



Joint Strategic Commissioning Board

Date:	Tuesday, 10 September 2019
Time:	2.00 p.m.
Venue:	Council Chamber - Wallasey Town Hall

Contact Officer: Mike Jones
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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES (Pages 1 - 6)**
4. **PERSONAL STORY RE: INTEGRATION**
Verbal report
5. **CHIEF OFFICER'S REPORT**
Verbal report
6. **REFRESHING OUR STRATEGIC AIMS (Pages 7 - 14)**
7. **HEALTHY WIRRAL PROGRAMME UPDATE (Pages 15 - 74)**
8. **POOLED FUND FINANCE REPORT (Pages 75 - 80)**
9. **OUTCOMES OF PUBLIC HEALTH RE-COMMISSIONING (Pages 81 - 88)**
10. **EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

RECOMMENDATION: That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined by paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

11. OUTCOMES OF PUBLIC HEALTH RE-COMMISSIONING - EXEMPT APPENDICES (Pages 89 - 94)

Exempt appendices for item 9.

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.

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JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 9 July 2019

<u>Present:</u>	Councillor	Chris Jones (Co-Chair)
	Dr	Paula Cowan (Co-Chair)
	Dr	Laxman Ariaraj
	Mr	Simon Banks
	Ms	Carly Brown
	Ms	Sylvia Cheater MBE
	Mr	Simon Delaney
	Mr	Simon Garner
	Ms	Nesta Hawker
	Mr	Graham Hodgkinson
	Ms	Angela Johnson
	Councillor	Julie McManus
	Mr	Jason Oxley
	Ms	Lorna Quigley
	Dr	Bennett Quinn
	Ms	Linda Roberts
	Mr	Michael Treharne
	Councillor	Tom Usher
	Ms	Julie Webster
	Mr	Alan Whittle

13 APOLOGIES FOR ABSENCE

There were no apologies for absence.

14 DECLARATIONS OF INTEREST

There were no declarations of interests.

15 MINUTES

RESOLVED:

That the minutes of the meeting of the Joint Strategic Commissioning Board held on 28 May 2019 be agreed as a correct record and signed by the Chair.

16 PERSONAL STORY RE: LD INTEGRATION

The Officer from Wirral Health and Care Commissioning told the Board about the experience of a young person with a learning disability and autism which

illustrated the partnership working and successful outcomes of new jointly commissioned services.

The case involved a young man who had been provided with a new home in a purpose-built supported accommodation which comprised six self-contained apartments, with three communal areas. Staff there completed a bespoke training package which included information about individual residents and techniques to use in supporting their individual needs. The man had a learning disability and autism and could present with behaviour that can challenge when his needs were not anticipated or met in the appropriate way. Following a placement breakdown and an incident in the community, he was detained under the Mental Health Act and had been treated in hospital for about a year. He moved into the new accommodation in spring 2019, settled in very well and made progress in many areas, including allowing staff into his personal space for extended lengths of time, eating with company, being in control of his daily activities, going out in the car and shopping, enjoying park equipment which helped him lose weight, having a balanced healthy diet, having his hair cut and having dental work. He even helped staff at the setting by cutting the grass. His parents have visited him often as have his relatives, and his social worker said it had been a positive experience for him. His family are very complimentary about the care staff and see a real positive change in him.

RESOLVED: That the story be noted.

17 URGENT CARE TRANSFORMATION

The Chairman allowed three members of the public to address the Committee with their opinions about the recommendations in the report. One agreed that streamlining was necessary and supported NHS Wirral Clinical Commissioning Group's proposals, particularly as they had ensured that substantive services would be kept open and they would be open to all age groups. The second urged the CCG to reconsider because of the effects on the deprived areas of Birkenhead and Wallasey of taking away their local access. The third speaker also urged the CCG to rethink and noted that with a reduction in bus services people felt isolated.

The Chairman introduced the report and stressed that it was an NHS decision which fell outside of the pooled fund arrangements, so approval would be by the CCG Governing Body.

The Director of Commissioning for NHS Wirral CCG explained that the transformation of urgent care had been a priority since 2009. The overall need was to ensure that constitutional standards around Urgent Care were met, and patients received excellent quality from a sustainable service. An extensive consultation had taken place in 2018 on the initial options and, in addition to the consultation responses, 45,000 signatures had been received

via a number of petitions. There had been a detailed independent analysis of the consultation feedback, together with detailed work on usage reasons and age profiles. It was emphasised that the recommendations here represented an endeavour to recognise that the CCG had listened to the findings of the feedback and these proposals would be an enhanced service, with the retention of three walk-in facilities and the extended provision of the Urgent Treatment Centre at Arrowe Park helping to reduce pressure on A&E.

The Members thanked the CCG for listening and being responsive to the opinions given in the consultation but expressed concern at transport access from deprived communities. It was acknowledged that there needed to be a joined-up approach between the NHS and the Council using the established mechanisms to ensure transport issues were addressed, recognising the commissioning roles of each organisation. Concern was also expressed in relation to the management of 'peaks and troughs' at Gladstone and Moreton Minor Injury/Illness Units given the proposed change to bookable urgent appointments.

