NHS England

NHS England Progress Report – Discussion Document

Health and Wellbeing Board 25th April 2013

Barnsley Council

Introduction

In this paper I will summarise the key facts about NHS England (NHS E). I will explain how NHS England will work and I would welcome a discussion with the Health and Wellbeing Board to inform how best to work together. There are no direct financial or legal consequences arising from recommendations made in this report.

NHS England

NHS England (formerly NHS Commissioning Board was created on 1 April 2013. PCTs were abolished. It is an independent body at arm's length to the government. The Secretary of State for Health agrees an annual 'mandate' with NHS England which incorporates the NHS Constitution and NHS Outcomes Framework.

Vision - Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving.

Purpose - We create the culture and conditions for health and care services and staff to deliver the highest standard of care and ensure that valuable public resources are used effectively to get the best outcomes for individuals, communities and society for now and for future generations.

Values - The values enshrined in the NHS Constitution underpin all that we do:

- Respect and dignity
- Commitment to the quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

Objectives – NHS England has 11 objectives, including 2 priority objectives

1. **Priority** – Improving patient satisfaction
2. **Priority** – Improving staff satisfaction
3. Preventing people from dying prematurely
4. Enhancing quality of life for people with long term conditions
5. Helping people recover from episodes of ill health or following injury
6. Ensuring people have a positive experience of care
7. Treating and caring for people in a safe environment and protecting them from avoidable harm
8. Promoting equality and reducing inequalitie4s in health outcomes
9. Enabling more people to know their NHS Constitution rights and pledges
10. Becoming an excellent organisation
11. Ensuring quality financial management

Functions – NHS England has four central areas of work that allow it to deliver its objectives. I include my own interpretation of how this fits together:

- **Oversight, facilitation, coordination and leadership** – NHS England is one national organisation and will maintain oversight of the system. To do this it will empower clinical leadership and work in partnership. This includes the development of strategic clinical networks, senates, hosting of the 'safeguarding forum' and hosting the Quality Surveillance Group to have oversight of the safety and quality of NHS care across the area. It also includes membership of local partnerships including Health and Wellbeing Boards. It is the success of these partnerships that will be critical in delivering NHS England objectives
- **Direct commissioning** - of £25bn of health services including primary care, some public health services (e.g. vaccination and immunisation, most screening programmes and under 5 children's public health services), specialised services, all dental services, military health care and offender health care. Summary plans for specialised services, primary care and public health are attached.
- **Supporting the commissioning system** – allocate £60bn to clinical commissioning groups (CCGs) supporting their development and seeking assurance. Also, working with commissioning support units (CSUs), Academic Health Science Networks, Health Education England and others to both coordinate and support an effective commissioning system. NHS England also has regulatory functions including provision of a 'Responsible Officer' to oversee performance of independent contractors (includes GPs, general dental practitioners, community pharmacists and optometrists). Also, provision of an 'Accountable Officer Controlled Drugs' and associated statutory responsibilities.
- **Emergency planning, resilience and response** – ensure that the NHS plans for civil emergencies and is resilient. NHS England is a category one responder.

Organisation – NHS England is one national public body working to one operating model. There is one national support centre, 4 regions and 27 Area Teams. South Yorkshire and Bassetlaw is the NHS England Area Team for this patch. All Area Teams have the four areas of work described above except with regards to certain commissioning responsibilities and strategic clinical networks and senates. Specialised commissioning is carried out by 10 of the 27 area teams (SYB has this responsibility for Yorkshire and the Humber), strategic clinical networks and senates are lead by 12 of the 27 area teams and again SYB leads this for Yorkshire and the Humber. Offender and military health is lead across Yorkshire and the Humber by other area teams.

