Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Operational Plan 2019/20

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Chapter 1: Introduction

1.1 Introduction

The four Cheshire Clinical Commissioning Groups (CCGs) are working collaboratively to:

- Improve outcomes for the population and to better engage our residents in the co-design of services;
- Create the optimum environment to both enable and accelerate the development of and implementation of new models of integrated care, built from care communities of circa 30,000-50,000 people across Cheshire;
- Develop the integration agenda with the two local authorities and meet the national target of achieving integration between health and social care by working together;
- Work towards a proposed merge NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG in 2020;
- Address the growing financial and operational pressures faced by the CCGs;
- Better utilise the existing workforce across the four CCGs, improving efficiency and reduce duplication whilst continuing to deliver statutory duties;
- Support the Cheshire and Merseyside Health and Care Partnership (formerly STP) to deliver its priorities;
- Create capacity to accept delegated authority for the commissioning of other NHS England commissioned services (e.g. Specialised Services, Pharmacy);
- Deliver national statutory requirements and nationally mandated priorities identified in the NHS Mandate and associated Planning Guidance.
- Improve performance against NHS constitutional and local standards by sharing best practice and targeting intervention

To support these objectives the Cheshire CCGs have formed a Joint Commissioning Committee (JCC) to oversee shared commissioning objectives and have appointed a single Accountable Officer and subsequently, from April 2019 are moving to a single Executive Team.

Reflecting this closer working across Cheshire, the intentions in this document provide detail regarding our shared Commissioning Intentions for 2019-20. It is recognised that the level of detail varies between areas. This is a reflection of the collaborative work that has already been undertaken at a Cheshire level, in some areas.

Reflecting , that whilst many areas within the Commissioning Intentions document are consistent, there is additional local context or activities which will sit alongside the shared working. As appropriate individual CCG intentions, are included within this document alongside these broader Cheshire plans.

The Joint Committee has an existing work plan and the intentions have been broadly mapped against this plan and further work is now required to align priorities and make recommendations to the Joint Committee as to a revised work plan for 2019/20.

The plans have been refreshed to reflect the requirements cited within the NHS National Operational Planning Guidance published in January 2019 and to reflect the requirements of the NHS Long Term Plan.

Appendix 1 shows the operational plan development timeline.

Chapter 1: Introduction

1.2 National Priorities

A) The Long Term Plan;

The NHS Long Term Plan, published on 7th January 2019, includes key themes of:

- Developing "out of hospital" care (Joining up Primary Care and Community Services).
- Redesigning and reduce pressure on emergency hospital services.
- Delivering personalised care.
- Digitally-enabled primary and outpatient care.
- Focus on population health and local partnerships with local authorities through Integrated Care Systems (ICSs).

The national requirements, for 2019-20, are to implement the immediate priorities in the NHS Long Term Plan. Key priorities include:

- The need for system (STP/ICS) level plans by Autumn 2019 - describing how the system will use its financial resources to meet the needs of its population and what the system will deliver in 2019/20, which should include specialised and direct commissioning as well as CCG and provider plans. The plan should make clear the underlying activity assumptions, capacity, efficiency and workforce plans, transformation objectives.
- Delivery of system control totals allowing parties within STP/ICS to vary contributions within this envelope. This includes Provider and Commissioner Sustainability Funding and development of System efficiency plans
- Plans for implementing guidance related to "no-deal" Brexit
- Delivery of requirements in relation to the investment of the additional financial allocations confirmed in the budget

The key areas of focus within the plan are detailed below.

1. Development of a new service model which is fit for the future

The plan summarises a series of improvements to be delivered in the following five key areas:

- Improving out of hospital care (primary and community services)
- Reducing pressure on emergency hospital services
- Delivering person-centred care
- Digitally enabled primary and outpatient care
- A focus on population health and local partnerships through Integrated Care Systems

2. Specific NHS action on prevention and health inequalities

Chapter 2 in the Plan looks to address the growing demand for healthcare which results from a growing and ageing population. The plan identifies the top five cause of premature death in England

- Smoking: offering people admitted to hospital NHS-funded tobacco treatment services by 2021/24 including expectant mothers and their partners. Smoking cessation to be introduced for long-term users of specialist mental health and learning disability service.
- Obesity: Doubling of the national diabetes prevention programme including the introduction of a digital option.
- Alcohol: Introduction of Alcohol care Teams (ACTs within hospitals with the highest rates of

alcohol-dependence related admissions using health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services.

- Air pollution: Ensure 90% of the NHS fleet will use low emissions engines by 2028 and heating from coal ad oil will be phased out in NHS buildings.
- Antimicrobial resistance: NHS to continue to support the government's 5 ear plan on antimicrobial resistance.

Health Inequalities

A number of actions to tackle health inequalities are identified including:

- All local health systems are expected to describe how they will reduce health inequalities by 2023/24 and 2028/29
- Acceleration of the Learning Disabilities mortality review programme
- Investment of £30million to meet the needs of rough sleepers so ensure areas with the highest level of homelessness have access to specialist homelessness mental health support.
- Identification and supporting of unpaid carers
- Roll out of specialist clinics for people with serious gambling problems.

3. Improving the quality of care and outcomes

The Long Term Plan looks at both physical and mental health and outlines a range of condition specific proposals: *(indicators to be included)*

A strong start in life for children and young people Maternity and neonatal services

- Children and young people's mental health services
- Learning disability and autism
- Children and Young People with Cancer
- Redesigning other health services for children and young people

Better care for major health conditions

- Cancer
- Cardiovascular disease
- Stroke care
- Diabetes
- Respiratory disease
- Adult mental health services
- Short waits for planned care
- Research and innovation to drive future outcomes improvement

4. Developing and supporting the workforce

The Plan acknowledges that workforce has not grown in line with need and staff have not been supported to meet the changing requirements of patients. A number of goals have been identified however the publication of the comprehensive workforce implementation plan is expected in 2019

Workforce implementation plan 2019 will focus on a number of areas including;

- A modern, flexible and supportive employment culture within the NHS
- A "new deal" for staff to tackle bullying and harassment
- Improving staff health and wellbeing and the ability to move between NHS employers
- Improvements in leadership
- Domestic recruitment and training

The Plan also provides information on; international recruitment, apprenticeships and staff experience and diversity

5. The use of technology and digital innovation

The Plan commits the NHS to be "digital first" in ten years time with particular focus on digitally enabled primary and outpatient care primary through a digital NHS front door in the form of the NHS App.

The Plan describes four ways in which mainstreaming digital enabled care will improve services.

- Improving patient experience
- Supporting the NHS workforce
- Quality clinical care
- Population Health

6. Efficient and effective use of resources

The plan describes how the NHS will continue to use resources more efficiently and effectively over the 10 year lifespan of the Plan. It restates the following five tests set out by the government in the 2018 budget and states how the NHS will meet them.

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention
4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and it's existing assets to drive transformation

B) NHS Operational Planning Guidance

The NHS Operational Planning Guidance, published in January 2019, accompanies the five-year indicative CCG allocations and sets out the trust financial regime for 2019/20. https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf The document also sets out the service deliverables including those described, for year one, in the Long Term Plan.

The document describes a single operational planning process for commissioners and providers emphasising clear accountabilities and roles at national, regional and organisational level.

System Leadership and System Working

Key Points:

- All STP's/ICS will produce a system operating plan for 2019/20 which includes a system overview and system data aggregation.
- Local leaders should agree collective priorities and parameters for organisational planning
- Systems will agree realistic shared capacity and activity assumptions in order to provide a single, system-wide framework for the organisational activity plans based on local trends and recent system activity.
- Plans to be aligned across providers and commissioners and partners should adopt an open book approach to sharing assumptions and plans with each other.
- Organisations within STP/ICS to take collective responsibility for the delivery of their system operating plan

Urgent and Emergency Care

- Every acute with type 1 A&E will move to a comprehensive model of Same Day Emergency Care (SEDEC) delivered at least 12 hours a day 7 days a week.
- Establishment of acute frailty services supported by skilled multidisciplinary teams delivery comprehensive geriatric assessments in A&E and acute receiving units.
- SDEC activity to be recorded via core dataset.
- Focus on ensuring shorter lengths of stay and set local targets for reduction in 7 day or more and 14 day or more lengths of stay in 2019/20.
- Enhance Clinical Assessment Service (CAS) to support admissions avoidance, discharge support and mental health services.
- Commissioners and providers to support 'right place, first time' approach by appropriately resourcing the Directory of Services (DOS).
- Commissioners continue to redesign urgent care services outside of A&E.
- Commissioners to agree individual trajectories for safe reduction in avoidable conveyance for each ambulance trust.
- Commissioners to work with provider trusts to adopt zero tolerance approach to delays of 30 minutes from ambulance services to ED to ensure no one waits more that 15 minutes and no patient is cared for in a hospital corridor.
- Providers to report daily into the Commissioning Data Set type 011, which is replacing the A&E Commissioning Data Set, from March 2019

The deliverables for urgent and emergency care are:

- The existing NHS Constitution standards remain in force until new clinical standards for urgent and emergency care are set out in the Clinical Standards Review, to be published in spring 2019, tested in the first half of the year, and implemented from October 2019.
- Ambulance services should ensure they meet ambulance response time constitutional standards as set out below: o Category 1: 7 minutes (mean), 15 minutes (90th centile) o Category 2: 18 minutes (mean), 40 minutes (90th centile) o Category 3: 120 minutes (90th centile) o Category 4: 180 minutes (90th centile)
- No one arriving by ambulance should wait more than 30 minutes from arrival to hospital handover.

Referral To Treatment

- Providers to improve waiting list position during 2019/20 with capacity plans demonstrating how they will increase elective treatment.
- Acceleration of non face to face interactions and the alignment of diagnostics with appointments.
- Providers to use the national outpatient improvement dashboard to inform improved processes and the use of digital booking options.

The deliverables for RTT are:

- Building on the expectation that providers will deliver March 2019 waiting lists at the March 2018 level, all providers to reduce their waiting list during 2019/20.
- No patient will wait more than 52 weeks for treatment.
- Every patient waiting 6 months or longer to be contacted and offered the option of care at an alternative provider
- Implement agreed standards as set out in the Clinical Standards Review to be published in spring 2019.
- No more than 1% of patients should wait six weeks or more for a diagnostic test.
- Ensure patients will have direct access to MSK First Contact Practitioners

Cancer Treatment

- Commissioners and providers to come together to agree and deliver system wide plan for cancer covering core operational performance and transformation.
- Delivery of all 8 cancer waiting time standards
- Providers to collect the 28-day Faster Diagnosis Standard data

The deliverables for cancer are:

- At least 93% of patients who receive an urgent GP (GMP, GDP or Optometrist) referral for suspected cancer should have their first outpatient attendance within a maximum of two weeks.
- At least 93% of patients with breast symptoms who receive an urgent GP referral for suspected cancer should have their first hospital assessment within a maximum of two weeks.
- At least 96% of patients should wait no more than one month (31 days) for their first definitive treatment, from the date a decision to treat is made, for all cancers.

