NHS

Halton Clinical Commissioning Group

Forward View And 2015/16 Operational Plan

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1 Introduction

In response to the NHS England's Five Year Forward View, NHS Halton Clinical Commissioning Group (CCG) and its partners have refreshed and aligned its previously published five year strategy 2014 - 2019. This document clearly sets out our vision for the future and progress made to date. Our commissioning intentions for 2015/16 can be seen within the separate technical annexe document. This plan explains what health and wellbeing priorities Halton's Health & Wellbeing Board has agreed to tackle as identified through the Joint Strategic Needs Assessment (JSNA). It has been developed with partner organisations that deliver and oversee health and care services including, Halton Borough Council, Halton Local Authority Public Health, Local acute and community health care providers, Public Health England, NHS England and many more. Patient groups, voluntary and third sector organisations and groups, Health Watch Halton, clinicians and independent providers and experts have all provided their advice and support over the previous 12 months to create a collective view on how we can improve and maintain the health and wellbeing of our local population. With its creation and our collective intentions we have been able to close the gap for a number of health inequalities for the population of Halton.

This strategy brings together an analysis of health and wellbeing needs in Halton and identifies key priorities focussing on quality, prevention and early intervention. NHS Halton CCG has responded to the Five Year Forward View and the needs of its local population and evidence of this can be seen throughout this plan and the supplementary technical annexe document.

NHS Halton CCG is the organisation that is principally responsible for the planning and purchasing of health services for approximately 128,000 people who live in or who are registered with 17 GP practices in Halton. The CCG is also responsible for commissioning emergency care for other people from outside of Halton whilst they are in the Borough.

A significant proportion of Halton's resident population live in two main towns - Runcorn and Widnes, whilst a smaller number live in the surrounding parishes and villages. The geographical area covered by NHS Halton CCG is coterminous with the local authority boundary of Halton Borough Council.

Halton's population has increased over the last 10 years. The 2001 Census estimated the population to be 118,200. The 2011 Census estimated it at 125,800 with an increase of 7,600 residents. Health has been improving in Halton over the last decade. Overall death rates have fallen, mostly because of falling death rates from heart disease and cancers. This means that the people of Halton are living an average of around two years longer than a decade ago. However, they are still not living as long as the national average.

A number of factors have contributed to this picture of improving health. In particular the fall in the number of adults who smoke, as well as how quickly people are diagnosed with health problems, together with improvements in the treatments available. Some of the main improvements and challenges are summarised below.

Improvements:

- Life expectancy has consistently risen for both males and females over time.
- Deaths from heart disease and cancers have fallen.
- The number of adults who smoke has fallen.
- There has been an improvement in the diagnosis and management of common health conditions such as heart disease and diabetes.
- Detection and treatment of cancers has improved.
- The percentage of children and older people having their vaccinations and immunisations has improved.
- The number of adults and children killed and seriously injured in road traffic accidents has reduced.
- The percentage of children participating in at least three hours of sport/ physical activity per week is above the national average.

Despite these improvements, the borough still faces a range of tough challenges.

Challenges:

- There are significant differences (inequalities) in how long people live (life expectancy) across the borough.
- People in Halton are living a greater proportion of their lives with an illness or health problem that limits their daily activities than in the country as a whole.
- The proportion of women who die from cancer is higher in Halton than anywhere else in the country. A lot of this is due to lung cancer caused by smoking.
- Significant numbers of people suffer mental health problems such as depression. 1 in 4 people will develop depression during their life. Mental health problems account for the single largest cause of ill health and disability in the borough.
- As Halton's population ages it is predicted that there will be more people with diabetes. This is also linked to being obese.
- The ageing population will mean more people living with dementia.
- The rates of hospital admissions due to falls are higher in Halton than for England and the North West. Rates are especially high for those over the age of 65 were rates in Halton were the highest in England for 2010-11.
- Due to previous high levels of smoking, it is also predicted that more people will develop bronchitis & emphysema.
- Alcohol and substance misuse continue to create challenges for both the health service and wider society, in particular crime / community safety. Admissions to hospital due to alcohol related conditions continue to rise each year.
- Hospital admissions due to alcohol for those under the age of 18 are amongst the highest in the country (2007-2010 figures). Admissions due to substance misuse (age 15-24 years) were the highest in England (2008-2011 figures).
- Teenage pregnancy rates remain high and have been resistant to change, despite the effort local partnerships have put in. Having a child before the age

of 18 can negatively affect the life chances and health of both the parent and the child.

- A range of child health indicators remain poor. Child obesity levels at both reception and year 5 remain above the national average.
- A greater percentage of women continue to smoke during pregnancy and fewer women start breast feeding than the national rates.
- Halton has high levels of people admitted to hospital as an emergency case compared to the country as a whole and many other boroughs. The poorer parts of the borough have higher emergency admission rates than those that are not as poor.

NHS Halton CCG has within its constitution an agreed vision to “involve everybody in the health and wellbeing of the people of Halton” and this vision is shared with all partners and key stakeholders. It is our aim to continue to tackle inequalities and improve the outcomes for the population of Halton and to help people to live healthier and happier lives. To realise this vision, and to move from ideas to action making the vision a reality, NHS Halton CCG in partnership with stakeholders have agreed to tackle the above challenges over the next 4 years. This strategy identified eight key priority areas that will enable this to happen.

Below we have updated our Plan on Page that demonstrates our case for change and co-ordinated approach to delivering a sustainable health and social care for the future.

NHS Halton CCG Operational Plan on a page 2015/16

Halton health economy is a system comprised of partners from primary, secondary and community care who have come together with Halton Borough Council and local population to agree, refine and implement the following vision:

"To involve everybody in improving the health & wellbeing of the people of Halton"

Outcome Ambition 1 – To continue to secure additional years of life for the people of Halton with treatable mental and physical health conditions.

Outcome Ambition 2 - Improving the quality of life for people with long term conditions

Outcome Ambition 3 - To reduce the number of avoidable emergency admissions to hospital by 2.8%

Outcome Ambition 4 - To Increase the proportion of people living independently at home

Outcome Ambition 5 - To Increase the number of people having a positive experience of hospital care

Outcome Ambition 6 - To increase the number of people having a positive experience of care outside hospital

Outcome Ambition 7 - To reduce hospital avoidable deaths

Priority Area 1 – Maintain and improve Quality Standards: NHS Halton CCG is committed to maintaining and improving wherever possible the quality of care provided

Priority Area 2 – Fully integrated commissioning and delivery of services across health and social care: NHS Halton CCG will drive Collaborative Commissioning with joint strategy, planning and collaborative commissioning with NHS England and Halton Borough Council

Priority Area 3 – Proactive prevention, health promotion and identifying people at risk early: This will be at the core of all our developments with the outcome of a measureable improvement in our population's general health and wellbeing

Priority Area 4 – Harnessing transformational technologies: Technology will be central to supporting people to improve and maintain their health and wellbeing, offering a range of platforms and sophistication dependant on intensity of need and desired outcomes

Priority Area 5 – Reducing health inequalities: Halton's Health and Wellbeing service combines expertise from Public Health, Primary care and Adult Social Care, this will be developed to continue the good results already seen and reduce the health gap

Priority Area 6 – Acute and specialist services will only be utilised by those with acute and specialist needs: Bringing services closer to home will support the transformation of the acute hospital sector and associated demand management issues

Priority Area 7 – Enhancing practice based services around specialisms: NHS Halton CCG, will support member practices to develop to deliver sustainable general practice, to result in an increase in capacity, enable 7/7 working and increase patient choice and control.

Priority Area 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.

Governance

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 here, in the Operational Plan and Better Care Fund Plan.

Overseen through the following governance arrangements

- Robust ledger and budgetary control system
- Internal and external audit
- Board Assurance Framework and Risk Register
- Performance management and oversight groups

Sustainability

NHS Halton CCG faces a 2015/16 finance gap of £2.8m.

For the health economy to be sustainable the goals are:

-All organisations within the health economy are financially viable in 2015/16

-System objectives are achieved

-Reduction seen in Type 1 A&E activity

-Reduction seen in inappropriate non-elective admissions into secondary care

Five year forward view response

- Multispecialty Community Provision –new model of care
- Urgent Care Centre continued development, integrated with new model of care
- Delegated Commissioning of Primary Care

1.1 5 -Year Strategy and 2 Year Operational Plan Update

NHS Halton CCG has made significant steps in delivering the objectives as set out in the 5-year strategic plan and within the eight strategic priority areas. As previously stated these strategic priorities were identified through extensive consultation with partners which provide real improvements in the health and wellbeing for the people of Halton. These improvements are highlighted within this plan, with some of the key actions completed in 2014/15 (see tables below).

The key themes and priorities to improving health and wellbeing in Halton have been identified using evidence from the Joint Strategic Needs Assessment (JSNA). This assessment provided us with a long list of potential priorities to choose from. Whilst the JSNA provides us with evidence to help us to determine priorities we also know that the skills and experience of local communities are a crucial part of painting a fuller picture of local need. Therefore, in developing our strategy and deciding on our strategic and clinical priorities we continuously assess, consult and review with key partners, local people, including children and young people and community groups, to gain their views on how we are doing.

The clinical priorities identified for action through the JSNA by the Health and Wellbeing Board are as follows:

1. Prevention and early detection of cancer.
2. Improved Child Development.
3. Reduction in the number of fall in adults.
4. Reduction in the harm from alcohol.
5. Prevention and early detection of mental health conditions.

To consolidate, confirm and approve the clinical priority areas the Health & Wellbeing Board used a prioritisation tool to enable them to score the emerging priorities and make evidence based decisions about the priorities they would need to focus upon. A copy of the prioritisation tool is available in the appendices section of the strategy. It scores the priority against a range of factors including strategic fit, health inequalities, strength of evidence, value for money, clinical benefit and number of people benefitting.

Progress against priorities will be reviewed on an annual basis and further on-going analysis via the JSNA will be used to determine whether these initial priorities are still relevant and continue to reflect need.

Implementing the priorities has been the responsibility of the commissioners, providers and responsible clinical leads. The actions are progressed through task and finish groups, formal committees or operational front line multi-disciplinary teams. The successful implementation of the plan has meant staff working in new ways, including co-ordinated commissioning, co-production of plans and partners trained and supported to work together enabling new and innovative approaches. NHS Halton CCG and its partners have successfully broken down previous organisational barriers and silo working and have been greatly enthused by the integrated team and partnership approach.

The Health and Wellbeing Board in partnership with Halton Borough Council and the CCG have developed the idea of Wellbeing practices. Where the approach is to seek to deliver a culture change by enabling patients to improve their health and wellbeing by accessing local services and facilities, using self-help tools, accessing training and participating in the local community.

The 8 priority areas below will demonstrate the progress made in the specified areas and the commitment NHS Halton CCG and its partners have made to continually improve and maintain the health and wellbeing of the population of Halton.

Priority 1 – Maintain and Improve Quality Standards.

Maintaining and Improving quality is at the heart of everything we do. Significant progress has been made during 2014/15 and demonstrable evidence can be seen throughout this plan.

Quality schedules within contracts include national quality standards alongside locally development indicators, metrics and targets. This process of standard setting and contract monitoring has enabled quality improvements to be defined and measured.

The Quality Committee reports to NHS Halton CCG Governing Body on the development, improvement and monitoring of all areas of quality. This includes clinical effectiveness, patient safety and patient experience. The Committee provides assurance on the systems and processes by which the CCG leads, directs and controls its functions in relation to quality of care in order to achieve the organisational objectives. The full terms of reference is available here http://www.haltonccg.nhs.uk/public-info/CCG_Committees.aspx

Priority 2 – Fully Integrated Commissioning and Delivery of Services Across Health and Social Care

Integrated commissioning is a priority area for Halton and has brought together a new model approach centred around people, ensuring everyone's needs are met through and integrated health and social care model. This supports GP's and GP practices working together, Community, mental health and wellbeing, social care,

urgent care, acute and primary care including pharmacy services all wrapped around local delivery points.

