Halton Clinical Commissioning Group

NHS Halton CCG

2 Year Operational Plan

26/02/2014

Contents

1. System vision

NHS Halton CCG and Halton Borough Council are driven by a burning ambition to make Halton a healthier place to live and work. We are committed to ensuring that local people get the right care and support at the right time and in the right place. We will continue to uphold the rights of people under the NHS Constitution and positively push the boundaries of quality standards and patient experience. Our

vision is to involve everyone in improving the health and wellbeing of Halton. We want people to live longer, healthier and happier lives. We are acutely aware that we are working within scarce resources, it is a well known fact that over the next five years NHS Halton CCG, Halton Borough Council and our partners face significant financial challenges. These financial challenges are driving us to do things differently and transform all aspects of health, social care and wellbeing in Halton over the next five years, beginning with a robust 2 years operational delivery plan.

By redesigning primary care access we aim to enable 7 day GP access same day appointments. Integrating Acute and Community services we aim to align clinical pathways enabling a seamless approach to patient care. Focusing on the vulnerable through multi-disciplinary teams will allow for significant efficiencies.

Evidence gathered from our residents and Acute hospitals indicated that 23% of the A&E attendances did not warrant acute care. In 2014/15 we plan to bolster our Urgent care centres in Widnes and Runcorn to provide real alternatives to A&E. Utilising GP and Consultant oversight will offer a central location for 7 day GP access, speedy diagnostics and one stop approach to minor illness and injury. Aligning this with the North West Ambulance Service NHS Trust (NWAS) pathfinder scheme will give a triage option to ambulances that would ordinarily be heading to an acute setting.

By pump priming £2.7m into urgent care we aim to significantly reduce A&E and non-elective activity bringing a 4 year net saving of £2.1m.

The overall NHS Halton CCG financial pressure is a reduction in spend of around £9m therefore additional tightening of contracts and better use resources will drive the 5 year plan.

Building on these innovative solutions and experiences the people of Halton will experience a fully integrated system that puts people at the heart of decision making about their care.

Pro-active prevention, health promotion and identifying at risk people early when physical and / or mental health issues become evident will be at the core of all our developments with the outcome of a measurable improvement in our population's general health and wellbeing.

Choice, partnership and control will continue to be developed based on integrated approaches to needs assessment. With bringing care out of acute settings and closer to home an essential part of providing health and social care over the next five years.

The 5-year strategic plan is totally aligned with the Better Care Fund (BCF), This integrated approach has identified 8 priority areas where the opportunities are greatest to transform our healthcare delivery, these are;

1. Maintain and improve quality standards
2. Fully Integrated commissioning and delivery of services across Health & Social care
3. Proactive prevention, health promotion and identifying people at risk early
4. Harnessing transformational technologies
5. Reducing health inequalities
6. Acute and specialist services will only be utilised by those with acute and specialist needs.
7. Enhancing practice based services around specialisms
8. Providers working together across inter-dependencies to achieve real improvements in the health and wellbeing of our population.

1) Maintain and improve Quality standards

NHS Halton CCG is committed to maintaining and wherever possible improving the quality of the care provided. Quality standards will not be allowed to slip despite the strain on the budget

2) Fully integrated commissioning and delivery of services across Health & Social care

NHS Halton CCG will drive Collaborative Commissioning with joint strategy, planning and collaborative commissioning with NHS England and Halton Borough Council, ensuring there is alignment of our commissioning towards outcomes and how each party works to lead on pathways of care.

3) Proactive prevention, health promotion and identifying people at risk early

Pro-active prevention, health promotion and identifying people early when physical and / or mental issues become evident will continue to be at the core of all our developments with the outcome of a measurable improvement in our population's general health and wellbeing.

Halton Borough Council's Mental Health Outreach team is currently piloting work with GP surgeries in order to identify people who may benefit from this service and prevent relapse.

4) Harnessing transformational technologies

Strategically, NHS Halton CGG are working with NHS Warrington CCG on a whole system IT transformation, which will allow data to flow across all systems, this will reduce the need for bulky/expensive back office functions. Technology will be central to supporting people to improve and maintain their health and well-being, offering a range of platforms and sophistication dependent on intensity of need and desired outcomes.

5) Reducing health inequalities

Halton's Health and Wellbeing service brings together the Health Improvement Team, the Wellbeing GP Practices Team and the Adult Social care Early intervention and Prevention team. This is a new approach that combines and aligns expertise from Public Health, Primary Care and Adult Social Care. This will be developed further over the next five years to continue the good results already seen and reduce the health gap between Halton and the England average.

6) **Acute and specialist services will only be utilised by those with acute and specialist needs.**

Timely return to the Borough from acute and specialist services will be enabled through network approaches to case management. Proactive case finding, long term condition management, monitoring systems and a range of alternatives for urgent care needs will be in place. This will support the transformation of the acute hospital sector and associated demand management issues.

7) **Enhancing practice based services around specialisms**

Consolidation of service providers, fewer but larger practices, development of integrated services centres, rationalisation of acute service providers.

8) **Providers working together across inter-dependencies to achieve real improvements in the health and wellbeing of our population.**

NHS Halton CCG will investigate the implementation of Prime Contractor arrangements for a whole pathway of care or model of care, enabling alignment of incentives and accountability for quality improvement and capacity management.

NHS Halton CCG will work with the Operational Delivery Networks to ensure that outcomes and quality standards are improved and that evidence based networked patient paths are agreed.

2. Integration & Innovation

2.1 Integration

NHS Halton CCG is currently moving towards a fully integrated commissioning unit. Focusing on commissioning, contracting & quality. This commissioning for outcomes approach will bring full system / operational delivery. NHS Halton CCG and Halton

Borough Council have harnessed the recent reforms in health and social care to create the platform for a fully integrated approach to commissioning. This whole system ensures we meet the political directions whilst providing services that are affordable, sustainable and meet the needs, wants and aspirations of our community.

With input and support from partner agencies across the health and social care economy in Halton, Halton Borough Council and NHS Halton CCG are moving forward at pace to deliver our vision of a whole system integrated approach to local health, care, support and wellbeing. Utilising the expertise of our integrated Public Health Team all of the 2014/15 commissioning intentions will be scrutinised to ensure a robust outcome driven evidence base.

We aim to continue our innovative approach to health and wellbeing, building the nationally recognised Community Well Being Practice Model. This approach will be in all 17 practices by midyear 2014. An economic analysis will be implemented early 2014 to indicate a fiscal return on this approach.

Under the Public Services (Social Value) Act (2012), social value will drive every commissioning decision, every piece of work and procured service will be tested under a social value lens ensuring the Borough of Halton benefits from a wider approach to community resilience. A social value charter will be completed in March 2014 in readiness for the new contractual round. Each contract will contain reference to social value and the added value providers can bring to reducing inequality etc.

In overall strategic terms the health and adult social care system will focus on prevention, supporting people to remain independent at home, manage their long term conditions and wherever possible avoid unnecessary hospital admissions.

The strategic aims of the plan are:

1) Integrated Commissioning
2) Health and wellbeing of individuals in our community
3) Supporting Independence
4) Managing complex care and care closer to home

1) Integrated Commissioning Function

NHS Halton CCG is co-located alongside Halton Borough Council Social Care and Public Health and we have already seen the positive impact this has had on breaking down organisational, professional and cultural barriers. Halton's approach to urgent care, via the establishment of the urgent care partnership board, demonstrates the

shared commitment to improving outcomes for service users/patients and their carers whilst making the most efficient use of public resources.

2) Health and Wellbeing of individuals in our community

Health inequalities in Halton are reducing and there have been significant improvements in rate of Cardio Vascular Disease (CVD), Smoking prevalence, Child obesity and Chronic Obstructive Pulmonary Disorder (COPD). However, challenges remain if we are to close the gap between Halton and the national average. Integrated senior management teams, commissioning meetings and planning meetings with staff from a range of backgrounds ensures a joined up approach to improving health inequalities.

Halton's Health and wellbeing service brings together the Health Improvement Team, the wellbeing GP Practices Team and the Adult Social care early intervention and Prevention team. This is a new approach that combines and aligns expertise from Public Health, Primary Care and Adult Social Care.

3) Supporting Independence

There are a range of integrated services which focus on promoting recovery from illness, preventing unnecessary hospital admissions or premature admissions to residential care, supporting timely discharge from hospital and maximising opportunities for independent living.

Technology will be central to supporting people to improve and maintain their health and wellbeing, offering a range of platforms (such as Telecare and Telehealth) and sophistication dependent on intensity of needs and desired outcomes.

4) Managing complex care and Care closer to home

The development of new pathways in addition to a pooled budget arrangement for all community care, including intermediate care, equipment and mental health services enables practitioners to work more effectively across organisational boundaries, utilising the flexibility within the pooled budget to commission holistic services and to improve health gains.

2.2 Innovation

2.2.1 Innovation in Mental Health Practice

Mental Health services across Halton will be delivered in a way that values the expertise of users enabling them to make their own contribution and be part of a shared decision making process about their treatment and care.

NHS Halton CCG plans to commission services that support a multi-disciplinary team response that is integrated across primary and secondary care, this will include a seamless stepped model to improve access to psychological therapies.

Further innovation will be developed across AED liaison services and developing a street triage model to respond to Section 136 Crisis calls that diverts people away from AED and reduced potential Section 136 assessments under the Mental Health Act 1983. Following a successful pilot running from December to February 2014 which (as of 6th Jan) showed a 72% reduction in the number of Sections under Section 136.

3. Quality Improvement

With regard to the 7 ambitions highlighted by NHS England, NHS Halton CCG has the following services and improvement programmes in place.

1) Securing additional years of life for the people of Halton with treatable mental and physical health conditions

As part of NHS Halton CCG's work with its partners and providers there are several areas where specific work is being done to secure additional years of life. This includes working the Mental Health Provider, 5 Boroughs Partnership NHS Foundation Trust, with regards to reducing the harm from suicide and lessons learnt and physical health checks of people with mental health problems. Working with the community services provider, Bridgewater Community Healthcare NHS Trust, in increasing the number of people with learning disabilities who have had a physical health check.

Work is being done with the acute providers (Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley Hospitals NHS Trust) to improve the reported hospital mortality figures Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).

2) Improving the health related quality of life with one or more long term conditions, including mental health conditions

NHS Halton CCG has worked with Bridgewater Community Healthcare NHS Trust to develop a screening programme for the over 65's, this will identify conditions sooner, enable treatment to start earlier and provider the best outcomes for both the patient and the health economy.

NHS Halton CCG has one of the best dementia diagnosis rates in the country (currently 63%) however we are not complacent and are committed to reaching the target of 67% by 2014/15.

The successful Multi-Disciplinary Team (MDT) programme is in the process of developing a Quality of Life survey which will enable us to quantify the amount of difference to a person's quality of life the involvement of the MDT has been able to make.

3) **Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital**

The development of the urgent care centres will have a significant impact on the number of people attending hospital avoidably; this is quantified as a 2.5% reduction in 2014/15 with a 15% reduction seen by 2017/18.

The Multi-Disciplinary Teams are promoting self-care to enable people to manage their own care at home.

The planned Practice Nursing audit will also highlight what training needs may be required to ensure that the highest standards for competence are maintained.

4) **Increasing the proportion of older people living independently at home following discharge from hospital**

The use of pooled budgets between Social Care and Health, the reablement team, Multi-disciplinary team and the review of stroke services will enable 70% of older people to remain at home 91 days after discharge from hospital into reablement.

5) **Increasing the number of people having a positive experience of hospital care**

NHS Halton CCG will continue to monitor the levels of complaints with regard to its two acute services providers, with particular focus on the response times to complaints and whether or not the complainant was comfortable with the response. NHS Halton CCG will also ensure that the providers have mechanisms in place to learn from the complaints that are received.

6) **Increasing the number of people with mental and physical conditions having a positive experience of care outside hospital, in general practice and in the community**

NHS Halton CCG will work towards improving the patient experience of their GP surgery with the aim of increasing the percentage of people answering 'good' or 'very

good' in the GP Patient survey with regards to their experience of the GP surgery to exceed the national average.

Bridgewater Community Healthcare NHS Trust has already begun a local Friends and Family test as part of commissioning for quality and innovation payment which will provide focus around improving a person's experience of care.

7) **Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.**

NHS Halton CCG is involved in several initiatives to reduce the amount of harm related to problems in care. These include the Safer Care Collaborative; One area of focus of this group is Medicines Management. Another initiative is the Mid-Mersey Health Care Acquired Infection (HCAI) taskforce which is looking at providing a consistency of approach with regard to HCAI's across the Mid-Mersey footprint.

NHS Halton CCG has to-date had no HCAI incidences of MRSA and is committed to maintaining this level of performance. Halton is also forecast to have a low reported incidence of clostridium difficile for 2013/14 which we aim to improve upon for 2014/15

3.1 Quality in Mental Health

NHS Halton CCG will continue to support recovery focussed mental health support services that are integrated across health, social care and the criminal justice system.

Services will be supported to develop innovation through organisational change and be commissioned to ensure meaningful outcomes are achieved such as:

- Reduce stigma and discrimination
- Reduce waiting times and ensure parity across services that will in turn support an integrated provision across cluster pathways
- Improve access
- Increases the level of involvement of services users in the quality agendas within the Trust – Such as serious untoward incident panels
- Sustaining and supporting Bridgewater Community Healthcare NHS Trust to be a pilot area for the Mental Health Friend and Family Test and continuing to support the Trust in the advancing quality agenda.

4. Sustainability

NHS Halton CCG faces a 'do nothing' 5 year finance gap of £46 Million. For the health economy to be sustainable the goals are;

- All organisations within the health economy are financially viable in 2015/16
- Operational plan objectives are met
- Reduction seen in A&E activity at the Acute providers
- Reduction seen in inappropriate non-elective admissions into secondary care

4.1 Demographics

The population structure of Halton is projected to change in the next 5 years to 2018. Office for National Statistics predict that there will be an increase of 6.8% in the population aged 0-15 and 23.8% in those aged 65+. Conversely, it is estimated that there will be a decrease in those aged 16-24 by 13.6% and in 25-64 year olds by 2.3%

4.2 Activity

It is likely that there will be more demand on unplanned hospital care over the next 5 years from those living and registered with GPs in Halton, particularly in relation to these younger and older age groups.

Areas identified with a potential for increased demand, due to population changes, are;[1]

Emergency admissions for:

- Falls in those aged 65 and over
- Injuries to the body, particularly in those aged 65+
- Dementia (aged 65+)
- Respiratory conditions (infections and asthma 0-15; flu, pneumonia and chronic obstructive pulmonary disease in 65+)
- Digestive conditions (65+)
- Circulatory conditions (heart disease and stroke aged 65+)

Emergency re-admissions within 28 days, for those aged 65+

A&E attendances in those aged 65+

Analysis of activity demands on Halton Health economy

[1] Future impact of demographic changes on unplanned hospital care in Halton

Older people 65+[2]	2012	2014	2016	2018	2020
People aged 65+ with a limiting long-term illness	10782	11419	12185	12675	13300
People aged 65+ predicted to have dementia	1229	1256	1314	1421	1518
People aged 65+ predicted to have a longstanding health condition caused by a heart attack	948	1018	1073	1116	1166
People aged 65+ predicted to have a longstanding health condition caused by a stroke	444	473	501	528	551
People aged 65+ predicted to have severe depression	523	554	591	606	636
People aged 65+ predicted to have a fall	5048	5363	5665	5921	6206
People aged 65+ with a BMI of 30 or more	5191	5585	5906	6127	6359
People aged 65+ predicted to have diabetes	2430	2605	2755	2895	3017
Adults 18-64[3]	2012	2014	2016	2018	2020
People age 18-64 predicted to have a learning disability	1901	1878	1858	1841	1824
People aged 18-64 predicted to have a common mental disorder	12608	12499	12365	12269	12172
People aged 18-64 predicted to have a moderate physical disability	6267	6190	6154	6136	6109
People aged 18-64 predicted to have a serious physical disability	1878	1852	1842	1844	1845
People aged 18-64 predicted to have diabetes	2625	2603	2584	2594	2585

Contribution of Health and Wellbeing priority areas to emergency admissions in 2011/12[4]

[2] http://www.poppi.org.uk
[3] http://www.pansi.org.uk

		Number	Percentage of all emergency admissions	Change since 2010/11	
Falls	Falls in ages 65+	934	6.2%	7.1%	
Alcohol	Alcohol specific	864	5.7%	7.9%	
Mental Health	Mental and behavioural disorders	631	4.1%	-0.5%	
	Dementia (primary or secondary cause)	563	3.7%	-28.6%	
	Self-harm	362	2.4%	-15.6%	
Cancer	Cancer	291	1.9%	-19.8%	

Of those Health and Wellbeing priority areas that have an impact on hospital admissions, the emergency activity relating to falls and alcohol has increased from 2010/11 to 2011/12.

The number of falls over the last three years in those aged 65+ has increased each year

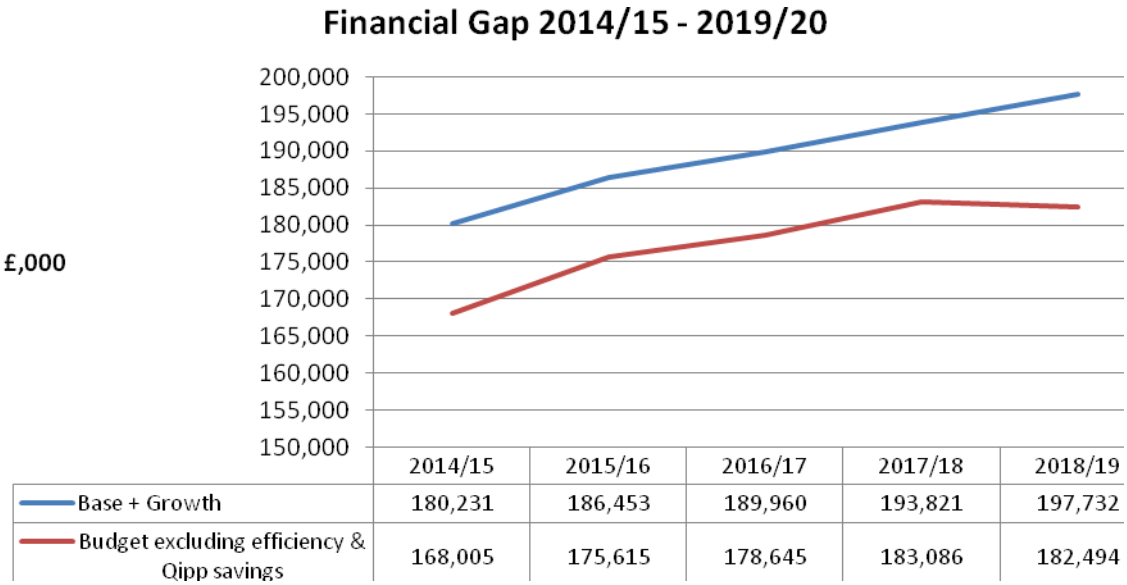
	2009/10	2010/11	2011/12	% change 2009/10 to 2011/12	
Number of admissions for falls[5]	740	872	934	26.2%	

- Left unchecked this increase is likely to continue, as the number of falls in people aged 65+ is projected to rise from 5048 in 2012 to 5665 in 2016[6]

4.3 Finances

[4] Source: Future impact of demographic changes on unplanned hospital care in Halton
[5] Source: SUS data (commissioning Support Unit) as reported in 'Future impact of demographic changes on unplanned hospital care in Halton'
[6] Source: POPPI.org.uk

4.3.1 Overall financial position & do nothing position



CCG Programme Budget Allocation					
£'000's	2014/15	2015/16	2016/17	2017/18	2018/19
Halton CCG base + growth	180,231	186,453	189,960	193,821	197,732
Application less savings	168,005	175,615	178,645	183,086	182,494
Savings required	10,450	8,734	8,541	7,297	11,124
Surplus required	1,776	2,104	2,773	3,439	4,116

The table and chart above show a summary of the overall financial position of NHS Halton CCG for the next five financial years. Taking anticipated growth into account £10.45M of savings need to be found in 2014/15. The cumulative effect of the 'do nothing position' would be a shortfall of £46.15M over the five year period. Savings are required to be found in each of the next five years with the largest gap being seen in 2018/19 where a saving of £11.1M will need to be found to achieve a balanced budget.