The next stage would be scrutiny of the decision by the relevant Overview and Scrutiny Committee(s) and implementation would not commence until that process had concluded and a clear implementation plan had been developed.

The Chairman thanked the public for the responses and petitions and reassured residents that services would be monitored to understand the impact of the changes, and that the priority was commissioning high quality services. Transport issues would be explored at other meetings with Councillors and operators.

RESOLVED:

That as a result of the public consultation, all of the following be approved by the NHS Wirral Clinical Commissioning Group (CCG) Governing Body:

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

18 LIVERPOOL CITY REGION UPDATE

The Liverpool City Region (LCR) Programme Manager introduced this report, which provided an overview of collaborative work, led by the Directors of Adult Social Services across LCR. The key driver was demand management, to prevent, delay or reduce demand across the health and social care system and to share best practice. Work had focused effort on the areas of the greatest spend and highest risk, being Home Care; Residential and Nursing Care; and Complex Care (Younger Adults). Discussions had been underway to determine the focus of the work for the following two years, and younger adults with more complex needs was likely to be the chosen topic.

RESOLVED:

That the content of this report be noted.

19 POOLED FUND FINANCE REPORT

The Chief Finance Officer from Wirral CCG introduced the report which described 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 fund was £131.9 million in 2018/2019. There had been a gross deficit of £1.0m on the pool at 31st March 2019, £0.8m of which was mitigated by underspend on the Better Care Fund, which left a net deficit of £0.2m, which had been shared with £0.1m for NHS Wirral CCG and £0.1m for Wirral Council.

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

20 CHIEF OFFICER'S REPORT

The Chief Officer of the Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group summarised the report which detailed his work since the last meeting including:

- North West regional meeting of NHS Trust Chief Executives and CCG Chief Officers, which discussed long term plan implementation, against a background of EU exit uncertainty and demographic challenges
- Delivering Healthy Wirral
- Visit of the Chief Executive NHS England and NHS Improvement who emphasised where focus should be
- Collaboration for Leadership in Applied Health Research and Care (CLARHC) North West Coast Event
- Public Question Time event which was focussed on urgent care
- Meeting with Margaret Greenwood MP
- Adult Care and Health Overview and Scrutiny Committee
- Meeting with Frank Field MP

RECOMMENDATIONS

The contents of the report be noted.

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JOINT STRATEGIC COMMISSIONING BOARD
Refreshing our Strategic Aims

Risk Please indicate	High N	Medium N	Low Y
Detail of Risk Description	There is a reputational risk if the revised strategic aims are not adopted as the commissioner of the health and care system will not be seen to be fully aligned with the Wirral 2020 pledges and the <i>Healthy Wirral</i> programme and be in an effective position to provide leadership to the wider system.		

Engagement taken place	Y
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: <ul style="list-style-type: none"> • 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	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:	10th September 2019
Report Title:	Refreshing our Strategic Aims
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral CCG

INTRODUCTION / REPORT SUMMARY

The Joint Strategic Commissioning Board (JSCB), which is a Committee in Common of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), has been meeting since May 2018. The JSCB is supported by Wirral Health and Care Commissioning (WHCC), which is a strategic partnership between the Council and the CCG.

At the meeting of the JSCB on 28th May 2019 it was agreed that the strategic aims of the partnership and the Board needed to be updated to reflect changes in our strategic and operating environment. Work has been undertaken within WHCC to develop a shared purpose, mission, vision and aims. These have been aligned to the *Healthy Wirral* system transformation programme and the Wirral 2020 pledges. It was agreed that a workshop would be held with elected members to review the proposed strategic aims.

This matter affects all Wards within the Borough.

RECOMMENDATIONS

It is recommended that the JSCB adopts the revised strategic aims set out in this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Joint Strategic Commissioning Board (JSCB), which is a Committee in Common of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), has been meeting for just over a year. The JSCB is supported by Wirral Health and Care Commissioning (WHCC), which is a strategic partnership between the Council and the CCG.
- 1.2 At the meeting of the JSCB on 28th May 2019 it was agreed that the strategic aims of the partnership and the Board needed to be updated to reflect changes in our strategic and operating environment. Work has been undertaken within WHCC to develop a shared purpose, mission, vision and aims. These have been aligned to the *Healthy Wirral* system transformation programme and the Wirral 2020 pledges. It was agreed that a workshop would be held with elected members to review the proposed strategic aims.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Consideration has been given to retaining the strategic themes as initially adopted but this would not reflect the changed environment in which the Joint Strategic Commissioning Board and Wirral Health and Care Commissioning are operating given the system wide progress made with *Healthy Wirral*.

3.0 BACKGROUND INFORMATION

- 3.1 Work has been undertaken within WHCC to develop a shared purpose, mission, vision and aims. This work took into account the changing role of commissioning within the health and care sector and the shared approach to system wide change that has been developed through *Healthy Wirral*.

- 3.2 The shared purpose of WHCC has been articulated as follows:

Everything we do will shape and enable the creation of a sustainable health and care system that makes a positive difference to people's lives. We will do this by providing leadership, including connection and energy.

