

Commissioning Strategic Plan and the Halton Health Campus

Healthy Halton PPB

11 November 2008

Runcorn Town Hall

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Commissioning Strategic Plan (CSP) overview...

Why Change...

- High levels of economic deprivation, worklessness and smoking, obesity and alcohol misuse.
- Comparatively poor health and significantly lower life expectancy.
- **This health inequality is unacceptable and must be tackled.**

Our strategy to significantly improve the health of our local population...

- We will focus on **helping people to stay healthy**. We will engage and enable people to take greater responsibility and control of their own health and care.
- We will increase the range & scale of our programmes **to detect illnesses earlier**.
- We will also **improve the quality, safety & efficiency** of our health care services.

How...

- Delivering 7 strategic initiatives (in addition to the 'business as usual' improvements).
- Increasing our investment in tackling the causes of ill health & in early detection of illness by ~£40m p.a. by 2013 (~ 850 more people providing services).
- Improving quality, safety & efficiency - thereby enabling us to reinvest ~ £25m p.a. by 2013.
- Developing our commissioning competencies (WCC).

Need for Change - Overview...

Lower life expectancy:

- 2 years lower than national average (**6 years in some areas**).
- Improving but at a slower rate than nationally, **increasing the health inequality gap**.

Higher mortality rates:

- 19% higher than national average = **560 more deaths**.
- Cancer (20%**↑**) & cardiovascular disease (17%**↑**) account for ~60% deaths.

Causes of ill health significantly higher than national average:

- Smoking – prevalence 12%**↑**; **deaths 28%**↑****.
- Obesity – 10%**↑** in adults; **25%**↑** in children**.
- Alcohol – prevalence for binge drinking 27%**↑**; **deaths 25%**↑****.

Populations changes:

- Stay static over the next 5 years.
- **Increases in over 65's of 13%** - increasing demand on health services.

High number of people on **incapacity benefit (20,900)** – largely preventable or manageable conditions.

Emergency admission rate:

- **37% higher** than the national average.
- Vast majority of our **resources focused reactively on treating illness**.

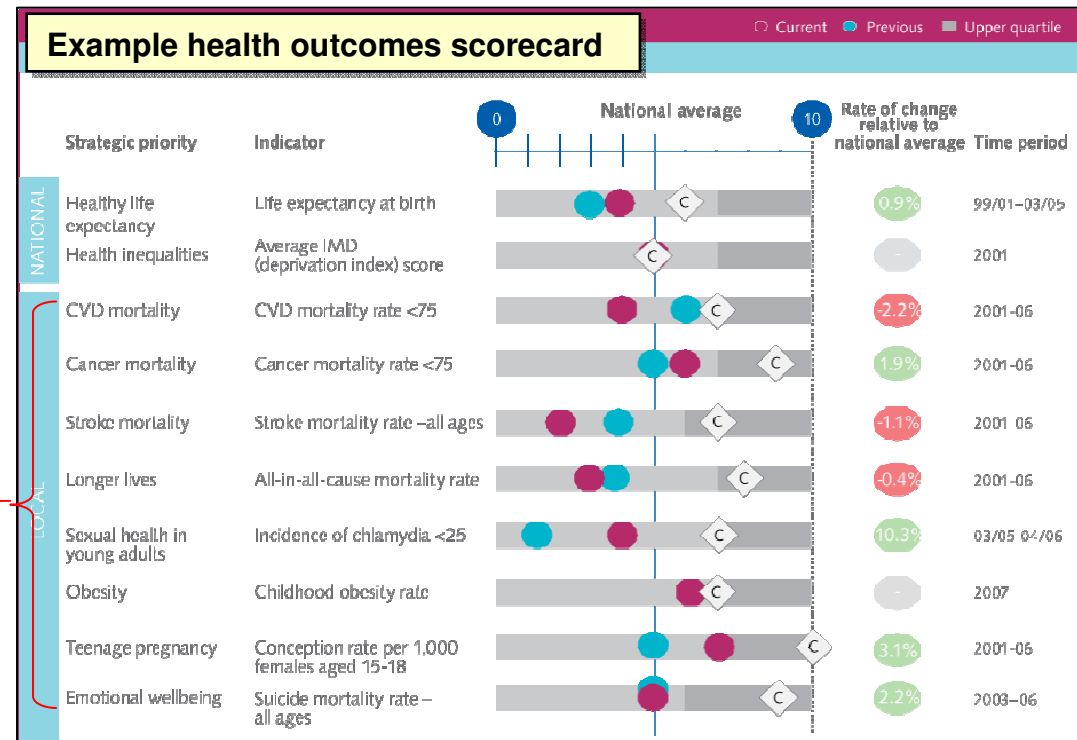
Moving the Health Outcome Dials...