A full financial plan is available in the NHS Halton CCG 5-year financial plan

4.3.2 Investments in Urgent Care

Investments in Urgent Care

Recurrent investments	£000's
Urgent Care centre	600
Enhanced service primary care	400
Telehealth	100
£5 per head strategic framework GP	646
Total Recurrent	1,746
Non Recurrent investment	
Urgent care centre	500
Redesign of discharge team	100
Extension to hospital at home scheme	65
Development X-ray facility in urgent care centre	300
Total non-recurrent	965
Total investment	2,711

4.3.2.1 Reduction on A&E Activity

By investing £2.7M in urgent care facilities across Runcorn and Widnes NHS Halton CCG aim to reduce inappropriate A&E attendances by 15% across 4 years (14/15 – 17/18) The financial impact of A&E reduction in year 1 is £240k and Year 2 £480k

4.3.2.2 Reduction on Non elective Admissions

The aim is to reduce inappropriate non elective admissions into secondary care by moving emergency activity closer to home and increasing diagnostic activity in urgent care centres. This will impact non elective admission by 15% over 4 years. The financial impact of the reduction of secondary care non elective admissions in year 1 amounts to £0.65m with an additional saving of £1.35m in year 2 and year 3. And a year 4 saving of £0.65m, an overall saving of £4.7m (across both A&E and non-elective admissions). Giving a net saving £2.074m

This will allow the CCG to re-invest in planned care closer to home.

4.3.3 Planned application of funds

The funds available to NHS Halton CCG (Base allocation + growth + prior year surplus less required programme surplus) have been calculated for the next five years and shown in the table below.

NHS
Halton Clinical Commissioning Group

Planned Application of Funds – NHS Halton CCG

	2014/15			2015/16			2016/17			2017/18			2018/19		
	Recurrent £'000	Non recurrent £'000	Total £'000	Recurrent £'000	Non recurrent £'000	Total £'000	Recurrent £'000	Non recurrent £'000	Total £'000	Recurrent £'000	Non recurrent £'000	Total £'000	Recurrent £'000	Non recurrent £'000	Total £'000
Planned application of funds															
Halton Acute Health Expenditure	89,715	2,743	92,458	88,638	2,416	91,054	87,106	2,178	89,284	87,280	2,182	89,462	87,804	2,195	89,999
Halton Community Expenditure	21,455	901	22,356	20,820	621	21,441	20,811	520	21,332	20,961	524	21,485	21,297	532	21,829
Halton Mental Health Expenditure	14,583	415	14,998	14,964	974	15,939	14,993	575	15,567	15,263	382	15,645	15,352	384	15,736
Halton Continuing Care Expenditure	11,720	0	11,720	11,231	0	11,231	11,253	0	11,253	11,388	0	11,388	11,571	0	11,571
Halton Prescribing Expenditure	21,259	0	21,259	21,472	0	21,472	21,687	0	21,687	21,904	0	21,904	22,123	0	22,123
Halton Other Primary Care Expenditure	5,453	550	6,003	4,523	700	5,223	4,435	50	4,485	4,470	0	4,470	840	0	840
Halton Other Costs Expenditure	4,692	1,212	5,904	3,855	215	4,070	17,597	1,627	19,224	21,821	1,909	23,730	23,976	1,942	25,918
Halton Future DH Mandate Investments	200	3,557	3,757	13,920	0	13,920	4,355	0	4,355	2,300	0	2,300	5,600	0	5,600
Total NHS Halton CCG Expenditure	169,078	9,377	178,455	179,424	4,926	184,349	182,237	4,950	187,186	185,386	4,997	190,383	188,563	5,053	193,616

4.3.4 Savings / Investments from other operational plan schemes (from Appendix A)

For full details of the individual schemes please see Appendix A.

4.3.4.1 Recurring expenditure development projects £'000

Scheme name	Scheme ref	14/15	15/16	16/17	17/18	18/19
Wellbeing practice initiative	PCI 5 (13/14)	435				
Urgent care centre development	MHUC141514	600	300			
Enhanced Service	PCI141503	400	50			
PICU Beds increase		15	15	15		
Telemed	PCI141510	100	100			
Redesign care pathway – mental health children	WCF141508	50	100	150	200	
Midwifery PBR redesign	WCF141504	500	100			
Autistic diagnosis	WCF141502	85	17	20		
Health Assessment team LAC		50				
AQP future projects		200	100	100		
Mental Health initiatives	MHUC141502		200	100	150	100
Alcohol Misuse			200	100	150	100
Access weekend and evenings	PCI141506		200	100	100	100
Social care national pooled budget	ADD141509/08		6522			
0.5% contingency plan		892				
Clairs House Hospice		15				
Community orthoptics movement to tariff	WCF141503	66				
£5 per head GP strategy	PCI141506/05/01	646				
Spirometry service	PC141501					
Liverpool care pathway training	PC141507	10				
Hospital at home community nursing	WCF141510	60				
Care home projects – existing and mental health 5BP	PCI141504/07	200				
Integrated IM&T	PCI141510		10			
Implement health needs assessment for LD	MHUC141507					

Improved access to grants	ADD141507	68				
Gynae Physio services	PC141516	10	20			
Lymphoedema	PC141519		30			
Future Mandate requirements			3250	6800	4700	2500

4.3.4.2 Non-recurring development projects

Scheme name	Scheme ref	14/15	15/16	16/17	17/18	18/19
Urgent Care Centre development	MHUC141514	500	200			
Redesign of discharge team, joint working		100				
Mental Health initiatives			300	100		
Alcohol misuse			300	100		
Access weekend and evening	PCI141506		300	50		
Telemed	PCU141510		500			
Hospital at home extension of pilot	WCF141510	65				
X-ray development		300				
Integrated IM&T	PCI141510	50	100			
Alternative employment vulnerable groups	MHUC141508	50				

4.3.4.3 Recurring quip schemes

Scheme name	Scheme ref	14/15	15/16	16/17	17/18	18/19
Running cost challenge		(128)	(115)	(115)	(115)	(72)
Enhanced service	PCI141503		(100)			
Telemed	PCI141510		(200)			
Redesign care pathway mental health children	WCF141508		(50)			
Autistic diagnosis	WCF141502	(85)	(17)	(20)		
Mental Health Initiatives			(200)			
Alcohol Misuse			(200)			
Access weekend and evenings	PCI141506		(200)			
Ophthalmic procurement		(125)				
Asthma care provision	PC14154					
Urology follow ups – Prostate	PC141509					
Foot health pathway re	PC141513					

amputations						
Reduction in NEL activity (2.5% 14/15, 5%15/16, 5% 16/17, 2.5% 17/18)	PCI141503	(677)	(1355)	(1355)	(677)	
Reduction in A&E activity (2.5% 14/15, 5% 15/16, 5% 16/17, 2.5% 17/18)	PCI141503	(120)	(240)	(240)	(120)	
Community Paediatrics		(50)				
Speech & Language therapy	WCF141505	(50)				
Other Primary Care		(1150)	(900)	(1000)	(1000)	(3700)

4.3.5 Running costs

One of the challenges facing NHS Halton CCG is in relation to the running costs. NHS Halton CCG covers a relatively small population and its Running Cost Allowance is proportionate to this, however some of the demands placed upon CCG's are the same regardless of size. The current running cost allowance is £3.1M there is no uplift in 2014/15 and a 10% real terms cut in 2015/16 to £2.87M

5. Improvement Interventions

The eight priority areas identified through extensive consultation with partners are expected to provide real improvements in the health and wellbeing of the people of Halton. These improvements are highlighted below with some of the key actions to be undertaken over the next two years. A more complete list of intentions is shown in Appendix A. These have been cross referenced in brackets ()

1 – Maintain and improve quality standards.

- Specific targets have been written in the quality schedule of the Community healthcare provider to increase the rate of medication error reporting as this has been highlighted as below the national average.
- The quality of services will be reported at GP practice level at as near to real-time as possible. (ADD141503)
- The Friends and Family test will be piloted with GP practices and rolled out to the Mental Health and community care providers (ADD141504)
- CQUINs developed with the providers to implement the commissioning outcomes of both the Francis report and the government response. Reviewing performance against last year and against Cavendish review, 'patients first' government response and Berwick re patient safety collaborative. This will be supported by evidence of duty of candour, quality strategy, and training programmes including mandatory training. (ADD141505)

- Quality standards improved in the acute sector providers by appropriate use of SHMI and HSMR mortality figures to identify areas for further investigation and evidence of improvement actions taken where appropriate. (ADD141506)
- Investigate the reasons behind the number of people who do not attend appointments (DNA's) review practices and develop methods for reduction (ADD141501)
- Develop clear and transparent process for applying for grants from the CCG (ADD141507)

2 – Fully integrated commissioning and delivery of services across health and social care.

- Better Care Fund plan actions are implemented (ADD141509)
- Further develop integrated services between the NHS and Local Authorities for people with complex needs (ADD141508)
- Develop an integrated approach with Halton Borough Council with community pharmacies (ADD141512)
- Deliver single specification with the Local Authority to deliver Children's speech and language services (WCF141505)
- Deliver revised integrated Tier 2 CAMHS specification as a joint project with the Local Authority (WCF141508)
- Secure provision of community services from 2015, VfM contract to reflect the needs of the population supporting more integrated care (PCI141514)

3 – Proactive prevention, health promotion and identifying people at risk early

- Examining the evidence to introduce a targeted screening programme to increase early detection rates of lung cancer (PC141505)
- To work with the NHS England Merseyside area team in the shared pursuit of improving uptake and early diagnosis of bowel, breast and cervical cancers (Public Health Commissioning Intentions 2014/15 – Merseyside Area Team)
- To review access to lifestyles service for patients with cancer, for example breast cancer weight loss and exercise programme (PC141508)
- Review provision of services for people with diabetes who have developed foot problems with the desired outcome of reducing the number of complications associated with foot problems in people with diabetes (PC141513)
- Securing 1 day service provision for people who have had a TIA (PC141510)
- Strengthen the GP's role at the heart of out of hospital care by identifying people at risk of hospital admission and introducing named accountable clinician (PCI141501)
- Explore the potential for introduction of a programme of care for Familial hypercholesterolemia. (PCI141512)
- Roll out learning disabilities physical health checks to under 16s (MHUC141510)
- Delivery Direct Enhanced Service for dementia within general practice, to increase awareness and screening for dementia (MHUC141511)
- Reduce the level of antibiotic prescribing (ADD141510)

4 – Harnessing transformational technologies

- Consider the use of technology to manage sleep apnoea in the community (PC141501)
- Implement the EPACCs IT system – Improve the use of special patient notes in end of life care (PC141506)
- Develop an integrated Health & Social care IM&T strategy & work plan (PCI141510)

5 – Reducing health inequalities

- Reviewing the phlebotomy and pathology provision to increase the equity of provision (PC141520)
- Increase access to and equity of provision of community gynae services (PC141517)
- Improve outcomes for people experiencing domestic violence with a review of the Halton Women's centre (WCF141511)
- Supporting NHS England in ensuring quality in primary care, reducing the variation seen across membership practices. (PCI141508)
- Develop local services to reduce suicide attempts (MHUC141501)
- Review the AED liaison psychiatry model, ensuring that acute and emergency care for people in mental health crisis is as accessible and high quality as for physical health emergencies (MHUC141502)
- Develop and launch 'safe in town' initiative across Halton to increase the number of people in vulnerable groups feeling safe in their communities. (MHUC141503)
- Work with other North West CCG's to secure provision of an IAPT service for military veterans (MHUC141504)
- Review current eating disorder service to improve outcomes for patients (MHUC141506)
- Implement the action plan from the Health Needs Assessment for Learning Disabilities (MHUC141507)
- Develop alternative employment opportunities for vulnerable groups to improve the emotional wellbeing and support individual personal development (MHUC141508)
- Develop mechanisms to ensure we listen to the whole population, including young people and BME communities (ADD141502)

6 – Acute and specialist services will only be used by those with acute and specialist needs

- Procurement of community paediatric consultant service (WCF141502)
- Expand community provision for special schools orthoptic service (WCF141503)
- Review possible procurement of community midwifery service (WCF141504)
- Evaluate the Mersey QIPP pilot for children's community nursing service (WCF141510)
- Amend existing asthma care provision to divert emergency admissions and A&E presentations to the new Urgent care centres (WCF141512)
- Support the regional procurement of NHS 111 (MHUC141513)
- Implement the Urgent Care redesign preferred model to reduce inappropriate A&E attendances and subsequent admissions (MHUC141514)

7 – Enhancing practice based services around specialisms

- To support GP practices to deliver services over above their core contractual responsibilities (PCI141505)
- Develop the strategy for sustainable general practice in Halton (PCI141506)

8 – Providers working together across inter-dependencies to achieve real improvements in the health and wellbeing of our population

- Review pathways for patients with cancer attending hospital to explore alternative models of follow up i.e. telephone follow up or GP led. (PC141509)
- Increase integration in the musculoskeletal (MSK) pathway (PC141515)
- Review the design of community services to focus on outcome based services (PCI141503)
- Establish a single supplementary specialist service for dementia patients that's able to effectively respond and meet the multiple and complex needs of a care home population through the provision of enhanced support (MHUC141515)

6. Contracting & Governance Overview

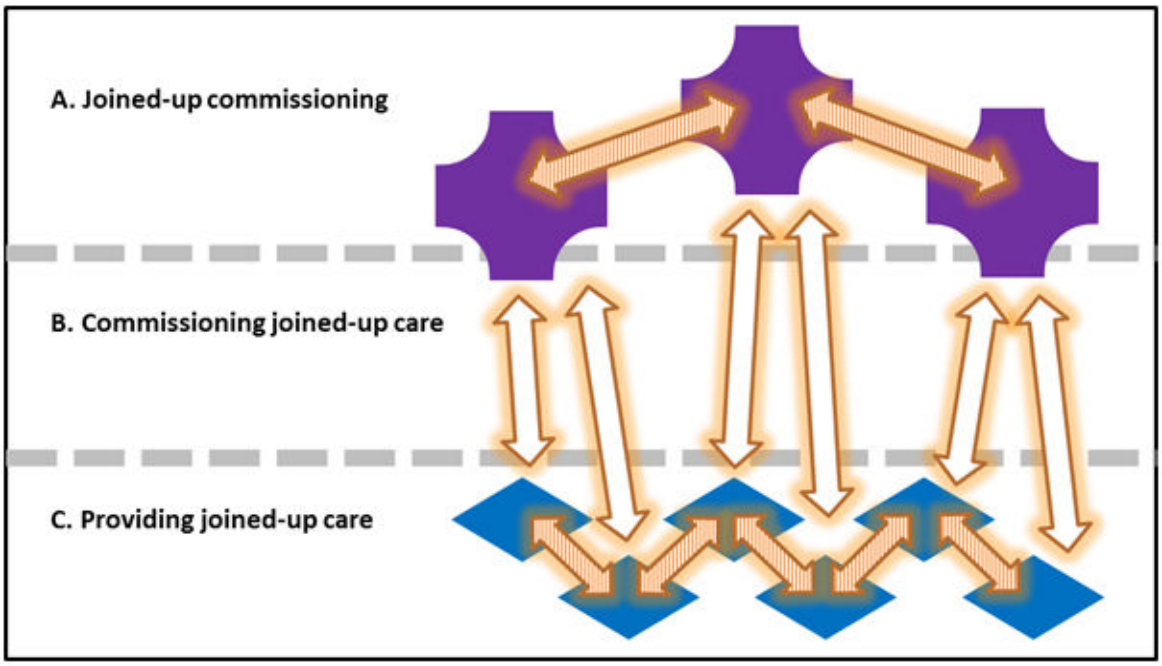
Success will be measured by NHS Halton CCG meeting its financial responsibilities, achieving service improvement and the move of activity away from acute settings and into the community. This will be measured by the views of the local population, providers, clinicians and the metrics highlighted both here and in the Better Care Fund Plan.

6.1 Contracting

Integrating commissioning within Halton creates the three *'foci of integration'* which is necessary to achieve integration.

A. Joined-up commissioning: Commissioners within the Clinical Commissioning Group and the local authority develop shared vision, plans and budget. Although this can present challenges, it is necessary to ensure that the large gaps that may have previously been visible between health and social care planning and provision is addressed. Halton are able to clearly demonstrate the benefits of developing shared vision, plans and budgets between the Clinical Commissioning Group and Halton Borough Council.
B. Commissioning joined-up care: Commissioners across sectors collaborate with providers to design coherent, reliable and efficient patient pathways, and ensure the incentives are right for providers to provide interoperable services within these pathways. Engaging patients and carers is a vital part of designing better systems and pathways of care.

C. Providing joined-up care: Providers ensure reliable and timely transitions, supported by a culture of inter-team collaboration and modern information systems.



Halton's integrated commissioning aligns commissioning plans, which avoids duplication, increases productivity and improves quality for patients and service providers. Added to this our focus will be on the joining up of expertise and lead roles with commissioners and practitioners. NHS Halton CCG Clinical Leads link directly with Champions from the Adult Social Care Assessment and Care Management Team therefore improving lines of communication and the sharing of information, as well as improving health gains.

The culture within and between organisations will be focused on achieving real improvements in the health and well-being of our population through the delivery of high quality, effective and safe care that recognises both the centrality of supporting people to have control over their health and well-being and the inter-dependency across the systems and organisations to achieve this. This will be facilitated through existing and developing mechanisms to incentivise and performance manage providers of services. This is underpinned by a letter of intent which informally binds the organisations to joint working. A formal section 75 is being developed to take this process to the next stage and drive structural, integrated change to the challenging landscape.

Within 5 years the commissioning and delivery of all aspects of health, social care and well-being will be transformed within the borough of Halton. Building on our innovative solutions. The communities of Halton will have a fully integrated system that tailors its responses to their needs as individuals, members of families, carers and participants in their communities.

6.2 Managing Performance

Performance against the key milestones identified against each project will be reported in a performance dashboard. Regular review of this dashboard will allow effective and timely responses to manage situations as they arise.

In addition an early warning dashboard will provide an at-a-glance view of performance against a series of measures including, infection control, quality, risk and safety measures, these will provide effective early markers of possible provider problems or service failure and more can be added as and when appropriate.

Actions identified will also report to an oversight group or be part of a new or existing programme of work. Where this is the case the performance will be reviewed by this oversight group.

6.3 Risk Assessment & Mitigation

The Governing body has considered the potential risk that NHS Halton CCG may be unable to deliver the duties and/or financial requirements set by NHS England. The main reasons this might occur include:

- Unanticipated activity growth
- Activity growth for services subject to cost and volume payment systems, e.g. payment by results (PbR) and continuing health care (CHC)
- Changes in the specialised commissioning allocation.
- The delay or failure of QIPP schemes to deliver planned savings
- Unexpected cost pressures or allocation reductions
- Capacity and capability within provider organisations

Controls to mitigate against these risks fall into three categories.

6.3.1 Financial systems – Sound financial systems and procedures, including a robust ledger and budgetary control system. Expertise in forecasting and budget-setting are key skills which NHS Halton CCG has acquired through its shared finance team arrangements.

6.3.2 Internal governance – These arrangements are intended to ensure that decisions are properly considered and approved and that all the members of NHS Halton CCG can be assured that risks are being properly managed. These include the performance management arrangements described earlier. Other elements are the Audit Committee, Finance and Performance Committee and meetings of the Governing Body and membership; internal and external auditors will test the

robustness of NHS Halton CCG's internal controls and systems. The Board Assurance Framework and Risk Register are well developed and highlight the controls and assurance in place for the identified risks.

6.3.3 Relationships and risk sharing – Examples of this include the creation of the pooled budget arrangements between NHS Halton CCG and Halton Borough Council for adults continuing health and social care cases. Each party agrees to shares risk of costs jointly.

Should NHS Halton CCG still be faced with significant financial pressures despite the controls outlined above then options to deliver short-term financial balance would be considered.

7. Key Values and Principles

The Key values and principles at the heart of our work are:

Partnership – we will work collaboratively with our practices, local people, communities and with other organisations with whom we share a common purpose.

Openness – We will undertake to deliver all business within the public domain unless there is a legitimate reason for us not to do so

Caring – We will place local people, patients, carers and their families at the heart of everything that we do.

Honesty – We will be clear in what we are able to do and what we are not able to do as a commissioning organisation

Leadership – We will be role models and champions for health in the local community.

Quality – We will commission the services we ourselves would want to access

Transformation – We will work to deliver improvement and real change in care.

