.** There will be a new contractual duty for GPs to monitor and report on the quality of out-of-hours services and support more integrated care, e.g. through record sharing.
- **Reducing unplanned admissions.** There will be a new enhanced service to improve services for patients with complex health and care needs and to help reduce avoidable emergency admissions. This will replace the Quality and Outcomes Framework (QOF) quality and productivity domain and the current enhanced service for risk profiling and care management and will be funded from the resources released from these two current schemes. The key features of the scheme will be for GP practices to:
    - improve practice availability, including same-day telephone consultations, for all patients at risk of unplanned hospital admission;
    - ensure that other clinicians and providers (e.g. A&E clinicians, ambulance services) can easily contact the GP practice by telephone to support decisions relating to hospital transfers or admissions;
    - carry out regular risk profiling, with a view to identifying at least two per cent of adult patients – and any children with complex needs – who are at high risk of emergency admissions and who will benefit from more proactive care management;
    - provide proactive care and support for at-risk patients through developing, sharing and regularly reviewing personalised care plans and by ensuring they have a named accountable GP and care coordinator;
    - work with hospitals to review and improve discharge processes; and
    - undertake internal reviews of unplanned admissions/readmissions.
- **Choice of GP practice.** From October 2014, all GP practices will be able to register patients from outside their traditional boundary areas without a duty to provide home visits. This will give members of the public greater freedom to choose the GP practice that best meets their needs. NHS England's area teams will need to arrange in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.
- **Friends and Family Test.** There will be a new contractual requirement from December 2014 for practices to offer all patients the opportunity to complete the Friends and Family Test and to publish the results.

- **Patient online services.** GP practices will be contractually required from April 2014 to promote and offer patients the opportunity to book appointments online, order repeat prescriptions online and gain access to their medical records online. The current enhanced service for patient online services will cease and the associated funding transfer into global sum payments for local GP practices.
- **Extended opening hours.** The extended hours enhanced service will be adapted to promote greater innovation in how practices offer extended access to services.
- **Patient participation.** The patient participation enhanced service will be adapted to promote greater innovation in how practices seek and act on patient insight and feedback, including the views of patients with mental health needs.
- **Transparency of GP earnings.** The British Medical Association's General Practitioners Committee (GPC) will join a working group with NHS England and NHS Employers to develop proposals on how to publish (from 2015/16 onwards) information on GPs' net earnings relating to the GP contract. The first published data would be based on 2014/15 earnings and publication of this information will be a future contractual requirement.
- **Diagnosis and care for people with dementia.** There will be changes to this enhanced service to promote more personalised care planning and allow greater professional judgement in which patients should be offered assessment to detect possible dementia.
- **Annual health checks for people with learning disabilities.** There will be changes to this enhanced service to extend its scope to young people aged 14-17 to support transition to adulthood and to introduce health action planning.
- **Alcohol abuse.** There will be changes to this enhanced service to incorporate additional assessment for depression and anxiety.

20. Locally, NHS England (Kent and Medway) is committed to ensuring patients can access high quality GP services that meet the needs of our local communities. We will work with Medway CCG and other stakeholders to review and either extend (where there is flexibility to do so), reprocure or decommission those existing Alternative Provider of Medical Services (APMS) contracts and services which are scheduled to end at various points during the next two years (up to 31st March 2016). The following APMS contracts are scheduled to end during the next two years are:

Practice Name	CCG Area
DMC Walderslade Surgery	Medway
College Health-Boots	Medway
College Health –Sterling House	Medway
DMC Medway Healthcare Centre	Medway

21. NHS England (Kent and Medway) has a relatively high percentage of general practices on General Medical Services (GMS) contracts. In this respect 87% of GP contractors across Medway hold GMS contracts with only 2% of practices holding Personal Medical Services (PMS) contracts and a further 11% holding APMS contracts. GMS contracts are nationally negotiated contracts in which price and service requirements are determined through discussions between NHS Employers (on behalf of the Department of Health) and the General Practitioners Committee (on behalf of the BMA).
22. NHS England is committed to a comprehensive review of PMS contracts to ensure these offer value for money and deliver services that are aligned to patient need, as well as CCG and NHS England strategies. A local review of PMS contracts was undertaken throughout 2012/13 by the former Cluster PCT through which the vast majority of PMS contracts were successfully reviewed. A further review of PMS contracts across Medway will be undertaken in three phases:
    - Phase 1 will be to facilitate any transfer back to a GMS contract that PMS contractors wish to make.
    - Phase 2 will be to comprehensively review those contracts where the previous review was not concluded to the satisfactions of the NHS England.
    - Phase 3, which will be undertaken in 2015/16, will be to review the objectives of other PMS contracts to ensure they reflect the needs of their population, are delivering value for money and are aligned to CCG and NHS England priorities.
23. Other local priorities for 2014/15 include:
    - reviewing the minor surgery Directed Enhanced Service, which covers specific types of procedures carried out by GPs;
    - reviewing and, if appropriate, reprocuring the occupational health service for GPs and other primary care contractors;
    - rolling-out healthy living pharmacies to provide local people with health and wellbeing advice, thus helping to promote healthy lifestyles and to reduce health inequalities;
    - extending the delivery of flu vaccinations in community pharmacies in order to help boost take up of the vaccine amongst at risk patients;
    - reviewing access to NHS dentistry and improving this for local patients where necessary; and
    - reviewing and where appropriate reprocuring interpreting services to support patients in accessing primary care contractor services.

