



Health and Wellbeing Board

Date: Wednesday, 16 November 2016

Time: 4.00 pm

Venue: Committee Room 1 - Wallasey Town Hall

Contact Officer: Pat Phillips
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AGENDA

1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

2. APOLOGIES FOR ABSENCE

3. MINUTES (Pages 1 - 6)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 13 July, 2016.

4. SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Verbal report – Graham Hodkinson, Director for Health & Care.

5. HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP) (UPDATE)

Verbal report – Graham Hodkinson, Director for Health & Care.

6. A & E DELIVERY BOARD (WUTH)

Report to follow.

7. OFSTED REPORT

Verbal report – Julia Hassall, Director for Children’s Services.

8. MERSEY FIRE AND RESCUE REPORT (Pages 7 - 22)

9. ALL DAY HEALTH CENTRE GP SERVICES (Pages 23 - 30)

10. CRISIS CARE CONDORDAT - ONE YEAR ON

Presentation – Suzanne Edwards, Service Director, Cheshire & Wirral Partnership Trust.

11. NHS ENGLAND QUARTERLY ACCOUNTABILITY REPORT (Pages 31 - 36)

12. DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting is Wednesday 15 March, 2017 at 4:00pm in Committee Room 1 Town Hall, Wallasey.

HEALTH AND WELLBEING BOARD

Wednesday, 13 July 2016

Present:	Councillor	P Davies (Chair)
	Councillors	P Gilchrist T Smith Chris Jones Lesley Rennie (In place of Cllr Jeff Green)
	Ms N Allen Mr M Coupe	NHS England Director of Strategy, Wirral University Hospital Trust
	Mr P Davies Mr J Develing Ms C Fish Mr I Hassall Mr G Hodgkinson Ms F Johnstone	Chair, Healthwatch, Wirral Wirral CCG Strategic Director Families and Wellbeing Wirral Area Commander Merseyside Police Director of Adult Social Services Director of Public Health
	Ms R Boylan Ms R Musgrave	Policy Team, Wirral Council Public Health, Wirral Council

33 DECLARATIONS OF INTEREST

Members were asked if they had any pecuniary or non-pecuniary interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust.

Councillor Phil Davies declared a non-pecuniary interest in Item 4 Sustainability and Transformation Plan (STP) and the Healthy Wirral Local Delivery Services Plan (LDSP) by virtue of his wife's employment as a Community Pharmacist.

34 APOLOGIES FOR ABSENCE

Apologies were received from Phil Byrne, Mersey Fire and Rescue, Andrew Cannell, CEO, Clatterbridge Cancer Centre, Sheena Cumiskey, Cheshire and Wirral NHS Partnership Trust, Councillor Jeff Green and Julia Hassall, Director of Children's Services.

35 MINUTES

Resolved - That the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 9 March, 2016 be approved as a correct record.

36 **SUSTAINABILITY AND TRANSFORMATION PLAN (STP) AND THE HEALTHY WIRRAL LOCAL DELIVERY SERVICES PLAN (LDSP)**

Jon Develing, Chief Officer, Wirral CCG presented the report to brief members of the Health and Well Being Board on sustainability and transformation plans for Cheshire and Mersey and how this would be informed by a local delivery services plan for Wirral. The report explained how the Wirral Local Delivery Service Plan (LDSP) provided a foundation for the Healthy Wirral element of the plan, and how future governance arrangements to oversee implementation of the plan would be developed.

It was reported that NHS Planning Guidance 'Delivering the Forward View 2016/17 – 2020/12' had been published on 22 December 2015. This had set out the requirement for local health systems to work together to produce Sustainability and Transformation Plans, which described how systems would achieve sustainability over the five year period.

The STPs required local leaders to come together to describe

- A shared vision for the health economy
- The programme of activities which will take the system into sustainability
- The governance for how this will be delivered
- The resources required, with up to £8.4bn set aside over the period to enable transformation to secure sustainability
- The STP would therefore be the future mechanism by which systems across the country gained access to transformational monies.

Members welcomed the report and agreed it would be a good framework and focus for the Health and Wellbeing Board with helpful ties to the Wirral 20:20 Plan.

(Councillor Phil Davies left the room during discussion of the area of the report concerning Community Pharmacies).

Resolved – That the development of the Healthy Wirral Local Delivery System Plan and the mechanism by which this will feed into the wider development of the Cheshire and Mersey STP be noted and endorsed.

37 **NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT**

Nicola Allen, NHS England, attended the meeting and presented a verbal report to the Health and Wellbeing Board on the following areas:-

Strategy & Planning

STP: There was a national deadline of 30th June 2016 for STP submissions which Cheshire & Merseyside had met. 1:1 feedback would be given to local leaders regarding the submission by a panel including Simon Stevens (NHS England), Jim Mackie (NHS Improvement) and Mark Lloyd (LGA) on 20th July 2016.

The NHS England local office had worked with Regional colleagues and the NHS Improvement to perform a high level review of the financial submission which underpinned the STP. The broad themes to be fed back on this early submission were consistent with many other STP footprints, and these related to the maturity/robustness of governance arrangements and the reasonableness of the proportion of targeted efficiencies expected to arise from business as usual work streams.

In addition, the number of the financially challenged organisations operating within the footprint, and the risk for this to lead to inward focus on recovery solutions was recognised as a potential concern.

GP Forward View: The GP Forward View had been developed and published in April 2016. This was a 5 year plan to stabilise, develop and transform Primary Medical Care which would benefit from a £2.4bn investment in Primary Medical Care between 2016/17 and 2020/21. Across the GP Forward View there were in excess of 80 commitments to deliver with 56 having significant elements of regional or local delivery. The main themes of the document in meeting the five year forward view challenge were:

- Workforce
- Estate & digital technology
- Quality
- Innovation & Transformation at scale

Joint Commissioning of primary medical services with Wirral CCG had commenced on 1st April, with the first meeting of the Joint Primary Care Commissioning Committee being held in Quarter 1.

Assurance

Financial Recovery: The Cheshire & Merseyside STP footprint had one of the highest proliferations of financially challenged CCGs. Financial plans for 2016/17 indicated a considerable level of financial risk is seeking to be managed. The picture was similarly challenging across the local provider system. As a consequence, there was a significant level of financial recovery effort being undertaken (under the oversight of the NHS England local office) to support the sustainability and transformation of services as set out in the STP. Inability to achieve this might impact on the overall ability of NHS England to remain within its formal resources envelope for 2016/17.

Health Outcomes

The Cheshire & Merseyside Strategic Clinical Network & Senate had merged with Lancashire (following the split of Lancashire & Greater Manchester Strategic Clinical Network as a consequence of Greater Manchester devolution). The new North West Coast Strategic Clinical Network was now co-terminus with the Academic Health Science Network and was ideally placed to support service improvement in the priority areas of Cancer, Mental Health & Dementia, Maternity Children & Young People, CVD, Palliative and End of Life care.