NHS England South Yorkshire and Bassetlaw

NHS England South Yorkshire and Bassetlaw has a complete senior team and most of the posts in the area team have been filled. NHS E continues to produce policy and further elements of the single operating model. However, NHS E is not yet a mature organisation and does not yet have every policy and operating model it needs. Locally, NHS E is progressing well and is working across as area in which:

- CCGs are developing strongly with effective working arrangements developing between CCGs, with NHS E and with partner organisations (local authorities and provider trusts in particular)
- Public Health transition has been successful, with public health expertise available to the NHS from within local authorities and from Public Health England. Key public health programmes remain in place without which neither local authorities or the NHS can deliver improved health.
- There is relative financial stability
- Generally good performance with regards to NHS Constitution commitments and other 'everyone counts' requirements. However, A&E performance (4 hour wait) is widely inadequate and there are some problems affecting parts of the area such as some waiting times.

Challenges for the future

The main challenges are driven by:

- Financial challenge (lower growth in health spending, negative growth in local authority spending), an ageing population and new technologies
- Long standing inequalities in health and health outcomes.
- A wish for continued improvements in outcomes from health care and the configuration changes needed to deliver these without spending much more money.

Over recent decades health and health care have seen remarkable improvements. These have been driven by factors such as reduced smoking, better health care including the identification and management of long term conditions such as cardiovascular disease, new technologies in health care and the centralisation of specialist services such as those for cancer and major trauma. However, there remains a gapping inequalities gap. Closing this gap is a priority for Barnsley. This requires action to:

- Tackle the root causes of poor health such as poor educational attainment, worklessness and the cycle of poor outcomes often driven by teenage pregnancy and poorly functioning family and social systems.
- Ameliorate the root causes of ill health by promoting healthier lifestyles. This includes reducing smoking prevalence (the biggest single driver of inequalities in health outcomes), reducing excessive drinking and promoting healthier diets, breast feeding and exercise
- Ensure health care is utilised in proportion to need. Health care interventions such as treatment of cardiovascular risk and cancer screening, taken up by those at highest risk, will reduce health inequalities. Providing the best general practice services to the poorest populations is at the heart of the NHS contribution to reducing avoidable death. Improving self care and coordination of care for older people is also important.

The Health and Wellbeing Board should hold partners to account for delivery within an agreed health and wellbeing strategy informed by the Joint Strategic Needs Assessment. Priorities agreed in Barnsley clearly also contribute to NHS E objectives.

Conclusion

NHS England South Yorkshire and Bassetlaw is part of a national organisation committed to prioritising patients in everything we do. It empowers clinicians and makes evidence based decision in an open and transparent way. The NHS architecture introduces many changes and a particular risk is the number of interfaces created. However, there are great opportunities to work in partnership and across organisational boundaries, with clinicians and local authorities driving changes that will make a real difference.

Recommendations

1. The health and Wellbeing Board is asked to discuss this report and agree any further actions arising.

Bibliography

Item	Link	Comment
NHS Constitution	http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx	Rights and responsibilities
NHS England home page	http://www.england.nhs.uk/	NHS England home page
NHS England 'Everyone counts'	http://www.england.nhs.uk/everyonecounts/	Describes the new system and its tools and levers
NHS England Business Plan	http://www.england.nhs.uk/pp-1314-1516/	Business plan 2013/14
NHS England resources	http://www.england.nhs.uk/resources/	Link to guidance for CCGs, strategic clinical networks etc
East Midlands Quality Observatory (for all acute trust quality dashboards)	http://www.emqo.eastmidlands.nhs.uk/welcome/quality-indicators/acute-trust-quality-dashboard/published-dashboards/	Acute Trust Quality Dashboards
General practice quality dashboards	Not yet available	Dashboards due to be published for every general practice

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Area Team : South Yorkshire and Bassetlaw (Covering whole of Yorkshire and Humber)

Specialised Services Programme

Values and Principles	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location		Productivity and efficiency improves
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13

1. Service Issues
- Implementation of the Yorkshire & Humber Vascular Services Review
- Reconfiguration of sarcoma services for North Yorkshire and Humber population
- Formulation of the plan to develop and expand radiotherapy capacity
- Implementation of national decision on paediatric cardiac surgery
- Phased implementation of national Neonatal Toolkit (neonatal surgery and gestational thresholds)
- Phase 2 of the Major Trauma implementation plans
- Specialised mental health case management and gate-keeping and capacity review for CAMHS

2. System/Process Issues
- Establishment of robust and resilient data and information systems
- Delivery of safe transition in terms of commissioning all prescribed services and transferring non-specialised services to CCGs
- Safe and effective transition of contracts from PCTs to NHS CB

Strategic Context and Challenges

1Standards and Quality
- Core specifications in place for all services or derogations applied for
- Responding to all issues emerging from the Francis Report and Winterbourne.