Prescribed specialised services

24. NHS England (Surrey and Sussex) is responsible for commissioning prescribed specialised services on behalf of the populations of Kent and Medway and Surrey and Sussex. Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills. Specialised services provided by Kent and Medway providers include:

    - East Kent University Hospital NHSFT (£65 million, Renal, Cardiovascular Services, Haemophilia)
    - Maidstone & Tunbridge Wells NHST (£52 million, Cancer Services)
    - Kent and Medway Social Care partnership Trust (£18 million secure and forensic Mental Health)

25. In addition, to the above Kent and Medway residents access a range of other specialised services in other areas, particularly London.

26. NHS England is committed to ensuring that such services are commissioned on behalf of patients in a nationally coherent and equitable way. Commissioning intentions for specialised services have therefore been developed nationally and can be viewed at: http://www.england.nhs.uk/wp-content/uploads/2013/10/comm-intent.pdf.

27. Six key strategic strands are identified as part of these commissioning intentions:

    a. Ensuring consistent access to effective treatments for patients in line with evidence based clinical policies, underpinned by clinical practice audit.

    b. A Clinical Sustainability Programme with all providers, focused on quality (this includes the need to achieve and maintain compliance with full service specifications and to keep these specifications under review in order to deliver a continuous improvement in health outcomes for patients).

    c. An associated Financial Sustainability programme with all providers, focussed on achieving better value in the use of NHS resources.

    d. A systematic market review for all services to ensure the right capacity is available, consolidating services where appropriate to address clinical or financial sustainability issues.

    e. Adopting new approaches to commissioning care where it promotes integrated care and clinical oversight for patients in particular services and care pathways.

    f. A systematic rules-based approach to in-year management of contractual service delivery.

28. Locally, these strategic intentions have been translated into a number of service priorities:

Consolidating cardiovascular expertise	Secure additional years of life by consolidating acute cardiovascular expertise in a reduced number of emergency care centres (e.g. primary PCI and interventional cardiology)
Addressing avoidable admissions / reducing lengths of stay	Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital, specifically by reducing the need for inappropriate high cost specialised treatment by working with primary care and public health to reduce demand through increasing capacity in primary care to detect and refer people at an early stage.
Efficiency targets	Efficiency targets needs to be set at around 4.5% (£23m) given expected allocation for 2014-15 with the 2015-16 level on a par with 2013-14 outturn without investment
Commissioning for quality and Innovation (CQUIN)	Focusing of local CQUIN schemes on fewer initiatives with clear opportunities for local improvement and performance management. Contract performance management remains challenging without comparable historic and granular current activity data being consistently reported by providers and analysed by Commissioning Support Units

Armed forces health

29. NHS England (Bath, Gloucestershire, Swindon and Wiltshire) commission armed forces health services on behalf of all areas in the South of England, including in Kent and Medway. The identified vision of the team is to provide high quality and safe care for armed forces personnel and their families, in accordance with the Armed Forces Covenant and the NHS Constitution.

30. Armed forces healthcare is for serving members of the armed forces, reservists, veterans and all of their families who form part of a larger 'armed forces community'. In terms of the armed forces population:

    - 51% of the population is aged under 30;
    - 82% is aged under 40;
    - 9.7% of the serving population is female;
    - 58% of the serving population is in the army, 20% in the Navy or Royal Marines and 22% in the RAF;

- 17% of the serving population are officers (14% army to 22% RAF); 83% other ranks (78% RAF to 86% army); and
- overall 7.1% of the serving population are from a BME group (2.4% of officers, 8.1% of other ranks).