Councillor Phil Davies commented that it would be useful to look at the devolution area around health and Nicola Allen indicated that she would be happy to share this in a future Development Session of the Health and Wellbeing Board.

Resolved – That the report be noted.

38 WIRRAL HEALTH PROTECTION GROUP: ANNUAL REPORT 2015/16

Members of the Board gave consideration to the Wirral Health Protection group: Annual Report 2015/16. Rachel Musgrave, Public Health, attended the meeting, provided members with an overview of the report and responded to members questions. This was the first Annual Report of the Wirral Health Protection Group, a forum of local partners working collaboratively to tackle key threats to the health of local people. The Wirral Health Protection Group had responsibility to ensure that Wirral had a robust health protection system which effectively controlled and prevented population level health issues.

Rachel Musgrave reported that the first section of the JSNA dedicated to Health Protection had recently been developed and was available at <http://info.wirral.nhs.uk/default.aspx>. She reported that the key health protection priorities were identified in the report and provided a targeted focus for the whole partnership in areas where improvement was required or needs were greatest. The report also included 'Delivering Wirral's Health Protection Priorities in 2016/2017' which set out information on how these priorities would be achieved over the next twelve months and identified the Accountable Lead/Group for each area.

Resolved – That the report be endorsed and the programme of action be supported.

39 DOMESTIC ABUSE : LET'S MAKE A DIFFERENCE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR WIRRAL 2015/16

The Health & Wellbeing Board gave consideration to the annual report of the Director of Public Health.

The production of an annual report was a statutory requirement of the Director of Public Health and helped to identify key issues, flag up problems, report

progress and informed local inter-agency action. The 2015/16 annual report 'Domestic Abuse, Let's Make a Difference' focussed on domestic abuse and supported the Wirral Plan 2020 pledge of zero tolerance to domestic abuse.

The annual report aimed to raise awareness and prompt discussion of domestic abuse. It called for individuals and organisations to play their part in preventing domestic abuse and, where it was happening, to help people access the support that was right for them.

The year's report was accompanied with a short film. This shared first-hand accounts of domestic abuse and its effect and how, with the right support, safe solutions could be found. The annual report and film had been developed with the support of Tomorrow's Women Wirral and Involve Northwest. These organisations worked closely with Wirral individuals and families who had been affected by domestic abuse.

The report highlighted that domestic abuse was a significant issue for Wirral. The Borough had higher than the national average rates of police recorded incidents of domestic abuse and there were 5 domestic homicides of women in the last 5 years. There remained a strong perception that domestic abuse was mainly physical male on female violence. The Director of Public Health's annual report outlined that this was only part of the picture. The report described how domestic abuse could manifest in many different ways and how it could affect any age, any race, any class and any gender and could occur in all types of relationships.

The report shared work that had been delivered locally to raise awareness of domestic abuse together with the stories of individuals who had been supported to deal with domestic abuse. It included suggestions for individuals and organisations and recommendations to tackle domestic abuse supporting the Council's pledge of zero tolerance. Local and national sources of further help and information were also provided at the end of the report.

Fiona Johnstone, Director of Public Health also reported that there was a communication plan to share the report and film with a wide range of stakeholders to increase awareness and encourage people to take action. This included, for example, Wirral Domestic Abuse Alliance, Wirral Clinical Commissioning Group, police, schools, workplaces and local residents.

Resolved – That the communication of the annual report and film report be supported.

40 **DATE OF NEXT FORMAL BOARD MEETING**

The date of the next formal Board meeting would be Wednesday 16 November, 2016 at 4:00pm in Committee Room 1 Town Hall, Wallasey.

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HEALTH & WELLBEING BOARD

16 NOVEMBER 2016

REPORT TITLE	MERSEYSIDE FIRE & RESCUE SERVICE SAFE & WELL PILOT
REPORT OF	PHIL GARRIGAN DEPUTY CHIEF FIRE OFFICER MERSEYSIDE FIRE & RESCUE SERVICES

REPORT SUMMARY

To request that members of the Board note the development of the Safe and Well visit by Merseyside Fire and Rescue Authority (MFRA) and endorse the proposal to pilot the scheme across Merseyside utilising its prevention teams in order to demonstrate (with evaluation) the impact of such activity on health outcomes.

RECOMMENDATION/S

That members support the proposals outlined in this report in relation to the implementation and evaluation of a 'Safe and Well' pilot scheme as a way of informing future ways of working and/or commissioning.

Members will be aware of a previous presentation delivered by MFRA outlining proposals for the enhanced service (Safe and Well Visit).

SUPPORTING INFORMATION

Information

For over 15 years Merseyside Fire and Rescue Service (MFRS) has been carrying out interventions in people's homes to reduce their risk from fire and to provide advice on actions to take in the event of fire. These interventions are given the title '**Home Fire Safety Check**' (HFSC). MFRS carry out circa 60,000 HFSCs per annum.

Although other factors have no doubt also been involved, this approach has resulted in a reduction in risk and a dramatic drop in demand for MFRS emergency response. Up until last year Merseyside had seen significant reductions in the number of deaths and injuries from accidental fires in the home. The key aim of an intervention for MFRA, either HFSC or Safe and Well, is the reduction in risk from fire.

The Fire & Rescue Service (FRS) brand and the esteem in which MFRS is held gives it access to people's homes that others cannot always achieve; and it is our experience that people seem more likely to engage in difficult conversations with FRS staff than with many others.

The Chief Fire Officers Association, NHS England and Public Health England have all signed up to a Consensus Statement (Appendix A) which encourages local partners to work together to reduce service demand and improve the quality of life of the members of our communities.

MFRS continues to work closely with colleagues in health and local authorities to explore how they might work to support them in improving health and quality of life outcomes for those most at risk in their communities.

MFRS has engaged with a variety of different stakeholders as part of the priority setting process this includes;

Engagement:

MP Luciana Berger
MP Peter Dowd
MP George Howarth
Fiona Johnson
Dawn Leicester (CHAMPS Network)
Richard Freeman (Head of NHS delivery Mersey/Cheshire)
David Radcliffe (NWAS Medical Director)
Dr Dan Seddon
Julie Byrne (NHS England)
Bowel Cancer specific fire /health working group
Geoff Fitzgerald
Susan Spence (Training Provider)
Gary Rickwood
Elizabeth Woodworth (ABL)
Gareth Hill
Whiston Hospital Alcohol Team (Training provider)
Tricia Cavanagh
Rebecca Mellor
Andrew Cass
Kate Jackson
Nadine Armitage
Helen Armitage
Dr Mel Roche

Members of Wirral Health & Well Being Board
Members of Wirral Adult Safeguarding Board

MFRS in collaboration with Cheshire County Fire and Rescue Service (CCFRS) have worked closely with colleagues in the Health sector to identify key health priorities that

could be delivered as part of a HFSC, and re-branded as a '**Safe and Well**' visit. On Merseyside these key deliverables have been identified as;

- Falls Reduction
- Bowel Cancer Screening
- Alcohol Reduction
- Smoking Cessation
- Hyper tension (under consideration)

Falls Prevention – Risk Reduction

The consequences of falls are understandably serious with half of older people are unable to live independently following a hip fracture arising from a fall and around 40% of all admissions to care homes are as the result of a fall

Prevention is therefore key to reducing falls and enabling people to stay independent and evidence suggests that targeting those at high-risk of falling and interventions/ services which target a range of risk-factors (multifactorial, not concentrating on just one risk factor alone) are the most successful

Three out of every four attendances to A&E in Wirral in 2012/13 amongst people aged 60+ was as the result of a fall.

