

**REPORT TO:** Health and Wellbeing Board

**DATE:** 3 October 2018

**REPORTING OFFICER:** Leigh Thompson, Chief Commissioner – NHS Halton CCG

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** NHS Halton CCG 2018-19 Operational Plan update

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the updates to the NHS Halton CCG 2018-19 operational plan

2.0 **RECOMMENDATION: The Health & Wellbeing Board is asked to ratify and accept the changes to the NHS Halton CCG Operational plan refresh 2018/19.**

3.0 **SUPPORTING INFORMATION**

3.1 NHS Halton CCG operational plan 2018/19 – Updated 12/07/18

4.0 **POLICY IMPLICATIONS**

4.1 The July 2018 refresh contains no additional policy implications - This additional narrative ensures that NHS England are aware of the existing work being carried out in the CCG

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The July 2018 refresh contains no additional other or financial implications

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

The July 2018 refresh contains no additional implications

7.0 **RISK ANALYSIS**

7.1 The July 2018 refresh contains no additional risks

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## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Throughout the development of the original operational plan and these amendments and the policies and processes cited NHS Halton CCG has:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
NHS Halton CCG operational plan 2018/19 – Updated 12/07/18	G:\HaltonCCG\3 - Operational Plan 18 - 19	Michael Shaw
CCG 18-19 operational plan refresh July 2018	G:\HaltonCCG\3 - Operational Plan 18 - 19	Michael Shaw

## **NHS Halton CCG's 2018/19 Operational Plan Refresh**

NHS Halton CCG submitted to NHS England a refresh of its two year (2017-2019) operational plan narrative in April 2018.

This was reviewed by NHSE and a small number of areas were highlighted where it was felt that the CCG could provide more evidence.

As such the following updates have been included into a refreshed 2018/19 operational plan narrative. (Page numbers relate to the location on the original operational plan)

### **1. Primary care**

- 1.1. An update on the 10 high impact 'time to care' actions. (pages 9-10 on the amended operational plan)
- 1.2. An update on the Estates and Technology Transformation schemes. (page 12)
- 1.3. An update on Halton's community hubs and neighbourhoods (page 15)

### **2. Cancer**

- 2.1. A new section reporting on Trust's progress on the 10 high impact actions for meeting the 62-day cancer treatment standard. (page 20)
- 2.2. A new section reporting on the CCG's work to support the implementation of the new radiotherapy service specification (page 21)
- 2.3. A new section reporting on the implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers. (page 21)
- 2.4. A new section updating on the move to early cancer diagnosis (page 21)
- 2.5. A new section updating on the low dose CT pilots for lung cancer (page 21)

### **3. Mental Health**

- 3.1. A new section reporting on the work the CCG is doing to deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI). (page 25)

### **4. Maternity**

- 4.1. A new section updating on the CCG progress on providing continuity of care in maternity services. (Page 25)

### **5. QIPP**

- 5.1. A refreshed Quality, Innovation, Productivity and Prevention (QIPP) plan including quarterly milestones for 2018/19 QIPP schemes. (Page 60)

The full amended narrative (*in italic*) is shown in Appendix 1 below.

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## **Appendix 1. Amended narrative for 2018/19 operational plan**

1.1 An update on the 10 high impact 'time to care' actions. (pages 9-10)

In 2018/19 work will continue *on implementing the 'Ten High Impact Actions' to ensure all practices implement as a minimum two of these actions, and that all providers development initiative's where the CCG has received funding is implemented across all practices:*

- Expansion of online consultations into remaining six practices. *(New consultation types)*
- Participation in the Releasing Time to Care Programme *(Improve productivity)*
- Implementation of the West Wakefield Care Navigation programme to complement our Wellbeing Service. *(Active Signposting, Social Prescribing and Support Self-Care)*
- Roll out of local clinical correspondence management protocol across all practices *(Productive Workflow)*
- Roll out of the Edenbridge Apex Insights workforce and workload tool *(Develop the team)*
- Implementation of Emis into the Community Nursing Service and Urgent Care Centres in order to develop an out of hospital shared record. *(Partnership Working)*

*Practices are also commencing work with NHS England National team to implement 'Productive General Practice Quick Start' programme which supports a number of the ten high impact actions, as well as enrolling on the action learning sets programme with NHS England sustainable development team in order to develop quality improvement experience.*

As a delegated commissioner of general medical services NHS Halton CCG will continue to ensure that commissioning decisions support the development of sustainable general practice. For example during 2017/18 one contract merger was approved and one practice was closed, reducing the number of practices with less than 4,000 patients.

