Public Document Pack

Joint Strategic Commissioning Board

Date:	**Tuesday, 9 July 2019**
Time:	**2.00 p.m.**
Venue:	Council Chamber - Birkenhead Town Hall

Contact Officer: Mike Jones
Tel: 0151 691 8363
e-mail: michaeljones1@wirral.gov.uk
Website: www.wirral.gov.uk

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

3. MINUTES (Pages 1 - 6)

To approve the minutes of the meeting of the Joint Strategic Commissioning Board held on 28 May 2019.

Terms of Reference

The JSCB is established to focus on the commissioning, strategic design and performance management of health and care services on Wirral, including the outcomes and quality of those services. The JSCB will oversee the development of population based commissioning.

The JSCB Cabinet Committee will undertake the following duties and responsibilities, exercising delegated powers of the WBC Executive and formulating recommendations for adoption by the WBC Cabinet and / or the CCG Governing Body, as the case may be, that seek –

- To promote the integration of health and social services generally across WBC and CCG;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
    - Better Care Fund Schemes

    - Urgent Care Transformation
    - Commissioning Prospectus
    - Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

In making decisions and / or recommendations to the Cabinet and / or the Governing Body, as the case may be, the JSCB Cabinet Committee will look to ensure that those actions will seek in all cases –

- To reduce inequalities;
- To secure greater public involvement;
- To commission services effectively, efficiently and equitably;
- To secure quality improvements;
- To promote choice and inclusion.

The JSCB Cabinet Committee will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB Cabinet Committee will review service user and patient experience data at an 'aggregate' rather than individual level.

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

4. PERSONAL STORY RE: LD INTEGRATION

Verbal report.

5. URGENT CARE TRANSFORMATION (Pages 7 - 42)

6. LIVERPOOL CITY REGION UPDATE (Pages 43 - 92)

7. POOLED FUND FINANCE REPORT (Pages 93 - 102)

8. CHIEF OFFICER'S REPORT (Pages 103 - 108)

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 28 May 2019

Present:	Councillor	Chris Jones (Co-Chair)
	Dr	Sue Wells (Co-Chair)
	Mr	Simon Banks
	Ms	Carly Brown
	Ms	Sylvia Cheater MBE
	Dr	Paula Cowan
	Mr	Simon Garner
	Mr	Mike Jones (Secretary)
	Councillor	Anita Leech
	Mr	Jason Oxley
	Ms	Linda Roberts
	Mrs	Vicki Shaw
	Dr	Sian Stokes
	Mr	Michael Treharne
	Ms	Julie Webster
	Mr	Alan Whittle

1 APOLOGIES FOR ABSENCE

Apologies were received from:
Paul Boyce from Wirral Council
Angela Johnson from Liverpool City Region.
Councillor Tom Usher, Wirral Council

From Wirral CCG Governing Body:
Dr Lax Ariaraj
Simon Delaney
Helen Downs
Paul Edwards,
Nesta Hawker,
Graham Hodkinson
Lorna Quigley
Karen Prior

2 APPOINTMENT / CONFIRMATION OF COMMITTEE CO-CHAIRS

Nominations were requested for the Co-Chairs of the Board from Clinical Commissioning Group (CCG) and Wirral Council.
Anita Leech nominated Chris Jones for Wirral Council. There were no other nominations.

Sue Wells was confirmed as the Co-Chair from the CCG and would be the Chair of this meeting.

RESOLVED: that

(1) Councillor Chris Jones be elected as a Co-Chair (Cabinet Committee of Wirral Borough Council) of the Joint Strategic Commissioning Board for the remainder of the Municipal Year; and

(2) Sue Wells be confirmed as Co-Chair from the Clinical Commissioning Group.

3 DECLARATIONS OF INTEREST

There were no declarations of interests.

4 MINUTES

RESOLVED - That the minutes of the meeting of the Joint Strategic Commissioning Board held on 2 April 2019 be agreed as a correct record and signed by the Chairman.

5 CHIEF OFFICER'S REPORT

The Board received a report from the Chief Officer, Wirral Health and Care commissioning Service and NHS Wirral Clinical Commissioning Group, which set out key areas of work from 9 April 2019 to 28 May.

There had been a meeting on 10 May with regulatory bodies and other CCG Chief Officers around the planning and contracting agreement and the commissioning of maternity care. There was a reminder that from April 2020 there was to be an obligation to offer patients, after 18 weeks on a waiting list, a choice of alternative provider for surgery at 26 weeks. It was noted that the meetings were to move to more of a blended model for the meetings, with meetings of Clinical Commissioning Groups (CCGs) and NHS England (NHSE) and NHS Intelligence (NHSI) and a parallel meeting of providers one month, the second month all of the providers and commissioners across Cheshire and Merseyside were to come together and in the third month would be a northwest footprint meeting with the Regional Director. It was noted that the team from NHSE and NHSI will be more thinly spread as they were covering a larger area.

In the near future work would focus on accident and emergency provision. It had been a challenging Winter and Spring and where systems were challenged there would be more intense support from regulatory bodies.

It was reiterated that the NHS long-term plan was about: boosting 'out of hospital' care; removing the divide between primary and community services; reducing pressure on emergency services by introducing same day emergency care as an approach and ensuring that there was adequate flow; giving people more control over their health with more personalised care; increased digitalisation; and increased focus on population health and local partnerships.

There had also been meetings with the Board of Cheshire and Wirral Partnership, who were the mental health provider, to discuss plans about improving their service and discussion about their communication concerning mental health care, their communication with neighbourhoods and how they improve communication with GPS about individual patients.

There was a meeting with NHS England on 10 May to provide assurance to the Secretary of State for Health about the CCGs. The financial year was expected to be challenging.

RESOLVED: That the report be noted.

6 **REFRESHING OUR STRATEGIC AIMS**

The Joint Strategic Commissioning Board (JSCB), which was a Committee in Common of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), had met for just over a year, supported by Wirral Health and Care Commissioning (WHCC), which was a strategic partnership between the Council and the CCG. The strategic themes adopted in 2018 needed to be updated to reflect changes in the strategic and operating environment. Work had been undertaken within WHCC to develop a shared purpose, mission, vision and aims. These had been aligned to the *Healthy Wirral* system transformation programme and the Wirral 2020 pledges.

RESOLVED: That further work be undertaken with Board members in a workshop and a report be brought back to the Joint Strategic Commissioning Board following the workshop.

7 **HEALTHY WIRRAL SYSTEM OPERATING PLAN 2019-20**

Members considered the report regarding the Healthy Wirral Operating Plan for 2019-2020. NHS England (NHSE) had published the NHS Long Term Plan on 7 January 2019. This had been accompanied by guidance for 2019/20, setting out "must do" deliverables and financial allocations. The guidance set out an expectation that one-year operational plans for 2019/20 needed to be submitted to NHSE and NHS Improvement by 4 April 2019. The *Healthy Wirral* System Operating Plan 2019/20 was attached to the report.

Through the Healthy Wirral programme, all the partners agreed to work together and submit one plan to the regulatory bodies. There was focus on financial recovery, creating a sustainable health and care economy. The long-term plan was about reshaping services based on the neighbourhood approach and get back to financial balance through sustainable collaboration. The next step was wider engagement of the public.

Members questioned whether the strategy of savings helped providers as most of the money was spent on them and it would reduce their ability to balance their budgets. They noted that training on finances was expected in the next couple of months.

RESOLVED: That the *Healthy Wirral* System Operating Plan 2019/20 and the intention to engage further with the public and Elected Members in respect of the development of the *Healthy Wirral* 5 Year System Sustainability Strategy Plan be noted.

8 **POOLED FUND FINANCE REPORT**

The Board considered a report providing a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of the expenditure areas that were included in the 2018/19 shared ("pooled") fund and the risk and gain share arrangements.

The pooled fund had a value of £131.9 million, with a forecast overspend of £200,000, split evenly between the CCG and the Council.

RESOLVED: That the financial position of the pooled fund, as at 28th February 2019, be noted.

9 **EXTRA CARE HOUSING - SCHEME UPDATE**

The Lead Commissioner for All Age Independence introduced the report and explained that Extra Care Housing includes care and support staff within the building 24/7 to support a person with both their planned, and unplanned needs. This provides opportunities for older people and people with learning disabilities to have greater choice and control to live as independently as possible, within the community in the full knowledge that support is on hand when they need it. This relieves social isolation, promotes independence and enables people to live in their own homes. Residences have affordable rents, with a possibility of shared ownership in some cases. Work has been done to establish the need for this type of accommodation, and Wirral is performing well towards meeting its target on the increased number of extra care housing units by 2021/22. The range of supported accommodation has increased and this is enabling more people to continue to live at home without the need to move into a care home setting.

RESOLVED: That the report be noted and the approach to Extra Care housing be endorsed.

10 **WIRRAL HEALTH AND CARE COMMISSIONING (WHACC) SINGLE BUSINESS PLAN**

The Chief Officer, Wirral Health and Care Commissioning Service and NHS Wirral Clinical Commissioning Group, introduced the report which outlined the business plan for Wirral Health and Care Commissioning (WHCC) for the financial year 2019-20. The outcomes/ targets related to the delivery of key areas of activity for WHCC and linked directly to the Healthy Wirral System Operating Plan 2019-20.

Members attention was drawn to the strategic direction of the organisation about bringing together and jointly commissioning public health services in a manner which improved the health, wellbeing and outcomes for the people of Wirral, reducing health inequalities and delivering sustainable services. This was to be done with place-based care in identified neighbourhoods and ensuring that primary care networks aligned and supported that work.

The paper set out the challenge for the next year to increase cost benefits and reduce duplications to be leaner and more efficient. There was a need to reduce running costs by £800,000 by doing things once only, and this included redesigning of planned care on outpatients by reducing admissions and shortening hospital stays. In terms of women and children there was a programme for child health including obesity. There was also a plan for medicine optimisation which included reducing antibiotics and getting people to make best use of their own medications.

Significant progress had been made around mental health conditions, including improving access to psychological therapy service; work on dementia strategy and enhanced crisis care. There had been a focus on children and young people's mental health such as improving emotional health and wellbeing; reducing alcohol admissions; supporting those with long term disabilities; and high blood pressure.

RESOLVED: That the Wirral Health and Care Business Plan for 2019-20 be approved.

11 **INCREASING INDEPENDENCE AND TRANSFORMING CARE, A LEARNING DISABILITY PROGRAMME UPDATE**

The Assistant Director: Health & Outcomes presented the report which provided an update on the progress made in commissioning services for people with Learning Disabilities and/or autism, with a specific focus on the implementation of the Transforming Care Programme (TCP) priorities in Wirral.

NHSE have highlighted TCP priorities for 2019/20 to Local Authorities and Clinical Commissioning Groups. The report listed areas of support to be developed which build on the existing work programme. Priority areas suggested are improving support to children with autism and their families, improving the offer of post diagnostic support to adults with autism and developing the intensive support service to help support people whose needs escalate and are otherwise at risk of hospital admission. A continuing priority is to ensure appropriate usage of hospital assessment and treatment units and it was noted that the reduced inpatient numbers has been sustained. Workforce is also a priority, with staff being skilled up to support people with complex needs to avoid crisis situations developing and to remain in their own homes. 85% of people with learning disabilities are supported to live in their own homes, and extra care housing schemes are being developed to give people more choice and independence.

RESOLVED: That the report be noted.

12 **DATE OF NEXT MEETING**

The next scheduled meeting of the Board was on Tuesday 9 July 2019 at 2.00 pm in Birkenhead Town Hall.

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Urgent Care Transformation

Risk Please indicate	**High** N	***Medium*** Y	***Low*** N
Detail of Risk Description	If Governing Body do not agree to the recommendation to transform the urgent care pathway, the risk will be the continuation of an inconsistent offer in the community. The risk of not implementing an Urgent Treatment Centre (UTC) would mean not meeting the national mandate set out by NHS England to implement a UTC to address key elements of urgent and emergency care which would have a number of negative implications: • Not meeting the Accident & Emergency (A&E) 4 hour standard (95% of patients should be admitted, transferred or discharged within 4 hours of arrival to A&E) • Overcrowded A&E departments which many people attending inappropriately when they could be treated in a more appropriate setting • Ambulance turnaround delays increasing delays for patients in the community awaiting an ambulance • Variation in the local offer supporting the delivery of urgent care • The current service provision does not provide a consistent offer of urgent care		

Engagement taken place	**Y**
Public involvement taken place	**Y**
Equality Analysis/Impact Assessment completed	**Y**
Quality Impact Assessment	**Y**
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	**Y**
To reduce health inequalities across Wirral	**Y**
To adopt a health and wellbeing approach in the way services are both commissioned and provided	**Y**
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	**Y**
To be known as one of the leading organisations in the Country	**Y**
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	**Y**

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	**9th July 2019**
Report Title:	**Urgent Care Transformation Review**
Lead Officer:	**Nesta Hawker, Director of Commissioning and Transformation**

INTRODUCTION / REPORT SUMMARY

The transformation of urgent care in Wirral has been a priority for commissioners for some time and following preparatory work a formal transformation programme was commenced in 2016. This programme sought to ensure that any review of the Wirral Urgent Care system met the needs of patients now and in the future, provided excellence in clinical quality and was able to meet the NHS constitutional standards through sustainable services.

The context for the review was the numerous urgent care services, including Walk in Centres and Minor Injury/Illness Units which had different opening hours and services. Whilst these venues are locally valued and recognised by communities, they did not provide consistency in service provision and as a result many patients defaulted to using the Accident and Emergency (A&E) Department at the Arrowe Park Hospital Site.

RECOMMENDATIONS

As a result of the public consultation, the recommendations are for NHS Wirral Clinical Commissioning Group (CCG) Governing Body to approve all of the following:

A) Implementation of a 24-hour Urgent Treatment Centre (UTC) at the Arrowe Park Hospital Site

B) All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision
- West Wirral – UTC at Arrowe Park Hospital Site (24-hours) increase of 10 hours from current provision

C) Changes to Gladstone (formerly Parkfield) and Moreton Minor Injury Units

- Gladstone (formerly Parkfield) Minor Injury & Illness Unit, New Ferry
- Moreton Minor Injury & Illness Unit, Moreton Health Clinic, Moreton

Changes to the Minor Injury & Illness Units are in accordance with proposals outlined in the report, notably section 3.3.

D) Dressings

- It is proposed to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to ensure continuity of service for residents.

The recommendations above have all been costed within the current financial envelope of £4.2m and can deliver the anticipated urgent care activity.

Summary of costs	£	Appointments
Urgent Treatment Centre	**2,176,986**	**73,664**
Community offer	**1,608,001**	**85,201**
Redesign costs	**412,891**	
Total	**4,197,878**	**158,865**

Wirral Health & Care Commissioning

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

1.1 The transformation of urgent care in Wirral has been a priority for commissioners for some time and following preparatory work a formal transformation programme was commenced in 2016. This programme sought to ensure that any review of the Wirral Urgent Care system met the needs of patients now and in the future, provided excellence in clinical quality and was able to meet the NHS constitutional standards through sustainable services. This review does not include the high number of urgent, on the day appointments that are provided in normal opening times of GP practices and pharmacies in Wirral.

1.2 The context for the review was the numerous urgent care services with different names, including Walk in Centres (WIC) and Minor Injury/Illness Units (MIU) which had different opening hours and services. Whilst these venues are locally valued and recognised by communities, they did not provide consistency in service provision and as a result many patients defaulted to using the Accident and Emergency Department at Arrowe Park Hospital.

1.3 NHS England, having commenced a national programme to transform urgent care services published requirements for the introduction of new mandated Urgent Treatment Centres across England in 2017. This is in addition to wider improvements to urgent care services including NHS 111 and the further expansion and provision of additional appointments with GP practices outside of normal opening hours.

1.4 During the consultation period there was strong opposition with regard to the proposed changes to the current walk-in facilities. Therefore, these recommendations are responsive to the feedback received and reflect a willingness by commissioners to listen and reflect the views of the public.

2.0 BACKGROUND INFORMATION

2.1 A 'Case for Change' document was developed by commissioners in 2018 and this was published at the commencement of a pre consultation 'Listening Exercise' in February 2018. The Listening Exercise was an opportunity to talk to service users, stakeholders and staff about current services and this quantified the early scoping work undertaken by commissioners.

2.2 Options modelling commenced and preparatory work for a formal consultation commenced in April 2018, this included proceeding through the NHS England Service Change Assurance Process.

2.3 The mandated requirement for an Urgent Treatment Centre (UTC) was considered by the NHS Wirral Governing Body in February 2018 and having reviewed the evidence and rationale decided to approve the intent to locate the UTC at Arrowe Park site adjacent to Accident and Emergency (A&E). This decision was central to the development of the final options for consultation.

2.4 The final options for consultation proposed either a 24-hour or 15- hour UTC supported by the provision of urgent access to GP/nurse appointments within local areas along with a dressings (wound care) service and a retained walk in facility for children. The proposals included the ending of adult walk in facilities across five locations in Wirral with the exception of the facility located at the Arrowe Park site which will be developed into the UTC.

2.5 Throughout the entire formal consultation process, commissioners have ensured that due process has been adhered to in line with both our internal commissioning requirements and the statutory public duties relating to consultation and engagement.

2.6 Consultation commenced on 12th September 2018 and concluded on 20th December 2018. This included an extensive range of engagement activity across Wirral with both the public and stakeholders. Statutory scrutiny requirements were met by attendance at a joint scrutiny committee of Wirral Council and Cheshire West and Chester Council in November 2018.

2.7 The consultation attracted a significant amount of campaigning activity, centred specifically in the Wallasey, Birkenhead North and Eastham areas.

2.8 The Clinical Senate for Greater Manchester, Lancashire and South Cumbria visited Wirral during the consultation period to provide an independent clinical view of the proposals. During the visit members of the senate visited urgent care locations and spoke with staff about services and their views on the current urgent care system as well as the proposed new model of care. The resulting recommendations have been considered as part of the post consultation analysis.

2.9 An independent analysis of the consultation was commenced in early 2019 and this identified a significant amount of opposition to the proposals, especially in relation to the proposed closure of WIC/MIU venues, however, respondents most favoured the option of having a 24-hour UTC rather than 15-hours.

2.10 A number of alternative proposals were also submitted during the consultation period which have received due consideration and assessment.

2.11 After consideration of all the available evidence, a final recommendation is made which has considered public and stakeholder opinion but also minimises the risk of over provision across the local urgent care system.

3.0 OVERALL RECOMMENDATIONS

3.1 Implementation of a 24-hour UTC

3.2 All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision
- West Wirral – UTC at the Arrowe Park site (24-hours) increase of 10 hours from current provision

3.3 Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit.