In actual numbers, there were 5,577 falls in those aged 60+ during 2012/13. A fall was the injury most likely to be sustained by older people in Wirral attending A&E (73% of all injuries seen at Arrowe Park were falls)

The majority of these falls occur in the home environment (60%). Of those falls which occur at home, the most common locations are the bedroom and living/dining room, reflecting where people spend the majority of their time

Attendances for falls (and all accidents) amongst older people has been rising consistently for the last 9 years

Wirral had a significantly higher rate of falls than England in 2011/12

MFRA Safe and well visits will include;

- Right homes/right people (over 65's)
- Conduct FRAT (falls risk assessment tool)
- Direct referral to falls prevention team
- Environmental Check
- Adaptions (as simple as a light bulb)

Bowel Cancer

Cancer caused 1 in 4 deaths annually in Wirral (up to 2012)

In Wirral this is a 25% increase with 2,018 cancers diagnosed in 2011 compared with 1,620 in 1993.

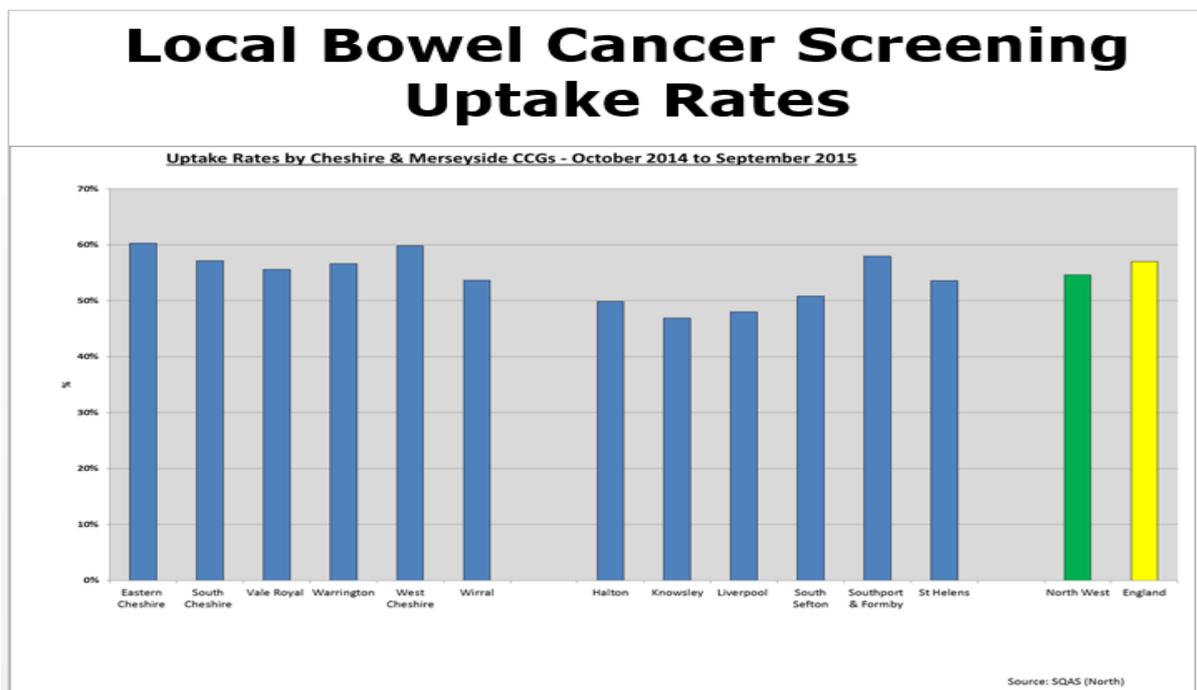
The full economic cost of cancer has been estimated at £15.8bn for the UK which based on the ratio of cancer incidence (Wirral has 0.592% of UK cancer cases) would equate to around £93.5million per annum for Wirral.

In Wirral breast, lung, **bowel** and prostate cancer account for half, of all new cancers diagnosed

More than two-thirds of people diagnosed with cancer survive beyond the first year after diagnosis

Almost half (46%) of all people diagnosed with cancer now survive for at least 5 years and 92% rated their cancer care as either excellent or very good

Bowel screening uptake is 52.65%% within the Merseyside & North Cheshire Screening Centre (M&NCSC) area (2012/13). The national target is 60%



MFRA Safe and Well visits will include;

- Series of screening questions
- Bespoke trained staff
- Direct referral pathway with ability to directly request screening kits
- Tackle inequality by requesting the correct kit (Language, braille, easy read etc....)

- Engagement in the correct households

Alcohol Reduction

Costs: Alcohol was estimated to cost Wirral £127m in 2013 (health, social cost, criminal justice, and lost productivity). Spend on alcohol interventions and services in 2011/12 was £3.3m.

Disability: In 2011, Wirral had the highest rate of disability benefit claimants for alcoholism in Merseyside (higher than England and North-West average also)

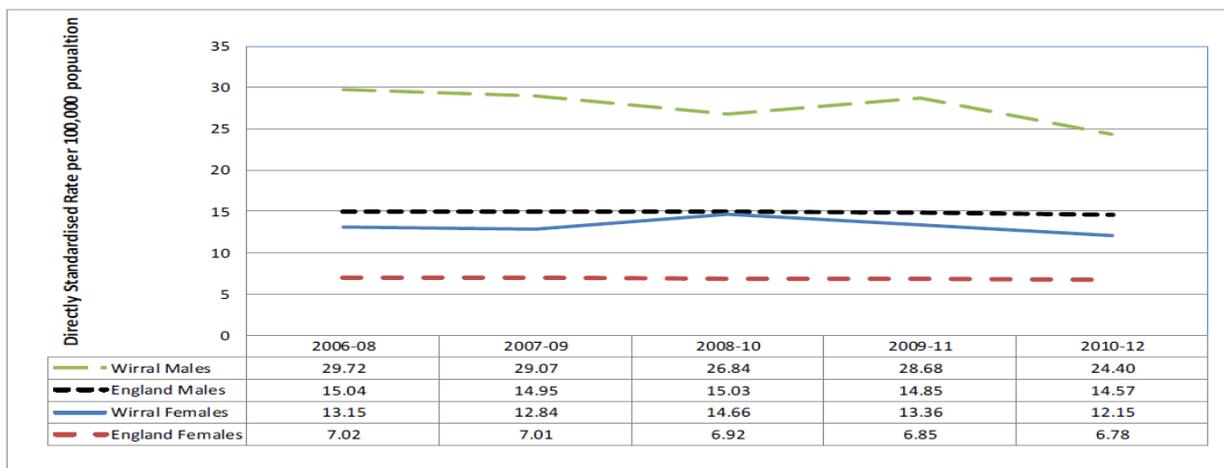
Deaths (deprivation): Deaths (mortality) related to alcohol (both specific and attributable) was higher in Wirral than England, the North-West and Wirral's statistical comparator Sefton (for men and women). Within Wirral, the wards with the highest rates of deaths were the four most deprived wards (Rock Ferry, Birkenhead & Tranmere, Seacombe and Bidston & St. James).

