



People Overview and Scrutiny Committee

Date:	Monday, 28 November 2016
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Patrick Sebastian
Tel: 0151 691 8424
e-mail: patricksebastian@wirral.gov.uk
Website: www.wirral.gov.uk

AGENDA – Supplementary Papers

7. CHESHIRE & MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 1 - 12)

Presentation from Wirral CCG to provide an update on the enclosed Cheshire & Merseyside Sustainability and Transformation Plan published 15 November, 2016 (additional summary document enclosed)

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Briefing: Cheshire and Merseyside Sustainability and Transformation Plan

4th November 2016 (Updated 15/11/16)

The NHS is currently facing the biggest challenge in its existence. While on a day-to-day basis most areas of the service are running well, we are seeing signs of the strain the system is under in areas such as hospital care, A&E and GP services. The reasons for these challenges include an ageing population which is a positive thing; it also means that many more people are living with one or more long term conditions.

The way we live now is also having a negative impact on our health. Alcohol, smoking, poor diet and inactivity are increasing the demand for NHS services. Originally, tackling disease was the main job of the NHS, now we rightly want modern, forward thinking and responsive services that can support better health and continuously adapt to innovation and our changing needs.

It is estimated that without radical changes to the way the NHS works as demand rises and costs rise too, the NHS will become unsustainable. If we do nothing we face a £30 billion funding gap for the NHS nationally by 2020.

The *NHS Five Year Forward View*, published by NHS England in October 2014, set out strategic intentions, opportunities and the challenges facing the NHS in the years to 2021. It signalled the need for the NHS and its partners to take a longer term approach to planning to ensure the NHS remains clinically and financially sustainable. The NHS Forward View highlighted three key priorities:

- The health and wellbeing of the population;
- The quality of care that is provided; and
- NHS finance and efficiency of services.

This guidance was backed up by the establishment of a new Sustainability and Transformation Fund to support the achievement of financial balance and to provide investment for transformational plans.

NHS England has established 44 Sustainability and Transformation (STP) 'footprints' (including Cheshire & Merseyside), which bring together NHS organisations, local authorities and other partners to collaborate and propose plans to improve health, improve quality of services and to ensure that the NHS remains financially sustainable.

The financial challenge facing the Cheshire & Merseyside health system is significant. The 'do nothing' financial gap for this area is forecast at £908million by 2020/21.

STPs represent a change in the way that the NHS in England plans its services; with a stronger emphasis on collaboration and integrated ways of working. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services – for example, GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

If we are to deliver a step change in health, supporting people to live well for more of their lives and to have excellent, safe NHS and care services, we need to have strong community services that can support people to stay well and reduce avoidable use of hospital services. If we can achieve this, we can improve and re-design hospital services to meet the needs of patients in the 21st century.

Cheshire & Merseyside STP

The Cheshire & Merseyside footprint is the second largest in England, covering a population of 2.5 million people and bringing together over 30 NHS organisations and nine local authorities.

This is a diverse footprint, bringing together areas of deprivation where populations have higher levels of poor health, alongside more affluent areas that have a different set of challenges, including an increasing proportion of older people with high health needs.

Due to the size and diversity of Cheshire & Merseyside it has been divided further into 3 Local Delivery Systems (LDS) – North Mersey; the Alliance (Mid Mersey) and unified Cheshire & Wirral. Each of the three Local delivery systems has established its own ideas and proposals, guided by a common set of strategic priorities, which are:

- Improving the health of the Cheshire & Merseyside population;
- Improving the quality of care and addressing the sustainability of services in community settings and in the region's hospitals
- Maximising the efficiency of clinical and administrative support services

The Cheshire and Wirral Local Delivery System

The Cheshire and Wirral Local Delivery System Plan (LDS) covers a wide geographical area and builds on existing improvement programmes including Healthy Wirral, Caring Together, The West Cheshire Way and Connecting Care. However, we know that increased demand on health services coupled with an ageing population means that if we do not further this work we will face a £314m financial gap by 2020.