8. Operational Plan Outcome measures & targets

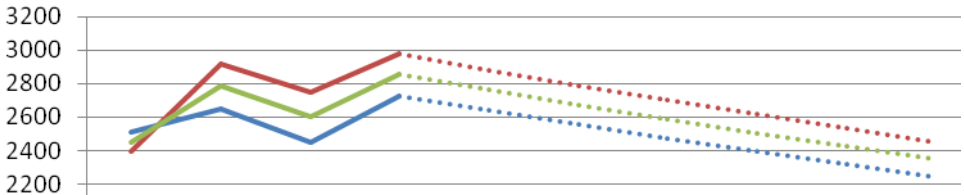
8.1 Securing additional years of life for the people of Halton with treatable mental and physical health conditions

Based on national and local intelligence NHS Halton CCG has developed a number of schemes for implementation over the next 2 years which have the intention of securing additional years of life for the people of Halton. Overall this improvement has been set at 3.2% in both 14/15 and 15/16 for both males and females.
The schemes identified for implementation are;

Reference	Description
PC141505	Review pathway around cancer presentations. This will look at the evidence across all pathways, and will include examining the evidence to introduce a targeted screening programme to increase early detection rates of lung cancer
PC141510	Develop a Cardiovascular strategy for Halton and implement actions arising from the strategy. To include 1) Securing 1 day service provision for people who have had a TIA
PCI141512	Explore the potential for introduction of a programme of care for Familial hypercholesterolemia
MHUC141501	Develop local services to reduce suicide attempts

For full details of the individual schemes please see appendix A.

C1.1 Potential years of life lost from causes amenable to health care in Halton



	Actual 2009	Actual 2010	Actual 2011	Actual 2012	Plan 2013	Plan 2014	Plan 2015	Plan 2016	Plan 2017	Plan 2018
Females	2509	2649	2449	2727	2639	2555	2473	2394	2317	2243
Males	2396	2920	2750	2977	2882	2790	2700	2614	2530	2449
Both	2452	2784	2599	2852	2761	2672	2587	2504	2424	2346

Source Data: http://ccgtools.england.nhs.uk/opa/flash/atlas.html on 09/01/2014

This measure has been selected as a 2014/15 Quality Premium Measure with a nationally set target for the calendar year 2014 of a 3.2% reduction based on the directly standardised rate from a 2013 baseline. This target is ambitious and needs to be agreed with both the Health & Wellbeing Board and the NHS England Area

Team The 2013 baseline will be available in the Summer of 2014, the figure used in this report is the 2012 baseline. For figures post 2014 a further 3.2% has been applied to each year, however targets post 2014 have not been specified by NHS England.

By continuing a year on year reduction of 3.2% on the potential years of life lost (PYLL) this would bring NHS Halton CCG's figure for PYLL from causes amenable to health care to the 4th Quintile nationally from the 5th currently (based on 2012 quintile boundaries). And the 2nd Quintile in the NHS Merseyside Area team. (Where the 1st quintile is the best performing 20% of CCG's)

8.2. Improving the health related quality of life of the people of Halton with one or more long-term conditions, including mental health conditions

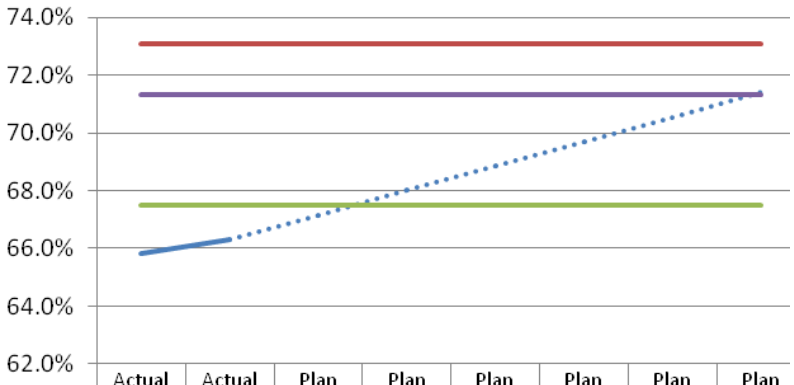
Based on national and local intelligence NHS Halton CCG has developed a number of schemes for implementation over the next 2 years which have the intention of improving the health related quality of life of the people of Halton with one or more long term conditions.

The schemes identified are;

Reference	Description
PC141508	To review access to lifestyles services for patients with cancer, for example breast cancer weight loss and exercise programme
PC141514	Review the scope of the community diabetes provision
PCI141503	Review the design of community services to focus on outcome based services
MHUC141504	Work with other North West CCGs to secure provision of an IAPT service for military veterans
MHUC141506	Review and redesign current eating disorder service
MHUC141507	Implement the action plan from the Health Needs Assessment for Learning Disabilities
MHUC141508	Develop alternative employment opportunities for vulnerable groups
MHUC141510	Roll out of learning disabilities health checks to under 16s
MHUC141511	Delivery of Direct Enhanced Service for Dementia within general practice, to increase awareness and screening for dementia

For full details of the individual schemes please see appendix A.

C2.1 Enhancing quality of life for people with long-term conditions



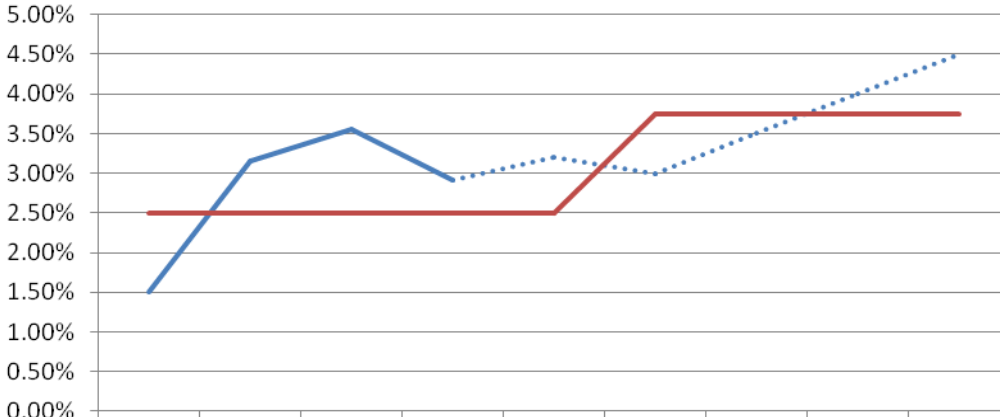
	Actual 2011	Actual 2012	Plan 2013	Plan 2014	Plan 2015	Plan 2016	Plan 2017	Plan 2018
Halton Average health status (EQ5D) score	65.8%	66.3%	67.2%	68.0%	68.9%	69.7%	70.6%	71.4%
England Average (2012)	73.1%	73.1%	73.1%	73.1%	73.1%	73.1%	73.1%	73.1%
NHS Merseyside 2012 (4th Quintile)	67.5%	67.5%	67.5%	67.5%	67.5%	67.5%	67.5%	67.5%
NHS Merseyside 2012 (5th Quintile)	71.3%	71.3%	71.3%	71.3%	71.3%	71.3%	71.3%	71.3%

Source Data: http://ccgtools.england.nhs.uk/opa/flash/atlas.html on 09/01/2014

The graph above shows the average health status (EQ-5D) score for individuals who identify themselves as having a long-term condition,

A 0.5% increase has been seen in the average health status score between 2011 and 2012 in Halton. This places Halton in the lowest quintile nationally but the 3rd (middle) quintile when looking at the NHS Merseyside area team CCG's. Given the rate of improvement need to reach the England 2012 Average score by 2015/16 this looks unrealistic. A more realistic target of a 0.8% Year on Year improvement is both stretching given historical rates of improvement and achievable given the improvement schemes being put into place. This level of improvement would place Halton in the 4th Quintile in the NHS Merseyside Area team (where high is good) by 2015/16 and the 5th Quintile by 2018/19 with a score of 71.4%. This would represent a statistically significant level of improvement on the 2012/13 figure regardless of regional or national improvements.

C2.2 IAPT roll out - Proportion of people that enter treatment against the level of need in the general population



	2012/13 Q4 Actual	2013/14 Q1 Est	2013/14 Q2 Est	2013/14 Q3 Est	2013/14 Q4 Plan	2014/15 Q1 Plan	2014/15 Q2 Plan	2014/15 Q3 Plan	2014/15 Q4 Plan
Halton	1.50%	3.15%	3.56%	2.91%	3.20%	3.00%	3.50%	4.00%	4.50%
England	2.50%	2.50%	2.50%	2.50%	2.50%	3.75%	3.75%	3.75%	3.75%

Source Data 2012/13 Q4 Actual: *http://www.hscic.gov.uk/catalogue/PUB11365* on 09/01/2014

2014/15 Quality Premium Measure

The 2012/13 Q4 Actual performance is based on the Halton & St Helens PCT figure, There are two IAPT providers in Halton, Self Help and Bridgwater Community Health Care Trust. Due to data quality issues the Bridgewater values are estimated for Q1 to Q3

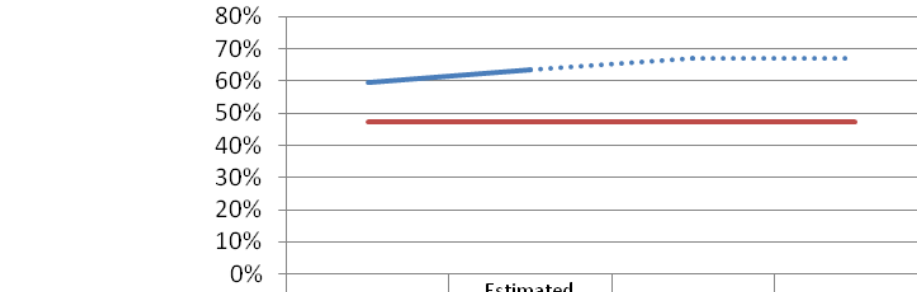
To achieve the 2014/15 Quality Premium NHS Halton CCG will need to achieve an Improving Access to Psychological Therapies (IAPT) annual access level of at least 15% by 31/03/2015
Halton's historical performance with St Helens has been below the England average, however the plans highlighted in the table above and in Appendix A will have a significant impact on the number of people accessing IAPT services.

The current estimated performance for 2013/14 is 12.82%

The trajectory set in chart C2.2 above demonstrates the quarterly planned figures to achieve this 15% annual figure.

For 2015/16 the intention is to maintain an annual 15% IAPT access level. This is equal to 2460 people based on a Halton prevalence of 16401.

C2.13 Estimated diagnosis rate for people with dementia

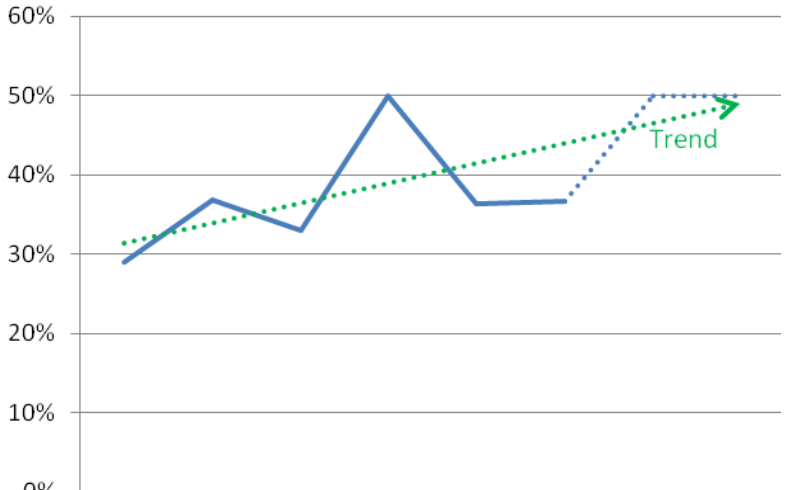


	Actual 2012/13	Estimated 2013/14	Plan 2014/15	Plan 2015/16
Halton Estimated diagnosis rate	59%	63%	67%	67%
England 2012/13 CCG median	47%	47%	47%	47%

Source Data: http://dementiachallenge.dh.gov.uk/see-the-data/ on 09/01/2014

NHS Halton CCG estimated diagnosis rate for 2012/13 was 59.3% this is the 12th highest rate in the country (out of 210 CCG's) and the 2nd highest in the North West. The provisional in-year results for 2013/14 showed a further improvement and an estimated final year position of 63.3%. The plan is to reach the nationally set target of 67% by 31 March 2015 and to at least maintain that level of performance for 2015/16.

C2.11 Recovery following talking therapies for people of all ages



	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Est. 2013/14	Plan 2014/15	Plan 2015/16
% of people moving to recovery	29%	37%	33%	50%	36%	37%	50%	50%

A significant restructure of how IAPT services are offered from 2014/15 onwards will have a significant impact on the recovery rates recorded. The move to a single provider of the service will enable best practice across the whole population with the expectation of achieving the 50% IAPT recovery rate.

8.3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.

Based on national and local intelligence NHS Halton CCG has developed a number of schemes for implementation over the next 2 years which have the intention of reducing the amount of time people spend avoidably in hospital.

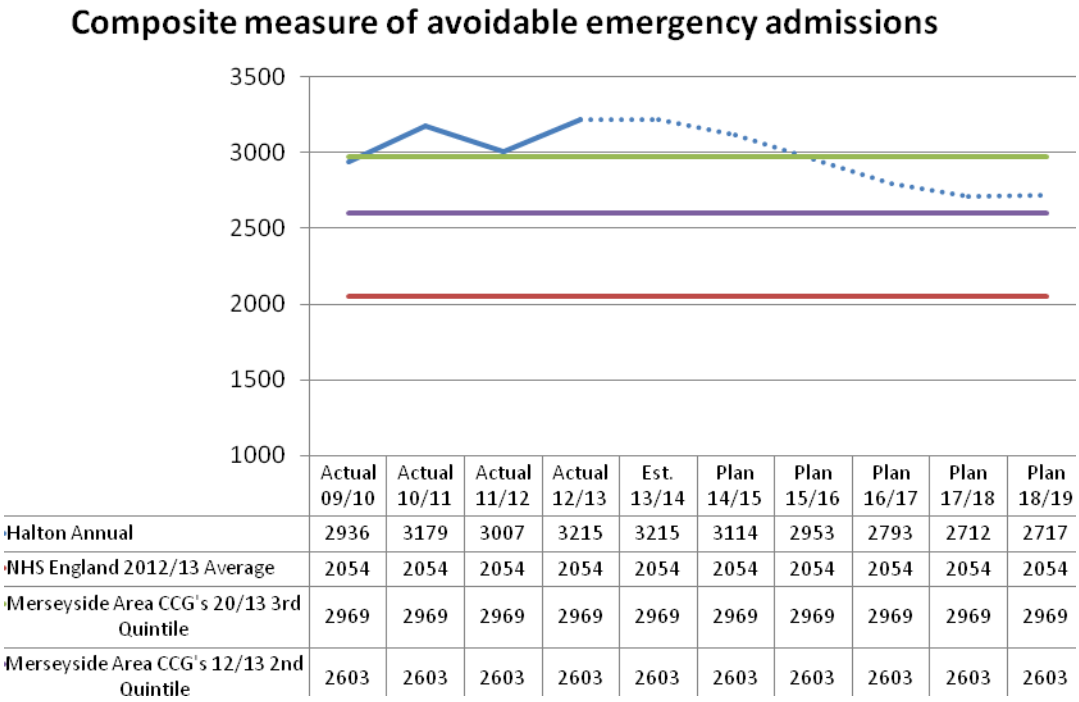
The schemes identified are;

Reference	Description
PC141501	Develop a respiratory strategy for Halton and implement actions from the strategy. To include: 1) reviewing the pathway for people with sleep apnoea. This will include the possibility of using technology to manage sleep apnoea in the community, and considering whether weight management is part of the pathway 2) Reviewing the provision of spirometry services in Halton
PC141506	Implement tools to improve the sharing of information at the end of life: - Work towards implementing the EPACCs IT system - Improve the use of special patient notes in end of life care
PCI141501	Strengthen the GPs role at the heart of out of hospital care and supporting people to stay healthy by identifying people at risk of hospital admission including the introduction of a named accountable clinician
PCI141505	To support GP practices and other providers where appropriate to deliver services over and above their core contractual responsibilities (Local Commissioning Schemes – previously known as Enhanced Services)
PCI141506	A strategy for sustainable general practice services in Halton
PCI141508	Support NHS England in ensuring quality in primary care
PCI141510	Develop an Integration Health & Social Care IM&T Strategy & work plan to include; 1) exploring ways for clinicians and carers to have access to the same information regardless of setting, 2) explore opportunities for OOH providers to have access to primary care record OOH, 3) use of Telehealth and telemedicine to improve patient care, 4) identify the benefits and possibly introduction of Map of Medicine and 5) extending the uptake and use of Choose & Book to improve pathways to hospital and patient choice
PCI141514	Secure provision of community services from 2015
WCF141504	Continue to review with possible procurement community midwifery service
WCF141510	Evaluate the Mersey QIPP pilot for children's community nursing service.
WCF141512	Amend existing care provision for children to build on work done

	currently to divert emergency admissions and A&E presentations to the new Urgent care centre
MHUC141514	Implement the Urgent Care redesign preferred model

For full details of the individual schemes please see appendix A.

8.3.1 Annual Composite Measure



	Actual 09/10	Actual 10/11	Actual 11/12	Actual 12/13	Est. 13/14	Plan 14/15	Plan 15/16	Plan 16/17	Plan 17/18	Plan 18/19
Halton Annual	2936	3179	3007	3215	3215	3114	2953	2793	2712	2717
NHS England 2012/13 Average	2054	2054	2054	2054	2054	2054	2054	2054	2054	2054
Merseyside Area CCG's 20/13 3rd Quintile	2969	2969	2969	2969	2969	2969	2969	2969	2969	2969
Merseyside Area CCG's 12/13 2nd Quintile	2603	2603	2603	2603	2603	2603	2603	2603	2603	2603

Source data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

Source data for 2013/14 Estimated: http://ccgtools.england.nhs.uk/opa/flash/atlas.html on 10/01/2014

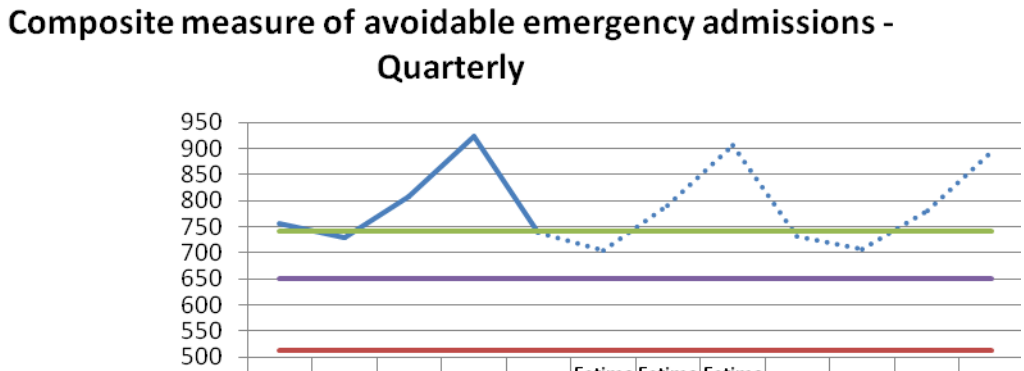
This measure has been identified as a quality premium measure. A reduction or zero percent change is required to earn this portion of the quality premium.

There is a requirement for NHS Halton CCG to achieve 15% of savings over the next five years. The schemes identified in 8.3 will contribute towards this saving. The plan is to reduce the number of avoidable emergency admissions by this 15%. This will be achieved in part by the development of the urgent care centre however this will only become fully operational part way through 2014/15. A 2.5% reduction is planned (currently on the 12/13 baseline) for 2014/15, this would reduce the number of emergency admissions per 100,000 to 3134; however this is within the 95% Confidence Interval. For a reduction to be statistically significant a value of 3114 is needed, this is close to the 2.5% reduction. Further 5% reductions (on the 12/13 baseline) are expected to be seen in both 15/16 and 16/17

Beyond 16/17 the current expectation is that there will be continued innovation and development of the service and a further 2.5% reduction is anticipated. Beyond 2017/18 an age standardised demographic increase of 0.17% is expected, however development in services over the next four years may impact on this forecast.-

The 14/15 Quality premium is based on a reduction being seen between 13/14 and 14/15 or a rate below 1,000 per 100,000. The Baseline data for 2013/14 will not be available until summer 2014 the figures above are based on the 2012/13 actual

8.3.2 Quarterly composite measure



	Actual 12/13 Q1	Actual 12/13 Q2	Actual 12/13 Q3	Actual 12/13 Q4	Actual 13/14 Q1	Estimated 13/14 Q2	Estimated 13/14 Q3	Estimated 13/14 Q4	Plan 14/15 Q1	Plan 14/15 Q2	Plan 14/15 Q3	Plan 14/15 Q4
Halton per 100,000 indirectly standardised	755	730	807	923	738	704	791	905	732	708	781	893
NHS England 12/13 Average	513	513	513	513	513	513	513	513	513	513	513	513
Merseyside Area CCG 12/13 3rd Quintile	742	742	742	742	742	742	742	742	742	742	742	742
Merseyside Area CCG 12/13 2nd Quintile	651	651	651	651	651	651	651	651	651	651	651	651

Source Data: http://ccgtools.england.nhs.uk/opa/flash/atlas.html on 10/01/2014

This measure is a composite of four separate measures. These are;

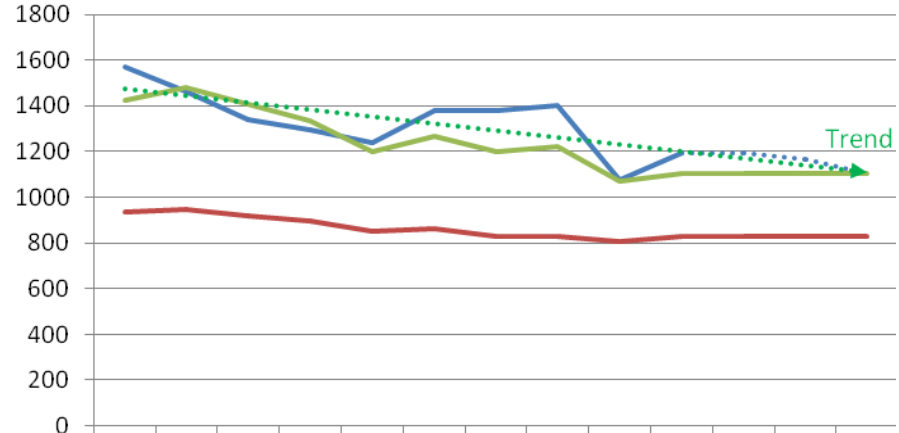
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- Emergency admissions for acute conditions that should not usually require hospital admission
- Emergency admissions for children with lower respiratory tract infections (LRTI)

Separate plans have been made of each of these measures. For the composite measure quarterly plans are required for 14/15, the figures based in the chart above

are based on the 2.5% reduction on the 12/13 baseline. This have been split across the year based on the seasonal pattern seen in both 12/13 and 13/14 YTD

This is a statistically significant reduction on the 12/13 baseline.