- 3.3 The mission of WHCC is to deliver:

Better health and wellbeing in Wirral by working together.

3.4 Through the work of WHCC, our vision is:

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

3.5 From the work on purpose, mission and vision we have developed the following strategic aims. These aims align with the *Healthy Wirral* programme. The five strategic aims are:

- Acting as One - working collaboratively with all partners and exemplifying this in all our actions and behaviours.
- Improving Population Health – delivering the *Healthy Wirral* outcomes around better care and better health using a place based approach.
- Service Sustainability – ensuring sustainable, high quality, appropriately staffed services that work across organisations in our health and care system.
- Financial Sustainability – managing within our allocation, delivering efficiency and better value.
- Effective Engagement - working with our public and patients to promote self-care and to involve them in all decisions made about them.

3.6 These strategic aims were tested and reviewed at a workshop on 11th July 2019 with the following elected members:

- Councillor Kate Cannon
- Councillor Chris Carubia
- Councillor Wendy Clements
- Councillor Phil Gilchrist
- Councillor Anita Leech
- Councillor Moira McLaughlin
- Councillor Yvonne Nolan
- Councillor Thomas Usher

3.7 Each of the strategic aims in 3.5 above were reviewed based on the following questions:

- Do our strategic aims take us towards delivery of our vision?
- Do we understand and own them?
- Can we explain them in public?
- Can they be improved?

The specific comments from the workshop can be found in Appendix 1. Overall it was agreed that the strategic aims were appropriate but could be simpler in terms of the language used.

3.8 Based upon the comments received from the workshop on 11th July 2019 it is proposed that the JSCB adopts the following strategic aims:

- ***Working as One, Acting as One*** – we will work together with all partners for the benefit of the people of Wirral.
- ***Listening to the views of local people*** – we are committed to working with local people to shape the health and care in Wirral.
- ***Improving the health of local communities and people*** – Wirral has many diverse communities and needs, we recognise this diversity and will help people live healthier lives, wherever they live.
- ***Caring for local people in the longer term*** – we will focus on having high quality and safe services with the best staff to support the future as well as the present.
- ***Getting the most out of what we have to spend*** – we will always seek to get the best value out of the money we receive.

4.0 FINANCIAL IMPLICATIONS

4.1 Not applicable to this report.

5.0 LEGAL IMPLICATIONS

5.1 Not applicable to this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Not applicable to this report.

7.0 RELEVANT RISKS

7.1 There is a reputational risk if the revised strategic aims are not adopted as the commissioner of the health and care system will not be seen to be fully aligned with the Wirral 2020 pledges and the *Healthy Wirral* programme and be in an effective position to provide leadership to the wider system.

8.0 ENGAGEMENT/CONSULTATION

8.1 The purpose, mission, vision and aims have already been shared with WHCC staff and are being embedded into organisational and personal development planning and delivery.

9.0 EQUALITY IMPLICATIONS

9.1 Throughout the development of this report all parties have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

REPORT AUTHOR: **Simon Banks**

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NHS Wirral CCG*

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APPENDICES

Appendix 1 Comments from workshop with elected members, 11th July 2019

BACKGROUND PAPERS

There are no background papers to this report.

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	28 th May 2019

Appendix 1 Comments from workshop with elected members, 11th July 2019

Acting As One – There is a challenge here due to different cultures. Openness and accountability are important. The key test is in how you enact this aim. All partners must relate to all partners, not just the local authority and NHS. Also needs to be addressed in regard to the medical/clinical culture and across the whole workforce. This may be the hardest aim to achieve, has to be a mechanism for resolving conflicts.

Improving Population Health – What are the *Healthy Wirral* outcomes? What is a place based approach? These need a clearer explanation. Is this about allocating resources based on the level of need?

Service Sustainability – May not be helpful using sustainability twice as a heading. Need to understand what is meant by sustainable. Could the word “viable” be used?

Financial Sustainability – To a lay person “efficiency” and “better value” could be interpreted as “not as good a service” or as cuts.

Effective Engagement – People like to be involved, they don't like being done to. Could we engage service users to present the outcomes of consultations? Need more effective communications with local people. Message needs to be conveyed that more money for the NHS is not about more money for hospitals. Cultural change in terms of promoting/delivering self-care is significant. Can be confusion between policy drivers and what we want to achieve. More than communications, this is about engagement and actually hearing the voice of people who use services as a matter of course. Need to promote the place based approach and understand what is happening in the Primary Care Networks to support Neighbourhoods. Has to be “fit for purpose”. Should this be the second strategic aim?

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JOINT STRATEGIC COMMISSIONING BOARD
Healthy Wirral Programme Update

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	The paper describes progress made in delivering the aims of the <i>Healthy Wirral</i> Programme. Notwithstanding the good progress made in establishing programme structure, governance and oversight the risk level relates to the significant financial challenge the system continues to face		

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: <ul style="list-style-type: none"> • 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:	10th September 2019
Report Title:	<i>Healthy Wirral Programme Update</i>
Lead Officer:	Simon Banks

REPORT SUMMARY

This matter affects all Wards within the Borough and supports the delivery of both Wirral 20/20 pledges in relation to Health and Wellbeing, and the delivery of Health and Wellbeing ambitions within 'Wirral Together'.

