

# Wirral Health and Care Commissioning

---

DRAFT BUSINESS PLAN

APRIL 2021 TO MARCH 2022

Updated: April 2021



Wirral

Clinical Commissioning Group



**WIRRAL**

Wirral Health & Care Commissioning is a strategic partnership  
between NHS Wirral Clinical Commissioning Group and Wirral Council

## Contents

---

SECTION 1: VISION, AIMS AND OUTCOMES .....	1
SECTION 2: BACKGROUND AND CONTEXT .....	3
SECTION 3: OUR VISION – KEY PRIORITIES .....	8
SECTION 4: FINANCE 2021/2022 .....	19
SECTION 5: WORKFORCE OUTLINE .....	21
SECTION 6: REFERENCES .....	22

## SECTION 1: VISION, AIMS AND OUTCOMES

---

### 1.1 Purpose

Everything we do will shape and enable the creation of a sustainable health and care system that makes a positive difference to people's lives. We will do this by providing leadership, including connection, energy, removing perceived or actual organisational boundaries and:

- **Improving the health of local communities and people** – Wirral has many diverse communities and needs, we recognise this diversity and will help people live healthier lives, wherever they live
- **Listening to the views of local people** – we are committed to working with local people to shape the health and care in Wirral.
- **Caring for local people in the longer term** – we will focus on having high quality and safe services with the best staff to support the future as well as the present
- **Getting the most out of what we have to spend** – we will always seek to get the best value out of the money we receive.
- **Working as One, Acting as One** – we will work together with all partners for the benefit of the people of Wirral.

Our mission is to work together to deliver the **Wirral Health and Wellbeing Board** outcomes.

### 1.2 Vision

Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing;
- to provide the very best health and social care services when people really need them;
- to provide services as close to home as possible.

### 1.3 Priorities

- **Improve Health and Wellbeing Outcomes** - for the population of Wirral
- **Reduce Health Inequalities** - in outcomes, experience, and access
- **Enhancing Productivity** – by providing value for money
- **Provide Oversight and Leadership** - of System Planning, Quality Assurance and Safeguarding.
- **Manage Care and Health Market** - to ensure that there is a full and effective range of sustainable services across the Borough.
- **Enable and Support the Provider Collaborative** - to deliver population health outcomes.
- **Supporting Social and Economic Development** – with partner organisations across Wirral
- **Wirral as a Place** – to support the development of Wirral commissioning at a place level, including aligning Wirral Health and Care Commissioning resources and staff, to commission and deliver high quality care to local populations. To listen and include community and faith leaders or any other influencers who might help us engage with these communities, including people with lived experience, their informal carers and young carers.

### 1.4 Workforce

Each staff member of Wirral Health and Care Commissioning's personal objectives will be linked to at least one of the aims or priorities as set out above.

- **Statutory and mandatory training** - within individual personal development reviews (PDRs), there will be an expectation that all members of staff will achieve and maintain full compliance with training requirements.
- **Volunteering** - to help staff to contribute to the community, develop skills, knowledge, experience and resources and add personal value to fulfilling activities.
- **Health and Wellbeing** - Individual conversations will be offered regularly to all of our staff

## SECTION 2: BACKGROUND AND CONTEXT

---

### 2.1 Background and Context

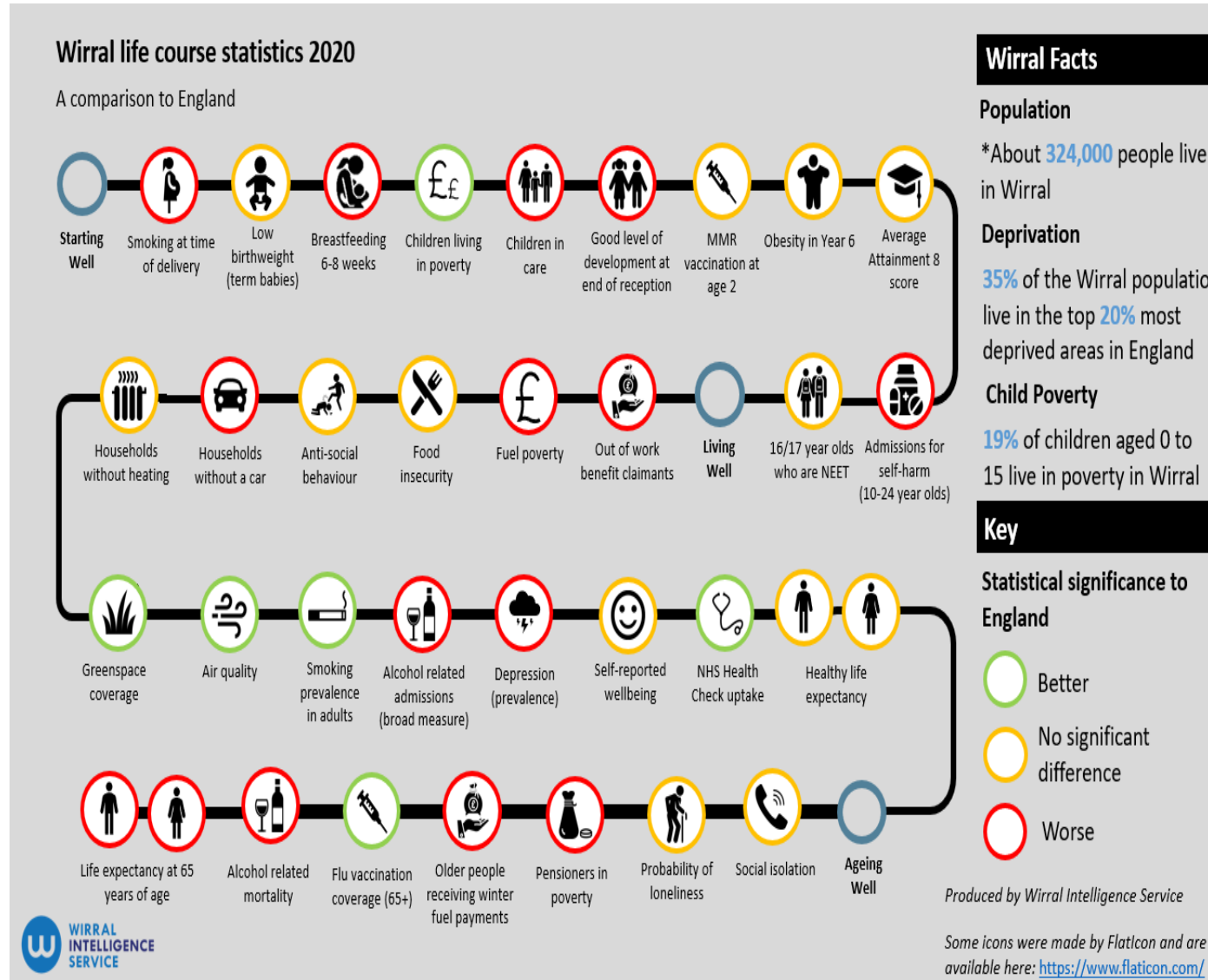
Wirral has just over 324,000 residents<sup>1</sup>. The health and wellbeing of people in Wirral is varied when compared with the England average. Some of the key statistics across Wirral prior to 2020-21 COVID Pandemic included:

- Wirral becoming more deprived between the 2015 and 2019 and has 35% of its population living in deprivation<sup>2</sup>
- the proportion of children (aged 0-15) living in income deprived families in Wirral was 22%. This varies between wards from 62% in Bidston & St. James to 0% in West Kirby & Thurstaston<sup>2</sup>
- Difference in life expectancy between the most and least deprived wards in Wirral is 12.1 years for men and 10.7 years for women<sup>3</sup>
- People are living longer and more likely to be living with complex health conditions, necessitating regular intervention from health and care services.
- People in Wirral spend just three-quarters of their life in good health (78.6% for men, 77.6% for women) and these 'Healthy Life Expectancy' figures show wide variation, with those in more deprived areas spending even less of their lives in good health, compared to those living in more affluent areas<sup>4</sup>.
- Lower physically active adults in Wirral (66.0%) when compared to the England average (67.2%)<sup>5</sup>
- Just over 1 in 3 (35%) children in Year 6 are overweight or obese<sup>6</sup>
- The rate of children looked after in Wirral is almost double the England rate (123 per 10,000 vs 65 per 10,000)<sup>7</sup>
- Key issues have been identified as affecting the mental health and wellbeing of pupils with lack of self-confidence, low self-esteem and poor self-image having the greatest impact, followed by exam/school pressure, behavioural problems, and issues in the home/ family environment.

The impact of COVID-19 has highlighted the link between poorer health outcomes, ethnicity and deprivation. For Wirral this means that COVID-19 will have had a further impact on our population's health outcomes. Consequently, health and social care services across Wirral - in line with the rest of England – will need to be able to meet these additional requirements in order to support our population.

The Wirral health and care system is experiencing a period of sustained financial pressure so resources will need to be targeted to ensure the best outcomes for our population.

**Figure 1: Wirral Life Course**



This graphic illustrates how the population of Wirral compares to England against key events in a person's life journey.

Having a good start in life supports good health and wellbeing which leads to better economic prospects and reduced long-term illnesses.

Areas where we are doing better than the average figures for England include green space coverage, air quality, smoking prevalence, health checks and flu vaccine uptakes.

However, the areas where we are not doing so well are around the starting well measures including smoking at the time of delivery, breastfeeding, children in care and admissions for self-harm.

This then progresses in later life to higher numbers of people out of work and claiming benefits, higher levels of depression and poverty levels for older people.

Overall Wirral has a lower life expectancy for men and women when compared to the England average.

Data sources in Section 6

## **2.2 Integrating Health and Care Commissioning**

NHS Wirral CCG, Adult Care and Health and Public Health from Wirral Council came together in May 2018 to form a single commissioning partnership, Wirral Health and Care Commissioning (WHCC). The purpose of WHCC is to jointly commission all age health and care service for residents in Wirral which have a positive impact on the life course of an individual (Figure 1).

Key to this is the transformation of service delivery which is expected to improve the experience of people and to reduce the need for long term care and high cost hospital care by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities, and
- delivering sustainable services, both through the workforce and financially.

## **2.3 Section 75 and the Better Care Fund**

Section 75 of the NHS 2006 Act gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure on specific local authority and NHS functions and enables the development of a single fully integrated commissioning function with a single operating model, management and staffing structure.

This fund incentivises the NHS and the local government to work more closely together around people, placing their wellbeing as the focus of health and care services. The primary aims of the fund are:

- Supporting independence in the community by place based activity
- Reducing non-elective admissions and residential admissions
- Facilitating early discharge from hospital

Wirral has a pooled budget which includes the Better Care Fund (BCF). The partnership fund between Wirral Council and Wirral CCG is hosted by Wirral Council.



## **2.4 Clinical Commissioning Group Commissioning and Integrated Care Systems (ICS)**

There has recently been a significant change of emphasis for commissioning functions of CCGs nationally, with a focus being placed on population-level health outcomes and a reduction in contractual and transactional exchanges. Each ICS will be made up of defined local places and will be driven by collaboration and strong partnership working between the Local Authority and the NHS. Wirral is one of the defined places within the Cheshire and Merseyside ICS. Subject to national legislation, it is expected that the commissioning functions of CCGs will become part of the ICS and CCGs will no longer exist post March 2022.