3.3.1 In accordance with the proposals set out in this report, we recommend that the current minor injuries and illness units at Moreton and Gladstone Medical Centre (formerly Parkfield Minor Injuries & Illness) are replaced with access to urgent GP/Nurse appointments in local GP practices as part of the GP extended access scheme. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area. The rationale for this recommendation is as follows:

3.3.2 On review of the current number of people attending Gladstone, this activity can now be provided by additional GP appointments through the GP Extended Access Scheme. There are approximately 75 attendances per week currently in the Gladstone Minor Injury and Illness Unit. The number of appointments provided through this scheme will be 82 per week which will be still be delivered from the immediate locality.

3.3.3 On review of the current number of people attending Moreton Minor Injury and Illness Unit this activity can now be provided by additional GP appointments through the GP Extended Access Scheme. There are approximately 90 attendances per week currently in the Moreton Minor Injury and Illness Unit. The number of urgent appointments provided through this scheme will be 64 per week which will be delivered from the immediate locality. We acknowledge the high proportion of dressings activity (46%) delivered from Moreton Minor Injury Unit and are working with the Primary Care Networks to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to ensure continuity of service for residents.

3.3.4 Residents will also be able to access retained walk in facilities at the following locations:

- Eastham Clinic
- Victoria Central Hospital
- Miriam Medical Centre

3.3.5 In reaching the decision for the above recommendations, a full quality and equality impact assessment have been completed which provide full details of our considerations and mitigations.

4.0 EQUALITY IMPLICATIONS

Equality and Quality Impact Assessments were undertaken as part of the original proposals and can be found on the Wirral Urgent Care website: http://www.wirralurgentcare.co.uk/.

Following the consultation further Equality and Quality Impact Assessments were undertaken and can also be found on the website.

5.0 APPENDIX

Supporting information can be found in Appendix 1 - Wirral Urgent Care Transformation Business Case.

Additional information can also be found in this document referencing further supporting evidence relating to options considered, financial information, engagement and the consultation process which can all be reviewed via the NHS Wirral CCG website: https://www.wirralccg.nhs.uk/get-involved/public-consultations/urgent-care-consultation-update/

REPORT AUTHOR: ***Nesta Hawker***
Director of Commissioning and Transformation
Telephone: (0151) 651 0011
Email: nesta.hawker@nhs.net

APPENDICES

Appendix 1 Wirral Urgent Care Transformation Business Case

BACKGROUND PAPERS

Supporting information can be found online at the NHS Wirral CCG website: https://www.wirralccg.nhs.uk/get-involved/public-consultations/urgent-care-consultation-update/

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APPENDIX 1

WIRRAL URGENT CARE TRANSFORMATION BUSINESS CASE

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1. OVERVIEW

1.1 Background

1.1.1. The NHS Long Term Plan outlines the ambition to ensure patients get the care they need urgently and alongside this, relieve pressures on Accident and Emergency department (A&E). It is recognised nationally that there is unnecessary pressure on Accident and Emergency departments and other parts of the urgent and emergency care system. Wirral is not immune to these issues.

1.1.2. The introduction of nationally mandated Urgent Treatment Centres (UTCs) will address the following key elements of urgent and emergency care:

- A&E 4 hour standard (95% of patients should be admitted, transferred or discharged within 4 hours of arrival to A&E). There is acknowledgment that across the system, performance against 4 hour standard is suffering which negatively impacts on patient experience.
- Overcrowded A&E departments with many people attending inappropriately when they could be treated in a less acute environment, leading to delays for patients in need of emergency interventions
- Ambulance turnaround delays increasing delays for patients in community awaiting an ambulance.
- Variation in the local offer supporting the delivery of urgent care.

1.2. The Case for Change

1.2.1. Almost half of patients who went to Arrowe Park Hospital's A&E last year had an illness or injury that could have been treated elsewhere. Our Case for Change evidences that almost 50% of Arrowe Park A&E attendances in 2016/17 were classified as minor cases. (http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-change.pdf)

1.2.2. This puts undue pressure on Wirral's only A&E and means that some of the most vulnerable and poorly people in Wirral are experiencing long waits for the care they need. As well as this the issues below were considered:

- Variation - Wirral residents recognised the need for change. The Listening Exercise, conducted in February quantified the previous engagement and this helped to inform the options development for consultation.

- The cost envelope for delivering urgent care in Wirral remains the same. The UTC is mandated, with its 27 standards having to be consistently implemented to improve the overall offer of urgent and emergency care. This means that we have to use our financial resources more efficiently and deliver both the UTC and community offer within the existing cost envelope. The only new funding for increasing access to care is linked to the £2.2 million for investment in extended access to primary care, offering additional GP and Nurse appointments during evenings and weekends (8am-8pm, 7 days per week).

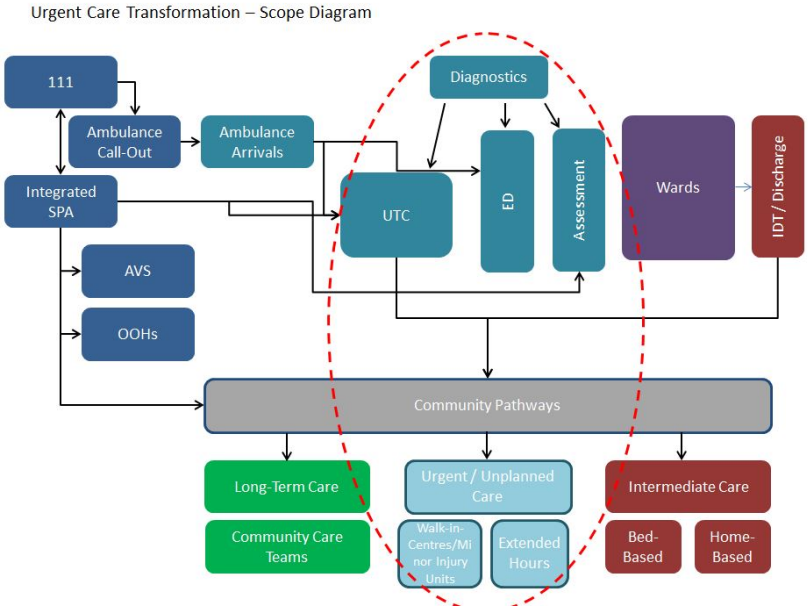
- Sustainability - We need to ensure that we create a sustainable and future proof urgent care offer for the people of Wirral. We know that the healthcare needs of people are changing, for example increasing number of older, frail people living longer with multiple long term conditions and we need to develop options that are tailored to meeting these evolving needs. By redesigning the way in which we deliver urgent care, we can use our resources more efficiently to create a sustainable and patient centred service.

- Baseline Activity Data -The table below demonstrates the annual activity for urgent care services across Wirral in 2017/18 across the Walk-in Centres and MIUs. This indicates the demand across these services.

Site	Activity 17-18
Victoria Central Hospital Walk-In Centre	39,318
Arrowe Park Hospital Walk-In Centre	32,021
Eastham Walk-In Centre	12,967
Miriam Minor Injury Unit	17,211
Moreton Minor Injury Unit	4,464
Parkfield Minor Injury Unit	3,755
Total	**109,736**

1.3. Scope

1.3.1 The following diagram shows the overall scope of the Urgent Care System of which there is a wider transformation programme which includes all the areas in the diagram below (Please see Appendix 1 Operational Plan). The areas within the dashed lines illustrate what was within the scope of the transformation programme. It is important to recognise that whilst this is our clear priority, any transformation has to be seen within the wider urgent care system.



Scope Diagram Key	
Teal	Within dash lines. Within scope UTC/ED/Assessment areas
Light Blue	Walk in/Minor Injuries/Extended Access
Purple	Acute Medical Wards
Red	Discharge Function/Community Offer (Transfer to Assess beds), Reablement/Domiciliary Support.
Green	Residential/Nursing
IDT	Integrated Discharge Team (IDT)
SPA	Single Point of Access
AVS	Acute Visiting Scheme (GP home visiting service)
GP OOH	GP Out of Hours Service

1.4. Pre- Consultation Process and Considerations

1.4.1. Engagement in relation to urgent care services commenced as early as 2009 and continued until the completion of Value Stream Analysis (VSA) workshops in 2016 which signaled the commencement of the transformation programme. The previous engagement activity had identified many common themes that are replicated across England and this was used to inform the VSA workshops with providers, stakeholders and patient representatives.

1.4.2. One of the common themes from the engagement activity since 2009 was the view that people are confused about the range of urgent care services available due to different service offerings and opening times. This was further explored during focus groups and visits to urgent care venues completed in February 2018.

1.4.3. In February 2018, we sought to supplement earlier engagement by opening a pre consultation Listening Exercise. This included an online survey, focus groups, stakeholder engagement meetings and visits to urgent care locations to speak with people using services during this period. Focus groups were targeted on the basis of the initial equality analysis and activity data. Stakeholder engagement included a dedicated session with the Joint Overview and Scrutiny Committee – Wirral Council (Adults and Childrens) (12th November, 2018) as well as attendance at the Joint Overview and Scrutiny Committee - Cheshire West and Chester (11th December 2018). The purpose of this session was to present the Case for Change (see Appendix 2) and to seek views to inform the options development. (http://www.wirralurgentcare.co.uk/)

1.4.4. This methodology was replicated with colleagues from primary, community and secondary care including Practice Managers, Dentists, Optometrists and Pharmacists. The results of the Listening Exercise were published on the NHS Wirral CCG website.

1.5. Location of the Urgent Treatment Centre

1.5.1. The recommendation to locate the Urgent Treatment Centre for Wirral at Arrowe Park Hospital by developing the existing Walk in Centre was approved by NHS Wirral CCG Governing Body in February 2018. (https://www.wirralccg.nhs.uk/media/4218/govening-body-meeting-pack-060218.pdf). The decision to co-locate the UTC at the Arrowe Park site means that patients who present themselves and deteriorate rapidly can be immediately transferred to A&E to receive emergency interventions.

1.6. Wider considerations informing options for consultation

1.6.1. It was acknowledged that the UTC needed to be complemented by additional lower acuity level Community Urgent Care services.

Dressings	Planned dressing services account for 24% of Walk in Centre and Minor Injury Units activity. It was recognised that an element of this provision is for planned dressings for which there is a clear need. Commissioners therefore recommended in their final 2 options a bookable dressings service acknowledging that the majority of dressings were of a planned nature and should not be subject to typical walk in waiting times on a sometimes daily basis
Location	Locations were considered as part of the activity analysis, considering cost envelope and the ambition to ensure equity and consistency. The intention was to have a community urgent care hub in each of the 4 localities across Wirral, aiming to support the Neighbourhood model

Care Seeking	Activity data evidences that almost 50% of people presenting to A&E, do so with a minor condition that could be treated elsewhere (http://www.wirralurgentcare.co.uk/wp-content/uploads/2018/09/case-for-change.pdf). Commissioners acknowledge the trend in how the public seek care and the need to embed cultural change over a period of time. Due consideration needs to be given to changing the public mindset of often defaulting to A&E as a trusted mechanism to receive urgent care.
Childrens (0-19) Service	Activity data shows that almost 50% of attendances to Children's A&E present with minor issues that could be treated elsewhere and are discharged within 2 hours. 26% of Walk in and Minor Injury presentations were from the 0-19 age range.
Arrowe Park Site Footfall	Due consideration of our proposals and the impact it would have on Arrowe Park footfall revealed in a worst case scenario the additional numbers would be 30 people day for a 24-hour UTC and an 8 hour community offer and 20 people per day for a 15 hour UTC with a 12-hour community offer. Detail of these assumptions is evidenced in Appendix 3.
Extended Access to Primary Care	Since the national development to extend access to primary care was announced this has been an important element of our considerations and how we improved access for same day, urgent appointments. As of 2018/19 38,654 additional GP appointments per year were made available via extended access. As part of our initial considerations, the proposal to remove adult walk-in access would be replaced by same day primary care access within the community. Further detail is located within Appendix 4.
Cheshire West and Chester Residents	As illustrated in the Case for Change, there is clear evidence of Cheshire West and Chester residents utilising urgent care services across Wirral, notably in the South Wirral area. The breakdown of this is attached in Appendix 5. The activity was taken into account with ongoing engagement with both West Cheshire Commissioners and Primary Care colleagues to ensure full consideration and minimal negative impact for Cheshire West resident when considering the options for consultation. There has been ongoing engagement with Cheshire West and Chester Council and NHS West Cheshire CCG throughout the consultation process.

Transport	As part of our ongoing considerations for the redesign of urgent care we have worked collaboratively with local Councillors, Council Transport officers and Transport providers to duly consider public transport access to both the Arrowe Park site and the community locations. The intention being to identify any specific transport issues and seek resolution/solutions. Please see Appendix 6 for heat maps used to inform discussion. Heat maps present a physical map of a locality highlighting the 'hot' areas that require attention or highlight a particular issue relating to travel times. The maps are colour-coded red, amber, green with red relating to areas of highest travel time/distance to/from certain areas outlined on the maps. This intelligence data has also been shared with our primary care colleagues for due consideration as part of the extended access rollout.
Estates	Consideration was given to suitable venues for the delivery of community urgent care offer. The decision was taken to seek views from the public during the formal consultation with regard to the factors that were most important to them. This would then be used to inform the most appropriate estate choices.

1.7. Final Options for Consultation

1.7.1. In determining the final options for consultation, commissioners considered the positives and negatives of each of the 5 options. See Appendix 7 for discounted options. Sustainably, both financially and in terms of workforce and activity were key drivers in determining the recommendations.

- **Option 1** was based on a 24-hour UTC which would mean an 8 hour per day community offer
- **Option 2** presented a 15-hour UTC which would result in a 12 hour per day community offer.

The positives and negatives of each of these options were clearly articulated in our formal consultation document (Appendix 8 – Urgent Care consultation document).

1.8. NHS England Service Assurance Process

1.8.1. Commissioners have worked closely with NHS England to ensure due assurance throughout the process. The Service Change Assurance Process commenced on the 7th May 2018 and was inclusive of regular updates throughout the pre-consultation period until formal approval was obtained to consult on our proposals for urgent care by the NHSE Regional Management Team on 27th July 2018.

1.8.2. Assurance is required to secure consistency across the NHS commissioning system in respect of:

- The government and NHS England's key tests that should underpin service change proposals
- The strength of pre consultation business cases, clinical evidence and public involvement
- Proposals having regard to relevant national guidance and complying with legislation
- The programme management that underpins the planning and delivery of schemes
- Deliverability on the grounds of affordability.

2. CONSULTATION PROCESS

2.1. Public Consultation

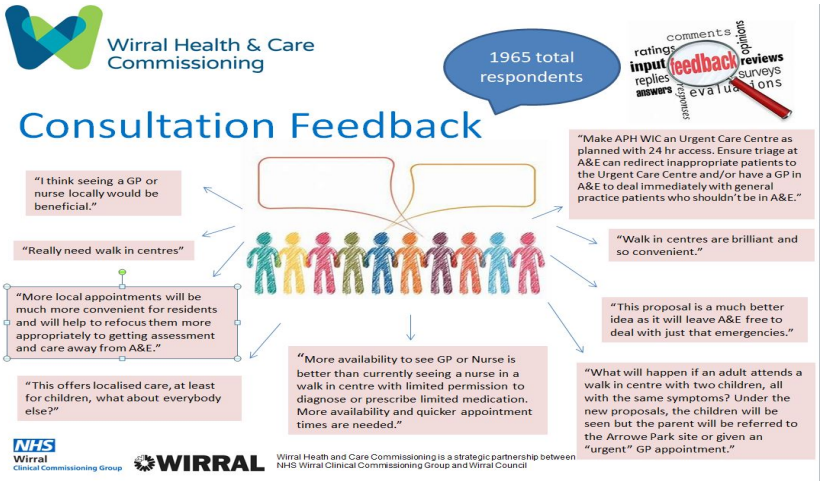
2.1.1. A public consultation was undertaken from 20th September 2018 until 12th December 2018, with the issuing of notification letters to stakeholders and the launch of a dedicated website for the consultation materials. Informal briefings were held with principal stakeholders, including lead clinicians and local elected members, prior to the launch of the consultation. The consultation has been undertaken in accordance with the NHS Wirral CCG's statutory duties for public and patient engagement.

2.1.2. During this consultation we engaged with the public at a range of events and roadshows (in excess of 80 individual events) across Wirral (See Appendix 9 - Engagement Timeline). These included focus groups, public meetings, stakeholder engagement meetings and visits to current urgent care locations. Local and regional media were utilised to highlight the consultation and a household postcard drop was also completed. Engagement activity has also included visits to shopping centres and social media posting on Facebook and Twitter.

2.1.3. There were 1,965 responders to the public consultation survey, 98% of whom identified themselves as residents of Wirral. Respondents were presented with the two options for urgent care (see below) with option 1 being the most popular option (66.5%) particularly for carers (77.1%).

2.1.4. We engaged an independent organisation to undertake external analysis of public feedback from the consultation (for a full breakdown of this analysis, please see Appendix 10 - HITCH Marketing report).

2.2. Key Messages from Consultation Analysis and Public Feedback



What respondents liked about the consulted options:

- UTC will provide greater diagnostics - WICs lack diagnostic tools so can only treat minor illness
- GP led UTC at the Arrowe Park Hospital site is good
- Extended access to bookable GP appointments
- Convenience associated with bookable appointments across different locations;
- A uniform, standardised approach to wound care and dressing

What respondents disliked about the consulted options:

- Closures of MIUs and WICs in local communities
- Access to UTC at the Arrowe Park Hospital site (travel; cost & parking)
- Resources at the Arrowe Park Hospital site already stretched; lack of belief that sufficient GPs appointments will be provided within the extended access in a time of GP shortage
- Pressure on the Arrowe Park Hospital site where not able to make appointments on the day for wound care and dressings and would therefore present at A&E

2.2.1. When considering where services may be located, we asked the public what their most important factors were ranked as follows:

- Distance from home (32.2%)
- Accessible by public transport (23%)
- Flexible and convenient appointments (23%)
- Parking
- Accessible for people with mobility requirements

2.2.2. Distance from home was the factor most often cited as the most important with access on public transport (23%) and convenient timing of appointments the next most common (23%).

2.2.3. Parking was most commonly ranked as 4th most important (by 26% of respondents) and only ranked as most important by 10%).

2.2.4. It was suggested by a number of participants that Walk-in Centre's should not be discounted but rather utilised in the implementation of the extended access service.

2.3. Children's (0-19) Service

2.3.1. Whilst there was a lot of support for the proposed changes in urgent care for children, the public voice centred around concern over the adult walk-in provision:

"What will happen if an adult attends a walk in centre with two children, all with the same symptoms? Under the new proposals, the children will be seen but the parent will be referred to the Arrowe Park site or given an "urgent" GP appointment."

"This offers localised care, at least for children, what about everybody else?"