- At least 94% of patients should wait no more than one month (31 days) for subsequent treatment, from the date a decision to treat is made, where the treatment is surgery.
- At least 98% of patients should wait no more than one month (31 days) for subsequent treatment, from the date a decision to treat is made, where the treatment is drug treatment.
- At least 94% of patients should wait no more than one month (31 days) for subsequent treatment, from the date a decision to treat is made, where the treatment is radiotherapy.
- At least 85% of patients receiving an urgent GP (GMP, GDP or Optometrist) referral for suspected cancer should wait no more than two months (62 days) for their first definitive treatment, for all cancers.
- At least 90% of patients with an urgent referral from an NHS cancer screening programme should wait no more than two months (62 days) for their first definitive treatment.
- Implement human papillomavirus (HPV) primary screening for cervical cancer across England by 2020

Mental Health

Commissioners and providers are expected to work together through STPs/ICP to proactively prioritise:

- Expansion of the mental health workforce including training and retention schemes. Ensure that funds for training and workforce requirements are used for that purpose.
- All providers, including third sector and independent sector, submit comprehensive data to the Mental Health Services Dataset/Improving Access to Psychological Therapies dataset.
- Commissioners to work with providers to ensure data quality is reviewed, national guidance is adhered to and that the data submitted reflects local activity.
- Advancing equality factored into mental health operational plans.
- Understand local health inequalities and their impact on service delivery and transformation and factor in advancing quality into mental health operational plans
- Commissioners are encouraged to use MHSDS commissioner extracts to inform local discussions with providers
- Ensure a clearly defined mental health digital strategy is in place and supported by a service transformation programme to achieve future digital record sharing across health and social care and the integration of digital tools and digitally-enabled therapies into routine clinical practice.

The deliverables for mental health are:

- By March 2020 IAPT services should be providing timely access to treatment for at least 22% of those who could benefit (people with anxiety disorders and depression).
- At least 50% of people who complete IAPT treatment should recover.
- At least two thirds (66.7%) of people with dementia, aged 65 and over, should receive a formal diagnosis.
- At least 75% of people referred to the IAPT programme should begin treatment within six weeks of referral.
- At least 95% of people referred to the IAPT programme should begin treatment within 18 weeks of referral.
- At least 56% of people aged 14-65 experiencing their first episode of psychosis should start treatment within two weeks.

- At least 34% of children and young people with a diagnosable mental health condition should receive treatment from an NHS-funded community mental health service, representing an additional 63,000 receiving treatment each year.
- By March 2021, at least 95% of children and young people with an eating disorder should be seen within one week of an urgent referral.
- By March 2021, at least 95% of children and young people with an eating disorder should be seen within four weeks of a routine referral.
- Continued reduction in out of area placements for acute mental health care for adults, in line with agreed trajectories.
- At least 60% people with a severe mental illness should receive a full annual physical health check. • Nationally, 3,000 mental health therapists should be co-located in primary care by 2020/21 to support two thirds of the increase in access to be delivered through IAPT-Long Term Conditions services
- Nationally, 4,500 additional mental health therapists should be recruited and trained by 2020/21. • The further deliverables for mental health outlined in the technical annex must also be delivered during 2019/20, most notably for: perinatal mental health; all age crisis and liaison services; 50% of early intervention in psychosis services graded at level 3; and reducing suicides.

Learning Disabilities and Autism

- Ensure the ambitions set out in 'Building the Right Support' are met a sustained enabling more people are supported to live in the community rather than in an inpatient setting.
- Care and Treatment Reviews (CTRs) are carried out inline with policy pre and post admissions.
- Focus on ensuring length of stay for those in an inpatient setting are a short as possible.
- Reduce inequalities faced by those with a learning disability through increased uptake of annual health checks and continued learning from the Learning Disability Mortality Review reviews.

The deliverables for Learning Disabilities and Autism are:

- Reduction in reliance on inpatient care for people with a learning disability and/or autism (CCG-funded) to 18.5 inpatients per million adult population by March 2020.
- Reduction in reliance on inpatient care for people with a learning disability and/or autism (NHS-England funded) to 18.5 inpatients per million adult population by March 2020.
- At least 75% of people on the learning disability register should have had an annual health check. • CCGs are a member of a Learning from Deaths report (LeDeR) steering group and have a named person with lead responsibility.
- There is a robust CCG plan in place to ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the local area.
- CCGs have systems in place to analyse and address the themes and recommendations from completed LeDeR reviews.
- An annual report is submitted to the appropriate board/committee for all statutory partners, demonstrating action taken and outcomes from LeDeR reviews.

Primary Care and Community Health Services

- Increase resilience and sustainability at a practice level and transform care provided their population
- CCGs to commit to a recurrent £1.50/head recurrently to developing and maintaining primary care networks.
- CCGs and community providers will make progress towards implementing the new models as outline in the long term plan including the urgent response standards for urgent community support
- STPs/ICS must include a primary care strategy as part of the system strategy setting out how sustainability and transformation of primary care and general practice is ensured.
- Undertake a series of internal audits to provide assurance to NHSE that the statutory function is being discharged effectively.

Workforce

- Providers expected to update workforce plans to reflect latest projections of supply and retention
- Unnecessary agency staffing spend should be eliminated
- Providers should ensure they have systems in place to offer full time employment to all student nurses trained locally where they are suitably qualified and pass assessment centres.
- Workforce plans should include actions to improve retention of staff.
- Provider plans should include a focus on health and wellbeing mechanisms, consideration to the improvement of diversity amongst staff and mitigations to address risks associated with EU exit.
- Plans must align with finance and activity plans.

Data and Technology

- Commissioners to introduce a local requirement for all providers to submit all commissioning datasets to Secondary Uses Service+ (SUS+) on a weekly basis.
- Commissioners and providers to support the increased uptake of the NHS App

Personal Health Budgets

- By March 2021, 50,000 to 100,000 people should have a PHB

1.3 The health needs of people living in Cheshire*

The general health and wellbeing of the population of Cheshire is good with a better than average life expectancy when compared to the national average. However, Pockets of deprivation across the county result in areas of significant health inequalities.

The population as a whole is ageing with a growing proportion of those over 65 and 85. This results in more people living longer with multiple health conditions and requiring the support of health and social care services including services provided by the third sector.

Life expectancy is 11 years lower for men and 13 years lower for women in the most deprived areas of Cheshire East when compared to the least deprived areas. In Cheshire West and Chester, life expectancy is 10 years lower for men and 7.9 years lower for women.

The main causes of mortality in those under 75 years, in terms of disease, in both Cheshire West and Cheshire and Cheshire East are as a result of cancer and cardiovascular disease. However, both areas are better than or comparable to the north west and England rates for these conditions. There is a noticeable difference in the rate between men and women for deaths due to cardiovascular disease with the rate for men being higher in both local authorities. Cheshire East rate of mortality due to injuries in under 75's is worse than the national average but comparable to the north west figures. The rate of excess winter deaths for both areas is comparable to the England average.

Evidence shows that instead of focussing on specific disease conditions we should focus on lifestyle choices/behaviours (which are shaped by a number of factors) as they contribute to a range of diseases.

Smoking

Smoking is the single most important cause of health inequalities and is more common among unskilled and low-income workers than among professional high earners. Smoking rates are also higher among people with a mental health condition, prisoners, looked-after children and LGBT people. A recent Office of National Statistics report found that people living in areas with the lowest Healthy Life Expectancy (HLE) were 1.7 times more likely to smoke than those living in the highest HLE areas in 2015.

Smoking prevalence in over 18s in Cheshire East is higher than the national average but lower in Cheshire West and Chester and the prevalence of those that are 15 years of age that report to be current smokers is also lower than the England level for both areas. The use of E-cigarettes by those aged 15 or over is higher than the England average however this is a pattern seen across the North West as a whole.

* Public Health Profiles https://fingertips.phe.org.uk/

Cheshire East has seen a decline in the number of people setting quit dates and those achieving the 4 week quit. Cheshire East is not performing as well as the England level on both these measures.

Smoking related mortality is similar to the national and north west however there is variation between Cheshire East and Cheshire West and Chester specifically when looking at deaths from lung cancer and COPD especially amongst men.

Alcohol

The number of 15 years olds that have tried alcohol, are regular drinker or state they have been drunk in the last 4 weeks are comparable to the England figures for both Cheshire East and Cheshire West however rates are higher in Cheshire East. When alcohol specific condition admissions for under 18s are reviewed the figures, in Cheshire East are higher than for Cheshire West and Chester indicating variation across the county.

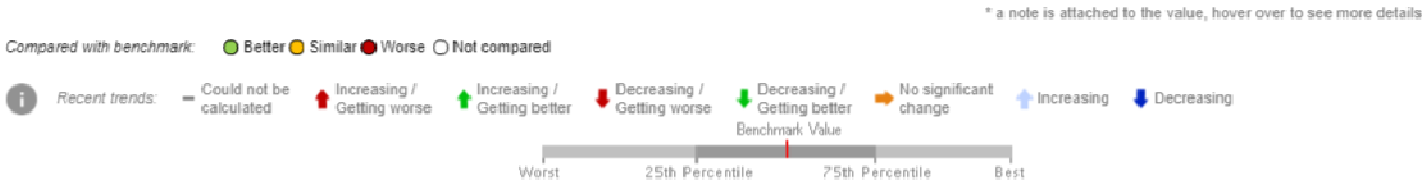
Physical Activity

Approximately 30% of adults across Cheshire don't do the recommended level of physical activity 150 minutes of moderate activity per week). 1 in 4 adults are thought to be overweight or obese as are 1 in 5 children entering primary school increasing to 1 in 3 when beginning secondary school. (*NHS Digital, National Child Measurement Programme)*

The health profile of both Cheshire East and Cheshire West and Chester can be seen on the following pages.