NHS Halton CCG and Halton Borough Council have developed an approach to integrated commissioning which is now well embedded and delivering improved outcomes for patients. The model of integration with adult social care though joint appointments (Director of Transformation) and pooled budgets for health and social care has enabled flexibility of commissioning approaches and has improved access, quality and value for money across the commissioning areas.

The Better Care Fund Committee and Health & Wellbeing Board receive regular updates on progress and monitors achievements to date. But how do we know we are successful? An outcomes framework that includes overall outcome measures and key performance indicators can measure and demonstrate how we are doing. As we achieve our desired outcomes we will review our priorities and change them if appropriate.

Priority 3 – Proactive Prevention, Health Promotion and Identifying People at Risk

The Public Health team within Halton Local Authority have worked with NHS Halton CCG and its local practices to develop practice level Joint Strategic Needs Assessment for all 17 practices within the borough. This has enabled an understanding of the local population and the inequalities within the practice population. NHS Halton CCG has developed and supported through its commissioning programme in 14/15 the on-going development and embedding of a Multi-Disciplinary Team approach to the identification of high risk patients and a proactive case management system. The team around the practice includes wellbeing services, mental health, drug and alcohol services, community nursing and social care and has provided the spring board for the One Halton approach to Multi speciality provision. This approach of using the JSNA has enabled local teams to target certain areas and patient/population groups to improve the health and wellbeing of those identified at risk.

Priority 4 – Harnessing Transformational Technologies

NHS Halton CCG with its partners has successfully produced an approved Information, Management and Technology (IM&T) strategy.

The implementation of the actions identified through the IM&T strategy are monitored through a committee structure and the use of assistive technologies and information technology will continue to improve patient care, access to care, patient experience, delivery of clinical outcomes, health record keeping and value for money. Harnessing transformational technologies such as telehealth and telecare with our partners in Halton Borough Council will continue to support our intentions in bringing care closer to home. Managing people's health and health care in the right place at the right time

in the right setting is a priority and early detection, prevention and intervention are key objectives within this strategy. Significant progress has been made with the universal use of the NHS Number and the use of Emis Web. Further on going technological advances are continuing to support local service interoperability not only between organisations but between services lines and patients.

Priority 5 – Reducing Health Inequalities

In order to reduce health inequalities NHS Halton CCG and the Public Health Team within Halton Local Authority have worked with its local practices to develop practice level Joint Strategic Needs Assessments. This work has enabled an understanding of the local population and the inequalities within the practice population. Work is on-going with GPs to identify the hidden 40% of the Halton population who do not access GP services or any other service within the borough. Evidence shows that this approach can have the biggest impact on reducing the inequalities gap, by identifying those at risk and targeting effective interventions to prevent and improve ill health and reduce premature mortality.

In identifying those hard to reach, 40% hidden Halton population we aim to continue to tackle inequalities by a targeted work programme.

Priority 6 – Acute and Specialist Services will only be utilised by those with Acute and Specialist Needs

Significant progress has been made during 2014/15 with the development of the two Urgent Care Centres. Both sites will be operating a multispecialty community provision model centred around hubs of care to deliver increased out-of-hospital care. So far the evidence suggests that with the proposed model, NHS Halton CCG will see a 2.8% decrease of unnecessary hospital admissions in 2015/16.

The Multi-Disciplinary teams are promoting self-care and proactive case management to tackle unplanned care and unnecessary avoidable admissions.

The Strategy for General Practice and delegated commissioning for primary care will enable the CCG to focus even greater resources on primary and community care to ensure that acute and specialist services are only used by those with acute and specialist needs.

Priority 7 – Enhancing Practice Based Services around Specialisms

NHS Halton CCG General Practice strategy has been developed with the practice population and clinical leads to enhance services for the local population. Significant improvements have been made and plans to further develop the multi-speciality community provision will only further enhance and support this model locally.

The community hub model will only support this approach and significant progress has been made with local partnership agreements and joint working on areas such as access, 7/7 and out of hours care provision.

Priority 8 – Providers Working Together across Interdependencies to Achieve Real Improvements in the Health and Wellbeing of our Population

Through a robust and thorough prioritisation process the health strategy sub group a sub-committee of the Health and Wellbeing Board identified a number of key priority areas based on population need. This process firmly embedded the need for each provider to work seamlessly together across interdependencies to achieve real improvements. The Health and Wellbeing strategy became an enabler with a strategic approach with all partners working together to deliver joint commissioning, bringing about a culture change and joint advocacy and policy work.

An example of this joint approach can be seen in the stroke service where by NHS Halton CCG developed in collaboration with its commissioning and provider partners a local Stroke Group which has facilitated and enabled joint working across both local acute providers in the aim for consistency of delivery and improved quality outcomes. The group has agreed a set of stretch quality targets for both providers and identified the areas for improvement in service delivery. The trajectories are based on performance in the national stroke audit (SNAP) and enable clear benchmarking across services.

Table 1 – Eight Strategic Priority Areas

2014/15 Improvement Intervention Update	
1 – Maintain and improve quality standards.	YTD
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 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 of the 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 abuse 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 is able to effectively respond and meet the multiple and complex needs of a care home population through the provision of enhanced support. (MHUC141515)	

1.2 Two Year Operational Performance

As part of the progress made to date NHS Halton CCG and its partners can demonstrate through our two year operational performance dashboard the improvements in outcomes during 2014/15.The most significant improvement can be seen in the reduction in our Potential Years of Life Lost with an overall reduction of 8% narrowing the gap between Halton and the national average. During 15/16 and onwards Halton aims to reduce that gap even further and see improvements in the health and welling of the population of Halton. To achieve this objective a series of commissioning intentions has been developed, a full list of these is detailed in the technical annexe document. These commissioning intentions are built on the work done in 2014/15 and consultation with stakeholders and have been prioritised as the best way to achieve NHS Halton CCG's stated objectives.

Table 2 – 2 Year operational plan: Performance Dashboard

2014/15 Two year plan outcome measures						
Metric	**Actual 13/14**	**Plan 14/15**	**Actual 2014/15**	**RAG**	**Plan 2015/16**	**Narrative**
Outcome Indicators						
Potential years of life lost	2856 (2012)	2856 (2013)	2575 (2013)	Green	2492 (2014)	Halton has witnessed 2-year reductions in PYLL is the key areas of Cerebrovascular diseases (-13%) Ischaemic heart disease (-9%), however no reduction has been seen in years of life lost to respiratory diseases and an increase has been seen in years lost to neoplasms (+15%) The overall reduction in PYLL of 8% narrows the gap between Halton and the national average, and in 15/16 Halton aims to reduce this gap further
Improving health Related Quality of Life for people with long term conditions	0.668 (12/13)	0.672 (2013/14)	0.685 (2013/14)	Green	0.693	People with a long-term condition in Halton reported a small improvement in their Quality of life, this improvement was slightly better than Merseyside as a whole and much better than the National figure which showed a reduction in health-related quality of life, Halton aims to reduce the gap to the National figure further in 2015/16

IAPT Access	8.66% (annual)	10.5% (2.63% per quarter)	3.6% (Q3 2014/15)	Green	3.75%	During 2014/15 NHS Halton CCG changed IAPT provider to 5 Boroughs Partnership, significant work has been done to increase access rates and are now very close to achieving a quarterly target of 3.75% This is a significant improvement on the average of 2.2% access rate seen in 2013/14
Dementia Diagnosis	60.10%	67%	70%	Green	75% (Q4 2015/16)	NHS Halton CCG has worked closely with the NHS and General Practice to increase the diagnosis rates to the 70% level at the end of March 2015, Halton has greater ambitions and has set a target for 75% of people with dementia to have a formal diagnosis by the end of 2015/16
IAPT recovery rate	36%	50%	38% (To Dec 14)	Red	50%	Recovery rates have improved considerably since the start of the year, however the low level of recovery seen between April and July is having an impact on the cumulative year to date position. The monthly recovery rate for December 2014 was 46% and initial figures suggest a further improvement in January. The target for 2015/16 is reach and maintain at least a 50% recovery rate and the additional resources being made available to Mental Health should help achieve this.
Unplanned hospitalisation for chronic ambulatory care	1193 (12/13)	1163	1012 (FOT)	Green	984	Excellent progress has been made in reducing the number of admissions to hospital which could have been avoided through treatment elsewhere, reductions have been seen in all categories with the exception of unplanned admissions for asthma in children where a small increase is being seen. The reduction being seen in admissions for conditions that should not usually require an admission is having a positive impact on the overall Non-elective activity measure, which although not meeting the target is forecast to be below the 2013/14 out-turn. It is expected that through NHS Halton CCG's plan for more out-of-hospital care that reductions will be seen again in 2015/16.
Unplanned hospitalisation for asthma, diabetes and epilepsy	402	350	422 (FOT)	Red	410	
Emergency admissions for acute conditions that should not usually require hospital admission	1845.5	1794	1400 (FOT)	Green	1361	
Emergency admissions for children with Lower respiratory tract infections	488 (12/13)	476	439 (FOT)	Green	426	
Proportion at home 91 days after reablement	64 (12/13)	68	68 (FOT)	Green	70	It is anticipated that the 2014/15 target will be met and a further improvement is planned for 2015/16 through schemes identified in the better Care Fund, this will close the gap to the national average which has been increasing in recent years.
Quality						
Friends & Family test (A&E) Warrington Hospital)	n/a	n/a	84%	n/a	87%	A change to the method of calculation in 2014 has unfortunately meant that comparisons to previous data are not possible and that the targets set for 2014/15 are no longer measureable against. The actual performance seen in 2014/15 at our local acute providers has been positive with performance generally above the National average with regard to patients who would recommend the service, this high level of recommendation is forecast to continue in 2015/16. The
F&F A&E Whiston	n/a	n/a	95%	n/a	95%	

F&F Inpatient Warrington Hospital	n/a	n/a	94%	n/a	95%	only exception being performance at Warrington A&E which is slightly below national average, this has been selected as a quality premium measure for Halton in 2014/15 and improvements have been seen and are forecast to continue into 2015/16
F&F Inpatient Halton Hospital	n/a	n/a	98%	n/a	98%	
F&F Inpatient St Helens Hospital	n/a	n/a	100%	n/a	100%	
Composite measure of GP services	6.7 (2012/13)	6.5	6.3 (2013/14)	Green	6.3	Patient experience of General Practice has been positive and although the target has been missed for Out-Of-Hours satisfaction 76% of patients would still rate the experience as 'fairly good' or 'very good' this is higher than the England average, we anticipate that the work being done to expand out-of-hours provision in 2015/16 will increase patient satisfaction further.
Patient Experience GP Out of Hours	80%	80%	76%	Red	80%	
Patient Experience GP Overall	84%	85%	85%	Green	86%	
MRSA	0	0	0	Green	0	Halton have reported no Healthcare acquired MRSA infections in 2014/15 however the number of C-Diff cases has increase over 2013/14 and is significantly above plan. The 2014/15 plan was set by NHS E based on part year data which did not include the winter period and took into account the exceptionally low C-Diff figures seen in 2013/14. The plan set by NHS E for Halton for 2015/16 is a more realistic assessment.
C-Diff	26	20	38 (FOT)	Red	36	
Activity						
Ordinary Admissions	3444	3524	3168 (FOT)	Green	3012	During 2014/15 there has been a positive change in how patients are treated with a move towards Daycase treatment and away from a more traditional overnight admission (ordinary admission) the pace of this change was not full anticipated in the 2014/15 plans. There has also been an overall increase in the number of admissions of 3% on 2013/14 actuals, which is approximately 1/3rd demographic change and 2/3rds increase due to non-demographic changes such as increased expectations of the NHS. The movement towards Daycase and away from overnight admissions is forecast to continue in 2015/16
Daycase admissions	15443	15583	16212 (FOT)	Red	17264	
Non-elective admissions	16941	16512	17106 un adjusted. (18045 adjusted)	Red	18225	The planned reduction in Non-Elective Activity has not been seen in 2014/15 due to the delay in making the urgent care centres fully operational, A particularly high number of non-elective admissions in the early part of 2015 has meant that Halton has slightly increased the number of non-elective admissions over 2013/14 levels. Counting changes at St Helens have meant that the 15/16 plan of 18225 should be compared to the 18045 adjusted figure. This represents a 1% increase. This plan includes a level of contingency for system resilience in case of a harsh winter or other un-expected event, the level of this contingency takes the planned 2.8% reduction to a 1% growth.
GP referrals (General & Acute)	26537	26712	28364 (FOT)	Red	29788	As seen across the country, there was a significant increase in the number of GP referrals in 2014/15, in Halton at the beginning of 2014/15 an additional factor was the ending of the