2.3.2. This was considered prohibitive in that previously both patients could be treated locally at a Walk-in Centre, whereas the new services could result in either both needing to access Arrowe Park Hospital Site or making one journey to a walk-in service for children and another to Arrowe Park to the UTC. The proposal to change children's urgent care services was supported (agreed with) by 52.8% of respondents (814/1543), with 33.1% disagreeing and 14.1% neither agreeing nor disagreeing (21.5% did not answer).

3. CLINICAL SENATE PROCESS

3.1. An Independent Review

3.1.1. We recognise that independent review is a key part of this process. On advice from NHS England we invited the Clinical Senate for Greater Manchester, Lancashire and South Cumbria to review our process and proposals and this took place in parallel with the consultation. The aim of this was to undertake an independent clinical review of the proposed plans for Urgent and Emergency Care services delivered in Wirral, in line with the NHS England Stage 2 Assurance Process. The Senate produced a detailed report and recommendations – please see Appendix 11 Clinical Senate Report and Recommendations.

3.1.2. Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. As part of this process the senate reviewed a range of things including our approach to communications and engagement, key findings from engagement events, our overall process and approach, the design phase and discounted options. A site visit was conducted on Monday 26th November 2018 to the intended location of the UTC, Arrowe Park Hospital as well as visiting existing urgent care sites.

3.1.3. The panel were convinced that there is a compelling need for the current model of care to change. The main drivers for change being:

- A large number of services across a number of providers, each with a differing offer and differing / varying opening times. This has caused confusion amongst the local population as to where to go and when for their pertinent health needs

- The Arrowe Park Hospital A&E and Walk-in Centre front door is currently confusing, illogical and lacks robust documentation at first contact
- Confusing service landscape across Wirral for the public and patients which can lead to them defaulting to A&E when it is not always the most appropriate option

3.1.4. The Clinical Senate were of the opinion that the future UTC and community provision ought to be tackled as part of a bigger plan. If the workforce capacity allows it, the panel recommended a stepped approach to any changes rather than whole scale change at once. We have taken this advice into consideration when developing our overall implementation plan.

3.1.5. For a full list of all recommendations and mitigations, please see Appendix 12 Clinical Senate Recommendation Mitigations.

3.2. Options Appraisal Post Consultation

3.2.1. Following a review of the shortlisted options and taking into account public feedback surrounding the retention of walk-in facilities for all ages as well as more availability to see a GP or Nurse, we have explored and amended our final proposal.

3.2.2. A number of alternative proposals from providers were received as follows:

- General Practice Wirral Federation submitted multiple proposals of varying levels of service
- Wirral Community Health and Care NHS Foundation Trust submitted their feedback on the consultation via a letter; it was difficult to evaluate this information as detailed financial or workforce information was not provided
- Post consultation and Clinical Senate recommendations NHS Wirral CCG considered 25 options based on combination of opening hours and locations based on feedback from public, providers and clinical senate including some blended options of multiple proposals.

Commissioners used the following scoring matrix, which was developed with clinical input, to evaluate the proposals:

Criteria and Weightings					
Within Financial Envelope	Quality	Deprivation	Access and treatment close to home	Sustainability	Consistent Offer
25%	40%	10%	10%	10%	5%

KEY:

- **Within Financial Envelope -** Both the UTC and the supporting community urgent care offer, need to be delivered within the £4.2m financial cost envelope.
- **Quality -** The overall clinical offer and how it supports both the A&E and the local offer in line with clinical evidence based best practice.
- **Deprivation -** Does the offer meet the needs of deprived communities?
- **Access and Treatment Close to Home -** Does the offer provide local access to urgent care services?
- **Sustainability -** Can it be maintained in future years?
- **Consistent Offer -** Does the offer provide equitable and consistent access and provision across each of the constituencies?

Scoring

5	Fully Meets the criteria
4	Nearly meets the criteria
3	Goes some way to meet criteria
2	Meets some elements of the criteria
1	Meets little of the criteria
0	Meets none of the criteria

3.2.3. Consultation feedback showed strong opposition from the public to the loss of all age walk-in facilities across Wirral. Reviewing the alternative proposals in tandem with public feedback post consultation and considering the recommendations from clinical senate we have developed a number of further options, some of which fall into a 'hybrid category' utilising elements from a range of proposals (both our own and those of providers).

3.2.4. Taking this into consideration we are have explored the potential to retain some element of all age walk in facilities (with caveats in place, such as same cost envelope) as part of the new model of urgent care.

3.2.5. Further work has also been undertaken with clinicians around the clinical model post consultation with regular updates and meetings. Stakeholders have had significant input into the proposed model of care.

3.2.6. From the proposals considered, consulted and submitted, the following options were shortlisted based on the criteria used for evaluation. Options that scored at least 4.2 out of 5 were then scrutinised.

Options	UTC Hrs	Detailed options	Score	Positives	Negatives
Option 1 - CCG	24hrs	4 constituency based sites. Open 8 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.8	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 2 - CCG	15hrs	15hr UTC supporting A&E. 4 constituency based sites. Open 12 hours. Available for planned dressing appointments. And walk in services for 0-19 year olds.	4.5	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed.
Option 3 - GPW FED	15hrs	15 hr UTC supporting A&E. 4 constituency based sites open 10 hours. Providing walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, & N. Wallasey)	4.35	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. 10 hour offer rather than 12 hour offer in areas of greater deprivation.
Option 4- GPW FED	15hrs	15hr UTC supporting A&E. 5 constituency based sites (2 in Birkenhead & 3 in other constituencies) open 8 hours each. Providing all age walk in services. 5 x 2hr dressings clinics (Moreton, Parkfield, Heswall, St Cath's, N. Wallasey)	4.4	Equal access for each area. Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. Reduced community hour offer.
Option 5- GPW FED	24hrs	24hr UTC supporting A&E. 4 constituency based sites open 8 hours each. Providing all age walk in services.	4.5	24hr offer provides continuity for A&E service. Equal access for each area.	Reduced hours in areas of higher deprivation. B'head/Wallasey
Option 6 - CCG	15hr	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.	4.2	Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. West Wirral to use the UTC
Option 7 - CCG	15hrs	15hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 3 constituency based sites (Wallasey, Birkenhead & Wirral South) open for 12 hours each.	4.3	Greater community provision in areas of deprivation.	Would not provide a consistent urgent care offer for patients at the Arrowe Park site. Would not be supporting A&E when UTC is closed. West Wirral to use the UTC
Option 8 - CCG	24hrs	24hr UTC supporting A&E. Community offer providing walk in facilities and planned dressings: 2 constituency based sites (Wallasey & Birkenhead) open for 12 hours each. 1 constituency based site (Wirral South) open for 8 hours.	4.8	24hr offer provides continuity for A&E service. Greater community provision in areas of deprivation.	West Wirral to use the UTC

3.3. Equality Impact Assessments

3.3.1. Equality Impact and Risk Assessments were carried out for the overall recommendation as well as for the proposed changes to Gladstone (formerly Parkfield) and Moreton Minor Injury Units (see Appendix 13 Equality and Risk Impact Assessments).

Assessment	CSU Approval
Equality Impact and Risk Assessment – Stage 1 & 2	30.05.19
Quality Impact Assessment	30.05.19
Equality Impact and Risk Assessment Gladstone (formerly Parkfield) MIU) – Stage 1 & 2	30.05.19
Quality Impact Assessment Gladstone (formerly Parkfield) MIU)	30.05.19
Equality Impact and Risk Assessment (Moreton MIU) – Stage 1 & 2	30.05.19
Quality Impact Assessment (Moreton MIU)	30.05.19

4. FINANCIAL ANALYSIS

4.1. Financial Envelope

4.1.1. The 2018/19 contractual values for each commissioned area within the scope of the review was identified. This is shown in the table below totaling £4.2million and includes Commissioning for Quality and Innovation (CQUIN) payments of £91,000.

Commissioning Envelope	£
Victoria Central and Eastham Walk in Centres	2,716,945
Arrowe Park Walk-in Centre	1,036,107
Minor Injuries Unit: Birkenhead/ Miriam Medical Centre	261,827
Minor Injuries Unit: Gladstone (formerly Parkfield) Medical Centre	83,000
Minor Injuries Unit: Moreton Health Clinic	100,000
Total	**4,197,879**

4.2. Summary of Costs

4.2.1. The cost of the redesigned services have been calculated by benchmarking against Hartlepool and Stockton on-Tees CCG, which is similar to the Wirral as they have a similar sized population have comparable levels of deprivation.

4.2.2. North Tees and Hartlepool NHS Foundation Trust implemented a UTC in April 2017 and provided staffing cost breakdowns. Our costings were benchmarked and calculated using their model and the capacity to meet the expected demand for appointments in Wirral.

4.2.3. It is expected that the cost of implementing the urgent care redesign will be cost neutral as summarised below:

Summary of costs	£
Urgent Treatment Centre	2,176,986
Community offer	1,608,001
Re-design costs	412,891
Total	**4,197,878**

4.3 Urgent Treatment Centre Costs

4.3.1. Using the University Hospital of North Tees and Hartlepool NHS Foundation Trust model and Wirral costs, we were able to determine the cost of the proposed UTC at the Arrowe Park site.

Spend Type	Band	WTE	Gross Cost per WTE £	Subtotal £	*Enhs. For unsocial hrs £	Total Gross Cost £
Pay						
GP		5.51	108,378	597,162		597,162
Advanced Nurse Practitioner	7	8.45	54,613	461,599	72,642	534,241
Nurse (8am-11pm)	6	3.48	46,428	161,584	17,888	179,472
Nurse (11pm-8am)	6	2.09	46,428	96,951	21,240	118,191
Healthcare Assistant	2	3.48	25,908	90,167	15,237	105,403
Reception	3	5.51	25,908	142,804	33,070	175,874
Non-Pay						
Consumables						158,638
Estates						180,822
Overheads						127,182
Total		**28.52**				**2,176,986**

*Enhancement payments for evening and weekend working

4.3.2. The UTC staffing costs have been modelled and costed to be able to deliver the capacity required to meet the expected demand for the number of patients currently attending the Arrowe Park WIC plus the patients attending A&E with minor illnesses and ailments. Staffing ratios have been flexed down to reflect reduced night time activity.

4.3.3. The capacity deliverable is shown in the table below and breaks down the appointments that are available by each staff type and shows that a total of 73,664 appointments could be delivered against expected activity of 69,000.

Appointments delivered by staff type	Between 11pm to 8am	Between 8am to 11pm	Total
GP	8,378	15,274	23,652
Band 7 Advanced Nurse Practitioner	0	30,549	30,549
Band 6 Nurse	4,189	7,637	11,826
Band 2 Healthcare Assistant	0	7,637	7,637
Total	**12,566**	**61,098**	**73,664**

Note: Triage built in

4.4 Community Offer Costs

4.4.1. There are two community sites that are being proposed to be open for 12 hours a day are at:

- Victoria Central and
- Birkenhead Medical Centre.

It is proposed that the third site, Eastham, would be open for 8 hours a day. The costs associated with delivering the activity required in the community for Wirral residents are detailed below:

2 Sites open, 12 hrs a day, 7 days a week	Band	WTE	Gross Cost per wte £	Subtotal £	Enh for unsocial hrs £	Total Gross Cost £
Pay						
Nursing	7	8.69	54,613	474,837	53,815	528,652
Nursing	5	6.77	37,513	253,831	36,957	290,788
Admin	3	5.80	25,908	150,171	18,558	168,729
Non-Pay						
Consumables						218,181
Estates & Overheads						151,495
Subtotal 2 Sites Open 12 Hrs 7 days a week						**1,357,844**
1 Site open, 8 hrs a day, 7 days a week	**Band**	**WTE Required**	**Gross Cost per wte**	**Subtotal £**	**Enh for unsocial hrs £**	**Total Gross Cost £**
Pay						
Nursing	7	1.29	54,613	70,614	6,778	77,393
Nursing	5	1.29	37,513	48,505	4,656	53,161
Admin	3	1.29	25,908	33,499	3,216	36,714
Non-Pay						
Consumables						20,522
Estate & overheads						62,367
Subtotal 1 Site Open 8 Hrs per day 7 days a week						**250,157**
Total Cost of the Community Offer		**25.14**				**1,608,001**

4.4.3. A total of 85,201 appointments could be delivered within the community based on each appointment being 20 minutes long (this is compared to the current demand of 77,715). This is broken down in the table below:

Appointments	1x 8 hour centre	2x 12hour centres	Total
Nursing Band 7	6,104	41,048	47,152
Nursing Band 5	6,104	31,945	38,049
Total appointments	**12,208**	**72,993**	**85,201**

4.5. Methodology for Calculating the Numbers of appointments

4.5.1. To ensure staffing levels and costs were reasonable (capacity sufficient to meet expected demand), the number of clinical hours for each site were calculated based on the staffing numbers in each location.

4.5.2. Based on the clinical hours the number of appointments deliverable were calculated on each appointment being approximately 20 minutes.

4.5.3. A 10% wastage ratio was added to reflect that demand for appointments would not be constant.

4.6. The Calculation of Whole Time Equivalent (WTE)

4.6.1. The number of WTEs required to support each role within the staffing model have been calculated using the following method:

$$\frac{\text{Numbers of hours that a facility (UTC/ Community facility) was open for}}{\text{Number of productive staffing hours}}$$

For example, Productive hours were calculated as follows:

Hub opening hrs 7 days per week, 52 weeks per year	Total hours open	Total productive hours	WTE to staff
Open 8 hours per day	2,922	1,574	1.86
Open 10 hours per day	3,653	1,574	2.32
Open 12 hours per day	4,383	1,574	2.78
Open 15 hours per day	5,479	1,574	3.48
Open 24 hours per day	8,766	1,574	5.57

Total productive hours		Hours
Hours per year	(37.5x52.18 weeks)	1,957
Less Annual leave	(7.5hours x 33 days)	(248)
less Bank Holidays	(7.5hours x 8 days)	(60)
Less sickness	(7.5hours x 10days average)	(75)
Total productive hours per annum		**1,574**

4.6.2. The sickness levels were taken from national averages and averages present in local provider trusts for staff working in urgent care settings.

4.7. The Calculation of Enhancements

4.7.1. To ensure full costs were accounted for under Agenda for Change, enhanced rates of pay were included for time worked for the following hours:

- **Mon-Friday 8pm-10:30pm,**
- **Saturday 7am to 10:30pm,**
- **Sunday 7am to 10:30pm,**
- **Bank holidays-8 days**

Number of enhanced hours per year (x)
hourly rate of staff working enhanced hours
(x) enhanced rate

4.8. Consumables

4.8.1. The cost of consumables have been calculated using existing costs for each facility. These costs were provided by the individual organisations managing those facilities.

4.9. Estates

4.9.1. The cost of each estate has been calculated using the actual cost provided by present providers. These are detailed below:

Site	Value £
Victoria Central Walk in Centre	105,409
Eastham Walk in Centre	66,437
Birkenhead Medical Building	37,652
Total	**209,498**

4.10. Staffing Implications

4.10.1 The WTEs calculated for the model were benchmarked against the information shared by providers. The redesigned models for the UTC and Community offers would require an additional 5.51 WTE GPs and 2.98 WTE fewer nursing staff than at present. Better Care funding and staffing have not been included in this business case as these are non-recurrent.

4.10.2. It is expected that the reduction in numbers of nursing roles would be absorbed by the Wirral health system.

4.11. 24-Hour versus 15-Hour UTC

4.11.1 To underpin the choice of whether a 24-hour or 15-hour UTC would be the most effective on a cost basis, we reviewed the difference in costs between the two options alongside the activity levels that the UTC would need to see from those that presently attend A&E.

Estimated delivery cost	£
24hr UTC	2,176,986
15hr UTC	1,684,566
Difference	**492,420**

A&E activity 2017-2018

HRGCostType	11pm to 8am	8am to 11pm	Grand Total
High Cost	1,459	6,394	7,853
Medium Cost	3,539	17,057	20,596
Lower Cost	9,900	47,830	57,730
(blank)	79	392	471
Grand Total	**14,977**	**71,673**	**86,650**

4.11.2. Total of 14,977 patients attended A&E between the hours 11pm to 8am in 2017-2018. Of this figure 9,311 were not admitted.

4.11.3. For the 24-hour UTC to be cost effective based on the present payment mechanism (payments by results) the UTC would need to see approximately 5,430 of the present lower to medium level A&E patients between the 11pm to 8pm (the additional funded 9 hours) within the year.

5. FINAL RECOMMENDATION OPTION

5.1. A 24-hour UTC on the Arrowe Park site (utilising current WIC footprint)

5.1.1 Our consultation set out the option for either a 15-hour or 24-hour UTC. Post consultation and learning from North Tees and Hartlepool (who have implemented a 24-hour UTC), it is our considered opinion that a 24/7 model would identify the following benefits:

- Provides full support to A&E
- Patients with minor illnesses/injuries only being seen in the UTC and not A&E
- Creation of a true 'single front door' - provides a consistent and clear offer to patients
- Improves system resilience

5.1.2. The 24/7 model would allow for effective staffing in terms of workforce cross cover and skill mix.

5.1.3. North Tees and Hartlepool learning has evidenced that the single most important factor in the success of this model was 24-hour access to Primary Care GPs.

5.2. All age walk-in access within the community (including bookable dressing services based at:

- **Wallasey** – Victoria Central Hospital (8am-8pm) - 2 hours from current provision
- **Birkenhead** - Birkenhead Medical Centre (8am-8pm) + 2 hours from current provision
- **South Wirral** - Eastham Clinic (12pm-8pm) no change from current provision
- **West Wirral** - UTC at the Arrowe Park site (24-hours) + 10 hours from current provision

5.2.1. The all age walk in provision will be carried out from local 'community Hubs' which will be based in Birkenhead, Wallasey and Eastham localities. It is anticipated that patients within West Wirral will be able to access parallel services within the UTC at the Arrowe Park Hospital site and the proposed dressings clinics.

5.2.2. All community hubs will meet the criteria that we consulted with the public over in the form of being accessible by public transport, distance from home, accessible for people with mobility requirements, parking and flexible and convenient appointments.

5.2.3. We know that currently, the public are confused about which services to access due to the variation in opening hours and services provided. The new community hubs will have consistent names and consistent clinical pathways. Commissioners will continue to work with all providers to develop and appropriate and equitable community urgent care offer. The proposed model of care aims to create a more consistent and standardised pathway which will ensure a safe and sustainable workforce. Whilst it is acknowledged there remains an inconsistency in that Wallasey Hub will provide x-ray services, this is due to the feedback from the public during the consultation to continue with this.