Deaths (men): The death rate from alcohol (alcohol-attributable mortality rate) amongst men in Wirral is still double England average, despite recent reductions (nationally and regionally, death rates from alcohol are falling)

Deaths (women): The death rate from alcohol (alcohol-attributable mortality rate) amongst women in Wirral has risen for each of the last three consecutive years, unlike nationally and regionally where they have fallen. This means that although death rates from alcohol are still higher in men, the gap between men and women is narrowing.



Figure 1: Alcohol-Specific Mortality Rate: Wirral & England, 2006-08 – 2010-12



Source: LAPE, 2014

MFRA Safe and Well visit will include;

- Utilise PH AUDIT –C- (Alcohol Use Disorders Identification Test Consumption)
- Identification Brief Advice (public Health Tier 1 intervention)
- Direct referral (not a leaflet)
- Working in the right properties to make a difference

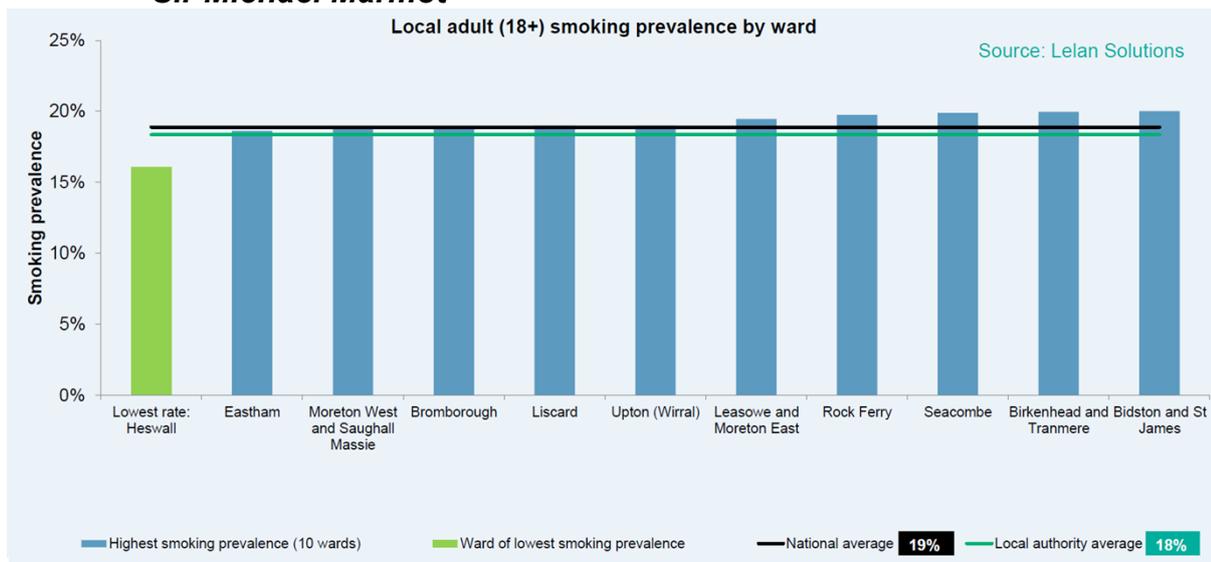
Smoking Cessation

Nearly 1 in 5 adults in Wirral smoke, and smoking causes around 1 in 5 deaths

Smoking is the primary reason for the gap in healthy life-expectancy between rich and poor (Marmot, 2010).

“The fire services do what every stakeholder involved in reducing health inequalities should do: engage directly with the community, work to provide them with the opportunities they need to live a healthy life and focus on prevention”

Sir Michael Marmot



MFRA Safe and Well visits will include;

- Making Every Contact Count (1 in 8 success)
- Direct referral (not a leaflet)
- Working in the right properties to make a difference.

Pilot Scheme

MFRA are proposing to pilot the Safe and Well visit utilising its Prevention advocates in the first instance as a proof of concept and in order to provide a robust evidence base for

future working. The pilot will seek to demonstrate to Health partners the potential and tangible benefits/deliverables of the Safe and Well visit.

MFRA maintain that the reduction of risk from fire in the home should remain the primary motivator for the deployment of MFRA resources. Home Fire Safety Checks have until now been the primary vehicle for MFRA to reduce domestic fire risks.

A significant amount of work has gone into identifying priorities that not only support the Health agenda but also minimise the impact on the quality of a Fire Safety intervention. However it is inevitable that a Safe and Well visit will take more time than a HFSC and will impact on the number of interventions that MFRA can deliver on an annual basis.

MFRA will seek to offset any such impact through commissioning and/or alternative approaches which will ensure the number of visits (HFSC'S) carried out are not compromised by the adoption of Safe and Well and that partners are able to fully appreciate the value added from such an innovative approach.

MFRA hope to demonstrate through this pilot scheme the tangible positive outcomes of Safe and Well visits to Health Partners.

MFRA will, following the pilots schemes evaluation, seek to explore a longer term commissioning model enabling Health Partners to access circa 240,000/300,000 p.a. Safe and Well interventions (60k visits x 4/5 Health interventions per visit).

Future proposals could include the extension of the programme across the whole service – Fire fighters undertake the vast majority of HFSC's across the Merseyside area.

The proposal will utilise the unique access that the service has into people's homes in order to tackle the health inequality that exists whilst maintaining its focus on fire prevention in the homes of the most vulnerable.

MFRA would welcome Health Partners contribution and advice with the evaluation of the pilot scheme. This evaluation would then be presented to the Health and Wellbeing Board. Liverpool Clinical Commissioning Group have indicated support in respect of the evaluation which will be followed up following endorsement of the proposal.

Looking Forward – Hypertension

On-going discussions with Public Health England (PHE) have identified Hypertension as an area that Safe and Well Visits could assist with. PHE have suggested that a visit could include;

- Know your numbers
- Blood pressure check
- Route for advice (alternative to primary care)

National Context

Health services are trying to focus on a health and wellbeing service with preventative support and proactive care in place, as evidence proves that there are better clinical and cost-effective outcomes if people have control over their own health.

The NHS has identified that people with long term conditions typically only access health care for seven hours in one year. The work of the fire and rescue service therefore presents a significant additional opportunity to engage someone about their health.

NHS England will be working with CCGs to support them to work collaboratively with the FRSs as a partner for delivering preventative activities.

