



One Halton Health and Wellbeing Operational Plan 2016-17



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One Halton Health and Wellbeing Operational Plan 2016-2017

1. Introduction

- 1.1.1. In October 2014, NHS England published its Five Year Forward View¹, which describes how the future of the NHS needed to become more sustainable in order to survive the challenges which the system was anticipated to face over the next five years. The guidance called for a new approach to delivering health and social care services in an integrated manner with a focus on out of hospital care to allow them to focus on genuine acute care needs.
- 1.1.2. In response, NHS Halton CCG developed a five year strategy and two year operational plan in collaboration with Halton Borough Council and Public Health to work together to improve the health and social care of Halton. To date there have been a number of successes which will be celebrated later in this document.
- 1.1.3. Building on this, in December 2015, NHS England published further guidance called “Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21². This guidance comprehensively sets out a number of aims, must do’s and elements which NHS organisations must deliver against to enable them to become sustainable and transformational organisations by 2021. The required response was the same as the previous year, with the production of two separate but connected plans:
 - a five year Sustainability and Transformational Plan (STP), place based and driving the Five Year Forward View; and
 - a one year Operational Plan for 2016/17, organised but consistent with the emerging STP.
- 1.1.4. But with a radical change on previous years guidance with a requirement to develop the longer term strategy on a wider planning footprint than a single CCG and in collaboration with all of the key stakeholders in that economy.
- 1.1.5. The wider STP needs to ensure that all organisations are working in collaboration to deliver the triple aim of improving care, quality and financial stability in order to continue to provide the best possible healthcare system to the population it serves.

¹ <https://www.england.nhs.uk/ourwork/futurenhs/>

² <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>

2. NHS Halton CCG Operational Plan 2016/17

- 2.1.1. This Operational Plan sets the framework for the place based commissioning of health and wellbeing services in Halton, with a particular emphasis on prevention and early intervention. Integration is key to our strategic approach with all partners working together to deliver joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact counts, development of multi-disciplinary teams and joint advocacy and policy work.
- 2.1.2. A set of action plans are being developed to meet the key priorities through focus area task and finish groups with multi organisational and disciplinary input. Halton also has an integrated approach for engagement and consultation with the public and patients to ensure all commissioning decisions are co-developed and addressing the real needs of those living in the borough.
- 2.1.3. Ultimate responsibility for the implementation of the healthcare plan, agreed outcomes and key performance indicators lies with the NHS Halton CCGs Governing Body. The Governing Body will utilise the Wellbeing Areas, based on the existing Area Forum boundaries, to deliver its vision at a community level. The aim of Wellbeing Areas is to work alongside local communities to identify issues specific to that particular area and wherever possible, tailor services to meet the needs of that community. This approach is complemented by the development of the Community Wellbeing Practice model, a commissioned initiative reflecting their commissioning intentions to focus provision around local communities. Community Wellbeing Practices are described further in section 8.3.
- 2.1.4. The key themes and priorities to improving health and wellbeing in Halton have been identified using evidence from the Joint Strategic Needs Assessment (JSNA). This assessment identifies areas of unmet need and those where the health of the public is below the expected level and need additional support. Whilst the JSNA provides us with evidence to help us to determine priorities we also know that the skills and experience of local communities are a crucial part of painting a fuller picture of local need. Therefore, in developing this plan and deciding on our priorities we have consulted with key partners, local people, including children and young people and community groups, to gain their views on the key health and wellbeing priorities for Halton.
- 2.1.5. Together with the national priority areas, the local health and social needs will be consolidated into a joint commissioning intentions strategy and a deliverable work plan covering the planning period.

2.1.6. NHS Halton CCG and Halton Borough Council are working in collaboration to deliver a single long term strategy for health, social care and public health services and will present the final strategy to the Halton Health and Wellbeing Board for challenge and agreement.

3. The Five Year Sustainability and Transformational Plan

- 3.1.1. Within Cheshire and Merseyside, a decision was taken in January 2016, by all of the CCGs, Local Authorities and the provider Hospitals, that the geographical footprint for the local STP would encompass the whole of Cheshire and Merseyside. This footprint encompasses approximately 2.5 million people, 12 CCGs and local authority areas, 9 acute trusts, 5 specialist trusts and 6 community and mental health providers.
- 3.1.2. The STP will work to deliver the high level strategic transformational change areas, rationalising wider service provision and driving the major network programmes, such as the Urgent and Emergency Care Network, the Crisis Concordat and the Women and Children's Vanguard.
- 3.1.3. The STP has 5 Local Delivery Systems operating at a level 2 status, each of which will focus on the transformation and collaboration of the local health economies. The priorities and change requirements from the LDSs will feed upward in to the STP as part of the final strategy and submission.
- 3.1.4. Halton is a member of the Alliance LDS, together with Warrington. St Helens, Knowsley, West Lancashire and Southport and Formby CCGs. This LDS is the single largest LDS within the STP with a population of approximately one million people. The LDS incorporates the acute trusts of Warrington and Halton, St Helens and Knowsley and Southport and Ormskirk, plus 5 Boroughs Partnership NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.
- 3.1.5. There are recognised cross boundary issues with the natural flow of patients into other areas and the wider catchments of the providers, particularly 5 Boroughs Partnership NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.
- 3.1.6. In terms of the formulation of plans, in addition to the Cheshire and Merseyside STP and the Alliance LDS plans, Halton will produce its own Sustainability and Transformational Plan setting of the key priorities and actions for the five years to 2021. It will be a fully integrated Health and Wellbeing Strategic Plan focussing solely on the delivery of services to the local population and the financial sustainability of the borough.
- 3.1.7. This Operational Plan delivers the first year of the wider five year local plan, and is a direct response to NHS England's requirements for change within 2016-17. In this 12 month period the requirement is primarily related to the healthcare element and the drive to achieve the constitutional standards and the delivery of a financially balance economy.

4. Halton Review of 2015/16

4.1. Progress and successes

- 4.1.1. In 2015-16 the CCG celebrated the opening of the two Urgent Care Centres in Runcorn and Widnes, significantly expanding the capacity of services available locally to Halton patients requiring urgent and emergency care. The two units have continued to work expanding the care pathways that can be managed outside of the hospital setting, and at the end of the year agreed the inclusion of care for children with croup or wheezy respiratory.
- 4.1.2. Halton also saw the completion of the Community Wellbeing Practices pilot and its successful evaluation and consolidation. The musculoskeletal project has been undertaking a practice based pilot and will continue to provide evidence of its improvements in care. The procurement of the Child and Adolescent Mental Health Service (CAMHS) was completed and successfully mobilised by the new provider 5 Boroughs Partnership NHS Foundation Trust, who also continue to provide and improve the delivery of the Improving Access to Psychological Therapies (IAPT) programme.
- 4.1.3. The Countess of Chester was awarded the diabetes education contract for Type 2 patients, cleared the backlog and embedded the new service ahead of schedule. A Type 1 diabetes education programme has been agreed with Warrington and Halton Hospitals NHS Foundation Trust and will commence at the beginning of this financial year.
- 4.1.4. The CCG also experienced its first full year as having delegated authority for the contracting for general medical primary care services and the awarding and delivery of the work schemes within the Prime Ministers Challenge Fund. This included delivering extended access to primary care medical services in the evening and at the weekend, medical and medicines management support to care homes and the piloting of a diabetic preventative screening programme.
- 4.1.5. Financially, the CCG has had a challenging year with pressures in the acute sector, prescribing and out of area placements, but it has been successful in delivering its statutory requirements and NHS England's Business Rules of a 1% surplus.
- 4.1.6. Across its performance indicators the CCG has performed well and with the exception of the delivery of the 4 hour waits in A&E, ambulance turnaround at A&E and the 62 day cancer waiting times standard, the CCG has achieved its requirements.

4.2. Challenges

- 4.2.1. As mentioned directly above the CCG and the two acute Trusts that serve the CCG have continually struggled to meet the 4 hour A&E waiting time target throughout 2015-16, and with this the associated ambulance turnaround times.
- 4.2.2. Overall the number of patients attending A&E had not materially risen, and the Urgent Care Centres have diverted non-emergency cases out of the main sites, but the complexity of the patients attending has increased.
- 4.2.3. This complexity of patients has required a higher level of admission to wards, increased in length of stay and a difficulty to discharge after the acute care is completed. This has resulted in a slowing down of the flow of patients through the hospitals and the difficulties that therefore arise in A&E.
- 4.2.4. Both hospitals have initiated a number of change programmes to relieve the burden, speed up the handovers of care and the assessment of need. This has been highly successful in preventing the situation deteriorating to a catastrophic position, but has not been able to bring the trusts back above the standard.
- 4.2.5. For the cancer 62 day standard, the CCG has continued to breach the national standard as a few patients with either complex pathways or from their choice have been seen outside of the 62 day window. It is not evidenced that these delays in care have impacted the patients care plans or outcomes from treatment but there is a continued effort to push for this group of patients to be treated in a timelier manner.

4.3. Financial summary 2015/16

- 4.3.1. The CCG had an annualised budget of £208 million, in 2015-16, and has achieved its statutory duty to break even and has also delivered against the NHS England Business Rules to report a 1% financial surplus.
- 4.3.2. The year-end accounts show a level of variation across both the running and programme costs and across the individual service lines within the programme areas. The CCG has seen an underspend on its overall running cost, largely due to a windfall allocation for the quality premium, but has seen a cumulative pressure on the programme budgets with overspends in mental health and prescribing.
- 4.3.3. It is recognised that there are a number of recurrent pressures that have been managed with non-recurrent resources that will require addressing within the budget planning and recovery plan in 2016-17.

5. Halton strategic overview

- 5.1.1. 2015/16 was another year of intense activity within NHS Halton CCG, with the pressures on the NHS increasing as the national system continues to go through a period of austerity. This requires the health economy to find ways to change and transform in an effort to become more efficient, without affecting quality.
- 5.1.2. Life expectancy is extending, however if these added years are burdened by a longer period of ill health, then there will be no gain to the benefit of this longevity. So there is a need to be healthier for longer. For Halton the life expectancy for women is 83 but their healthy life expectancy is 64 and for males this is 79 and 63, which is slightly below the national position. This means that Halton residents are living 16 to 20 years with a level of ill health that needs the care and support of the health and social care systems.
- 5.1.3. Working in collaboration with local partners and providers, the CCG is leading a placed based transformational change programme called “**One Halton**”.
- 5.1.4. One Halton is a way of working that involves joining up all the services that deliver care and wellbeing to the people of Halton ensuring that they have the right care and support, at the right time, in the right place to provide the best possible outcomes for everyone.
- 5.1.5. It is recognised that there are increasing demands on all services. The difference that One Halton will make is to place the people at the centre of their care and well-being. The ethos is simply *'tell your story once, get seen quicker and stay well longer'*.
- 5.1.6. By joining resources and working together across the Halton Borough, One Halton aims to simplify the current system that patients, families and carers often find complex and difficult to navigate, especially if care and treatment is being delivered by more than one organisation.

5.2. One Halton Objectives:

- To work better together regardless of discipline;
- To find or identify those 'hidden' people who don't access care;
- To treat and care for people at the right time, in the right place by the right people;
- To help people stay healthy and keep generally well;
- To provide the very best in care, now and in the future.
- Provide a programme of ill-health preventative strategies.

5.3. Local Areas of Focus

- 5.3.1. One Halton is concentrating on six local Areas of Focus which were consolidated from seven priorities previously identified by the Health and Wellbeing Board.
- 5.3.2. The Areas of Focus have been agreed by all local partners and are backed by a strong evidence base considering the local JSNA, Right Care benchmarks and performance against the range of national and local targets. They are:
- Older people;
 - People with Long Term Conditions (LTC);
 - People with mental health and learning difficulties;
 - Families and children (inc Women's services),
 - The generally well, and;
 - Operational and Strategic enablers.
- 5.3.3. The commissioning intentions for these 6 Areas of Focus will be described in detail in our five-year STP, and agreed with the stakeholder bodies and authorised by the Health and Wellbeing Board in July of this year.
- 5.3.4. These areas will develop work programmes against their service priorities to deliver the national mandates, the local health needs and the improvements in the triple aim.
- 5.3.5. The key service priorities at present are
- Frailty
 - Care Home Care Planning Approach
 - Acute Discharge Management
 - Cardiovascular Disease – leading with respiratory services
 - Cancer
 - Diabetes
 - Mental Health
 - Learning Disabilities
 - Children – with a focus on preschool
 - Prevention and tackling the causes of ill health

6. Evidence for Change

- 6.1.1. Transformational change is required to help meet the challenges of the ageing population, increasing co-morbidity, growing numbers of the population with dementia, increasing costs of care provision, rising readmission rates, and the challenge of transforming care to reduce costs.
- 6.1.2. However, before Halton can plan and commission its services, it must understand the local landscape and draw on relevant evidence to help to inform its decision making.
- 6.1.3. For its Operational Plan, evidence and drivers from both local and national sources have been utilised. These include:
 - Halton Joint Strategic Needs Assessment;
 - Right Care Commissioning for Value Pack
 - NHS Atlas of Variation
 - NHS England CCG Assessment Framework

6.2. Halton Joint Strategic Needs Assessment (JSNA)

- 6.2.1. The JSNA are assessments of the current and future health and care needs of the Halton population. It takes into account wider social factors that may have an impact on people's health and wellbeing such as employment, housing and poverty and also has a focus on behaviours which may affect health. From all this information and evidence, priorities are identified which are unique to Halton and they are pulled together into a Health and Wellbeing Strategy.
- 6.2.2. Before the strategy can be written, the identified priority areas must be consulted upon with stakeholders and members of public before being ratified by the Health and Wellbeing Board and the JSNA is completed and published.
- 6.2.3. Halton's JSNA's for 2016 are being reviewed and will be published in the coming months.

6.3. Right Care Commissioning for Value Pack

- 6.3.1. This is a tool provided by the NHS England and Public Health England, which identifies opportunities to improve outcomes in healthcare for key conditions across the whole of their pathway. The tool analyses national registry and activity data to determine the local clinical outcomes, financial effectiveness and patient experiences and benchmarked this data against

similar CCGs (by population and similar demographics) to produce potential opportunities.

- 6.3.2. These opportunities are not definitive for the delivery of improved care, quality or financial outcomes, but used in conjunction with other metrics provides a robust signpost to the areas that need further investigation.
- 6.3.3. The CCG has made an early start on reviewing the evidence from the Commissioning for Value pack for Halton. A number of these have been previously identified by the CCG and work has commenced to address these. There is an opportunity to use the programme to look at a whole pathway approach to ensure the best outcomes and efficiencies are gained and details of these are noted in appendix 2.
- 6.3.4. Halton will be part of wave 2 of the RightCare programme, receiving national support in autumn 2016. Whilst the support will be mainly analytical in nature, the team can help the CCG to focus on the areas of the highest priority.

6.4. The Atlas of Variation

- 6.4.1. The RightCare programme mentioned above is part of the overall Atlas of Variation, and used in combination with the specific registry dataset identifies the health needs and requirements of the borough, in comparison to comparable economies.
- 6.4.2. In reviewing the Cardio Vascular Disease (CVD) registry data pack for Halton it identifies similar issues to the RightCare pack, but provides extra granularity in pointing toward obesity, blood pressure and specific disease prevalence within the population.
- 6.4.3. As a result of the known prevalence the CCG is initiating a programme of atrial fibrillation screening that will identify a cohort of patient with a higher risk of suffering from a stroke and direct them into a diagnostic and preventative pathway to reduce their risk.

6.5. NHS England CCG Assessment Framework

- 6.5.1. NHS England has now published the 'CCG Improvement and Assessment Framework 2016/17'³. This framework provides a number of key performance metrics that have been identified as national priorities.

³ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf>

6.5.2. The metrics that CCGs will be monitored on are wide ranging and outside of the core remit of a CCG. This further demonstrates the need for collaborative working, particularly with public health teams, to address the key causes of ill-health and provide preventative strategies and supportive self-care solutions to acute ill-health interventions.

7. The nine ‘must dos’ for 2016/17 for every local system

- 7.1.1. Whilst developing long term plans for 2020/21, NHS Halton CCG has developed a clear set of plans and priorities for 2016/17 that will form the basis of this Operational Plan. These plans and priorities are based on the nine must do’s from the recent planning guidance.
- 7.1.2. This section will detail each of the nine must do’s and demonstrate how NHS Halton CCG intend to respond to each of them.

7.2. Develop a high quality and agreed STP, and subsequently achieve what you determine your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.

- 7.2.1. There is a requirement for local health and care system to come together to create its own ambitious local blueprint for implementing the Forward View.
- 7.2.2. The One Halton programme has defined several footprints for health and care dependent upon the level of delivery required. It is working collectively with all stakeholders as a health and social care system to identify the priority areas of focus for Halton for the next five years. This is illustrated on the ‘plan on a page’ which is included as Appendix 1.
- 7.2.3. On a wider scale, as previously noted, Halton is working in collaboration with the other organisations within the Alliance LDS on a sub-regional plan which will in turn support the wider STP of Cheshire & Merseyside.
- 7.2.4. The governance and system leadership framework has been agreed within the STP and LDS and a programme management office has been appointed to support the production and management of the strategic plans.

7.3. Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to delivering saving by tackling unwanted variation in demand by implementing the RightCare programme in every locality.

- 7.3.1. Overall the CCG is meeting its statutory duty to breakeven and also the business rules to deliver a 1% surplus.
- 7.3.2. Going into 2016-17 the CCG still has a requirement to achieve a 1% surplus, plus a 1% non-recurrent reserve to contribute toward the national transformation fund, which with the service pressures will require a QIPP plan of approximately £9m. To deliver this recovery the CCG will require robust cash releasing cost improvement plans to bring the CCGs accounts into balance.
- 7.3.3. Halton Borough Council has seen reductions in its allocations for social care and public health and will need to put plans into place to provide the greatest outcomes and value for money. It is also anticipated that there will be further reductions in the coming years.
- 7.3.4. The financial positions for the neighbouring CCGs and provider organisations in the Alliance Health Economy are currently reported to be similar that of Halton.
- 7.3.5. Both St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust which serve Halton are due to receive transitional support during 2016-17. This is to support their sustainability and to allow a one year breathing space for radical transformation to be agreed to ensure that services are sustainable over the long term.
- 7.3.6. With the difficult financial position that the health and social care sector is currently facing, the key national priorities are for the delivery of significant financial reforms, a focus on the transfer of care 'up stream' and out of hospitals to reduce the costs in the system at the point at which they are incurred.