*We will also ensure commissioning and contract management decisions follow the NHS England primary medical care policy guidance manual, with decisions taken by our established primary care commissioning committee which has representation from NHS England, Local Medical Committee (LMC) and Healthwatch to support oversight of effective discharge of our duties.*

1.2 An update on the Estates and Technology Transformation schemes. (page 12)

*Investing and upgrading primary care facilities, ensuring completion of the pipeline of Estates Technology and Transformation Fund (ETTF) schemes, and that the schemes are delivered within the timescales set out for each project.*

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**2018/19 update**

Various schemes have been implemented to support Out Of Hospital transformation, this implementation began in 2017/18 but continues into 2018/19 and onward into 2019/20 the tables below illustrate when and how this funding is being allocated.

**ETTF Capital**

Scheme	Total	17/18	18/19	19/20
e-consult	£219,346	£73,115	£73,115	£73,115
App	£71,400	Work began 2017/18 – continued development through to 2019/20		
EMIS Urgent Care Centre module implementation on both sites	£150,610		Live from May 2018, continued implementation through to 2019/20	
EMIS community module implementation	£147,700		Live from May 2018, continued implementation through to 2019/20	
Point of Care testing programme	£50,000		Equipment distributed during 2018/19	

**ETTF Revenue**

Scheme	Total	17/18	18/19	19/20
EMS project deployment	£127,000		£127,000	
HIS project resources	£173,809	Posts funded to April / May 2020		
Warrington & Halton Hospital Foundation Trust project resources	£302,602	Posts funded to early 2020		
Bridgewater project resources	£312,073	Posts funded through to 2019/20		
CCG Project resource	£34,000	Post funded through to October 2018		

This funding creates a system which will allow for a comprehensive out-of-hospital patient record system to be in place which will allow all parts of primary and community care to access and recording against a patients care record and allow for appointments to be booked across the out of hospital care system.

### 1.3 An update on Halton's community hubs and neighbourhoods (page 15)

Runcorn 1:

Grove House Partnership

Tower House Practice

Runcorn 2:

Brookvale Practice

Weavervale Practice

Castlefields Health Centre

Murdishaw Health Centre

2.1 A new section reporting on Trusts progress on the 10 high impact actions for meeting the 62-day standard. (page 20)

*10 high impact actions for meeting the 62 day standard.*

*The CCG works with the Cancer Alliance and lead commissioners to work with the Trusts to achieve the 10 high impact actions. Action plans are in place with the Cancer Alliance with timescales to achieve all 10 high impact actions.*

	<b>Warrington &amp; Halton Hospitals NHS Foundation Trust</b>	<b>St Helens &amp; Knowsley Hospitals NHS Trust</b>
<i>1. Does the Trust Board have a named Executive Director responsible for delivering the national cancer waiting time standards?</i>	<b>GREEN: Complete</b>	<b>GREEN</b>
<i>2. Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average?</i>	<b>GREEN: Complete</b>	<b>GREEN</b>
<i>3. Does the Trust have a cancer operational policy in place and approved by the Trust Board?</i>	<b>GREEN: Complete</b>	<b>AMBER</b>
<i>4. Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Cancer Alliance for the following cancer sites: lung, colorectal, prostate and breast?</i>	<b>AMBER: In Process</b>	<b>GREEN</b>
<i>5. Does the Trust maintain a valid cancer specific Patient Tracking List (PTL) and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance?</i>	<b>GREEN: Complete</b>	<b>GREEN</b>
<i>6. Is root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching)?</i>	<b>AMBER: In Process</b>	<b>AMBER</b>
<i>7. Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st outpatient appointment; treatment by modality) carried out?</i>	<b>GREEN: Complete</b>	<b>AMBER</b>
<i>8. Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard</i>	<b>AMBER: In Process</b>	<b>GREEN</b>
<i>9. Is the national guidance on reporting methodology being consistently applied?</i>	<b>GREEN: Complete</b>	<b>GREEN</b>
<i>10. Has a clinical review of excessive waits been undertaken? (to support the elimination of &gt;104 day breaches)</i>	<b>GREEN: Complete</b>	<b>GREEN</b>