Other referrals	16606	15264	16715 (FOT)	Red	18474	contract with the community ENT provider which led to increased referral rates to secondary care providers. The GP referral rates reduced in the latter part of 2014/15 and this reduced level of increase has been forecast to continue into 2015/16. The increased GPO referral rates and end of the community ENT contract has also led to an increase in outpatient appointments. Although NHS Halton CCG has currently forecast further increases in Outpatient and GP referrals this may be revisited following detailed planning negotiations with providers and the impact of increased community provision may reduce the 2015/16 plan in the coming months.
1st Outpatients	38419	38700	40607 (FOT)	Red	42733	
A&E attendances (excluding Walk in centre)			47664 (FOT)	Green	48097	Due to the recent developments in the urgent care centres and the anticipated reclassification of Widnes form a type 4 to a type 3 site the figures reported here only relate to type 1 and 3 activity. Although NHS Halton CCG has planned a 2.8% reduction in activity a contingency has been built in to allow for unexpected events and a small (1%) growth has been factored into this contingency.

1.3 Better Care Fund Update.

The £5.3bn Better Care Fund (formerly known as the Integration Fund) was announced by the Government in June 2013, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a critical part of the NHS Halton CCG 2 year operational plan and the 5 year strategic plan.

NHS Halton CCG and Halton Borough Council's Better Care Fund plan submission was approved by NHS England in 2014/15, this plan has over £9 million in additional funding made available over and above committed pooled allocations. The schemes identified and funded through the plan will make significant improvements in the outcomes for Halton residents and will ensure that more care happens out of hospital. Specific targets have been set for 2015 including reducing non-elective admissions to hospital by 3.25%. Although following the particularly high level of non-elective activity seen at the start of 2015 this was subsequently reduced to a 2.8% reduction. An example of the schemes in place is the planned reduction in the number of readmissions due to falls, which has also been chosen as a quality premium measure for the CCG. Adjustments have been made in the main acute non-elective care provider's budgets to reflect the plans in place in the Better Care Fund plan, including the significant impact of the Urgent Care Centres in reducing both A&E attendances and non-elective admissions.

1.4 System Resilience

The creation of Urgent Care Working groups (UCWG) presented a unique and valuable opportunity for NHS Halton CCG and Halton Borough Council and partner organisations to co-develop and co-produce plans to manage urgent care demand. In doing so the urgent care working group evolved into a system wide resilience group (SRG) expanding its role and remit to cover elective (planned) as well as non-elective care (un-planned). Particular emphasis was on clinical pathways and representation from each provider group.

The overarching goals of the Halton SRG are twofold: to bring together both urgent un-unplanned care and elective planned care together and to enable systems to determine appropriate arrangements for delivering high quality services to the population of Halton.

1.4.1 Winter Monies

As part of the budget for 2015/16 winter monies now form part of the CCG baseline however this amount is less than received in 2014/15. This is £969k for Halton in 2015/16 compared with £3,269k received in 2014/15.
The planning process for winter 2015/16 will begin in earnest in April 2015 at the System Resilience Group meeting, in preparation for this schemes identified

elsewhere (such as in the BCF) and schemes known to have worked in the past will be assessed for their inclusion in the SRG plan. This will be completed by July 2015 to enable providers to make any necessary adjustments for winter 2015/16. Although less money has been received in 2015/16 than 2014/15 the fact that the amount is known well in advance will make winter planning more timely and enable providers to have certainty, months in advance, of the resources that available to fund winter pressure schemes.

1.4.2 Urgent and Emergency Care Network

Urgent and Emergency Care is one of the new models of care as set out in the Five Year Forward View. The Urgent and Emergency Care Review proposes a fundamental shift in the way urgent and emergency care services are provided. NHS Halton CCG has responded well to this suggestion and has progressed with the Urgent Care Centres delivering a new model of care for the population of Halton. The Urgent Care Centres provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for families. For those people with serious or life threatening emergency care they can be treated in the appropriate care setting with the right advice in the right place at the right time.

1.5 Workforce Implications

1.5.1 Local Education & Training Board (LETB)

The Local Education and Training Board (LETB) for Merseyside has a nominated senior representative from St Helens CCG for all Merseyside CCG's. Feedback from the LETB is received at CCG Network and Chief Nurse's meetings. This enables NHS Halton CCG to be involved with discussions with LETB and influence as appropriate the work programs.

Chief Nurses have LETB issues on their agenda for their bi-monthly meetings with NHS England and all chief nurses are linked up with the work in progress being delivered by Health Education England including:

Integrated workforce planning

Practice Nurse Education – including access to the Practice Nurse Specialist Practice Qualification (SPQ)

Development of short introduction programme to Practice Nursing.

NHS Halton CCG is linked into the work with LETB around new roles in urgent care regarding the training and competency requirements, and also in the preparation of the training and competency requirements for the new roles of health and social care assistants.

1.5.2 Working Across Boundaries

NHS Halton CCG does not see any restrictions in artificial boundaries and works cooperatively with all providers, stakeholders and commissioners. Evidence of cross border working can be seen in a number of specified areas and our contribution to the wider networks can be seen with benefits realised through our priorities and commissioning intentions.

1.5.2.1 Nursing and Midwifery Revalidation

NHS Halton CCG currently commissions a programme for nursing revalidation delivered by a local university which includes preparing all practice nurses for revalidation and preparation of portfolios. As the process for revalidation is agreed via the Nursing and Midwifery Council the CCG will ensure that local nurses and midwifes are informed of the requirements for revalidation.
In April 2015 all practice nurses will go through this process and if interest is high enough this will be offered to registered nurses in care homes.

Providers are required to evidence the actions they have taken to prepare for revalidation and present that evidence to NHS Halton CCG.

1.5.3 Primary Care Workforce

"General Practice is often described as the cornerstone of the NHS, with roughly one million people visiting their general practice every day" (NHS England, A call to action, April 2014). Nine in every ten patient contacts are at GP surgeries.[1]

However, the demands placed upon GPs and their teams have never been greater. Primary care sees more patients than ever, with more complex needs and greater expectations; it offers a wider range of services and it is seeking to maintain and improve ever higher standards of care. At the same time, the GP workforce is changing. Significant numbers of experienced GP principals are nearing retirement age, the GP workforce is becoming increasingly sessional and/or part-time, and many areas are experiencing difficulty with recruitment.

GP workload has increased from an average of 4 consultations per person, per year in 1995 to 5.5 consultations per person, per year in 2009 (HSCIC, 2012) and funding of General Practice as a percentage share of total NHS expenditure has reduced from 10.7% in 2005/06 to 8.4% in 2011/12 (GB)

In response to 'A Call to Action' and to inform the challenges facing general practice and provide a sustainable future for membership practices, NHS Halton CCG has begun working with its member practices and key stakeholders to undertake a review of its services and their sustainability. To meet the increasing challenges

[1] *"Effective primary care enables improved health outcomes and lower costs" (Starfield at al, 2005; Atun, 2004).*

faced, there is a need to reshape the range of services offered within general practice, thereby enhancing the sustainability of practices whilst preserving the local roots of general practice that are valued highly by patients.

Data sourced from the Health and Social Care Information Centre demonstrates that as of 30th September 2013, Halton had the following number of GPs (excluding Registrars and Retainers):

Table 3. Full time Equivalent GP's

Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Total
2	9	9	9	10	8	12	5	1	66

This demonstrates that 27.1% of current practitioners in Halton are 55 and over.

Having considered the information and evidence available and through a process of engagement with member practices and stakeholders, the conclusion was reached that **General Practice in Halton is not sustainable** in its current guise.

It is proposed that a new model (the Multispecialty Community Provision model) is established with community services centred around people, ensuring everyone's needs are met through an integrated health and social care delivery model. This will see GP practices working together, in a much more integrated way with Community, Mental Health and Wellbeing, Social Care, Urgent Care and Pharmacy services all wrapped around local delivery points.

At present, there are 17 practices operating as 17 separate delivery organisations in 17 different locations. This model is predicated on the practices starting to work together to create a number of community 'hubs', although the specific configuration of this will be for the General Practices and staff to determine.

1.5.3.1 Adult Community Nursing

The Adult Community Nursing services within Halton are currently provided via an NHS block contract through Bridgewater Community Healthcare NHS Trust.

These services include:

- Community Matrons
- Continence
- District Nursing
- Heart Failure
- IV Therapy
- Macmillan
- Stroke Services

- Tissue Viability
- Treatment Room

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.

People are living longer, and the numbers of older persons will increase markedly in the coming decades. The health needs of this population are changing, and significant numbers will have multiple health and social care needs.

This changing landscape means NHS Halton CCG and Halton Borough Council need to do things differently, and transform all aspects of health and social care and wellbeing.

Part of this transformation will include the redesign of primary care, and integrating clinical pathways across acute and community services with an emphasis on moving care closer to home, thus enabling a seamless approach to patient care.

One of the key pillars in this transformation is the development of an Integrated Adult Community Nursing Team forged around primary care and natural geographies.

NHS Halton CCG's Vision for Integrated Adult Community Nursing

The overarching vision for how care will be delivered is through an effective Integrated Adult Community Nursing Model that focuses on prevention, early identification and intervention. By bringing together primary and community care the Model ensures:

- Patients are in control of their health and their care
- Tailored, personalised care including co-ordination and care planning for those who would benefit
- Co-ordination of care including lifestyle support and advice with an emphasis on self - management
- Reduced avoidable admissions to hospital and early supported discharge where admission is necessary

Developments within NHS Halton CCG that Support the implementation of an Integrated Adult Community Nursing Model

Co-Commissioning which will achieve greater integration of health and social care services, especially out of hospital care, and raise standards of quality with General Practice services

Integrated Commissioning Function with the Local Authority to make best use of the Better Care Funding which will be spent locally on health and social care to enable closer integration to improve outcomes for people with care and support needs

The Development of an NHS Halton CCG Primary Care Strategy will enable General Practice to play an even stronger role at the heart of integrated, out of hospital services

The Development of an Integrated Health and Social Care IT system will support the adoption of modern, safe standards of electronic record keeping, and the development of integrated electronic care records that are universally available at the point of care for all clinical and care professionals

A New Way of Working: Supporting the Delivery of an Integrated Community Adult Nursing Model

An Integrated Adult Community Nursing Model aims to give the population of Halton, a transformational, affordable and sustainable service that is needed to improve local health outcomes.

Adult Community Nursing Services will play an important role in supporting the delivery of integrated care and putting patients at the heart of service delivery, through placing an emphasis on prevention, early identification, early intervention, supporting self-management as well as supporting those with complex needs.

1.6 Future Service Model for Halton

The future service model is a significant strategic development within the 5-year strategy; it builds on Halton's emphasis on out of hospital care through the use of Multispecialty Community Provision.

