NHS
West Cheshire
Clinical Commissioning Group

Operational Plan

2018 / 2019

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Changing Health and
Care in West Cheshire

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The West Cheshire Way
StartWell. BeWell. AgeWell.

Contents

1.0 Introduction

1.1 Background

NHS West Cheshire Clinical Commissioning Group (CCG) is made up of 36 member GP practices and is responsible for the commissioning of health services for its registered population of 263,360 people, resident within the West Cheshire locality.

In December 2016 the Clinical Commissioning Group published a two year Operational Plan, detailing its clear aims and objectives to achieve by March 2019. This document serves as a refreshed plan, which supports the delivery of services in-line with local population need and the latest national context as described within the *'Refreshing NHS Plans'* 2018/19 planning guidance.

1.2 Strategic Context

In October 2014, NHS England published the five year forward view (FYFV), which described how the NHS needs to change by 2020 to ensure sustainability within the ever changing needs of the population.

FYFV describes the need for historical health systems to transform in to place based systems of care. These care systems require provider and commissioning organisations to come together to deliver health outcomes within a shared system of financial balance.

The West Cheshire Way describes how our local health and care system will work together. It is a partnership between the Clinical Commissioning Group, Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Primary Care Cheshire GP Federation, and Cheshire West and Chester Council. The West Cheshire Way has a future aspiration to deliver placed based care through an Integrated Care Partnership (ICP) model.

In support of the delivery of the Five Year Forward View, Sustainability and Transformation Partnerships (STP) were formed nationally to cover wider geographical boundaries, with the aim of achieving better health, better care and better value. The Clinical Commissioning Group and the wider West Cheshire Way Partnership are members of the Cheshire and Merseyside Sustainability and Transformation Partnerships, now known as the Cheshire & Merseyside Health & Care Partnership. The latest Health and Care Partnership plans can be viewed here: https://www.england.nhs.uk/systemchange/view-stps

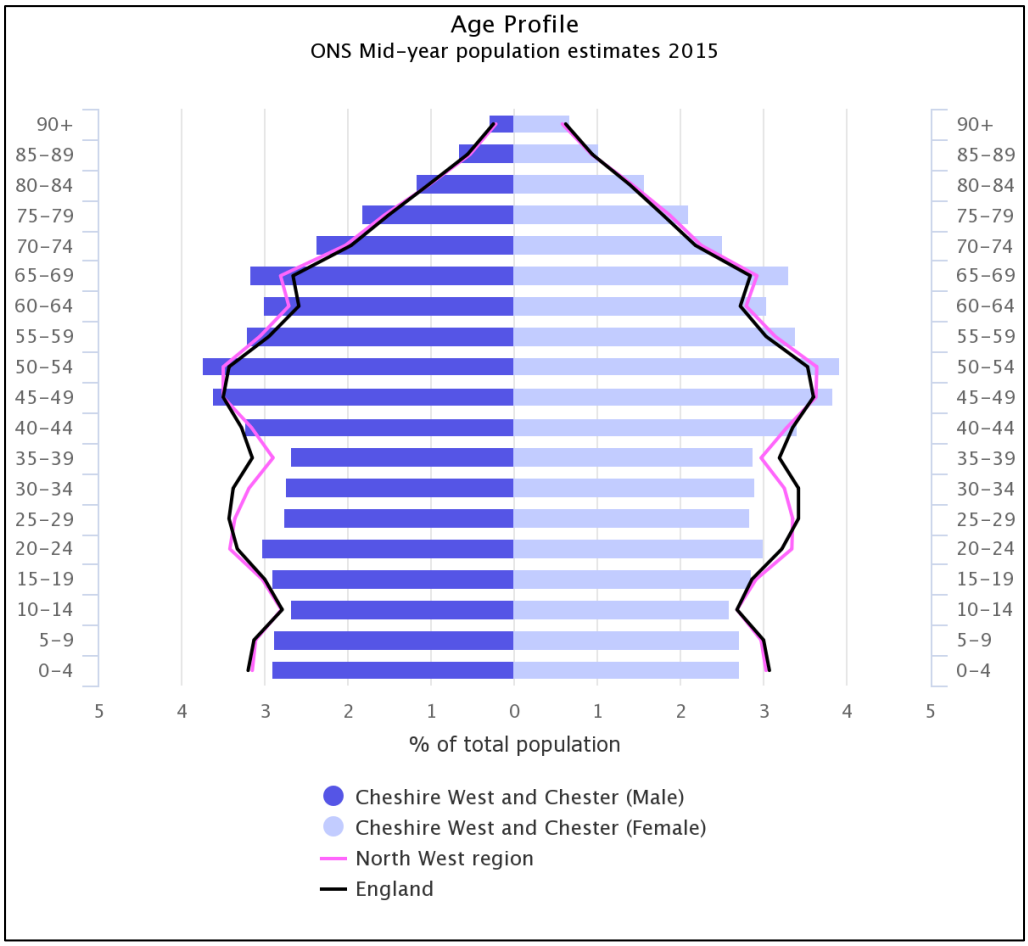
This operational plan has been aligned to both Health & Care Partnership and our local integrated care partnership objectives.

1.3 Local Health Economy Context

The Clinical Commissioning Group's total expenditure between 2013/14 – 2017/18 has risen by over £36 million (12%). In 2017/18 the Clinical Commissioning Group had an underlying financial deficit of £5.7 million, which through the delivery of a number of recovery schemes within the first year of this operational plan, has returned the Clinical Commissioning Group back to a projected financial balance by March 2018

However we continue to face a number of challenges to sustain financial balance, primarily due to our population profile. The proportion of the population aged 75 and over is predicted to rise significantly over the next decade. This will result in an increase in the number of people living with long term health conditions; an increase in frailty and an increase in the number of older people living alone. Although this is a national challenge, it is more prevalent within West Cheshire as our Office of National Statistics age profile (chart 1) shows we have a higher proportion of over 45's than both the North West region and England.

Chart 1. ONS Age Profile Population Estimate



Source: http://fingertips.phe.org.uk/profile/health-profiles

The Clinical Commissioning Group's NHS Right Care Age Profile (table 1) shows us the proportion of cost associated with the most complex of patients by age category. With patients aged between 70 and 80 having the biggest impact on spend. The NHS Right Care Complex Patient Spend Profile (chart 2) shows how West Cheshire compares to its comparator Commissioning Groups.

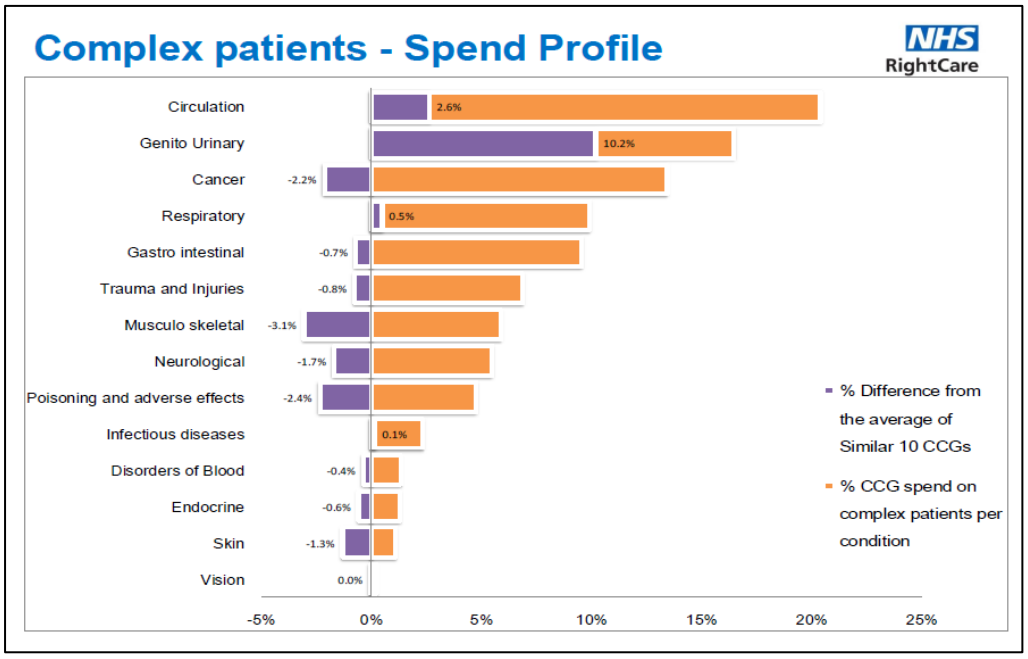
Table 1. NHS Right Care; Complex Patients – Age Profile

