WIRRAL

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
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AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members are reminded that they should also declare whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

2. MINUTES (Pages 1 - 24)

To approve the accuracy of the minutes of the People Overview and Scrutiny Committee meeting held on 8 September 2016, and to receive the minutes of the Children's Sub Committee meeting held on 22 September 2016.

3. NOTICE OF MOTION: MOTOR NEURONE DISEASE (MND) CHARTER (Pages 25 - 26)

At the meeting of the Council held on 17 October 2016 (minute 67 (1) refers), the attached Notice of Motion, 'Motor Neurone Disease Charter' proposed by Councillor Steve Williams and seconded by Councillor Chris Blakeley was referred by the Mayor to the People Overview and Scrutiny Committee for consideration.

In accordance with Standing Order 7 (6), Councillor Williams has been invited to attend the meeting in order for him to be given an opportunity to explain the Motion.

4. NOTICE OF MOTION: PERFORMANCE MANAGEMENT - REPORTING ARRANGEMENTS (Pages 27 - 28)

At the meeting of the Council held on 17 October 2016 (minute 67 (5) refers), the attached Notice of Motion, 'Performance Management Reporting Arrangements' proposed by Councillor Phil Gilchrist and seconded by Councillor Stuart Kelly was referred by the Mayor to the People, Environment and Business Overview and Scrutiny Committees for consideration.

In accordance with Standing Order 7 (6), Councillor Gilchrist has been invited to attend the meeting in order for him to be given an opportunity to explain the Motion.

5. ALL DAY HEALTH CENTRE SERVICES AND GP SEVEN DAY WORKING (Pages 29 - 34)

6. REVIEW OF SERVICES PROVIDED BY CHANGE, GROW, LIVE (CGL) (Pages 35 - 50)

7. CHESHIRE & MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 51 - 130)

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

8. 2016/17 QUARTER 2 WIRRAL PLAN PERFORMANCE - PEOPLE THEME (Pages 131 - 144)

9. FINANCIAL MONITORING - 2016/17 QUARTER 2 (Pages 145 - 178)

10. CHILDREN SUB COMMITTEE - TERMS OF REFERENCE (Pages 179 - 184)

11. REPORT FROM HEALTH AND CARE PERFORMANCE PANEL HELD ON 5 OCTOBER 2016 (Pages 185 - 190)

12. PEOPLE OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE (Pages 191 - 200)

13. ANY OTHER BUSINESS APPROVED BY THE CHAIR (PART 1)

14. EXEMPT INFORMATION - EXCLUSION OF MEMBERS OF THE PUBLIC

The public may be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information.

RECOMMENDATION – That in accordance with section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business, on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part 1 of Schedule 12A (as amended) to that Act. The public interest test has been applied and favours exclusion.

15. ANY OTHER BUSINESS APPROVED BY THE CHAIR (PART 2)

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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 8 September 2016

Present: Councillor M McLaughlin (Chair)

Councillors

A Davies	T Norbury
B Berry	D Roberts
A Brighouse	W Smith
D Burgess-Joyce	W Ward
W Clements	P Brightmore (In place of T Usher)
T Johnson	L Rowlands (In place of P Hayes)
C Meaden	A Sykes (In place of C Povall)

In attendance: Councillors
J Williamson, Cabinet Member Public Health
C Jones, Cabinet Member Adult Social Care

Apologies

Mr D Allison	Mr M Harrison
Mrs G Peters	Ms K Prior
Ms S Wells	

13 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members were reminded that they should also declare whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

The following interests were declared:

Name	Nature of Declaration	Action
Councillor Chris Meaden	General - Personal - by virtue of her daughter's employment within the CYPD.	Took part in the discussions, remained in the meeting.
Councillor Angela Davies	General - Personal and pecuniary – by virtue of her employment with partner organisation, Cheshire and Wirral Partnership Trust.	Took part in the discussions, remained in the meeting.

14 **MINUTES**

Resolved - That the Minutes of the last meeting of the People Overview and Scrutiny Committee, held on 14 July 2016, be confirmed as a true record.

15 **PUBLIC HEALTH ANNUAL REPORT**

The Committee received a presentation from Julie Webster, the Head of Public Health that provided summary detail of the Director of Public Health's Annual Report for Wirral 2015/16 that focused on the Wirral Plan commitment to a pledge of zero tolerance to domestic abuse.

The Head of Public Health's presentation informed that, in Wirral, strong multiagency working was taking place to both prevent domestic abuse and support victims to build a better future; this included the police, probation service, community and voluntary sector, advocacy, counselling, schools, family support and legal advice. Members heard that Wirral's Domestic Abuse Alliance was leading the work to tackle domestic abuse with implementation of the cross agency domestic abuse strategy.

Members noted the content of the report that stated that there remained a strong perception that domestic abuse was mainly physical male on female violence. The report outlined, that this was only part of the picture and that domestic abuse manifested in many different ways for example, controlling behaviour and or emotional abuse. It affected any age, any race, any class and any gender, and can occur in all types of relationships and that it can happen in any area. While police recorded incidents are higher in our more deprived areas, domestic abuse as a proportion of all crime showed some of our more affluent areas had a greater prevalence than might be expected for localities with fewer social problems.

The Head of Public Health informed the People Overview and Scrutiny Committee that the impact of domestic abuse was far reaching as it affected individuals, families and society as a whole. She also explained that the impact on children was particularly worrying with 90% of domestic abuse being witnessed by children. Consequences included children becoming withdrawn, depressed and finding it difficult to communicate, and others may act out the aggression they have witnessed or blame themselves for the abuse. In adulthood children affected by domestic abuse have increased risk of poor mental health, substance misuse and behavioural problems, strengthening the argument to ensure that the Council and partners do all they can to intervene early and support families to deal with domestic abuse.

Members questioned the Head of Public Health on a variety of key points namely:

- The link between alcohol an domestic abuse;
- Concerns over the tracking or monitoring of repeat offenders;
- Addressing the issue of vulnerable persons;
- 'Upstream' work – to assist individuals in tackling problems to help avoid incidents of abuse;
- The impact on children;
- Links to deprivation;
- Access to pathways for those who use drugs and alcohol as a coping mechanism; and
- Concerns over a perceived lack of mechanisms to share data across partner organisations.

The Head of Public Health confirmed that the points raised by Members would be relayed back to the Pledge Group dealing with the above concerns.

The Committee noted that there was a strong economic case to tackling domestic abuse. In addition to the significant suffering to victims it was estimated to cost the UK public services such as the criminal justice system, health, social care, housing, civil and legal services £3.1 billion per year with a £2.7 billion loss to the economy. Work to raise awareness of domestic abuse and the stories of some of the people who have been supported were described in the report. Members were recommended to take the opportunity in their own time view a short online film on www.wirral.gov.uk/domesticabuse that had been produced with the help of Tomorrow's Women Wirral and Involve Northwest. The film provided first-hand accounts of domestic abuse and that how, with the right support, safe solutions can be found.

Members noted the summary recommendations held within the report, namely:

- to increase awareness and understanding of what domestic abuse is and its impact;
- that all frontline health and social care workers should be aware of domestic abuse as part of their daily work;
- that children affected by domestic abuse should be provided with appropriate support at an early stage; and
- a borough wide organisational commitment to the delivery of the Domestic Abuse Strategy and the work of the Domestic Abuse Alliance.

Resolved - That

1) **the Head of Public Health be thanked for her presentation; and**

2) **the Director of Public Health and her team be thanked and congratulated on their excellent work supporting the Public Health Annual Report.**

16 **MEETING THE HOUSING NEEDS OF VULNERABLE PEOPLE**

The Interim Head of Transformation, Jayne Marshall introduced the report of the Director of Adult Social Services that provided an update on the progression of housing for vulnerable people in Wirral. The report outlined the current challenges in relation to legislation and delivery and actions in relation to land. The report also summarised the current plan for the delivery of "Extra Care Housing" in Wirral and associated challenges.

Ms Marshall explained that within the Wirral Plan, the Council had a stated ambition to build and improve 7000 homes over the lifetime of the five year plan. This included building 3500 new homes, some of which will be to meet the need of vulnerable adults. Adult Social Care had targets set to reduce the amount of people placed in permanent residential care, and to increase the numbers of people maintained in their own home within a community setting.

The People Overview and Scrutiny Committee was apprised of the progress of pipeline schemes to provide additional units of Extra Care housing, located in Pensby, Heswall, Rock Ferry and Beechwood.

Members noted the financial implications and risks as detailed within the report that included:

- The risk to the delivery of the proposed efficiencies (£1.3m) which have been put back to future financial years (2018/2019) due to the current issues relating to government's rent proposals and the impact this has on the markets delivery of Extra Care properties.

- Following regular meetings held with developers and social landlords, although both are keen to progress the developments of housing for vulnerable adults they are unable to do so at present due the proposed restrictions planned in respect of rent caps etc.

Members questioned the Interim Head of Transformation on a number of matters that primarily referred to the Government's reform of the Welfare Benefit System (WBS) specifically the capping of social housing rents at Local Housing Allowance levels and a required 1% rent reduction per year in social housing sector for the next four years.

The People Overview and Scrutiny Committee was apprised that much lobbying had been undertaken by Local Authorities across the country and a review of the Government's WBS proposals was being undertaken. Members requested that Wirral engage in lobbying on this matter to ensure the impact

on Wirral residents and the challenges faced by the Council as a result are clearly reported to the relevant decision makers.

Members questioned the Interim Head of Transformation on other matters detailed in the report seeking clarity on waiting lists, backlogs, involvement of the independent sector, rent levels, cost effectiveness and mixed tenure schemes. The Chair made reference to a primary question concerning the sustainability of any such system i.e. that would a person on the basic state pension be in a position to afford such accommodation?, highlighting that the answer would likely depend upon whether the accommodation was provided by a social landlord or the independent sector.

The Chair requested that an additional recommendation that she be requested to work with the 2 Cabinet Lead Members to lobby Government on behalf of Wirral with regard to the topic of Welfare Reform, be added to the recommendations as contained in the Officer's report. The request was supported unopposed by the Committee.

Resolved - That

1) **the challenges in relation to delivery in Wirral be noted;**

2) **the progress made with Housing for Vulnerable Adults in Wirral be supported;**

3) **the challenges in working with the private housing development sector, if Registered Social landlords are not able to progress schemes due to capital return requirements be noted;**

4) **the impact on rent levels if schemes are to be developed with private developers be noted; and**

5) **the Chair of the People Overview and Scrutiny Committee be requested to work with the 2 Cabinet Leads to lobby Government on behalf of Wirral in relation to its proposals regarding Welfare Benefits Reform.**

17 **TRANSFORMING WIRRAL - DASS BUSINESS CASES**

The Chair of the People Overview and Scrutiny Committee introduced her report that provided an update on the Senior Manager for Transformation & Improvement's report relating to the involvement of scrutiny in reviewing new service models as they are developed. At its meeting 14 July 2016 the Committee agreed to the general proposals within that report and gave delegated authority to the Chair, Vice Chair and Spokespersons to agree arrangements for the scrutiny of specific transformation projects, as appropriate.

The Chair's report informed that two business cases, both relevant to the remit of this Committee, were at a stage where review by scrutiny members was appropriate. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG).
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people.

The Committee was informed that as a result, a workshop was held on 10 August 2016 at which the approach to the outline business cases were explained and examined in further detail, the outcomes of which were detailed in the report. Comments from Elected Members included views on:

- Staffing;
- Increasing demand for services and the need to reduce resources;
- Back-office staff;
- Improved focus on the needs of clients;
- Management of Risk;
- Finance;
- Transfer of Skills;
- Performance Management; and
- Involvement of Scrutiny 'pre-decision'.

Councillor Wendy Clements requested that a further recommendation be added to those already contained in the Officer report i.e. to urge Cabinet to pay careful regard to the quality of service experienced by Wirral people. The request was supported unopposed by the Committee.

Resolved – That

1) the report be noted;

2) RECOMMENDATION to CABINET that the views of Scrutiny Members on the two business cases be considered, prior to relevant decisions being taken;

3) the operating model and contractual arrangements be developed to ensure that the key points made by Elected Members, as detailed in the report, are addressed;

4) further consideration be given to the optimal timing for the involvement of scrutiny in the development of future business cases; and

5) **CABINET be urged to pay careful regard to the quality of service experienced by Wirral people.**

18 **CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW**

The Chair of the People Overview and Scrutiny Committee introduced her report that set out the findings and recommendations arising from a Scrutiny Review completed in July 2016. The report informed that the Review had been commissioned by the former Policy and Performance Coordinating Committee and had been set up to explore the issue of cumulative impact in relation to the prevalence of off licences and fast food takeaways, and their impact on public health.

The Chair expressed her thanks to Mike Callon, Team Leader Performance and Scrutiny and Patrick Torpey, Scrutiny Officer for their assistance in progressing the review and the preparation of the summary report. She further expressed the Committee's wishes to Patrick Torpey for a speedy recovery from a recent bout of ill health. The Chair additionally thanked Councillors Gilchrist, Hayes and Williamson for their involvement in the review, evidence gathering and preparation of the summary report.

At the invitation of the Chair, Janette Williamson, Cabinet Member Public Health addressed the Committee who also expressed thanks to those involved in the report, stating the importance of taking Public Health into account in all Council decisions, and the need to lobby Government in respect of licencing and planning matters identified in the report.

Members made reference to the targeting of town centre outlets, suggested supplementary planning guidance and update of existing planning and licencing policies, and requested (fully endorsed by the Chair) that a follow up report be timetabled to provide the Committee with an update on actions arising from the report recommendations.

The Committee noted the content and endorsed the recommendations within the Cumulative Impact on Public Health Scrutiny Review, namely that:

Recommendation 1: The Council's Leadership is encouraged to lobby for a Public Health licencing objective in the Liverpool City Region and where possible at national level to ensure public health outcomes are given greater priority in licencing decisions.

Recommendation 2: The Council's Statement of Licensing Policy is refreshed to accommodate the renewed priorities as set out in the Wirral Plan. It is also recommended that consideration be given to introducing a Cumulative Impact Policy in areas where there is strong evidence to suggest such a policy would address the negative impact of over-saturation of licenced or off-licenced premises.

Recommendation 3: The Panel recommends that a statutory Supplementary Planning Document is urgently developed and consulted upon (thus becoming a material consideration), in line with the approach taken in St Helens, as part of the preparation of the Council's Core Strategy Local Plan.

Recommendation 4: The Panel encourages the planning and public health teams to work closely together to address the borough's public health issues in relation to poor diet and obesity, as outlined in the 2020 pledge to support Wirral Residents to Live Healthier Lives.

Recommendation 5: The Panel acknowledges the wide ranging benefits of the voluntary participation of businesses in the Reduce the Strength campaign in promoting responsible selling of alcohol. It is recommended that priority be given to encouraging the take up of this initiative so the number of outlets taking part is increased. The Council should also explore the possibility of approaching national supermarket chains to adopt this as a policy.

Recommendation 6: It is recommended the effective delivery and marketing of the 'Eat Well Wirral' and 'Takeaway for a Change' initiatives is prioritised and the schemes are properly evaluated to demonstrate their long term impact. The development of EWW takeaways and their locations should be a matter drawn to the attention of the planning committee at regular intervals.

Recommendation 7: The Panel supports the creation of a cross-departmental working group and action plan for selling alcohol responsibly. The Health and Wellbeing Board should oversee the activities of this group and ensure they are joined up with the Wirral Resident's Live Healthier Lives pledge delivery group so that further partnership opportunities and targeted initiatives are explored.

Resolved - RECOMMENDATION TO CABINET - That the "Cumulative Impact on Public Health" Scrutiny Review and recommendations contained within be endorsed.

19 **AVOIDING ADMISSIONS SCRUTINY REVIEW**

The Chair of the People Overview and Scrutiny Committee introduced the report of the Avoiding Admissions Task and Finish Group that set out the findings and recommendations arising from a Scrutiny Review of the actions being taken to strengthen community based services, which were intended to reduce the demand for acute services and thereby reduce hospital admissions.

The Chair expressed her thanks to Alan Veitch, Scrutiny Officer for his dedicated support in progressing the review and the preparation of the

summary report. She further expressed thanks to Councillors Berry, Brighouse, Johnson and Roberts, and Ms Karen Prior of Healthwatch Wirral for their involvement in the review, evidence gathering and preparation of the summary report.

Members involved in the review expressed their enjoyment in working on such a challenging and complex review, and highlighted a number of the issues involved in addressing the challenge of reducing admissions. They informed the Committee that they had met with witnesses throughout the course of the review, including representatives from a significant number of health and care provider organisations, including some care homes and carer and patient representative groups.

The Committee noted the content and endorsed the recommendations within the "Avoiding Admissions" Scrutiny Review, namely that:

Governance and funding

Recommendation 1 - Developing one system with shared governance
Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

Recommendation 2 – Funding of acute hospital services
In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

Service quality

Recommendation 3 – Service quality and a person-centred approach for community services
The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

Developing the right services

Recommendation 4 – Admission prevention
Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.

Recommendation 5 – Promotion of community services
Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will place greater emphasis on promoting community services among the public and professionals. Increased priority will also be given to changing the awareness and behaviours of the public and professionals in order to encourage greater usage of the range of services aimed at preventing unplanned hospital admissions.

Recommendation 6 – Implementation of alternative referral pathways
Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will work with all service providers, including North West Ambulance Service, the 111 service and GPs, in order to ensure full engagement in the new referral pathways.

Recommendation 7 – Responding to changing requirements for services
Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will ensure that community services are introduced on the basis of best practice, insight and analysis of need. This will ensure that services will remain responsive to changing community needs, reinforced by the use of formal contract mechanisms to expand or reduce contracts as appropriate.

Recommendation 8 – Communication of data
The Healthy Wirral programme's work to improve the communication of patient data between health and care providers in order to create a single patient record is fully endorsed. The Wirral Care Record will ensure that the use of the single patient record is spread to as many providers as possible at the earliest opportunity. Feedback on the implementation and the impact of the Wirral Care Record is requested to a future meeting of the People Overview & Scrutiny Committee.

Evaluating the effectiveness of services

Recommendation 9 – Performance management of community services
Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective

performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

Resolved - That

1) **RECOMMENDATION TO CABINET - that the "Avoiding Admissions" Scrutiny Review and recommendations contained within be endorsed; and**

2) **an update report regarding the implementation and impact of the recommendations be presented to the People Overview & Scrutiny Committee in approximately six months (that is, by March 2017).**

20 **HEALTHY WIRRAL - LOCAL DELIVERY PLAN - PRESENTATION**

Mr Jonathan Develing, Chief Officer Wirral Clinical Commissioning Group (CCG) provided the People Overview and Scrutiny Committee with an oral presentation on the Development of Local Delivery Service Plans (LDSPs) and Sustainability & Transformational Plans (STPs) under the 'Healthy Wirral' banner.

Mr Develing stated that the Wirral CCG were responsible for commissioning health services for the residents of Wirral, and were pleased to be working with Wirral Council on its '2020 Plan' approach to help deliver the Healthy Wirral Plan via the following three key areas:

- Better Health;
- Better Care; and
- Better Value.

The Committee heard that a high level plan had been developed and was working to deliver commissioning in such a way as to focus on three themes i.e. prevention, intervention, and efficiencies – and sought to continuously improve services and reduce inequalities, work with patients, carers and the public when making decisions and to partner with other health and social care bodies in the planning and delivery of services.

The Committee was informed that the CCG was supportive of the 2020 vision approach to improving the health outcomes of Wirral residents, given the challenges faced by the Council and the NHS as a result of an ageing population and rising demand on existing services. Mr Develing also informed

of additional areas of priority i.e. better care – mental health, urgent care and the ongoing challenges faced by NHS Primary Care providers.

Mr Develing referred to the challenges faced in terms of better value, including the mechanisms of funding of the NHS, weighted formulae used by the CCG in commissioning services and how the services were currently not fully resourced to the tune of £11 million. Members noted that this would almost certainly result in a budget deficit at the end of this current financial year.

The Committee noted that plans were underway to develop the priority of Wirral residents living healthier lives, through a transformed primary and community care structure, resulting in better value via a reduction in unwarranted variation, and efficiencies in middle and back offices (via provider collaboration and different ways of working).

The Committee further noted how key planning areas within the LDSPs and STPs had specified priorities for each, with an identified lead officer to coordinate and drive forward individual strategies.

A Member questioned whether Mental Health, in particular younger people so diagnosed, was being managed within schools. Ms S Quinn, Cheshire and WIrral Partnership representative, informed that early intervention within a school or community setting rather than existing mental health facilities had been proven to be a most effective (and popular) method of dealing with treatment of younger people with mental health conditions.

The Chair thanked Mr Develing for his informative presentation.

Resolved – That the report be noted.

21 **WIRRAL PLAN OVERVIEW REPORT: 2016-17 QUARTER 1 - PEOPLE THEME**

The Director Adult Social Services presented the report of the Strategic Director Families and Wellbeing, Wirral Plan Overview Report 2016-17, that described performance at Quarter 1 (April to June 2016), outlining the Wirral Plan 2020 Pledges (People Theme) measures and progress made towards making a difference to the lives of Wirral residents.

The report provided a summary of performance indicators and a detailed summary for each listed target assigned to specific people themed pledges contained in ‘the Plan’. The Director of Adult Social Services informed that although a quarterly report, the availability of recorded statistical information would result in different areas of performance being reported at different stages through the year. The pledge report also included information on the level of performance and a trend summary for each indicator.

The People Overview and Scrutiny Committee noted that each indicator had been colour coded to reflect performance against targets; Blue – above target, Green – within target, Amber – below target, and Red – significantly below target.

The Chair remarked that additional data was also available online, and requested feedback from Members with regard to the level of detail they might wish to see, given that so much information was available. A Member suggested that those indicators identified as showing Red for a prolonged period would be helpful, another Member proposed themed meetings. A short discussion took place with the Chair expressing concerns that some issues could be missed if themed meetings were introduced. A Member stated that the inclusion of numerical statistics was extremely helpful, and another Member stated it was good that over-performance was now being recognised (Blue category), but was concerned that due to the nature of a Wirral Plan Pledge focus, some areas previously monitored by the predecessor Policy and Performance Committees might not be carried forward, i.e. oversight of already identified challenges. A Member echoed the points mentioned and highlighted the absence of any information about looked-after children.

The Director of Adult Social Services informed that data existed for a number of the performance indicators that were also monitored nationally, but the information provided in the report was specific to the 2020 Plan.

The Chair thanked the Officers for the report, but was conscious that there was a message coming through from Members of 'more but manageable'. She indicated that once all three of the Overview and Scrutiny Committees had met to review their first set of performance reports, the three Chairs, Vice-Chairs and respective Spokespersons would come together to discuss the format and presentation of the performance information.

Resolved – That the report be noted.

22 **FINANCIAL MONITORING REPORT QUARTER 1 2016/17**

The People Overview and Scrutiny Committee received a report of the Acting Section 151 Officer that set out the financial monitoring information for this Committee. The report provided a basis for Members to scrutinise budget performance and set out the projected revenue and capital monitoring position for 2016/17, as at close of quarter 1 (30 June 2016) and as reported to Cabinet on 18 July 2016.

The People Overview and Scrutiny Committee noted that the quarter one revenue report had forecast an overspend of £1.1 million for the year and had sought approval from Cabinet for the allocation of £11.1 million from the Revenue Contingency Budget contingency to Directorates and similarly the

use of £1.6 million of General Fund Balances. The report also updated on other budgetary movements which had arisen since the 2016/17budget was agreed.

The Committee further noted that the capital report had updated the capital programme to reflect re-profiling of schemes between years which produces a capital programme of £58.97 million for 2016/17 and that expenditure after the first quarter concluded was £2.7 million.

A Member stated his belief that given a handful of variations contained within the report, there could be room for improvement during the initial setting of the budget projections.

Another Member raised a question reqarding the level of outstanding Council Tax payments and whether this Council's collection levels were similar to those of other local authorities. The Committee was informed that this Council's current level of collection stood at 95.3% which was favourable, consistent with other local authorities nationally (average 95.4%), and broadly on target with the Council's targets.

Resolved: That the report and appendices be noted.

23 **POLICY INFORM**

The People Overview and Scrutiny Committee considered the September 2016 Policy Inform Briefing Paper that included an overview of ongoing and recent national legislation, potential implications for the Council, and emerging policies.

The Policy Inform Briefing Paper outlined the key features of the policies and legislation that had emerged from the Queens speech, which was delivered on 18 May 2016 and provided an update on the developments of recent legislation and highlights any emerging implications. The Policy Inform briefing also alluded to any potential implications for Wirral Council.

Resolved - That the contents of the September 2016 Policy Briefing papers be noted.

24 **PEOPLE OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE**

The People Overview and Scrutiny Committee noted the report of the Chair that updated members on the current position regarding the Committee's work programme as agreed for the 2016/17 municipal year.

The report informed on the process of developing and managing the scrutiny work programme for the municipal year. Members noted that the People

Overview & Scrutiny Committee, in cooperation with the other two Overview & Scrutiny Committees, was responsible for proposing and delivering an annual work programme and that the work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which fell within the remit of the Committee.

Members noted that the report provided an update regarding progress made since the last Committee meeting held on 14 July 2016 and that the current work programme was made up of a combination of scrutiny reviews, standing items and requested officer reports, providing the committee with an opportunity to plan and regularly review its work across the municipal year.

The Chair informed that a number of proposals had been discussed with the Chairs and Spokespersons and that the following had been agreed:

- A review into Looked After Children be commenced – led by Cllr W Clements, supported by Cllrs W Smith and A Brighouse.
- Pharmacies review – be undertaken via a one day evidence gathering session, to be repeated if successful.
- Transformation Programme – issue to be dealt with elsewhere, vacant slot to be utilised for additional work / review as required.
- Girtrell Court – work to be undertaken after the culmination of one-to-one interviews with service user families and alternate placement offers.
- Children Ready for School – placed on hold until the Oftsed Review (due out shortly) is available to the Committee.
- Local Welfare Assistance Scheme.
- Children Safeguarding Annual Report and Adults Safeguarding Annual Report – standard timetabled business for this Committee.

Resolved - That the People Overview & Scrutiny Committee work programme for 2016/17 as amended, be approved.

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CHILDREN SUB-COMMITTEE

Thursday, 22 September 2016

Present:

Councillors	A Brighouse	C Meaden
	W Clements	C Povall
	M McLaughlin	W Smith
Councillor	W Ward (in place of Councillor A Davies)	
Co-optee	Mr M Harrison	
Apologies: Co-optees	Mr D Cunningham	
	Mrs G Peters	

1 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any items on the agenda and if so, to declare them and state the nature of the interest.

Councillor Chris Meaden declared a personal interest in the items on the agenda by virtue of her daughter's employment within the Children and Young People's Department.

2 **APPOINTMENT OF CHAIR**

On a motion by Councillor Walter Smith and seconded by Councillor Chris Meaden it was –

Resolved – That Councillor Moira McLaughlin be appointed Chair of the Children Sub-Committee for the ensuing municipal year.

3 **APPOINTMENT OF VICE-CHAIR**

On a motion by Councillor Moira McLaughlin and seconded by Councillor Walter Smith it was –

Resolved – That Councillor Wendy Clements be appointed Vice-Chair of the Children Sub-Committee for the ensuing municipal year.

4 **MINUTES**

Resolved – That the minutes of the meeting held on 30 March 2016, approved at the Council meeting held on 7 July 2016, be noted.

5 **TERMS OF REFERENCE**

The Children Sub-Committee's Terms of Reference, were submitted for Members' information.

Resolved – That the Terms of Reference for the Children Sub-Committee be amended to include the pledges outlined within The Wirral Plan, namely:

- **Children are ready for school;**
- **Young people are ready for work and adulthood;**
- **Vulnerable children reach their full potential.**

6 **WIRRAL CHILDREN'S SERVICES OFSTED REPORT**

The Director of Children's Services gave a presentation upon Wirral Children's Services Ofsted Report.

Members of the Sub-Committee were advised that Ofsted had conducted an inspection into:

- Services for children in need of help and protection, children looked after and care leavers, and;
- The effectiveness of the Local Safeguarding Children Board

Further to the two inspections that had commenced on 4 July 2016, both areas had been found to be 'inadequate' overall with children looked after and adoption 'requiring improvement'. Nineteen recommendations had been made for the Council and a further seven for the Local Safeguarding Children's Board.

The Director of Children's Services advised Members that the judgement and findings from Ofsted were accepted and a robust improvement plan would be put in place.

Ofsted had found that there were 'widespread and serious failures in the services provided to children who need help and protection in Wirral' and that there had been inconsistent and poor application of thresholds by the authority and partners at almost every stage of the child's journey. , Members were informed that despite this finding, no child had been found to be at imminent risk of significant harm, but there were children who had not been receiving the right level of services in response to their need, therefore, they

were experiencing risk and vulnerability. The Director informed Members that it was a priority to ensure children receive the right services at the right time.

Ofsted also reported that the Authority did not know where too many of its care leavers were, however, it was reported by the Director that this area had since been focussed on and that it had now been identified where the care leavers were, also, a meeting had taken place to correct the data that had been recorded.

The Director of Children's Services referred to the fact that Ofsted had found almost all of the deficits identified had been known by senior leaders and that failure to identify a consistent, experienced and permanent Head of Children's Social Care had had an impact both operationally and strategically. Also, despite training, good social work was not consistently evident and practice standards were not clearly communicated to front line workers. It was found that case recording was sometimes poor and assessments and plans were not sufficiently focussed on what would make a difference to children and families. Also, there were too many changes of social workers for children. It was reported that performance data had been inaccurate in some cases and the Internal Audit Team had been requested to examine the quality of the data.

Members were advised that the Children in Care Council was reported to be a real strength to the Authority and that its work was helping to ensure the voice of the child was heard in developing services. It was also reported that the majority of children benefitted from stable placements and that almost all children lived in Wirral or nearby, with the vast majority of children attending good or better schools resulting in the poor service children had experienced before becoming looked after being mitigated by the care they received. Adoption performance was also improving and high numbers of children leaving care were through special guardianships.

The Director of Children's Services summarised the Ofsted report within three themes:

- The need to recruit a permanent, experienced and enduring Head of Children's Social Care.
- The need to ensure a permanent frontline social work workforce, to reduce levels of vacancies and assist children to develop longer term relationships with their social worker.
- The need to ensure good practice was consistently in place, including improved management controls to allow the Department to effectively monitor practice and measure the impact it was having.

Ofsted had made twenty six recommendations which had to be delivered at pace for the Council to improve and be graded 'good'. Immediate steps were being taken to recruit a permanent Head of Children's Services, more social

workers would be brought in and a recruitment campaign would be launched to recruit new and experienced social workers to attempt to fill all vacancies.

Members were informed that an Improvement Board had been set up to oversee the implementation of the Improvement Plan and that the Department for Education would be appointing an independent advisor. There would also be changes in how the core children's services were managed and the Director of Children's Services would be directly managed by the Chief Executive. It was reported that the Chief Executive would take a direct role in supporting the improvement process.

The Director of Children's Services advised that discussions had taken place with staff in respect of recognising the serious issues that needed to be improved. Front line social workers would be able to play a major role in the improvement process through their daily work and a Practitioner's Group would be set up. Monthly meetings would be held with staff and investment, support and resources would be provided.

The Director accepted that there were many issues which needed to be addressed and expressed her deep commitment to lead the improvements and make the changes required. She acknowledged that getting things right would not be a quick fix, it would, however, be a long detailed process with many challenges ahead. She advised Members that the Improvement Plan must be submitted within 70 days of the report's publication.

The Chair thanked the Director of Children's Services for her presentation. She expressed her disappointment in respect of the Ofsted report, however, she welcomed the Director's acceptance at the outcome of the report and the commitment made for improvement.

Members conveyed their disappointment and noted that some of the issues would be addressed by employing more social workers as it had been recognised that this would be a necessity for continuity for children. They agreed that a succession of interim staff was not good practice and that staffing was a problem. Members agreed that the views of frontline staff needed to be taken into consideration and incorporated into the improvements that were being made.

The Director confirmed that staff had made suggestions at a meeting that had already taken place and advised that some members of staff had also been able to draw upon their experience from other Authorities to inform of improvements needed. She further advised that Social Workers would receive further training to ensure that practice with children and families was consistently good.

Members were confident that a clear plan would be implemented and commended the positivity to move forward. They expressed their concern at the numbers of agency staff who were employed by the Department and the problems caused when they left. Members were all in agreement on the importance of outcomes for children and requested that they be kept informed of any problems.

The Director of Children's Services advised that monthly meetings with staff would be taking place to improve communication and to ensure that changes would be implemented in a safe way, also work would be undertaken with partners and the Safeguarding Scrutiny Review would be built upon.

A member of the public addressed the Sub-Committee on a matter specific to her and her family.

The Chair thanked the member of public for her attendance.

The Chair suggested that a workshop be implemented to consider the Improvement Plan prior to its' submission in December 2016.

Resolved –

(1) That the Director of Children's Services be thanked for her presentation.

(2) That, following the Improvement Board's meeting in October, a workshop be convened with Members of the Children Sub-Committee and Scrutiny Support Officers.

7 **SCHOOL STANDARDS REPORT - ATTAINMENT FOR 2016 AT KEY STAGES 1 AND 2**

The School Commissioning Manager gave a presentation in respect of attainment at Key Stages 1 and 2.

It was reported that there had been a slight increase in early years, however the gender gap had widened by 3%. There had been new tests in Key Stage 1 and new progress measures in Key Stage 4. There had also been a slight increase in A*-A at Key Stage 5.

There had been good levels of development in Early Years 2016, however, compared to 2015, this had decreased for boys and increased for girls and the number of free school meals had slightly increased.

Overall, Key Stage 1 levels were at the expected standard. Reading, writing and maths levels were below the national standard, however, when these were considered separately 72% met the expected levels for reading, 62% for

writing and 70% for maths. The goal was for children to be at the expected level in all three subjects. Members were advised that a new curriculum had created some anomalies.

At Key Stage 2, 53% of children nationally had met the expected standard in reading, writing and maths with 5% of pupils attaining the higher standard. In Wirral, 49% of children had attained the expected standard in reading, writing and maths.

Members were advised that reading tests had been very hard this year for children with limited vocabulary and that Our Lady and St Edward's Primary School had achieved the highest percentage, however, four primary schools were below the floor target.

In respect of Key Stage 4, there had been almost a 4% increase in Wirral in respect of pupils who had achieved 5 or more A*-C and English and Maths had increased from 63% to 67%. Key Stage 4 grades were well above the national standard and second within the North West. Wirral schools had achieved 0.3 in Progress 8 which was very good with only one secondary school being below the floor target.

At Key Stage 5, A level grades A*-A had increased year upon year, A*-B had fluctuated and A*-E had decreased.

In response to questions from Members, the School Commissioning Manager advised that work was ongoing with schools and two inspections of primary schools had already taken place. Members were also advised that validated data for primary schools would be available by the end of October 2016 and final data for post 16 would be available in March 2017.

Members discussed support for apprenticeships and whether this could be incorporated into the work programme.

Resolved – That the Strategic Service Manager for Early Years and Primary Education be thanked for her presentation.

8 **WORK PROGRAMME UPDATE**

A report by the Scrutiny Support Officer updated Members on progress being made towards developing a work programme for the Children Sub Committee.

The Chair requested that a workshop be arranged to consider the Improvement Plan to be submitted to the Improvement Board at its meeting in October 2016.

Resolved –

(1) That the items on the work programme be agreed.

(2) That it be incorporated into the work programme that a workshop be convened with Members of the Children Sub-Committee and scrutiny officers.

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Meeting:	**Full Council**
Date:	**Monday 17th October 2016**
Notice of Motion:	**MOTOR NEURONE DISEASE (MND) CHARTER**
Proposed by:	**Cllr. Steve Williams**
Seconded by:	**Cllr. Chris Blakeley**

That this Council adopts the Motor Neurone Disease (MND) charter and thereby supports achieving quality of life, dignity and respect for people with MND and their carers.

The Charter:

1. People with MND have the right to an early diagnosis and information.

This means:
a) An Early referral to a Neurologist
b) An accurate and early diagnosis, given sensitively
c) Timely and appropriate access to information at all stages of their condition

2. People with MND have the right to access quality care and treatments.

This means:
a) Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
b) Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
c) Access to appropriate respiratory and nutritional management and support, as close to home as possible.
d) Access to the drug riluzole.
e) Timely access to NHS continuing healthcare when needed.
f) Early referral to social care services.
g) Referral for cognitive assessment, where appropriate.

3. People with MND have the right to be treated as individuals and with dignity and respect.

This means:
a) Being offered a personal care plan to specify what care and support they need.
b) Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
c) Getting support to help them make the right choices to meet their needs when using personalised care options.
d) Prompt access to appropriate communication support and aids.
e) Opportunities to be involved in research if they so wish.

4. People with MND have the right to maximise their quality of life.

This means:

a) Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
b) Timely and appropriate access to disability benefits.

5. Carers of people with MND have the right to be valued, respected, listened to and well supported

This means:
a) Timely and appropriate access to respite care, information, counselling and bereavement services.
b) Advising carers that they have a legal right to a Carer's Assessment of their needs, ensuring their health and emotional well-being is recognised and appropriate support is provided.
c) Timely and appropriate access to benefits and entitlements for carers.

LIBERAL DEMOCRAT GROUP - NOTICE OF MOTION

for Council on	17 October 2016
submitted on	30 September 2016
to: *copied to:*	Surjit Tour Andrew Mossop
Proposed by:	**Cllr Phil Gilchrist**
Seconded by:	**Cllr Stuart Kelly**

PERFORMANCE MANAGEMENT – REPORTING ARRANGMENTS

Council notes:

1. the training session on the arrangements for Performance Management held on 7 September 2016, attended by a wide range of Members across all parties, at which Members were informed regarding the range of indicators chosen for future reports based on the progress with the Wirral Plan;

2. the concern expressed at that meeting that these reports and proposed indicators do not cover the range of established indicators that Council Members have always followed and expected to see, such as progress with staff appraisals, the level of staff sickness and absence and other issues;

3. that many Members at the training session made the case for a wider range of indicators to show how Council services are performing;

4. that the former Families and Wellbeing Policy & Performance Committee received performance monitoring data on a range of indicators that are and remain sensitive and significant in the light of OFSTED's recent findings.

Council, therefore, requests that:

(i) as the data is still being collected and analysed by officers, a set of such wider indicators should be presented to Members on a regular basis;

(ii) accompanying quarterly performance data, there should also be information as to the target expected in that quarter, in addition to the year end and Plan end (2020) target;

(iii) the choice of indicators needs to be relevant to the 2020 pledge and undertakes to review those indicators chosen to measure pledge success prior to reporting for Quarter 2 performance;

(iv) officers report to each Overview and Scrutiny committee the 'added value' expected for those indicators that have been included within the 2020 Vision Plan and, in respect of indicators flagged as under or over preforming, additional information and actions proposed in respect of those indicators.

In order to secure a transparent and open review, Members should be invited to submit details of the key areas that they wish to see reported upon by the end of October.

The Spokespersons of each of the newly created Overview and Scrutiny Committees should be requested to examine these suggestions and ensure a sufficient, timely and readily accessible mechanism for such data in future reports.

Overview and Scrutiny Committee Report

All Day Health Centre Services and GP Seven day working proposal, Wirral Clinical Commissioning Group

Version number: V3

First published: November 2016

Prepared by: Carla Sutton, Senior Contract Manager,
NHS England North (Cheshire & Merseyside)
Martyn Kent, Head of Primary Care Transformation, NHS Wirral Clinical Commissioning Group

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.

Contents

1 Overview

1.1 After a review of GP Services by NHS England and how patient's access care was considered by an Urgent Care Review by NHS Wirral Clinical Commissioning Group, 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~~ Clinical Commissioning Group 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 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 Clinical Commissioning Groups 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 Wirral Primary Care Trust 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 ended and the service was tendered.

2.2 The practice provided 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 wished to access the service. The majority of patient encounters were from Wirral patients using the service, who were also registered with another GP but accessed the service as an alternative to their usual general practice or 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 was 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 was 30 September 2016.

3 NHS Wirral Clinical Commissioning Group Plans

3.1 Strategic discussion with NHS Wirral Clinical Commissioning Group 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 Clinical Commissioning Group Unplanned Care strategy. NHS England will support the work programme undertaken by NHS Wirral Clinical Commissioning Group to develop routine access to medical services for all Wirral residents.

3.2 The General Practice Forward View provides a strategic steer to Clinical Commissioning Groups that they are expected to commission additional routine access to GP services during evenings and weekends by 2020/21.

3.3 NHS Wirral Clinical Commissioning Group is developing a proposal to offer a new pilot service to deliver upon this requirement via the two emerging GP Federations on Wirral from early 2017. 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.

4 Proposed Pilot Service Model

4.1 The new pilot service will provide access to GP services at a number of hub sites across Wirral in each of Wirral's four Parliamentary constituencies. The aim of the service will be to improve the experience of patients accessing GP services who sometimes have difficulty now, such as:

a) Working people
b) Carers
c) People with young families

4.2 The service will be operational between 6.30pm - 8:00pm Monday to Friday and 10:00am – 2:00pm on a Saturday. The delivery sites will be open on a rotational basis and will only accept pre booked patients. Patients may be able to book an appointment up to 1 week in advance via their own registered GP practice. Clinicians working within the service will have access to the full GP medical record of patients who choose to use the service.

4.3 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)

4.4 An additional bid is being made by NHS Wirral Clinical Commissioning Group to the Estates and Technology Transformational Fund of NHS England for supporting Information Technology Infrastructure for the new service (Medical Record sharing and access).

4.5 The initial funding for the service provided by NHS England of approximately £1 per Wirral patient (£340,000) only allows a limited service to be piloted initially in 2017/18 (138 GP appointments per week).

4.6 The budget for the service increases to £3.34 in 2018/19 and £6 per Wirral GP registered patient in 2019/20 (circa £2,000,000) as per NHS Planning and Contracting Guidance 2017-2019.

5 Patient List

5.1 The All Day Health Centre had a very low registered practice list (approximately 600 patients, in comparison to the average practice size of 6000 patients). The patients were evenly spread across Wirral, although some patients historically followed a GP from the Leasowe area, who worked at the service.

5.2 Unfortunately, without the funding for the wider Primary Medical Care service, maintaining the registered list was not a viable option as a stand-alone service. A patient engagement exercise commenced with the registered patient list regarding the list dispersal.

5.3 A dedicated team communicated 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 three engagement ‘drop in’ sessions at the All Day Health Centre site
- the team reviewed the registered list to identify any vulnerable patients or requiring additional support in finding a new practice (patients with on-going treatment, children on ‘at risk’ registers etc.)
- helped patients with particular needs or requests find a suitable practice (for example patients looking for evening appointments will be directed to appropriate practices)

5.4 In the majority of cases patients secured registration 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.

5.5 The Walk in Centre and GP Out of Hours Service continue at the All Day Health Centre site.

6 Financial Impact

6.1 The contract value for the whole service, registered list and other Wirral patients, who wished to attend, was £440,000 per annum.

6.2 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 list of approximately 600 patients NHS England equates to approximately £80,000.

6.3 This remaining amount of the original total contract value, £340,000, funded the service for patients also registered and funded at their own Wirral practice has been transferred to NHS Wirral Clinical Commissioning Group, and will be committed to support the continued delivery of seven day access to medical services in Wirral.

7 Recommendations

7.1 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 regarding the progress of the new Wirral GP Service from NHS Wirral Clinical Commissioning Group.