31. Members of the armed forces are typically younger and fitter than the general population. As such, there is low prevalence of long-term conditions but higher incidence of musculoskeletal injury. Combat-related injuries aside, armed forces healthcare needs can usually be met by standard NHS services.
32. The families and dependants of serving armed forces members have health needs typical of their age and gender. Maternity services and children's health services, in particular, must be planned and commissioned with the needs of military families in mind where they are present in large numbers in a community.
33. Members of the armed forces may also have specific health needs that relate to their occupation or employment and require extensive occupational health support. Where the services needed for occupational health exceed the normal NHS services or standards, they will remain the responsibility of Defence Medical Service (DMS) to commission, pay for or deliver.
34. There is a public perception that the armed forces community have a range of mental health problems and in particular suffer from Post-Traumatic Stress Disorder (PTSD). In 2009 the Academic Centre for Defence Mental Health undertook a useful review of evidence on the health and social outcomes, and the health service experiences, of UK ex-service personnel. Their findings highlighted that:
    - the ex-service population has comparable health to the general population and a broadly similar prevalence of mental health-related conditions;
    - current UK military personnel have higher rates of heavy drinking than the general population;
    - the most common mental health issues experienced by ex-service personnel are alcohol misuse, depression and anxiety disorders;
    - military personnel with mental health problems are more likely to leave the armed forces and are at increased risk of adverse outcomes in post-service life;
    - the minority who leave the military with psychiatric problems are at increased risk of social exclusion and ongoing ill health;
    - the overall rate of suicide is no higher than for the general UK population, with the exception of male veterans aged 24 or younger who are at increased risk compared to their general population counterparts;
    - early service leavers are more likely to have adverse outcomes and carry out risk taking behaviours than longer serving veterans; and
    - deployment to Iraq or Afghanistan is associated with adverse mental health outcomes for some groups, particularly those with pre-service vulnerabilities, those who experience a high level of combat and reservists.

35. Armed forces commissioning will have a particular focus on those patients with the most complex care needs. NHS England will work to ensure that:

- a modern model of integrated care is in place;
- the date of discharge from the armed forces has no impact on the care decisions made, regardless of how far in the future the date may be;
- area teams facilitate and support a multi-disciplinary team (MDT) approach for those service leavers that have complex health needs or are considered to be a seriously Wounded Injured or Sick (WIS) individual (this may include organising for continuing health care assessments to be made);
- WIS individuals have an agreed personal health plan prior to service discharge and are clear as to the NHS offer and their rights and responsibilities; and
- CCGs understand the needs of WIS individuals and their rights under the Armed Forces Covenant.

36. Access to urgent and emergency care is also a priority for the armed forces population. NHS England will work with DMS, Clinical Networks and local CCGs and providers to ensure that:

- the armed forces community is able to access appropriate services and cost effective out of hours primary care services;
- the armed forces community is able to access appropriate out of hours services for those in mental health crisis;
- appropriate services are included in NHS 111 directories;
- the views and needs of DPHC are represented at Urgent Care Working Groups, where there is a sizeable Population at Risk (PAR) within the community;
- where there is a sizeable PAR their needs are reflected in the plans that CCGs and Health & Wellbeing Boards agree for the Better Care Fund; and
- the redesign of emergency care systems where there is an associated movement of DMS staff does not result in a destabilisation of providers.

37. NHS England will also be working with DMS, local authorities and colleagues in Public Health, both Public Health England and within NHS England, on the health inequalities agenda. Specific areas of focus are:

- access to national screening programmes;
- access to the child health information system;
- smoking cessation;
- alcohol misuse;
- maternity - vulnerable & disadvantaged families; and
- access to mental health services during and after transition.

38. It is recognised that military personnel put themselves in harm's way in the service of their country, risking risk injury or death in the course of their duty. Successive governments have recognised the debt society owes to its Armed Forces, their families and veterans, and most recently Society's obligations were recently set out in the *Armed Forces Covenant*, a framework for the duty of care Britain owes its armed forces. In terms of healthcare, the key principle is that they experience no disadvantage in accessing timely, comprehensive and effective healthcare. They will also receive bespoke services in some agreed areas for their particular needs or combat-related conditions including, for instance, specialist limb prostheses and rehabilitation.

Summary

39. This paper provides a summary of NHS England's commissioning plans. Comments from stakeholders and partners are welcomed.