Complex patients - Age Profile

NHS RightCare

2% Most Complex Patients (16.9% of CCG Spend)				
Age	Number of complex patients	Mean Number of Admissions	Mean Number of Different Conditions	Total Spend (£000s)
1-4	19	17.5	4.58	£ 587
5-9	10	12.9	3.40	£ 268
10-14	10	7.2	2.10	£ 182
15-19	12	11.8	2.08	£ 302
20-24	10	9.7	3.10	£ 198
25-29	12	7.8	2.67	£ 328
30-34	10	5.1	2.60	£ 208
35-39	14	5.7	2.43	£ 264
40-44	19	4.9	3.11	£ 359
45-49	24	5.3	2.92	£ 571
50-54	37	6.4	2.95	£ 838
55-59	63	7.9	3.19	£ 1,378
60-64	79	6.5	2.80	£ 1,623
65-69	81	7.3	3.04	£ 1,658
70-74	115	7.1	3.02	£ 2,373
75-79	122	5.3	2.79	£ 2,476
80-84	97	5.6	3.13	£ 1,674
85-89	58	4.8	2.93	£ 1,132
90+	27	5.2	2.70	£ 431
TOTAL	819	6.7	2.97	£ 16,851

Chart 2. NHS Right Care; Complex Patients – Spend Profile



Source: Commissioning For Value Where to Look Pack Jan 17

1.4 Public Health Profile for West Cheshire

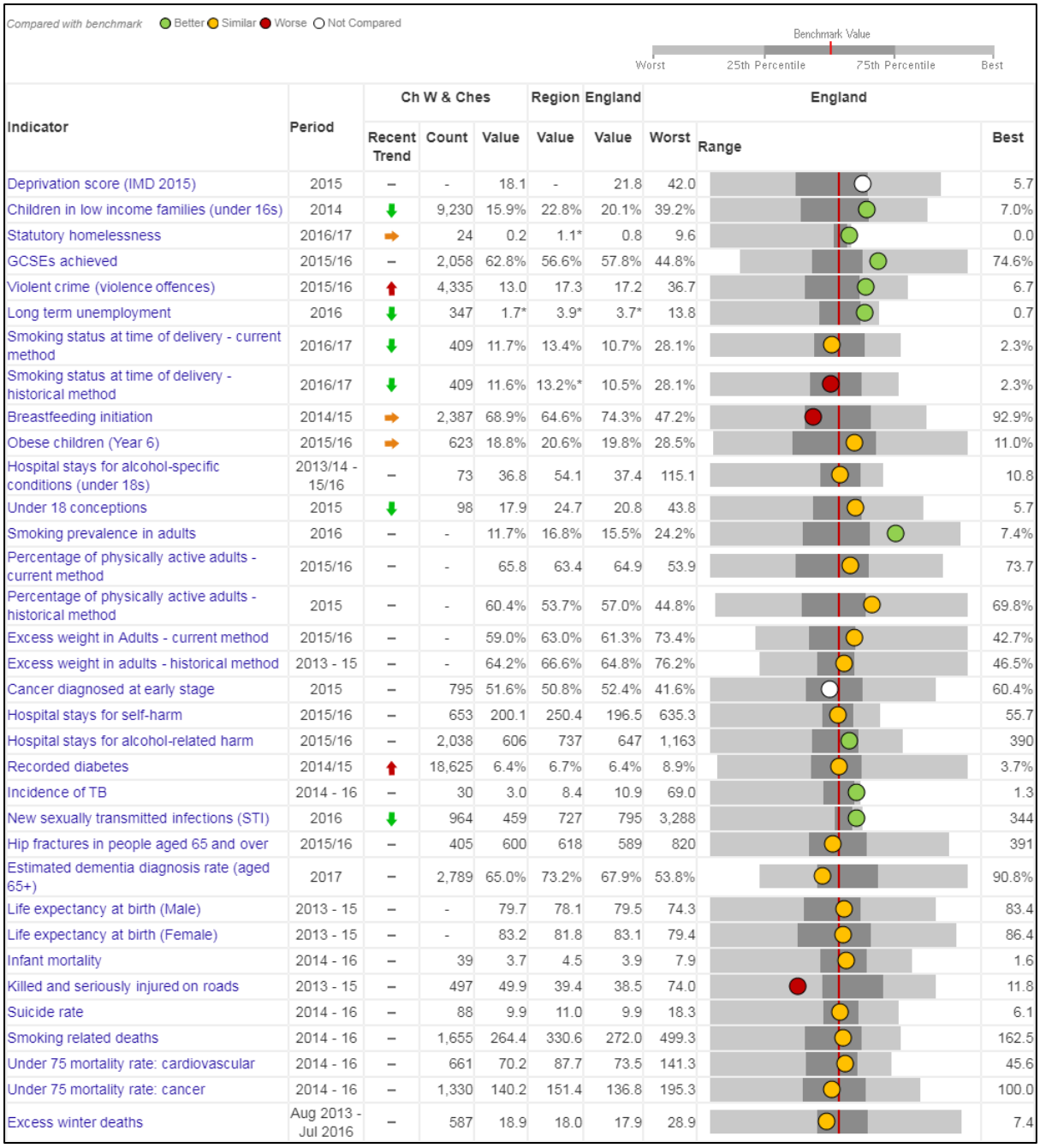
West Cheshire's Health Profile (table 2) shows how the people of West Cheshire compare with the rest of England. A number of measures are recorded as '*better than the mean'*, as annotated as green circles within the chart. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however a green circle may still indicate an important public health problem.

West Cheshire performs positively in the upper quartile against a number of measures including; 'smoking prevalence in adults'; 'new sexually transmitted infections' and 'incidence of tuberculosis'. Trend indicators show an increase in the prevalence of diabetes, with the system performing within the median. Diabetes management has been a priority for the Clinical Commissioning Group, with the latest Improvement & Assessment Framework data reporting that treatment and diabetes education is performing within the top quartile nationally.

However the benchmark does demonstrate challenges for the area, performing in the second quartile and worse than the national average in metrics including; 'breastfeeding initiation' and 'smoking status at the time of delivery'. Breastfeeding initiation continues to prove a challenge, with small improvements being made in the last year against the performance in table 2, with the year ending 2016/17 performing at 69.4%. Smoking at the time of delivery has also seen small improvements to 10.7% in 2017/18 since the publication of the health profile, with a national target now being set to reach 6.6% by 2020. Public Health, as lead commissioner is working in partnership with Cheshire and Wirral Partnership NHS Foundation Trust to improve this performance.