The Strategic Health Group

To establish a unified offer to health, the Fire and Rescue Service nationally has created the Strategic Health Group. The group, which is comprised of representatives from across different services, will have responsibility for coordinating and developing the strategic partnership working, collaboration and information sharing being undertaken with NHS, Social Services and Third Sector around health, behaviour and addiction.

The group (which has an MFRS representative) will meet regularly and produce frequent updates to ensure those working locally are aware of the discussions happening nationally and the key messages coming from the Group. The group are also gathering case studies from services who have piloted innovative schemes and working arrangements locally. These studies will then be used to promote the role of the FRS in health to CCGs as well as developing the understanding of the key issues, barriers and successes back to other FRSs.

Financial Implications

There are no financial implications contained within this report, however, it is appreciated both locally and nationally that in some instances it may be preferable for health services to commission fire and rescue services to make interventions on their behalf.

This will be considered in full following the conclusion of the pilot.

Equality Implications/Equality Impact Assessment

Merseyside fire and Rescue Authority Officers are currently carrying out a full Equality Impact Assessment on the Safe and Well process.

Background Papers

Fire as a Health Asset Consensus Statement
Safe and Well Assessment

Appendix A

Consensus Statement on Improving Health and Wellbeing between NHS England, Public Health England, Local Government Association Chief Fire Officers Association and Age UK

This consensus statement describes our intent to work together to encourage joint strategies for intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths.

Headline consensus statement

We will work together to use our collective capabilities and resources more effectively to enhance the lives of the people we work with and we will support and encourage our local networks to do the same in their communities.

Introduction

Demand for health and social care is rising as a result of an increase in the numbers of children and adults with long term conditions, alongside an ageing population. The NHS Five Year Forward View highlights the need for an increased focus on integration and prevention so that resources are utilised more effectively, outcomes are improved and demand is reduced. It also recognises the need to broaden and deepen the involvement of the third sector in developing solutions. At the same time the number of fires has decreased due to preventative work by Fire and Rescue Services (FRS) and regulatory measures. This has resulted in new opportunities for the FRSs to complement and further support the health and social care sector.

Representatives from NHS England, Public Health England (PHE), the Local Government Association (LGA), Age UK and Chief Fire Officers Association (CFOA) met on 14 April 2015 to agree to develop a new working relationship with the shared aim of identifying and improving the quality of life of those who could benefit the most from early engagement with local services; for example, older people and people with multiple long term conditions and complex needs. This consensus statement represents a joined-up multi-agency approach to put into practice the national commitment to more integrated care, closer to people's home. Its emphasis is on local initiatives to deliver preventive interventions to our people who would benefit most in their own homes and supports local action to deliver better health and well-being outcomes.

Shared purpose

There are common underlying risk factors which increase demands on both fire and health services, such as the number of long-term conditions, cognitive impairment, smoking, drugs or substance misuse, physical inactivity, poor diet, obesity, loneliness and/or social isolation, cold homes and frailty. By identifying people with these risk factors and taking a whole system approach to interventions which are centred on peoples' needs, we intend to make every contact count, irrespective of which service it is from.

Our individual and collective strengths FRS: The 670,000 home visits carried out by the FRS in England provide an opportunity to deliver improved proactive support that delivers improved integrated care between the relevant organisations.

NHS, Public Health and local government: Equally health and local government staff have opportunities to identify households with complex conditions/needs and who are at an increased risk of fire

Age UK: with and through our network of 165 independent local Age UKs we provide, coordinate and signpost to a range of services for individuals, their families and carers, and with groups of older people in their own homes and in the community to help them to manage their long-term conditions, while improving their health and wellbeing.

Collectively we can offer an integrated approach to targeting through the better co-ordination, prevention and early intervention that has been demonstrated to increase the reach and impact of all services. For instance, in areas of best practice, health services have commissioned the fire and rescue service in collaboration with Age UK (and other voluntary sector organisations) to make interventions in people's homes that have resulted in improved health and reduced risk. Early results have been positive, with a measurable significant impact on improving outcomes. This work could be expanded with the fire and rescue service working with a number of local commissioners.

Supporting local action and flexibility We encourage local organisations to work together more effectively in partnership and to consider seeking greater integration of services where possible, while supporting meaningful local flexibility in the way this happens. FRSs, by working in an integrated way as part of a whole systems approach, can add even greater value and resilience to communities by understanding and responding to local needs and drivers.

Local areas, and the organisations we represent, are too diverse for a 'one size fits all approach'. However, there are some key actions which we will take nationally to support local action.

- Producing this consensus statement between NHS England, CFOA, PHE, Age UK and LGA that sets out how health, public health, the fire and rescue service and the Age UK can work together to encourage local action to prevent and minimise service demand and improve the quality of life of older people and children and adults with long term conditions.
- Developing the design principles for a Safe and Well Visit that is informed by existing good practice within the FRS and Age UK network. The visit aims to identify and tackle risk factors that impact on health and wellbeing and which can lead to an increase in demand for health and local authority services. Wider health impacts are also addressed during the visit, such as the identification of frailty, promotion and

support of healthy aging, help to avoid trips and falls; and signposting to relevant services through making every contact count and sources of help.

- Identifying and exploring opportunities to improve local services, making them more efficient and effective by working more closely together and where appropriate integrating services through measures such as better information sharing, the promotion of existing guidance and initiatives, access to inclusion to improvement support programmes and joint communications.
- Investigating the opportunities for more effective and appropriate information sharing across NHS England, PHE, Age UK and FRS.
- Developing shared communications for our collective networks, the public, professionals, partners and other stakeholders to raise awareness of the benefits of a more connected approach and to provide reassurance about skills and knowledge, appropriate information sharing and joined up pathways.
- Promoting and encouraging local collaboration through Health and Wellbeing Boards, Joint Strategic Needs Assessments, System Resilience Groups as well as through the commissioning of collaborative approaches.

REPORT AUTHOR: **Station Manager Phil Byrne**
 Merseyside Fire & Rescue Service
 telephone: 0151 29604610
 email: phillipbyrne@merseyfire.gov.uk

APPENDICES

- Map showing IMD Wirral overlaid with accidental dwelling fires attended by MFRA 15-16
- Map showing IMD Wirral overlaid with community engagement interventions by MFRA 15-16
- Merseyside Fire & Rescue Service Safe and Well Form

REFERENCE MATERIAL

Information extracted from Wirral JSNA

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Section 1: Occupancy		Not appropriate score
1	Are any occupants dependant upon assistance in the event of a fire?	8
2	Elderly occupant(s) or lone parent family.	7
3	3 or more children under 10 years, or 6 or more occupants.	7
4	None of the above.	6

Section 2: Circumstances		Not appropriate score
1	History of fires in the home. Children currently playing with fire.	7
2	Is there anything that would affect the occupants awareness of fire, or impair their reaction to a fire situation?	8
3	Evidence of careless use of smoking materials or inappropriate cooking methods.	7
4	Inappropriate use of electrics.	5
5	Excessive fire loading.	4
6	Smokers live in household, or use of candles.	3
7	None of the above.	2
Risk Rating = Section 1 x Section 2		