2.2 A new section reporting on the CCG's work to support the implementation of the new radiotherapy service specification (page 21)

*Supporting the implementation of the new radiotherapy service specification, ensuring that the latest technologies, including the new and upgraded machines being funded through the £130 million Radiotherapy Modernisation Fund, are available for all patients across the country*

**2018/19 update**

*The CCG is working with the Cancer Alliance and NHS Specialised Commissioning to support local service transformation.*

2.3 A new section reporting on the implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers. (page 21)

*Implementation of the rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers.*

**2018/19 update**

*The National Cancer Transformation Fund supports early diagnosis in three specific pathways; lung, colorectal and vague symptoms with the aim of embedding best practice pathways, moving the dial on stage 1 and 2 diagnosis and delivering concrete improvements in 62 day compliance. Lung, colorectal and vague symptoms optimised pathway progress is moving forward. Stakeholder meetings were held in February 2018 ensuring that all parties are linked in and implementation plans drafted for delivery. Facilitating "straight to test" from GP's requires additional support in terms of facilitating patient contact, as a consequence four care navigator roles have been created for the lung & colorectal pathway which includes triage and bowel prep assessments of patients from 1<sup>st</sup> April 2018. Key elements of this Optimised pathway work focus on;*

- Facilitating "straight to test" from GP for lung and colorectal, direct access endoscopy in place, direct chest X-ray in place, work moving forward on direct CT scanning.*
- Standardising investigation criteria / exclusions criteria for colorectal*
- Creating additional capacity through a new Care Navigator roles to support Clinical Nurse Specialist*
- Delivering first appointment /test by day 7 of the pathway.*
- Delivering first diagnostic test by day 14 for non-STRT (Straight To Right Test) patients*
- Virtual follow-up has been implemented in breast and partially in colorectal i.e. for when patients are excluded from cancer/have normal results*
- Creating surgical capacity and theatre space*

2.4 A new section updating on the move to early cancer diagnosis (page 21)

*Progressing towards the 2020/21 ambition for 62% of cancer patients to be diagnosed at stage 1 or 2, and reduce the proportion of cancers diagnosed through an emergency admission.*

**2018/19 update**

*Additional local programme of work to be agreed between partners in year.*

2.5 A new section updating on the low dose CT pilots for lung cancer (page 21)

*Participation in pilot programmes offering low dose CT scanning based on an assessment of lung cancer risk in CCG's with the lowest lung cancer survival rates.*

**2018/19 update**

*Low dose CT – Further NHS England guidance expected by end of 2018. Small number of pilots nationally from Cancer Transformation Fund.*

3.1 A new section reporting on the work the CCG is doing to deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI). (page 25)

**Physical Health Checks:** The CCG will deliver annual physical health checks and interventions, in line with guidance to people with a severe mental illness (SMI).

**2018/19 update**

*In line with the guidance set out in "Improving physical healthcare for people living with severe mental illness (SMI) in primary care" The CCG is committed to support the national target for 280,000 people with an SMI to receive a physical health check and for at least 60% of people with an SMI to be recorded and supported by Primary Care on the Quality & Outcome Framework (QOF) register. To this end the CCG has commissioned the Wellbeing Nurse Service with North West Boroughs to provide two nurses to provide these health checks either in the community through a home visit or in clinic. 12 of the CCG's 14 practices are included in this scheme and these account for 900 of the CCG's 1131 patients on the SMI QOF register, the remaining two practices complete their own physical health checks.*

*The target for this service is for 75% (675) of these people to have received a physical health check during 2018/19 this is in excess of the 551 which would be expected based on a fair share proportion of the national 280,000 ask.*

*In addition the CCG also separately monitors the percentage of people with SMI who have a comprehensive care plan (80.5%) which is higher than the national average of 79%*

4.1 A new section updating on the CCG progress on providing continuity of care in maternity services. (Page 25)

**Continuity of Care:** The 2018/19 planning guidance included an ask for CCG's to increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally, so that by March 2019, 20% of women booking receive continuity.