7.3.7. Within Halton the ageing population and the growing expectations and demands on health and social care, mirror the anticipated growing deficit forecast by Lord Carter in the 2015 review ‘Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted variations’⁴. The review sets out how the NHS can reduce unwarranted variation in productivity and efficiency.

Financial forecast

7.3.8. The table below gives an outline of the total funding available to Halton for health and social care for the 2016/17 compared to the funding for 2015/16.

7.3.9. Overall the increase available to Halton in 2016/17 is 2.4% however there are marked differences in how this money has been allocated.

Table 3 2016/17 funding

£000,s	2015/16	2016/17
Adult Social Care	38,867	36,434
Children’s Social Care	18,730	20,053
Public Health	10,966	10,718
CCG	185,657	191,317
Primary Medical	17,012	17,619
Specialised commissioning	31,180	33,395
Total	302,412	309,536
% change		+2.4%

7.3.10. NHS Halton CCG is better placed than most CCGs due to its close working relationship with Halton Borough Council and Public Health. Some members of staff are funded jointly across the organisations and there is an existing pooled budget arrangement in excess of £41 million, which includes a Better Care Fund pool of £10.5 million. It is expected that this total pooled budget may increase to around £43 million for 2016/17.

7.3.11. The CCG is formulating its cost improvement plan and is still to receive the full details of the business rules and the potential top slice which may be

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

taken to fund the national reserve. In order to deliver the local transformation it is recognised there will be a need to invest to save and to dual run a number of schemes until the pathways have been fully transferred.

7.3.12. It is therefore expected that in the short term the financial position will deteriorate before an improvement is seen and a medium/long term financial recovery plan is being developed for approval by the CCGs Governing Body.

Tackling unwarranted variation

7.3.13. NHS Halton CCG have analysed the Commissioning for Value (CfV) pack produced by RightCare which allows CCGs to identify where unwarranted variation may lie. The performance of NHS Halton CCG is compared to that of the 10 most similar CCGs and any variations which exist are highlighted. The statistical relevance of that variation and the potential costs, (both financial and non-financial) associated with that variation are given in detail.

7.3.14. Following its analysis of the Commissioning for Value, NHS Halton CCG realised a number of potential areas and have produced actions they will undertake to reduce the variations. An example of the headline potentials and actions for NHS Halton in 16/17 are:

Area	Potential	Action/s
Cancer	To save 22 lives per year should the CCG perform to the average of the 10 most similar CCGs	The CCG have a number of targeted approaches to increase screening for lung, bowel and breast cancers. Additionally, promotional work on the signs and symptoms of lung cancer has been undertaken and will continue in 2016/17.
Respiratory	Saving of £523,000 on non-elective admissions to average of similar 10 CCGs	The excessive number of non-elective admissions was investigated and acted upon by the CCG in 2015/16, by undertaking targeted work on the over 75's to help reduce the non-elective admissions. This work is continuing for 2016/17. The CCG is working in partnership with the community respiratory team to re-commission the service to meet the changing nature of the care needs.
Respiratory (Respiratory Prescribing)	Saving of £419,000 on prescribing to average of similar 10 CCGs	The CCG intends to: Ensure step down in asthma, rationalising inhaler choice, adherence to guidance, patient

		<p>review and cost effective inhaler choice;</p> <p>Look at COPD rescue pack use, undertaking work as result of the national asthma deaths review and reviewing this with high use of relievers and on inappropriate treatment;</p> <p>Commission pharmacies to do COPD reviews with a focus on inhaler technique. This has a potential to include asthma reviews in the future (depending on funding)</p> <p>As part of the re-commissioning of the community service it is intended that all known patients have a medicines management review to ensure they are receiving optimum care.</p>
Trauma & Injuries	Improvements in injuries due to falls in people aged 65+	<p>The Integrated Frailty Action Plan has an initiative to target patients with a high risk of a fall to prevent the incident.</p> <p>The CCG is specifically targeting non-elective admissions in the over 75's through a number of schemes developed with general practice.</p> <p>The MSK pilot is tackling patients with orthopaedic needs that may be a cause of falls.</p>
Maternity & Reproductive Health	Childhood obesity rates are above the England average.	<p>The Families and Children's Focus Area has a Healthy Start and Staying Safe programme that is aiming to address the main causes of childhood obesity in children under 5 with an aim for overall school readiness.</p> <p>Cheshire and Merseyside Women's and Children's Partnership (Vanguard) is promoting 'Health as a Social Movement' and has innovatively partnered with Widnes Vikings Rugby League as part of a 'game changer' programme to work with local schools to tackle obesity, diabetes and emotional</p>

		wellbeing in school children.
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7.3.15. A full and detailed list of the actions is available in appendix 2.

7.4. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues

7.4.1. NHS Halton CCG has developed the “Strategy for General Practice services in Halton - Creating sustainable out of hospital care for the people of Halton”⁵

7.4.2. This strategy recognises the challenges which General Practice services face but also seeks to address them within Halton by building upon the foundations of good work that is already in place.

7.4.3. This strategy looks at how we can continue to improve the quality, capability and productivity of our General Practice services through a collaborative approach with key stakeholders and, most importantly, with our wider population.

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

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

7.4.6. The strategy will require General Practices to work more in partnership, ensuring that every resident of Halton has access to the same high quality and standardised services. This will involve harnessing the skills, experience and knowledge of the professionals in Halton. This will require work at six levels – borough plus, borough wide, town wide, across community hubs of

⁵ strategy for General Practice services in Halton - Creating sustainable out of hospital care for the people of Halton 2014/15 – 2019/20

more than one practice and at individual practice level, ensuring the focus remains on people (patient) putting them at the heart of all we do.

7.4.7. The advent of community hubs will ensure we are focussing on local communities and we will engage with those local communities as services are developed.

7.4.8. Data sourced from the Health and Social Care Information Centre⁶ demonstrates that as of 30th September 2013, Halton had the following number of GPs (excluding Registrars and Retainers):

7.4.9. Full Time Equivalent

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

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

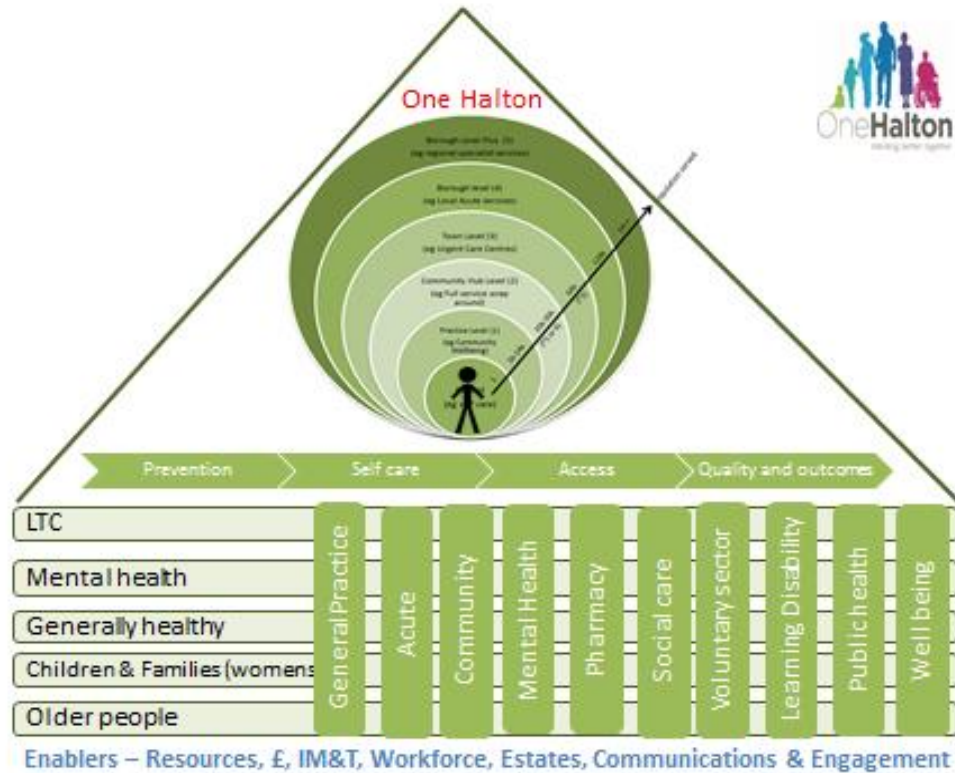
7.4.11. Furthermore, according to the Seventh National GP Work life Survey⁷, an increasing number of GPs (nationally) are considering their 'Intention to Quit' within the next five years.

7.4.12. Our future model of care is about multispecialty community provision, working with a range of providers including General Practice. NHS Halton CCG believes this, the One Halton vision, will provide the best opportunity to harness the integrated approach and way of working, as well as maintaining a community focus and building on the existing strengths of General Practice and our existing providers, as well as harnessing new opportunities for community engagement in health and care provision in out of hospital settings.

7.4.13. Our future model of care will be established with services being centred around people in the community.

⁶ Health and Social Care Information Centre (2014) [Online]. Available: <http://www.hscic.gov.uk/workforce>

⁷ Institute of Population Health (August 2013), Seventh National GP Worklife Survey. Available: <http://www.population-health.manchester.ac.uk/healthconomics/research/FinalReportofthe7thNationalGPWorklifeSurvey.pdf>



7.5. Get back on track with access standards for A&E and ambulance waits ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes, including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots

- 7.5.1. Halton is in a unique position as it has no acute hospitals within its Borough, therefore residents must cross boundaries into neighbouring boroughs to attend an Accident & Emergency Departments at either St Helens & Knowsley Teaching Hospitals NHS Trust (Whiston site) or Warrington & Halton Hospitals NHS Foundation Trust (Warrington site).
- 7.5.2. Public awareness campaigns and pressures on accessing primary care has seen an increase in the number of patients presenting at urgent and emergency care centres.
- 7.5.3. To help mitigate this and aimed at delivering better quality of service and care locally to its residents, Halton has invested in 2 new Urgent Care

Centre's, by converting both the previous minor injuries unit in Runcorn and the walk in centre in Widnes. Both sites have the same service configuration and delivery model and both are kite marked to receive ambulance transfers.

- 7.5.4. In the period that the UCCs have been open, patient presentation at A&E and avoidable admissions to hospital has seen a material reduction. A publicity campaign has commenced and will continue to be reiterated to signpost the public to the venues for routine and urgent and emergency care.

Four hour A&E waiting time standard

- 7.5.5. During 2015/16 both main local acute providers, St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust have struggled to deliver the 4 hour A&E waiting time standard due to pressures on the service during the year. Both Trusts have agreed their recovery trajectories with NHS Improvements and their lead commissioners. This should result in St Helens & Knowsley reaching the standard by the end of March 2017, whilst Warrington & Halton will make a 3% improvement but remaining unable deliver the constitutional standard during 2016-17.
- 7.5.6. The Governing Body of the CCG has agreed to continue to monitor and hold to account the acute providers to the NHS Constitutional Standard of 95% throughout 2016/17. They will support the providers to achieve this standard though local initiatives which support the high risk and frequent flyer patients and provide additional opportunities to utilise the UCCs.

Category A ambulance response times

- 7.5.7. Category A ambulance response times are those emergencies which are deemed life threatening, such as respiratory or cardiac arrest. North West Ambulance Service (NWAS) provide the ambulance service for Halton and have two stations that serve the borough one in Widnes and one in Runcorn.
- 7.5.8. Performance during 2015/16 was a mixed picture for Halton with a seasonal element to performance very much in evidence showing an above target performance during spring and summer and below target performance during autumn and winter.
- 7.5.9. NWAS are expected to achieve the 75% Red 1 category calls within an 8 minute response times during 2016/17. Additional capacity has been built into the contract with the service to allow the Trust to achieve the target, cumulatively, regionally and within the borough.
- 7.5.10. As providers for Halton's emergency ambulance service NWAS have shared their draft Commissioning Intentions for 2016/17. These Intentions will help to address some of the issues identified during 2015/16 particularly around

ambulance response times and handover delays; therefore, NHS Halton CCG supports these Intentions. A copy of the NWS Commissioning Intentions is available at appendix 3.

Cheshire & Merseyside Urgent & Emergency Care Network (UECN)

7.5.11. Dr Cliff Richards, Chair of NHS Halton CCG has also been appointed as joint Chair of the Cheshire and Merseyside Urgent & Emergency Care Network (UECN), which was established following the publication of the Keogh Urgent & Emergency Care Review 2015.

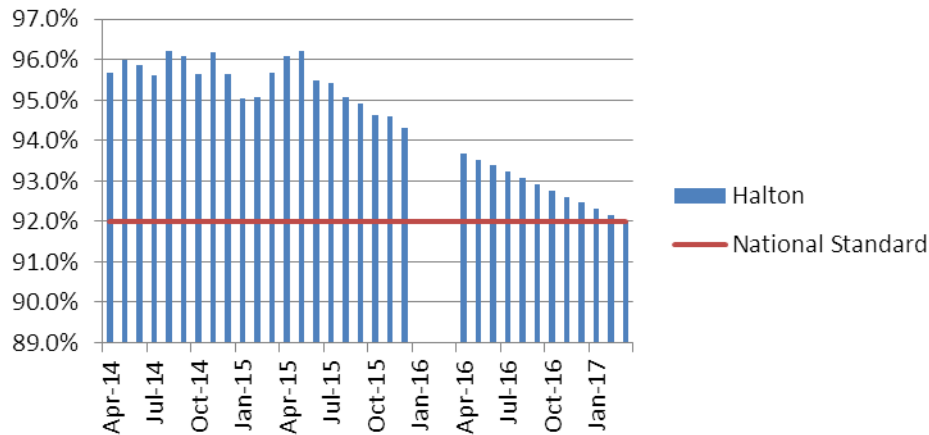
7.5.12. The aim of the UECN is to provide strategic oversight of urgent and emergency care over the Cheshire and Merseyside major trauma network area and progress the aims from the Keogh Urgent and Emergency Care Review. The network incorporates all providers and commissioners within the Cheshire and Merseyside STP footprint.

7.6. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice

7.6.1. Halton patients have consistently been treated within the 18 week referral to treatment (RTT) standard. The national standard is set at 92% and Halton has achieved between 95% and 96%.

7.6.2. However, as part of the NHS Improvement agreed delivery trajectories the trusts are anticipating a slight drop in the overall performance, but there will be a continued delivery of the standard.

EB3 - The percentage of incomplete pathways within 18 weeks



7.7. Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.

- 7.7.1. Halton as a borough has a high prevalence and high cancer mortality, in comparison to similar CCGs, especially from lung cancer. Although the CCG achieves the 2 week target, it has had a problem in meeting the 62 day standard.
- 7.7.2. The issue is heightened in that both local acute trusts are achieving the standard which NHS Halton CCG has consistently failed to meet due to the granularity of the monitoring. Both Trusts have actions plans to address this and by doing so should bring the CCG performance above the required standard.
- 7.7.3. NHS Halton CCG is collaborating with neighbouring CCGs to evaluate and implement the recommendations in 'Achieving World-Class Cancer

Outcomes: A Strategy for England 2015-2020⁸ and are committed to working together to improve outcomes for people diagnosed with cancer.

Delivering the 62 day cancer waiting standard

- 7.7.4. In summer 2015, Monitor, NHS England and the National Trust Development Authority as part of the National Cancer Programme, published a document called Improving & Sustaining Cancer Performance. The focus of the document was on 62 day cancer waits and as such it set out 8 key targets set and each of the NHS Trusts were tasked with developing an action plan against those targets.
- 7.7.5. NHS Halton CCG has made steady progress with the key targets resulting in improvements being made towards the standard.
- 7.7.6. Halton Public Health are supporting the training of frontline primary care staff around early diagnosis and spotting early signs of cancer. They are also delivering a small pilot project where they work with GP Practices to provide follow up phone calls to patients
- 7.7.7. Additional to this, Public Health England are piloting a GP reminder letter scheme for non-responders of cancer screening to improve the screening uptake. Halton GP's have already undertaken a similar initiative to stress the importance of attending screening and diagnostic appointments and are seeing a steady improvement in attendance rates.

Securing adequate diagnostic capacity

- 7.7.8. The access to and the capacity of diagnostic equipment within the economy is not considered a particular issue in Halton. That said, the service is reviewing its current and anticipated activity levels for endoscopic diagnostics.
- 7.7.9. The CCG has funded an additional x-ray machine and supplementary pathology services at the Widnes Urgent Care Centre. Whilst these additional diagnostics will not be used for potential cancer diagnosis they do free up capacity at the acute provider sites which can then be utilised for diagnostic purposes.
- 7.7.10. However patients presenting with symptoms, where it is not anticipated to be cancer, may be picked up at the UCC using the onsite diagnostic equipment and rapidly referred on to the cancer pathway.

⁸ http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

Delivery of 2 week waiting times

7.7.11. The CCG has been working closely with Halton GP practices to increase the percentage of patients who attend their first appointment with a consultant within two weeks of referral. This includes educating patients on the importance of keeping these initial appointments.

7.7.12. The CCG has seen an improvement in compliance during 2015/16 and will continue to have a focus on this during 2016/17.

Delivery of 31 day cancer standard

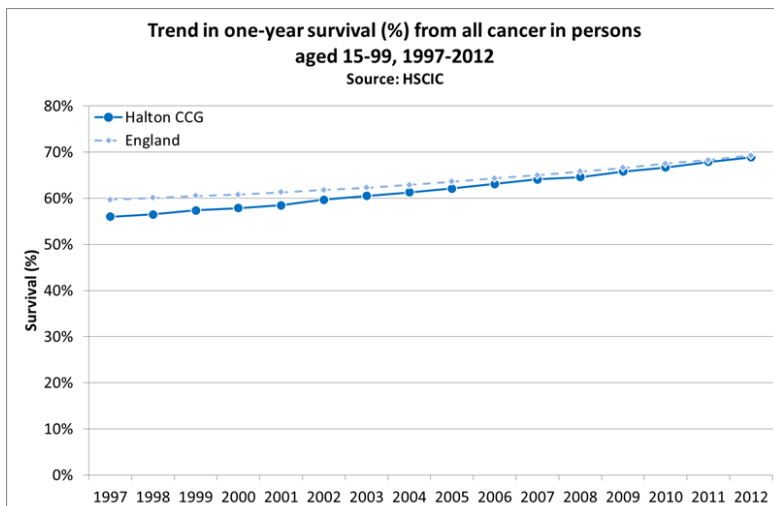
7.7.13. Halton performs very well with regard to patients receiving treatment within 31 days of diagnosis. No breaches have been reported for chemotherapy or radiotherapy treatments and very few for surgery.