In common with all health and care systems across Cheshire and Merseyside, Wirral is expected to establish and implement its plans to achieve the best possible health and wellbeing outcomes for its population within the funding available to the system. The '*Healthy Wirral*' programme is seen as the prime system-wide programme to deliver sustainable and affordable long-term changes to the way that the health and wellbeing of the Wirral Population is supported.

The *Healthy Wirral* Programme has identified a mission of '*Better health and wellbeing in Wirral by working together*' with the clearly stated aim to enable all people in Wirral to live longer and healthier lives by taking simple steps to improve their own health and wellbeing. By achieving this together we can provide the very best health and social care services when people really need them, as close to home as possible. Delivering this aim requires the Wirral partners to rise to four key challenges:

- **Acting as One** – exemplified in actions and behaviours. Delivering net system benefit
- **Improving population health** – delivering the *Healthy Wirral* outcomes around better care and better health using a place-based approach.
- **Clinical sustainability** –sustainable, high quality, appropriately staffed, delivered across organisational boundaries.
- **Financial sustainability** – managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value.

This paper outlines the key actions that have been undertaken to date and the proposed next steps to progress the *Healthy Wirral* Programme.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of the report is to inform the Joint Strategic Commissioning Board, no further action by the Joint Strategic Commissioning Board is required except to note the report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The *Healthy Wirral* Programme represents a system wide approach to the commissioning and delivery of health and care transformation on Wirral in order to achieve clinically and financially sustainable place-based care. As such there is no alternative option to consider for the system.

3.0 BACKGROUND INFORMATION

2018/19 has been a year of development for the *Healthy Wirral* programme, commencing with a significant re-establishment of the programme; the development of a partners board with an independent chair, the creation of the programme team and the establishment of a comprehensive programme of primary and enabling work streams A summary of our progress to date in 2018-19 is being captured within a *Healthy Wirral* Place Programme Annual Report, the final draft of which is provided at Appendix 1.

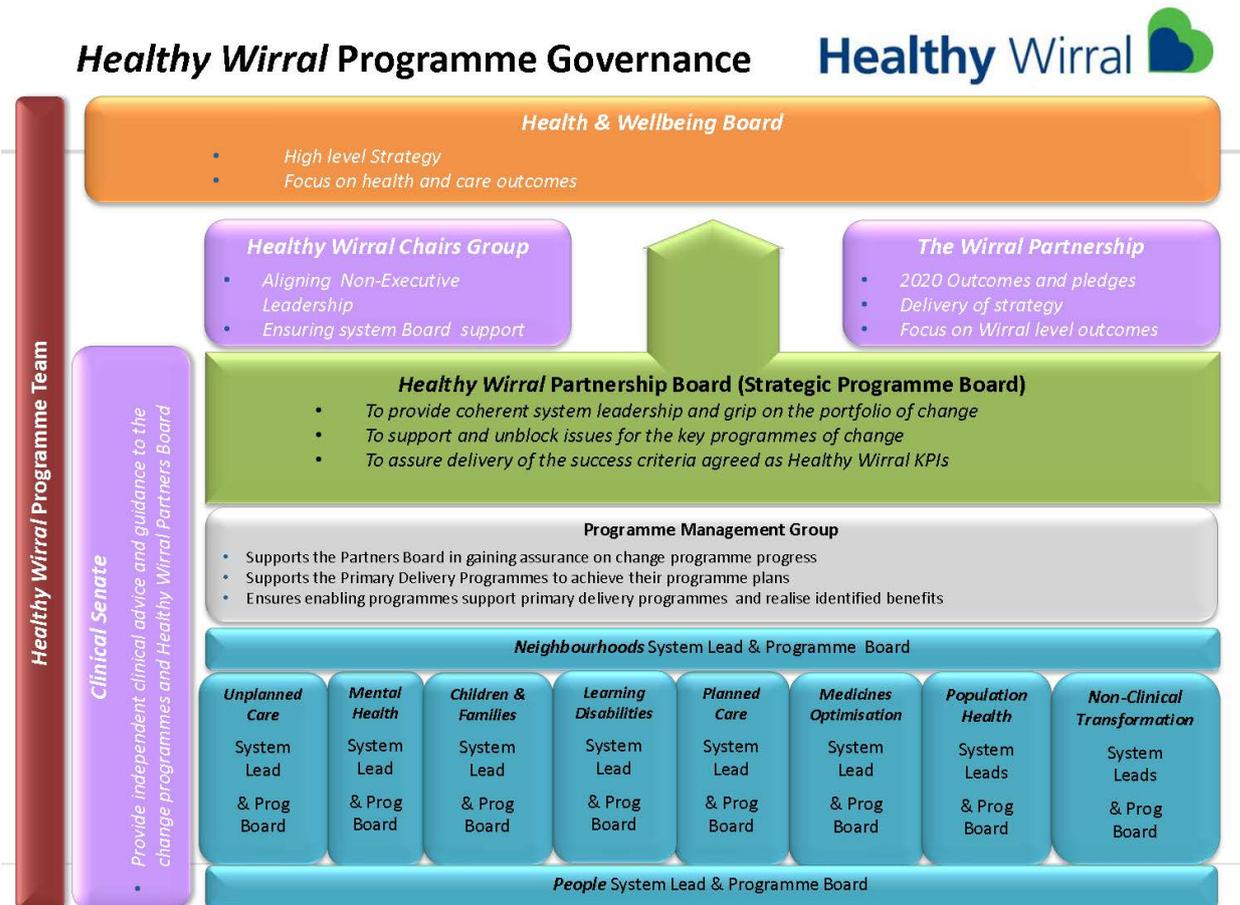
3.1 Revised governance and infrastructure