Having provider organisations collaborating at a place (Wirral) level, and integrated commissioning of health and care, will be the principal engine of transformation in the ICS.

Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances. There will be flexibility for local areas to make full use of the local relationships and expertise currently residing in CCGs.

ICSs can agree whether individual functions are best delivered at system or at place, balancing subsidiarity with the benefits of scale working. The activities, capacity and resources for commissioning will change in three significant ways in the future:

- A single strategic commissioning approach - assessing population health needs and planning and prioritising how to address those needs, and, ensuring that these priorities are funded to provide good health outcomes and value.
- ICS governance - Clinical leadership will remain a crucial part of this at all levels involving transparency and public accountability.
- The greater focus on population health and outcomes in contracts and the collective system ownership of the financial envelope will improve outcomes, rather than managing contract performance between organisations.

In Wirral, the exact form of the ICS will be established over 2021/22 for completion by April 2022.

## **2.6 Future form of Wirral Health and Care Commissioning**

It is critical that WHCC adapts with the evolving health and care system. With a continued focus on Primary Care Networks, Neighbourhoods and Place-based Care in 2021/22, WHCC will ensure support in areas such as intelligence and finance to enable localised delivery and decision making. This will also involve establishing appropriate governance and accountability frameworks, together with the expertise to establish collaborative models of care.

## SECTION 3: OUR VISION – KEY PRIORITIES

---

### 3.1 Health Inequalities

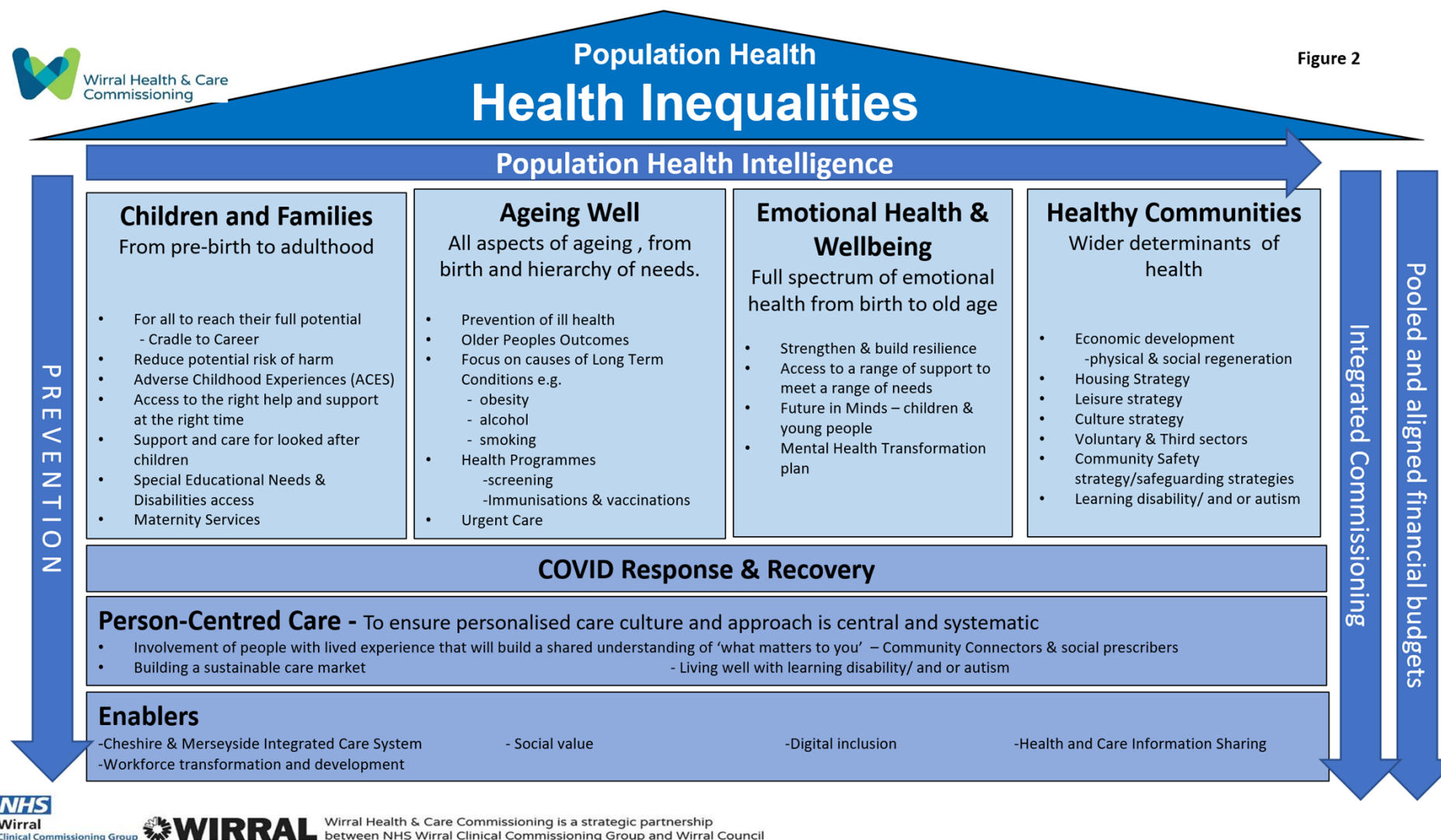
Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Figure 1 of this document highlights some of the challenges faced in Wirral.

Build Back Fairer: The COVID-19 Marmot Review published in December 2020 highlighted that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19.