7.7.14. The CCG are not anticipating a breach in this cancer standard for 2015/16 and is expecting to continue to report good performance during 2016/17.

Progress in improving one-year survival rates

7.7.15. Halton has made considerable progress in one-year survival rates not only in terms of an absolute increase, but in closing of the gap to the national average.

7.7.16. Of similar CCGs, NHS Halton CCG is ranked amongst the best with a survival rate of almost 70%⁹ which is comparable to the national average.



CCG ¹⁰	Survival (%)
Stoke on Trent	65.5%
Telford and Wrekin	65.7%
Mansfield and Ashfield	66.5%
Barnsley	67.7%
Corby	67.9%
Hartlepool and Stockton-on-Tees	68.0%
Rotherham	68.2%
South Sefton	68.5%
Tameside and Glossop	68.7%
Halton	68.9%
St Helens	70.4%
England	69.3%

7.7.17. The CCG is not anticipating any reduction in survival rates. It has, however, identified that additional lives can still be saved by working closely with

⁹ Source: HSCIC

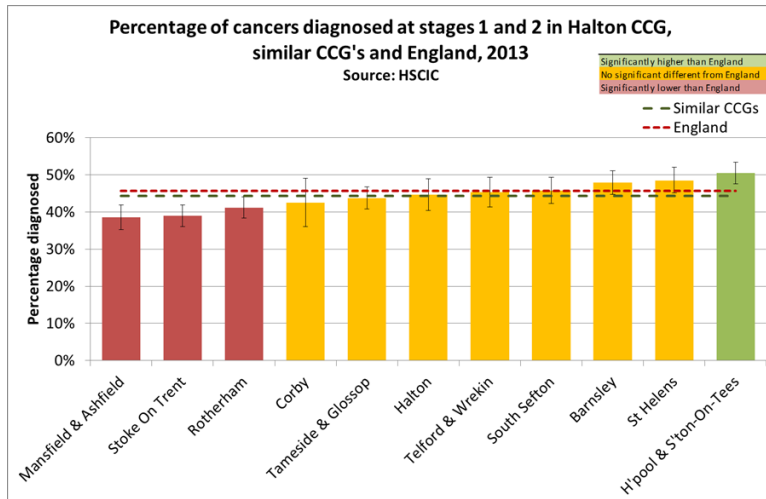
¹⁰ Halton CCG and similar CCGs, 2012 diagnoses

Halton Public Health, GP's and acute providers. Collectively they will focus on the early identification and prompt treatment through better patient education, simplified pathways and a better understanding of the reasons behind cancer waiting time breaches.

Year on year improvement in cancers diagnosed at stage one & two

7.7.18. The most recent available data¹¹ shows that 44.6% of cancers were diagnosed as stage 1 or 2 in 2013. This is an increase from 43.1% in the previous year and closes the gap to the national average of 45.7%.

7.7.19. Halton Public Health are continuing to deliver screening campaigns, which will encourage patients to attend the two week consultant appointments and contribute to the CCG meeting this standard.



CCG	Percentage
Mansfield & Ashfield	38.5%
Stoke On Trent	39.0%
Rotherham	41.1%
Corby	42.5%
Tameside & Glossop	43.7%
Halton	44.6%
Telford & Wrekin	45.3%
South Sefton	45.8%
Barnsley	47.9%
St Helens	48.5%
H'pool & S'ton-On-Tees	50.5%
Similar CCGs average	44.4%
England average	45.7%

¹¹ Source: HSCIC 2013

Reducing the proportion of cancers diagnosed following an emergency admission

7.7.20. Halton is slightly higher than the England average for emergency presentations for cancers¹²

	Halton diagnosed following emergency presentation	England diagnosed following emergency presentation
Breast Cancer	6.2%	4.6%
Colorectal Cancer	27.0%	25.1%
Lung Cancer	37.9%	38.4%
Prostate Cancer	10.6%	9.4%

7.7.21. Working together on early detection and referrals, NHS Halton CCG and Halton Public Health aim to reduce the number of cancers identified following an emergency presentation to bring Halton closer to the England average.

7.7.22. Halton will continue to support and promote the nation public awareness campaigns as they are released.

7.8. Achieve and maintain two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.

7.8.1. NHS Halton CCG commissions its mental health services from 5 Boroughs Partnership NHS Foundation Trust (5BP). Through close partnership

¹² Source: NCIN cancer diagnoses by route of diagnosis, 2006-2010

working, good progress has been made in all areas of mental health provision in Halton.

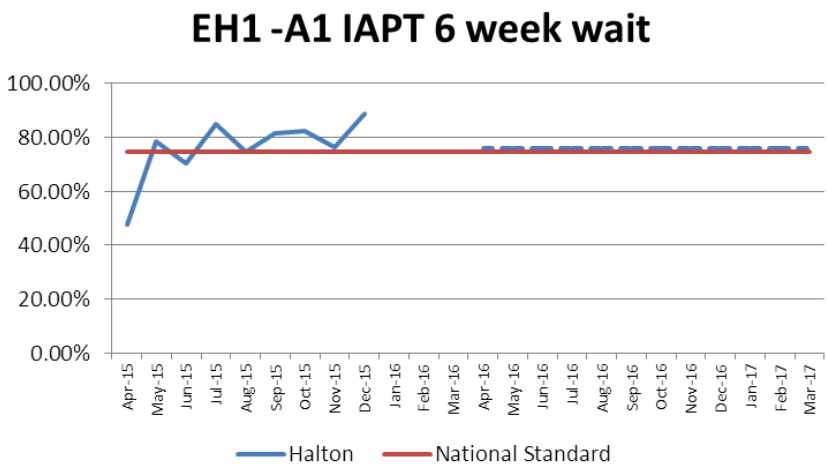
- 7.8.2. A complete review of mental health services across the 5BP area of Halton, Warrington, Knowsley, St Helens & Wigan was undertaken in 2015 and the report was published in early 2016. Many of the recommendations from the report compliment the 9 ‘must do’s’ and together ensure that the future of mental health services in Halton are transformed and sustainable.

50% of people experiencing 1st episode of psychosis commence treatment in two weeks

- 7.8.3. Halton will work with the provider to understand the capacity/skill set required and internal data collection systems to facilitate access to the First Episode of Psychosis Service within the time frame. The CCG have committed investment to increase capacity within the service to help meet additional demand.

75% of people with common mental health conditions referred to Improving Access to Psychological Therapies (IAPT) treated in 6 weeks

- 7.8.4. Halton, for the most part, achieves the 6 week access performance standard with in excess of 80% of patients waiting less than 6 weeks from referral to their treatment beginning. The average monthly figure during 2015/16 was 76% which exceeds the national standard set at 75%.
- 7.8.5. NHS Halton CCG intends to carry on with its on-going work with IAPT pathways and continue to exceed the national standard for 2016/17. Earmarked resources have been made available to support the delivery of the standards.

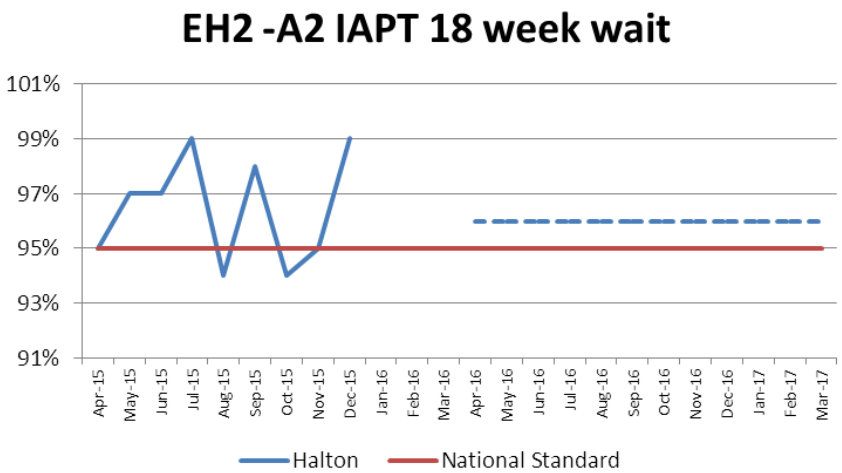


- 7.8.6. There are some outstanding data discrepancies between data submitted by 5BP to the CCG and the data reported by the Hospital and Social Care

Information Centre (HSCIC) for Halton. Halton is currently in the process of resolving these differences, however based on similar discrepancies seen in 2014/15 it is likely that the 5BP figures reported to the CCG are correct.

95% of people referred to IAPT treated in 18 weeks

7.8.7. Despite a few dips, Halton also achieves the standard of 95% of patients receiving treatment within 18 weeks of referral. The average during 2015/16 was 96%. NHS Halton CCG plans to maintain this level of performance during 2016/17.



7.8.8. As with the 6 week waiting time standard, there is a discrepancy between the data provided by 5BP and that reported by HSCIC. Based on similar discrepancies seen in 2014/15 it is likely that the 5BP figures reported to the CCG are correct.

7.8.9. Additional investment on both a non-recurrent and recurrent basis has been made in the IAPT service to meet the access targets. 5BP has also invested in a bespoke IT system to provide accurate and timely data collection to ensure that the service is delivering efficiently. Individual staff members can be monitored for their performance. Any additional capacity realised from this will be reinvested to increase through put of the service and meet the target regarding treatment completed within 18 weeks.

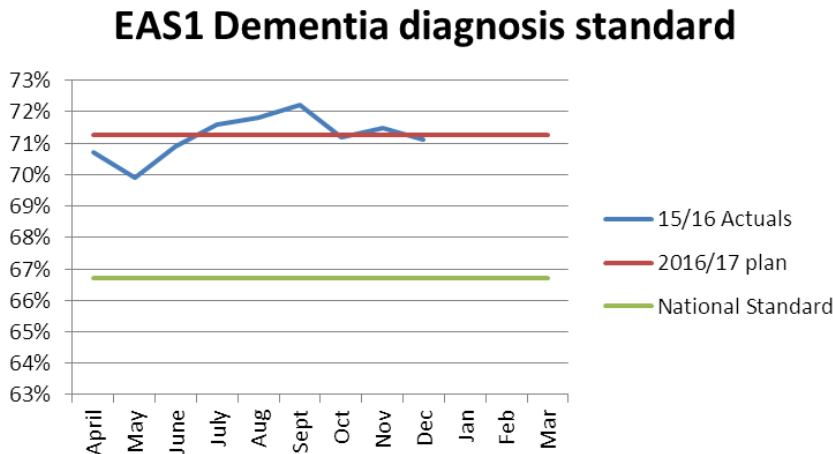
7.8.10. Halton has performed well with the access target but it is recognised that there is further work still require to deliver the recovery target.

Continue to meet dementia diagnosis rate of at least 66.7%

7.8.11. 2015/16 saw a change in the definition for the calculation of dementia diagnosis so that only people aged 65 or over were included in the calculation. Halton did particularly well in identifying dementia in younger

adults so the exclusion of these people from the official calculation led to a reduction of around 2% in the total.

- 7.8.12. Overall 2015/16 saw Halton exceed the national standard of 66.7% with an average of 71.2% but as at the end of December 2015 there was a short fall of its local stretch target of 75%



- 7.8.13. The 2016/17 target has been set to continue to exceed the national standard and maintain the level of performance seen in 2015/16.
- 7.8.14. During 2015/16 and into 2016/17 the CCG will continue to work with General Practice in identifying and supporting those practices with a low diagnosis rate. The CCG are also working closer with care homes and sheltered accommodation in 2016/17 as this may identify further undiagnosed dementia patients. This will be supported by the Care Home Liaison Service.

7.9. Deliver actions set out in local plans to transform care for people with learning disabilities, including implanting enhance community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.

Implementing enhanced community provision

- 7.9.1. As part of the Mid Mersey Hub, Halton with St Helens, Knowsley and Warrington CCGs are working with the Cheshire and Mersey Strategic Board. Together they have submitted a high level plan to NHS England and are working on a more detailed submission which will be delivered in line with the national timetable. The CCGs are currently working to identify areas of focus which include transition and supported housing.

Reducing inpatient capacity

- 7.9.2. NHS Halton CCG has already worked with 5BP and reduced the number of inpatient beds to just 8 covering the whole of the 5BP footprint over the last 5 years. Following a review of cases with specialised commissioning there are no Halton patients in secure inpatient beds who are appropriate for step down into low secure or step down beds within the community at this time. Halton has just 4 patients funded through specialised commissioning in this way and will continue to work with specialised commissioning regarding these individuals with a view to step down into the community when and if this becomes appropriate.

Rolling out care & treatment reviews

- 7.9.3. NHS Halton CCG has already begun to implement Care and Treatment reviews for people with Learning Disabilities and have utilised the Blue Light protocol. Part of the plan for the future is to develop multi-disciplinary reviews of all clients with LD.

7.10. Develop and implement an affordable plan to make improvements in quality, particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

Develop & implement affordable plan to make improvements in quality

- 7.10.1. NHS Halton CCG has a Quality Committee which is an integral part of its governance arrangements. The committee has representation from across the health economy, including commissioners and providers and plays a vital part of Halton's strategy to ensuring quality improvement across the whole system. The Early Warning Dashboard performance report and regular deep dives provide assurance when things are going right and early warnings when interventions may be required.
- 7.10.2. The CCG is looking to deliver improvements in care planning for smoking, obesity and hypertension through the health improvement team and through primary care which will over time support the reduction in avoidable mortality and morbidity.

Ensure annual publication of avoidable mortality rates by individual trusts

7.10.3. This is a requirement for the acute trusts. NHS Halton CCG would expect the rates to be published via the Summary Hospital-level Mortality Indicator (SHMI) register. The CCG and NHS England would then review these reports as part of their Clinical Quality Forums.

8. Halton Transformational Work in 16/17

8.1. Well North

- 8.1.1. Well North is a collaborative programme with Public Health England and local communities which is developing, testing and piloting a set of linked interventions to improve the health of the poorest, fastest, in some of the most deprived areas of the North of England.
- 8.1.2. Well North presented the opportunity to do something different. By providing expertise, skills and resources and working in partnership to improve the health of the poorest communities of the most deprived areas.
- 8.1.3. In June 2015, the CCG, Public Health and Halton Borough Council came together to consider how it could generate the maximum benefit for individuals within Halton communities using the Well North ethos and concept.
- 8.1.4. Well North is an incredibly well timed opportunity to rapidly implement part of the overall One Halton vision. It will aligns with the development of a new innovative model, placing services and clinical expertise in the community by changing Children's Centres to Intergenerational [Wellness] Family Centres. They will reach into the community, be a part of the community as family networks and older peoples support and be somewhere easily accessible and local.
- 8.1.5. Existing local services will work in a more connected way, joining up around older people and families with the introduction of care navigators. This will include the local Well Being services, Social Care in Practice (SCIP) services, the Health Improvement Teams, GPs, Paediatricians, social workers, youth workers, health visitors, voluntary sector organisations and a range of other providers working as a Multidisciplinary Team. They will offer joined up services in the Centres themselves and will also provide out-reach services, going out into the communities, finding and working with families and individuals most at need and enabling them to improve their own and their communities health. Supporting the development and evolution of community networks will better enable the sustainability of the programme.

8.2. Healthy New Towns

- 8.2.1. In the Five Year Forward View, a clear commitment was made to dramatically improve population health, and integrate health and care services, as new places are built and take shape. This commitment

recognised the need to build over 200,000 more homes in England every year, and invited Expressions of Interest from developments across the country.

8.2.2. Halton was successful in its bid and is now one of the 10 demonstrator sites. The New Communities Programme will help achieve the needs based priorities of the Health and Wellbeing for the people of Halton, which include:

- Prevention and early detection of cancer, e.g. reducing levels of bowel cancer via increased exercise;
- Improved child development, e.g. developing opportunities to explore the natural world, links with growing food and health, reduced obesity through outdoor exercise;
- Reduction in the number of falls in adults using opportunities for increase strength exercises and close to home activities, encouragement of outdoor utilisation and increased vitamin D and bone strength; and
- Prevention and early detection of mental health conditions by encouraging socialisation and community engagement through shared space and 'in built' social spaces, green space and physical activity.

8.2.3. In addition, Halton Borough Council's Core Strategy Local Plan¹³ provides the overarching plan for the future development of the borough and sets out the vision for the borough. It identifies why change is needed and where, when and how it will be delivered. By adopting its Core Strategy, Halton has already applied a place-led, spatial planning approach to achieving a vision for Halton in 2028 that will see Halton as;

"a thriving and vibrant borough where people can learn and develop their skills, enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and within safer, stronger and more attractive neighbourhoods".

8.3. Community Wellbeing Practices

8.3.1. In 2012 NHS Halton CCG commissioned Community Wellbeing Practices as a health initiative to fully integrate community wellbeing approaches with all 17 GP practices in the borough.

8.3.2. The scheme aims to support patients in primary care to better access support to address the social problems in their lives that we have found are

¹³ <http://www4.halton.gov.uk/Pages/planning/policyguidance/pdf/CoreStrategy.pdf>

often a causal or contributory factor to poor health, and consequently leads to their attendance at GP and Acute services. It has resulted in the development of a comprehensive range of psychosocial support programmes which have health promotion principles at their core, for example, community navigation services, social prescribing programmes, community resilience events and asset based community development projects.