The development of our Local Delivery System Plan has provided us with the opportunity to consolidate these improvements. We have used our knowledge of local challenges to identify four priorities to make our health and care system sustainable in the near, medium and long term.

Managing care in the most appropriate setting

There will be a significant focus on prevention to help people live healthier lives and thereby reduce demand on health and care services. This involves building on work already progressed to develop strategies to improve the management of care in areas including Alcohol related harm, Hypertension, Respiratory and Diabetes. By doing this we will be working more closely than ever with other health and social care partners as we develop Accountable Care Systems which allows us to make better use of resources.

Reducing variation across our system

This priority recognises that there is variation in how our different health providers apply some policies and clinical pathways. This will mean that hospitals and other care providers develop standardised care pathways and common approaches to areas such as Infection Prevention and Control and Referral Management. In order to do this we will develop Information Technology platforms to support these improvements and to improve the management of patient pathways in a more consistent way.

Back/Middle Office Collaboration

Back office functions are vital to support organisations in achieving their goals and historically many of these functions have existed in isolation although some work has been progressed to share functions such as payroll.

There is an opportunity for us to further improve efficiency and productivity by developing collaborative working across our major support functions and in some cases developing joint teams to support a wider group of health providers. This will enable us to use expertise that has to date not been shared outside individual organisations and for us to utilise the shared purchasing power that collaboration presents in getting a better deal from some of our suppliers.

Changing how we work together

A major part of this priority will be to enable healthcare providers to access shared care records in a local setting to improve patient care and experience. This work is already well progressed and will be furthered to better utilise the use of data to support people who are at risk of developing long term conditions.

We will also be working together more as a system and we will be looking at ways in which our leaders, both clinical and non-clinical can work effectively to progress our priorities and to achieve a sustainable health and care system for Cheshire and Wirral.

Engaging with our communities and staff

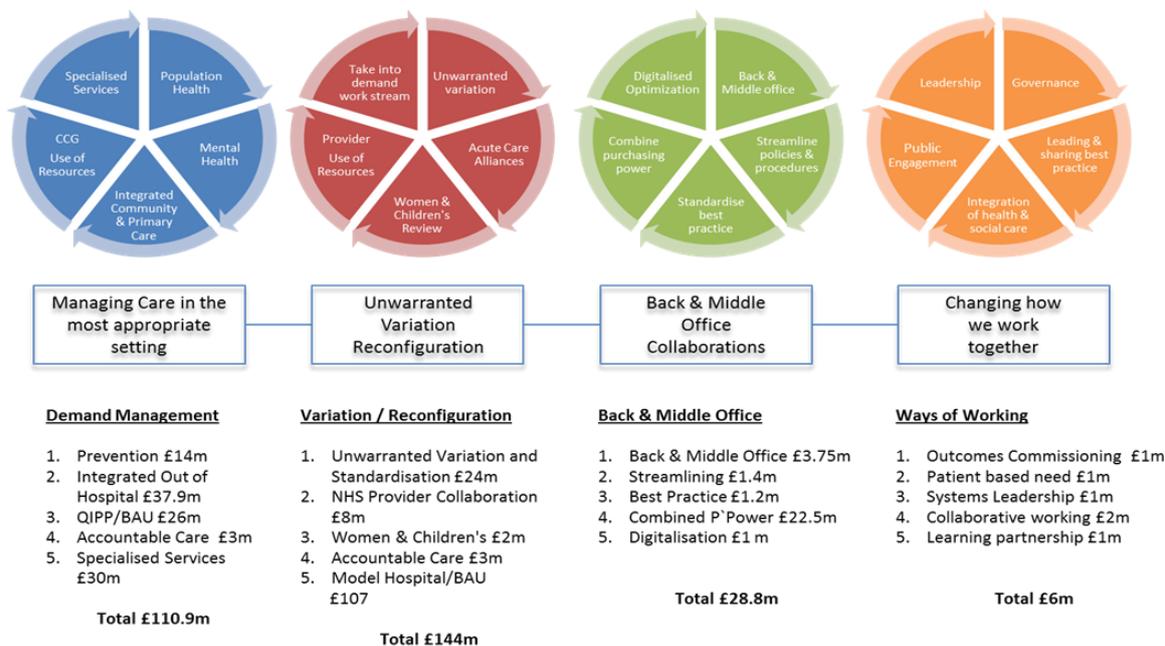
Whilst many of our local health systems have already begun to engage with their communities about the challenges faced by the NHS, the development of the LDS plan enables us to widen this engagement in an open and transparent manner. We are committed to engaging and communicating with our communities and staff

throughout and will provide the opportunity for people to have their say on the priorities outlined above as we move forward in partnership.