Attachment 1: Public Health

Work Programme	Brief description of Commissioning Intention 2014 / 15	Service Change - Service Specification, redesign, decommission, etc.	Provider affected	Financial Implications	Comments
School based immunisations	To commission a school immunisation team for Medway to provide school based immunisation programmes. Current provision is through Medway NHS Foundation Trust (MFT) who provide a mixed model of school based immunisation programmes, i.e. via school nursing service.	Review the need to decommission the current programme and procure a single school based Medway immunisation service in order to ensure consistency in delivery of vaccinations across the county.	MFT	Costs are not identified at present. Will need reference cost information to redesign this service	School based immunisations are part of a block contract at present. Providers have been asked to extract costs of current provision. This commissioning intention will have implications for school nursing services which are currently commissioned by Medway Council.
Meningitis C (MenC) immunisation programme MenC adolescent booster school year 9 - starting January 2014	Current school nursing team to be commissioned to provide MenC at 14-15 years, with GP's immunising children that did not receive vaccine via school nursing.	Commission Medway NHS Foundation Trust (MFT) school nursing team to deliver Men C adolescent booster. Issue Local Enhanced Service for MenC to GP's for those that did not receive vaccine via school nursing.	MFT school nursing and GPs	No national funding has been allocated to NHS England, Kent and Medway Area Team to fund the delivery of the additional service Awaiting reference costs from MFT so the unit cost can be established.	

MenC catch up for first time university entrants under the age of 25	From mid-August 2014 there will be a catch up programme of limited duration (possibly up to 5 years) to offer the vaccine to first time university entrants under the age of 25.	Likely to be commissioned via a GP Local Enhanced Scheme (LES); further national guidance awaited	GPs - this programme will be mainly delivered through primary care.	Further information will follow relating to funding and vaccine supply arrangements for the catch-up.	Awaiting further information relating to the funding and vaccine supply.
Men C Removing 2nd 4 month dose	Childhood immunisations are classified as additional services in the GP contract and the infrastructure costs of delivering these are covered by the GP practices global sum payment or baseline PMS funding. GPs are also eligible for target payments if they have vaccinated 70% to 90% of their 2 year cohort.	Decommission 2nd MenC dose in line with national policy around clinical effectiveness	GPs (with a need to inform other providers who provide patients with advice and information)	NHS England plans an adjustment to those target payments to reflect the change from 2 doses to 1 dose, however this adjustment will not be made until 2015/16, reflecting that vaccination status is not assessed until children reach 2 years.	

Human papillomavirus (HPV) - Local Enhanced Service contract ended in August 2013. This service is for children who were not vaccinated under the school programme	Area Team to issue an HPV local enhanced scheme (LES) for general practice to reflect new commissioning arrangements for Jan 2014	Specification to be written	GPs	£9.00 per item	
HPV - School Nursing Team	School nursing team to be commissioned to provide HPV at 14-15 years (with GPs immunising children that did not receive vaccine via school nursing - see the row above).	Revised contract in year	KCHT and MFT school nursing teams		

Additional childhood flu vaccination	The national Joint Committee on Vaccination and Immunisation (JCVI) has recommended that the seasonal influenza programme be extended to all children from aged two up to the age of 17. This programme has been rolled out to all healthy two and three year olds in the 2013/14 flu season as part of a gradual step to full implementation. This programme is in addition to the existing routine seasonal influenza programme.	Service redesign and service specification. Make provision for 4 year olds. Commence delivery of childhood flu vaccination to as many children of secondary school age as reasonably possible.	Best vaccination uptake among 5-16 year olds is likely to be achieved through a school based programme – involving school nursing teams and GPs.	Awaiting further information and funding from NHS England.	

Health visiting	NHS England (Kent and Medway) and Health Education England Kent, will work together to increase the number of health visitors as required by the national programme, monitored by the Department of Health. In Medway the increase in the number of health visitors is planned to be in line with the nationally agreed trajectory of 421 whole time equivalent (wte) health visitors by April 2015. This represents 78.8 wte for Medway Community Healthcare (MCH). This equates to an increase of 7.7.wte for MCH in 2014-15.	A national service specification is in place with local trajectories in term of delivery of the new model aligned to the Healthy Child Programme (HCP 0-5 years)	Medway Community Health (Social Enterprise)	Additional costs of £125,836 for 2014/15.	Mandated programme in line with Department of Health
Family Nurse Partnership (FNP)	Expansion of FNP by one team in Medway, thus increasing the number of places by 100. Medway are on the national expansion plan and will therefore contribute to the Department of Health planned increase to 16,000 places nationally. Linked to Public Health Outcomes Framework.	Nationally driven programme aligned to the Health Visitors Programme using a sub license. There is therefore no service change, but just an increase in the number of FNP places	MCH	Awaiting costs	Awaiting confirmation of funding

Child Health Information System (CHIS)	The current Careplus CHIS will be replaced by the new SystmOne system during 2014. This system is being deployed across the entire South of England region. This will provide an integrated IT system across Medway. Work is needed to integrate the Medway Child Health Record Department (CHRD) with the Kent team under a single management structure. This will provide: • a strengthened governance arrangements for CHRD with improved performance monitoring process; • the potential to increase opportunities for learning and development within the team; • efficiency and streamlining as a result of having one single, larger team; and • support robust project plan for implementation of SystmOne.	The service charge relates to the integration of the CHRDs in Medway.	MFT	Costs to be confirmed	