As a response, our high level commissioning priorities are all under the umbrella of population health and tackling health inequalities. Population health intelligence is the way in which WHCC is able to identify the health and wellbeing needs and inequalities of the Wirral population. The Joint Strategic Needs Assessment, which is publicly available, allows commissioners to target services in areas of need. This source underpins all of the work plans WHCC will undertake.

The diagram below highlights our priorities with the four key areas of focus being children and families, ageing well, emotional health and wellbeing and healthy communities.

All of our commissioning plans for the financial year 2021/22 will align to these four key areas and the following section shares the detail of key priorities.



### 3.2 Children and Families

Having a good start in life for a child is crucial to forming the later health, wellbeing and economic outcomes in a person's adult life. Ensuring that a child reaches their full potential by providing them and their families with health and care services is a part of the remit of WHCC. Health inequalities are starkest in five of our wards with a significant proportion of our most vulnerable children classed as 'Looked After' (810 in 2020) living in these areas.

Our aim is to develop a locality/neighbourhood model of services. We will do this by developing our person centred care model, listening to children and young people (CYP), adults and families and building on their unique personal strength and resilience and through co-ordinating and enabling communities and services to help people achieve their best outcomes and be healthy throughout the whole of their life. This will be done through developing individual locality/neighbourhood service models made up of multi-disciplinary teams are resourced to appropriately meet local need working together to prevent more intrusive or costly interventions by responding well to local need.

The Healthy Child Programme for 0-19 years (HCP) is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The foundations for development including physical, intellectual and emotional are established in early childhood and is essential to improve outcomes and reduce health inequalities. The universal approach of the programme enables additional needs to be identified as early as possible and additional support to be provided. Understanding what our local data tells us is key to being able to target additional resources where there is additional need, for example the wards where we have the highest levels of Children Looked After. The HCP was updated in March 2021, placing greater emphasis on closer working relationships between maternity, the Health Visiting Service and Children's Centres. Work has already commenced to look at how we further develop the updates locally.

Emotional health and wellbeing is essential development and being able to cope with the day to day challenges that may occur. In recognition of the importance of emotional health, work has commenced to develop model which will provide support via a single point of access. The support will be to take a family based approach and will provide training and support for settings such as schools to enable them to support and develop resilience and life skills for our CYP. Understanding of the reasons that Wirral is an outlier for admissions to A & E for issues such as mental health and substance misuse also needs to be addressed as part of this work.

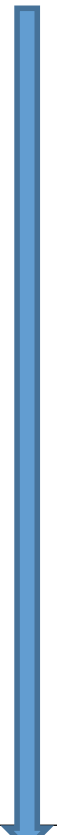

Adverse Childhood Experiences (ACEs) are:

*"highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity." (Young Minds, 2018)*

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their how they think, interact with others and on their learning. Action is therefore also needed to support adults who may have been affected. Research has identified that ACEs have lifelong impacts on health and behaviour, as can be seen in some of the statistics around health inequalities. We all have a part to play in preventing adversity and raising awareness of ACEs by developing resilient communities. A co-ordinated borough-wide approach would optimise efforts and have a greater impact.

Special education needs and disability (SEND) legislation supports CYP with learning disabilities and or autism to ensure that their health and care needs are met is an important focus for WHCC in tackling health inequalities. Avoiding unnecessary hospital admissions and supporting the reduction people that are placed out of area. It is important that CYP with learning disabilities are given annual health checks which was 75% in Wirral for 2020 compared to the national target of 67%.

Maternity services supporting mother and child is an important focus for helping to reduce the disparity in the borough. As part of this perinatal/ maternity mental health works to ensure expectant and new parents and their partners receive effective and timely emotional wellbeing support through a Maternal Mental Health Service offer bringing together existing services to create a comprehensive Community Hub offer of Maternal support. Delivering on the recommendations of the Ockenden Review published in December 2020 into the deaths and significant harm to new-born infants and their mothers at the maternity unit at the Shrewsbury and Telford Hospitals NHS Trust is an important priority for WHCC.

Children & Families Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>Explore models and structures for integrated, neighbourhood/locality working for children &amp; families</li> <li>Mental Health Support Teams in Primary Schools with full coveragePut in place the national care model for admitting children with complex mental health conditions</li> <li>For CYP with eating disorders continue to see 95% within 4 weeks or 1 week for urgent referrals</li> <li>Review the application of Adverse Childhood Experience (ACES) training within primary care/ health visiting and relevant 3<sup>rd</sup> sector agencies.</li> <li>Piloting a hub model for CYP with Autism</li> <li>Working with stakeholders to revise and develop the neuro developmental pathway</li> <li>Delivering a short breaks therapeutic service for CYP with learning disabilities</li> <li>Increase the uptake of Annual Health Checks for all people with a learning disability</li> <li>Further development of the intensive support of learning disabilities child and mental health service</li> <li>Every pregnant woman within the maternity service has a personalised care and support planSonography team to provide all pregnant women with brief interventionsBring together all Women's services into a central hub including birthing facilities, antenatal classes, and expanding the support offer through buddy systems and creative therapies</li> <li>Demonstrate progress towards the continuity of carer target for women within the maternity service.</li> <li>Demonstrate progress towards the 85% of Black &amp; Minority Ethnic (BAME) women receiving continuity of carer in maternity service by 2024, through focussed midwifery teams.</li> <li>Demonstrate progress against the target for a 50% reduction in the number of still births, maternal mortality, neonatal mortality and serious brain injury</li> </ul>	Mar 2022 	Director of Child, Family & Education Director of Commissioning 

### 3.3 Ageing Well

We know that people living in the most deprived areas in Wirral have a difference in life expectancy of 12.1 years for men and 10.7 years for women<sup>3</sup>. Preventing ill health and supporting people to make healthier lifestyles choices will help to reduce the risk of developing long-term illnesses, disease and premature death. Unfortunately, it is people that live in our more deprived areas that suffer from long term conditions such as diabetes, heart disease and respiratory illnesses all of which have a significant adverse effect on health and life expectancy as a result of excessive alcohol consumption, obesity and smoking.