2. Service and Organisational Configuration
- Service/system reconfiguration across Yorkshire & the Humber
- High profile FT applications in the pipeline e.g. Leeds Teaching Hospitals, Hull & East Yorkshire Hospitals, Mid Yorkshire Hospitals
- Clinical service reviews in progress e.g. Mid Yorkshire
- Establishment and development of strategic clinical networks and Operational Delivery Networks

3. Finance & Workforce
- Need to develop sustainable 24/7 workforce in key specialties
- Significant financial challenges in managing performance and delivering QIPP in an environment of increasing demand/cost

4. New Commissioning System
- Single operating model for the commissioning of specialised services
- Implementation of the manual and identification rules
- Development of relationships with other service commissioners and CSU
- Work with CCGs to understand the commissioning implications of services identified "for early review"

QIPP Improvements

- Development of quality assessment framework
- Secure compliance against service specifications with clear action plans
- Standardisation of local prices
- Contribute to development and implementation of national QIPP schemes (including procurement)
- Work with local providers to implement QIPP schemes locally
- Work with providers on high cost drug & device cost reductions and demand management
- Further implementation of gatekeeping and case management of mental health pathways
- Increase pre-emptive transplants
- Implement PET/CT price reduction

Organisational Development

- Development of relationships and ways of working within the Area Team and between the 3 Area Teams in Yorkshire & the Humber
- Develop collaborative co-commissioner approach with CCGs
- Embed new single operating model for specialised commissioning
- Develop relationships with strategic clinical networks and operational delivery networks
- Relaunch/refocus provider relationships
- Develop local arrangements to secure and sustain the patient voice
- Design and develop systems and processes for managing complaints and incidents
- Establish and embed new CSU activities