- 8.3.3. Community Wellbeing Officers (CWO), based within general practice, provide support to patients whose needs are predominantly social in origin, or where social problems are an exacerbatory factor of a patient's poor physical health or where social circumstances are a contributory factor, for example isolation or depression. The initiative sparked the formation of an integrated sustainable community network which consists of community resources; voluntary, community and social enterprise provision alongside less formal support such as self-help groups. The CWOs work with practice teams, clinicians, patients, and stakeholders to develop practice-specific action plans that address local needs, priorities and opportunities.
- 8.3.4. The CWOs also provide training and support to enable practitioners to identify and respond to the psychosocial needs of patients. This is done in a number of ways which include:
- 8.3.5. Wellbeing Reviews aim to get to the root cause of a patient's social problems and understand the patient's skills and capabilities. These form part of a structured plan of support for the patient to move forward. This also includes a community brokerage service that supports patients to navigate their way through the wide range of community support services, included those offered by the VCSE sector.
- 8.3.6. Psychosocial support, including the provision of community asset based social prescribing groups (linking patients to non-medical sources of support) including a mindfulness programme, community resilience and confidence events and a wide range of community wellbeing projects (e.g. community gardens, musical groups like the ukulele and volunteering opportunities). An evidence based life-skills course based on cognitive behavioural principles is also offered – this has provided an alternative for GPs when considering referring patients to similar Cognitive Behavioural Therapy (CBT) services that have longer waiting lists.
- 8.3.7. An entrepreneurship programme based on models of co-production to foster a culture of creativity and innovation and capitalise on the skills and talents of patients, clinicians and stakeholders. For example the 'Doctorpreneurs' project that has included activities such as Nordic Walking,

tango dancing, practice makeovers, community gardens and the creation of a 'dementia passport'.

- 8.3.8. Community Wellbeing Practices have been re-commissioned therefore services will continue through 2016/17.

8.4. Cultural Manifesto

- 8.4.1. The NHS Halton CCG Annual General Meeting (AGM) was a visual art exhibition held at the Brindley Theatre entitled "Creative Conversations" within which the CCG premiered the AGM film "A Conversation about Health and Well Being". Building on this, the CCG has initiated conversations which have led to the evolution of a Cultural Manifesto.
- 8.4.2. The Cultural Manifesto will cover themes such as Sport, The Arts, The Environment and Social Value and aims to bring an understanding of the real value of the wealth of cultural activities across the Halton borough.
- 8.4.3. The CCG have entered into a number of strategic partnerships that will help to develop and build alliances and bring the possibility of engaging communities in new, interesting and different ways to increase physical exercise, creativity, reduce isolation and positively engage in healthier activities.
- 8.4.4. NHS Halton CCG plan to deliver this Cultural Manifesto in 2016/17.

8.5. One Halton Sustainability Development Plan

- 8.5.1. Sustainable development is 'development that meets the needs of the present, without compromising the ability of future generations to meet their own needs'. It is about balancing the environmental, social and economic decisions so that no one area outweighs another.
- 8.5.2. In the past, economic factors have often taken precedence in decision making – leading to situations we face today such as global warming (where the environment has not been considered highly enough in the decision making process), or poverty and inequality (where social factors have not been considered highly enough in the decision making process).
- 8.5.3. Although in today's society this still occurs, we are learning on a national, and even global, scale that this imbalance is what is causing many of the problems we see today. By redressing the balance we can build a future for today and for tomorrow.

- 8.5.4. For health and care the precedent is even higher. Quite simply, social and environmental factors impact on a person's health and wellbeing. By limiting negative impacts, or promoting positive ones, we can actually reduce the need for the treatment of health conditions and care needs; and in turn, the pressure on the health service as a whole – leading to a more sustainable healthcare system.
- 8.5.5. This approach is set out clearly in the National Sustainability Strategy for Health and Care¹⁴ which sets out the requirements on the health and care system to incorporate sustainable development into its ethos. It describes a sustainable health and care system being achieved by 'delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage'.
- 8.5.6. In Autumn 2015, NHS Halton CCG worked with sustainability experts to undertake a gap analysis of the organisation in readiness for the 2016 requirement for all NHS Clinical Commissioning Group to have a Sustainability Plan detailing their proposals for CO² reductions, efficient energy use and climate change.
- 8.5.7. Following the gap analysis the One Halton Sustainable Development Plan 2016-2019 was prepared. The plan describes how NHS Halton CCG and its partners can help achieve a sustainable Halton and future proof against risk (e.g. climate change), requirement (e.g. future legislation) and expectation (e.g. benchmarking against peers outside of the Borough) by identifying and prioritising:
- 8.5.8. Best practice across the partnership and providing opportunities to share and learn;
- Improvement areas for:
 - Cost and CO² reduction;
 - Potential savings by scale energy provision;
 - Social and Cultural Value; and
 - Removing duplication and expanding partnership working.
 - Identifying where legislation, compliance and national requirements are not yet being met and suggesting steps to rectify this
- 8.5.9. As there are requirements that must be adhered to and met as an individual organisation and others which can be better met by working in partnership and sharing responsibilities. Therefore the plan was divided into two halves;

¹⁴ [Sustainable, Resilient, Healthy People and Places](#) – A Sustainable Development Strategy for the NHS, Public Health and Social Care System'

part one sets out actions that the CCG must meet and part two tackles the areas that were agreed with partners during the gap analysis exercise as shared priorities and action plans against them.

8.5.10. The internal plan will ensure that as a CCG, we will focus on the elements that we have direct control over and includes:

- Having a clear governance structure and accountability;
- Showing a strong leadership in sustainable development;
- Measuring and reducing our resource impact;
- Designing and re-designing services that encourage sustainable care pathways;
- Influencing sustainable development through our supply chain; and
- Evaluating and reporting in line with national standards.

8.5.11. The wider plan has a slightly different emphasis as it supports the collective focus for all the partners. Common priorities were identified during the gap analysis and grouped into themes which support all the individual and collective sustainable development objectives for the CCG and its partners. The plan has already stimulated Halton Borough Council to produce an Affordable Warmth Strategy.

8.5.12. While the outcomes for both plans are expected to be delivered over a three-year time line, the action plans have 2016/17 targets. The plans themselves will be reviewed on an annual basis to update and ensure that the best course of action for the coming year is taken.

8.6. Medicines Management

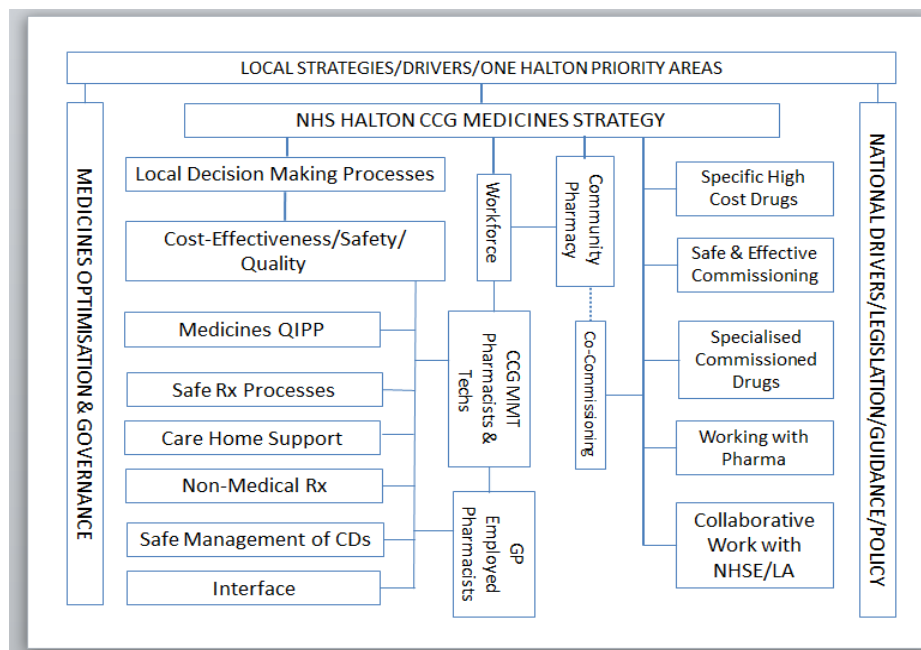
8.6.1. NHS Halton CCG has identified that the high expenditure associated with medicines is an area where significant challenges exist. Medicines are the most common healthcare intervention that a patient is likely to receive and within Halton approximately 2.8 million items are likely to have been prescribed during 2015/16; at a total cost of over £23 million (excluding any medication which may be been supplied by secondary care).

8.6.2. Effective medicines management within both health and social care is a significant cross cutting theme that needs to be factored into all project developments. The overall cost of medicines to the NHS is increasing year on year and treatments must be safe, evidence based and cost-effective.

8.6.3. Additionally there is the increasing complexity of available treatments and as such the potential risks to patients if medicines are not used or administered correctly increases. This has a significant cost to the NHS with regards to additional activity such as drug monitoring, routine GP or hospital

appointments and emergency hospital admissions as well as having a socioeconomic impact; therefore effective medicines optimisation is vital to ensuring better outcomes, minimising harm and improving quality of life for patients.

- 8.6.4. To support this work the CCGs Medicines Management Team will be developing an overarching Medicines Strategy that will incorporate all the key elements of medicines management, medicines optimisation and pharmacy. The table below provides an overview of the Medicines Management Strategy areas.
- 8.6.5. Through this strategy all the key elements and themes will be joined up to show how they interlink and interact with each other and with other key CCG Strategies and priorities. This will include the following areas:
- Community Pharmacy;
 - Medicines Optimisation, at both a GP practice and CCG commissioned service level and including medicines use in the care home setting;
 - Specific High Cost Drugs;
 - Specialised Drugs;
 - Safe Management of Controlled Drugs
 - Non-Medical Prescribing
 - Working with the Pharmaceutical Industry



8.7. Workforce & Estates

Workforce

- 8.7.1. A third of babies born this year will see their 100th birthday in contrast to 1948 when 50% died before age 45. This evidences the significant improvements seen in healthcare over the last 60 years however it poses a significant risk to our workforce in managing this increased demand. We are 'promised' nationally, an additional 5000 GPs to support these workforce issues however the reality is that less trainees are choosing general practices when they qualify and more GPs are choosing to retire earlier than normal retirement age. The gender balance between male and female doctors is also changing which is also impacting on workforce availability.
- 8.7.2. NHS England has produced a 10 point action plan – Building the workforce, a new deal for GPs to support addressing these workforce issues however, as this is a national document and targeted at the most under-doctored areas first, it is essential that NHS Halton CCG has its own strategy which is compliant with the national action plan.
- 8.7.3. The current silo working of practices is also unsustainable as we move more and more to delivery of equitable services and increased services closer to home. Significant progress is now being made and we plan to have a fit for purpose work force plan for 16/17 and beyond.

Estates

- 8.7.4. Estates are a key enabler for the implantation of the Five Year Forward View. Whilst new models of care are changing the way healthcare is delivered, the point at which it is delivered must also be taken in consideration.
- 8.7.5. NHS Halton CCG has delegated responsibility for the primary care estate in Halton and as such needs to work to align its estate to complement the future CCG plans.
- 8.7.6. In 2015, the Halton Strategic Estates Plan was produced which reviewed the Halton primary care estate and identified estate rationalisation opportunities which will deliver both clinical and financial benefits. By understanding its estate function, NHS Halton CCG can maximise the use of high quality buildings and dispose of unwanted costly buildings.
- 8.7.7. A Primary Care Estates Working Group (PCEWG) was set up to deliver the recommendations of the Strategic Estates Plan and produce a Primary Care Estates Development Plan which will support any applications for estates enabling funds.

- 8.7.8. On wider, Borough wide footprint, NHS Halton CCG is working with all its estates colleagues to collectively achieve efficient use of buildings across the public, private and voluntary sectors – but especially health and social care. By working in partnership and looking at the estate as assets of the community, they will ensure that there is an integrated approach to sharing premises or acquiring assets, when it is in the best interests of the partnership to do so.
- 8.7.9. The partnership is also aligning the assets with the digital healthcare plans across the borough to ensure the estate is 'technology-proof' so that it can enable future plans.

8.8. Information Management & Technology (IM&T)

- 8.8.1. In line with the NHS Halton CCG IM&T strategy and the development of the Mersey wide Digital Roadmap, the operational priorities for 16/17 is to continue to build the necessary infrastructure to deliver the strategic aims; paper free at the point of care and interoperability. This will be focused on a number of key deliverables within 16/17.

Development and implementation of EMIS clinical services into intermediate and urgent care settings.

- 8.8.2. In addition to both the primary care systems and the recently implemented EMIS system within Halton Haven hospice, this will instantly provide interoperability across a significant proportion of our health economy within 16/17 and will provide a solid foundation from both a governance and technical perspective to build on longer term as per the digital roadmap implementation.

Phase 1 interoperability solution between health and social care

- 8.8.3. Implementation of an electronic record patient viewer to allow social care access to the GP record. 16/17 will see the development of the necessary infrastructure to allow social care view access to the GP record. The second phase of this project will then allow two-way data sharing between health and social care and also the creation of a virtual care plan that can be accessed and populated as an integrated document.
- 8.8.4. These local deliverables in collaboration with wider system partners will ensure we are progressing against are strategic aims but also delivering tangible improvements for patients and frontline staff.

8.9. Governance

- 8.9.1. NHS Halton CCG will monitor and manage delivery of this Operational Plan via a combination of internal CCG committees and external contract meetings.
- 8.9.2. Internally, the Governing Body will receive regular reports on progress against all targets and standards and assume overall responsibility for delivery. More detailed assessment, review and management of all elements will take place in the Finance and Performance Committee; which then provides reports to the Governing Body.
- 8.9.3. Externally and where required, the CCG will ensure all relevant targets, standards and performance issues are raised, monitored and addressed with both the lead commissioner and provider of the respective service. To monitor progress against any issues, the Finance and Performance committee will receive regular reports and, where required, ensure appropriate actions are taken.

9. Conclusion

9.1.1. NHS Halton CCG will address the nine 'must do's'; improve access to services 7 days a week; develop, agree and make progress on a sustainability and transformation plan; return the system to aggregate financial balance and develop and implement an affordable plan to make quality improvements. There will be further development and implementation of local plans which will address the sustainability and quality of general practice. Work will continue to maintain and improve performance against constitutional standards specifically those relating to and including, ambulance waiting times, A&E, cancer and mental health; transform care for those with learning disabilities.

9.1.2. Our priorities as seen within this operational plan will see improvements in (this list is not exhaustive);

- Tackling self-care, prevention and early intervention,
- Reduction in childhood obesity,
- Improvement in diabetes prevention,
- Improvements in tackling smoking, alcohol and physical inactivity
- Reduction in avoidable admissions
- A step change in patient activation and self-care
- An expansion of integrated health budgets and choice
- Improvements in the health of our employees
- Improved resilience in general practice
- Achievement of the constitutional standards
- 7 day working
- Technological advancements with full interoperability and access to digital health records.
- New models of care
- Implementation of the two new mental health waiting time standards
- Close the gap on LD and autism
- Improve maternity services

- 9.1.3. The CCG has produced a placed based operational plan that is fully integrated, working closely with our partners in social care, public health, other local government services, NHS providers, voluntary sector organisations and members of the local community. It is this plan that will deliver a sustainable system for the future care of our population.
- 9.1.4. In conclusion NHS Halton CCG is committed to delivering the five year forward view and to continuously strive to deliver against the ***triple aim – better health, transformed quality of care delivery, and sustainable finances***, harnessing the energies of clinicians, patients, carers, citizens and local partners.

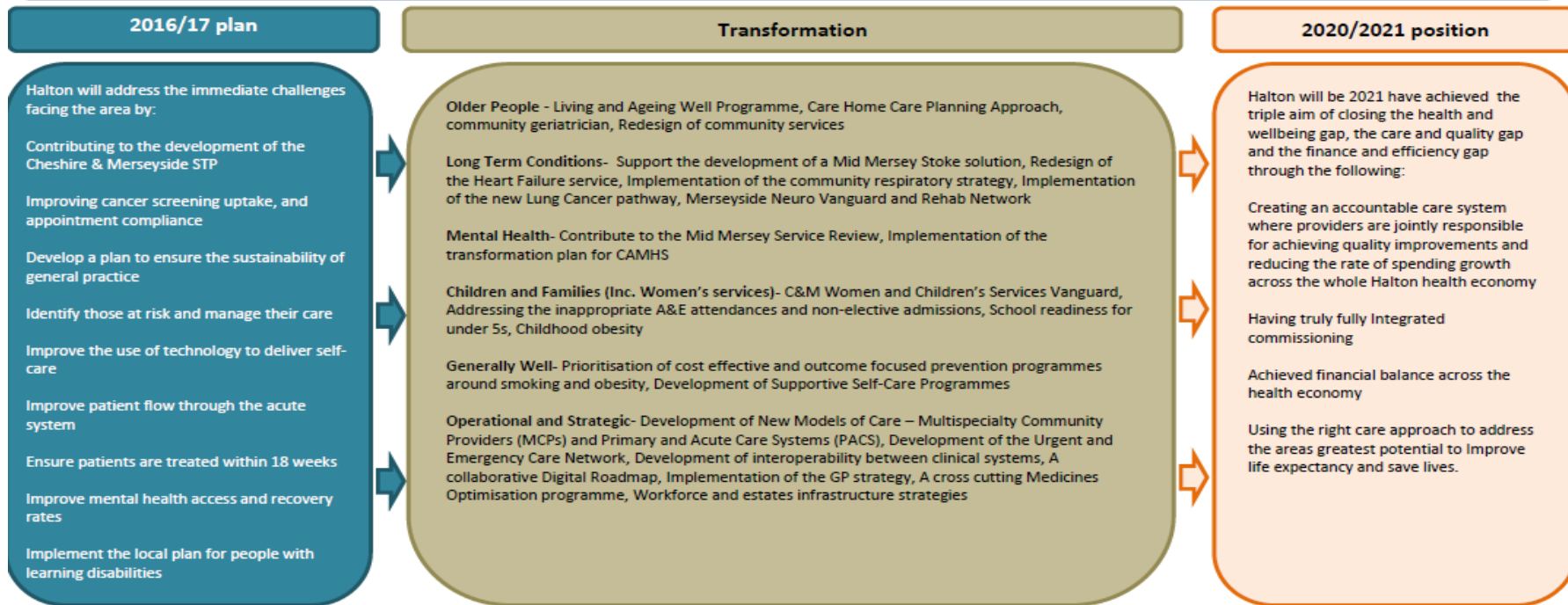
Appendix 1 – plan on a page



5-Year Sustainability and Transformation plan on a page 2016 to 2021

NHS
Halton Clinical Commissioning Group

Halton health economy is a system comprised of partners from primary, secondary and community care who have come together with Halton Borough Council, Public Health and the local population to agree, refine and implement the following vision:
 “To involve everybody in improving the health & wellbeing of the people of Halton”



Appendix 2 – RightCare Commissioning for Value: potentials & actions

Cancer

Potential	Actions
<ul style="list-style-type: none"> • There is potential to save 22 lives per year should the CCG perform to the average of the 10 most similar CCGs. • The CCG could potentially save £202,000 on elective admissions for cancer treatment should the CCG perform at the average of the 10 most similar CCGs there is a potential further saving of £319,000 if the CCG could perform at the average of the best 5 similar CCGs • improvements are possible in Females 50-70 screened for breast cancer in last 36 months • improvements are possible in Bowel cancer screening – approximately 10% lower than the average of the 10 most similar CCGs with huge variation between practices, ranging from 33.9% uptake to 67.4% uptake in 2014 • improvements are possible in <75 mortality from Lung Cancer – approximately 40% higher than the average for 10 most similar CCGs but confidence interval is large so could be between 18% worse and 58% worse • Uptake of breast screening is below marginally below national target, with an 18% variation between the highest and lowest uptake practices. • Uptake of cervical screening is below on average 4% below national target, with a 10% variation between the highest and lowest uptake practices. 	<ul style="list-style-type: none"> • Work has been done recently to increase the accessibility of the mobile breast screening unit with the Borough to encourage participation, and Health and Wellness Services within Public Health are engaging with practices prior to call and recall rounds to engage women directly and encourage participation. • Public Health have signed a collaborative agreement with public health across Cheshire and Merseyside to address bowel screening uptake and promote this in a coherent approach across the sub region. In addition, local Health and Wellbeing Services are directly working with practices to develop new initiative to increase participation in bowel screening • A coordinated approach is required to encourage uptake amongst eligible women and PHE must be accountable for providing support to primary care through engagement and training on additional to providing coordinated and focussed public facing activities in poorer performing areas (across all screening programmes). • Considerable work has been undertaken locally to promote the signs and symptoms for lung cancer and promote early interventions, which has seen increases in early stage diagnosis. However, as a key cause of early mortality, consideration must be made to adopt an ACE lung screening approach locally to increase the proportion of stage I and II diagnosis and reduce diagnosis through emergency presentations by development of symptom specific and straight to diagnostic pathways.