5.3. Changes to Minor Injuries and Illness Units

5.3.1. We recommend that the current minor injuries and illness units at the below sites, are replaced with access to urgent GP/Nurse appointments in local GP practices as part of the GP extended access scheme. This will be further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

- Gladstone (formerly Parkfield) Minor Injury Unit, New Ferry
- Moreton Minor Injury Unit, Moreton Health Clinic, Moreton

The rationale for this recommendation is as follows:

5.3.2. The attendances in 2018/19 (pro-ratad from month 9 onwards) demonstrate that both MIUs witnessed the least number of attendances across all minor injury and walk-in centre sites.

5.3.3. On review of the current number of people attending Gladstone (formerly Parkfield), this activity can now be provided by additional GP appointments. The Extended Access appointments within the Gladstone (formerly Parkfield) locality equate to an additional 104 appointments per week from April 2019. There are approximately 75 attendances per week currently in the Gladstone (formerly Parkfield) MIU. The majority of additional extended access appointments (82 per week) will be still be delivered from the immediate locality.

5.3.4. Within the Moreton locality the Extended Access appointments will equate to an additional 64 appointments per week from April 2019. There are approximately 90 attendances per week currently in the Moreton MIU. However; a high proportion of this activity (74%) is delivered to patients based in practices close to Moreton Health Clinic (practices located less than half a mile from Moreton Health Clinic) – these patients may be encouraged to use their own GP instead (as well as other services such as NHS 111, self-care or utilise local pharmacies). Further services for these patients are also outlined in 5.4 below.

5.3.5. In terms of local pharmacies within the vicinity, there are 3 located less than half a mile from Moreton Health Clinic (with one being on-site). For Gladstone (formerly Parkfield), there are 5 local pharmacies within the locality.

5.3.6. Residents currently using Moreton and Gladstone (formerly Parkfield) will be able to access the Community hubs, located in Birkenhead, Wallasey and Eastham as well as the 24/7 UTC. Distances to alternate urgent care walk in facilities are given below:

- Gladstone (formerly Parkfield) is 3.6 miles to Birkenhead Medical Centre, 4.1 miles to Eastham and 5.1 miles to the UTC at the Arrowe Park site
- Moreton is 2.4 miles to the UTC at the Arrowe Park site and 3.7 miles to Victoria Central

5.4. Dressing Services

5.4.1. We acknowledge the high proportion of dressings activity (46%) delivered from Moreton Minor Injury Unit and are working with the Primary Care Networks to develop a specific planned/bookable dressing service within the West Wirral/Moreton area to ensure continuity of service for residents.

5.4.2. Commissioners recommend activity warrants a 4 hour per day x 3 days per week planned dressing service at a cost of £19,474. This would ensure delivery of approximately 3000 dressings per year which equates to 58 per week.

5.5. Areas of High Deprivation

5.5.1. Patients from deprived communities have been considered and whilst we have identified that they may find it more difficult to access services further afield due to increased travel time/ potential inability to walk to required service, we have mitigated this by proposing a number of alternative services/methods of treatment:

- Community Hubs offering same day (within 24-hours) access to nurse appointments.
- All age walk-in access delivered from the community hubs
- GP extended access appointments delivered across Wirral including from the locality of Moreton and Gladstone (formerly Parkfield) Minor Injury Units
- A 24-hour UTC located at the Arrowe Park Hospital site
- Pharmacy/NHS 111
- Dressing clinic in Moreton/West Wirral

6. RISKS

6.1. If Governing Body do not agree to the recommendation to transform the urgent care pathway, the risk will be the continuation of an inconsistent offer in the community. The risk of not implementing an Urgent Treatment Centre (UTC) would mean not meeting the national mandate set out by NHS England to implement a UTC to address key elements of urgent and emergency care which would have a number of negative implications:

6.1.1. Not meeting the Accident & Emergency (A&E) 4 hour standard (95% of patients should be admitted, transferred or discharged within 4 hours of arrival to A&E)
6.1.2. Overcrowded A&E departments which many people attending inappropriately when they could be treated in a more appropriate setting
6.1.3. Ambulance turnaround delays increasing delays for patients in the community awaiting an ambulance
6.1.4. Variation in the local offer supporting the delivery of urgent care
6.1.5. The current service provision does not provide a consistent offer of urgent care

6.2. If Governing Body approve the recommendations the risk associated with implementation will be managed as per the Programme Management approach. This includes the mitigating actions.

7. CONCLUSION

7.1. Based on the evidence from pre and post consultation, commissioners are recommending a blended urgent care delivery model. This incorporates a blend of both views and feedback from the public, alternative proposals received from providers and sustainability considerations.

7.2. Next Steps

The following table outlines our next steps and key milestones.

1.	**Implementation, Communication and Engagement Strategy**	Commissioners are proposing a phased approach to implementation following Governing Body final decision. The intention being that the new contract arrangements for the community hubs will begin April 2020 meaning any contractual notice periods will be from September 2019. It may be possible to defer the date of the delivery of the UTC. Work is ongoing with NHS England around these timeframes. Part of the overall communication and engagement strategy is the immediate post decision actions and longer-term plan: **Immediate Post Decision Actions** • Managing the rationale for the decision • What this means in terms of the immediate changes aligned to the introduction of the UTC **Longer Term Communication Plan** • Wider communication campaign including how urgent care promotes self-care and aligns with place based care

		• A clear and active communication plan to promote and educate the public regarding the urgent care offer and where to go to access urgent care.
2.	**Clinical Model/ Estates**	Parallel estates/capital development and clinical pathways redesign work is ongoing via the Clinical Modelling Working Group to explore and design the final clinical model. Capital funding will continue to be explored.
3.	**Contractual and Workforce Implications**	The collaboration between the various providers of urgent care in the new proposed pathway is critical to ensure a seamless and consistent pathway for patients. The contract model for the provision of the UTC will require collaboration of the providers and ensure a single governance framework. This should be developed and agreed by the beginning of April 2020. Commissioners intend to work with providers to enable a blended approach to workforce. There are no intended redundancies. Commissioners believe the small shortfall of posts needed to provide the 24-hour UTC and recommended community urgent care offer will be recruited to in time for a gradual implementation from April 2021.
4.	**Overview Scrutiny Committee post NHS Wirral CCG Governing Body Decision**	Scrutiny of the decisions and recommendations made by NHS Wirral Clinical Commissioning Group Governing Body decision on the 9th of July 2019.

7.3. In conclusion, NHS Wirral CCG Governing Body are asked to:

- Note the process undertaken
- Formally agree to the recommendations
- Note the next steps

8. SUPPORTING DOCUMENTATION

The following supporting documentation can be located on the NHS Wirral CCG website: https://www.wirralccg.nhs.uk/get-involved/public-consultations/urgent-care-consultation-update/

1. Urgent Care Transformation Operational Plan
2. Urgent Care Transformation Case for Change
3. Arrowe Park Hospital Footfall Worst Case Scenario Assumptions
4. Extended Access to Primary Care 2018-2019
5. Cheshire West and Chester Utilisation
6. Transport Heat Maps
7. Discounted Options
8. Urgent Care Consultation Document
9. Communication and Engagement Timeline
10. Hitch Marketing Report
11. Clinical Senate Report and Recommendations
12. Clinical Senate Recommendations and Mitigation Strategy
13. Equality Impact and Risk Assessments

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Liverpool City Region (LCR) Adult Social Care Integrated Commissioning Update

Risk Please indicate	**High N**	***Medium*** **N**	***Low*** **N**
Detail of Risk Description	N/A		

Engagement taken place	**N**
Public involvement taken place	**N**
Equality Analysis/Impact Assessment completed	**N**
Quality Impact Assessment	**N**
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	**N**
To reduce health inequalities across Wirral	**N**
To adopt a health and wellbeing approach in the way services are both commissioned and provided	**Y**
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	**Y**
To be known as one of the leading organisations in the Country	**N**
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	**Y**

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	**9th July 2019**
Report Title:	**Liverpool City Region (LCR) Adult Social Care Integrated Commissioning Update**
Lead Officer:	**Angela Johnson**

INTRODUCTION / REPORT SUMMARY

This report provides an overview of key elements of collaborative work, led by Directors of Adult Social Services (DASSs), across Liverpool City Region. The key principle driving the programme of collaborative work is demand management. All work streams aim to prevent, delay or reduce demand across the health and social care system. Work to date has focused effort on areas of greatest spend and highest risk: Home care, Residential and Nursing Care and Complex Care (Younger Adults). However, discussions are currently underway to determine the focus of the work for the next two years.

RECOMMENDATIONS

That the Joint Strategic Commissioning Board note the content of this report.

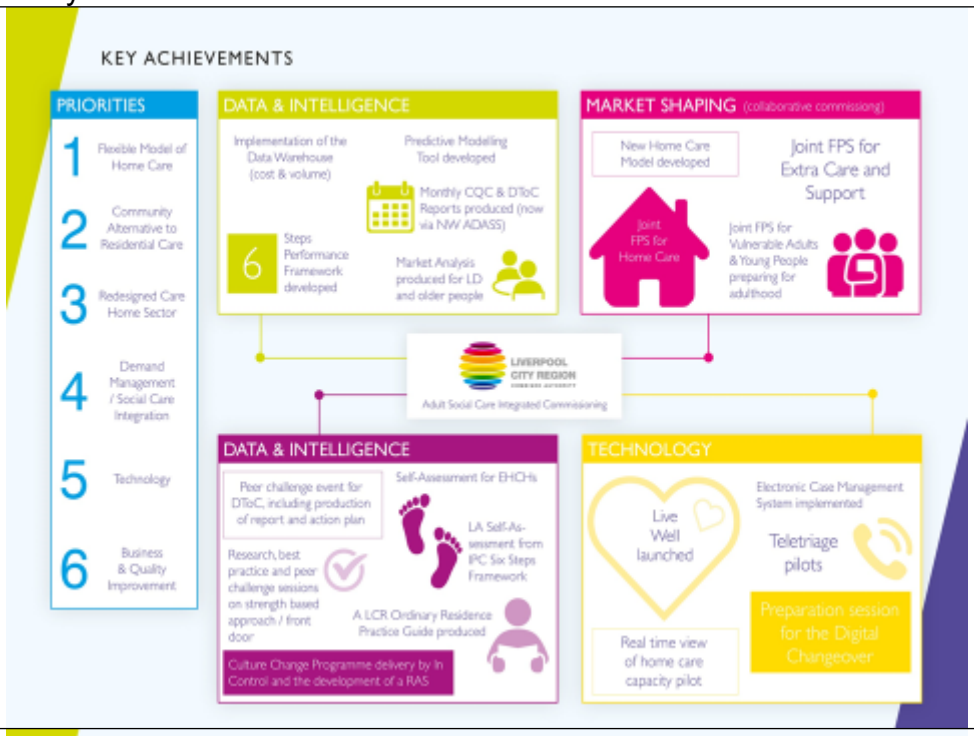
SUPPORTING INFORMATION

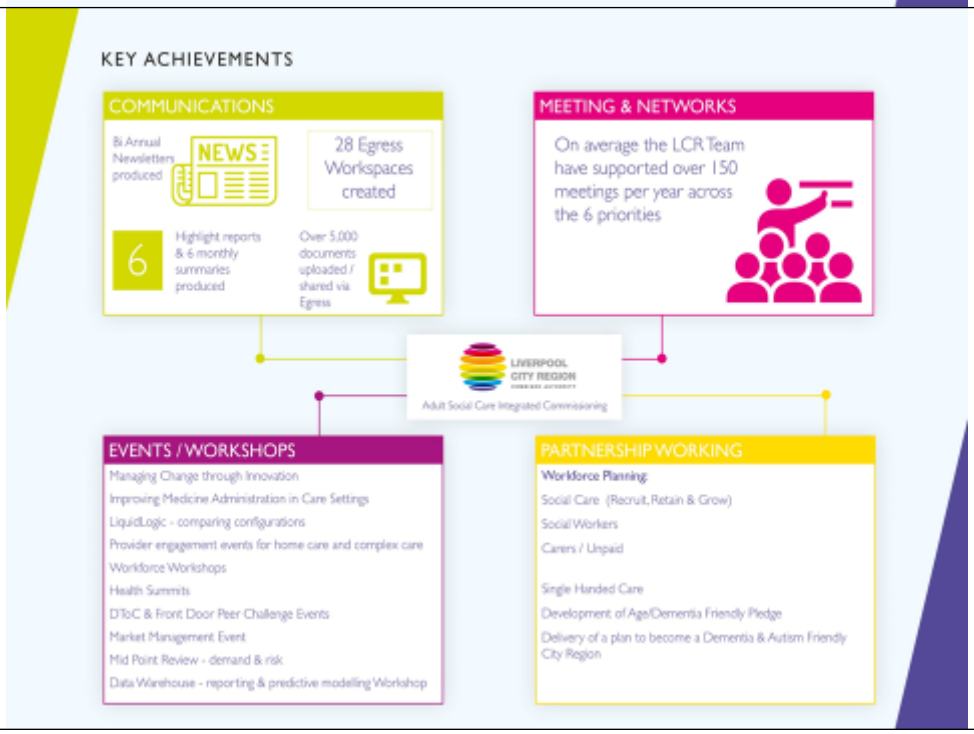
1.0 BACKGROUND INFORMATION

1.1	**Liverpool City Region Adult Social Care(ASC) Programme**
	Since 2015, staff working in ASC have been working together on a voluntary basis to collaborate on a range of projects that aim to support local areas to manage demand and improve the quality and sustainability of the care market. All work streams therefore aim to prevent, delay or reduce the need for care.
	Directors of Adult Social Care agreed to concentrate effort on areas of greatest spend and highest risk: Home Care, Residential and Nursing Care and services for younger adults with complex needs. The work plan aims to support areas to manage demand through a shift to strength-based assessment and practice, by maximising the use of community assets and by working with the care market to replace traditional services with new outcome based models of care. The plan set out the following priorities:

PRIORITY NO	PRIORITY / PROJECT AREA	PRIORITY STATEMENT
Service Redesign		
1	Flexible model of home care	An integrated, multi-disciplinary home care service will maximise health and wellbeing, using an asset based philosophy
2	Community alternatives to residential care	LCR will support people to live independently within their chosen communities
3	Redesigned care home sector that providers good quality, cost effective nursing care	The care home market will be jointly commissioned with health and focussed on the delivery of nursing care
System Redesign		
4	Health and Social Care integration (Demand Management)	Full service integration will be supported by clear governance and pooled budget arrangements
5	Technology	The use of technology will be explored and its implementation maximised to support direct care delivery
6	Business and Quality Improvement	All services will be delivered through greater efficiencies, reduced duplication and improved quality

1.2	**Progress to date**
	The attached sides provide an overview of the work undertaken over the last two years:





1.2.1	**Market Shaping**
	In 2017 commissioners worked together to develop a new model of home care to be implemented at a local level that is: • Person centered, giving people with more choice over the type of care people receive • Moves away from 'task and time' to provide care that enables (and re ables) people to live at home • Ensures that care is place based and is an integral part of the wider community and health based support offer • Reduces pressure on acute services by supporting more people with complex needs to live at home • Attracts and retains more local people into the care profession Each local area has been working to implement elements of the new model. Progress across the region includes the introduction of: • Electronic Case Management systems • Home Care Trusted Assessors • Single handed care (Moving with Dignity) • Increased use of Assistive Technology • Home care reablement services • Home from hospital care and support • End of life care and support
	Other work includes the development of flexible purchasing systems. These purchasing frameworks will provide commissioners with the option of a single route to market and providers with the opportunity of a single point to enter the market. The frameworks will support sub regional market engagement and will provide greater transparency for the region on the volume and cost of placements. It is intended that the frameworks will set out a set of common high level terms and conditions that will be supplemented by local terms and conditions at the point of call off. With each new commission, work will continue to reduce duplication and cost by aligning service specifications and performance frameworks. Current frameworks include: • Domiciliary Care (Knowsley and Sefton only) • Extra Care Housing and Support (All LCR LA's) • Vulnerable Adults and Young People preparing for Adulthood (All LCR LA's and CCG's)
1.2.2	**Data & Intelligence**
	The region has introduced a system that supports analysis of commissioned care services across the sub region. The system holds current and historical (5yrs) information on commissioned care services and produces local and sub-regional analysis of placements. The primary focus is to highlight differentials in cost, volume and length of placement to inform commissioning. A more recent addition is the development of a predictive modelling tool to inform strategic commissioning and financial planning. Further work includes a project to develop an online Market Position Statement.

1.2.3	**Technology**
	Knowsley, Liverpool and Wirral worked together to introduce the LiveWell on line information and advice service that enables local residents to search for services in neighbouring boroughs in addition to their own local area. Officers from across the region continue to work together to develop the system.
	Following a pilot in Liverpool, home care agencies in Knowsley, Liverpool and Sefton have introduced Electronic Case Management Systems. The systems enable carers to have up to date information on changes to care packages and enable family members to have timely access to information on the care their loved ones have received. Discussions are also underway with providers in Wirral regarding the use of electronic care management systems.
	Following a pilot in Sefton, health and social care commissioners from Sefton, Liverpool and Wirral worked together to pilot teletriage in care homes and the potential for telehealth. Wirral is delivering a teletriage service through Wirral Community health trust and other areas are using the learning from pilots to inform local decision regarding the development of local or sub regional services.
1.2.4	**Infrastructure and enabling support.**
	Collaborative work across the region is supported through formal Project Boards and meetings; and through a number of professional and practitioner networks. Staffs across the region have access to a shared drive that holds information on meetings, workshops and events. The system also acts as an information repository which supports shared learning; and supports local areas to access business intelligence from neighbouring LAs e.g. business cases, evaluations, service specifications etc. to inform transformation at a local level.
	Work has also included a programme of topic specific workshops and events set around opportunities for shared learning around specific areas of concern or risk. Examples include workshops focussed on different aspects of demand management including: • Workshops exploring levels of spend in each LA in our region compared to NW region and national averages • Workshops comparing the effectiveness of each areas approach or demand management through the Six Steps to Managing Demand in ASC Framework • Workshops and Peer Challenge session exploring the effectiveness of local areas systems and processes to prevent delayed transfers of care through the High Impact Change Model • Workshop and Peer Challenge sessions exploring the effectiveness of LA strength based assessment and triage/front door services

1.2.5	**The next two years**
	Senior Managers across the region are keen to continue to work in collaboration and to build on the outcomes and positive relationships delivered through this work over the last two years. However, it is acknowledged that given the level of change across the health and social care sector, it is essential to revisit priorities to ensure that any work undertaken together can add value to work undertaken at a local level.
	Based on an initial discussion regarding priorities for the next two years the following areas have been identified for potential collaboration: • Work to reshape and diversify the Social Care Market (with particular emphasis on the market for younger adults with complex needs) through Inclusive Commissioning: growth of SME's, Community Interest Companies, Alternative Delivery Vehicles, In-house provision. • Work to support the recruitment, retention and growth of staffs in the external care market
	In addition to the above, support for local areas as they progress Health and Social Care Integration has also been identified as a priority.
	It is envisaged that the detail on the scope of these projects will be developed further at a meeting in July, following discussions with partners at a local level.