Public Health commission many services which support people to make healthier life choices such as stop smoking services which if achieved has a positive result in improved health and life expectancy. Excessive alcohol consumption and alcohol misuse impacts on children, families, education, employment, homelessness, and crime as well as negatively impacting on physical and mental health. Wirral has significantly worse indicators than England on key alcohol measures. The identification and management of people with high blood pressure (hypertension) is also a focus for prevention activities.

Vaccination and Screening programmes are co-ordinated and managed through NHS England but are delivered locally through Primary Care and their networks. The delivery of key programmes of work are critical to the prevention of illnesses such as Flu, COVID-19 and Cancer which disproportionately impact on people from the more deprived areas of Wirral.

Social workers support the most vulnerable families in the borough. Over time social work has become more process driven and less family and person focused. A programme of work which will redefine the social work offer moving it away from bureaucratic approaches and focusing on listening to people is underway. This approach will enable people to connect with their community, feel in control of their lives and live in a place of their choice. Social work teams will develop a greater knowledge of what is available in their community to enable the people they support to connect more with their natural resources and achieve more independent lives.

As a person gets older supporting people to stay healthy at home is a key priority. Digital solutions (telehealth) are an important part of the work programme and will deliver prevention outcomes. An example of this is the roll out of the Grandcare system enabling family members, caregivers and healthcare professionals to monitor and care for older people remotely. Extra care housing is another example of allowing people to live independently but also providing support where needed such as washing, dressing or taking medication.

The care provider market has experienced significant pressures during the COVID-19 pandemic and a key focus will be on quality and sustainability of care provider services.

Prior to the pandemic Wirral was diagnosing 68% of the suspected population with dementia, however this fell to 60% in 2020-21. It is a priority to return to the pre-pandemic figures in 2021-22 and ensure people receive community support with their illness and subsequent appropriate inpatient care along with training and support for their carers.

Key deliverables for the Ageing well area include:

Ageing Well – Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>Obesity - development of a Wirral plan</li> <li>Obesity – roll out focused services for men, BAME communities and people with learning difficulties</li> <li>Alcohol - Roll out the 'Lower my drinking' App</li> <li>Alcohol - Cascade 'assist lite' training across all Wirral providers</li> <li>Alcohol – targeted communications campaign to the public and business</li> <li>Alcohol – piloting the use of a drug treatment therapy in the community setting to safeguard against alcohol induced brain injury</li> <li>Respiratory - review provision ensuring maximum outcomes achieved</li> <li>Digital literacy in care homes – Roll out and management of 'Safe Steps'</li> <li>Telehealth - expanding to 1000 patients with lung conditions (COPD)/ heart failure</li> <li>Dementia - achieve a diagnostic target of 67%</li> <li>Blood pressure - supply monitors to people most at risk and on low incomes</li> <li>Blood pressure - provide clinical leadership for the implementation of the Digital First project</li> <li>Blood pressure - pilot the Blood Pressure Quality Initiative (BPQI) to improve the management of at risk patients</li> <li>Blood pressure - develop and lead an ongoing programme of education for frontline staff</li> <li>Flu - achieve at least a 75% vaccine uptake for the four priority population groups</li> <li>Cardiovascular disease - reduce avoidable hospital admissions with nurse-led services in the community</li> <li>Cancer - delivery of the early diagnosis specification in Primary Care</li> <li>Cancer - develop optimal pathways in line with regional development work</li> <li>Cervical Screening - increase uptake in primary care of the text message service</li> <li>COVID-19 vaccination - offered to 100% of the adult population</li> <li>Social work - where there is evidence test and scale up new ways of delivering better outcomes</li> <li>Extra care - open 78 units at the Poppyfields site</li> <li>Extra care - determine how many units are required in Wirral over the next 10 years</li> <li>Extra care - improving the website for public access</li> <li>Oversight of the quality and resilience of the care provider market</li> </ul>	<div>Mar 2022</div> <div>↓</div> <div>June 2021 Dec 2021 Sept 2021 Mar 2022 Jun 2021 Sept 2021 Mar 2022</div> <div>↓</div> <div>Jul 2021 Mar 2022 June 2021</div> <div>↓</div> <div>Sept 2021 Ongoing</div>	<div>Director of Commissioning</div> <div>↓</div> <div>Lead Commissioner – Community Care Market</div> <div>↓</div> <div>Director of Commissioning</div> <div>↓</div> <div>Assistant Director Care and Health, and Commissioning for People</div>



### 3.4 Emotional Health and Wellbeing




Strengthening and building resilience in the Wirral population is a key priority. Ensuring access to a range of support to meet a range of emotional health and wellbeing needs are important and vary from low level interventions to crisis care. The Wirral Crisis Café is an example of a crisis service which aims to provide an alternative to the Emergency Department for a place of support for those in a mental health crisis or requiring similar support.

**Future in Minds** working across People's Services to provide a new model of care for CYP emotional wellbeing will ensure timely access to support, effective interventions and a greater focus on early intervention and prevention for CYP on the Wirral. This offer will span across specialist mental health services, education, Primary Care and instil confidence and resilience in the young population.

Support the health and care partners to plan for the implementation of the new arrangements under the **Deprivation of Liberty Safeguards** to ensure compliance with processes where people lack the mental capacity to consent to their care and treatment in various settings.