C2.6 Unplanned hospitalisation for chronic ambulatory care (ACS) conditions (adults)



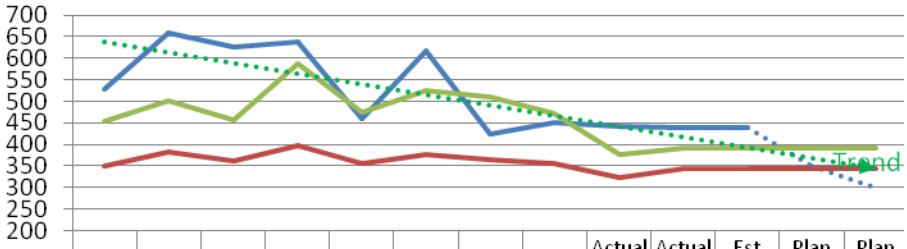
	Actual 03/04	Actual 04/05	Actual 05/06	Actual 06/07	Actual 07/08	Actual 08/09	Actual 09/10	Actual 10/11	Actual 11/12	Actual 12/13	Est 13/14	Plan 14/15	Plan 15/16
Halton per 100,000	1572	1466	1338	1295	1237	1379	1378	1401	1078	1193	1193	1163	1103
England	937	945	918	896	852	860	829	831	808	827	827	827	827
Northwest	1425	1478	1406	1332	1200	1269	1198	1224	1068	1105	1105	1105	1105

Source data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

This is one of the measures included in the composite measure on emergency admissions

For 2014/15 a 2.5% reduction has been planned based on 12/13 Actuals. 13/14 baseline is not yet known. A further 5% reduction on the 12/13 baseline is planned for 2015/16. This is a statistically significant reduction, would bring Halton's performance below the Northwest 12/13 baseline and is in line with the long-term historical trend from 2003.

C2.7 Unplanned hospitalisation for Asthma, diabetes and epilepsy (under 19's)



	Actual 03/04	Actual 04/05	Actual 05/06	Actual 06/07	Actual 07/08	Actual 08/09	Actual 09/10	Actual 10/11	Actual 2011/12	Actual 2012/13	Est 2013/14	Plan 2014/15	Plan 2015/16
Halton (per 100,000)	529	658	626	637	458	617	424	451	443	439	439	350	300
England	350	383	361	396	357	375	364	356	322	343	343	343	343
North west (2nd Quintile)	454	501	458	588	474	525	510	473	377	390	390	390	390

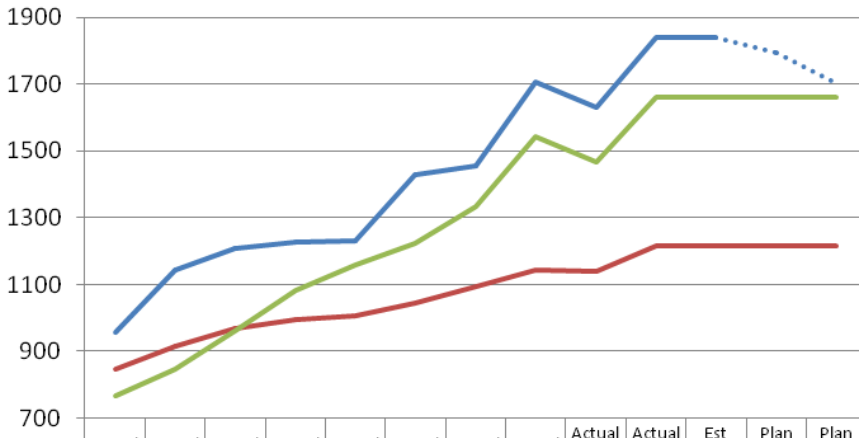
Source data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

This is one of the measures included in the composite measure on emergency admissions

Significant progress has been made with regard to unplanned hospitalisation for asthma, diabetes and epilepsy. It is expected that 2013/14 will be lower than 2012/13. Based on trend forecasting a reduction to 350 per 100,000 is expected by 2014/15 this is a statistically significant reduction below the Lower level confidence interval of the 2012/13 baseline. Further improvements are expected in 2015/16 which will bring the number of admissions down to 300 per 100,000 which will be below the England 12/13 average.

Based on current intelligence if current improvements in performance can be maintained an out-turn rate of 300 is predicted for 2015/16

C3.1 Emergency admissions for acute conditions that should not usually require hospital admission



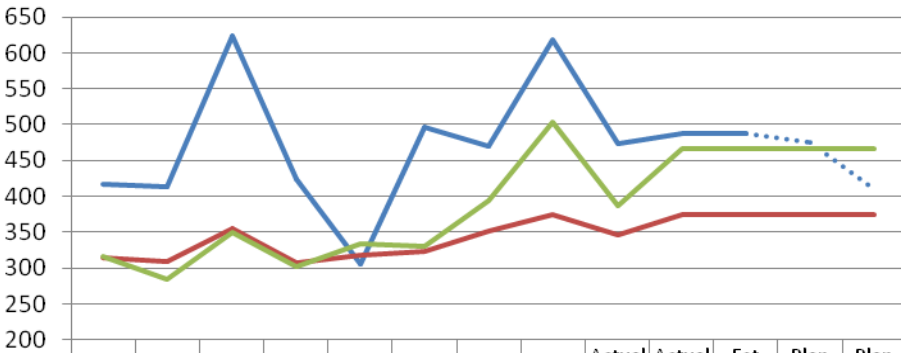
	Actual 03/04	Actual 04/05	Actual 05/06	Actual 06/07	Actual 07/08	Actual 08/09	Actual 09/10	Actual 10/11	Actual 2011/12	Actual 2012/13	Est 2013/14	Plan 2014/15	Plan 2015/16
Halton (per 100,000)	955	1143	1209	1228	1231	1428	1457	1707	1632	1840	1840	1794	1702
England	847	915	968	993	1008	1044	1092	1142	1139	1214	1214	1214	1214
North west (3rd Quintile)	768	845	962	1084	1159	1225	1333	1542	1466	1660	1660	1660	1660

Source Data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

This is one of the measures included in the composite measure on emergency admissions

The plan over the next two years is through transformation of services to make a statistically significant reduction in the number of these admissions with a 2.5% reduction on the 12/13 baseline in 2014/15 and a further 5% on the 12/13 baseline by 2015/16. This will also bring NHS Halton CCG close to the North West 2012/13 3rd Quintile boundary.

C3.4 Emergency admissions for children with lower respiratory tract infections (LRTI's)



	Actual 03/04	Actual 04/05	Actual 05/06	Actual 06/07	Actual 07/08	Actual 08/09	Actual 09/10	Actual 10/11	Actual 2011/12	Actual 2012/13	Est 2013/14	Plan 2014/15	Plan 2015/16
Halton (per 100,000)	416	413	623	424	306	497	469	618	473	488	488	476	410
England	314	309	355	307	317	323	351	375	347	374	374	374	374
North west (2nd Quintile)	316	285	350	302	334	330	394	504	386	467	467	467	467

Source data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

This is one of the measures included in the composite measure on emergency admissions

Targets have been set for a 2.5% reduction on the 12/13 baseline for 2014/15 and a further reduction to 410 per 100,000 for 2015/16.

The 410 per 100,000 target has been chosen as slightly higher level of improvement than other types of emergency admissions to allow for this level of improvement to be proven to be statistically significant.

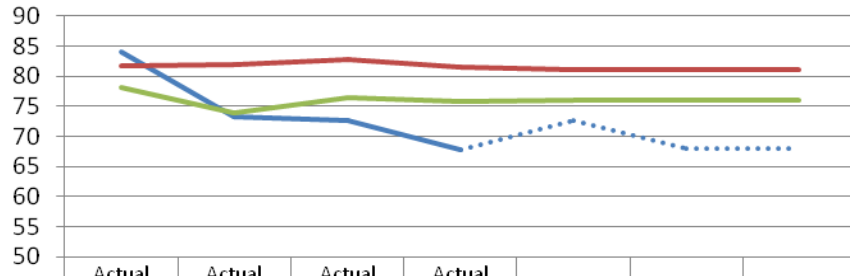
Paediatric attendance at A&E

NHS Halton CCG aim to reduce the utilisation of A&E by children by 16% over 2 years by ensuring that there are paediatric specific services, using agreed care pathways available within the community at the two Urgent Care centres to be established within Halton, for the most common conditions which cause children to present at A&E. These services will be underpinned by the availability of appropriate diagnostic/facilities e.g. cold room to ensure the services can deal with a range of children's conditions effectively. It is also expected that the reduction in the number of A&E attendances will also result in a reduction in the number of emergency admissions, especially in St Helens. This has been calculated at between 3% and 5%.

8.4. Increasing the proportion of older people living independently at home following discharge from Hospital

NHS Halton CCG has worked in partnership with Halton Borough Council in the development of the Better Care Fund plan. Full details of the schemes in place and planned improvements to increase the proportion of older people living independently at home following discharge from hospital are available in this plan.

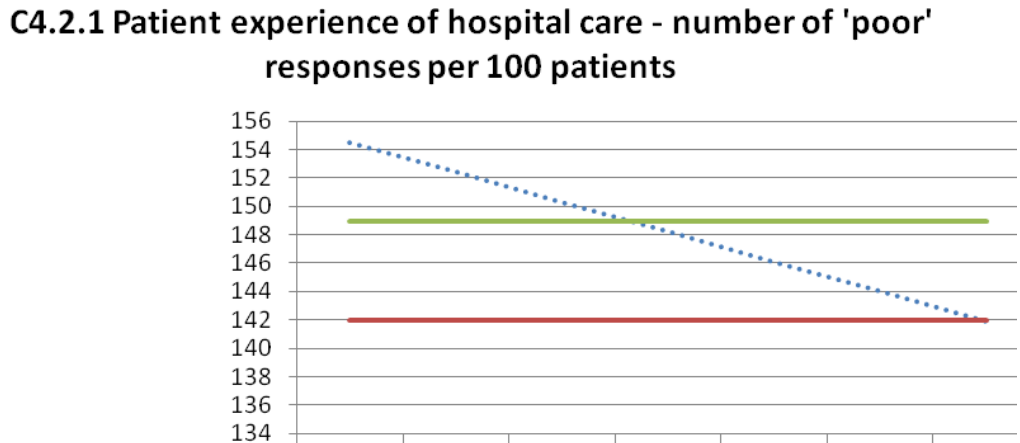
ASCOF 2B - Proportion of older people (65 and over) who were still at home 91 days after dischsrge from hospital into reablement / rehabilitation services



	Actual 09/10	Actual 10/11	Actual 11/12	Actual 12/13	Est 13/14	Plan 14/15	Plan 15/16
Halton	84	73	73	68	73	68	68
England	82	82	83	81	81	81	81
North West 2nd Quintile	78	74	76	76	76	76	76

Data Source: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

8.5. Increasing the number of people having a positive experience of hospital care



	2012	2013	2014	2015	2016	2017	2018
Halton	154.5	152.4	150.3	148.2	146.1	144	141.9
NHS England 2012 Ave.	142	142	142	142	142	142	142
Merseyside 2012 3rd Quintile	148.9	148.9	148.9	148.9	148.9	148.9	148.9

Source Data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

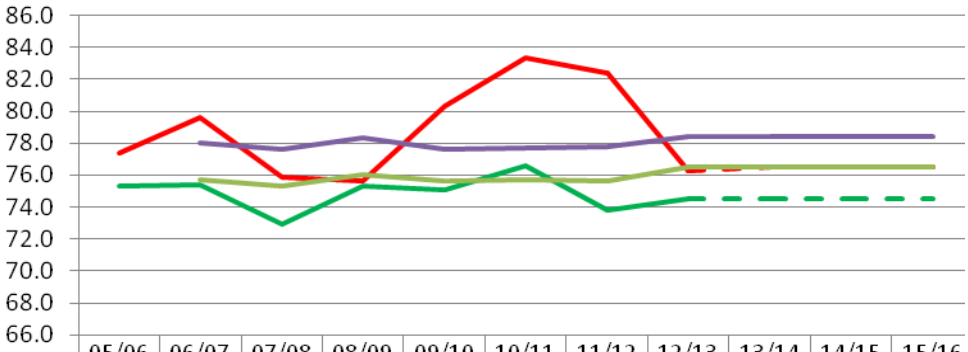
Data is only available for 2012. This shows NHS Halton CCG with a performance of 154.5 'poor' responses per 100 patients, however the lower level 95% confidence interval is 142.0. Co-incidentally this is also the 2012 England average. In order to demonstrate a statistically significant improvement a figure of 141.9 must be achieved. This has been set as the plan for 2018/19

8.5.1 Patient experience of inpatient care (C4.2)[7]

The data below relate to the Care Quality Commissions (CQC) annual Inpatient survey, this is split by the two main acute providers of inpatient services for Halton GP registered patients. Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley NHS Trust.

[7] http://www.nhssurveys.org/

C4.2 Inpatient experience of hospital care (By Trust)



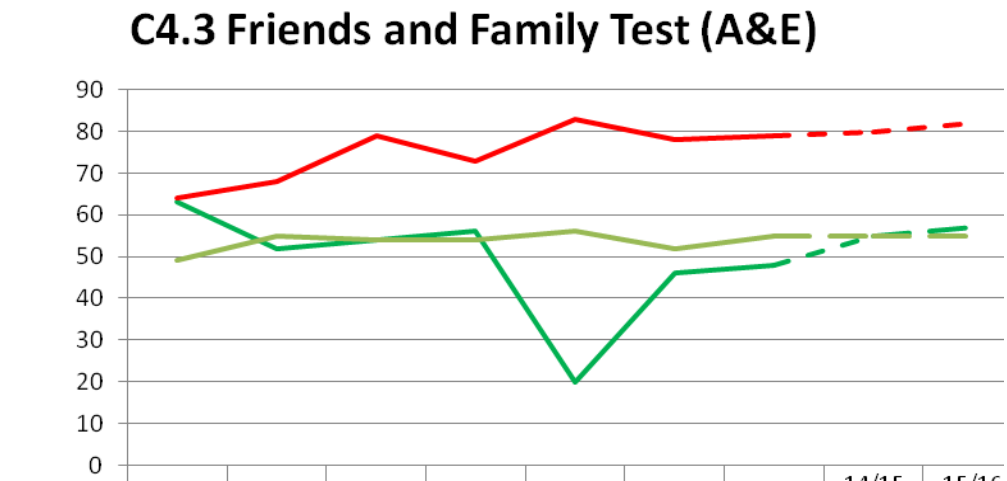
	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Warrington	75.3	75.4	72.9	75.3	75.1	76.6	73.8	74.5	74.5	74.5	74.5
St Helens	77.4	79.6	75.9	75.6	80.3	83.3	82.4	76.3	76.5	76.5	76.5
England Average		75.7	75.3	76.0	75.6	75.7	75.6	76.5	76.5	76.5	76.5
80th Centile		78.0	77.6	78.3	77.6	77.7	77.8	78.4	78.4	78.4	78.4

Warrington & Halton Hospitals NHS foundation Trust has consistently performed below the England average for patient experience of hospital care. The plan for the next two years is to increase this performance in line with the current (12/13) England Average.

St Helens & Knowsley NHS Trust has reported more variable performance over the last 8 years, reporting figures both below the England average but also above the 80th Percentile. The most recent performance is just below the England average. The plan is to increase performance to the England (12/13) average for 13/14 and to at least maintain this performance for the next two years.

The plan for the next two years is to bring the overall patient experience to meet and exceed the 12/13 England average.

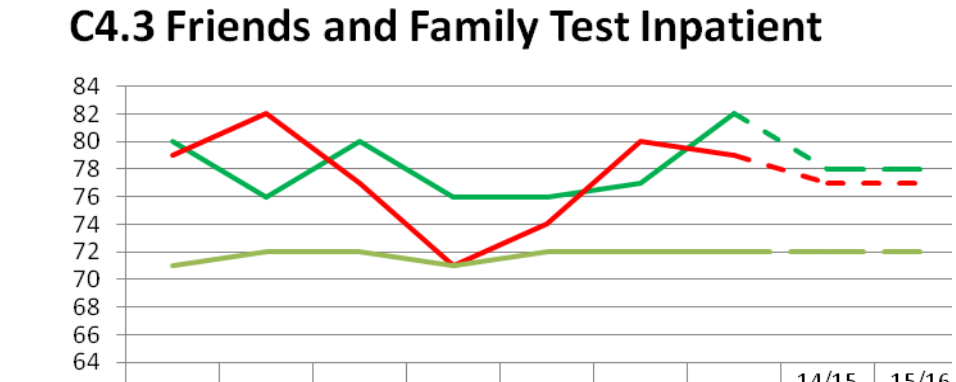
8.5.2 Friends and family test. (C4.3)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	14/15 Plan	15/16 Plan
Warrington	63	52	54	56	20	46	48	55	57
St Helens	64	68	79	73	83	78	79	80	82
England	49	55	54	54	56	52	55	55	55

There are significant differences in performance in the Friends and Family test (A&E) between St Helens & Knowsley NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust.

The plan is to improve performance in both Trusts. For Warrington & Halton Hospitals NHS Foundation Trust the plan is to bring performance in line with the England average by 2014/15 and a further improvement to exceed England average by 2015/16. For St Helens & Knowsley NHS Trust the plan for 14/15 and 15/16 is for continuous improvement based on a linear trend forecast.



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	14/15 Plan	15/16 Plan
Warrington	80	76	80	76	76	77	82	78	78
St Helens	79	82	77	71	74	80	79	77	77
England	71	72	72	71	72	72	72	72	72

With regards to the friends and family test (inpatient) both Warrington & Halton Hospitals NHS Foundation Trust and St Helens & Knowsley NHS Trust perform significantly above the England average. The plan for 14/15 and 15/16 are to maintain this excellent level of performance at the average of the period April 13 to Oct 13.

