Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
- Cheshire East Integrated Care Partnership
- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Healthwatch
- NHS E/I

Cheshire Commissioning & Contracting Intentions 2020/21

20 February 2020
I wish that Health and Social Care would see me together as one person and work together
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<td>45-57</td>
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</tbody>
</table>
Executive Summary

Setting out our ambitions for Cheshire in 2020-21 and beyond....

Key features:

- Meeting the **population health needs** of those in Cheshire.
- A **partnership approach** to include all parts of the health and care system.
- Distributing **risk and reward** across the whole system.
- Clarified plans for **Integrated Care Partnerships** to mature and become tactical commissioners and integrated providers.
- **Increased proportion of spend** in primary, third sector, community services and prevention.
- **Reduced proportion of spend** in acute services – need to agree & fix bed base.
- **Joint strategic commissioning** between Local Authorities and CCG.

Contracting:

- **Capped contracts** - certainty of revenue and spend.
- **Lead provider contracts** - providers to lead beyond organisational boundaries.
- **Programme Budgets** – key areas to have finite resource across providers.
- Move towards **hospital group** and/or **shared services** model.
- **Social value charter and carbon neutral plans** – forming core aspects of contracts.

Drivers:

- NHS Long-term plan
- Place Plans
- Population **Growth** Assumptions
- Financial and operational **pressures**
- NHS Operational Planning and Contracting Guidance 2020/21
Building Cheshire Commissioning & Contracting Intentions

Long Term Plan and Implementation Framework

- Cheshire East Place Plan
- Cheshire West Place Plan
- Right Care Data
- Joint Strategic Needs Assessment
- Regulator & Stakeholder Engagement
- Provider Engagement
- Clinical Engagement
- Public Engagement

Long Term Plan and Implementation Framework
## Clinical / Stakeholder Engagement Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 November 2019</td>
<td>West Cheshire CCG Membership Council</td>
<td>✔️</td>
</tr>
<tr>
<td>6 December 2019</td>
<td>East Cheshire CCG Membership Council</td>
<td>✔️</td>
</tr>
<tr>
<td>11 December 2019</td>
<td>Vale Royal CCG Membership Council</td>
<td>✔️</td>
</tr>
<tr>
<td>19 December 2019</td>
<td>South Cheshire CCG Membership Council</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Cheshire Local Medical Committee</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Primary Care Cheshire</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>South Cheshire and Vale Royal GP Alliance</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Vernova Health Care</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Academic Health Science Networks (AHSN)</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>NHSE/I including Specialised Commissioning</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Healthwatch Cheshire East &amp; Healthwatch Cheshire West</td>
<td>✔️</td>
</tr>
<tr>
<td>Jan/Feb 2020</td>
<td>Cheshire West Voluntary Action &amp; Community &amp; Voluntary Services Cheshire East</td>
<td>✔️</td>
</tr>
</tbody>
</table>
## Governance & Assurance

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2019</td>
<td>Discussions with NHS England/Improvement</td>
</tr>
<tr>
<td>23\textsuperscript{rd} January 2020</td>
<td>Cheshire CCGs Governing Body – in private</td>
</tr>
<tr>
<td>January 2020</td>
<td>A range of Key Stakeholder Exec to Exec Meetings</td>
</tr>
<tr>
<td>20\textsuperscript{th} February 2020</td>
<td>Cheshire CCG Governing Body – in Public</td>
</tr>
<tr>
<td>5\textsuperscript{th} March 2020</td>
<td>Cheshire East OSC</td>
</tr>
<tr>
<td>18\textsuperscript{th} March 2020</td>
<td>Cheshire West and Chester HWBB</td>
</tr>
<tr>
<td>24\textsuperscript{th} March 2020</td>
<td>Cheshire East HWBB</td>
</tr>
<tr>
<td>2\textsuperscript{nd} April 2020</td>
<td>Cheshire West and Chester OSC</td>
</tr>
</tbody>
</table>
Public Engagement

Our people and communities are at the heart of our commissioning and contracting intentions to ensure that our plans reflect what is important to the people of Cheshire. Our plans have been informed by listening at all stages through our commissioning and engagement cycles and by hearing the feedback and experiences you have shared with our partners, such as Healthwatch Cheshire East and West. We have also used the stories and comments you have shared through other engagement processes such as Place Plan engagement and Community Conversations in Cheshire West.

<table>
<thead>
<tr>
<th>Face to Face</th>
<th>12 February 2020 Cheshire Chat in Cheshire East</th>
<th>✔</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14 February 2020 Cheshire Chat in Cheshire West</td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socialising the Plan</th>
<th>February 2020 Twitter/Facebook sharing – from websites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>February 2020 Partner comms packs – to share through their channels (e.g. Voluntary &amp; 3rd Sector &amp; Healthwatch)</td>
</tr>
<tr>
<td></td>
<td>February 2020 Issuing on Local Authority Partner Websites</td>
</tr>
<tr>
<td></td>
<td>March 2020 Short film &amp; patient talking heads following Cheshire Chat</td>
</tr>
</tbody>
</table>
High Level Timeline

October
- Cheshire Wide Needs Assessment
  - Cheshire CHAT, JSNA
  - Place Plans, NHS technical guidance, RightCare
  - Long Term Plan/Implementation Plan, BI Data

November
- Initial system planning submissions

December
- Finalised HCP Plans by 1 Dec 2019

January - April
- Contract Start Date 1st Apr 2020

Working with:
- Providers
- 4xCCGs
- CEICP
- CWICP
- Cheshire West LA
- Cheshire East LA
- GP Federations
- NHSE/I

- Develop 1, 3, 5 year Commissioning Intentions
  - Identify measurable outcomes and benefits
  - Communication, engagement and involvement
  - Provider engagement
  - Commissioning Intentions taken to 4x CCG Governing Bodies for approval and Local Authority DMT


- Contract Issue for all providers
- Contract sign off

- Clinical Engagement
- Public & Patient Participation Groups
- Patient Engagement Forums
- Health Watch
- Joint Engagement with Local Authorities
- Wider Public Engagement (incl. Social Media)
- CVS
- NHSE/I

- Cheshire Financial Recovery Plan Meeting
- Community and Voluntary Services
- Community Health Services
- Acute Trusts
- Mental Health
- Local Authority
- Wider Care Market (Market Position Statement)
- Cheshire West ICP
- Cheshire East ICP
Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
- Cheshire East Integrated Care Partnership
- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Healthwatch
- NHS E/I

A Vision for Cheshire
A Vision for Cheshire

- Advocate for 770,000 population - strong voice in HCP, NW & Sub Region
- Single Cheshire Strategic Commissioning
- Management Agreement between main providers with single back office functions
- Delivery beyond organisations
- System Demand Management
- Growth of Primary, Community Health, Mental Health and Third/Community Sector
- Reduction in some acute activity
- Focus on Prevention and Wellbeing
- Increase Health Equality

Patients at the heart of all we do

- Providers
- PCN
- Care Communities

Strategic Commissioner

Cheshire West ICP

Cheshire East ICP
A Vision for Cheshire

- **Ambition** – ‘best of the best’
- Leading **Collaborative Partner**
- **Engagement** – Conversation & Co-production
- **Unlock** barriers & **reduce** duplication
- Cheshire £ (repatriation, Specialised Commissioning...)
- All Age **Population Health & Wellbeing**
- Wider **Determinants** – Prosperity, Employment, Housing, Leisure...
- **Improve** outcomes & **reduce** unwarranted variation
- Single Approach & Standardisation/Equality
- **Active & Invested** Public & Patients – Help Shape Future
- **Commissioning** ‘power & influence’ – Size & Resource
- **Innovative** Market Management & Provider Development
- **Support & empower** Primary Care Networks, Care Communities & Integrated Care Partnerships
- **Sustain**, Develop & **Transform** Primary Care
- Membership Organisation – **Accountability**
- **Values & Leadership**
Working together:

- Cheshire CCGs
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- Cheshire West Council
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Health & Care Context and Population Growth Assumptions
Health and Care Context

By 2024, the percentage of those aged 65 yrs+ will increase by 50%.