**Mental Health Transformation (CMHT) Plan** Working closely with Primary Care Networks (PCN) to ensure greater integration of mental health services will encourage greater collaboration, seamless transition, information sharing and joined up care for individuals. Key areas of work include:

- mental health support team to provide wrap around support for complex individuals who require on-going support in order to avoid admission into inpatient settings and to manage these individuals effectively in the community.
- Section 140 of the Mental Health Act requiring provision of emergency inpatient bed availability for those individuals requiring admission as a special urgency.
- Section 136 of the Mental Health Act ensure that a designated place of safety for those who are detained by the Police is at the most appropriate place for the patient
- an evaluation of the investment into the Personality Disorder Team service for complex patients to ensure the effective provision, the impact of the COVID-19 pandemic, and the integration with Primary Care
- Improving Access for Psychological Therapy (IAPT) provides support for common mental health problems such as anxiety and depression, in line with nationally set targets. People should get the right support whether it is lower level support needs (e.g. stress), through to those with co-morbid conditions (e.g. depression and respiratory conditions) and support for people with more complex mental health issues (e.g. personality disorders and complex post-traumatic stress disorder)

Emotional Health and Wellbeing – priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>Resilience - completion and implementation of the Wirral Crisis Café Resilience - investment into all age mental health crisis helpline</li> <li>Implementation and growth of the children's crisis offer with 24/7 support Put in a designated mental health intensive support team. Agreement with a designated hospital to provide beds as per section 140 of the Mental Health Act</li> <li>Scope with partners the right setting for patients detained under section 136 of the Mental Health Act</li> <li>Evaluation of the impact of the investment in the Personality Disorder Team</li> <li>Integrating the Individual Placement Support service with Community Mental Health Teams Implementing outreach to individuals with SMI through the Primary Care Networks Increase flexibility of how therapy is delivered (face to face/ online) and outside and evenings and weekends</li> <li>IAPT - maintain the waiting time targets of 75% of people referred commencing treatment within 6 weeks and 95% commencing treatment within 18 weeks</li> <li>IAPT - achieving a recovery target of at least 50% of those leaving treatment</li> <li>Ensure long-term conditions patients (including diabetes, cardiovascular disease and respiratory) are able to access IAPT support where required</li> <li>Explore the availability of psychological services for cancer patients</li> <li>Development and improvement of the model to support adults with ADHD</li> <li>Development of an enhanced Primary Care model for the diagnosis of ADHD</li> </ul>	<p>Jul 2021 Mar 2022</p>  <p>Sept 2021 Mar 2022</p>  <p>Sept 2021</p> <p>Mar 2022</p>	<p>Director of Commissioning</p> 

### 3.5 Healthy Communities

*The health of the population is not just a matter of how well its health service is funded and functions, important as that is. Health*

*is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health* **Build back fairer: The COVID-19 Marmott Review.**

With the events of the pandemic over the last year the links between socio-economic factors and the health of the population has become even more transparent. Recommendations from the Marmott review published in December 2020 included:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.


The work being undertaken by colleagues in the regeneration, housing, leisure, neighbourhoods and community safety all have an important part to play in helping to improve health inequalities. WHCC will work closely with colleagues to influence and support this work.

Third sector colleagues have been fundamental to the COVID-19 response and linking into communities. Continuing and enhancing this work in the coming year will be a priority this year. Using population health data will enable primary care networks to focus their work on providing services to support the health and wellbeing of their most vulnerable residents. Voluntary and 3<sup>rd</sup> sector organisations are critical in supporting people to remain at home and avoid hospital re-admissions.

People with learning disabilities/ and or autism are disproportionately impacted by health inequalities. It is important that there is constant evaluation of the effects of the pandemic and ensure services respond to local population need as a result of this virus. Learning Disability Mortality Reviews (LeDeR) is a service improvement programme aiming to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received.

The key priorities that WHCC will deliver in 2021/22 supporting healthy communities include:

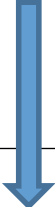

Healthy Communities Priorities	Delivery Dates	Responsible Officer
▪ All programme meetings will include representatives from the voluntary and 3 <sup>rd</sup> Sector	Apr 2022	Director of

<ul style="list-style-type: none"> <li>Using health data Primary Care Networks will target the most vulnerable resident population</li> <li>Outcomes in social care and BCF contracts to be reviewed to ensure patients are discharged to the right place at the right time and achieve the best outcome they can</li> <li>All residents in Care Homes with learning disabilities are able to get a Health Check remotely</li> <li>Establish a local LeDeR partnership steering group to support the response to the national policy. Particular emphasis will be on working with the health and care economy on responses to lessons learned</li> <li>Continue to support required for Shielded patients through a partnership approach (including Healthwatch)</li> <li>Strengthen processes to gain a fuller understanding of people's experience and views</li> <li>Explore options to increase employment support for people with health conditions or disabilities</li> </ul>	Mar 2022  Dec 2021  Sept 2021 Mar 2022	Commissioning
---	--	---------------

### 3.6 COVID-19 Response and Recovery

As the infection rates reduce and the vaccination programme continues with the majority of the population being jabbed there is an opportunity to restart services that have been paused. There are significant waiting lists for treatment in hospital and over the coming year it will be a priority to reduce the wait taking into consideration clinical priority, health inequalities and welfare of NHS staff. WHCC will support providers to monitor and manage this work ensuring that tackling health inequalities during the restoration of elective services remain a priority.

The care provider market has been required to respond quickly to changes in policy as well as to required approaches to minimise the spread and impact of COVID-19 on their care communities. The care provider market will continue to require additional support and oversight to recover service provision and respond to future changes that may be required.