2.0 FINANCIAL IMPLICATIONS

No specific issues.

3.0 LEGAL IMPLICATIONS

No specific issues.

4.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

No specific issues.

5.0 RELEVANT RISKS

No specific risks arising out of this report.

6.0 ENGAGEMENT/CONSULTATION

N/A

7.0 EQUALITY IMPLICATIONS

7.1 The collaborative programme of work has no direct impact on equality. Where specific pieces of work may have equality implications, an equality impact assessment will be undertaken.

REPORT AUTHOR: **Angela Johnson**
LCR Programme Manager (AD Integrated Commissioning)
telephone: (0151 443 5421)
email: Angela.Johnson@knowsley.gov.uk

APPENDICES

Summary of Progress: -
Appendix 1 – Care Home overview
Appendix 2 – Community Alternatives to Residential Care (CARC) overview
Appendix 3 – Redesigned Care Home Sector overview
Appendix 4 – Demand Management overview
Appendix 5 – Technology overview
Appendix 6 – Business and Quality Improvement overview

BACKGROUND PAPERS

N/A

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 1

FLEXIBLE MODEL OF HOME CARE

WORKSHOP: 5th June 2019

OVERVIEW OF PROGRESS

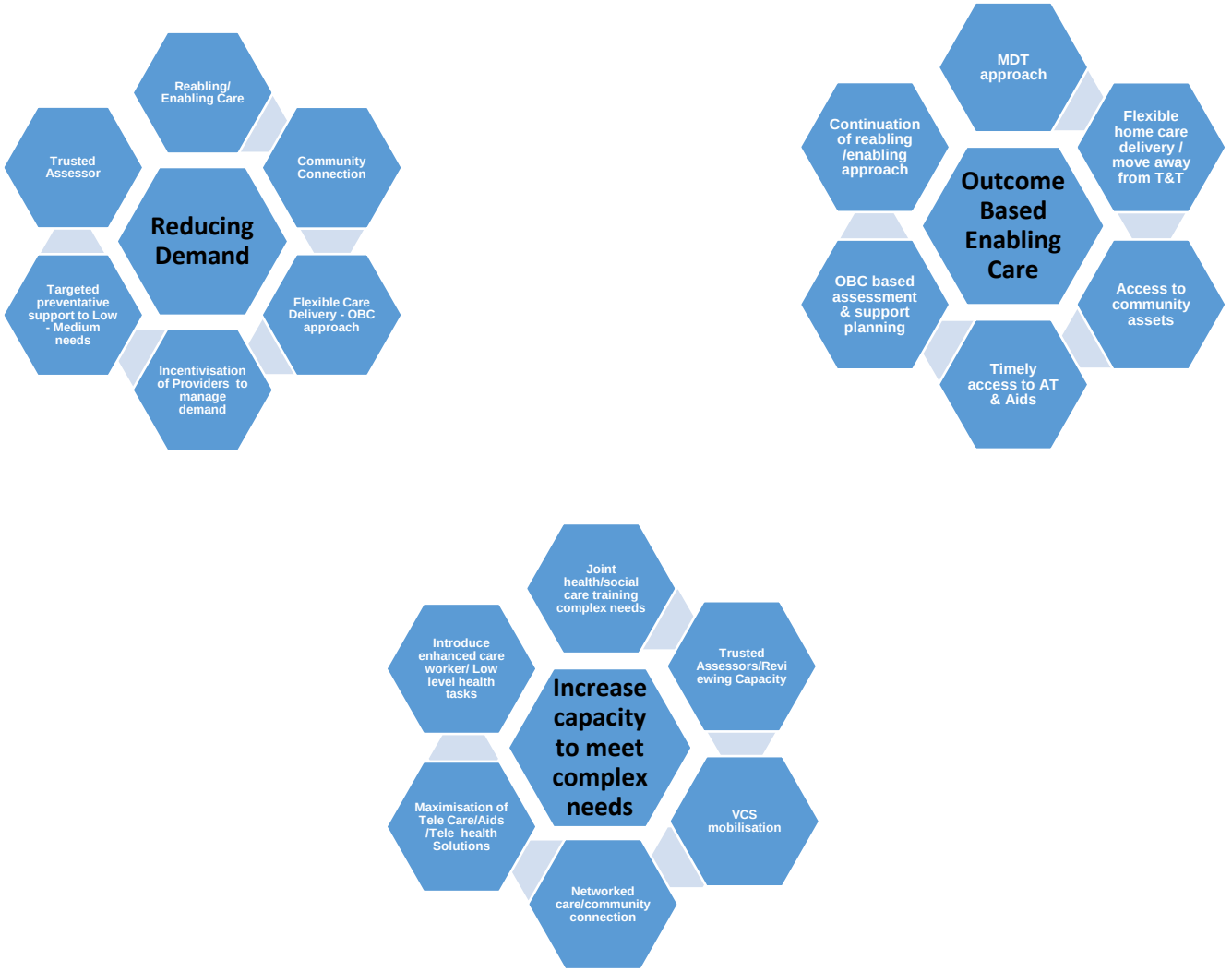
Priority 1 – Flexible Model of Home Care

An integrated, multi-disciplinary home care service will maximise health and wellbeing, using an asset based philosophy

WHY?	WHY?	WHY?
Unprecedented levels of provider failure and providers exiting the market	**Significant issues recruiting and retaining care workers**	**LAs under pressure to reduce demand on Acute Health services**
How?	**How?**	**How?**
Work with providers to understand the cost of care	**Support Local Areas to maximise potential of National Social Care recruitment campaign**	**Clear contractual obligations in respect to hospital discharge underpinned by strong performance management of response times**
Reduce unnecessary demand for home care: • **Trusted Assessment** • **Single handed care** • **Increased use of AT/Low level aids** • **Maximise social inclusion/link to community resources/VCS**	**Develop system wide response to workforce issues facing H&SC sector:** • **Values based recruitment to attract the 'right people'** • **Extend work with schools and colleges to increase numbers of young people a career in care** • **Development of career pathways**	**Work with Health to ensure home care is an integral part of 'place based' care:** • **Care coordinators part of MDTs** • **Development of 'blended' or 'enhanced care worker' roles**
Impact to date?	**Impact to date?**	**Impact to date?**
Marked reduction in the number of provider failures (1 national provider) and contract hand backs.	**Providers still reporting significant issues with recruitment. However, providers are co-producing the work on Workforce and taking the lead on two work streams.**	**Lowest regional rate of DToC in NW (61.8% per 100,000) attributable to ASC. (However, awaiting a package of care remains the main cause for delay across the region).**

In 2017 / 18 members of the LCR Project Board worked together to research national and international best practice to develop new flexible models of care. In 2018/19, using the new model as a basis each area is working with their local market to manage demand and support sustainable delivery.

Home Care Model Development – Key Areas



Local authorities have developed differing models (but inclusive of the various elements) as outlined below:

Halton

In April 2018, the new contract commenced - Halton developed a new model of care based on reducing the number of providers and delivering an outcome based approach that is not reliant on traditional time and task services that they currently have. A **single provider**, was commissioned to meet the needs, with the provider agreeing sub contractual agreements with two other agencies.

In addition a larger, longer term project to transform domiciliary care is underway. This project is focusing on how and who currently accesses care, equipment and who and what needs to happen in the future to stream line the process and pathways for people, including the development of an 'Outcomes Model'.

Knowsley & Sefton

In August 2018, a jointly commissioned contract (**Pseudo Dynamic Purchasing System**) for home / domiciliary care across Knowsley and Sefton went live. Both area are working at a local level to introduce elements of the LCR model of care. Progress to date includes the introduction of the first phase of Trusted Assessment that enables providers to reduce packages of care. All providers are in the process of rolling out electronic care management systems.

Further detail regarding proposed timescales next phases of the transformation of home care are set out in **P1- Performance Data report**.

Following the **Newton Europe review** of Liverpool and Sefton an LDS Action Plan has been developed which covers the following three work streams:

1. Decision Making (Beth Weston)
2. Placements (Sue Rogers)
3. Home Care (Deborah Butcher)

Work stream 3 incorporates the sub regions' plans for the transformation of home care.

Liverpool

In October 2017, the contract went live for preferred providers' status split into localities (**locality based model**) that have been based around GP neighbourhoods to ensure more of an MDT approach in delivering services - service to include generic personal care, reablement services & community support. These providers have 5 hours to accept the package before the package is also advertised to approve providers.

Liverpool is working with Knowsley and Sefton towards the implementation of a Trusted Assessor model, informed by the Wirral Trusted Assessor pilot. More recently Liverpool have worked with home care providers to introduce a model (**Home First plus**) which enables providers to meet complex needs in the community through an approach that maximises independence and personal resilience. Under the updated specification, home care agencies provide reablement and enablement, home from hospital support and community support.
St Helens In December 2016, St Helens created an **'Approved List'** of providers of domiciliary care, with a mini competition for each individual package, which operates in a similar fashion to a **dynamic purchasing system.** New providers continue to apply to join at quarterly opportunities, demand remains high and capacity in some areas can be tight. In February 2019, an **end of life domiciliary care contract** commenced, although early days it appears to be having a positive impact so far.
Wirral In April 2019, Wirral went live with a new **domiciliary care commission**, a 'top to bottom' dom care offer, which includes dom care, reablement, CHC, enhanced care and also trusted assessment as a full offer so out of the pilot phase and in to business as usual. The next phase is for a full review of their home first pathway (HICM), dom care ordering low level equipment and to join up with the single handed care project.
Additional detail regarding each areas progress transforming Home Care is set out in **P1- Performance Data report**

REF NO	PRIORITY 1 - FLEXIBLE MODEL OF HOME CARE KEY ACTIONS	COMMENTS
P1 a	Evaluate learning from existing good practice such as the Buurtzorg Home Care Model, the Suffolk and Wiltshire approaches to outcome based commissioning and new approaches to domiciliary care piloted across the Liverpool City Region in 2016/17, to inform co-production of options for a new flexible model of care	**Complete**
P1 b	Produce a baseline position statement of the cost and quality of the current fragmented system that supports care at home	**Complete**
P1 c	Develop and publicise an LCR Model of Self-Care	Removed as an objective
P1 d	Evaluate cost effectiveness of new service options using New economy cost benefit analysis (currently under development)	• New Economy failed to produce model • Potential to use / join Liverpool's evaluation
P1 e	Develop LCR Model of Domiciliary Care:	**Complete**
e.1	· Pilot health linked domiciliary care in Knowsley	
e.2	· Pilot local area co-ordination domiciliary care in Halton	
e.3	· Pilot domiciliary care in Liverpool	**Complete**
e.4	· Pilot dynamic purchasing of domiciliary care in St Helens	**Complete**
P1 f	Work with partners and regulators to agree a system wide collaborative accountability framework that incorporates quality assessment, risk sharing and reward	Removed as an objective
P1 g	Develop, roll out and consistently apply a strength based approach to care management	• Work underway via LCR Assessment Group to capture currently / planned approached in each LA and national / regional good practice, including agreeing a matrix to measure impact of change in each LA • Peer Challenge event took place on 13/03/19
P1 h	Provide people with information and advice on all health and wellbeing services and support available across the Liverpool City Region to promote and enable self-care	**Complete**
P1 i	Evaluate learning from pilots and produce LCR models of Domiciliary Care	• New Economy failed to produce model • Potential to use / join Liverpool's evaluation • Commission external evaluation (out of LCR resources)
P1 j	Collaborative tender for Domiciliary Care	**Complete**
P1 k	Work with the LEP and Employment and Skills to create good quality job opportunities across the region; and in particular to increase opportunities for people with long term conditions and disabilities to gain paid employment	• Unlikely to get picked up under wider Workforce Project • No bespoke work undertaken to date consider picking up under Complex Care work stream to improve performance
P1 l	Work with Employment and Skills to increase opportunities to work in health care, increase the number of generic health and care vocational qualifications; and develop a Liverpool City Region joint Workforce Strategy	• Progressing as part of LCR work on workforce - including review of regional work with Skills for Care, STP work stream, CA and local work

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 2

COMMUNITY ALTERNATIVES TO RESIDENTIAL CARE

WORKSHOP: 5th June 2019

OVERVIEW OF PROGRESS

Priority 2 – Community Alternatives to Residential Care

LCR will support people to live independently within their chosen communities

WHY?	WHY?	WHY?	WHY?
Spend on and rate of placements in residential care for older people is above the national and regional average	**Spend and rate of placements in residential care for younger adults in above the national and regional average; and cost of care varies across the region**	**Spend on and volume of placements of younger people in independent supported living is above the national and regional average**	**Uptake of personal budgets and direct payments is below national average; and the number of people with a learning disability in paid employment is below the national and regional average**
How?	**How?**	**How?**	**How?**
Understand and communicate to the market the projected need for extra care housing.	**Introduce system and market analysis to inform and direct sub regional work (opportunities for collaborative commissioning) and support local areas to manage local markets**	**Introduce system and market analysis to inform and direct sub regional work (opportunities for collaborative commissioning) and support local areas to manage local markets**	**Make direct payment more accessible by commission and rolling out Pre- Paid Cards**
Create a FPS for Extra Care Housing: • **Easier route to market** • **Shared service specification, contract and performance framework** • **Access to Market intelligence**	**Develop Flexible Purchasing System:** • **Easier route to market** • **Transparency of placements and costs** • **Increase competition for complex placements** • **Support growth of local services**	**Roll out methodology for MDT reviews across Supported Living Provision** **Learn from local pilots on Outcome based Supported Living inc:** • **Open book accounting** • **Gain share**	
Increase use of technology to keep people living independently at home	**Work with the Centre for Local Economic Strategy and partners to support market diversification**	**Work with the Centre for Local Economic Strategy and partners to support market diversification**	

Impact?	Impact?	Impact?	Impact?
Growth in extra care housing has been minimal to date. However, a number of areas have a number of schemes in development or in the pipeline. **Evidence that some localities have reduced admissions. However, placements in the majority of areas remain above the national and regional average.**	**Some areas have reduced spend. However, spend and level of remains high. Learning from improved areas needs to be shared with partners.**	**A number of areas have completed a comprehensive review of supported living services and achieved significant savings and increased the use of assistive technology.** **However, costs remain above the national average therefore d further work is planned in respect to CLES and new models of care**	**Use of direct payments has increased in some areas; and increasing personalisation forms part of local areas plans for the transformation of ASC.** **With the exception of St Helens (and possibly Liverpool) there is little evidence of improvement in the number of people with LD getting paid employment.** **Further discussion is need on how the region can work together to address this issue**

Flexible Framework for Extra Care Housing support services

A number of LAs in the region identify the growth of extra care housing as proving a cost effective alternative to residential care. In 2018/19 Knowsley, Sefton and Liverpool jointly procured a system to purchase care and support services in extra care housing. Commissioners agreed a single service specification and contract, work continues on developing a joint performance framework. Whilst the framework was developed with commissioners from the Tripartite, all six LCR authorities are named parties and therefore have the option to draw down services from the framework. Work is planned to support Halton, St Helens and Wirral to access the framework.

A table setting out current supply, planned growth and projected demand is included in **P2 - Performance data report**.

Framework for Extra Care Capital Build

Representatives from Sefton and Wirral attended an initial meeting with Greater Manchester (GM) to talk about GMs wider supported housing programme which includes extra care. GM are in the process of commissioning a Supported Housing Needs Analysis which will inform a GM prospectus of housing need including extra care and homes for life.

Sefton and Wirral are looking to progress discussions with Manchester CCs lead for housing to inform their local strategies for extra care. Further meetings will be arranged between the GM lead for Supported Housing, the LCR CA Housing Lead and the LCR Programme Manager to see if there is any learning from the GM work that could be of benefit to LCR.

Four out of our six areas identify the need for significant growth in extra care housing over the next 20yrs, it is worth considering what additional resources would be useful to support growth.

Market Management and High Cost Packages

A range of data has been analysed and a report produced that outlines the top 10 providers across the city region and associated rates based on commissioned placements. The report highlights that the top 10 providers hold 59% of the market across the city region.

To supplement data on cost a high level review of levels of need has been undertaken on placements with the four largest providers. This work will be used to inform the next phase of this work to reduce spend. In addition, the Centre for Local Economic Strategy (CLES) will be working with LCR and conducting a Deep Dive into LD services in Knowsley (May-Sept'19); this work will provide commissioners with the information and tools needed to re shape the LD market.

Vulnerable Adults & Young People Preparing for Adulthood – Flexible Purchasing System (FPS)

In November 2018, a paper was presented to explore the opportunities available for the development of a flexible framework for Learning Disabilities and Autism. Liverpool already has a framework in place and Knowsley are currently developing a framework for Learning Disability and Mental Health.

Following discussions it was decided to expand work to develop a joint Health & Social Care FPS for all vulnerable adults and young people preparing for adulthood. In recognition of the high volume of spend and growing need for these services, officers are working collaboratively to

reshape the market. This will support and enable local commissioners to make informed decisions regarding the cost of care packages; and will inform strategic conversations with providers at a regional level. Focus on :

- Developing local markets
- Identifying good practice
- Communicating LCR commissioning intention to the provider market
- Coordinating contract and supplier relationship management
- Identifying, understanding and addressing price and quality differentials

Work continues on the FPS to create a single-entry point for the six councils and CCG partners to commission services and a single route to providers to register to supply services. Although the initial intension was to introduce overarching contract terms and conditions and detailed service specifications for each service stream; it became apparent that this approach would not provide the flexibility that each local area and commissioners want to achieve through the framework. It has therefore been agreed that the framework will act as a route to market and all call offs will be enacted at a local level. Keeping the framework process and the description of the service lots very high level will ensure commissioners can model services to meet local need. However, the introduction of the single route to market will support sub regional market engagement and provide the platform for commissioners to share innovation and best practice.