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Internal Medicine	1. Reconfiguration of vascular services 2. National consultation on the services for Adult Congenital Heart Disease 3. (a) Implementation of the service specifications for cystic fibrosis services (centres and shared care) (b) Completion of the introduction of the year of care tariff	1. (a) Establishment of provider networks and appropriate centralisation of arterial work (b) Symptom to treatment waiting time for carotid endarterectomy <14 days 2. Agreed configuration of ACHD services for Yorkshire & Humber with networks and surgical centres clearly defined 3. (a) Clearly defined provider networks underpinned by inter Trust agreements setting out clinical responsibilities. (b) Agreed service model for North Yorkshire & Humber area i.e. York and Hull	1. All services compliant with national standards and improved clinical outcomes 2. (a) Safe and sustainable services with clear patient pathways (b) Improved clinical outcomes 3. All services compliant with national standards and improved clinical outcomes
Cancer and Blood	1. Implement the recommendations of the National Radiotherapy Advisory Group and the service specification 2. Reconfiguration of sarcoma services 3. Implementation of Improving Outcomes Guidance/national service specification for pancreatic cancer services 4. Implementation of IOG/national service specification for brain/CNS cancer services 5. Implementation of consistent chemotherapy policies and national CDF list 6. Develop robust contracting model for high cost drug for paroxysmal nocturnal haemoglobinuria	1. Action plan agreed with providers detailing the service model, preferred service locations and procurement arrangements 2. (a) Revised service model for sarcoma services for the North Yorkshire & Humber population (b) Transfer of specialised surgery out of Hull 3. Completion of a review of the sustainability of pancreatic cancer surgery in Hull 4. (a) Reduced lengths of stay in tertiary centre (b) Efficient repatriation to local services 5. Implementation of national currencies, tariffs and policies in local contracts 6. Database fully implemented and drug costs monitored	1. (a) Improved access to radiotherapy (b) Increased uptake of targeted radiotherapy eg IMRT 2. Services meet the national standards (a) Services that meet the national standards (b) Improved clinical outcomes 4. (a) Improved access to treatment and rehabilitation services post surgery (b) Improved quality of care for patients 5. Consistent and equitable provision of chemotherapy and cancer drugs to patients 6. Clear process for monitoring and managing demand for ultra orphan drugs
Trauma	1. Implementation of the national service specification for major trauma (adults and children) 2. Delivery of 18 week waiting time for adult neurosurgery services 3. Implementation of national service specification for burn care services 4. Implement the national service specification for spinal cord injury services	1. (a) 100% of patients ISS 16> direct referrals to major trauma centres (b) 100% of patients ISS 16> in a major trauma centre with a rehabilitation prescription 2. All neurosurgery providers meeting the 18 week standard 3. Complete gap analysis and work with North West and North East Area Teams to develop plan to achieve compliance (service configuration of burn care centres and burn care facilities) 4. Work with STHT and MYHT to complete a gap analysis and develop an action plan to achieve compliance	1. All major trauma admissions direct to major trauma centre and prompt access to rehabilitation 2. Robust provider capacity plans/commissioner plans to sustain improved waiting times 3. Clear patient pathways across the network and improved quality of services 4. (a) National standards achieved across patient pathways (b) Timely rehabilitation and resettlement for all patients
Women and Children	1. (a) Implementation of the recommendations of the national review of paediatric neurosurgery (b) Implementation of the JCPCT decision about the configuration of children's congenital heart services 2. Develop a plan to deliver the next phase of implementing the national Neonatal Toolkit and the national service specification 3. Establish more formal arrangements for coordinating the delivery of paediatric surgery	1. (a) Y&H/NE Networks established for paediatric neurosurgery (b) Y&H/NE Network established with children's cardiology centre in Leeds 2. (a) Gestational threshold of 26 weeks and 6 days across all providers in Y&H (b) Comprehensive gap analysis of medical and nursing workforce and phased plan of implementation agreed. 3. Established network of providers and inter-Trust agreements to support in reach and outreach working	1. (a) Safe and sustainable paediatric neurosurgery services (b) Safe and sustainable services for children with congenital heart problems with clear patient pathways 2. All providers meet the national standards of provision and deliver improved quality of care 3. Sustainable high quality surgical services for children
Mental Health	1. (a) Secure service and CAMHS Case Management and Gatekeeping (b) Continued roll-out of My Shared Pathway and Patient Involvement (c) Increase women's secure capacity 2. Offender PD project development jointly with NOMs 3. Review and increase CAMH's T4 capacity in area 4. Responding to issues emerging from Winterbourne report	1. (a) Reduce admissions, length of stay and cost efficiencies. Improved pathway management for patients, and care delivered in appropriate level of security (b)Improved quality of services and threshold management (c) New beds open 2. Roll out of national Offender PD work programme (legacy doc) 3. Action plan agreed and delivery options identified 4. Implications for local providers identified and actioned	1. (a) Case management embedded into practice for all specialised MH services (b) Improved access to and egress from Secure Services (c) Appropriate capacity provided nationally 2 Review of new Offender PD service infrastructure 3. Increased capacity provided and reduced out of area placements 4. Safe and appropriate services

Area Team : South Yorkshire and Bassetlaw

Primary Care Programme

Values and Principles	Common core offer of high quality patient centred primary care	Continuous improvement in health outcomes across the domains	Patient experience and clinical leadership driving the commissioning agenda	Balance between standardisation and local empowerment
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13

General Practice
- Pre-commitments on primary care premises improvements.
- Practice mergers in pipeline.
- Reducing variation in quality of primary care through use of national dashboards.
- Commissioning of translation and interpreting services for target groups.
- Outstanding issues relating to APMS contracts and practices developed under "equitable access" programme.

Dental
- Addressing variations in Units of Dental Activity (UDA) rates and units of orthodontic activity (UOA) rates in dental contracts.
- Reconfiguration of dental urgent access in light of NHS 111.

Pharmacy
- Pharmacy applications currently in pipeline.
- 'Electronic Transfer of Prescriptions' (ETP) roll-out.