Cheshire and Wirral approach

We have identified four priorities to make our health and care system sustainable in the near, medium and long-term. To transform our services, we need to reduce demand, reduce unwarranted variation and reduce cost. To comprehensively address these we must prioritise the areas that we will have the greatest impact to our system. Based on our knowledge of our local challenges, and as a result of engagement across the system, we have identified the following four priorities:

Indicative savings for planning purposes only



The following pages provide further detail of the projects and outputs these programmes will drive. We still have a lot to do in respect of determining:

1. Capability & capacity at STP and Local Delivery System level (LDSP)
2. Full development of schemes and business cases including quality and impact assessments.
3. True impact of each of the programmes on each other. (Critical interdependencies /impact and activity assumptions – STP and LDSP).
4. Robust governance driven bottom up that Governing Bodies and respective Boards and Local Authorities recognise and be part of (including local leadership groups)
5. Capital requirements need to be refined and better linked to benefits realisation.
6. Subject to the outcome of stages 1-5 above any material service changes would follow an appropriate engagement and consultation processes.

Cheshire and Wirral plans for demand management

Projects	Change Delivered	Outcomes/Benefits
Alcohol Strategy (NHS, Local Authorities, Police, Community and Voluntary sector)	<p>System wide interventions to reduce alcohol related harm:</p> <ul style="list-style-type: none"> • Social Marketing Campaigns. • Schemes to restrict high strength alcohol sale. • Cumulative impact policies (reduced opening hours) • Children and Young persons interventions to reduce alcohol use. • GP Screening and life course setting approach. • 7 day alcohol care team within acute hospitals. • Alcohol assertive outreach teams. 	<ul style="list-style-type: none"> • Per 100 alcohol dependent people on treatment planned reduction of 18 AE visits, 22 hospital admissions saving approximately £60k. • Cost benefit ratio £1-£200 per £1 spent • Assertive outreach services expected to return £1.86 per £1 invested. • Net benefit by 2021 estimated at £4.76m. • A reduction in adverse child events.
Hypertension (High Blood Pressure)	<p>Implementation of the Pan Cheshire Hypertension Strategy:</p> <ul style="list-style-type: none"> • A model of care that focuses on empowering patients and communities, enhancing the role of community pharmacies in detecting and managing high BP, and high quality BP management in primary care. (including reducing variation in care) 	<ul style="list-style-type: none"> • For Cheshire and Wirral up to 300 heart attacks and strokes could be prevented per year through optimising blood pressure treatment alone. • If all GP practices performed as well as the 75th best percentile for managing known BP patients, over 5 years could prevent 183 strokes, 118 heart attacks, 256 cases of heart failure, 96 deaths. • It is estimated that a 15% increase in the adults on treatment controlling BP to <140/90 could save £120m of related health and social care costs nationally over 10 years. • Net benefit by 2021 estimated at £2.8-£3.3m.