Gastro Intestinal

Potential	Actions
<ul style="list-style-type: none"> • The CCG could potentially save £653,000 on elective admissions for gastro intestinal treatment should the CCG perform at the average of 10 most similar CCGs • Potential saving of £534,000 on non-elective admissions to average of similar 10 CCGs • Potential saving £300,000 on prescribing to average of similar 10 CCGs 	<ul style="list-style-type: none"> • This was investigated and acted on by the CCG in 2015/16 by undertaking targeted work on the over 75's to help reduce NEL admissions, this is continuing in 2016/17 • The CCG will work with Public health to investigate the main presenting conditions, including what co-morbidities are linked, including links to alcohol and the link between the above average number of non-elective admissions for Gastro Intestinal conditions and the high mortality from Gastro intestinal Cancer.

Genito Urinary

Potential	Actions
<ul style="list-style-type: none"> • The CCG could potentially save £207,000 on elective admissions for Genito urinary patients should the CCG perform at the average of the 10 most similar CCGs • Potential saving of £345,000 on non-elective admissions to average of similar 10 CCGs • Potential saving £176,000 on prescribing to average of similar 10 CCGs • Improvements are possible in Patients on CKD register with a BP of 140/85 or less • Improvements are possible in Creatine ratio test used in last 12 months 	<ul style="list-style-type: none"> • The CCG intends to remodel the community continence service including revision of the continence pathway and a formulary. • The excess number of non-elective admissions was investigated and acted on by the CCG in 2015/16 by undertaking targeted work on the over 75's to help reduce NEL admissions, this is continuing in 2016/17 • The increase in prescribing costs may be due to Emergency department prescribing, some high costs brands being used first line rather than generic sildenafil so we are revisiting this with GP practices to see if there is the possibility of a switch. Also have identified small amounts of off label use being recommended by urologists but possibly not many patients even though it is always the brands they recommend. Also some high use of costly Over Active Bladder drugs – some possibly coming from secondary care but also primary care

	<p>probably feel quite comfortable stepping up to alternative brands once first line choices tried.</p> <ul style="list-style-type: none"> • NHS Halton CCG under delegated commissioning arrangements will develop a general practice performance report to monitor and highlight QOF performance including CKD patients with high BP and Creatine ratio testing. • The CCG and Public Health will work together to review the coding behind secondary care activity, particularly in urgent care.
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Endocrine, Nutritional & Metabolic

Potential	Actions
<ul style="list-style-type: none"> • potential saving of £72,000 on non-elective admissions to average of similar 10 CCGs • prescribing – potential saving £649,000 • improvements are possible in % diabetes patients cholesterol < 5 mmol/l • improvements are possible in % diabetes patients HbA1c is 64 mmol/l • improvements are possible in % diabetes patients whose BP <150/90 • improvements are possible in Retinal screening • Improvements are possible in Non-elective spend on diabetes – approximately 30% worse (between 10% and 50%) • Risk of MI in people with diabetes – approximately 160% worse (between 20% and 300%) • Risk of heart failure in people with diabetes – approximately 100% worse (between 20 and 180%) • Non elective spend on renal pathway – 	<ul style="list-style-type: none"> • there have been numerous new antidiabetic drugs which are increasing in use but the CCG are also quite high on prescribing of Gliptins which we have been trying to review over a number of years but it is quite slow progress and difficult • The CCG has a plan for 2016/17 to work with dietetics to review the all the supplements in relation to sip feeds, however capacity is an issue but it is a potential invest to save area for 2016/17 • NHS Halton CCG under delegated commissioning arrangements will develop a general practice performance report to monitor and highlight practice performance including cholesterol, HbA1c and blood pressure • The CCG and Public Health will work together in 2016/17 to further review the potential for improvement.

approximately 30% higher (between 15% and 45%)	
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Neurological

Potential	Actions
<ul style="list-style-type: none"> • Potential saving of £968,000 on non-elective admissions to average of similar 10 CCGs • Neurological prescribing – potential saving £546,000 	<ul style="list-style-type: none"> • Implementation of the neurology vanguard (the neuro network) • Prescribing spend is linked to prescribing for Pregabalin (for neuropathic pain) in the main. The CCG have done some work to optimise the doses used as there is a flat pricing structure but it needs constant review • The CCG have also tried to look at switching to alternatives but this has not been very successful. Opioids and migraine treatments is also a high spend area for the CCG, especially transdermal and oxycodone plus large amounts of expensive milder opioids such as co-codamol • The CCG are looking at oxycodone and will be trying to revisit transdermal opioids again in 16/17. The CCG have done some work to reduce costs and improve quality in this area already but will be done in 2016/17

Respiratory

Potential	Actions
<ul style="list-style-type: none"> • Potential saving of £523,000 on non-elective admissions to average of similar 10 CCGs • Respiratory prescribing– potential saving £419,000 on prescribing to average of similar 10 CCGs 	<ul style="list-style-type: none"> • Halton is developing a new adult rapid response respiratory specification with a launch in April 2016 • The excess number of non-elective admissions was investigated and acted on by the CCG in 2015/16 by undertaking targeted work on the over 75's to help reduce

<ul style="list-style-type: none"> • improvements are possible in % asthma patients with a review • Improvements are possible in Emergency admission rate for children with asthma, 0-18 yrs. – approximately 40% (between 15% and 65%) • Improvements are possible in % of COPD patients with record of FEV1 – approximately 5% (between 4% and 6%) 	<p>NEL admissions, this is continuing in 2016/17</p> <ul style="list-style-type: none"> • Respiratory prescribing makes about 10% of the total prescribing budget. The CCG has scope to do more to ensure step down in asthma, rationalising inhaler choice, adherence to guidance, patient review and cost effective inhaler choice. The CCG are looking at COPD rescue pack use, doing some work as a result of the national asthma deaths review and so reviewing this with a high use of relievers and on inappropriate treatment. Also commissioned pharmacy to do COPD reviews with a focus on inhaler technique – which is a huge issue. Potential for roll out to include asthma in the future depending on funding. • NHS Halton CCG under delegated commissioning arrangements will develop a general practice performance report to monitor and highlight practice performance.
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Trauma & Injuries

Potential	Actions
<ul style="list-style-type: none"> • Potential saving of £524,000 on non-elective admissions to average of similar 10 CCGs - approximately 20% higher (between 15% and 25%) • Improvements are possible in Injuries due to falls in people aged 65+ - approximately 45% worse (between 35% and 55%) • Improvements are possible in Unintentional & deliberate injury admissions 0-24 years – approximately 25% worse (between 15% and 35%) 	<ul style="list-style-type: none"> • In 2015/16 The CCG invested heavily in the development of two urgent care centres in Halton, these two sites have already begun making an impact on the number of non-elective admissions and in 2016/17 further developments including additional paediatric pathways will ensure that the UCC's continue to have an impact • The CCG is specifically targeting non-elective admissions in the over 75's through a number of schemes developed in general practice • Public Health are investing in a mindfulness scheme in schools to reduce the number of children self-harming, leading to injury admissions.

Circulation

Potential	Actions
<ul style="list-style-type: none"> • Circulation prescribing – potential saving £142,000 on prescribing to average of similar 10 CCGs • improvements are possible in Patients with CHD whose last measured cholesterol is 5mmol/l or less • improvements are possible in % hypertension patients whose BP <150/90 • improvements are possible in % stroke patients whose BP <150/90 • Improvements are possible in <75 mortality from acute MI – approximately 40% worse (between 5% and 75%) • Improvements are possible in TIA cases treated within 24 hours – approximately 35% worse (between 10% and 60%) 	<ul style="list-style-type: none"> • The CCG is developing an innovative scheme to identify people with Atrial Fibrillation in the community and also to ensure that patients diagnosed with AF are on the appropriate NICE treatment, this may increase the spend on anticoagulation therapies in the short-term but will have savings elsewhere in the system by prevention of strokes. • NHS Halton CCG under delegated commissioning arrangements will develop a general practice performance report to monitor and highlight practice performance • Public Health are conducting an audit of hypertension with the intention of improving care, it's possible that prescribing costs will increase but hospital admissions / deaths/ disability reduce. Some investment in primary care may be required to encourage the audit process since this can then be applied to Respiratory, Diabetes and other conditions showing variation The data obtained will provide even deeper granularity than the Right Care packs and will also indicate where prevention rather than clinical spend will be beneficial

Maternity & reproductive health

Potential	Actions
<ul style="list-style-type: none"> • Flu vaccinations to pregnant women are below national target • Breastfeeding rates are low • Improvements are possible in % receiving of children receiving 2 doses of MMR by 5 years of age 	<ul style="list-style-type: none"> • Halton has continued to increase the uptake of flu vaccinations to pregnant women and is amongst the highest performing CCG in Cheshire and Merseyside but improvements are still possible. Uptake still remains 23% below national target. Additional support from PHE and NHS England is required to ensure maternity services are key deliverers and local work will continue to engage and

<ul style="list-style-type: none"> • Improvements are possible to reduce practice variation in childhood immunisations, including primary vaccinations by age 2 • Improvements are possible in A&E attendance rate for <5's • Emergency admission rates for <5's – approximately 15% worse (between 10% and 20%) • Childhood obesity rates are above the England average • Improvements are possible in Mean number of decayed, filled or missing teeth in children aged 5 yrs 	<p>promote mechanisms to improve vaccination of pregnant women in primary care</p> <ul style="list-style-type: none"> • Rates of breastfeeding initiation have shown some improvements in Halton, but remain low. Improvements are possible, aiming to increase by 2% each year. Change is slow as it requires whole system change • A coordinated approach between local public health, primary care and PHE is needed to ensure MMR vaccination achieves 95%. • Despite annual fluctuations Halton has slowed the year on year rise in childhood obesity, but the levels of children aged 4-5 who are overweight or obese remains worse than the England average, and therefore can be improved • The CCG and public health are review the evidence base behind a paediatrician in the community scheme which could impact on childhood accidents and admissions to hospital
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Mental Health

Potential	Actions
<ul style="list-style-type: none"> • Improvements are possible in Emergency hospital admissions for self-harm • Improvements are possible in Access to IAPT services – approximately 35% worse (between 30% and 40%) • Improvements are possible in IAPT referrals with a wait <28 days – approximately 90% worse (between 85% and 95%) • Improvements are possible in Service users on CPA – approximately 30% worse 	<ul style="list-style-type: none"> • Public Health are investing in a mindfulness scheme in schools to reduce the number of children self-harming, leading to injury admissions. • Halton CCG have worked with 5 Boroughs Partnership NHS Foundation Trust to improve the IPAT Access rate and in 2015/16 now exceed the national standard, however further improvement needs to be made with regard to the IAPT recovery rate in 2016/17 and an action plan is in place between the CCG and the Trust.

Appendix 3 – North West Ambulance Service Commissioning Intentions 2016/17

Paramedic emergency service commissioning intentions 2016/17 (NWS)
Contract for April 2016 to be agreed to enable delivery of mandated national Speed of Response Targets, and progression of the Modernisation and Transformation initiatives, in line with what is outlined here
Development of new Payment Model which seeks to incentivise the right behaviours along the Urgent and Emergency Care pathway
Aligning of the Commissioning arrangements for 999 and 111, including CQUIN schemes
NWS to work with Health Economies in the North West for the Sustainability and Transformation plans
Revisit the Handover and Turnaround Action Plan, from the Event in July 2015. Seek to agree a place to have oversight and responsibility for its delivery;
Take forward aligning the Front-End Triage System for 999 and 111 Integration;
Further development of the Clinical Hub, linking to local arrangements and working with the Urgent & emergency care networks developing the specification(s) for the Integrated Urgent Care Service
Work with CCGs, Local Authorities and Providers to further develop Direct Referral Protocols and Pathways - The first area of focus to be 'Falls' building on the outputs of the 'Falls Summit' in October 2015;
Work with Commissioners and Providers to develop Protocols for NWS to have the ability to activate non-NWS resource
Develop a Public Communication and Engagement Plan, for what can be expected from the Urgent and Emergency Ambulance Service in the NW
Access to Information and in particular Summary Care Records
Further work to support ability to measure Outcome data, including obtaining NHS Number
Better use of Technology to develop Interoperability for improved access to patient and service information
A focus on Workforce: what is needed for the new model.

Appendix 4 – 2016/17 Metrics

EAS 1 Dementia Diagnosis

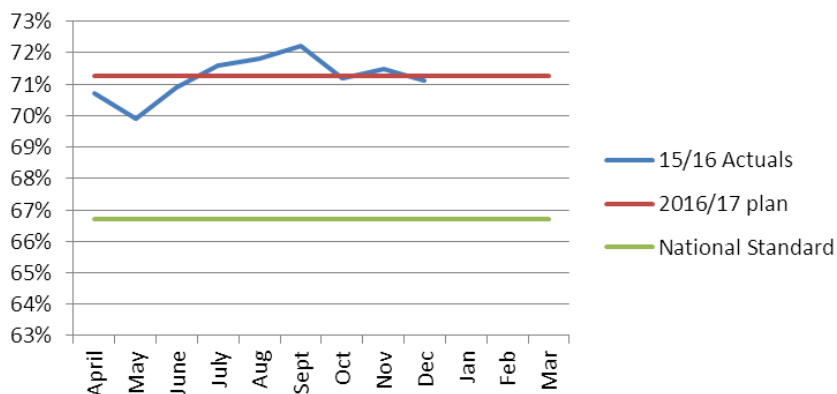
2015/16 saw a change in the definition for the calculation of dementia diagnosis so that only people aged 65 or over were included in the calculation, Halton did particularly well in identifying dementia in younger adults so the exclusion of these people from the official calculation led to a reduction of around 2% in the total.

During 2015/16 and into 2016/17 the CCG are working with General Practice in identifying and supporting those practices with a low diagnosis rate. The CCG are also working closer with care homes and sheltered accommodation in 2016/17 and this may identify further undiagnosed dementia patients.

Overall 2015/16 saw Halton exceed the national standard of 66.7% with an average of 71.2% but as at the end of December 2015 fall short of its local stretch target of 75%

The 2016/17 target has been set to continue to exceed the national standard and to maintain the level of performance seen in 2015/16

EAS1 Dementia diagnosis standard

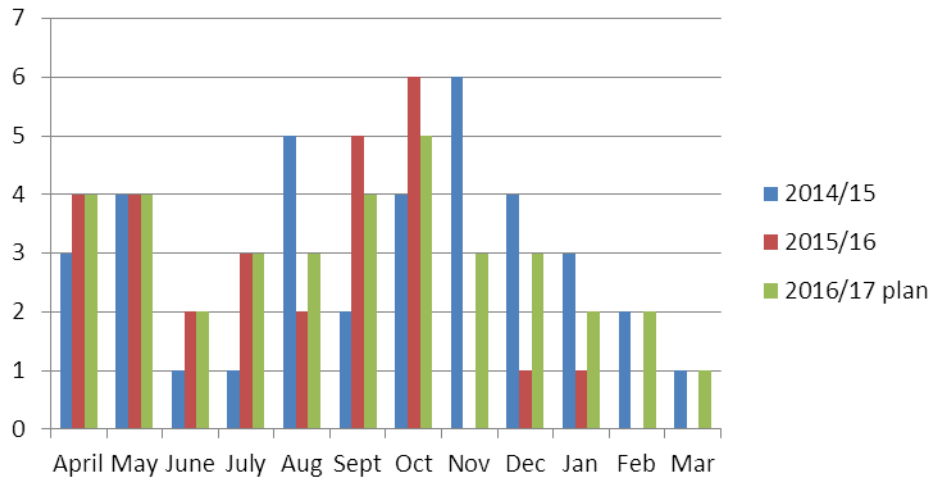


EAS5 C-diff

Halton has had relatively stable numbers of Health care Acquired infections (HCAI) for C-diff in both 2014/15 and 2015/16 to December 2015. 36 cases were reported in 2014/15 and the current forecast is for there to be 33 cases in 2015/16.

The operational standard has been set for the CCG for C-Diff HCAI at the same rate as the previous year, therefore the plan for 16/17 is based on a total of 36 cases.