Strategic Context and Challenges

- Differing range of primary care provision; health needs and priorities across and within the 5 Clinical Commissioning Group (CCG) areas.
- Mixed economy of contract forms e.g. Medical - GMS, PMS, APMS ; Dental - GDS, PDS contracts.
- Variation in utilisation rates, access, prescribing and quality across primary care services.
- Evidence of increased pressure on urgent care services in the last 2 quarters of 12/13.
- Importance of market development and provider resilience to ensure safe and sustainable configuration of primary care provision.
- CCG role in strategic leadership, coupled with the duty to support quality improvement in general practice.
- CQC registration for contractors and implications of improvement plans.
- Workforce planning and development to recognise important contribution of primary care providers.
- *3 million lives* – promoting the use of technology to improve outcomes.

QIPP Improvements

- Review provision of orthodontic activity and variation in UOA rates.
- Ensure primary care providers make further improvements to the care of those patients with long term conditions (including learning disabilities) by more proactive care planning and by optimal management of QOF (including exception reporting) and enhanced services.
- Prescribing and referrals managed in accordance with CCG plans, based on best practice and sound evidence, addressing variation and reducing avoidable hospital admissions.
- Review configuration of primary care provision to secure future provision of high quality services and address patient need. This will include quality and suitability of premises.
- Support primary care providers to optimise workforce opportunities and to maximise the benefits of technology to improve outcomes for patients.
- Review APMS/PMS objectives, contracts and prices to deliver benchmarked outcomes.
- With CCGs/Local Authorities (LA) review enhanced services contracts to ensure no duplication in funding and to review outcomes commissioned.
- With CCGs review QOF Q&P to ensure no duplication of funding or QIPP return.
- Ensure robust Pharmacy Needs Assessment (PNA) to improve service efficiency.

Organisational Development

- Development of relationships and ways of working with primary care providers, and key partners, CCGs and HWBs and with the new Academic Health Science Network (AHSN) to spread innovation and best practice.
- Establish new primary care commissioning team.
- Establish matrix working across Area Team.
- Training on single operating model and procedures to aid one system working and introduce new culture to ways of working.
- Embedding new systems and procedures.
- Revalidation/appraisal – develop culture and environment where clinical practice will flourish.