**2018/19 update**

The CCG commission Bridgewater Community Foundation Trust to deliver part of the midwifery community pathway and acute midwifery services are commissioned and delivered through local maternity units. This current position will not deliver seamless continuity of care so we are working with providers to look for a longer term end to end solution. Work is progressing in this area with midwives rotating through both Warrington & Halton Hospitals NHS Foundation Trust and St Helens and Knowsley NHS Hospitals Trust and pathways and commissioning models are being explored.

5.1 A refreshed QIPP plan including quarterly milestones for 2018/19 QIPP schemes. (Page 60)

Medicines Optimisation	Brief description	Impact	Milestones				
			Q1	Q2	Q3	Q4	Total
Medicines Optimisation	Multiple schemes	£1.2M	£300k	£300k	£300k	£300k	£1.2M
			Quarter 4 (17/18) – <ul style="list-style-type: none"> <li>Evidence and data review</li> <li>Develop work plan for 18/19</li> </ul> Quarter 1 <ul style="list-style-type: none"> <li>Implementation of Q1 projects</li> </ul> Quarter 2 <ul style="list-style-type: none"> <li>Implementation of Q2 projects</li> </ul> Quarter 3 <ul style="list-style-type: none"> <li>Implementation of Q3 projects</li> </ul> Quarter 4 <ul style="list-style-type: none"> <li>Implementation of Q4 Projects</li> </ul> Medicines Management savings are profiled on equal 12ths and there are a number of projects in the plan				
Medicines optimisation	Stretch target	£800k	£200k	£200k	£200k	£200k	£800k
			As above				
<b>QIPP schemes</b>							
OPAT	Implementation of community IV service	Reduction of 154 non-elective admissions of 1 day or more, £204k target	£17k	£76k	£54k	£58k	£204k
			Quarter 4 – 17/18 <ul style="list-style-type: none"> <li>Evidence and data gathering</li> <li>Develop the case for change</li> <li>Develop service specification</li> <li>Quality Impact Assessment (QIA)/Equality Impact Assessment (EAI)</li> <li>Clinical Advisory Group (CAG), Commissioning Oversight Group (COG) and Performance and Finance Committee (P&amp;F) for approval</li> </ul>				

			<p>Quarter 1</p> <ul style="list-style-type: none"> <li>Develop relationships with Primary Care</li> <li>Full service Go-live</li> <li>Benefits realisation</li> </ul> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Benefits realisation</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Benefits realisation</li> </ul> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Benefits realisation</li> <li>Post implementation review</li> </ul>				
RightCare Respiratory	Development of an integrated respiratory service (links to ICS)	Reduction of 40 A&E attendances and 174 non-elective admissions. £219k target	£0	£35k	£91k	£93k	£219k
			<p>Quarter 1</p> <ul style="list-style-type: none"> <li>Desk top data review</li> </ul> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Community respiratory team improved integration into Primary Care</li> <li>Rapid Response Respiratory Team (RRRT) prescribing</li> <li>Monitor impact and benefits realisation – Q2 projects</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Health Improvement Team (HIT) within Pulmonary Rehabilitation (PR)</li> <li>Recruitment of B7 Specialist Respiratory Nurse (SRN) shared with St Helens CCG to in-reach into Whiston</li> <li>Alternative or an addition to the SRN will be the trail of a Community Matron (CM) to in-reach into Whiston</li> <li>Recruitment of a full capacity RRRT, currently 3 members (4,000 appts per year) but 3 staff from full capacity (8,000 appts per year)</li> <li>GP Federations COPD test bed</li> <li>Monitor impact and benefits realisation – Q3 projects</li> </ul> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Benefits realisation and post implementation reviews</li> </ul>				
Dermatology	Implementation of community lesion service	Reduction of 713 first outpatient attendances and 1890 follow up appointments in secondary care. £157k target	£0	£52k	£52k	£52k	£157k
			<p>Quarter 1</p> <ul style="list-style-type: none"> <li>Desk top data review</li> <li>Develop case for change</li> <li>Develop service specification</li> <li>CAG, COG and P&amp;F approval</li> </ul> <p>Quarter 2</p> <ul style="list-style-type: none"> <li>Service Go-live</li> </ul> <p>Quarter 3</p> <ul style="list-style-type: none"> <li>Benefits realisation</li> </ul> <p>Quarter 4</p> <ul style="list-style-type: none"> <li>Go-live dermatology – Advice and guidance</li> <li>Post implementation review</li> </ul>				
Musculoskeletal MSK	Clinical Assessment service	Reduction of 237 first outpatient attendances, 747 follow up appointments, 79 Daycase admissions and 36 ordinary elective admissions	£105K	£105K	£105K	£101K	£415k
			<p>Quarter 1-4</p> <ul style="list-style-type: none"> <li>Benefits realisation</li> </ul> <p>Activity and finance monitored and report via Project lead to Commissioning Oversight Group</p>				