We have prioritised our strategic health outcome priorities based on:

- (i) scale of impact on overall population;
- (ii) inequality (gap to National average);
- iii) performance trend (getting better or worse).

8 strategic priorities:

- Cancer mortality rate
- CVD mortality rate
- Chronic liver disease
- Infant mortality
- Mortality rate amenable to health care
- Alcohol related harm
- COPD prevalence
- Childhood obesity



Indicator (dials):

- *In the process of being agreed with CEC.*
- *It is important to identify leading indicators which can be affected in a timely manner.*

Goals ('Ambitions') linked to the 7 CSP initiatives.

Ambition for Health - goals:

- Supporting a healthy start in life.
- Reducing poor health resulting from preventable causes.
- Supporting people with long term conditions.
- Providing services to meet the needs of vulnerable people.
- Making sure our local population has excellent access to services and facilities.
- Playing our part in strengthening disadvantaged communities.



7 CSP initiatives

Helping people to stay healthy:

1. Reducing harm from alcohol.
2. Reducing obesity.
3. Reducing harm from tobacco.

Detecting illnesses earlier:

4. Early detection of major illness (cardio vascular, diabetes, respiratory & cancer).
5. Early detection of depression.

Improve the quality, safety & efficiency:

6. Urgent Care.
7. Planned Care.

7 CSP initiatives: Helping people to stay healthy...

1. Reducing harm from alcohol.
2. Reducing obesity.
3. Reducing harm from tobacco.

Case for change:

- Prevalence significantly higher than national average.
- Under investment in targeted services (est. <£3m).
- Where services are provided - inconsistent across the 2 Boroughs; typically long waiting times.
- Cross agency determination to tackle the problems.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Increase targeted primary prevention including social marketing & lifestyle support.
- Increase scale & accessibility of secondary prevention.
- Focus treatment on recovery – including ongoing lifestyle support.

Impact (by 2013):

- Halt rise in deaths from liver disease & reduce alcohol related admission by 4%.
- Reduce childhood obesity by 30% to national average; [Diabetes impact]
- Reduce smoking prevalence by 12% to national average; COPD admission by 5%; lung cancer 1% yr on yr.

Investment:

- By 2013 - ~£15m; increase people providing services across sectors & agencies by ~400.

7 CSP initiatives: Detecting illnesses earlier...

4. Early detection of major illness (cardio vascular, diabetes, respiratory & cancer).
5. Early detection of depression.

Case for change:

- Prevalence of major illnesses significantly higher than national average.
- Under investment in early detection services (est. <£1.5m); and in primary care for people with mild/moderate mental illness (~£1.2m).
- Success of current screening programmes demonstrates value of early detection – reducing mortality & costs of treatment.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Proactive, systematic & wide scale (ages 25-75) awareness & screening – est. 240,000 people p.a.
- Personalised self-managed risk management programmes (including supporting changes in lifestyle).
- Improved access to diagnostics; also to services in line with mental health stepped care model.

Impact (by 2013):

- Reduce mortality rate – cancer 10%; CVD 20%.
- 20% reduction in NEL admissions for vascular, respiratory & cancer.
- 20% reduction in hospital admission for depression; 5% reduction in incapacity due to depression.

Investment:

- By 2013 - ~£18m; increase people providing services across sectors & agencies by ~300.

