NHS

Halton Clinical Commissioning Group

OPERATIONAL DELIVERY PLAN AND COMMISSIONING INTENTIONS 2013-14

This document accompanies NHS Halton Clinical Commissioning Group's Integrated Commissioning Strategy 2013-15

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April 2013

April 2013

KEY TO ABBREVIATIONS

Clinical Commissioning Group Strategic Priorities

1 – Continuous improvement of the health and wellbeing of the people of Halton.
2 – Meaningful engagement with local people and communities.
3 – Clear and credible plans which continue to deliver improvements in local health services and the Quality, Innovation, Productivity and Prevention challenge within financial resources, in line with national outcome standards and the local Joint Health and Wellbeing Strategy.
4 – Ensure robust constitutional and governance arrangements with the capacity and capability to deliver all duties and responsibilities, including financial control, as well as effectively commissioning all the services for which we are responsible.
5 – Establish and sustain collaborative arrangements for commissioning with other CCGs, Halton Borough Council and the NHS Commissioning Board.
6 – Appropriate, affordable and effective external commissioning support
7 – Maintain authorisation from the NHS CB

Other

TBC – to be confirmed
NHS CB – NHS Commissioning Board, known as NHS England
CCG – Clinical Commissioning Group
CMCSU – Cheshire and Merseyside Commissioning Support Unit

Joint Health and Wellbeing Strategy Priorities

1 – Prevention and early detection of cancer.
2 – Improved child development.
3 – Reduction in the number of falls in adults.
4 – Reduction in the harm from alcohol.
5 – Prevention and early detection of mental health conditions.

NHS Outcomes Framework Domains

D1 – Preventing people from dying prematurely.
D2 – Enhancing quality of life for people with long-term conditions.
D3 – Helping people to recover from episodes of ill health or following injury.
D4 – Ensuring people have a positive experience of care.
D5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.

Quality, Innovation, Prevention, Productivity

Q – Quality
I – Innovation
Pro – Productivity
Pre – Prevention

Introduction

This document describes how NHS Halton Clinical Commissioning Group (CCG) plans to deliver its commissioning intentions during its first year as a statutory organisation. It should be read alongside the Integrated Commissioning Strategy 2013-15.

Internal performance management

We are working with the Cheshire and Merseyside Commissioning Support Unit (CMCSU) and performance management teams in neighbouring CCGs to further develop the existing business intelligence portal. The aim of this is to enable effective monitoring of our local performance against the requirements set out in *Everyone Counts: Planning for Patients 2013/14,* published by the NHS Commissioning Board in December 2012; and to provide key information for use in general practices.

Additionally, and in response to feedback received during the CCG's authorisation process, we are developing a programme management office. We are currently recruiting a programme manager to support this function. The postholder will monitor progress of all projects in the commissioning workplan and, when appropriate, escalate issues for the attention of the senior management team; additionally the postholder will be responsible for delivery of the corporate development workstream detailed within this workplan.

Key milestones for each project are set out in this workplan. The early stages of development in each piece of work will include the development of a project initiation document and identification of key performance indicators. We are working with colleagues in the CSU to identify a web-based project management system which will facilitate performance monitoring against plans.

Managing performance against our commissioning and financial plans

During 2012/13 NHS Merseyside developed an early warning dashboard (EWD) for each NHS Trust provider, similar to the approach adopted by the NHS Commissioning Board on a national basis. The EWD gives an at-a-glance view of performance of each provider against 48 indicators, which include infection control, quality risk profiles and safety measures. The indicators currently in the dashboard are those agreed nationally and locally as effective early markers of possible provider provider problems or service failure and more can be added as and when appropriate.

Regular review of the dashboard, which will take into account any additional local knowledge around particular issues, will allow effective and timely responses to manage situations as they arise.

CMCSU will update the dashboard weekly and send it to the Chief Nurse for review. Concerns will be discussed by the senior management team and, when appropriate, escalated to the Governing Body. This process was agreed by the Quality and Integrated Governance Committee in February 2013, which also agreed to review the dashboard at its monthly meetings.

Risk assessment and mitigation

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

- Unanticipated activity growth.
- Activity growth for services subject to cost and volume payment systems, e.g. payment by results (PbR) and continuing health care (CHC).
- The specialised commissioning allocation reduction is not cost neutral as anticipated.
- The delay or failure of QIPP schemes to deliver planned savings.
- The impact of unexpected cost pressures being inherited from PCTs.
- Further unexpected cost pressures or allocation reductions.
- Capacity and capability within provider organisations including the CSU.

Controls to mitigate against these risks fall into three categories.

Financial systems – Sound financial systems and procedures, including a robust ledger and budgetary control system. The CCG is on track with its project to setup and use the Integrated Single Financial Environment (ISFE) general ledger provided by NHS Shared Business Services – a joint venture between the DH and Steria plc. Expertise in forecasting and budget-setting are key skills which the CCG has acquired through its shared finance team arrangements.

Internal governance – These arrangements are intended to ensure that decisions are properly considered and approved and that all members of the CCG can be assured that risks are being properly managed. These include the performance management arrangements described on page 2. Other elements are the Audit Committee, Finance and Performance Committee and meetings of the Governing Body and membership; internal and external auditors will test the robustness of the CCG's internal controls and systems.

Relationships and risk sharing – Examples of this include the risk share 'insurance pool' for high-cost patients who require care in independent private mental health hospitals, shared with neighbouring CCGs within the Mersey CCG network. This arrangement seeks to reduce the risk of a disproportionate number of such cases falling on a single CCG in any one financial year through random chance. A similar arrangement is the creation of a pooled budget between the CCG and Halton Borough Council for adult continuing health and social care cases. Each party agrees to share risk of costs jointly.