		£415k target						
Neurology (Headache pathway)	Implementation of the Walton Neuro headache pathway	Reduction of 361 first outpatient attendances and 655 follow up appointments. £98k target	£20k	£25k	£26k	£26k	£98k	
			Quarter 1 – Quarter 4					
			• Benefits realisation from 17/18 implementation Pathways developed in previous financial year. Activity, savings and impact to be monitored and reported to Commissioning Oversight Group					
Pain Management (Vanguard spinal)	Reducing injections - Change in pathway and service provision - activity moving from WHHFT to Walton Neuro	Reduction of 131 first outpatient attendances, 512 follow up appointments, 30 day-case admissions and 13 ordinary admissions. £153k target	£38k	£38k	£38k	£38k	£153k	
			Quarter 1 – Quarter 4					
			• Benefits realisation from 17/18 pathways					
Parkinson's Nurse	Engagement of nurse to prevent admissions associated with Parkinson's disease	Potential reduction of 60 A&E attendances and 120 non-elective admissions. £100k potential target	£0k	£0k	£0k	£0k	£0k	
			Service not yet implemented and efficiency opportunity not yet confirmed. Assume no efficiency until further progress is made					
RightCare Gastro	Scheme to develop new clinical pathway, introduction of direct access at WHHFT, reducing the long term prescribing of Proton Pump Inhibitors (PPI's) and ensuring all Primary care testing/diagnostics are available for GP's to access	Reduction of 53 non-elective admissions, 167 first outpatient attendances, 167 follow up appointments and 406 Daycase admissions. Target £162k	£0k	£54k	£54k	£54k	£162k	
			Quarter 1					
			• Evidence gathering					
			Quarter 2					
			• Direct access to scopes at WHHFT					
			• Vary direct access to scope in to contract					
			• Trial gastro pathways on map of medicine replacement					
			Quarter 3					
			• Benefits realisation					
			Quarter 4					
			• Benefits realisation					
			• Post implementation review					
High Intensity Users	Implementation of model described in the NHSE Menu of Opportunities (Blackpool Model)	Reduction of 100 A&E attendances, 174 non-elective admissions. Potential target £284k	£0k	£0k	£0k	£0k	£0k	
			Scheme is yet to be approved and will require investment. Assume no efficiency until further progress is made.					
Any Qualified Provider (AQP) MSK	Consolidate AQP MSK activity in to the core MSK service. Contract expires October 2018, and will not be extended. Activity to be absorbed by commissioned	£30k full year estimate, £15k part year savings	£0k	£0k	£6k	£9k	£15k	
			Quarter 1					
			• Review service needs for Halton Population					
			• Serve notice to provider					
			Quarter 2					