7 CSP initiatives: Improve the quality, safety & efficiency...

6. Urgent Care.
7. Planned Care.

Case for change:

- Non elective hospital admissions are 37% higher than national average; benchmarks show that there is also significant opportunity for the acute sector to improve its operational performance (e.g. length of stay – including reducing XS bed days (~£4m)).
- Outpatient: first to follow-up ratio is 27% higher than nat. avg; referral rates are also high.
- Elective in-patient care comparators also demonstrate significant opportunities e.g. day case rates, EL XS bed days (~£1m), pre-operative LoS.

Overview of schemes (programmes) – co-ordinated across sectors & agencies:

- Primary care Decision Support Unit to avoid unnecessary admissions; step-up & step-down intermediate care provision.
- Improved access to diagnostics ('diagnose to admit' vs 'admit to diagnose').
- Deploy Advancing Quality programme and Map of Medicine to focus on effective, high quality & consequently efficient care pathways.

Impact (by 2013):

- Patient access - ongoing improvement in RTT 18 →12weeks.
- 20% reduction in NEL admissions.

Investment:

- By 2013 – invest ~£7m for gross savings of ~£20m; - net operation savings ~£13m.

7 CSP initiatives: Financial impact...

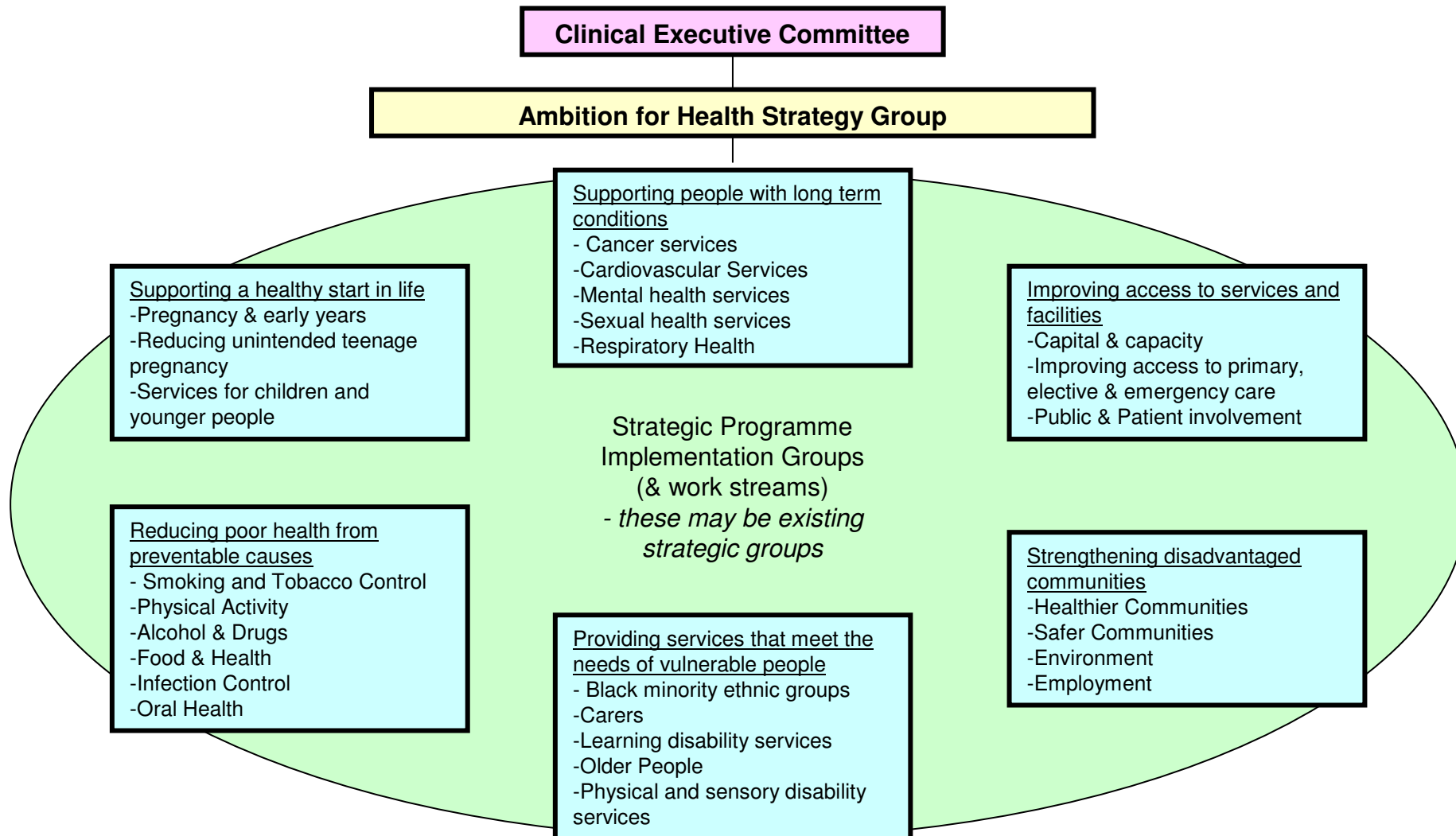
Gross investment	08/09	09/10	10/11	11/12	12/13
Initiatives:	£m	£m	£m	£m	£m
1 Reducing harm from alcohol	1.1	3.3	4.4	5.4	6.3
2 Reducing obesity	1.0	2.9	5.1	6.9	8.3
3 Reducing harm from tobacco	0.0	0.4	0.6	0.6	0.6