NHS Halton's CCG future service model is underpinned by 10 key principles

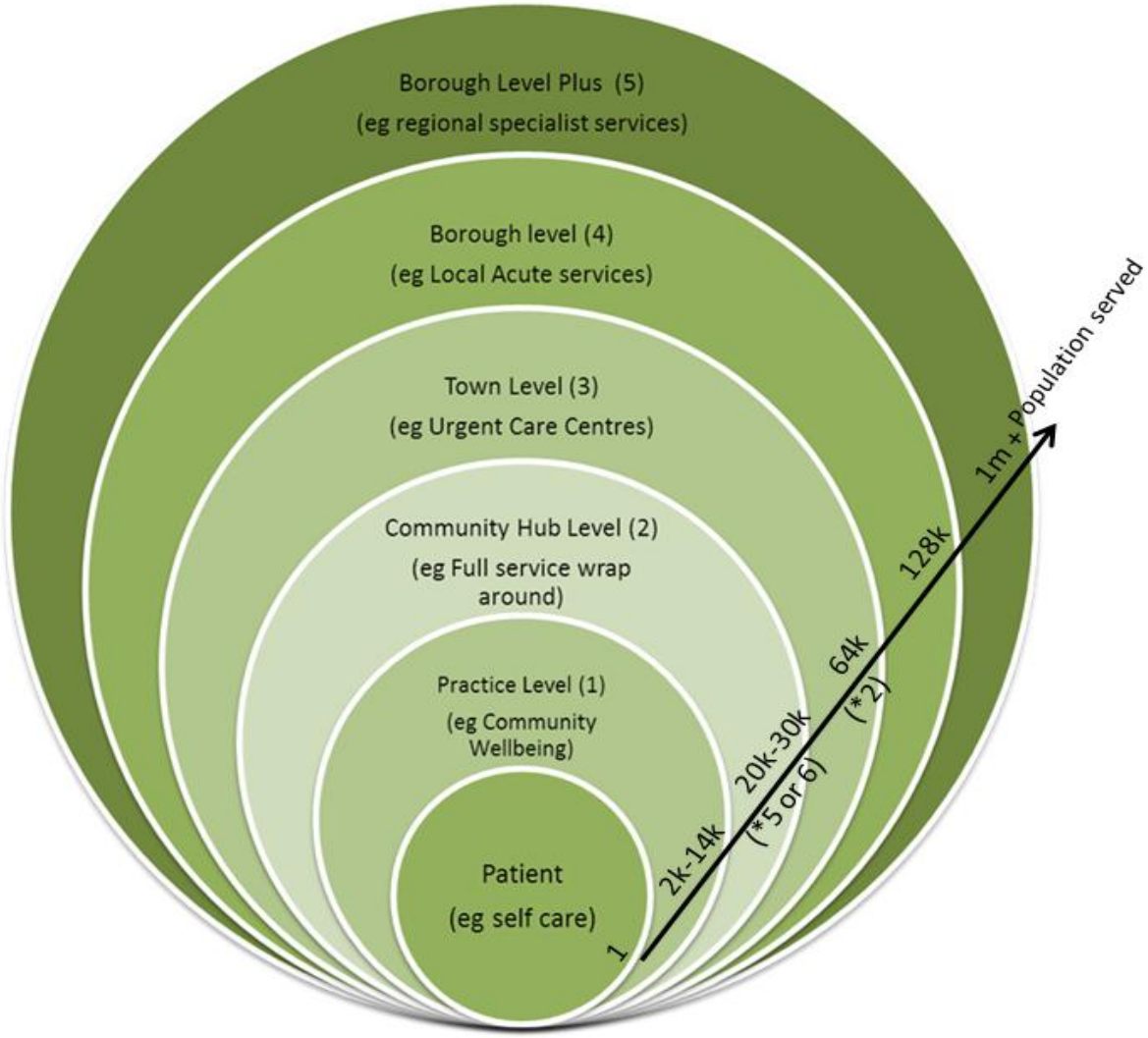
1. Consistent high quality care for every local resident
2. Care continuity for patients with long term conditions
3. Reduced unwarranted variation
4. Strong local clinical leadership
5. Offering services at scale, delivered locally to the individual
6. High levels of population and public engagement and co-design
7. Commissioning and contracting for outcomes, not inputs or processes
8. Services working in greater collaboration
9. Improving access and better pathway co-ordination
10. Focus on Prevention

The out of hospital care provided through Multispecialty Community Provision will require providers from across the Halton to work together.

The multispecialty community provision (MCP) model in Halton will be considered for each and every service, different approaches will need to be taken depending on the service and the level at which that service can be provided. There are five levels at which services can be delivered, the 'community hub' level will bring a local focus to the MCP concept and the Hubs will see practices working together, alongside the

range of providers and partners. Each hub will determine the best configuration to meet its population needs. The 17 Practices in Halton are currently determining these hub arrangements and NHS Halton CCG is supporting those discussions to ensure the optimum hub design, based on geography and a value-based approach to working together.

Figure 1



- Level 1, Practice level – services that are provided to individual practices
- Level 2, Community Hub level – services are provided across more than one practice, across wards and communities
- Level 3, Town level – services are provided across the two towns, potentially around the Urgent Care Centres or other delivery points in Runcorn and Widnes.
- Level 4, Borough level – Services are developed on a whole-borough basis, with one team or service servicing the whole population.
- Level 5, Borough Plus level – Services, probably specialist in nature, developed and delivered across more than one CCG, across Mid Mersey, pan Merseyside, Merseyside and Cheshire or beyond.

We will continue to work with partners, establishing a One Hospital Programme Board as we work collaboratively to implement this strategy and ensure it aligns with the broader system design and demands.

As stated earlier the Public Health team in Halton have identified seven areas of focus where the future service model can have the biggest impact. These areas build on and add to the areas identified in the Health & Wellbeing Board plan for Halton as part of the JSNA.

Table 4: Seven Areas

Area	Rationale
Mental Illness	Highest cost to NHS, largest contribution to disability adjusted life years (DALYs) lost in Halton; 4th largest contribution to local mortality
Cancer and CVD	Two largest causes of premature mortality; 2nd and 3rd biggest contributor locally to DALYs lost. 1st and 2nd largest cause of potential years of life lost (PYLL) inequalities gap
Unplanned / Urgent care	Highest rate of 30 day re-admissions in the north-west
Hypertension	Largest disease register and biggest prevalence gap
Gastrointestinal including liver disease	Worst rate of premature mortality, 4th largest contribution to PYLL, inequalities gap
Respiratory disease	Large cause of hospital admissions, 4th largest contributor to disability and 3rd to mortality locally, 3rd for PYLL, inequalities gap
Accidents	Inequalities gap, Halton is an outlier for children's accidents.

2. NHS Forward View – NHS Halton CCG Perspective

2.1 Creating a New Relationship with Patients & Communities

2.1.1 Prevention

2.1.1.1 Cardiovascular Disease

NHS Halton CCG with its partners in Public Health, Halton Borough Council and NHS England are developing a cardiovascular strategy for Halton which will address some of the issues identified, including the prescribing of antihypertensive medication to patients at risk of or already diagnosed with cardiovascular disease.

2.1.1.2 Smoking

NHS Halton CCG is working with colleagues in Public Health to review the support available for smoking cessation services. The Halton Stop Smoking Service is provided by Halton Borough Council. In 2013/14 52.1% of people entering the service successfully quit after 4 weeks, it is planned that this will increase to 53.4%[2]

The implementation of the successful Wellbeing practice model to provide holistic health care within GP practices in order to better respond to social determinants will allow a straightforward path into smoking cessation services.

2.1.1.3 Alcohol

An alcohol harm reduction strategy for Halton has been developed and was launched during alcohol awareness week (17-23 November 2014). The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy will set out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission rates locally. Alcohol health education sessions are being delivered in all local schools and will be rollout during 15/16.

During 2015/16 we will be recruiting up to 20 local people to try and answer the question 'What would make it easier for people to have a healthier relationship with alcohol?' We want to hear from a wide range of people to create local recommendations for action on the issues that matter to them. The recommendations will then be used to inform and advise what is done about this

[2] *While PH is happy to share these targets and report on actions/progress, these are PH targets and not to be held accountable via CCG. In sharing the targets the aim is to combine efforts to achieve the outcomes, it is not expected that either PHE or CCG will attempt to performance manage PH using these data*

issue in Halton. The project is being run by community engagement specialists “Our Life” and funded by Halton Council. A health education campaign will be developed promoting an alcohol free pregnancy. We will work together to develop a joint alcohol communications campaign agreed by all partners, delivering a social norms campaign within schools. The alcohol treatment pathways will be reviewed and we will work together to ensure the local licencing policy supports the alcohol harm reduction agenda and that local premises adopt a more responsible approach to the sale of alcohol.

The plans for 2015/16 are to not exceed the thresholds set in 2014/15 for 64.3 under 18 alcohol specific admissions per 100,000 population (2011/12 to 2013/14 crude rate) and 811.8 alcohol-related admissions per 100,000 (narrow – DSR per 100,000)

2.1.1.4 Obesity

Halton offers a range of weight management services delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults are under review and opportunities to enhance provision are being identified. Halton’s level 1 and 2 weight management programme for adults and children was transferred from Bridgewater to Halton Borough Council in October 2014; both these levels are to be reviewed in early 2015. The level 3 weight management service (dietetics, CBT) is to be retendered with an expected start date of service of 01/09/2015.

The Implementation of successful Wellbeing Practice Model to provide holistic health care within GP practices in order to better respond to social determinants of health, will enable patients to access weight management services through the GP.

2.1.1.5 Diabetes

NHS Halton CCG developed in partnership with the Merseyside Diabetes Network (MDN) an Impaired Glucose Regulation (IGR) pathway for General practice. In Halton the successful implementation of this pathway resulted in the number of people on the IGR register increasing from 1955 as of 31/03/2013 to 2554 on 31/03/2014. This pathway is still in operation and new cases are still being identified.

2.1.1.6 Employment

As part of the wider population health and our shared vision “involve everybody in the health and wellbeing of the people of Halton” NHS Halton CCG will continue to work with partners and stakeholders to support our population through employment initiatives and accessing the right support for individuals.

An example of this are the increased resources into the IAPT service, which is helping hundreds more people with low level mental health problems access services support, and an increasing recovery rate giving more people the capability

to return to work. NHS Halton CCG through its support with the Women's Centre is supporting women get back into work through providing meaningful activities.

2.1.1.7 Staff Health

NHS Halton CCG is committed to improving the physical and mental health and wellbeing of its staff, during 2015 staff are encouraged to take part in wellbeing exercises, through Wellbeing Enterprise and other external providers as well as taking part in physical exercise such as lunch time Nordic Walking.

2.1.1.8 Integrated Personal Commissioning

NHS Halton CCG is committed to working with the local Authority and other organisations including the third sector to build on the joint work already completed as part of the BCF and integrate further the provision of health and social care through the use of integrated personalised commissioning, this will allow individuals in Halton to direct how their budget is used with help through personal care planning.

Personalised budgets are already in place for people with complex needs with the CCG and the LA working together with a pooled budget to provide joint services and a voluntary sector provider in place to provide care planning, Community Nurses are already working with patients to complete and sign off care plans.

Additional work is already well under way in regards to children with a Statement of Educational Need (SEN) but we plan to extend this further to include people with long term conditions, learning disabilities or severe and enduring mental health problems. The CCG is putting additional resources in terms of personnel into this and the complex care lead will be helping to expand the service and provide a lead on this into 2015/16

2.1.1.9 Patients Entitlement to Choose (Mental Health)

Within Halton there are multiple providers offering mental Health services, including 5BP, Cheshire & Wirral partnership, Mersey care and Wellbeing Enterprises. The fact that there is no Payment by Results (PBR) or Any Qualifies Provider (AQP) for mental health services will be limiting the number of providers somewhat. However in Halton we are confident that there is sufficient choice in the market place across a range of services to provide patients with options as to their treatment, in addition both Adults Improving Access to Psychological Therapies (IAPT) and Child and Adolescent Mental Health Services (CAHMS) services are moving to self-referral.