8.6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community

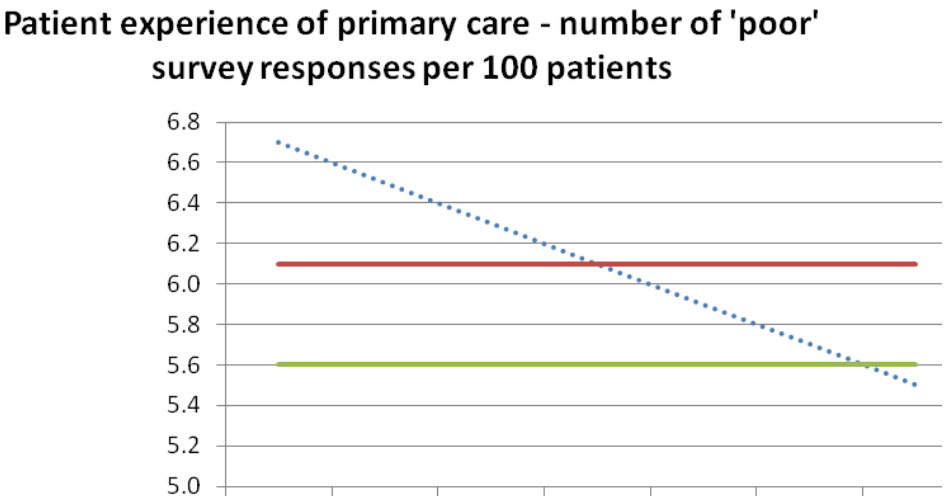
Based on national and local intelligence NHS Halton CCG has developed a number of schemes for implementation over the next two years which have the intention of increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

The schemes identified are;

Reference	Description
WCF141503	Move to local community tariff basis for special schools orthoptic service and expand community provision on a tariff basis
WCF141505	Undertake joint review of Children's Speech & Language services with LA to deliver single specification and single budget through 'pooled' arrangements with subsequent procurement during 2014/15
WCF141508	To support delivery of the Halton's mental Health Strategy in relation to young people including; 1) Continue review of emotional wellbeing and psychological pathway for young people with a view to delivering revised Integrated Tier 2 CAMHS specification as a joint project with the LA and procurement during 2014/15
WCF141511	Review of the Halton Women's centre
ADD141503	Work towards reporting on the quality of services at GP practice level and also at the level of consultant-led teams for a number of specific specialties
ADD141504	Extend the friends and family test in line with national timescales, including Mental Health and Community based services from April

For full details of the individual schemes please see appendix A.

Composite indicator of i) GP Services and ii) GP out-of hours services

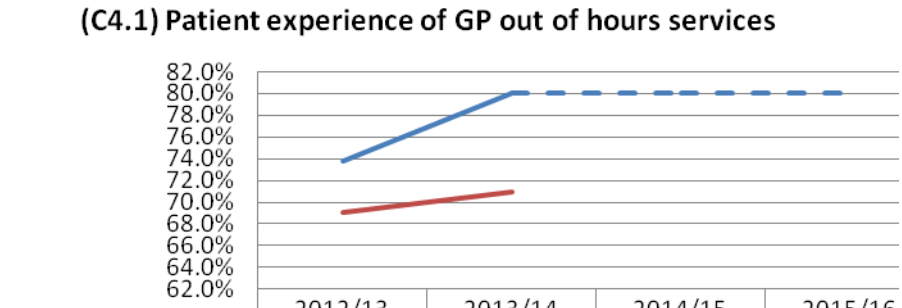


	2012	2013	2014	2015	2016	2017	2018
Halton	6.7	6.5	6.3	6.1	5.9	5.7	5.5
NHS England 2012 Average	6.1	6.1	6.1	6.1	6.1	6.1	6.1
Engalnd 2012 2nd Quintile	5.6	5.6	5.6	5.6	5.6	5.6	5.6

Source Data: http://ccgtools.england.nhs.uk/loa/flash/atlas.html on 10/01/2014

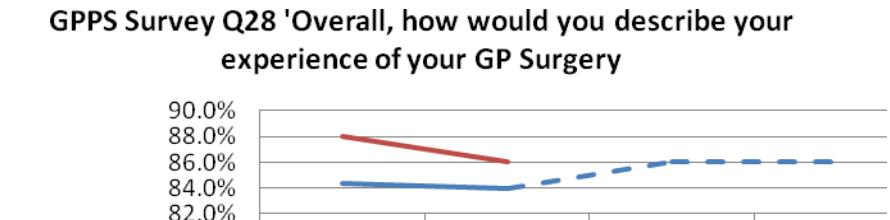
The data above is a composite indicator of results from both GP services and GP out of hours services. In 2012 Halton's performance of 6.7 'poor' survey responses per 100 patients was higher than the England average, however the 95% confidence interval of this result is such that to achieve a statistically significant improvement in performance a result of 5.6 would need to be achieved. This is also the England 2012 2nd Quintile upper limit. This has been set as the target for 2018/19. With interim targets of 6.3 for 2014/15 and 6.1 for 2015/16

8.6.1 GP Out of Hours (C4.1)



	2012/13	2013/14	2014/15	2015/16
% of people answering 'good' or 'very good' in the GPPS survey	73.8%	80.0%	80.0%	80.0%
England average	69.0%	71%		

NHS Halton CCG's performance in the GPPS survey for patient experience of GP out of hours services is significantly higher than the England average. The plan for 2014/15 and 15/16 is to maintain this high level of performance.



	2012/13	2013/14	2014/15	2015/16
% of people answering 'good' or 'very good' in the GPPS survey	84.3%	84.0%	86.0%	86.0%
England Average	88.0%	86.0%		

Current performance across Halton practices has remained constant from the Oct-March 13 results to the Jul-Sept results at 84% for those patients answering 'fairly good' or 'very good' to their experience of the GP surgery. NHS Halton CCG are committed to not reducing the quality of services for its residents and wish to bring the overall satisfaction to GP practices to at least the England average of 86% by 2014/15 and maintaining at least this level of quality for 2015/16.

8.7 Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

Based on national and local intelligence NHS Halton CCG has developed a number of schemes for implementation over the next 2 years which have the intention making significant progress towards eliminating avoidable deaths in hospital caused by problems in care.

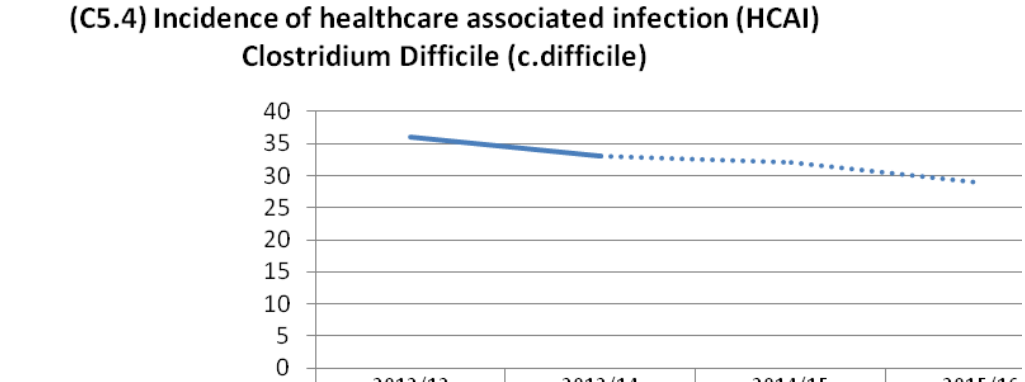
The schemes identified are;

Reference	Description
ADD141505	Implement the commissioning outcomes of both the Francis report and the government response
ADD141506	Develop process to monitor and improve SHMI and HSMR mortality figures in secondary care
ADD141510	Ensure appropriate prescribing of antibacterials

8.7.1 MRSA Zero tolerance (C5.3)

NHS Halton CCG has a zero tolerance approach to MRSA (meticillin-resistant staphylococcus aureus). In the period April to December 2013 there have been no HCAI reported incidences of MRSA for Halton GP registered patients. NHS Halton CCG is committed to maintaining this level of performance for 2014/15 and 2015/16

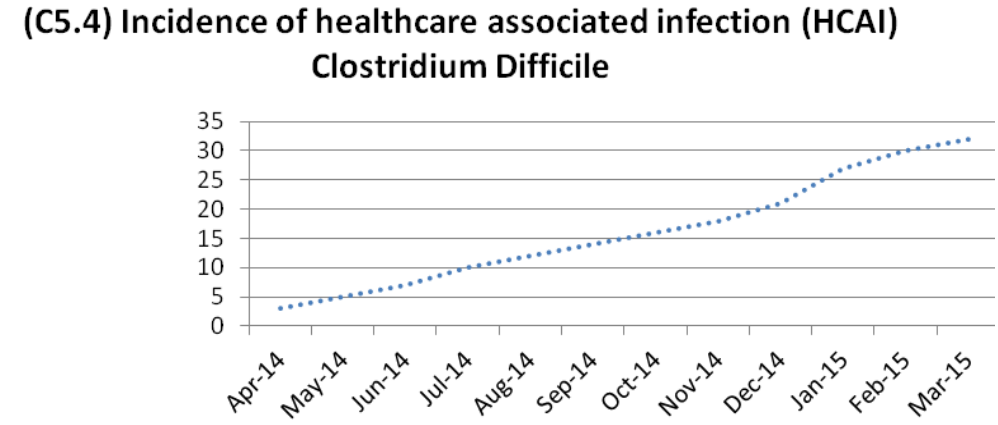
8.7.2 Clostridium Difficile annual plan (C5.4)



	2012/13 Actual	2013/14 Target	2014/15 Plan	2015/16 Plan
The number of C.difficile infections reported in people aged 2 and over	36	33	32	29

Based on initial feedback from the NHS Merseyside area team a reduction of 1 has been factored into the plan for 2014/15 this is a holding position until the exact level of performance required is announced by NHS England. A reduction of 10% has been planned for 2015/16

8.7.3 Clostridium Difficile quarterly plan (C5.4)



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
C-diff cases (cumulative)	3	5	7	10	12	14	16	18	21	27	30	32

NHS Halton CCG has been making excellent progress in reducing the numbers of people the HCAI C-difficile, and is on target to achieve target set for 2013/14 of 33 cases.

2014/15 and 2015/16 targets are nationally set and these figures are not yet available. The figures above are based on a reduction of 1 from the 2012/13 planned

baseline. However these are subject to change dependant on the outcome of the NHS England review of the approach to setting C difficile objectives.

The seasonal variation of Difficile infections has been taken into account when planning monthly figures for 2014/15.

The percentages applied are 33% of cases expected between Jan to March, with the peak for infections being in January, 27% for April to June, 20% for July to September and 20% for October to December. These estimates were taken from 'English voluntary surveillance scheme for C. Difficile infections'[8]

9.0 Operational plan NHS Constitution measures

For the next two years NHS Halton CCG has set the following targets to meet or exceed the NHS constitution measures

Description	Standard	Halton 14/15 Target	Halton 15/16 Target
Referral to Treatment waiting times for non-urgent consultant –led treatment			
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	90%	90%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	95%	95%
Patients of incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	92%	92%
Diagnostic test waiting times			
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	99%	99%
A&E Waits			
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	95%	95%
Cancer waits – 2 week wait			
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	93%	93%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	93%	93%
Cancer waits – 31 days			
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	96%	96%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	94%	94%

[8] http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317132089343

Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	98%	98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	94%	94%
Cancer waits – 62 days			
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	85%	85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	90%	90%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set	n/a	90%	90%
Category A ambulance calls			
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	75%	75%
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	75%	75%
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	96%	95%	95%

NHS Halton CCG is committed to maintaining its excellent performance against the NHS constitution measures and achieving or exceeding the standards set.

In addition NHS Halton CCG is committed to the NHS constitution support measures

9.1 NHS Constitution support measures

Description	Standard	Halton 14/15 Target	Halton 15/16 Target
Mixed Sex Accommodation Breaches[9]			
Minimise breaches (rate per 1,000 FCEs)	0.1	0.1	0.1
Cancelled Operations			
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patient's choice	100%	100%	100%
Mental Health			
Care Programme Approach (CPA): the proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period	95%	95%	95%
Referral to Treatment waiting times for non-urgent consultant-led treatment			
Zero tolerance of over 52 week waiters	0	0	0
A&E waits			
No waits from decision to admit to admission (trolley waits) over 12 hours	0	0	0
Cancelled Operations			
No urgent operation to be cancelled for a 2nd time	0	0	0
Ambulance Handovers			
All handovers between ambulance and A&E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.	0	0	0

Mixed sex accommodation breaches – NHS Halton CCG usually has a very good record with regards to mixed sex accommodation breaches, with no breaches at all recorded between April and August 2013. However 2 breaches were reported in September and 3 in October (rate of 0.7 per 1000 FCE's) this has since returned back to 0 in November. The plan is to minimise the number of breaches to at least the national average and ultimately zero.

Ambulance Handovers – NHS Halton CCG recognises that this national standard is an ambitious target to achieve, however we aspire to meet this standard and will work with the Acute Trusts and the North West Ambulance Service NHS Trust (NWAS) to move towards this.

[9] http://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/

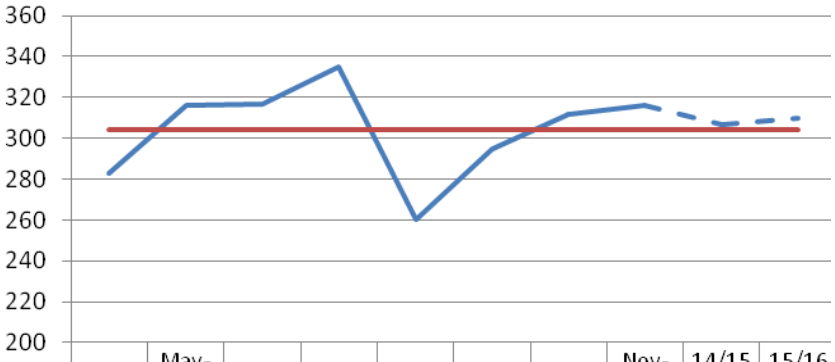
10 Operational Plan Activity

The charts below show actual and projected activity for a range of measures as highlighted in the NHS England Planning guidance.

10.1 Elective[10]

10.1.1 Elective G&A Ordinary Admissions (FFCEs)

10.1.1 Monthly activity data - Elective G&A Ordinary admissions (FFCEs)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	14/15 Plan	15/16 Plan
Halton Inpatient Per Month	283	316	317	335	260	295	312	316	307	310
Halton 2013/14 Ave	304	304	304	304	304	304	304	304	304	304

A small increase in activity is expected due to changes in the population of Halton

Growth has been calculated as follows

From ONS report on Hospital admissions by age & sex 2007/08: NHS Information Centre for Health & Social care Halton UA hospital admissions were split 70 / 30 between 0-64's and 65+
Between mid-2013 and mid 2015 Halton 0-64 population is not expected to change
Between mid-2013 and mid 2014 the 65+ population is expected to increase by 2.46%
Between mid-2014 and mid 2015 the 65+ population is expected to increase by 3.85%
(Population figures sourced from ONS.gov.uk sub national population projections

30% of 2.46% is 0.74% (activity increase for 2014/15)
30% of 3.85% is 1.16% (activity increase for 2015/16)

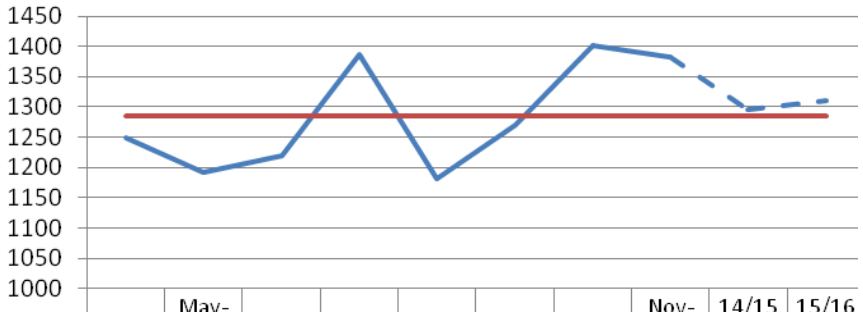
[10] http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/

The average number of G&A ordinary admissions per month in 2013/14 is estimated to be 304; by 14/15 this is expected to have increased to 307 and by 2015/16 to 310 per month.

The 14/15 plan and 15/16 plan figures are the monthly average for those years.

10.1.2 Elective G&A Day case Admissions (FF CEs)

10.1.2 Monthly activity data - Elective G&A Daycase admissions (FFCEs)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	14/15 Plan	15/16 Plan
Halton Daycase Per Month	1249	1193	1219	1386	1182	1271	1402	1382	1295	1310
Halton 2013/14 Ave	1286	1286	1286	1286	1286	1286	1286	1286	1286	1286

A small amount of increased activity is expected due to the changes in the population of Halton, the calculations behind how this has been done are described in 10.1.1.

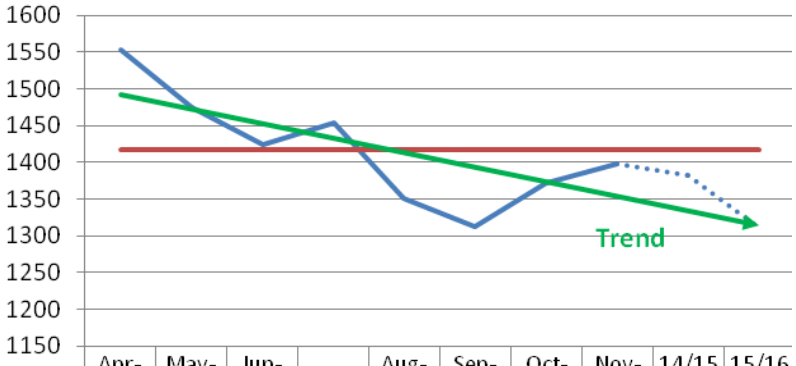
For the number of elective G&A day case admissions the average number of admissions per month in 2013/14 is expected to be 1286, for 14/15 this is expected to have increased to 1295 and for 2015/16 an increase to 1310 per month.

The 14/15 plan and 15/16 plan figures are the monthly average for those years.

10.2 Non Elective admissions FFCE's

10.2.1 Total Non-elective G&A Admissions (FFCEs)

10.2.1 Monthly activity data - Total Non-elective G&A admissions (FFCEs)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	14/15 Plan	15/16 Plan
Halton Non electives per month	1553	1475	1424	1454	1351	1312	1372	1397	1382	1311
Average per month	1417	1417	1417	1417	1417	1417	1417	1417	1417	1417

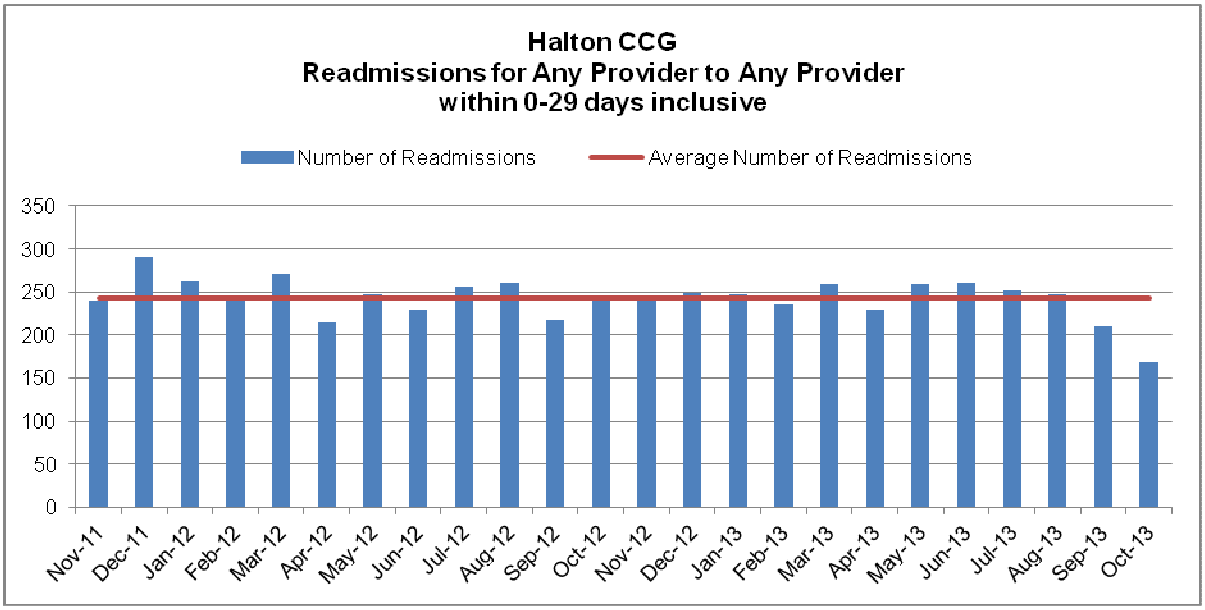
The actions being put into place as part of the five year strategy and 2-year operational plan are forecast to have the impact of reducing the number of non-elective admissions by 2.5% (based on 13/14 estimate) for 2014/15 then a further 5% in 2015/16 and 2016/17.

For 2013/14 the estimate has been calculated as the April to November average of 1417. A 2.5% reduction equates to 35 cases per month. The 14/15 plan is 1382 per month and 15/16 plan of 1311 per month.

The 14/15 and 15/16 plans shown in the chart above are the monthly averages.