EAS5 HCAI C-Diff cases

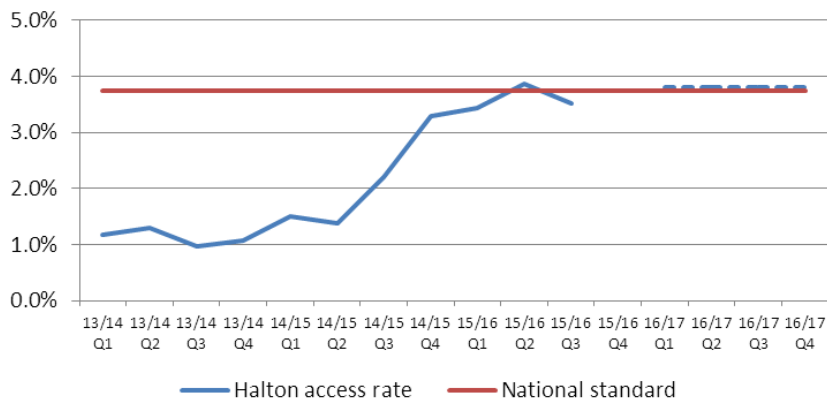


EA3 IAPT Access

NHS Halton CCG has worked closely with 5 Boroughs partnership (5BP) to improve both access rates and recording practice, this has been seen during 2015/16 with an increasing access rate. For 16/17 Halton aims to continue working with 5BP to maintain this improved level of performance and to exceed the national standard.

NHS Halton has increased the denominator for this performance measure to take into account the increasing population. For 2016/17 the estimated number of people living with anxiety or depression amenable to IAPT treatment has been increased from 16,420 to 16,453 as a result the number of people to be treated each quarter has increased to 617 in order to achieve the national standard of 3.75%

EA3 IAPT Access rate

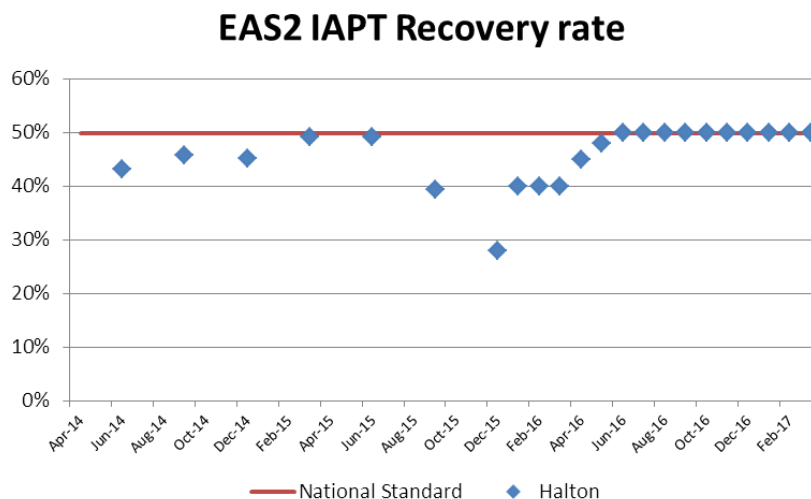


EAS2 IAPT Recovery rate

Historically Halton has found it challenging to achieve the national standard of a 50% recovery rate for people completing at least two IAPT sessions. This continued in 2015/16 and Halton has now agreed an action plan with 5BP to increase the recovery rate to at least the national standard by June 2016.

Performance is planned to increase to 40% in January 2016, increasing to 45% in April and reaching 50% in June 2016. Some of the work being done with 5 Boroughs Partnership NHS Foundation Trust to achieve this improvement include;

- 1) Reduce attrition rates - to keep people in service to achieve recovery (too many drop out after two treatments)
- 2) Increase uptake of self-referral model to ensure only those engaged with the process will enter treatment and achieve recovery.
- 3) Implementation of 'group' based therapies

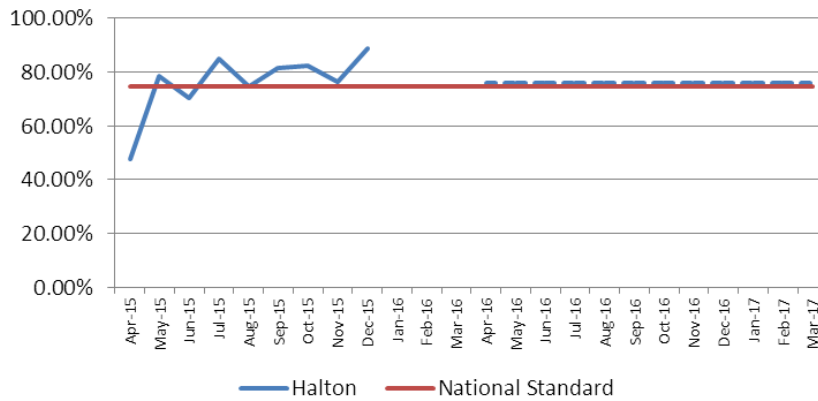


EH1 – A1 Mental Health 6 week access

Halton, for the most part, achieves the 6 week access performance standard with in excess of 80% of patients waiting less than 6 weeks from referral to their treatment beginning, the average monthly figure during 2015/16 was 76% this exceeds the national standard set at 75% and Halton intends on continuing to exceed the national standard for 2016/17

There are some outstanding data discrepancies between data submitted by 5BP to the CCG and the data reported by the HSCIC for Halton, Halton is currently in the process of resolving these differences however based on similar discrepancies seen in 2014/15 it is likely that the 5BP figures reported to the CCG and reported here are correct.

EH1 -A1 IAPT 6 week wait

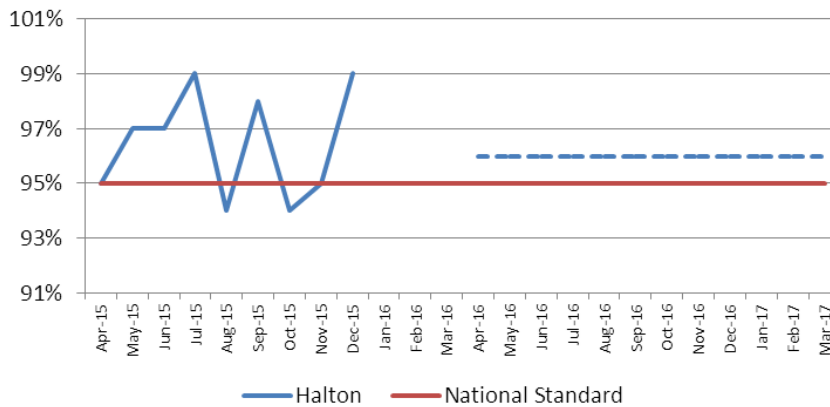


EH2 – A2 Mental Health 18 week access

Halton, for the most part, achieves the 18 week waiting standard of 95% of patients receiving treatment within 18 weeks of referral. The average during 2015/16 was 96%, NHS Halton CCG plans to maintain this level of performance during 2016/17.

As with the 6 week waiting time standard there is a discrepancy between the data provided to the CCG from 5BP and that reported by HSCIC, based on similar discrepancies seen in 2014/15 it is likely that the 5BP figures reported here are correct.

EH2 -A2 IAPT 18 week wait

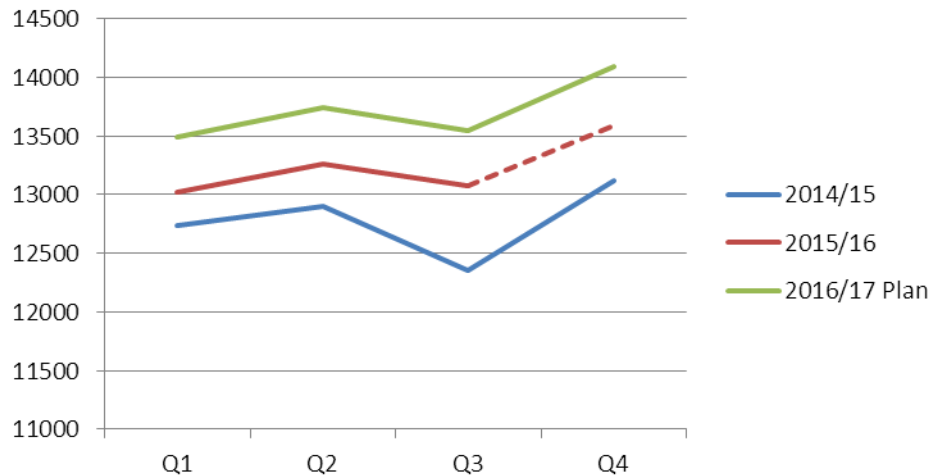


EM1 – Total referrals – all specialties

NHS Halton CCG witnessed an increase of 3.6% (1851 Num) in the total number of referrals for all specialties between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 2.7% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 and the CCG expects the demand

growth in 2016/17 to remain the same. The overall impact of demand and demographics means an estimated 1918 more referrals (+3.6%) for 2016/17

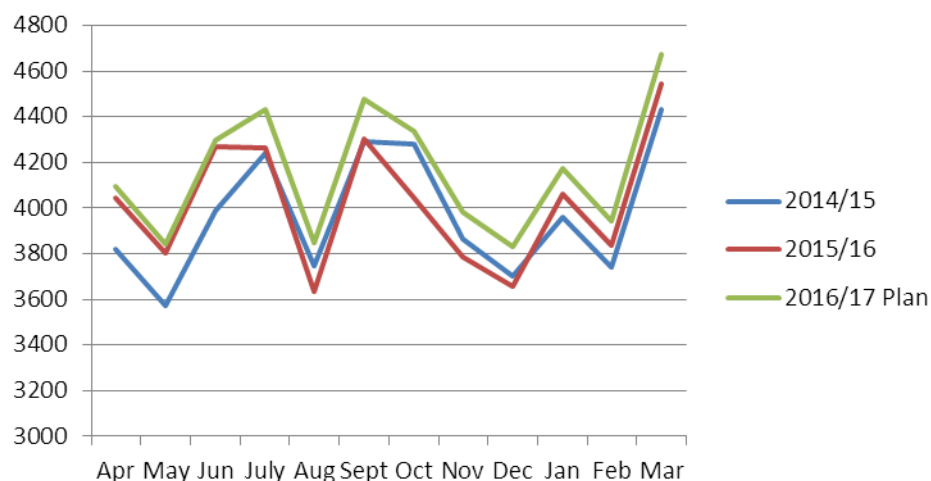
EM1 - Total referrals - all specialties



EM2 Consultant led first outpatient attendances (total activity)

NHS Halton CCG witnessed an increase of 1.3% (617 num) in the total number of consultant led first outpatient attendances between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 0.4% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 however the Indicative Hospital Activity Modelling tool (IHAM) suggests non-demographic growth of 2.6%, therefore a total growth of 3.5% has been planned for. The overall impact of demand and demographics means an estimated 1689 more outpatient attendances for 2016/17

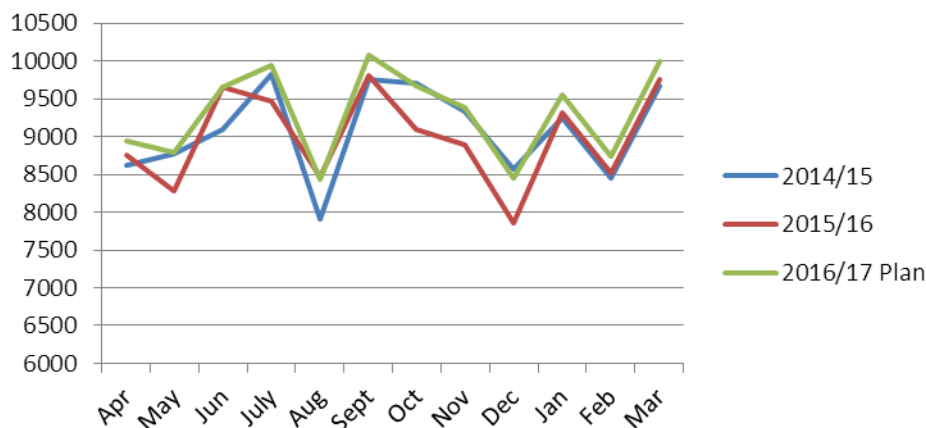
EM2 - consultant led first outpatient activity



EM3 Consultant led follow up outpatient activity attendance (Total Activity)

NHS Halton CCG witnessed a reduction of -1.0% (-1060 Num) in the total number of consultant led follow up outpatient attendances between 2014/15 and 2015/16 this reduction was made up of an underlying reduction in demand of -1.9% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 The IHAM non-demographic growth figure of 2.6% has been used. The overall impact of demand and demographics means an estimated 3775 more outpatient attendances (+3.5%) for 2016/17

EM3 - consultant led follow up outpatient activity

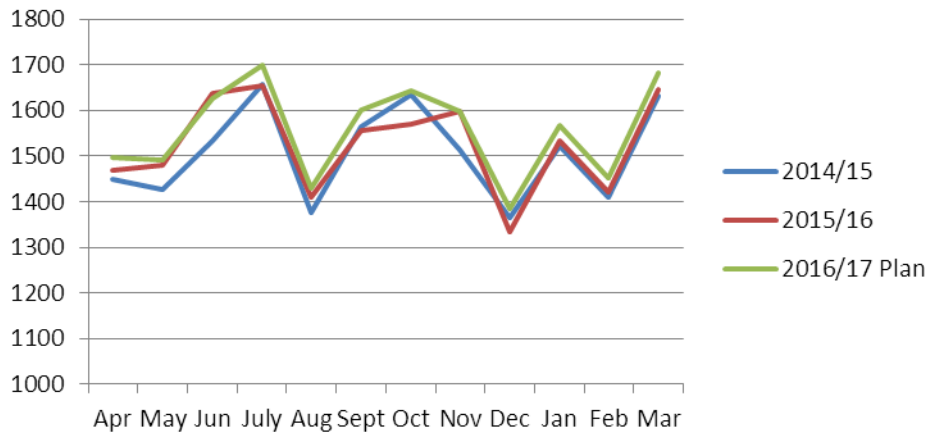


EM4 Total elective admissions (ordinary electives + daycases) total activity

NHS Halton CCG witnessed an increase of 1.3% (231 num) in the total number of elective admissions between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 0.4% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 The level of observed non-demographic growth is greater than that predicted by the IHAM tool (1.1% v 0.8%) therefore the CCG has prudently planned for the larger of the two figures.

The overall impact of demand and demographics means an estimated 2.0% (361) increase in elective admissions for 2016/17

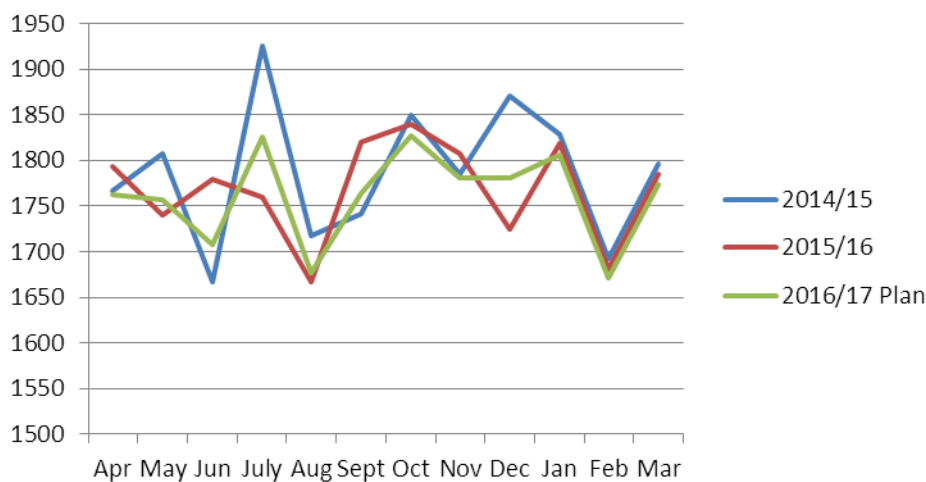
EM4 Total elective admissions (ordinary electives and daycase)



EM5 Total non-elective admissions (total activity)

NHS Halton CCG witnessed a reduction of -1.1% (-235 num) in the total number of non-elective admissions between 2014/15 and 2015/16 this decrease was made up of an underlying decrease in demand of -2.0% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17. There are a number of schemes due to be in place in 2016/17 which will reduce the number of non-elective admissions including reductions based on the full year impact of the opening of the Widnes Urgent Care Centre, new pathways of care being introduced at the urgent care centres and a Public Health scheme introducing mindfulness in schools to reduce self-harm. The impact of the reductions is forecast to be -2.1% (-444) however predicted increased in demand is expected to be +0.8% for IHAM non-demographic growth and +0.9% for demographic population growth, the net impact of the changes is a forecast reduction of -0.4% (-83)

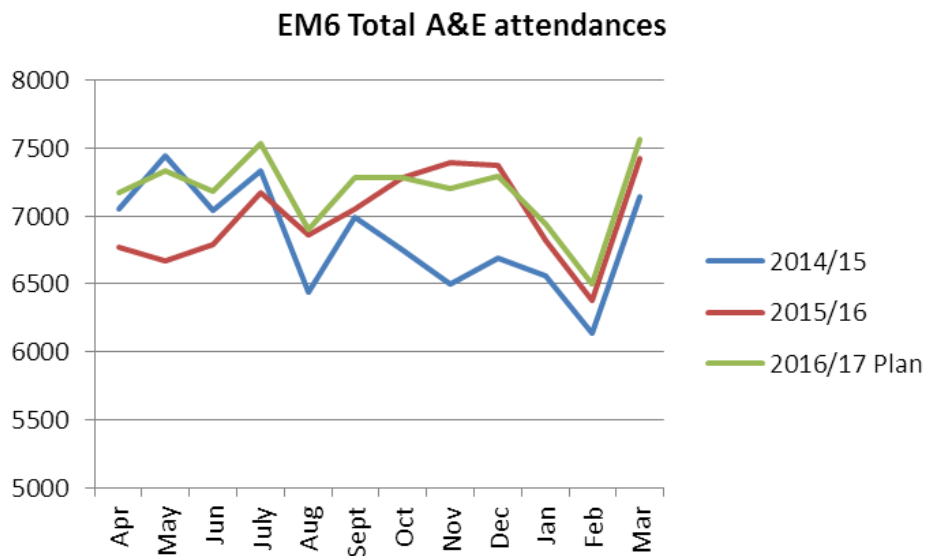
EM5 Total non elective admissions



EM6 Total A&E attendances

NHS Halton CCG witnessed an increase of 2.3% (1923 num) in the total number of A&E attendances between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 1.4% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17. Significant reductions in type 1 A&E activity at Warrington were witnessed, offset by increases in type 3 activity at the Runcorn urgent care centre.