COVID-19 Response & Recovery Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>Work with providers for the delivery of COVID-19 Oximetry at Home Service</li> <li>Develop 'Long COVID' pathways with commissioning partners</li> <li>Monitoring and assurance on Elective recovery plan, ensuring trajectories are met and risks managed</li> <li>Work with stakeholders to manage Cancer recovery</li> </ul>	Sept 2021 Mar 2022 	Director of Commissioning 

### 3.7 Person-Centred Care

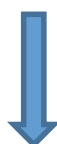
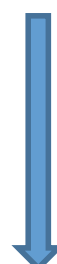
It is the aspiration that at the foundation of all services will be the lived experience of the person with the best outcome achievable for that individual. Providing people with personalised care plans will allow people to have more control over their own health and the best outcomes for them and their circumstances. It is expected that this will have a significant impact in areas with high levels of health inequalities where people are managing many different complex health and wellbeing issues.

Locally the development of Community Connectors and Social Prescribers have been integral part to play in delivering personal care plans.

A change programme is underway to develop a new way of working for social work teams which moves away from a service response towards understanding what people really need and want to resolve their presenting issues. Working with partners and people using the services, new ways of working will be tested and rolled out across social work teams.

Where there are concerns raised under safeguarding (Making Safeguarding Personal (MSP)) greater emphasis will be placed on ensuring that the persons views are at the centre of decision making and that their desired outcomes are achieved wherever possible.

Wherever a person lacks the mental capacity to make important decisions in relation to their care, support and treatment their wishes and views are considered as part of the decisions made on their behalf. Approaches to decision making and risk will be more inclusive of the views of the person, their family members and carers.

Person-Centred Care Priorities	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> <li>▪ Embed quality assurance of personalised care and support plans as part of the whole personalised care and support planning process</li> <li>▪ Promote and offer support to take up personal health budgets for people with a legal right to have a personal health budget in priority areas - CYP with learning disabilities and autism; maternity; mental health; ethnic groups and those living with a long term condition/s</li> <li>▪ Establish baseline for the current offer of patient initiated follow up (PIFU) and agree a plan to further develop PIFU within secondary care and community providers.</li> <li>▪ Fully embed MSP in all safeguarding interventions</li> <li>▪ Continue to take a person centred approach to risk management and decision making with regards to the Mental Capacity Act</li> </ul>	Mar 2022  Dec 2021  Jun 2021 Ongoing	Director of Commissioning 

### 3.8 Enablers

We want to build on our successful local commissioning partnership and retain skills, experience and knowledge of the health and care of our population in our place. We have therefore begun work defining the commissioning offer at place; setting out the commissioning functions delivered at place and what would best sit with provider partnerships. We will be sharing this work with the Cheshire and Merseyside Health and Care Partnership to influence the development of the arrangements for the delivery of commissioning functions in our sub-region from April 2022.

Some residents in our borough do not have access to technology and internet or choose not to access their care and support through technology (digital inclusion). In order to tackle the health inequalities that arise from this there is a Wirral group set up to address this issue.

Wirral Health and Care will be adopting the principles of **social value** where we will be looking to enhance the following in its commissioned services:

- reduce the carbon footprint with net zero target by
- employing and training people from within the borough
- demonstrate how they will benefit the local economy

**Health Information Exchange** brings together patient data across the health and care system in a secure manner. The real time information available across the health and care system allows clinicians to access up-to-the-minute information about a patient's medications, pre-existing conditions, scans, procedures, results, discharge summaries, risks and more. Having this information at the point of care enables clinicians to make safer and more timely decisions to plan and deliver care and tackling significant health and care inequalities by using the information to improve population health and wellbeing.

The **workforce** within WHCC stands at just over 174 whole time equivalents (WTE). These staff will be delivering population health and outcomes as outlined in this business plan. Public Health and Adult Care and Health staff numbers equate to 93.7 WTE, this is broken down in section 5 of this document. For the Wirral CCG workforce considerations will be developed later in the year as Place/ ICS discussions progress and as the White Paper passes through parliament.

### **3.9 Risk**

A formal risk register will be implemented by July 2021 based on the deliverables in this business plan.

## **SECTION 4: FINANCE 2021/2022**

---

For the 6 month period to September 2021 NHS England will be issuing system envelopes (Cheshire and Merseyside) and the planning submission round will confirm the allocation to place (Wirral) in quarter 2. It is for this reason that there are no financials for the Wirral Clinical Commissioning Group.

Wirral Local Authority budgets have been set and the budgets for the Public Health and Adult Health and Care areas are broken down below. There are a range of saving programmes that have been budgeted in order to deliver financial balance. These will be delivered by WHCC and delivery partners working together jointly to deliver the required efficiencies.

