

Health and Wellbeing Board

Supplementary Agenda

Date:	Wednesday, 20 March 2019	
Time:	4.00 p.m.	
Venue:	Committee Room 2 - Wallasey Town Hall	

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AGENDA

- 7.1 Update from the Joint Commissioning Board (Pages 1–5)
- 7.2 **Development of Neighbourhoods (Pages 7-23)**

Presentation.

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WIRRAL HEALTH AND WELLBEING BOARD

20 MARCH 2019

REPORT TITLE	Joint Strategic Commissioning Board Update Report	
REPORT OF	Graham Hodkinson, Director of Care and Health	

REPORT SUMMARY

This report provides an update in relation to progress made in integrated commissioning for Wirral. The report includes an update in relation to the work of the Joint Strategic Commissioning Board and includes an update in relation to leadership activity undertaken on behalf of the Board through Wirral Health and Care Commissioning.

RECOMMENDATION/S

This report provides an update for the benefit of the Board and is for noting

SUPPORTING INFORMATION

2.0 BACKGROUND INFORMATION

2.1 Wirral Health and Care Commissioning

- 2.1.1 Wirral Health and Care Commissioning (WHaCC) was brought together as a strategic partnership between Wirral Council and NHS Wirral Clinical Commissioning Group (CCG) in order to lead the planning and commissioning of health and care services through a single organisation in order to fulfil the statutory health and care functions of the Council and the CCG.
- 2.1.2 It was also brought together to enable strategic outcomes to be effectively delivered through a single planning framework and structure. A Section 75 Agreement under the NHS Act 2006 is in place to enable integrated commissioning this includes formal decision-making arrangements and the pooling of resources to fund services.
- 2.1.3 In 2018/19 pooled funds were used to fund social care frontline services as well as to fund jointly commissioned services that are accessed by the population of Wirral such as community equipment services, intermediate care services, adaptations, step-up and step-down services etc. This key agreement between the Council and the CCG sets out how WHaCC works and what resources are pooled to achieve better outcomes for the public.
- 2.1.4 It covers the governance and decision making as well as finances and forms a legal agreement between the Council and the CCG.
- 2.1.5 For 2018/19 the total funds contributed to the commissioning pool in 18/19 amounted to £131.1m as follows:

Description	£m
Adult Social Care	39.8
Public Health	12.4
Children & Young People	3.2
CCG	22.0
Better Care Fund	53.7
Total	131.1

2.2 Joint Strategic Commissioning Board

2.2.1 The Joint Strategic Commissioning Board (JSCB) was established in May 2018 as a Committee of Wirral Council Cabinet meeting together as a Committee in Common with the Governing Body Board of NHS Wirral CCG. The purpose of the Committee in Common is to oversee the commissioning, strategic design and performance management of health and care services in Wirral, based upon commissioning for improved population health, outcomes and quality of service provision.

- 2.2.2 The JSCB Cabinet Committee undertakes the following duties and responsibilities, exercising delegated powers of Wirral Council Executive and formulating recommendations for adoption by Wirral Council Cabinet and / or the CCG Governing Body Board, as the case may be, that seek
 - To promote the integration of health and social services generally across WBC and CCG;
 - To approve integrated health and care commissioning strategies;
 - To approve large scale health and care transformation programmes;
 - To approve and maintain oversight of plans and oversight of delivery for specific areas such as: Better Care Fund Schemes, Urgent Care Transformation, Commissioning Prospectus, Learning Disabilities Plan;
 - To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
 - To maintain oversight of health and care system performance and address any issues of concern;
 - To ensure the implementation of integrated health and care commissioning strategies and transformation programmes. In making decisions and / or recommendations to the Cabinet and / or the Governing Body, as the case may be, the JSCB Cabinet Committee will look to ensure that those actions will seek in all cases
 - To reduce inequalities;
 - To secure greater public involvement;
 - To commission services effectively, efficiently and equitably;
 - To secure quality improvements;
 - To promote choice and inclusion.