Almost 50% of our adult population do not get enough exercise.

A higher proportion of adults are affected by heart disease or cancer.

Higher rates of alcohol consumption.

Higher than average rates of smoking.

Higher rates of falls in those aged 65 yrs+.

At least 1 in 5 of our 4/5 yr old children are obese.
Overall, the population is forecast to increase by around 19,200 (6%)
- The number of children (aged 0-15) is forecast to increase by around 3,900 (7%)
- The number of working age residents (16-64) is forecast to remain steady
- The number of older people (aged 65+) is forecast to increase by around 15,200 (21%)
Working together:

- Cheshire CCGs
- Cheshire East Council
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Moving to a Strategic Commissioning Approach
# Becoming a Strategic Commissioner

<table>
<thead>
<tr>
<th>TACTICAL COMMISSIONING</th>
<th>STRATEGIC COMMISSIONING</th>
</tr>
</thead>
<tbody>
<tr>
<td>is focused on</td>
<td>is system-wide leadership and service planning across a defined area, involving the development of an understanding of needs and requirements at a population level working with citizens, monitoring system performance with agreed deliverables and outcomes, redesigning the system architecture and repositioning services to better meet local need. Looks to deliver improvements over the longer term and across a wider area.</td>
</tr>
<tr>
<td>collaborative partnership relationships with providers, the procurement of services, subcontracting, and the management of the provider chain against specification and performance criteria. This would usually be focussed on the short-term but with increasing focus beyond annual cycles. Connections with the population are based on a locality/neighbourhood approach.</td>
<td></td>
</tr>
</tbody>
</table>

To be progressively delivered by
Cheshire East Place/Integrated Care Partnership
and
Cheshire West Place/Integrated Care Partnership

To be progressively delivered by
Cheshire Clinical Commissioning Group
in partnership with
Cheshire West and Chester Council
and
Cheshire East Council
Becoming a Strategic Commissioner for a Population Health System

• NHSE/I have been approached to support the parallel and symbiotic workstreams of:
  ➢ Cheshire CCG developing as a strategic commissioner.
  ➢ Cheshire ICPs/place developing as tactical commissioners and integrated providers.

  Resulting in:
  ➢ Clarity of ambition and pace for all organisations.
  ➢ Aligned understanding of risk appetite, organisational ‘red lines’ and levels of responsibility/authority within the systems.
  ➢ Clear operating frameworks linking back to functions and capabilities.
  ➢ Enabling governance arrangements necessary for ambitions to be realised.

• By June 2020, Cheshire West ICP and Cheshire East ICP will be asked to produce separate but interlinking Strategic Road Maps for 2020-2024 to contain planned developments which will ensure Commissioning & Contracting Intentions and Long Term Plan requirements will be delivered.

The Kings Fund - four pillars form the basis for a population health system
https://www.kingsfund.org.uk/publications/vison-population-health
### Transformation of Commissioning

#### 2019/20 to 2023/24

<table>
<thead>
<tr>
<th>Category</th>
<th>2019/20 Details</th>
<th>2023/24 Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual relationships with providers</td>
<td>Indicative Care Budgets</td>
<td>Population Health based budgets fully implemented</td>
</tr>
<tr>
<td>Detailed KPIs and Service Specifications per provider</td>
<td></td>
<td>Managing provider chain against specification and performance criteria</td>
</tr>
<tr>
<td>Commissioning of Services per provider with pathway gaps between Organisations</td>
<td></td>
<td>Commissioning of Services aggregated to Cheshire or place.</td>
</tr>
<tr>
<td>Elements of Pathway Improvement owned by Organisations</td>
<td></td>
<td>Continued Service Integration and Improvement owned by place.</td>
</tr>
<tr>
<td>Individual Organisation Contract Monitoring Processes</td>
<td></td>
<td>Contract monitoring through outcome framework</td>
</tr>
<tr>
<td>Individual LA and CCG Commissioning</td>
<td></td>
<td>Joint Strategic Commissioning between LAs and CCG</td>
</tr>
<tr>
<td>4 Cheshire CCGs</td>
<td></td>
<td>Single Cheshire CCG</td>
</tr>
</tbody>
</table>
Primary Care Sustainability

• The development of integrated care within Cheshire cannot be achieved without strong and sustainable primary care services with particular focus on general practice

• The 17 Care Communities within Cheshire will be supported to continue to develop alongside the 18 Primary Care Networks

• The commitment from the Cheshire CCGs to ‘level up’ funding to general practice across all geographies within Cheshire will be realised during the coming years by working in partnership with Cheshire Local Medical Committee

• A single Cheshire service specification for community services will be developed and used to commission increasingly high quality and responsive services so as to meet the Long Term Plan implementation aims but also to ensure that wherever possible pressure upon primary care is alleviated

• The CCGs will increasingly wish to work with Primary Care Networks and Cheshire GP Alliances/Federations and ICPs as a conduit to commissioning from 79 practices in an aligned way either on a Cheshire or place basis

• A single prescribing incentive scheme will be developed so that all GPs are working to the same quality and value for money outcome markers and so that all areas within Cheshire can achieve the highest possible status in line with the CCG Outcome Framework prescribing indicators
**Acute Sustainability**

- The demands on an ageing population with increasing chronic health problems, together with financial pressures mean there is a need to support sustainable acute services across Cheshire as well as with regional partners.
- Through the Cheshire and Mersey Healthcare Partnership acute sustainable programme we will continue to support local delivery as well as supporting good quality integrated services across Cheshire.
- Where appropriate, to enhance resilience and service stability for patients, the CCG will work with hospital trusts to embed collaboration at scale and further develop opportunities with key providers such as:
  - East Cheshire Hospital Trust and Greater Manchester Providers
  - Countess of Chester Hospital NHS Foundation Trust and other partners such as Betsi Cadwaladr University Health Board
  - Mid Cheshire Hospital NHS Foundation Trust and University Hospitals of North Midlands NHS Trust
Working together:

- Cheshire CCGs
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- Cheshire West Council
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Cheshire System Principles & Behaviours
Cheshire System Principles