Diabetic Eye Screening service re-procurement.	Continue with and complete the diabetic eye screening re-procurement. The service is being reprocured as the existing contract for the local diabetic eye screening service is nearing the end of its period of operation and under procurement rules, NHS England's Kent and Medway Team is required to re-tender. The objective is to ensure that appropriate services are in place to support the prompt identification and effective treatment of sight threatening diabetic retinopathy. The priorities are to: - ensure effective contract transition processes are in place; - identify transition risks and ensure mitigating actions are implemented; - ensure services are delivered in line with national service specifications; and - any gaps in service provision are addressed in order	Re-commissioning	Pending outcome of tendering process	Costs to be confirmed subject to the procurement	TBC

Attachment 2: Health and Justice Commissioning Intentions

Work Programme	Brief description of Commissioning Intention 2014 / 15	Service Change - Service Specification, redesign, decommission, etc.	Provider affected	Financial Implications	Comments
Paediatric Sexual Assault Referral Service (SARC) Kent, Surrey and Sussex	To commission fit for purpose Paediatric SARC Services for Kent, Surrey and Sussex	The key stages of the work are service design, development of an options paper, consultation and procurement of Paediatric SARC services	Services delivered on a cost per case basis, and anticipated there will be a limited impact on current providers	Funding will need to be identified for the health element of the paediatric SARC	National funding arrangements to be clarified
Kent Sexual Assault Referral Centre (SARC)	Reprocure Kent & Medway SARC Forensic Medical Examiner (FME) and Forensic Nurse Practitioner (FNP) element by June 2014 and deliver FME and FNP training programmes	Reprocure FME / FNP element	FMEs paid on a retainer, no contracts in place	Kent Police confirmed financial envelope available, NHS England anticipating contributing to uplift	Further development of Forensic Medical Examiner (FME) service necessary – currently commissioned by Kent Police
Kent Sexual Assault Referral Centre (SARC)	Agree development plan for the new Kent and Medway SARC, including the move to self-referral	Review service specification	Kent and Medway Partnership Trust, Family Matters, East Kent Rape Line and Kent Police	TBC	
Kent Police Custody Healthcare Commissioning Transfer	Reprocure FME provision into Kent and Medway police custody suites and prepare for transfer of commissioning responsibility of FNP service to NHS England (Kent and Medway) for 1st April 2015	Reprocure FME element Summer 20124	FMEs paid on a retainer, no contracts in place	None known	Market testing underway

Review of Discipline Officers enabling healthcare functions across all Kent & Medway, Surrey and Sussex prisons	Review the role and function of Discipline Officers who enable healthcare functions across all Kent, Surrey and Sussex prisons and plan with Governors for the transfer of funding responsibility	Novate commissioning responsibility from NHS England to Prison Service	Prison Service / National Offender Management Services (NOMS)	Cost pressure for NOMS, release of funds for NHS England to reinvest in clinical services	National programme of work but adopting a local delivery plan
HM Prison/ Young Offenders' Institute (YOI) Rochester and HMYOI Cookham Wood reprocurement	Re-procurement of primary healthcare, pharmacy and child and adolescent mental health services (CAMHS) (Cookham only) for 1st April 2014	Reprocurement	Prison Service	Anticipated this will be cost neutral	New ways of working fully implemented at Rochester, Cookham operational capacity increase and Rochester re-roll to 70% adults. Procurement underway and new service should largely be in place for 2014/15
Telemedicine	Develop a business case and feasibility test regarding the introduction of telemedicine in the Kent & Medway, Surrey and Sussex prison estate	Service innovation	Miscellaneous	Anticipate it will be cost neutral	NHS England (Kent and Medway) need to progress development work with key stakeholders
Mental health services across Kent and Medway prison estate	Re-procurement of mental health services across all Kent, Surrey and Sussex adult prisons for 1st April 2014	Reprocurement	Oxleas	Anticipated this will be cost neutral	Re-procurement well advanced
Medway Secure Training Centre (STC)	Provide on-going support in preparation for transfer of commissioning responsibility to NHS England from 1st April 2014 anticipating a reprocurement of health services by 1st April 2015	Reprocurement by April 2015, transfer of commissioning responsibility April 2014	G4S	Anticipate no cost pressures to NHS England	Position regarding transfer of commissioning responsibility to NHS England still fluid as is reprocurement timetable