Chapter 1: Introduction

Cheshire East Public Health Profile



Indicator	Period	Recent Trend	Chesh East Count	Chesh East Value	Region England Value	England Value	England Worst	England Range	England Best
Life expectancy at birth (Male)	2015 - 17	–	-	80.3	78.2	79.6	74.2		83.2
Life expectancy at birth (Female)	2015 - 17	–	-	83.7	81.8	83.1	79.5		86.5
Under 75 mortality rate: all causes	2015 - 17	–	3,313	297	391	332	551		228
Under 75 mortality rate: cardiovascular	2015 - 17	–	714	63.0	87.0	72.5	133.4		44.0
Under 75 mortality rate: cancer	2015 - 17	–	1,382	122.7	148.5	134.6	194.5		100.0
Suicide rate	2015 - 17	–	84	8.6	10.4	9.6	17.9		6.1
Killed and seriously injured on roads	2015 - 17	–	538	47.5	38.7	40.8	79.6		17.0
Hospital stays for self-harm	2017/18	–	721	204.6	234.5	185.5	466.5		50.6
Hip fractures in older people (aged 65+)	2017/18	–	504	577	617	578	797		377
Cancer diagnosed at early stage	2016	↑	961	55.8%	51.9%	52.6%	44.7%		60.0%
Diabetes diagnoses (aged 17+)	2018	–	-	75.4%	-	78.0%	54.3%		97.5%
Dementia diagnoses (aged 65+)	2018	–	3,845	70.8%	72.2%	67.5%	52.5%		90.2%
Alcohol-specific hospital stays (under 18s)	2015/16 - 17/18	–	87	38.4	47.6	32.9	106.5		7.4
Alcohol-related harm hospital stays	2017/18	–	2,348	610	700	632	1,097		394
Smoking prevalence in adults (aged 18+)	2017	–	49,684	16.4%	16.1%	14.9%	23.1%		8.1%
Physically active adults (aged 19+)	2016/17	–	-	69.2%	65.1%	66.0%	53.3%		78.0%
Excess weight in adults (aged 18+)	2016/17	–	-	59.4%	63.3%	61.3%	74.9%		40.5%
Under 18 conceptions	2016	↓	98	15.5	22.3	18.8	36.5		4.6
Smoking status at time of delivery	2017/18	↓	421	11.4%	13.4%	10.8%	26.0%		2.0%
Breastfeeding initiation	2016/17	–	2,285	*	64.5%	74.5%	37.9%		96.7%
Infant mortality rate	2015 - 17	–	39	3.4	4.6	3.9	8.1		1.7
Obese children (aged 10-11)	2017/18	↓	591	16.6%	21.0%	20.1%	29.7%		11.4%
Deprivation score (IMD 2015)	2015	–	-	14.1	-	21.8	5.7		42.0
Smoking prevalence: routine and manual occupations	2017	–	-	35.0%	26.0%	25.7%	38.9%		13.9%
Children in low income families (under 16s)	2015	↓	6,365	10.1%	18.7%	16.8%	30.5%		6.1%
GCSEs achieved	2015/16	–	2,281	62.1%	56.6%	57.8%	44.8%		74.6%
Employment rate (aged 16-64)	2017/18	↑	169,900	75.4%	73.4%	75.2%	58.6%		84.5%
Statutory homelessness	2017/18	↑	100	0.6	1.1	0.8	8.1		0.1
Violent crime (violence offences)	2017/18	↑	8,697	23.1	28.6	23.7	7.5		57.3
Excess winter deaths	Aug 2014 - Jul 2017	–	773	21.5%	19.9%	21.1%	34.4%		4.3%
New sexually transmitted infections	2017	↓	1,176	510	718	794	3,215		329
New cases of tuberculosis	2015 - 17	–	42	3.7	7.8	9.9	58.2		0.7

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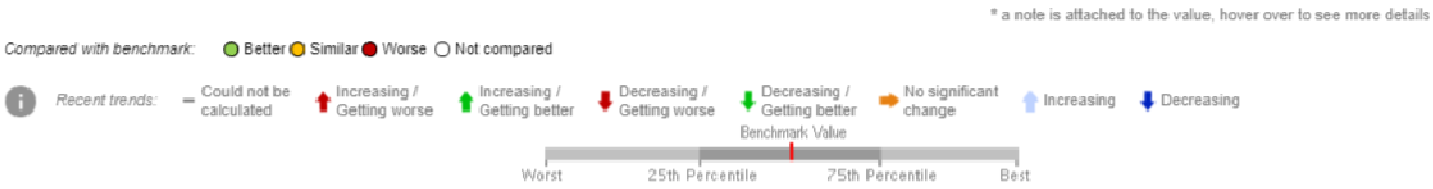
Cheshire West and Chester Public Health Profile



Indicator	Period	Recent Trend	Ch W & Ches Count	Ch W & Ches Value	Region England Value	England Value	England Worst	England Range	England Best
Life expectancy at birth (Male)	2015 - 17	–	-	79.9	78.2	79.6	74.2		83.2
Life expectancy at birth (Female)	2015 - 17	–	-	82.8	81.8	83.1	79.5		86.5
Under 75 mortality rate: all causes	2015 - 17	–	3,128	325	391	332	551		228
Under 75 mortality rate: cardiovascular	2015 - 17	–	679	70.3	87.0	72.5	133.4		44.0
Under 75 mortality rate: cancer	2015 - 17	–	1,321	136.5	148.5	134.6	194.5		100.0
Suicide rate	2015 - 17	–	82	9.2	10.4	9.6	17.9		6.1
Killed and seriously injured on roads	2015 - 17	–	417	41.4	38.7	40.8	79.6		17.0
Hospital stays for self-harm	2017/18	=	673	206.5	234.5	185.5	466.5		50.6
Hip fractures in older people (aged 65+)	2017/18	–	425	600	617	578	797		377
Cancer diagnosed at early stage	2016	→	830	51.6%	51.9%	52.6%	44.7%		60.0%
Diabetes diagnoses (aged 17+)	2018	–	-	79.9%	-	78.0%	54.3%		97.5%
Dementia diagnoses (aged 65+)	2018	–	2,842	64.7%	72.2%	67.5%	52.5%		90.2%
Alcohol-specific hospital stays (under 18s)	2015/16 - 17/18	–	69	34.5	47.6	32.9	106.5		7.4
Alcohol-related harm hospital stays	2017/18	–	2,096	617	700	632	1,097		394
Smoking prevalence in adults (aged 18+)	2017	=	34,296	12.7%	16.1%	14.9%	23.1%		8.1%
Physically active adults (aged 19+)	2016/17	–	-	68.4%	65.1%	66.0%	53.3%		78.0%
Excess weight in adults (aged 18+)	2016/17	–	-	59.1%	63.3%	61.3%	74.9%		40.5%
Under 18 conceptions	2016	↓	100	18.7	22.3	18.8	36.5		4.6
Smoking status at time of delivery	2017/18	→	419	12.3%	13.4%	10.8%	26.0%		2.0%
Breastfeeding initiation	2016/17	→	2,306	66.3%	64.5%	74.5%	37.9%		96.7%
Infant mortality rate	2015 - 17	–	35	3.3	4.6	3.9	8.1		1.7
Obese children (aged 10-11)	2017/18	→	631	18.3%	21.0%	20.1%	29.7%		11.4%
Deprivation score (IMD 2015)	2015	–	-	18.1	-	21.8	5.7		42.0
Smoking prevalence: routine and manual occupations	2017	=	-	16.8%	26.0%	25.7%	38.9%		13.9%
Children in low income families (under 16s)	2015	↓	7,565	13.1%	18.7%	16.8%	30.5%		6.1%
GCSEs achieved	2015/16	–	2,058	62.8%	56.6%	57.8%	44.8%		74.6%
Employment rate (aged 16-64)	2017/18	↓	150,800	74.7%	73.4%	75.2%	58.6%		84.5%
Statutory homelessness	2017/18	↑	41	0.3	1.1	0.8	8.1		0.1
Violent crime (violence offences)	2017/18	↑	8,384	25.0	28.6	23.7	7.5		57.3
Excess winter deaths	Aug 2014 - Jul 2017	–	691	21.7%	19.9%	21.1%	34.4%		4.3%
New sexually transmitted infections	2017	↓	1,170	558	718	794	3,215		329
New cases of tuberculosis	2015 - 17	–	26	2.6	7.8	9.9	58.2		0.7

Chapter 2

WORKING TOGETHER ACROSS CHESHIRE

Chapter 2: Working Together Across Cheshire

2.1 Working as part of the Cheshire and Merseyside Health and Care Partnership

The Cheshire & Merseyside Health and Care Partnership are committed to improving the health and wellbeing of the 2.6 million population of Cheshire and Merseyside and creating a strong, safe and sustainable health and care system that is fit for the future. By taking responsibility for the public money allocated annually to health and social care in our region, the Partnership will deliver rapid and radical improvements over the next 3 years that result in better care, better value and better quality of services. The creation of the Partnership means we can think differently and change services in a way that builds on residents' views, strengthens local decision-making and sets out an ambition to overcome the huge challenges facing the caring services. To deliver our vision for 2020/21, there are three priorities that will create the sustainable health and care system the population of Cheshire and Merseyside requires:

1. Delivering care more efficiently

Health and social care provision will increasingly be designed as a single, seamless service, across the 9 local authorities, 12 clinical commissioning groups, 20 NHS trusts and growing number of GP Federations involved in the Partnership. The focus on place-based care, instead of organisation-based care, means all health and social care for a population in a particular locality will be delivered by a neighbourhood team, which will adopt a single integrated approach.

The neighbourhood teams covering the 9 "places" will be funded by joint health and social care budgets, which will transform provision by removing the artificial barriers between primary care, secondary care, social care, self care and social support.

The Partnership will make the best use of existing budgets to transform the outcomes for local communities and close the health and social care funding gap by reducing demand and becoming more efficient, through providing early help and consistent social support whose absence often leads to poor health. The new focus on neighbourhood teams will enable tailored spending to fit local priorities and shift the balance to early intervention to prevent the need for more invasive and expensive interventions later on.

The Partnership will support sustainable and transformed general practice that forms the foundation of place-based systems.

2. Improving the quality of care

The Partnership recognises the three fundamental arms of quality: effectiveness, safety and experience. Across all our programmes and place-based plans we expect to see evidence of improvement across all of these domains. The top priorities to improve quality across Cheshire and Merseyside include:

- Mental health: to promote mental wellbeing, we will make progress against all deliverables in the Implementing the Mental Health Forward View including ensuring all CCGs meet the Mental Health Investment Standard (MHIS)
- Cancer: By 2020 we will have reduced cancer cases and achieved the national screening uptake targets and reduce the adult smoking rate to 15%. In addition, we will address the variations in incidence of mortality from cancer.

- Cardiovascular disease: we aim to prevent heart attacks and strokes by improving prevention and treatment of high blood pressure. We will save lives among the under-75s and materially reduce spending on the cost of admissions (routine and emergency).
- Neuroscience: we will deliver effective locally accessible care to people with neurological and spinal problems wherever they live, improving outcomes and facilitating savings of £3m.
- We will provide better access to diagnostic services. We will deliver our portion of the national target productivity gain by delivering transformed Pathology services. In radiology, we will deliver chest radiography imaging or CT scan and report within 72 hours of referral and achieve one week (7 day) turnaround for both examinations if indicated.

3. Improving the health and care of the population

The Partnership is committed to improving our population's health so that our population lives well for longer. The biggest improvements to population health will occur in Place and will require integrated working between health, social care and public health.

Through Place and in particular the integrated health and care neighbourhood teams, we will support delivery of Local Authority strategic goals for creating sustainable communities, where all citizens are able to contribute, are enabled to take personal responsibility for their own wellbeing and supported to live well. To achieve this will require a focus on the wider determinants of wellbeing and welfare including housing, education and employment. We will work to minimise the number of people getting to the stage where they need to use health and care services where this is preventable. The Partnership's key priorities for prevention include improved control of hypertension and subsequently reducing heart attacks, a reduction in alcohol-specific admissions and reducing the level of alcohol related disease and a sustained reduction in the inappropriate consumption of antibiotics to combat anti-microbial resistance.