The system has agreed to a number of principles under which it intends to operate:

- Changes will reduce unwarranted clinical variation
- All proposed changes will be Quality and Equality impact assessed before being implemented
- Improve population health outcomes through Cheshire wide partnership working
- Reduce inequality across Cheshire
- Aspire to meet all NHS Constitutional Standards and NHS Oversight Framework*
- Attract additional resources to support our system
- Develop solutions which improve the net system position

The Cheshire System will:

- Work together in new ways to achieve our ambitions
- Make time for our top leaders to visibly lead the recovery and transformation efforts
- Shift existing resources from low to high priority activities – stopping some projects now
- Share teams, taking increased responsibility for other parts of the system and/or releasing responsibility to others in the system to carry out functions for all of us
- Develop a level of urgency for actions
Cheshire System Behaviours:

**Trust**
Behave in a way that supports mutual trust & do what we are going to do

**Pace**
Have a clear process of escalation so we can unblock issues quickly

**System Goal**
Ensure across the system we are all working to a common goal and holding each other to account

**No Surprises**
Have early, clear and open discussions about our individual intentions, financial positions, pressures and income. No cost shunting

**Shared Data**
Use one agreed data set

**Shared Analysis**
Take a single approach to data analysis with a single understanding of issues

**Evidence Based Decisions**
Make sure all our decisions and information have an agree evidence base and rationale
Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
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Financial Context
### How we spend £1.18bn (2019/20)

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>622,174</td>
</tr>
<tr>
<td>Prescribing</td>
<td>118,142</td>
</tr>
<tr>
<td>Delegated Primary Care</td>
<td>104,821</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>99,580</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>86,944</td>
</tr>
<tr>
<td>Continuing Care Services</td>
<td>74,418</td>
</tr>
<tr>
<td>Primary Care Services</td>
<td>30,309</td>
</tr>
<tr>
<td>Social Care</td>
<td>16,100</td>
</tr>
<tr>
<td>Other Programme Expenditure</td>
<td>14,901</td>
</tr>
<tr>
<td>Running Costs</td>
<td>14,461</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,181,850</strong></td>
</tr>
</tbody>
</table>

Voluntary Sector expenditure is spread across a number of categories above but totals £5.3m which equates to 0.5% of the total expenditure.

We will increase the investment in this sector and be innovative in our partnering with them.
How we spend £1.18bn (2019/20)

The three Cheshire DGH trusts make up approximately 70% of the total expenditure on Acute Services.

16.5% of the commissioned acute spend goes to NHS providers outside Cheshire and Merseyside.

5.2% is spent with non-NHS providers; this equates to £32.8m.

Note this does not include any work sub-contracted by NHS trusts.
Finances:
£103m acute spend outside Cheshire

2019/20 Acute NHS Expenditure Outside Cheshire (£'000)

- Manchester University NHS Foundation Trust
- North West Ambulance Service NHS Trust
- University Hospitals of North Midlands NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Stockport NHS Foundation Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Aintree University Hospital NHS Foundation Trust
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Salford Royal NHS Foundation Trust
- The Christie NHS Foundation Trust
- West Midlands Ambulance Service NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust
- St Helens and Knowsley Hospitals NHS Trust
- Other
Financial Intentions

• Spend to fit with allocation
• Spend based on need not activity
• Differential geographical spend based on need
This modelling assumes the additional expenditure transfer (approx. £32m) from Acute Services to Mental Health Services, Community Health Services and Primary Care.
Financial Context – Transformation

In 2019-20 the system Cheshire systems spends more than 52.6% of its allocation in acute care.

With current must-do assumptions applied and the remaining deficit removed from Acute Services, the system will be spending approximately 50.5% of total expenditure on acute services in 2023/24.

We will aim to reduce acute spend to a maximum of 48% of the overall CCG budget. To do this the system will need to move a further £32m of expenditure from Acute Services to other sectors.
Financial Intentions - Planning Assumptions

In line with National and Local Guidance the following growth assumptions have been used to increase budgets available:

- Mental Health – 1.7% above allocation growth in 20/21, in line with allocation growth for future years of approximately 4%
- Community Services and Continuing Care – in line with the allocation growth
- Local Primary Care Services - in line with the allocation growth of approximately 4%
- Delegated Primary Care – in line with ring fenced allocation plus current pressure forecast in 2019/20
- Prescribing – 0.5% based on national guidance. Further work will take place to ensure a long-term sustainable financial model

In addition the following local assumptions:

- Social Care (s256) – 3%
- Other Programme Expenditure – 2%
- Acute (Contracts outside of Cheshire) – 0% growth, tariff/inflation as per the guidance

For all planning returns and in particular the long term financial plan, income for Cheshire providers has been matched by the commissioner as expenditure to ensure that there is triangulation between expenditure and income within the Cheshire System.

Growth has not been broken down at a detailed level. For mental health, community and primary care the associated growth is shown separately and not allocated to providers or budgets.
Working together:

- Cheshire CCGs
- Cheshire East Council
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- Cheshire West Integrated Partnership
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Contracting Intentions

The CCG wishes to:

• Enter in to **fixed price contracts** with each of the 4 main Cheshire NHS providers; aligned to a system control total based on cost, aligned to allocations and supported by NHSE/I.

• Agree **risk and gain share joint delivery schemes** with each of the 4 main Cheshire NHS providers, based on activity & expenditure delivered within out of area providers, independent sector and within associated health care expenditure such as medicines prescribing.

• Work with providers to develop governance structures to deliver two **alliance approaches across the two places**, hosted by each Integrated Care Partnership by 2021/22.

• Identify **programme budgets** within existing expenditure to be contracted and delegated to a lead provider through-out the year, to remove barriers to flow caused by traditional contracting approaches. To be included in a Integrated Care Partnership Contract in 2021/22.

• Empower each **Integrated Care Partnership to become accountable** for key aspects of QIPP delivery in 20/21.
Contracting Intentions

The CCG wishes to:

- Ensure all contracts include principles of **social value** that encourage and support community asset building, local workforce development as well as enhancing volunteering opportunities. Social value will support providers to sustain local services whilst providing work opportunities for local people.

- Work with a co-ordinating organisation per place (however could be across Cheshire) for third sector community and voluntary service commissioning.

- Ensure all providers have **environmental policies** that support clean air, reduce air pollution, increase health & wellbeing that will encourage greener energy and savings.

- Ensure all providers adhere to statutory requirements within the **Modern Slavery Act 2015**.

- Ensure all contracting is compliant with the **Public Contract Regulations 2015**; and that contracts are considered to be aggregated where possible to ensure value for money and improve user experience.
Minimum Requirement for 2020-21 Contracts

• Aligned Incentive Agreement for 20/21 - including risk share
• NHS Standard Contracts for all current Cheshire providers based on a fixed price
• Support priority areas through an Alliance Contract/Agreement with a requirement for
  – Delivery of Change
  – Delivery of Activities in a Community Setting
  – Integration with Primary Care
  – Delivery of Constitutional Targets
• Lead Provider & Programme Budget Contracts to be developed on a place basis and/or Cheshire wide for Right Care areas by 2021/22
• Act collaboratively, moving towards a hospital chain across Cheshire and/or shared services models with non-Cheshire providers
• Move towards monitoring all contract performance on an Integrated Care Partnership footprint by 2021/22, within year arrangements being reviewed and changed to move to shadow arrangements in November 2020
Programme Budgets - RightCare

Analysis from the RightCare packs demonstrates in detail where there are opportunities to improve patient outcomes and remove duplication and waste.