The FPS will remain open to enable new providers to join the market. The framework will include services for people with:

- Learning Disabilities
- Autism
- Mental Health Conditions
- Acquired Brain Injury
- Physical Disability
- Dual Diagnosis (including secondary substance misuse issues)

Tender to be published June 2019

REF NO	PRIORITY 2 - COMMUNITY ALTERNATIVES TO RESIDENTIAL CARE KEY ACTIONS	COMMENTS
P2 a	Ensure that Health's vision for the transformation of hospital services complements plans to transform home care	LCR Model developed with Health
P2 b	Work with health partners to understand the baseline of out of hospital support services across the region and work collaboratively on the appropriate footprint to address any gaps and reconfigure existing services	**Completed** self-assessment against Enhanced Health in Care-Homes Framework. Information shared with health. Actions progressed via local joint care home improvement groups.
P2 c	Work with NHS England to agree a Liverpool City Region Delivery Plan for Community Learning Disability Services based on Transforming Care Plans	• C&M TCP now in draft • Good communication and links established with TC leads
P2 d	Work with providers and people in receipt of services to agree what good quality, cost effective 'supported housing' looks like and rollout new models across the LCR.	**On Hold**
P2 e	Work with Housing & Spatial Planning to identify supported housing need across the city region and produce a Liverpool City Region Housing and Capital Asset Management Strategy	• Initial meetings held with CA lead for Housing, & LCR Programme Manager and GM lead for Housing & Health • No further action. Option to commission externally?
P2 f	Develop a LCR framework for capital funding	• Agreed at LCR SLB that this needs to be progressed in conjunction with CA lead for Housing • TCP currently drafting capital funding bid template Option to commission support to develop framework?
P2 g	Roll out strategy to meet specialist housing needs, extra care housing, supported accommodations, respite, etc.	• Potential to work with GM on financial models of extra care
P2 h	Increase the number of lifetime homes as a % of new homes in the city region.	• No indication from CA that this will form part of regional approach, may be determined at a local level. •
P2 i	Roll out use of pre-paid cards across LCR	• In operation in Sefton, Halton, St Helens & Wirral- No plans for further roll out. •

LIVERPOOL CITY REGION COMBINED AUTHORITY

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 3

REDESIGNED CARE HOME SECTOR

OVERVIEW OF PROGRESS

Priority 3 – Redesign Care Home Sector – care market that provides quality, cost effective nursing care

The care market will be jointly commissioned with Health and focussed on the delivery of nursing care

WHY?	WHY?	WHY?
LCR has an unacceptable number of people placed in residential and nursing care homes rated Requires Improvement or Inadequate	**High level of Requires Improvement or Inadequate ratings due to Leadership; and high number of homes have no registered manager in place**	**LCR has low levels of bed vacancy in nursing/ EMI provision therefore any closure impacts on wider health system and neighbouring areas.**
How?	**How?**	**How?**
Introduce system and market analysis (Data Warehouse) to inform sub regional and local knowledge of current care market	**Work with C&M Care Home Improvement Group to support for registered homes:** • **Registered Manager training** • **Medicines Management** • **care home improvement events**	**Work with C&M Care Home Improvement Group:** • **Share performance and intelligence information across the H&SC system**
Share best practice through LCR Care Home Improvement Group; and regional Self-Assessment against the Enhanced Health in Care Homes framework	**Develop a system wide plan to address workforce issues facing Independent Care Sector:** • **Recruit** • **Retain** • **Grow**	**Develop resources and information to help local areas prevent and manage market failure:** • **Market intelligence re shared providers** • **On line bed vacancy information** • **Emergency contact information** • **Contingency planning workshop**
Impact to date?	**Impact to date?**	**Impact to date?**
LCR has seen a 13.1% increase in the number of beds rated Good or Outstanding (Oct'17-April'19) **LCR has the highest number of beds rated Good or Outstanding in the North West in small homes (under 10beds); and the highest number in medium homes (under 50 beds). However, the region has the highest number of beds in large homes (50+) rated RI or Inadequate**	**There has been an improvement in terms of homes meeting CQC standards re Well Led. However, this is to be expected in the context of an overall improvement in ratings of 13.1%. This continues to be the highest reason for homes failing to meet CQC standards.** **The number of registered manager vacancies (Sept18-May'19) has remained fairly stable and at a similar level to the majority of LAs in the NW.**	**Good communication and support Network are in place** **Work to date has improved commissioners knowledge of neighbouring markets and potential risks**

Care Homes

Initial work focussed on the potential to standardise local quality assurance systems and processes. The care home improvement group, shared information and practice in a series of workshops and meetings. It was determined that it wasn't practicable to develop a single approach to quality assurance as the level of resource and wider support systems varied in each LA. However, the work informed service reviews across the region to improve LA quality assurance systems.

The group worked together to develop a universal **Quality Assurance Self-Assessment Tool for the external care market.** The intention of this exercise was to enable care homes to manage and know their own performance, monitor trends and be able to give LAs more information, in particular in respect to staff turnover and staff training. However, following Soft Market Testing it was agreed that each LA continue to develop their own tools at a local level.

Local areas (Health & SC) were supported to complete a self-assessment of good practice in respect to wrap around support for Care Homes using the **Enhanced Health in Care Homes** (EHCH) framework. The information was shared across the health and social care system to inform local Care Home Improvement Plans. For example St Helens shared their **head injury protocol**, (protocol was approved via the CCG), with all homes signing up, since it has been operational improvements have been reported. [*Appendix 1*]

A workshop is scheduled to take place on 03/09/19 relating to **contingency planning** focusing on:

1. Vulnerable people requiring support to vacate homes in the event of a fire
2. Is registering new builds with the CQC an issue across LCR?
3. Excellence in Ensuring Resilient Markets and Responding to Provider Failure
4. Potential to develop a Care Taker Framework

Workforce

Workforce issues, in particular the **recruitment** and **retention** of care workers and social workers, has been identified by all six of authorities as a key risk to sustainability of the sector and is recognised within the regions ASC Transformation plan as a key enabler. It was recognised that there was good work going on in different areas across the sub region but there was no coordinated approach to address workforce pressures.

Key factors which impact on recruitment highlighted include (Skills for Care Consultation 2018)**:**

- Perception of low pay
- Not enough people for vacancies
- Perception of poor terms and conditions of employment
- Lack of awareness of different roles
- Candidates expectation did not meet reality of the work
- Applicants did not have a genuine interest in the role or lacked the right value base

Local Challenges

- Perception of social care 'Cinderella service'
- Turnover rates & ageing workforce
- Social care is one of the biggest employers in the LCR but still struggle to recruit to fill vacancies
- Social Care staff are some of lowest paid workers – impact on retention
- Impact on budgets of high turnover rates and associated recruitment costs
- Lack of recognition by health of the key role social care plays in supporting key NHS targets e.g. Reducing unnecessary admissions, Bed blocking & winter pressures
- Social care used as a stepping stone into health jobs
- Rising operational costs (including National Living Wage) – out of line with rises in fee rates
- Managing the demand for services and growing complexity of needs
- Addressing health inequalities
- Unsocial hours of work – Impact on uptake of jobs by young people
- Outcome- staff leaving the job within first year!

LCR held two workshop sessions in July' and October 18 with partner agencies to capture possible actions. The actions identified were categorised from the report published by NW ADASS – ***Creating a world class workforce for the North West***: [Appendix 2]

1. Social Care Workforce
2. Social Workers
3. Informal or unpaid Workforce including carers

At the follow up Workshop in April 2019, providers were invited in order to help identify key priorities to take forward, it was also proposed to categorise work streams as **Recruit, Retain** and **Grow,** in line with work across GM. [Appendix 3]

LCR are working closely with GM, Health, the Combined Authority C&M Social Work Partnership and NW ADASS to capture work already progressing and to ensure there is no duplication.

The next stage:

- Obtain feedback from GM relating to their action plan for the three work streams (recruit, retain & grow)
- Identify LCR work stream leads, set up task and finish groups to start to address some of the key priorities

REF NO	PRIORITY 3 - REDESIGNED CARE HOMES KEY ACTIONS	COMMENTS
P3 a	Initial focus will be to stabilise the market by applying a consistent model for the cost of care across the Liverpool City Region	• Different models for assessing 'cost of care' have been shared. • Finance leads now discuss uplifts to cost elements within the model: pensions, inflation, NLW. • Actual cost of care is determined at a local level taking into account factors impacting the local market.
P3 b	Enable registered homes to self-assess and report on quality	**On Hold**
P3 c	Develop a LCR Performance Dashboard for residential and nursing care homes	• In process of developing suite of reports from data warehouse • Receive NW ADASS reports on CQC ratings • Six Steps Performance Framework being developed by performance leads
P3 d	Commissioners and Finance leads will work with health to model the cost benefit to health of reconfigured services; and agree a new joint model for the cost of residential nursing care	**On Hold**
P3 e	Agree a joint framework to evidence good quality care in care homes	**Removed as an objective**
P3 f	Agree a new model for the cost of residential care for people with complex needs	• To be picked up with vulnerable adults work (based on work undertaken in Wirral)
P3 g	Work with Health to link care homes to primary, community and hospital teams	• **Completed self-assessment** against Enhanced health in Care Homes Framework – action progressed at local level via joint care home improvement groups
P3 h	Establish systematic analysis of the LCR care home market	**Complete**
P3 i	As work progresses on community alternatives to residential care, commissioners will engage with the market at an LCR level to identify opportunities to remodel.	• Tripartite engaged with market re home care and extra care. • Complex Care Project will engage markets across LCR
P3 j	Develop LCR Memorandum of Understanding in relation to At Risk and Failing providers	• Support systems in place in respect to at risk or failing providers. However, there is no formal agreement (MOU) in place that sets out expected responses/actions for each party in the event of provider failure.
P3 k	Undertake a sufficiency analysis to identify gaps in bed based provision across LCR and work with strategic housing to explore capital options to meet gaps.	• **Alder Market Analysis complete** • Need to engage with Housing and Health to agree strategy and meet the gaps • Potential to commission Sufficiency Analysis
P3 l	Commission a consistent model of residential and nursing care across LCR	**On Hold**
P3 m	Commission specialist residential care across the LCR	• To be explored as part of the Complex Care Project.

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LIVERPOOL CITY REGION COMBINED AUTHORITY

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 4

DEMAND MANAGEMENT / INTEGRATION

OVERVIEW OF PROGRESS

Priority 4 – Demand Management / Integration

Full service integration will be supported by clear governance and pooled budget arrangements

WHY?	**WHY?**
To support the region to manage demand from year on year increases in older persons population and growth in younger adults with complex needs	**To support the region to manage increasing demand across the health and care system; and in particular to reduce demand on acute services**
How?	**How?**
Review strength based approaches	**Use the High Impact Change Model to conduct a desk top review and peer challenge of systems and processes that support hospital discharge**
Support development of strength based assessment services	
Supporting personalisation through development of resource allocation system	
Impact to date?	**Impact to date?**
All areas have seen a significant reduction in the number of people approaching the council for support (detailed in P4 Performance data report)n	**LCR now has the lowest volume of Delayed transfers of Care (DToCs) in the North West (61.8 per 100,000).** **However, as a health and care system, we have the highest level of DToCs in the NW.** **The two areas in LCR with low system wide DToC rates are St Helens and Wirral.**

A single Assessment & Care Pathway

In April 2017, to support personalisation and strength based assessment, In Control, was commissioned to deliver an initial **Culture Change Programme** for operational staff from Knowsley, Liverpool and Sefton (the Tripartite); in addition, officers from the three local authorities worked together on the development of a **Resource Allocation System** (RAS). Following a period of testing, the new system has now been implemented in Knowsley.

Delayed Transfer of Care (DToC)

In April 2018, work was undertaken to support LCR with reducing the pressures on health in particular Delayed Transfers of Care (DToC). Using the DoH High Impact Change Model as a framework for evaluation, the six LAs came together in a series of workshops and peer challenge sessions to share good practice and to identify actions that could be taken over the next 12 months to improve the regions performance. The collated information formed the basis of an on line resource and information pack.

A report and action plan on findings was presented to the Strategic Leadership Board and Urgent Care Boards. [Appendix 4]

Following the DToC workshops and publication of the report / recommendations in 2018, a number of sessions have taken place on:

- **Early Discharge planning** this took place on **07/11/18** attended by: Knowsley, Sefton and Wirral, where various processes was discussed and Knowsley's processes mapped (St Helen's and Knowsley Teaching Hospital, and for hospitals out of borough) as examples of good practice

- **Frequent Attenders** and **7 day working** this took place on **23/01/19** attended by: Liverpool, Sefton and Wirral - follow up meetings have also taken place with each LA

Demand Management

In October 2018, the region was fortunate to obtain the support of John Jackson, National Care & Health Improvement Adviser (Finance and Risk to examine levels of adult social care spend, volume of business (demand) and potential risk across the region, in order to support short and medium term financial planning. In addition, the region was also supported to examine approaches to demand management across LCR by Philip Provenzano co-author of Demand Management (6 Steps for managing demand in social care).

John and Philip both attended the mid programme review on 17/10/18 along with support from Hazel Summers from the LGA. [Appendix 5]

Single Handed Care Project

Following the peer challenge session on 25/04/18, where it was identified that work with Occupational Therapists (OTs) in Knowsley, evidenced improved customer outcomes and efficiencies, a project is underway looking at **single handed care** across LCR, Cheshire and Warrington. The project aims to replicate the improved outcomes and efficiencies at scale across the region by working with OTs in LA, Community and Acute

Health settings to enable people to be supported safely at home with a single carer. In addition to improve customer outcomes and efficiencies, the approach will also support sustainability of the home care market by reducing demand for double handed (two carer) packages of care.

Placed Based Systems of Care/ C&M Health and Care Partnership

The Strategic Leadership Board (SLB) have received presentations and supporting documentation from St Helens and Wirral on approaches within the region on Place Based/Integrated Care Systems.

It has been agreed which members of the SLB will represent LCR on C&M sub groups. Feedback from health boards is a standing item on the SLB agenda.

Front Door / Assessment

In 2018, a **LCR Ordinary Residence Practice Guide** was developed by the practice leads (PSWs) that attend the LCR Assessment group this was subsequently approved by the Strategic Leadership Board. This includes a good practice guide for moving to a neighbouring borough (into a community setting with capacity).

The LCR guide is fully compatible with the national guide issued recently. [Appendix 6]

A **peer challenge event** took place on 13/03/19 - which included an overview of the **New Strengths-Based Approach Practice Framework and Handbook**. This framework has been launched and is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the persons strengths and assets. [Appendix 7]

Knowsley, Cheshire East and Trafford are in process of piloting the framework and Knowsley will feedback regularly to the LCR Front Door / Assessment Group. The framework / handbook is a 'lengthy academic' document, but a useful framework / model for LAs to use. The pilot scheme to run approximately 12 to 18 months. NW ADASS to fund the evaluation process, with a conference to be held at the end of the process.

Philip Provenzano also attended and gave an **overview of good practice and demand management.** The main points for LAs to be aware within the '*Six Steps Hypothesis'* on demand for adult social care, is created by the way in which the council sets up its approach to adult social care, especially its front of house, its discharge arrangements (from acute hospitals), its short-term based recovery and the way in which it assists people with long-term needs (Step 1 to Step 4)

To support the session, the performance leads also completed the Six Steps Performance Framework for Q2 and Q3 2018/19.

Development of Age/Dementia Friendly Liverpool City Region

In February 2018 at the LCR Health and Wellbeing Summit, elected representatives of each of the six local authorities and the Metro Mayor formally signed up to a 'Dementia Friendly City Region' pledge.

The pledge consisted of 10 individual commitments, such as 'committing to having a lead Dementia Champion identified within their organisations' and 'promoting Dementia Awareness and understanding to address the stigma of dementia through LCR wide awareness campaigns and local community events and information sessions'.

There was a collective aim of working with the public, private and voluntary sector to shape our society around the needs of people with dementia.

To progress the required actions on each commitment of the pledge and help maintain dementia as a priority in each of the localities, a LCR Age/Dementia Friendly Working Group (The Working Group) was established, consisting of representatives from each of the local authorities, and from partner organisations such as the Alzheimer's Society and Dementia Action Alliance. Whilst acknowledging that dementia does not only affect older people, at the inaugural meeting it was determined to progress as an Age/Dementia Friendly Working Group in order to utilise the strengths of partner organisations who has shown commitment to assisting the group's work such as Age Concern.

The Working Group's agreed a terms of reference and identified a number of priorities, including:

- Mapping what is currently being facilitated to achieve the aims of the pledge, and what needs to be done, and how this is co-ordinated;
- The need to ensure there measurable outcomes of any actions / strategies being implemented;
- Facilitating the sharing best practice, building on good work in place across the participating local authorities;
- Considering good practice from other areas, such as the 'Dementia United' scheme in Manchester

The Working Group has provided a focus for the local authorities to look at their performance in required actions for the Pledge. This has resulted in positive outcomes, such as Knowsley Council's refreshed Dementia Strategy stating that the ten commitments of the pledge will support the priorities and actions to be delivered as part of this strategy.

An example of good practice presented at the Summit and the Working Group was the Age Friendly Retail Pilot, which was included in the Ageing Well in Wirral plan. This scheme requested in the first phase a minimum ask of retailers to provide access to seating, toilet facilities or a drink to older people, with a second phase offering dementia training to retail staff and encouragement to join the local Dementia Action Alliance. The Working Group agreed to roll out this retail scheme as 'Ageing Well in Liverpool City Region'. A distribution strategy is being developed and will be implemented once the artwork and printing has been finalised. A full roll out is expected to be achieved in May 2019.

At its meeting in March 2019 the Working Group appointed Jack Coutts of Dementia Action Liverpool as its Chair. Jack has a wealth of experience in chairing, and is looking forward to the challenge of overseeing action plans for meeting the pledge, in order to make a real difference to people's lives across the city region.

Development of Age/Dementia Friendly Liverpool City Region

Another of the Metro Mayor's ambitions is the development of an Autism Friendly Liverpool City Region. To progress this, a small working group has been established with lead officers for autism/learning disability services from each of the six local authorities and the lead officer Fairness and Social Inclusion for the LCR Combined Authority.

Although there is currently no formal pledge as the Age/Dementia Friendly pledge, the working group has discussed a number of principles to be utilised to have a positive impact on the lives of people with autism and their carers.

Recently, all local authorities have been mandated to carry out an autism Self-Assessment Framework (SAF) for submission to Public Health England. The completed SAF's will provide invaluable information to be utilised by the working group. Once this information has been collated and assessed, a formal pledge and action plan can be developed for sign-up by each local authority in the LCR and the Metro Mayor.

Centre for Local Economic Strategy (CLES)

Following a bidding process LCR have been selected by NW ADASS to work with CLES to develop an inclusive social care market place that will enable authorities in our sub region to increase their role in empowering, co-ordinating and upscaling local innovation to ensure that services are fairly priced and accessible to local citizens.

The focus of the work will be on external provision for people with a learning disability, in particular, supporting living services. CLES will be undertaking a 'deep dive' into services provided across Knowsley and findings to apply learning across the LCR Market. CLES will be working with LCR Adult Social Care throughout May to September 2019.