In addition to a focus on prevention, the Partnership is looking to improve care by focusing on;

- Removing variation to deliver safe Maternity, Neonatal, Gynaecology and Paediatrics services and choice to all women equally across Cheshire & Merseyside
- Provide alternative urgent care services to significantly reduce unplanned admissions.
- Ensure more children and young people receive mental health treatment from NHS commissioned community services, and that we deliver the 2020/21 waiting time standards for children and young people's eating disorder services.
- Achieve a reduction in the number of people who have a learning disability and / or autism living in hospital and are enabled to lead their lives in the community.

Chapter 2: Working Together Across Cheshire

2.2 CCGs working in Cheshire together

Since late 2016, the four Cheshire CCGs have been considering the future of health commissioning in Cheshire with the intention to:

- improve outcomes for the population and to better engage our residents in the co-design of services
- create the optimum environment to both enable and accelerate the development of and implementation of new models of integrated care built from Care Communities of between 30,000 and 50,000 people across Cheshire
- develop the integration agenda with the two local authorities and meet the national target of achieving integration between health and social care by 2020
- address the growing financial and operational pressures faced by the CCGs and improve performance against local and national targets
- better utilise the existing workforce across the four CCGs, improve efficiency and reduce duplication whilst continuing to delivery statutory duties
- support the Cheshire and Merseyside Health and Care Partnership (formerly STP) to deliver its priorities
- create capacity to accept delegated authority for the commissioning of other NHS England commissioned services (e.g. specialised services, pharmacy)

In 2017, the four Cheshire CCGs agreed to support the development of greater collaborative commissioning at scale through the formation of a Joint Commissioning Committee of the Cheshire CCGs (the JCC). The CCGs also agreed to consider whether collaboration of CCG teams and/or formal merger of CCGs would help to address the challenges facing the CCGs.

The four CCGs across Cheshire are committed to commissioning care within available resources. This continues to present all parts of Cheshire with a significant challenge and working together across Cheshire is expected to improve our ability to plan and commission care services equitably, based on need and within available resources.

It is expected that there will be long term financial savings for the Cheshire CCGs through working more closely together towards a potential merger. Savings are forecast to be realised through a number of areas both in relation to running costs associated with operating CCGs (e.g. estates, licences, contracts, staffing costs) and in undertaking their business (e.g. governance structures, meeting arrangements). Demonstrating how CCGs are optimising the use of their administrative resources is a key assessment criterion for NHS England when assessing applications by CCGs requesting approval to merge.

With the appointment of a single Executive Team, from April 2019, the ways of working and work programmes will be developed to maximise the delivery of service development across Cheshire.

Working together across Cheshire is also expected to maximise the opportunity for commissioning but through collaborative commissioning with partners in Merseyside, Greater Manchester, North Staffordshire and Wales for services which cross geographic borders and for specialised services best commissioned for a population greater than one million.

Chapter 2: Working Together Across Cheshire

2.3 Working in Partnership with Cheshire East and Cheshire West and Chester Councils

The Cheshire West and Cheshire East Health and Wellbeing Boards are the key strategic leadership forums for health, care and wellbeing. They provide a forum where the clinical commissioning groups, together with the relevant Local Authority, and other key stakeholders from the local health economy agree and address strategic priorities. The Health and Wellbeing Boards have each published a Health and Wellbeing Strategy which aims to deliver the overarching vision that people in Cheshire live healthier, happier lives, and will aim to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities.

The Cheshire West Health and Wellbeing Strategy is available here;

https://www.cheshirewestandchester.gov.uk/news-and-views/documents/health%20and%20wellbeing%20strategy%202015-2020.pdf

The Cheshire East Health and Wellbeing Strategy is available here;

https://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/health-wellbeing-strategy-2018-published-summer-2018.pdf

2.3.1 Integrated Care and Joint Programmes of work

People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs. Often an individual person's care may be provided by several different health and social care professionals, across different providers. As a result, people can experience health and social care services that are fragmented, difficult to access and not based around their (or their carers') needs. Our ambition is to deliver integrated care to reduce confusion, repetition, duplication and gaps in service delivery. Delivering integrated care is essential to improving outcomes for people who use health and social care services. Reducing gaps and inefficiencies in care also offers opportunities for financial savings.

However, it does not make sense to integrate all services, and we will work alongside partners to prioritise the areas of joint work that will bring most benefit to local people. This will include reviewing the services that all organisations commission for shared groups of residents, but also reviewing our working practices at an operational level.

All four Cheshire Clinical Commissioning Groups work closely with their respective Local Authorities in moving towards delivering more integrated health and social care. As commissioners, we are committed to collaborating on the following key areas of health and social care;

- Prevention and wellbeing; maximising the opportunities to help people make healthy lifestyle choices and enhance their wellbeing including through health checks, targeted stop smoking provision, weight management and sexual health services
- Children and families; particularly those with multiple needs (health, education and care) to access early help and prevent crisis, support for young carers and supporting those young people transitioning from children's to adult services
- Mental health and learning disabilities; particularly supporting and improving children and young people's emotional health and wellbeing to deliver the long term plan, to enable individuals to live well within their local communities and where possible to prevent and effectively support individuals going through crisis
- Domiciliary care and Care Homes; to work collaboratively with our providers to ensure individuals receive personalised care, have access to a range of activities that enable them to stay well, good hydration and co-ordinated care for those with long term conditions (particularly dementia) to include effective care plans and access to alternatives to emergency hospital admission
- Carers; we will continue to encourage front line staff to identify carers of all ages so we can ensure they receive the recognition and support they need to provide invaluable care for loved ones.
- Falls prevention; Falls are very common and can have serious implications for the health of older people, with around a third of people aged 65 and over experiencing a fall each year, increasing to half of those aged 80 and over. We are working together across Cheshire to deliver a Falls Strategy that focuses on awareness and prevention of falls aligned to an individual's level of independence, as well as effective and co-ordinated falls services once someone has experienced a fall.

2.3.2 The Better Care Fund

From a national perspective the Better Care Fund has been successful in incentivising local areas to work together. Across Cheshire, we are committed to continuing to prioritise the schemes within the Better Care Fund and improved Better Care Fund, as a means of pooling resources to achieve common objectives. The emphasis is particularly to support individuals to remain independent but also to support them back into the community following an emergency admission to hospital (to minimise 'Delayed Transfers of Care'), including effectively arranging appropriate care either within their own home or temporarily within an intermediate care setting, during a period of rehabilitation.

The key objectives for the effective utilisation of the Better Care Fund resource include:

- Those who receive care and the staff providing them have a positive experience of care
- Care is person centred and effectively coordinated
- People spend the appropriate time in hospital with prompt and planned discharge into well organised community care when needed and there are effective alternatives to hospital admission
- Carers are valued and supported
- Staff work together, with the person at the centre, to proactively manage long term physical and mental health conditions

Chapter 2: Working Together Across Cheshire

The four Cheshire CCGs are committed members of the Cheshire West and Chester and Cheshire East Health and Well Being Boards . The Cheshire West and Chester Health and Wellbeing Board (NHS West Cheshire, NHS Vale Royal CCGs with Cheshire West and Chester Local Authority) and The Cheshire East Health and Wellbeing Board (NHS Eastern Cheshire, NHS South Cheshire CCGs with Cheshire East Local Authority) approve plans to manage pooled budgets, the *'Better Care Fund' (BCF*), pooled budgets between health and social care to deliver against four key metrics;

- Reduce non-elective admissions
- Effective rehabilitation
- Reduce long term admissions to residential and nursing care homes
- Reduce delayed transfers of care (DTOC)

Two year plans were agreed for the periods 2017-19. The plans resulted in a pooled budget of £105 million in Cheshire West and Chester and £29.5m in Cheshire East.

In 2019/20 the Clinical Commissioning Group will work with their Local Authority partners to review contributions towards the Better care Fund scheme. We will look to ensure our contribution both delivers against the Board's aims and ambitions of having long-term integrated health and social care economies whilst releasing tangible benefits through an impact on urgent and intermediate care services. This will require ongoing and robust scrutiny, challenge and pro-active partnership working.

Cheshire East Schemes Include:

Cheshire West and Chester Schemes Include:

Plans for 2019-20 to be finalised March 2019

2.4 System Transformation and Integrated Care Partnerships

Despite our ongoing work to join up care in and reduce demand for services, examples of fragmented care provision and funding challenges remain. People can too often fall into these gaps between services or have their care delayed as a result.

Integrated care will bring together the different organisations and services that look after people in Cheshire West and in Cheshire East to better co-ordinate care, to make sure patient and carer experiences are as joined-up as possible and to support more people to stay healthy and well.

Joining up services which are currently provided separately will enable teams to work together more effectively and efficiently, with the same shared goals. It will benefit the people of Cheshire by moving away from care systems that are designed to treat problems when they occur, but often involve travelling to hospital or using Accident and Emergency or same day GP appointments. Integrated care will help people to identify problems early, where possible treating the problems themselves. When professional care is needed this will be provided in a timely way, closer to home.

Integrated care looks to build on excellent primary care, community-based services and sustainable local hospitals at its foundation. As in many other parts of the country, funding for health and care services in Cheshire is tight. Demand for services is increasing rapidly and, without change, there simply won't be enough money to maintain the quality and standards of health and care that the people of Cheshire have every right to experience.

The way we currently deliver health and care services to the people of Cheshire is not sustainable. By 2021, if we continue to deliver services in the same way, Cheshire will face a funding gap of £200m. We are also aware that the money we do have isn't always allocated consistently. A new approach is needed.

a) Cheshire West Integrated Care Partnership

Developing an Integrated Care Partnership in Cheshire West will help change the way funding flows to make services more sustainable into the future whilst still improving the quality of care provided. Instead of different organisations holding different contracts with lots of different service providers, there will be one budget to serve the needs of the whole population in Cheshire West. This will allow funding to be directed where it is most needed to help care for people and keep them well.

The key objectives are;

- To improve the overall health and wellbeing of the people of Cheshire West and support more people to lead healthy lifestyles to protect themselves from avoidable illness. This will include working with communities and partners to tackle a number of major causes of ill-health such as smoking, alcohol consumption and obesity.
- To ensure people can access the right services when they need them and receive a positive experience of care which is well-coordinated and tailored to their needs.

- To support people with long-term health and care needs to improve their quality of life by empowering them to manage their own health and maintain independence.
- To reduce the number of unplanned hospital admissions and the time people spend in hospital by helping more people recover from illness or injury and stay healthy after treatment.
- To make sure people are always cared for in a safe environment, protected from avoidable harm and that people with mental health conditions receive parity of esteem when they use local services.
- To improve people's experience of care with increased choice and access to services.
- To create a financially sustainable health and care system which encourages innovation and empowers local people and frontline staff.
- To support people at the end of their lives with services which are responsive to their individual needs and preferences

b) Cheshire East Integrated Care Partnership

The purpose of developing the Cheshire East Integrated Care Partnership is to improve the health and wellbeing of the population, to improve the quality and safety of services and to improve patient outcomes, and, to do this in a way which is both clinically and financially sustainable. It is a Place based response to why change is required.