6 Key Clinical Areas for improvement in 2020-21 have been identified – where there is the greatest opportunity to improve care and reduce waste:

- Gastroenterology
- Cardio Vascular Disease
- Neurology
- Respiratory
- Trauma & Injuries
- Musculoskeletal conditions

The CCG wishes to **find a single provider per Clinical Area** on a place basis to take budgetary responsibility for the population.

Each provider will organise **the whole system** which
- Manages demand
- Treats and manages conditions included within the RightCare area
- Leads on effective prevention
- Ensures that patients receive improved outcomes
Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
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- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Health watch
- NHS E/I

Partnership with Patients and Communities
We believe that by working together we can be outstanding by communicating and sharing in an open and honest way.

We want to empower our local communities by giving an opportunity for each individual to be involved, making engagement meaningful and valuable.

We are committed to listening to the experiences of local people.

In line with national guidance, when required, we will formally consult with our population on service improvement & change.
Our Communities spoke, we listened...

<table>
<thead>
<tr>
<th>1</th>
<th>Development of a New Service Model</th>
<th>2</th>
<th>Prevention and Health Inequalities</th>
<th>3</th>
<th>Improving the Quality of Care and Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The development of care communities and primary care networks feels like a really positive step”</td>
<td>“Focus on healthy lives and risk factors such as smoking, alcohol and substance misuse and poor diet”</td>
<td>“There needs to be more emphasis on preventing and managing ill-health – particularly for our children”</td>
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<tr>
<td>“Planned care is brilliant but waiting times can be long. Reduce waiting times for appointments”</td>
<td>“Self Care is the first step on a vital journey for improving healthcare in our community”</td>
<td>“Don’t lose the personal touch – more information and better access to IAPT services”</td>
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<tr>
<td>“Good to see that a coordinated and shared local plan for social prescribing is being developed”</td>
<td>“Over-the-counter medicines should not be prescribed for short-term minor ailments”</td>
<td>“Plans for the crisis cafés in Cheshire will support people when they need it most”</td>
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<tr>
<td>“Early discharge of people from hospital is counterproductive if there isn’t adequate social care and intermediate care, especially for people without friends and family who can care for them”</td>
<td>Developing and supporting the workforce</td>
<td>Technology and digital innovation</td>
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<tr>
<td>“More training and support for GPs to support early detection”</td>
<td>“Public sector websites can be difficult to navigate around”</td>
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</tr>
<tr>
<td>“We need more mental health first aid training for front line staff”</td>
<td>“Break down barriers – IT/Infrastructure/Estates”</td>
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<tr>
<td>“I’d like to see Autism Awareness training to support care home staff supporting adults with Autism”</td>
<td>“Make accessing services online easy for people are aren’t confident with a computer or online”</td>
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</tbody>
</table>
Working together:

- Cheshire CCGs
- Cheshire East Council
- Cheshire West Council
- Cheshire East Integrated Care Partnership
- Cheshire West Integrated Partnership
- CVS Cheshire East
- Cheshire West Voluntary Action
- Primary Care Cheshire
- South Cheshire and Vale Royal GP Alliance
- Vernova Health Care
- Health watch
- NHS E/I

Working with our GP Members
<table>
<thead>
<tr>
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<th>Prevention and Health Inequalities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>“Mental Health: Prompt access and increased capacity”</td>
<td>“Good example of service working well – Rapid Access Pathway for Paediatrics”</td>
<td>“Access to Urgent Care -emergency admissions to mirror general practice opening times so that patients can be admitted from general practice”</td>
</tr>
<tr>
<td>“Commissioned community follow up service which would include specialist nurses to support and discuss the patients diagnosis”</td>
<td>“Alcohol/detox services”</td>
<td>“Improve capacity for Rapid Response nurses/service in community”</td>
</tr>
<tr>
<td>“Standard approach to general practice commissioning”</td>
<td>“Primary MH practitioner embedded into Primary Care”</td>
<td>“Community and Mental Health Services run as multiple disjointed teams”</td>
</tr>
<tr>
<td>“Commission Primary Care Networks to provide services, for example micro-suction and wound care”</td>
<td>“Eating disorders service for children”</td>
<td>“Respiratory service in hospital too focussed on lung cancer, improve links to spiro, Feno, breathlessness”</td>
</tr>
<tr>
<td>“Easy and quick assessable service for mild to moderate mental health service”</td>
<td>“Prevention – (Medicines, education and possibly a focus on diabetes)”</td>
<td>“Lack of urgent neurology service, neuro services disjointed”</td>
</tr>
<tr>
<td>“Equality of primary care services across Cheshire level up first”</td>
<td>“Commissioning more advice and guidance”</td>
<td></td>
</tr>
<tr>
<td>“Mental health Physician’s Associates”</td>
<td>“Target areas of deprivation”</td>
<td></td>
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</tbody>
</table>
Our GP members spoke, we listened...

<table>
<thead>
<tr>
<th>Developing and Supporting the Workforce</th>
<th>Technology &amp; Digital Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Recruit, support and retain health workforce in Cheshire”</td>
<td>“Virtual follow ups, could work well with rheumatology and gastro”</td>
</tr>
<tr>
<td>“Programme to support new GPs”</td>
<td>“Better advice and guidance”</td>
</tr>
<tr>
<td>“Care home commissioning should be linked to Long Term Plan and workforce / skill mix”</td>
<td>“Improved patient correspondence”</td>
</tr>
<tr>
<td>“Create opportunities to expand the roles of the wider workforce”</td>
<td>“Diagnostic support in general practice”</td>
</tr>
<tr>
<td>“Commission in a way that supports PCNs”</td>
<td>“Virtual clinics to reduce lead time”</td>
</tr>
</tbody>
</table>
Working together:

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• Cheshire West Council
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Commissioning for Outcomes
<table>
<thead>
<tr>
<th>Development of a New Service Model</th>
<th>Prevention and Health Inequalities</th>
<th>Improving the Quality of Care and Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personalised Care</strong>: Increased focus on person centred care for individuals and their carers.</td>
<td><strong>Strong Start</strong>: Improve the life chances of children, young people &amp; families.</td>
<td><strong>Cancer</strong>: Improved 1 year survival for those diagnosed at stage 1 or 2.</td>
</tr>
<tr>
<td><strong>Community Care</strong>: Increased emphasis on proactive/anticipatory care.</td>
<td><strong>Obesity</strong>: Reduce obesity rates across the population over the next 5 years.</td>
<td><strong>End of Life</strong>: Increase the proportion of people dying in their preferred place of care.</td>
</tr>
<tr>
<td><strong>Primary Care Networks</strong>: Greater integration of community based care.</td>
<td><strong>Smoking</strong>: Reduce the smoking rates across the population over the next 5 years.</td>
<td><strong>Cardio Vascular Disease (CVD)</strong>: Improve the prevention, early detection and management of cardiovascular disease.</td>
</tr>
<tr>
<td><strong>Urgent Care</strong>: Community health crisis services will be more responsive.</td>
<td><strong>Alcohol</strong>: Reduce the impact of alcohol on the population of Cheshire.</td>
<td><strong>Diabetes</strong>: Improve the prevention, early detection and management of diabetes.</td>
</tr>
<tr>
<td><strong>Planned Care</strong>: Reduced Waiting times for planned care.</td>
<td><strong>Medicines Management</strong>: Reduce variation in prescribing.</td>
<td><strong>Respiratory</strong>: Improve the prevention, early detection and management of respiratory disease.</td>
</tr>
<tr>
<td><strong>Learning Disabilities (LD)</strong>: Improved outcomes for people with LD and Autistic Spectrum Disorder. Implementation of a new shared care model for Attention Deficit and Hyperactivity Disorder assessments and diagnostics.</td>
<td><strong>Mental Health</strong>: Improving the quality of Mental Health and Emotional Wellbeing for the population of Cheshire focussing on loneliness and isolation.</td>
<td><strong>Neurological Conditions</strong>: Improved quality of life for people with Neurological conditions. <strong>Special Education Needs &amp; Disability (SEND)</strong>: Improve the long term outcomes of Children &amp; Young People in Cheshire.</td>
</tr>
<tr>
<td><strong>Paediatrics</strong>: Improved integration of paediatric services</td>
<td><strong>Self Care</strong>: Promoting Healthy Living Pharmacies and Health Champions building on public health initiatives and self care approaches.</td>
<td><strong>Gastrointestinal Conditions (GI)</strong>: Increased focus on proactive management of GI conditions.</td>
</tr>
<tr>
<td><strong>Developing and Supporting the Workforce</strong></td>
<td><strong>Technology and Digital Innovation</strong></td>
<td><strong>Maternity and Neonatal</strong>: Improve the quality of care and outcomes for maternity and neonatal services. <strong>Mental Health</strong>: Improve access for all-ages to mental health and wellbeing support across Cheshire. <strong>Integrated Urgent Care</strong>: Integration of local urgent care services with call handling of 999 &amp; 111 to provide more effective access to care.</td>
</tr>
</tbody>
</table>
## Priority One: Development of a New Service Model

<table>
<thead>
<tr>
<th><strong>What?</strong></th>
<th><strong>How?</strong></th>
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</thead>
</table>
| **Personalised Care:** Increased number of people accessing support via social prescribers  
Increased focus on personalised care and people feeling empowered to self care using digital options to make informed choices  
Reduced demand for appointments – GP, Hospital & Community Services  
Improved staff awareness of personal health budgets (PHB)  
Support carers to maintain their caring role | Support implementation of social prescribing link workers  
Continue to expand on current PHB offer & expand to children and young people and section 117 aftercare  
Community Contracts to support staff development and training around person patient centred care.  
Continue to build on programmes such as One You, Healthy You & NHS Long-term Plan  
To develop digital options for people to manage their own wellbeing  
Further developing an all age model to support carers across Cheshire |
| **Primary Care Networks:** Greater level of care out of hospital in the community  
Improved timeliness of access to Primary Care Services  
Improved digital access to Primary Care Patient Records and Services | PCN support to develop and implement the national Directed Enhanced Service Specification (DES)  
Develop wider partner and stakeholder relationships  
Single operating model for Care Communities moving to an ICP  
Development of online consultation system in GP Practices |
| **Community Care (emphasis on proactive /anticipatory care)**  
More people supported to live well for longer closer to home  
Earlier identification of ill health  
Reduce number of falls emergency admissions & length of stay | Population Health Based Commissioning using Joint Strategic Needs Assessment (JSNA) and other population tools  
Single operating model for Care Communities based on population need and flexible service delivery including risk stratification models  
Enhance community models such as frailty |
| **Carers Support:** More people to access support to maintain their caring role  
Increase support to young carers  
Consistent offer for carers across Cheshire | Further develop integrated services with Cheshire West and Chester Council and Cheshire East Council  
Further integration between health and social care in connection with existing contracts  
To develop and implement an integrated carers strategy |
<table>
<thead>
<tr>
<th>What?</th>
<th>How?</th>
</tr>
</thead>
</table>
| **Urgent Care** *(Community Crisis Services will be more responsive)*  
Reduce reliance on emergency & urgent care  
Improved timeliness of treatment and patient outcomes  
Improve support for those known to Mental Health Services to reduce crisis  
Develop same day discharge across acute hospitals  
People to have access to our crisis support services to increase early safe discharge | Develop an integrated assessment for patients building towards 7 day assessment services with partners  
Use of data intelligence including risk stratification  
Targeted training programme within care homes  
Development of alternatives to A&E incl. GP OOHs & Urgent Treatment Centre  
Development of a Community Crisis Support Service that includes reablement support |
| **Planned Care** *(reducing waiting times)*  
 reduction in outpatient appointments & number of people waiting longer than six weeks for diagnostic tests  
 reduction in prescribing costs for appliances | Virtual hospital model & transformation of outpatient pathways and an introduction of hub models across Care Communities  
Implementation of community hub model for appliances  
Empowering self care and shared decision making |
| **Paediatrics**: Reduction in short & long stay paediatric admissions  
Increase amount of paediatric care that happens in communities  
Increase confidence of children & families to manage conditions  
Improvement in outcomes for children with LT conditions | Develop integrated community paediatric assessment model  
Provision of women & children’s services in the community  
Promotion of Self Care  
Refresh pathways for high referring conditions such as asthma |
| **LD & Autistic Spectrum Disorders**: Reduce the number of people being cared for outside of Cheshire  
Reduce number of people being cared for in hospital  
Improved outcomes for people with LD & ASD  
Improved outcomes for people with ADHD | Individuals being settled into the community – where they & their family would like them to live, through community alternatives  
Services provided jointly by local health & social care of assessment and diagnostic support for people with ADHD |
### Priority One: Development of a New Service Model