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	5.5	10.5	18.4	19.0
5 Early detection of depression	0.9	1.3	1.7	2.0	2.1
6 Improving quality, safety and efficiency of urgent care	0.0	4.1	5.7	5.7	5.7
7 Improving quality, safety and efficiency of planned care	0.0	1.7	1.9	1.9	1.9
Sub-total	3.0	19.1	29.9	40.9	43.9
Gross benefits	08/09	09/10	10/11	11/12	12/13
Initiatives:	£m	£m	£m	£m	£m
1 Reducing harm from alcohol	0.0	-0.6	-1.1	-1.8	-2.4
2 Reducing obesity	0.0	0.0	0.0	0.0	0.0
3 Reducing harm from tobacco	0.0	0.0	0.0	0.0	0.0
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	-0.3	-0.8	-1.0	-1.0
5 Early detection of depression	0.0	-0.1	-0.3	-0.4	-0.5
6 Improving quality, safety and efficiency of urgent care	0.0	-5.9	-12.8	-17.4	-18.4
7 Improving quality, safety and efficiency of planned care	0.0	-2.5	-3.6	-4.8	-5.5
Sub-total	0.0	-9.4	-18.6	-25.3	-27.8
Net impact	08/09	09/10	10/11	11/12	12/13
Initiatives:	£m	£m	£m	£m	£m
1 Reducing harm from alcohol	1.1	2.7	3.3	3.6	3.9
2 Reducing obesity	1.0	2.9	5.1	6.9	8.3
3 Reducing harm from tobacco	0.0	0.4	0.6	0.6	0.6
4 Early detection of major illness (cardio vascular, diabetes, re	0.0	5.2	9.7	17.4	18.0
5 Early detection of depression	0.9	1.2	1.4	1.6	1.6
6 Improving quality, safety and efficiency of urgent care	0.0	-1.8	-7.1	-11.7	-12.7
7 Improving quality, safety and efficiency of planned care	0.0	-0.9	-1.7	-2.9	-3.6
Total	3.0	9.7	11.3	15.6	16.1

These figures are supported by detailed planning assumptions which will be continued to be refined.