Our system is performing in the lower quartile for 'killed or seriously injured on roads'. Public Health have reported improvements have been made against this metric since 2010, however rates have remained relatively stagnant since 2013 with 49.5 casualties occurring per 100,000 population. Public Health is working with the Community Safety Partnership and Cheshire Constabulary to address this performance.

Table 2: Public Health England; West Cheshire Health Profile



Compared with benchmark Better Similar Worse Not Compared

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Ch W & Ches			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Deprivation score (IMD 2015)	2015	–	-	18.1	-	21.8	42.0		5.7
Children in low income families (under 16s)	2014	↓	9,230	15.9%	22.8%	20.1%	39.2%		7.0%
Statutory homelessness	2016/17	→	24	0.2	1.1*	0.8	9.6		0.0
GCSEs achieved	2015/16	–	2,058	62.8%	56.6%	57.8%	44.8%		74.6%
Violent crime (violence offences)	2015/16	↑	4,335	13.0	17.3	17.2	36.7		6.7
Long term unemployment	2016	↓	347	1.7*	3.9*	3.7*	13.8		0.7
Smoking status at time of delivery - current method	2016/17	↓	409	11.7%	13.4%	10.7%	28.1%		2.3%
Smoking status at time of delivery - historical method	2016/17	↓	409	11.6%	13.2%*	10.5%	28.1%		2.3%
Breastfeeding initiation	2014/15	→	2,387	68.9%	64.6%	74.3%	47.2%		92.9%
Obese children (Year 6)	2015/16	→	623	18.8%	20.6%	19.8%	28.5%		11.0%
Hospital stays for alcohol-specific conditions (under 18s)	2013/14 - 15/16	–	73	36.8	54.1	37.4	115.1		10.8
Under 18 conceptions	2015	↓	98	17.9	24.7	20.8	43.8		5.7
Smoking prevalence in adults	2016	–	-	11.7%	16.8%	15.5%	24.2%		7.4%
Percentage of physically active adults - current method	2015/16	–	-	65.8	63.4	64.9	53.9		73.7
Percentage of physically active adults - historical method	2015	–	-	60.4%	53.7%	57.0%	44.8%		69.8%
Excess weight in Adults - current method	2015/16	–	-	59.0%	63.0%	61.3%	73.4%		42.7%
Excess weight in adults - historical method	2013 - 15	–	-	64.2%	66.6%	64.8%	76.2%		46.5%
Cancer diagnosed at early stage	2015	–	795	51.6%	50.8%	52.4%	41.6%		60.4%
Hospital stays for self-harm	2015/16	–	653	200.1	250.4	196.5	635.3		55.7
Hospital stays for alcohol-related harm	2015/16	–	2,038	606	737	647	1,163		390
Recorded diabetes	2014/15	↑	18,625	6.4%	6.7%	6.4%	8.9%		3.7%
Incidence of TB	2014 - 16	–	30	3.0	8.4	10.9	69.0		1.3
New sexually transmitted infections (STI)	2016	↓	964	459	727	795	3,288		344
Hip fractures in people aged 65 and over	2015/16	–	405	600	618	589	820		391
Estimated dementia diagnosis rate (aged 65+)	2017	–	2,789	65.0%	73.2%	67.9%	53.8%		90.8%
Life expectancy at birth (Male)	2013 - 15	–	-	79.7	78.1	79.5	74.3		83.4
Life expectancy at birth (Female)	2013 - 15	–	-	83.2	81.8	83.1	79.4		86.4
Infant mortality	2014 - 16	–	39	3.7	4.5	3.9	7.9		1.6
Killed and seriously injured on roads	2013 - 15	–	497	49.9	39.4	38.5	74.0		11.8
Suicide rate	2014 - 16	–	88	9.9	11.0	9.9	18.3		6.1
Smoking related deaths	2014 - 16	–	1,655	264.4	330.6	272.0	499.3		162.5
Under 75 mortality rate: cardiovascular	2014 - 16	–	661	70.2	87.7	73.5	141.3		45.6
Under 75 mortality rate: cancer	2014 - 16	–	1,330	140.2	151.4	136.8	195.3		100.0
Excess winter deaths	Aug 2013 - Jul 2016	–	587	18.9	18.0	17.9	28.9		7.4

Source: http://fingertips.phe.org.uk/profile/health-profiles

2.0 Our 'must do' Priorities in 2018/19

In the NHS planning guidance: *'Delivering the Forward View' & 'Refreshing NHS Plans 18/19'* NHS England described the 'must do' priorities for Clinical Commissioning Groups. These remain the priorities in 2018/19 and will be delivered along with other local priorities within our financial resources.

The following describes how our operational activities within 2018/19 will support the must do priorities, as described within the Five Year Forward View and planning guidance, denoted below by each bullet point. Full details of our operational commissioning plans can be obtained within our 2017/19 Commissioning Intentions (2018 Refresh) Prospectus.

2.1 Five Year Forward View

- Deliver against agreed Health & Care Partnership milestones to ensure Five Year Forward View is achieved by 2020/21
- Achieve agreed trajectories against the Health & Care Partnership core metrics set for 2018/19

The CCG is accountable to report against a number of national milestones in support of the Five Year Forward View (FYFV), including its position against a ten point efficiency plan. The CCG will continue to report against and monitor its performance against these objectives; with its priorities to:

- Mitigate the cost of growth
- Give greater reliability and efficiency and reduce variation
- Reduce duplication of services and sites by vertical integration, horizontal integration and reconfiguration where appropriate.

2.2 Finance & Activity

Priorities:

- Deliver Clinical Commissioning Group control total by the end of 2018/19
- Implement Five Year Forward View plans to achieve local targets to mitigate demand growth and increase efficiency
- Reduced demand by implementing Right Care; elective care transformation, urgent care transformation; self-care prevention measures; medicines optimisation and improving the management of continuing healthcare processes.
- Support in the delivery of provider efficiency measures including; pathology and back office rationalisation; implementation of Carter procurement metrics and adoption of the procurement *'future operating model'*, hospital pharmacy and estates transformation plans, improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity and workforce

development; implementing *'Getting it Right First Time'* and implementing new models of acute service collaboration.

The West Cheshire health economy continues to face a significant challenge. Across the Cheshire & Merseyside footprint this challenge is estimated to be £900 million by 2021. West Cheshire is on target to deliver financial balance by March 2018, addressing an underlying deficit within the 2017/18 financial year. This was achieved utilising a robust financial recovery plan and a number of non-recurrent mitigations to achieve balance, leaving a requirement to plan in 2018/19 for a recurrent shortfall of £1.5 million.

In 2018/19 national clinical commissioning group resources will grow by £1.4 billion. This is made up of an additional allocation of £600 million, a commissioner sustainability fund of £400 million and the removal of the 0.5% national risk reserve contribution, equating to £400 million. For West Cheshire this results in an increase of 3.27% 'purchasing power', giving us a final allocation of £352 million.