10.2.2 Readmissions 0-28 days

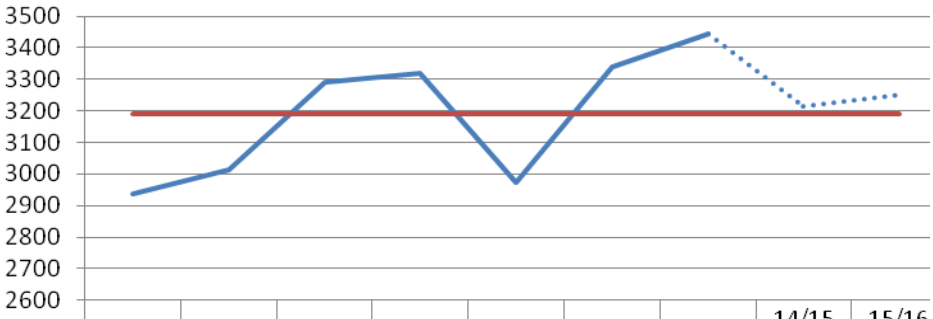
As represented in the chart below, readmissions across all trusts for Halton residents are improving. The schemes and attention paid to ensuring quality care outside of hospital is paying dividend. We aim to continue to drive this direction of travel and maintain at a safe and affordable level. At this trajectory at the end of 2015/16 Halton will have moved into all areas of green activity based on the ADASS National Scorecard



10.3 Outpatient attendances

10.3.1 All first outpatient attendances in general & acute specialties

10.3.1 Monthly activity data - All 1st Outpatient Attendances (G&A)

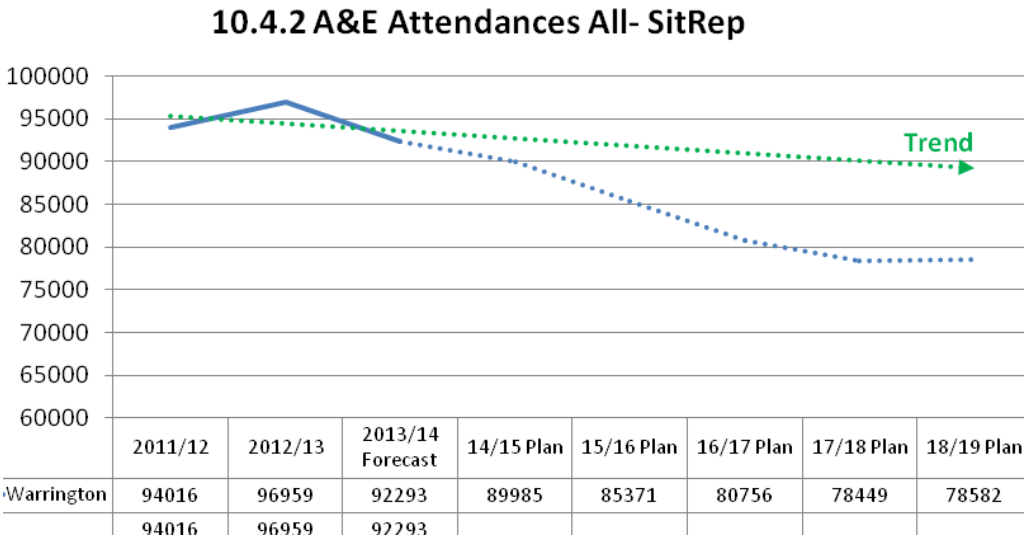


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	14/15 Plan	15/16 Plan
Halton per month	2938	3015	3293	3319	2973	3341	3445	3213	3250
Ave	3189	3189	3189	3189	3189	3189	3189	3189	3189

Increases in the number of outpatient attendances recorded at the general and acute trusts are expected in both 2014/15 and 15/16. These increases have been calculated in line with the different rates of demographic change differing age groups and the proportion of activity that is made up from those age groups. This equates to a small increase of 0.74% in the overall total number of outpatient admissions for 14/15 and a slightly larger increase of 1.15% for 2015/16

10.4 A&E Attendances[11]

All A&E Attendance



	2011/12	2012/13	2013/14 Forecast	14/15 Plan	15/16 Plan	16/17 Plan	17/18 Plan	18/19 Plan
Warrington	94016	96959	92293	89985	85371	80756	78449	78582
	94016	96959	92293					

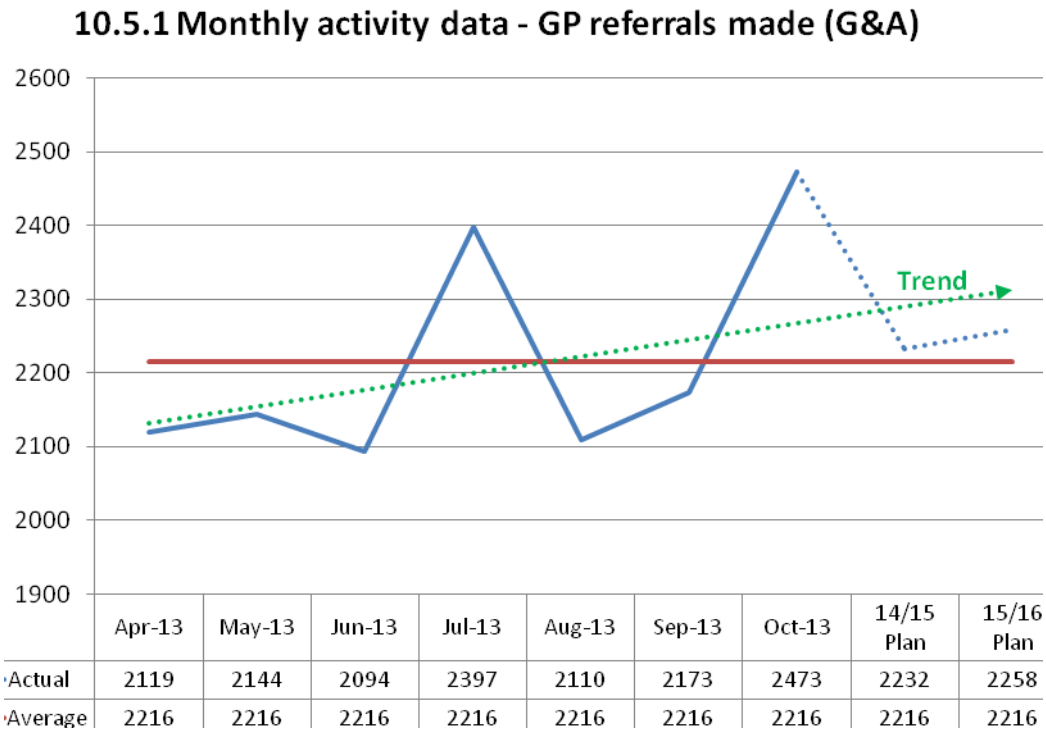
The plan is to reduce A&E attendances by 2.5% in 14/15, 5% in both 15/16 and 16/17 and 2.5% in 17/18. This is significantly lower than would be expected by looking at the trend over the last three years (shown as the green dotted line in the chart above, it is also a planned reduction when demographic changes are forecasting an increase over the next five years.

This reduction will be achieved by the schemes being put into place by the CCG and the LA to provide care closer to home and the development of the Urgent Care Centres.

[11] http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2012-13/

10.5 Referrals

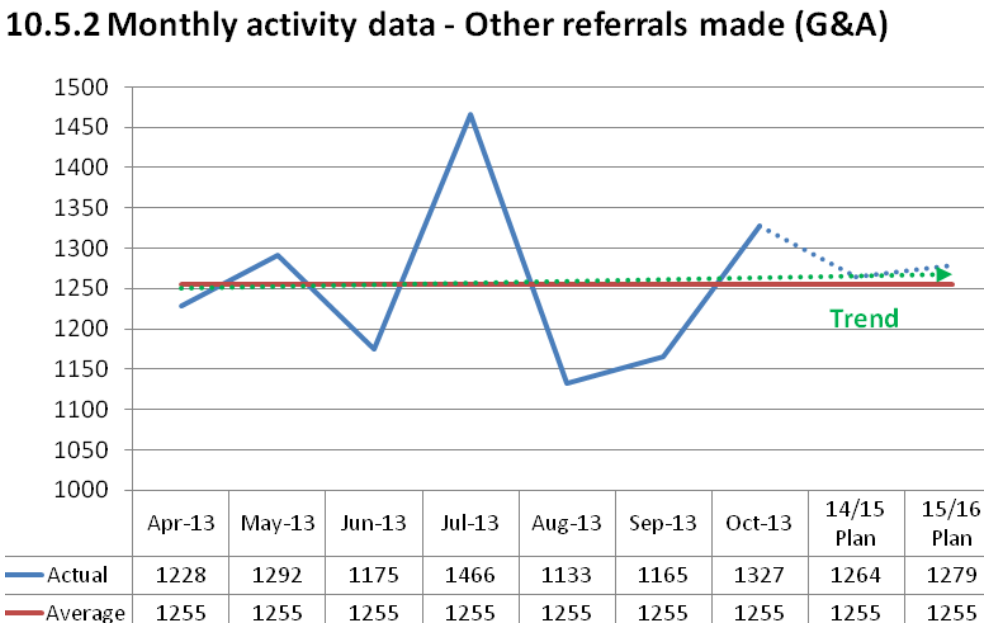
10.5.1 GP Referrals made (G&A)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	14/15 Plan	15/16 Plan
Actual	2119	2144	2094	2397	2110	2173	2473	2232	2258
Average	2216	2216	2216	2216	2216	2216	2216	2216	2216

Small increases in activity have been planned for 14/15 and 15/16, these have been calculated based on demographic changes and the age breakdown in service use. This has been calculated as a 0.74% increase in 2014/15 and a further 1.15% increase in 15/16. This increase in activity is below the trend since April 2013 but follows the same trajectory.

10.5.2 Other referrals made (G&A)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	14/15 Plan	15/16 Plan
Actual	1228	1292	1175	1466	1133	1165	1327	1264	1279
Average	1255	1255	1255	1255	1255	1255	1255	1255	1255

There have been large variations in the monthly figures available for Halton from April 2013. Over the last seven moths the average is 1255 per month and the trend is flat.

Small increases are planned for 2014/15 and 2015/16 based on anticipated increase in demand from demographic changes and the age profile of service users. This has been calculated as 0.74% for 2014/15 and 1.15% for 2015/16. The figures reported in the chart for these two years are the average number of 'other referrals' per month in that year.

11 Better Care Fund Plan

The 5 year strategic plan and 2 year operational plans have been developed alongside the Better Care Fund plan. The work that both NHS Halton CCG and Halton Borough Council are doing to integrate commissioning and service provision has identified 6 measures which provide good indications of the success of this integrated working. These are identified below.

11.1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population.

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	821.3		816.2 (target)
	Numerator	161		N/A
	Denominator	19,603		N/A
		(April 2013 - March 2014)		(April 2014 - March 2015)

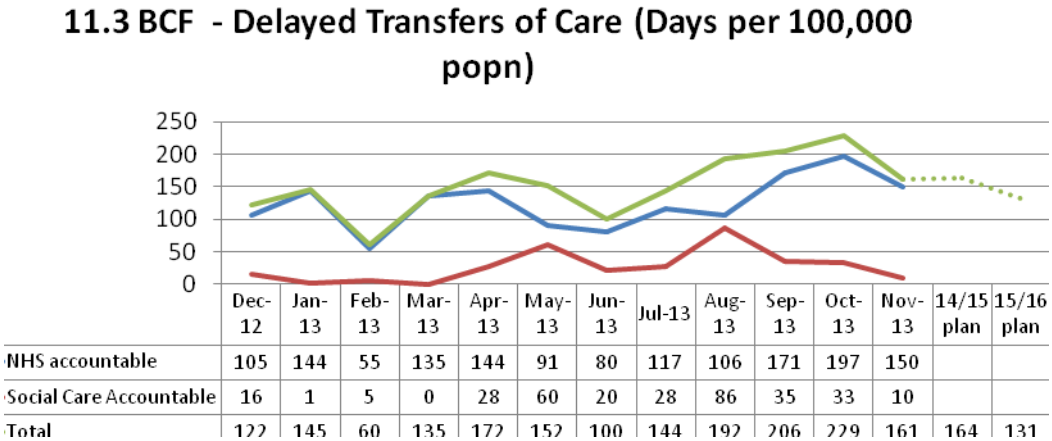
As a part of this scheme, there is a strong focus on assessing and intervening with people with complex needs, and their carers, at an earlier stage, providing care and support in the community for as long as possible. Expected outcomes and benefits include a reduction in the proportion of people requiring residential or nursing care, more people being supported to live at home, a reduction in the numbers of people requiring inpatient services, and improved reported quality of life.

11.2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*	68%	N/A	68% (target)
	Numerator	63		N/A
	Denominator	93		N/A
		(April 2012 - March 2013)		(April 2014 - March 2015)

Continued developments of the intermediate care and reablement services will deliver a greater proportion of people who remain at home beyond 91 days of discharge from hospital. Additional benefits will include improved health outcomes, greater levels of personal independence and improved quality of life. These will be measured by the recorded national data sets on intermediate care and rehabilitation services, and by surveys which measure quality of life and satisfaction with services.

11.3 Delayed transfers of care from hospital per 100,000 population (average per month)



	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	14/15 plan	15/16 plan
NHS accountable	105	144	55	135	144	91	80	117	106	171	197	150		
Social Care Accountable	16	1	5	0	28	60	20	28	86	35	33	10		
Total	122	145	60	135	172	152	100	144	192	206	229	161	164	131

This measure has been calculated as the number of delayed transfers of care days per 100,000 18+ LA population. The number of patients per month is not available other than as a snapshot on the last Thursday of the month and this method of calculation has been specifically excluded in the technical guidance.

The baseline has been calculated as 172 days per 100,000 per month based on the most recent six month average (Jun 13 to Nov 13) and a mid 2012 18+ pop estimate of 97,677

The Plan for 14/15 is for a 5% reduction from 172 to 164.

The plan for 15/16 is for a return to the average seen between Dec 12 and May 2013. Calculated as 131 days per 100,000 per month.

11.4 Avoidable emergency admissions (composite measure)

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Avoidable emergency admissions (composite measure)	*Metric Value*	1561	1522	1483
	Numerator	1962	1913	1864
	Denominator	125,692	125,692	125,692
		(March 2013 - Aug 2013)	(April - September 2014)	(October 2014 - March 2015)

This measure is a composite of 4 emergency admission measures. The data has been taken from the Operational Planning Atlas tool[12]

NHS England will provide the baseline in January 2014, however there is little difference in looking at the performance over the last 6 month or 12 month period so a baseline of 260 per 100,000 has been used.

The plan for 14/15 is for a 2.5% reduction in admissions on the baseline.

The plan for 15/16 is for a 5% reduction on the baseline.

The redesign of the Urgent Care pathway (and in particular the development of the Urgent Care Centres), developments in preventive and early intervention services including Community Multidisciplinary Teams, and further developments with partners in diverting people with mental health needs from emergency care, will all result in a reduction in emergency admissions to hospital. This will be measured through the development of integrated performance measures with health service partners.

[12] http://ccgtools.england.nhs.uk/opa/flash/atlas.html

11.5 Patient / service user experience

The national metric will be used, this has yet to be developed but will be in place for 2015

11.6 Local Measure

Hospital readmissions where original admission was due to a fall (65+)

Metrics		Current Baseline (as at….)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Hospital readmissions where original admission was due to a fall (65+)	*Metric Value*	809.8	769.8	734.8
	Numerator	162	154	147
	Denominator	20,005	20,005	20,005
		(April 2012 - March 2013)	(April 2013 - March 2014)	(April 2014 - March 2015)

One of the areas of focus in the Health and Wellbeing Plan is the reduction in the number of falls. This has been selected as one of the local measures in the better care fund plan, it has also been selected as a CCG quality premium indicator.

Appendix A - Operational Plan Schemes

A1 Planned Care

Project Description		Develop a respiratory strategy for Halton and implement actions from the strategy. To include: 1) reviewing the pathway for people with sleep apnoea. This will include the possibility of using technology to manage sleep apnoea in the community, and considering whether weight management is part of the pathway 2) Reviewing the provision of spirometry services in Halton			
Ref	PC141501	Commissioning Area	Planned Care	Programme / Project	Respiratory
				Oversight Group	Respiratory Group
Desired Outcome		Completion of respiratory strategy (which will support the CCG in its work to reduce the likelihood of people developing a respiratory condition and improve outcomes for people who have a respiratory condition). This will be supported by an action plan, the actions from this will form a part of the 2014/15 commissioning plan once agreed.		Commissioning Lead	Steve Eastwood
				Clinical Lead	Dr Chris Woodforde
				Integrated Commissioning Partners	LA, PH, NHSE
				Better Care Fund Plan	No
Financial Impact		Informed by the Action plan, will expect to see an increase in prescribing but a reduction in the length of stay and a reduction in admissions. Overall expect to be cost neutral in the medium term with the potential for savings in the long term. Likely to be additional cost in relation to the provision of spirometry services		Strategic Objectives supported	CCGICS1, CCGICS3, NHSOF1, NHSOF2, NHSOF3

Milestones		
2014/15		2015/16
Q1	Strategy and action plan in place	Commissioning intentions implemented
Q2	Commissioning intentions developed from action plan	
Q3	Commissioning intentions implemented	
Q4	Commissioning intentions implemented	
Supporting measures	Prescribing spend, reduction in admissions, reduction in length of stay	

Project Description		Review pathway around cancer presentations. This will look at the evidence across all pathways, and will include examining the evidence to introduce a targeted screening programme to increase early detection rates of lung cancer			
Ref	PC141505	Commissioning Area	Planned Care	Programme / Project	Cancer & EOL
				Oversight Group	none
Desired Outcome		Increased early detection of cancer, reduced mortality from cancer		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Mel Forrest
				Integrated Commissioning Partners	PH
				Better Care Fund Plan	No
Financial Impact		External funding is available to support audit. Possibly increased costs following increased levels of diagnosis for increased scanning, increased treatment costs as more lung cancer detected.		Strategic Objectives supported	HHAWS1, NHSOF1, CCGICS1

Milestones		
2014/15		2015/16
Q1	Complete Primary Cancer Audit	Full roll out (if appropriate)
Q2	Completion of action plan / strategy & Business plan	
Q3	Potential pilot projects (if appropriate) begin	
Q4	Evaluation of pilot projects (if appropriate)	
Supporting measures	Long term- reduced mortality, short term - increased lung cancer staging data. (Primary lung cancers)	

Project Description		Implement tools to improve the sharing of information at the end of life: - Work towards implementing the EPACCs IT system - Improve the use of special patient notes in end of life care			
Ref	PC141506	Commissioning Area	Planned Care	Programme / Project	Cancer & EOL
				Oversight Group	None
Desired Outcome		Increased sharing of information at the end of life.		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Mel Forrest
				Integrated Commissioning Partners	NHSE
				Better Care Fund Plan	No
Financial Impact		Potential savings with regard to unplanned admissions		Strategic Objectives supported	NHSOF4, CCGOIS1, CCGICS4

Milestones		
2014/15		2015/16
Q1	Options paper available Jan 14. Possible development of interim viewer.	Should be available nationally by December 15.
Q2		
Q3		
Q4		
Supporting measures	Improvement seen in preferred place of care, reduced unplanned admissions in last 12 months of life	

Project Description		Implement the replacement for the Liverpool Care Pathway			
Ref	PC141507	Commissioning Area	Planned Care	Programme / Project	Cancer & EOL
				Oversight Group	None
Desired Outcome		Increased quality of care at the end of life		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Mel Forrest
				Integrated Commissioning Partners	LA, NHSE
				Better Care Fund Plan	No
Financial Impact		Possible small amount of additional costs relating to additional training,		Strategic Objectives supported	NHSOF4, CCGICS1

Milestones		
2014/15		2015/16
Q1	National guidance issued February. Task and finish group set up	
Q2	Actions dependent on requirements of national guidance	
Q3		
Q4		
Supporting measures		

Project Description		To review access to lifestyles services for patients with cancer, for example breast cancer weight loss and exercise programme			
Ref	PC141508	Commissioning Area	Planned Care	Programme / Project	Cancer & EOL
				Oversight Group	None
Desired Outcome		Improved quality of life, increased life expectancy		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Mel Forrest
				Integrated Commissioning Partners	PH
				Better Care Fund Plan	No
Financial Impact		Potential increase in costs in the short term, dependent on increased uptake. Should enable longer term cost savings		Strategic Objectives supported	NHSOF1, NHSOF2, CCGICS1

Milestones		
2014/15		2015/16
Q1	Plan in place	Roll out of services
Q2	Pilot begins	
Q3	Pilot evaluated	
Q4	Roll out of services	
Supporting measures		

Project Description		Review pathways for patients with cancer attending hospital to explore alternative models of follow up e.g. telephone follow up or GP Led			
Ref	PC141509	Commissioning Area	Planned Care	Programme / Project	Cancer & EOL
				Oversight Group	None
Desired Outcome		Reduced hospital based follow up for people with cancer		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Mel Forrest
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Should result in financial savings for hospital follow ups for prostates		Strategic Objectives supported	NHSOF2, CCGICS1

Milestones		
2014/15		2015/16
Q1	Initially looking at prostate. Pathway review & plan in place	Full rollout
Q2	Pilot begins	
Q3	Pilot	
Q4	Evaluation of pilot	
Supporting measures	Reduction in hospital follow ups – initially for prostate cases	

Project Description		Develop a Cardiovascular strategy for Halton and implement actions arising from the strategy. To include 1) Securing 1 day service provision for people who have had a TIA			
Ref	PC141510	Commissioning Area	Planned care	Programme / Project	CVD
				Oversight Group	CVD Board
Desired Outcome		Cardiovascular strategy which will support the CCG in its work to reduce the likelihood of people developing cardiovascular disease and improve outcomes for people who have cardiovascular disease. This will be supported by an action plan, the actions from this will form a part of the 2014/15 commissioning plan once agreed.		Commissioning Lead	Mark Holt
				Clinical Lead	Dr Mick O'Connor / Dr Damian McDermott
				Integrated Commissioning Partners	PH, LA, NHSE
				Better Care Fund Plan	No
Financial Impact		Expect to be cost neutral, but exact costing will be informed by the action plan.		Strategic Objectives supported	CCGICS1, NHSOF1, NHSOF2, NHSOF3

Milestones		
2014/15		2015/16
Q1	Strategy and action plan in place. Recommendations for TIA service in place for end of June 2014	To be informed by action plan
Q2	Commissioning intentions from action plan. TIA service in place	
Q3	To be informed by action plan	
Q4	To be informed by action plan	
Supporting measures	Reduction seen in under 75 mortality rate from CVD. Others informed by strategy. % of people seen by TIA service within 24 hours of stroke.	