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

PROGRAMME: CORPORATE DEVELOPMENT

SENIOR MANAGEMENT LEAD: Jan Snoddon
PROGRAMME MANAGER: Programme Manager, Governance and Authorisation (recruitment planned for April 2013)

WHY IS CHANGE NEEDED?
The CCG is a new organisation with ongoing development needs. The authorisation process highlighted a need for a programme management office. Performance must be closely monitored to that risks can be identified at an early stage and mitigating actions taken.

AIM
To ensure that effective functions are in place to support maintenance of authorisation and enable delivery of the commissioning agenda.

OBJECTIVES
- Set up programme management office
- Develop systematic performance and information monitoring and management
- Support corporate governance and maintenance of authorisation

TRANSFORMATIONAL CHANGE AND IMPROVEMENT INITIATIVES
Implement leadership and organisational development plans, refreshing to take account of changing needs
Development and implementation of web-based project and performance management tools
Support quality and safety initiatives

KEY RELATIONSHIPS FOR DELIVERY
Halton CCG senior management and commissioning teams
CMCSU
NHS England – Merseyside team
Neighbouring CCGs

RISKS	MITIGATING ACTIONS
Potential delays to start of programme dependent on length of time taken between appointment and start date of programme manager	Temporary staffing in place
Potential delay to IT system development would make performance monitoring more labour-intensive, reducing capacity for other work	Development of close working relationships with CMCSU and neighbouring CCGs

PROJECT: Leadership development **No:** CD 1			**PROJECT LEAD**: Programme manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	4, 7	Implement outstanding actions from current project plan. Refresh plan to take account of changing needs.	Development of leadership capacity throughout the organisation to sustain and improve performance	To take up post Q1. Milestones to be identified in Q1.			
JHWB							
NHS OF							
QIPP	All						

PROJECT: Organisational development **No:** CD 2			**PROJECT LEAD**: Programme manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	4, 7	Refresh organisational development plan to take account of changing needs. Implement actions. To include accountability for mandatory training – ensure all staff undertake all appropriate mandatory training (including safeguarding and information governance) and this is evidenced and refreshed at appropriate intervals.	Increase organisational capacity and capability to deliver continuous services improvement.	To take up post Q1. Milestones to be identified in Q1.			
JHWB							
NHS OF							
QIPP	All						

PROJECT: Programme management office **No:** CD 3			**PROJECT LEAD:** Programme manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	4, 7	Set up programme management office. In collaboration with commissioning colleagues and incorporating the use of agreed project methodologies, define standardised documentation to be used across all workstreams. Define monitoring arrangements and escalation procedures.	Systematic monitoring and appropriate escalation of issues, supporting continuous service improvement	To take up post Q1. Milestones to be identified in Q1.			
JHWB							
NHS OF							
QIPP	All						

PROJECT: Corporate governance **No:** CD 4			**PROJECT LEAD:** Programme manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	4, 7	Develop and implement processes to support delivery of statutory requirements and governance functions. This includes: • Quarterly and annual assessment by the National Commissioning Board; • Production of the CCG's annual report; • Development of implementation plan to roll out and monitor the Standards of Business Conduct, including register of conflicts of interest, to GPs and practice staff; • Development of plan and support for inclusive process of selection of commissioning.	Deliver assurance to Governing Body. Ensure authorisation is achieved and maintained.	Appointment to role, develop workplan	To identify in Q1	To identify in Q1	Start www woo annual report
JHWB							
NHS OF							
QIPP	All						

PROJECT: Performance and information management **No:** CD 5			**PROJECT LEAD**: Programme Manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	4, 7	Develop and implement systems to enable performance management, including appropriate data gathering and synthesis of information from healthcare and other sources. To include: Monitoring of performance of commissioning programmes	Inform strategic development. Enable performance monitoring and management against national and local targets.	To take up post Q1. Milestones to be identified in Q1.			
JHWB							
NHS OF							
QIPP	All						

PROJECT: Communications and engagement **No:** CD 6				**PROJECT LEAD:** Programme Manager (vacant); Des Chow				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**				
				Q1	**Q2**	**Q3**	**Q4**	
CCG	2, 4, 7	Refresh the communications and engagement strategy to reflect the developing needs of the organisation. Develop implementation plan for delivery of the strategy.	Increased engagement with staff from member practices. Appropriate and meaningful stakeholder engagement.	To take up post Q1. Milestones to be identified in Q1.				
JHWB								
NHS OF								
QIPP	All							

PROJECT: Contract management **No:** CD 7				**PROJECT LEAD:** Simon Banks; Programme Manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**				
				Q1	**Q2**	**Q3**	**Q4**	
CCG	2, 4, 6, 7	Monitoring and management of performance of CSU and IT contracts. Work closely with local CCGs to identify KPIs to enable effective monitoring of CCG business priorities and primary care issues.	Ensure value for money and appropriate support for CCG delivery plan.	To take up post Q1. Milestones to be identified in Q1.				
JHWB								
NHS OF								
QIPP	All							

PROJECT: Quality and Safety **No:** CD 8				**PROJECT LEAD:** Programme manager (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**				
				Q1	**Q2**	**Q3**	**Q4**	
CCG	4, 7	Support the quality committee in developing its workplan. Manage delivery of the workplan. Liaise appropriately with NHS CB and Quality Surveillance Group.	Assurance for Governing Body on clinical effectiveness, safety and patient experience.	To take up post Q1. Milestones to be identified in Q1.				
JHWB								
NHS OF								
QIPP	All							