WIRRAL

People Overview and Scrutiny Committee
Monday, 28 November 2016

REPORT TITLE:	**Review of Services provided by Change, Grow, Live (CGL)**
REPORT OF:	**Director for Health and Wellbeing**

REPORT SUMMARY

Every death in Wirral relating to drugs or alcohol misuse is a tragedy, particularly for the families and friends of the person who has died. Addiction creates an increased chance of death and poor health in any individual, and as a local authority we commission services to try and support people who are addicted and who want to make a positive change to their lives.

The attached report has been written in response to concerns raised through an Elected Member regarding the number of deaths in service in the drugs and alcohol service managed by Change, Grow, Live (known as CGL). The concerns were reported to the Director of Public Health (now Director of Health & Wellbeing) on 2nd August 2016. The particular concern raised was that since the new service had taken over from the previous NHS service there were significantly more deaths in service.

As a result of the concern raised, a review of all deaths in service has taken place to understand whether there is any reason to believe that the service is unsafe, and whether Wirral is unusual in the numbers of deaths relating to drugs and alcohol misuse. The attached report describes the findings of the review.

RECOMMENDATION/S

1. The People Overview & Scrutiny Committee considers the report and confirms its agreement to and support for the recommendations detailed within it.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The findings of the review have led to the recommendations identified in section 6 of the attached report.

2.0 OTHER OPTIONS CONSIDERED

n/a

3.0 BACKGROUND INFORMATION

This report has been written to respond to a specific concern raised with an elected member, and against a backdrop of increasing deaths from alcohol and substance misuse nationally. In writing the report, the public health team have been supported by Public Health England, and have received the full cooperation of CGL.

The report sets out the background to drugs and alcohol issues on the Wirral, especially in relation to the heroin epidemic of the 1980s; together with a review of the patterns of deaths from alcohol and drugs, and the demographics of the cohort of people in services. It also notes national best practice, and includes an assessment of the services against that guidance.

We have drawn on national expertise and evidence in writing this report, and we are appreciative of the support provided by staff in Public Health England in undertaking this review.

4.0 FINANCIAL IMPLICATIONS

There are no financial implications arising from the report.

5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

No resources are required.

7.0 RELEVANT RISKS

There are no significant risks associated with the publication of this report.

8.0 ENGAGEMENT/CONSULTATION

This report is going to the People Overview and Scrutiny Committee as it related to a concern raised about a service commissioned by the Council. There is no requirement for formal consultation on the content of the report.

9.0 EQUALITY IMPLICATIONS

The report relates to adults who are vulnerable and who need services in relation to drugs and alcohol addiction. The services are required to meet the needs of people with protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex.

REPORT AUTHOR: ***Fiona Johnstone***
Director of Health and Wellbeing
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APPENDICES

Appendix A: Review of Deaths in service for CGL Drugs and Alcohol Services

REFERENCE MATERIAL

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
None	

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Appendix A

Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service

October 2016

Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service

1. Introduction

In 2015, the local drug and alcohol treatment service was re-procured against a background of the need to ensure a clinical and cost effective service and to respond to the National Drug and Alcohol Strategies.

The contract was let to Change, Grow, Live (previously CRI) for an initial period of three years from the 1st February 2015. Change, Grow, Live known locally as Wirral Ways to Recovery are required to deliver a recovery focused service for drug and alcohol misusers.

The cohort of patients receiving treatment at Wirral Ways to Recovery are ageing and present with complex medical and social problems. The number of deaths of people in contact with the service has been increasing; we have been aware of this situation and working with the provider to ensure we have a safe and effective service. However this increase has also given rise to heightened concern and it was this that led to a member of staff from Wirral Ways to Recovery contacting both an elected member and the national BBC news team to highlight this trend. The Public Health team have responded to both expressions of concern, and have linked with the regional Public Health England team, and both the local Wirral Ways to Recovery team and officers from the national parent organisation, to examine and seek a better understanding of the cause of the continuing rise in the number of deaths.

This report is focusing on the 72 reported deaths of people in contact with the service over the period, 1st February 2015 to 31st August 2016. The 72 deaths are the result of a wide range of causes, with a significant percentage being associated with long term health conditions.

The report will comment on the following two distinct population groups:

- Deaths related to drug misuse
- Deaths of people in contact with the Wirral Ways to Recovery

It is evident from both national and local data, that there is an increase in both drug related deaths and deaths of people in contact with drug and alcohol services. This report is predominantly focussed on the latter group. The Public Health Team has reviewed these issues, and Wirral Ways to Recovery have co-operated and provided information to enable us to understand the trends being reported. This report details the investigation of the causes of deaths of people in contact with the service and outlines our proposed next steps in ensuring we support people with drug and alcohol addiction to maintain their general health and wellbeing.

2. The development of drug and alcohol treatment services on Wirral

Harm reduction, treatment and recovery services have been in place across Wirral for a long time, working with problematic drug users. They were established as a result of the heroin epidemic that Wirral experienced in the 1980s. A research report commissioned by the Home Office and published in 2014[1], identified Merseyside (including Wirral) to be one of the first areas in the country to be hit by this epidemic. The report also notes that Wirral was one of the first areas to mount a concerted treatment response in response to the rapid growth of heroin users in Wirral and reports that they were found to be largely unemployed (87% unemployed in a 1984/85 sample

[1] Home Office, 2014: The heroin epidemic of the 1980s and 1990s and its effects on crime trends – then and now: Research Report 79

group), with an average age of 19. It was also reported that 72% of the sample group became daily heroin users within 6 months of first use.

From that time Wirral acquired a reputation for providing strong drug treatment services. These were accessible, non-punitive in terms of their prescribing regimes and had a degree of flexibility that was intended to allow drug users to move on with their lives. One outcome of this approach was that a high number of heroin users were effectively engaged with treatment at that time, and a large proportion of these have been sustained in treatment for a number of years (up to 2,300 a year, at its highest point, probably representing at the time between 75 and 80% of the local opiate using population). This response successfully contained the spread of blood borne viruses e.g. H.I.V., Hepatitis B & C, and played a major role in bringing about a considerable reduction in levels of acquisitive crime, making Wirral a safer and more secure place to live.

Wirral came to be seen as an area that had dealt with a difficult health, social and criminal justice issue in an effective way and this was highlighted nationally as an example of good practice. However, the initial treatment model meant that little thought was given to how service users would move on. One consequence of this is that Wirral has a relatively large population of very long term opiate users who have been in treatment for over 15 years (probably in the region of between 600 and 700 people), with some having been in treatment for 20+ years.

The 2010 National Drug Strategy introduced a much greater emphasis on supporting drug users to begin a recovery journey and come off their prescribed medication. This new emphasis has required a fundamental change in the culture and focus of the local drug and alcohol treatment service. A great deal of work has taken place in Wirral with service users and providers to re-model the local system to maintain a harm reduction offer but also to provide the right level of encouragement and motivational support to give service users the confidence to pursue and achieve their recovery goals.

Alcohol services have in the past not attracted anywhere near the same level of national policy attention, or funding. However the national level of alcohol consumption is now recognised as having an increasingly detrimental effect on the long term health of a significant proportion of the population, which in turn is presenting major and growing costs to health and social care systems and to the wider economy. This has led to the focus on alcohol harm greatly increasing and it is now probably higher in most lists of strategic priorities than is problematic drug use. A National Alcohol Harm Reduction Strategy is now in place, with a new one due for publication in the coming months, this is supported by the Wirral Plan's pledge to promote healthier lifestyles and the development of a local alcohol strategy.

3. Wirral Drug and Alcohol Treatment Service

In 2015, the local drug and alcohol treatment service was re-procured and the contract was let to Change, Grow, Live (previously CRI) for an initial three year period from the 1st February 2015. They are required to deliver a recovery focused service for drug and alcohol users covering all classifications of drugs, poly-substance misuse, alcohol misuse, those using new psychoactive substances (legal highs), those dependent on prescription and over the counter medicines, those with mental health problems, pregnant women and those who are in contact with the Criminal Justice System.

Since the new service began on the 1st February 2015 until the end of August 2016 there have been 73 deaths of clients in contact with them from a wide range of causes.

4. Deaths related to drug misuse

The Office of National Statistics published its latest annual report on deaths related to drug misuse in England and Wales on 9th September 2016[2]. The national data reports that drug related deaths in 2015 were the highest since comparable records began in 1993, at 43.8 deaths per million population. Males were found to be almost 3 times more likely to die from drug misuse than females. Over the 3 years leading up to 2015 deaths involving heroin and/or morphine doubled, up to 1,201 in 2015, and are now the highest on record. Deaths involving cocaine also reached an all-time high in 2015 when there were 320 deaths – up from 247 in 2014. People aged 30 to 39 had the highest mortality rate from drug misuse, followed by people aged 40 to 49. The ONS data relates specifically to *Drug Related Deaths* (DRD), these are deaths directly attributed to drug use e.g. overdose, self-poisonings, both accidental and intentional.

Wirral had 49 drug related deaths registered in the three years from 2013-2015. This figure will include people who have overdosed on over the counter medication, and other GP prescribed drugs that would not generally bring them into contact with substance misuse services. The Wirral figure is lower than the rate for the North West, and for some neighbouring areas e.g. Liverpool and Sefton. The highest rate in the country was for Blackpool which had 76 deaths over the three year period. Comparison data is reported in table 1 below:

Table 1: Number of deaths, age-standardised mortality rate and median registration delay for deaths related to drug misuse, by local authority, all persons, Wirral, England, Merseyside and North West, deaths registered between 2013-2015.

Area	Number of Deaths	Rate per 100,000	Rate (Lower Confidence Limit)	Rate (Upper Confidence Limit)
ENGLAND	**6,232**	**3.9**	**3.8**	**4.0**
NORTH WEST	**1,146**	**5.6**	**5.2**	**5.9**
Merseyside (Met County)	235	5.9	5.1	6.6
Knowsley*	10	2.4	1.1	4.4
Liverpool	109	8.0	6.5	9.5
Sefton	47	6.3	4.6	8.4
St. Helens	20	3.9	2.4	6.0
Wirral	49	5.4	4.0	7.2

* Rates based on fewer than 20 deaths are considered to have low reliability.

This data gives us confidence that the number of deaths from drug overdoses in Wirral is not an outlier, and is lower than the average.

Some drug related deaths will be from recreational drug use, these users are not likely to access treatment; and many drug related deaths are for prescription drug use, who are also less likely to access treatment (although there are some prescription drug users in treatment).

[2] http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations

5. Deaths of people in contact with Wirral Ways to Recovery

The current in treatment population group with Wirral Ways to Recovery can be considered as three distinct groups;

- A sizeable proportion embracing the offer of supported recovery, taking the opportunity to change their lives and be drug and alcohol free
- A number who have used the harm reduction offer in a positive way, are stable and functioning reasonably well on their prescribed maintenance medication, but are anxious about letting go of an aspect of their life that they believe to have been a critical support to them over a prolonged period of years.
- A significant number who have stayed in treatment but have not fully complied with the treatment regime, have carried on using illicit drugs with varying degrees of regularity, and have in many cases added drinking large quantities of alcohol to this mix. This has in many cases been in the context of generally unhealthy life styles, so although the original treatment engagement did deliver the initial objectives of reducing crime and containing the spread of blood borne viruses, the benefits beyond that have been more limited, and the overall health of this group has gradually deteriorated. Although the majority of this cohort are still engaged with specialist services many of them are now presenting with the problems and challenges that come from many years of health damaging behaviour e.g. deteriorating physical and mental health

Against this backdrop we have been noting an increasing number of deaths of people in contact with the drug and alcohol treatment services. For example, during the three year period 2006-09 there were 30, 40 and 34 deaths reported respectively for each year. This was at a time when the alcohol service was significantly smaller and, not integrated with the drug service, and therefore reported less deaths of people accessing the service.

5.1 National vs local death rates

Of the 72 deaths reported, 37 deaths occurred between the 1st February and 31st December 2015, with 35 deaths recorded between January and August 2016. Where cause of death is known, 9 died as a result of suicide or drug toxicity: the remainder died of natural causes often related to long term conditions associated with substance misuse, specifically cardio respiratory problems, chronic obstructive pulmonary disease or liver disease. Appendix 1 details the primary cause of death as currently recorded for the 72 cases.

In July (2016) ONS released its latest statistical bulletin on their analysis of death registrations in England and Wales in 2015. The report identified that there was an increase in deaths of 5.6% when comparing 2015 with 2014. This represents the largest annual percentage increase since 1968. Cancer was the most common cause of death (28% of all deaths registered) followed by circulatory diseases, such as heart disease and strokes (26%). However the mortality rate for respiratory diseases (including flu) increased notably.

This increase was against a background where mortality rates have generally been decreasing over the last 20 years, but there was a significant increase for the period between 2014 and 2015 for all persons and both sexes[3].

It is apparent that the deaths reported of people in contact with Wirral Ways to Recovery include a significant number that were due to respiratory disease and that there is a direct correlation between where people lived and areas of high levels of deprivation. Any increase in deaths

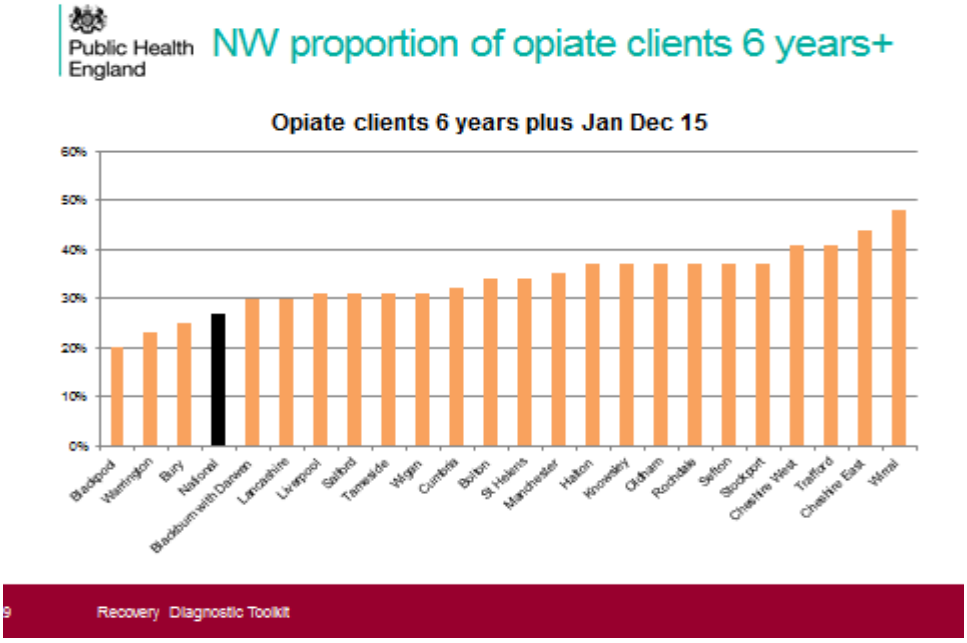
[3] https://www.ons.gov.uk/peoplepopulationcommunity/birthsdeathsandmarriages/deaths/deathsregisteredinenglandandwales

recorded nationally for specific conditions is likely to have a more significant impact on areas of high deprivation and people with unhealthy lifestyles.

5.2 Service user profile and demographics

As referred to previously the majority of Wirral drug users who are in treatment have been in treatment for at least 6 years (approximately 48%, the highest proportion in the Northwest, see Figure 1).

Figure 1

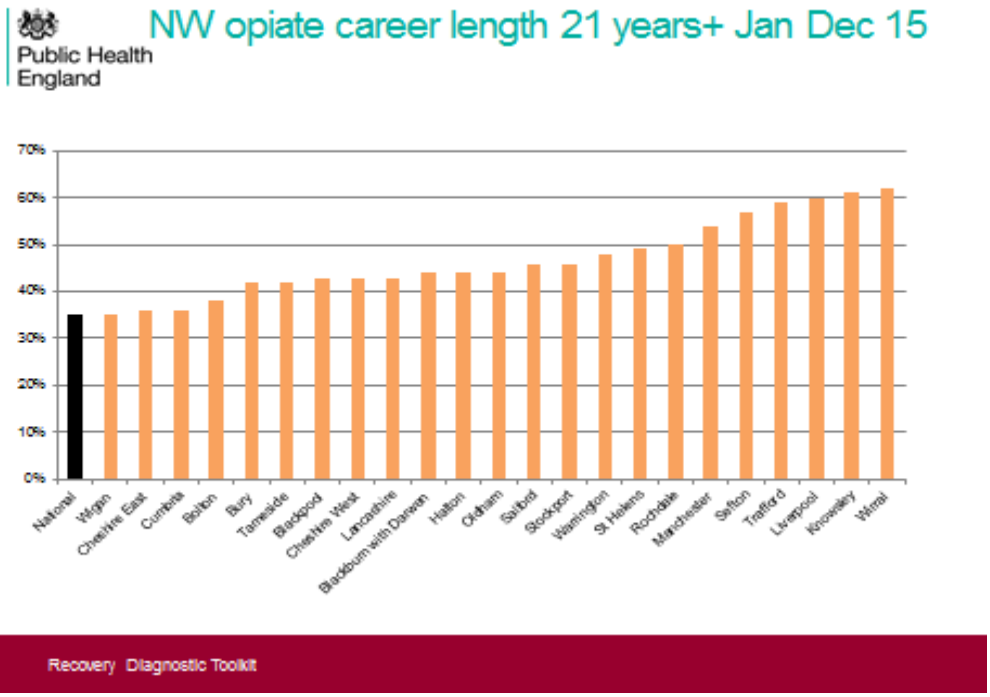


The treatment population have a long established drug using journey with 60% of drug users in treatment in Wirral having a 21yr + drug using career [See Figure 2]

Linked with this, Wirral has the lowest rate of churn in the northwest, where churn refers to service users moving regularly in and out of treatment. These factors support the conclusion that Wirral has a substantial in-treatment population, who entered treatment many years ago and in most cases have never left.

National research suggests that those with a long drug using career have the lowest levels of completion rates. Those whose career length is less than 6 years are more likely to succeed.

Figure 2



5.3 Current Service Delivery

Wirral Ways to Recovery offers a service that focuses on motivating hard to reach groups to engage with services and, at the other end of the spectrum, provide continuing additional support post treatment to reduce the risk of relapse. Consequently, alcohol service users in particular can remain on the caseload for a longer period of time than in previous years as attempts are made to re-engage people who fail to attend appointments with services because of their physical health complaint – it is believed that this has resulted in a number of deaths being recorded of people still in treatment whereas in the past they would have been discharged at an earlier date. Anecdotal comparison of practice by Wirral Ways to Recovery staff between the new and previous service has suggested that a number of those that died would probably have been discharged/left the service before the point of death. This relates to a tighter discharge protocol than previously practiced, with alcohol service users previously being discharged after two missed appointments, compared to an extended period of attempted re-engagement put in place by the new service.

In the first year of operation the service reviewed prescribing policies and protocols and carried out 2,390 medical reviews, involving 1,356 people. The reviews have focused particularly on “off licence” prescriptions that were passed across from the previous service (Off Licence prescriptions involve the provision of substitute medications that have not been licensed for this specific use/condition). This has included the review of over 120 prescriptions involving methadone tablets, and prescriptions for benzodiazepines (diazepam, nitrazepam) as well as prescriptions for diamorphine powder and reefers, among others. The preference is to move people from off licensed treatment onto licensed options (methadone mixture, Buprenorphine) but these decisions have needed to be made in a framework of assessing whether the greater risk/benefit comes from moving the service users from one treatment to another, or from leaving them where they are, at least for the time being. A big factor in these assessments and reviews has been the recognition of the strong psychological dependence that some of these service users have developed towards their particular prescribed medication, coming from 20 years and more of receiving this prescription.

The medical reviews have also resulted in the proportion of service users on supervised consumption doubling, from approximately 10% to almost 20% of those on prescriptions. This requires the dispensing chemist to supervise the service user to take their medication when they collect it from the pharmacy and is a device employed to manage risk when there is concern about how reliable and safe the service user is in their taking of their substitute medication.

The service has worked to optimise treatment, increasing doses of opiate replacement therapy where necessary, and has promoted the use of Naloxone to respond to and help prevent overdoses.

Appendix 2 provides details of an assessment by the service against the recommendations produced in the Public Health England report "Understanding and Preventing Drug Related Deaths: The Report of a national expert working group to investigate drug related Deaths in England"[4]. This report outlines best practice with regard to drug treatment services and illustrates that local practice is congruent with best practice.

6. Conclusion and next steps

It is evident from both national and local data, that there is an increase in both drug related deaths and deaths of people in contact with drug and alcohol services. This report is focussed on the latter group and has illustrated that the increase in the number of deaths seen locally has been predominantly due to causes of death that are typically associated with an ageing cohort.

The Public Health Team has reviewed the local deaths to understand the trends being reported, this report details the investigation of the causes of deaths of people in contact with the service and outlines next steps in ensuring a safe and effective service.

From the evidence we have reviewed and presented in this report we do not believe that CGL are operating an unsafe service. However nationally and locally there is a growing recognition of the need for a greater focus on the general health and wellbeing of service users, we will therefore take action to:

- ensure that the complex needs of people who use drugs and alcohol are met through a co-ordinated, whole-system approach that address health inequalities and provides better access to physical healthcare and psychiatric care, along with other support which could include housing and employment
- ensure a balanced approach in the treatment service to ensure those that need treatment receive it and those who wish to embrace the recovery model get the help and support they need.

These actions will be progressed via both scheduled contract meetings with Wirral Ways to Recovery and the development of local pathways to meet the needs of a complex group of patients, specifically to ensure that service users engage with wider health and social care services e.g. smoking cessation services, to address long term health issues associated poor lifestyle choices.

[4] http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf

Appendix 1

Cause of death of people in contact with Wirral Ways to Recovery for the period 1st February 2015 – 31st August

Cause of death (*with many cases having a combination of causes*)	**Primary reported causes**
Cirrhosis of the liver	
Liver Cancer	
Liver Disease (e.g. Hep C)	
Alcohol related Liver disease	
Total	**14**
Pneumonia	
Acute Asthma	
Influenza	
Respiratory disease	
Chronic obstructive pulmonary disease	
Total	**15**
Cancer	
Lung Cancer	
Brain Tumour	
Mouth Cancer	
Oesophageal Cancer	
Testicular Cancer	
Total	**7**
Gastric bleed	
Haemorrhage (head and facial injuries)	
Heart Disease	
Hypoglycaemia	
Multiple organ failure	
Oesophageal varices bleed	
Septicaemia	
Total	**10**
Prescribed medication overdose	
Combined drug toxicity	
Heroin overdose	
Methadone and cocaine toxicity	
Mixed drug toxicity	
Total	**5**
Suicide	**4**
There are 17 cases for which cause of death is unknown at time of this report for the period under review. These cases are classed as unknown for various reasons *e.g. case still awaiting coroner's report (8), or G.P unable to provide any further information at time of reporting (9).*	

Recommendation	Wirral Ways to Recovery commentary
Ensuring drug treatment is easy to access and attractive, especially to those currently not being reached	WWTR is an open access service with hubs located in communities where there are recognised substance misuse problems (Birkenhead, Wallasey, Moreton). The service includes an outreach team whose role is to identify hard to reach groups and ensure that any blocks to entering treatment are removed.
Rapidly optimising interventions for people coming into treatment	The WWTR service ensures that people are assessed by the clinical team at the point of contact with the service, receiving a medical assessment and prescribed medication via a safe titration process. Service users are allocated a Recovery Co-ordinator and introduced to a range of psycho-social interventions to maintain/improve motivation levels and ensure that the person is fully supported to address their addiction.
Keeping people in treatment for as long as they benefit	The service policy is to work with people for as long as possible – this includes a 'Did Not Attend' policy that ensures that failure to attend appointments is followed up by a home visit, sometimes on multiple occasions, to work at removing any potential blockages to accessing treatment, but also ensuring that the service user is safe and well. Ultimately, this means that people are retained in treatment, improving the stability of medical interventions, and reducing the treatment 'revolving door' principle that can sometimes blight treatment. As explained earlier in this report, this results in service users remaining on caseloads longer incorporating staff are concerns about the wellbeing of any service user, especially when supporting end of life pathways.
Strengthening governance and competence in treatment services:	All staff receive mandatory training regarding adult and child safeguarding, mental capacity act, and data protection. This is supplemented by a full core training schedule addressing issues such as equality, diversity and inclusion, and motivational interviewing. Clinical staff are subject to a full 5 year validation processes in line with professional practice requirements. WWtR Doctors work under General Medical Council (GMC) good medical practice, and are registered with the GMC. They are also registered for continuous professional development with the Royal College of Psychiatry, submitting continuous professional development activity for which they are certified as delivering good practice. Clinical staff receive appropriate training, and complete in-house training modules to update practice. All staff receive monthly supervision and yearly appraisals. WWTR practice is based upon evidence-based interventions, as recommended by

	national guidelines and best practice. This includes reference to NICE, the 'Orange Book' (National Clinical Guidelines for substance Misuse services), and recognised operational guidance (Kings College London, National Addiction Centre: evidence for effective interventions).
Sharing learning between services that have contact with those at high risk:	WWTR is a key member of the re-established Local Authority Death Surveillance group, sharing intelligence regarding factors that have led to service user deaths, and working with key stakeholders to improve services on the Wirral.
Promoting effective risk management	Daily risk management meetings are conducted following team briefings, and there is a strong risk identification tool (see appendices) / case management framework to ensure that service users receive interventions that are appropriate to the risks that they present. WWTR also employs robust risk management processes with regard to the prescribing of medication, especially in relation to families with children. This includes provision of safe storage containers for medication, and the prescribing of buprenorphine instead of methadone to parents with young children (the risk of overdose from taking buprenorphine is much less than from taking methadone).
Intervening following non-fatal overdoses:	WWTR actively encourages service users and their families to take up the option of Naloxone – a full training schedule has been completed with staff, and service users are advised of how and when to administer safely.
Promoting adequate dosing of opioid substitution treatment and supervised consumption	WWTR recognises the importance of prescribing licenced medication at optimum levels, and implements a policy of safe practice regarding supervised consumption – since service transition this has increased from 10% of the prescribed caseload to over 20%.
Support improved access for people who use drugs to broader physical and mental health care services:	WWTR has engaged with mental health services on the Wirral, supporting the introduction of a professional dual diagnosis working group that has developed and implemented a Joint Working Protocol, which aims to review service provision and improve practice. The service is also developing joint work with the local respiratory service, has close working links with the smoking cessation service and is now in the process of establishing a working partnership with the local Alcohol Acquired Brain Injury team.
Promoting stop smoking services in drug treatment	WWTR is actively involved with the smoking cessation provider, ABL Wirral. Staff have been trained in smoking cessation interventions, and the plan is that the services will shortly introduce co-

	working at WWtR's service delivery hubs.
Supporting the provision of naloxone:	WWTR is an active supporter and promoter of the use of Naloxone – it is available in all the service hubs, staff have been trained in how to use Naloxone and it is distributed to service users and their families. WWTR have also trained hostel staff in how to use naloxone, and the service is supporting its distribution within Wirral hostels.
Supporting the use of naltrexone for relapse prevention	Naltrexone is usually prescribed after an individual has detoxed from substances – CGL is currently preparing guidance for shared care clinics regarding relapse prevention medication to support GPs to continue prescribing medication after detox.
Promoting better links with coroners:	WWTR has an excellent relationship with Merseyside Coroners Court: the service engages with the coroner to review the standard of reports, and there is a regular flow of information.
Improving information recorded and transferred between agencies	WWTR has authorised information sharing with a range of services and groups across the Wirral, and has been responsible for developing specific Information Sharing Agreements with partners, such as mental health services. Staff receive mandatory training regarding information governance.
Understanding and preventing drug-related deaths	WWTR has engaged openly and positively in work with the Local Authority, PHE and key local partners, such as CWP, to understand the changing picture of drug related deaths, providing intelligence and implementing best practice identified at local and national levels.

Cheshire & Merseyside
Sustainability and Transformation Plan

People and Services Fit for the Future

2

The Challenge for the NHS

As a nation we are fortunate to have a National Health Service that is free at the point of care, delivering world class services.

However, we also know that the NHS is facing some big challenges and there are clear signs that it needs to adapt and change if it is to be fit for the future.

While on a day-to-day basis most areas are running well, we are seeing pressures in areas such as hospital care, A&E, mental health and GP services. Some of this is being experienced in longer waiting times and variable quality of care.

There are several reasons why the NHS is under pressure:

- People are living longer, but not always healthier, lives;
- Care is not always joined up for patients, especially for the frail elderly and those with complex needs. As a result, too many people do not get the right care in their homes or community, which creates an over-reliance on hospital services;
- We need to do more to support children, young people and adults effectively with their mental health challenges;
- At the same time, there is enormous pressure on health and social care budgets.

There is also a growing financial challenge. The NHS will continue to receive a small year on year increase over the next five years, but this is not keeping pace with increasing costs and increasing demand for services. If we do nothing, the NHS faces a £30 billion funding gap by 2021. For Cheshire & Merseyside our share of this funding gap is £908m.

We know that these issues require us to think more radically about how best to address the problems we face together otherwise we will fail to support the needs of our communities into the future.

In 2014, NHS England published a document entitled ***The Five Year Forward View (FYFV)***, which identified three priorities for the NHS to focus on in order to improve services and the health of our country:

1. **health and wellbeing** – supporting people to stay well
2. **quality of care** – providing good services consistently wherever you live
3. **NHS finances** – maximising efficiency and reducing duplication in services.

FIVE YEAR
ORWARD VIEW

4

Cheshire & Merseyside
in Partnership

2.5 million people

30 *NHS* organisations

9 local authorities

Although the NHS is a national public service it is made up of hundreds of organisations, including hospitals, community services, clinical commissioning groups and specialist services. In addition, public health and social care are the responsibility of local authorities who work in collaboration with the NHS. Community and voluntary organisations also provide a great deal of support to complete this picture. It's clear that the scale of the challenge is too big to be resolved by organisations making changes in isolation.

For this reason NHS England has established 44 Sustainability and Transformation (STP) 'footprints' across the country, bringing together NHS organisations, local authorities and other partners to work together to deliver the priorities from the NHS Five year Forward View, by developing new ideas and proposals to improve health, improve quality and to ensure that the NHS remains financially sound. This is being backed up by additional investment over the next five years, above existing NHS budgets, to address these challenges.

NHS organisations and local authorities across Cheshire & Merseyside are working together to develop ideas and proposals to share with the public about how we can address our challenges and come up with the right solutions. These ideas have come together in the Cheshire and Merseyside Sustainability and Transformation Plan (STP).

Cheshire and Merseyside is a diverse region; with urban areas that have higher levels of poor health and a greater concentration of hospital services, alongside towns and rural areas that have different challenges, including physical access to services.

"The role of the Sustainability and Transformation Plan (STP) for Cheshire and Merseyside is to co-ordinate our efforts, ensuring we promote the best ideas and expertise to provide for the needs of the whole region now and into the future."

Louise Shepherd
Lead for the Cheshire and Merseyside STP and Chief Executive of Alder Hey Children's NHS Foundation Trust

6

Our Priorities

NHS organisations and local authorities have been working together for the last few months, looking at examples of good practice and improvements that have delivered good results elsewhere.

Our core purpose is to ensure that the people of Merseyside and Cheshire continue to have access to safe, good quality and sustainable services, which also means making the best use of the funding we will receive over the next five years.

Ideas and proposals have come together in the Cheshire and Merseyside Sustainability and Transformation Plan (STP), which has four main priorities:

1. **Support for people to live better quality lives by actively promoting what we know will have a positive effect on health and wellbeing.** The way we live now is having a negative impact on our health and putting pressure on services. Alcohol, smoking, poor diet and inactivity are increasing demands on the NHS. We have to change this.

2. **The NHS working together with partners in local government and the voluntary sector to develop joined up care,** with more of that care offered outside of hospitals to give people the support they really need when and where they need it.

3. **Designing hospital services to meet modern clinical standards and reducing variation in quality;** people should be confident that they will receive similarly high standards of hospital care regardless of where they live.

4. **Becoming more efficient by reducing costs, maximising value and using the latest technology**; reducing unnecessary costs in managerial and administrative areas, maximising the value of our clinical support services and adopting innovative new ways of working, including sharing electronic information across all parts of the health and care system.

Improving Health and Wellbeing

We want to see significant improvements in the health and wellbeing of people living in Cheshire and Merseyside. We want people to be better informed and empowered to make positive lifestyle choices and we want to do more to prevent illness. If we can support people to stay well for longer we will be able to improve quality of life and reduce reliance on the NHS.

The plan identifies three Cheshire and Merseyside-wide projects, that will support reductions in alcohol abuse, blood pressure and antimicrobial resistance.

For example, tackling high blood pressure is about encouraging more people to have checks, not only in traditional ways such as through their GPs, but also in everyday places in communities, including pharmacies. If we increase awareness and checks we can intervene to support the thousands of people who have undiagnosed high blood pressure, which often has no symptoms, and avoid deaths and instances of stroke and heart disease.

Not only will these three schemes improve health, they will also reduce reliance on the NHS.

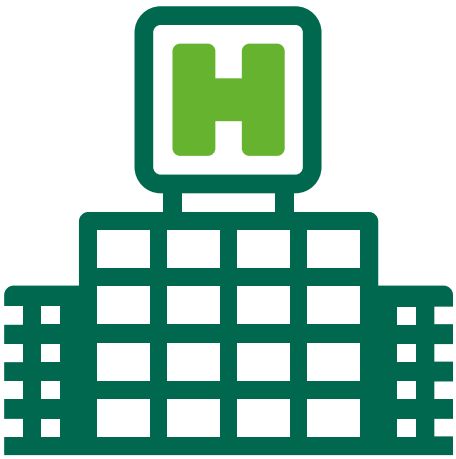
> *There is a strong health and business case for investing in schemes to prevent people becoming ill. This is the most effective way to make the NHS sustainable in the longer term*

Eileen O'Meara
Director of Public Health, Halton

Better Care Outside of Hospital

One of the most far-reaching areas of change we could make is to establish integrated services for better care in our communities. In practice, this is about different parts of the NHS and social care services working together seamlessly with a better focus on people's needs.

For example, in our communities GPs will work in integrated teams with hospital specialists, district nurses, mental health workers and social workers to improve care for people with long-term conditions such as diabetes, elderly people who are frail or children and adults with very specific needs. If we do this effectively we will keep more people well, improve quality of life and have fewer people needing to be admitted to hospital.



"Offering good services closer to home will improve care for the most vulnerable in our communities and reduce admissions to hospital. This is good for patients and for the NHS."

Jerry Hawker
Accountable Officer, NHS Eastern Cheshire Clinical Commissioning Group

Improving Hospital Services

Across Cheshire and Merseyside we will undertake a review of clinical services across all our hospitals to identify where there are variations in quality and to look at how we can establish consistently high clinical standards. Our plans for hospital services will lead to greater collaboration and sharing of expertise and resources. The work to review variation and standards is at a very early stage and will take some further time to deliver impact.

In reviewing hospital services, we will be open about the issues we face that may lead to proposals to change how and where some hospital services are delivered.

For example, there is evidence that for some specialist areas, such as stroke services, it is better to concentrate care in fewer centres as we know that this will improve outcomes for patients.

We also have a shortage of doctors and nurses in some specialties, such as urgent and emergency care, which are making it difficult to provide good quality services in every hospital.

> *We will establish consistently high clinical standards in all Cheshire and Merseyside hospitals, so people can trust that services will be good regardless of their postcode.*

Dr Simon Constable
Medical Director,
Warrington and Halton Hospitals NHS Foundation Trust

10

Better, More Efficient Care

We will also look for new opportunities to reduce costs and duplication, whilst at the same time improving care and access to services.

Reducing costs is a big driver for looking at our administrative and clinical support services, but there are also opportunities in clinical support services to improve standards and access in areas such as radiology, pharmacy and pathology. For example, hospitals each invest in expensive equipment such as scanners. As demand continues to increase there are opportunities to better share these resources across hospitals so that resources are being used optimally before we consider investing in new equipment.

When it comes to administrative support, our principle is to share resources across organisations, where this makes sense, in areas such as finance, human resources and IT, to achieve maximum efficiency.

The four main priorities set out in the Cheshire and Merseyside STP are supported by eight clinical programmes looking to improve the way we deliver:

- **Neuroscience**
- **Cardiovascular disease**
- **Learning disabilities**
- **Urgent Care**
- **Cancer**
- **Mental Health**
- **Women's and Children's**
- **Primary care (GP services)**

"We want every penny of NHS funding to be used effectively; there are opportunities to re-shape management and administrative support to reduce costs and maximise investment in patient-facing services."

Tracy Bullock
Chief Executive,
Mid-Cheshire Hospitals NHS Foundation Trust

12

Local Delivery Systems across Cheshire and Merseyside

For some of our ideas it clearly makes sense to deliver them across the whole region. However, due to the diversity of Cheshire & Merseyside, we are also working in three smaller partnerships called Local Delivery Systems (LDS) – North Mersey; the Alliance and Cheshire & Wirral. All three local delivery systems will deliver the same four key priorities set out in the Cheshire and Merseyside plan. However, each local plan may tailor the way these priorities are delivered to reflect the particular needs of each area and the local health and care system.

All three local delivery systems will deliver the same four key priorities set out in the Cheshire and Merseyside plan. Each of the Local Delivery Systems are at a different stage in their thinking. For example, plans to transform services have been in development for some time through programmes such as Healthy Liverpool or Caring Together in Eastern Cheshire. For the other areas where partners have been collaborating for a shorter time, ideas are at an earlier stage. This means that there will be opportunities at a very early stage for people to give their views and to get involved in shaping proposals.

Number	Organisation
01	The Walton Centre NHS Foundation Trust
02	Southport and Ormskirk Hospitals Trust
03	Alder Hey Children's NHS Foundation Trust
04	Liverpool Heart and Chest Hospital NHS Foundation Trust
05	The Royal Liverpool & Broadgreen University Hospitals NHS Trust
06	Bridgewater Community Healthcare NHS Foundation Trust
07	Aintree University Hospitals NHS Foundation Trust
08	Liverpool Community Health NHS Trust
09	Clatterbridge Cancer Centre NHS Foundation Trust
10	Wirral Community NHS Foundation Trust
11	Wirral University Teaching Hospital NHS Foundation Trust

Number	Organisation
12	Liverpool Women's Hospital NHS Foundation Trust
13	Mersey Care NHS Foundation Trust
14	North West Ambulance Service NHS Trust
15	Warrington and Halton NHS Foundation Trust
16	East Cheshire NHS Trust
17	Cheshire and Wirral Partnership NHS Foundation Trust
18	Countess of Chester NHS Foundation Trust
19	5-Boroughs Partnership NHS Foundation Trust
20	Mid-Cheshire Hospital NHS Foundation Trust
21	St. Helens and Knowsley Teaching Hospitals NHS Trust

NHS Trusts


02
Southport
08
07
01
St Helens
05
03
13
15
06
11
10
12
04
21
Warrington
19
Runcorn
09
14
16
Macclesfield
CHESHIRE
17
Chester
18
20
Crewe
GREATER MANCHESTER
WEST MIDLANDS
Cheshire & Merseyside Sustainability and Transformation Plan

Overview of Local Delivery System Plans

The Alliance: Warrington, Halton, St Helens and Knowsley

The work of the Alliance is at a very early stage of developing ideas to ensure local health services are sustainable and fit for the future.

The plans build upon ideas and developments already happening at local level, with local people. For example, in Warrington, GPs are already working together in 'clusters' to provide more services at GP practice level and in Halton, Wellbeing Practices have been in place for some time and are helping people to become healthier.

As ideas develop into plans we will be asking local people, staff and others for their feedback. Any proposals to change services will be consulted on at a local level, but this won't be until we have worked plans up further in 2017.

"The ideas and proposals detailed in the Alliance plan, are just that; 'ideas' that build upon developments already happening at local level. Whilst existing plans go some way to meet the challenges, we really do need to do more by working together to achieve better health and making sure that people receive the best possible care in the right place at the right time."

Simon Banks
Accountable Officer, NHS Halton CCG

Cheshire and Wirral LDS

Cheshire and Wirral LDS are also in the early stages of developing ideas to transform health services across this footprint. They have identified priorities for making their health care system sustainable now and in the future and have created collaborative, digital initiatives like the Cheshire and Wirral Care Records.

Cheshire and Wirral will continue to engage with local communities and consult on any major service changes, if they happen, later in 2017.

Cheshire and Wirral LDS are developing ideas to transform health services, building upon existing programmes including Caring Together, Healthy Wirral, The West Cheshire Way and Connecting Care. We have clear priorities for a health care system that is sustainable now and into the future and we will continue to engage with local communities about the best way forward.

Jonathan Develing
Senior Responsible Officer for the Cheshire and Wirral LDS

North Mersey LDS

The North Mersey LDS serves the populations of Liverpool, Sefton, and Knowsley. North Mersey will build on programmes like Shaping Sefton and Healthy Liverpool, which was set up in 2013 in response to the city's Mayoral Health Commission, and recommended some significant changes to the way local health services should be delivered, to address poor health and relieve pressure on services.

North Mersey is one of the most complex health systems in the country, with nine NHS providers of services, including two adult acute hospitals and a range of other trusts.

The main intention, set out in the North Mersey plan, is to reduce unnecessary hospital care and shift the balance towards a pro-active wellness system rather than a system which just treats illness. This shift to better care outside of hospital will enable hospital services to be improved and redesigned to meet the future needs of patients.

North Mersey LDS has a three year head start and is already working collaboratively to embed changes in services, both in communities and in hospital. The area is also a national exemplar for digital innovation in health, with ambitious schemes to establish shared electronic health records and to use assistive technology to help people manage their health conditions.

"We have developed a strong partnership across our system so we can truly act as one to address the challenges we face in tackling poor health and inequalities; maintaining good services both in and outside of hospital and protecting the excellent specialist services on our patch which serve the whole of Cheshire and Merseyside."

Katherine Sheerin
Chief Officer,
NHS Liverpool CCG

What's Next?

To be successful STPs must be developed with, and based upon the needs of local patients, carers and communities, and health and social care professionals must be effectively engaged with those plans.

In preparing the Cheshire and Merseyside Plan local partner organisations have so far involved senior doctors and system leaders in drawing up ideas, and many more will be involved in developing the plans to take forward the four priorities for action.

The publication of the Cheshire and Merseyside STP on 16th November 2016 marks the start of further engagement on a way forward for local health and social care services.

Over the next weeks and months we will be talking to lots of people to ensure there is a good level of awareness and understanding about the need for change and to listen to ideas or concerns about any aspect of the plan as it currently stands.

Every partner organisation is committed to actively involving patients, carers, staff and local people in shaping future plans and ensuring they have their say on how services will look in the future. Any proposal to substantially change any service will be subject to thorough and detailed engagement and consultation with those people potentially affected by any suggested change.

We will only take forward proposals that are supported by strong clinical evidence and where we can demonstrate a positive impact in terms of quality, safety and sustainability.

The full STP document can be viewed on each of the following CCG websites:

www.liverpoolccg.nhs.uk
– North Mersey

www.wirralccg.nhs.uk
– Cheshire and Wirral

www.warringtonccg.nhs.uk
– The Alliance

Follow us on NHS social media channels and look out for information about opportunities to find out more and get involved on our websites.