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Assurance	• Safe and effective transition of contracts from Primary Care Trusts (PCTs) to NHS Commissioning Board. • Use national and local data and intelligence to drive up outcomes in primary care. • Consistent contract and performance management of independent contractors. • Implement single performers list, GP revalidation and appraisal and maintain robust response to performer concerns.	• Continuity of high quality, safe and effective service provision across primary care providers. • Use of dashboards and local intelligence across all independent contractor groups enabling risk based targeted response to performance concerns about Contractors and performers. • Implement assurance management frameworks for independent contractor groups. • Implement assurance management framework for applications to performer lists and actions taken in response to concerns regarding performers. • Support to GPs and appraisers to deliver GP revalidation and appraisal programme with 100% of GPs appraised and 33% revalidated.	• Confidence in Area Team. • Consistency and fairness in the management of quality and performance against benchmarked standards. • Safe, effective and value for money services provided for patients in AT area. • Suitable and efficient performers operating within the AT team.
Quality	• Continuously improve quality outcomes and access to primary care services. • Address unjustifiable variation and improve access to and availability of medical dental and pharmacy services over 7 days. • Balance local community needs with single operating system and build consistency in contractual relationships with providers through a clinically led, professionally managed commissioning approach (including the continuous development of LPNs). • Introduce Friend and family test • Implementation of Francis recommendations • Ensure compassion in practice is delivered at all levels	• Use of dashboards for all independent contractor groups including appraisal and revalidation to benchmark, identify best practice, and to respond to poor performance. • Improved service availability, across 7 days through procurement. • Achieve common understanding of variation in service provision and accessibility, and progress toward reduction in variation across CCGs, Area Team and against national benchmarks as they are established. • Continuous development of Local Professional Networks (LPNs). • Improved quality of care for people with learning disabilities and vulnerable patients • Improving our culture for compassionate care by embracing the 6 C values • Increased use of technology and support for ETP role out. • Improved patient feedback.	• Contractors continuously improving and % achieving upper quartile benchmarks against key quality and outcome measures including reduction in exception rates. • Greater choice, accessibility and clarity for patients regarding services they can expect to receive. 7 day access to GP services. • No unacceptable or unexplained variations against national or, where appropriate, locally determined benchmarks. • Strong clinical leadership and engagement across 4 professional groups delivering great outcomes. • Improve patient voice and increase patient participation • Improved patient experience through compassionate care
Single Operating Model	• Co produce a primary care strategy for Area Team with patient groups, CCGs, LAs, providers and local representative committees. • Embedded Single Operating Model across Area Team. • Commissioning directed enhanced services or schemes to meet national priorities. • Implement nationally agreed changes to secure equitable funding in GMS (reduction in MPIG 2014). • Begin discussions with PMS contractors to ensure equitable and fair funding across GMS/PMS.	• Progress with delivery and increased focus on high quality, clinically effective, evidence based services. • Standardised processes adopted and implemented with staff fully trained. • All patients have access to services commissioned as directed enhanced services or schemes.	• Strong working relationships forged with partner organisations and professional and patient groups, enabling delivery of strategy. • All staff fully conversant with Single Operating Model. • Improved care and services for patients, accessible to all regardless of where they live.
Securing Excellence-Dentistry	• In response to securing excellence development of national consistent care pathways across all dental specialities. • Support new dental contract pilot sites. • Promote improved access to dentistry. • Effective commissioning of secondary care dental services.	• Development of fully integrated approach to commission of dental care across all dental specialities. • Implement new contract performance framework across primary and secondary care dental services. • Improve dental access targeting areas of need.	• Improved access to primary care dentistry and % of practices open evening and weekends. • Benchmarked data against national indication. • Service developed against care pathways. • Standardised levels of care that promote quality services for all patients in SY&B.
FHS (Family Health Service)	• Lift and shift FHS functions safely to ensure continuity of business critical functions. • Implementation of FHS transformation and cost reduction programme. • Development and maintenance of single performers list. • Implementation of ISFE and new payment systems for GPs and optometrists.	• Staff and asset transfer and revision of governance arrangements in light on new accountability lines. • Participate and influence national FHS review, rigorously review cost base in light of direction of travel and make efficiency savings as required and prepare for outcomes of review. • In tandem with "primary care commissioning" (PCC), review and adapt internal systems of support to the performers list management process and ensure adoption of NHSCB polices/procedures/systems. • Participation in national design group and implementation of revised procedures locally to deliver new ISFE and liaison with contractors to ensure smooth transition of payments.	• Stable service for transfer and business continuity. • Reduce costs to within required per capita levels. • Standardised management of national performers list. • Standardised payment systems nationally.

Area Team : South Yorkshire and Bassetlaw

Public Health Programme

Values and Principles	Services are patient centred and outcome based	Improved outcomes are delivered across each of the domains	Fairness and Consistency – patients have access to services regardless of location		Productivity and efficiency improves
Domains	Prevent premature death	Quality of life for patients with LTCs	Help recover from ill health/injury	Ensure positive experience of care	Care delivered in a safe environment

Pre-existing Priorities 12/13

Screening and Immunisation

•Continued roll out of AAA.

0.5 Years

•Delivery against agreed Health Visitor (HV) trajectories.
•Maintenance of Family Nurse Partnership (FNP) activity.
•Safeguarding children responsibilities and improvements needed in Barnsley and Doncaster.
•Development of sexual assault services for people who have experienced sexual violence.

Strategic Context and Challenges

Screening and Immunisation

•Variation in uptake levels.
•Gap analysis needed to identify variations by GP practice population.
•Interface required with emergency plans and resilience arrangements.
•Hard to reach communities to be identified.
•New and extended programmes to be implemented.

0 – 5 Years

•Challenging position in Barnsley and Doncaster areas with OFSTED Improvement Notices and Boards in place and ensure improvement in safeguarding of looked after children arrangements.
•Local Authorities (LA) facing significant economic challenge with significant cost improvement programmes to be delivered.
•Some LAs wishing to explore joint commissioning arrangements for children's services ahead of 2015, using flexibilities available under legislation.