Accountable Care introduced across CW plus introduction of strategic commissioner.	<p>Building on the 4 existing Transformational Programmes, Discussions are underway to support the introduction of:</p> <ul style="list-style-type: none"> • Accountable Care established in the four areas across Cheshire and Wirral. For example in Central Cheshire the development of "Primary Care Home "can be developed as a model for Accountable Care. • Budget Alignment on population outcomes • Risk Sharing Arrangements across commissioning and delivery of services as per Accountable Care. • Delivery of new contract mechanism. • Clear operating model. • New population health management systems. <p>It is recognised that to support Primary and Community Care, resources are required to deliver these changes.</p>	<ul style="list-style-type: none"> • Improved population health management. • Care will be managed in a more appropriate setting . • Better Patient and Client Experience.
Referral Management	Implementation of referral management schemes across Cheshire and Wirral.	<ul style="list-style-type: none"> • Reduction in elective and non-elective referrals.
Primary Care Prescribing	Encourage and deliver better management of primary care prescribing. (through self-care, over the counter medicines and waste associated with repeat prescriptions)	<ul style="list-style-type: none"> • Reduction in prescribing expenditure.
Respiratory Strategy	<p>Exploring best practice and options for a single approach across Cheshire and Wirral to integrate Respiratory Services;</p> <ul style="list-style-type: none"> • Building on the Healthy Wirral respiratory model of care (clinical registries) we will seek to develop a collaborative approach to respiratory services across Cheshire and Wirral. 	<p>Fewer hospital visits, fewer unplanned primary care visits (>1000 Emergency Admissions Avoided)</p> <ul style="list-style-type: none"> • Easier and earlier access to care and support. • Earlier, evidence-based treatment e.g. pulmonary rehab. • Improved data sharing across Wirral health care economy. • Improved diagnosis and case finding (undiagnosed population < England Avg 2.91% (<7,800)) • Consistent approach to care. • Better case management . • Improved targeting of services to meet population need. • Earlier identification of people with certain respiratory conditions. • Improved knowledge and awareness of population. • Improvement of lifestyle factors e.g. reduced smoking/higher quit rates. (<18 per 100,000) • It is anticipated that if a satisfactory option can be developed that a transformational approach to respiratory care could deliver a system saving £2m by 2021.
Diabetes Programme	<p>Implement at scale a national evidence-based diabetes prevention programme capable of reducing not only the incidence of Type 2 diabetes but also the incidence of complications associated with Type 2 diabetes; heart, stroke, kidney, eye and foot problems.</p> <p>Deliver services which identify people with non-diabetic hyperglycaemia who are at high risk of developing Type 2 diabetes and offer them a behavioural intervention that is designed to lower their risk of onset of Type 2 diabetes.</p>	<ul style="list-style-type: none"> • It is forecast that over 56,000 Cheshire and Wirral residents suffer from Diabetes Mellitus and a further 99,000 residents suffering from non-diabetic hyperglycaemia. • Assuming programme growth to 5000 patients, Cheshire and Wirral LDP anticipate an annual saving of over £500k per annum by 2021 with significant additional wider-systems savings resulting from a reduced incidence of diabetes.