Section 3: Smoke Alarms		Before	After
1	None.	0	0
2	Yes - but inadequate or inappropriately sited.	2	2
3	Yes - satisfactory.	6	6

Section 4: Fire Safety Advice		Before	After
1	No apparent fire safety awareness	0	0
2	Limited fire safety awareness	2	2
3	Good fire safety awareness	6	6
Safety Rating = Section3 + Section 4			

Final Points Rating = Risk Rating - Safety Rating	
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Prevention Equipment provided					
	Qty		Qty		Qty
Wi Safe 2 Alarm	<input type="checkbox"/>	King size bedding pack	<input type="checkbox"/>	Letter Box Plate	<input type="checkbox"/>
Pad & Strobe	<input type="checkbox"/>	Double bedding pack	<input type="checkbox"/>	Letter Box Bag	<input type="checkbox"/>
CO Alarm	<input type="checkbox"/>	Single bedding pack	<input type="checkbox"/>	Letter Box Lock	<input type="checkbox"/>
Extension Lead	<input type="checkbox"/>	Fire retardant throw	<input type="checkbox"/>	Deep Fat Fryer	<input type="checkbox"/>
Oil filled radiator	<input type="checkbox"/>	E cig pouch	<input type="checkbox"/>	Light Bulbs	<input type="checkbox"/>
RCD	<input type="checkbox"/>	Metal bin	<input type="checkbox"/>	Grip Socks	<input type="checkbox"/>

Interventions Completed					
0-7 day process	<input type="checkbox"/>	SAFE	<input type="checkbox"/>	RM1	<input type="checkbox"/>
8-21 day process	<input type="checkbox"/>	Hate Crime	<input type="checkbox"/>	Target Hardening	<input type="checkbox"/>
Non Contactable	<input type="checkbox"/>	Safe & Well	<input type="checkbox"/>	HFSC High Risk	<input type="checkbox"/>
Hard of Hearing	<input type="checkbox"/>				

Safe and Well

Falls Risk Assessment Tool (FRAT)

	YES	NO
Is there a history of any fall in the previous year	<input type="checkbox"/>	<input type="checkbox"/>
Is the client on 4 or more medications a day	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have a diagnoses of stroke, parkinsons or dementia	<input type="checkbox"/>	<input type="checkbox"/>
Does the client report problems with his/her balance	<input type="checkbox"/>	<input type="checkbox"/>
Is the client unable to rise safely from a chair of knee height	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to two or more questions is YES, a referral to team is	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Falls Environment Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Bowel Cancer Screening (applicable to 60+)

	YES	NO
Did you receive bowel cancer screening kit	<input type="checkbox"/>	<input type="checkbox"/>
Did you return kit and receive results	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain benefits and ask: Would you like MFRS to request a kit to be sent out again	<input type="checkbox"/>	<input type="checkbox"/>

Smoking Cessation

Following discussion around the benefits of stopping smoking, would you like MFRS to provide information / referral to your local stop smoking service YES NO

Alcohol Reduction

Following discussion around the benefits of reducing your alcohol intake, would you like MFRS to provide information / referral to your local service YES NO

Issues identified / discussed with INDIVIDUAL FAMILY CARER

Cooking <input type="checkbox"/>	Sensory Impairment <input type="checkbox"/>	Smoking <input type="checkbox"/>	Aromatics <input type="checkbox"/>
Hoarding <input type="checkbox"/>	Mental Health <input type="checkbox"/>	E-Cigarette <input type="checkbox"/>	Air flow bed <input type="checkbox"/>
Heating <input type="checkbox"/>	Dementia <input type="checkbox"/>	Drugs <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Electrics <input type="checkbox"/>	Mobility Issues <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Carbon Monoxide <input type="checkbox"/>

Other issues identified:

Road Safety

Does anybody (in the property) aged over 65 still drive a vehicle Yes No

Merseyside Fire and Rescue Service (MF&RS) will process the information you supply for the purposes of reducing the risk of fire, health, safety and wellbeing

Note to Staff - As you have already explained that you need to record their details there is no further explanation required - therefore this should be answered as YES

YES NO

MF&RS will share this information securely with other agencies for the reason above. Please tick the box below if you wish to decline this. You are entitled to see your personal data held by MF&RS.

If you wish to see your personal data please contact Corporate Information Sharing Officer:
Tel No 0151 296 4416.

I decline to share this information

Onward referral required to:

Social Services	<input type="checkbox"/>	Healthy Homes	<input type="checkbox"/>	Police	<input type="checkbox"/>
Housing association	<input type="checkbox"/>	Assistive Tech	<input type="checkbox"/>	Care agency	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	Benefits	<input type="checkbox"/>	FSN	<input type="checkbox"/>
Safeguarding	<input type="checkbox"/>	VPT	<input type="checkbox"/>	Environmental Health	<input type="checkbox"/>
British Red Cross	<input type="checkbox"/>	Age UK	<input type="checkbox"/>	Back to referrer	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	EHAT	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other/Who

Useful Contacts

Merseyside Fire Control 0151 530 2627	Merseyside Police 0151 709 6010
Fire Service Direct 0151 296 4031	
Knowsley Access Team (K.A.T) 0151 443 2600	
Liverpool Adult Careline 0151 233 3800	Liverpool Safeguarding Co-ordinator 0151 233 3311
Sefton Plus Call Centre 0151 934 3737	St Helens Adult Team Service Manager 01744 456600

Memo:

Follow up Revisit 0-3 Mths 3-6 Mths 6-12 Mths Not Required



HEALTH & WELLBEING BOARD

16 NOVEMBER 2016

REPORT TITLE	Overview and Scrutiny Committee Report -All Day Health Centre Services and GP Seven day working proposal, Wirral CCG
REPORT OF	Carla Sutton, Senior Contract Manager, NHS England North (Cheshire & Merseyside)

REPORT SUMMARY

The report outlines changes to GP provision at the All Day Health Centre, and the development of a proposal to provide a fairer, more equitable access to primary medical care services, outside of normal core hours.

RECOMMENDATION/S

Note the content of the report, the transfer of resources and the on-going development of a Wirral Wide service within primary care.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

Providing the committee with details of developments within primary care

2.0 OTHER OPTIONS CONSIDERED

3.0 BACKGROUND INFORMATION

4.0 FINANCIAL IMPLICATIONS

Transfer of resources to NHS Wirral Clinical Commissioning Group, via Joint Commissioning Arrangements, for continued investment in primary care services.

5.0 LEGAL IMPLICATIONS

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

7.0 RELEVANT RISKS

8.0 ENGAGEMENT/CONSULTATION

Equality Impact Analysis undertaken, patient engagement exercise undertaken with All Day Health Centre Patients and wider Wirral residents regarding the development of new service.