QIPP Improvements

- Maximise benefits of technology to improve outcomes.
- Workforce planning and development to optimise use under workforce and planning future workforce needs.
- Safe and sustainable configuration of services.
- Joint working opportunities to maximise development of resources and improve outcomes.
- Establish quality benchmarking.
- Understand and reduce inappropriate variations in spend, activity and outcomes.

Organisational Development

Screening and Immunisation

•Embed Public Health England (PHE) functions and strategy in to Area Teams.
•Matrix working across Area Team.
•Integration with QARC to be further developed.
•Clarify relationship with PHE.
•Establish training places as part of PHE function.

0 – 5 Years

•Matrix working across Area Team.
•Working relationships with CCGs.
•Develop role of Area Team and its relationships within local children's partnerships, including safeguarding arrangements.

	National Priorities 2013-14	Expected Outcomes of Implementing National Guidance Locally in 2013-2014	End State Ambition 2015-16
Immunisation	• Ensure services are delivered in line with the immunisations and screening national delivery framework, the Single Operating Model and national specifications. • Ensure services delivered in line with national specifications. • Implement new programmes as required e.g. rota virus and Shingles. • Establishing robust data collection and analysis systems.	• Single Operating Model embedded. • Improved and consistent access/quality to programmes. • Improved performance data.	• Immunisation uptake rates in SYB amongst the best in the country. • Reduction in mortality. • Improved access for hard to reach communities. • Reduction in avoidable hospital admissions.
Screening Programmes (Cancer)	• Safe transfer of responsibility for screening programmes. • National specifications to be implemented. • Implement developments to existing programmes and new programmes e.g. CT colonography, flexible sigmoidoscopy, HPV primary screening (pilot in Sheffield), high risk familial breast cancer screening.	• Reviewed and renegotiated local contracts against national specifications and standards. • Established partnership links between screening and treatment commissioning to improve integrity of pathways.	• Screening uptake rates SYB amongst the best in the country. • Increased early detection. • Improved outcomes for patients.
Screening Programmes (Non-Cancer)	• Safe transfer of responsibility for screening programmes. • National specifications to be implemented. • Implement developments to existing programmes and new programmes e.g. electronic messaging for bloodspot screening, newborn and infant physical exam, common pathway for eye screening.	• Reviewed and renegotiated Local contracts against national specifications and standards. • Established partnership links between screening and treatment commissioning to improve integrity of pathways.	• Screening uptake rates SYB amongst the best in the country. • Increased early detection. • Improved outcomes for patients.
0-5 years Programme (including HV and FNP)	• Establish arrangements for coordinated and integrated commissioning of Healthy Child Programme (HCP) – 0 to 5 with other key commissioners. • Implement HV programme, including increased HV numbers. • Implement FNP programme and contribute to delivery of national plans to expand FNP. • Develop plans to have fully commissioned the new national specification for Child Health Information Systems (CHIS) by 2015.	• 0-5 HCP reflected in JSNAs and HWB strategies. • Area Team represented in children's partnerships including Safeguarding Boards to determine ways of working to better integrate commissioning arrangements. • Influence development of national specifications, standards and outcomes. • HV numbers increased from 300.7 (December 12) to 331.4 (March 2014). • Ensure deliver agreed FNP activity. • Safe transfer of CHIS contracts, review against national specification and action plan developed.	• Safe transfer of director responsibility of effective HCP (0 to 5) by April 15. • Reduction in health inequalities and health risk factors by better integrated commissioning. • CHIS system in line with national specification. • HV and FNP targets met to deliver universal elements of HCP.
NHSCB and PHE agreements	• Common strategies are developed to improve outcomes. • Ensure delivery against commitment under section 7a agreement and partnership agreements.	• Clarity around local arrangements between NHS Commissioning Board PHE and LA reporting responsibilities. • Effective programme delivery by Area Team.	• Coordinated screening and vaccination programmes to improve outcomes at local level.