Projects	Change Delivered	Outcomes/Benefits
<p>Mental Health</p> <p>Delivery of the priorities set out in the 5Year Forward View for mental health and the Prime Ministers challenge on dementia (2020) Including :</p> <ul style="list-style-type: none"> • Prevention and Early Detection • Better Mental Health Care for people with Physical conditions. • Improved services for people with severe Mental Health Conditions 	<p>Reducing variations in clinical practice – through the development of consistent care pathways, developing standard approaches to key processes such as assessment, access, discharge and caseload review.</p> <p>Improving patient safety – including a commitment to 'zero suicide.'</p> <p>Improving effectiveness – through a focus on care pathways with clear outcomes and evidence-based practice.</p> <p>In year 1, a priority will be the establishment of fully functioning mental health liaison services across Cheshire and Merseyside.</p> <p>Cost of investment expected to be funded from central allocations as per planning guidance.</p>	<ul style="list-style-type: none"> • Better health and care outcomes for Patients and their families. • Improved opportunities for community based social prescribing and enhanced employment opportunities. • Reducing pressures on acute services within Hospital, Primary Care and Community setting. • Enhanced primary care support for mild to moderate mental health need.
<p>Specialised Commissioning</p> <ul style="list-style-type: none"> • A collaborative approach that will seek to address the current inequality in access for Cheshire and Wirral residents. 	<p>The early interventional programme identified above will ensure that patients are seen and treated earlier so reducing the need for consultant to consultant referrals.</p> <p>In partnership with NHS England, Cheshire and Wirral will adopt an approach to reducing the £30m overspend in specialised commissioning.</p>	<ul style="list-style-type: none"> • Referral pathway improvement to ensure services are patient centred and outcome based. • Improve productivity and value of these services.
<p>High Impact Community Based Integrated Care Schemes:</p>	<p>As detailed in the four Transformation Programmes (Healthy Wirral, West Cheshire Way, Connecting Care, Caring Together) we will strengthen and expand primary and community care services.</p> <ul style="list-style-type: none"> • Integrated Community Teams • New Models of Primary Care • Long Term Conditions Management • Intermediate Care • Care Homes Support • Intermediate Care Development • Integrated Discharge Processes • Community Services MCP <p>This will be done with reference to the Five Year Forward View for General Practice and the development of integrated health and social care. It is recognised that to support Primary and Community Care, resources are required to deliver these changes.</p>	<ul style="list-style-type: none"> • Improved Patient Experience. • Reduction in non elective admissions. • Reduction in Length of Stay. • Reduction in Delayed Transfers of Care. • Shift in activity and associated resources from acute to community sector.
<p>Neurology (Cheshire and Merseyside)</p> <p><i>This supports the work that has been lead across Cheshire and Merseyside as a cross cutting theme.</i></p> <p>The Neuro Network neurology model aims to achieve a clinically and financially sustainable integrated neurology service by enhancing the community support, clinical pathways and advice and support for primary and secondary care.</p> <p>The spinal model is to implement a whole system spinal services network, integrating the two key components of the national Spinal Transformation Project.</p>	<p>Explore best practice and the options around 7 day acute inpatients, specialist diagnostics, subspecialty/MDT clinics, access to neurosurgery, specialised pain and rehabilitation. DGH satellite services from visiting neurologists plus support: outpatient clinics, weekday ward consultation service, supported from the centre by:</p> <ul style="list-style-type: none"> • Acute referral pathways • 7 day advice line • Telemedicine • Second opinion/specialist neuroradiology reporting via PACS • Community nurse clinics, nurse specialist support, homecare drugs, home telemetry • GP referral pathways • Ready communication between community and specialist neurology services for advice and practical help • Standards and clinical governance: common standards across network delivered services, with a single clinical governance structure, developing and using clinical outcomes as available. <p>A network for the provision of spinal surgical procedures, managed from the centre with partner services in secondary care, working to common standards, and outcome measures, with MDT discussion of complex cases and all specialised surgery undertaken in a centre fully compliant with national specialised serviced standards.</p> <p>Implementation of a single whole system patient pathway through a network of all providers of spinal services, with common and audited service standards and outcome measures.</p>	<ul style="list-style-type: none"> • It is projected to save up to £3.2m a year recurrently by 2020-21 compared with the do nothing scenario. • Hospital services reconfiguration: with its single service system wide delivery, providing a specialist centre well placed for future consolidation, and networks of specialised providers and hub and spoke models to improve collaboration across tertiary and secondary care.