REF No	PRIORITY 4 - DEMAND MANAGEMENT / HEALTH & SOCIAL CARE INTEGRATION KEY ACTIONS	COMMENTS
P4 a	Undertake a commission to understand the health needs of our population	• Analysis of health system completed through STP • Integration plans progressing at a local level with coordination at LDS level
P4 b	Undertake an analysis of our local economy to inform the development of plans for a sustainable health and care system for the Liverpool City Region	**On Hold**
P4 c	Conduct a public consultation on findings	**On Hold**
P4 d	Develop a Liverpool City Region Strategy that identifies how we will transform our local health and care system; and ensures that the whole system, including social care and support is sustainable	**On Hold**
P4 e	Develop a Liverpool City Region Integration and Transformation Plan and corresponding Governance Framework	
REF No	**TRIPARTITE - PRIORITY 4 - DEMAND MANAGEMENT / HEALTH & SOCIAL CARE INTEGRATION KEY ACTION**	**COMMENTS**
T4 a	Develop a Tripartite governance framework	**Complete**
T4 b	Undertake a high level analysis of current and planned social care assessment services to:	**Complete**
T4 c	Provide options for assessment services in a tripartite model.	• Working across LCR in respect to EDT
T4 d	Identify specialist assessor roles which could offer potential for aligned/shared services e.g. Approved Mental Health Assessors, Continuing Health Care (CHC)	**On Hold**
T4 e	Explore the potential for a single alternative delivery vehicle for in house service provision across the Tripartite	**Complete**
T4 f	Review the North Mersey LDP and Tripartite BCF Plans to identify opportunities for improvement or efficiencies around 'out of hospital services', with a particular focus on Reablement, Intermediate Care, Discharge to Assess and Trusted Assessor Models.	
T4 g	Collaboratively explore models of Place Based and Accountable Care to identify preferred models of delivery from an individual LA and Tripartite perspective.	
T4 h	Identify opportunities to work with the NHS in the North Mersey system to develop the Tripartite 'Place Based' system of care	

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LIVERPOOL CITY REGION COMBINED AUTHORITY

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 5

TECHNOLOGY

OVERVIEW OF PROGRESS

Priority 5 – Technology

The use of technology will be explored and its implementation maximised to support direct care delivery

WHY?	WHY?
To support region to manage demand from year on year increases in older persons population and growth in younger adults with complex needs	**To support the region to reduce spend and meet local efficiency targets**
How?	**How?**
Keeping all areas informed of potential from new technology	**Sharing learning and evidence base from pilots to inform local business cases for new technology**
Working with health to introduce tele triage and telemedicine to reduce pressure on health and care services	
Impact to date?	**Impact to date?**
Areas are still unable to measure level of AT within care packages. However, each area reports a significant increase in the use of AT.	**Areas are still unable to measure level of AT within care packages. However, each area reports a significant increase in the use of AT.**

Digital & AT

Assistive Technology is recognised as one of the most effective ways to prevent and manage demand for care. However, the rate of change and innovation in terms of new Assistive Technology (AT) mirrors the phenomenal growth rate in all technology. It can therefore feel like an impossible task to keep the AT offer in each local area current. The information shared through the LCR AT group has proved invaluable to its members. A shared log was developed outlining projects or apps that each LA are involved in and is regularly updated by the AT leads.

In March 2017, an event was held on medication compliance (**Improving Medicine Administration in Care Settings – A LCR Approach)** with support being provided by the eHealth Cluster.

Objectives at the event these were summarised as:

- To develop a shared understanding of the current challenges relating to medication administration and compliance in care homes and domiciliary care services
- To start to explore how these challenges could be addressed, including technology solutions that are available

The event was attended by commissioners, care homes, domiciliary care providers, CCG Medication Management Teams, Pharmacists, Social Workers and technology companies, with over 130 people taking part.

The event highlighted opportunities for technology to help in providing solutions it also highlighted wider issues around communication, inconsistency of policies, procedures, terminology and practice between different local authorities, NHS organisations, pharmacies and CQC requires being a major challenge.

Many practical issues were raised about hospital discharge procedures and inconsistent way of working with GPs and pharmacists. Opportunities were highlighted to reduce medication waste, improve outcomes for service users, promote self-care and work more proactively with hospitals.

A detailed report is available produced by the e-Health Cluster. [Appendix 8]

LGA Bids

In June 2017, £50,000 was approved by the LGA to undertake a **proof of concept study** (across the tripartite) with a software provider who can enable a **digital pathway in real time**.

The Project

- Align the processes of requesting home care services across councils and providers.
- Enable a real-time view of service requests, delivery and capacity across the region for health and care professionals and commissioning.
- Develop a digital interface through the current case management systems.

- Maximise resources across the respective workforces through an electronic process.
- Ensure a better service user experience through a sophisticated electronic pathway system
- Provide audit and accountability of transactions and communications.
- Ensure patient privacy is protected through the use of ma secure system.

Challenges & Learning

- Progress was interrupted by a re-procurement of domiciliary care providers, which led to a six-month delay to the project.
- Until the new providers were on-board the engagement around the use of the system could not begin.
- Liverpool is still progressing the relationship with the providers (Strata). Knowsley and Sefton now require providers to engage with the systems as a contractual obligation.

Outcomes

- The project has progressed but not as far or as rapidly as anticipated given delays
- Home care providers in Liverpool are engaged and submitting daily capacity tailored to their organisation and the areas within the region that they server.
- This information is available to selected users. It enables them to see and understand in near real-time each provider and their capacity by the areas they serve.
- The capacity view can be rolled up to give brokerages and commissioning a high level view of provider and area capacity and capabilities.

Future Scope

- Goals of integration across the region is still being pursued.
- The goal of better balancing domiciliary care capacity with need requires:
  1. The registering of care capacity on the Strata system to provide visibility of capacity across further providers in the other areas.
  2. Enhance the business intelligence from the capacity data provided.
  3. Rollout the mechanism to send referral electronically across the region.

In November 2017, **Knowsley** successfully bid for £25,000 match-funding under the LGA's **Behavioural Insights Programme** to carry out a project to increase the take-up of assistive technology.

The project, involved working with other council services and external stakeholders to identify key audiences who then received behaviourally informed promotional literature. Adult Social Care staff also benefitted from bespoke training to help them promote the assistive technology offer even more effectively.

Some great results were achieved, including:
•39% increase in referrals
•27% increase in installations
•57% increase in hits on the assistive technology page of the council's website

While the focus of this project has been on assistive technology, the LGA is keen to see behavioural insights techniques used across all services to make the best use of the resources which are available to local authorities.

Liverpool was also successful with their bid on - **digital medication records in care homes**

The Project

- CQC inspections have highlighted the problems with medicines management in Care Homes. This project originally aimed to help with this issue by digitising medication adherence records.
- As part of this, Liverpool City Council worked with the 20 care homes who have had the most serious safeguarding incidents around medicine management to reduce medication errors and free up care home staff time.
- The project originally planned to introduce an Electronic Medicines Adherence Record (eMAR). This would have allowed medicines to be scanned and logged into a system, allowing for an automated reordering process. It was estimated that this would save an average of 15 hours per month per care home handling stock and could reduce over ordering, which would also reduce the cost of medicines wastage.
- The project followed the EU PPI procurement model to procure innovation at scale, which opened up the risk that a consensus would not be formed on a single system.

Challenges & Learning

- Engaging with care homes and signing them up to the eMar approach was more challenging than originally envisaged.
- The decision was taken not to enforce a choice of solution but to let the homes decide for themselves which eMar solutions to adopt.
- This aimed to increase buy in and explore the benefits of different solutions. The result was that 9 homes decided on Cura and 4 chose PAS from Everylife Solutions.
- An operational challenge was in ensuring that all homes had adequate Wi-Fi to enable the solution to work reliably. This limited the initial number to thirteen representing some 500 beds.
- The reality of engaging with outside organisations (care homes) within the designated timeframe presented a real challenge.

Outcomes

The project has catalysed change and built confidence in the use of eMeds systems. The approach is aligned with the renewed push to provide better community support.

Future Scope

- The goal is still to address 90 homes in the long term and further funding is being secured to achieve this.

LiquidLogic Workshop

In April 2018, a workshop was held facilitated by ICT and System leads from Liverpool and Sefton. The purpose of the workshop was to present, explore and discuss Liquidlogic system configuration for both local authorities and for Knowsley to be able to view both systems to consider potential system configuration for their own version of Liquidlogic.

The workshop was attended by staff from all three LAs and was a good mix of front line practitioners, managers, ICT and performance leads.

Whilst Liquidlogic has a 'core product functionality' which is uniform to the system regardless of the LA it is also configurable to reflect the business processes and rules of each individual LA. This is where the key differences were identified in respect of design of LAS for the two LA's.

A report is available that outlines similarities and differences. [Appendix 9]

Tripartite Social Care Digital Ambition

In June 2018, work started to develop a social care digital ambition paper and detailed delivery plan**.** The paper, will link to the Merseyside Digital Roadmap, will set out the key pieces of work to be undertaken over the next 5yrs to ensure ASC services and systems are fit for purpose and maximise the adoption of new technology.

The strategy will focus on 3 priorities:

1. Prevention and Access
2. Transactional
3. Direct Delivery of Care

St Helens' Shared Care Record

In November 2018, ICT leads from Knowsley and Wirral were given an overview of St Helens recently developed / live shared care record. The shared care record holds information on GPs, acute care, mental health and adult and children social care. The system went live within 9 month from the original purchase date, the technical process of getting this system live was straight forward the main issues was information governance in getting approval for share information – LAs would need to start this process early to prevent unnecessary delays. Staff that use this system are given different levels of access depending on need and the system is heavily audited.

Digital Changeover

In January 2019, the meeting focused on the digital changeover, benefits and challenges. Questions were produced to ask providers for an update regarding their plans in relation to the digital changeover. Work will continue on this subject to ensure LAs and providers are ready for the switch over by 2025. [Appendix 10]

Sarah O'Callaghan is being invited to attend a future meeting of the Digital and AT group, she was involved in the successful digital changeover in Falkirk / Scotland.

Wireless 5G (Blu Wireless)

On 26/03/19 the Liverpool 5G Testbed consortium held a showcase event in Sensor City, celebrating the first year of the project. The event told the story of the project's first 12 months and lessons we've learned about adopting and integrating technology into health and social care services. The full house of delegates had had a chance to speak to all the testbed partners and see the products they've trialled on the 5G network

Europe's first dedicated 5G health and social care pilot, Liverpool 5G Health and Social Care will receive £1.48 million (£0.94M in government funding, bringing the total DCMS funding to £4.9M, and also an additional £0.54 million from consortium partners.)

The announcement was jointly made with the Department for Digital, Culture, Media and Sport (DCMS) at the event at Sensor City, Liverpool.

Here is a link to a short video that explains what they are doing :
https://vimeo.com/325563689 the password is BW

Ann Williams, Commissioning and Contracts Manager will be supporting the further development of 5G full time for the next 12 months where plans include building a local factory within Liverpool (products currently produced in China by Huawei) and eventually rolling out across LCR.

Teletriage / Telehealth

Since 2016, pilots for teletriage have been taking place with Immedicare based at Airedale for Liverpool, Sefton and St Helens. Contracts have now ended for Sefton and St Helens and they are both exploring other models. Whilst Wirral have integrated into their Community Trust.

In April 2019, Liverpool extended their contract with Immedicare for a further 12 months (previous contract was for 2 year), for continuity purposes. Liverpool already have a telehealth hub so they looking at the possibility of integrating teletriage (medicine) into the hub also.
In December 2018, a visit to **Liverpool's telehealth hub** based at the Innovation Park on Edge Lane took place to observe how DOCOBO works and also tour the telehealth hub.

This included a presentation on **DOCOBO** – Reducing the Burden of Care (Transformation: Time and Productivity Resource Capacity). Patients use hand held devices to transmit their observations to the hub, and these are then monitored by health professionals currently aimed at patients with diabetes, health failure and COPD.

A presentation on **telehealth** in Liverpool was also given (the hub is currently monitoring up to 1000 per day). The SPC handler takes referrals from Liverpool GPs, 18+ patients, COPD, hearth failure and type 2 diabetes. The assessment process explains the telehealth system and the gathering of the relevant information, consent details from a patient, to ascertain if they are suitable for telehealth.

Riverside undertake the installation and the training of the product / device and also ensure that the patient has adequate interface to go live. There is also a dedicated patient telephone line for problems with the kit. Members were advised that the outcomes of the telehealth system has increased patient confidence in being able to monitor and manage their own health, with 44% of patients making lifestyle improvements (diet and exercise).
Next steps – LAs and CCGs to explore options of having a local hub (can this be done collectively or at a local level). Halton and Knowsley have recently joined the discussions.

REF NO	PRIORITY 5 - TECHNOLOGY KEY ACTIONS	COMMENTS
P5 a	Work with LEP, Employment & Skills and the Innovation Agency to support the growth of life sciences and in particular to support the growth and application of assistive technology	• Communication links established with LEP, CA and Innovation Agency
P5 b	Work with health to deliver a Liverpool City Region 'Digital Road Map' that supports full interoperability by 2021	• Digital road map developed C&M (detail in sub-region plans) • Work underway to develop a Digital Ambition paper with the focus on ASC
P5 c	Pilot new technology to support a new flexible model of home care and incorporate learning into new model	• Knowsley & Sefton to commission ECM by Q2 2019
P5 d	Pilot a range of new technologies and use learning to upscale the use of technology to increase opportunity for self-care and reduce the need for care	• Ongoing, detail of new technology in each LA shared via egress site and shared learning log
P5 e	Plan for the development of an LCR Telecare/Telehealth hub	• Discussions underway with Halton, Knowsley, Liverpool, Sefton, St Helens & Wirral (LAs & CCGs)
Ref No	**TRIPARTITE - PRIORITY 5 - TECHNOLOGY KEY ACTION**	**COMMENTS**
T5 a	Introduce an Information Sharing Agreement across the Tripartite.	• On hold- advised not required by Information Governance Leads
T5 b	Identify the benefits and efficiencies to be gained through alignment of existing systems and processes,	• Work carried out to align systems • Remaining variation necessary to address local requirements • review again in 2020
T5 c	Identify the benefits and efficiencies to be gained through collaborative purchase of new system releases, training and support; and bespoke development	**On Hold**
T5 d	Examine the feasibility of moving to collaborative purchase of systems for Adults (and potentially Children's) services	**On Hold**
T5 e	Explore potential additionally /efficiencies for Corporate ICT	**On Hold**
T5 f	Review strategy, resource and approach to Assistive Technology; and assess potential for additionality / efficiencies through collaboration e.g. telecare/telemedicine hub	**On hold**
T5 g	Work with health to deliver a 'Digital Road Map' that supports interoperability on the Tripartite footprint by 2021	• Digital road map developed C&M (detail in sub-region plans)

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LIVERPOOL CITY REGION COMBINED AUTHORITY

LCR ASC INTEGRATED COMMISSIONING

PRIORITY 6

BUSINESS & QUALITY IMPROVEMENT

OVERVIEW OF PROGRESS

Priority 6 – Business & Quality Improvement

All services will be delivered through great efficiencies, reduced duplication and improved quality

WHY?	WHY?	WHY?
To support region to manage demand from year on year increases in older persons population and growth in younger adults with complex needs	**To support the region to reduce spend and meet local efficiency targets**	**To reduce the post code lottery for people in respect to the quality of services across LCR**
How?	**How?**	**How?**
Review of strength based approaches	**Introduce systems to provide data and intelligence to manage provider market and understand cost differentials**	**Development of shared performance frameworks**
Supporting Strength based assessment	**Collaboratively commission larger contracts**	**Diversify supply market through development of flexible Purchasing frameworks (FPS)**
Supporting personalisation through development of resource allocation system		
Impact to date?	**Impact to date?**	**Impact to date?**
All areas have seen a significant reduction in the number of people approaching the council for support	**Gross expenditure across LCR increased by 1.22% compared to a national increase of 2% (2016/17-2017/18)**	**LCR has seen a 13.1% increase in the number of beds rated Good or Outstanding (Oct'17-April'19)**

Data Warehouse

In July 2015, the LCR Strategic Leadership Board approved the purchase and implementation of the Oxford Computer Consultants (OCC) e marketplace and data warehouse (Data Hub).

Five local authorities within the Liverpool City Region (Knowsley, Liverpool, Sefton, St Helens and Wirral) purchased Oxford Computer Consultants (OCC) e marketplace and data warehouse (Data Hub) to build and integrated LCR MarketPlace and data hub.

The LCR Data Hub supports the pooling of care purchasing data, sharing vital information with the aim of driving performance up and costs down. The key outcomes for the data hub include:

- Provision of timely reporting, commissioning and market management information
- Integration into Data Dashboards for market development and maintenance
- Creation of a real time sub regional market position statement and market management reports

The data hub is now live in 5 LCR local authorities (with the exception of Halton). Knowsley went live in February 2019 to include: the installation of the MIS Server, integration, configuration, mapping activities and activation of the live data feed.

Considerable work has been undertaken by Affinity Works and each LA to cleanse the automated data, to ensure the data uploaded can be compared like for like.

A workshop took place in January 2019, represented by all 5 LAs in various roles, ie commissioning, performance and IT, where a demonstration was given on report building that had been developed by Affinity Works. From this workshop an action plan was produced, champions identified within each LA and half-day bespoke sessions between Affinity Works and each LA have been completed.

The data warehouse system is also used by three Authorities in the North East (Hartlepool, Redcar and Middlesbrough) but they are looking to expand this to as many LAs as they can within their NE ADASS performance group. The regions are working together to explore areas for **potential collaboration** across the two sub regions. Area discussed:

- Roll out of predictive modelling tool across LCR and potential for shared learning from the tool

Areas for potential joint development:

- Development of an on line Market Position Statement
- Freedom of Information: automatic production of public facing stats that answer most common FOI requests (ie prevent FOI in first place or direct public/staff to information)

- Statutory returns: develop reports to populate stat returns eg ASC finance return

MarketPlace / Live Well

The **E marketplace** provides information and advice as well as a directory of social care services for citizens, service users and carers. It addresses the needs of both self-funders and council funded citizens and supports the full range of adults, families and children's services. The E marketplace has been developed from Liverpool City Council's Live Well MarketPlace and re branded as the **LiveWellDirectory.com** to represent Liverpool, Wirral and Knowsley.

The LCR group (Knowsley, Liverpool and Wirral) continue to meet every 4 weeks as an operational group.

Developments since launch have been:

- Improvements to search functions (better filtering and new skin on)
- Implementation of Availability Tracker (to be showcased by Wirral to rest of LCR)
- Implementation of Brokerage (to be showcased by Wirral to rest of LCR)
- Addition of What's On calendar and its potential

Members of the group continue to maintain the site and take part in (UAT) for new versions of the site and also pass on our experiences to each other if one authority has already used the site in a particular way.