The *Healthy Wirral* programme progress against key objectives continues to be reported to the *Healthy Wirral* Partners Board on a monthly basis. Following the completion of the review of governance and infrastructure, the *Healthy Wirral* Partners Board has revised its terms of reference with the aim of increasing the rigour of delivery oversight as a Programme Board, with a formal timetable of progress reporting by system leads and executive sponsors.

Additionally, in order to ensure its membership is more reflective of the Place system it operates within, it has been agreed to extend the membership of the board to include the following system partners:

- Clatterbridge Cancer Centre NHS Foundation Trust
- Community Action Wirral
- Healthwatch Wirral
- *Healthy Wirral* Clinical Senate

The final governance structure is represented in the diagram below:



3.2 Developing a *Healthy Wirral* Integrated Care Partnership

Healthy Wirral Partners Board have commenced discussions following the issue of guidance by NHS England/Improvement (NHS E/I) on the journey towards Integrated Care Systems (ICSs) set out in the Long-Term Plan (Appendix 2). Work has also been undertaken to consider the *Healthy Wirral* system development based on the place maturity matrix established by the Cheshire and Merseyside Health and Care Partnership (CM HCP). It was agreed that Wirral, through the *Healthy Wirral* programme, should initiate an approach to move to the natural next stage of development as an Integrated Care Partnership (ICP). Wirral is viewed as being ready to do so by external

partners, specifically by NHS E/I and the CM HCP. It was agreed that a scoping paper setting out how *Healthy Wirral* would evolve into an ICP should be shared with *Healthy Wirral* Partners Board members and further discussion as to the process to adopt to achieve this would be pursued at the August *Healthy Wirral* Partners Board.

The Wirral Integrated Provider Partnership, which was established in 2018 will be changing to become the Wirral Provider Alliance. The Terms of Reference will be amended to reflect this change of name and the expansion of the membership to include non-statutory health and care providers and to identify the group purpose in supporting clinical and service improvement and innovation to support the Healthy Wirral Programme. These changes will actively support the direction of travel toward an ICP for the Wirral system.

3.3 Financial Recovery Plan and 5 Year Strategic Plan

The *Healthy Wirral* System Financial Recovery Plan has been developed by provider Directors of Finance, the *Healthy Wirral* Finance Lead, Wirral Health and Care Commissioning Chief Finance Officer and Turnaround Director. The document was submitted to NHS England and NHS Improvement on 28th June 2019.

On 12th July 2019 NHS England/Improvement (NHS E/I) wrote to all Chief Executives and Directors of Finance in the *Healthy Wirral* system requesting that the Financial Recovery Plan (FRP) be re-submitted. The *Healthy Wirral* Partners Board in July 2019 reaffirmed their commitment to a FRP that identifies £5.5m in mitigating actions that will return performance in 2019/20 to plan with a resultant system deficit of circa £14m at 2019-20 year-end. This is the first year of a five-year plan that will sustainably return the system to financial balance by 2021/22 and subsequently create a surplus by 2023/24.

All Chief Executives and Directors of Finance in the *Healthy Wirral* system attended a meeting with the regional team from NHS E/I on 6th August 2019 to present the revised FRP. It was made clear to all system partners that the expectation is that Wirral is to deliver the control total plan of a £1.1m surplus

and not the risk adjusted and submitted plan of a £14m system deficit. It was made clear that this was a system challenge in which all organisations needed to be active participants. A further meeting will be established in September 2019 to discuss what actions Wirral have taken and will be taking together to deliver the control total plan. The system has been asked to review its plans with a specific focus on:

- Out of hospital packages of care.
- Further Right Care opportunities and how they will be delivered.
- Waiting list management and staffing.
- Non-recurrent actions to bridge the gap.
- Increased operational and procurement productivity.
- Effectiveness of Better Care Fund investment.

The Financial Recovery Plan and the 2019/20 *Healthy Wirral* Operating Plan (previously reported to the Board) is providing the basis for system discussions and activity to establish and agree the *Healthy Wirral* 5-year Strategic Plan. Work is underway to develop a supporting narrative around the delivery of the *Healthy Wirral* programme and the associated requirements of the Long-Term Plan based on the available planning guidance which will form the draft plan in preparation for submission in the autumn of 2019. A programme of activity for system partners will be established to ensure system engagement and input into the plan. A detailed timeline has been developed for Wirral partners and the *Healthy Wirral* programme team are supporting system leaders in compiling the Strategic Plan; the first draft of which is scheduled to be presented to the *Healthy Wirral* Partners Board on 29th August 2019.