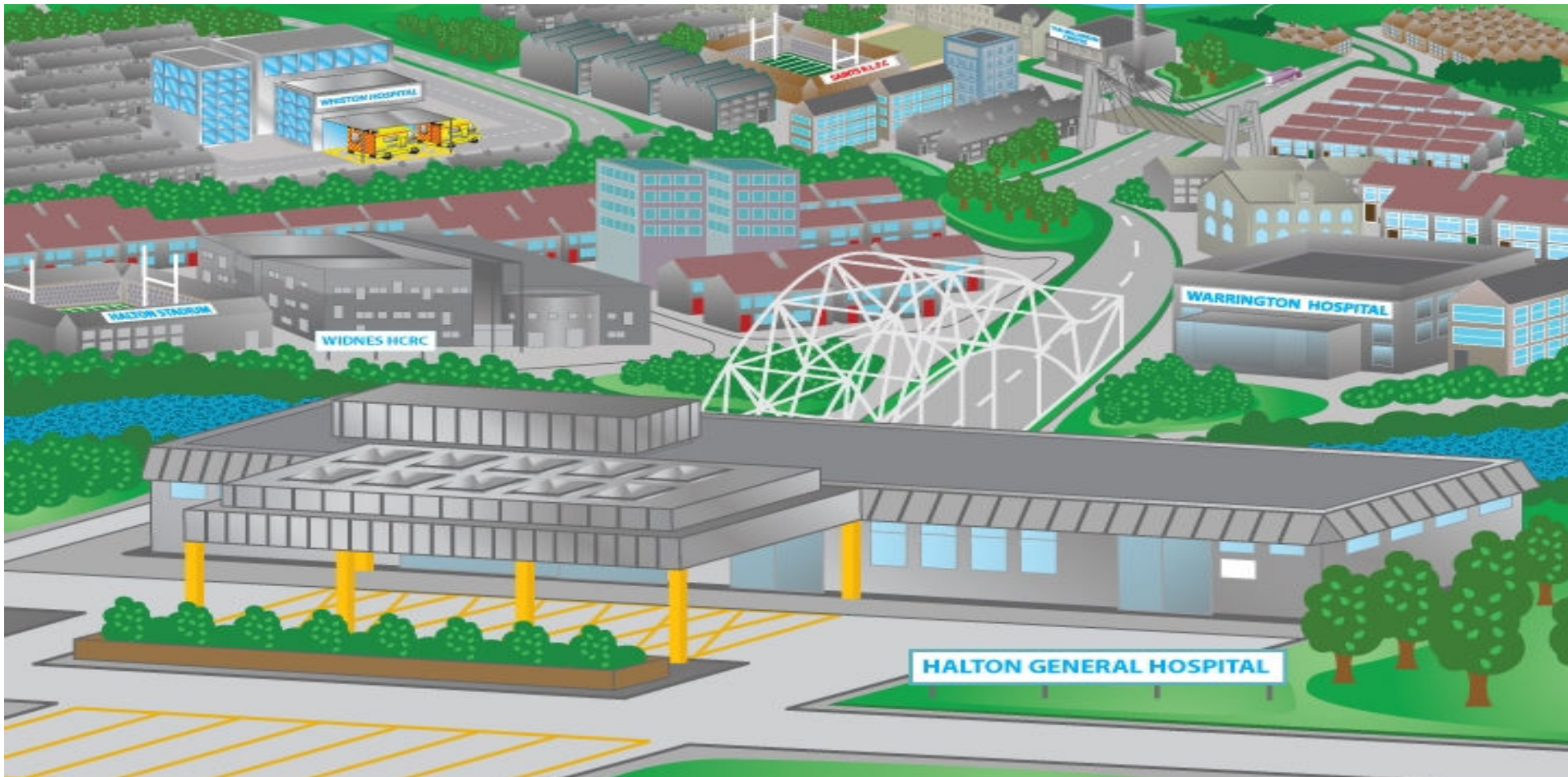
CSP initiatives in the context of the overall financial plan...