2.1.1.10 Choice in Maternity

Choice within maternity services has not been restrictive for the population of Halton and women and their families are offered choice where and whenever they choose. The local community provider is not affiliated to any specific acute provider and therefore women locally are offered the choice of four local acute providers.

2.2 Engaging Communities

2.2.1 NHS Citizen Approach

2.2.1.1 Hard to Reach Communities

NHS Halton CCG has been working with private providers and the 3rd sector to actively engage with hard to reach communities in Halton. We have been working with SHAP whose aim is to enable homeless, vulnerable, or disadvantaged people to take control of their own lives and to receive high quality housing and support, and the BME Halton network. SHAP have been working in partnership with other agencies including the Gypsy and Traveller Liaison officer in the Borough.

Some of the achievements include

- Getting the communities to set up a self-help Resident Association
- Getting the group to engage with Halton BME Umbrella Group
- Supporting 9 individuals to access mental health services
- Supporting 2 adults to access McMillan Cancer Service. There is however, on-going capacity building initiative to enable volunteers from the G&T site in Widnes to begin providing support to other members of the community.

In addition the Polish Family Group is also being supported through collaborative work with Halton BME Umbrella Group to set itself up as a self-help group.

2.2.1.2 Children & Young People Engagement

NHS Halton CCG is part of the Halton Children and Young people Forum (CYPVSF), INVOLVE3 [3] and youth events. We also invite young people and representatives to our take over day, board and committee meetings, consultation steering group and the Halton Peoples Health Forum (HPHF). During the recent procurement for Tier 2 CAMHS two young people from the Youth Cabinet were part of the interview panel.

NHS Halton CCG have worked with SPARC4 [4] (Supporting People Achieving Real Choice) to produce the six Halton Health Comics and animations to help Learning Disabled and other vulnerable groups to be informed and empowered about health topics

NHS Halton CCG is starting to work with and engage with east European migrant workers and their employers via the Chamber of Commerce and during the first half

[3] INVOLVE is a participation group whose role is to act as a critical friend to Halton's Children's Trust on participation, and has strong links with Halton Safeguarding Children Board.
[4] SPARC is a small charity which was first established in July 1995 they are based in the North West of England and support people with Learning Disabilities and family carers. Most of their work is currently based in Halton, Liverpool and Manchester.

of 2015 NHS Halton CCG will be working with SHAP is developing “Celebrating Cultural Diversity” to be themed around Dementia to be delivered across the three boroughs in the next two quarters.

NHS Halton CCG will be visiting youth groups and youth providers to discuss Patient Participation Groups (PPG’s) and virtual groups, and developing its use of websites, twitter and other social platforms. Youth parliament visit will be arranged with Catch 22[5] in the New Year.

2.2.1.3 Carers

NHS Halton CCG and Halton Borough Council have drawn up plans to identify and support carers and in particular how they could best work with voluntary sector organisations and GP practices to identify a) Young carers b) Carers who are more than 85 years old, in order to provide better support.

Plans focus on supporting young carers and working carers through the provision of accessible services and services to those carers who are themselves from a vulnerable group (over 85 for example). Further work is planned during 2015/16 and a number of key workshops and events are planned to align the support and ensure we capture the needs, ideas and experiences of those carers and their families.

2.2.1.4 Volunteering & Lay People

Voluntary and community sector groups have expressed a strong desire to play a key role in delivering services. In early 2015 Halton has begun to develop its volunteering policy, The CCG is committed to promoting health, reducing health inequalities and delivering the best possible care for our local population within the resources available. In order to achieve this, the CCG encourages and supports the involvement of patients and the public at all levels within the organisation to ensure that patients, carers and the public are involved in decision making processes and influence CCG services. The CCG sees volunteering as an essential aspect of our patient and public involvement work, which will help to build better links and relationships with our local community.

2015/16, following the completion of the volunteering policy, NHS Halton CCG will develop:

a) Arrangements for enhancing the impact of volunteers
b) Strengthening support and training
c) Better matching of people to available opportunities and information
d) Steps to raise the status of volunteering

[5] *Catch 22 works with troubled and vulnerable people, helping them to steer clear of crime or substance misuse, do the best they can in education or employment, and play a full part in their family or community.*

2.2.1.6 NHS Workforce Race Equality Standard

All providers commissioned by NHS Halton CCG have clear Equality and Diversity Key Performance Indicators within the quality schedule which includes NHS workforce race equality requirements. All providers are required to complete the Equality & Diversity toolkit and submit an action plan if any areas are highlighted for improvement.

NHS Halton CCG has an equality and diversity policy in line with equality and diversity requirements.

2.3 Early Intervention

Alongside the prevention work discussed earlier in this document NHS Halton CCG are also committed to working with the Children's Trust, providers, patients and other services users to enhance the early intervention work with children being provided in Halton.

NHS Halton CCG is an active member of the Children's Trust board with clinical lead representation. In addition NHS Halton CCG is a member of the Commissioning Partnership Board, Halton Health in Early Years, Early help-closing the gap and Early Intervention Partnership Strategic Boards.

As part of the work with the Halton Health in Early Years board, NHS Halton CCG is working with Health Visitors on the high impact areas of Hospital Admissions and Minor illness.

NHS Halton CCG was actively involved in the December 2014 Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the local safeguarding children board[6].

Whilst the overall judgement was that children's services require improvement most areas received a positive outcome. A full breakdown of the inspection report is available here;
http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/halton/051_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

6

http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/halton/051_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

The judgements on areas of the service that contribute to overall effectiveness are:	
1. Children who need help and protection	Requires Improvement
2. Children looked after and achieving permanence	Good
2.1 Adoption performance	Good
2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance	Requires Improvement

NHS Halton CCG has specific commissioning intentions for 2015/16 around developing and improving services for children with an Autistic Spectrum Condition (ASC), Attention Deficit Hyperactivity Disorder (ADHD), Tier 2 Child & Adolescent Mental Health Services (CAMHS), Children's community equipment provision and Childhood asthma, for the full details of these commissioning intentions please see the separate technical annexe document.

2.4 New Deal for Primary Care

As part of the General Practice Strategy a number of key themes have been identified targeting those hidden 40% plus the areas of significant improvement within the borough of Halton. This prioritisation has led to the establishment of 4 working groups (Cancer, Hypertension, Care Homes, 7 day access). The CCG has commissioned additional resource to support the programme based approach and has appointed a Project Manager on a temporary basis since July 2014.

It is proposed that a new model (the Multispecialty Community Provision model) is established with community services centred around people, ensuring everyone's needs are met through an integrated health and social care delivery model. This will see GP practices working together, in a much more integrated way with Community, Mental Health and Wellbeing, Social Care, Urgent Care and Pharmacy services all wrapped around local delivery points.

A key element of the General Practice Strategy is developing the role of Community Pharmacy and closer working with General Practice.

The CCG is exploring the benefits of the co-commissioning of Community Pharmacy for potential introduction in 2016/17, considering developing a Community Pharmacy leadership role and considering the role of optometry and dentists in our Health & wellbeing plans.

The Implementation of successful Wellbeing Practice Model to provide holistic health care within GP practices in order to better respond to social determinants of health is

a key theme for 2015/16 and the CCG will be expanding the Care at the Chemist scheme. With all 30 pharmacies actively engaged and a re-launch is planned for April 2015.

NHS Halton CCG has been working with the Commissioning Support Unit (CSU) and Practice Leads to develop a quality dashboard which will be utilised to inform practice support. This will capture and respond to all areas of quality improvements in General Practice and ensure structures and processes are in place. To support this NHS Halton CCG has developed a standardised approach to Significant Event Audits (SEAs) in General Practice via the Primary Care Quality & Development Group and Members Forum.

In February 2015 NHS Halton CCG was formally approved as one of 64 CCGs across the country that will take on full delegated responsibility for commissioning the majority of GP services from April 2015.

GP led Clinical Commissioning Groups will have more influence over the wider NHS budgets and will enable a shift in investment from acute to primary and community services and is a critical step in Halton's Development of Multispecialty Community Provision focussing on out-of-hospital care and the Strategy for General Practice.

2.5 Priorities for Operational Delivery in 2015/16

2.5.1 Improving Quality & Outcomes

2.5.1.1 Seven Sentinel Indicators

1 Potential Year's Life Lost (PYLL)

In order to reduce health inequalities, the Health and Wellbeing Board is currently working in collaboration with GPs to identify the 40% of the Halton population who do not access GP services. Evidence shows that this approach can have the biggest impact on reducing the inequalities gap, by identifying those at risk and targeting effective interventions to prevent and improve ill health and reduce premature mortality.

Excellent progress have been made in both the reduction in the number of potential years life lost but also in the development of a local method of performance management which monitors significant elements of the PYLL indicator on a quarterly basis.

NHS Halton CCG has seen as reduction of 8.1% on the number of PYLL from 2012 figure of 2801 to 2013 figure of 2575 per 100,000, we were one of only two Merseyside CCG to achieve the 2013/14 Quality premium award for reductions in PYLL, and the 2013 figure of 2575 exceeds the target set for 2015/16 of 2676. However, we are not complacent and local quarterly monitoring of the major factors

underpinning PYLL (circulatory, cancer, respiratory and liver disease) have shown continuing reductions in 2014 in all but mortality from respiratory disease (which showed a small increase) therefore we are confident that the work being undertaken by the CCG and Public Health are having a continuing impact on premature mortality and we expect the PYLL measurement to reduce further in 2014 with the expectation that we will achieve our 5-year target reduction of 15% early.

2 Health Related QoL EQ5D

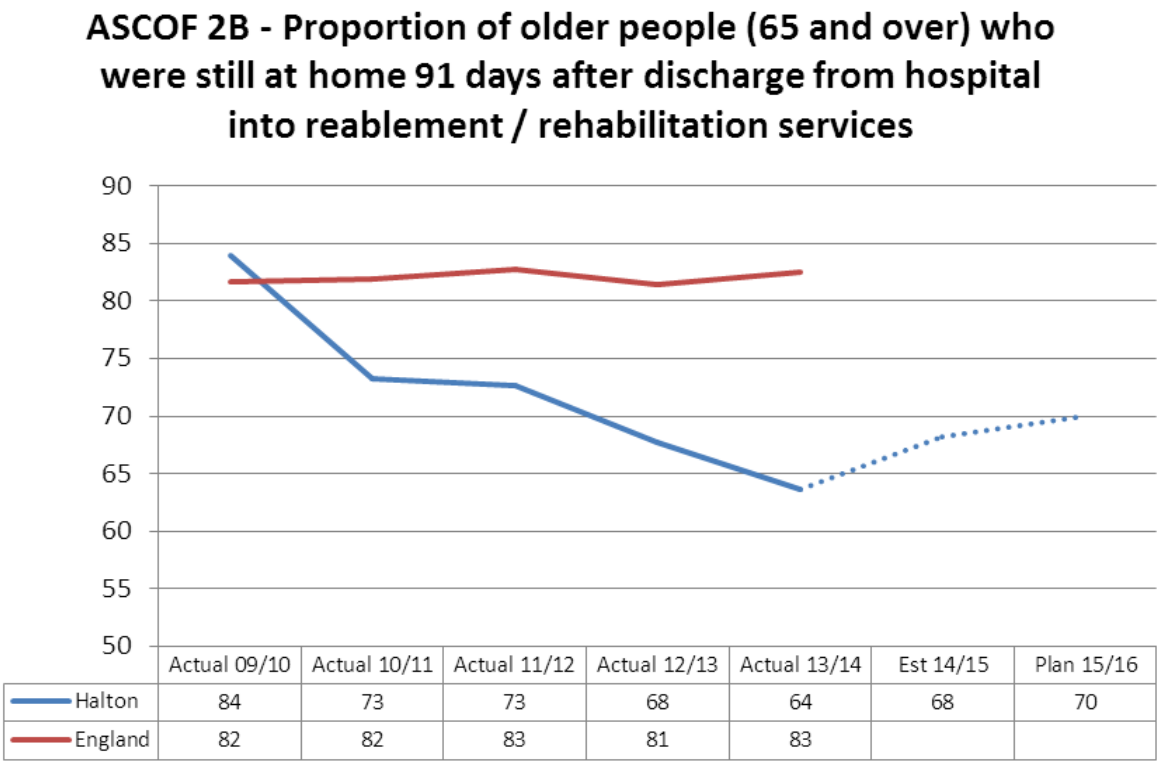
In 2011 the average EQ5d score was 65.8 per 100 patients, this increased to the 2012 baseline of 66.3 (average Eq5d score) this has further increased to 67.8 in 2012/13 this is an annual increase of 2.25% and exceeds the plan of 5 year increase of 7.7% to a target value of 71.4 by 2018/19. For comparison the England average score fell from 73.1 to 73.0 in the same period and the average England 5 year plan is for an increase of 3.8%