**Outcomes over the next five years of the plan**

<table>
<thead>
<tr>
<th>2020/21</th>
<th>2022/23</th>
<th>2024/25</th>
</tr>
</thead>
<tbody>
<tr>
<td>85% of individuals living in own home, section 117 eligible individuals &amp; eligible children &amp; young people will receive a Personal Health Budget.</td>
<td>85% of individuals in receipt of NHS CHC funding will receive a PHB.</td>
<td>All health funded packages of care (where eligible) will be offered a PHB as default.</td>
</tr>
<tr>
<td>Development of an all age carers service across Cheshire.</td>
<td>Crisis Response delivered within 2 hours &amp; re-ablement care within 2 days of referral.</td>
<td>All patients with Severe Mental Illness (SMI) with have a yearly health check to support the prevention of ill health.</td>
</tr>
<tr>
<td>Virtual hospital model implemented GP Practices to have in place an online consultation system.</td>
<td>Working towards 20% reduction in nutrition prescribing costs.</td>
<td>A single integrated Mental Health Crisis Response delivered 7 days a week, 24 hours a day.</td>
</tr>
<tr>
<td>Women will have continuity of care during pregnancy, birth &amp; postnatally.</td>
<td>Introduction of a Health Care Partnership approach to community maternity support for Women across Cheshire.</td>
<td>Further development of a single approach to maternity including community options and shared care.</td>
</tr>
<tr>
<td>70% reduction of people with Learning Disability and/or Autism being cared for outside of Cheshire.</td>
<td>There will be no more than 10 patients accessing secure out of area LD provision.</td>
<td>Local Learning Disability provision will be commissioned jointly with the Local Authority to support.</td>
</tr>
<tr>
<td>20% reduction in paediatric admissions. 15% reduction in Paediatric outpatient appointments.</td>
<td>Community Hubs to be in place to support the reduction in paediatric admissions as well as senior streaming support within the ED to ensure reduced admissions.</td>
<td>Community Hubs will be in place across Cheshire and provide walk-in services for children requiring non-emergency care.</td>
</tr>
<tr>
<td>Improved autism diagnostic pathways and further implementation of the dynamic support tool within SEND.</td>
<td>Development of outreach and in-reach models of care to support community based provision.</td>
<td>Outreach clinics in place to support children who require further support and introducing further training to support GP with special interests (GPSI) approach.</td>
</tr>
<tr>
<td>67% of individuals with Dementia will receive a formal diagnosis leading to a bespoke care plan.</td>
<td>Enhanced community services will support individuals and their carers to live independently within the community and support.</td>
<td>Support will be provided across care communities bringing support for individuals with Dementia closer to the community and support.</td>
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</tbody>
</table>
## Priority Two: Prevention and Health Inequalities

<table>
<thead>
<tr>
<th>What?</th>
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</table>
| **Smoking (reduce smoking rates across Cheshire in next 5 years)**  
Increase in 4 week quit rates  
Improved access to cessation services  
Reduction in acute respiratory admissions  
Increase access to IAPT and other early intervention services for MH  
Work together with partners to introduce the Cure Programme following good practice evidence from Manchester  
Develop incentive programmes to encourage people to deter people from smoking in the first place  
Enhance and encourage the update of NHS funded tobacco treatment services for all inpatients | Develop and implement Prevention and Early Intervention Strategy  
Enhance NHS funded treatment services for patients  
Introducing a new smoke free pregnancy pathway  
Specialist smoking cessation offer for MH service users & those in LD services  
People over 40 offered digital health checks by 2022  
Further development of the all age hub to support a early intervention and prevention, no wrong door approach  
Skilling up staff to ensure every contract counts and every mind matters and to include smoking cessation in all assessments and treatment programmes |
| **Alcohol (reduce impact of alcohol on the population of Cheshire)**  
Increased integration of specialist alcohol services within care communities and inpatient settings  
Increased availability, awareness & access to healthy lifestyle programmes and promotion of self care  
Reduction in alcohol related emergency admissions, specific readmissions, A&E attendances & liver disease mortality  
Support people in Cheshire to make informed decisions around alcohol consumption | Implement and promote healthy lifestyle programmes amongst young people working closely with Local Authorities  
Ensure trauma informed practice is in place to support people to recognise the cause as well as supporting them with programmes of care  
Revised alcohol pathway across acute and community, linking in with Local Authority  
Use of digital technology and online support programmes  
System wide approach to alcohol awareness, prevention and treatment  
Further development of the High Intensity User Programme to support frequent A&E attenders |
| **Medicines Management (reduce the prescribing variation)**  
Optimise use of antibiotics  
Reduce need for antibiotics  
Reduce expenditure on items identified as being of limited value  
Empowerment of patients to self care for minor conditions | Antibiotic prescribing guidance  
Prescribing decision support  
Delivery of programmes to restrict the prescribing of items not to be routinely prescribed.  
Programme to support patients to self care and empower to self care |
### Priority Two: Prevention and Health Inequalities

**Outcomes over the next five years of the plan**

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<thead>
<tr>
<th>2020/22</th>
<th>2023/24</th>
<th>2024/25</th>
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</thead>
<tbody>
<tr>
<td>Introduce a Curing Tobacco Addiction Programme based on the Manchester</td>
<td>All women to have their own digital maternity record</td>
<td>20% reduction of people smoking within the community</td>
</tr>
<tr>
<td>model of Conversation, Understand, Replace and Evidence Based Advice</td>
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<tr>
<td>(CURE)</td>
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<tr>
<td>Extend stop smoking information and advice &amp; provide a universal</td>
<td>Introduce the Salford model of reduction in smoking for people with LD</td>
<td>90% reduction in women smoking in pregnancy whilst received acute care</td>
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<tr>
<td>smoking offer</td>
<td>and those accessing MH services</td>
<td></td>
</tr>
<tr>
<td>Introduce a new smoke free pregnancy pathway</td>
<td>Introduce an integrated digital ‘our family’ health offer</td>
<td>100% uptake of the smoke free pathway</td>
</tr>
<tr>
<td>Reducing obesity and encouraging physical activity to support patients</td>
<td>Every patient with a Long-term conditions will have access to their</td>
<td>Reduction in still births as per better birth guidance</td>
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<tr>
<td>with Long-term conditions to maintain healthy lifestyles</td>
<td>care plan via the NHS digital app</td>
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</tr>
<tr>
<td>Introduce 12 week physical programmes across Cheshire</td>
<td>60% of people referred into IAPT seen within 6 weeks and 90% of people</td>
<td>95% of children with an eating disorder receive services within 4 weeks</td>
</tr>
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<td></td>
<td>referred into IAPT begin with 18 weeks</td>
<td>(routine) or 1 week (urgent)</td>
</tr>
<tr>
<td>Introduce the Healthy Families Programme to support families to</td>
<td>36% of children to receive targeted mental health services</td>
<td>50% of people receiving IAPT service should recover and support to be</td>
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<tr>
<td>maintain healthy eating and exercise</td>
<td></td>
<td>continued as required, depending on the need of the individual</td>
</tr>
<tr>
<td>To support and implement the Healthy You Programme and Healthy Schools</td>
<td>Develop and implement of a 24hr children and young people crisis offer</td>
<td>Enhanced support for military veterans across Cheshire</td>
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<tr>
<td>Increase the number of people with LD accessing services across</td>
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<tr>
<td>Cheshire</td>
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<tr>
<td>Increase the uptake of health checks</td>
<td>Continue supporting the national child measurement programme</td>
<td>56% of all people referred to receive Early Intervention in Psychosis</td>
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</table>
## Priority Three: Improving the Quality of Care and Outcomes