The Clinical Commissioning Group is committed to delivering its control total of £2.4 million surplus in 2018/19. This however will be very challenging, requiring a financial recovery plan of £7.4 million to achieve this surplus. Table 3 summarises the impact of growth and investments within our plans to deliver surplus in 2018/19

Table 3: Financial Summary

Description	£000
2017/18 Forecast Outturn	346,802
Non-recurrent adjustment to allocation (-/+)	-6,055
Non-recurrent spend (-/+)	324
Other full year effects (-/+)	3,224
Provider Inflation (+)	4,129
Activity growth (+)	4,114
Other recurrent cost pressures (+)	3,242
Efficiency gross saving (-)	-7,460
Investment (recurrent) (+)	1,630
Application of non-recurrent allocation / pass through (+)	-690
Other non-recurrent cost pressures (+)	1,489
Sub Total - 2018/19 plan	350,749
Application of Primary Care delegated budgets	35,375
Total - 2018/19 Plan	386,124
Total - 2018/19 Resource	388,525
Planned Surplus	**2,401**

Planning assumptions have been triangulated with providers and can be summarised as follows; Inflation increases consist of the application of national payment by results planning guidance net increase of 1% and local increases in prescribing and complex care/continuing healthcare costs of 3%. There has been limited activity growth and an application of the

technical planning guidance around zero length of stay and day case activity has been provided for. We have also planned for a growth of 2% in prescribing following significant local efficiencies in 2017/18 and 2% increase in complex care/continuing healthcare. Investments have been kept to a minimum and include GP Five Year Forward View and Mental Health Forward View investments only. A 0.5% contingency has been set aside and a 0.25% investment has been set aside for transformation in line with local Strategic Transformation Partnership requirement.

Activity plans demonstrate an expected growth in GP Referrals by 2.8%, a planned increase in out-patients by 3% and no growth in elective admissions. This is supported by continuing local trends and by our narrative commissioning plan, which includes a number of schemes to support community based models of care and acute deflection. From March 2018, West Cheshire will be rolling out the E-Referral Management triage module of the E-Referral Service, this will create a growth in the number of 18 week clock starts due to the triaging rules around 18 week performance. It is anticipated the promotion of electronic triaging will support a growth in referrals but not convert to elective admission activity. Beyond seasonal variations we have planned to maintain Referral to Treatment waiting lists. A&E growth has been planned in-line with national planning guidance. Non-elective growth has been planned in-line with local trends, taking in to account intermediate care re-design, which seeks improvements in community clinical over-sight models of care and 'step-up' bed management.

2.3 Primary Care

Priorities:

- Ensure the sustainability of general practice, including workforce development and enabling practices to come together to deliver at scale, through implementation of the General Practice Forward View.
- Continue to improve access to primary care, building on the successful extended hours service, in line with patient need
- Support practices to understand their use of the wider system for their patients, benchmarked with local and national peers to enable best value and ensure patients are referred into the right service at the right time.
- Continue to develop the Primary Care CQUIN, to target investment to key areas where primary care can make a transformational difference

In April 2016, NHS England published the GP Forward View, which described the pressures and challenges facing general practice. This document set out how the NHS will address these pressures through practical and funded steps across five key areas; investment, workforce, workload, infrastructure and care redesign.

Since 2015, the Clinical Commissioning Group has worked jointly with NHS England to co-commission primary care, managed through a joint committee the Primary Care

Commissioning Committee. From April 2018, West Cheshire Clinical Commissioning Group will become a fully delegated commissioner of primary care services.

Delegated commissioning offers an opportunity for Commissioning Groups to assume full responsibility for commissioning general practice services. This will include contractual performance management, budget management and national directed enhanced services. Full delegation will allow the option to pool funding for investment into primary care and have the opportunity to design local schemes in partnership with local practices. This autonomy will enable the Clinical Commissioning Group to deliver its requirements set out in the Five Year Forward View

The Clinical Commissioning Group will continue to develop the Primary Care Commissioning for Quality and Innovation Scheme (CQUIN) to incentivise practices to transition towards a more integrated approach for care delivery, focused and monitored via the achievement of West Cheshire Way outcomes. This work will continue with a focus on; vulnerable patients including exploring cluster working and improved skill mix, outcomes based long-term conditions management. This scheme will also support GP Practices to develop services that can be delivered between providers and over a "neighbourhood model", focusing on population health outcomes and increasing efficiencies via economies of scale.

We will focus on increasing access to Primary Care and the range of services available within the community. As West Cheshire was successful as a GP Access Fund site, significant work has already taken place to increase sessions available for extended hours and the range of services available for patients within the out of hours period, including GP and nurse appointments as well as, physiotherapy, mental health services and social prescribing via Wellbeing Co-ordinators. This service will continue to play a key role within 2018/19 and publicity to the wider patient population will continue.

Under the GP Forward View Programme, significant work has already taken place to increase the training and development opportunities for GP Practice administrative and clinical staff, for example, by increasing understanding and utilisation of relevant and local signposting to other services available. Practices are also being encouraged to develop and work collaboratively, by participating within the Releasing Time for Care Programme (aimed at increasing the efficiency within practices and freeing up clinical time). This work will continue in 2018/19, with the Clinical Commissioning Group supporting practices to look at greater skill mix and participate in schemes that will increase the sustainability of Primary Care.

Through national funding streams, work will continue to support primary care estates development, to meet the demands of an increasing population and to improve the quality and range of services our Practices are able to provide within their local community. This will be supported by the significant national investment in our Information and Communications Technology (ICT) Infrastructure, modernising Practice systems to enhance data security and improve the ability to work more flexibly across Cluster localities.

We will continue to lead on work with Practices to ensure unwarranted variation is reduced and NHS wastage is limited. Following the implementation of a "Support and Escalation Process", requiring Practices to investigate areas where usage by their patients is significantly different to local and similar health economy average.

A review of the Pharmacy First Scheme will be undertaken as well as taking the opportunity to ensure use of our community pharmacies is maximized, to allow patients the alternative of attending at a pharmacy, to receive relevant medications advice that would have otherwise involved a GP appointment.

A key element of delivery within the Integrated Care Partnership will be primary care. We will continue to work with GP practices as members and through the GP Federation; Primary Care Cheshire, in the development of a model that is sustainable and works at scale in an integrated way with all other elements of the system.

2.4 Urgent Care

Priorities:

- Deliver the 90% four hour A&E standard by September 2018 and 95% by March 2019.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each 5YFV Plan footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.
- Further embed sufficient intermediate care capacity to meet the needs of both high and lower dependency individuals, ensuring a smooth transition either from hospital following unplanned admission or as step up upon deterioration

West Cheshire has several points of access within its urgent care system. In 2018/19, the Clinical Commissioning Group will prioritise transforming this into a single point of access and develop a 'digital front door' as an electronic gateway for both patients and clinicians.

Assisted by technology, there will be an on-going development of patient flow through our system which will positively impact on discharge processes and delayed transfers of care.

Following the relocation of the Urgent Treatment Centre to the Countess of Chester Hospital Site, incorporating GP Out-of-Hours, further developments in 2018/19 will incorporate all of NHS England's core requirements for Urgent Care Transformation. This will include integration of the 111 service to the existing urgent care system to enable direct bookings to be made. Further work on modelling of Urgent Care demand across West Cheshire will continue with consideration of how this can best be addressed

The Commissioning Group will work closely with Cheshire West and Chester Local Authority (CWAC) to continue to develop a system-wide understanding of acute and intermediate care bed capacity to ensure we have sufficient access to meet the needs of our frail/elderly population. We will work closely with all intermediate care providers to drive improvement in length of stay. We will also support providers to ensure patient's carers and families are more involved in planning for transition between care settings and that wherever possible people can be supported to return to their own home. Furthermore we will develop performance and assurance mechanisms to ensure the investment into the Better Care Fund is having a demonstrable benefit on the urgent care system, through the delivery of admission avoidance schemes and reduced delays in discharge

2.5 Planned Care, Long Term Conditions & Cancer

Priorities:

- Ensure the Referral to Treatment (RTT) waiting list is no higher in March 2019 than in March 2018, measured by the number of incomplete pathways.
- Ensure no patient waits more than 52 weeks for treatment.
- Deliver patient choice of first outpatient appointment, and achieve the use of 100% e-referrals as well as ensuring all referrals are effectively triaged to improve access.
- Streamline elective care pathways and reduce demand, including through outpatient redesign, minimising follow-ups and development of alternatives in the community
- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report to streamline cancer pathways and ensure rapid access to care.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- 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.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.