The underpinning principle is to focus on the individual, on healthy living, prevention and proactive care, to provide care close to home and to avoid escalation to bed based care.

The ambition for the Cheshire East Integrated Care Partnership is:

- for a whole system transformation of health & social care; a radical overhaul of the way in which services are commissioned and in how services are provided
- to address the wider determinants of health and wellbeing at an all age and whole population level
- for a single fully integrated provider partnership (Prime Provider model) for Cheshire East Place delivering holistic Patient Centred Care by the right person in the right place at the right time achieving high quality outcomes at the right cost
- for the ICP being an organisation encompassing health and social care within which services are managed in an integrated way (across primary and secondary care, health and social care and mental health)
- to further develop close links to voluntary and community organisations, schools and colleges, housing providers, the fire brigade and police force, industry and business
- for demand to be managed, costs to be reduced, patient outcomes improved

The draft/working Vision for the Cheshire East Integrated Care Partnership is:

- To improve the health and wellbeing of local communities enabling them

to live longer and healthier lives.

We will achieve this by creating and delivering safe, integrated and sustainable services that meet people's needs by the best use of assets and resources available.

Chapter 3

ACHIEVING FINANCIAL SUSTAINABILITY

Chapter 3: Achieving Financial Sustainability

3.1 Introduction

3.2 The CCG's Financial Outlook for 2019/20 and beyond

Chapter 3: Achieving Financial Sustainability

3.3 Financial Framework Development

SECTION TO BE COMPLETED USING CCG FINANCIAL PLANS AND FINANCIAL RECOVERY PLANS

3.3 Quality, Innovation, Prevention and Productivity (QIPP)

Chapter 4

QUALITY AND SAFEGUARDING

Chapter 4: Quality, Safeguarding and Performance

4.1 Our Approach to Quality and Safeguarding

Our approach to Quality is guided by the strategic direction outlined in NHS long-term plan across the 3 domains of quality:

Effectiveness - the plan directs us to deliver quality improvements against a group of clinical priorities, chosen for their impact on the population's health and where outcomes often lag behind those of other similar advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care. There is also a strong focus on children and young people's health.
Experience - the plan calls for a 'fundamental shift' in the way that the NHS works alongside patients and individuals. Highlighting the need to create genuine partnerships between professionals and patients, it commits to training staff to be able to have conversations that help people make the decisions that are right for them. This personalised, joined-up and proactive care will make a significant difference to patients and change how they interact with health services.
Safety - the plan describes measures such as a new patient safety incident management system to be implemented by 2020; a shared and consistent patient safety curriculum; and the development of a network of senior patient safety specialists.

We will take account of these strategic intentions as we continue to ensure that the services we commission are high quality by; identifying measures of improvement in quality that are robust; incorporating these into contracts with providers of healthcare; reporting against these measures in a way that supports comparative analysis and benchmarking and holding providers to account against their performance. Our 2019/20 contracts with providers includes a reference to the "triple aim", set out in the NHS long Term Plan, of better health for everyone, better care for all patients, and sustainability for the NHS locally and throughout England. We will ensure that providers of our services use patient and staff feedback, complaints and incidents to continually learn and improve services.

The new national contract for 2019/20 supports us in our next steps for system-wide collaboration and integration of services, with the inclusion of requirements which relate to the integration and co-ordination of care across different providers.

We will use the new national contract to build on previous improvement initiatives, specifically :

compliance with national guidance on sepsis screening and treatment, along with the use of the National Early Warning Score (NEWS 2)
monitoring the physical health of patients with severe mental illness by mental health service providers
Improvements in continuity of carer in maternity services
improvements in antimicrobial stewardship and reductions in the total volume of antibiotic prescribing
improvements in reducing the number of health associated infections, with a focus on gram negative blood stream infections

https://www.england.nhs.uk/wp-content/uploads/2019/03/CQUIN-Guidance-1920-080319.pdf

Chapter 4: Quality, Safeguarding and Performance

4.2 Securing NHS Constitutional Standards in Commissioned Services

The CCGs are committed to meeting NHS constitutional standards . In developing our plans we are seeking to ensure that pathways of care, referral processes and sufficient capacity is available to meet this duty.

Contractual agreements require delivery of these standards however it is recognised that resource and capacity constraints can make delivery challenging and the CCGs will work collaboratively with providers to identify solutions to support delivery of the constitutional standards. Where providers are struggling to achieve particular standards, CCG commissioners will work closely with them to develop targeted interventions to improve performance.

Chapter 5 describes work programmes designed to support delivery of the constitutional and other nationally defined standards.

4.3 Demand and Capacity Planning

The CCGs have used a consistent approach to projecting likely growth in activity; this is based on analysis of the historic trends and then working with providers to refine the position based on local intelligence, for example the number of people on a waiting list for treatment. Appendix 3 shows the growth assumptions being commissioned by the CCGs.

The consequence of the additional growth will be an improvement in waiting times, and the total numbers of people waiting for elective treatment and diagnostics.

Similar approaches have been undertaken across mental health services with CCG mental health investment plans committing to improved access.

4.4 Workforce

We believe our three major workforce priorities (detailed below) will help us to achieve transformational change across health and care in Cheshire allowing us to meet our workforce challenges to deliver a workforce that supports a strong, safe and sustainable health and care system that is fit for the future.

1. Create a cultural shift to become more system focussed, moving from the traditional silohed organisational approach. This can be achieved through effective and inclusive systems leadership, talent management and organisational development (OD) – by understanding our workforce drivers we can develop Place Workforce & OD Strategies.
2. Attract, recruit and retain skilled staff within Cheshire – 'Keeping our Cheshire workforce in Cheshire'.
3. Ensure we make best use of our resources and learning and development opportunities to enable us to grow and develop our workforce, reducing our reliance on national and regional changes in workforce supply.

In order for us to achieve our workforce priorities we recognise there are a number of advantages in our teams collaborating and working collectively, providing us with a consistent approach to system integration, quality improvement and longer-term system transformation.
There are a number of workforce enabling projects already in progress and a number of activities planned that will support us in achieving our ambition. Our workforce chapter will provide an overview of the work taking place and will comprise of three key sections, which will focus on:

1. Size and shape of our workforce
2. Leadership, Organisational Development and Quality Improvement
3. Recruitment, retention and the development of skills and talent across Health and Care

4.5 Improvement and Assessment Framework

Throughout 2019/2020, NHS England will be reviewing the Improvement and Assessment Framework (IAF) quarterly performance dashboard https://www.england.nhs.uk/commissioning/regulation/ccg-assess/ . In preparation, the Cheshire CCGs will build on already established IAF working groups and meet monthly on a virtual basis to monitor progress and review action plans as prioritised.

There are Six Clinical Priorities: These are mental health; dementia; learning disabilities; diabetes; maternity and cancer. https://www.england.nhs.uk/commissioning/regulation/ccg-assess/clinical-priority-areas/ Data is drawn from the larger IAF table into the six clinical areas. Each area is assessed by an independent panel based on identified criteria. The CCGs are provided with one of four ratings, described as 'outstanding'; 'good', 'requires improvement' and 'inadequate'. The Cheshire CCGs have received the following assessments for 17/18:

Headline rating 2017/18	ECCCG	SCCCG	VRCCG	WCCCG
Mental Health	G	G	G	G
Dementia	O	G	RI	I
Learning Disabilities	G	RI	RI	RI
Diabetes	RI	RI	RI	RI
Maternity	O	RI	RI	RI
Cancer	O	O	O	G

This data has been triangulated across Cheshire to help CCGs understand why performance differs and how we can learn from each other. We have sought good practice examples from other CCGs to help develop solutions and identify potential 'quick wins'. IAF clinical improvement support officers are also available to assist CCGs to make progress.
Improvement plans are in place. Progress is monitored internally and reported regularly through existing governance processes to the Governing Bodies. Further work is being developed to ensure we proactively identify, prioritise and address the remaining IAF indicators.

Chapter 5

COMMISSIONING INTENTIONS

Chapter 5: Commissioning Intentions

The four Cheshire Clinical Commissioning Groups (CCGs) are working collaboratively to:

- improve outcomes for the population and to better engage our residents in the co-design of services
- create the optimum environment to both enable and accelerate the development of and implementation of new models of integrated care built from care communities of circa 30,000-50,000 people across Cheshire
- develop the integration agenda with the two local authorities and meet the national target of achieving integration between health and social care by working together across Cheshire:
- Collaborate across and work towards the merger of NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG in 2020
- address the growing financial and operational pressures faced by the CCGs
- better utilise the existing workforce across the four CCGs, improving efficiency and reduce duplication whilst continuing to delivery statutory duties
- support the Cheshire and Merseyside Health and Care Partnership (formerly STP) to deliver its priorities
- create capacity to accept delegated authority for the commissioning of other NHS England commissioned services (e.g. specialised services, pharmacy)
- Deliver national statutory requirements and nationally mandated priorities identified in the NHS Mandate and associated Planning Guidance.

To support these objectives the Cheshire CCGs have developed a Joint Commissioning Committee (JCC) to oversee shared commissioning objectives and are in the process of appointing a single Accountable Officer and subsequently, by April 2019 moving to a single Executive Team.

Reflecting this closer working across Cheshire the intentions in this document provides stakeholders with a summary of our shared commissioning intentions for 2019-20. It is recognised that the level of detail varies between areas which is a reflection of the work that has already been undertaken is further developed, at a Cheshire level, in some areas.

Reflecting that whilst many areas within the Commissioning Intentions document are consistent there is additional local context or activities which will sit alongside the shared working. As appropriate individual CCGs will publish these additional intentions alongside these broader Cheshire plans.

The Joint Committee has an existing work plan and the intentions have been broadly mapped against this plan and further work is now required to assess the priorities within this programme and make recommendations to the Joint Committee as to a revised work plan for 2019/20.

The publication of the NHS national planning guidance for future years has resulted in the plans being refreshed to reflect these requirements.

The following section provides information of the Cheshire wide commissioning intentions and the local interpretation of these.

Chapter 5: Commissioning Intentions

5.1 Urgent and Emergency Care

Cheshire CCGs will continue to focus on delivery of the National Standards and the Integrated Urgent Care specification during 2019/20.

We will maintain relationships across the three Cheshire local A&E Delivery Boards and working with Local Authority partners through the two "Place" Better Care Funds whilst sharing best practice to deliver improvements.

Each A&E Delivery Board holds a local plan to improve urgent and emergency care services but will work collaboratively to share good practice and opportunities for shared working including:

- Implementing outcomes from demand and capacity modelling;
- Effective surge and resilience planning at a county level;
- Alternatives to A&E including ambulatory care and community alternatives;
- Programmes to reduce bed occupancy, Delayed Transfers of Care and "stranded patients".