For any queries or comments please get in touch by emailing **mlcsu.cmstp@nhs.net**

Cheshire & Merseyside
Sustainability and Transformation Plan
15 Nov 2016 issue version 4.4

2,571,170
people

32%
Live in most deprived areas

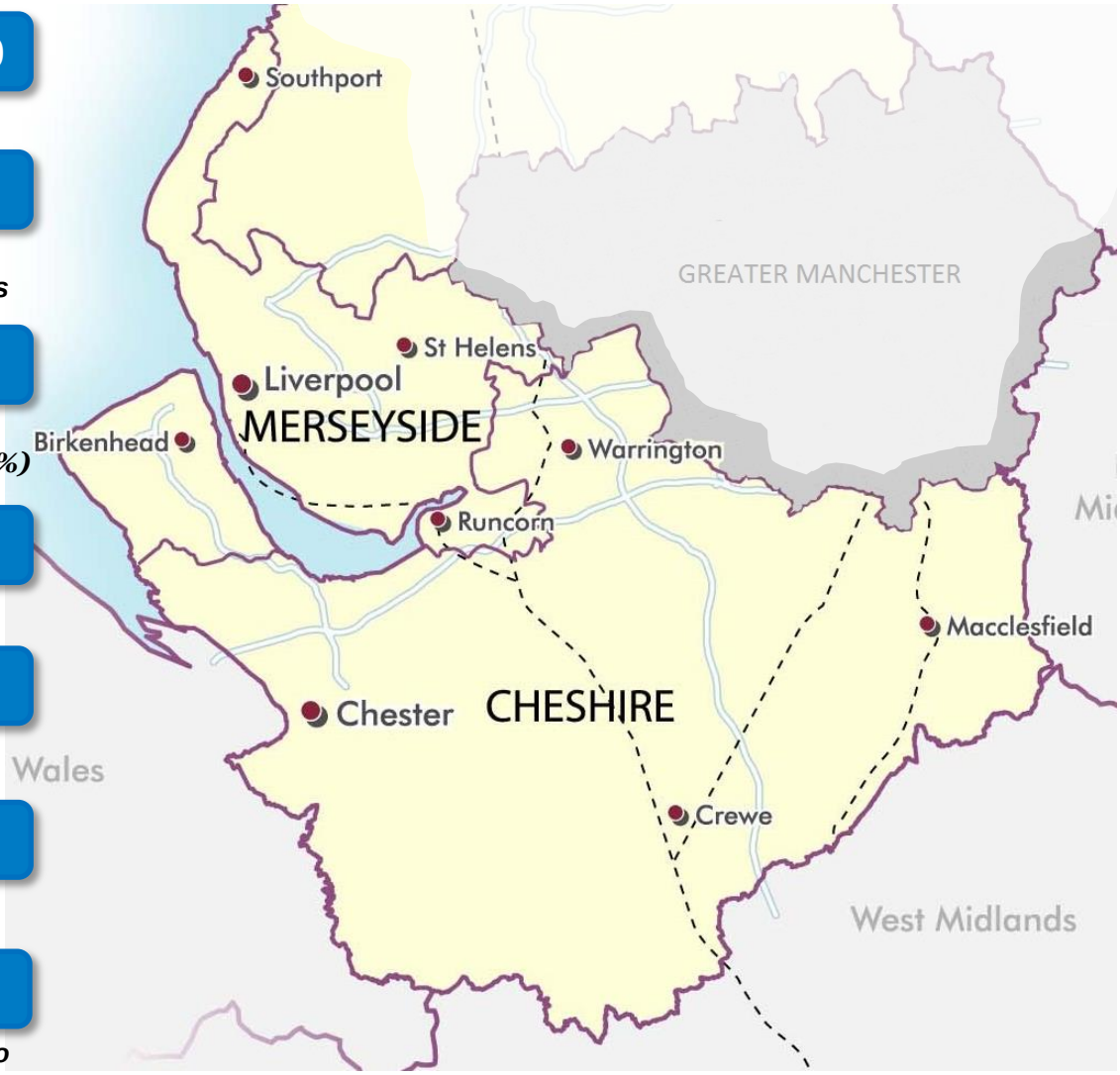
8.3%
Aged 75+ (UK ave. = 7.8%)

12
CCGs

20
Providers

2nd
Largest STP

2
Proposed Devo footprints



Key information
Name of footprint and no: Cheshire & Merseyside; No. 8
Region: North
Nominated lead of the footprint including organisation/function: Louise Shepherd, Chief Executive, Alder Hey NHS FT
Contact details (email and phone): louise.shepherd@alderhey.nhs.uk – 0151 252 5412
Organisations within footprints:
CCGs – Knowsley, South Sefton, Southport and Formby, Eastern Cheshire, Wirral, Liverpool, Halton, St Helens, South Cheshire, Vale Royal, West Cheshire, Warrington
LAs: Knowsley, Sefton, Liverpool, Halton, St Helens, Cheshire East, Cheshire West and Chester, Warrington, Wirral
Providers: Liverpool Heart and Chest Hospital NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust, Royal Liverpool NHS Foundation Trust, Countess of Chester NHS Foundation Trust, St Helens and Knowsley Hospitals Trust, Walton Centre for Neurology and Neurosurgery, Bridgewater Community Healthcare NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, Mersey Care NHS Foundation Trust, East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Wirral Community NHS Foundation Trust, Liverpool Women's Hospital NHS Foundation Trust, Warrington and Halton NHS Foundation Trust, 5-Boroughs Partnership NHS Foundation Trust, Mid-Cheshire Hospital NHS Foundation Trust, North West Ambulance Trust, Aintree University Hospitals NHS Foundation Trust, Clatterbridge Cancer Centre NHS Foundation Trust, Southport and Ormskirk Hospitals Trust, Liverpool Community Trust

Contents

Foreword

Partners across Cheshire and Merseyside have been working together over the last 4 months to develop further the blueprint we set out in June to accelerate the implementation of the Five Year Forward View (5YFV) for our Communities. We have come together to address head on the challenges we articulated then: that people are living longer, but not always healthier, lives; that care is not always joined up for patients in their local community, especially for the frail elderly and those with complex needs; that there is, as a result, an over-reliance on acute hospital services that often does not provide the best setting for patients; that there is a need to support children, young people and adults more effectively with their mental health challenges. At the same time, there is enormous pressure on health and social care budgets.

We are clear that these issues require us to think much more radically about how best to address the problems we face together, otherwise we will fail to support the needs of our Communities into the future. This document summarises the plans developed to-date to address these challenges across all our different communities in Cheshire and Merseyside and fall into 4 common themes:

- support for people to live better quality lives by actively promoting the things we know have a really positive effect on health and wellbeing;
- working together with partners in local government and the voluntary sector to develop more joined up models of care, outside of traditional acute hospitals, to give people the support they really need in the most appropriate setting;
- designing an acute care system for our communities that meets current modern standards and reduces variation in quality;
- making ourselves more efficient by joining up non front-line functions and using the latest technology to support people in their own homes;

Much of this work is already underway at local level but there is also still much to do. The role of the Sustainability and Transformation Plan (STP) for Cheshire and Merseyside (C&M) is to co-ordinate our efforts, ensuring we promote the best ideas and expertise to provide for the needs of the whole Region in the future.

Executive Summary

Our submission in June identified the key challenges faced by the Cheshire and Merseyside (C&M) STP, including:

- ***high rates of diseases associated with ageing, including dementia and cancers;***
- ***high rates of respiratory disease;***
- ***early years and adult obesity;***
- ***high hospital admissions for alcohol;***
- ***poor mental health and wellbeing; and***
- ***high rates of teenage conceptions.***

Furthermore our analysis confirmed that across the region there are significant service and financial challenges, either at individual organisational level or across whole economies. Health and social care services have grown and developed over time in fragmented, uncoordinated ways that do not meet the changing needs of our Communities. At the same time, there are significant pressures on health and social care budgets. Both these issues mean that we will fail to meet the future needs of our population and provide the standard of care they deserve without a radical change in current delivery. Continuing with current models of care provision will result in a gap in our finances of £908m by 2021 across the Region if we do nothing. This challenge has narrowed from the £999m in our June submission, reflecting the fact that some cost reduction plans are already being delivered in 2016/17, which is year 1 of the 5 year plan, and the remaining gap now reflects the four year period 2017/18 – 2020/21.

We are clear on the ambition we have for the patients, staff and population of the C&M STP

Our core purpose is to create sustainable, quality services for the population of C&M. This is effectively our ambitious blueprint to accelerate the implementation of the Five Year Forward View (5YFV) across C&M.

Sustainable means delivering services within the amount of finance made available to C&M for the provision of health and social care.

Quality means services that are safe, and deliver excellent clinical outcomes and patient experience.

We have devised a portfolio of 20 programmes, each with clear objectives, scope and emerging governance structures – some are further ahead than others in developing their detailed plans.

The LDS programmes are the delivery vehicles that deliver the principles, guidance and clinical models developed across the other programmes. To effectively deliver the strategy it is important that this is well understood to avoid duplication of effort.

This STP provides a platform for the key themes and direction that we are taking in order to deliver our goals. It draws on much of the work that is already underway across the three LDSs, and aims to deliver additional scale economies, learning and collaboration through the focus on a one C&M approach to those activities where additional scale can bring benefits.

Maximising opportunities

If it can be done at STP level we assume that is where the greatest benefit can be achieved – but we are acutely aware that many initiatives require a more local flavour so they will be designed and delivered locally.

All too often really good strategies are developed with clear benefits that aren't ultimately achieved due to poor implementation. The start of successful implementation starts with a clear, detailed plan which is monitored through its various stages.

The key themes we are pursuing

Investment in improving the resilience of services delivered outside of hospital settings (primary care, social care, community care, mental health) is essential for us to transform our system and move towards both lower cost and higher quality care delivery.

By improving the support for self care, better and more proactive care in the community and addressing the wider determinants of health at a CM scale, we can better address peoples need for care and the associated demand on acute services.

There remains a need for C&M to undertake an STP wide review of clinical services, to reduce variation and determine future options for hospital configuration. Through taking a pan-C&M approach we can reduce unwarranted variation and improve quality.

A first step will be to identify how acute care is performing under its current configuration. This will enable effective and well informed decisions to be made and will help to identify areas of focus and opportunity.

Our vision for collaborative productivity is to deliver cost effective, efficient and commercially sustainable Back Office operations.

Delivery happens at LDS level, and in the organisations that make up the LDS so it is important that the LDS's have a clear set of plans to effect implementation of the STP programmes, as well as delivering on their own portfolio of change and transformation.

What stage are we at now?

The Cheshire and Merseyside Sustainability Programme (STP) is still at a developmental stage. We are in the design phase of a programme that will help to create healthier NHS services across Cheshire and Merseyside for future generations.

We know that these changes can't happen overnight and that they shouldn't. Some NHS care models haven't changed much in over fifty years and it is unrealistic to expect them all to be suitable for a growing, aging, online population with changing expectations and needs.

1 - Our starting point

Our previous submission in June demonstrated a sound understanding of our issues, and a clear strategy for going forward

Our submission in June identified the key challenges faced by the Cheshire and Merseyside STP, including:

- *high rates of diseases associated with ageing, including dementia and cancers;*
- *high rates of respiratory disease;*
- *early years and adult obesity;*
- *high hospital admissions for alcohol;*
- *poor mental health and wellbeing; and*
- *high rates of teenage conceptions.*

Furthermore our analysis confirmed that across the region there are significant financial challenges, either at individual organisational level or across whole economies. *The 'do nothing' affordability challenge faced by the Cheshire & Merseyside health economy is forecast to be* ***£908m.*** This challenge has narrowed from the £999m in our June submission, to £908m driven by the gap now reflecting the fact that some cost reduction plans are already being delivered in 2016/17, which is year 1 of the 5 year plan, and the remaining gap now reflects the four year period 2017/18 – 2020/21.

Clearly C&M isn't going to sit back and 'do nothing'. In addition to the work already underway within our three Local Delivery Systems (LDS) we identified the strategic STP priorities that would make our health and care system sustainable in the near medium and long term:

1. **Improve the health of the C&M population** (previously referred to as 'Demand Management' and 'Prevention at Scale') by:
   - *Promoting physical and mental well being*
   - *Improving the provision of physical and mental care in the community (i.e.outside of hospital)*
2. **Improve the quality of care in hospital settings** (previously referred to as 'Reducing variation & improving quality in support of hospital reconfiguration') by:
   - *Reducing the variation of care across C&M;*
   - *Delivering the right level of care in the most appropriate setting*
   - *Enhancing delivery of mental health care*
3. **Optimise direct patient care** (previously referred to as Productive back office and clinical support services collaboration) by
   - *Reducing the cost of administration*
   - *Creating more efficient clinical support services*

After the existing LDS plans were modelled we forecast a surplus of £49m by 2021. However, these plans required further analysis and challenge to convert them from sound ideas into robust plans.

Our work since June has been focussed on the development of these 'sound ideas' into 'robust plans'.

We have created a portfolio structure that brings together twenty distinct, but interrelated programmes of work. Each of these programmes has developed clear objectives, is in the process of agreeing its governance model and are developing their plans for delivery. Each is at a different stage of maturity and this STP submission reflects this.

Our strategic STP programmes aim to provide guidance and clear principles about how we will tackle four key issues across the STP footprint:

1. Improving the health of the C&M population
2. Improving the quality of care in hospital settings
3. Optimise direct patient
   a) Reduced administration costs
   b) Effective clinical support services

These programmes are supported by eight clinical programmes looking to improve the way we deliver:

4. Neuroscience;
5. Cardiovascular disease (CVD)
6. Learning disabilities
7. Urgent Care
8. Cancer
9. Mental Health
10. Women's & Children's
11. GPs and primary care

There are five programmes that support and enable the above programmes:

12. Changing how we work together to deliver this transformation.
13. Finance
14. Workforce
15. Estates and facilities
16. Technology, including Digital
17. Communications and Engagement

Delivery of these programmes is at LDS level, each of which has a programme of work delivering improvements locally:

18. North Mersey
19. The Alliance
20. Cheshire and Wirral

The overarching purpose of these programmes is to deliver on our purpose of creating sustainable, quality services for our population.

2 - Our Cheshire & Merseyside strategy

We are clear on the ambition we have for the patients, staff and population of the C&M STP

Our core purpose is to create **sustainable, quality services for the population of C&M**. This is effectively our ambitious blueprint to accelerate the implementation of the 5YFV across C&M.

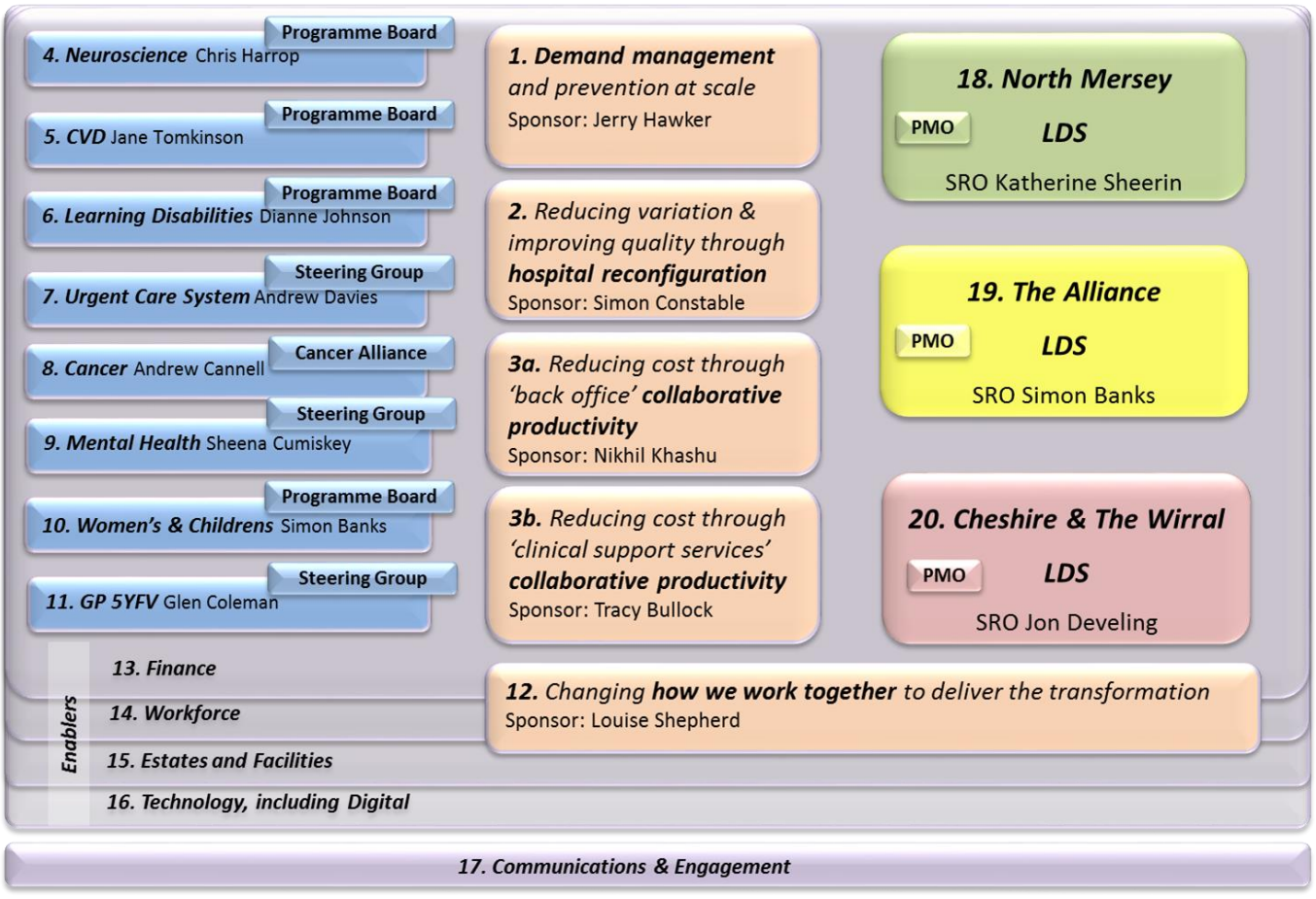
Sustainable means delivering services within the amount of finance made available to C&M for the provision of health and social care.

Quality means services that are safe, and deliver excellent clinical outcomes and patient experience.

Doing the right things

The 20 programmes that form our delivery portfolio have been chosen as a direct consequence of the issues faced by C&M, and with a clear end goal in mind. These were noted in Section 1 and are regularly communicated by way of the graphic below:

Each programme is at a different point of maturity, and this is reflected in the later sections of this plan. As with any portfolio this is not unusual and there is no reason to get them all to the same place. However, there is an overarching process that each programme will go through and that the PMO will use to help assess progress.



2 - Our Cheshire & Merseyside strategy

Clarity on responsibility

The LDS programmes are the delivery vehicles that deliver the principles, guidance and clinical models developed across the other programmes. To effectively deliver the strategy it is important that this is well understood to avoid duplication of effort.

This STP provides a platform for the key themes and direction that we are taking in order to deliver our goals. It draws on much of the work that is already underway across the three LDSs, and aims to deliver additional scale economies, learning and collaboration through the focus on a one C&M approach to those activities where additional scale can bring benefits.

There are no budgets or quality standards held at STP level. Changes will directly impact organisations at level 1, with level 2 LDS plans providing oversight of progress, and, over time, a consolidated view of performance measures.

We have been really clear on the role of people at STP level, ensuring we are not duplicating effort.

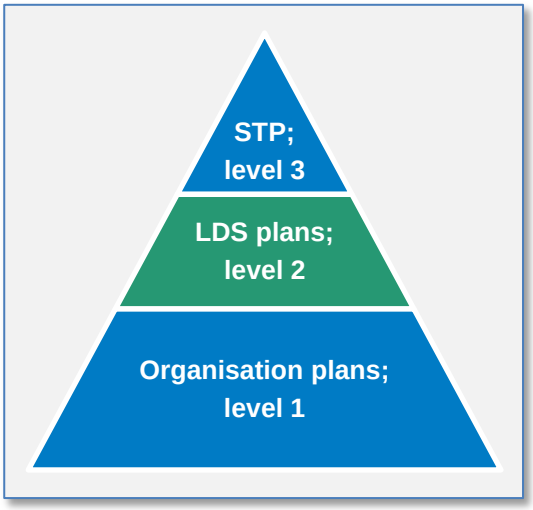
Level 1 STP has a focus on:

- **Economies of Scale** – what can be done at STP to create additional economies
- **X-LDS learning** – how can each LDS learn from each other
- **National benchmarking** – how is the STP doing compared to national benchmarks
- **STP wide system design** – design once, deliver locally – e.g. ACO/ACS framework
- **Governance** – agreeing and managing an STP wide approach
- **Assurance** – provision of assurance to STP lead, and ultimately NHSE
- **Performance** – responsibility for meeting and reporting against STP wide control totals
- **Communications and engagement** – consistent delivery of overarching key messages

Level 2 LDSs also have a clear role to play:

- **Locality strategy** – how this works in the LDS
- **Detailed delivery plans** - development and delivery of LDS plan
- **Monitor progress** – regular monitoring of plan
- **Reporting to STP** – progress reporting to STP
- **Financial control** – managing impact on finances across LDS.

At Level 1 the responsibility is well known around meeting financial and quality standards. Currently it is only at Level 1 that a budget can be impacted. Level 1 organisations also have a clear responsibility to manage communications within their organisation and to their Boards/Governors.



Maximising opportunities

Our approach to delivering improvements is that opportunities will be designed and delivered at the highest level of our triangle.

If it can be done at STP level we assume that is where the greatest benefit can be achieved – but we are acutely aware that many initiatives require a more local flavour so they will be designed and delivered locally.

The emergence of an STP plan doesn't reduce the focus on organisational delivery at level 1 or their need for financial balance.

2 - Our Cheshire & Merseyside strategy

All too often really good strategies are developed with clear benefits that aren't ultimately achieved due to poor implementation. The start of successful implementation starts with a clear, detailed plan which is monitored through its various stages.

Managing a portfolio of 20 programmes is a significant undertaking and the dependencies between them need to be effectively managed.

Managing dependencies across the portfolio

With twenty programmes of work there are many interdependencies that need to be carefully managed, such as:

- Effective management of demand on our healthcare system will influence the future configuration of where and how services are delivered;
- Future hospital service configurations will be driven by clear clinical strategies that place patients at the heart of any redesign;
- Very few changes can be made without the implicit inclusion of the Workforce, Estates and IM&T programmes

Section 6 will look in more detail at how the STP will deliver the transformation required.

STP Interventions

This STP does not capture everything that we are doing as a health and care economy. Instead it focuses on the priority areas of focus that we believe will have the greatest impact on health, quality and finance.

Our challenges

Demand for health and care services is increasing	**Cheshire and Merseyside face different challenges as a consequence of its geography and demographics. There is therefore unacceptable variation in the quality of care and outcomes across C&M**	**The C&M system is fragmented resulting in duplication and confusion**	**The cost of delivering health and care services is increasing**

Our priorities and areas of focus

Improve the health of the C&M population,		**Improve the quality of care in hospital settings**		**Optimise direct patient care**	
1a. improving the provision of physical and mental care in the community (i.e.outside of hospital) • Agree framework to deliver via ACOs • Managing demand across boundaries • Joint commissioning and delivery models • Community risk stratification • GP Federations, Primary Care at scale	***1b. Promoting physical and mental well being*** • Addressing primary prevention & the wider determinants of health • Pan C&M Alcohol Strategy • Pan C&M High BP Strategy	***2a. Reducing the variation of care across C&M*** • Common standards, policies and guidelines across organisations at C&M level • Standardised care across pathways	***2b. Delivering the right level of care in the most appropriate setting; and enhancing delivery of mental health care*** • Common standards, policies and guidelines across organisations at C&M level • SOPs and high level service blueprints for specialist services	**3a. *Reducing the cost of administration*** • Optimised workforce, reduced agency usage • Consolidated Procurement functions – an integrated Supply Chain Mgmt. function	**3b. *creating more efficient clinical support services*** • Consolidated clinical support services

The impact of our plans

• Reduction in A&E attends and non-elective admissions • Reduced elective referrals • Reduced emergency bed days, and length of stay • Reduced re-admissions • Early identification and intervention • Delivery of care in alternative settings • Increased use of capitation-based and outcomes-based payments	• Improved clinical outcomes and reduction in variation • Improved performance against clinical indicators	• x-organisation productivity and efficiency savings • Reduced duplication • Reduction in temporary staff dependency

Governance and Leadership - Changing how we work together to deliver the transformation

Programme Delivery Structure

Communications and Engagement

Enablers: IM&T; Estates; Workforce

2.1 - Improve the health of the C&M population

Introduction

We previously referred to this programme as 'Demand Management' and 'Prevention at Scale'.

Investment in improving the resilience of services delivered outside of hospital settings (primary care, social care, community care, mental health) is essential for us to transform our system and move towards both lower cost and higher quality care delivery.

By improving the support for self care, better and more proactive care in the community and addressing the wider determinants of health at a CM scale, we can better address peoples need for care and the associated demand on acute services.

What are the objectives

- To maximise the benefits that C&M can gain from the improvement to its population's health.
- To provide the guidance and principles upon which the work around demand management and prevention will be delivered at LDS level.

Why is this programme important?

The current challenges makes integration and consolidation across organisational boundaries a necessity. The NHS five year strategy sets out the ambition for this and local government leaders are keen to take a leading role in the integration agenda. Leading health economies are moving in this direction and they are delivering real reductions in hospital admissions; better population health through prevention; and 10-20% cost savings.

Integrated care is what service users want to have, what providers want to be able to deliver and what commissioners want to pay for. It allows social and health care to work together in a joined up way that improves the outcomes for individuals and the experience for service users and professionals.

Another important feature of the population health PIDs that have been developed is that as well as supporting the development of benefits over the next 5 years directly (from reduced hospital admissions / attendances etc), they will also play a crucial role in supporting the sustainability of the current STP. For example, by not addressing the real behavioural problems that excessive drinking can run the risk of creating future problems and dilute the positive impact that the current set of interventions are expected to have.

What is the scope of the work

Improving the provision of integrated primary and community, health and social care (i.e. Out of Hospital)

1. A substantial range of schemes & interventions which can be broadly categorised as Prevention, CCG Business efficiencies (QIPP) and new Out of Hospital initiatives.
2. Promoting physical and mental well being to reduce the need for people to access care.
3. Developing an STP wide methodology and structure for tackling unwarranted variation in demand for care services and enabling effective delivery of the first two objectives.

What is the structure of the programme?

1. Three STP prevention schemes will be delivered at LDS Level::
   - Alcohol Harm Reduction
   - High Blood Pressure
   - Antimicrobial resistance
2. Three high impact areas help manage demand, delivered at LDS level:
   - Referral management
   - Medicines management
   - CHC
3. Development of integrated primary and community, health and social care
4. Create a framework for the development and implementation for Accountable Care approaches (name of the chosen vehicle may be different but they are nationally known as ACOs)

The first phase of the programme has focussed on helping each LDS develop their plans and to verify the opportunity. This will now be taken forward at LDS level leaving the work at STP to focus on creating a framework to support development of ACOs and supporting the accelerated implementation (delivery) of high impact demand management initiatives (e.g. Right Care).

How will the change be lead?

Sponsor:	Jerry Hawker
Members:	Eileen O'Meara (CHAMPS WG DPH Lead) Alliance – Leigh Thompson/Colin Scales Cheshire & Wirral – Tracy Parker-Priest North Mersey – Tony Woods Local Gov't – TBD Andrew Davies, Urgent Care CCT

2.1 - Improve the health of the C&M population

Current Position

Management of demand

There is a strong symmetry across all three LDS plans and a further opportunity to share best practice and reduce inter-LDS variation. NHS England's referral management audit (template) suggests significant variation across three of the LDSs with respect to implementation of the eight high impact changes.

The high impact change areas being adopted across the LDSs include:

- Medicines management (**£66.6m**)
- Referral management – implementation of eight demand management high impact changes for elective care (**£61.5m**)
- Implementation of Right Care (**£42.5m**)
- Continuing healthcare (**£16m**)

(indicative values)

These are predominantly flagged as business as usual efficiencies within CCG plans.

Prevention

Three population based prevention projects have been developed to support reductions in Alcohol abuse / harm, blood pressure and antimicrobial resistance (AMR).

The first two have identified benefits including reduced hospital admissions & "whole system impact" where appropriate (e.g. prevention of alcohol related violence). AMR will produce more long term impact.

All are key to the longer term sustainability of the STP i.e. doing nothing runs the risk of increasing our challenge post 2021.

The blood pressure team have identified a number of benefit scenarios associated with the level of increases in diagnosis rates. The table below shows the low end estimated net benefits i.e. based on a 5% increase BP diagnosis being achieved – these could be as high as £9.1m if the higher rates are achieved of 15%.

Delivery plans for these projects are noted overleaf

Prevention	Alcohol	Blood Pressure	Total benefit (2021)
Gross benefit	£13.65m	£9.5m	**£23.15m**
STP investment required	£2.45m	£2.5m	**£4.95m**
Net benefit at LDS level • C&W • Alliance • NM	 £4.7m £3m £3.5m	 £2.8m £2m £2.2m	 **£7.5m** **£5m** **£5.7m**
Total STP net benefit (2021)	**£11.2m**	**£7m**	**£18.2m**

2.1 - Improve the health of the C&M population – alcohol prevention and High Blood Pressure Plans

Alcohol Prevention Project	Milestones
STP demand reduction (alcohol) steering group	• Establish a system wide leadership approach through the establishment of a CM cross-sector working group(s), networks and collaborations • Detailed business case worked up • Develop and continue to risk register • Develop and implement a stakeholder engagement and communications • Establish a data/outcomes working group
Enhanced support for high impact drinkers	• Develop multi-agency approaches to support change resistant drinkers' • Ensure the provision of best practice multidisciplinary alcohol care teams in all acute hospitals • Review pathways and commission outreach teams
Large scale delivery of targeted Brief Advice	• Facilitate local agreements with GPs, pharmacy and midwifery to screen patients with staff offering brief advice and referring to local specialist services as required. • Ensure screening and advice for Making Ever Contact Count includes evidence based alcohol IBA, and brief interventions such as high BP, smoking cessation, diet and physical activity.

Effective population level actions	• Ensure all Emergency Departments across Cheshire and Merseyside collect and share enhanced assault data to the optimum standards.
	• Ensure North West Ambulance Services record call outs related to alcohol and share this data with relevant local partners
	• Ensure local partners collaborate to ensure efficient use of data and considerations of improvements, including:
	  • Targeting interventions to prevent violence and reduce alcohol-related harm
	  • Targeting police enforcement in hotspot areas
	  • Use of intelligence in the license review process and targeting alcohol licencing enforcement

High Blood Pressure Project	Milestones
STP demand reduction (BP) steering group	• Detailed business case write up • Risk register write up • Stakeholder engagement and communication plan developed
System Leadership approach	• System leadership approach is ensured in the delivery of the C&M strategy • Systematic triangulation and review of cross-sector patient safety measures is embedded into strategy dashboard
Population approach to prevention	• Develop healthy local policy
BP awareness raising campaigns	• Link with community pharmacies, community partners and voluntary sector partners and inform patients and communities of key messages
Making Every Contact Count at scale	• Roll out MECC across primary and secondary healthcare settings, community pharmacies and with non-clinical community partners
Blood pressure equipment	• Increase availability of BP machines and Ambulatory Blood Pressure Monitoring to meet local need
Primary care education and training programme	• Develop education and training programme that utilises Sector Led Improvement principles
Medicines Optimisation	• Increase uptake of Medicine Use Reviews and New Medicines Services on antihypertensive medicines

2.1 - Improve the health of the C&M population – antimicrobial resistance

Project	Milestones
Ensure every Trust, Community Trust [including non-medical prescribers] and CCG has an AMR action plan	• Obtain assurances that every trust has an AMR action plan • Obtain assurances that every trust has an Antimicrobial Stewardship Committee

Implement back up prescribing for the treatment of upper respiratory tract infections	• Implement Back Up Prescribing via Practitioner-Centred Approach or Patient-Centred Approach
	• Audit post implementation:
	  • Establish whether implementation in Accident and Emergency Departments, Walk-In Centres, Out Of Hours and with Non-Medical Practitioners is required. Consistency can be achieved by harmonising access to GP records.
	  • Prior to implementation, establish whether Healthwatch should be involved.

Engagement	• Pharmacy:
	  • Ensure consistent messages are given by all prescribers and all pharmacists.
	  • Ensure pharmacies support the AMR strategy as appropriate
	• Care Homes:
	  • Establish whether the Care Home Hygiene Award Scheme needs scaling up

Ensure AMR awareness, stewardship and training is delivered to all prescribers, non-medical prescribers and health care workers	• Target all prescribers (medical, non-medical, pharmacists) and consider including AMR in yearly mandatory training • Ensure that training addresses and meets the PHE Antimicrobial prescribing and stewardship competencies
Support public facing media campaigns to aid and inform about Antimicrobial Resistance	• Local authorities and CCGs engage with any national or international AMR campaigns and plan local activities to promote the initiative
Implementation of AMR and Stewardship education at the primary and secondary level	• Utilise the free ‘e-Bug’ resource produced by PHE in all schools to encourage a generational change in the attitude to the use of antibiotics
Identify a dedicated Community Microbiologist function to support AMR Stewardship	• Ensure protected sessions are available and establish whether these can be enhanced to a more proactive and accessible clinical advisor service for GPs and other antibiotic prescribers in the community
Identify an Antimicrobial Stewardship Lead GP	• Establish how this resource can be identified and secured, assuming that the role doesn’t exist already
Ensure that every secondary care trust is implementing PHE Start Smart – Then Focus toolkit	• Obtain assurances that every trust has implemented the tool kit, including a ward-focused antimicrobial team
Ensure that every GP Practice is implementing TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) (best practice recommendations)	• Obtain assurances that every GP Practice has implemented the tool kit
Ensure every Trust and CCG has an Antimicrobial Pharmacist and ensure that they are provided with sufficient protected time to fulfil this role	• Obtain assurances that every trust has a dedicated Antimicrobial Pharmacist
Ascertain assurances that community antimicrobial formularies are confluent with secondary care antimicrobial formularies and obtain assurances that community antimicrobial formularies are used by primary care prescribers	• Primary and secondary care formularies should dovetail • Obtain assurances that Community Antimicrobial Formularies exist and include information regarding Antimicrobial Resistance

2.1 - Improve the health of the C&M population

Development of ACOs

ACO's are one option for supporting the development of a standardised care model for non-acute care across the C&M Footprint that includes Primary, Community, Mental Health & Social Care with a view to driving & managing demand and pursuing population health management. We might want to look at this as a way of enhancing care for medically unwell and frail patients in particular, by integrating organisational arrangements, sharing clinical and financial risk across the system

Ambition - There is significant variation in the progress made on developing ACOs across the STP; most are at an elementary stage. St Helens has made the most progress having commissioned advisors to consider the options for an accountable care management system. Further work is required in most localities to fully define the vision and outcomes.

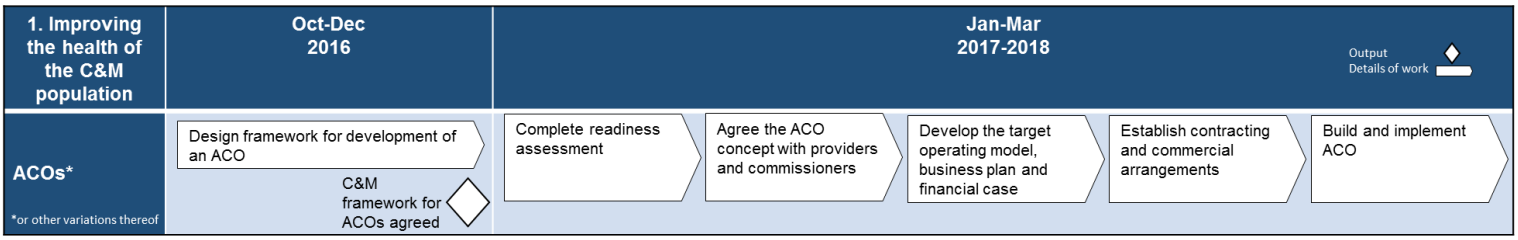
Care Model - Greater focus could be paid on ensuring primary care is at the centre of care models and ACOs are built on GP registered lists. Additionally, processes to engage primary care need to be determined. In parts of the system there is some ambition to build the ACOs around multispecialty community providers. The connection between ACOs and already established/proposed care models in some areas needs to be clearer e.g. the Caring Together programme in Eastern Cheshire.

Delivery Model - There is significant variation in the form of ACOs being proposed and developed across the STP. For instance, in some areas an 'accountable care management system' is being developed whilst in others a 'partnership' is envisioned. In almost all areas there is no defined operating model agreed and no delivery plans in place for implementation.

Capabilities - Learning should be shared as much as possible by those areas who are leading in the development of their ACOs. The process to understand the capabilities required for the successful implementation of an ACO is in place in some areas. Further work is required on the approach to sharing accountability amongst partners include risk and gain sharing.

There needs to be a real focus on the development of an STP wide framework to help design the right ACO model for each locality.

Each locality is at a different state of maturity – the potential plan below is an indicative view of the process and timeline that a more mature locality might aspire to.



Plans

There are a number of next steps to follow on from the work:

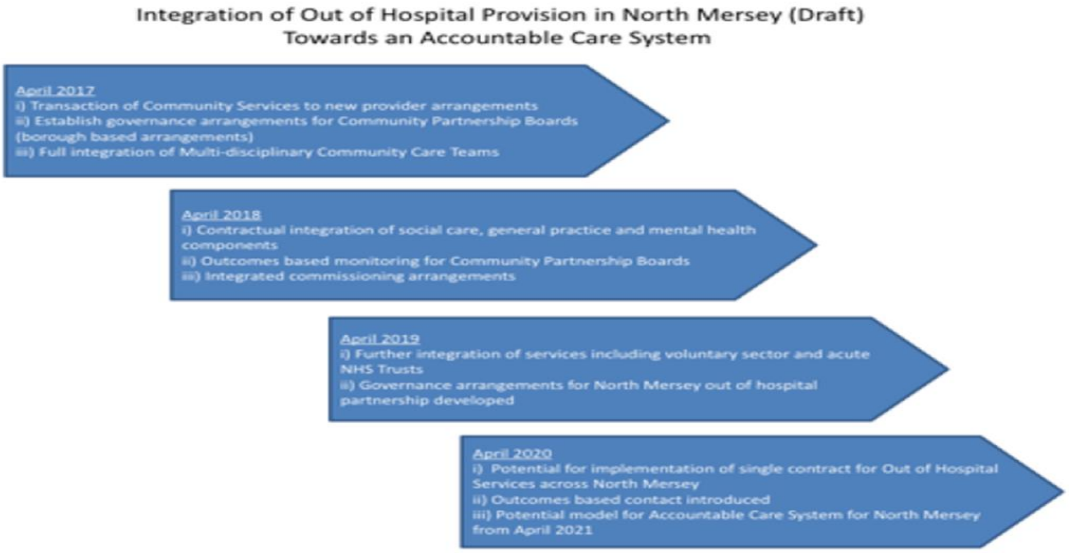
- Need to agree the relevant priorities of the projects and the associated investments.
- There is an immediate need to agree how benchmarking intelligence will be provided and utilised by end November.
- Each LDS should review existing plans against business intelligence to strengthen activity and financial modelling and assure schemes against benchmarked evidence to ensure that plans are targeted appropriately, by end November.
- The STP should identify a way to support each LDSP to stress test its business efficiencies (QIPP) schemes due to the significant financial variation, by end November.
- Develop a framework document to provide structured support to fast track potential exemplar ACOs and provide STP wide guidance and principles.

Much of this is to be delivered as part of the LDS plans, and features in their delivery plans, highlights of which are overleaf.

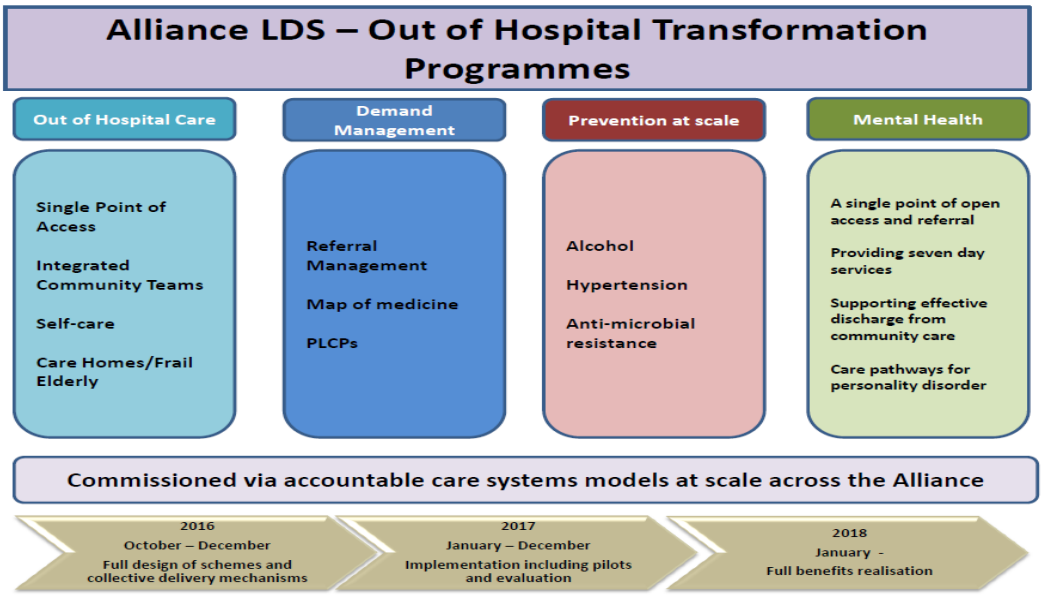
2.1 - Improve the health of the C&M population

Each LDS has plans that will tackle demand, enhance prevention, bring care closer to home and radically improve out of hospital care, the highlights of which are shown below. Full details are in each LDS plan that is within the supporting documents. By providing coordination, guidance, standards and clear principles, LDS's will learn from each other and C&M will achieve greater economies of scale.

North Mersey



The Alliance



Cheshire & Wirral

The core C&W ambitions by 2020/21 are:

- Implement Cheshire and Merseyside Wide Prevention strategies in Hypertension, Alcohol, and AMR.
- Implement Cheshire and Wirral wide prevention strategies for Respiratory conditions and Diabetes.
- Implement Cheshire and Merseyside Wide Neurology, Cancer and Mental Health Programmes.
- Implement a Gain Share agreement with NHSE for specialised commissioning
- Embed integrated community teams by 2017/18 that include General Practice, Social Care and Community Services that will manage demand effectively throughout Cheshire and Wirral.
- Implement high impact demand management initiatives identified by NHSE through our current and ongoing QIPP Programme.
- Implement measures to reduce CHC expenditure by £8m
- Encourage and deliver better management of primary care prescribing (through self-care, over the counter status, repeat prescriptions)
- Continue to implement and optimise the benefit of sharing clinical information through the Cheshire (and Wirral) Care Record.
- Establish an approach to deliver Accountable Care Organisations across Cheshire and Wirral.

2.2 - Improve the quality of care in hospital settings - overview

Introduction

We previously referred to this programme as 'Reducing variation and improving quality to support hospital reconfiguration'.

There remains a need for C&M to undertake an STP wide review of clinical services, to reduce variation and determine future options for hospital configuration. Through taking a pan-C&M approach we can reduce unwarranted variation and improve quality.