	MSK service.		<ul style="list-style-type: none"> <li>Consider Equality and Diversity impact</li> <li>Liaise with affected providers</li> </ul>					
			<ul style="list-style-type: none"> <li>Quarter 3</li> <li>Contract terminates</li> <li>Financial benefits realisation</li> <li>Quarter 4</li> <li>Financial benefits realisation</li> </ul>					
Advice and guidance	Nationally mandated services to support implementation of e-referral service (ERS) and replaces Referral Management System (RMS)	Reduction of 677 first outpatient attendances. £44k Target	<table border="1"> <tr> <td>£7k</td> <td>£11k</td> <td>£13k</td> <td>£15k</td> <td>£44k</td> </tr> </table> <ul style="list-style-type: none"> <li>Quarter 1</li> <li>Adoption of Advice and Guidance function in ERS</li> <li>Practice training and awareness raising</li> <li>Go live of phase 1 specialities</li> <li>Quarter 2</li> <li>Go-live of phase 2 specialities</li> <li>Continue to promote service and provide training to GP practices</li> <li>Monitor utilisation</li> <li>Quarter 3</li> <li>Continue to promote service and provide training to GP practices</li> <li>Monitor utilisation</li> <li>Quarter 4</li> <li>Go-live dermatology</li> <li>Go-live gynaecology</li> <li>Continue to promote service and provide training to GP practices</li> <li>Monitor utilisation</li> </ul>	£7k	£11k	£13k	£15k	£44k
£7k	£11k	£13k	£15k	£44k				
Urgent care	Review of urgent care utilisation with a view to identifying and implementing efficiency opportunities. Potential changes to tariff and funding for GP provision	Potential target of £414k	<table border="1"> <tr> <td>£0</td> <td>£138k</td> <td>£138k</td> <td>£138k</td> <td>£414k</td> </tr> </table> <p>Assume 0% delivery until further progress</p>	£0	£138k	£138k	£138k	£414k
£0	£138k	£138k	£138k	£414k				
Ambulatory pathway review	Changes to tariff for short stay non-elective admissions	Potential Target £500k	<table border="1"> <tr> <td>£125k</td> <td>£125k</td> <td>£125k</td> <td>£125k</td> <td>£500k</td> </tr> </table> <p>If tariff is agreed, then further analysis of likely efficiency opportunity to be determined. Assume no efficiency until tariff agreed and analysis completed</p>	£125k	£125k	£125k	£125k	£500k
£125k	£125k	£125k	£125k	£500k				
Continuing Health care (CHC) & Funded Nursing Care (FNC) Review including Mersey Internal Audit Agency (MIAA) action plan		Potential target £1.843M	<table border="1"> <tr> <td>£282k</td> <td>£519k</td> <td>£519k</td> <td>£523k</td> <td>£1.8M</td> </tr> </table> <ul style="list-style-type: none"> <li>Quarter 1</li> <li>Review high cost placements</li> <li>Implementation of MIAA review recommendations</li> <li>Quarter 2</li> <li>Increase rates of FNC</li> </ul>	£282k	£519k	£519k	£523k	£1.8M
£282k	£519k	£519k	£523k	£1.8M				
Joint funded packages of care		Potential target £59k	<table border="1"> <tr> <td>£0k</td> <td>£20k</td> <td>£20k</td> <td>£20k</td> <td>£59k</td> </tr> </table> <p>Ongoing review of joint funded packages of care</p>	£0k	£20k	£20k	£20k	£59k
£0k	£20k	£20k	£20k	£59k				
Section 117 (S117)	Review of S177 agreements for onward funding of care post Mental Health admission	Potential target £112k	<table border="1"> <tr> <td>£0k</td> <td>£37k</td> <td>£37k</td> <td>£37k</td> <td>£112k</td> </tr> </table> <p>Ongoing review of S117agreements</p>	£0k	£37k	£37k	£37k	£112k
£0k	£37k	£37k	£37k	£112k				

<i>Estates Rationalisation</i>		<i>Potential target</i> <i>£250k</i>	<i>£61k</i>	<i>£63k</i>	<i>£63k</i>	<i>£63k</i>	<i>£250k</i>
			<i>Quarter 1</i> <ul style="list-style-type: none"> <li>• <i>Review estates</i></li> </ul>				
<i>Commissioning Support Unit (CSU)</i>	<i>CSU recharge</i>	<i>Potential target</i> <i>£29k</i>	<i>£0k</i>	<i>£0k</i>	<i>£13k</i>	<i>£16k</i>	<i>£29k</i>
			<i>Quarter 1</i> <ul style="list-style-type: none"> <li>• <i>Review all shared functions – Contracts and Finance</i></li> </ul> <i>Quarter 2</i> <ul style="list-style-type: none"> <li>• <i>Benefits realisation of reduction in shared functions</i></li> </ul>				

**The full and final NHS Halton CCG Operational Plan 18/19 is embedded below.**



NHS Halton CCG  
Operational Plan 2018