The Clinical Commissioning Group aspires to deliver waiting times of 18 weeks from referral to the first definitive treatment for all consultant-led secondary care services. To achieve this aspiration we will; minimise elective demand; ensuring patient pathways are optimised (and all referrers are aware of them) and hold providers to account for their performance in delivering the constitutional standard through robust contractual management.

The Clinical Commissioning Group continues to encourage the use of e-Referrals and will further develop its electronic referral assessment system (RAS) to triage, where appropriate, referrals through the adoption of NHS Digital's RAS module of the e-Referral Service (eRS).

The Clinical Commissioning Group will aim to minimise demand utilising best practice data and intelligence such as 'Right Care'. Our priority pathway optimisation and service access work will include the following specialities; ENT; Gastroenterology; Musculoskeletal; Urology; Ophthalmology; Neurology; Renal and Dermatology.

The Clinical Commissioning Group will continue to deliver against its ambition to see care for long term conditions primarily delivered in the community setting. In 2018/19 we will continue to support primary and secondary care clinicians to work together to develop appropriate tools and pathways of care including; a well-being and self-care management service; a patient activation measure tool; a structured diabetes education programme 'Diabetes Essentials'; cardiovascular disease management and respiratory redesign

In 2018/19 the Clinical Commissioning Group will look to roll out the learning from the Neighbourhood Care project. This pilot within rural community areas of Malpas and Broxton aimed to empower self-management of health conditions through the use of an integrated health and social care team. The pilot is being evaluated by the University of Chester which will provide insight into the elements that should be rolled out across the remaining teams

The Clinical Commissioning Group will continue to work closely with secondary care to meet constitutional cancer targets. We will continue to streamline pathways to ensure more rapid access to care, working closely with the Cheshire and Merseyside Cancer Alliance. Specific focus for 2018/19 will be on; Urology; Head & Neck and Lower Gastro Intestinal.

A person centred approach to care will be taken, using the Electronic Health Needs Assessment tool (eHNA), to support patients living with and beyond a diagnosis of cancer.

The Clinical Commissioning Group has redefined its grant process with the 3rd sector. We have sought to align grants provided for the coming year more closely with our commissioning intentions. By utilising our 3rd sector grants more effectively; the Clinical Commissioning Group can offer further support to the local population in managing their own health needs as well as offering additional capacity within local services.

The Integrated Personal Commissioning (IPC) programme, is looking to work more closely with our patient population, their communities and the services that support them to better manage their own health and wellbeing needs through the use of a personalised approach to care and support, including social prescribing, patient activation measures, person centred care and support planning and personal health budgets where appropriate.

2.6 Starting Well

The Starting Well ambition is to support babies, children, young people and their families to have the best start in life, with a focus on promoting self-care and reducing reliance on care in hospital.

The Clinical Commissioning Group will continue to work in partnership across our local maternity system to implement the recommendations set out in Better Births: The National Maternity Review (February 2016) and support the Cheshire and Merseyside Maternity Pioneer and Early Adopter work, including implementing Personal Maternity Budgets following the regional pilot and continue to promote and support choice through the ongoing implementation of the shared referral pathways and shared care pathways. Collaborating with key local commissioners and providers to identify and agree shared maternity outcomes remains a priority and a focus on Public Health outcomes, such as smoking and obesity, as part of our ongoing "fit for pregnancy" (maternity health optimisation) work, aligns to the NHS Five Year Forward View. We will also implement the outcome of the local maternity case mix acuity review, following utilisation of the local maternity dataset (to benchmark against peer and national case mix) to reduce variation, release efficiencies, and highlight good practice, whilst maintaining safe and high quality maternity care.

Improving choice and supporting independence for children and young people and their families/carers and securing care closer to home, where safe to do so, will remain a key focus.

We will continue to collaborate with the Local Authority, Primary Care and local schools to increase activity levels for primary school Children (nursery to year 6) to support the prevention of long term conditions, including obesity prevention, via the continued rollout and sustainability of the Smile for a Mile programme.

The Clinical Commissioning Group will promote and support self- care, including the ongoing implementation of the co-designed self-care pathways for long term conditions, to maximise children and young people's and their parents/carers ability to self-care.

To meet our statutory duties and effectively meet the needs of disabled children and young people and those who have special educational needs, the Clinical Commissioning Group will continue to work closely with the Local Authority and key health providers. The implementation of a new Joint Commissioning Strategy for Children's and Young People's Speech and Language Therapy services, together with the outcomes of the ongoing joint review of the existing Child Development Service, will support this work.

We will continue to jointly redesign local paediatric services with the Acute Trust to manage and seek to reduce demand, whilst retaining quality services and continuing to integrate paediatric expertise within the community and Primary Care, including extending the scope of the redesign to all hospital services, accessed by children and young people, including the Emergency Department. We are supporting the exploration of the opportunity for consolidation of an Acute Care Alliance between the Countess of Chester Hospital NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust, to create a clinically integrated service between providers and a new model of care for women and children's services is also a key priority.

2.7 Mental Health & People with Learning Disabilities

Priorities:

- Deliver the implementation plan for the Mental Health Five Year Forward View for all ages.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Seek to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

The Clinical Commissioning Group will continue to work across the Health and Care Partnership footprint to deliver the Five Year Forward View for all ages, working closely with partners including the local authority to pilot more integrated health and social care commissioning for both mental health and learning disability services.

The Clinical Commissioning Group will be working with Child and Adolescent Mental Health services and the other local Clinical Commissioning Groups in Cheshire to support and develop a focused Child and Young People Crisis Care Service, which sits alongside the Core 24 Crisis Liaison Service, enabling telephone crisis support and risk assessment during the weekend, in order to reduce paediatric ward admissions for emotional and mental health crises and increase management of crises in the community.

We will work in collaboration with our Local Authority and partner Clinical Commissioning Groups to consider the development of a Single Point of Access for children, young people and families to access the right mental health support service at the right time with minimal delays.

We will continue to drive the development of the workforce, through specific mental health training, to enable children and young people to have broader access to mental health support earlier including through schools.

We will continue to support local healthcare providers to develop new models of care, to ensure a reduction of children and young people inpatient admissions and an increase in appropriate home and community based mental health support.

We will continue to support the development of a local Eating Disorder Pathway to ensure children and young people with an Eating Disorder receive the right physical health and psychiatric care at the right time, in the right place by the right clinician and that generalist clinicians are supported with patients with specialist needs.

The Clinical Commissioning Group will continue to work towards delivery of a comprehensive all age crisis and liaison service that meets the requirements of 'Core 24', learning from early implementer sites. If successful, following a bid for 'Beyond Place of Safety' funding, we will utilise additional capital to develop a community crisis café as a safe alternative to A&E, for those facing a mental health crisis.

We will review both the Children and Young Peoples and Adult Autism Spectrum Disorder/ Attention Deficit Hyperactivity Disorder pathways to ensure that services are as integrated and as effective as possible. This may result in the procurement of a new pathway of care.