A first step will be to identify how acute care is performing under its current configuration. This will enable effective and well informed decisions to be made and will help to identify areas of focus and opportunity. There is a strong need for a service line-by-service line review of the current acute care model, in order to generate the evidence and data required to inform an explicit decision to be taken on the locations of acute provision based through analysis of future patient flows.

What are the objectives

- To maximise the quality of care delivered in hospital settings.
- To provide the guidance and principles upon which work around hospital services will be delivered at LDS level.

Why is this programme important?

There is a wide variation of the quality of care across C&M – this is not acceptable and our population should expect the same quality service and outcomes wherever they live in C&M.
Hospital care is expensive – we should only be treating people in hospital when it is evidenced that their outcomes will be better by treating them there.
Improving care is at the forefront of our STP ambitions, and delivering effective, safe and efficient care in hospital settings is a core principle.

What is the scope of the work

There are two STP Level projects:

1. Technical solutions for the C&M system:
   - Critical decisions developed by specialist and technical expertise which exists already in the clinical networks or Vanguards for new models of care (e.g. Urgent and Emergency Care and Women's and Children's Health)
   - Agree the best clinical models across C&M and their detailed specification, which will include access issues, consideration of co-dependencies and the un-intended consequences. This will be underpinned by the very best evidence base and specialist expertise.
   - Pilot to then be expanded through all the specialities.
2. Reducing variation in outcomes
   - Clinical effectiveness is at the heart of the programme to reduce variation in clinical practice and outcomes across C&M.
   - Existing programmes of work such as Advancing Quality (AQ) and Getting it Right First Time (GIRFT) will be strengthened, standardised and harmonised.
   - Intra-hospital as well as inter-hospital variation will be considered
   - Workforce issues through people as well as processes will be standardised or harmonised at STP level to manage system as well as cultural issues through the assistance of Health Education England, the North West Leadership Academy and the Advancing Quality Alliance (AQuA).
   - An overarching principle will be achieving even modest improvements at scale over the whole C&M and reducing the variation that exists.

How will the change be lead?

Sponsor:	Simon Constable
Members:	Alliance - Ann Marr Cheshire & Wirral - David Allison N Mersey - Steve Warburton/Fiona Lemmens Local Gov't - **TBD** Andrew Davies, Urgent Care CCT Simon Banks, Women & Children's CCT

2.2 - Improve the quality of care in hospital settings – delivery plans

To date, this thinking has largely been driven at the LDS level with little consideration of hospital reconfiguration across the C&M-wide footprint.

However, we believe there is benefit and the financial imperative to undertake this thinking at C&M level to deliver a consistent clinical service across the STP footprint.

We recognise that the current acute configuration within this footprint is unsustainable. This is perhaps most evident in Cheshire. The number of tertiary providers in Merseyside presents an atypical challenge and opportunity as well.

Given the importance and sensitivity of this area, our first task is to instigate a service by service review of the acute care model.

This will be a single programme of work that will run in parallel to the emerging LDS-led reviews and work undertaken by the NW Specialised Commissioning team.

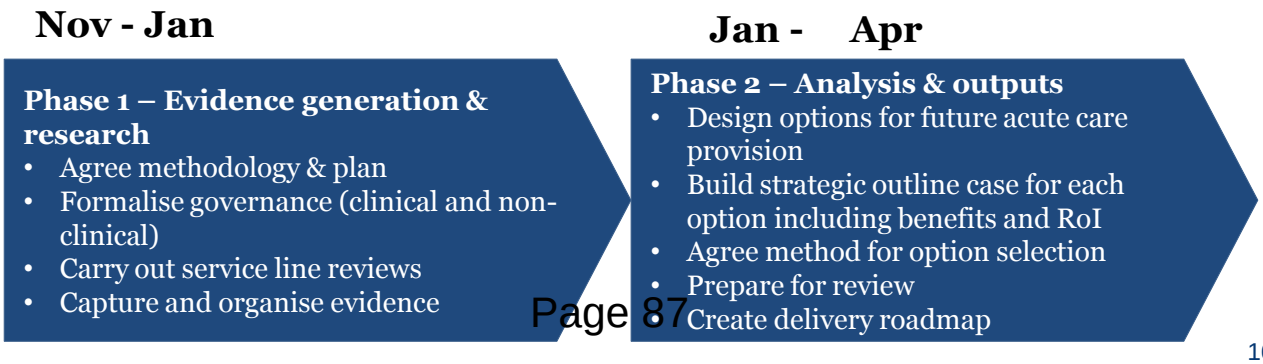
Our view is that the definition and specification of the local District General Hospital will be sustainably supported through a network of specialist provider services, making a virtue of Merseyside's strong cohort of tertiary centres. This big idea is underpinned by health and social care integrated at the core.

The review will be undertaken rapidly with an outcome on the direction of acute provision being available for the next stage of consultation by March 2017 (subject to further discussion and agreement).

Work is underway with AQuA to identify from an international and national evidence base the areas in which reduced variation would give the maximum potential in addressing the quadruple aims of the 5YFV across the whole of C&M. The output of this work is expected in late 2016. In addition one of the early scoping pieces of work across the STP through the local delivery systems is to identify where there are already plans implemented or in train to reduce variation and/or implement hospital reconfiguration, to ensure that outputs and outcomes are known, understood and assessed and adopted at pace and scale utilizing a range of clinical, managerial, patient and other change agents and supporting systems that are already in place.

The engagement strategy for this workstream is critical to its success in delivering against the quadruple aims of the 5YFV. The approach, with the appropriate level of programme management support and resource to oversee the progress of engagement, is to utilize existing networks of clinicians across primary and secondary care, other staff across the health and care system, and patients and carers to create a dialogue in the design of the priority work programmes (utilizing the intelligence identified above as an input) and identify, at a range of levels, change agents who have experience and are motivated to influence at a range of levels. So in addition to the necessary scoping of areas of focus for this workstream both in terms of existing improvement work in the STP area, and national/ international evidence base, we will undertake a piece of scoping around the existing engagement fora in order to enable face to face discussion about areas of focus. We see the STP Clinical Congress as a key engagement mechanism for clinical engagement along with existing networks of clinicians, particularly at and within LDS level. We will also, in conjunction with the STP workstream area around ways of working, explore the possibility of digital collaborative platforms to maximize engagement.

This review will focus on how acute provision will synergistically work within the construct of a demand management system (and potential ACO-driven environment), as well as embracing new technology such as tele-tracking to create individual control centres capable of having visibility across multiple providers who exist in a networked way. The review will consist of 2 phases of work as shown below:



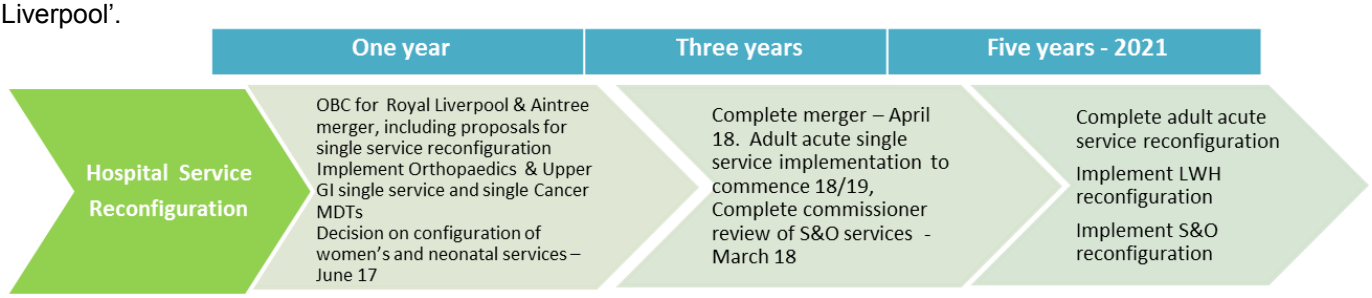
2.2 - Improve the quality of care in hospital settings – LDS plans

Whilst there is clear benefit in developing this thinking at STP level there remains a great deal of similar work across the three LDSs, supported by work in the cross cutting clinical programmes that will also inform potential solutions.

The highlights from the LDS plans shown below are designed to drive out variation, improve standardised levels of care and configure hospital services in a way that best provides efficient quality care.

North Mersey

A more granular plan is included in the NM LDS plan. built from well established plans described in 'Healthy Liverpool'.



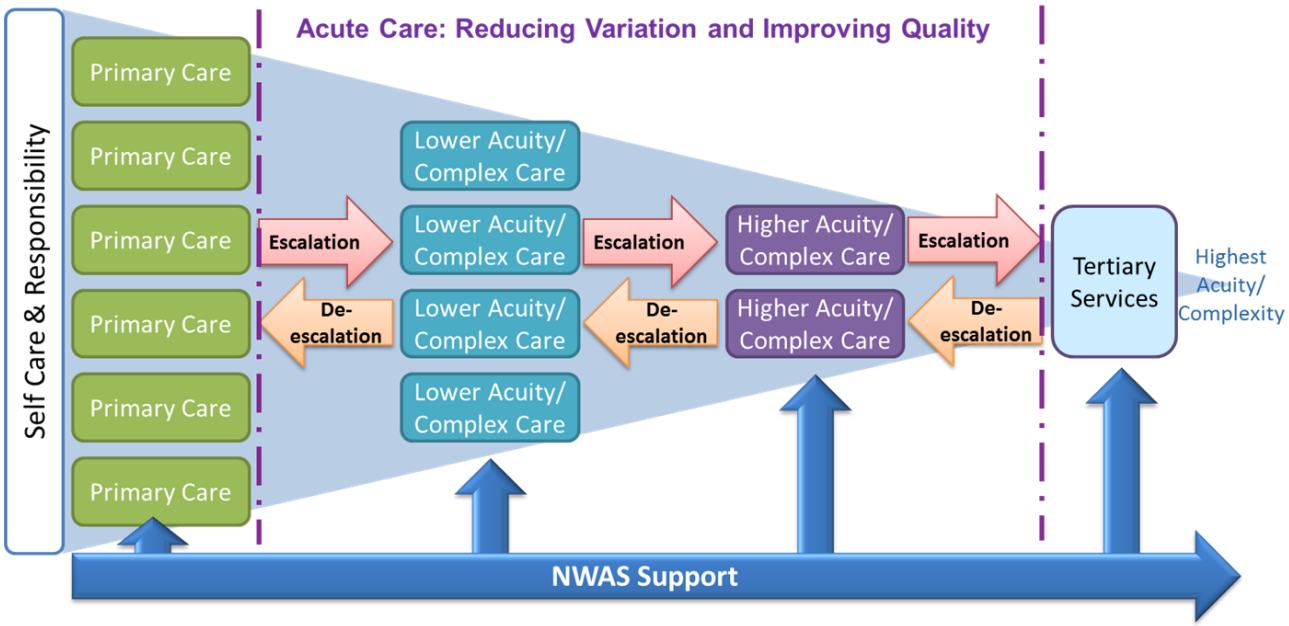
Review of Services at Southport & Ormskirk NHS Trust

NHS Southport & Formby CCG will lead a review of the services provided by Southport and Ormskirk NHS Trust, the outcome of which is to ensure long term clinical and financial sustainability and to meet the particular needs of this population. The review process will be conducted by a multi-stakeholder partnership that will develop a case for change which will inform plans for the future of these services.

- Process, Governance and Stakeholder Mapping (Jan-March 2017)
- Case for Change (April-June 2017)
- Pre-consultation engagement (July-September 2017)

The Alliance

The Alliance has developed a vision for hospital reconfiguration, and started to develop a range of options. A plan for the assessment and design of these services will be completed by December.



2.2 - Improve the quality of care in hospital settings – LDS plans

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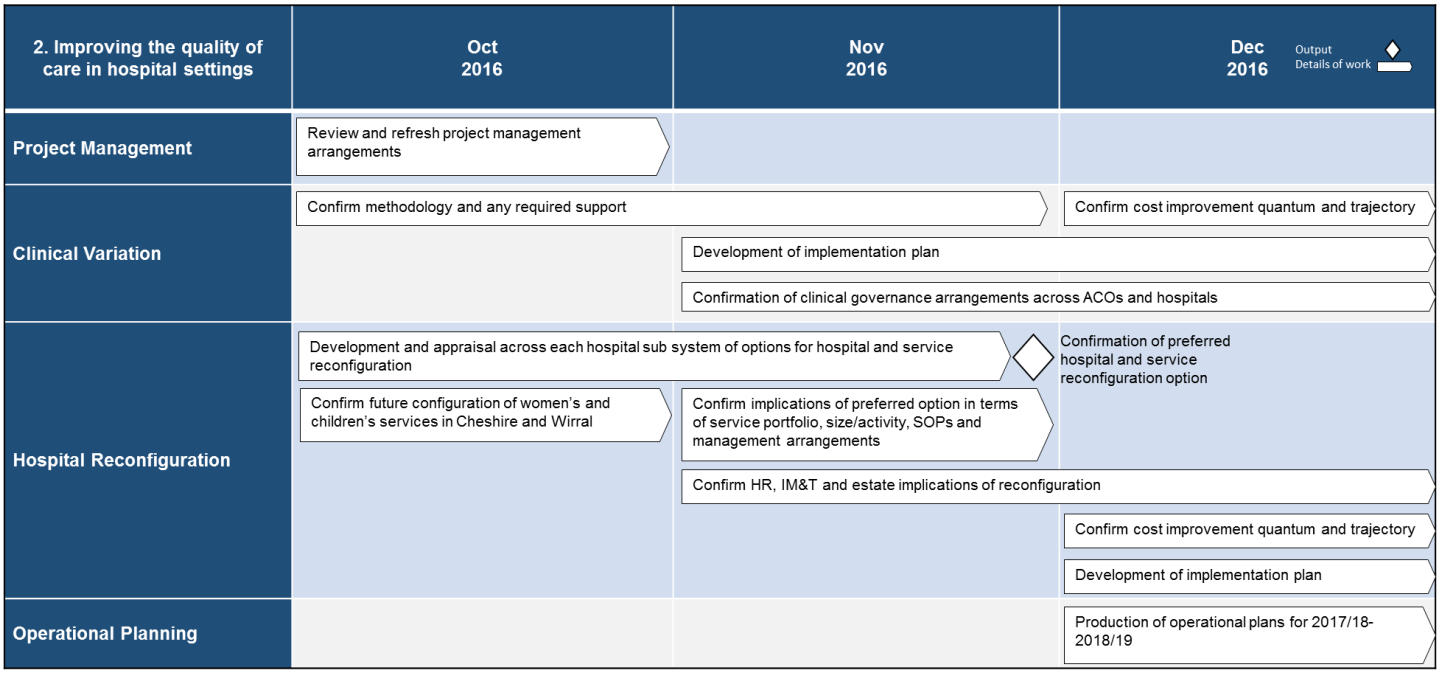
The highlights from the LDS plans shown below are designed to drive out variation, improve standardised levels of care and configure hospital services in a way that best provides efficient quality care.

Cheshire and Wirral

C&W have a short term plan to rapidly address variation and reconfigure hospital services across Cheshire and Wirral



Hospital Services in Eastern Cheshire

The Caring Together programme is a well-established transformation programme within Eastern Cheshire. The programme aims to improve the health and wellbeing of the local people by implementing enhanced integrated community care supported by clinically and financially sustainable hospital services.

Extensive modelling work has been completed and indicates that transforming just one segment or service of the local health and social care economy will not be sufficient to address the challenges the economy is now facing. Instead a system-wide solution is needed. The Caring Together Programme Board met with system regulators (NHS England and NHS Improvement) on 17 October 2016 and agreed to complete financial modelling on two care model options.

The two options are based on clinical and financial sustainability of hospital services at East Cheshire Trust, taking into account clinical dependencies and the impact these options have on the development of enhanced proactive community care for the local population.

Options for the future of high risk general surgery are currently under review and The CCG is working with East Cheshire Trust to assess compliance of the *Healthier Together* standards from April 2017.

The modelling of Options 1 and 2 including capital requirements and potential impacts of tariff plus payments/MFF will be completed by the end of 2016 with the findings being presented to the Caring Together Programme Board and NHSI/NHSE for a final decision in early 2017.

2.3a - Optimise direct patient care – reduce the cost of administration

Introduction

We previously referred to this programme as 'Back Office'.

While performance improvements within organisations remain important, we are making a move to longer term transformation and strategic planning across the health and care economy.

Our vision for collaborative productivity is to deliver cost effective, efficient and commercially sustainable Back Office operations. The ambition is to collaborate at STP level, but to build to this capability in phases, recognising the organisational and operational challenges of working together at scale and across a complex footprint.

What are the objectives

- Reduced spend in the Back Office will enable additional spend and effort to be directed towards front line services.
- Cost reduction in Back Office is a key driver of change, but the programme must also deliver increased customer services and better user experience, reducing the time and effort clinical staff spend interacting with non-patient-facing services.
- Existing good practice in the STP will be shared and form the minimum benchmark for improvement, and national examples of best practice should form the basis of the approach to collaboration where appropriate to the local system.
- Improve links and engagement with stakeholders to ensure that reconfigured services meet both corporate and clinical need.
- Identify the required changes to ways of working and to organisational culture to enable delivery of collaboration.
- Create an engaging and rewarding place to work, operating flexibly across structures and ensuring staff are able to build a broad framework of skills and experience
- Ensure that Back Office operations are sufficiently flexible to meet changing needs of the organisations in the footprint

Why is this programme important?

The Carter Review made clear that we can no longer rely on traditional efficiencies and cost improvement programmes within single organisations.

Instead, we are working more collaboratively to realise the productivity and service improvement opportunities which lie beyond organisational boundaries. This is how real efficiencies are identified and how greater economies of scale can be delivered.

Values - Where appropriate, Back Office services will be maintained within the NHS to provide wider economic benefit to communities in Cheshire & Merseyside region.

What is the scope of the work

For all Back Office services, the ambition is to collaborate at STP level, but to build to this capability in phases, recognising the organisational and operational challenges of working together at scale and across a complex footprint.
The projects that will delivered are to be prioritised on the basis of deliverability, scale of benefit and time to transform.

Projects can be described in two ways:

- Transactional savings leveraging economies of scale and best in class approaches and models across the patch
- Procurement at category level, then built up to a cluster approach at LDS and then STP level

How will the change be lead?

Sponsor:	Nikhil Khashu
Members:	Alliance – Andrea Chadwick, WHH Cheshire & Wirral – Tony Chambers North Mersey – Aidan Kehoe Local Gov't - **TBD**

2.3a - Optimise direct patient care – reduce the cost of administration

Delivery

The 'Plan on a Page below is a summary of the more detailed plans that are included in the Appendices.

There is a clear opportunity to create some early wins in this programme, though there are risks and challenges - he key challenge being the capability and capacity to deliver within the timescales.

The main enablers for the Back Office programme will be:

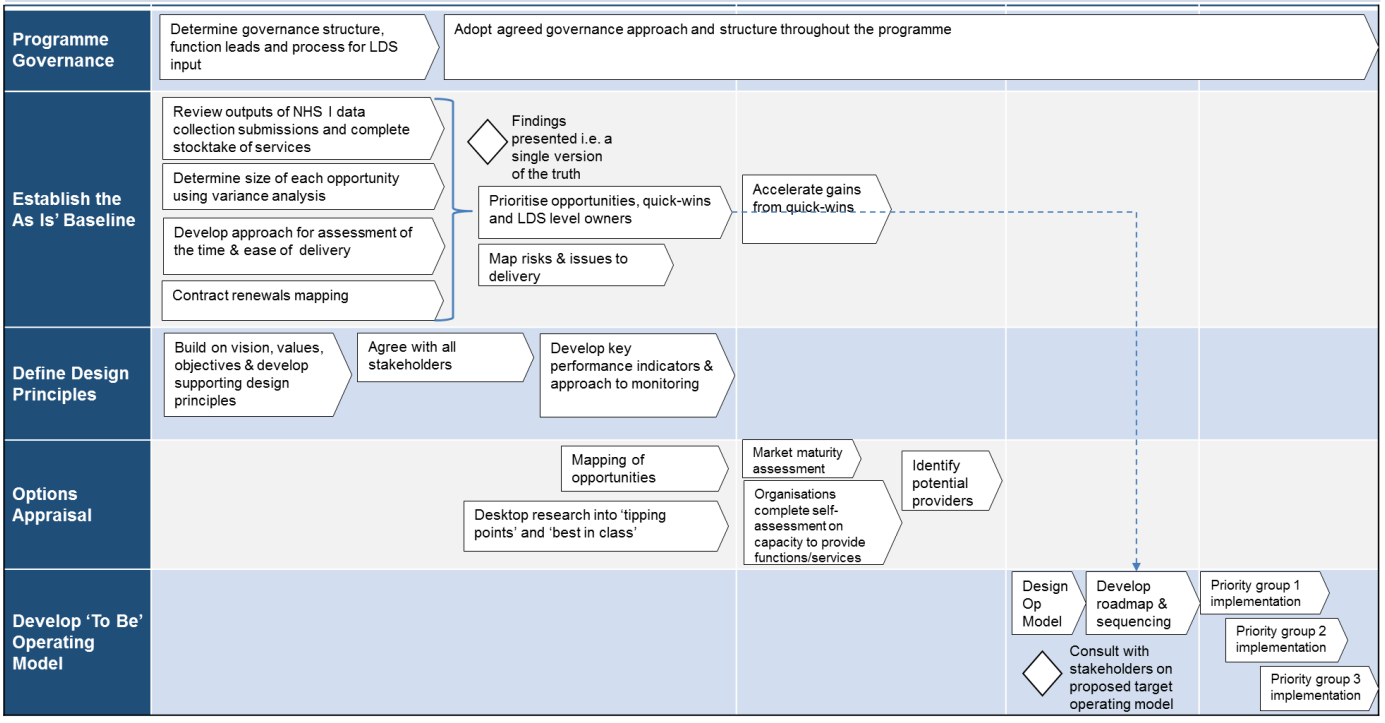
- Breaking down department or Trust silos and ensure open communication and sharing of data.
- Sharing lessons learnt and good practice swiftly and openly
- Investment in required technology and systems.
- Balanced focus across business as usual and future state development – being future focussed according to the needs of our stakeholders.

Proposed Governance Arrangements

- The existing Back Office Steering Group is to become the Back Office Programme Board
- Back Office SRO is a member of the Steering Group representing the 3 LDSs, with a remit to challenge, drive and support the LDSs in the delivery of the programme and where appropriate, escalate issues or opportunities to STP Membership Group for consideration
- LDS Back Office leads / SROs will be part of the Programme Board
- Governance at the level of the LDS leads for the functional areas will be determined as part of the next phase of work.

Immediate next steps

- Determine governance for the Back Office programme considering the structure, leads for identified function areas and process for LDS input
- Collate and analyse the organisation submissions for the NHS Improvement corporate and administrative data collection exercise
- Complete stocktake of services delivered at an organisational level
- Present findings from both of the above and gain agreement from all stakeholders on the current 'as-is' state



2.3b - Optimise direct patient care – efficient clinical support services

Introduction

We previously referred to this programme as 'Middle Office, or Clinical Support Services'.

The vision is to deliver cost effective, efficient and commercially sustainable Clinical Support Services which can be transformed to deliver improved services to front line services across the STP footprint.

What are the objectives

- Reducing variations in practice / services across the STP footprint area and develop a set of standards which every service can comply with irrespective of *how* they are delivered (e.g. either via a "network" arrangement or a single managed service).
- Reduced spend by delivering increased efficiencies generated by Clinical Support Services operating differently across the C&M footprint, enabling additional spend and effort to be directed towards front line services.
- Cost reduction in Clinical Support Service areas is a key driver of change, but the programme must also deliver increased customer services and better user experience, reducing the time and effort clinical staff spend interacting with non-patient-facing services
- Existing good practice in the STP will be shared and form the minimum benchmark for improvement, and national examples of best practice should form the basis of the approach to collaboration where appropriate to the local system
- Reduction of on call rotas through better / increased use of digital enablers

Why is this programme important?

The Carter Review, and indeed Lord Carter's review of pathology services some 15 years ago, demonstrated that there is still a significant potential saving if these services are consolidated on a regional basis.

Therefore, there are a range of future collaborative models which we are considering across the different support services in C&M, ranging from, for instance, setting up a single wholly owned subsidiary organisation for manufacturing and dispensing medicines, to outsourcing dialysis services to a satellite dialysis provider.

What is the scope of the work

- Radiology
- Pharmacy
- Pathology

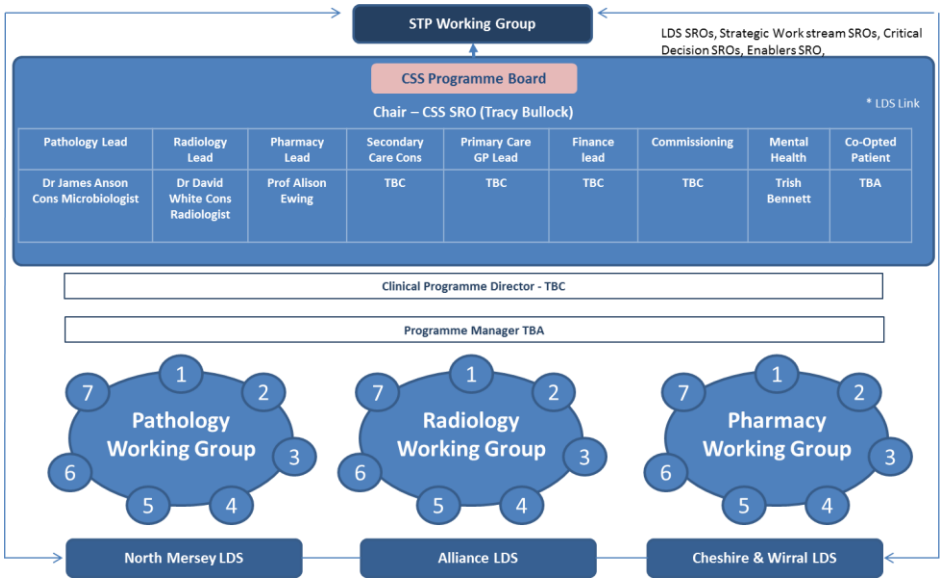
The ambition is to collaborate at STP level wherever possible and to build to this capability in phases, recognising the organisational and operational challenges of working together at scale and across a complex footprint

How will the change be lead?

Sponsor:	Tracey Bullock	
Members:	Pharmacy:	Karen Thomas, Prof. Alison Ewing
	Pathology:	Dr James Anson
	Radiology:	Dr Dave White

2.3b Optimise direct patient care – efficient clinical support services

Proposed Governance Arrangements



Delivery

The principle is collaboration across the entire STP but recognising that this will be a journey starting with programme based collaboration at STP level in the first 18 months of the programme, building to full STP collaboration where appropriate between 18 and 36 months or even longer in some cases.

The 'Plans on a Page, below and overleaf, are summaries of the more detailed plans that are included in the Appendices.

3b. Optimise direct patient care: Clinical support services- Radiology	Phase 1 Oct-Mar 2016-2018	Phase 2 Apr-Sep 2018-2019
Collaborative reporting arrangements	Develop project scope and review 'as is' model Identify how working practices might need to be changed to promote a change in reporting arrangements Agree new design principles Identify and evaluate options for future delivery arrangements Develop new operating model and a business case Determine investment costs required to ensure IT systems are compliant across the footprint	Consult on the proposed business case proposal Examine governance and HR requirements to support proposed new model of care
Flexible reporting arrangements – home reporting	Identify how working practices might need to be changed to promote a change in reporting arrangements Agree new design principles Identify the options for future delivery arrangements Identify any infrastructure/IT costs to support/facilitate home care reporting arrangements Carry out gap analysis of how future reporting arrangements compare to current and identify potential investment costs	Increased use of honorary contracts Examine governance and HR/legal issues in support of changing practices Introduce trials of home reporting arrangements and carry out evaluation of results Expansion of home reporting across the C&M footprint
Flexible reporting arrangements- establishing 'hub and spoke' units	Consideration and development of new operating model including establishment of a central management team charged with managing requests for work/balancing demand with capacity in system Explore flexibility/use of honorary contracts to support flexible working arrangement across Trusts	Examine implications of introducing honorary contracts to allow flexible working arrangement across Trusts Establish central reporting hubs to allow group involvement in speciality reporting Consolidation and expansion of radiographer role extension
Greater collaboration around procurement	Carry out audit of equipment which is regularly purchased by type, manufacturer and value Identify when larger items are due for replacement and synchronise purchasing schedule Standardise range of equipment lines Establish a single managed service via a lead Trust/supplies team to lead the negotiations with potential suppliers about the range of items required and agree potential discounts	Commence the procurement of standard range of interventional radiology equipment Central procurement of contrast media Central procurement of imaging technology

Output Details of work

2.3b Optimise direct patient care – efficient clinical support services

Delivery, cont.

3b. Optimise direct patient care: Clinical support services- Pathology	Phase 1 Oct-Mar 2016-2018	Phase 2 Apr-Sep 2018-2019 Output Details of work
LDS consolidation and partial centralisation (phase 1)	Alliance merger consolidate further with Warrington North Mersey LDS to complete consolidation by merger of Regional Genetic Service into LCL and examine the potential merger/centralisation of Alder Hey pathology service into LCL Cheshire and Wirral- to review collaborative models feasible between the current collaboration and CoCH & Wirral. Identify options for further consolidation/centralisation of services Identify current unsustainable services and opportunities across C&W/C&M for short term sustainability Identify IT and support system investments required vs financial/sustainability benefits Develop business cases	Develop Project Implementation Boards to implement agreed business cases
STP wide/C&M single managed service	Commence scoping of potential future strategic direction of services including development of baseline position (costs, staffing, service and performance issues) Look at demand and capacity and site options to accommodate any further centralisation options Undertake workshops and engagement sessions with key stakeholders to define a well understood and agreed set of design principles that could govern future change with specific focus on the use of increased collaborative working arrangements. Define which processes are suitable for delivery through a more consolidated function versus those that should be retained within local hospitals / LDS level	Review potential governance models that could best support an STP single managed service Review governance arrangements that could support the operation of the above solution and clarify performance of services required Review and discuss potential vision and models with stakeholders to seek buy-in and support Consider how this supports the acute service reconfiguration model which evolves from the STP work Undertake an options appraisal of the best solution and identify the relevant costs and benefits associated with this for the C&M footprint area Examine the potential for novation of contracts over time

3b. Optimise direct patient care: Clinical support services- Pharmacy	Phase 1 Oct-Mar 2016-2018	Phase 2 Apr-Sep 2018-2019 Output Details of work
Medicines information	Develop project scope Identify and evaluate options CEO/STP sign off	Implement new operating model and establish and transfer services
Aseptic service	Develop project scope and clarify investment/support costs Establish 'as is' position- audit what is currently provided at each site and identify those areas that could be centralised and what would need to remain under local direction Agree vision ('to be' operating model) and establish design principles	Establish a communication plan Evaluate estate's capacity/capability to meet potential transfer of services Develop business case to support service proposal Develop stakeholder engagement plan and engage key stakeholders Finalise options Develop implementation plan Commence roll out of proposed service moves
Clinical Pharmacy Templates	Develop project scope and clarify investment/support costs Establish 'as is' position- Assess what is currently done and how pharmacists/technicians currently spend their time delivering these functions Identify what a good pharmacy service looks like Establish patient:pharmacist contact criteria eg when a patient would see a pharmacist, how long consultation should take (average) Establish criteria which would support a medicines review for a technician	Design templates for pharmacists and technicians and agree new standards of working Undertake a gap analysis- compare proposed solution with the 'as is' situation and develop a case for change Develop a shared medicines management training programme via e-learning package Staff side engagement and consultation Establish potential opportunity for improvement across the STP footprint from moving to the new operating model Set KPIs to inform performance management and to adhere to standards
Forging links with the community Pharmacy	Develop project scope and clarify investment/support costs Establish vision of the proposed future state Undertake assessment of current pharmacy dispensing arrangements across every Trust in the C&M footprint and how they are funded Explore legal implications of the proposed operating model Evaluate potential options/commercial vehicles to support the proposed venture/operating model	Develop service specification and obtain professional advice Develop tender arrangements to secure preferred partner Develop appropriate legal documentation to support the proposed commercial partnership arrangement Determine new governance arrangements Set up new commercial vehicle(s) with proposed community pharmacy partner
Formulary management and application	Review current plans/proposals being developed in C&W in short term for proposals to cover the five existing Trusts in the area Undertake assessment of staffing costs Agree, if applicable, a wider vision and target operating model prior to regional centres being established Consider proposed governance arrangements to support proposed model	Consult with stakeholders on proposed single sit solution and how this will work Implement single formulary arrangement with the advent of the Regional Medicine Optimisation Committee coming on line for the North West area

2.4 - Mental Health

Introduction

Mental disorder is responsible for the largest proportion of the disease burden in the UK (22.8%), which is larger than cardiovascular disease (16.2%) or cancer (15.9%). One in four adults experience at least one diagnosable mental health problem in any given year. *Mental health problems represent the largest single cost of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS.* In England, if you have a serious mental illness, you are twice as likely to die before the age of 75 years. On average, you will die 15-20 years earlier than other people.

People with long term illnesses suffer more complications when they also develop mental health problems, increasing the cost of care by an average of 45%. For example, £1.8billion additional costs in diabetes care are attributed to poor mental health.

Two thirds of people with mental health needs are seen in primary care. Local GP registers indicate that 9 out of the 12 CCGs in Cheshire and Merseyside have a higher number of adults with depression than the England average. The number of people on Cheshire and Merseyside GP registers with severe mental illness is also higher than the England average and over 50% of Cheshire and Merseyside CCGs have been flagged for having a high prevalence rate of dementia.

Additional funding to support the transformation of mental health services will include centrally-held transformation funding and allocations via CCGs. It is assumed that an appropriate share of national monies will be made available and that this investment will rise to at least £57.9m in Cheshire and Merseyside by 2020/21. Evidence provided within the Centre for Mental Health Economic Report indicates that significant savings across the health and care system will outweigh the investment needed to deliver services.

What are the objectives

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;
- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of CYP IAPT by 2018;
- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.
- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases;
- Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

A C&M Mental Health Programme Board will be established to oversee nine workstreams to facilitate delivery of these key objectives. The Board will identify workstream owners and confirm timescales for delivery of all workstreams.

How will the change be lead

Sponsor:	Sheena Cumiskey
Members:	Alliance – Simon Barber C&W – Sheena Cumiskey North Mersey – Neil Smith / Joe Rafferty

2.4 - Mental Health

Delivery

Three priorities have been identified for early implementation:

- Eliminate out-of area-placements
- Develop integrated clinical pathways for those with a personality disorder
- Enhance Psychiatric Liaison provision across the footprint and establish Medically Unexplained Symptoms (MUS) service

The nine projects below have been developed to deliver the objectives. Detailed plans for each workstream are currently being prepared.

A Mental Health plan on a page is included overleaf to provide the headline phases of work.

Project	Impact	'Workstream'
Children & Young People's (CYP) MH	Increased number of CYP receiving community treatment; reduced use of inpatient beds; improved outcomes for children with conduct disorder leading to savings in the public sector, mainly the NHS, education & criminal justice	• Community access • 24/7 crisis & liaison • School age screening & education
Perinatal MH (PMH)	Improved identification of perinatal depression & anxiety; improved health outcomes; reduction in adverse impact on the child (which account for >70% of total long-term costs to society);	• Build PMH capacity & capability • Improve screening programmes & access to psychological therapy
Adult MH: Common MH Problems	Relieve pressure on General Practice , reduce A&E attends & short stay admissions. Target most costly 5% of patients with medically unexplained symptoms (MUS)	• Increase access to psychological therapies • Develop Medically Unexplained Symptoms Service
Adult MH: Community, Acute & Crisis Care	Reduced bed days, lower rates of relapse, reduced admissions and lengths of stay Reduced use of MH services and improved outcomes	• Early Intervention in Psychosis • 24/7 Crisis Resolution & HTT • All-age MH Liaison in acute • Increase GP screening & access • Scale up IPS employment services • Improve psychological therapies
Secure Care Pathway	Prevent avoidable admissions & support 'step-down' and ongoing recovery	• Improve pathways in & out of secure care
Health & Justice	Fewer GP consultations, hospital admissions & inpatient MH treatment	• Expand access to liaison & diversion services
Suicide Prevention	Main benefits relate to non-public sector costs relating to the individual and the family	• Suicide Prevention
Sustaining Transformation	Prevent avoidable admissions, reduce length of stay, improve community access and eliminate out-of-area placements	• Care pathways • Workforce MH
Dementia Care	Increase dementia diagnosis rates & create dementia-friendly health & care settings	• Implement commitments from PM's Challenge on Dementia 2020

2.4 - Mental Health – plan on a page

9. Mental Health		2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Enablers (Output: Details of work)		Establish Transformation Board				
		Identify BI capacity & capability to complete baseline assessments & provide ongoing support / delivery of schemes				
		Confirmation of funding as per 5 YFV for MH				
Children & Young People's (CYP) Mental Health	Community access	Design	Implementation	Post-implementation phase. PDSA		
	24/7 crisis & liaison	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Screening of school children & provision of parenting programmes	TBC				
	Develop school based mental health curriculum (social & emotional learning)	TBC				
Perinatal Mental Health	Build PMH capacity & capability and improve screening programmes & access to psychological therapy	Recruitment	Full implementation	Post-implementation phase. PDSA		
Adult Mental Health: Common MH problems	Increase access to psychological therapies	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Develop a specialist Medically Unexplained Symptoms (MUS) service	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Provide collaborative care for long-term conditions & co-morbid MH		Baseline assessment & design	Implementation	Post-implementation phase. PDSA	
	Early Intervention in Psychosis	Implementation	Post-implementation phase. PDSA			
	24/7 Crisis Resolution & HTT	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Deliver all-age mental health liaison teams in acute hospitals	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Armed forces community MH		Baseline assessment, design & implementation	Post-implementation phase. PDSA		
	Increase GP screening & access		TBC			
	Scale up IPS employment services		TBC			
	Improve access to psychological therapies	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
	Supported housing step-down facility		TBC			
	Improve pathways in & out of secure care		TBC			
	Expand access to liaison and diversion services		TBC			
	Suicide Prevention	Design	Implementation	Post-implementation phase. PDSA		
	Care pathways (multi-phased)	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		
			Baseline assessment & design	Implementation	Post-implementation phase. PDSA	
	Workforce MH		TBC			
	Implement the 18 commitments outlined in the Prime Ministers Challenge on Dementia 2020	Baseline assessment & design	Implementation	Post-implementation phase. PDSA		

3 - Embedding the change locally

Please see separately attached LDS plans in full

LDS Plans

The previous section has described the programmes of work at the STP level, together with the LDS's contribution to them. Delivery happens at LDS level, and in the organisations that make up the LDS so it is important that the LDS's have a clear set of plans to effect implementation of the STP programmes, as well as delivering on their own portfolio of change and transformation.

The strategic programmes that will drive transformation across C&M are not new or particular to C&M. They are issues that health economies have tackled over many years but so often failed to deliver on.

However, there is now an compelling need to deliver on these ideas that have been developing. This is reflected in the plans of the three LDSs. All three have already put in place programmes to help improve out of hospital care, to reduce the demand on our acute hospitals and to persuade people that they need to take responsibility for their own health.

Acute hospitals in each LDS have started work on aligning and sharing services, including clinical service lines, and in North Mersey, merger discussions are at an advanced stage. There is also a, mixed, history of back office collaboration and working together on city and county wide issues.

Over the following pages we have summarised the key programmes being developed in each LDS, together with their delivery plans.

The graphics below illustrate the overall alignment of LDS plans with the STP's strategic programmes:

1. Demand Management,
2. Variation and Hospital Reconfiguration,
3. a) Back Office, b) Clinical Support Services, and
4. Mental Health

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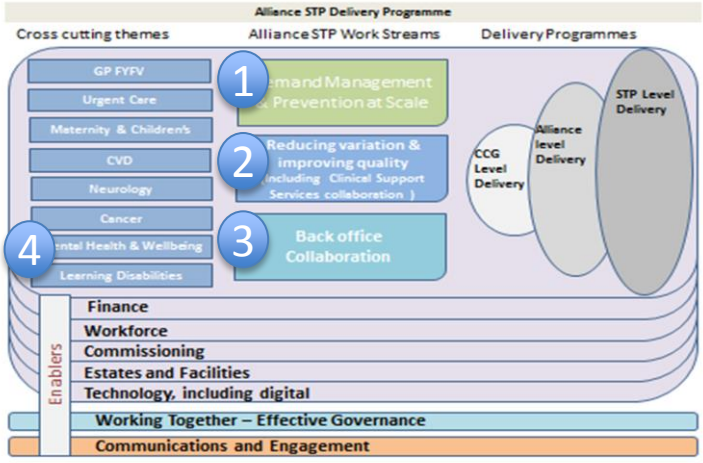
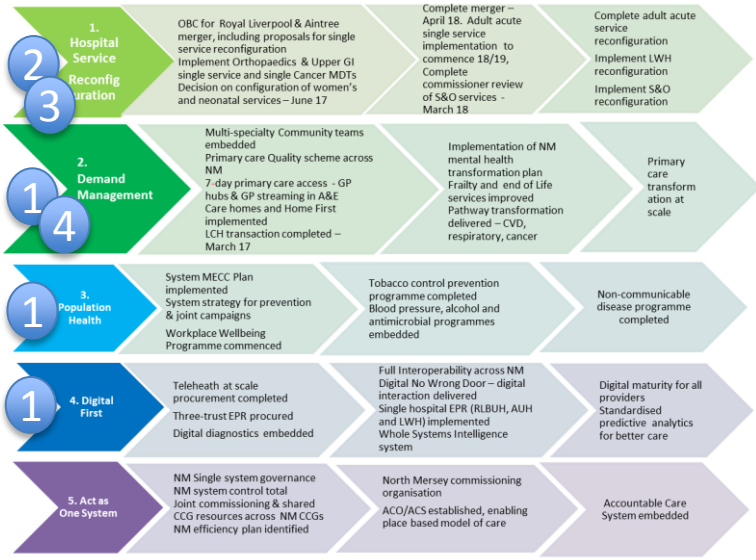
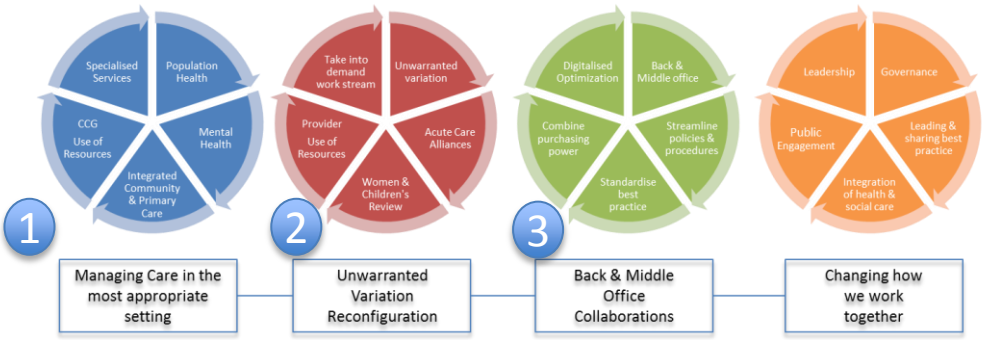






3.1 - Alliance approach and plans

The Alliance LDS has aligned its transformational work streams and delivery structure to mirror that of the C&M STP to ensure that delivery will be at the most appropriate level – organisational, LDS level or STP footprint.

Since the June submission the Alliance has gained a greater understanding of the potential service models that will transform services and achieve long term financial sustainability.