Projects	Change Delivered	Outcomes
Thresholds and Procedures of Limited Value	Following NICE guidance maximise the outcome of clinical procedures optimising the effective use of resources.	<ul style="list-style-type: none"> Improved utilisation of available capacity. Increased awareness of self-care. Resources will be targeted to deliver effective interventions.
Cheshire and Wirral Cancer Strategy	<p>Targeted interventions to address areas of low screening uptake.</p> <p>Focus on improving the key worker arrangements for cancer patients and roll out the Recovery Package.</p> <p>Diagnose or exclude cancer within 28 days by creating multi-disciplinary diagnostic centres and new pathways for patients with vague cancer symptoms.</p> <p>Address together our capacity, workforce and organisational bottlenecks, which are preventing delivery of the 62 day cancer standards.</p>	<ul style="list-style-type: none"> Seeking to improve early stage cancer detection rates, associated with better survival and lower cost impact. To limit emergency presentation rates during treatment and the follow-up costs of delivering cancer care respectively.
Operational Control Centre For Risk Stratified Population	Use technology enabled shared patient care records to identify and better coordinate care for the top 5-10% highest users of healthcare services, this will be achieved by using a centralised control facility to signpost and direct appropriate care services to those managing their conditions more effectively in the community and reducing inappropriate hospital admissions.	<ul style="list-style-type: none"> Effective and personal communication with a vulnerable cohort of patients across Cheshire and Wirral in a coordinated manner. Improved navigation of Vulnerable Patients through Health and Social Care systems. Improved clinical outcomes for Patients. Reduction in variation and ability to control demand.
Cheshire & Wirral Shared Care Records	Further development of Cheshire and Wirral shared care records.	<ul style="list-style-type: none"> Improved patient experience by only having to tell their story once. Less time wasted by staff tracking down important clinical records. Reduction in repeat diagnostics and avoidable errors. Use of near real-time data. Enabler for key measures in all workstreams.
Implementation of Continuing Healthcare Collaborative Commissioning	<p>Improved joint working with local authorities and across CCGs.</p> <p>Improved team metrics (reducing sickness and turnover rates).</p>	<ul style="list-style-type: none"> Planned reduction in outstanding reviews, improved experience for patients, family and carers. Delivery of assessment targets. (i.e. 28 days) Reducing the number of dispute cases.
New Models of Primary and Community Care	<p>Delivery of a range of physical and mental health initiatives designed to deliver care closer to home and reduce demand on acute services.</p> <p>Introduction of new models of primary care and community care.</p> <p>Explore the resource requirements that would be associated with this.</p>	<ul style="list-style-type: none"> Reductions in non-elective admissions. Reductions in Length of Stay. Reduction in Delayed Transfers of Care. Shift in activity from acute to community sector.

Cheshire and Wirral Plans – variation and hospital reconfiguration

Projects	Change Delivered	Outcomes
Organisational structures and system architecture	<p>We are planning:</p> <ul style="list-style-type: none"> • An integrated Cheshire & Wirral strategic commissioner. • Accountable Care established in the 4 respective geographies that will determine the shape and form of health and social care delivery across Cheshire and Wirral. • A provider collaborative, the shape and size to be determined. 	<p>A change in the Commissioning and Provider landscape that will support :</p> <ul style="list-style-type: none"> • Better patient experience • Care closer to home • Health and Social care integration • Better use of resources • Strengthen local clinical commissioning
Enhanced technology supporting care through the development of strategic alliances and relationships with subject matter experts	<p>Technology that support s and enables the delivery of integrated health and social care services:</p> <ul style="list-style-type: none"> • Single IT/ informatics platform to support management of variation • Examples such as clinical registries, patient and asset tracking, operational control centre <p>Access to global thought leadership/ expertise in management of variation.</p>	<p>Effective IT and information flows across all sectors supporting the management of variation/optimum approach to management of variation.</p>
Development of a common approach to the delivery of clinical support service	<p>A common approach to:</p> <ul style="list-style-type: none"> • Medicines Management • Infection Prevention Control • Pharmacy • Radiology • Pathology 	<p>Optimised clinical support services to ensure clinical, operational and financial sustainability.</p>
Development of model care pathways	<p>Development of care pathways (across primary, secondary and social care) for high cost/ high volume diagnoses.</p>	<p>Optimum management of high cost/ high volume diagnoses including:</p> <ul style="list-style-type: none"> • Pneumonia/ upper respiratory tract infection • Cardiac disease • Acute abdomen • Alcohol • Ophthalmology • Orthopaedics • Dermatology <p>Standardised care pathways.</p> <p>Reduced length of stay.</p>
Improved system performance to match best decile NHS England performance	<p>Benchmark ourselves against national metrics to match or better NHS England best decile for:</p> <ul style="list-style-type: none"> • Admissions • Overnight stays • Average Length of Stay • A&E attendances • Outpatient referrals and follow ups <p>Participate in the NHS Right Care programme.</p> <p>Model impact to understand extent of overlap with other work streams.</p>	<ul style="list-style-type: none"> • Management of demand in appropriate setting will produce a range of between £30-£60m.. • Appropriate use of secondary care services.