9.0 EQUALITY IMPLICATIONS

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Document Title: **Overview and Scrutiny Committee Report -All Day Health Centre Services and GP Seven day working proposal, Wirral CCG**

Version number: V2

First published: 26 July 2016

Prepared by: Carla Sutton, NHS England North (Cheshire & Merseyside)

Classification: (OFFICIAL)

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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1 Overview

- 1.1 After a review of GP Services by NHS England and how patients access care was considered by an Urgent Care Review by NHS Wirral, it was recognised that the All Day Health Centre is predominately accessed by patients using the services whilst also being registered at other Wirral Practices.
- 1.2 The All Day Health Centre was initially developed after the “Darzi Review” to provide GP services from 8.00am to 10.00pm seven days per week for Wirral residents, but this commissioned service has only available at this centre on the Arrowe Park Hospital site, Upton, Wirral.
- 1.3 Discussions between NHS England North (Cheshire & Merseyside) and NHS Wirral CCG in the last two years have led to the development of a proposal to provide a fairer, more equitable access for GP services over seven days per week and outside of normal core hours at a large scale in multiple hubs in key locations, to all Wirral residents, away from the main Hospital site.
- 1.4 This action is responsive to the GP Five Year Forward View (October 2014) focus of improving access to GP services, and this drive has been given further direction within the General Practice Forward View (Chapter 5, April 2016) in which CCGs are required to Commission routine appointments at evening and weekends to meet demand, plus additional investment for improved IT access to patient records

2 Background

- 2.1 On 1 April 2011 NHS Wirral entered into Alternative Provider Medical Service Contract for a period of three years with Wirral Community Trust for the All Day Health Centre, initially as part of a joint contract with Leasowe Primary Care Centre which was later amended to just a contract for the All Day Health Centre when the contract for Leasowe was tendered.
- 2.2 The practice provides care on the Arrowe Park Hospital site from 8.00am - 10.00pm, seven days per week including Bank Holidays, to a very small registered list (circa 600 patients), and any Wirral resident who wishes to access the service. The majority of patient encounters are from Wirral patients using the service, who are registered with another GP but access the service as an alternative to their usual general practice or are seeking emergency care
- 2.3 The All Day Health Centre was reviewed and it was agreed by Cheshire, Warrington & Wirral Area Team that the contract would be granted an additional twelve month extension. This period has further extended by NHS England explicitly to enable the health and social care system on Wirral to progress their plans for the redesign of Urgent Care without the de-stabilising effect of this service ending. The extension end date is 30 September 2016.

3 CCG Plans

- 3.1 Strategic discussion with CCG Directors resulted in an agreement to progress the future provision of seven day working within Wirral at pace, in line with NHS England's vision for accessible care and the CCG Unplanned Care strategy. NHS England will support the work programme undertaken by NHS Wirral CCG to develop routine access to medical services for all Wirral residents.
- 3.2 The General Practice Forward View provides a strategic steer to CCGs that they are expected to commission additional routine access to GP services during evenings and weekends by 2020/21
- 3.3 The CCG have developed a proposal to offer a Locally Commissioned Service (LCS) to the primary care community in Wirral via a 'GP Provider Alliance'. The LCS in Wirral will commence from October 2016 for an 18 month pilot period. The pilot process would be used to review the outcomes associated with the service and revise the model to ensure it meets the needs of the Wirral population.

3.4 Proposed Pilot Service Model

3.4.1 The CCG has drafted a 'high level' service framework to which primary care providers will be expected to deliver the new service model. The primary care providers will be asked to develop a more detailed service specification prior to the service going live in October 2016. Further stakeholder engagement including with members of the public will also be undertaken to refine the model. The current draft service model criteria includes:-

- Single service model across Wirral via a 'GP Provider Alliance' available to all Wirral registered patients.
- Service available outside of core opening hours (After 6.30pm Monday to Friday and on a weekend) from a number of sites across Wirral.
- Pre bookable appointments should be offered (up to 2 weeks in advance)
- Dedicated single telephone number plus online and video consultation options
- A small number of 'Primary Care Access Hub' Delivery site(s) sited for best access of all Wirral patients will be provided (not Arrowe Park, use existing 'already doors open' infrastructure and within 400 metres of main bus route).
- Workforce to include as a minimum GPs, practice nurses, health care assistants, reception staff and a service co-ordinator
- Single IT system (EMIS) plus Wirral Care Record
- Full access to patients own GP practice medical record (Clinician read/write if to patients own medical record consent given)
- Service Level: Full General Medical Services with longer term consideration for integrating other community/acute/social care/third sector services ("Primary Care Hub")
- Exclusions: Home visits, urgent same day appointments and non-Wirral registered or resident patients.

- Outcomes: Improve patient experience of accessing GP services with focus on working people, carers and those with young families.
- Optional: E-consult (triage) and tele consultations

3.4.2 The proposed delivery sites which are subject to confirmation include:

- a) Civic Medical Centre (Bebington)
- b) Claughton Medical Centre (Claughton/Oxton)
- c) Eastham Group Practice (Eastham)
- d) St Hilary Group Practice (Wallasey)
- e) Marine Lake Medical Practice (West Kirby)
- f) Miriam Medical Centre (Birkenhead)
- g) Parkfield Medical Centre (New Ferry)
- h) Somerville Medical Centre (Wallasey)

4 Patient List

- 4.1 The All Day Health Centre has a very low registered practice list (approximately 600 patients, in comparison to the average practice size of 6000 patients). The patients are evenly spread across Wirral, although some patients historically followed a GP from the Leasowe area, who worked at the service.
- 4.2 Unfortunately, without the funding for the wider GP service, maintaining the registered list would not be a viable option as a stand-alone service. A patient engagement exercise has commenced with the registered patient list regarding the list dispersal and will continue over the next ten weeks.
- 4.3 A dedicated team will communicate directly with the registered patients by
 - writing to all patients on the registered list
 - offering direction and support to find new GP practices closer to the patient home address
 - dedicated phone line and email address to help answer queries (including translation services)
 - hosting two engagement 'drop in' sessions at the All Day Health Centre site
 - the team will review the registered list for any patient identified as vulnerable or requiring additional support in finding a new practice (patients with on-going treatment, children on 'at risk' registers etc.)
 - helping patients with particular needs or requests find a suitable practice (for example patients looking for evening appointments will be directed to appropriate practices)
- 4.4 In the majority of cases patients will be able to secure registration at practice closer to their home address, which will also result in less travel. Wirral is fortunate to be able to offer good choice of GP practice to Wirral residents.

5 Financial Impact

- 5.1 The current APMS Contract value for the whole service, registered list and other Wirral patient, who wish to attend, is £440,000 per annum.
- 5.2 The registered list equivalent value is estimated at £125.00 per patient base on income in line with GMS pricing (including GMS Price per patient, Enhanced Services and QOF). Therefore, the current list of approximately 600 patients NHS England equates to approximately £80,000.
- 5.3 This remaining amount of the original total contract value, £360,000, funded the service for patients also being registered and funded at their own Wirral practice will be transferred to Wirral CCG, and will be committed to support the continued delivery of seven day access to medical services in Wirral.