PROGRAMME: MENTAL HEALTH AND UNPLANNED CARE

SENIOR MANAGEMENT LEAD: Dave Sweeney
CLINICAL LEADS: Dr Anne Burke, Dr Neil Martin
PROGRAMME MANAGER: Jennifer Owen

AIM

- To ensure effective services at all stages of the pathways
- To reduce unnecessary A&E attendance

TRANSFORMATIONAL CHANGE AND IMPROVEMENT INITIATIVES

- Introduce routine screening for dementia in care homes as part of integrated care model
- Redesign of A&E liaison psychiatry service across mid-Mersey area
- Reprocurement of psychological therapies service to give all general practices access to primary care mental health care workers and clinics
- Introduction of Alzheimer's Admiral nurses
- Implementation of Winterbourne Review
- Roll out of 111/Directory of services
- Urgent care service redesign
- Community DVT service

WHY IS CHANGE NEEDED?

- High incidence of mental illness.
- Mental health issues have a high priority with our local population.
- High usage of A&E
- Opportunity to improve outcomes and service models

OBJECTIVES

- Deliver integrated services for proactive management of mild to moderate mental illness
- To ensure the availability of and timely access to high quality urgent care services

KEY RELATIONSHIPS FOR DELIVERY

Halton Borough Council
St Helens and Knowsley Hospitals NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust
Five Boroughs Partnerships
Bridgewater NHS Community Trust
Neighbouring CCGs
CMCSU

RISKS	MITIGATING ACTIONS
Impact of economic situation, local authority and benefits cuts on mental health	Development of Wellbeing Practice model to boost community resilience
Capacity and capability of providers to engage in service redesign	Proactive clinical and managerial leadership

PROJECT: Update all service specifications **No:** MHUC 1 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** Dr Anne Burke				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3, 4	Review of six current service specifications (provider: 5 Boroughs Partnership). Define outcome-driven core key performance indicators.	Ensure current service is reflected. Support performance monitoring.	Review 2 specificati	Review 2 specificati	Review 2 specificati	
JHWB	All						
NHS OF	All						
QIPP	All						

PROJECT: Dementia screening in care homes **No:** MHUC 2 **Financial impact:** Investment £200,000 (with project MHUC 7)			**PROJECT LEAD:** Mark Holt (Halton Borough Council) **CLINICAL LEAD:** Dr Anne Burke				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Introduce routine screening in care homes. This is part of a programme of work in care homes, with an integrated health service/local authority team, aimed at reducing hospital admissions and length of stay.	Early identification and treatment aided by use of technology	Project initiation document, including key milestones, to be developed in Q1.			
JHWB	5						
NHS OF	D2						
QIPP	Q, I						

PROJECT: A&E liaison
No: MHUC 3 **Financial impact:** Cost neutral in year
PROJECT LEAD: Jennifer Owen
CLINICAL LEAD: Dr Neil Martin

STRATEGIC OBJECTIVES		DESCRIPTION	BENEFITS	MILESTONES Q1	Q2	Q3	Q4
CCG	3	Redesign of current A&E liaison psychiatry service across mid-Mersey area. This provides rapid assessment of mental health conditions for people presenting at A&E departments with mental health symptoms; or those presenting with physical symptoms if there mental health symptoms indicate they would benefit from an assessment. The model used is the Rapid Assessment Interface and Discharge (RAID) model, which offers comprehensive mental health support within the hospital, promoting quicker discharge and fewer readmissions.	Reducing waiting times Increased quality of patient experience Reduction in bed days Improved support for families and carers	Develop outcomes	Develop specification	Business case inc quality impact assessment	Contract negotiations
JHWB	5						
NHS OF	D2, 3						
QIPP	Q, Pro						

PROJECT: Increased access to psychological therapies (IAPT) – implementation of procurement
No: MHUC 4 **Financial impact:** Investment of £392,000
PROJECT LEAD: Jennifer Owen
CLINICAL LEAD: Dr Anne Burke

STRATEGIC OBJECTIVES		DESCRIPTION	BENEFITS	MILESTONES Q1	Q2	Q3	Q4
CCG	3	Reprocure in line with timetable approved by Governing Body in December. To include decommissioning of the Open Mind service; funding re-invested into one community psychological therapies service to give adequate increased access based on prevalence data. All patients will receive a comprehensive personalised care plan. All general practices will have access to primary care mental health care workers and clinics.	Improved access; reduced waiting times; developing skills of existing staff; financial savings; reduction in prescribing of SSRIs for mild depression.	Business case	Develop service specification	PQQ	Service transition
JHWB	5						
NHS OF	D2, 3						
QIPP	Q, Pro						

PROJECT: Urgent care redesign **No:** MHUC 5	**Financial impact:** Cost neutral in year		**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** Dr Neil Martin				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	3	Review data to identify key care pathways pathways. Options appraisal including the exploration of development of an urgent care centre on Halton Hospital site.	Reduce A&E attendance and readmissions	Public consultation	Sign off business case	Contract negotiation or begin procurement	Development of project initiation document
JHWB							
NHS OF	D4						
QIPP	I, Pro						

PROJECT: Roll-out of NHS 111/Directory of Services **No:** MHUC 6	**Financial impact:** Cost neutral in year		**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** TBC		
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**	
				Q1 – Q3	**Q3**
CCG	1, 3	These services are being procured across Merseyside with effect from January 2013.	Smooth transition between existing and new services.	Develop governance arrangements; marketing; managing transition from NHS Direct.	Fully operational
JHWB					
NHS OF	D3, 4				
QIPP	Q				