3 Emergency Admissions

Significant progress has been seen in Halton with regard to reducing Emergency admissions, from a baseline of 3076 per 100,000 in 2012/13 to 3044 in 2013/14 and a current 2014/15 year end forecast of 2414. This measure is made up of four component parts and reductions in admissions in three of the four areas have been seen, the most marked reductions have been in Children with Lower respiratory Tract Infections (LRTI's) which has fallen from 488 admissions per 100,000 to 230 per 100,000 and in emergency admissions for acute conditions which should not usually require hospital admission. These forecasts do not include the winter period, however even taking this into account a significant reduction in emergency admissions is expected to be seen in 2014/15

4 Proportion of Older People Still at Home 91 Days After Discharge

Chart 1



	Actual 09/10	Actual 10/11	Actual 11/12	Actual 12/13	Actual 13/14	Est 14/15	Plan 15/16
Halton	84	73	73	68	64	68	70
England	82	82	83	81	83		

In 2013/14 Halton reported the lowest proportion in the north-west of people still home 91 days after discharge into intermediate care and the sixth lowest rate in the country. Halton also has the highest rates of readmissions into hospital after 30 days in the north-west. Halton has recognised that this is a priority and a group has been established with the CCG, Local Authority and representatives from the acute providers and NWAS to identify what the specific issues are relating to unwarranted admissions and how these can be addressed.

The development of adult community service specification and General Practice Strategy to align out of hospital care supports this. And the implementation of the multispecialty provider model will help to maintain people in the community rather than have a readmission to hospital.

5 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 Positive Experience of Care Outside Hospital

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.

5 Boroughs Partnership NHS Foundation 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 Eliminate Avoidable Deaths in Hospital

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 (as of November 2014) 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 2014/15 of 40 cases, (26 as at end of November 2014) this is slightly higher than 2013/14 The target assigned by NHS England for 2015/16 is 36.

2.5.2 Quality of Care

2.5.2.1 CQC Inspections

NHS Halton CCG works closely with Health and Social care providers which have been subject to a CQC inspection. In 2014/15 Both the main acute hospital trusts (Warrington & St Helens) which NHS Halton CCG work with, were subject to unannounced CQC inspections and one trust (Warrington) was also subject to a Keogh review. The outcomes of these inspections were reviewed via CQPG and action plans developed for any areas of improvement identified.

One trust was identified as having an area for improvement around maternity services and an action plan for delivery of improvements is in place. The CQC identified no areas for improvement in the second trust.

NHS Halton CCG also works with the Local Authority with regard to the quality of care delivered in care homes and a Care Home quality dashboard has been developed to monitor the levels of care being delivered, where the CCG requests a review following a safeguarding issue of complaint these are reported via the dashboard and action plans agreed with the provider. The Care Homes are provided with support by the care Home support team which includes nurses, pharmacists,

therapists and we are currently in the process of recruiting two community matrons for care homes which will boost the level of support available.

This support is available to care homes not only following a CQC inspection but also where our own process have identified possible areas for improvement, as of February 2015 there are two care homes operating in Halton with areas identified as 'requires improvement' these are being managed with the local authority through the contract and quality route with CCG involvement. In 2015/16 we will be developing a clear specification for care and residential homes which will outline quality standards and joint contracts with the Local Authority will help enable the development of a quality initiative scheme.

2.5.2.2 Clear Clinical Accountability

NHS Halton CCG is working with General Practices to ensure implementation of named GP's to the appropriate cohort, substantial progress has been made in identifying the cohort and ensuring they are reviewed by a Multi-Disciplinary Team and a full care plan put into place.

2.5.2.3 "Sign up to safety" – local Patient Safety Collaborative

NHS Halton CCG is signed up to the "Sign Up To Safety"

The safety action plan will be formally introduced in April 2015 through the Quality Committee, however work has already commenced in the following areas

- Medicines Safety
- Pressure Ulcer prevention
- Transfers of clinical care
- Catheter Infections

The work plan will be delivered through the Mid-Mersey safer care collaborative which includes all Mersey CCG's and Warrington CCG, both acute providers (St Helens & Knowsley NHS Trust & Warrington and Halton NHS Foundation Trust) the Mental Health Trust and the Community Trust.

2.5.2.4 Sepsis

NHS Halton CCG is implementing the Sepsis Advancing Quality Framework across all providers, this consists of 11 measures, of which 9 are clinical and 2 are data collection. It is recognised that early recognition leads to better management. In Q1 2015/16 both acute providers will be collecting data with a requirement that at patients score at least a 50% composite care score, at the end of Q3 2015/16 performance will be reviewed and trajectories will be set for improvement from Q1 in 2016/17 with an aim for delivery of a 90% composite care score by the end of 2016/17. To support providers in achieving this a payment will be provided through CQUIN.

2.5.2.5 Acute Kidney Injury

NHS Halton CCG are implementing the Acute Kidney Injury Advancing Quality framework in St. Helens and Knowsley NHS Trust based on 6 clinical measures and one data measure. The measures will be fully implemented with a 50% composite care score by the end of 2015/16 and a trajectory set for improvement in 2016/17. To support providers in achieving this a payment will be provided through CQUIN.

2.5.2.6 Antibiotic Prescribing

In Halton, high prescribing practices requested to target audit of antibiotic prescribing via Prescribing Quality Initiative, on-going throughout the year until March 2015, the Antibiotic Guardian Campaign promoted via CCG Bulletin, The Medicines Management Team newsletter in November focussed on European Antibiotic Awareness Day including links to all resources for practices and pharmacies, display boards in several practices have been in place to promote the messages of appropriate antibiotic use, key messages about antibiotics have been included in October Halton community radio show and a press release was issued regarding better use of antibiotics. NHS Halton CCG plans to has a session at the Halton Peoples Health Forum to discuss patient opinions on antibiotics and how we can drive innovative approach to reducing antibiotic prescribing and we aim to continue to focus on high prescribing practices but feed in positive impacts from audits and from actions already taken by other practices, using peer support to change practice and introduce an education session for prescribers involving local microbiologists.

2.5.2.7 Clinical Standards for 7-Day Working

Negotiations in 2014/15 with the acute care providers Warrington & St Helen's have meant that both trusts are already well on the way achieving the clinical standards for seven day working. St Helens made significant progress in 2014/15 and have recruited additional staff. The development of the Urgent Care Centres in partnership with both acute providers and the community provider has again helped in the provision of seven day services in Halton.

2.5.3 Achieving Parity for Mental Health

Halton has a borough wide all age Mental Health Strategy and an underpinning Action Plan to ensure delivery. The Strategy and the Plan follow the Marmot life course approach and there are specific actions related to improving support and care for young people, adults and older people. In line with delivery of the Strategy and Action Plan a number of initiatives have already commenced.

2.5.3.1 Parity of Esteem

To support the parity of Esteem Agenda the CCG is signed up to support the Pan Cheshire Declaration to achieve the requirements of the Crisis Care Concordat. In relation to young people a review of Tier 2 CAMHS services has been completed and a new service procured. The new service model is funded through collaboration on funding with the LA Public Health department and will provide training for staff in schools, and front line staff, to recognise children at risk, to provide web based counselling for young people and face to face support for professionals working with children and young people. In addition it will provide cognitive behavioural support to families with morbidly obese children and training to staff on how to work with families whose children have this condition.

To support older people with dementia NHS Halton CCG exceeded the target for 70% of the estimated number of people with dementia to have a formal diagnosis for 2014/15 and a more ambitious target of 75% has been chosen for 2015/16, The National Dementia DES toolkit has been rolled out to practices in Halton and significant increases have been seen. The CCG are committed to investing in an Admiral Nurse Service during 15/16 to support patients and carers with Dementia.

Screening of new mothers for early detection and treatment of maternal depression is underway, there is improved support for families to deal positively with toddlers, and training of school nurses in how to identify children at risk of developing mental health conditions, and offer low level counselling and support with referral to specialist services, e.g. Ad Action, GP, and CAMHS.

We are running workshops to train teaching staff in how to communicate with children on social and emotional issues using evidence based interventions, e.g. Social and Emotional Aspects of Learning (SEAL) and developing resources and packs for teachers on gender identity, confidence and aspirations.

The Widnes Vikings are working on anti-cyber bullying training with Halton Health Improvement Team. All schools are being enrolled on the Healthitude programme which covers social and emotional health as well as healthy eating, drinking, tobacco and drugs.

For adults we are concentrating on the early identification of people with mild to moderate mental health problems. And using an improved range of services, self-help and other non-medical interventions we will improve levels of self-reported

wellbeing. We have commissioned Halton Citizens Advice Bureau (CAB) to offer a bespoke package on support to people with mental health conditions so they can navigate the welfare system. We have also commissioned the CAB to provide financial literacy training in the community as we recognise debt is a major source of anxiety and concern.

For older people in care homes we are working with staff on implementing Guidelines in How to Identify Treat and Refer Older People with Low to Moderate Depression in Care Homes and for those that receive domiciliary care.

A new mental health and wellbeing action plan is in progress, informed by the Mental Health and Wellbeing Strategy.7

2.5.3.2 Mental Health Funding

NHS Halton CCG will increase overall funding for Mental Health services by £713,000, from £21,804k in 2014/15 to £22,517 in 2015/16. This equates to an increase of 3.3%, this includes additional funding made available for mental health services in the Better Care Fund and additional funding set aside for the IAPT service. This increase is above the percentage increase seen in the total programme allocation of 1.94%, however it should be noted that this includes seasonal resilience funding of £0.969m not in the 2014/15 allocation. Without this seasonal resilience funding the general growth increase for NHS Halton CCG is 1.37% therefore the growth seen in spending on mental Health services is approximately two and a half times greater than the general level of growth.

2.5.3.3 Improving Access to Psychological Therapies (IAPT)

During 2014/15 NHS Halton CCG changed the IAPT provider to 5 Boroughs Partnership NHS Trust, this change of provider has resulted in an increase in the recovery rate to near 50%. IAPT is now on target for 3.75% in Q4 2014/15 (annualised 15% rate) with confidence that this can be maintained in 2015/16.

Funding has been agreed with finance to meet the new additional, mental health standards. Service specification and KPI's have been agreed across the CCG by managerial and clinical leads.

In 2015 NHS Halton CCG plans to take part in the procurement process for IAPT for military veterans and procure the new service, and support the service with local mobilisation.

[7] Halton Sustainable Community Strategy 2011-2026

2.5.3.4 New Mental Health Standards

In 2015/16 NHS Halton CCG will be reporting against new mental health standards, these are listed below;

- The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period (95% by April 2016)
- The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period (75% by April 2016)
- Number of ended referrals in the period that received a course of treatment against those with a single treatment appointment (no standard set)
- Average number of treatment sessions (no standard set)
- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral (in development) (>50% by April 2016)
- % of acute trusts with an effective model of liaison psychiatry (in development) 100% by 2020

In order that we are able to report against these new standards we have ensured that New Mental Health standards included in the relevant contracts, we plan to Review and performance manage the new standards and we need to ensure that our providers can meet these targets and have the appropriate resources to do so via demand and capacity planning, to this end additional resources have been made available to 5 Boroughs Partnership who provide our IAPT service.