<table>
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</table>
| **Cancer (Prevention, Earlier Diagnosis and Improved Survival from Cancer)** | - Action on Cancer community cancer awareness programme  
- Increase uptake to cancer screening programmes  
- Primary Care Network support for delivery of cancer Quality Initiative  
- Implementation of optimal diagnostic pathways (Gynaecology, Head & Neck, Oesophago-Gastric, Prostate, Colorectal & Lung)  
- Implementation of Rapid Diagnostic Centres for people with non-specific symptoms  
- Implementation of FIT testing for low risk symptomatic patients  
- Development of the Christie @ Macclesfield  
- Macmillan Right By You programme bringing Holistic Needs Assessments and Care Planning into the community  
- Stratified follow-up pathways (breast, prostate, colorectal) |
| **Rest of Life (Increasing the proportion of people dying in their preferred place of care)** | - Delivery of the Collaborative ROL plan across Cheshire  
- Public Health Approaches to ROL Care  
- Early identification and Improved Advanced Care Planning at ROL  
- Implementation of shared electronic ROL information across professional groups and organisations  
- Transformation of domiciliary ROL Care across Cheshire  
- Work towards integrated 7 day specialist palliative care nursing service  
- Advanced Dementia ROL Care across Cheshire  
- Bereavement services across Cheshire  
- Education and facilitation for staff in ROL Care  
- Gathering patient and carer experience |
| **Long Term Conditions (LTC)**                                      | - Targeted support and enhanced community support offers for patients with the following Long-term Conditions:-  
- Cardiovascular, Respiratory & Gastrointestinal Health  
- Enhanced support using risk stratification tools to target support for patients who are at risk of deterioration  
- Reducing inequalities variation through right care strategies |
| **Cardiovascular Disease (CVD)**                                    | - Work with Care Communities to develop a community response to the prevention and management of CVD  
- Closer working with pharmacies to promote self care options  
- Further enhancement of community services to support those more at risk through targeted training programmes |
<table>
<thead>
<tr>
<th>Priority Three: Improving the Quality of Care and Outcomes</th>
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</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>Increased support &amp; reduced inequalities for people living with diabetes</td>
</tr>
<tr>
<td>Reduced emergency admissions</td>
</tr>
<tr>
<td>Increased access to structured education and self management tools</td>
</tr>
<tr>
<td>Enhancing foot care for type 1 diabetics to reduce further health implications</td>
</tr>
<tr>
<td>Develop a Cheshire Wide Diabetes Strategy with place based implementation plans.</td>
</tr>
<tr>
<td>Further enhancement of the structured education programmes for patients with Diabetes as well as further enhancing Diabetes Prevention Programmes through the HCP.</td>
</tr>
<tr>
<td>Additional clinical support for patients through foot care clinics</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
</tr>
<tr>
<td>Improved identification of COPD &amp; asthma</td>
</tr>
<tr>
<td>Improved access to treatment and care</td>
</tr>
<tr>
<td>Reduced emergency admissions</td>
</tr>
<tr>
<td>Improved access &amp; uptake of pulmonary rehab</td>
</tr>
<tr>
<td>Review of Pulmonary Rehabilitation Services</td>
</tr>
<tr>
<td>Inhaler Technique Training</td>
</tr>
<tr>
<td>Triple Therapy Inhalers</td>
</tr>
<tr>
<td>Self Management</td>
</tr>
<tr>
<td><strong>Gastrointestinal Conditions</strong></td>
</tr>
<tr>
<td>Increased focus on preventions of GI conditions</td>
</tr>
<tr>
<td>Reduced number of people waiting more than 6 week for diagnostic tests</td>
</tr>
<tr>
<td>Reduced length of stay for people with GI conditions</td>
</tr>
<tr>
<td>Work with Care Communities to develop a community response to the prevention and management of GI conditions</td>
</tr>
<tr>
<td><strong>Neurological Conditions</strong></td>
</tr>
<tr>
<td>Improved quality of life – specific focus on chronic pain</td>
</tr>
<tr>
<td>Increased number of people supported to manage their condition</td>
</tr>
<tr>
<td>Medicines optimisation</td>
</tr>
<tr>
<td>Cheshire Wide Diabetes Strategy</td>
</tr>
<tr>
<td>Innovative approaches and technology to Deliver Structured Education Programmes</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>Support more people to manage their condition at home or in community</td>
</tr>
<tr>
<td>Improved access to IAPT, serious mental illness care in the community, perinatal mental health services, wellbeing support, children &amp; young people’s support, community based crisis support &amp; specialist provision for rough sleepers</td>
</tr>
<tr>
<td>Eliminate inappropriate adult acute out of area placements</td>
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<tr>
<td>Reduce the number of suicides</td>
</tr>
<tr>
<td>Increase dementia diagnosis rates</td>
</tr>
<tr>
<td>Health Implementation Plan Delivery</td>
</tr>
<tr>
<td>Adult: common MH &amp; IAPT</td>
</tr>
<tr>
<td>Adult severe mental illness community care</td>
</tr>
<tr>
<td>Specialist community perinatal MH</td>
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<tr>
<td>Children &amp; young people’s MH</td>
</tr>
<tr>
<td>Crisis care and Liaison</td>
</tr>
<tr>
<td>Suicide reduction and bereavement support</td>
</tr>
<tr>
<td>Dementia diagnosis &amp; post diagnosis support</td>
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<tr>
<td>Problem gambling MH support</td>
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<td>Substance use MH support</td>
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</table>
### Priority Three: Improving the Quality of Care and Outcomes
Outcomes over the next five years of the plan

<table>
<thead>
<tr>
<th></th>
<th>2020/22</th>
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<tbody>
<tr>
<td>100% every person diagnosed with cancer will have access to personalised care where appropriate</td>
<td>5% of all deaths have an EPaCCS record that records Gold Standards Framework (GSF), Advanced Care Planning (ACP) conversation and Cardio Pulmonary Resuscitation options (CPR) status</td>
<td>Visible reduction in cancers diagnosed through emergency route</td>
<td></td>
</tr>
<tr>
<td>28 day faster diagnostic 62 day standards achieved</td>
<td>35% of all deaths have an EPaCCS record</td>
<td>Visible reduction in rates of new cancers. With Three in four cancers will be diagnosed at either stage 1 or 2</td>
<td></td>
</tr>
<tr>
<td>10% reduction in cancer outpatient appointments</td>
<td>0.45% of the Practice Population are on the GSF register</td>
<td>75% cancers diagnosed at stage 1 or 2 (By 2028)</td>
<td></td>
</tr>
<tr>
<td>87% of people diagnosed with AF receiving anticoagulation therapy</td>
<td>0% of all deaths will have a recorded GSF code</td>
<td>Increase one year survival rate of all cancers to 75% (by 2026)</td>
<td></td>
</tr>
<tr>
<td>62% for estimated vs actual diagnosis of hypertension</td>
<td>Increase access to IAPT services to 25% of those in need</td>
<td>85% of those eligible accessing cardiac rehabilitation</td>
<td></td>
</tr>
<tr>
<td>82% patients with hypertension with blood pressure reading ≤ 150/90mmHg</td>
<td>1% reduction in the number of patients diagnosed with type 2 diabetes</td>
<td>75% of people aged 40 to 74 to have received a formal CVD risk assessment in last 5 years</td>
<td></td>
</tr>
</tbody>
</table>
## Priority Three: Improving the Quality of Care and Outcomes