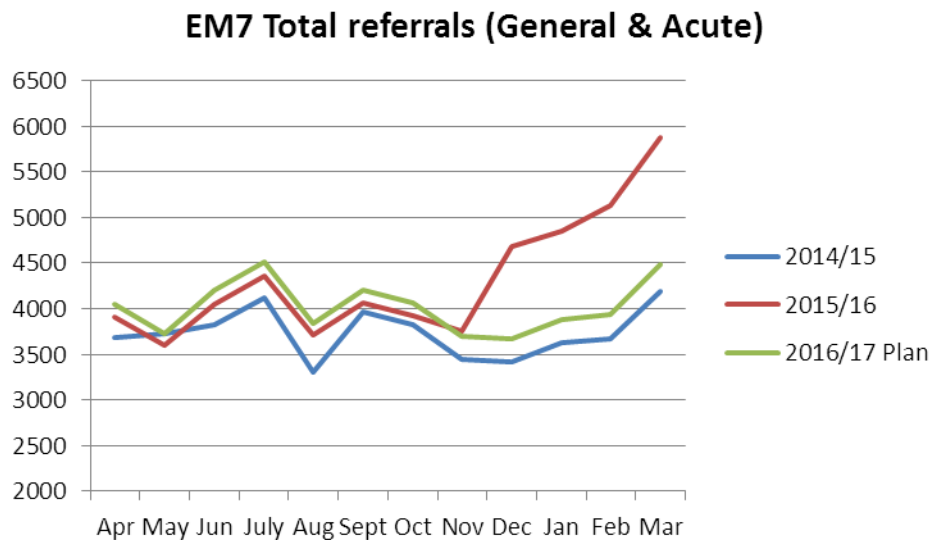
There are a number of schemes due to be in place in 2016/17 which will continue to reduce Type 1 A&E attendances including reductions based on the £5 per head scheme for older people which although primarily aimed at preventing non-elective admissions will also impact on A&E attendances and a Public Health scheme introducing mindfulness in schools to reduce self-harm. The overall impact of these reductions is expected to be around -0.5% however the CCG expects to see considerable movement from type 1 to type 3 urgent care centre activity. The impact of demand and demographics means an estimated 2181 more A&E attendances (+2.6%) for 2016/17



EM7 Total referrals (General & Acute only)

NHS Halton CCG witnessed an increase of 15.8% (7085 num) in the total number of referrals for general & acute specialties between 2014/15 and 2015/16. The majority of this increase is attributed to the introduction of the Lorenzo system at Warrington & Halton Hospitals NHS Foundation Trust, which has had led to significantly different uploaded data. Prior to the introduction of Lorenzo the increase seen was in the region of 4.6% however in December and January the size of the increase seen at Warrington was more than 70%. These figures have been provided to the CCG by NHS England

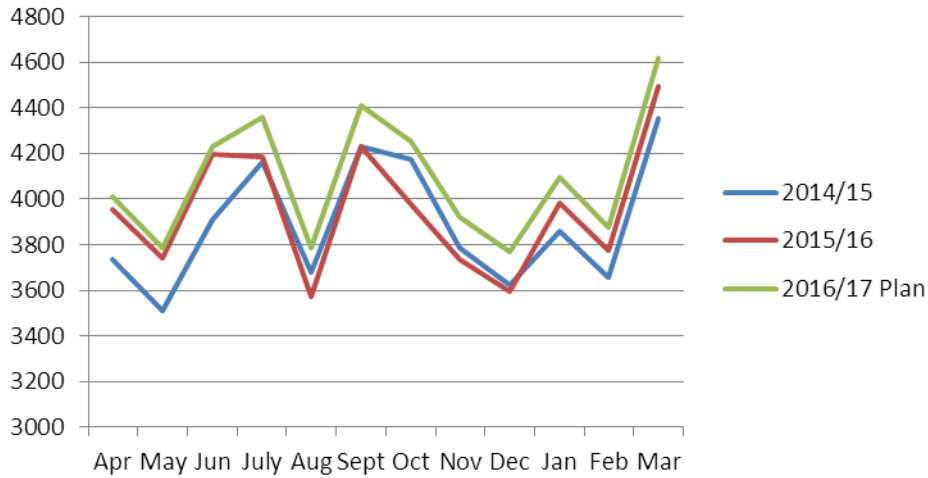
and are what the CCG is required to plan against. Following discussion with Warrington CCG it is still unclear if Warrington & Halton Hospitals NHS Foundation Trust was previously under-reporting or if the new system is considerably over-reporting, this will be resolved in 2016/17 however for planning consistency a 3.6% increase has been planned for to keep in line with the increase planned for total referrals for all specialities (EM1)



EM8 Consultant led first outpatient attendances (Specific acute)

NHS Halton CCG witnessed an increase of 1.6% (769 num) in the total number of consultant led first outpatient attendances (Specific acute) between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 0.7% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 non-demographic demand growth in 2016/17 has been profiled using the indicative hospital activity model as +2.6%, this is higher than the non-demographic growth witnessed in 15/16 however the CCG has conservatively planned for this higher rate of growth. The overall impact of demand and demographics means an estimated 1660 more outpatient attendances (+3.5%) for 2016/17.

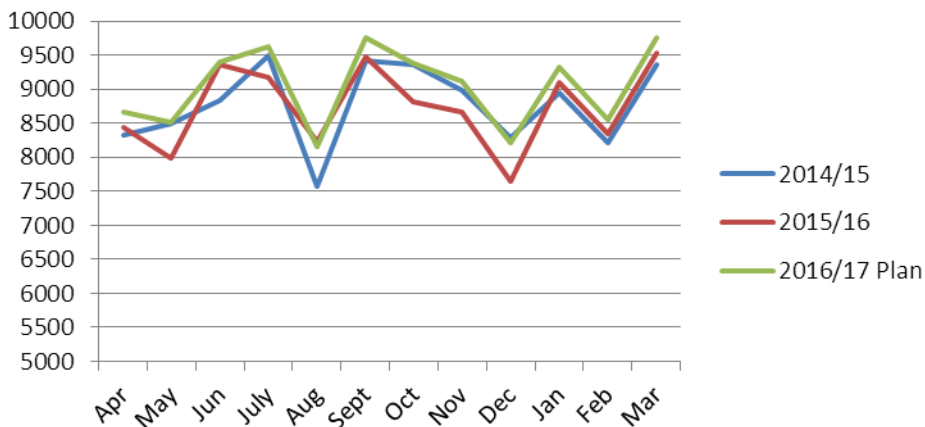
EM8 Consultant led first outpatient attendances



EM9 Consultant led follow up outpatient attendances (specific acute)

NHS Halton CCG witnessed a reduction of 0.5% (528 num) in the total number of consultant led follow up outpatient attendances between 2014/15 and 2015/16 this reduction was made up of an underlying reduction in demand of -0.4% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 non-demographic demand growth for 16/17 has been profiled using the IHAM value of +2.6%, this is higher than the growth witnessed in 15/16 however the CCG has conservatively planned for this higher level of growth. The overall impact of demand and demographics means an estimated 3667 more outpatient attendances (+3.5%) for 2016/17

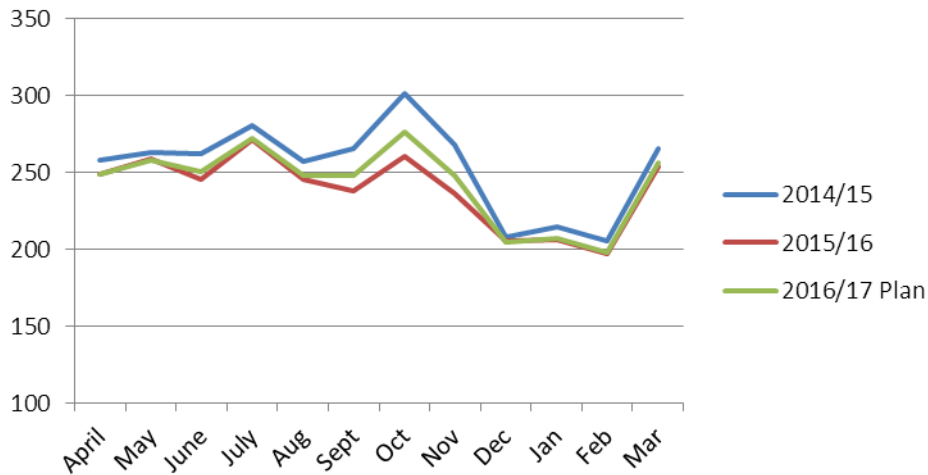
EM9 Consultant led follow up outpatient attendances



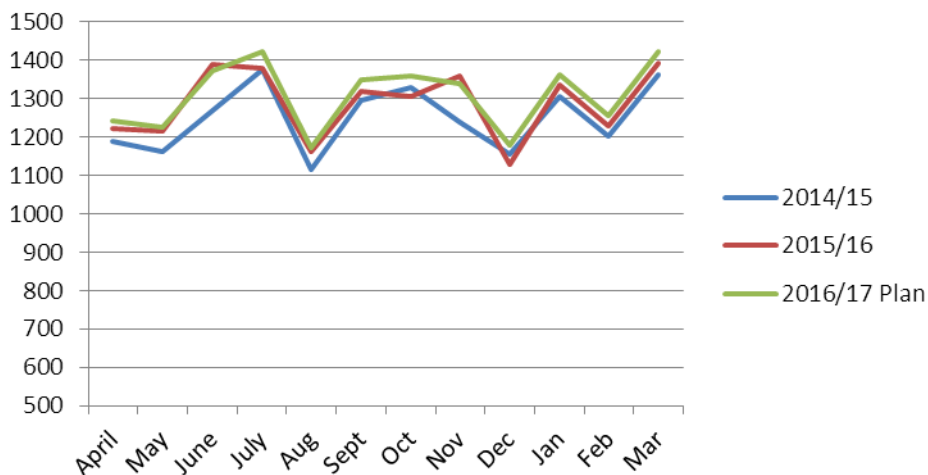
EM10 Total elective admissions (specific acute) (Ordinary electives + Daycases)

NHS Halton CCG witnessed an increase of 2.8% (508 num) in the total number of elective admissions between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 1.9% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 The IHAM non-demographic demand forecast of +0.8% has been used. The overall impact of demand and demographics means an estimated 311 more elective admissions (+1.7%) for 2016/17

EM10a Elective ordinary admissions



EM10b Elective daycase admissions

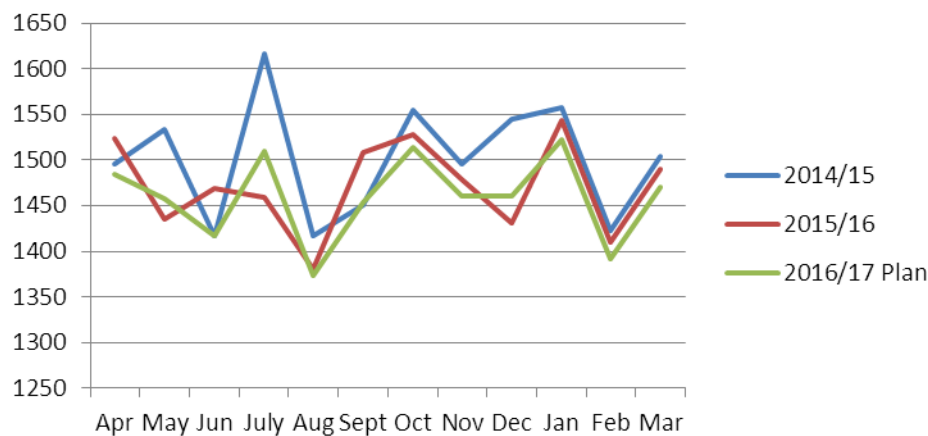


EM11 Total non-elective admissions (specific acute)

NHS Halton CCG witnessed an reduction of -2% (-271 Num) in the total number of non-elective admissions between 2014/15 and 2015/16 this decrease was made up of an underlying decrease in demand of -2.9% and a demographic growth increase of 0.9%.

The population growth is the same for 2016/17. There are a number of schemes due to be in place in 2016/17 which will continue this reduction in non-elective activity including reductions based on the full year impact of the opening of the Widnes Urgent Care Centre, new pathways of care being introduced at the urgent care centres and a Public Health scheme introducing mindfulness in schools to reduce self-harm. The overall impact of demand and demographics means an estimated 144 fewer non-elective admissions (-0.8%) for 2016/17

EM11 non-elective admissions (specific acute activity)

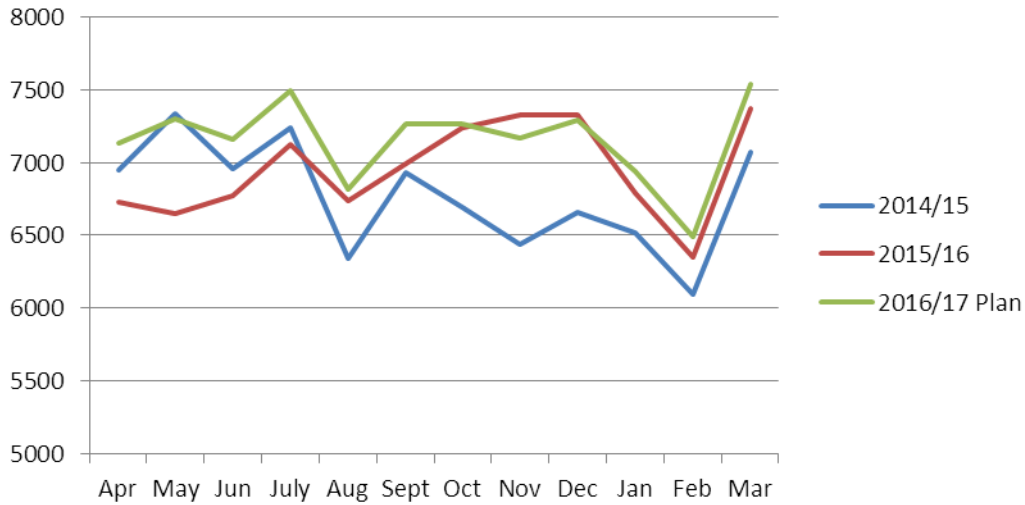


EM12 Total A&E attendances excluding planned follow ups

NHS Halton CCG witnessed an increase of 2.7% (+2,182 Num) in the total number of A&E attendances excluding planned follow ups between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of +1.8% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17. Significant reductions in type 1 A&E activity at Warrington were witnessed, offset by increases in type 3 activity at the Runcorn urgent care centre.

There are a number of schemes due to be in place in 2016/17 which will continue this reduction in A&E attendances including reductions based on the £5 per head scheme for older people which although primarily aimed at preventing non-elective admissions will also impact on A&E attendances and a Public Health scheme introducing mindfulness in schools to reduce self-harm. The overall impact of demand and demographics means an estimated increase of 2.9% (2,456) in the number of A&E attendances for 2016/17

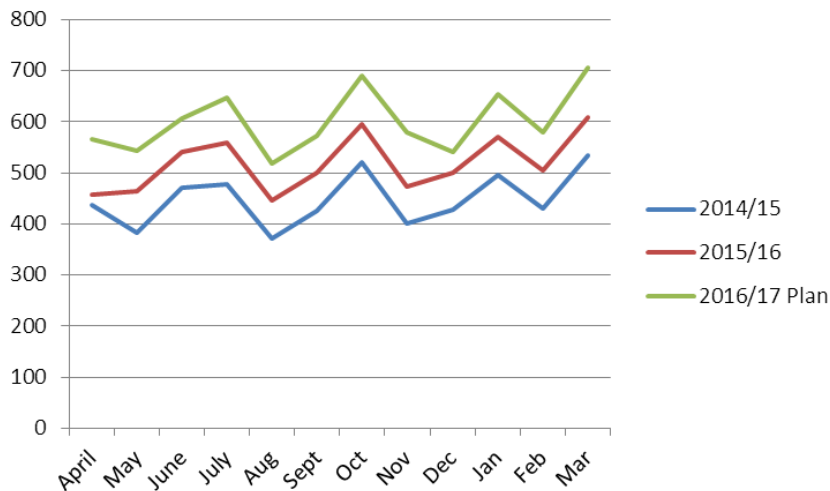
EM12 Total A&E attendances excluding planned follow ups



EM13 Endoscopy activity

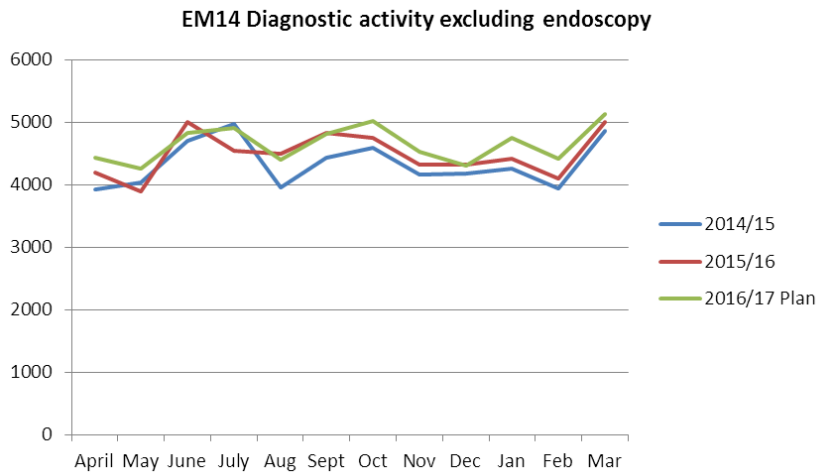
NHS Halton CCG witnessed an increase of 15.8% (847 num) in endoscopic activity between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 14.9% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 This level of demand growth exceeds the levels of growth witnessed both in the number of GP referrals and the number of outpatient attendances and is not fully understood. Until the reasons behind this high level of growth are understood it is prudent to plan for a similar level of increase demand growth in 2016/17. The overall impact of demand and demographics means an estimated 980 more endoscope activities (+15.8%) for 2016/17

EM13 Endoscopy activity



EM14 Diagnostic activity excluding endoscopy

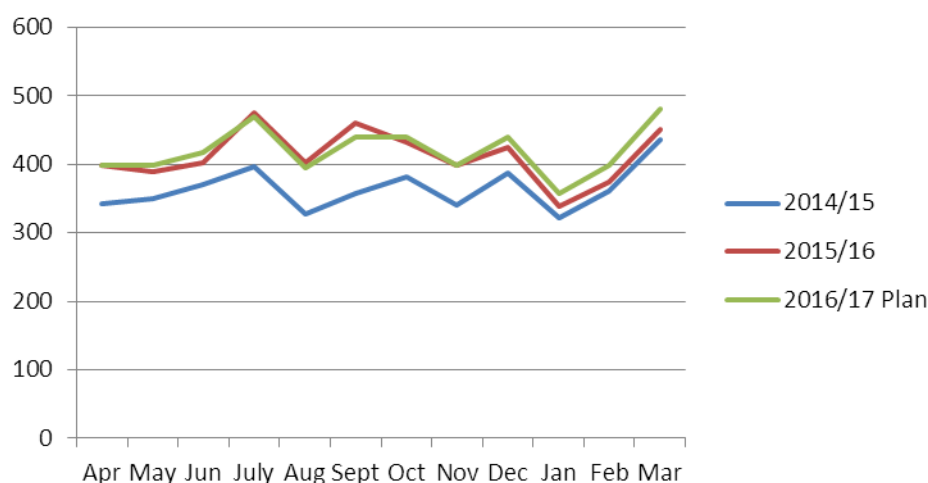
NHS Halton CCG witnessed an increase of 3.6% (1870 num) in the number diagnostic activities carried out (excluding endoscopy) between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 2.7% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 and there are no actions that will impact on the demand growth in 2016/17 therefore this has also remained unchanged. The overall impact of demand and demographics means an estimated 522 more diagnostic activity (excluding endoscopy) (+3.6%) for 2016/17



EM16 Cancer Two week wait referrals

NHS Halton CCG witnessed an increase of 13.1% (572 num) in the number of two week wait referrals between 2014/15 and 2015/16 this increase was made up of an underlying increase in demand of 12.2% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17 however the increase in demand growth is unsustainable. For 2016/17 this higher rate of referrals has been modelled however only IHAM non-demographic growth has been included at 0.8% plus demographic change of 0.9% The overall impact of these modelled changes are an estimated 84 more two week wait referrals (+1.7%) for 2016/17.

