NHS England (Kent and Medway)

Commissioning Plan 2014/15 and 2015/16

Introduction

1. This paper is a summary of NHS England (Kent and Medway)'s commissioning plans for 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 27 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)
    - 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 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 Kent and 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 thirty-two 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. general medical services (GMS) contracts) or nationally determined regulations (e.g. regulations governing the process for reviewing applications to open a new community pharmacy). It is anticipated that further national commissioning intentions for primary care will be released in January 2014.

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 CCGs 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 Sheppey Healthcare Centre	Swale
DMC Walderslade Surgery	Medway
College Health-Boots	Medway
College Health –Sterling House	Medway
DMC Medway Healthcare Centre	Medway
The Broadway Practice	Thanet

White Horse Surgery and Walk-In Centre	Dartford, Gravesham and Swanley
Minster Medical Centre	Swale
The Sunlight 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 82% of GP contractors across Kent and Medway hold GMS contracts with only 13% of practices holding Personal Medical Services (PMS) contracts and a further 5% 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 Kent and 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.

- 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.
25. 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.
26. 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.
27. NHS England (Surrey and Sussex) have been asked to provide details of the implications of the national intentions for specialised services for Kent and Medway patients and services. These will be circulated to Health and Wellbeing Board members when available.

Armed forces health

28. NHS England (Bath, Gloucestershire, Swindon and Wiltshire) commission armed forces health services (for serving personnel and their families) on behalf of all areas in the South of England, including in Kent and Medway.

29. NHS England has agreed capacity plans, detailing anticipated demand for services, for armed forces healthcare activity for 2013/14. NHS England (Bath, Gloucestershire, Swindon and Wiltshire) has agreed a further six capacity plans with providers in the south of England and more contracts will be placed in 2014/15 in order to increase the availability of services for armed forces and their families.
30. There are some challenges in terms of the availability and accuracy of data to support commissioning decisions. This is partly due to providers not always identifying patients as serving armed forces personnel or their families NHS England (Bath, Gloucestershire, Swindon and Wiltshire) is working with national NHS England leads for information and finance to resolve these issues.
31. A first draft of commissioning intentions for armed forces health for 2014/15 is being prepared and will be shared shortly.
32. A review of current commissioning for quality and innovation payments (CQUINs) across existing contracts is identifying the CQUINs which most support the armed forces population. These will be adapted and promoted as part of contract negotiations.

Summary

33. 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 Kent and Medway to provide school based immunisation programmes. Current provision is through Medway NHS Foundation Trust (MFT) and Kent Community Health NHS Trust (KCHT) who provide a mixed model of school based immunisation programmes, i.e. via school nursing service in the east of the county and a standalone immunisation team in the west.	Review the need to decommission the current programme and procure a single school based Kent and Medway immunisation service in order to ensure consistency in delivery of vaccinations across the county.	KCHT and MFT	Costs are not identified at present. Reference costs are being sought from providers to inform service redesign.	School based immunisations are part of a block contract at present. Both providers have been extracting costs of current provision. This commissioning intention has implications for school nursing services which are currently commissioned by Medway Council and Kent County Council. An immunisation team is already in place for West Kent.
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 KCHT and 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.	KCHT & MFT school nursing and GPs	National guidance proposes that funding to deliver the adolescent Men C programme will be transferred from primary care where the second dose (now ceased) has been funded within GP contract/global sum.	To enable Men C to be commissioned from current providers we are currently seeking reference costs from Medway providers and will benchmark against KCHT and other areas to ensure VfM in the commission.

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 Kent and 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 342.2 wte employed within Kent Community Health NHS Trust (KCHT) and 78.8 wte for Medway Community Healthcare (MCH). This equates to an increase of 68.2 wtes for KCHT and 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)	KCHT and Medway Community Health (Social Enterprise)	Additional costs of £1,544,190 for 2014/15.	Mandated programme in line with Department of Health
Family Nurse Partnership (FNP)	Expansion of FNP by one team in both Kent and Medway, thus increasing the number of places by 100 for each area. Kent and Medway are both 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	KCHT and 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 Kent and 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 Kent and Medway.	KCHT and 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 II: 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 in Kent and Sussex and seek reassure of quality of care pathway and service in Surrey	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, anticipate there will be a limited impact on current providers due to low volume	Funding has been identified for the health element of the paediatric SARC from budget uplift received	National funding arrangements, roles and responsibilities across Partners to be clarified
Sussex Sexual Assault referral Centre (SARC)	Re-procure Sussex SARC Phase 1 (health element) by June 2014, Part 2 (social care element) by April 2015	Re procure service	Tascor	Sussex Police and local authorities transfer their budgets to NHS England	Further development of Forensic Medical Examiner (FME) service necessary
Kent Sexual Assault Referral Centre (SARC)	Re procure Kent SARC Forensic Medical Examiner (FME) and Forensic Nurse Practitioner (FNP) element by June 2014 and deliver FME and FNP training programmes . Extend service to be able to receive self-referrals by Autumn 2014.	Re procure FME / FNP element Review Kent SARC care pathway	FMEs paid on a retainer, no contracts in place	Kent Police confirmed financial envelope available, NHS England anticipating contributing to uplift	Partners, with NHS England need to commission a fit for purpose SARC that reflects national best practice and excellence.
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 and review care pathway	Kent and Medway Partnership Trust, Family Matters, East Kent Rape Line and	Uplift received will ease any cost pressures that the review and further development of an excellent Kent SARC may require.	Partners, with NHS England need to commission a fit for purpose SARC that reflects national best practice and excellence.