We will continue the review of home treatment services, ensuring that these services are as responsive as possible, meeting the needs of those in the community and avoiding admission/readmission into acute Mental Health services and attendance at acute services.

We will continue to review our case management arrangements in relation to complex patients, ensuring that individuals are appropriately placed and that the necessary clinical reviews are undertaken (and clients remain in inpatient provision for the shortest time possible).

We will continue to work on Mental Health care pathways with specialised commissioning teams to reduce demand across the system.

We will continue to work with the Local Authority on the delivery of the Dementia Strategy and action plan which focuses on access, diagnosis and ongoing support and we are reviewing the dementia pathway and service provision to support our Integrated Community Care Teams and clusters, as part of the development of integrated teams. We will build on the work of the Dementia Friendly Communities to raise awareness of the importance of early diagnosis and create communities that support people with dementia to live independently for as long as possible implementing the commitments from the Prime Minister's Challenge on Dementia.

We will continue to improve access to psychological therapies ensuring that our health economy continues to deliver the key targets set out nationally and supporting the requirements of the Health and Care Partnership.

We will support the closure of Learning Disability hospital beds and use of out of area beds to support the development of community learning disability intensive support teams.

We will work closely with individuals with Learning Disabilities and with Primary Care to ensure health checks are offered and taken up as a valuable opportunity to understand each individual's needs, promote healthy lifestyle choices and assess/identify risk factors.

2.8 Continuing Health Care

The Clinical Commissioning Group will continue to work throughout 2018/19, with neighbouring Clinical Commissioning Groups across Cheshire & Wirral to ensure the processes for Continuing Healthcare are adhered to. We will ensure that patients are reviewed in a timely manner to minimise the risk of disparities in care, and we will ensure that national and regional best practice is implemented.

The clinical commissioning group will work with the Local Authority to review all patients who are non-Continuing Healthcare but have not previously received a full care assessment, to ensure their needs are being met effectively. We will also continue to focus on complex patients place out of area to, where possible, consider locally commissioned alternatives in collaboration with partners, individuals and their families. We will review the commissioning process for complex care and identify opportunities to increase the standardisation of approach including the agreement of packages and timely review.

2.9 Improving Quality

We will continue to ensure that the services we commission are high quality by; identifying measures of improvement in quality that are robust; incorporate these into contracts with providers of healthcare; report against these measures in a way that supports comparative analysis and benchmarking and hold providers to account against their performance.

The National Commissioning for Quality and Innovation Scheme guidance for 2017/19 allocates 1.5% of each contract value against national schemes and the remaining 1% has been allocated as follows: 0.5% to be held in the risk reserve and the remainder 0.5% to be given for full provider engagement and commitment to the Sustainability and Transformation Plan process.

The key commissioning for quality and innovation scheme areas for 2017/19 are; NHS Staff & Wellbeing; Proactive and Safe Discharge; Reducing the impact of Serious Infections; Wound Care; Physical Health for People with Severe Mental Illness; Improving Services for People with Mental Health Needs whom Present at A&E; Child & Young Person Mental Health Transition; Advice & Guidance; Personalised Care & Support Planning; E-Referrals; Preventing Ill Health by Risky Behaviours; Sepsis and the promotion of the National Early Warning Score for sepsis.

3.0 Delivering Transformation

3.1 The Integrated Care Partnership

West Cheshire Clinical Commissioning Group is committed to delivering a system of place based care in line with the five year forward view. We have already agreed with partners the development of a Target Operating Model set out in our Strategic Outline Case in October 2017, set out in diagram 1

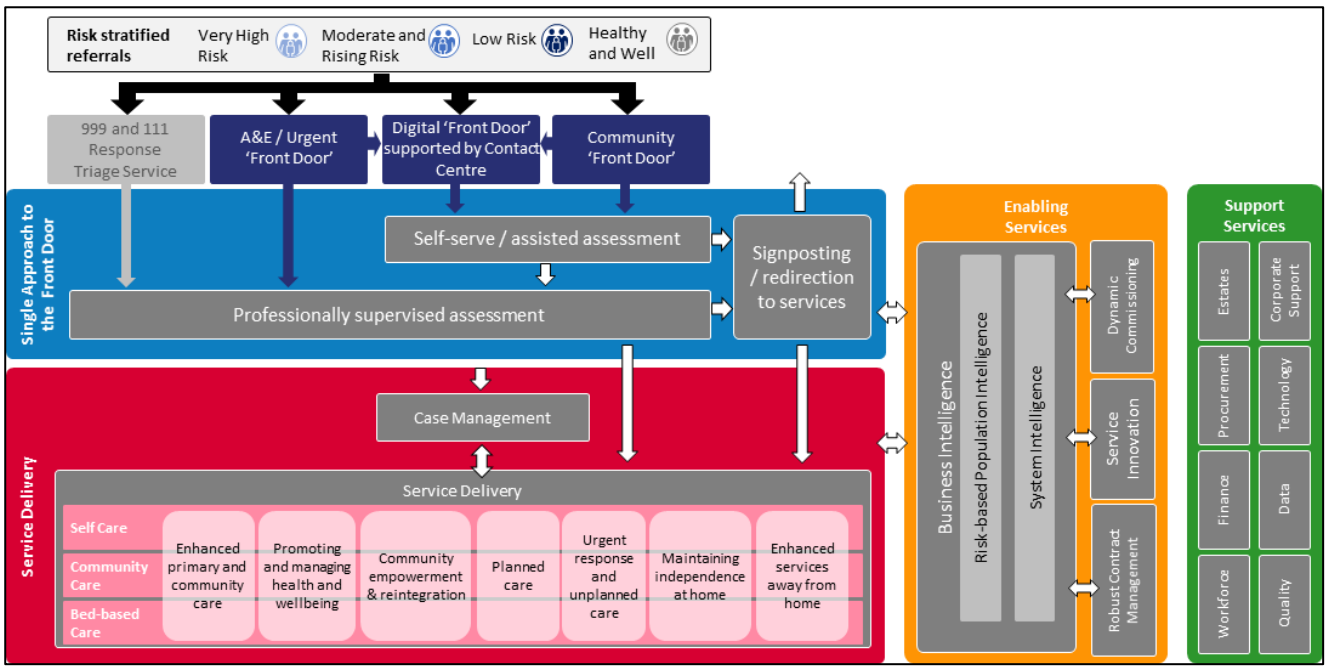


Diagram 1: Integrated Care Partnership Target Operating Model

The overall vision of the Integrated Care Partnership will be to move care closer to home and to deliver a system of population health management. Diagram 2 depicts the transition required to deliver a system of place based care. During 17/18 we commenced work to deliver this vision. Our key outcomes for our population, set out in the Strategic Outline Case are;

- Be safe and feel supported
- Enjoy long and happy lives
- Access the right care, in the right place when they need it
- Only have to tell their story once
- Be happy with their care
- Be able to look after themselves and stay well
- Avoid going to hospital if they don't need to
- Avoid staying in hospital too long
- Recover quickly