This plan represents options and models of transformation for the local health system that have been developed by the member organisations and are still subject to wider engagement and where necessary formal consultation with stakeholders.

Alliance LDS – Transformation Plan on a page

Transformation Programmes	Schemes (subject to consultation)	Benefits	Net Saving	Year (full benefits delivered)
Prevention at Scale	Alcohol Blood Pressure AMR	Improved population health Less MRSA	£3.5m	2019/20
Out of Hospital Care /Demand Management (Inc. Mental Health)	• Referral Management • Single Point of Access • Integrated Community Teams (Virtual Ward, Intermediate Care, Discharge to Assess, Rapid Assessment) • Self-care – Tele-health, Telemedicine, Meds Management • Care Homes/Frail Elderly • Mental Health	Contain predicted growth in; • A&E Attendances • NEL Admissions • OP Appointments • Elective & Day case procedures	£52.5m	2018/19
Acute Care - Reducing Variation and Improving Quality (Inc. Clinical Support Services & Estates)	Single Acute Service Models • Urgent Care • Elective Care • Maternity and Children's Clinical Support Service Collaboration • Pathology • Radiology • Pharmacy Estates	• Improved outcomes • Reduced LoS • Reduced premium/agency costs • Improved efficiency (Carter metrics) • Achieve access targets	£30.1m	2020/21
Back office Collaboration	Payroll Transactional HR Procurement Financial services	• Reduce overhead costs • Reduce variation and duplication	£15.5m	2020/21

The Alliance is still developing its programme of work and the detailed plans that explain how delivery will be effected.

In addition to the core programmes shown above the Alliance is working closely with the Clinical programmes and have clear objectives with regard Urgent Care, Women's and Children's, Elective Care and Clinical Support Services

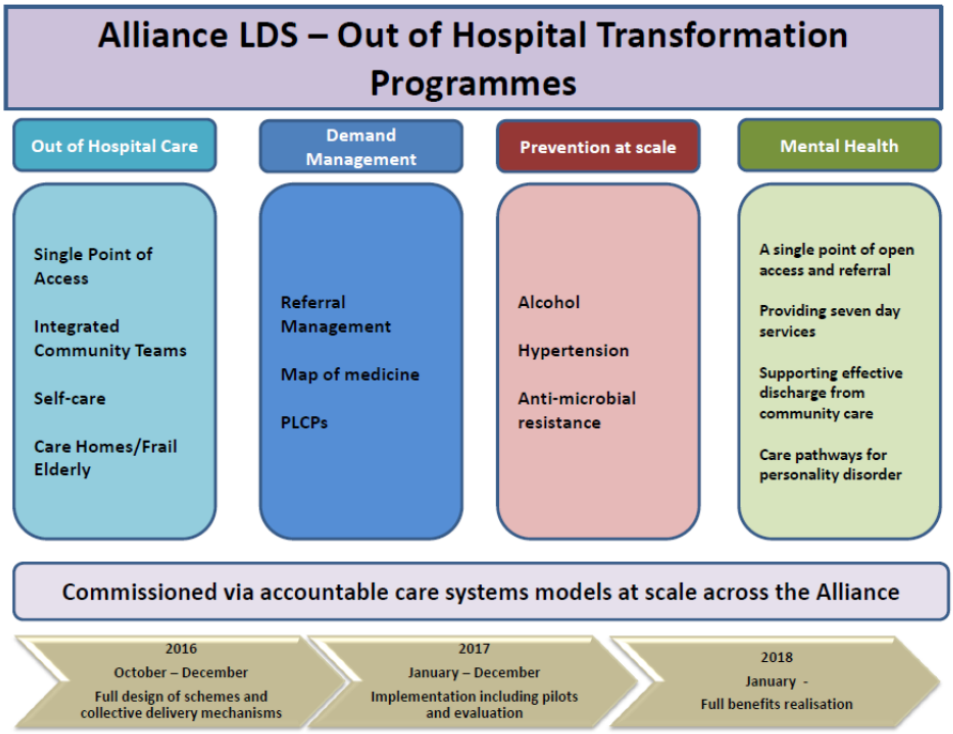
Over the page are the models and frameworks they have developed for developing improved out of hospital care and also improving the quality of acute care.

3.1 - Alliance approach and plans

Improve the health of the C&M population by:

- *Promoting physical and mental well being*
- *Improving the provision of physical and mental care in the community (i.e.outside of hospital)*

Out of hospital care is a key component of the future vision for services across the Alliance. The individual CCGs have already started to develop plans and the challenge now is for the commissioners to come together and work collaboratively to scale up the ambition and impact of these plans to impact on the overall sustainability of the LDS. This is a complex programme of work that has 4 core elements as shown below:

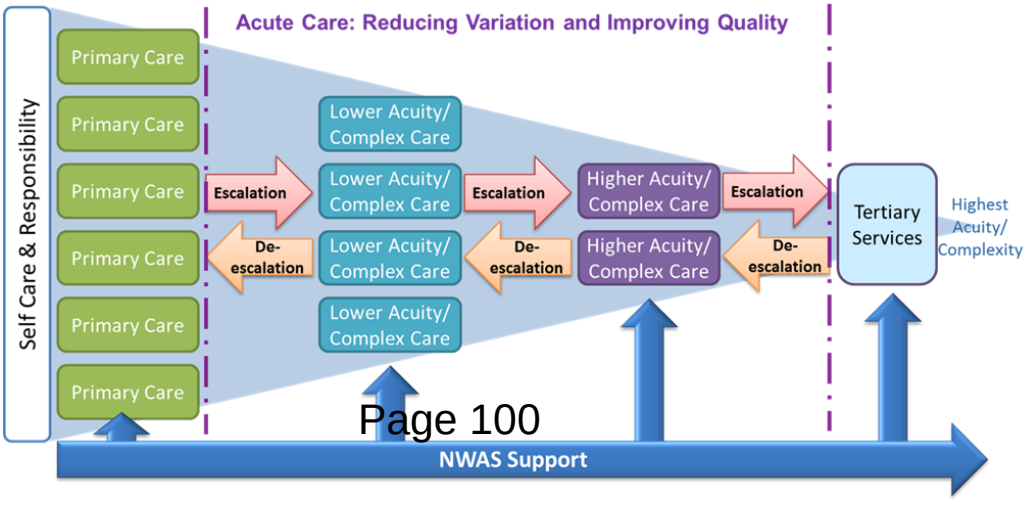


Improve the quality of care in hospital settings by:

- *Reducing the variation of care across C&M;*
- *Delivering the right level of care in the most appropriate setting*
- *Enhancing delivery of mental health care*

The Acute Providers will work together to develop a new model of working, including:

- More streaming of patients depending on their acuity and complexity
- The highest acuity care can be delivered on fewer sites with the appropriate facilities
- Site specialisation to suit that patient cohort with the appropriate resources and facilities
- NWAS streaming patients to the site/service appropriate to their need



3.1 - The Alliance plans - Demand management

Projects	Change Delivered	Outcomes
Quality Referral Management	Single quality referral management system across the Alliance LDS managing demand using Map of Medicine and generic pathways agreed between the acute hospital sites. Utilisation of Map of Medicine and greater scrutiny of PLCP.	Impacts Acute Outpatient Activity and Acute Elective and Day Cases Activity For Acute Outpatient: 20% activity reduction (equiv. 150,000), and £22.5m gross saving in FY202/21 For Acute Elective and Day cases: 4% activity reduction (equiv. 7,000) and £7m gross saving in FY2020/21 1-2 year timeframe for benefits delivery
Single point of access	Single clinical governance regime and infrastructure which enables access to the appropriate level of support in a variety of settings for patients and professionals in instances of unscheduled care	Impacts Acute Elective and Day Cases Activity and Acute Non Elective Activity For Acute Elective and Day Cases: 5% activity reduction (equiv. 5,000), and £5m gross saving in FY202/21 For Non Elective: 6% activity reduction (equiv. 5,000) and £7.5m gross saving in FY2020/21 2-3 year timeframe for benefits delivery
Integrated community management teams (virtual ward)	Integrated services involving social care which not only involves the work of professional teams but also integrated information systems and the sharing of patient and client information; this also supports discharge by linking into SPA - including domiciliary care and care homes.	Impacts Acute A&E Activity and Acute Non Elective Activity For Acute A&E: 4% activity reduction (equiv. 15,000), £1.8m gross saving in FY2020/21 For Acute Non Elective: 5% activity reduction (equiv. 5,000), £7.5m gross saving in FY2020/21 2-3 year timeframe for benefits delivery
Medicines Management Optimisation	Reduction in primary care medicines management spend	£4m gross saving in FY2020/21 0-1 year timeframe for benefits delivery
Telehealth and telecare	Identifying individuals to support better self care to provide them with IT equipment in their own home to monitor their conditions to reduce emergency admissions	For Acute A&E: 4% activity reduction (equiv. 15,000) and £1.8m gross saving in FY2020/21 2-3 year timeframe for benefits delivery
Rapid response/ rapid assessment	Rapid response and assessment team respond quickly to urgent requests at home, with one of the boroughs employing a community geriatrician	Acute A&E Activity: 3% activity reduction (equiv. 10,000) with £1.2m gross saving in FY2020/21 1-2 year timeframe for benefits delivery
Prevention	STP-wide strategy to reduce the prevalence of alcohol-related conditions or episodes and impact on primary and acute	

3.1 - The Alliance plans - Variation and hospital reconfiguration (1/3)

Projects	Change Delivered	Outcomes
Urgent Care System **Model of Care 1**	S&O will consider the potential options for new models of A&E delivery – subject to further engagement 3 Trusts will have a Type I - 24hr A&E, but through shared rotas and federation of staff premium payments would be reduced. Modelling of staffing rotas and new working patterns/processes will improve productivity	Reductions in the consultant on call cover and presence Reduction in the use of locums /agency. Productivity improved through the use of best practice Alignment with commissioner interventions
Urgent Care System **Model of Care 2**	S&O will consider the potential options for new models of A&E delivery – subject to further engagement 3 Trusts will have a 24hr A&E High acuity patients will be transferred to the Emergency centre (for example: stroke, heart attack, compound fracture, burns, emergency dialysis, some trauma, GI Bleeds) By federating staff and remodelling of staffing rotas and new working patterns/ processes will improve productivity and reduce premium payments Alignment with commissioner demand management interventions	Accelerated flow through departments to achieve more optimal performance Reduction in the use of staff premium payments. Consultant presence and cover will reduce on call payment Activity transfer of patient numbers per year (one site) More effective use of bed capacity Redistribution of elective activity to other centres (To Be Determined)
Urgent Care System **Model of Care 3**	S&O will consider the potential options for new models of A&E delivery – subject to further engagement 1 Trust will have a Type I - 24hr A&E, 2 trusts will re-profile opening hours with activity flowing to other 24/7 centres Alignment with commissioner demand management interventions	Reductions in the consultant cover from 3 to 2 on call covering 3 sites. Reduction in the use of locums /agency staff. Activity transfer of 8,700-20,000 patients per year (one site) Increase in bed capacity of 80-150 beds required/freed up. Redistribution of elective activity to other centres To Be Determined
Stroke Services	The Acute vision is for Whiston to be the Hyper Acute provider for the LDS support by a 1 in 8 rota. Single point of contact and standardise referral process All ESD teams to have equal access to discharge plans for proactive discharge planning Single CCG lead for ESD and Community for cross organisational services Development of Unified ESD and Community teams.	Single provider for Hyper Acute, networked support across acute units and community teams Consistent approach across the Alliance Patients repatriated to local centre A reduction in premium payments

3.1 - The Alliance plans - Variation and hospital reconfiguration (2/3)

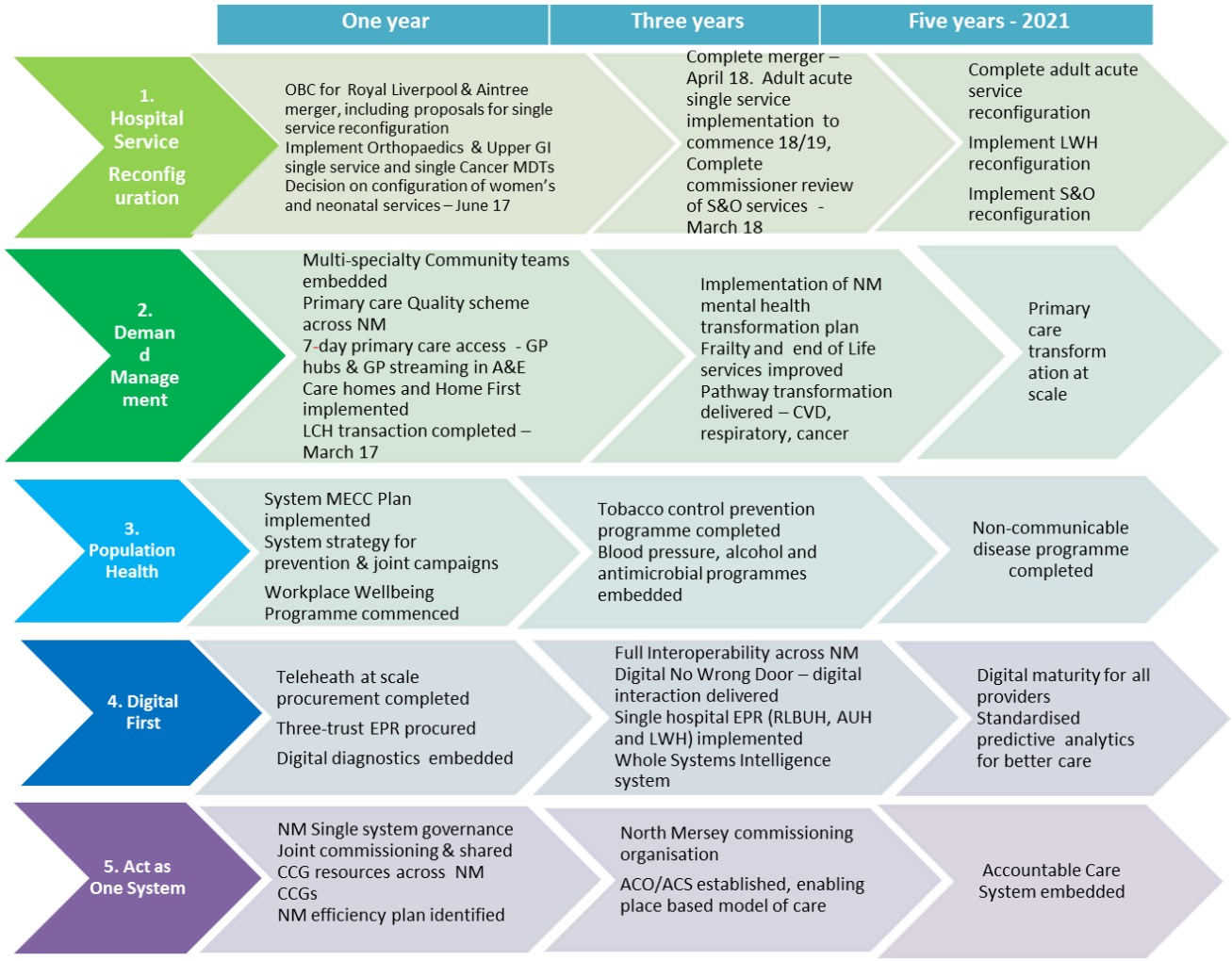
Projects	Change Delivered	Outcomes
Paediatric Services Review	Alignment with Vanguard Proposals for a 'Single Service' Move from 3x level 2 units to: 2x high acuity units & 1 lower acuity unit or 1x high acuity units & 2 lower acuity unit or Higher and Lower levels of Acuity **Acute Inpatient Unit – 24hrs** Paediatric A&E 24hrs GP hotline Outpatients Rapid access clinics HDU Inpatient unit Neonates: Level 1/2 Community home nursing sup. Day case surgeries Anaesthetic cover **Short Stay Unit – 12hrs** Paediatric A&E GP hotline Outpatients Rapid access clinics Neonates : level 1/2 Community home nursing sup. Day case surgeries APNPs Safe transfer to AIU	**High Quality** Resources, facilities and the care delivered in each site is tailored to the patient cohort treated ALL hospitals will be required to attain Quality and Safety standards. **Safe** Specialist consultant resources will be concentrated on the highest acuity patients Evidence shows that the more times a surgeon performs a procedure, the better the outcome. Focusing the delivery of highly specialist care in fewer locations means that our professionals will gain the volume and breadth of experience to deliver excellent quality care **Accessible** Better access to Primary care will alleviate pressure on services. Streaming the highest acuity cases to a Red Hospital means a Green hospital can deal efficiently with lower acuity demand Staffing levels will be standardised and ALL hospitals will be required to attain standards. This means quality care will be delivered in ALL our hospitals **Sustainable** This model proposed is a more effective use of existing resources
Maternity Services Review	Alignment with Vanguard Proposals for a single service	
Elective Services Review & Productivity Review	Improvement in Length of stay benchmarked against Better Care Better Value Ward reductions / closures based on reductions in Delayed Transfer of Care Premium pay reductions resulting from the application of standardised care pathways Benchmark against upper quartile and within the Alliance to move to the most productive amongst peers and best in class Exploration of a Factory Model for simple high volume procedures such as: • Orthopaedics • Ophthalmology • Plastics These could be scheduled for day case and short stay <72hrs procedures at Treatment Centres Alignment with commissioner demand management interventions	Better Care Better Value Reduction in Delayed Transfers Of Care Reductions in Premium Payments Reduction in bed days Reduced number of delayed transfers of care Reduction in costs Alignment with commissioner demand management interventions Reduction in variation of care and outcome Higher productivity levels Improved utilisation of theatres Lower length of stay

3.1 - The Alliance plans - Variation and hospital reconfiguration (3/3)

Projects	Change Delivered	Outcomes
Sub-scale Services Review	Federate services to make them more clinically sustainable and reduce the premium payments , see above Urology; Dermatology, Rheumatology; Diabetology, Orthodontics; Respiratory Medicine; Acute Medicine, Geriatric Medicine	Clinically Sustainable Services Reduction in on-call rotas Reduction in premium payments amounts to around £4.7m Alignment with commissioner demand management interventions
Pathology	Moving from a Bi-partite arrangement between STHK and S&O to a tri-partite arrangement to include WHH	Lower unit costs Reduced investment required Increased productivity Consolidation of staffing levels 4% reduction in costs year on year
Pharmacy	Opportunity to outsource/ create a JV for outpatient dispensary Alignment with STP Review, sub regional solution likely	VAT advantages 4% reduction in costs year on year
Radiology	Alignment with STP Review, sub regional solution likely	4% reduction in costs year on year

3.2 - North Mersey approach and plans

The North Mersey plan builds upon and joins-up established transformation programmes; including *Shaping Sefton* and *Healthy Liverpool,* which was established in 2013 in response to the city's Mayoral Health Commission. The commission's ten recommendations recognised that such was the extent of poor health outcomes, and the relentless pressures on resources, that only a whole-system approach to the transformation of health and care would succeed. The commission's insight and mandate to the local NHS and partners to deliver change has given the North Mersey delivery system a three year head start in identifying and now delivering the whole system transformation plans that are set out in the Cheshire and Merseyside STP. It is represented by this 'Plan on a Page':



Each of the programmes above has a delivery plan that clearly lays out the projects that are being mobilised, the expected outputs and outcomes and forecast benefits.

Overleaf are North Mersey's plans for each of these programmes

3.2 - North Mersey plans for hospital reconfiguration

Programmes	Projects	Outputs	Start Date	End date
Single service system-wide delivery for adult acute services **Plan** SOC completed OBC commenced Project plan in development	Reconfiguration of 35 adult acute services across RLBUH, AUH and LHCH, to establish single service, system-wide services. Detailed service reconfiguration plan to be set out in an Outline Business Case, currently in development	• Single service pathways across all adult acute services • Single clinical workforce for adult acute services across 3 trusts • Site rationalisation across 4 to 5 hospital sites in the city	April 2016	March 2021
Merger of the Royal Liverpool, Aintree and Liverpool Women's Hospitals **Plan** As above	Establish a single organisation from 3 NM trusts - RLUH, AUH and LWH Milestones: • Strategic Options Case – approved by boards, June 16 • Outline Business Case – to be completed June 2017 • Joint HLP and trust PMO to be established, Nov 16 Full Business Case and approval by regulators and mobilisation for a new trust by 1st April 2018	• Single trust to deliver the majority of adult acute service sin the city from April 2018	April 2016	March 2018
Reconfiguration of women's and neonatal services **Plan** Project plan completed and delivery on track (see below)	Women's and Neonatal Review. The objective is to achieve clinical and financial sustainability through a reconfiguration of the services provided by Liverpool Women's FT NHS Trust. Milestones: •Pre-consultation engagement – completed Aug 16 •PCBC – Oct 16 – completed •Assurance process – Sept – Nov 16 • Public consultation Jan17 •Decision May/June17	• Reconfiguration of services which address the clinical and financial challenges of delivering these services, as set out in the Review Case for Change • Improved access to essential co-dependent acute services, for example blood transfusion services, associated surgical expertise, diagnostics , interventional radiology etc • Increased scope for involvement in and patient benefits from research and innovation • Reduced transfers of care • Protecting the future delivery of specialist services within the city	Jan 2016	Decision: May 17
Neuro Network Vanguard **Plan** Programme plan	The programme objective is for a clinically and cost effective comprehensive whole system neuroscience service. People with neuro or spinal problems will receive the appropriate clinically effective care to assured standards, wherever they live, via local access points, and have an efficient and person centred experience.	• Integrated, high quality neuro, rehabilitation and pain pathways across Cheshire & Merseyside, delivered via a hub and spoke model of care • More care delivered in community settings	2016/17	2020/21
Southport & Ormskirk NHS Trust **Review of Services**	The objective is to achieve clinical and financial sustainability facilitated by a review of the services provided by Southport and Ormskirk NHS Trust. Milestones: Establish formal commissioner led major service review in a multi-stakeholder partnership. • Process, Governance and Stakeholder Mapping (Jan-March 2017) • Case for Change (April-June 2017) • Pre-consultation engagement (July-September 2017) Further milestones will follow in accordance with NHSE published "Planning, assuring and delivering service change for patients"	• Expansion of current integrated care organisation strategy. Emphasis on partnership, standardised pathways and self care in the community and primary care setting. • Reconfiguration of services which address the clinical and financial challenges, as determined by the Reviews "Case for Change" • Implementation of specialist commissioned strategy for the North West Regional Spinal Injuries Centre	January 2017	July 2018

3.2 - North Mersey plans for demand management – community 1/2

Programmes	Projects	Outputs	Start Date	End date
Integrated Multi-disciplinary Community Teams	Delivering proactive care through multidisciplinary teams operating on neighbourhood footprints of 30-50k. MDT to include general practice, community nursing, mental health, social care and a range of relevant care professionals relevant to an individuals' care.	• Reconfigured integrated multi-disciplinary teams operating on smaller neighbourhood units of 30-50k • Shared records platform • Single multi-agency assessment process (GATE Framework) • Single point of access	2015	March 2018
Primary Care Transformation	Transformation of primary care aligned to the GP Forward View and forming an essential component of the Community Model of Care Consideration of the Liverpool GP Specification across NM	• Increased integration of services across primary care • Improved workforce capacity and skill mix • Improved optimization of prescribing solutions • Standardised approach across the NM footprint	June 2016	March 2019
Primary Care Demand Management in Acute	1. Addressing activity at the front door of NM AEDs through the provision of GP streaming 2. Developing capacity and utilization of primary care through the creation of primary care hubs in the community for routine and urgent care 7 days a week	• Increased capacity to provide same day access to routine and urgent primary care 7 days per week • Urgent delivered closer to home • Increased integration of the urgent care system	Jun 2016	TBC
Effective Discharge Plan Borough specific plans in operation.	Implementation of whole system approach to support effective discharge for patients into community/home care. Focus on discharge to assess to deliver required assessments and reablement services in the patient's home (or community facility).	• Agreed pathways across whole system for discharge to home/community • Consistent protocols across the NM system • Clear system of escalation • Increase in levels of domiciliary care provision • Integration of health and social care resources • Single assessment process	Oct 2016	Mar 18
Organisational Transition **Decision October 2016 (New provider in place by April 2017)**	Transition of community services to new provider arrangements, delivering a new specification aligned to the NM community model.	• Enabler to embed the new model of care for out of hospital services • Financial sustainability	Jan 2015	Apr 17
Mental Health Plan Implement pan NM approach to Mental Health. Plan to be developed.	North Mersey Mental Health Health Transformation Board has been established. • Agreement of approach to implement new model for mental health care including: • Integration with physical health services • Implementation of new national standards/requirements Merseycare delivery of 5 year financial plan	• Integration of mental health into community model of care • Financial efficiencies	July 2016	Mar 2021
Enhanced Care Home Model **Plan** Elements in operation within South Sefton. Implementation within Liverpool from November 16.	Delivering proactive care through multi-disciplinary teams to provide regular MDT reviews in older peoples care homes. Introduction of telehealth with 24/7 access to a clinical telehealth hub	**Outputs** • Introduction of telehealth into care homes • Increase in the uptake of telehealth and telecare • MDT approach introduced • Increase in the numbers of people with a Comprehensive Geriatric Assessment	Nov 2016	Mar 2018

3.2 - North Mersey plans for demand management – community 2/2

Programmes	Projects	Outputs	Start Date	End date
Cardiology **Plan** North Mersey delivery plans in place and on-track	Whole system approach to delivering a single service delivery for cardiology services aimed at improving value from cardiology spend and improving outcomes. Six workstream areas: • Chest Pain • Cardiac Rehab • Breathlessness • Heart Rhythm • Healthy Imaging • Prevention	• Reduction in Consultant to Consultant referrals • Reduction in Outpatient appointments • Reduction in duplicate diagnostics • Reduction in inter-hospital transfers • Strengthening business continuity to support 7 day working	Oct 2015	Mar 2018
Respiratory **Plan** Plan in place but to be reviewed in line with wider North Mersey delivery arrangements	Development of a new model of integrated respiratory care with city wide delivery	• Single service pathways across all adult respiratory services. • Single clinical workforce for all adult respiratory services across the City	Jan 2016	Mar 2018
Children	Redesign of children's service infrastructure across multiple partners and sectors with a focus on integrated, community based services; primary care / general practice, community services, social care, CAMHS, education and voluntary sector. At the core is a proactive approach to health, wellbeing and care delivery, focused on children and families, utilising the Levels of Need and the Early Help tools. Prime focus on prevention and early identification of need via universal services.	• There is a clear set of objectives for this programme and a clinical blueprint is being developed to underpin the integration of teams & services.	Oct 2016	TBC
Telehealth and Assistive Technologies **Plan** Delivery plan to be reviewed in line with revised North Mersey delivery arrangements. Currently in procurement to deliver scale requirements.	• Significant scale up of the telehealth programme across North Mersey • Telehealth procurement route and specification complete; new contract enabling scale up to be implemented in December 2016 to March 2017. • Clinical technology hub embedded in community service, with amended specification.	• Full telehealth monitoring for patients with COPD, Diabetes or Heart Failure with a risk of admission above 25% and also pass the clinical suitability gateway. • Provision of 'light touch' and self care telehealth systems and apps for patients below 25% risk and for a wider range of diseases. • North Mersey wide clinical engagement and referral routes established to take advantage of economy of scale.	Apr 2016	Mar 2019

3.2 - North Mersey plans for demand management – population health

Initiatives	Projects	Benefits	Start Date	End Date
Non-communicable disease prevention strategy for North Mersey	health policy initiatives that make the healthy option the default social option.	Outcomes • Improved health outcomes • Reduced emergency admissions • Improved quality of life • Reduced years of life lost	Jan 2017	March 2021
Making Every Contact Count (MECC)	NM MECC Plan to be developed – Dec 16 Phased implementation plan across all providers	Outcomes • Improved health outcomes • Reduced emergency admissions • Improved quality of life • Reduced years of life lost	Sept 16	March 17
Tobacco control	Prevention programmes for young people Smokefree areas Reduce outlets selling tobacco and licencing Implementing PH guidance 48 on Smoking: acute, maternity and mental health services	Outputs • Stop smoking pathway adopted across all disciplines, which includes electronic referral to the stop smoking services • Number of staff trained • 100% of patients with recorded smoking status & given brief advice • 50% of smokers electronically referred to community stop smoking service & 50% achieve a 4-week quit Outcomes • % reduction in smoking-related hospital admissions • Improved health outcomes • Reduction in smoking prevalence	Apr 17 Apr 17 Oct 17	Ongoing Mar 18 Sept 18
Workplace Wellbeing Programme	Develop programme, charter and accreditation framework Roll out across NHS and care system first Extend to NM workplaces	Outputs Numbers of accreditations and reaccreditations achieved Evidence within 6 months of accreditation through audit of hospitals as health promoting environments e.g. • Increase in physical activity programmes at work • Increase in vending machines using healthy foods and drinks • Longer term measures - 6 months/1 year • Reduction from an agreed baseline - sickness absence, staff turnover Outcomes • Improved health outcomes • Reduced hospital admissions	Dec 16	March 18

3.2 - North Mersey plans – digital roadmap

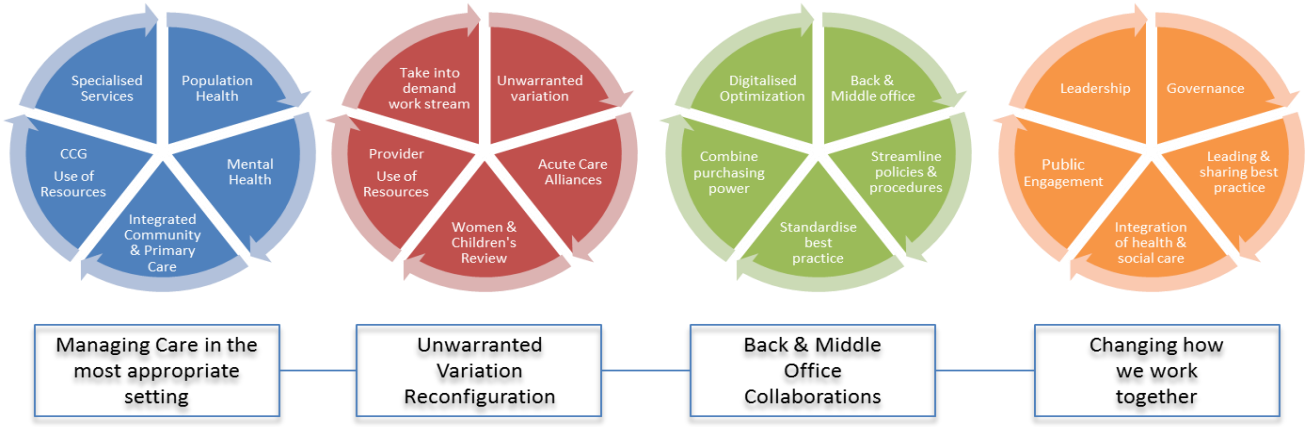
Programmes	Projects	Benefits	Start Date	End Date
Digitally Empowered People **Digital No Wrong Door & Assistive Technology** **Plan** Digital no Wrong Door plan in development Telehealth scale up in procurement phase	**Digital No Wrong Door** • Digital No Wrong Door; enabling people to interact digitally and online with the health and care system, as well as supporting population health Programmes	**Digital No Wrong Door** Outputs • A single source and platform to access information, advice and services • Online consultations with care providers and online appointments. • Use their choice of device and app to manage their care • Patients to be enabled to use assistive technology to manage their care and interact with professionals, and to access information about their own health and conditions to support them to self care. • Establish a workforce that is digitally skilled with the appropriate technology and culture to enable effective working through technology.	16/17	18/19
	Assistive Technology • Establish a range of assistive technologies that can be deployed across North Mersey in primary care, community and acute settings. This work supplements the demand management plans for deployment at scale. • Support integration and interoperability with clinical systems for improved intelligence, referral mechanisms (to increase scale and sustainability) and clinical decision making.	**Assistive Technology** Outputs • Increase in available technology • Wider range of conditions supported by assistive tech • Interoperability with clinical systems Outcomes • Further reduced emergency admissions • Improved patient experience • Improved health outcomes • Improved access to digital services	16/17	18/19
Connected Health and Social Care Economy **Plan** Plans fro all lines developed sharing agreements in place EPR procurement for 3 trusts in progress	To ensure that information is available to the right people, in the right place, at the right time Delivery of Information Sharing Framework • Digital maturity transformation of all H&S Care providers • Interoperability Programme –joining up key systems to deliver information sharing framework • Single Adult Acute Hospital EPR (3 trusts) • Maximisation of technology in Community Care Teams • Consolidated Infrastructure; enabling work across sites and better patient access **Delivered through implementation of the Merseyside Digital Roadmap**	Outputs • Every health and social care practitioner will directly access the information they need, in near real time, wherever it is held, digitally on a 24x7 basis. • Consolidated and rationalised Electronic Patient Record systems moving to a common system for out of hospital care and a common system in our hospitals with interoperability between the two. • Duplication and paper processes will be removed. • Standardised, structured, digital clinical records across all providers in the pathways of care. • No patient will need to 'repeat' their story. • All health and social care professionals record clinical information in a consistent way, digitally, at the point of care, by 2018/19. • All clinical correspondence between professionals caring for patients is sent digitally and integrated into core clinical systems by 2017/18. • Community care teams can integrate for person-centred care with technology that "just works", by 2017/18. • Individuals interact with their care services digitally should they choose to by 2018/19. • All clinicians can order diagnostic tests electronically and view share diagnostics results around a patient by 2016/17. • Single Service Teams have a single EPR to operate as a team by 2018/19.	15/16	18/19

3.2 - North Mersey plans – act as one

Programmes	Projects	Outputs	Start Date	End Date
Single-System Governance	Establish North Mersey system governance for strategic oversight, delivery of the LDS Plan and input into STP delivery. Healthy Liverpool Leadership Group to extend to NM. Financial Governance; establish governance framework for single-system accountability for managing financial risks and benefits, to achieve NM control totals and financial balance by 2021.	• Robust, embedded governance model to enable whole-system accountability and decision-making • Financial risk sharing to achieve system control total	July 16	Oct16
Commissioning Arrangements	Objective: to establish the optimum commissioning arrangements to deliver NM LDS Plan: • Establish joint commissioning programmes, with clear lead roles and resourcing across NM CCGs, Local Authorities and NHS England • New organisational arrangements for NM commissioning; reflecting Devolution and ACS plans.	• Integrated commissioning model across health and social care for North Mersey system • Single commissioner in organisational form • Place-based strategic commissioning plan for North Mersey to enable transformation	July 16	March 18
BAU Efficiency Programme - Organisational	Develop a detailed NM plan for Level 1 BAU efficiencies for: • Royal Liverpool • Aintree • Liverpool Women's • Alder Hey • Walton Centre • Liverpool Heart & Chest • Clatterbridge Cancer Centre • Merseycare • Liverpool Community Health • Liverpool CCG • South Sefton CCG • Southport & Formby CCG	• Organisational BAU efficiency plans for every NM provider • Merger of three adult acute trusts with associated efficiencies	July 16	March 2021
Collaborative Efficiency Programme – North Mersey	• Develop North Mersey plan for back office, clinical support and non-viable services • Implementation of plan – prioritised & phased	• North Mersey plan aligned for collaborative efficiencies, aligned and part of wider C&M STP plan	July 16	18/19
Accountable Care System	Explore options for the development of an Accountable Care System to support the radical step change required to manage demand and improve health outcomes. <u>North Mersey System Control Total</u> The North Mersey Leadership Group has agreed to explore the submission of an expression of interest for a North Mersey system control total, which would be submitted to NHSE by 31.10.2016 in line with the opportunity set out in the NHS Planning Guidance.	• Establish an accountable care system/organisation with the right geography and scope, providing optimal model for improved outcomes and sustainability. • Whole pathways of care managed across provider and commissioner boundaries • Establish a sustainable financial model for shared benefit and risk	Oct 16	Marc19

3.3 - 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 comprehensibly address these we must priorities 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:



Demand Management

1. Prevention £14m
2. Integrated Out of Hospital £37.9m
3. QIPP/BAU £26m
4. Accountable Care £3m
5. Specialised Services £30m

Total £110.9m

Variation / Reconfiguration

1. Unwarranted Variation and Standardisation £24m
2. NHS Provider Collaboration £8m
3. Women & Children's £2m
4. Accountable Care £3m
5. Model Hospital/BAU £107

Total £144m

Back & Middle Office

1. Back & Middle Office £3.75m
2. Streamlining £1.4m
3. Best Practice £1.2m
4. Combined P`Power £22.5m
5. Digitalisation £1 m

Total £28.8m

Ways of Working

1. Outcomes Commissioning £1m
2. Patient based need £1m
3. Systems Leadership £1m
4. Collaborative working £2m
5. Learning partnership £1m

Total £6m

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 consultation processes.

3.3 - Cheshire & Wirral plans for demand management 1/3

Projects	Change Delivered	Outcomes/Benefits
Alcohol Strategy (NHS, Local Authorities. Police, Community and Voluntary sector)	System wide interventions to reduce alcohol related harm: • 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.	• 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)	Implementation of the Pan Cheshire Hypertension Strategy: • 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)	• 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.	Building on the 4 existing Transformational Programmes, Discussions are underway to support the introduction of: • 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. It is recognised that to support Primary and Community Care, resources are required to deliver these changes.	• 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.	• 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)	• Reduction in prescribing expenditure.
Respiratory Strategy	Exploring best practice and options for a single approach across Cheshire and Wirral to integrate Respiratory Services; • 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.	Fewer hospital visits, fewer unplanned primary care visits (>1000 Emergency Admissions Avoided) • 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	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. Deliver services which identify people with pre-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.	• 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.

3.3 - Cheshire & Wirral plans for demand management

Projects	Change Delivered	Outcomes/Benefits
Mental Health **Delivery of the priorities set out in the 5Year Forward View for mental health and the Prime Ministers challenge on dementia (2020) Including :** • **Prevention and Early Detection** • **Better Mental Health Care for people with Physical conditions.** • **Improved services for people with severe Mental Health Conditions**	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. Improving patient safety – including a commitment to 'zero suicide.' Improving effectiveness – through a focus on care pathways with clear outcomes and evidence-based practice. In year 1, a priority will be the establishment of fully functioning mental health liaison services across Cheshire and Merseyside. Cost of investment expected to be funded from central allocations as per planning guidance.	• 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.
Specialised Commissioning • **A collaborative approach that will seek to address the current inequality in access for Cheshire and Wirral residents.**	The early interventional programme identified above will ensure that patients are seen and treated earlier so reducing the need for consultant to consultant referrals. In partnership with NHS England, Cheshire and Wirral will adopt an approach to reducing the £30m overspend in specialised commissioning.	• Referral pathway improvement to ensure services are patient centred and outcome based. • Improve productivity and value of these services.
High Impact Community Based Integrated Care Schemes:	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. • 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 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.	• 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.
Neurology (Cheshire and Merseyside) ***This supports the work that has been lead across Cheshire and Merseyside as a cross cutting theme.*** **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.** **The spinal model is to implement a whole system spinal services network, integrating the two key components of the national Spinal Transformation Project.**	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: • 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. 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. 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.	• 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.

3.3 - Cheshire & Wirral plans for demand management

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.	• Improved utilisation of available capacity. • Increased awareness of self-care. • Resources will be targeted to deliver effective interventions.
Cheshire and Wirral Cancer Strategy	Targeted interventions to address areas of low screening uptake. Focus on improving the key worker arrangements for cancer patients and roll out the Recovery Package. Diagnose or exclude cancer within 28 days by creating multi-disciplinary diagnostic centres and new pathways for patients with vague cancer symptoms. Address together our capacity, workforce and organisational bottlenecks, which are preventing delivery of the 62 day cancer standards.	• 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.	• 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.	• 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	Improved joint working with local authorities and across CCGs. Improved team metrics (reducing sickness and turnover rates).	• 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	Delivery of a range of physical and mental health initiatives designed to deliver care closer to home and reduce demand on acute services. Introduction of new models of primary care and community care. Explore the resource requirements that would be associated with this.	• Reductions in non-elective admissions. • Reductions in Length of Stay. • Reduction in Delayed Transfers of Care. • Shift in activity from acute to community sector.

3.3 - Cheshire & Wirral plans - variation and hospital reconfiguration

Projects	Change Delivered	Outcomes
Organisational structures and system architecture	We are planning: • 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.	A change in the Commissioning and Provider landscape that will support : • 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	Technology that support s and enables the delivery of integrated health and social care services: • Single IT/ informatics platform to support management of variation • Examples such as clinical registries, patient and asset tracking, operational control centre Access to global thought leadership/ expertise in management of variation.	Effective IT and information flows across all sectors supporting the management of variation/optimum approach to management of variation.
Development of a common approach to the delivery of clinical support service	A common approach to: • Medicines Management • Infection Prevention Control • Pharmacy • Radiology • Pathology	Optimised clinical support services to ensure clinical, operational and financial sustainability.
Development of model care pathways	Development of care pathways (across primary, secondary and social care) for high cost/ high volume diagnoses.	Optimum management of high cost/ high volume diagnoses including: • Pneumonia/ upper respiratory tract infection • Cardiac disease • Acute abdomen • Alcohol • Ophthalmology • Orthopaedics • Dermatology Standardised care pathways. Reduced length of stay.
Improved system performance to match best decile NHS England performance	Benchmark ourselves against national metrics to match or better NHS England best decile for: • Admissions • Overnight stays • Average Length of Stay • A&E attendances • Outpatient referrals and follow ups Participate in the NHS Right Care programme. Model impact to understand extent of overlap with other work streams.	• Management of demand in appropriate setting will produce a range of between £30-£60m.. • Appropriate use of secondary care services.

3.3 - Cheshire & Wirral plans - variation and hospital reconfiguration

Projects	Change Delivered	Outcomes
In-line with existing transformation work streams, (Caring Together) a remapping of elective and emergency care models in Eastern Cheshire	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. 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.	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	Develop an options appraisal in relation to the future delivery of elective care in order to support : • 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 .	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) The emerging clinical models will also be developed in conjunction with Primary Care.	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 .

3.3 - Cheshire & 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 – • 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.

3.3 - Cheshire & Wirral plans - collaborative productivity

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.

3.3 - Cheshire & 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

4 - Closing the Cheshire & Merseyside financial gap

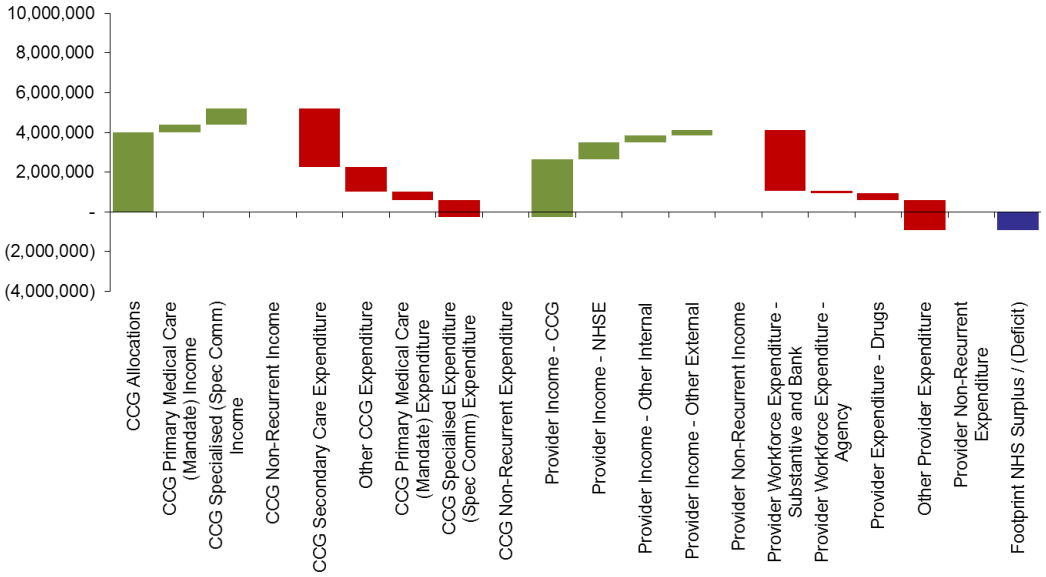
Financial Gap – current position

The 'do nothing' affordability challenge faced by the Cheshire & Merseyside health economy is forecast to be **£908m**, as illustrated below. The drivers of the affordability gap is a growing population that accesses health care more often, and are – positively – living longer but often with one or more long term conditions.