2.5.3.5 Liaison Psychiatry

Service specification and Key Performance Indicators (KPI's) are agreed with commissioners and providers for AED psychiatry liaison. 5 Boroughs Partnership and Warrington & Halton NHS Foundation Trust agreed data collection points to report on KPI's.

In 2015 NHS Halton CCG planned to introduce the 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

2.5.3.6 Crisis Care Concordat

In 2014/15 NHS Halton CCG agreed and signed both Cheshire and Merseyside Crisis Care Concordat declarations, and established a Halton task and finish group with members from NHS Halton CCG, providers and Halton Borough Council. A draft action plan has been developed by the task and finish group and in 2015/16 we plan to progress and develop the action plan for sign off at the mental health delivery group and relevant governance structures. In 2015/16 the task and finish group will be developed to include more service user input.

2.5.3.7 Eating disorders for Children & Young People

In 2014/15 NHS Halton CCG reviewed and redesigned current eating disorder service. Referrals into this service increased by approximately 50% and the service provider is working more proactively with primary care, and has presented at a members forum. In late 2014 the service identified practices that have not referred into the service and continuing into 2015 NHS Halton CCG and the practices will work proactively with these practices and begin to use local facilities to deliver the service to Halton patients. In 2015/16 NHS Halton CCG plan to continue to monitor the service and ensure increase in referrals into the service. Increase the number of sessions that are delivered within Halton.

2.5.4 Transforming Care of People with Learning Disabilities

2.5.4.1 Winterbourne

NHS Halton CCG has developed a local Halton Winterbourne action plan and strategic group. We have ensured that we have systems and processes in place to report to relevant organisations on current Winterbourne placements, and work is continuing to keep individuals within Halton. We are currently in a very good position with regards to Winterbourne.
In Halton we have a commitment to reduce reliance on inpatient care for people with learning disabilities; we have reduced the number of inpatient beds at 5 Boroughs partnership dedicated to people with learning disabilities from 12 to 8 and have greater provision available in the community.

2.6 Enabling Change

The principle approach throughout the programme of work to develop the commissioning Intentions has been about engagement with local practices, NHSE, providers and partners and the public and a range of patient groups. Initially we worked to develop a shared understanding of the problems we wished to solve and then worked on co-designing and co-producing a five year strategy with eight priority areas.

There are a range of national drivers that have influenced the work including NHS E's co-commissioning agenda[1] and the *Five Year Forward View*[2]. We believe that the timing of these national programmes complements and accelerates our local work and we have considered and aligned the approach accordingly.

The future model of service outlined in this document, Multispecialty Community Provision (MCP), owes much to the Multispecialty Community Provider approach in *the Five Year Forward View*. We have deliberately referred to Multispecialty Community Provision rather than of a Multispecialty Community Provider as it is important we define the functions we want our model to deliver (provision) before we discuss who it will be provided by and how. This approach is widely supported within Halton and the emergent model has been discussed and created through the local engagement and co-production across a range of local organisations.

The emerging themes and care model from the General Practice strategy have led to a broader borough-wide partnership approach called One Halton. This embraces the MCP approach and provides a greater focus on the wider Out of Hospital approach across Halton.

2.6.1 Harnessing the Information Revolution & Transparency

2.6.1.1 IM&T Strategy

NHS Halton CCG has a clearly stated intention to use transformational technologies (Priority area 4 in the HCCG five year strategy) to meet the needs of its patient population, users and staff; the CCG also sees Information Technology (IT) as a method for maximising the benefits from change.

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[1] *NHS England and NHS Clinical Commissioners (2014), Next steps towards primary care co-commissioning, [Online], Available: www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf*

[2] *Care Quality Commission, Health Education England, Monitor, NHS England, Public Health England and Trust Development Authority (2014). Five Year Forward View, [Online], www.england.nhs.uk/ourwork/futurenhs/*

Halton CCG is in the process of finalising the IM&T strategy which covers three years from 2015 to 2018. This includes three year plans for the implementation and development of technologies to support interoperability, integrated clinical environment, mobile working, telehealth-med and assistive technology, e-referrals, e-assessments and patient centred media.

The IM&T strategy is linked closely with the Halton view on Multispecialty Community Provision and the General Practice Strategy. The use of information and information technology will improve patient care, access to care, patient experience, and delivery of clinical outcomes, health record keeping and value for money.

Therefore, using and embracing technology to improve communication and interoperability of systems between practices and providers is essential, as is the development and use of assistive technologies to support the self-care agenda.

2.6.1.2 Interoperability

Identifying an interoperability solution to be delivered locally, connecting any healthcare system within a healthcare economy is a key priority. This will give users secure access to the whole-life health records. By mobilising this data via an interoperability solution, healthcare providers are able to deliver safer, more efficient care, based on a fuller understanding of a patient's medical records. There are currently a number of providers within the local health economy that have deployed an interoperability solution, the learning from which should be incorporated in the planning of this project. In additional there is a national focus on data sharing in relation to End of Life and the requirement for increased coverage across England of an Electronic Palliative Care Coordination System (EPACC's) so it is intended that palliative care would be the initial focus of the interoperability agenda, taking into account local hospice transition onto an electronic patient administration system.

A key element of the interoperability agenda is to ensure a mechanism by which data can be linked and as such it will be a requirement for all Providers to ensure the use of NHS number as the prime identifier. It is also acknowledged that the planning for this programme will need to incorporate a number of stakeholders and it will be more realistic for this to be part of the wider health economy IM&T strategy for which NHS Halton CCG are engaged with via the current IM&T support contract.

2.6.1.3 Integrated Clinical Environment (ICE)

ICE, provided by Sunquest, is a portfolio of products that enables pathology and radiology requesting and reporting. ICE is used within primary and secondary care services and is central to GPs making pathology and radiology requests online, and being able to see the results.

Benefit from providing ICE to a broader range of staff, particularly in primary and community services, is that information sharing will be easier; all users, with

appropriate access rights, will be able to view the latest patient pathology and radiology orders and results, acting on them to provide the most appropriate level of care.

2.6.1.4 IM&T Planning

A number of dependencies became apparent when reviewing the solutions; for instance allowing the use of staffs own devices (BYOD) can only be enabled once a reliable Wi-Fi network has been established. Similarly e-Referrals and e-Assessments may only be fully achievable once a technology platform, such as SharePoint has been set-up. As such a proposed 3 year plan has been developed in line with the interdependencies and what is achievable.

2.7 Driving Efficiency

2.7.1 Financial Drivers

The CCG is planning to find £4.8 million of QIPP savings (this excludes provider efficiencies included in tariff identified above). Of this £4.8m, £2.6m has been taken out of budgets leaving a balance of £2.2m savings to be found in year. Table 2 below details where these savings are expected to be found. In the main they are from savings in non-elective and accident and emergency pathways due to the opening of the urgent care centres within Widnes and Runcorn (£1.1m NEL, £0.480m A&E and £0.178m Direct Access), along with savings made from schemes put in place through the Better Care Fund. Other local QIPP schemes are anticipated to achieve a further £0.415m during 2015/16. The main areas of QIPP to be found are as follows (See Table 5).

Table 5: QIPP scheme areas

Scheme description	Area of spend	Value £000's
Running cost challenge	Running costs	115
A&E reduction due to UCC	Acute	480
NEL reduction due to UCC	Acute	1155
Direct Access	Acute	178
Prescribing	Primary care	300
		2,228

2.7.2 Aligning of Plans

As part of the 2015/16 planning process NHS Halton CCG have had regular planning meetings with all the major secondary care providers, community and mental health care providers to develop activity and financial plans.

Both St Helens NHS trust and Warrington & Halton NHS foundation trust are largely in agreement with the methodology in creating the activity and financial plans, which include both demographic and non-demographic growth with adjustments, made for the impact of the Better Care Fund and the Urgent care Centres. There is still a gap in the projected growth figures between NHS Halton CCG and St Helens Trust and it is recognised that there is a potential risk of over-performance. Currently both Warrington and St Helens Trusts are forecasting deficits for 2015/16, both trusts are requesting resilience monies above the core contract value and Warrington Trust in particular have stated that without this they are unlikely to deliver the Cost Improvement Programme (CIP) An additional complicating factor is that while NHS Halton CCG may agree the core contract figures Halton is not the co-ordinating commissioner for either trust and St Helens and Warrington CCG's will have their own cost pressures.

With Bridgewater and 5BP both activity and finances have been agreed has been reached in principle, although as the national tariff deflator has still not been agreed there is still an element of uncertainty regarding the final figures.

Additional funding has been made available for parity of esteem initiatives, with IAPT and psychiatric liaison in Wards and A&E receiving additional resources. During 2015 the CAMHS tier 2 service is out for procurement at a higher value than previously contracted for ensuring even greater resources are made available of Child and Adolescent mental health services, during this procurement exercise a weighting was applied for added social value.

In terms of providing social value, a 12 month contract was provided to the social enterprise "Wellbeing Enterprise" to work with GP practices to provide both direct services and signposting to improve the health and wellbeing of the people of Halton and reduce demand on both primary and secondary care.

A significant procurement exercise is being carried out in 2015 for the commissioning of the PTS contract for the next 5 years. In 2014/15 NHS Halton CCG is forecast to over perform by £120k, this is being funded through reserves that the CCG holds for this type of eventuality, however for 2016 onwards this may need to be built into the contract itself and form part of the recurrent spend, thereby reducing the amount available to be put into reserves to manage risk.

2.7.3 NEL Change in Marginal Rate

Currently the only NEL marginal rate adjustment is in relation to STHK, in 14/15 this equated to £364k. We currently have plans in place to reduce NEL admissions at both WHHT and STHK by £538k WHHT and £480k STHK due to the BCF schemes (ring fenced funding in BCF should these savings not transpire), consequently if we do get these savings out the baseline will reduce below the 2008/9 revised levels and wipe out this marginal rate adjustment. The net overall impact from 70% to 50% is only £103k therefore not material, in the budget setting process we have increased STHK plan by this value.

2.7.4 BCF Monitoring

The Better Care Board has been established and meets on a regular basis to discuss the monitoring of the delivery of schemes. Monitoring of the BCF and the transformation and integration agenda is reported via a robust governance arrangements and can be seen as part of the public documentation as reported via the Health and Wellbeing board.

2.7.5 1% on Non-Recurrent Spend

Our plans have set this 1% aside for the following schemes; we are also planning to retain the surplus at 1% in 15/16

Table 6

Item	Value
0.5% contingency	£944K
UCC Non recurrent spend (capital to WHHT)	£350k
Depreciation	£54k
Aqua funding	£90k
Gynae Physio pilot scheme	£20k
Non recurrent GPIT	£250k
Clinical support Maternity network	£40k
IAPT waiting list	£64k (remaining £436k in recurrent reserves)
MH ADHD ASD pilot	£56k
Total	£1,887k

2.8 Financial Plan 2015/16

Table 7 details the allocation for 2015-16, which at the time of writing this report this is believed to be the final allocation. The additional allocation of £15m in relation to primary care budgets delegated from NHSE are not yet included in the allocation as final agreement after due diligence has still to be concluded.

The budget is divided into 2 parts for which it receives distinct allocations from NHS England. The first is the Programme Allocation which is given to the CCG to commission healthcare services. The second much smaller allocation is the Running Costs Allowance which is intended to cover the costs of management, administration and commissioning functions carried out by the CCG.