Project Description		Review the cardiology direct access service			
Ref	PC141512	Commissioning Area	Planned Care	Programme / Project	CVD
				Oversight Group	CVD Board
Desired Outcome		Improved interpretation of echocardiogram results		Commissioning Lead	TBC
				Clinical Lead	TBC
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		None		Strategic Objectives supported	CCGICS1, NHSOF1

Milestones		
	2014/15	2015/16
Q1	Planning – need to baseline current level of dissatisfaction	
Q2	Improved reporting in place	
Q3	Review of new service. Has satisfaction increased?	
Q4		
Supporting measures	Increased GP satisfaction of echo results (from Hospital) from Baseline.	

Project Description		Review provision of services for people with diabetes who have developed foot problems			
Ref	PC141513	Commissioning Area	Planned Care	Programme / Project	CVD
				Oversight Group	CVD Board
Desired Outcome		Reduction in complications associated with foot problems in people with diabetes		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Damian McDermott
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	CCGICS1, NHSOF2

Milestones		
2014/15		2015/16
Q1	Review current pathways, services & outcomes (baseline foot checks at GP)	Review & monitor service
Q2	Develop foot care pathway	
Q3	Launch	
Q4		
Supporting measures	Improved performance in foot checks at GP. Reduction in amputations	

Project Description		Review the scope of the community diabetes provision			
Ref	PC141514	Commissioning Area	Planned Care	Programme / Project	CVD
				Oversight Group	CVD Board
Desired Outcome		Reduction in secondary care activity, improved outcomes for people with diabetes.		Commissioning Lead	Emma Alcock
				Clinical Lead	Dr Damian McDermott
				Integrated Commissioning Partners	Leslie Mills, Community Diabetes Nurse.
				Better Care Fund Plan	No
Financial Impact		Cost neutral or possible reduction in secondary spend		Strategic Objectives supported	CCGICS1, NHSOF1, NHSOF2, NHSOF3

Milestones		
2014/15		2015/16
Q1		Implement recommendations
Q2	Review the scope of the current service & develop recommendations	
Q3	Review the scope of the current service & develop recommendations	
Q4		
Supporting measures	Reduction in outpatient appointments at hospital. Fewer Hypo'. Improved measures QOF around blood & Cholesterol	

Project Description		Continue work on increasing integration in the Musculoskeletal (MSK) pathway			
Ref	PC141515	Commissioning Area	Planned Care	Programme / Project	Planned care general
				Oversight Group	None
Desired Outcome		Improved access to services, increased integration of services. Maintain/improve position on SPOT tool (lower spend, better outcomes) – Source NHS PH England		Commissioning Lead	Lyndsey Abercromby
				Clinical Lead	Dr Cliff Richards
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Intention that this will be within current financial envelope but some is AQP therefore increase demand – increase £		Strategic Objectives supported	CCGICS1, NHSOF3

Milestones		
2014/15		2015/16
Q1	Design new model	Implement new model
Q2	As above	
Q3	Secure new model	
Q4	As above	
Supporting measures		

Project Description		Review the gynae physiotherapy pathway			
Ref	PC141516	Commissioning Area	Planned care	Programme / Project	Planned care general
				Oversight Group	None
Desired Outcome		Clarity of gynae physiotherapy pathway, improved outcomes for people requiring gynae physiotherapy.		Commissioning Lead	Kate Wilding
				Clinical Lead	Dr Fenella Cottier
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Tbc as part of work. Appears no service funded at the moment so may require further financial investment		Strategic Objectives supported	CCGICS1

Milestones		
2014/15		2015/16
Q1	Define current provision	Monitor service
Q2	Define options and agree future state	
Q3	Implement future state	
Q4	As above	
Supporting measures		

Project Description		Increase access to and equity of provision of community gynae services			
Ref	PC141517	Commissioning Area	Planned Care	Programme / Project	Planned care general
				Oversight Group	none
Desired Outcome		Reduction in unnecessary referrals to secondary care		Commissioning Lead	Kate Wilding
				Clinical Lead	Dr Fenella Cottier
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Intention that this will be within existing £ / release £		Strategic Objectives supported	CCGICS1

Milestones		
2014/15		2015/16
Q1	Design new model	Implement
Q2	As above	
Q3	Secure new model	
Q4	As above	
Supporting measures	No of gynae 1st and f/u appointments	

Project Description		Review the provision of urology services			
Ref	PC141518	Commissioning Area	Planned Care	Programme / Project	Planned care general
				Oversight Group	none
Desired Outcome		Reduction in secondary care activity		Commissioning Lead	Emma Alcock
				Clinical Lead	? Dr Fenella Cottier
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Will be within existing resource / or will release £		Strategic Objectives supported	CCGICS1

Milestones		
2014/15		2015/16
Q1	Define current provision and activity	Implement alternatives
Q2	As above	
Q3	Scope and agree alternatives	
Q4	As above	
Supporting measures	No of urology first and follow up appointments in secondary care	

Project Description		Review the provision of the lymphoedema services			
Ref	PC141519	Commissioning Area	Planned care	Programme / Project	Planned care general
				Oversight Group	none
Desired Outcome		Improved access to service		Commissioning Lead	Emma Alcock
				Clinical Lead	? Dr Mel Forrest
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Not clear, may require £		Strategic Objectives supported	CCGICS1

Milestones		
2014/15		2015/16
Q1	Business case	Implement service
Q2	As above	
Q3	Secure service	
Q4	As above	
Supporting measures	No of patients accessing service, others to be determined as part of work	

Project Description		(TBC may be resolved in 2013/14) Review phlebotomy & pathology provision			
Ref	PC141520	Commissioning Area	Planned care	Programme / Project	Planned care general
				Oversight Group	None
Desired Outcome		increased quality of provision, increased equity of provision, increased access to information (if agreed as CQUIN)		Commissioning Lead	Lyndsey Abercromby
				Clinical Lead	Dr Cliff Richards, Dr Mick O'Connor
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Expected to be within current £ envelope, may still require small £ investment if need for domiciliary service established		Strategic Objectives supported	CCGICS1

Milestones		
2014/15		2015/16
Q1	Joint meeting with both main providers	
Q2	Other timescales to be agreed in CQUIN	
Q3		
Q4		
Supporting measures		

Project Description		(TBC may be resolved in 2013/14) Review access to termination of pregnancy services			
Ref	PC141521	Commissioning Area	Planned care	Programme / Project	Planned care general
				Oversight Group	none
Desired Outcome		Improved access to termination of pregnancy services. Clear contractual arrangements. Decision re need for number of providers		Commissioning Lead	Kate Wilding
				Clinical Lead	Dr Fenella Cottier
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Expected to be within current £ envelope		Strategic Objectives supported	CCGICS1, CCGICS5

Milestones		
2014/15		2015/16
Q1	Current contractual arrangement clarified and decision whether will be done on local footprint or wider	
Q2	Business case re need for other provider	
Q3	As above	
Q4	Secure provision (if needed)	
Supporting measures		

A2 Women Children & Families

Project Description		Contribute to on-going work of service reviews for children's community services including 1) To continue to review community services and investigate procurement of Community Paediatric Consultant service (following review of service this year)			
Ref	WCF141502	Commissioning Area	Children & Family	Programme / Project	Community Services
				Oversight Group	None
Desired Outcome		Improve the pathway for diagnosis and treatment of children with ADHD		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	No
Financial Impact		Potential financial savings – possible reduction in contract value. Will be a proportion of £650K		Strategic Objectives supported	CCGICS1, HHAWS2

Milestones		
2014/15		2015/16
Q1	Roll over existing contract – serve notice (due to changes in the service specification)	Potential savings will be made in 2015/16
Q2	Out to procurement	
Q3		
Q4	New service live before April 15/16	
Supporting measures	Increase in number of children transferred to Primary care under shared care protocol. (Baseline nil) Change in Ritalin prescribing from secondary care to Primary care.	

Project Description		Move to local community tariff basis for special schools orthoptic service and expand community provision on a tariff basis.			
Ref	WCF141503	Commissioning Area	Children & Family	Programme / Project	Community Services
				Oversight Group	None
Desired Outcome		Improved access to community based provision within time frames associated with tariff based service (18 weeks)		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	No
Financial Impact		There will a cost attached to expanding community provision £66K special schools		Strategic Objectives supported	CCGICS1, HHAWS2, NHSOF2, NHSOF4, NHSOF5

Milestones		
2014/15		2015/16
Q1	Contract variation	review
Q2	Move to tariff basis (from block)	
Q3		
Q4		
Supporting measures	Need to identify activity – expect to see reduction of waiting list and reduction in number waiting more than 18 weeks	

Project Description		Continue to review with possible procurement community midwifery service			
Ref	WCF141504	Commissioning Area	Children & Family	Programme / Project	Community services
				Oversight Group	None
Desired Outcome		Sustainable service in light of new national tariff, improved outcome for mothers and babies		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	None
				Better Care Fund Plan	Yes
Financial Impact		Likely increase in cost due to tariff impact		Strategic Objectives supported	CCGICS1, NHSOF4, NHSOF5

Milestones		
2014/15		2015/16
Q1	Needs SDC review, wait for outcome of appraisal, Block / tariff	
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Undertake joint review of Children's Speech & Language services with LA to deliver single specification and single budget through 'pooled' arrangements with subsequent procurement during 2014/15			
Ref	WCF141505	Commissioning Area	Children & Family	Programme / Project	Community Services
				Oversight Group	Children's Trust
Desired Outcome		Improved access to community based provision within specified time frames with improved quality based outcome metrics		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		Probable financial savings identified		Strategic Objectives supported	CCGICS1, HHAWS2

Milestones		
2014/15		2015/16
Q1	Roll forward contract and give notice	New service running
Q2	Out to procurement	
Q3		
Q4	Possible new provider identified	
Supporting measures	Improved quality based outcome through Swemweb survey developed, reduction in waiting times, increased numbers going through service.	

Project Description		To support delivery of the Halton's mental Health Strategy in relation to young people including; 1) Continue review of emotional wellbeing and psychological pathway for young people with a view to delivering revised Integrated Tier 2 CAMHS specification as a joint project with the LA and procurement during 2014/15			
Ref	WCF141508	Commissioning Area	Children & Family	Programme / Project	CAMHS
				Oversight Group	CAMHS partnership board
Desired Outcome		Improved integration of CAMHS as part of the wider health and social care offer. Ensure appropriate capacity and earlier transfer up to tier 3 where appropriate (e.g. self-harm).		Commissioning Lead	Sheila McHale / Simon Bell / Gareth Jones
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		Possible financial savings identified from 2015/16		Strategic Objectives supported	CCGICS1, HHAWS2, PHOF1, PHOF2

Milestones		
2014/15		2015/16
Q1	Revised specification end Q1	New service in place
Q2	Consultation	
Q3	Out to procurement	
Q4		
Supporting measures	Need to develop waiting time measures	

Project Description		(TBC may be resolved in 2013/14) Evaluate the Mersey QIPP pilot for children's community nursing service. Including evaluation and on-going funding for end of life care for children			
Ref	WCF141510	Commissioning Area	Children & Family	Programme / Project	Other
				Oversight Group	None
Desired Outcome		This may have to happen this year not next – Whiston hospital at home, pilot completed, service continuing. Could lead to possible inequity (Runcorn / Widnes) as service not currently funded for Warrington. This could be a minimum extra cost of £60k plus end of life care for children currently purchased as a pilot from Clare House Hospice at an extra cost of £25k		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	No
Financial Impact		Possible minimum extra cost of £85k p.a.		Strategic Objectives supported	CCGICS1, HHAWS2

Milestones		
2014/15		2015/16
Q1	Await outcome of SDC, minimum cost of £85k p.a.	
Q2		
Q3		
Q4		
Supporting measures	Maintain current position with regard to early discharge.	

Project Description		Review of the Halton Women's centre			
Ref	WCF141511	Commissioning Area	Children & Family	Programme / Project	Other
				Oversight Group	Children's Trust
Desired Outcome		Improve outcomes for people experiencing domestic violence		Commissioning Lead	Sheila McHale
				Clinical Lead	Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		none		Strategic Objectives supported	CCGICS1, NHSOF4

Milestones		
2014/15		2015/16
Q1	Review service Q1 & Q2	
Q2		
Q3	Work with LA to produce new spec	
Q4		
Supporting measures	Number of women experiencing domestic violence AND attending service. Swemweb survey developed.	

Project Description		Amend existing asthma care provision for children to build on work done currently to divert emergency admissions and A&E presentations to the new Urgent care centre			
Ref	WCF141512	Commissioning Area	Planned Care	Programme / Project	Respiratory
				Oversight Group	Respiratory Group
Desired Outcome		Reduction in emergency admissions and A&E presentations related to common paediatric conditions in Children.		Commissioning Lead	Kate Wilding / Sheila McHale
				Clinical Lead	Dr Chris Woodforde /Gill Frame
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	No
Financial Impact		Reduce PBR A&E attendance by 5% in year one and 15% by end of year two. Proportionate savings will be made on the current £1.05M spend at Warrington and Whiston. It is anticipated that there will also be a reduction in Urgent Admissions at Whiston of between 3 and 5% due to the reduction in the number of A&E attendances. (between £38,000 and £64,000) at current tariff		Strategic Objectives supported	CCGICS1, NHSOF1, NHSOF2, NHSOF3

Milestones		
2014/15		2015/16
Q1	Data review	
Q2	Take part in Urgent Care project plan preparation work with GP's	
Q3	First diversions / data gather	
Q4	Assess outcome & take remedial action if required	
Supporting measures	Reduction in A&E attendance / admissions at WHH and StHK	

A3 Primary & Community care

Project Description		Strengthen the GPs role at the heart of out of hospital care and supporting people to stay healthy by identifying people at risk of hospital admission including the introduction of a named accountable clinician			
Ref	PCI141501	Commissioning Area	Primary & Community	Programme / Project	Community
				Oversight Group	None
Desired Outcome		Reduction in the number of emergency admissions/readmissions, individual patient care plans, integrated working and self-care		Commissioning Lead	Jo O'Brien
				Clinical Lead	Dr David Lyon
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		Tbc, possible reduction in secondary care spend		Strategic Objectives supported	CCGICS1, NHSOF2

Milestones		
2014/15		2015/16
Q1	National guidance issued April/May, strategic group established	
Q2	Actions dependent on requirements of guidance	
Q3		
Q4		
Supporting measures	Reduced emergency admissions, increase patient care plans, increased use of self-care. Further measures to be developed using Swemweb and EQ5D	

Project Description		Review the design of community services to focus on outcome based services			
Ref	PCI141503	Commissioning Area	Primary & Community	Programme / Project	Community
				Oversight Group	None
Desired Outcome		Increased integration, improved outcomes for patients, reduction in inappropriate hospital admissions for conditions normally managed within community		Commissioning Lead	Jo O'Brien
				Clinical Lead	Dr David Lyon
				Integrated Commissioning Partners	LA, PH
				Better Care Fund Plan	Yes
Financial Impact		Expect to be cost neutral		Strategic Objectives supported	CCGICS1, CCGICS3

Milestones		
2014/15		2015/16
Q1	Review current services, service specifications & outcomes in line with CCG priorities and integrated care model	
Q2	As above	
Q3	Develop recommendations and revised specifications following reviews	
Q4	Develop recommendations and revised specifications following reviews	
Supporting measures	Increased integration of services, KPI and outcome measures	

<table>
<tr><td colspan="2">Project Description</td><td colspan="3">To support GP practices and other providers where appropriate to deliver services over and above their core contractual responsibilities (Local Commissioning Schemes – previously known as Enhanced Services)</td><td colspan="2"></td></tr>
<tr><td>Ref</td><td>PCI141505</td><td>Commissioning Area</td><td>Primary & Community</td><td>Programme / Project</td><td>Primary</td></tr>
<tr><td colspan="2" rowspan="4">Desired Outcome</td><td colspan="2" rowspan="4">Improved patient experience, continuity of care, care closer to home, more integrated care, reduction in inappropriate admissions / A&E attendances</td><td>Oversight Group</td><td>None</td></tr>
<tr><td>Commissioning Lead</td><td>Julie Holmes</td></tr>
<tr><td>Clinical Lead</td><td>Dr Gary O'Hare,
Dr Salil Veedu</td></tr>
<tr><td>Integrated Commissioning Partners</td><td>NHSE</td></tr>
<tr><td colspan="2" rowspan="2">Financial Impact</td><td colspan="2" rowspan="2">Tbc however will require initial investment. Longer term objective is the shift from secondary care into primary/community care as services are developed within the community to reduce activity within secondary care</td><td>Better Care Fund Plan</td><td>No</td></tr>
<tr><td>Strategic Objectives supported</td><td>CCGICS1, NHSOF2, NHSOF4,</td></tr>
<tr><td colspan="6">Milestones</td></tr>
<tr><td colspan="3">2014/15</td><td colspan="3">2015/16</td></tr>
<tr><td>Q1</td><td colspan="2">Identify gaps/opportunities in service provision in line with commissioning priorities. Prioritise above and develop a timetable for implementation. Service specifications developed and relevant procurement route to be confirmed, contracts awarded. This work is on-going throughout the year and can commence at any point therefore the process will remain the same.</td><td colspan="3" rowspan="4"></td></tr>
<tr><td>Q2</td><td colspan="2">As above</td></tr>
<tr><td>Q3</td><td colspan="2">As above</td></tr>
<tr><td>Q4</td><td colspan="2">As above</td></tr>
<tr><td>Supporting measures</td><td colspan="5">KPI and outcome measures monitored, impact on secondary care activity</td></tr>
</table>

<table>
<tr><td colspan="2">Project Description</td><td colspan="4">A strategy for sustainable general practice services in Halton</td></tr>
<tr><td>Ref</td><td>PCI141506</td><td>Commissioning Area</td><td>Primary & Community</td><td>Programme / Project</td><td>Primary</td></tr>
<tr><td colspan="4" rowspan="2"></td><td>Oversight Group</td><td>To be agreed</td></tr>
<tr><td colspan="2" rowspan="5">Desired Outcome</td><td colspan="2" rowspan="5">The problem is that general practice services in Halton are not sustainable and there is no agreed strategy to address this. NHS Halton CCG, with NHS England, will support member practices to develop and agree a strategy to deliver sustainable general practice services in Halton. Sustainable general practice services are required to:
• Reduction in variation
• Increase capacity in general practice and the reconfiguration of urgent in hours primary care to reduce unnecessary admissions
• Enable 7/7 working
• Improve long term condition management, particularly for frail and/or elderly people
• Reduce health inequalities
• Increase patient choice and access
• Develop specialist skills, knowledge and service delivery amongst the local workforce providing general practice services
• Provide local service alternatives in straight forward planned care
• Develop a plan for managing the changing age and skill profiles of the local general practice workforce</td><td>Commissioning Lead</td><td>Jo O'Brien</td></tr>
<tr><td>Clinical Lead</td><td>Dr Gary O'Hare, Dr Salil Veedu, Dr Cliff Richards</td></tr>
<tr><td>Integrated Commissioning Partners</td><td>NHSE as the commissioner and principal contractor for general practice services in Halton.
17 general practices in Halton as small/medium businesses and independent contractors within the NHS</td></tr>
<tr><td>Better Care Fund Plan</td><td>No</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="2">Financial Impact</td><td colspan="2">Tbc, however whilst contractual responsibility sits with NHSE may require considerable CCG staff input which may put pressures on existing core work</td><td>Strategic Objectives supported</td><td>CCGICS3</td></tr>
</table>

Milestones		
2014/15		2015/16
Q1	Agreement on problem statement across key stakeholders	Implementation of final strategy continues
Q2	Development and comparison of alternative strategies	
Q3	Agreement on final strategy.	
Q4	Implementation and evaluation plan agreed and final strategy delivery begins	
Supporting measures	The Key process measure will be the delivery of an agreed strategy for general practice services across Halton. Other process and outcome measures will be developed	

Project Description		Support NHS England in ensuring quality in primary care			
Ref	PCI141508	Commissioning Area	Primary & Community	Programme / Project	Primary
				Oversight Group	None
Desired Outcome		Reduction in variation across membership practices, increased prevalence and screening in line with national averages. Protected time for peer review and learning & development		Commissioning Lead	Jo O'Brien
				Clinical Lead	Dr Gary O'Hare, Dr Salil Veedu
				Integrated Commissioning Partners	NHSE
				Better Care Fund Plan	No
Financial Impact		Cost neutral		Strategic Objectives supported	NHSOF4

Milestones		
	2014/15	2015/16
Q1	Identify areas of variance and agree work programme for 14/5. Work with NHS E and neighbouring CCGs to agree common dashboard for Primary Care Quality	
Q2	Launch above with members and continue to monitor through Primary Care Quality & Development Group. Develop programme of practice support though PLT and Peer review.	
Q3	As above	
Q4	As above	
Supporting measures	Reduction in variation in key areas including prevalence, screening and prescribing.	