6 Recommendations

- 6.1 The Wirral Health Overview and Scrutiny Committee are requested to:
 - i. Note the contents of this paper.
 - ii. Support the development of a fair equitable seven day access service for Wirral.
 - iii. Note the dispersal of the small registered patient list.
 - iv. Receive an updated paper from NHS Wirral CCG regarding the progress of the new Wirral GP Service.

NHS England Quarterly Report to Wirral Health & Wellbeing Board

1. Purpose of this report

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional context together with specific updates on priorities that the Local NHS England Teams are responsible for progressing.

2. Strategy and planning

The 2017-2019 NHS Operational Planning and Contracting guidance was issued on 22 September 2016. Operational plans will describe the organisational level approach to delivering the STP for the next two years and will be accompanied by a two year contract. The 'nine must dos' are carried over from last year. These are:

- Develop a high quality and agreed STP and deliver critical milestones for accelerating progress in 2016/17
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues
- Deliver access standards for A&E and ambulance waits
- Improvement against and maintenance of the NHS Constitution standard for 18 weeks RTT
- Deliver the NHS Constitution cancer standards and make progress in the improving one-year survival rates
- Achieve and maintain the mental health access standards and dementia diagnosis rate
- Deliver action plans to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvement in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

Therefore the milestones and timetable for the Sustainability and Transformation Plans and associated operational plan is

Milestone	Time table
STP submission (2016 – 2021)	21 st October 2016
Draft Operational plan (2017 -2019)	24 th November 2016
Final Operational Plan & Contract sign-off	23 rd December 2016

GP Forward View

The GP Forward View was developed and published in April 2016. This is a 5 year plan to stabilise, develop and transform Primary Medical Care which will benefit from a £2.4bn investment in Primary Medical Care between 2016/17 and 2020/21. Across the GP Forward View there are in excess of 80 commitments to deliver with 56 having significant elements of regional or local delivery. The main themes of the document in meeting the five year forward view challenge are:

- Workforce
- Estate & digital technology
- Quality
- Innovation & Transformation at scale

Locally this is being taken forward under the Primary care work stream of the STP and will focus on a wider remit than primary care medical services. NHS England (Cheshire & Merseyside) is in the process of recruiting a team in partnership with CCGs to work collaboratively with the LDS footprints.

3. Delivery and Assurance

CCG Improvement and Assessment Framework

This is the revised assurance framework for CCGs from 2016/17 onwards. There is an increased focus on clinical priorities within the Five year forward view

Initial baseline rating for 6 clinical priority areas (Cancer, Dementia, Diabetes, Learning Disabilities, Maternity & Mental Health) have been shared with CCGs. The ratings, which are published on MyNHS, show areas in need of improvement, but also highlight areas where practice is good.

When considering all 12 CCGs performance across Cheshire and Merseyside the indicator outcomes suggest some system level issues, particularly in relation to the following:

- Injuries from falls in people aged 65 and over
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Inequality in emergency admissions for urgent care sensitive conditions
- Emergency admissions for urgent care sensitive conditions
- Population use of hospital beds following emergency admission

Operational Resilience

Five A&E Delivery Boards have been established across Cheshire & Merseyside with executive membership and leadership for each.

- Each A&E Delivery Board has undertaken a baseline assessment against the mandated initiatives. Each A&E Delivery Board has submitted plans for Winter and has assessed themselves against the 5 mandated initiatives, which are:
 - A&E Streaming at the front door
 - Increasing the % of calls transferred to a clinical adviser
 - Ambulance services
 - Patient flow
 - Discharge arrangements

These plans have been reviewed jointly with NHS Improvement; 3 of the Cheshire & Merseyside boards have been assessed as 'Not Assured' and the other 2 as 'Partially Assured'. A further assessment will take place but there remains a substantial risk to the A&E 4-hour standard.

- A&E Delivery Boards are responsible for coordinating winter reporting and escalation arrangements. The proposed reporting details were recently presented and discussed with CCGs and Trusts at a joint NHS England/NHS Improvement workshop. Local escalation arrangements will be required to align with the new national escalation levels.

4. Health Outcomes

Mental Health

Further to the Mental Health Taskforce Report published earlier this year NHS England has published The Mental Health Five Year Forward View Dashboard on 27th October 2016,

It includes a suite of metrics based on the proposals in the Implementation Plan and is structured around the core elements of the mental health programme:

- children and young people's mental health
- perinatal mental health
- adult mental health: common mental health problems
- adult mental health: community, acute and crisis care
- secure care pathway
- health and justice
- suicide prevention

In line with the recommendation in the review, the dashboard also includes metrics on employment and settled housing outcomes for people with mental health problems.

A key purpose of the dashboard is for NHS England and the Five Year Forward View Programme Board to be able to monitor progress on its commitments to transform mental health services. Additionally, by making the data publically available, we are

ensuring that commissioners can use it as a tool to inform their work and that services users and their families and carers can see how local services are performing and understand where to look to make informed choices about their care.

The starting point for development has been the 25 high-level recommendations for NHS England from the Mental Health Taskforce, with independent advice from the Five Year Forward View Independent Advisory and Oversight Group, chaired by Paul Farmer.

The dashboard will be updated quarterly and can be accessed through the NHS England website.

CAMHs

NHS England has identified an additional £25 million which can be made available for CCGs in 2016/17.

It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care. In order to secure release of the full additional funding, CCGs will be asked to provide details of how they intend to improve average waiting times for treatment by March 2017.

It is also expected that this funding will:

- support CCGs to continue to invest in training existing staff through the CYP IAPT training programme, including sending new staff through the training courses. CYP IAPT collaboratives are recruiting to training places now, so CCGs should be identifying with their partners the staff to send on training course and any additional resources required to release staff; and,
- accelerate plans to pump-prime crisis, liaison and home treatment interventions suitable for under 18s, with the goal of minimising inappropriate admissions to in-patient, paediatric or adult mental health wards. This should include working with NHS England specialised commissioning teams to develop integrated pathways.

Right Care

NHS England is investing in this programme to enable every health economy in England to embed the NHS RightCare approach at the heart of their transformation programmes.

It is a programme committed to improving people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

NHS RightCare is all about:

- Intelligence – using data and evidence to shine a light on unwarranted variation to support an improvement in quality
- Innovation – working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy
- Implementation and improvement – supporting local health economies to carry out sustainable change.

NHS RightCare makes sure local health economies:

- make the best use of resources – offering better value for patients, the population and the tax payer
- understand how they are doing – by identifying unwarranted variation between demographically similar populations
- get talking about the same stuff – about healthcare rather than organisations
- focus on the areas of greatest opportunity by identifying priority programmes which offer the best chances to improve healthcare for populations
- use tried and tested processes to make sustainable improvement to care to reduce unwarranted variation.

There are four CCGs engaged in the Wave one roll-out of RightCare nationally, one of these is NHS Wirral CCG. Wave 2 roll-out is being launched this autumn.

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