			Kent Police		
Surrey Police Custody Healthcare Commissioning Transfer	Prepare for transfer of commissioning responsibility of FME and FNP service to NHS England (Kent and Medway) for 1st April 2015	Transfer of commissioning responsibility anticipate novation of contract to NHSE	Tascor	None known	Preparing Statement of Readiness
Kent Police Custody Healthcare Commissioning Transfer	Re procure 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	Implement a re procured FME service into police custody by Summer 2014	FMEs paid on a retainer, no contracts in place	None known	Market testing underway
Sussex Police Custody Healthcare Commissioning Transfer	Support Sussex Police to uncouple FME and FNP element of block custody contract	Activity on-going to extrapolate health element of contract in order to re-procure	Tascor	None known	Preparing Statement of Readiness
Surrey Prisons - Virgin Healthcare	Review and redraft service specifications, key performance indicators (KPIs) and service delivery improvement plans (SDIPs) for healthcare provision for each of the four Surrey prisons. Incorporating a formal review of in-patient services at HMP Highdown.	Service specification, KPI's , Quality Dashboard and SDIP	Virgin	None anticipated	NHS England (Kent and Medway) working to embed partnership working with the provider
Surrey Prisons - Surrey and Borders NHS Foundation Trust	Review and redesign of mental health Service and contractual supporting documents	Service specification, KPI's , Quality Dashboard and SDIP	Surrey and Borders Partnership Foundation Trust	Commissioner may seek uplift in funding if identified as necessary for a comprehensive mental health service i.e. improving access	Provider aiming to being a Phased implementation from 1st April 2014

				to psychological therapies (IAPT) service	
Surrey Prisons - Virgin Healthcare	Re procure clinical and psycho-social elements of substance misuse services across Surrey Prisons fro implementation by 1st May 2014.	Re procurement completed, contract awarded and announced	Virgin	A saving of no more than 3100,000.00 per annum is anticipated	Contract transition and mobilisation planning underway.
Review of Discipline Officers enabling healthcare functions across all Kent, 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 from 1st April 2014	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 Lewes and Ford health services re procurement	Re procurement of healthcare services for 1st April 2015	Re procurement	Sussex Partnership NHS Foundation Trust	Unknown until procurement complete	Current Provider and NOMS advised of intention.
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	Re procurement	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 completed and contract awarded and announced.
Telemedicine	Develop a business case and feasibility test regarding the introduction of telemedicine in the Kent, Surrey and Sussex prison estate. Report expected Autumn 2014.	Service innovation	Miscellaneous	Anticipate it will be cost neutral	NHS England (Kent and Medway) need to progress development work with key stakeholders

HM Prison Bronzefield - primary healthcare and psycho-social substance misuse services	Close partnership working with NOMS to support the prison to review its existing service specifications and associated contract document suite i.e. key performance indicators (KPIs), service deliver improvement plans (SDIP), quality dashboard, adopt serious incident reporting framework, complaints process and Prison Health Performance and Quality Indicators (PHPQI) framework	Review and refresh of Service specs, KPIs, SDIP, Quality Dashboard, intro of use of PHPQI's, serious incident reporting framework, NHS complaints process	Sodexo	None	NOMS retain the budget, commissioning and contract management responsibility for the delivery of primary healthcare and psycho-social services at HMP Bronzefield. NHS England is working to support Sodexo and NOMS to prepare to transfer commissioning responsibility to the NHS when negotiations with Sodexo regarding uncoupling of healthcare element of main budget is completed.
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 July 2014	Re procurement	Oxleas	Anticipated this will be cost neutral	Re-procurement well advanced
Gatwick Immigration and Removal sites (3 sites)	Transfer commissioning responsibility from UK Border Forces (UKBF) to NHS England and re procure health services by Sept 2014	Transfer commissioning responsibility and re procure	G4S	Anticipate will be cost neutral for NHS England	NHS England's London Area Team are taking the lead on a multi-site procurement, Kent and Medway actively supporting

Secure Children's Homes (SCH) – welfare only	Formalise East Sussex and West Sussex local authorities retaining commissioning responsibility for SCH whilst NHS England (Kent and Medway) take accountability through a formal memorandum of understanding (MOU). Contractually implement service uplift.	Service uplift due to increase in residents and in response to refreshed health needs assessment (HNA). Area Team commissioners to confirm budget transfer value for commissioning transfer to Area Team from 1st April 2014.	Local authorities and local healthcare providers to SCH in East and West Sussex	Increase in available resources for comprehensive health services. NHS England (Kent and Medway) may need to incorporate local authority commissioning service costs into service baseline (if required by local authorities).	Local authority commissioners keen and content to carry on their local commissioning function of these bespoke placements and services for individualised packages of care
Medway Secure Training Centre (STC)	Provide on-going support in preparation for transfer of commissioning responsibility to NHS England from 1st April 2015 anticipating a re procurement of health services by 1st April 2015	Re procurement by April 2015, transfer of commissioning responsibility December 2014	G4S	Anticipate no cost pressures to NHS England	Position regarding transfer of commissioning responsibility to NHS England still fluid as is reprocurement timetable
Surrey Police Court Liaison and Diversion Service (PCLDS)	Commission Phase 2 of Surrey PCLDS to include some court coverage and enhance existing police custody coverage	Commission	Surrey and Borders Partnership NHS Foundation Trust	Planned for service uplift	Surrey is the last PCLDS to become established across Kent, Surrey and Sussex