3.4 Transformation Fund

The 2019/20 budget approved by the Cheshire and Merseyside Health and Care Partnership System Management Board in January 2019 included a 0.5% top slice of allocations of which 0.1% would be retained as a contingency fund, 0.2% would be made available non recurrently during the

year to enable programmes to move from planning to delivery and 0.2% released back to Place systems to support the development of Place.

For *Healthy Wirral* this represented a return of the top slice equivalent to £1.08M to support transformation related to the component programmes for our place development. In common with all place systems, accountability for the delivery of change and return on investment will be subject to the application of a ten-point plan for identifying ‘what good looks like’ at a place level.

Following the presentation of proposals to the *Healthy Wirral* Partners Board in March 2019 a proportion of this funding was committed in order to maintain the momentum of a number of investments made from 2018/19 resources. This included programme support for key work streams, and the extension of a neighbourhood-based pilot of personal independence coordinators (PIC) supporting social prescribing.

A set of criteria were identified and agreed with the Board and an application process and timescale agreed for the allocation of the remaining funds. The criteria were linked to the system priorities considered essential to the implementation of place, agreed by system partners as:

- Development of neighbourhoods and community assets
- Managing Non-elective admissions demand
- Outpatient Redesign
- Medicines Optimisation
- Shared services across Wirral
- Development of new models of care.
- Delivery of Population Health approaches and benefits
- Delivery of 2019/20 Operational Plan outcomes

Following a panel scrutiny of bids received, the *Healthy Wirral* Partners Board approved further allocation of the following resources:

- Programme Support for the Planned and Unplanned care, Medicines Optimisation and Mental Health programmes
- General Practice Enhanced Co-ordinated Care Locally Commissioned Service. This will build on the development of Primary Care Networks and their support for Wirral Neighbourhoods
- Delivering a Co-ordinated approach for Wirral's 3rd Sector response to Neighbourhoods, focusing on the design & delivery of a Leadership Programme that supports the development of neighbourhood working, building understanding and knowledge of the sector within the system and vice versa and facilitating a consensus for a Wirral Wide integrated service directory.

3.5 Neighbourhood Development

Work is continuing to establish the Neighbourhood teams supported by the Neighbourhood Transformation manager to ensure that a resilient approach is adopted. Key developments in this period are outlined below:

- 3.5.1 The *Healthy Wirral* Senior Change Team who are taking forward the Neighbourhood development programme have refreshed their programme plan and delivery structure
- 3.5.2 Work has been undertaken to optimise the Multi-disciplinary structure continuing across practices and including all key partners. This is aligned with the development work to establish a clear target operating model with agreed high-level principles and approach, and key deliverables have been defined.
- 3.5.3 Following the approval of the Third Sector Transformation bid work has commenced with Community Action Wirral and other third sector partners to establish and deliver the 3rd Sector response to Neighbourhoods outlined above and work is underway to support the creation of Community Leads for Neighbourhoods.
- 3.5.4 Wirral Health and Care Commissioning alongside NHSE have approved 5 Primary Care Network (PCN) submissions received via the Primary Care Committee. These were ratified by NHSE on 30th

June. System partners have commenced work with the PCNs, and their Clinical Directors to establish clear and effective relationships between the established Wirral Neighbourhoods and PCNs. An explanatory narrative is being developed by the Neighbourhoods work stream that could be shared with all stakeholders. This will outline how, as commissioned networks of service providers, PCNs would support work in the nine Neighbourhoods as agreed with them when they were established

3.6 Organisational Development

The People and Workforce Development programme has made considerable progress, with both Human Resources and Organisational Development support now in place for both Wirral and West Cheshire place programmes.

- 3.6.1 Work has commenced with Wirral neighbourhoods to undertake a capability gap analysis using the 'Aligning Capability' model to support the development the People and Workforce plan for neighbourhoods and the comprehensive system wide strategy and People plan for the delivery of place based care at a neighbourhood level across Wirral and Cheshire West.
- 3.6.2 The People work stream is supporting system and place Organisational Development at a number of levels, including the leadership development aspects of the 3rd Sector response to Neighbourhoods initiative described earlier, and a system culture and capability programme for system leaders through the *Healthy Wirral* Partners Board.
- 3.6.3 The pilot leadership programme for neighbourhoods, supported by the North West Leadership Academy has commenced with two of the three scheduled sessions delivered to a wide range of partners including GPs, Practice Managers, Community Matrons, Social Care Managers, Third Sector leaders and managers. The focus has been on building relationships, culture and values. Participants have found the programme so far to be enlightening and valuable in making wider system connection to support communities.