2.3 Key Achievements

- 2.3.1 Wirral Health and Care Commissioning (WHaCC) has established its role within Wirral supporting the development and transformation of integrated services. The Healthy Wirral Programme is well established working across the system to ensure the focus on improving health and care for the people of Wirral as part of the 2020 Plan.
- 2.3.2 The approach taken to holding a committee in common has led to increased democratic accountability within decision making regarding NHS initiatives.
- 2.3.3 WHaCC has engendered joined-up business planning and contracting arrangements. A strong example of the benefits of integration is that NHS contracts will now deliver on social value outcomes with a requirement for the social value portal to be used for all contracts in line with the Local Authority. This includes creating opportunities for care leavers.
- 2.3.4 System level outcomes through Healthy Wirral have been agreed across the whole Care and Health system reporting against delivery of these outcomes will increasingly become a feature of contractual performance reporting arrangements

- 2.3.5 Neighbourhoods have been established as the key delivery platform for placebased care that will wrap community support around people in their communities. Alongside a range of preventative and early response services this has helped to reduce demand for unplanned admissions into hospital for our most vulnerable and frail residents. Unplanned admissions into Hospital have been reduced significantly for the past three months.
- 2.3.6 There has been strong progress in relation to the National Transforming Care Programme for people with learning disabilities, this programme aims to support people that find themselves in specialist Hospital for long periods and brings together resources to support people closer to home. In order to make progress we have worked as a single team for Wirral as well as engaging well with Liverpool City Region and NHS England to ensure a comprehensive approach to developing solutions for people.
- 2.3.7 In Wirral a new contract has improved Musculoskeletal services for people experiencing a range of muscular or joint problems. The solution has brought services closer together with a more comprehensive streamlined offer.
- 2.3.8 A new service has been commissioned for people experiencing anxiety and depression. The Improving Access to Psychological Therapies service will reduce waiting times for support for people and offer a more joined up service.
- 2.3.9 The Joint Strategic Commissioning Board has met on 5 occasions during 2018 and 2019, during this period the following matters have been dealt with;
 - A commissioning and transformation strategy has been agreed.
 - A single approach to contracting and commissioning has been developed to include decision making and a focus on social value.
 - Healthy Wirral Outcome measures have been agreed to improve population health via contractual mechanisms.
 - Care and support at home services have been re-commissioned as a single service.
 - An integrated All Age Disability and Mental Health service has been commissioned.
 - A partnership framework for services for people with learning disabilities has been developed in partnership with Liverpool City Region.
 - Public health Commissioning intentions for 2019/20 have been received.
 - Pooled fund arrangements for 2019/20 have been set out and agreed.

2.4 Looking Forward

- Examples of key initiatives for 2019/2020 include;
- A single business plan for 2019 to 2020 (currently in development)
- New funding arrangements for Primary Care Networks will be implemented to ensure further development of the neighbourhood model.
- · Further formalise the internal arrangements for Wirral health and care Commissioning.
- · Work with providers to re-design urgent care provision and outpatient support based on insight.

- · Continue to enable people with disabilities to become more independent.
- Work with providers to implement the 5 year forward view for mental health.
- · Move towards outcome-based contracts with providers.
- · Improve the capacity and capability of the care market.

3.0 LEGAL IMPLICATIONS

3.1 The JSCB Cabinet Committee makes its decisions in accordance with the Budget and Policy Framework of Wirral Council and any matter coming before the JSCB Cabinet Committee that might involve a decision contrary to the Budget and Policy Framework shall be referred to the Cabinet for confirmation and, if necessary, referral to the full Council.

REPORT AUTHOR: Graham Hodkinson

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Wirral Neighbourhoods Update

March 2019





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Wirral Clinical Commissioning Group Wirral Council Cheshire and Wirral Partnership NHS Foundation Trust

Neighbourhoods are about people and the 'place' that they live

Place Based Care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population (as opposed to providing – and being paid for – solely episodic or reactive care).

Race based care involves strong system leadership:

- Established leadership teams and relationships.
- Effective collective decision-making and governance structures and a capability to support delivery.
 - Track-record of getting things done.

Place based care is about collaborating to improve services:

- Building capacity in the voluntary sector and local communities to support people to be as healthy and well as they can be.
- Encourages organisations to work collaboratively around the person and their community.
- Taking collective responsibility when things go off track.



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Place Based Working Principles

- Partnership Approach: Engage stakeholders across all sectors in collaborative decision-making
- Move from central control: led by the people who live and work locally
- Community Engagement: Encourage collaborative working, critical thinking and problem solving
 - Local Flexibility: Provide a robust foundation for decision-making
 - Long-Term Commitment: Ensure there are adequate time and resources to commit to this work



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Integrated Care Systems

Appendix 1 : What is an ICS?