Project Description		Develop an Integration Health & Social Care IM&T Strategy & work plan to include; 1) exploring ways for clinicians and carers to have access to the same information regardless of setting, 2) explore opportunities for OOH providers to have access to primary care record OOH, 3) use of Telehealth and telemedicine to improve patient care, 4) identify the benefits and possibly introduction of Map of Medicine and 5) extending the uptake and use of Choose & Book to improve pathways to hospital and patient choice			
Ref	PCI141510	Commissioning Area	Primary & Community	Programme / Project	Primary
				Oversight Group	None
Desired Outcome		Joint Strategy developed and work plan implemented, increased interoperability between providers, increased use of summary care records for continuity of care, increased patient choice, care closer to home		Commissioning Lead	Jo O'Brien
				Clinical Lead	Dr David Wilson
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		Actual cost tbc, however likely to be significant overall but some funding for informatics provided centrally		Strategic Objectives supported	CCGICS3

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Explore the potential for introduction of a programme of care for Familial hypercholesterolemia			
Ref	PCI141512	Commissioning Area	Primary & Community	Programme / Project	Primary
				Oversight Group	None
Desired Outcome		Reduction in people dying prematurely, enhanced quality of life and experience of care for people with long-term conditions		Commissioning Lead	Julie Holmes
				Clinical Lead	TBC
				Integrated Commissioning Partners	PH
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	CCGICS3, NHSOF1, NHSOF2

Milestones		
2014/15		2015/16
Q1	Review the scope of the current service & develop recommendations	
Q2	As above	
Q3	Implement findings from recommendations	
Q4	As above	
Supporting measures	Reduction in strokes, improved measures QOF around Cholesterol	

Project Description		Secure provision of community services from 2015 - new			
Ref	PCI141514	Commissioning Area	Primary & Community	Programme / Project	Community
				Oversight Group	None
Desired Outcome		VfM contract that reflects the needs of the population of Halton supporting more integrated care in the community with a focus on improved outcome measures and a reduction in unnecessary admission to hospital.		Commissioning Lead	Jo O'Brien
				Clinical Lead	Dr David Lyon
				Integrated Commissioning Partners	LA, PH
				Better Care Fund Plan	Yes
Financial Impact		Reduction in current community contract value however will only be informed by the new service specifications		Strategic Objectives supported	CCGICS1, CCGICS3

Milestones		
2014/15		2015/16
Q1	Establish process for procurement and agree services to be considered for procurement	
Q2	As per procurement guide timetable	
Q3	As per procurement guide timetable	
Q4	As per procurement guide timetable	
Supporting measures	Services agreed signed off in quarter 2, procurement timetable adhered to	

A4 Mental Health & Unplanned care

Project Description		Develop local services to reduce suicide attempts			
Ref	MHUC141 501	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Mental Health
				Oversight Group	5BP Contract Board Mental Health strategic commissioning board
Desired Outcome		Reduce excess mortality in people with mental health problems known to services and from suicide		Commissioning Lead	Jennifer Owen/ Simon Bell
				Clinical Lead	Dr Anne Burke, Dr Elspeth Anwar
				Integrated Commissioning Partners	PH, LA
				Better Care Fund Plan	Yes
Financial Impact		Cost of CPN would be at least £50k. there would be potential savings across the whole health economy but not all of these would be aligned to CCG budgets		Strategic Objectives supported	NHSOF1, NHSOF2, CCGICS1

Milestones		
2014/15		2015/16
Q1	Suicide prevention strategy development, Pilot around A&E Liaison	
Q2	Implement actions from suicide prevention strategy. Pilot CPN with police across Warrington & Halton	
Q3	As above	
Q4		
Supporting measures	Reduction in suicide attempts	

<table>
<tr><td colspan="2">Project Description</td><td colspan="4">Review the AED liaison psychiatry model across Mid Mersey CCGs</td></tr>
<tr><td>Ref</td><td>MHUC141 502</td><td>Commissioning Area</td><td>Mental Health & Unplanned Care</td><td>Programme / Project</td><td>Mental Health</td></tr>
<tr><td colspan="2" rowspan="4">Desired Outcome</td><td colspan="2" rowspan="4">Acute and emergency care for people in mental health crisis is as accessible and high-quality as for physical health emergencies. Ensure equitable liaison psychiatry services to support effective crisis care – Linked to MHUC141501</td><td>Oversight Group</td><td>5BP contract Board
Bridgewater Oohs contract Board-WCCG
WHHFT contract board
STH&K contract Board
Mental Health strategic commissioning board</td></tr>
<tr><td>Commissioning Lead</td><td>Jennifer Owen</td></tr>
<tr><td>Clinical Lead</td><td>Dr Anne Burke</td></tr>
<tr><td>Integrated Commissioning Partners</td><td>Other CCGs</td></tr>
<tr><td colspan="2" rowspan="2">Financial Impact</td><td colspan="2" rowspan="2"></td><td>Better Care Fund Plan</td><td>No</td></tr>
<tr><td>Strategic Objectives supported</td><td>NHSOF2, NHSOF3, NHSOF4, NHSOF5, HHWS 5, CCGOIS1</td></tr>
<tr><td colspan="6">Milestones</td></tr>
<tr><td colspan="3">2014/15</td><td colspan="3">2015/16</td></tr>
<tr><td>Q1</td><td colspan="2"></td><td colspan="3" rowspan="4"></td></tr>
<tr><td>Q2</td><td colspan="2"></td></tr>
<tr><td>Q3</td><td colspan="2"></td></tr>
<tr><td>Q4</td><td colspan="2"></td></tr>
<tr><td>Supporting measures</td><td colspan="5">No variation in 4-hour A&E waits between providers for people in mental health crisis</td></tr>
</table>

Project Description		Develop and launch safe in town initiative across the Borough of Halton			
Ref	MHUC141 503	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Mental Health
				Oversight Group	Mental Health strategic commissioning board
Desired Outcome		Increase in vulnerable groups feeling safe in their communities		Commissioning Lead	Mark Holt and Lynne Edmondson
				Clinical Lead	Dr David Lyon, Lisa Birtles Smith
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	NHSOF2, CCGICS1

Milestones		
	2014/15	2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Work with other North West CCGs to secure provision of an IAPT service for military veterans			
Ref	MHUC141 504	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Mental Health
				Oversight Group	5BP contract board IAPT mobilisation group Mental Health strategic commissioning board
Desired Outcome		Improved outcomes for patients		Commissioning Lead	Lynne Edmondson
				Clinical Lead	Dr Anne Burke
				Integrated Commissioning Partners	Other CCGs
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	HHWS5. NHSOF3, NHSOF4, NHSOF5, CCGOIS1

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Review and redesign current eating disorder service			
Ref	MHUC141 506	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Mental Health
				Oversight Group	CWP contract board 5BP contract board Mental Health strategic commissioning board
Desired Outcome		Improved outcomes for patients		Commissioning Lead	Sheila McHale, Lynne Edmondson, Kate Wilding
				Clinical Lead	Dr Anne Burke
				Integrated Commissioning Partners	Other CCGs
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	HHWS5. NHSOF3, NHSOF4, NHSOF5

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Implement the action plan from the Health Needs Assessment for Learning Disabilities			
Ref	MHUC141 507	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Learning Disabilities
				Oversight Group	LD Partnership Board
Desired Outcome		Improve outcomes for people with learning disabilities		Commissioning Lead	Lynne Edmondson
				Clinical Lead	Lisa Birtles Smith
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	NHSOF1, NHSOF2, NHSOF4, CCGICS1, PHOF01, PHOF02.

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Develop alternative employment opportunities for vulnerable groups			
Ref	MHUC141 508	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Learning Disabilities
				Oversight Group	LD Partnership board
Desired Outcome		Improve emotional wellbeing and support individual personal development		Commissioning Lead	Lynne Edmondson
				Clinical Lead	Lisa Birtles Smith
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		£50k provision for working farm		Strategic Objectives supported	NHSOF2, CCGOIS1

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Roll out of learning disabilities health checks to under 16s			
Ref	MHUC141 510	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	
				Oversight Group	
Desired Outcome		Improve outcomes for people with learning disabilities		Commissioning Lead	Lynne Edmondson
				Clinical Lead	Lisa Birtles Smith
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		Public Health – no funding implications		Strategic Objectives supported	NHSOF1, NHSOF2, NHSOF4. CCGICS1, PHOF1, PHOF2.

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Delivery of Direct Enhanced Service for Dementia within general practice, to increase awareness and screening for dementia.			
Ref	MHUC141 511	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Dementia
				Oversight Group	Dementia partnership board
Desired Outcome		67% target for diagnosis by March 2015		Commissioning Lead	Mark Holt
				Clinical Lead	Dr David Lyon
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	NHSOF2, HHAWS5, CCGOIS1

Milestones		
	2014/15	2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures	C2.13 Estimated diagnosis rate for people with dementia	

Project Description		Support the regional procurement of NHS 111 through identified clinical and managerial leads			
Ref	MHUC141 513	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Urgent care
				Oversight Group	Urgent care working group
Desired Outcome		A tender for another provider of 111 services will be undertaken across Merseyside, with the outcome to improve access to health advice and reduce need to access GP		Commissioning Lead	Jane Hulme / Lynne Edmondson
				Clinical Lead	Dr Neil Martin
				Integrated Commissioning Partners	Other CCGs
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	NHSOF1

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Implement the Urgent Care redesign preferred model			
Ref	MHUC141 514	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	Urgent Care
				Oversight Group	Urgent care working group
Desired Outcome		Reduction in inappropriate A&E attendances and subsequent admissions		Commissioning Lead	Damian Nolan
				Clinical Lead	Dr Neil Martin
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		£600k recurrence spend, will result in 5% savings 14/15 and 10% 15/16		Strategic Objectives supported	NHSOF2, NHSOF3, CCGOIS1

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Care Home Liaison Service – To establish a single supplementary specialist service for dementia patients that's able to effectively respond and meet the multiple and complex needs of a care home population through the provision of enhanced support			
Ref	MHUC141 515	Commissioning Area	Mental Health & Unplanned Care	Programme / Project	None Identified
				Oversight Group	Dementia Board
Desired Outcome		The primary objective of the service is to manage the care pathways into and out of care homes, to improve patient care, reduce current levels of illness and prevent unscheduled admissions / readmissions from care homes into secondary care. This service takes active steps to reduce referrals to primary care, ultimately enabling people to remain in their own care home as long as it remains appropriate.		Commissioning Lead	Jenny Owen
				Clinical Lead	David Lyon
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Cost of £150k for 14/15		Strategic Objectives supported	

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

A5.1 Communication

Project Description		Investigate the reasons behind the number of people who do not attend appointments (DNA's). Review practices and develop methods for reduction			
Ref	ADD141501	Commissioning Area	Other	Programme / Project	Communication
				Oversight Group	None
Desired Outcome		Reduction in DNA's across all service areas		Commissioning Lead	Des Chow, Lyndsey Abercromby
				Clinical Lead	TBC
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		none		Strategic Objectives supported	NHSOF4, CCGICS1

Milestones		
2014/15		2015/16
Q1	Data & evidence gathering including literature review	Actions developed & quick wins started
Q2	Develop & distribute survey	
Q3	Collection and analysis of data	
Q4	Final report	
Supporting measures	From 2015/16 Q2 onwards look to see a reduction in DNA's	

Project Description		Continue to develop mechanisms to ensure we listen to the whole population, including young people and BME communities			
Ref	ADD141502	Commissioning Area	Other	Programme / Project	Communication
				Oversight Group	None
Desired Outcome		Proportionate representation evidenced from public engagement events and consultation exercises. Look especially at the 'protected characteristics' group		Commissioning Lead	Des Chow
				Clinical Lead	N/a
				Integrated Commissioning Partners	LA
				Better Care Fund Plan	Yes
Financial Impact		none		Strategic Objectives supported	CCGICS1, CCGICS2

Milestones		
	2014/15	2015/16
Q1	Identify protected characteristics groups for Halton	
Q2	Ensure all surveys are proportionately targeted to protected characteristics groups.	
Q3		
Q4		
Supporting measures	Evidence of proportionate representation from BME & protected characteristics groups.	

A5.2 Quality

Project Description		Work towards reporting on the quality of services at GP practice level and also at the level of consultant-led teams for a number of specific specialties			
Ref	ADD141503	Commissioning Area	Other	Programme / Project	Quality
				Oversight Group	Quality Committee
Desired Outcome		Production of relevant dashboard & reporting mechanisms Improved quality of services. Reporting as near to real time as possible.		Commissioning Lead	N/a
				Clinical Lead	Jan Snoddon
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	NHSOF4, NHSOF2, CCGOIS1, CCGOIS4

Milestones		
2014/15		2015/16
Q1	Review current provision – define what's needed – need to get as close to real time as possible.	
Q2		
Q3		
Q4	Need to report by domains by end of year.	
Supporting measures		

Project Description		Extend the friends and family test in line with national timescales, including Mental Health and Community based services from April			
Ref	ADD141504	Commissioning Area	Other	Programme / Project	Quality
				Oversight Group	Quality Committee
Desired Outcome		Improved quality of services		Commissioning Lead	N/a
				Clinical Lead	Jan Snoddon
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		CQUIN with Bridgwater.		Strategic Objectives supported	NHSOF4

Milestones		
2014/15		2015/16
Q1	Pilot 2 GP practices with F&FT, 5BP to collect data in Q1	Full implementation
Q2	First reports generated from 5BP and GP pilots	
Q3	Review success / otherwise of pilot with view to wider roll out	
Q4	Preparation for full implementation with community svs /MH	
Supporting measures		

Project Description		Implement the commissioning outcomes of both the Francis report and the government response			
Ref	ADD141505	Commissioning Area	Other	Programme / Project	Quality
				Oversight Group	Quality Committee
Desired Outcome		Improved quality of services. - Duty of candour - Clinical leadership - Competency		Commissioning Lead	N/a
				Clinical Lead	Jan Snoddon
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Cquin with 5BP/BW/ & acute trusts. To show evidence of duty of candour, quality strategy, visibility of clinical leads		Strategic Objectives supported	NHSOF2, NHSOF4, NHSOF5, HICS1,

Milestones		
2014/15		2015/16
Q1	Review of performance against last year and against Cavendish review, 'patients first' government response and Berwick re patient safety collaborative.	
Q2	Presentation and report against updates	
Q3		
Q4		
Supporting measures	Evidence of training programmes, mandatory training. i.e. Infection control, safeguarding	

Project Description		Develop process to monitor and improve quality standards in secondary care including appropriate use of SHMI and HSMR mortality figures			
Ref	ADD141506	Commissioning Area	Other	Programme / Project	Quality
				Oversight Group	Quality committee
Desired Outcome		Evidence of work undertaken by the acute trusts to investigate mortality figures and report findings and areas for improvement are actioned.		Commissioning Lead	N/a
				Clinical Lead	Jan Snoddon
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	NHSOF1, NHSOF5, PHOF1

Milestones		
	2014/15	2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

A5.3 Process & Policy

Project Description		Review the process for applying for grants from the CCG			
Ref	ADD141507	Commissioning Area	Other	Programme / Project	Process & Policy
				Oversight Group	None
Desired Outcome		Clear and transparent process developed, available and implemented		Commissioning Lead	TBC
				Clinical Lead	None
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact				Strategic Objectives supported	CCGICS4

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Further develop integrated services between the NHS and Local Authorities for people with complex needs			
Ref	ADD141508	Commissioning Area	Other	Programme / Project	Process & Policy
				Oversight Group	None
Desired Outcome		Develop integration further between the LA and CCG, ensure included in better care fund plan and integrated commissioning framework		Commissioning Lead	Sue Wallace Bonner
				Clinical Lead	None
				Integrated Commissioning Partners	LA, CCG
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	NHSOF2

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

Project Description		Develop plans in relation to the Better Care Fund			
Ref	ADD141509	Commissioning Area	Other	Programme / Project	Process & Policy
				Oversight Group	None
Desired Outcome		Production of plan, which will lead to increased delivery of integrated care		Commissioning Lead	Emma Sutton Thompson / Mike Shaw
				Clinical Lead	TBC
				Integrated Commissioning Partners	LA/CCG
				Better Care Fund Plan	Yes
Financial Impact				Strategic Objectives supported	CCGICS1, CCGICS2, CCGICS2

Milestones		
2014/15		2015/16
Q1		
Q2		
Q3		
Q4		
Supporting measures		

A5.4 Medicines Optimisation

Project Description		Ensure appropriate prescribing of antibacterials			
Ref	ADD141510	Commissioning Area	Other	Programme / Project	Medicines Optimisation
				Oversight Group	None
Desired Outcome		Reduction in Antibiotic prescribing seen		Commissioning Lead	Lucy Reid
				Clinical Lead	Dr Claire Forde. Dr Jan Breeden
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Small amount of savings possible in meds spend and possible quality payment on reduction in HCAI's		Strategic Objectives supported	CCGICS1, NHSOF3, NHSOF2

Milestones		
2014/15		2015/16
Q1	Quality Prescribing Initiative in place (Q1 to Q3)	
Q2		
Q3	Communication strategy re patients, public and GP's, piece of work needs to be regarding triangulating A&E admissions & attendances for infections & antibiotic prescribing rates)	
Q4		
Supporting measures	Reduction of 10% in prescribing of antibiotics, reduction In antibiotic prescribing for those antibiotics associated with HCAI's (C.diff & MRSA)	

Project Description		Reduce variation in prescribing between Practices			
Ref	ADD141511	Commissioning Area	Other	Programme / Project	Medicines Optimisation
				Oversight Group	None
Desired Outcome		Variation reduced between highest and lowest volume practices		Commissioning Lead	Lucy Reid
				Clinical Lead	Dr Claire Forde. Dr Jan Breeden
				Integrated Commissioning Partners	None
				Better Care Fund Plan	No
Financial Impact		Achieve Quip target.		Strategic Objectives supported	NHSOF3, CCGICS1

Milestones		
2014/15		2015/16
Q1	Initially targeting practices which have the biggest financial impact	
Q2	All practices targeted	
Q3		
Q4		
Supporting measures	Identify key areas of variation by Q1, be able to tell if gap is shrinking. Can use EPACT data from September onwards.	

Project Description		Develop an Integrated approach with Local Authority with community pharmacies			
Ref	ADD141512	Commissioning Area	Other	Programme / Project	Medicines Optimisation
				Oversight Group	None
Desired Outcome		In community pharmacy services in place commissioned jointly by LA and CCG		Commissioning Lead	Lucy Reid
				Clinical Lead	Dr Claire Forde. Dr Jan Breeden
				Integrated Commissioning Partners	LA/CCG
				Better Care Fund Plan	Yes
Financial Impact		Not known yet		Strategic Objectives supported	CCGICS1, NHSOF3

Milestones		
2014/15		2015/16
Q1	Investigating proposals for community pharmacy services	
Q2	To be decided depending on investigations.	
Q3		
Q4		
Supporting measures		