3.7 Specific Programme Progress

Following significant programme development and programme planning, 2019/20 is expected to be characterised by a strong focus on delivery of these plans and work toward achieving their defined benefits. Programme Delivery highlights include:

- 3.7.1 The Urgent Care Programme has focused effort on work to address streaming and triage. The Emergency Care Intensive Support Team (ECIST), with the support of NHS England and NHS Improvement, will be working with the operational leads from provider organisations and Wirral Health and Care Commissioning (WHCC) to deliver a sustainable solution to streaming and triage that moves us nearer towards a clinical model that would support an Urgent Treatment Centre (UTC) and a combined approach. This work has been boosted by the recent confirmation of £18m capital funding to support the development of the UTC on the Arrowe Park Hospital site
- 3.7.2 The Planned Care Programme has started work in earnest on four key priority areas, namely outpatient redesign, gastro-intestinal conditions, respiratory care and Chronic Obstructive Pulmonary Disease (COPD), and Cardiovascular Care. Outpatient redesign is focusing on the identification of opportunities where primary and community services can support demand and provide more responsive locality-based approaches. The Cardiovascular Disease and Respiratory work streams are exploring the key synergies between their work plans with regard to prevention and rehabilitation, and the redesigned community heart failure service has fully commenced.
- 3.7.3 The Medicines Optimisation Programme Board has been established which will formalise the already significant progress made within this work stream in support of better medicines management across Wirral, resulting in improved outcomes for patients and efficient management of medicines resources. The work undertaken so far has placed Wirral on the map as a leader in

the integration of approaches, and on the delivery of medicines value, with high cost drug costs falling by 1% in Wirral compared to an average 2% rise in costs across Cheshire and Merseyside.

- 3.7.4 The Children and Families Programme has made significant progress during the last quarter, particularly in the development of programme governance and in identifying key strategic aims and objectives. A governance framework including the Children and Families Partnership Board has been established. Baseline system progress against the NHS Long Term Plan objectives has been mapped and links to inter-dependent *Healthy Wirral* and Wirral Children and Young People's programmes identified, including Maternity, Mental Health, Learning Disabilities and Autism. Work to address inequalities and consider a healthy start in life for children and young people is underway including brief intervention training on smoking cessation for midwives, planning for flu and HPV vaccination campaigns and developing the 'early help' offer to support vulnerable families.

3.8 Wirral Care Record and Population Health Intelligence

This programme is developing a number of technical projects which are fundamental to the delivery of our population health improvement ambitions on Wirral and will enable the successful delivery of the wider *Healthy Wirral* transformation work.

- 3.8.1 Health Information Exchange (HIE). This is providing real time information exchange, currently between Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Primary Care, Wirral Community Health and Care NHS Foundation Trust (WHCT) and Wirral Hospice St Johns. Usage of the HIE in May alone exceeded 30,000 incidences.
- 3.8.2 The Wirral Care Record which includes disease and wellness registries and longitudinal healthcare record. The Go live Criteria for the Wirral Care Record have been met and Programme Board have given authority to proceed with the launch. The programme team are

developing a communication and engagement plan with relevant communication material identified with the aim of establishing system knowledge of the operating capabilities and usage of the system ready for a full launch on 11th September.

3.8.3 HealthAnalytics is the data analytics tool including HealthEDW, Good progress has been made with data validation and with building the information dashboards. A training agenda has been finalised and delegates identified by the Population Health Intelligence sub-group. Work underway to ensure robust governance arrangements in respect of analytics

4.0 FINANCIAL IMPLICATIONS

4.1 2018/19 System Position

Significant financial pressures have emerged in recent years on Wirral, particularly in Acute Care and commissioned out of Hospital Packages of care. The overall system ended 2018/19 with an overall deficit of 26.5m. In 2018/19, Wirral Clinical Commissioning Group (CCG) delivered £11.7m (60%) of its QIPP savings target, alongside a further reduction in independent sector activity and continued development in better system working via the launch of the *Healthy Wirral* Programme.

WUTH has delivered a £9.6m CIP being 72% of its overall Cost Improvement Plan (CIP), together with an operational deficit of £33.0m being £8m adverse to plan. Both WHCT and Cheshire and Wirral Partnership NHS Foundation Trust (CWP) have delivered their CIP plans at £2.5m and £1m respectively, and have exceeded their control totals, reporting £3.7m and £0.7m (Wirral Share) surpluses respectively, largely due to additional STF support.

The CCG delivered a £2m surplus in 2018/19 in line with the control total set by NHS England, being able to achieve this position due to an extra £5m support received from NHS England during Quarter 4 of the financial year. This is summarised in the table below:

I&E Performance (Incl. STF) Surplus / (Deficit)	I&E Performance to date		
	Plan	Actual	Variance
	£,000	£,000	£,000
CWP (Wirral proportion)	246	742	496
Wirral Community	2,193	3,723	1,530
WUTH	(25,042)	(33,008)	(7,966)
Wirral CCG	2,000	2,003	3
Wirral LA	0	0	0
Total	(20,603)	(26,540)	(5,937)

note : the above excludes impairments and other below line adjustments

4.2 System Overview for 2019/20

The approach taken by the Wirral system for 2019/20, is for all partners to work together to help support providers deliver their control totals in order to secure the external funding of £20mil. The sum of individual organisational control totals amount to a small system surplus of £1.1m.