PROJECT: Alzheimer's Admiral nurses **No:** MHUC 7	**Financial impact: :** Investment £200,000 (with project MHUC 2)		**PROJECT LEAD:** Mark Holt (Halton Borough Council)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Admiral Nurses are mental health nurses specialising in dementia. They work with people with dementia, their families and carers, in community and other settings. Working collaboratively with other professionals they seek to improve the quality of life for people with dementia and their carers, using a range of interventions that help people live positively with the condition.	Improved experience of care and quality of life for people with dementia, their families and carers.	Scope current provision	Options Appraisal ; develop business plan or servicwce redesign		Procurement or contract change
JHWB	5						
NHS OF	D2, 4						
QIPP	Q, Pre, Pro						

PROJECT: Wellbeing care pathway **No:** MHUC 8 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** Dr Anne Burke				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES Q1**	**Q2**	**Q3**	**Q4**
CCG	1, 3	To ensure all patients on the serious mentally ill register in primary care have access to yearly physical health checks. Redesign current pathway with two providers (Bridgewater and 5 Borough Partnership) to deliver more coherent integrated response.	Improve physical health care for people with severe mental illness.	Redesign pathway	Implement pathway July	Monitor	
JHWB	5						
NHS OF	D2, Pre						
QIPP	Q						

PROJECT: Learning disabilities **No:** MHUC 9 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** Dr Anne Burke				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES Q1**	**Q2**	**Q3**	**Q4**
CCG	1, 3	Implementation of self-assessment action plan from 2012/13. Completion of self-assessment framework for 2013/14. Develop response to Winterbourne recommendations.	Improved care for people with learning disabilities.	Data analysis and implmentation of 2012/13 plan			Develop 2013/14 plan
JHWB	5						
NHS OF	D2						
QIPP	Q						

PROJECT: DVT Pathway **No:** MHUC 10 **Financial impact:** Investment (part of £193,000)			**PROJECT LEAD:** Jennifer Owen **CLINICAL LEAD:** Dr Neil Martin				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES Q1**	**Q2**	**Q3**	**Q4**
CCG	1, 3	Access to community-based anti-coagulation clinic	Improved access for patients.				
JHWB							
NHS OF	D3, 4						
QIPP	Q, Pro						

PROGRAMME: PRIMARY, COMMUNITY AND INTEGRATED CARE

SENIOR MANAGEMENT LEAD: Dave Sweeney
CLINICAL LEADS: Dr Cliff Richards, Dr David Lyon, Dr Mick O'Connor
PROGRAMME MANAGER: Jo O'Brien

WHY IS CHANGE NEEDED?

- Opportunity to improve outcomes and experience of care for people with complex needs
- Opportunity to develop innovative services in general practice

AIM

- To ensure effective integration between primary care, hospital and social services
- To increase community resilience
- To reduce unnecessary hospital referrals

OBJECTIVES

- Deliver integrated services for proactive case management of people with complex care needs
- Increase access to community-based services

TRANSFORMATIONAL CHANGE AND IMPROVEMENT INITIATIVES

- Wellbeing Practice model – extend to all practices
- Implement new out of hours service
- Redesign of integrated discharge teams
- ECGs in primary care/routine screening for atrial fibrillation for over 65s

KEY RELATIONSHIPS FOR DELIVERY

General practices
Halton Borough Council
St Helens and Knowsley Hospitals NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust
Bridgewater NHS Community Trust
Neighbouring CCGs; CMCSU

RISKS	MITIGATING ACTIONS
Impact of economic situation, local authority and benefits cuts on physical health	Development of Wellbeing Practice model to boost community resilience
Capacity and capability of providers to engage in service redesign	Proactive clinical and managerial leadership
Capacity in primary care	Funding available for locums when practice staff released for CCG activities

PROJECT: Update all service specifications – Bridgewater contract **No:** PCI 1 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Jan Snoddon, Jo O'Brien **CLINICAL LEAD**: Dr David Lyon				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3, 4	Rollling programme of review of all current service specifications (64) to consider 10 per year. Define outcome-driven core key performance indicators. Working in collaboration with St Helens CCG and Bridgewater.	Ensure current service is reflected. Support performance monitoring.	Define services	Develop dashboard		Review
JHWB							
NHS OF	All						
QIPP	All						

PROJECT: Complex care **No:** PCI 2 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Dave Sweeney				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3, 5	Pool social and healthcare resources and align systems to create more effective pathways and outcomes.	Improve patient experience; improve discharge pathways; increase positive outcomes. Reduce inappropriate hospital admissions. Improve value for money.	Implement pooled arrangements, including authorisation panels	Review contracts and commissioning arrangements	Review pathways and align processes	Evaluate outcomes for first 12 months
JHWB							
NHS OF	D2, 4,5						
QIPP	Q, Pro						

PROJECT: Out of Hours **No:** PCI 3 **Financial impact:** Saving of £9,000			**PROJECT LEAD:** Jo O'Brien **CLINICAL LEAD:** Dr Neil Martin				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Develop implementation plan. Mobilise new contract with effect from 21 March 2013 (live date 1 October).	Smooth transition between existing and new services.	Develop plan	Monitor rollout	Go live	Monitoring
JHWB							
NHS OF	D3, 4						
QIPP	Q						