Eastern Cheshire	Western Cheshire
Insert plan on a page….	Our priorities include: - Maximise utilisation of Urgent Treatment Centre - Review demand and capacity within OOH service - Second phase of capital development of A&E - Potential relocation of ward 34 to release escalation capacity
South Cheshire	Vale Royal

5.2 Ambulance,111 and Patient Transport Services

As part of our plans for system development and urgent and emergency care we will work collaboratively with North West commissioners to commission the required performance delivery for Paramedic Emergency Service (999), NHS111 and Patient Transport Services focusing on reductions in conveyance rates, improved response times and alternative transport solutions for lower acuity emergency calls.

This will involve ensuring plans are aligned with care community and other urgent care development plans to have an integrated urgent care offer.

5.3 Planned (Elective) Care

We will seek to reduce variation in clinical outcomes through use of intelligence and benchmarking information (e.g. Right Care, GiRFT etc.). Cheshire CCGs have not been able to consistently meeting the constitutional standard for referral to treatment in 2018-19 and as part of operational planning and contract negotiations for 2019-20 improvement plans are being developed to improve on this performance level. Similarly, there is a focus on plans to improve access to diagnostics which will support delivery of referral to treatment improvements and contribute to improved performance against cancer standards.

We will work together across Cheshire to share examples of best practice to support management of demand for elective care. This will include; effective utilisation of health optimisation approaches, review of commissioning policies, primary care peer review of referrals, effective utilisation of the electronic referral system and ongoing development of clinical pathways that incorporate evidence-based alternatives to secondary care.

Insert local detail – finalised in March 2019

Eastern Cheshire	Western Cheshire
CCG will be delivering a recovery programme for 18 week referral to treatment and diagnostic performance. Within this there will be specific improvement programmes implemented to enhance access to the most challenged specialty areas: • Cardiology • Rheumatology • Gastroenterology	CCG is looking to deliver RTT referral target by March 2020. This will be achieved by; - Incentivised cross-system working on demand management - Best practice clinical pathways that include community alternatives - Effective use of referral triage and advice and guidance
South Cheshire	Vale Royal
Will deliver the constitutional standards	Will deliver the constitutional standards

5.4 Cancer

Cheshire CCGs will deliver the national Cancer Standards and Cancer Outcomes outlined in the Cancer Strategy, IAF, Clinical Priority area and Cancer Waiting Times Standards, through;

- Implementation of Greater Manchester Cancer Strategy (Eastern Cheshire, South Cheshire and Vale Royal),
- Implementation of changes associated with redesign of Clatterbridge Cancer Centre (West)

We will develop and implement a Cheshire Cancer Strategy working in close partnership with Tertiary Providers supporting the population

We will reduce the overall growth in the number of all cancer cases, through;

- Promoting, encouraging and empowering people to have healthier lifestyles,
- Diagnosing cancers through screening programmes before signs and symptoms appear – including improve bowel cancer screening uptake to 70%,
- Empowering patients to present early with cancer signs and symptoms

We will improve survival of people diagnosed with cancer, through;

- Putting in place best practice diagnostic pathways,
- Implementing “One Stop” and “Straight to Test” diagnostic testing where possible,
- Ensuring cancer treatment pathways are in line with NICE IOG guidance,
- Implementing a pathway for people with vague but concerning symptoms through a multi-diagnostic centre approach,
- Ensuring every cancer patient to have a Holistic Needs Assessment,
- Bringing 70% of oncology treatment close to home improve the quality of life of patients after treatment and at the end of life through;
- Risk stratifying follow-up care for people at the end of treatment for cancer
- Ensuring all patients receive an end of treatment summary and follow up plan
- Develop Health and Well-being clinics are available for all cancer patients
- Complete the implementation of bisphosphonates for eligible women to reduce secondary breast cancer incidence

Programme areas of focus include: (*more detail to be included)*

- Action on Cancer
- Earlier diagnosis
- Bowel cancer screening
- Pathway redesign
- Recovery package

5.6 End of Life (EOL)

We will ensure that EPaCCS (Electronic Palliative Care Coordination System) is used within all Palliative Care Multi-Disciplinary Teams across Cheshire.

We will ensure that all organisations have an Advanced Care Planning policy in operation with a workforce education plan in place aligned to the core competencies identified within the Cheshire & Merseyside Advanced Care Planning Framework.

We will develop and implement innovative models of proactive and timely care, introducing new partnerships across organisations.

Programme areas of focus include:

- Quality and performance
- EOL advanced care planning
- EOL care co-ordination
- EOL community development
- EOL advanced dementia service
- EOL education

5.6 Mental Health

MENTAL HEALTH INVESTMENT STANDARD INVESTMENTS/VALUES TO BE INCLUDED IN FINAL VERSION

The Five Year Forward View for Mental Health was published in 2016 as the blueprint to transform mental health services by 2021. We are now at the half way stage in our delivery journey. Much has been achieved, especially for specialist services. Some mental health services such as perinatal, Improving Access to Psychological Therapies (IAPT) services and early intervention in psychosis (EIP) were singled out for expansion and received a considerable increase in funding. The benefits of this targeted investment for specialist services have been visibly significant.

2019 sees a continuation of the implementation of the Five Year Forward View for Mental Health, together with the early stages of the roll out of the Long Term Plan. Whilst continuing to expand our newly commissioned services to reach more of our local populations, increased scrutiny and planning will be placed around commissioning for services that deliver improved services set out in the plan such as community mental health teams for people with Severe Mental Illness (SMI), enhanced crisis services for adults and for children and young people.

Therefore in 2019/20 we will

- move to a single contracting and performance management approach with our shared Mental Health Provider(s) across Cheshire
- continue our commitment to deliver the aims within the Five Year Forward View and Mental Health Investment Standard; to deliver improved access to high-quality care, more integrated services and earlier interventions.
- continue to build capacity within community-based services to reduce demand and release capacity from the acute sector and in-patient beds
- look to work with key stakeholders to explore each element of mental health being commissioned on the most appropriate and effective footprint, without reducing the opportunity for effective user engagement and involvement

We will look to build on the progress made within the Cheshire & Merseyside Health and Care Partnership (HCP) mental health programme on those services that are best commissioned at scale;

- the continued expansion of **perinatal mental health services**,
- development of a new care model for **CAMHs Tier 4** in collaboration with providers,
- development of a **supported housing strategy** with Local Authority partners to support those with complex mental health needs
- increase the uptake of **Individual Placement and Support** in secondary mental health services.
- delivery of objectives for those with forensic needs as outlined in the New Care Model business case (Prospect Partnership)
- mapping current health and justice liaison & diversion provision and respond to imminent tender opportunity aligned with Cheshire footprint
- support Directors of Public Health with the implementation of the **Suicide Prevention strategy**

We will work with the developing Integrated Care Partnerships and the Local Authorities to ensure integration of physical and mental health for all ages within our care communities, with smooth transition from more intense services and support back to an individual's home. We will support the shift towards a greater focus on prevention/mental wellbeing and resilience, through effective user and carer engagement and involvement in the ongoing development of new models of care

We will work collaboratively with the Local Authorities to continue to develop an integrated life course approach to the commissioning of mental health through an Integrated Mental Health Strategy, considering the wider determinants of health and wellbeing; particularly employment and housing

5.7 Learning Disability, Autism and SEND

We will work with the Cheshire and Merseyside Health Care Partnership to locally deliver the Transforming Care Partnership agenda.

We will implement a single Cheshire approach to improving the health of our population with a Learning Disability, to include:

- The STOMP agenda (Stopping the Over Medication of People with Learning Disability, Autism or both) with the ambition that this is embedded within Care Communities.
- Developing and implementing a Cheshire Learning Disability and Autism Strategy.
- Ensuring that Physical Health Checks take place in at least 75% of our patients.

We will improve our ability to provide diagnostic services and holistic care that meets the mental and physical health needs of children and young people with Autism.

We will increase collaboration and shared working between existing Education, Health and Social Care Services to ensure a holistic multi-disciplinary assessment and coordinated interventions for children and families.

In Cheshire East the new ASC Diagnostic Pathway will be implemented from 1st April 2019.

We will support an integrated and collaborative approach to SEND to ensure that health is woven through all aspects of commissioning services which support implementation of the SEND Reforms.

We will improve our ability to provide diagnostic services and holistic care that meets the mental and physical health needs of children and young people with autism.

We will commission an All-age Neurodevelopmental Pathway that seeks to provide improved access, considers an individual's holistic needs (with a particular focus on supporting educational needs for children and young people) and reduces the need for multiple transitions between services.

5.8 Primary Care and Community Health

General practice is the cornerstone of the NHS, and the NHS relies on it to survive and to continue to develop.

In April 2016, NHS England published the GP Forward View, which described the pressures and challenges facing general practice. This has recently been further supported by the renegotiated GMS contract that looks to address workload issues resulting from workforce shortfall, continue to improve the Quality and Outcome Framework, develop and embed Primary Care Networks, help join-up urgent care services, develop new services within primary care and harness the digital potential to support innovation.

All the Cheshire Clinical Commissioning Groups are fully delegated commissioners of primary care services. This includes contractual performance management, budget management and commissioning of national directed enhanced services.

The Clinical Commissioning Groups will continue to develop the Primary Care incentive schemes in place to incentivise practices to transition towards a more integrated approach for care delivery, focused and monitored via the achievement of improved outcomes. These schemes support practices coming together as Primary Care Networks to explore collaborative working and support sustainable service delivery.

We will focus on increasing access to Primary Care and the range of services available. 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. Development of improved and extended access will continue within 2019/20 particularly focusing on clear communication to patients regarding the developing offer.

Under the GP Forward View Programme, significant work has already taken place to increase the training and development opportunities for GP Practice staff, for example, by increasing understanding and utilisation of relevant and local signposting to other services available. Following the success of the Releasing Time for Care Programme (aimed at increasing the efficiency within practices and freeing up clinical time) and in line with the new GP contract, the Clinical Commissioning Groups will support 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.

Chapter 5: Commissioning Intentions

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.

We will commission Care Communities/ for populations of between 30,000 and 50,000 people that will increasingly shift to a population health needs approach that sees the whole population stratified by risk of increasing dependency and seeks to maximise individuals independency and wellbeing

5.9 Long Term Conditions

The most commonly occurring long term conditions in Cheshire are diabetes, CVD, COPD. Our ambition is to work more collaboratively to share where we have made significant progress within a particular clinical pathway in one part of the country, to benefit the wider Cheshire population. The overall focus is to increase and enable individuals to manage their own conditions, for care to be personalised and holistic particularly for those with more than one long term condition and for wherever possible, care to be delivered within the community reducing the dependency on secondary care.

We will continue to work with the Cheshire & Merseyside Health and Care Partnership to deliver Cheshire and Merseyside priorities for long term conditions; particularly focusing on diabetes prevention, reducing high blood pressure and reducing alcohol consumption.

We will also continue to work with our local authorities and public health colleagues to improve prevention services available for the population we serve, helping to avoid unnecessary emergency treatment and care.

5.9.1 Diabetes

We will ensure that there are services available for the early detection and ongoing management of diabetes including an education programme compliant with the NDPP (in full) and access to the most appropriate treatment and care compliant with relevant NICE guidance to avoid unnecessary interventions and treatment.

We will ensure patients with diabetes receive regular annual health check with their GP and will have access to related services such as podiatry and optometry.