Wirral Council: Public Health 2021/22		Budget	Pooled		Non-Pooled
		(£)	BCF	Non-BCF	
			(£)		
Expenditure					
	Children 0-19	6,515,200			6,515,200
	Collaborative Service	1,235,900			1,235,900
	Drugs & Alcohol	5,936,600			5,936,600
	Health Protection	395,800			395,800
	Misc. Public Health	8,542,700	623,100		7,919,600
	NHS Healthchecks	258,000			258,000
	Obesity – Adults	130,000			130,000
	Public Health Running Costs	2,100,200			2,100,200
	Public Mental Health	977,500			977,500
	Sexual Health Services	2,935,500			2,935,500
	Stop Smoking Services	739,400			739,400
	Substance Misuse	201,300			201,300
	Contribution to Reserves	2,084,600			2,084,600
<b>Gross Expenditure</b>		<b>32,052,700</b>	<b>623,100</b>	<b>0</b>	<b>31,429,600</b>
Income					
	Public Health Grant Funding	-30,141,800	-623,100		-29,518,700
	Misc. Public Health	-675,000			-675,000
	Collaborative Service	-1,235,900			-1,235,900
	Contribution from Reserves	0			0
<b>Total Income</b>		<b>-32,052,700</b>	<b>-623,100</b>	<b>0</b>	<b>-31,429,600</b>
<b>Net Expenditure</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Wirral Council: Adult Social Care 2021/22		Budget	Pooled		Non-Pooled
			BCF	Non-BCF	
		(£)	(£)		
Expenditure					
	Employees	3,410,400	230,500		3,179,900
	Commissioned Care				
	Day Care	7,231,800		6,941,300	290,500
	Direct Payments	10,028,600		4,981,700	5,046,900
	Domiciliary Care	18,177,600	9,766,100	1,753,700	6,657,800
	Independent Reablement	1,231,200	1,231,200	0	0
	Nursing Long Term	12,890,200	5,000,000	3,430,500	4,459,700
	Nursing Short Term	5,263,500	4,481,900	140,600	641,000
	Res Long Term	30,949,500	5,000,000	12,941,000	13,008,500
	Res Short Term	2,711,300	1,341,200	321,400	1,048,700
	Shared Lives	966,700		273,000	693,700
	Supporting People	1,399,700		566,500	833,200
	Supported Living	35,689,300		27,145,000	8,544,300
	Growth	12,270,400		778,300	11,492,100
	Savings	-4,942,600		-2,000,000	-2,942,600
		133,867,200	26,820,400	57,273,000	49,773,800
	Other Expenditure	30,056,000	6,380,800		23,675,200
<b>Gross Expenditure</b>		<b>167,333,600</b>	<b>33,431,700</b>	<b>57,273,000</b>	<b>76,628,900</b>
Income					
	Customer & Client Receipts	-23,060,400		-3,561,600	-19,498,800
	Grants & Reimbursements	-21,303,600	-19,394,800		-1,908,800
	Joint Funded Income	-9,061,900		-7,938,900	-1,123,000
	Other Income	-843,100			-843,100
<b>Total Income</b>		<b>-54,269,000</b>	<b>-19,394,800</b>	<b>-11,500,500</b>	<b>-23,373,700</b>
<b>Net Expenditure</b>		<b>113,064,600</b>	<b>14,036,900</b>	<b>45,772,500</b>	<b>53,255,200</b>

Note: The Public Health and Adult Health and Care are draft budgets and subject to change as growth and savings are allocated and Better Care Fund is agreed.



## SECTION 5: WORKFORCE OUTLINE

In total there are 174 whole time equivalents (WTE) within WHCC.

Wirral CCG workforce considerations will be developed later in the year as Place/ ICS discussions progress and as the White Paper passes through parliament.

For Council staff the following should be noted:

- Wirral Intelligence Service staff are included as Business Intelligence
- Finance staff are excluded (as they are part of the Resources Business Plan)

Job Type	NHS Wirral CCG	Adult Care and Health	Public Health	Grand Total
	Whole Time Equivalents			
Chair/ Non Exec Directors & Chief Exec				
Medical Director				
GP Leads: Clinical Governance				
Director		1	1.00	
Consultant in Public Health			2.85	
Quality Assurance, Patient Safety & Safeguarding		20.9		
Commissioning & Transformation		17	9.30	
Corporate Affairs		4		
Communications				
Business Systems & Support		18.65		
Finance				
Secretariat			2.00	
Business Intelligence			17.00	
<b>Grand Total</b>		<b>61.55</b>	<b>32.15</b>	<b>93.70</b>

## SECTION 6: REFERENCES

---

1. Source: Office for National Statistics, Mid-2019
2. Source: Indices of Multiple Deprivation, Wirral, 2019
3. Source: Life Expectancy 2016-18, WIS
4. Source: Wirral Life Expectancy Report 2016-18
5. Source: Active Lives Adult Survey, Sport England, 2018/19
6. Source: NCMP, 2019/20
7. Source: Compendium of Statistics 2020, Wirral Children's Services

### Wirral Life Course Data Sources

#### Starting Well

[Smoking at Time of Delivery, 2019/20](#)  
[Low birthweight \(term babies\), 2019](#)  
[Breastfeeding 6-8 weeks, 2019/20](#)  
[Children living in poverty, 2018/19](#)  
[Children in care, 2020](#)  
[Good level of development at end of reception, 2018/19](#)  
[MMR vaccination at age 2, 2019/20](#)  
[Obesity in Year 6, 2019/20](#)  
[Average attainment 8 Score, 2019/20](#)  
[Admissions for self-harm \(10-24 year olds\), 2018/19](#)  
[16/17 years olds who are NEET, 2019](#)  
[Local Alcohol Profiles for England - PHE](#)

#### Living Well

[Out of work benefit claimants, 2017/18](#)  
[Fuel poverty, 2018](#)  
[Food insecurity, 2017](#)  
[Anti-social behaviour, Dec-19 – Nov-20](#)  
[Households without a car, 2011](#)  
[Households without heating, 2011](#)  
[Greenspace Coverage, 2017](#)  
[Air Quality, 2017](#)  
[Smoking prevalence in adults, 2019](#)  
[Self-reported wellbeing, 2019/20](#)  
[NHS Health Check uptake, Q1 2015/16 – Q4 2019/20](#)  
[Depression \(prevalence\), 2019/20](#)  
[Healthy life expectancy, 2016-18](#)  
[Local Alcohol Profiles for England - PHE](#)

#### Ageing Well

[Social Isolation, 2011](#)  
[Probability of Loneliness, 2011](#)  
[Pensioners in Poverty, August 2020](#)  
[Older people receiving winter fuel payments, 2019/20](#)  
[Flu vaccination coverage \(65+\), 2019/20](#)  
[Life expectancy at 65 years of age, 2017-19](#)