PROJECT: Redesign of integrated discharge teams **No:** PCI 4 **Financial impact:** Saving of £12,000			**PROJECT LEAD:** Damien Nolan (Halton Borough Council)/Jo O'Brien **CLINICAL LEAD:** Dr David Lyon		
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**	
				Q1	**Q2-Q4**
CCG	1, 3	All general practices will have access to dedicated multi-disciplinary teams. This project forms part of the NHS Merseyside Tailored Care QIPP programme. Patients will be identified and an integrated package of care planned for them, with the general practice at the hub. A project plan has been developed to roll out this piece of work in three waves.	Reduction in, unplanned admissions. Improved management of healthcare acquired infections.	Recruit practices and project manager	Roll out one wave in each quarter
JHWB					
NHS OF	D3, 4				
QIPP	Q, Pro				

PROJECT: Wellbeing practices **No:** PCI 5	**Financial impact:** Investment £337,000		**PROJECT LEAD:** Jo O'Brien **CLINICAL LEAD:** Dr Cliff Richards				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 2, 3	Eight local practices are participating in this programme to develop a wellbeing model of support which enhances community resilience. The model uses community resources to drive up wellbeing and prevent ill-health. One community development worker has been appointed to work between two practices with different schemes running from each practice; the schemes range from community allotments to projects supporting people with dementia. They strengthen a practice's capacity to support vulternable, at-risk groups and people with mild-moderate depression and anxiety.	Reductions inappropriate referrals for diagnostic tests and specialist appointments. Integration of community and third sector provision with general practice. Increase social cohesion and enhance wellbeing and community resilience.	Develop and monitor	Extend to all practices		
JHWB	5						
NHS OF	D2, 3, 4						
QIPP	Q, I, P						

PROJECT: QOF – modernise six clinical pathways **No:** PCI 6	**Financial impact:** Cost neutral in year		**PROJECT LEAD:** Jo O'Brien **CLINICAL LEAD:** Lead for Quality (vacant)				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Standardisation of pathways. **Dependent on which pathways are chosen*	Avoid inappropriate outpatient referrals, emergency admissions and attendance. Increased practice engagement in commissioning cycle.	*	*	*	*
JHWB	*						
NHS OF	D3, 4						
QIPP	Q, Pro						

<table>
<tr><td colspan="3">PROJECT: Electrocardiogram in primary care*
No: PCI 7 Financial impact: Investment (part of £193,000)</td><td colspan="4">PROJECT LEAD: Jo O'Brien
CLINICAL LEAD: TBC</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="3">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3-4</td></tr>
<tr><td>CCG</td><td>1,3</td><td rowspan="4">Provision of immediate cardiologist interpretation of ECGs. Increase accuracy of diagnosis of atrial fibrillation. Explore use of telemedicine to deliver 24/48 hour ambulatory blood pressure monitoring and 24/48 hour ECG monitoring.

*There are interdependencies between this project and the atrial fibrillation LES (see below)</td><td rowspan="4">Reduce avoidable hospital admissions. Reduce referrals to hospital for ECG diagnostics. Reduce waiting times. Improve discharge pathways and increase positive outcomes. Improve patient experience.</td><td rowspan="4">Gather evidence, costs, estimate impact on acute trusts</td><td rowspan="4">Develop project plan</td><td rowspan="4">Implement project plan</td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>D2,3,4</td></tr>
<tr><td>QIPP</td><td>Q, Pre, Pro</td></tr>
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<table>
<tr><td colspan="3">PROJECT: Atrial fibrillation LES*
No: PCI 8 Financial impact: Investment (part of £193,00)</td><td colspan="4">PROJECT LEAD: Jo O'Brien
CLINICAL LEAD: TBC</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="3">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3- 4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Routine screening for AF in everyone over 65. LES for practices plus shared resource to cover care homes.

*There are interdependencies between this project and the electrocardiogram in primary care project (see above)</td><td rowspan="4">Reduced variation in identification rates for AF. Significantly increase detection rates. Reduce incidence of stroke. Optimise management and outcomes for people with AF. Support achievement of quality markers in the National Stroke Strategy. Reduce the human, social and financial cost of stroke.</td><td rowspan="4">Data collection and information gathering, inc QOF guidance</td><td rowspan="4">Develop LES and roll out</td><td rowspan="4">Monitor</td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>D1,2,3,4</td></tr>
<tr><td>QIPP</td><td>Q, Pre, Pro</td></tr>
</table>

PROGRAMME: PLANNED CARE

SENIOR MANAGEMENT LEAD: Dave Sweeney
CLINICAL LEADS: Dr Damien McDermott, Dr Mel Forrest, Dr Hong Tseung, Dr Chris Woodford, Dr Mick O'Connor, Dr Fenella Cottier
PROGRAMME MANAGER: Lyndsey Abercromby

WHY IS CHANGE NEEDED?

- Opportunity to provide more care in community settings
- Opportunity to improve care at end of life
- High burden of chronic illness, including diabetes and respiratory conditions

AIM

- To improve the experience of care for people with long-term conditions
- To increase access to services in the community

OBJECTIVES

- Improve self-management of chronic conditions
- Improve access community services for management of chronic conditions
- Reduction in unnecessary outpatient appointments

TRANSFORMATIONAL CHANGE AND IMPROVEMENT INITIATIVES

- End of life service improvement programme
- Introduction of hypoglycaemic pathway and impaired glucose tolerance pathway
- Review provision of community-based services for ophthalmology, dermatology and gynaecology
- Respiratory education services for healthcare professionals
- Access to TIA services 7 days a week

KEY RELATIONSHIPS FOR DELIVERY

St Helens and Knowsley Hospitals NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust
Willowbrook Hospice
Bridgewater NHS Community Trust
Neighbouring CCGs
CMCSU

RISKS	MITIGATING ACTIONS
Capacity and capability of providers to engage in service redesign	Proactive clinical and managerial leadership
Capacity to deliver services in the community	Development of education programmes; proactive clinical leadership
Willingness of patients to engage in management of their own conditions	Patient education programmes

<table>
<tr><td colspan="3">PROJECT: Update all service specifications
No: PC 1 Financial impact: Cost neutral in year</td><td colspan="5">PROJECT LEAD: Lyndsey Abercromby
CLINICAL LEAD: Dr Damien McDermott</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3, 4</td><td rowspan="4">Review of all current service specifications. Undertake scoping exercise, then prioritise based on known issues.