This challenge has narrowed from the £999m in our June submission, to £908m driven by the following:

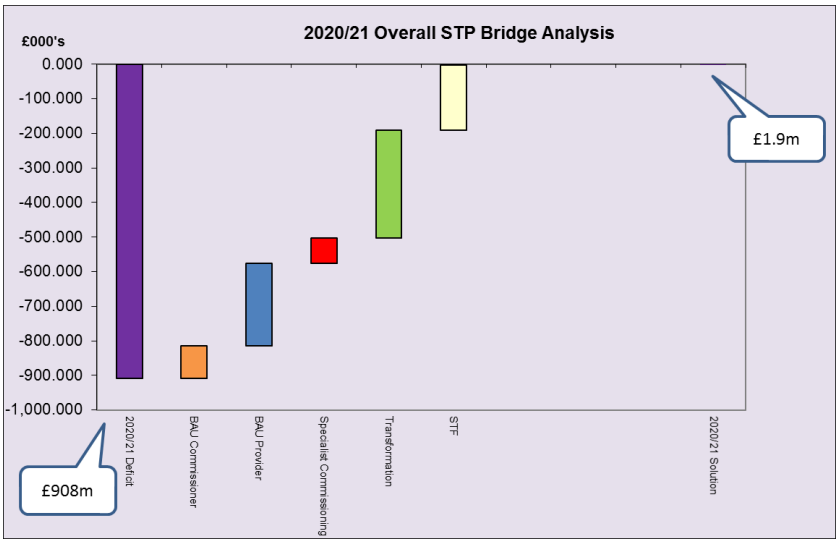
- The gap now reflects the fact that some cost reduction plans are already being delivered in 2016/17, which is year 1 of the 5 year plan
- The remaining gap now reflects the four year period 2017/18 – 2020/21

However, there is still risk associated with the delivery of organisation's 2016/17 financial plans, which at this stage may not fully reflected within the forecast gap.



The 'Do Something' position

After the impact of our transformation solutions, our business as usual and specialist commissioning efficiencies, and the expected STF funding the 'do something' gap is £1.9m, as illustrated below:



Risks to delivery

- Whilst the plans at this stage show a balanced position there is still a significant amount of further planning required on many of the solutions before we could present them as robust and with confidence of delivery
- We will continue to pursue further solutions in order to provide a contingency for when the current plans do not deliver the levels of savings currently forecast in the plan. In particular the focus will be on extending the opportunities in the strategic programmes at STP level.

4 - Closing the Cheshire & Merseyside financial gap

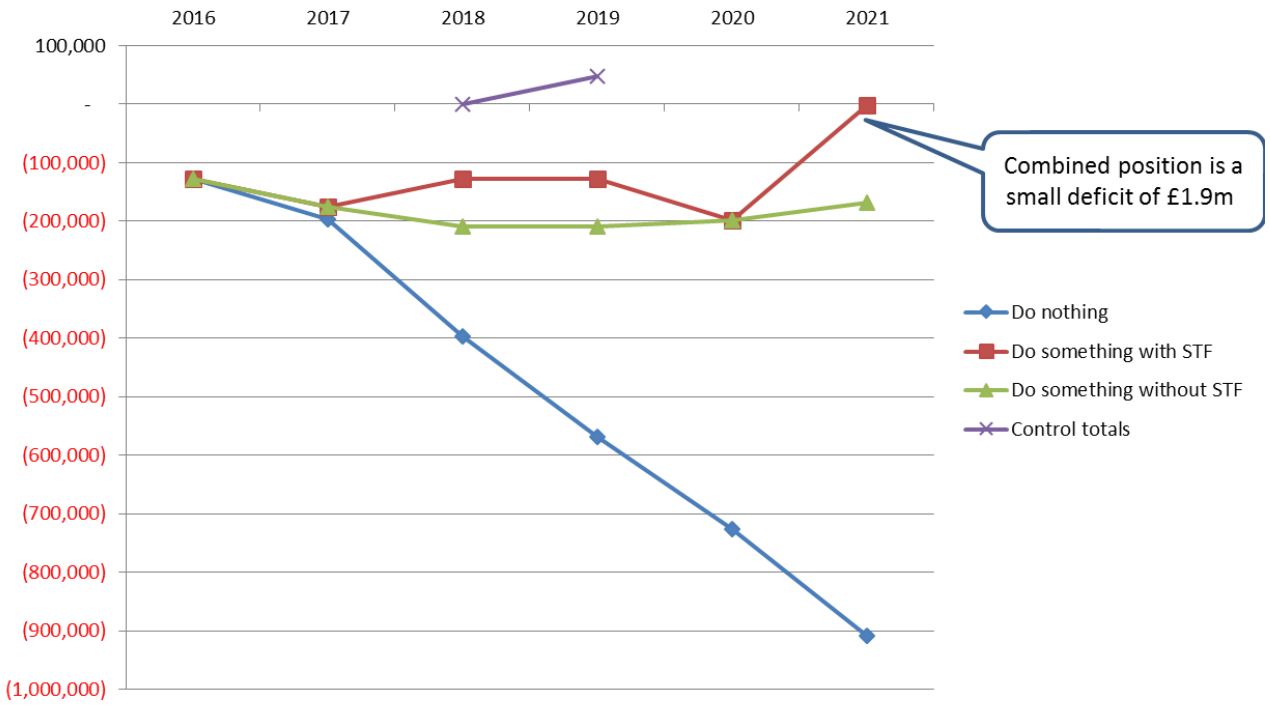
Capital

- We recognise that these plans are heavily dependent upon capital – up to £755m additional funding requirement in current plans as shown below. However we recognise there is still significant work to do before these high level requirements are turned into robust business case ready solutions. In particular to fully articulate the cost/benefits associated with the proposed investment.
- We also understand that Capital funding is extremely limited and that we will need to focus investment in those schemes that provide the most beneficial impact on our STP plans. In doing so we recognise that there may be schemes that do not get approved and the STP will therefore the benefits will also need to be reassessed.

Capital	£000s
Do Nothing	
Locally funded	726,150
Business case funding approved	150,785
Other funding source	47,634
Funding identified/approved	**924,569**
Funding not yet approved/identified	
Do Nothing	387,012
Do Something	368,232
Total funding not yet identified/approved	**755,244**
Grand Total	**1,679,813**

Pace of Change

Whilst we are forecasting balance in 2021, the profile of our solutions reflect that many of the benefits are forecast to be achieved in the latter half of the plan. Therefore the current financial plan does not demonstrate delivery of the aggregate Control Total across Providers and Commissioners for both 2017/18 and 2018/19. We will need to do further work to identify where pace can be increased, and to ensure that we are capturing all the quick wins that might be available.



Next Steps

In addition to addressing the issues noted above our focus now will be on strengthening the financial modelling through development of a demand and capacity model at STP level. This will enable us to more accurately and quickly reflect the impact of our solutions through a more thorough understanding of the drivers of costs across the system.

5 - Delivering the change

Successful delivery of transformation this size requires:

- *Governance enabling decision making*
- *Strong leadership*
- *Robust programme management*

Governance

A successful governance structure will enable leaders to govern with confidence, making timely decisions using high quality management information

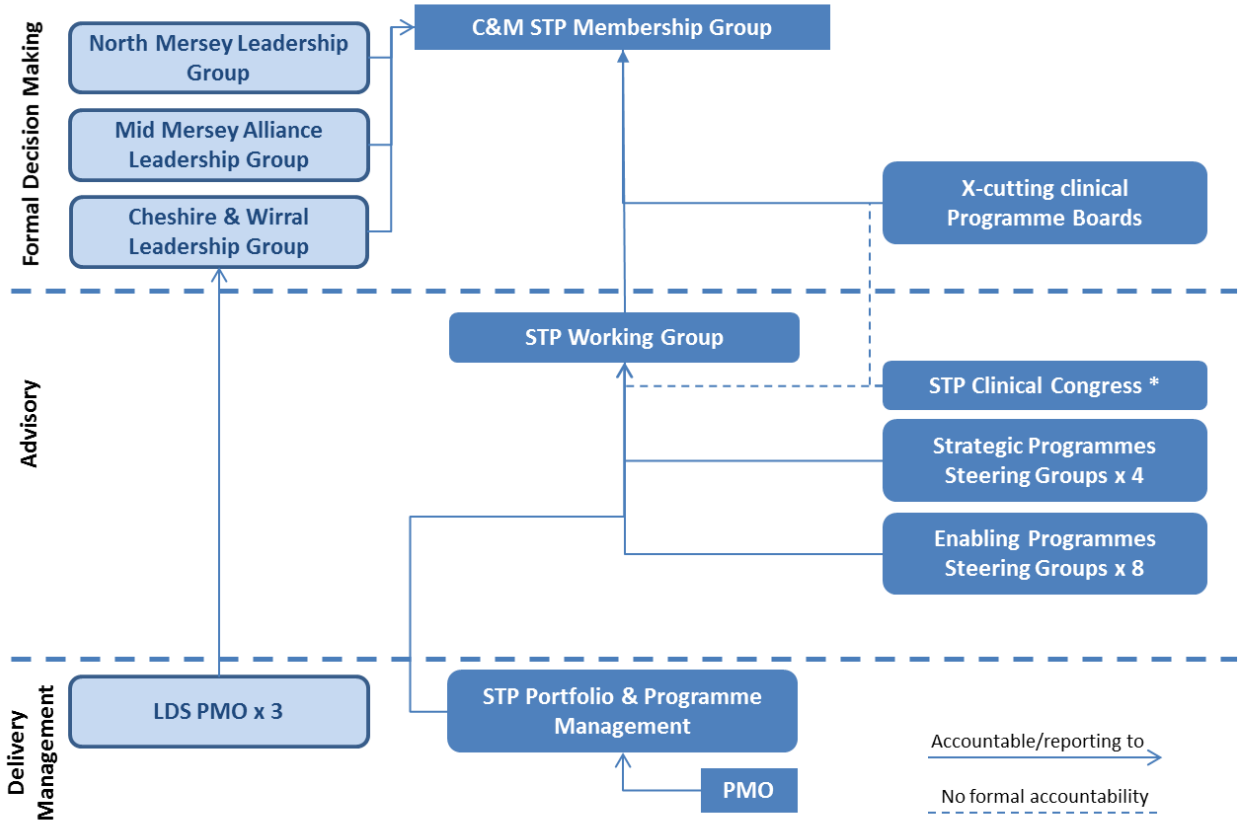
Effective governance of a programme is fundamental to successfully delivery and alignment with the STP strategy and direction, and are built on some key principles:

Each LDS already has its own Governance arrangements that will underpin the STP, and be responsible for the delivery of local programmes of work.

We will look to define governance arrangements early and comprehensively as this will create clear roles and responsibilities at all levels and allow for effective and timely decision making throughout the transformation plan.

We have drafted a Memorandum of Understanding and shared this with the STP Working Group. Once approved this will provide a sound footing to move forward from.

The current governance structure is shown below. This will be developed by the Membership Group in the short term so that Terms of Reference and membership details are agreed across C&M quickly.



** The Clinical Congress constitutes the clinical leadership of the member organisations (medical and nursing directors) and will be led by the STP Clinical Advisory Group which is the clinical advisory group to the STP Working Group. All of the three local delivery systems, four strategic workstreams and eight cross cutting themes will have a nominated senior Clinical Lead/Sponsor who will represent their workstream, their organisation, their sector, and their local delivery system and will also be expected to take a 'holistic' clinical view across the whole STP. The STP Clinical Advisory Group will be chaired by Dr Kieran Murphy, NHSE Medical Director (C&M).*

5 - Delivering the change

The ambitions within the STP will only be delivered under strong leadership

A programme of this size and complexity will need strong leaders with sufficient knowledge, experience and skill to operate at C&M level, while having a national network.

These leaders should also be freed up from their day job in order to provide the necessary system leadership to deliver at pace.

Leadership and Organisational Development

The aim of this section is to set out the forms of leadership and leadership development required to implement, sustainably realise and maximise the impact and benefits of the Cheshire and Merseyside Sustainability and Transformation Plan for the citizens of the region. In particular, to realise the benefits of inclusive, integrated service design, delivery and on-going development, that has the potential to significantly contribute towards improved population health and the reduction of health inequalities. STPs are more than just plans. They represent a different way of working, with partnership behaviours becoming the new norm. What makes most sense for patients, communities and the taxpayer should always take priority over the narrower interests of individual organisations.

Context and Drivers

The context and drivers for change and new forms of leadership and leadership development within the region are both complex and diverse including factors, such as, both the national agenda, as expressed in the 'Five Year Forward View' and the region's, political, economic, social, demographic, legislative, technological, geographical, physical, industrial, agricultural, commercial, educational and service sector history and current architecture, infrastructure and landscape.

The opportunities and challenges within the region's, sub-region's, cities, sub-cities, rural and urban environments are incredibly diverse and distinctive. However, all share the vision of a healthier population for all. A vision within which: -

- the assets and talents of local communities and populations are rigorously harnessed
- health inequalities are proactively addressed
- the promotion of health and well-being is the primary focus
- health and well-being services are integrated, resilient, culturally appropriate and sustainable

Regional Leaders

This vision requires regional leaders able to act, engage, learn, influence, challenge, develop, initiate and sustain change within differing volatile, uncertain, complex, ambiguous and diverse environments (VUCAD). We need to identify, develop, support and future proof inclusive, culturally competent leaders to become more impactful 'place' based, collaborative system leaders, implementing and continually developing fully integrated health and well-being strategies and services. This strategy to then support leaders to articulate and 'live' the ambitious Cheshire and Merseyside vision, and gain 'buy in' towards/for it from a range of stakeholders.

Conclusion

Twenty-first century leaders are expected to be VUCAD leaders; Cheshire and Merseyside leaders are no different. They are expected to respond to these environments by providing vision, understanding, clarity, and adaptability, to possess a VUCA approach, to fully immerse themselves in place, to work in place with individuals, groups and communities with an asset based approach, harnessing the talents of all diverse stakeholders, listening to and learning from differing perspectives, responding with agility and humility, whilst remaining personally resilient. Acting at all times as Inclusive Leaders, Cheshire and Merseyside leaders do and will work with others to ensure the successful achievement of the Cheshire and Merseyside STP, promoting innovation, creativity, entrepreneurism and inclusive, sustainable growth.

A Cheshire and Merseyside leader is and will be fulfilling an exciting, demanding, innovative and often challenging role and will need differing levels, forms and opportunities for development. This STP will work with the NHS North West Leadership Academy (NHS NWLA), and other agencies, to support the development of leaders and the region's leadership community, spanning Cheshire and Merseyside leaders within, across and beyond organisations, systems, and place. It is recognised that the NHS NWLA's experience developing, supporting, stretching, growing and caring for a diverse and inclusive leadership community can support the Cheshire and Merseyside leadership community in the vital role of supporting new and existing leaders to excel in role, to excel in new 'bigger' roles, to excel in identifying new talent and in making the region's health and well-being services world leading.

5 - Delivering the change

Robust Programme Management

The Cheshire & Merseyside STP comprises a significant number of programmes. Programmes are about managing change, with a strategic vision and a route map of how to get there; they are able to deal with uncertainty about achieving the desired outcomes. A programme approach should be flexible and capable of accommodating changing circumstances, such as opportunities or risks materialising. It co-ordinates delivery of the range of work – including projects – needed to achieve outcomes, and benefits, throughout the life of the programme.

A programme comprises a number of projects. A project has definite start and finish dates, a clearly defined output, a well-defined developmental pathway, and a defined set of financial and other resources allocated to it; benefits are achieved after the project has finished, and the project plans should include activities to date, and both measure and assess the benefits achieved by the project.

For a portfolio of this size and complexity, the illustrative model below tells us that successful delivery is wholly dependent upon having the right set of capabilities in place. Any significant weaknesses in the capability generated to deliver projects, at any level of the programme, are likely to impact negatively upon delivery.

The aim is to ensure that the right people are in a team and a clear and transparent project resourcing process is in place; this will mean that ways of working are understood.

Project Management

All members of the project teams must be committed to the vision and plan; moreover, impacted stakeholders should be willing to put in the additional effort required to deliver the programme. The use of milestone trackers, with enough detail to monitor on a weekly basis, and that are understood and agreed by the project lead and team, is critical.

Accountability

There must be clear accountability for project delivery of benefits (including savings) and the consequences of non-delivery understood. The work-stream lead is accountable for project delivery as delegated to them by the Executive Sponsor for each project.

Document Sharing

An intranet knowledge base should be established for the projects that comprise the programme. The use of the programme 'SharePoint' facility is an efficient and effective medium for joint viewing arrangements for documents, specifically workbooks, as well as maintaining good configuration (version) control.

The project teams will be responsible for ensuring that the latest version of the project documentation is always available on the SharePoint site. The access to the workbooks in terms of editing rights will be restricted to the Programme Assurance Framework, work stream and project team members.

Training & Development

The Programme Assurance Framework will promote exemplars of best practice project documentation. All staff completing these documents should be trained (by means of on-the-job training) during the development phase of that project.

Progress Meetings

Each project team will be expected to meet with the Programme Assurance Framework on a monthly basis. The objective of the meeting will be to gather evidence to ensure that the assurance update to the programme dashboard is based on documented evidence and is factually correct.

The conduct of the meeting will be based on a comprehensive review of the project documents as the evidence base. The progress meeting will also be an opportunity for the project to raise any issues for which the assistance of the Assurance Framework/Steering Group may be required to address to 'unblock' the route ahead.

The Programme Assurance Framework will ensure that there is a sufficiently formal process in place to ensure that any assurance reports are produced for governance meetings. This will support the embedding of an appropriate accountability framework and the provision of escalation reports, by exception, to the sub-committees; this latter process will form part of the role of the Programme Assurance Framework.

Programme Dashboard

The Programme Dashboard is intended to enable the governance bodies a more qualitative view of the development and implementation of projects. It will provide cues to focus executives on the strategic issues that require a degree of anticipation, like communications with stakeholders, or problems that need unblocking, for example questions relating to financial investment. The Programme Dashboard will also assist with the monitoring of milestones, KPIs, financial status and risks. Specifically, the dashboard reporting allows executive sponsors to review all of their projects easily, at a glance. Furthermore, it will include a responsibility matrix – given the complexity of the programme - identifying the key staff needed to deliver the project and identifies the dedicated resource required.

5 - Proposed resources required

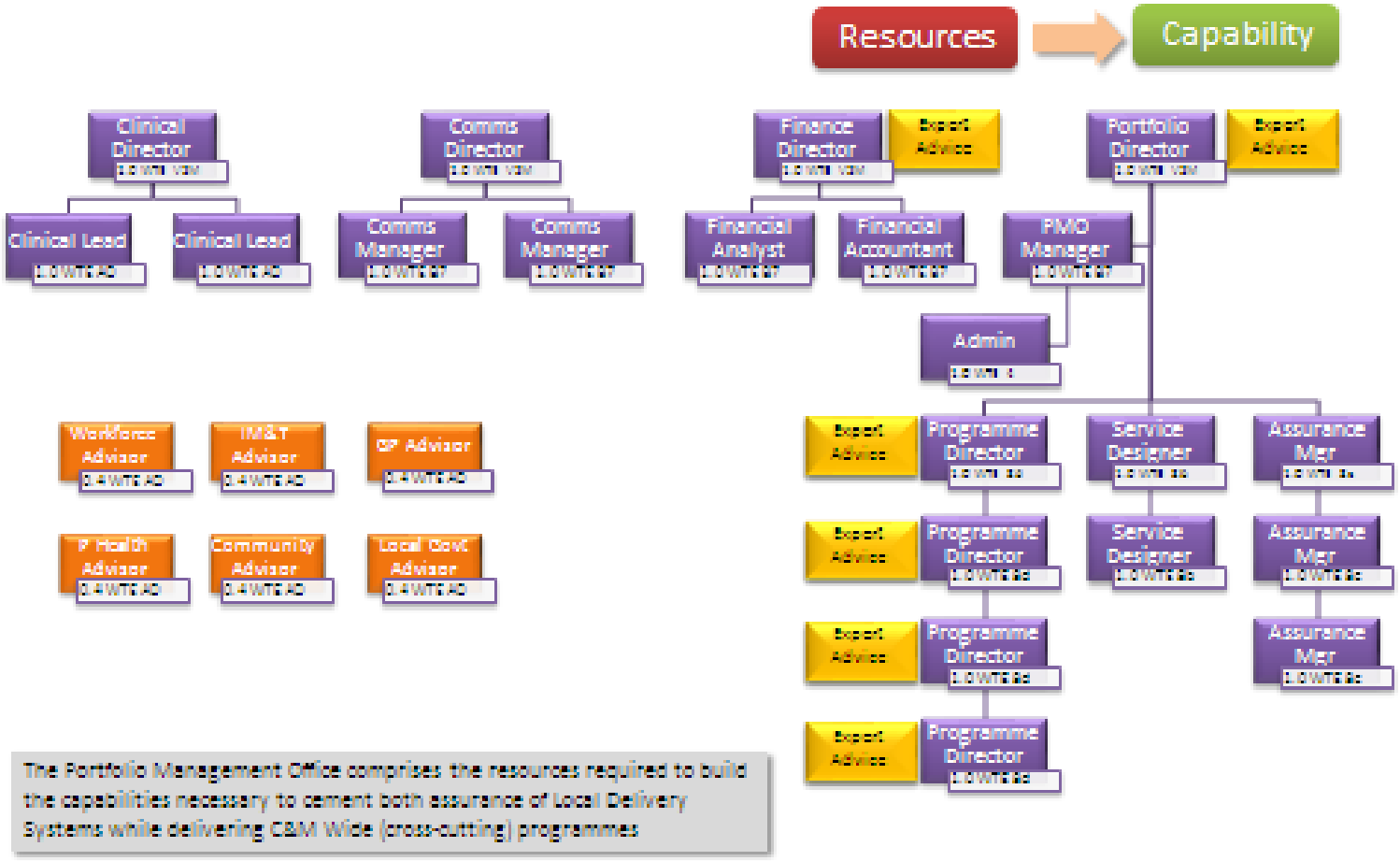
The current proposals before the Cheshire & Merseyside STP Working Group are shown below. The resource and skill mix may come from a number of sources and the capability sets will need to change as programmes mature through the gated phases.

The Portfolio management Office will reside at the centre of the STP, as the engine room, meeting the demands and requests of external stakeholders while directing and assuring the programmes (as appropriate and cognisant of local governance arrangements) that fall within the agreed scope of the STP.

Similar structures will need to be agreed and mobilised, where they do not already exist, for the work of the Local Delivery Systems and each of the programmes within the Portfolio.

Delivering the change

Portfolio Management Office



The Portfolio Management Office comprises the resources required to build the capabilities necessary to cement both assurance of Local Delivery Systems while delivering C&M Wide (cross-cutting) programmes

5 - Proposed communications and engagement plan - subject to further work and detailed discussion, including with individual governing bodies

Introduction

Our communications & engagement strategy sets out the approach to communicating the STP across Cheshire & Merseyside and engaging in an open & honest manner, with patients, public, staff and stakeholders. Stakeholders are recognised in terms of their level of interest and influence, and the corresponding level of engagement and communication is applied to enable each audience to have the opportunity to comment on proposed changes to health service provision.

This STP is a 'live' document that is subject to regular revision throughout the programme, and recognises and documents the work that has already taken place and is still ongoing at a local level. Much engagement work has already taken place to support area transformation plans such as 'Healthy Wirral', 'Healthy Liverpool' and 'Connecting Care' and this work is currently in the process of being scoped and logged.

The plan has been developed in collaboration with the Communication & Engagement Leads for each of the three 'Local Delivery Systems', providing a joined up, partnership approach across the region, and utilising all available channels to reach stakeholders.

What stage are we at now?

The Cheshire and Merseyside Sustainability Programme (STP) is still at a developmental stage. We are in the design phase of a programme that will help to create healthier NHS services across Cheshire and Merseyside for future generations.

We know that these changes can't happen overnight and that they shouldn't. Some NHS care models haven't changed much in over fifty years and it is unrealistic to expect them all to be suitable for a growing, aging, online population with changing expectations and needs.

This is why we are taking time to create an STP that is worthy of consideration by the public, patients, clinicians and the wider health economy and why the STP itself is still expected to go through a number of changes and adaptations – beginning with a phase of review and revision after the 21st October.

An initial period of pre-engagement will follow this date - setting the scene, considering and communicating available options and making sure that we are having the right conversations with the right people. The conversations that we have started about this process are extremely valuable and we will continue to engage with all of our stakeholders.

Engagement & Communications Objectives

The communications and engagement strategy has a number of over-arching aims. It is based on the three LDS areas being the "engine room" for developing and implementing any plans for transforming services. At a Cheshire and Merseyside level a joint Communications and Engagement Steering Group will be established to oversee the following:

- Establish standards for communication and engagement with members of the public, NHS staff and other stakeholders, taking into account the needs of any groups of people with protected characteristics, so that local people have the opportunity to contribute to discussions about NHS services. These standards will build on existing good practice and draw on expertise from partner organisations
- Where there is a need to formally consult with the public, staff and stakeholders on options for making major changes to services, ensure that standards of best practice are adhered to. Provide peer support, advice and guidance to support this and if necessary seek external expertise
- Build on existing good practice in order to transform how the NHS engages with members of the public, staff and stakeholders for the future.

Our Local Delivery Systems

A joint calendar will be created for the three LDS areas, identifying key milestones, which will be dependent on the priorities for each area. Communications and engagement activity will be planned to support these milestones. Where appropriate this activity will take place across LDS areas.

A senior communications and engagement lead has been identified for each LDS. Each lead will be responsible for overseeing the co-ordination of activity in their LDS area, providing strategic advice and guidance to their LDS chair and delivery board and will be a member of the Cheshire and Merseyside wide communications and engagement steering group.

STP Key Messages

- All health and social organisations across Cheshire and Merseyside are committed to delivering sustainable services that deliver the best care for local people
- We need to think differently about how we deliver services to meet the changing needs of our population
- We know we need to use our limited resources wisely, to meet the demands on the system and stay within our allocated budgets. By working together we can plan our services to deliver the maximum benefit for patients

5 - Strategic Risks

Financial Sustainability challenge. Since the June 2016 submission of the Cheshire & Merseyside STP, we have taken the opportunity to commence some initial steps to create a common standard of assurance across the footprint. What we have since received in the STP Working Group is a set of high level assurance assessments, both documented and verbally, which demonstrates that our current plans are extremely unlikely to close this gap.

The size of the current gap is an estimate and more work to agree the future assurance framework is yet to be completed. However, two dimensions can be described in that: firstly, the current level of planning has no level of contingency (indicatively 25-50%) that would normally be associated with programmes of this size and complexity ; secondly, the robustness of the 'plans' and associated risks regarding measurability, capability and deliverability all serve to make us discount the current value of the whole by a figure of 30% equating to some £300m.

Decision-making. As we stated in our June submission, while there is an emerging clarity about what needs to be done to deliver system-wide change, the challenge of delivering the decisions to effect this should not be underestimated. The strategic aim of the STP to deliver a work stream entitled 'How We work together to Make it Happen' is progressing but now needs to accelerate to agree the draft Memorandum of Understanding that has been circulated, define the governance bodies going forward (evolving the current Membership Group, Executive Group and Working Group) and cement the growing relationship with local Authorities. In due course, t is likely that a number of the decisions required may face public resistance and political challenges. We therefore need to have mature and well oiled governance mechanisms to receive and involve the concerns of our staff and our communities with their representatives.

Internal capacity. The issue of the capacity and capability needed to generate and coordinate detailed design and the delivery of the STP has still to be resolved. Attempting to deliver a change programme of this scale without freeing up key members of staff from other duties, or without bringing in additional resource, is destined to fail. The lack of transformation capacity and expertise released from within the system will result in momentum being lost. We are at a watershed moment and the Membership Group has recently agreed to consider all requests for capacity and skills in the light of insufficient progress being made to exploit the goodwill and discretionary efforts of all those contributing to this plan to date.

Appendices

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WIRRAL

People Overview and Scrutiny Committee
Monday, 28 November 2016

REPORT TITLE:	**2016/17 Quarter 2 Wirral Plan Performance - People Theme**
REPORT OF:	**Executive Director for Strategy**

REPORT SUMMARY

This report provides the 2016/17 Quarter 2 (July – September) performance report for Wirral Plan pledges under the People theme. The report, which is included as Appendix 1, provides a description of the progress in Quarter 2 as well as providing available data in relation to a range of outcome indicators and supporting measures.

At quarter 1, feedback was provided by each of the Overview and Scrutiny Committees on the reports provided. Following this, officers met with the Committee Chairs and Spokespersons to review report provision. This report pilots an approach agreed at that session to provide more detail in terms of performance against each of the pledges that fall within the remit of the People Committee.

Quarter Two Performance Summary

The key performance highlights for quarter 2 include:

- A pilot approach to identify socially isolated older people has been completed in Eastham. The event was led by Age UK Wirral and resulted in 76 referrals to partner organisations. 7 people were identified as wanting to volunteer as befrienders and mini-bus drivers which will increase capacity in services as well as demand. A need was also identified for a bereavement peer support group and this is now being set up.

- Whilst not achieving our ambitious target for the early year's foundation stage profile, results have increased from 69.5% in 2014/15 to 69.8% and we still remain one of the highest in the region and nationally. The key focus is on narrowing the gap for children eligible for free school meals not reaching a good level of development which has fallen short of the 2016/17 target.

- The take up of the 2 year old offer has improved from 72.2% at quarter one to 74.1%. However there is a continuing challenge to ensure that all eligible children take up their education places. The underlying data tells us that Birkenhead has the highest number of eligible children but has the lowest percentage take up. A whole partnership approach to tackle this is being developed and will be rolled out over the remainder of the reporting period.

- Whilst the targets in respect of Health Visits at 6-8 weeks, 12 months and 2-2½ years are below target, there is an improving trend for the 12 months and 2-2½

year's data. For these indicators it was agreed to set challenging targets and make expectation for compliance and improvement clear to our providers and partners.

- Educational attainment at Key Stage 4 trends show performance being sustained or improved on the previous year. Provisional GCSE results indicate that the number of pupils achieving good GCSEs in English and Mathematics has improved by 4% to 67.2% which puts Wirral the second highest attaining North West authority. However performance is falling short of the ambitious targets set this year. The gap in attainment between free school meal pupils and their peers remains the priority.

- The latest data in respect of the proportion of children living in low income families shows a worsening trend. However, our family intervention service levels of engagement have exceeded the quarter 2 target. Further work is required to in relation to school attendance figures to improve our performance in terms of demonstrating positive outcomes with families.

- All measures in relation to the people with disabilities live independent lives pledge are showing strong performance. Employment data for people with disabilities has significantly exceeded the target.

- In line with our strategy to address under-reporting and reduce incidents of repeat domestic abuse, the number of referrals continues to increase in quarter 2 and repeat victimisation has reduced. There remains a challenge to address the perceived under-reporting in households with children.

- The Tomorrow's Women Wirral Peer Mentor Project has proved to be a highly effective community-based support programme for survivors of domestic abuse. It has resulted in peer mentors being trained up to champion domestic abuse support in order that more victims have the confidence to come forward.

RECOMMENDATION/S

That the People Overview and Scrutiny Committee notes the content of the report and highlights any areas requiring further clarification or action.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To ensure Members of the People Overview and Scrutiny Committee have the opportunity to scrutinise the performance of the Council and partners in relation to delivering the Wirral Plan.

2.0 OTHER OPTIONS CONSIDERED

2.1 This report has been developed in line with the approved performance management framework for the Wirral Plan. As such, no other options were considered.

3.0 BACKGROUND INFORMATION

3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 16 supporting strategies that set out how each of the 20 pledges will be delivered. For each pledge, a partnership group has been established to drive forward delivery of the action plans set out in each of the supporting strategies.

3.2 A Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.

3.3 Data for the identified indicators is released at different times throughout the year as a result not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis with annual figures reported in the quarter they become available.

3.4 For each of the indicators a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded. There is also a trend key which shows whether performance has improved, remained static or deteriorated since the start of the Wirral Plan.

3.5 There is no report included for the *vulnerable children reach their full potential pledge*. Following an Ofsted Inspection work in connection with improving outcomes in this area is being reviewed and refreshed. An Improvement Plan in response to the inspection is now being delivered and arrangements are being put in place to ensure robust scrutiny through the Children Sub-Committee. Further information on this is provided in the work programme item also included on the agenda for this meeting.

3.6 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high level Wirral Plan overview report and the detailed pledge reports which include updates on progress an all activities set out in supporting strategy action plans.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

7.1 The performance management framework is aligned to the Council's risk management strategy and both are regularly reviewed as part of corporate management processes.

8.0 ENGAGEMENT/CONSULTATION

8.1 The priorities in the Wirral Plan pledges were informed by a range of consultations carried out in 2015 and 2016 including the Wirral resident survey.

9.0 EQUALITY IMPLICATIONS

9.1 The Wirral Plan equality impact assessment can be found at: https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief

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APPENDICES

Appendix 1: Wirral Plan People Theme – 2016/17 Quarter 2 Pledge Reports

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	**8 September 2016**

Appendix 1

Wirral Plan People Theme
2016-17 Quarter 2 Pledge Reports

Wirral Plan 2020

Older people live well

Overview from the Pledge Sponsor

Over the last three months, we have continued to work together as organisations across Wirral in new and innovative ways to deliver the Ageing Well in Wirral strategy.

In September, a pilot approach to identifying those who are socially isolated in our communities was tested out in Eastham. 'The Great Wirral Door Knock' led by Age UK Wirral working in partnership with Citizens Advice Wirral, Merseyside Fire & Rescue Service, Merseyside Police and Wirral Council involved a three-day door knocking activity engaging with residents and finding out about residents and the local area. The approach was welcomed by partners and residents alike and is currently undergoing evaluation.

In line with growing national trends, the population of Wirral is ageing. The latest average figures show that in Wirral, women can expect to live until their early eighties and men can expect to live until their late seventies. The average number of years that a person can expect to live healthily however, is significantly lower. Diseases such as dementia (which include a range of illnesses) are becoming more prevalent. All partners met in September and agreed that more needs to be done in collaboration to raise awareness of dementia within our own organisations. We want to identify ways of educating staff across our frontline services with the aim of increasing understanding of the disease and how we can help people with dementia continue to access services and obtain the support that they need.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual	26% Nov 2015	26%					Higher is better	
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual	56% Nov 2015	56%					Higher is better	
Healthy Life Expectancy at birth: Males	Annual	59.8 2011-13	59.8		**60.4 Green**		↑	Higher is better	
Healthy Life Expectancy at birth: Females	Annual	61.8 2011-13	61.8		**60.9 Amber**		↓	Higher is better	

Supporting Measure	Type of Indicator	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual	88% Nov 2015	88%					Higher is better	
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual	55% Nov 2015	55%					Higher is better	
Percentage of older people (aged 50+) who reported feel healthy	Annual	65% Nov 2015	65%					Higher is better	
Employment rate of people aged 50+	Quarterly	33.5% Jun 2015	33.6%	33.6%	**33.5% Green**	**33.2% Green**	↓	Higher is better	

Children are ready for school

Overview from the Pledge Sponsor

Progress continues to be made to deliver against the key priorities and actions that are detailed in the strategy.

The take up of the 2 year old offer has improved and is now indicating take up is by 74% of eligible children. However there is a continuing challenge to ensure **all** eligible children take up their 2 year old education places. What continues to be of concern is the underlying data tells us that the Birkenhead area has the highest number of children who are eligible, still has the lowest percentage take up by those eligible children. A whole partnership approach to tackle this persistent issue is being developed and will be rolled out over the remainder of the remainder of the reporting period.

The early year's foundation stage profile results have increased slightly from 69.5% to 69.8% and still remain as one of the highest regionally and nationally. The focus locally is to narrow the gap for those children who are still not reaching a good level of development at the end of reception class year. Work this quarter has been to identify schools where improvements are required. Targeted work with 22 schools will be established this term and monitored closely; each of the 22 schools will receive a package of support by the early year's foundation stage consultants, including additional staff training. Research and evaluation of what is in use across the North West region to successfully track children's development has taken place and will influence the development of a tool to track early year's development of Wirral's children.

With regard to setting targets for the priority 'Children in Wirral will start life well' the baseline at the start of the year for 'Percentage of children who received a 12 month Health Visitor review by the time they turned 12 months' and 'Percentage of children who received a 2-2½ year Health Visitor review' remained lower than National and North West regional neighbours and it was agreed that challenging targets in line with neighbouring authorities would be set. We were aware that this created the possibility that both indicators may remain RAG rated as red (or amber) for the duration of the reporting period (2016/17), however it was agreed to set the target high and make our expectation for compliance and improvement clear to providers and our partners. Whilst progress in both areas is improving against performance at the start of the Wirral Plan further development remains a clear focus.

A training package for childcare providers which focuses on the attachment needs of babies and infants has been developed. This will be tested as a pre training pilot to model the approach, raise awareness, generate interest and promote the programme, before rolling out February to June (2017). Evaluation of the model will be developed to assess future needs.

Work next quarter will further consider how the work aligns across the priorities and actions, to both share the responsibilities against expected progress and to reduce any duplication. We will be extending the marketing tool 'my child can' developed with the early childhood service to communicate key messages and to better engage with parents/carers and the wider community will progress.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
Foundation Stage - % achieving a good level of development	Annual	62.8% 2013-14 Acad Year	85.0%			**69.8% Red**	↑	Higher is better	The end of year target was ambitious. The results across the North West for the highest attaining Local Authorities, Wirral being one of them, have remained relatively static. Wirral's improvement is a modest 0.4% and is in the top 4 attaining North West Local Authorities.

Supporting Measure	Type of Indicator	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
The percentage of women booked to access professional maternity services on or before 12+6 weeks gestation	Monthly	80.8% Q3 2014-15	80.0%	80.0%	**86.3% Green**	**86.0% Green**	↑	Higher is better	Performance in July and August was 89% with a decrease in September to 80%. The rate is reported as a quarterly average but monitored monthly via the maternity dashboard.
Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP)	Quarterly	70.0% Q1 2015-16	78.0%	74.0%	**72.2% Green**	**74.1% Green**	↔	Higher is better	Performance has improved in quarter 2. The service has streamlined the process of handling data from the Department for Work and Pensions, creating more operational time to encourage parents of the most disadvantaged two year olds to take up early years provision.
The achievement gap between pupils eligible for free school meals and their peers achieving a Good Level of Development in the Early Years Foundation Stage Profile	Annual	19.0% 2014-15 Acad Year	15.0%	15.0%		**18.8% Red**	↔	Lower is better	The free school meal gap has remained relatively static improved by 0.1%. The attainment of both free and non-free school meal increased by 0.5% and 0.6% respectively. Schools with either the lowest Good Level Development attainment and/or the widest gap are being supported and challenged by the School Improvement Team.
Percentage of children aged 4-5 classified as overweight or obese	Annual	22.40% 2014-15	23.08%					Lower is better	
Percentage of infants who received a 6-8 week Development Check by the time they were 8 weeks	Quarterly	84.6% Q1 2015-16	90.0%	90.0%	**83.0% Amber**		↓	Higher is better	The comment below relates to Quarter 1 performance: The target has been set at a level to bring performance into line with neighbouring authorities. This is a challenging target. The check is completed by GPs, not the Health Visiting Service. The Health Visiting Service complete a maternal mood review during this 6-8 week period and are encouraging uptake of the developmental reviews. A meeting has been scheduled to ensure that all agencies that are able to promote the take up of the reviews do so.
Percentage of children who received a 12 month Health Visitor review by the time they turned 12 months	Quarterly	66.4% Q1 2015-16	85.0%	85.0%	**70.0% Red**		↑	Higher is better	The comment below relates to Quarter 1 performance: The target has been set at a level to bring performance into line with neighbouring authorities. This is a challenging target and we are working with the provider to identify mitigating actions. More in-depth data is also being provided to demonstrate that performance is targeted to areas of higher deprivation to ensure that the more vulnerable families are reached. A meeting has been scheduled to ensure that all agencies that are able to promote the take up of the reviews do so.
Percentage of children who received a 2-2½ year Health Visitor review	Quarterly	73.0% Q1 2015-16	85.0%	85.0%	**77.0% Amber**		↑	Higher is better	The comment below relates to Quarter 1 performance: The target has been set at a level to bring performance into line with neighbouring authorities. This is a challenging target and we are working with the provider to identify mitigating actions. Progress has been made since the previous quarter and we are in the process of a staged rollout of an integrated 2½ year assessment which when fully operational should lead to an increase in performance.

Young people are ready for work and adulthood

Overview from the Pledge Sponsor

Unvalidated GCSE results indicate that they are similar to last year with 61.5% of pupils getting 5 good GCSEs including English and Mathematics. The number of pupils achieving good GCSEs in English and Mathematics has improved by 4% to 67.2% which puts Wirral the second highest attaining North West authority. Non free school meal pupils still do better than non free school meal pupils. The gap in attainment between free school meal pupils and their peers remains a priority. Results from two secondary schools had a significant detrimental effect on the overall gap. They are both academies and their progress will be a priority for the Regional School Commissioner.

New assessment measures have been introduced by the Department for Education. There is a focus on how much progress pupils make over their best eight subjects. This is called Progress 8. There are four Wirral secondary schools (two maintained schools and two academies) where the Progress 8 score is below the Department for Education floor target. The School to School Partnership Board has banded the schools and the School Causing Concern process has begun for schools banded Band 2 and 3.

Since September, five primary schools have been inspected by Ofsted. All have retained their current judgment so nine out of ten primary schools are good or better. New assessment measures were introduced for the end of Key Stage 1 and 2. These measures combined with a much harder curriculum mean that the results this year cannot be compared to previous years. However the results indicate that free school meal pupils have not achieved as well as non free school meal pupils. The Locality Board focusing on school support has this as a top priority.

The Primary Mental Health Workers are attending training to support this new role. They are visiting schools to identify training needs for school staff. Several secondary schools have signed up to take part in the Team of Life project which will support pupils making the transition from primary to secondary school.

Public Health colleagues have been looking at the support given locally for substance misuse. A network group including organisations such as the Youth Service, Response and the Police has been established to identify emerging issues and ways to support young people.