	08/09 £m	09/10 £m	10/11 £m	11/12 £m	12/13 £m	Total
Growth	5.5%	5.5%	5.5%	4.0%	4.0%	
Growth On Recurrent Funds	26.9	28.0	29.7	22.8	23.7	131.2
Ophthalmic Transfer From Non Cash	0.0	3.7	0.0	0.0	0.0	3.7
Primary Care Growth (GP Practices)	0.2	2.1	0.0	0.0	0.0	2.3
Recurrent Position B/Wd	2.3	4.0	0.4	1.1	0.4	8.2
Total Additional Resource For Application	29.4	37.9	30.1	23.9	24.1	145.4
Pay And Prices	14.6	16.8	16.9	11.8	12.9	73.1
Ophthalmic Transfer From Non Cash	0.0	3.7	0.3	0.1	0.1	4.2
Access To GP Practices	0.2	2.1	1.3	0.0	0.0	3.7
Primary Care Infrastructure	3.8	2.1	1.3	0.5	0.4	8.1
Commissioning Business Plan	1.0	1.7	3.2	3.0	4.6	13.5
Specialist Commissioning Investment Plan	2.8	4.3	4.3	3.7	3.2	18.3
Commissioning Strategic Plan Initiative Funding						
Reducing Harm From Alcohol	1.1	1.6	0.6	0.3	0.3	3.9
Reducing Obesity	1.0	1.9	2.2	1.8	1.4	8.3
Reducing Harm From Tobacco	0.0	0.4	0.2	0.0	0.0	0.6
Early Detection Of Major Illness	0.0	5.2	4.5	7.7	0.6	18.0
Early Detection Of Depression	0.9	0.3	0.2	0.2	0.0	1.6
Improving Quality, Safety And Efficiency In Urgent Care	0.0	-1.8	-5.3	-4.6	-1.0	-12.7
Improving Quality, Safety And Efficiency In Planned Care	0.0	-0.9	-0.8	-1.2	-0.7	-3.6
Total Additional Developments/Inflation Costs	25.4	37.4	29.0	23.3	21.9	137.0
Recurrent (Deficit)/Surplus	4.0	0.4	1.2	0.6	2.2	
Non Recurrent Monies						
St Helens And Knowsley NHS PFI Scheme	3.7	1.9	2.6	3.3	2.1	
Profile Of Initiative Schemes	0.0	-1.8	-1.8	-3.0	0.0	
PCT In Year Financial Position	0.3	0.3	0.3	0.3	0.2	

CSP Governance...



Improving Health and Health Care in Halton



Health Services in Halton

- ⊗ Halton Hospital has undergone significant and complex changes in the last 10 years:
- ⊗ *Merger*
- ⊗ *Financial Reform*
- ⊗ *European laws on doctors' working hours*
- ⊗ These forces have changed the pattern of services provided in our footprint.
- ⊗ In 2006 following a Borough Council review:
- ⊗ “It is recommended that ..all interested parties begin to develop a co-ordinated and flexible long-term plan for managing health care provision for the population of Halton”-*Report to Halton BC-RG Hammond June 2006*

2007

- ⊗ North Cheshire Hospitals Trust, Halton Borough Council and Halton & St Helens PCT acknowledged the need for strategic direction in regard to Halton Hospital
- ⊗ Perceived inequity
- ⊗ Local communities were distanced from planning processes;
- ⊗ National thinking was changing.
- ⊗ November 2007 - meeting with Council Executive Committee;
- ⊗ Agreement that consensus was required on a vision and mission for Halton Hospital site;
- ⊗ “Strategic Vision and Mission Project” was launched.

Strategic Vision & Mission Project

Why is a Vision & Mission Important to us?

- 🌐 The development of a strategic vision and mission provides the health community with a consistent and agreed purpose. It provides a single goal for the Trust, its staff and the population that it serves.
- 🌐 The process for developing the vision will improve relationships and teamwork. It will also enable positive engagement with the local population.
- 🌐 The development of a strategic vision and mission has enabled other health communities in the UK to mobilise public opinion and generate a positive future for their local hospital.
- 🌐 The future design of Halton Hospital is a significant strategic challenge that requires focus and specific resource allocation.
- 🌐 The stated ambition for health for the PCT is that we will add life to years and years to life

Phase 1

Project Mobilisation - December 2007

Project Delivery Team

- ⊗ Eugene Lavan- Acting Director of Strategic Commissioning - Halton & St Helens PCT
- ⊗ Dwayne Johnson-Strategic Director Adult Services Halton Borough Council
- ⊗ Christopher Knights-Director of Business Development North Cheshire Hospitals Trust
- ⊗ Bob Bryant-Patient Representative
- ⊗ John Williams-Consultant Physician, NCHT
- ⊗ Linda Bennett-Runcorn PBC Business Manager
- ⊗ Cliff Richards-Runcorn PBC Chair