*There are interdependencies between this project and the atrial fibrillation LES (see below)</td><td rowspan="4">Ensure current service is reflected. Support performance monitoring.</td><td rowspan="4">Scope. Review 25%</td><td rowspan="4"></td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>All</td></tr>
<tr><td>QIPP</td><td>All</td></tr>
</table>

<table>
<tr><td colspan="3">PROJECT: End of life service improvement programme
No: PC 2 Financial impact: Investment of £50,000 (with project PC 3)</td><td colspan="5">PROJECT LEAD: Lyndsey Abercromby
CLINICAL LEAD: Dr Mel Forrest</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Project 1: Breathlessness service; psychological support at end of life.
Project 2: QOF End of Life (nursing homes)
Project 3: Men in Sheds
Project 4: Implement electronic palliative care co-ordination (EPaCCs)
Project 5: ‘Do not attempt cardiopulmonary resuscitation’ – local implementation of regional policy</td><td rowspan="4">Improved quality of care at end of life and increased support for patients; reduced inappropriate re-admissions</td><td colspan="4" rowspan="4">1 & 2 – Q1 project plan to determine milestones.
3 – Q1 notification of result of bid; Q2 development of project plan.
4 – Dependent on national timescales to be notified.
5 – Dependent on regional timescales to be notified</td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>D2, 4</td></tr>
<tr><td>QIPP</td><td>Q, Pro</td></tr>
</table>

PROJECT: Gold Standard Framework LES for primary care **No:** PC 3 **Financial impact:** Investment of £50,000 (with project PC 2)			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD**: Dr Hong Tseung				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1,3	The GSF is a model of proactive palliative care in a primary care setting. The LES supports the notion that people should have the opportunity to die in a place of their choosing, and unnecessary hospitalisation of the dying should be avoided. The LES aims to elevate GP Practices to a high common standard of Palliative Care for their patients. One factor that could make a significant difference is the extent to which GPs are actively identifying people approaching end of life and putting plans in place to support them as their condition deteriorates.	Improved consistency and reliability of care at end of life. Increased numbers of people dying at their usual place of residence. Reduced inappropriate admissions to hospital	Review existing service	Business case	Develop project plan	Implementation
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Hypoglycaemic pathway **No:** PC 4 **Financial impact:** Saving of £21,000			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Damien McDermott				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	3	Introduction of care pathway for people with diabetes who have had a hypoglycaemic episode requiring hospital attention.	Increased opportunities for self-management of condition; reduced A&E attendances and hospital admissions.	Pilot starts	Monitor	Review	Implement and mobilise
JHWB							
NHS OF	D2, 3						
QIPP	Q, Pro						

PROJECT: Nebuliser modernisation **No:** PC 5 **Financial impact:** Cost neutral in year				**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Chris Woodford				
STRATEGIC OBJECTIVES		**DESCRIPTION**		**BENEFITS**	**MILESTONES**			
					Q1	**Q2**	**Q3**	**Q4**
CCG	3	Current contract extended to end March 2014. Review complete end March 2013; likely outcome will be procurement.		Ensure ongoing provision of service.	Business case	Develop service	PQQ	Service transition
JHWB								
NHS OF	D2							
QIPP	Q, Pro							

PROJECT: ENT **No:** PC 6 **Financial impact:** Savings (to be quanitified)			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** TBC				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	3	Procurement of ENT community assessment and treatment services (CATS). Roll out benefits of Widnes pilot across footprint for April 14 start.	Reduced follow-up appointments and reduced number of appointments cancelled by patients. PBR savings.	Project plan	Roll out and monitor		
JHWB							
NHS OF	D3, 4						
QIPP	Q, Pro						

PROJECT: Ophthalmic Primary Eye Care Assessment and Referral **No:** PC 7 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Bob Wilkes				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Review community ophthalmology provision. Secure provision of community ophthalmic service as alternative to secondary care.	Early access to specialist assessment, diagnosis and treatment; integrated model of care; community-based service.	Develop project plan and identify milestones		Deliver service	
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Musculotskeletal **No:** PC 8		**Financial impact:** Cost neutral in year	**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Cliff Richards				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Secure provision of service at end of current contract (March 2014)	Ensure provision of service.	Business case	Develop service	PQQ	Service transition
JHWB							
NHS OF	D2,3,4						
QIPP	Q,Pro						

PROJECT: Diabetes Patient Education **No:** PC 9		**Financial impact:** Cost neutral in year	**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Damien McDermott				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Secure provision of service at end of current contract (March 2014). Option to extend existing contract or re-procure.	Increase ability for self-care; reduce risks of complications arising from development of the illness	Make decision	Dependent on decision.		
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pre						