Projects	Change Delivered	Outcomes
In-line with existing transformation work streams, (Caring Together) a remapping of elective and emergency care models in Eastern Cheshire	<p>Agreed long term models for elective and emergency care in Eastern Cheshire are being developed based on strategic hospital partnerships, building on existing relationships, including those with hospitals in Greater Manchester.</p> <p>A number of emerging clinical models are being developed and will form the basis of an option appraisal. Clinical modelling covers emergency care (including options to retain the A&E department or the development of an urgent care centre) and elective care. The frailty pathways being developed will be explored to share best practice with other parts of Cheshire and Wirral.</p>	Clinically , operationally and financially sustainable services .
In-line with existing transformation work streams, (Connecting Care) a remapping of elective and emergency care models in Central Cheshire	Agree long term models for elective and emergency care in Central Cheshire based on strategic relationship both within Cheshire and Wirral and surrounding localities so as to reflect patient flows.	Clinically , operationally and financially sustainable services .
Explore an option to consolidate elective care between the Countess of Chester Hospital NHS Foundation Trust and Wirral Teaching Hospital NHS Foundation Trust on the Clatterbridge Hospital site	<p>Develop an options appraisal in relation to the future delivery of elective care in order to support :</p> <ul style="list-style-type: none"> • Consolidation of elective care • 7 day working • Improved referral to treatment waits • Centre of excellence in recruitment and retention with potential to reduce reliance on specialised service activity flows if appropriate. 	Clinically , operationally and financially sustainable services .
Explore the consolidation of Acute Care Alliance between Countess of Chester Hospital NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust – creation of integrated low and high dependency units for women’s and children’s services	Creation of a clinically integrated service between providers with the consolidation of high and low dependency care as appropriate. (Women and Childrens)	Clinically , operationally and financially sustainable services .
Explore the development of Cheshire and Wirral wide clinical services at scale .	<p>Building from the review of clinical services undertaken by the Trust Medical Directors, we will benchmark all specialities against clinical effectiveness and outcome indicators so that we can deliver improvements to clinical care .(Advancing Quality, NHS Right Care)</p> <p>The emerging clinical models will also be developed in conjunction with Primary Care.</p>	Clinically , operationally and financially sustainable services .
Specialised / 3° services	Explore the options for provision of Maxillo facial services Oesophago-gastric services, plastic surgery to 3° providers in Manchester, Wirral, Chester, Liverpool, North Midlands and North Wales. Where existing arrangements are in place that optimise clinical and financial sustainability then they would remain in place.	Clinically , operationally and financially sustainable services .

Cheshire and Wirral Plans – collaborative productivity

Projects	Change Delivered	Outcomes
Cheshire and Wirral Local Delivery System recognises that the projects outlined below focus on a Cheshire and Wirral approach to collaborative productivity. This is to optimise the speed of delivering those benefits. A Cheshire and Merseyside solution will also be considered and implemented where appropriate for back office and clinical support functions.		
Payroll Workforce, Process & Product	Across Wirral & Cheshire – <ul style="list-style-type: none"> Standardise services Streamline services Explore the integration and centralisation of teams 	A single centralised payroll will reduce duplication, improve efficiency and responsiveness, improve access for staff, reduce queries, and reduce software licensing costs.
Model Hospital & Delivery of Business As Usual Efficiencies	Model Hospital (LOS) Model Hospital (Theatre Utilisation) Model Hospital (New Opat Models) Model Hospital (Other efficiency gains)	Delivery of Provider Business As Usual efficiencies. Delivery of higher quality service for patients.
Procurement Workforce	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced cost of overheads and duplication, Improved efficiency and responsiveness, and standardised processes. Economies of scale.
Procurement Purchasing Power	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Procurement cost savings at scale. Greater purchasing power, standardisation and consistency. Compliance with Carter recommendations.
Library Service	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	More efficient service Cheshire and Wirral focus
Occupational Health	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Clinical Sustainability
Occupational Health Streamlining of Process	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication of localised management.
Recruitment Services	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Comms and Engagement	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Litigation service	Explore the development of an in-house legal service across Cheshire & Wirral	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Finance Workforce	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Finance Processes Transactional Services	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Pathology	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Automated processes scaled up to provide a service that is more cost effective and efficient and responsive so as to speed up diagnostic support.