Eastern Cheshire	Western Cheshire
Development of revised models of specialist input to patients when an inpatient at Macclesfield Hospital	
South Cheshire	Vale Royal

5.9.2 Cardiovascular disease (CVD)

We aim to prevent heart attacks and strokes by improving prevention and treatment of high blood pressure. We will save lives among the under-75s and materially reduce spending on the cost of admissions (routine and emergency).

We will ensure that there are services available for the early detection and ongoing management and treatment of CVD which is compliant with relevant Royal College and NICE guidance and access to the most appropriate treatment and care to avoid unnecessary interventions and treatment.

We will ensure patients with CVD receive regular clinical review. Any patient who suffers a myocardial infarction will be offered access to a cardiac rehabilitation programme and ongoing management and care from a cardiac nurse specialist.

We will ensure that all patients are screened for hypertension in line with best practice guidance.

We will ensure that all patients are screened for atrial fibrillation in line with best practice guidance.

We will look to develop enhanced services for patients with heart failure in the community, supporting primary care clinicians with more complex patients.

5.9.3 Chronic Obstructive Pulmonary Disease (COPD)

We will ensure that there are services available for the early detection and ongoing management and treatment of COPD and asthma which are compliant with relevant Royal College and NICE Guidance. We will look to improve access to the most appropriate treatment and care, to avoid unnecessary interventions and treatment, including access to specialist clinicians in the community to provide support at times of deterioration and appropriate rehabilitation.

We will ensure patients with COPD or asthma receive regular clinical review in primary care, to provide advice and guidance on self management including appropriate inhaler technique.

5.10 Women and Children

We will commission services in line with National Standards aligned with the HCP work programme applying new models of care as appropriate.

We will continue to work in partnership across our local maternity systems to implement the recommendations set out in The National Maternity Review: Better Births - Improving outcomes of maternity services in England (NHS England, February 2016) and support the Cheshire and Merseyside Maternity Pioneer and Early Adopter work, including implementing Personal Maternity Budgets.

In support of The NHS Long Term Plan's (NHS England, 2019) intention to accelerate action to achieve 50% reductions in stillbirth, maternal mortality and neonatal mortality, and serious brain injury by 2025, we will:

- continue to work with our local maternity systems, mothers and their families to achieve the Plan's aspiration for most women to receive continuity of the person caring for them during pregnancy, birth and postnatally by March 2021. This will include planning for the implementation of an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies by 2024
- collaborate with key local commissioners and providers to identify, agree and deliver shared maternity outcomes, with a focus on Public Health outcomes, such as smoking, obesity and breastfeeding, as part of our ongoing "fit for pregnancy" (maternity health optimisation) work. This includes offering all women who smoke during their pregnancy specialist smoking cessation support to help them quit
- continue to work with our commissioned maternity service providers to progress and monitor their adoption and implementation of the Saving Babies Lives Care Bundle and explore the development of specialist preterm birth clinics
- encourage our commissioned maternity and neonatal service providers to be part of the National Maternal and Neonatal Health and Safety Collaborative by Spring 2019 and share their learning via our local Maternity Network
- review and develop the local maternity digital care record offer in support of The NHS Long Term Plan's intention for all women to be able to access their maternity notes and information through their smart phones, or other devices by 2023/24
- encourage our local Acute Trust core maternity service provider to deliver and meet the 10 safety actions by the deadlines set in the NHS Resolution Maternity Incentive Scheme.

Our main locally commissioned maternity service provider is accredited, in line with The NHS Long Term Plan. We will encourage our providers to be and maintain full UNICEF Baby Friendly Initiative accreditation.

Building on our previous work to ensure early identification, assessment and support to carers to reduce any negative impacts of their caring role, we will support the local roll out of the 'top tips' for general practice, developed by Young Carers and referenced in The NHS Long Term Plan.

Chapter 5: Commissioning Intentions

Building on our previous work to ensure early identification, assessment and support to carers to reduce any negative impacts of their caring role, we will support the local roll out of the 'top tips' for general practice, developed by Young Carers and referenced in The NHS Long Term Plan.

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 and support an integrated and collaborative approach. The implementation of the Joint Commissioning Strategy for Children's and Young People's Speech and Language Therapy services, together with the outcomes of the review of the existing Child Development Service, will support this work.

In support of The NHS Long Term Plan's commitment to redesign health services for children and young people to introduce models of care that are age appropriate, closer to home and bring together physical and mental health services, we will continue to jointly redesign local paediatric services with the Acute Trusts to manage and seek to reduce demand, whilst retaining quality services and continuing to integrate paediatric expertise within the community and Primary Care.

In West Cheshire ,we will continue to support 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 a key priority.

We will look to learn from the pilot Women and Children's Community Hub in West Cheshire/Wirral, as part of the Cheshire and Merseyside Women's and Children's Services Partnership National Early Adopter Programme. This will look to explore enhanced provision of maternity and paediatric services within the community to reduce short stay admissions in secondary care.

With the support of available data sources, such as Rightcare, we will continue to identify areas where we are an outlier, such as hospital admissions for children with lower respiratory tract infections, and seek opportunities to support an improvement, including the development of Primary Care services to further reduce reliance on hospital.

The clinical commissioning groups will continue to invest in local children's palliative and end of life care services.

We will continue to seek opportunities to improve the successful and smooth transition of young people from children's to adult health services and will work towards The NHS Long Term Plan's ambition for service models for young people that offer person- centred and age appropriate care for mental and physical health needs, rather than transition to adult services based on age, As a key member of the local Children's Trust Executive, the Clinical Commissioning Group will collaborative with local partners to refresh the local Joint Commissioning Framework and identify and agree future joint commissioning opportunities.

5.11 Offender Health

We will review the provision of (Criminal Justice Mental Health Liaison) CJMIL Service to ensure that multi agency suicide plan can be met

We will ensure that the Cheshire Youth Justice Service (YJS) covers the footprints of NHS West Cheshire, Vale Royal, South Cheshire, Eastern Cheshire, Halton and Warrington CCG's

We will improve the access to mental health and / or emotional support for children and young people who are in, leaving, or at risk of entering the justice system

We will close the gaps in provision to ensure timely and appropriate access to services

5.12 Military Veterans

The Cheshire CCGs will continue to work to increase the number of veterans identified in primary care to increase the current baseline to the expected prevalence levels. This will facilitate priority access to services for veterans who's presenting condition has been acquired whilst serving in HM Armed Forces.

The Cheshire CCGs will ensure access to specialist mental health / psychological therapy services for military veterans. West, Vale Royal, South and East Cheshire CCGs are associates to NHS Bury CCG's contract with Greater Manchester Mental Health Trust which provides the "Veterans in Mind" service across Cheshire & Mersey. Warrington CCG is the lead commissioner for this contractual arrangement for the Cheshire & Wirral CCGs and will support NHS Bury in 19/20, in reviewing the specification, with a view to market testing in 2020/21.

5.13 Specialised Services

We will work with NHS England to understand pathways of care across primary, secondary and tertiary care in order to plan for changing activity/expenditure and inform future commissioning plans. We will also work with NHS England to understand the local impact of further delegation of specialised services.

Chapter 5: Commissioning Intentions

5.16 Safeguarding Adults

The Care Act 2014 sets out the statutory responsibility for the integration of care and support between health and local authorities. Local Authorities have statutory responsibility for safeguarding in partnership with health and together we have a duty to promote wellbeing within our local communities. NHS England and our clinical commissioning groups are working in partnership with local social care services.

We have aligned our safeguarding commissioning policies and standards across the 4 Cheshire clinical commissioning groups to support providers of NHS funded care in ensuring people who use their services are safeguarded. In line with the Intercollegiate document Adult Safeguarding : Roles and Competencies for Health Care August 2018, we expect providers of NHS funded care to work towards achieving these best practice standards and ensure staff are suitably skilled. We have included in our Standard NHS Contracts with providers of NHS funded care an assurance framework which is part of a locally developed Quality Schedule. The schedule clearly articulates our quality requirements for training compliance, including the Prevent Duty, and breaches can lead to financial consequences. The use of an assurance framework supports provider to demonstrate that they have a competent workforce who are able to safeguard adults at risk.

5.17 Safeguarding Children

Working Together 2018 has identified clinical commissioning groups as a statutory partner in safeguarding partnership arrangements; along with police and local authorities. As such we will be establishing new ways of working to deliver the commitments outlined in that publication. We will provide safeguarding leadership and expert advice across the whole health economy. With our safeguarding partners we will make arrangements to identify and review serious child safeguarding reviews and where appropriate will commission and oversee the cases. As "Relevant Agencies" providers will be expected to play a full and active role in safeguarding and promoting the welfare of children.

We have aligned our safeguarding resources and processes across the 4 Cheshire clinical commissioning groups and we will continue to seek assurance from providers NHS funded care of their compliance with the requirements in Working Together 2018. We have included in our Standard NHS Contracts with providers of NHS funded care an assurance framework which is part of a locally developed Quality Schedule. The schedule clearly articulates our quality requirements against a set of commissioning standards and breaches can lead to financial consequences.

5.18 Looked After Children

We will primarily focus on improvements in two areas:

- reducing the variation in the provision and the content of Leaving Care Health Summaries
- the quality assurance processes for Initial Health Assessments and Review Health Assessments

5.19 Child Death Overview Panel

Following the implementation of the Children and Social Work Act 2017 the revised statutory guidance Child Death Review Statutory and Operational Guidance (HM Government October 2018) has been issued. The guidance sets out key features of what a good child death review process should look like. The process combines best practice with statutory requirements that must be followed. The Pan Cheshire Child Death Overview Panel members have taken account of the new guidance and have developed their new statutory arrangements.

5.20 Commissioning Support

We will undertake a review of the system support offer from the CSU and work with them to ensure that it meets the needs of future requirements for commissioning and ICPs.

We intend to extend the existing contract until March 2020 to allow for a thorough review of our ongoing needs

5.21 Continuing Health Care and Complex Care

We will ensure that all patients are assessed, reviewed and case managed in line with the revised 2018 NHS Continuing Healthcare Framework ensuring that eligibility and fast track rates fit with national benchmarked levels.

We will ensure all national key performance metrics are achieved:

- 80% of patients receive a decision on CHC eligibility within 28 days
- Less than 15% of CHC assessments take place within an acute setting
- No patient wait longer than 26 weeks to receive a decision on CHC eligibility

We will reduce the number of patients cared for out of area

We will develop a revised market management approach in conjunction with Local Authority partners to result in local care providers through:

- Being able to respond to patient needs without delay,
- Offering care at the highest level of quality and the best value,
- Being incentivised to bring about better patient outcomes,
- Proactively redesigning care offers to meet changing demography and care needs.

Chapter 6

ENGAGING WITH PATIENTS AND THE PUBLIC

Chapter 6: Engaging with Patients and the public

6.1 Our plans to involve the public

The communications and engagement teams of the four CCGs have significant collective expertise in, and experience of, strategic communications and public engagement and involvement.