PROJECT: Pathology provision **No:** PC 10		**Financial impact:** Cost neutral in year	**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Cliff Richards/Dr Mick O'Connor				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Review.	Ensure provision of appropriate service.	Scope existing provision and establish whether there is a case for change			
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Multi-faceted respiratory education service **No:** PC 11 **Financial impact:** Savings of £123,000 (with projects PC 12 and PC 14)			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Chris Woodford				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Education programme for healthcare professionals to cover management of asthma; COPD; AECOPD; inhaler technique; spirometry performance and interpretation; self-management plans; end of life care; oxygen management and pulmonary rehabilitation.	Improved quality of care and quality of life; reduction in unnecessary respiratory admissions; improved medicines management.	Define and plan	Delivery of programme		
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Dedicated respiratory review service for Halton community **No:** PC 12 **Financial impact:** Savings of £123,000 (with projects PC 11 and PC 14)			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Chris Woodford				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1,3	Provision of a fast-track consultant-led respiratory service to diagnose, review and optimise patient treatment, to complement and maximise benefit from existing community services for people with respiratory conditions.	Care delivered close to the patient. Reduced unnecessary admissions. Optimised care				
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Direct access to gastrointestinal diagnostic services **No:** PC 13 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** To be advised				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1,3	To ensure that direct access gastroscopy and flexible sigmoidoscopy are available at our local trusts without prior out-patient appointment. Evidence from the QOF QP referral audits, along with observed experience in primary care, suggests that despite written referral for a specified test only, patients are often seen first as an out-patient appointment.	Reduction in unnecessary outpatient appointments and duplication of test Reduced costs.	Plan	SIG to discuss		Implement
JHWB	1						
NHS OF	D1, 4						
QIPP	Q, Pro						

PROJECT: Modernise spirometry service **No:** PC 14 **Financial impact:** Savings of £123,000 (with projects PC 11 and PC 12)			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Chris Woodford				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1,3	Review current performance including education provision. Early indications demonstrate low accuracy in delivery of service.	Enable CCG to address any quality or educational needs. Ensuring correct diagnosis of COPD. Ensure appropriate medicines management.	Dependent on outcome of review			
JHWB							
NHS OF	D2,3,4						
QIPP	Q, Pro						

PROJECT: Community dermatology service **No:** PC 15 **Financial impact:** Cost neutral in year			**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** Dr Damien McDermott				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1,3	Explore potential service models as alternatives to secondary care dermatology services. These include telemedicine; community service; GP with Special Interest; secondary care clinics in Widnes. Procurement is likely outcome.	Care closer to home; improved patient experience; speedier treatment; improved value for money; improved access; reduced referrals to secondary care.	Business case	Develop service specification	PQQ	Service transition
JHWB							
NHS OF	D2, 4						
QIPP	Q, Pro						

PROJECT: Community gynaecology service **No:** PC 16 **Financial impact:** Cost neutral in year				**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD**: Dr Fenella Cottier				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**				
				Q1	**Q2**	**Q3**	**Q4**	
CCG	1, 3	Explore potential service models as alternatives to secondary care gynaecology services. This may include increasing the range of services available in GP practices and/or a community gynaecology service.	Care closer to home; improved patient experience; faster treatment; improved value for money; reduced referrals to secondary care.	Business case/SIG	Dependent on option selected			
JHWB								
NHS OF	D2,3,4							
QIPP	Q, Pro							

PROJECT: Seven-day TIA service **No:** PC 17 **Financial impact:** Cost neutral in year				**PROJECT LEAD:** Lyndsey Abercromby **CLINICAL LEAD:** TBC			
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	!, 3	Redesign service at Warrington & Halton Hospitals to deliver a 7-day service within current resources. Consider feasibility of redesign of the service at St Helens & Knowsley Hospitals is currently commissioned as a 5-day service.	Reducing delays in diagnosis reduces risk of re-occurrence of TIA and of occurrence of stroke. Increase percentage of appropriate patients receiving thrombolysis which improves clinical outcomes.	Explore issues, define 'must do' and optimal provision	Dependent on outcome of Q1 review		
JHWB							
NHS OF							
QIPP							

<table>
<tr><td colspan="3">PROJECT: Termination of pregnancy service (TOPS)
No: PC 18 Financial impact: Cost neutral in year</td><td colspan="5">PROJECT LEAD: Lyndsey Abercromby
CLINICAL LEAD: Dr Fenella Cottier</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Establish need to undertake AQP procurement.</td><td rowspan="4">Ensure provision of high quality, cost-effective service.</td><td rowspan="4"></td><td rowspan="4"></td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>D4</td></tr>
<tr><td>QIPP</td><td>Q, Pro</td></tr>
</table>

<table>
<tr><td colspan="3">PROJECT: Impaired glucose tolerance pathway
No: PC 19 Financial impact: Cost neutral in year</td><td colspan="5">PROJECT LEAD: Lyndsey Abercromby
CLINICAL LEAD: Dr Damien McDermott</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Implementing pathway in primary care.</td><td rowspan="4">Increase ability for self-care; reduce risks of complications arising from development of the illness</td><td rowspan="4">Devise project plan</td><td colspan="2" rowspan="4">Roll out service</td><td rowspan="4">Monitor</td></tr>
<tr><td>JHWB</td><td></td></tr>
<tr><td>NHS OF</td><td>D2,3,4</td></tr>
<tr><td>QIPP</td><td>Q, Pro, Pre</td></tr>
</table>

PROGRAMME: WOMEN, CHILDREN AND FAMILIES

SENIOR MANAGEMENT LEAD: Dave Sweeney
CLINICAL LEAD: Dr David Lyon
PROGRAMME MANAGER: Sheila McHale

WHY IS CHANGE NEEDED?

- A range of child health indicators are poor.
- Children's Trusts are no longer a legal requirement, but Halton has chosen to retain the model as it has worked well locally. This model is led by the Local Authority.