Allocations

The CCG will receive a programme budget funding increase of 1.94% (£3.459m) in 2015-16 giving a total recurring allocation of £184.486m. This includes seasonal resilience funding of £0.969m which means that the general growth increase is circa 1.37%. This compares to a previous planning assumption of 1.7% for general growth previously included in the Long Term Financial Strategy. This leaves the CCG £0.592m worse off than anticipated. However it does provide certainty around the level of recurrent resilience funding for 2015/16 and beyond.

Table 7 Allocations Summary

Revenue Resource Limit			
£'000	Sign	Opening 2014/15 Allocation	2015/16
Programme Baseline allocation - Published Dec 14	-ve	178,269	181,728
Post Mth07 Recurrent Transfers In 14/15 Running Cost	+ve/(-ve)	-	-
Allocation - Published Dec 14	+ve	3,082	2,758
Total Notified Allocation		**181,351**	**184,486**
Additional Better Care Fund Allocation			**2,929**
Non Recurrent Allocations			
Other Non Recurrent Allocations	+ve/(-ve)	3,452	-
Return of Surplus/(Deficit)	+ve/(-ve	1,770	1,840
Non Recurrent Requirement	(-ve)	(4,457)	(1,817)
Non Recurrent Return	+ve	4,457	1,817
50% Non Elective Collection	+ve	536	-
50% Non Elective Return	(-ve)	(536)	-
Total Non Recurrent Allocation		**5,222**	**1,840**
Total Allocation		**186,573**	**189,255**
Closing Target Allocation Per Head	+ve	1,351	1,390
Allocation Per Head	+ve	1,379	1,401
Distance from Target		28	11
Distance from Target % (Dec14 Board Paper)		2.10%	0.80%

The reduction in running cost allocation of -£0.324m (-10.05%) is in line with previous planning assumptions, giving a total running cost allocation of £2.758m. This is extremely challenging particularly for smaller CCGs like Halton since CCGs will likely assume significant additional commissioning responsibilities around primary care and possibly specialised services.

The Better Care Fund allocation from national monies is £2.929m which is in line with previous plans. This represents a transfer to the CCG of the share of monies currently held by NHSE and paid directly to LAs under section 256 arrangements.

The CCGs allocation is based on an estimated registered population of 129,716. Using this population weighted for morbidity, age and sex gives a fair shares target allocation. Although the relatively low level of growth received by the CCG in 2015/16 has moved Halton CCG closer to its fair shares target allocation, it is still above target by 0.83% or £1.5m.

In relation to primary care and specialised allocations the table below summarises the notified "notional" allocations from NHSE. Formal agreement has still to be reached with NHSE over delegation of these funds to the CCG from NHSE as due diligence has still to be concluded on the transfer.

Table 8 Delegated Budgets Notional Allocations	2015/16
	£000's
Primary Care indicative Baseline GP Services	£15,602
Primary Care indicative Baseline Other e.g. dentists	£14,447
Sub Total Primary Care	£30,049
Specialist Services allocation mapped to Halton (although only a proportion will be delegated to the CCG to commission).	£31,021
Total Notional allocation	£61,069

Inflation & Efficiency

The original planning guidance stipulated a 1.93% deflation for provider contracts therefore this is the assumption that has been used to set the current budgets. Overall provider inflationary cost pressures (£3.7m) have been built into the budgets but these have been offset by tariff efficiencies of £5.66m in 2015-2016. The budget lines set in this Budget Book generally include the 2015-16 efficiency and inflation changes set out unless specifically noted as an exception.

The proposed 2015-16 acute tariff has been rejected due to 37% of provider organisations, representing more than the threshold of 51% of contracted value, objecting to the method for calculating national prices proposed in the consultation.

Consequently the planning process remains unclear on what efficiencies and inflation to use for 2015/16 contracts and budgets. A choice has consequently been offered to providers by NHSE to accept a slightly improved 2015/16 tariff (known as the Enhanced Tariff Option ETO) with the provider efficiency requirement reduced from 3.8% to £3.5% or keep at 2014/15 tariff prices but without the 2.5% CQUINS incentive. Providers have until the 4th March to choose which of these proposals will apply to their NHS contracts. Extra funding of £150m nationally has been made available to CCGs should providers choose the ETO option. At the time of writing this report it is unclear how this money will be distributed to CCGs or which option local providers will choose. Once the situation becomes clearer budgets will be updated to reflect this.

For the other CCG budgets, similar assumptions have been made about uplifts and efficiencies netting off. Prescribing has been funded in 2015-16 at 2104-15 outturn uplifted by 5% less a 4% efficiency saving, consequently investing £1.9m in prescribing in 2015/16. The current pooled budget has been increased for inflation at 2% (£170k) which is in line with the Council's decision to increase its net tariffs to nursing homes.

As part of the NHS planning assumptions NHS Halton has ensured that real term growth in relation to mental health is in line with the inflation growth it has received. The 2014-15 planning return shows the CCG spent £21.8m (on all areas of mental health spend). This has been increased to £22m in 2015-16 - a 1.1% increase. On top of this the Better Care Fund will include mental health spend of £0.471m thereby increasing spend to £22.5m in 2015-16 (thus achieving a 3.3% increase and meeting the "parity of esteem" target for MH budgets in Halton).

Running Costs

The CCG must keep its management costs within Running Cost Allocation (RCA). The CCG has set a budget for RCA which includes £0.874m of commissioning support from the Northwest Commissioning Support Unit (NWCSU), for contracting and procurement support, business intelligence, human resources, governance and communication back-office functions. Due to NWCSU not being awarded a place on the national commissioning support lead provider framework the budget has been set based on the 2014-15 contract value and again will be updated once the transition to alternative support arrangements is clearer. Halton is expected to continue to purchase the Shared Finance Team from Knowsley CCG and will itself host safeguarding services on behalf of the Merseyside CCGs.

Risk Assessment & Mitigation

In setting the Budget for 2015-2016 recognition must be given to potential risk that the CCG will be unable to achieve the financial requirements and duties set it by NHS England. The principle reasons why this might occur include:-

- Activity growth for services subject to cost and volume payment systems, e.g. PbR and Continuing Health Care (CHC)
- Prescribing growth, national generic price increases and the introduction of new drugs and devices in year.
- The delay or failure of QIPP schemes to deliver the planned savings
- Further unexpected cost pressures or allocation reductions.
- Unexpected cost pressures on running cost allocation.

Table 9 below details risks and mitigations identified during the financial planning development Should no risk materialise and reserves remain unused then the CCG's best case scenario would see a £4.23 m surplus in addition to the 1% target but should all risks fully materialise and all reserves were deployed to mitigate these risks then the CCG would be £5.301m overspent and would not be able achieve its target surplus or breakeven.

Table 9: 2015/16 Risks and Mitigations

Risks	Full Risk Value £'000	Probability of Risk Being Realised	Potential Risk Value £'000	Proportion of Total %	Commentary
Acute SLA's	2,000	50.0%	1000	21.2%	Over performance on acute contracts
Community SLA's	250	50.0%	125	2.7%	Community blocked – risk form AQP, additional investments increase in activity
Mental Health SLA's	700	75.0%	525	11.1%	IAPT service waiting lists may need investment to meet targets
Continuing care SLA's	300	75.0%	225	4.8%	Increase cases CHC – restitution cases – information paid by council not CCG
QIPP Under Delivery	2,528	50.0%	1264	26.8%	Under achievement of outstanding Qipp target
Performance			-	0.0%	
Primary Care			-	0.0%	Prop co and CHP property services lack of funding from NHSE
Prescribing	300	80.0%	240	5.1%	Increased budget to reduce risk of over performance but risk of new drugs and services coming on to the market

Running Costs	300	50.0%	150	3.2%	Risk not removing enough non pay and CSU costs from contract
BCF	3,000	35.0%	1050	22.3%	Risk of BCF not achieving NEL and A&E reduction form Acute Trusts
Other Risks	150	90.0%	135	2.9%	Propco charges higher that original allocation
Total Risks	9,528	49%	4,714	100.0%	
Mitigations	**Full mitigation Value £000**	**Probability of success of Mitigation**	**Expected Mitigation Value £000**	**Proportion of Total %**	**Commentary**
Uncommitted funds (Excl 1% Headroom)					
Contingency Held	947	100.0%	947	18.1%	
Reserves	2,315	100.0%	2,315	44.2%	Activity reserves and recurrent ma data investments
Investments Uncommitted	965	100.0%	965	18.4%	Uncommon reserves and uncommitted investments
Uncommitted Funds Sub – Total	4,227	100.0%	4,227	80.7%	
Actions to Implement			-	0.0%	
Further Qipp Extensions					
Non – Recurrent Measures	1,008	100.0%	1,008	19.3%	Uncommitted reserves and uncommitted investments
Delay/Reduce Investment Plans			-	0.0%	
Mitigations Relying on Potential Funding	-		-	0.0%	
Actions to Implement Sub – Total	1,008	100.0%	1,008	19.3%	
Total Mitigation	5,235	100.0%	5,235	100.0%	
Net Risk / Headroom	(4,293)	-12.1%	521		
Best Case Impact	4,227	100.0%	4,227		No risks materialises and funds remain uncommitted
Worst Case Impact	(5,301)	9.2%	(437)		All risks occur and further sections all unsuccessful, uncommitted funds mitigated only

Table 10: Programme Budgets 2015/16

Halton CCG - Budget 2015/16			
			15/16/Total Budget
Cost Centre	Summary level	Cost Centre Description	Total
526001	Mental Health	Mental Health Contracts	13,127,256.00
526006	Mental Health	Child and Adolescent Mental Health	8,250.00
526016	Mental Health	Improving Access to Psychological Therapies	1,184,352.00
526056	Mental Health	Mental Health Services - Other	1,268,078.00
Total Mental Health			15,587,936.00
526071	Acute	Acute Commissioning	84,388,759.00
526076	Acute	Acute Children Services	734,643.00
526081	Acute	Acute Elderly Services	0
526086	Acute	Ambulance Services	4,612,956.00
526091	Acute	Clinical Assessment and Treatment Centres/UCC	6,016,000.00
526096	Acute	Collaborative Commissioning	0
526101	Acute	End of Life	0
526106	Acute	High Cost Drugs	197,788.00
526111	Acute	Maternity Services	2,520,432.00
526116	Acute	NCAs/OATs	782,985.00
526131	Acute	Winter Pressures	96,900.00
Total Acute			100,222,563.00
526141	Primary Care	Central Drugs	683,731.00
526146	Primary Care	Commissioning Schemes	601,678.00
526151	Primary Care	Local Enhanced Services	1,355,493.00
526156	Primary Care	Medicines Management - Clinical	624,551.00
526161	Primary Care	out of Hours	1,031,403.00
526166	Primary Care	Oxygen	198,866.00
526171	Primary Care	Prescribing	22,742,251.00
526176	Primary Care	Primary Care IT	0
Total Primary Care			27,237,973.00
526182	Continuing Care	CHC Adult Fully Funded	9,112,871.00
526186	Continuing Care	Continuing Healthcare Assessment & Support	243,419.00
526187	Continuing Care	CHC Children	500,909.00
526191	Continuing Care	Funded Nursing Care	826,490.00
Total Continuing Care			10,683,689.00
526211	Community Health	Community Services	12,271,304.00
526216	Community Health	Carers	1
526221	Community Health	Hospices	1,320,043.00
526226	Community Health	Intermediate Care	2,645,346.00
526231	Community Health	Long Term Conditions	118,582.00
526236	Community Health	Palliative Care	
526241	Community Health	Wheelchair Service	
Total Community Health			16,355,276.00
526261	Other	Commissioning Reserve	11,100,347.00
526276	Other	Non Recurrent Programmes	0
526281	Other	Non Recurrent Reserve	1,889,986.00
526296	Other	Reablement	0
526301	Other	Recharges NHS Property Service Ltd	739,095.00
526308	Other	Safeguarding	614,198.00
526309	Other	NHS 111	179,574.00
Total Other			14,523,200.00