Projects	Change Delivered	Outcomes
Capital Estates Planning and Hard Facilities Management	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Regional Estates Team Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Cheshire and Wirral Informatics Workforce	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Cheshire and Wirral Informatics Processing and Coding	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Utilities management approach across Cheshire and Wirral	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced overall cost of utilities. Single supplier for all organisations. Economies of scale and consistency. Intelligent energy procurement.
Teletracking	Introduce new technologies in order to undertake the tracking of Assets in support of patient care. The use of real time data will also enable the management of patient care in the most appropriate setting. This technology will be used across all 4 Hospital sites, 2 community trusts and mental health providers.	Better matching of resources and capacity to demand, reduce duplication, improve efficiency and responsiveness.
Pharmacy	Explore the integration of services across Cheshire & Wirral, with exact form and localities to be determined.	Reduced duplication, improved efficiency and responsiveness, and standardised processes. Economies of scale.
Agency Cost Reduction	Reduction in Agency Staff use by investment in substantive roles where required and using a joint strategy as 1 organisation approach	Substantive recruitment of staff in order to reduce overall agency costs by £2m, by 2021.
Clinical Commissioning Group (CCG) Business As Usual Quality Innovation Productivity & Prevention (QIPP) and Cost Improvement Programme (CIP)	Single approach to QIPP with best practice and learning being adopted across Cheshire & Wirral	Economy of scale, rapid acceleration and adoption – contribute toward year on year savings.
CCG Business as Usual QIPP Continuing Healthcare (CHC) and Funded Nursing Care (FNC)	Cost reduction from Cheshire and Wirral approach	Harnessing collaboration to reduce cost of Continuing Health Care and Funded Nursing Care Packages.

Cheshire and Wirral Plans – ways of working

Projects	Change Delivered	Outcomes
Shared Care Records	All our providers will have the ability to access shared care records in a local setting and face to face with the patient in real time. Avoiding Duplication	Improved and consistent patient care across the system Reduces cost due to patients not being lost in system.
Real time data	A single digitalised platform that we will facilitate a population health management approach. When integrated with respective risk stratification tools and the shared care records this will manage the rising risk of future patients	A preventative approach that will identify patients at risk and enable supportive intervention before the patient's needs become urgent.
Outcome based commissioning	Outcomes-based commissioning seeks to solve the issue of how financial flows and the commissioning process can best support quality and efficiency improves across the health care system.	Clear outcomes associated with all service areas, which will increase the clarity and therefore quality of provision.
Meeting patients' needs	Costs can be reduced significantly if patients are at the heart of decision making and that clinical decision making is based on outcomes with incentives aligned to doing less rather than more work.	Patients will be engaged at all levels, from shaping NHS plans to the development of services around patient need, and in decisions about their own individual care.
Clinical and Systems leadership	A new and heightened role for clinical networks, clinical leadership and multi-disciplinary working. A single Cheshire and Wirral approach to Organisational Development and cultural change with the public sector and NHS Leadership Academy and Health Education England.	Improved communication and information sharing across the system. System leaders and staff who fully support and are engaged with system leadership. Connect into the systems leadership work from Planning guidance
Collaborative working	Driving out costs where there is a benefit of procurement at scale. We will examine opportunities for integration both vertically within local systems and horizontally across providers	A system that works effectively and efficiently, driving out duplicated processes and costs.
Accountable care.	Commitment to providing accountable care, on a population health management approach in all 4 geographies within Cheshire and Wirral.	Care Systems that will focus on system benefit and change rather than organisational benefit.
CW Health & Social Care Teaching & Learning Partnership	support the creation of a sustainable local supply and the ongoing development of existing staff	workforce development to underpin national and local priorities – e.g. reception and clerical staff training and support leaders to develop system wide transformation skills