AIM

- To work closely with Local Authority to develop services for women, children and families which address local health inequalities

OBJECTIVES

- Provide integrated, high quality, financially viable community midwifery service
- Ensure services meet NICE guidance

TRANSFORMATIONAL CHANGE AND IMPROVEMENT INITIATIVES

- Full review of stand-alone community midwifery service, including breastfeeding.
- Redesign children's mental health and emotional wellbeing pathway
- Provide orthoptics services for children at high risk of visual problems due to complex health needs
- Increase capacity for delivery of nasal pharyngeal suction for children with complex health needs

KEY RELATIONSHIPS FOR DELIVERY

Halton Borough Council and Children's Trust partners
St Helens and Knowsley Hospitals NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust
Five Boroughs Partnership
Bridgewater Community Healthcare Trust

RISKS	MITIGATING ACTIONS
Some behaviours have proved resistant to change – eg low breastfeeding rates, smoking in pregnancy	Close partnership working with all relevant agencies; improve access to services
Capacity and capability of providers to engage in service redesign	Proactive clinical and managerial leadership

PROJECT: Modernise service specifications No: WCF 1 Financial impact: Cost neutral in year			PROJECT LEAD: Sheila McHale CLINICAL LEAD: Dr David Lyon				
STRATEGIC OBJECTIVES		DESCRIPTION	BENEFITS	MILESTONES			
				Q1	Q2	Q3	Q4
CCG	1, 3	Review six current pathways to agree outcome-focused KPIs.	Ensure current service is reflected. Support performance monitoring.		Identify pathways	3 reviews	3 reviews
JHWB	2						
NHS OF	D4,5						
QIPP	Q, Pro						

PROJECT: Maternity services review No: WCF 2 Financial impact: Cost neutral in year			PROJECT LEAD: Sheila McHale CLINICAL LEAD: Dr David Lyon				
STRATEGIC OBJECTIVES		DESCRIPTION	BENEFITS	MILESTONES			
				Q1	Q2	Q3	Q4
CCG	1, 3	Full service review of stand-alone community midwifery service, including breastfeeding, taking into account new PBR tariff. To be effective from April 2014.	Integrated high-quality community service which is financially viable and meets NICE guidance.	Full review inc options appraisal and business case		Begin procurement OR service redesign with current provider	
JHWB	2						
NHS OF	D4,5						
QIPP	Q, Pro						

<table>
<tr><td colspan="3">PROJECT: Orthoptic provision in special schools
No: WCF 3 Financial impact: Investment of £70,000</td><td colspan="5">PROJECT LEAD: Sheila McHale
CLINICAL LEAD: Dr David Lyon</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Identified gap in service provision. Orthoptic screening and community-based follow-up for children in special schools as a result of complex helath problems, which makes them more at risk of visual problems including loss of sight.</td><td rowspan="4">Care closer to home. Supports implementation of ‘Healthy Child’ policy.</td><td rowspan="4">Service proposal</td><td rowspan="4">Operationalise</td><td rowspan="4">Monitor KPIs</td><td rowspan="4"></td></tr>
<tr><td>JHWB</td><td>2</td></tr>
<tr><td>NHS OF</td><td>D2,4,5</td></tr>
<tr><td>QIPP</td><td>Q, Pre</td></tr>
</table>

<table>
<tr><td colspan="3">PROJECT: Children’s mental health services
No: WCF 4 Financial impact: Cost neutral in year</td><td colspan="5">PROJECT LEAD: Sheila McHale
CLINICAL LEAD: Dr David Lyon</td></tr>
<tr><td colspan="2" rowspan="2">STRATEGIC OBJECTIVES</td><td rowspan="2">DESCRIPTION</td><td rowspan="2">BENEFITS</td><td colspan="4">MILESTONES</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>CCG</td><td>1, 3</td><td rowspan="4">Children's mental health and emotional well being pathway redesign
Consider options for redesign of elements of the pathway for a more joined-up approach for young people experiencing mental health/wellbeing problems.</td><td rowspan="4">Holistic approach to the care provided for under 18s experiencing emotional/mental health issues.</td><td rowspan="4">Identify issues</td><td rowspan="4">Review and options appraisal</td><td rowspan="4">Begin redesign or procurement</td><td rowspan="4"></td></tr>
<tr><td>JHWB</td><td>2</td></tr>
<tr><td>NHS OF</td><td>D2,5,4</td></tr>
<tr><td>QIPP</td><td>Q, Pro, Pre</td></tr>
</table>

PROJECT: Nasal pharyngeal services for children with complex needs **No:** WCF 5 **Financial impact:** Investment of £20,00			**PROJECT LEAD:** Sheila McHale **CLINICAL LEAD**: Dr David Lyon				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Provision of clinical capability to deliver nasal pharyngeal suction for children with complex needs.	Improved quality of service and reduced costs. Delivery of sustainable model for the future.	Evaluate pilot	Options appraisal	Roll out selected model	
JHWB	2						
NHS OF	D2,4						
QIPP	Q, Pro						

PROJECT: Update assisted conception/sub-fertility guidance **No:** WCF 6 **Financial impact:**			**PROJECT LEAD:** Sheila McHale **CLINICAL LEAD:** Dr David Lyon				
STRATEGIC OBJECTIVES		**DESCRIPTION**	**BENEFITS**	**MILESTONES**			
				Q1	**Q2**	**Q3**	**Q4**
CCG	1, 3	Update guidance on assisted conception/sub-fertility service to take account of revised NICE recommendations.	Ensure service is delivered in line with NICE guidance.	Update guidance	Implement	Monitor	Monitor
JHWB	2						
NHS OF	D2,5,4						
QIPP	Q, Pro, Pre						