To date twenty secondary schools have signed up to participate in the Young Chamber 2016-17 programme. Young people have had the opportunity to see behind the scenes at local employer events at businesses such as Typhoo, Cammell Laird and Contessa Hotels. Wirral employers are helping young people to understand the variety of job opportunities. All activities have been focused on raising young people's aspirations and supporting them in making future career choices.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
The % of children achieving 5 good GCSE's (or equivalent) at Key Stage 4 (including English and Maths)	Annual	60.0% 2013-14 Acad Year	68.0%			**61.5% Amber**	↑	Higher is better	Provisional data indicates that there has been an increase of 2% in performance from the start of the Wirral Plan. Two secondary schools significantly underperformed - attaining 19% and 28%. There are three secondary schools below the floor target of 45%.
The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET) - Annual Measure	Annual	4.30% 2014-15	4.20%					Lower is better	
Percentage of schools rated 'good' or 'outstanding' by Ofsted	6 monthly	84.0% Aug 2015	93.4%	93.4%		**85.0% Amber**	↑	Higher is better	The targets were set before a revised Ofsted framework was introduced and were very ambitious. the percentage of primary schools graded good or better is 91%. The number of secondary schools graded good or better increased by 12% to 76%. The introduction of a new curriculum, the changes to assessment both in primary and secondary schools, combined with the higher Department for Education (DfE) floor targets will increase the challenge to increase the number of good and outstanding schools.

Supporting Measure	Type of Indicator	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stage 4 (5 or more good GCSE's including English and maths)	Annual	35.7% 2013-14 Acad Year	23.0%			**35.7% Red**	↔	Lower is better	New measures have been introduced by the Department for Education - Provisional data at Key Stage 4 indicates a Progress 8 gap of -0.7. Disdavantaged pupils Progress 8 measure is -0.5 in comparison to non disadvantage +0.2 The percentage of free school meals attaining A*-C in English and Maths is 43% compared to non disadvantaged pupils 77% - a gap of 34%.
The achievement gap between pupils eligible for free school meals and their peers achieving the 'expected standard' in English, reading, English writing and mathematics at the end of key stage 2.	Annual	n/a				**27.0% Red**	n/a	Lower is better	Data is currently provisional. The Locality Board, focusing on school support has this as a top priority.
The percentage of children in good or better schools as rated by Ofsted	6 monthly	81.0% Aug 2015	90.0%	90.0%		**81.0% Amber**	↔	Higher is better	13 schools were inspected from April to July 2016. Two schools went into special measures (one secondary and one primary). Nine were judged as good. This included three secondary schools and three primary schools being upgraded from requires improvement to good. Since September 1st 2016 four primary schools have been inspected. Two have remained good and two still require improvement.
Reduction in use of medication for Attention Deficit Hyperactivity Disorder (ADHD) - Number of items prescribed	Quarterly	1.55 Q4 2014-15	1.54	1.54	**1.75 Green**		↓	Lower is better	
Hospital admissions due to self harm - PH Local Authority Child Health Profiles	Annual	526.0 2014-15	525.0					Lower is better	

Improving Life Chances Strategy

Overview from the Pledge Sponsor

In quarter 2 the Improving Life Chances Steering Group working with local agencies and communities has continued to make good progress in delivering the strategy action plan.

We held the first annual Improving Life chances event on 20th October, and it was well attended, with 35 organisations and around 70 stakeholders taking part. The event was very positive, and provided an opportunity to highlight the work being undertaken, sharing best practice and provided an opportunity for partners to network. A stakeholder at the event was so inspired by the work she heard was happening locally that she offered to support some of the projects as a volunteer following her imminent retirement. An updated child poverty awareness e-learning training package was also launched at the event, and all partners encouraged to do the training themselves, and to encourage others to do so. During the workshops case studies were identified which showed the innovative way stakeholders are working in communities. One example is the Neo Café that started life as a small community café in the heart of Leasowe offering healthy food, catering services and job opportunities. It now supports more than 100 community events across Wirral and has become a well-known provider of support. Projects such as this have the ability to reach into the community and engage with people who would not consider going to a statutory service for support. Learning from projects such as this is also being built into the community pilots. An example of the work being carried out in the pilots includes a Christmas holiday food hamper project across each community pilot and working together in partnership we hope to deliver over 2000 hampers across the areas (retail value around £30 each). We have levered in almost £7K already throughout the three areas and negotiated a good deal with fareshare for surplus food. The food hampers are an opportunity to promote services through an info pack inside each hamper. The project is galvanising partnership working. Information in food hampers will include, for example, reporting ASB/Crimestoppers, energy advice, magenta news, Fairforyou, credit unions, school uniform swaps.

Additionally, there has been considerable activity to address food poverty during the summer period, with the distribution being linked not only to accessing food, but also activities for families, such as the Monday play schemes and lunch and the youth clubs and hot tea. These projects along with those such as the 'good neighbour scheme' are building on our local community assets and strengthening community connectivity.

A set of 'top tips to prevent family money worries' has been produced via the Citizens Advice Bureau, and this has been included in the first edition of Wirral View.

The Family Intervention Service has worked with a 517 families from Apr-Sep 2016 with performance exceeding Q2 targets. Of the six national criteria required to be met as part of the payment by results framework, the requirement for children to exceed 90% attendance has proved to be exceptionally challenging and has contributed to underperformance of claims for positive outcomes with the families we have engaged with. Officers are consulting with the National Troubled Families Team at a regional level about this issue as it is affecting programme performance at a national as well as local level.

In quarter 3 we will be continuing to develop the community pilots and ensuring that we can evaluate their impact. We will also focus on supporting local families who will be affected by the implementation of the benefit cap scheduled for week commencing 5th December in Wirral.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
The Proportion of children in low income families	Annual	21.5% Aug 2013	21.6%			**23.3% Amber**	↓	Lower is better	
Increase the employment rate in Wirral	Quarterly	66.7 2014- 15	70.9	70.3	**69.7 Green**	**69.7 Green**	↑	Higher is better	The rate of employment in Wirral has been maintained for the past three quarters and has increased by 2.3% since the last comparable period of June 2015.
The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stage 4 (5 or more good GCSE's including English and maths)	Annual	35.7% 2013-14 Acad Year	23.0%			**35.7% Red**	↔	Lower is better	New measures have been introduced by the Department for Education - Provisional data at Key Stage 4 indicates a Progress 8 gap of -0.7. Disdavantaged pupils Progress 8 measure is -0.5 in comparison to non disadvantage +0.2 The percentage of free school meals attaining A*-C in English and Maths is 43% compared to non disadvantaged pupils 77% - a gap of 34%.

Supporting Measure	Type of Indicator	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
Foundation Stage - % achieving a good level of development	Annual	62.8% 2013-14 Acad Year	85.0%			**69.8% Red**	↑	Higher is better	The end of year target was ambitious. The results across the North West for the highest attaining Local Authorities, Wirral being one of them, have remained relatively static. Wirral's improvement is a modest 0.4% and is in the top 4 attaining North West Local Authorities.
Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP)	Quarterly	70.0% Q1 2015-16	78.0%	74.0%	**72.2% Green**	**74.1% Green**	↔	Higher is better	Performance has improved in quarter 2. The service has streamlined the process of handling data from the Department for Work and Pensions, creating more operational time to encourage parents of the most disadvantaged two year olds to take up early years provision.
Family Intervention service positive outcomes with families (Phase 2 of programme)	Quarterly	n/a	300	45		**6 Red**	n/a	Higher is better	The 'positive outcomes' refer directly to the Payment By Results framework which requires outcomes for all 6 criteria areas to be met- it does not include those families where some or most of the outcomes have been achieved. Achieving school attendance of 90% for 3 consecutive terms for all school-aged children in the family is the outcome which the programme is not currently meeting. This is an issue which is affecting programme performance at a national as well as local level and is being considered by the National Troubled Families Team. Corrective action required: (i) Continue negotiations with the national team regarding the school attendance outcome promoting demonstrable significant and sustained progress rather than a blanket approach of 90%. If this is not agreed: (ii) review joint approach to improving attendance with partners and implement project specific strategy; (iii) review target group/eligibility criteria to engage those most likely to achieve 90% attendance over 3 consecutive terms.
Family Intervention service engagement with families (Phase 2 of programme)	Quarterly	n/a	848	424	**192 Amber**	**517 Blue**	n/a	Higher is better	Working and engaging with a 517 families from Apr-Sep 2016 shows performance exceeding Q2 targets. National criteria for children to exceed 90% attendance over 3 consecutive terms has proved to be exceptionally challenging and has contributed to underperformance of claims for positive outcomes with the families we have engaged with. We are consulting with the National Troubled Families Team at a regional level about this issue as it is affecting programme performance at a national as well as local level.

People with disabilities live independent lives

Overview from the Pledge Sponsor

In Quarter 2, working with people with disabilities the partnership group has made good progress in delivering the strategy action plan:
• 'Live Well Wirral', a website to provide information and a range of options for care and support as well as social activities and clubs, is now live
• A 'Pathways to Employment' partnership event has been organised to take place on 17 November 2016 to highlight support available to help young people with disabilities to access employment
• The procurement process for a new Advocacy Hub is complete with the new arrangements due to commence in February 2017
• 'Disabled Go' accessibility audits have commenced in various venues in Wirral including Council buildings, Leisure Centres and key Transport facilities. The audits will take place in around 700 venues by September 2017. The results of the audits will be available to people living and visiting Wirral and support will be provided to organisations to address any recommendations for improvements identified to ensure the accessibility of their facilities. It has been noted that gold standards for accessibility have been identified in some venues so far. The organisation appointed to carry out the audits are also active employers of people with disabilities

Performance data released in Quarter 2 demonstrates positive progress:
• The employment rate for people with disabilities in Wirral has increased from 46.6% in March 2016 to 48.3% for June 2016. This is over 10% higher than the baseline of 37.5% in June 2015 and exceeds the target of 43.6%
• The proportion of people with long term conditions who feel supported to manage their condition has increased from 66.7% in 2014-15 to 68% for 2015-16
• Preliminary data indicates that there has been an increase in the rate of pupils with statements of Special Educational Need who have achieved 5+ A* to C Grades at Key Stage 4 with a result of 8.6%. This is a 2.3% increase on the previous year and 0.3% higher than the set target. The final data is due to be released in January 2017.
• Health related quality of life for people with long term conditions has reduced slightly from 0.698 in 2014-15 to 0.695 in 2015-16. Despite this small increase this is within the tolerances set so is reporting as Green / On Track.

In Quarter 3 further work will take place to ensure that the Pathways to Employment event is successfully delivered in November, volunteering data for people with disabilities is developed and we continue

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	
Health related quality of life for people with long term conditions	Annual	0.698 2014-15	0.698			0.695 Green	↓	Higher is better	Despite this reducing slightly, performance is in line with target tolerances set. It is hoped that this will begin to improve as the actions within the strategy are delivered.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly	37.5% Jun 2015	43.6%	43.6%	46.6% Green	48.3% Blue	↑	Higher is better	This data is for June 2016. There has been excellent progress made with a further improvement on the result of 46.6% for March 2016.

Supporting Measure	Type of Indicator	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	
Proportion of people with long term conditions who feel supported to manage their condition	Annual	66.7% 2014-15	66.7%			68.0% Green	↑	Higher is better	
Children with a statement of special educational need (SEN) or education health and care plan (EHCP) achieving 5 or more good GCSEs (or equivalent) at Key Stage 4 (including English and maths).	Annual	6.3% 2014-15 Acad Year	8.3%			8.6% Green	↑	Higher is better	Provisional data - final data is due to be released in early 2017

Zero tolerance to domestic violence

Overview from the Pledge Sponsor

Work in support of this pledge continues to focus on addressing the issues of under-reporting of domestic abuse and reducing incidents of repeat victimisation. The number of high risk victims reporting re-victimisation within a 12 month period has reduced from 30% to 25% between the first and second quarter. This reduction in repeat victimisation bears testament to the support available when domestic abuse victims, who may previously have suffered in silence, are given the confidence to come forward.

The Tomorrow's Women Wirral Peer Mentor Project has proved to be a highly effective community based support programme for survivors of domestic abuse. It has resulted in peer mentors being trained up to champion the availability of domestic abuse support in order that more domestic abuse victims have the confidence to come forward.

As well as the focus on support for victims of domestic abuse, the multi-agency Integrated Offender Management Team has domestic violence as a key priority. The team manages the most prolific offenders through education and support with an emphasis on encouraging behaviour change. The scheme currently manages 15 of the highest risk domestic abuse perpetrators to ensure they do not re-offend.

In the coming months we will work with private business who have the ability to raise awareness of domestic abuse within their workforce and customers to promote messages of zero tolerance and encourage access to support. We are working with Tranmere Rovers Football Club, who are dedicating three matches between November and December to educating their fans on the facts around domestic abuse. The aim of this is to reduce the acceptability of domestic abuse amongst the public and promote a zero tolerance attitude. The initiative will use existing materials from national campaigns

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	Q2 Target	2016-17 Q1	2016-17 Q2	Trend	Direction of Improvement	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly	54 2014-15	52	26	23 Blue	27 Green	↑	Higher is better	There has been an increase in the number of high risk victims (men and women) due to the success in targetting under reporting.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 2014-15	1,524	762	302 Green	579 Red	↓	Higher is better	Despite increased referrals, the number of children in the referred victims' household has reduced. This is as a consequence of an increased proportion of referrals of victims with drug and alcohol issues, whose home lives are generally less likely to include children.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly	16% Apr 2014-Mar 15	25%	25%	30% Amber	21% Green	↓	Lower is better	

Key

Trend

↑ Performance Improving ↓ Performance Deteriorating ↔ Performance Sustained N/A – No comparable data available

Based on Wirral Plan start date with exception of:

Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP), The percentage of women booked to access professional maternity services on or before 12+6 weeks gestation, Number of domestic abuse Wirral MARAC cases per 10,000 adult females, Children and young people experience domestic abuse (Wirral MARAC cases), Percentage of incidents of repeat domestic abuse (Wirral MARAC cases) - ALL compared to same period in previous year.

Target Rating (Blue, Green, Amber, Red) *based on agreed tolerance range for individual measures*

Blue - Above Target Green - Within Target Amber - Below Target Red - Significantly Below Target.

Wirral

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

28 NOVEMBER 2016

REPORT TITLE	**FINANCIAL MONITORING QUARTER 2**
REPORT OF	**ASSISTANT DIRECTOR : FINANCE SECTION 151 OFFICER**

REPORT SUMMARY

This report and appendices sets out the projected revenue and capital monitoring position for 2016/17 as at the close of quarter 2 (30 September 2016).

The quarter two revenue forecast is for an overall underspend of £0.2 million for the year (£1.1 million overspend was forecast at quarter 1). The Families and Wellbeing overspend increased during the period but has been compensated for by increased savings within treasury management.

The quarter two capital report updates the capital programme and reflected significant re-profiling of schemes between years to reduce the 2016/17 capital programme to £38.1 million. Expenditure after the second quarter concluded was £10.6 million.

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Recommendations

1. That members note the report and appendices.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

1.1 To ensure Members have the appropriate information to review the budget performance of the authority.

2.0 OTHER OPTIONS CONSIDERED

2.1 The appendices contain the authority wide capital and revenue monitoring reports in the standard format. A New Operating Model has been introduced within the Council from November 1 and monitoring arrangements will be reviewed once the New Operating Model arrangements are functioning and embedded.

3.0 BACKGROUND INFORMATION

3.1 Under the New Operating Model, existing directorates will be superseded with new structures based around a Strategic Hub, Business Support function and a number of Delivery Units. Overview and Scrutiny Committees have already been reconstituted away from a directorate basis to align with Wirral's 20/20 Vision themes three of Business, People and Environment.

3.2 A budget realignment process has taken place to align budgets from November 1 to the New Operating Model. In very broad terms People will cover areas previously within Adult Social Care and Children and Young People, Environment will cover areas within Regeneration and Environment, whilst Business will cover Transformation and Resources plus aspects of the Regeneration and Environment budget.

4.0 FINANCIAL IMPLICATIONS

4.1 The Financial implications are contained within the appendices. These explain the latest revenue budget and forecast spend positions and the capital programme budget and spend to date.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 There are none directly relating to this report. The monitoring of financial performance is important to ensure robust financial control procedures are in place.

8.0 ENGAGEMENT/CONSULTATION

8.1 No consultation has been carried out in relation to this report.

9.0 EQUALITIES IMPLICATIONS

9.1 This report is essentially a monitoring report which reports on financial performance.

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ANNEXES

Appendix 1 – Revenue Monitoring 2016/17 Quarter 2
Appendix 2 – Capital Monitoring 2016/17 Quarter 2

SUBJECT HISTORY

Council Meeting	Date
Cabinet	18 July 2016
People Overview and Scrutiny Committee	8 September 2016

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Appendix 1

Wirral

OVERVIEW AND SCRUTINY COMMITTEES

NOVEMBER 2016

REPORT TITLE	**REVENUE MONITORING 2016/17 QUARTER 2**
REPORT OF	**ASSISTANT DIRECTOR : FINANCE SECTION 151 OFFICER**

REPORT SUMMARY

This report sets out the projected revenue position for 2016/17 as at the end of quarter 2 (30 September 2016).

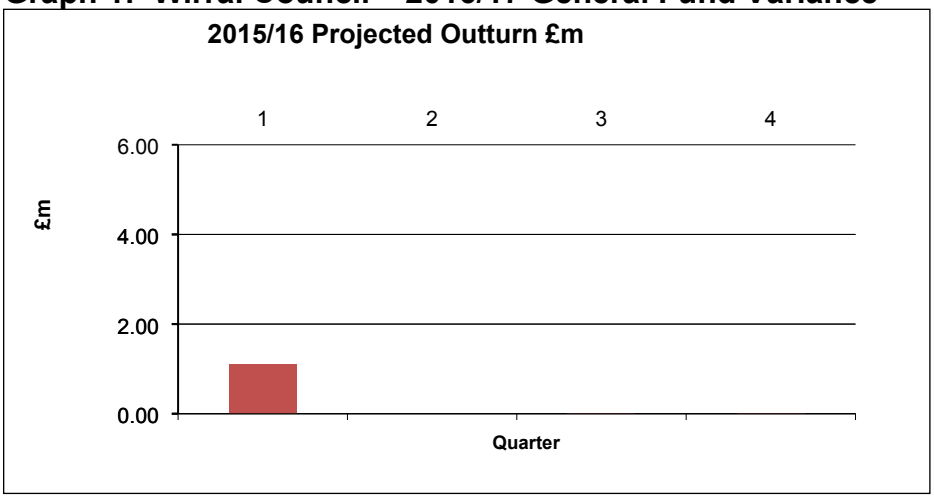
The latest position forecasts an underspend of £0.2 million for 2016/17. This is an improvement of £1.3 million on the quarter 1 forecast (£1.1 million overspent).

The overspend in the Families and Wellbeing Directorate increased during the second quarter. A change to Treasury Management policy to adopt the annuity method for calculating Minimum Revenue Provision (MRP) in respect of capital financing if agreed by Council will however compensate. This change will contribute a significant one-off saving in 2016/17 and cover the overspends elsewhere in the 2016/17 budget.

The report also provides detail of the re-allocation of existing budgets to reflect the New Operating Model which was implemented on 1 November 2016.

The headline position is shown in the graph.

Graph 1: Wirral Council – 2016/17 General Fund Variance



This is a key decision which affects all Wards within the Borough.

Recommendations

1. The quarter 2 forecast year end underspend of £0.2 million, which contains a number of significant variances, be noted.

2. Officers identify actions and take measures to assist to reduce the impact of the projected overspends.

3. The significant in-year contribution offered by the change in Treasury Management assumed in the projections be noted.

4. The realignment of budgets to reflect the New Operating Budget are noted.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

1.1 The Council, having set a Budget at the start of the financial year, needs to ensure the delivery of this Budget is achieved. Consequently there is a requirement to regularly monitor progress so corrective action can be taken when required which is enhanced with the regular reporting of the financial position.

1.2 The New operating Model was implemented from 1 November 2016 and this requires the re-alignment of budgets to accord with the Model. The changes are more than 'normal' virements so will require the approval of Council.

2.0 OTHER OPTIONS CONSIDERED

2.1 This is a monitoring report but any options to improve the monitoring and budget accuracy will be considered.

3.0 BACKGROUND INFORMATION

3.1 CHANGES TO THE AGREED BUDGET

3.1.1 The 2016/17 Budget was agreed by Council on 3 March 2016. Any increase in the Budget has to be agreed by full Council. Changes to the Budget since it was set are summarised in Table 1.

Table 1: 2016/17 Original & Revised Net Budget by Directorate

	Original Net Budget	Approved Budget Changes Prior Qtrs	Approved Budget Changes Qtr 2	Revised Net Budget
	£ms	£ms	£ms	£ms
FWB - Adult Social Care	71,311	5,400	298	77,009
FWB – Children & Young People,	67,773	5,000	516	73,289
FWB - Further Areas: Safeguarding, Schools, Leisure, Public Health	9,383	100	126	9,609
Regeneration & Environment	83,607	-	193	83,800
Transformation & Resources	24,730	500	193	25,423
Corporate Growth, Savings & Grant	7,791	- 9,400	- 1,326	-2,935
Net Cost of Services	264,595	1,600	-	266,195

3.1.2 The prior period budget change includes the £1.6 million call on General Fund Balances approved by Council on 17 October 2016. The changes also reflect the allocation of £11.1 million of the Revenue Budget Contingency agreed by Cabinet 18 July 2016. This saw £3.9 million to Adult Social Services, £5 million to Children's Services, £0.5 million tor Transformation and Resources and £1.7 million in respect of corporate budgets.

3.1.3 The change within Quarter Two relates to the distribution of the 1% pay increase from the corporate budget where it was originally held. This has no effect on the bottom line budget.

3.1.4 There has also been movement from Corporate Growth, Savings & Grant to FWB – Children & Young People of £250,000. This is a distribution of the Revenue Budget Contingency 2016/17 as per Cabinet 3 October 2016. This is to meet increased residential care fees where necessary due to pressure resulting from the National Living Wage and Working Time Directive.

3.1.5 A New Operating Model for the Council was agreed by Employment & Appointments Committee on 25 July 2016. Since then a number of refinements have been made to reflect the outcome of consultation and further developments. Work has been undertaken to reallocate the budget in the New Operating Model and Table 2 below shows the provisional budget re-allocations on a full year basis with additional detail provided in Appendix 2. The New Operating Model commenced from 1 November 2016 and it is possible that further adjustments will be identified.

Table 2: 2016/17 New Operating Model Budgets

New Operating Model Budget 2016-17	**Net Expenditure**
Function	**£000's**
Chief Executiv'e Unit	265
Children Services	44,197
Transformation	655
Strategic Hub	109,856
Business Services	23,889
Delivery	90,018
Corporate Growth and Savings	- 2,685
Total	**266,195**

3.1.6 The New Operating Model realigns current budgets and is cost neutral. However the Model involves revising the existing reporting structure which is beyond the scope of 'normal' day to day budget virements so the revised Budget allocations should be referred to Council for approval

3.1.7 A further development is the allocation of Budgets against the themes to the Wirral Plan: A 2020 Vision. As the budgets are refined this will assist with future monitoring by the Overview and Scrutiny Committees.

Table 3: 2016/17 Budget by 2020 Vision Themes

Theme	**Net Expenditure £000**
People	153,655
Environment	58,678
Business	53,862
Total	**266,195**

3.2 PROJECTIONS AND KEY ISSUES

3.2.1 The projected outturn position as at the end of September 2016, key issues emerging and Directorate updates are detailed in the following sections.

Table 4: 2016/17 Projected Budget variations by Directorate £000's

Directorates	Revised Budget	Forecast Outturn	(Under) Overspend Quarter 2	RAGBY Class	Change from prev
FWB - Adult Social Care	77,009	80,514	3,505	R	3,505
FWB – Children & Young People	73,039	78,179	5,140	R	1,840
FWB - Further Areas: Safeguarding, Schools, Leisure, Public Health	9,609	10,345	736	R	436
Regeneration & Environment	83,800	82,780	-1,020	Y	-1,020
Transformation & Resources	25,423	17,869	-7,554	Y	-1,354
Corporate Growth, Savings & Grant	-2,685	-3,685	-1,000	Y	-1,000
TOTAL	**266,195**	**266,002**	**-193**		**2,407**

The report classifies the forecast under/overspends for the above areas using a colour RAGBY rating. The ratings are defined as follows:

- Extreme: Overspends **Red** (over +£301k), Underspend **Yellow** (over -£301k).
- Acceptable: **Amber** (+£141k to +£300k), **Green** (range from +£140k to -£140k); **Blue** (-£141k to -£300k).

3.3 DIRECTORATE UPDATES

3.3.1 Families and Wellbeing: Adult Social Care

- The forecast overspend of £3.6 million relates predominantly to Community Care, where a number of ongoing pressures exist around demographics and demand. The actions to deal with these at the start of the year are now experiencing slippage.
- A number of savings are rated red or amber and are mainly prior year savings. Progress of these is being closely monitored, however delivery of these is challenging as they relates to changes in care. Resources were identified within – and have been allocated from – the Revenue Budget Contingency to offset the pressures in 2016/17.
- Adult Social Care Budgets across the country are under pressure with local authorities, public sector agencies and private providers all highlighting concerns to Government.

3.3.2 Families and Wellbeing: Children and Young People

- The forecast overspend of £5.3 million is within care services. It encompasses higher staff costs of £3 million and Looked After Children commissioning costs of £2.6 million. The latter mainly attributable to the 62 placements currently in Independent Residential care and the projection assumes this number for the rest of the year.

- Additional investment is required during the year in respect of the implementation of the improvement actions and recommendations arising from issues raised in the Ofsted report. This requires a minimum of £2 million which is to be funded from the Transformation Fund.
- The funding of children's social care is a national issue with over 75% of local authorities reporting projected overspends in the current financial year.

3.3.3 **Families and Wellbeing: Other**

- Within Leisure a £0.5 million overspend relates to previously agreed saving targets in respect of reducing the subsidy combined with new targets.
- Public Health contract savings have been achieved but are being reinvested into other public health activity.

3.3.4 **Regeneration and Environment**

- Two areas make up the £1 million underspend. In Waste and Environment this through additional income from the litter enforcement contract and from increased subscriptions to the Garden Waste collection service. In Supported Housing contract efficiencies of £500,000 are expected in 2016/17 through the reconfiguration and negotiation with providers.
- There are a number of other smaller underspends but they are countered by a £200,000 overspend in Cultural Services. This is largely due to pressures at the Floral Pavilion as income generation is insufficient to cover costs.

3.3.5 **Transformation & Resources**

- An underspend of £1.8 million has been achieved in interest payable costs from Treasury Management activity including the use of temporary internal borrowing from cash flows to replace more expensive external borrowing.
- The Authority must annually make a charge known as the Minimum Revenue Provision (MRP) to the revenue budget. This relates to the notional repayment of capital financing debt. The MRP calculation method agreed when setting the 2016/17 budget will allow £3.2 million to be released in 2016/17 along with an ongoing revenue budget saving of £0.45 million. The Treasury Management mid-year report will recommend to Council the adoption of the annuity asset life method for calculating MRP. This will provide an additional £3.7 million one off saving in 2016/17.
- Asset Management is forecasting a £0.5 million overspend. Resources were identified from, the Revenue Budget Contingency but there are still issues relating to delayed implementation of savings.
- Legal & Member Services have a projected overspend of £0.5 million from external legal fees and Coroner budgets.

3.3.6 **Corporate Growth, Savings & Grant**

- A further £1 million of savings has been identified in respect of contractual savings. This has been placed against corporate savings and will be transferred and reflected in directorate budgets for future reports.

3.4 IMPLEMENTATION OF SAVINGS

3.4.1 Savings of £31 million were agreed when setting the 2016/17 Budget. A further £10 million of savings relating to previous years savings had not been implemented which followed Cabinet in July 2015 agreeing to re-profile £9.6 million of the 2015/16 savings to 2016/17, whilst a further £0.6 million was unachieved by March 2016. An analysis of the position of the £41 million of savings has been undertaken and is summarised below.

Table 5: Budget Implementation Plan 2016/17 (£000's)

RAG	Total identified Shortfall from 2015/16 and prior	Pre-Agreed 16/17	Agreed in 2016/17	Total
Red	5,400	460	3,205	9,065
Amber	1,492	1,300	1,376	4,168
Green	3,300	990	-913	3,377
Blue	-	370	24,755	25,125
TOTAL	**10,192**	**3,120**	**28,423**	**41,735**

3.4.2 The savings tracker contains an assessment of the 2016/17 savings.

- **Blue**: Represents £25.1 million of savings (60%) of total) which have already been realised.
- **Green**: Savings on track to deliver
- **Amber**: Some concerns regarding delivery and will require closer scrutiny and monitoring and includes savings within Adults, Children and Asset Management.
- **Red**: Concerns although largely covered by Revenue Budget Contingency as allocated in quarter 1 comprised of Children's (£5 million), Adults (£3.9 million), Transformation (£0.5 million) and Corporate (£1.7 million).

3.5 INCOME AND DEBT

3.5.1 Revenue and Income falls into four broad areas for reporting purposes. Amounts raised and collected in the year are shown in Table 6.

Table 6: Amount to be Collected in 2016/17

	2016/17 Collectable £000	2016/17 Collected £000	2016/17 Collected %
Council Tax	146,467	80,031	54.6
Business Rates	76,218	41,812	54.9
Fees and charges: Adults & Children	32,580	17,233	52.9
Fees and charges: all other services	36,829	24,783	67.3

COUNCIL TAX

3.5.2 Compared with September 2015 the collection performance is higher in both percentage terms and cash received. An additional £3.7 million has been collected. The table compares the amount collected in the period 1 April 2016 to 30 September 2016 with the same period in 2015/16:

Table 7 : Council Tax Comparatives

	Actual 2016/17 £000	Actual 2015/16 £000
Cash to Collect	£146,467	£140,145
Cash Collected	£80,031	£76,373
% Collected	54.6%	54.5%

3.5.3 The major change this year relates to a 4% increase in the amount collectable of which 2% is for Adult Social Care. Overall Council Tax levels are £6.3 million more than this time last year. There has been a reduction in numbers eligible for Council Tax Support over the last 12 months.

BUSINESS RATES

3.5.4 Cash received to 30 September 2016 is up by £1 million on the equivalent period a year ago. The percentage collected to date is lower due to the timing of in year receipts from some large properties with £1 million received early in October. Business Rate levels collectable are £5 million higher than last year reflecting an increased number of properties on the valuation list.

3.5.5 The table compares the amount collected for the period 1 April 2016 to 30 September 2016 with the amount collected for the same period in 2015/16:

Table 8: National Non-Domestic Rates Comparatives

	Actual 2016/17 £000	Actual 2015/16 £000
Cash to Collect	£76,218	£71,196
Cash Collected	£41,812	£40,920
% Collected	54.9%	57.5%

3.5.6 Wirral is part of the Liverpool City Region Business Rates Retention pilot scheme. It is expected that next year we will retain 100% of all Business Rates collected; the figure is currently 49%. Any increase in income will however be offset by reduction/cancelling of Government Grants and the transfer to Wirral of additional responsibilities. The Government have stated that pilot authorities will not be financially disadvantaged by being part of the pilot. Wirral currently receives more in the centrally allocated NNDR 'top-up' grant than its proportion of collectable NNDR.

3.5.7 New Rateable Values (RV) will be effective nationally from 1 April 2017 and businesses have been able to check their new proposed rateable values since 1 October 2016. The new RVs combined with the reduced multiplier used to determine bills seem unlikely at this stage to make a significant change to the Council's financial position.

DEBTORS

3.5.8 At the end of September 2016 the arrears stood at £23.3 million. The table provides an analysis across service areas and the amount of debt at each recovery stage:

Table 9: Accounts Receivable Outstanding Arrears Analysis

Directorate Description	Less than 10 days	1st reminder	2nd reminder	3rd reminder	Total at 30.09.16
	£	£	£	£	£
Chief Executive	86,332	10,449	13,117	970,727	1,080,625
Neighbourhood	29,031	0	1,122	13,357	43,510
Transformation & Resources	3,376,824	718,596	476,479	1,283,078	5,854,977
Families & Wellbeing	3,244,174	453,900	284,359	10,975,497	14,957,930
Regeneration & Environment	751,598	123,358	77,907	492,067	1,444,930
Policy & Performance	0	0	0	100,000	100,000
Totals	**7,487,959**	**1,306,303**	**852,984**	**13,834,726**	**23,481,972**

3.5.9 The figures are for invoices in respect of the period up to the end of September 2016. Payments as well as amendments such as write-offs and debt cancellations continue to be made after this date on all these accounts. There is a further deduction of £138,189 to be made for unallocated payments at month end leaving a balance of **£23,343,783** compared to £24,710.123 last year**.**

4.0 FINANCIAL IMPLICATIONS

4.1 The adoption of the Asset Life method to calculate the Minimum Revenue Provision has been calculated has allowed a minimum of £2.5 million of backdated savings in 2016/17. A further £3.7 million can be achieved if Council agrees to the use of the annuity rather than equal instalment Asset Life method. Both of these revised calculation methods result in the total repayment of the Capital Financing debt, but over a longer period of time. The Treasury Management Mid-Year report will recommend to Council the adoption of the annuity life method.

4.2 The estimated General Fund Balance position is calculated in the table below

Table 10: Summary of the Projected General Fund Balances

Details	£m
Balance 31 March 2016 when setting the Budget 2016/17	+11.5
Add; Additional Returned New Homes Bonus Grant	0.2
Add: Increase following closure of 2015/16 accounts	1.3
Less: Allocation for care fees	-1.5
Less: Reversal of passport for life budget option	-0.1
Projected Balance Excluding Current Year Projection	**11.4**
Less: Potential underspend at September 2016	0.2
Projected Balance 31 March 2017	**11.6**

4.3 The projected General Fund balance of £11.6 million at 31 March 2016 is in line with the minimum level required as agreed as part of the Budget 2016/17.

4.4 As part of the Budget 2017/18 preparation there is to be a review of the Earmarked Reserves. The Reserves excluding School balances totalled £58.8 million at 1 April 2016. These include reserves relating to the cost of transformation, mitigation of future financial risks and specific project support.

4.5 There are no IT, staffing or asset implications arising directly out of this report.

5.0 LEGAL IMPLICATIONS

5.1 The entire report concerns the duty of the Council to avoid a budget shortfall. The Chief Finance Officer has a personal duty under the Local Government Finance Act 1988 Section 114A to make a report to the executive if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources available to it to meet that expenditure.

6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possible failure to deliver the Revenue Budget is being mitigated by:

- Senior Leadership Team / Directorate Teams reviewing the financial position.
- Tracking system of savings options to monitor progress.
- Use of temporary additional support to assist with revenues collection.
- Use of earmarked reserves and General Fund Balance savings risk contingency

8.0 ENGAGEMENT/CONSULTATION

8.1 No consultation has been carried out in relation to this report.

9.0 EQUALITIES IMPLICATIONS

9.1 This report is essentially a monitoring report which reports on financial performance.

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APPENDICES

Appendix 1 General Fund Revenue Budget 2016/17
Appendix 2 New Operating Model Budgets 2016/17

SUBJECT HISTORY

Council Meeting	Date
Budget Council	3 March 2016
Cabinet – Revenue Monitoring 2016/17 Quarter 1	18 July 2016

APPENDIX 1

GENERAL FUND REVENUE BUDGET 2016/17

ORIGINAL BUDGET AGREED BY COUNCIL ON 3 MARCH 2015

Department	Original Agreed Budget	Agreed Changes Quarter 1	Proposed Changes Quarter 2	Revised Agreed Budget
Expenditure	**£000**	**£000**	**£000**	**£000**
FWB - Adult Social Care	71,311	5,400	298	77,009
FWB – Children & Young People	67,773	5000	516	73,289
FWB - Further Areas: Safeguarding, Schools, Leisure, Public Health	9,383	100	126	9,609
Regeneration & Environment	83,607	-	193	83,800
Transformation & Resources	24,730	500	193	25,423
Net Cost of Services	**256,804**	**11,000**	**1,326**	**269,130**
Corporate Savings/Growth	-253	1,700	1,326	121
Education Services Grant	-3,156	-	-	-3,156
Revenue Budget Contingency	11,200	-11,100	-	100
Budget Requirement	**264,595**	**1,600**	**0**	**266,195**
Income				
Revenue Support Grant	50,710	-	-	50,710
Top Up	41,630	-	-	41,630
New Homes Bonus	3,178	-	-	3,178
Business Rates Baseline	34,828	-	-	34,828
Business Rates Section 31 Grants	2,193	-	-	2,193
Council Tax Requirement	120,274	-	-	120,274
Council Tax Freeze Grant	-		-	-
Contribution from Balances & Reserves	11,782	1,600	-	13,382
Total Income	**264,595**	**1,600**	**-**	**266,195**
Statement of Balances				
As at 1 April 2016	11,500		-	11,500
Contributions to Balances (1)	-	1,500	-	1,500
Contributions from Balances (2)	-	-1600	-	-1,600
Potential underspend at Quarter 2 2016	-	-	200	200
Forecast Balances 31 March 2017	**11,500**	**-100**	**200**	**11,600**

Notes:

1. Contribution to Balances relate to closure of accounts 2015/16 (£1.3 million) and returned New Homes Bonus grant (£0.2 million)
2. Contributions from Balances relate to Care Fees contribution (£1.5 million) and reversal of passport for life saving (£0.1 million)

APPENDIX 2

GENERAL FUND BUDGET 2016/17
NEW OPERATING MODEL

Budget 2016-17		Net Expenditure Total
Function	**Business Unit**	**£000**
Chief Executive	Chief Executive's Unit	265
	Children's Care	18,039
	Children's Care - Commissioned	19,084
	Children's Services	7,074
Chief Executive Total		**44,462**
Transformation	Transformation	655
Transformation Total		**655**
Strategic Hub	Communication	957
	Environment	40,149
	Growth	922
	Health & Care	65,489
	Health & Wellbeing	721
	Health & Wellbeing - Public Health	0
	Intelligence	619
	Schools	587
	Strategy	230
	Director for Strategic Hub	182
Strategic Hub Total		**109,856**
Business Services	Assets	2,991
	Commissioning Support	13,221
	Digital	679
	Finance	1,636
	HR & OD	450
	Law & Governance	4,783
	Director for Business Unit	129
Business Services Total		**23,889**
Delivery	Adult & Disability	36,036
	Community Services	26,848
	Customer Services	5,007
	Environmental services	22,125
	Merseyside Pension Fund	0
	Director for Delivery	2
Delivery Total		**90,018**
Corporate Growth and Savings	Corporate Growth and Savings	-2,685
Corporate Growth and Savings Total		**-2,685**
Grand Total		**266,195**

Notes:
1. Above is recast on a full year basis. Implementation date is 1st November 2016

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Appendix 2

Wirral

OVERVIEW AND SCRUTINY COMMITTEES

NOVEMBER 2016

REPORT TITLE	**CAPITAL MONITORING 2016/17 QUARTER 2**
REPORT OF	**ASSISTANT DIRECTOR : FINANCE SECTION 151 OFFICER**

REPORT SUMMARY

This report provides an update on progress towards delivering the Capital Programme 2016/17 at the end of September 2016.

The report outlines changes which will reduce the 2016/17 Capital Programme to £38.1 million and which will be referred to Cabinet and Council. This takes into account re-profiling identified during both the 2015/16 final accounts process, latest reviews of the current year and additional grant funding notified to the Council. The expenditure to date is £10.6 million.

This matter is a key decision which affects all Wards within the Borough.

RECOMMENDATIONS

1. Note the spend to date at Month 6 of £10.6 million, with 50% of the financial year having elapsed;

2. Note the revised Capital Programme of £38.1 million (Table 1) which is to be referred to Cabinet and Council and will include a number of recommended virements as outlined in paragraph 3.5 of the report.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

1.1 Regular monitoring and reporting of the Capital Programme enables decisions to be taken more efficiently and effectively, which may produce revenue benefits and will improve the financial control of the Programme.

2.0 OTHER OPTIONS CONSIDERED

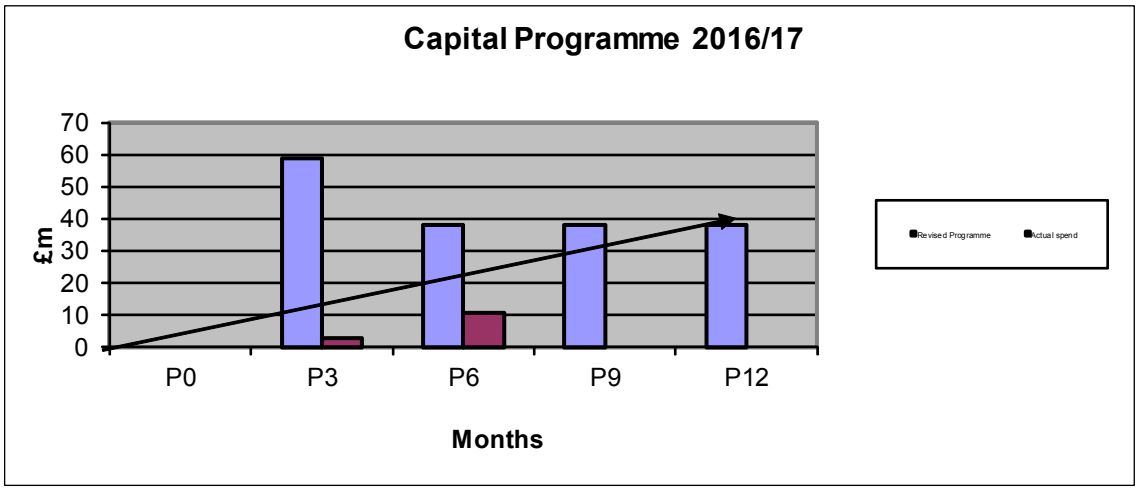
2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

OVERALL POSITION AT END OF SEPTEMBER 2016

3.1 The actual spend against the Capital Programme is summarised in Table 1.

Chart 1: Capital Programme spend below line of best fit



ORIGINAL AND PROPOSED CAPITAL PROGRAMME FOR 2016/17

3.2 The Programme for 2016/17 is subject to change. Presently it reflects;

	£000
Programme agreed by Cabinet on 22 February 2016	48,107
Year end re-profiling	6,364
Additional grant funding	1,750
Variations identified March 2016	2,750
Variations identified since June 2016 (see Table 2)	-20,885
Revised 2016/17 Programme	**38,086**

***Table 1: Capital Programme 2016/17 at 30 September 2016**

	Capital Strategy	Revisions Since Budget	Revised Capital Programme	Actual Spend Sept 2016
	£000	£000	£000	£000
Transformation Resources	7,863	1,237	9,100	2,634
Families – Children	9,185	-282	8,903	3,133
Families – Adults	10,255	-7,706	2,549	164
Families – Sport & Rec	2,871	-1,111	1,760	570
R&E– Env & Regulation	10,016	844	10,860	2,881
R&E– Hsg & Comm Safety	7,317	-2,945	4,372	1,106
R& E – Regeneration	600	-58	542	90
Total expenditure	**48,107**	**-10,021**	**38,086**	**10,578**

3.3 **PROGRESS TO DATE**

3.3.1 **Transformation and Resources**

The investment in IT is focussed on migrating all servers and applications to the core domain and, where possible, upgrading applications to the latest version; upgrading all Windows Server operating systems to a supported operating system and reducing the server footprint by virtualising all servers where possible.

Works to increase building occupancy have mainly focused on Wallasey Town Hall, Moreton Municipal, and Solar Campus. These schemes enable the existing buildings to operate more efficiently with a higher level of occupancy.

Works continue with improvements to Parks Depots with the service road to Warren Farm Depot having been re-surfaced, the vehicle entrance widened, and new security cameras installed. The main site accommodation is being refurbished with a new heating system and new double glazed windows. Improvements to staff welfare areas, kitchen and toilets are being undertaken.