Their service offer includes:

- Audience analysis, segmentation and stakeholder mapping
- Partner and stakeholder communications
- Development, management and measurement of multi-media campaigns
- Media relations and public affairs management
- Brokering of graphic design and print solutions
- Planning, delivery and analysis of quantitative and qualitative research
- Planning and delivery of public consultation that is lawful and complies with the Gunning Principles.

The teams have assigned resource to manage the public, partner and stakeholder engagement required to support the proposed merger of the Cheshire CCGs. The objectives, ambitions and anticipated benefits of the proposed merger have provided a framework for the development of an emerging Communications and Engagement Strategy for the single CCG.

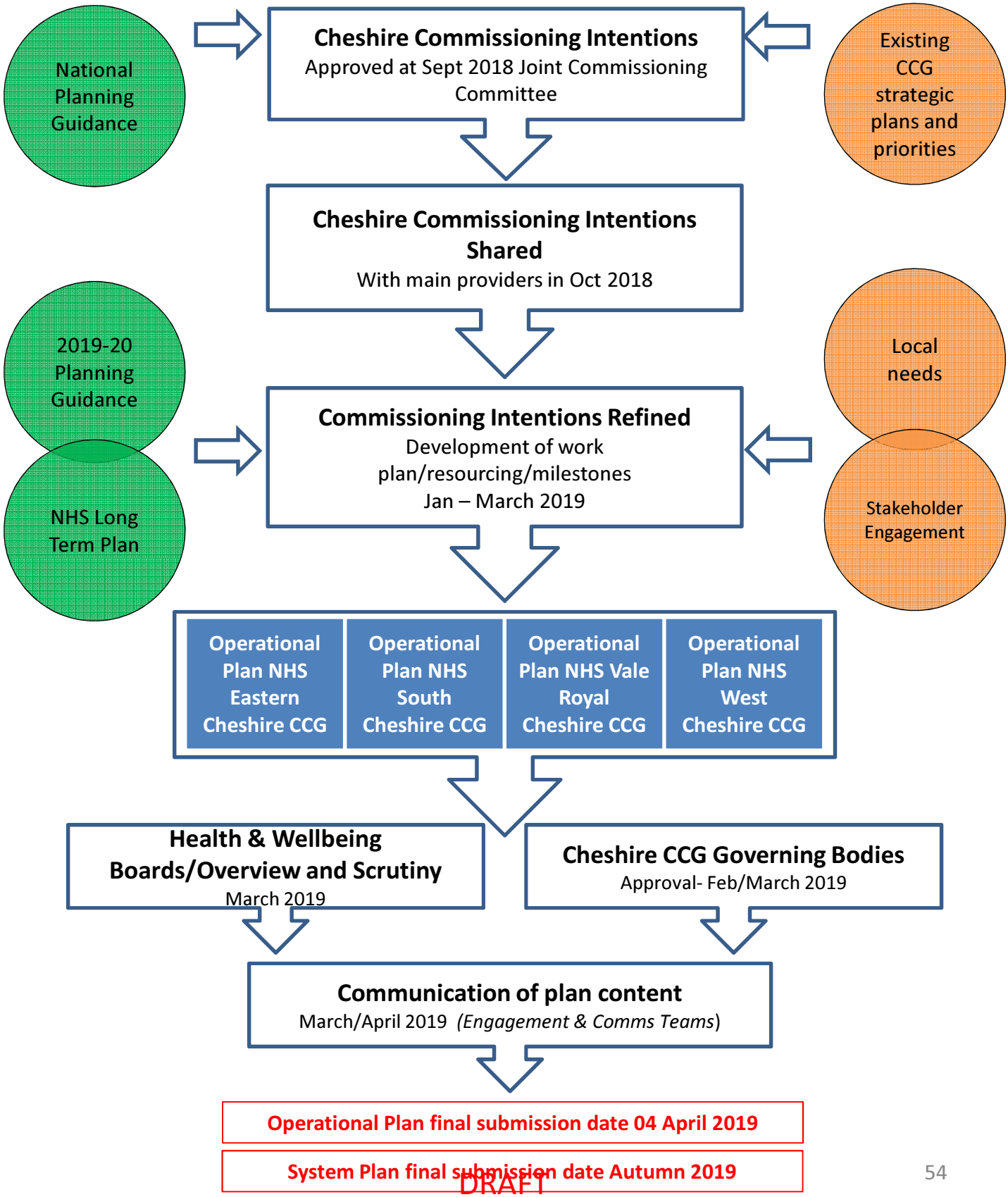
The teams have also assigned resource to the promotion of the development and early achievements of the proposed ICPs. Responsibilities have been assigned in accordance with the particular areas of expertise of the communications and engagement post holders.

It will not be possible to assign permanent resource to either the proposed CCG or ICPs until their structures and responsibilities have been fully defined and until such time as vision, values, ambitions and priorities have been agreed.

APPENDICES

Appendix 1

Developing the operational plans for the Cheshire CCGs



Appendix 2

Operational Planning Guidance Long Term Deliverables

System architecture	Work towards every area of the country being part of an ICS by April 2021
Health inequalities	All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29, including clearly setting out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes
Maternity	Start to implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies
	Offer all women who smoke during their pregnancy, specialist smoking cessation support to help them quit
	Support work to achieve a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025
	By spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative, supported by Local Learning Systems
	Roll out the Saving Babies Lives Care Bundle during 2019
	Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by October 2019
	Continue to work with midwives, mothers and their families to implement continuity of carer so that, by March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally
	All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20
Mental health	By 2020/21, the NHS will ensure that at least 280,000 people living with severe mental health problems have their physical health needs met
	Use additional 2019/20 baseline funding to stabilise and bolster core adult and older adult community mental health teams and services for people with the most complex needs. Alongside this, undertake preparatory work for the mobilisation of a new integrated primary and community model as part of the Long Term Plan.
	Continue to deliver enhanced access to mental health services for children and young people
	Begin roll out of Mental Health Support Teams working in schools and colleges in trailblazer areas to cover one fifth to a quarter of the country by the end of 2023
	Continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long term conditions
	Continue to progress delivery of standards for early intervention in psychosis, IAPT and services for young people with eating disorders by 2021

Appendix 1

	Delivering against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Learning disability and autism	Expand the STOMP-STAMP programmes to stop the overmedication of people with a learning disability, autism or both by 2023/24
	Continue to reduce the number of people with a learning disability, autism or both in inpatient care
Cancer	From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer
	Extend lung health checks (already piloted in Manchester and Liverpool)
	From 2019, we will start the rollout of new Rapid Diagnostic Centres (RDCs) across the country
	Implement a stratified approach for follow up for breast cancer in 2019 and prostate and colorectal cancers in 2020 (expanding to all cancers which are clinically appropriate in 2023). From 2019, we will begin to introduce an innovative quality of life metric – the first on this scale in the world – to track and respond to the long-term impact of cancer

Appendix 3

Operational Planning Secondary Care Activity Growth Assumptions – as at February 14th

Code	Activity Line	Eastern Cheshire	South Cheshire	Vale Royal	West Cheshire
E.M.7	Total Referrals (General and Acute)	0.0%	0.3%	0.0%	2.4%
E.M.7a	Total GP Referrals (General and Acute	-0.2%	-0.3%	-0.7%	2.3%
E.M.7b	Total Other Referrals (General and Acute)	0.3%	1.5%	1.6%	2.5%
E.M.8+9	Total Consultant Led Outpatient Attendances	2.0%	3.9%	4.4%	2.3%
E.M.8	Consultant Led First Outpatient Attendances	1.2%	2.0%	2.1%	2.3%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	2.4%	4.9%	5.5%	2.3%
E.M.21	Consultant Led Outpatient Procedures	2.8%	6.5%	4.1%	2.3%
E.M.10	Total Elective Admissions	3.7%	1.8%	0.2%	2.2%
E.M.10a	Total Elective Admissions - Day Cases	3.0%	1.5%	0.0%	2.3%
E.M.10b	Total Elective Admissions - Ordinary	8.1%	4.5%	1.4%	2.2%
E.M.11	Total Non-Elective Admissions	0.8%	1.4%	2.4%	2.0%
E.M.11a	Total Non-Elective Admissions - 0 LoS	1.4%	5.0%	4.8%	1.9%
E.M.11b	Total Non-Elective Admissions - +1 LoS	0.6%	-1.4%	0.6%	2.0%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	0.3%	4.4%	4.4%	2.6%
E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	0.3%	4.0%	3.5%	2.6%
E.M.12b	Other A&E Attendances excluding Planned Follow Ups	0.7%	8.0%	5.4%	2.4%
E.M.18	Number of Completed Admitted RTT Pathways	4.6%	0.0%	0.0%	2.0%
E.M.19	Number of Completed Non-Admitted RTT Pathways	6.1%	0.0%	0.0%	2.0%
E.M.20	Number of New RTT Pathways (Clockstarts)	2.4%	0.0%	0.0%	2.0%

Notes:

- NHS Eastern Cheshire CCG is working with East Cheshire Trust on waiting list improvement plan. The activity described in (outpatients and elective) would deliver a full recovery plan and need to be refined to reflect clinical capacity and affordability.
- NHS Western Cheshire CCG have identified that they will reduce the number of people waiting for elective treatment but due to financial constraints won't fully recover the position.

Appendix 4

Compli…plate)

	Eastern Cheshire	South Cheshire	Vale Royal	West Cheshire
18 Weeks Referral to Treatment	Improvement; Compliant from Quarter 2	Compliant	Compliant	Improvement
Diagnostics	Improvement; Compliant from Quarter 2	Compliant	Compliant	Compliant
52 Weeks	Improvement	Compliant	Compliant	Compliant
Cancer standards	Compliant	Compliant	Compliant	Compliant
Access to online consultation	Improvement	Compliant	Compliant	Compliant
Extended access appointment utilisation	Compliant	Compliant	Compliant	Compliant
Primary Care Improved Access direct booking from NHS 111	Reliant on national IT solution	Compliant	Compliant	Reliant on national IT solution
Mental Health Children	Compliant		Compliant	Compliant
Mental Health IAPT	Compliant	Compliant	Compliant	Compliant
Mental Health - Early Intervention and Psychosis	Compliant	Compliant	Compliant	Compliant
Dementia	Compliant	Compliant	Compliant	Compliant
Reducing reliance on inpatient care for people with Learning Disability	Compliant	Compliant	Compliant	Compliant
Health Checks for people with Learning Disability	Compliant	Compliant	Compliant	Compliant
Children waiting for a wheelchair	Improvement; Compliant from Quarter 4	Compliant	Compliant	Compliant
Personal Health Budget	Compliant	Compliant	Compliant	Compliant

Notes:
-Improvement indicates the performance will improve compared with 2018-19
-For Referral to Treatment NHS Eastern Cheshire CCG and NHS West Cheshire CCG will be carrying a backlog of patients waiting beyond 18 weeks into 2019-20 and whilst this will improve during the year recovery will be gradual
-NHS Eastern Cheshire CCG is working with GP practices to increase the rollout of online access consultation software during 2019-20.