Project Steering Group

- ⊗ Rebecca Burke-Sharples CEO Halton & St Helens PCT
- ⊗ David Parr-CEO Halton Borough Council
- ⊗ Catherine Beardshaw-CEO North Cheshire Hospitals NHS Trust
- ⊗ Ellen Cargill-Local Councillor
- ⊗ Ann Gerrard-Local Councillor
- ⊗ Eugene Lavan- Director of Strategic Development NHS Halton & St Helens
- ⊗ Dwayne Johnson-Strategic Director Adult Services Halton Borough Council
- ⊗ Christopher Knights-Director of Business Development North Cheshire Hospitals Trust
- ⊗ Andrew Burgess - CEO Warrington PCT

Phase 2

Fact Basing - January - March 2008

Establishing a position of joint understanding and knowledge:

- 🌐 Public Health Assessment summary that encompasses the geographic locale of Halton General Hospital;
- 🌐 Context and analysis of national health policies and strategic trends;
- 🌐 An assessment of Halton General Hospital and its Current Operating Model.

Phase 2 Conclusions


- 🌐 Halton Hospital is of extreme importance to local residents;
- 🌐 Catalysts for change in recent years have been financial pressures and clinical workforce management;
- 🌐 In the past, change within the local delivery portfolio has been managed in isolation from the local community;
- 🌐 The PCT and PBC Consortia need to execute their function as leaders of the healthcare community and deliver a strategic programme that is open and transparent;
- 🌐 The programme needs to be purposefully led, objectively influenced and use key design principles;
- 🌐 Clinical staff from the Trust need to be involved and communicated with throughout the change management process.

Phase 3 - Developing a Strategic Vision March - May 2008

Using interactive methods to establish Strategic Principles upon which vision for Halton Hospital can be delivered:


- 🌐 Estate & Facility Configuration;
- 🌐 Clinical Interdependencies;
- 🌐 Delivery Planning;
- 🌐 Key Risks;
- 🌐 Design Principles.

Strategic Principle 1


 Halton Health Campus Strategy should be developed from a users perspective and not an organisational one. That means that new clinical models should be the driving force for the strategy and not physical infrastructure.

- Clinical service reform should be at the heart of the strategy


Strategic Principle 2

 Halton Health Campus is a vital part of North Cheshire Hospitals NHS Trust.

Strategic Principle 3


 Halton Health Campus as part of a clinical network should be providing additional services along pathways that reflect local health needs.

Strategic Principle 4

 Halton Health Campus should be fully utilised and consideration provided to environmental partners- Independent Sector Treatment Centre and 5 Boroughs Partnership Trust.


- Utilisation and credibility;
- Communication with key environmental partners.

Strategic Principle 5


 Halton Health Campus strategy should promote the integration of health and social care provision.

- Not a strategy driven by political and historical consideration;

Strategic Principle 6

 Halton Health Campus Strategy should reflect that North Cheshire Hospitals and 5 Boroughs Partnership Trust are the preferred providers for secondary care services.

Strategic Principle 7

 Halton Health Campus Strategy should reflect that outside of secondary care “preferred provider” status, that system management and market development strategies are utilised where appropriate.

Phase 4

Developing the Case for Change

- 🌐 Phase 4 launched on 21st October
- 🌐 Halton could make a significant contribution to delivering the CSP, in particular the development of an **early detection, screening, leisure and lifestyle centre**
- 🌐 Other clinical services will be looked at to assess whether Halton can meet their needs e.g. **maternity services**
- 🌐 Purpose of Phase 4 - To determine the scope and scale of service developments required to:
 - deliver early detection screening and healthier lifestyles and wellbeing initiatives as identified in the PCT Commissioning Strategic Plan and
 - develop clinical services in the Halton area.
- 🌐 Timescale - October 2008 to February 2009
- 🌐 Phase 5 - **To develop the Business Case for Investment**