3.3.2 **Families and Wellbeing - Children**

A new classroom has been constructed at Elleray Park to meet capacity needs. External accessibility has been included, including improved play areas.

Two classrooms were extended at Mersey Park School to provide additional space and improved IT. A resource/group room was constructed to provide additional space for small group work and break out space.

The development at Stanley School includes two additional classrooms with the latest and most up to date learning facilities, providing excellent teaching environments which are comfortable and provide safe spaces, the classrooms will have assisted lifting and hygiene facilities and the latest IT equipment.

The Hive, Wirral's soon to be opened Youth Zone, is progressing according to schedule with the completion date expected mid-February 2017.

Works to schools, funded from Government grant, as part of the Modernisation and Basic Needs programmes continue to be managed in conjunction with the schools which has seen significant sums re-profiled in 2017/18.

3.3.3 **Families and Wellbeing - Adults**

The programme is primarily focussed on the provision of extra care / specialised housing which remains the subject of on-going consultation and negotiation and therefore the funding has been re-profiled.

3.3.4 **Families and Wellbeing - Sport and Recreation**

Re-roofing of Bidston Tennis Centre is now complete**.**

Work has commenced to provide integrated accommodation at West Kirby Marine Lake, which will be mainly incurred in 2017/18, and also the redevelopment of the Oval Sports Centre.

3.3.5 **Regeneration and Environment – Environment and Regulation**

The majority of expenditure has been incurred on various highway maintenance schemes such as hot road asphalting where 20 schemes are either complete or underway with spend totalling £0.75 million, Micro asphalting with 7 schemes complete or underway totalling £0.67 million and Surface dressing with 12 schemes complete or underway totalling £0.43 million.

The scheme to replace the docks bridges, which attracts significant Government grant funding over the next two years, has commenced.

The west Kirby Flood alleviation works also involves grant funding and a re-profiled business case has been submitted to the environment Agency. Approval is awaited so the funding has been re-profiled to 2017/18.

3.3.6 **Regeneration and Environment – Housing**

£0.7 million of grant aid has been provided for the provision of essential aids and adaptations giving disabled people better freedom of movement in and around their homes.

The home improvement scheme has provided £0.3 million of financial assistance and intervention to remedy poor housing conditions in the private sector.

3.4 A review of the Programme has been undertaken and amended to reflect updated project delivery forecasts and changes in available funding. The variances which have arisen since June are shown in Table 2. A number of funding virements have also been considered by the officers' Assets and Capital Group (ACG) and these are discussed in paragraph 3.5.

Table 2: Cash variations to the 2016/17 Programme

Scheme	£000
Transformation & Resources	
Energy efficiency initiatives – scheme competed	-218
Treasury Building – re-profiled	-150
Industrial Estates – the portfolio requires a further review before committing funds so removed from Programme	-150
Families & Wellbeing – Children	
School Place Planning – re-profiled	-1,717
Condition/Modernisation – re-profiled	-914
Basic Needs – re-profiled	-1,010
Family support schemes – re-profiled	-137
Youth Capital – reduced requirement	-149
Elleray Park – funded from modernisation programme	-72
Families & Wellbeing – Adults	
Community Intermediate Care – re-profiled. Focus now on improving access to GPs. £0.4m required 2017/18 (net scheme reduction of £0.5m)	-900
Extra Care Housing – re-profiled	-1,400
Learning Disabilities extra care housing – re-profiled	-3,000
Integrated Social Care – scheme to be re-evaluated	-2,000
Pensby Wood Centre – re-profiled	-900
Families & Wellbeing – Sport and Recreation	
Oval – additional resources for fitness equipment for gym	230
West Kirby Marine Lake Accommodation –re-profiled	-875
West Kirby/Guinea Gap – retention and professional fees remain but scheme completed under budget	-160
Oval - re-profiled retentions	-129
Leasowe Leisure 3G Pitches – re-profiled	-820

Scheme	£000
Reg & Env – Environment	
Bridges – additional grant funding	570
West Kirby Flood Alleviation – re-profiled (business case still awaiting final approval from the Environment Agency)	-1,850
Maintenance to unclassified/residential streets is subsumed into maintenance programme – reduced requirement	-500
Reg & Env – Housing	
Clearance - re-profiled	-881
Home improvements - re-profiled	-481
Aids, Adaptations and Disabled Facility Grants - re-profiled	-1,696
Restore Empty Homes - re-profiled	-374
New House Building Programme - re-profiled	-297
Reg & Env – Regeneration	
Business Investment Grants – re-profiled	-737
Minor variations	-168
Total Variations	**-20,885**

3.5 The ACG has considered and recommends virements. The Transport Depot improvements are now almost complete and the plan to relocate Ebeneezer Street to Cleveland Street is no longer being considered due to capacity and operational issues. The new build element is not required at Cleveland Street and is likely to be completed at Warren Farm Depot. This would release £2.378 million of Council resources. As there are gaps within the Programme it is recommended this funding be used as follows.

Table 3 : Virement Variations to the 2016/17 Programme

Scheme	£000
Transport Depot Change in the scheme (see above)	-2,378
Building refurbishment to increase occupancy Continued drive to rationalise office portfolio	+.500
Pensby Wood Centre Survey highlighted issues over pipework and new windows	+600
West Kirby Marine Lake – integrated accommodation Full detailed design to maximise potential income. There are additional structural issues given the location.	+300
Demolition of former Rock Ferry School Increased costs with additional sum required.	+85
Fund for land assembly Assist in creating economic growth by releasing surplus land and property for development.	+893

3.6 Schemes remain subject to ongoing review to ensure that a deliverable Programme is in place, that they are compatible with the 2020 Vision and to try and identify any savings.

FINANCING OF THE CAPITAL PROGRAMME

3.7 Table 4 summarises the financing sources for the Capital Strategy (original programme) and Revised Programme.

Table 4: Revised Capital Programme Financing

Capital Programme Financing	Capital Strategy	Revised Programme
	£000	**£000**
Unsupported Borrowing	16,852	11,838
Capital Receipts	13,339	7,263
Revenue and Reserves	1,004	117
Grants	16,912	18,868
Total Financing	**48,107**	**38,086**

3.8 Any re-profiling which reduces borrowing delivers one-off revenue savings. A permanent saving only occurs if schemes cease, otherwise the full budget will be required in 2017/18 when the re-profiled expenditure is incurred.

PROJECTED LONGER TERM CAPITAL PROGRAMME

3.9 Funding for the forecast 2016/17 to 2018/19 Programme reflects the 2016/19 Capital Programme agreed by Cabinet on 22 February 2016 with subsequent amendments for reprofiling and revised grant notifications.

Table 5: Capital Programme Financing 2016/17 to 2018/19

Capital Programme Financing	2016/17 Revised Programme	2017/18 Revised Programme	2018/19 Revised Programme	Total Programme
	£000	**£000**	**£000**	**£000**
Unsupported Borrowing	11,838	14,245	1,720	27,803
Capital Receipts	7,263	675	0	7,938
Revenue / Reserves	117	399	50	566
Grants	18,868	20,104	0	38,972
Total Financing	**38,086**	**35,423**	**1,770**	**75,279**

SUPPORTED AND UNSUPPORTED BORROWING AND THE REVENUE CONSEQUENCES OF UNSUPPORTED BORROWING

3.10 Based on the current cost, £1 million of Prudential Borrowing would result in additional revenue financing costs of approximately £75,000 per annum in the following year. As part of the Capital Strategy 2016/17 to 2018/19 the Council has included an element of prudential borrowing. Presently there is £27.8 million new Unsupported Borrowing included over the three years, which will result in approximately £2.1 million of additional revenue costs.

Table 6: Unsupported Borrowing Forecasts & Revenue Costs

	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000
New Unsupported Borrowing	11,838	14,245	1,720	0
Cumulative	11,838	26,083	27,803	27,803
Annual Revenue repayment costs				
Cumulative	240	1,125	1,986	2,085

CAPITAL RECEIPTS

3.11 The Capital Programme is reliant on the Council generating capital receipts to finance future schemes. Available capital receipts at 1 April 2016 were £8.047 million. The table assumes the proposed spend, set out at Table 1 is agreed. Receipts and funding assumptions are based upon the latest estimates.

Table 6: Projected Capital Receipts position

	2016/17	2017/18	2018/19
	£000	£000	£000
Capital Receipts Reserve	8,047	784	109
In - Receipts Assumption	2,750	6,250	3,900
Out - Funding (Capital)	-7,263	-675	0
Out - Funding (Transformation)	-2,750	-6,250	-3,900
Closing Balance	784	109	109

3.12 Additional flexibilities relating to the use of receipts were confirmed in the Local Government Finance Settlement for 2016/17. Receipts generated between 1 April 2016 to 31 March 2019, excluding Right-To-Buy receipts, can be used to fund Transformation provided the Council has agreed a Transformation Programme setting out the projects, costs and deliverable benefits / savings.

3.13 In respect of the major receipts. For Manor Drive, provided there are no planning consent issues, the Council should receive £2.25 million in 2016/17 with a similar amount in 2017/18. The sale of Acre Lane should become clearer in the coming weeks with the first receipt assumed for 2017/18 with similar amounts for 2018/19 and 2019/20. No account has been taken as yet for any potential receipt in connection with the former Rock Ferry High School.

4.0 FINANCIAL IMPLICATIONS

4.1 The revised 2016/17 Capital Programme is £38.1 million with anticipated Capital Receipts remaining at the year-end of £0.7 million and £2.75 million earmarked to support the Transformation Programme.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possibility of failure to deliver the Capital Programme is mitigated by a monthly review by a senior group of officers.

7.2 The generation of capital receipts may be influenced by factors outside the authority's control e.g. ecological issues. Lambert, Smith, Hampton continue to provide external support.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been no specific consultation with regards to this report.

9.0 EQUALITY IMPLICATIONS

9.1 There are none arising directly from this report.

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APPENDICES

Appendix 1 – Capital Programme and Funding 2016/17.
Appendix 2 – Capital Receipts 2016/17.

SUBJECT HISTORY

Council Meeting	Date
Capital monitoring reports presented to Cabinet previous report to Cabinet Capital Programme – Council Capital Programme – Council	Various 22 February 2016 3 March 2016

Capital Programme and Funding 2016/17 **APPENDIX 1**

Transformation & Resources	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
Building refurbishment to increase occupancy	**1,917**	427	1,917	-	-	**1,917**
Fund to assist land assembly and resale	**893**	268	893	-	-	**893**
Cleveland Street. Transport Depot	**500**	8	500	-	-	**500**
Demolish Bebington Town Hall	**378**	4	378	-	-	**378**
Demolish former Rock Ferry High School	**480**	17	480	-	-	**480**
Park depots rationalisation	**1,002**	396	1,002	-	-	**1,002**
Stanley Special School / renovation	**18**	1	18	-	-	**18**
Demolish former Foxfield School	**30**	6	30	-	-	**30**
CCTV Cameras and other equipment	**100**	-	100	-	-	**100**
I.T. development	**1,423**	1,402	1,423	-	-	**1,423**
Transport Museum	**261**	-	261	-	-	**261**
Flaybrick Cemetery	**175**	75	175	-	-	**175**
Millennium Centre re-modelling	**523**	28	523	-	-	**523**
Pensby Wood Centre	**900**	-	-	-	-	**900**
Treasury Building	**500**	2	500	-	-	**500**
	9,100	**2,634**	**9,100**	**-**	**-**	**9,100**

Families and Wellbeing – CYP	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
School Place Planning	**1,400**	288	706	-	694	**1,400**
Condition/Modernisation	**3,200**	1,507	-	-	3,200	**3,200**
Basic Need allocation	**1,500**	261	-	-	1,500	**1,500**
Funding for 2 year olds	**17**	-	-	-	17	**17**
Universal Free School Meals	**-**	13	-	-	-	**-**
Somerville Mobile Replacement	**101**	18	101	-	-	**101**
Private Finance Initiative	**85**	-	-	85	-	**85**
Family Support Scheme	**100**	46	100	-	-	**100**
Wirral Youth Zone – the Hive	**1,900**	600	1,900	-	-	**1,900**
Stanley Special School	**617**	400	617	-	-	**617**
	8,903	**3,133**	**3,424**	**85**	**5,394**	**8,903**

Families and Wellbeing – DASS	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
Citizen and Provider Portal/Integrated I.T	**1,078**	85	461	-	617	**1,078**
Transformation of Day Service	**156**	79	-	-	156	**156**
Extra Care housing	**600**	-	-	-	600	**600**
Assistive Technology	**615**	-	230	-	385	**615**
Community Intermediate Care Services	**100**	-	100	-	-	**100**
	2,549	**164**	**791**	**-**	**1,758**	**2,549**

Families and Wellbeing – Sports & Recreation	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
West Kirby/Guinea Gap	**82**	28	82	-	-	**82**
Wirral Tennis Centre - Artificial Turf Pitch & perimeter fence repairs	**48**	12	48	-	-	**48**
West Kirby Marine Lake – Integrated accommodation and service delivery	**250**	184	100	-	150	**250**
Oval Sports Centre re-development	**1,080**	76	1,080	-	-	**1,080**
Wirral Tennis Centre re-roofing	**300**	270	300	-	-	**300**
	1,760	**570**	**1,610**	**-**	**150**	**1,760**

Regeneration and Environment - Environment & Regulation	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
Road Safety	**97**	89	97	-	-	**97**
Active Travel	**78**	7	78	-	-	**78**
Bridges	**862**	41	292	-	570	**862**
Highway Maintenance	**3,242**	1,953	67	-	3,175	**3,242**
Pothole Action Fund	**206**	131	-	-	206	**206**
Transport for Growth	**1,923**	76	510	-	1,413	**1,923**
Start Active, Play Active, Stay active	**14**	23	14	-	-	**14**
Wirral Way - widening / safety improvements	**4**	2	4	-	-	**4**
Cemetery Extensions and Improvements	**273**	4	273	-	-	**273**
Coast Protection	**242**	1	233	9	-	**242**
East Float access improvements Tower Road	**200**	1	-	-	200	**200**
Wirral International Business Park connections	**195**	-	-	-	195	**195**
East Float access improvements Duke Street	**395**	32	-	-	395	**395**
Energy schemes (LED Street Lighting)	**32**	92	32	-	-	**32**
Street lighting	**60**	17	-	-	60	**60**
Allotments	**121**	112	121	-	-	**121**
Parks vehicles replacement	**117**	-	117	-	-	**117**
West Kirby Flood Alleviation	**103**	-	100	3	-	**103**
Gorsefield Avenue flood relief	**100**	-	-	20	80	**100**
Dock Bridges Replacement	**2,596**	300	66	-	2,530	**2,596**
	10,860	**2,881**	**2,004**	**32**	**8,824**	**10,860**

Regeneration and Environment - Housing & Community Safety	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
Aids, Adaptations and Disabled Facility Grants	**2,000**	692	-	-	2,000	**2,000**
Clearance	**560**	1	100	-	460	**560**
Home Improvement	**650**	263	650	-	-	**650**
New House Building Programme	**884**	150	884	-	-	**884**
Restore Empty Homes	**278**	-	-	-	278	**278**
	4,372	**1,106**	**1,634**	**-**	**2,738**	**4,372**

Regeneration and Environment – Regeneration	Revised Programme £000	Spend to Date £000	Council Resources £000	Revenue/ Reserves £000	Grants £000	Total Funding £000
Business Investment Grants	**238**	86	238	-	-	**238**
The Priory	**4**	4	-	-	4	**4**
Growth Fund	**300**	-	300	-	-	**300**
	542	**90**	**538**	**-**	**4**	**542**
Total	**37,886**	**10,578**	**18,901**	**117**	**18,868**	**37,886**

Note : The Programme in Appendix 1 assumes that the changes / virements in Sections 3.4 and 3.5 of the report are agreed.

APPENDIX 2

CAPITAL RECEIPTS RECEIVED DURING 2016/17

Cash Received	**£000**
Ex-HRA Magenta Housing Right to Buy	389
North Star, 294 Laird Street	15
One O'Clock Gun site	10
Hind Street /Thomas Street land	19
Empty Homes (various)	55
Total	**488**

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WIRRAL

People Overview and Scrutiny Committee
Monday, 28 November 2016

REPORT TITLE:	**Children Sub Committee – Terms of Reference**
REPORT OF:	**Clare Fish (Executive Director for Strategy)**

REPORT SUMMARY

This report enables members to approve a proposed amendment to the terms of reference for the Children Sub Committee.

RECOMMENDATION/S

Members are requested to approve the amended terms of reference for the Children Sub Committee, as attached.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure that members of the People Overview & Scrutiny Committee are able to update the terms of reference for the Children Sub Committee.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

Members of the People Overview & Scrutiny Committee approved the terms of reference for the Children Sub Committee at the meeting held on 14th July 2016. Subsequently, the terms of reference were presented, for information, to the Sub Committee's first meeting of the municipal year on 22nd September 2016. The members of the Sub Committee have proposed that the terms of reference should give greater prominence to the Wirral Plan pledges which are relevant to the work of the Sub Committee. Therefore, an amended version of the terms of reference has been prepared adding a new section entitled 'Wirral Plan Pledges'.

The additional section is:

> ***WIRRAL PLAN PLEDGES***
> *The work of the Children Sub-Committee will focus in particular on the delivery of the following Wirral Plan Pledges:*
> - *Children are ready for school;*
> - *Young people are ready for work and adulthood;*
> - *Vulnerable children reach their full potential*

No other changes to terms of reference are proposed.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

The amended terms of reference for the Sub Committee are attached to this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not Applicable

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

There are no direct equality implications of this report.

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APPENDICES: Children Sub Committee – Terms of reference (Amended version)

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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PEOPLE OVERVIEW & SCRUTINY COMMITTEE

CHILDREN SUB-COMMITTEE

OBJECTIVES

The objective of the Children Sub-Committee is to support the Council and its partners in delivering Wirral's Strategy for children, young people and families to ensure:

- Children are ready for school;
- Young people are ready for work and adulthood
- Vulnerable children thrive and reach their full potential
- Children and young people feel safe and are safe
- Children and young people's views and voices are evidenced in and integral to all of the above objectives.

WIRRAL PLAN PLEDGES

The work of the Children Sub-Committee will focus in particular on the delivery of the following Wirral Plan Pledges:

- Children are ready for school;
- Young people are ready for work and adulthood;
- Vulnerable children reach their full potential

TERMS OF REFERENCE

The Children Sub-Committee will provide oversight, support and challenge to the activities of Wirral Council and its partners in relation to the following areas:

- Children's attainment in school, focusing in particular on the attainment of the most vulnerable children, evidenced by the gap in attainment narrowing;
- The quality and performance of educational provision overall in Wirral, as judged by Ofsted;
- The quality and effectiveness of pre-birth to five year old support and provision for children and parents, leading to children having the best start in life, evidenced by their readiness for school;
- The quality and effectiveness of specialist children social care and partner provision to support the most vulnerable children, leading to children being safe and achieving their full potential;
- Targeted early help effectively supports more children to thrive and live safely in their families and communities
- Monitoring Local Authority performance against its statutory duties

PROPOSED WORKING PRACTICES OF THE CHILDREN SUB-COMMITTEE

Sub Committee meetings	
Chair	The Chair and Vice-Chair will be appointed at the first meeting of the Sub-Committee in the municipal year
Membership	The membership of the Sub-Committee will be politically proportional. (On the current political balance, this translates into 4 Labour; 2 Conservative; 1 Liberal Democrat). In addition, the 4 statutory education co-optees will be members of the Sub-Committee.
Deputies	A maximum of 8 Elected Members per political group may be nominated to sit on the Sub-Committee as Deputies The appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.
Frequency	To meet a minimum of three times per year.
Work programme	The Sub-Committee will identify a work programme for the year, to include: • Task & Finish Groups • Standing Items • Specific Officer reports / presentations
Reporting Requirements	The minutes of the Sub-Committee meetings will be reported to the next available People Overview & Scrutiny Committee.
Communication & Transparency	Meetings will be held in public with agendas being published prior to the meeting and formal minutes being produced. Therefore, support from Committee services will be required

WIRRAL COUNCIL

PEOPLE OVERVIEW & SCRUTINY COMMITTEE – 28TH NOVEMBER 2016

HEALTH AND CARE PERFORMANCE PANEL – 7TH DECEMBER 2016

SUBJECT:	***FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 5TH OCTOBER 2016***
REPORT OF:	***THE CHAIR OF THE PANEL (COUNCILLOR MOIRA MCLAUGHLIN)***

1.0 PURPOSE OF THE REPORT

This report provides feedback regarding the key issues arising from the meeting of the Health & Care Performance Panel held on 5th October 2016.

2.0 ATTENDEES

Members:
Councillors Moira McLaughlin (Chair), Bruce Berry, Alan Brighouse, Wendy Clements, Treena Johnson, Tom Usher and Warren Ward

Other Attendees:
Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council)
Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group)
Karen Prior (Wirral Healthwatch)
Alan Veitch (Scrutiny Officer, Wirral Borough Council)
Patrick Torpey (Scrutiny Officer, Wirral Borough Council)

Visitors for part of the meeting:
Carole Self (Director of Corporate Affairs, Wirral University Teaching Hospital)
Simon Garner (Corporate Safeguarding Manager, Wirral Borough Council)
Alison Carey (Complaints Manager, DASS, Wirral Borough Council)

Apologies:
Gaynor Westray (Director of Nursing & Midwifery, Wirral University Teaching Hospital)
Councillor Bruce Berry (late arrival)
Councillor Warren Ward (late arrival)

3.0 APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR

The following appointment for the municipal year was agreed unanimously:
Chair Cllr Moira McLaughlin (Proposed Cllr Treena Johnson; Seconded Cllr Tom Usher)

4.0 APPOINTMENT OF VICE CHAIR FOR THE MUNICIPAL YEAR

The following appointment for the municipal year was agreed unanimously:
Vice Chair Cllr Wendy Clements (Proposed Cllr Moira McLaughlin;
Seconded Cllr Treena Johnson)

5.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 16th MARCH 2016

The notes from the previous meeting, held on 16th March 2016, were approved by members.

6.0 CQC INSPECTION OF WIRRAL UNIVERSITY TEACHING HOSPITAL (WUTH) – ACTION PLAN: UPDATE

Overview

The Chair welcomed Carole Self to the meeting. Members were aware that the Care Quality Commission (CQC) had carried out a planned inspection of WUTH in September 2015. The inspection report was published in March 2016, resulting in the agreement of an Action Plan to drive forward the required improvements. Carole informed members of the significant number of improvements which have been made since the last inspection, notably in the following areas:

- The reduction in wait times for diagnostic results
- The provision and monitoring of resuscitation trolley equipment
- Critical care - infection prevention and control compliance; leadership and risk management
- Safeguarding training
- End of Life Care
- Maternity including staffing
- Staffing levels across a wide range of skills

As an overall comment, Carole described the organisation as now feeling different with improved staff retention and a turnaround in culture. A further meeting between the Trust and CQC was planned for 10th November 2016, with a re-inspection probable in the early part of 2017.

Discussion

During discussion with members, a number of issues emerged:

- A member asked how the impact of the changes was measured and how CQC monitors the effectiveness. Members were informed that intelligence is gained from internal inspections carried out within the Trust. In addition, wider intelligence is also provided to CQC, for example, directly from staff. Board members also visit wards and listen to the views of staff. The three key priorities for the Trust are currently:
  - The outcomes and response to the CQC inspection
  - Improving the response times in A&E
  - The impact of the Trust's financial plans
- A member raised the concerns of CQC regarding the systems to determine staffing levels in children's and young people's services not being robust. The member asked what procedures were in place to improve staff levels. Carole Self commented that there were no known concerns currently relating to children's services staffing levels but would provide further information following the meeting.

- Regarding infection prevention and control, a member queried a CQC finding that "not all staff in critical care were washing their hands or using antiseptic hand gel as appropriate….". Members were informed that, at the time of the inspection, some staff had felt disengaged. However, members were reassured that, subsequent to the inspection report, there had been a complete and fundamental turnaround in staff engagement and practice.
- A member questioned the Trust's response to the CQC judgement that "safeguarding children's training was not provided in line with best practice guidance". The member asked for reassurance that enough staff are trained in each geographical area to provide an adequate response. Further details will be forwarded to members after the meeting.

Conclusion
The Chair thanked Carole Self for attending the meeting and providing members with the update. Carole undertook to provide a briefing paper regarding the queries on staffing data and on safeguarding training.

7.0 SOCIAL CARE ANNUAL COMPLAINTS AND CUSTOMER FEEDBACK REPORT – 2015/16

Overview
Simon Garner and Alison Carey provided members with an overview of the key issues identified in the annual report:

- Members had previously raised the consistency of DASS's reporting of complaints which had been made directly to the providers of commissioned services. Members had felt that they had previously not seen a complete picture of complaints across all services. Steps have been taken to ensure more effective reporting of complaints data by providers to DASS. Although it is generally a requirement for all providers to provide DASS with complaint data, approximately 50% of the providers are doing so. Although positive steps have been taken, it is accepted that this aspect of the reporting needs to improve further.
- It was noted in the report that the response times for complainants have increased compared to previous years. Also, the percentage of complaints fully responded to within 6 months had reduced from 98% in 2014/15 to 89% in 2015/16. Actions have been put in place to ensure an improvement during 2016/17.
- Members were informed of steps being put in place to ensure that there is wider learning gained from complaints.

Discussion
During discussion with members, a number of issues emerged:

- A member expressed support for the steps already taken to improve the compliance of commissioned providers in supplying complaint information to DASS. However, only approximately 50% of providers have met this requirement. Further steps will be taken to ensure higher compliance in the future.

- Changes in providers of domiciliary care had occurred during the summer leading to a concentration of a number of contracts with one supplier (Premier Care). Concerns had also been raised regarding the service quality and working practices of another provider. It was agreed that a report regarding domiciliary care, including the re-shaping of the market, be provided to the next meeting of the Panel.
- A member expressed concern that service users do not realise that the Local Authority, as commissioner of the service, have a role in raising the standards of home care services. Members noted that more needs to be done to raise the understanding of clients regarding the responsibilities of the Local Authority.
- It was suggested that, in future reports, it would be helpful to receive a breakdown of complaints based on the gravity or seriousness of the complaint. However, members were reassured that the most significant issues are often dealt with under HR procedures and these are low in number. The number of complaints referred to the ombudsman is also low.

Conclusion
The Chair thanked Simon Garner and Alison Carey for attending the meeting and providing members with the update. It was agreed that a six monthly update on DASS complaints will be provided to the Panel.

8.0 FEEDBACK FROM THE VISIT TO CGL, HELD ON 23rd JUNE 2016

The current provider for the Wirral Integrated Substance (Alcohol and Drugs) Misuse Treatment and Recovery service is CGL (Change, Grow, Live). The local service is branded Wirral Ways to Recovery. Towards the end of the previous municipal year, members of the Health & Care Performance Panel agreed that a visit to local offices should be arranged. As a result, a visit to the Wallasey offices of CGL (formerly known as CRI) was arranged to which all members of the former Families & Wellbeing Policy & Performance Committee were invited.

Councillor Alan Brighouse introduced a report which summarised the key findings from the visit. Councillor Brighouse informed the Panel that the visit was very informative but stressed that it was not possible to formulate a view about the effectiveness of services provided from such visits. Nevertheless, Members received useful information about the different types of issues dealt with by CGL and the profile of current service users. The strong use of peer support and self-help groups was evident.

Subsequent to the visit, the local media had reported an ongoing investigation into deaths of people in contact with the drug and alcohol treatment services. It was anticipated that the investigation report would be available for the People Overview & Scrutiny Committee meeting to be held on 28th November.

Concern was expressed that, as mental health services are commissioned by Wirral CCG while drug & alcohol services are commissioned by public health, there was a danger of some clients falling between the different services.

9.0 QUALITY FRAMEWORK AND PERFORMANCE MEASURES FOR THE HEALTH SECTOR IN WIRRAL

Lorna Quigley introduced Wirral's health & care quarterly performance report for Quarter 1 (2016/17). The report illustrates a series of high level indicators which are measures of performance across the health and care sector. Key issues identified included:

- The percentage of patients referred to treatment (RTT) and admitted within the target time period is not being achieved on a consistent basis (Q4 2015/16 and Q1 2016/17).
- There has been an improvement in the level of diagnostic testing achieved within the target period.
- There was one reported case of MRSA (in the community) in Q1 2016/17 (against a target of zero).
- A&E waiting times at Arrowe Park are consistently below target.
- Waiting times at the walk-in centres are above target.
- The response rates for the Friends & Family Test (FFT) are very low leading to the accuracy of some of the data being questionable.

Lorna Quigley was thanked for the report.

10.0 SUICIDE RATES

Lorna Quigley introduced a series of documents related to suicide rates. Data shows that Wirral is mid-ranking in England for suicide rates. Members requested a further report to the next meeting which would include gender, a comparison in rates over a number of years and whether the individual was in receipt of any services.

Lorna Quigley was thanked for the report.

11.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

Items for the agenda of the next Panel meeting on 7th December were confirmed:

- Care homes scrutiny review – review of recommendations
- Quality and availability of home care (domiciliary & reablement)
- Commissioning and quality of Intermediate care
- Continuing Healthcare funding
- Member visits to care homes - update
- Suicide rates - update

It was agreed that no report on the Sustainability & Transformation Plan is required for the Panel as this item will be reported to the People Overview & Scrutiny Committee.

12.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Carole Self will provide a briefing paper regarding the queries on staffing data and on safeguarding training at Wirral University Teaching Hospital.

2. Alan Veitch to arrange for a six monthly update on complaints to be included on the work programme.
3. Lorna Quigley to provide a further report to the next meeting on suicide rates which would include gender, a comparison in rates over a number of years and whether the individual was in receipt of any services.

13.0 RECOMMENDATIONS FOR APPROVAL BY THE PEOPLE OVERVIEW & SCRUTINY COMMITTEE

There were no specific recommendations to be made to the People Overview & Scrutiny Committee.

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WIRRAL

People Overview and Scrutiny Committee
Monday, 28 November 2016

REPORT TITLE:	**People Overview & Scrutiny Committee - work programme update**
REPORT OF:	**The Chair of the Committee**

REPORT SUMMARY

This report explains the process of developing and managing the scrutiny work programme for the municipal year. The People Overview & Scrutiny Committee, in cooperation with the other two Overview & Scrutiny Committees, is responsible for proposing and delivering an annual work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which are within the remit of the Committee.

The report provides an update regarding progress made since the last Committee meeting held on 8th September. The current work programme is made up of a combination of scrutiny reviews, standing items and requested officer reports. This update report provides the committee with an opportunity to plan and regularly review its work across the municipal year. The current work programme for the Committee is attached as an appendix to this report.

RECOMMENDATION/S

Members are requested to:

1. Approve the proposed People Overview & Scrutiny Committee work programme for 2016/17, making any required amendments, including suggestions for additional items.

2. Nominate the membership of a task & finish group to undertake the forthcoming Girtrell Court scrutiny review.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the People Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 THE SCRUTINY WORK PROGRAMME AND PRIORITISATION

The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

Principles for Prioritisation	
Wirral Plan	Does the topic have a direct link with one of the 2020 pledges?
	Will the review lead to improved outcomes for Wirral residents?
Public Interest	Does the topic have particular importance for Wirral Residents?
Transformation	Will the review support the transformation of the Council?
Financial Significance	Is the subject matter an area of significant spend or potential saving?
	Will the review support the Council in achieving its savings targets?
Timeliness / Effectiveness	Is this the most appropriate time for this topic to be scrutinised?
	Will the review be a good use of Council resources?

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

3.2 UPDATE ON CURRENT SCRUTINY ACTIVITY

Since the Committee meeting in September, activity has taken place relating to a number of scrutiny reviews:

Avoiding Admissions Scrutiny Review

The report from the Avoiding Admissions Scrutiny review was approved by Committee on 8th September 2016. Subsequently, the Chair has attended a meeting of Cabinet on 3rd October to present the report. The report was approved by Cabinet who resolved that:

"(1) the contents and recommendations of the Scrutiny report 'Avoiding Admissions' be noted; and

(2) the recommendation that an update report on the implementation and impact of the recommendations be presented to the People Overview and Scrutiny Committee by March 2017, be supported".

Transforming Wirral – DASS business cases

The report arising from the Transformation workshop held on 10th August and approved by this Committee on 8th September 2016 was presented to Cabinet on 3rd October. The report was approved by Cabinet who resolved:

"That the Cabinet notes the comments of Elected Members as set out in the report and will include these as part of its considerations when the full business case is presented to it".

Cumulative Impact on Public Health Scrutiny Review

The report from the Cumulative Impact Scrutiny review was approved by Committee on 8th September 2016. Subsequently, the Chair has attended a meeting of Cabinet on 7th November to present the report. The report was approved by Cabinet who resolved that:

"(1) the contents and recommendations of the Cumulative Impact on Public Health Scrutiny Review be approved; and

(2) the Officer response to the recommendations outlined in the report be supported".

Community pharmacies Scrutiny Review

Further to the referral of a Notice of Motion from Council, Committee members agreed to review the implications for Wirral of Government proposals for changes to the contractual framework and funding of community pharmacies. An Evidence Day is scheduled for 16th November, when representatives from NHS England, Wirral CCG, Community Pharmacies Cheshire & Wirral and the Public Health team from Wirral Council will attend. Councillors Moira McLaughlin, Angela Davies, Tom Anderson, Phil Gilchrist, Treena Johnson, Chris Meaden and Tom Usher have volunteered to attend the evidence session and undertake this review.

It is anticipated that any follow-up work will be concluded and a report produced for the next People Overview & Scrutiny meeting on 16th January.

Budget Scrutiny 2017/18

It is proposed that the scrutiny process for budget proposals will follow a similar approach this year to that adopted for the 2016/17 budget process. It is expected that a separate workshop will be held for each of the three scrutiny committees (Business, Environment and People). It is anticipated that the People workshop will be held during December with a report containing Members' feedback being prepared for the next People Overview & Scrutiny meeting on 16th January.

In order to plan for the workshop, as with last year's process, it is proposed that, once available, the full list of budget proposals will be reviewed by the Chair and Spokespersons. The options falling within the committee's remit will be prioritised for further scrutiny at the workshop. Relevant officers will be invited to the workshop to provide an overview and also answer questions regarding the proposals selected.

Girtrell Court Scrutiny Review

Members will note that an item is included on the work programme to enable members to undertake a check on service users' experiences of alternative provision following the decision to close Girtrell Court. Therefore, it would be helpful to, at this stage, form a task & finish group to plan and undertake this review.

Local Welfare Assistance Scheme

This item was transferred to the People OSC from the former Transformation and Resources Policy & Performance Committee. It was originally intended that a follow-up review to a previous scrutiny review would take place. However, it has now been agreed that this item will form part of a larger review to be undertaken jointly by the Business and Environment Overview & Scrutiny Committees which will scrutinise the impact of Welfare reform more generally.

3.3 HEALTH AND CARE PERFORMANCE PANEL

Panel meetings

The first meeting of the Health & Care Performance Panel during this municipal year was held on 5th October 2016. The outcomes from that meeting are reported as a separate item on this agenda.

The next meeting of the Panel is scheduled for 7th December when the agenda is expected to include items on:

- Continuing Healthcare funding
- Care homes scrutiny review – review of recommendations from a previous scrutiny review published in 2014
- Quality and availability of home care (domiciliary & reablement)
- Commissioning and quality of Intermediate care

Continuing Healthcare funding

NHS continuing healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a "primary health need". The Health & Care Performance Panel will be presented with a report on 7th December to consider the accessibility and operation of the scheme in Wirral. The report will include benchmarking data to illustrate comparisons with other areas. Healthwatch Wirral has previously proposed that further joint task & finish work be done regarding the outcomes of Continuing Healthcare funding for Wirral residents.

Care Quality Commission (CQC)

An announced inspection of Clatterbridge Cancer Centre was held in June 2016. However, the resulting CQC report has not yet been made publicly available.

Weekly bulletins are now received from the CQC providing updates relating to the outcomes of inspections of social care providers, GP practices and dental surgeries. The inspection results for Wirral-based providers are being forwarded to Committee members on a regular basis.

3.4 CHILDREN SUB-COMMITTEE

Further to the publication of the Ofsted report relating to Children's Services in Wirral, members of the Children Sub Committee have held a workshop to consider the involvement of scrutiny in the Ofsted improvement process. Members will be aware that an Improvement Board has been established to oversee the development and implementation of an improvement plan. Scrutiny has a role to scrutinise the improvement process.

It is proposed that the Children Sub Committee will provide the primary focus for scrutiny of the implementation of the Ofsted improvement plan, holding both lead members and senior management to account. In order to effectively scrutinise the work of the Improvement Board, it is proposed that the Children Sub Committee will meet more regularly. It is proposed that the Children Sub Committee will review both the delivery of the key milestones in the improvement plan and performance data on a regular basis. A mechanism to enable the feedback of key messages from scrutiny to the Improvement Board on a regular basis will be explored, as will the development of a more effective working relationship with the Local Safeguarding Children Board. In addition, it is anticipated that there will be opportunities for members to undertake more detailed scrutiny of specific topics in a task & finish or evidence day environment. Topics for further scrutiny will be identified once the improvement plan has been finalised. These will be added to the work programme in due course.

The next meeting of the Children Sub Committee is scheduled for 14th December 2016, with further meetings now arranged for 8th February, 8th March and 5th April 2017.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The delivery of the scrutiny work programme will be met from within existing resources.

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

This report is for information to Members and there are no direct equality implications.

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APPENDICES: People Overview & Scrutiny Committee – Work programme

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

PEOPLE OVERVIEW & SCRUTINY COMMITTEE **(As at 14/11/2016)**
WORK PROGRAMME

PROPOSED AGENDA ITEMS – Monday 28th November 2016

Item	Format	Officer
Minutes from the meeting of the Children Sub Committee held on 22nd September 2016	Minutes	
Referral - Notice of Motion: Motor Neurone Disease (MND) Charter	Referral	Cllrs Steve Williams / Chris Blakeley will be invited to present
Referral - Notice of Motion: Performance Management – Reporting Arrangements	Referral	Cllrs Phil Gilchrist / Stuart Kelly will be invited to present
All Day Health Centre Services and GP Seven day working	Report	Carla Sutton, NHS England (Cheshire and Merseyside)
Sustainability & Transformation Plan	Report / Presentation	Jon Develing
Deaths of people in contact with the drug and alcohol treatment services	Report	Fiona Johnstone
Performance monitoring – 2016/17 Q2	Report	Performance team / Clare Fish
Financial Monitoring – 2016/17 Q2	Report	Peter Molyneux to provide report
Children Sub Committee – Amended Terms of Reference	Report	Report of the Chair (Alan Veitch to provide report)
Report from Health & Care Performance Panel held on 5th Oct 2016	Report	Report of the Chair (Alan Veitch to provide report)
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: **Monday 14th November 2016**		

PROPOSED AGENDA ITEMS – Monday 16th January 2017

Item	Format	Officer
Outcomes from budget scrutiny	Report	Report of the Chair (Alan Veitch to provide report)
Alcohol Strategy	Report	Fiona Johnstone / Julie Webster
Ageing Well in Wirral – update on the delivery of the strategy	Report	Fiona Johnstone
Community pharmacies – report from task & finish group	Report	Report of the task & finish group (Alan Veitch to provide report)
Safeguarding Children Annual report 2015/16	Report / Presentation?	LSCB Chair / Simon Garner
Policy Inform	Report	Rachel Howey to provide report
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: **Tuesday 3rd January 2017**		

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
Girtrell Court – report from task & finish group	Report		Report of the task & finish group
Adults Safeguarding Annual Report	Committee Report		Simon Garner
Avoiding Admissions Scrutiny review: Follow-up report	Committee Report	March 2017	Jacqui Evans
Safeguarding Children Scrutiny Review – Progress report. (This item was last reported to People OSC in July 2016)	Committee Report		Julia Hassall
Cumulative Impact on Public Health Scrutiny review: Follow-up report	Committee Report	Sept 2017	Julie Webster
Wirral CCG – outcomes from the Service Policy Review consultation	Committee Report		Jon Develing / Dr Sue Wells

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer	Progress / Comments
Visit to CRI – Wallasey	Member visit	23rd June 2016 - Complete	Gary Rickwood	Complete. Report to Health & Care Panel – 5th October 2016
Transformation Programme – DASS business cases	Workshop	10th August 2016	Graham Hodkinson	Complete. Report to People OSC – 8th Sept 2016
Community pharmacies	Evidence day	16th Nov 2016		
Budget scrutiny 2017 / 18	To be agreed	Likely Nov 2016 – Jan 2017		
Girtrell Court: a check on service users' experiences	Task & finish group	Dec 2016 – Jan 2017	Graham Hodkinson	
Continuing Healthcare Funding	To be agreed	Start Jan 2017 at the earliest	Jason Oxley	If undertaken, this work will be done in partnership with Healthwatch Wirral
Looked after children - Follow-up review	Evidence day	Deferred	Liz Davenport	Waiting until post-Ofsted planning for scrutiny is complete
Children ready for school	Task & finish group	Deferred	Deborah Gornik	
Local Welfare Assistance Scheme (Original work undertaken by the former Transformation and Resources P & P Committee).	Follow-up review: Evidence Day	Transferred to Business and Environm't OSCs.	N/A	Chairs agreed on 03/10/16 that Business and Environment OSCs will lead this work as part of a wider review on Welfare Reform.

HEALTH & CARE PERFORMANCE PANEL – 2016/17

Meetings of the Health & Care Performance Panel have been scheduled for:
Wed 7th Dec 2016, 4.00pm
Wed 1st Feb 2017, 4.00pm
Mon 3rd April 2017, 4.00pm

An initial programme for those meetings is outlined below:

Item	Format	Timescale	Lead Departmental Officer
Quality framework and performance measures for the health sector in Wirral	Report	Standing Item	Lorna Quigley
Continuing Healthcare funding	Report	Dec 2016	Jason Oxley
Member visits to care homes - update	Report	Dec 2016	Amanda Kelly
Care homes scrutiny review – review of recommendations	Report	Dec 2016	Amanda Kelly
Quality and availability of home care (domiciliary & reablement)	Report	Dec 2016	Amanda Kelly
Commissioning and quality of Intermediate care (including the inspection framework)	Report	Dec 2016	Amanda Kelly
Suicide – Follow-up report	Report	Dec 2016	Lorna Quigley
Annual social care complaints report	Report	April 2017	Simon Garner / Alison Carey
Continuing Healthcare funding (This work will be undertaken in partnership with Healthwatch Wirral)	Possible task & finish	To be agreed	Members
Clatterbridge Cancer Centre – Outcomes from the CQC inspection held in June 2016 (The report is not yet publicly available).	Report	To be agreed	

CHILDREN SUB-COMMITTEE – CURRENT WORK PROGRAMME

Item	Format	Timescale	Lead Departmental Officer
School Standards report: Attainment at GCSE and A Level	Report	Dec Meeting	Sue Talbot
Exception reports highlighting positive and negative aspects arising from school Ofsted inspection reports	Report		
Complaints report for Children's Services	Report	Dec meeting	Simon Garner
Effective strategies to narrow the attainment gap	Report		Sue Talbot
Special Guardianship Orders	Report		
Governance arrangements and the role of scrutiny in safeguarding	Report		
Devolution of the Further education budget and the apprenticeship framework	Report		
Quality Assurance process of care plans	Report		