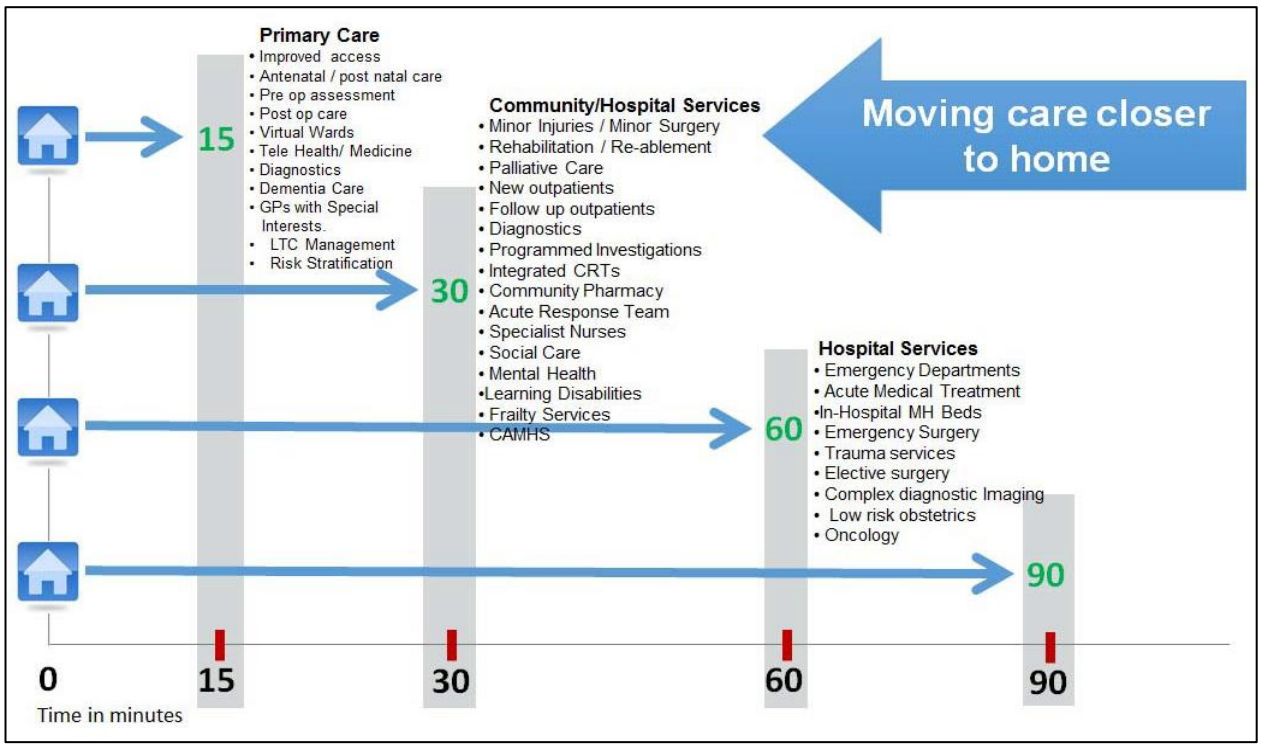


Diagram 2: Moving Care Closer to Home

To achieve deliver these aims in 2018/19 we will continue work on a number of priority areas. These include;

Work stream	Proposed change
Digital Front Door	• Providing 'front door' digital access, (telephone, apps, and website that joins up information, advice and guidance across the health and care system). • Introducing an online booking service for appointments.
Community Front Door	• A standardised approach to assessing and signposting individuals to the appropriate service based on their health and social care needs.
Risk Stratification	• Using a consistent risk assessment tool which utilises service user-level data to identify sections of the population at risk of admission/re-admission to acute and/or long-term care.
Enhanced Care Through Integrated Working	• Introduce a framework to ensure integrated teams operate to a consistent level of quality / performance focused on the target cohort identified through risk stratification. • Integration of neighbourhood teams with primary care clusters, mental health services and third sectorsupport moving towards a Care Communities model. • Review of capacity to ensure resources are in place to support proactive care. • Protocols to ensure rapid access to specialist services that are required by the target cohort including intermediate care. • Common recording and case management system building on the Single Care Record. • Further engagement with social prescribing through Primary Care and Neighbourhood Teams.

Work stream	Proposed change
Frail and elderly pathway	• Improving joint processes to improve the flow of acute care and avoid delays in discharge from hospital. • Enhanced intermediate care. • Enhancing our approach to falls across partners. • Pharmacy support in care homes. • Improved support to people living in care homes. • Strengthen multi-agency offer relating to dementia.
Respiratory Pathway	• Focusing on COPD and Pneumonia, create an integrated pathway from prevention, first diagnosis, exacerbation, rehabilitation and maintaining wellness. • This will incorporate all appropriate interventions. Including prevention, self-care, local network support, community support and acute based care.

Delivery of integrated care across the above pathways will be the focus during 2018/19. The emphasis will be on shorter term quick and the implementation of medium term foundations. This will enable us to move forward with more ambitious system change. Our Strategic Outline Case included a memorandum of information that agrees the phased integration of services into an integrated care model. During 2018/19 these services will be integrated, to ensure that our system works under one leadership, all with the agreed ambition to address fragmentation of care.

4.0 Assurance & Performance

4.1 Improvement & Assessment Framework

The Improvement & Assessment Framework (IAF) reflects a Clinical Commissioning Group's fitness to operate successfully and indicators do not reflect data that is solely within the Clinical Commissioning Group's control, therefore to focus performance against the IAF metrics is to ensure a system wide collaborative approach is being taken to performance and delivery.

In 2018/19, the Clinical Commissioning Group will commit to measuring its performance and benchmark itself against peers using the Improvement and Assessment Framework. The Clinical Commissioning Group benchmarks in the top quartile in a number of metrics such as Improving Access to Psychological Therapies (IAPT) and Diabetes, however there are a number of metrics where the Clinical Commissioning Group benchmarks the lowest in its peer group.

These metrics will be the focus of scrutiny within 2018/19, devising clear explanation of the current state of affairs, steps taken to recover the position and trajectories for improvement.

The Clinical Commissioning Group aspires to be in the top quartile for each published metric against its benchmarked peer comparison group. This will be achieved by working across the system with partners, using both collaborative and contractual levers to deliver change.

4.2 Constitutional Performance

The Clinical Commissioning Group is required to meet a number of NHS Constitutional Performance Metrics (table 4). The Clinical Commissioning Group is committed to delivering these targets and will hold providers to account through robust contractual management.

In 2018/19, the Clinical Commissioning Group will develop further focus on any underlying issues of performance failure against the standards. This narrative along with improvement plans and trajectories for any standard breach will be reported monthly to the governing body and through to the regional Cheshire and Merseyside NHS England Performance Group.

The recovery of the A&E 4 hour standard is a priority for the Clinical Commissioning Group delegating a system wide approach to recovery through the A&E Delivery Board, which is made up of all urgent care system partners. However through robust contractual management, the Clinical Commissioning Group will also hold our Providers to account for the delivery of the A&E 4 hour target. The Clinical Commissioning Group will ensure that strict reporting is maintained on a regular basis through established processes.

Cancer Targets are also being managed at a system wide level with a focus on increasing clinic capacity and improving communications between primary and secondary care to improve urgent 2 week referral targets. A number of Cancer improvement initiatives are being undertaken as described within this operational plan, all of which aim to support our Constitutional Cancer targets.

The Clinical Commissioning Group will aim to maintain its diagnostic and referral to treatment targets, focusing on specific failing specialities, to ensure adequate capacity is available in the system and that all long waiters are being actively managed at an individual level to prevent any 52 week breaches. A number of initiatives described within this operational plan aim to support the delivery of the 18 week referral to treatment target and 6 week diagnostic target, through improved management of electronic referrals, triaging and deflection to alternatives which all aim to free up out-patient and diagnostic capacity.