### Outcomes over the next five years of the plan

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<td>Estimated to actual prevalence in line with best 5 CCG peers by 2021 e.g. Eastern Cheshire CCG increase by 4.3% - to be calculated for Cheshire.</td>
<td>35% of all deaths will have a recorded ACP discussion (including declining of ACP discussion) 60% of all deaths have a recorded CPR discussion/status.</td>
<td>25% of people with Familial Hypercholesterolaemia (FH) are diagnosed and treated optimally according to NICE guidance.</td>
</tr>
<tr>
<td>Estimated to actual prevalence in line with best 5 CCG peers by 2021 e.g. Eastern Cheshire CCG increase by 4.3%.</td>
<td>25% of all deaths will have a Preferred Place of Death (PPoD)/Preferred Place of Care (PPoC) and an actual Place of Death (PoD) recorded.</td>
<td>45% of people aged 40-74 identified as having a 20% of greater risk of developing Cardiovascular Disease (CVD) treated with statins.</td>
</tr>
<tr>
<td>20% increase in proportion of people with asthma/Chronic Obstructive Pulmonary Disease (COPD) prescribed triple therapy inhalers.</td>
<td>5% reduction of diabetic foot disease and Cardiovascular Disease (CVD) events relating to diabetes.</td>
<td>10% increase in early identification of diabetic retinopathy.</td>
</tr>
<tr>
<td>90% improvement in the achievement of 6 week timescale for turnaround of initial EHC assessment request.</td>
<td>Cheshire CCGs will be in the top quartile for achieving death in usual place of residence.</td>
<td>Additional 10% Improvement in patients accessing structured education programmes.</td>
</tr>
<tr>
<td>90% improvement of the 20 week timescale for turnaround of agreed EHC plans.</td>
<td>10% Improvement in patients accessing structured education programmes.</td>
<td>Additional 1% reduction in the number of patients diagnosed with type 2 diabetes.</td>
</tr>
<tr>
<td>20% reduction in paediatrics admissions to hospital.</td>
<td>100% of 24/7 age-appropriate crisis care</td>
<td>50% reduction in stillbirth, neonatal and maternal deaths and brain injury by 2025.</td>
</tr>
<tr>
<td>10% reduction in paediatrics short stay admissions.</td>
<td>5% reduction in Cardiovascular Disease (CVD) events relating to diabetes.</td>
<td>70% of mental health liaison services meeting core 24 standard</td>
</tr>
<tr>
<td>10% reduction in paediatrics outpatient appointments.</td>
<td>30% increase on people completing pulmonary rehab.</td>
<td>Further reduction of 5% of diabetic foot disease.</td>
</tr>
</tbody>
</table>
### Priority Four: Developing and Supporting the Workforce

#### What?
- Support the health and care workforce across Cheshire to deliver integrated personalised care in line with the NHS LTP
- Enable all staff to maintain their own good health and wellbeing including through flexible working arrangements
- Increase capacity and capabilities across Cheshire of staff to deliver personalised care
- Improve staff retention across the system & efficient use of resources
- Increase development opportunities across the health and care system

#### HOW?
- Develop and implement the NHS LTP workforce must do’s
- Work collectively with partners to ensure training and individual workforce strategies support flexible multi skilled approaches
- Ensure through contractual arrangements that all providers implement healthy mind strategies for all staff including the CCG.
- Implement ongoing training and progression for staff within the CCG and contracted providers
- Ensure social value is embedded into contractual arrangements to encourage volunteering, apprenticeships and workforce diversity
- Through the HCP Local Workforce Action Board (LWAB) we will continue to develop integrated workforce approaches

#### Outcomes – over the five years of the plan

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<td>Enhance training across the workforce Health and social care, building on existing plans.</td>
<td>Ensure the CCGs and Partners implement the Disability Equality Standards &amp; the development of the WRES by 2025.</td>
<td>Ensure compliance with the Disability Equality standard &amp; WRES.</td>
</tr>
<tr>
<td>Work with providers to increase nurse workforce by 5%.</td>
<td>Develop system workforce plans to increase capacity and capabilities.</td>
<td>Implement the Community Health and Social Care Training Hub.</td>
</tr>
<tr>
<td>Each organisation to set their own target for BAME representation across each Leadership Team.</td>
<td>Develop a Multi Disciplinary Community Health and Social Care Training Hub.</td>
<td>Integrate workforce development standards within all contracts reflecting the overarching strategy.</td>
</tr>
<tr>
<td>Introduce coaching and mentoring models of support for staff.</td>
<td>Implement coaching models across the workforce.</td>
<td>Implement the workforce strategy across Cheshire with partners.</td>
</tr>
<tr>
<td>The plans to include the offers of fellowships for newly qualified doctors and nurses.</td>
<td>Develop a leadership diagnostic tool to ensure workforce sustainability.</td>
<td>We will work to improve leadership culture within Cheshire East Place.</td>
</tr>
</tbody>
</table>
## Priority Five: Technology and Digital Innovation

### What?
- Reduce unnecessary duplication and costs
- Increase compliance with NHS Digital Cyber Security standards
- Increase access to care plans with the NHS App
- Expand Continuing Health Digital workflow management system
- Increase access to digital maternity records for those eligible
- Reduce paper flow into General Practice
- Support Digitisation of all Patient records
- Provide Practices with access to approved Health Apps that support Patients Health and wellbeing

### How?
- Development of new ICT contract support model with Primary Care and PCN leads to support Practices
- Develop joint Health & Social Care digital strategic investment plan
- Implementation of the Health Care Partnership Digital Strategy
- Enhance the Cheshire Care Record data sets and usage, to included integration into Share 2 Care patient record
- Integration of NWAS and other providers digital patient record information
- Provision of approved Clinical Health apps

### Outcomes over the next five years of the plan

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<td>Support the delivery of the Cheshire and Mersey Digital Strategy ambition 2018-2023. Ensuring alignment with NHS Digital Cyber Security requirements.</td>
<td>Ensure electronic correspondence is standardised through Digital aligned Care strategies to reduce duplication and costs.</td>
<td>Secondary Care providers to achieve new Digital EPR records and electronic information that integrates with all Cheshire Health and Care Systems.</td>
</tr>
<tr>
<td>All patients with a long term condition will be able to access their care record through the NHS Digital app or My Care View solution.</td>
<td>All women to have access to their own digital maternity record by 2022.</td>
<td>Digitising Outpatients, in terms of referrals and moving towards outpatients virtual consultations.</td>
</tr>
<tr>
<td>Increase the usage of approved Health Apps across Cheshire, to include patient access to health data and correspondence.</td>
<td>The child red book record to be made digital by 2022.</td>
<td>Further develop genomics digital programmes to support population health.</td>
</tr>
<tr>
<td>Develop workforce readiness to adapt to new digital models and mobile integrated care.</td>
<td>Support the delivery of Video patient consultations.</td>
<td>Increase telehealth options of support moving to digital solutions.</td>
</tr>
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</table>