	Level	Pop. Size	Purpose
	Neighbourhood	~50k	 Strengthen primary care Network practices Proactive & integrated models for defined population
儡		~250-500k	 Typically borough/council level Integrate hospital, council & primary care teams / services Hold GP networks to account
	System	1+m	 System strategy & planning Hold places to account Implement strategic change Manage performance and £
	Region	5-10m	 Agree system 'mandate' Hold systems to account System development Intervention and improvement

Each level performs specific functions under the following common headings 4. Strategy and planning

- 1. Leadership, engagement and workforce
- 2. Care redesign
- 3. Accountability and performance management



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5. Managing collective resources



Place-Based Care in Practice

Integrated Care Teams, including general practice, serving Neighbourhoods of 30,000-50,000 people each

More focused on Neighbourhood team than organisations, better sharing of information, planning and care coordination

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Greater understanding of people's needs through risk stratification

More proactive care in primary and community settings, bringing all sectors into play

Helping people improve their lives with less reliance on statutory services

A renewed focus on how we engage and listen



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Healthy Wirral

our Mission:

Better health and wellbeing in Wirral by working together

our Vision:

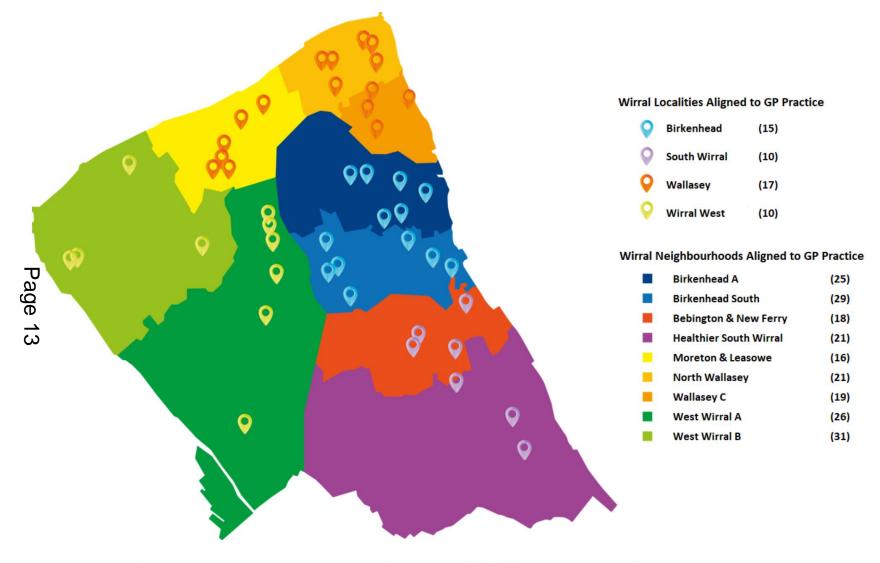
Our aim is to enable all people in Wirral to <u>live longer and</u> <u>healthier lives</u> by taking simple steps of their own to <u>improve</u> <u>their health and wellbeing</u>. By achieving this together we can provide the <u>very best health and social care</u> services when people really need them, <u>as close to home as possible</u>.



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Our Neighbourhood Approach

Healthy Wirral

- Multi-agency and multi-disciplinary teams
 - G.Ps
 - **Community Nurses and Matrons**
 - Social Workers
 - Care Coordinators
 - Therapists
 - Voluntary/ Community support
- Page Care wrapped around the "place and people".
- Communities of 30-50,000 people
- Proactive joined up care delivered as 'One Team'
- Initial focus on supporting Frail citizens
- Aim to reduce inappropriate admissions to hospital to support people to be as healthy as they can be

51 Practices		
9 Neighbourhoods		
1 Place System		



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Place-Based Care - better for staff



Wirral Community NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust Local Professional Committees



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"We're all in it together"

"I have more time for people who need it"



Place-Based Care - better for people



"They are interested in me as a person - what matters to me"

"I can do the things I want to do more easily"

"I get help when I need it - my team works really well together"

"I know the people who care for me"

"People don't have to ask me for the same information over and over"