Table 4: Constitutional Performance Targets

Standard	Target
A&E 4 Hour	95% of patients admitted or discharged within 4 hours
Referral to Treatment 18 Weeks	92% of pathways first definitive treatment or discharged within 18 weeks
Diagnostic 6 Weeks	99% of patients having diagnostic test within 6 weeks of referral
Cancer 2 Weeks All	93% of patients seen within 14 days from urgent referral for suspected cancer
Cancer 2 Weeks Breast	93% of patients seen within 14 days from urgent referral for suspected cancer (Breast)
Cancer 1st Treatment 31 Day	96% of patients given first treatment for cancer within 31 days of decision to treat
Cancer Subsequent Treatment 31 Day Drug	98% of patients given first treatment for cancer within 31 days of decision to treat - drugs
Cancer Subsequent Treatment 31 Day Radiotherapy	94% of patients given first treatment for cancer within 31 days of decision to treat - radiotherapy
Cancer Subsequent Treatment 31 Day Surgery	94% of patients given first treatment for cancer within 31 days of decision to treat - surgery
Cancer Urgent 62 Day	85% of patients given first treatment within 62 days from GP referral
Cancer Screening 62 Day	90% of patients screened within 62 days of referral
Ambulance Red 1 Ambulance Red 2 Ambulance Cat A	75% of Emergency response within 8 minutes 75% of Emergency response within 8 minutes 95% of calls with ambulance on scene within 19 minutes
Improving Access to Physiological Therapies (IAPT)	1.25% of patients to access IAPT Services 75% of patients to be treated within 6 weeks of referral 95% of patients to be treated within 19 weeks of referral 50% of patients to be moved to recovery at discharge

5.0 Enablers

5.1 Communication & Engagement

How West Cheshire Clinical Commissioning Group communicates and engages with the people of West Cheshire, our GP members, partner organisations and the third sector is central to achieving our vision for integrated care and a high-quality, joined-up healthcare system that is safe, affordable and meets the needs of the local population.

The clinical commissioning group's Communications and Engagement Strategy 2017/19 aligns with the operational plan, outlining how we will ensure that local communities and key stakeholders are able to help shape local health and care services.

It is critical that local communities and key stakeholders are involved in shaping and influencing decision-making and that communication and engagement is recognised as a two-way process. We need to listen to the opinions of the people and groups we communicate and engage with, record their feedback and evidence how we use it to inform our commissioning decisions.

Revised statutory guidance published by NHS England in April 2017 sets out ten key actions on the legal duty to involve patients and the public in commissioning. Whilst these statutory obligations demonstrate the minimum requirements for participation, our strategy is underpinned by a commitment, drive and ambition to embed effective communications and meaningful engagement into the heart of the work of the Clinical Commissioning Group. Consequently, we aim to:

- Support engagement and consultation with patients, carers and families (as well as our general population and wider stakeholders) throughout the commissioning cycle
- Lead a collaborative approach to communications and engagement with our service partners in West Cheshire in the development of integrated care
- Develop consistency in the way that the clinical commissioning group and service partners communicate, engage and share information with our stakeholders
- Improve digital communications and engagement by building a strong community of stakeholders online who are engaged in a two-way conversation about our work
- Continue to build the reputation of the clinical commissioning group by encouraging interest in our work from the media and other stakeholders
- Pursue more targeted engagement to ensure that people with protected characteristics (defined by the Equality Act 2010) are not discriminated against, that their voice is heard, and their experiences and insight are shared and integrated into our commissioning processes.

5.2 Business Intelligence

West Cheshire Clinical Commissioning Group's Business Intelligence (BI) team will support the Clinical Commissioning Group in delivering its priorities as described within this operational plan. The Business Intelligence team, working in partnership with Arden & Gem Commercial Support Unit (CSU) and Midlands and Lancashire CSU, will utilise advanced technical infrastructure and reporting tools to explain what is happening within our local health economy, evaluating the impact of commissioning decisions on to the local population and service providers.

The BI team will offer support to the commissioning and finance teams to enable the delivery of this operational plan.

5.3 Better Care Fund

The Clinical Commissioning Group is a committed member of the Cheshire West and Chester Health and Wellbeing board along with Cheshire West and Chester Local Authority and NHS Vale Royal Clinical Commissioning Group. The Health and Wellbeing Board approve plans to manage a pooled budget, *'the Better Care Fund' (BCF*), of resource to deliver against four key metrics;

- Reduce non-elective admissions
- Effective re-enablement
- Admissions to residential and nursing care homes
- Reduce delayed transfers of care (DTOC)

A two year plan was agreed in September 2017 which further built on the foundations and developments of the original 2016/17 Better Care Fund plan. The plan resulted in a pooled budget of £105 million across all three organisations, inclusive of voluntary additional contributions and the Improved Better Care Fund (IBCF) grant, issued by central government.

Cheshire West & Chester Local Authority is operationally responsible for the Better Care Fund and its deliverables, reporting to regulators and the Health and Wellbeing Board on performance. In 2018/19 the Clinical Commissioning Group will ensure its contribution both delivers against the Board's aims and ambitions of having a long-term integrated health and social care economy whilst releasing tangible benefits to our local health economy through its impact on our urgent care services, through robust scrutiny, challenge and pro-active partnership working.

5.4 Medicines Management

Medicines Management will ensure the effective use of benchmarking information and best practice intelligence to support prescribers to make high quality cost effective prescribing decisions; including working collaboratively across commissioners and providers to develop system-wide medicines management approaches.

In 2018/19 the Medicines Management team will continue to focus on minimising waste through its repeat prescribing work, including re-aligning multi-item prescriptions and raising awareness of waste.

The team will work closely with the Clinical Commissioning Groups Providers and member practices to ensure adherence to the Area Prescribing Committee processes, including; for the introduction of new drugs, formulary reviews; development of guidance and pathway changes.

Medicines Management will ensure that the antibiotic formulary is in place and reviewed, ensuring clinicians are aware of the formulary, policy and providing education where appropriate. The team will ensure all opportunities are explored to increase the use of and switch patients to appropriate and relevant biosimilar products.

The team will also ensure all unplanned admissions relating to medication are identified and reported to the patients GP, carer and/or care home.

5.5 Procurement

The Public Contract Regulations 2015 stipulate the requirements to procure health services. All future contracting opportunities will be made available both in the Official Journal of the European Union and Contracts Finder.

In-line with our Five Year Forward View strategy to develop an Integrated Care Partnership; our priority will be to aggregate service contracts into wider pathway agreements; encouraging where appropriate our partners to make out-sourcing decisions, using the Standard NHS Sub-Contract. The Clinical Commissioning Group is committed to being transparent about all contracting decisions and will comply with all relevant legislation.

5.6 Programme Management Office (PMO)

Effective management and control of programmes and projects is essential to the successful delivery of the Clinical Commissioning Group's objectives and statutory duties and in particular the Financial Recovery Plan. The Clinical Commissioning Group's Programme Management Team will:

- facilitate and ensure the delivery and assurance of the programmes and projects,
- Horizon scan and identifying new opportunities for reducing waste, costs and improve efficiency,
- Provide and develop project and programme management tools, systems and associated documentation,
- Administration of the Programme Delivery Group (a sub-committee of the constitutional Finance, Performance and Commissioning Committee)
- Collation of programme updates and dashboards for assurance to the governance process,
- Support programme and project managers in developing their project plans and outcomes and monitoring their delivery,
- Maintaining an audit trail of projects and programmes including their risk registers,

The Programme Management Office is responsible for enabling the successful delivery of all financial recovery schemes, including facilitating the gateway review process for each operational service. The Clinical Commissioning Group uses its gateway review processes to internally challenge the delivery of projects against their set milestones and objectives, using the process to risk rate delivery and provide solutions to barriers of non-delivery.