LCR Performance Framework

Performance leads from all 6 LAs have worked together to develop a framework initially covering all six priorities, this contained over 100+ metrics, it was therefore decided to base the framework on the **Six Steps to Managing Demand** in Social Care; since its development data has been submitted for Q2 and Q3 for 2018 / 19. It has been agreed that the framework will be used to inform the work of the LCR assessment group, who will agree local targets using LCR baseline information collected in 2018/19. The report will then be used to provide a strategic overview of demand management across LCR to the Strategic Leadership Board. [Appendix 11]

REF NO	PRIORITY 6 - BUSINESS & QUALITY IMPROVEMENT KEY ACTIONS	COMMENTS
P6 a	Work with the Liverpool City Region Chief Executive's Group and LCR finance leads to identify opportunities for shared services and to reduce spend on back office support	**Work placed on hold** by LCR Public Sector reform Group (Baseline review of staffing establishment and spend completed for ASC Tripartite)
P6 b	Work with the city region's finance leads to undertake a cost benefit analysis of the Liverpool City Region Strategy for the Transformation of Social Care	• Finance leads have submitted data on spend and risk • Performance leads working on the Six Steps Performance Framework
P6 c	Work with commissioners and the provider market to achieve efficiencies by standardising rates for packages of care for individuals with complex needs	Work ongoing with Complex Care Group
Ref No	**TRIPARTITE - PRIORITY 6 - BUSINESS & QUALITY IMPROVEMENT KEY TASK**	**COMMENTS**
T6 a	Work with LCR LAs to undertake a sufficiency analysis on the social care market; and identify opportunities for market growth and/or market diversification to meet unmet needs across the Tripartite	• Alder analysis complete • Work underway to identify gaps in provision using Alder Model • Inclusive Commissioning Work with CLES to commence (May-Sept 19), deep dive Knowsley plus LCR wide.
T6 b	Work with larger providers operating across the Tripartite to shape the existing market to meet current and future need; and to reduce administrative pressures on the market by standardising contractual and purchasing arrangements.	• Model of Care, Service specification, Performance framework and aligned contract in place for Home Care across Tripartite • FPS in place for home care across Knowsley and Sefton. • FPS in place for purchase of Care & Support across Tripartite Standard specification & contract for Extra Care across Tripartite
T6 c	Work with LCR LAs to develop new models of Home Care and Residential Care; and where models are not applied across the wider LCR footprint, look to commission new models across the Tripartite.	• New model of home care commissioned across Tripartite • Extra Care Framework commissioned – (further work needed in 2019 to open up to other LAs
T6 d	Undertake an analysis of back office support with a focus upon commissioning, policy, performance, research and intelligence, procurement and IT; and produce an options paper re potential efficiencies through sub-regional commissioning arrangements e.g. Virtual hub, lead commissioner, proportionate distribution etc.	**Complete**
T6 e	Strengthen back office support by implementing the findings of the 'back office support' review.	**On Hold** Baseline review of staffing establishment and spend completed for ASC Tripartite. Information used at a local level to inform restructures. No proposals for shared services.

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Pooled Fund Finance Report

Risk Please indicate	**High** N	***Medium*** **Y**	***Low*** **N**
Detail of Risk Description	This report deals with how risks are being mitigated against through arrangements that have been put in place for integrated commissioning. All commissioning activity is subject to appropriate consultation, engagement and impact assessment.		

Engagement taken place	**N**
Public involvement taken place	**N**
Equality Analysis/Impact Assessment completed	**N**
Quality Impact Assessment	**N**
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	**N**
To reduce health inequalities across Wirral	**N**
To adopt a health and wellbeing approach in the way services are both commissioned and provided	**N**
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	**N**
To be known as one of the leading organisations in the Country	**Y**
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	**Y**

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	**9th July 2019**
Report Title:	**Pooled Fund Finance Report**
Lead Officer:	**Mike Treharne**

1 INTRODUCTION / REPORT SUMMARY

This report describes the arrangements that have been put in place to support effective integrated commissioning. It sets out the key issues in respect of:

a) the expenditure areas that were included in the 2018/19 shared ("pooled") fund

b) the current and future risk and gain share arrangements.

2 RECOMMENDATIONS

2.1 That the final financial position of the pooled fund, as at 31st March 2019, be noted.

3 BACKGROUND INFORMATION

3.1 The background to the formation of the pooled fund is contained in previous months' reports.

3.2 The financial challenge for NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council will continue, regardless of integration. The key for Wirral will be to ensure that integration of commissioning is seen as an opportunity to help to transform provision to make more effective use of the resources available (making the most of the "Wirral pound") rather than the financial challenges being seen as a barrier to integration.

3.3 The risks and mitigations associated with integration will continue to be monitored and updated in the months to come.

4. 2018/19 POOL

4.1 The total fund contributed to the commissioning pool in 2018/19 amounted to £131.9m, as per the table below:

Description	£m
Adult Social Care	40.8
Public Health	13.0
Children & Young People	2.0
CCG	22.3
Better Care Fund	53.7
	131.9

4.2 The total funds contributed to the shadow pool in 2018/19 amounted to £532.4m, as per the table below:

Description	£m
Adult Social Care	51.0
CCG	481.4
	532.4

4.3 The budgets contained within the shadow pool comprise all other budgets (excluding primary care) within the Adult Social Care and CCG areas which were not formally pooled in 2018/19 (see 4.1)

4.4 A full breakdown of the 2018/19 pool's composition is given overleaf, together with the current forecast:

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Community Care for learning disabilities	39.3	39.4	(0.1)
	Community Care for mental health	9.9	10.4	(0.5)
	Children with Disabilities	1.1	1.0	0.1
	LD/MH Customer and client receipts	(3.0)	(3.4)	0.4
	Income from joint-funded packages	(6.5)	(6.6)	0.1
		40.8	**40.8**	**-**
Public Health	Stop smoking interventions	0.8	0.8	-
	Sexual health services	3.1	3.1	-
	Children's services	7.2	7.2	-
	Health checks	0.3	0.3	-
	Adult obesity	0.3	0.3	-
	Mental health	1.1	1.1	-
	Infection control	0.2	0.2	-
		13.0	**13.0**	**-**
Children & Young People	Care packages	2.0	2.0	-
		2.0	**2.0**	**-**

Continued overleaf

Area	Category	Budget	Forecast (£m)	Variance
CCG	CHC – adult continuing care	3.7	4.0	(0.3)
	CHC – adult Personal Health Budgets	0.9	1.3	(0.4)
	Funded nursing care	0.8	0.8	0.1
	Learning disabilities	1.7	1.8	(0.1)
	Mental health	9.8	10.4	(0.6)
	Adult joint funded	3.8	3.7	0.1
	CHC – Adult joint funded PHBs	0.3	0.3	(0.1)
	CHC children's continuing care	0.9	0.8	0.1
	Children's PHBs	-	-	-
	CCG Contingency/Mitigation	0.3	-	0.3
		22.3	**23.3**	**(1.0)**
Better Care Fund	Integrated services	20.6	20.1	0.6
	Adult social care services	25.2	25.1	0.1
	CCG services	2.0	2.0	-
	DFG	3.9	3.9	-
	Innovation fund	0.9	1.0	(0.1)
	Known pressures & contingency	1.1	0.9	0.2
		53.7	**53.0**	**0.8**
		131.9	**132.1**	**(0.2)**

4.5 At 31st March 2019, NHS Wirral CCG had forecast a year-end pressure of £1.0m (net of contingencies) spread across all areas of the pool which forms part of NHS Wirral CCG's overall net unmitigated risks currently reported to NHS England. This is consistent with the adverse position reported in February 2019 and is inclusive of £0.3m of NHS Wirral CCG's contingency funding allocated to the pool.

4.6 An underspend of £0.8m occurred on the Better Care Fund, consistent with the forecast from the previous period. This has been caused by further slippage on a number of schemes, in addition to an under-use of specific winter contingency. Pressure on that fund reduced money, as a result of the additional Social Care Winter Pressure Funding committed by the Government as part of the 2018 budget announcement.

4.7 Adult and Children's social care budgets balanced at the end of the year, consistent with the forecast presented in February 2019.

4.8 Public Health budgets balanced at the end of the year, consistent with the forecast presented in February 2019.

4.9 A gross deficit of £1.0m existed on the pool at 31st March 2019 (see 4.6). £0.8m of this was mitigated by underspend on the Better Care Fund (see 4.7), which left a **net deficit of £0.2m**. The Section 75 agreement mandated a 50:50 share of this deficit, i.e. £0.1m for NHS Wirral CCG and £0.1m for Wirral Council.

4.10 Please note that all figures quoted above, although being presented as final figures, are still subject to clearing through all relevant year-end processes, including external audit.

4.11 Work is continuing to confirm the total pooled fund value for 2019/20. A proposed budget for the pool for 2019/20 will be brought back to the Pooled Fund Executive Group for approval at their next meeting on 20th June 2019. Once approved the forecast for Quarter 1 against the 2019/20 budget will then be presented to this board.

4.12 It has been agreed, however, that the scope and range of the pooled fund will not change for 2019/20.

5. 18/19 FINANCIAL RISKS AND CHALLENGES

5.1 Achievement of the CCGs £2m surplus control total was achieved despite financial challenge and risk, given the £19.6m savings target that had to be delivered. During the planning period and implementation of the CCGs financial recovery plan, gross risks and realisable mitigations were identified as follows:

Continued overleaf

CCG Risks	Original Plan £m	Current Position £m
QIPP Slippage	£3.5m	£6.5m
Unidentified QIPP	£4.1m	Nil
Acute Over-performance	£2.0m	£2.0m
CHC Excess Growth	£1.0m	£2.5m
Total Gross Risks	**£10.6m**	**£10.9m**

CCG Mitigations	£m	£m
Contingency	(£2.6m)	(£2.6m)
Re-brokerage	(£1.0m)	(£1.0m)
RTT Slippage	(£0.5m)	(£0.5m)
Other	(£0.8m)	(£1.3m)
Total Mitigations	**(£4.9m)**	**(£5.4m)**

Overall Net Risks	£5.7m	£5.6m

5.2 The CCG submitted a Formal Recovery Plan to NHS England in 2018 which was approved, describing how the £1.9m identified cost pressures within the pool for 2018/19 would be mitigated along with other risks across the wider CCG. However, given the level of challenge a number of risks remained unmitigated.

5.3 Further mitigations, in addition to the above, were developed by the CCG, although again these proved particularly challenging to deliver. As part of its directions from NHS England, a turnaround Director has been appointed with a remit to look at all expenditure lines across the entire CCG, to identify any further efficiency opportunities with a view to addressing the overall level of risk that currently remains unmitigated in 2019/20.

5.4 The CCG has received non-recurrent support from NHS England enabling the CCG to report an overall £2m surplus position for the financial year, in line with its control total. This support was transacted in Month 12 via the CCG's reserves in the Shadow pool, and will have no impact upon the live pool.

5.5 The financial risks and challenges that faced the Social Services budget for 2018/19 were as follows:

Risks	Original Plan £m	Current Position £m
Demographic Growth Pressures	1.0	1.0
Overspend Carried Forward from 17/18	0.5	0.5
Total Gross Risks	**1.5**	**1.5**

Mitigations	£m	£m
AFG Pilot	0.2	0.2
ECH – Balls Road	0.1	0.1
Other Complex Care Reviews	0.1	0.1
Payment by Actuals	0.4	0.4
Supported Living Reviews	0.5	0.5
Complex One-Off Savings	0.2	0.2
Total Mitigations	**1.5**	**1.5**
Overall Net Risks	-	-

5.6 The Council's savings were delivered in full by the end of the year. Any individual areas of slippage were mitigated through over-achievement of other savings as well as one-off actions.

6. 2019/20 FINANCIAL RISKS AND CHALLENGES

6.1 There is a forecast net budget deficit of £4.7m forecast in Adult Social Care in 2019/20, of which £2.4m relates to services within the pool. The department is working proactively with its NHS partners to identify ways in which this deficit can be mitigated; currently £0.7m of savings plans have been identified. Further investigation, based on Assistive Technologies and greater levels of independence are in development.

6.2 Work is continuing with the CCG to establish the level of efficiencies required in order to meet its control total for 2019/20. Initial estimates suggest that the amount attributable to the pool is likely to be in the same region as the £800k achieved in 2018/19.

7. ENGAGEMENT / CONSULTATION

7.1 Documents and discussions in respect of the integration agenda and associated financial risks have been presented and taken place at a variety of Local Authority and CCG meetings.

8. LEGAL IMPLICATIONS

8.1 The Local Authority and CCG lawyers have been engaged in, and crucial to the production of the section 75 agreement, and the relevant legal implications are identified within that document.

9. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

9.1 Currently there is no significant impact on resources, ICT, staffing and assets as a result of the integration agenda. As greater integration occurs there are likely to be efficiency savings through economies of scale with appropriate sharing of posts and assets etc.

10. EQUALITY IMPLICATIONS

10.1 No implications have been identified because it is not anticipated that the integration of commissioning functions will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which EIA's will need to be produced.

REPORT AUTHOR: Mike Treharne
Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning
Telephone: 0151 541 5447
email: Michael.treharne@nhs.net

APPENDICES

N/A

BACKGROUND PAPERS

N/A

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Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
CHIEF OFFICER'S REPORT

Risk Please indicate	***High*** **N**	***Medium*** **N**	***Low*** **N**
Detail of Risk Description	Not applicable to this report.		

Engagement taken place	**N**
Public involvement taken place	**N**
Equality Analysis/Impact Assessment completed	**N**
Quality Impact Assessment	**N**
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	**Y**
To reduce health inequalities across Wirral	**Y**
To adopt a health and wellbeing approach in the way services are both commissioned and provided	**Y**
To commission and contract for services that: • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money	**Y**
To be known as one of the leading organisations in the Country	**Y**
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	**Y**

JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)

Meeting Date:	**9th July 2019**
Report Title:	**Chief Officer's Report**
Lead Officer:	**Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group**

INTRODUCTION / REPORT SUMMARY

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 29th May 2019 to 9th July 2019.

RECOMMENDATIONS

The Joint Strategic Commissioning Board is asked to note the contents of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

This report does not require any decisions to be made and is for information purposes only.

2.0 OTHER OPTIONS CONSIDERED

No other options considered or applicable.

3.0 BACKGROUND INFORMATION

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 29th May 2019 to 9th July 2019. Where the events detailed below have occurred or were due to take place after this report was prepared for the Joint Strategic Commissioning Board – 17th June 2019 - a verbal update will be provided to the meeting on 9th July 2019.

3.1 Working in partnership with other organisations

3.1.1 Monthly Clinical Commissioning Group (CCG) Chief Officers Meetings

The meetings are convened by NHS England/NHS Improvement and are a mechanism through which NHS England/NHS Improvement exchange information and key messages with the Chief Officers from Cheshire and Merseyside Clinical Commissioning Groups (CCGs). The meeting scheduled for 14th June 2019 was replaced with a North West regional meeting of NHS trust Chief Executives and CCG Chief Officers on 24th June 2019.

3.1.2 Delivering Healthy Wirral

The Chief Officer is the Senior Responsible Officer and Place lead for *Healthy Wirral* within the Cheshire and Merseyside Health and Care Partnership. The Chief Officer has engaged in a number of activities that are designed to deliver the *Healthy Wirral* vision, objectives and outcomes by 2020. This has included:

- Meeting with senior leaders from partner organisations from across the Wirral system.
- Meeting with local housing providers on 7th June 2019 to improve links into this sector.
- Attending a workshop on 14th June 2019 to develop a strategy for children and young people for Wirral.
- Meeting with the Chair and Chief Executive of The Clatterbridge Cancer Centre NHS Foundation Trust on 17th June 2019.
- Chairing the *Healthy Wirral* Programme Management Group on 20th June 2019.
- Attending the Wirral Partnership Delivery Group on 20th June 2019.

- Attending the Cheshire and Merseyside Health and Care Partnership system event on 27th June 2019.
- Providing support to David Eva, *Healthy Wirral* Independent Chair, at the Healthy Wirral Partners Board on 27th June 2019.
- Leading the *Healthy Wirral* response to the NHS Long Term Plan and NHS Operational Planning and Contracting Guidance.

3.1.2 Wirral University Teaching Hospitals NHS Foundation Trust

The Chief Officer is due to attend a Board to Board with WUTH on 9th July 2019.

3.1.3 Simon Stevens' Visit

Simon Stevens, Chief Executive, NHS England and NHS Improvement visited Liverpool on 29th May 2019 to meet with NHSE/NHSI staff. Mr Stevens also met with Chief Executives and Chief Officers from across the North West region. He highlighted that a continued focus was needed on:

- delivering the NHS Constitutional Standards in respect of Accident and Emergency (A&E) waiting times and 62 day waiting times for cancer services.
- eradicating Referral to Treatment (RTT) waiting times for elective care.
- delivering service improvements in mental health services and meeting the Mental Health Investment Standard.
- reducing the numbers of people with learning disabilities being placed in long stay care outside of their area of residence.

3.1.4 Collaboration for Leadership in Applied Health Research and Care (CLARHC) North West Coast Event

The Chief Officer is due to speak at this event on 21st June 2019. The event will focus on community level interventions to improve social resilience and support people with mental health needs.

3.2 Assurance by NHS England/NHS Improvement

No issues to report this month.

3.3 Being accessible and accountable to local communities

3.3.1 Public Question Time

A public Question Time event was held on 5th June 2019 in Birkenhead Town Hall. The Chief Officer was unable to attend due to planned leave.

3.3.2 Margaret Greenwood MP

The Medical Director and *Healthy Wirral* Independent Chair met with Margaret Greenwood MP on 7th June 2019. The Chief Officer was unable to attend due to planned sickness absence. The Medical Director will update the Board on the key points from this meeting.

3.2.3 Adult Care and Health Overview and Scrutiny Committee

The Chief Officer is due to attend this meeting on 26th June 2019. The agenda and papers for this meeting are published on the Wirral Council website at https://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=819&MId=7956&Ver=4 and the proceedings are streamed at https://wirral.public-i.tv/core/portal/home.

3.2.4 Frank Field MP

The Chief Officer, Medical Director and *Healthy Wirral* Independent Chair are due to meet with Frank Field MP on 28th June 2019.

3.4 Developing our organisation and individuals

A whole organisation time out was held on 12th June 2019. The day focused on the role of public health within WHCC, the work of community connectors, priority areas of work in mental health and the embedding of the *Healthy Wirral* programme in the work of the organisation.

4.0 FINANCIAL IMPLICATIONS

Not applicable to this report.

5.0 LEGAL IMPLICATIONS

Not applicable to this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

Not applicable to this report.

7.0 RELEVANT RISKS

Not applicable to this report.

8.0 ENGAGEMENT/CONSULTATION

Not applicable to this report.

9.0 EQUALITY IMPLICATIONS

Not applicable to this report.

REPORT AUTHOR: ***Simon Banks***
Chief Officer, Wirral Health and Care Commissioning and NHS Wirral CCG
telephone: (0151) 651 0011
email: simon.banks1@nhs.net

APPENDICES

None.

BACKGROUND PAPERS

None.

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	**2nd April 2019**
Joint Strategic Commissioning Board	**28th May 2019**