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Key Achievements

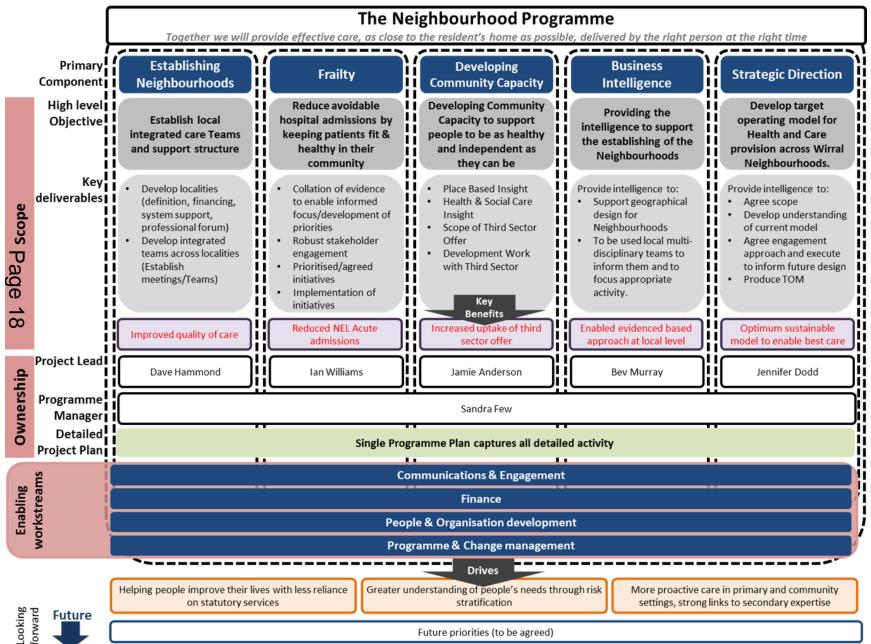
- Neighbourhoods defined, GP Co-ordinators appointed, Leadership Teams established.
- MDT approach established case finding and support commenced. N.B. unplanned
 admissions down for 3 months.
- Alignment of resources and improved links of community resources in Neighbourhoods.
- Third sector links & provision strengthened within Neighbourhoods.
- Population Health Intelligence Production of Neighbourhood intelligence profiles.



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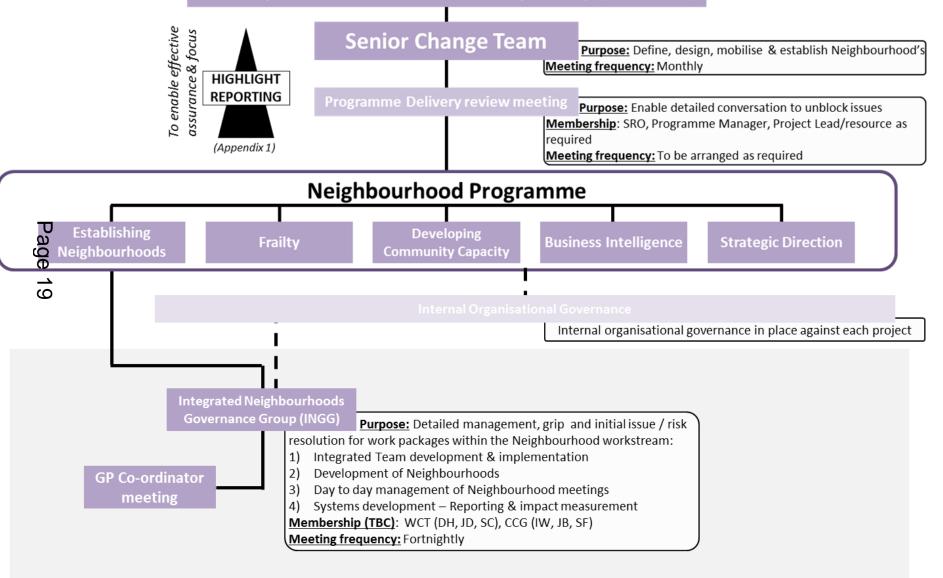
Neighbourhood Programme Structure Healthy Wirral



Neighbourhood Governance



Healthy Wirral Executive Delivery Group (HWEDG)





Frailty PIC Worker Impact

- Personal Independence Co-ordinator (PIC)
- Pilot AGE UK Wirral role in South Wirral B Neighbourhood
- Working with moderately frail patients who are frequent attenders Neighbourhood practices
- Outcomes:
 - Reduce isolation & loneliness
 - Improve health and reduce GP apts. & NEL Admissions

Initial impact on GP appointments at Eastham Group Practice

Patient	GP appointments 12 Months Prior to Pilot	GP appointments 6 Months Prior to Pilot (May-Oct)	GP appointments 3 months of pilot project
Patient 1	31	14	2
Patient 2	32	16	1
Patient 3	34	13	2
Patient 4	52	27	12
Patient 5	68	20	5
Patient 6	60	26	6
Patient 7	37	12	5
Totals	314	128	33



Immediate Priorities

- Development of a future operating model
- Embedding Wirral Care Record
- Co-design care models Neighbourhood focus
- Continuing improvement in integration & engagement with third sector
- Accelerating Population Health Management e.g. Social Prescribing
 - Co-producing primary care networks on the Neighbourhood footprint
 - Greater alignment with Wirral Together capacity building approach



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Healthy Wirral video link: https://vimeo.com/320741978



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Questions?



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