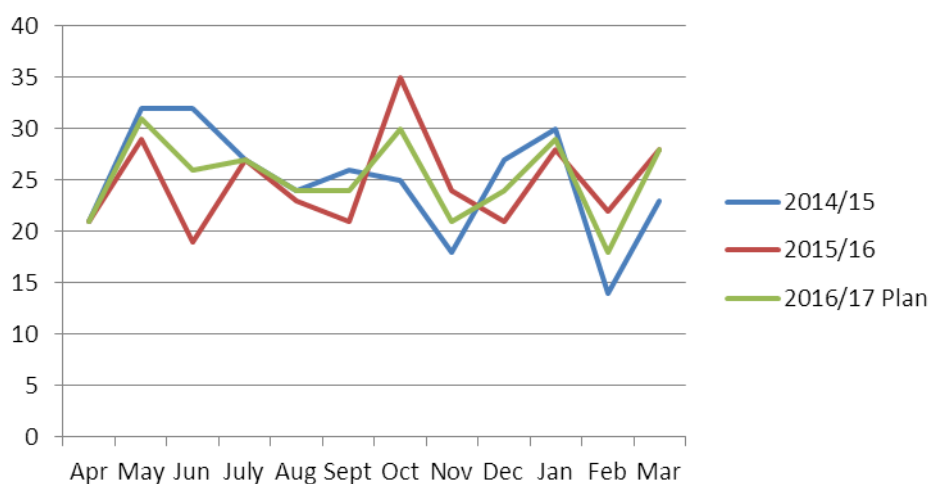
EM16 Cancer two week wait referrals



EM17 Cancer 62 day treatments following an urgent GP referral

NHS Halton CCG witnessed an decrease of -0.3% (1 Num) in the number of patients treated for cancer following GP referral between 2014/15 and 2015/16 this decrease was made up of an underlying decrease in demand of -1.2% and a demographic growth increase of 0.9%. The population growth is the same for 2016/17, the level of non-demographic growth has been taken from the IHAM modelling tool of 0.8% The overall impact of demand and demographics means a small increase in the number of patients treated (+5 to 303) between 2015/16 and 2016/17

EM17 Cancer 62 day treatments

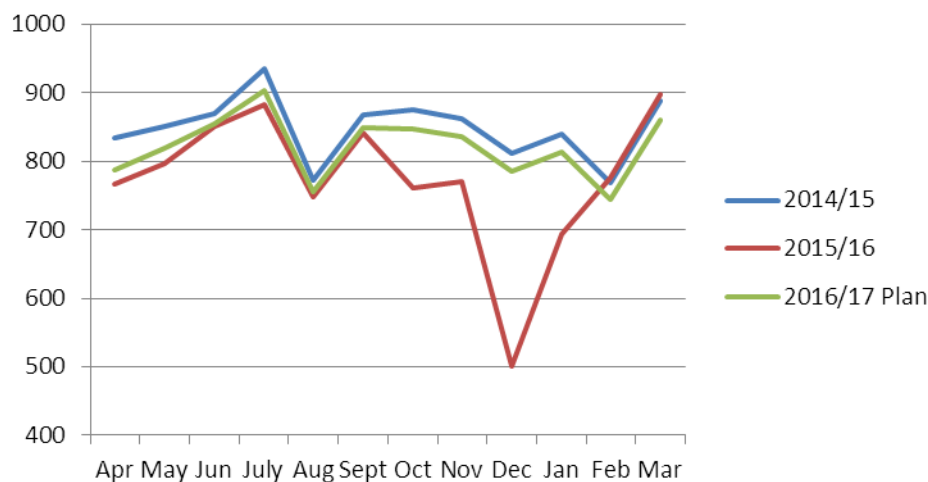


EM18 – number of completed admitted RTT pathways

NHS Halton CCG witnessed a reduction of -8.8% (-891 Num) in the total number of completed RTT pathways between 2014/15 and 2015/16. A complex picture emerged in 2015/16, a reduction was seen during the first part of the year but December and January showed unrealistically low numbers. Following discussion with NHS

Warrington CCG it is believed this may be related to the introduction of the new Lorenzo patient administration system at Warrington hospital, whilst the number of completed admitted pathways showed a dramatic reduction the number of non-admitted pathways showed a dramatic increase. For the 2016/17 planning round NHS Halton CCG has attempted to make allowance for this “Lorenzo effect” by adding in additional activity (+4.4%) to bring 2016/17 more into line with 2014/15. In addition non-demographic growth of +0.8% and a demographic increase of 0.9% have been added. The net effect of these changes are a +6.6% increase (+570) on the 2015/16 baseline.

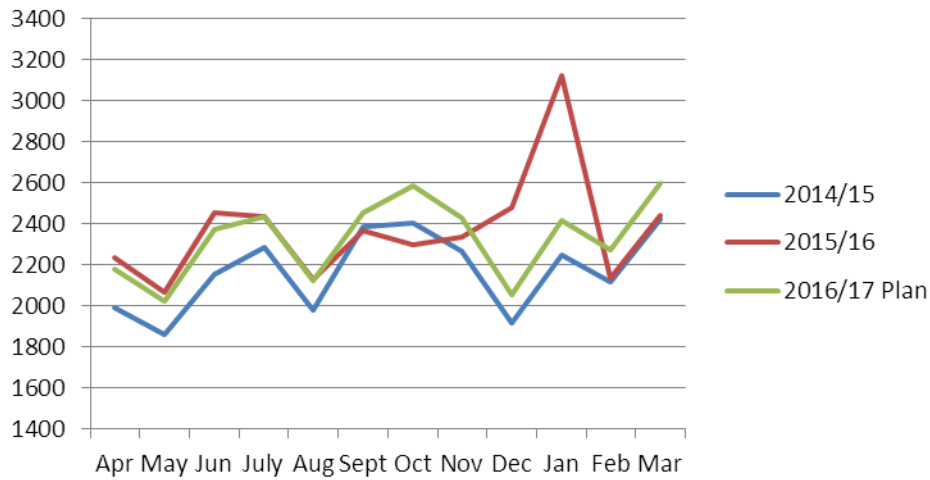
EM18 completed admitted RTT pathways



EM19 – number of completed non-admitted RTT pathways

NHS Halton CCG witnessed an increase of +9.5% (2476 num) in the total number of completed non-admitted RTT pathways between 2014/15 and 2015/16. Although an underlying increase has been witnessed the large proportion of this increase has been attributed to coding impacts of the new Lorenzo patient administration system at Warrington Hospital. NHS Halton CCG has attempted to make allowance for this by reducing the 2016/17 plan by 3.6%, however Halton has still included 0.8% non-demographic and 0.9% demographic growth. The net impact of these changes is a -1.9% reduction on the 2015/16 forecast out-turn.

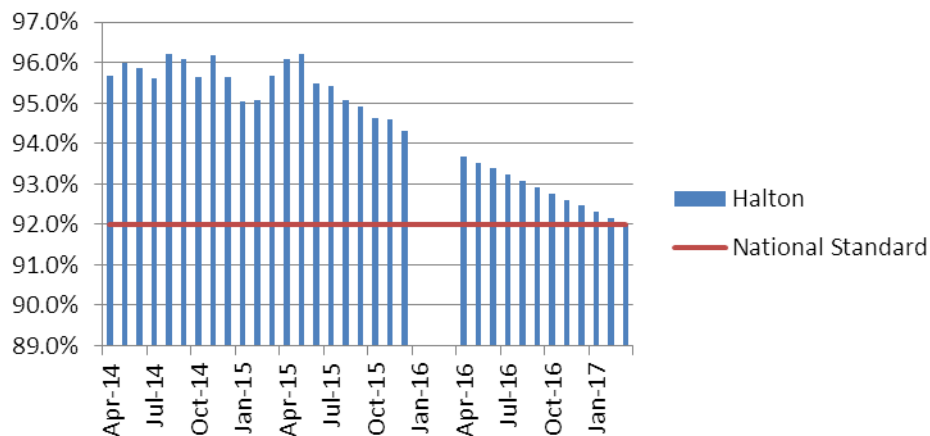
EM19 completed non-admitted RTT pathways



EB3 – The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

Until the beginning of 2015/16 performance against this standard was consistently between 95% and 96%, however following the removal of two other RTT standards performance against this standard has fallen month on month since May 2015. Given the pressures facing acute trusts and the current level of over performance for this standard it is likely that performance will fall further against this standard. Halton has planned for a deterioration in the measure during 2016/17 but still maintaining the national standard of 92%

EB3 - The percentage of incomplete pathways within 18 weeks

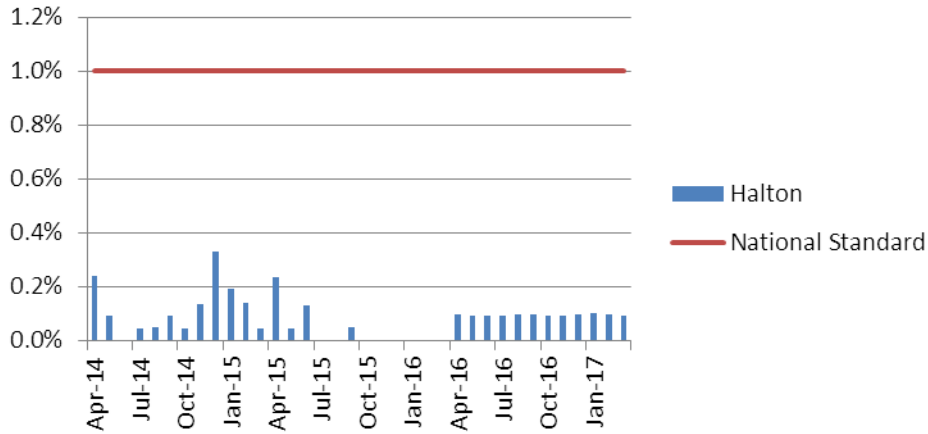


EB4 – Diagnostic test waiting times more than 6 weeks

Halton has always performed exceptionally well with regard to diagnostic waiting times, just 10 Halton patients have waited more than 6 weeks for their diagnostic test between April and October 2015. The average monthly percentage of patients breaching this

standard is just 0.1%, although the national standard is far greater at 1% Halton has planned for 16/17 performance to be in line with that witnessed in 2015/16 at just 0.1%

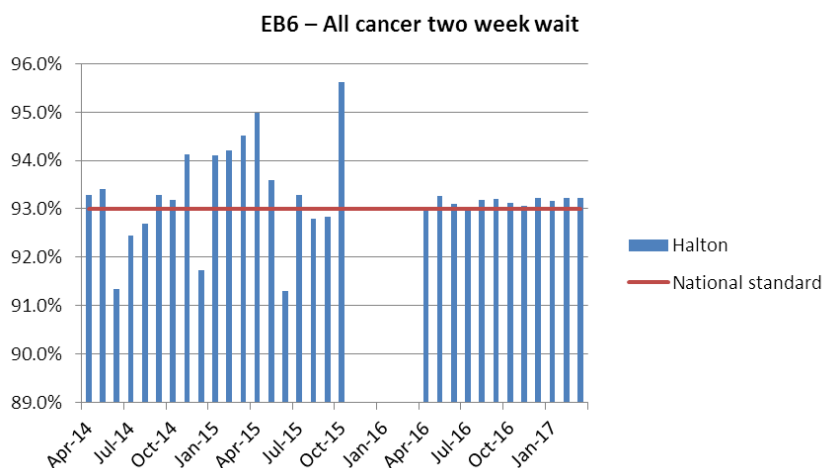
EB4 - Diagnostic test waiting times more than 6 weeks



EB6 – All cancer two week wait

NHS Halton CCG has previously found this standard one of the more challenging ones to achieve due to large numbers of patients not attending their first appointment, however during 2015/16 the CCG has worked with GP’s to encourage patients to attend their first consultant appointment including the use of leaflets handed to patients highlighting the importance of these appointments. As a result the CCG has witnessed an improvement in 2015/16 to an average of 93.5% against a national standard of 93%.

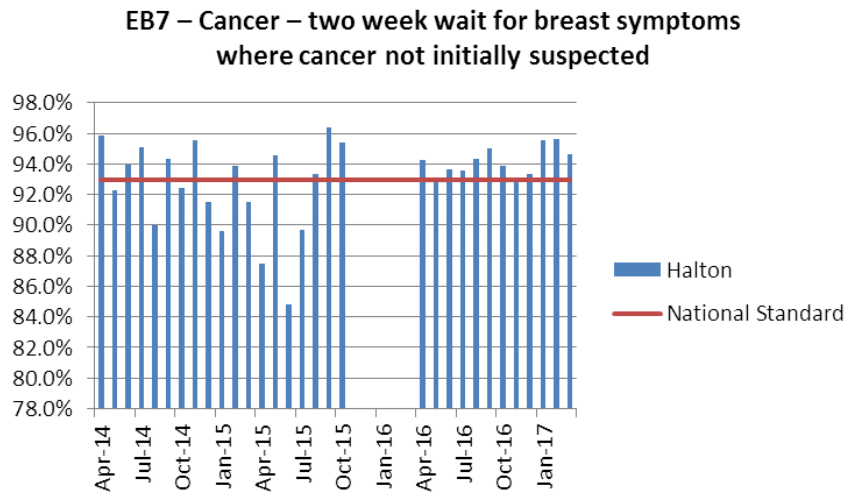
The CCG is planning to continue to meet the national standard for 2016/17.



EB7 – Cancer – two week wait for breast symptoms where cancer not initially suspected

Relatively small numbers being treated under this classification (approximately 50 per month) has led to a wide variation in month on month performance. Poor performance earlier in 2015/16 has meant a year to date monthly average of 91.7% against the national standard of 93%, improvements were seen in Q2 of 2015/16 with the last three months all exceeding the national standard.

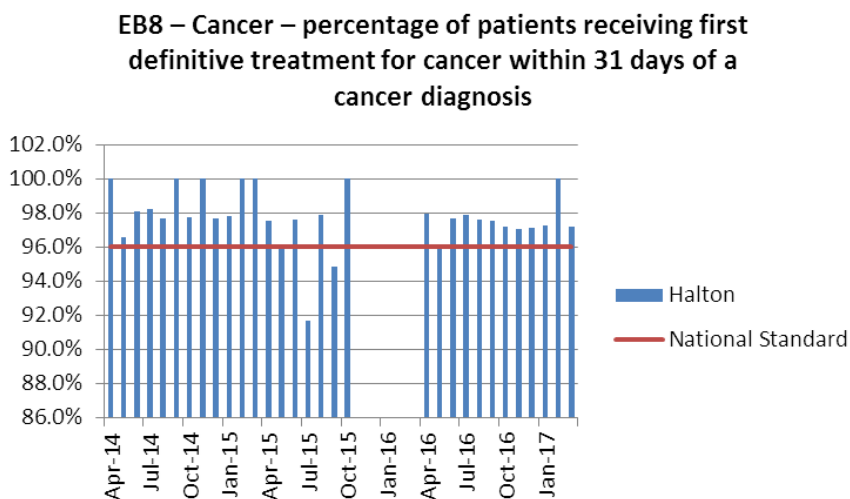
The CCG is planning on achieving the national standard for 2016/17



EB8 – Cancer – percentage of patients receiving first definitive treatment for cancer within 31 days of a cancer diagnosis

Halton performs well against the national standard of 96%. Due to small numbers (approximately 50 per month) there can be wide month-on-month variation, however, on average Halton exceeds the national standard with an average of 96.5% in 2015/16 year to date.

Halton plans to continue to exceed to the national standard during 2016/17



EB12 –Cancer – All cancer 62 day urgent referral to first treatment wait

Halton has historically found this standard challenging and the CCG is working closely with both St Helens & Knowsley Teaching Hospitals NHS Trust and Warrington & Halton Hospitals NHS Foundation Trust to identify the reasons behind individual patient breaches.

The trusts have identified where improvements can be made, particularly in relation to cancer tracking but also around individual cancer treatment pathways such as urology.

In addition Warrington Trust have introduced a local standard where all two week wait referrals are seen within a week, reducing waiting times further.

The CCG believes that by working closely with the acute trusts that performance can be improved and that the national standard of 85% can be achieved and maintained in 2016/17