The individual organisational control totals have been set at very challenging levels, resulting in a planned CIP / QIPP requirement of £40.4mil, being 7.5% of the total CCG's allocation, (5.7% of total CCG and provider costs within the economy) which clearly is not achievable in one year without taking high risk actions. It is highly likely therefore that the system will produce a deficit of c. £14mil, residing in the CCG's financial position, in order for the providers to deliver their Control Total's and for the system to receive the external funding. Without the external £20mil, the system faces a deficit of at least £34mil.

Therefore, key actions now focus on:

- The delivery of 3-5 year system wide recovery and sustainability plan
- The delivery of a challenging system wide efficiencies programme
- Continuation of the *Healthy Wirral* collaborative system management approach, as NHS Wirral CCG will continue to work in collaboration

with its partners to support overall system recovery and continued sustainability.

- A well-developed set of mitigation plans against to address key risks

NHS Wirral CCG remains confident that, with its robust internal financial governance system, and the commitment of Wirral partners to a ‘system’ solution, it can work towards fulfilling its statutory financial duties and lay the foundation for sustained financial recovery.

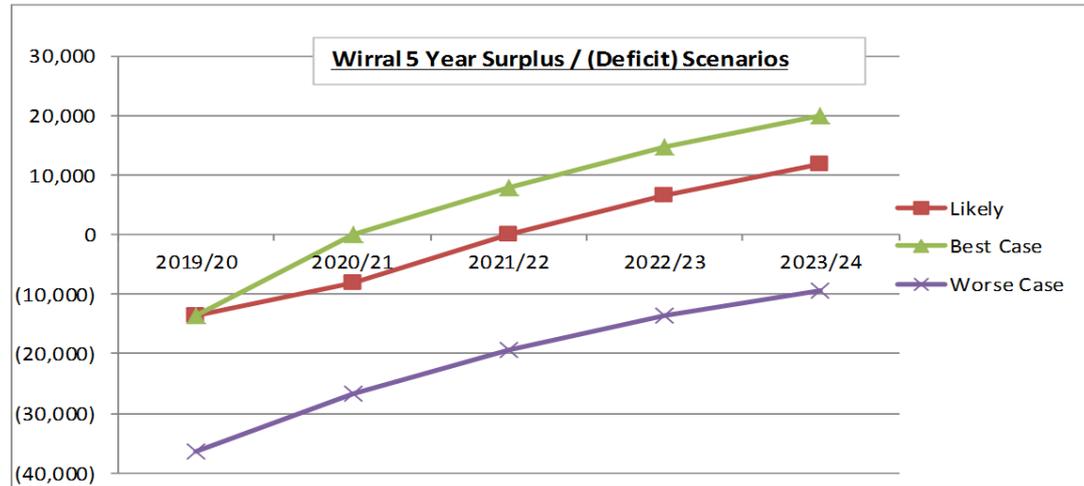
4.3 System Financial Recovery Plan

The proposed plans for 2019/20 see the Wirral “Place” working together as an overall system, largely to deliver genuine improvements for patients and to return the “Place” to financial sustainability in the longer term. The resultant “System” net risk overall is a potential £13.6m deficit across all partners which is currently held within the CCG’s plan. The Wirral system collectively has an overall QIPP/CIP target of £40.4m of which £18.6m is unidentified and represents part of the “system” overall net risk.

This system wide approach enables the Wirral “Place” to unlock £20m of national support without which the overall system “gap” for 2019/20 would be closer to £32.5m. Prior to this approach being agreed the initial underlying system “gap” was £45m (before central funding), with both the CCG and WUTH increasing their QIPP/CIP targets to support the system position.

Working together as a “System” It is proposed that the overall underlying “net risk” is recovered via CCG allocation growth over the next 5 years to return the system to a healthy sustainable overall recurrent surplus by 2023/24. This assumes that CCG growth will be made available each year to support provider inflation and unavoidable cost pressures, with the balance taken to fund the system deficit. All other cost pressures and growth must be contained and managed via organisational ‘Business as Usual’ savings, productivity and system change supported by initiatives delivered through the *Healthy Wirral* Programme, and the Cheshire & Merseyside HCP programmes. This is summarised in the graph below:

Wirral 5 Year Scenario Planning	2019/20	2020/21	2021/22	2022/23	2023/24
Do Nothing	(59,356)	(68,445)	(81,416)	(96,779)	(114,935)
Likely	(13,642)	(8,148)	23	6,544	11,706
Best Case	(13,642)	(101)	7,845	14,619	19,892
Worse Case	(36,446)	(26,661)	(19,281)	(13,635)	(9,434)



In supporting the plans above, *Healthy Wirral* system partners have also committed to delivering future system sustainability. System efficiencies will be sought through the agency of key *Healthy Wirral* primary and core programmes and the delivery of effective place-based neighbourhood health and care approaches. Our plans for 2019/20 are being aligned with longer term transformation priorities to ensure that change can be achieved that are sustainable at a system level

5.0 LEGAL IMPLICATIONS

The *Healthy Wirral* programme will be delivered within the statutory and legal frameworks set for health and care in England.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

These are being considered within the *Healthy Wirral* programme and provided by the participant organisations.

7.0 RELEVANT RISKS

The *Healthy Wirral* Partners Board has developed a Board Assurance Framework that will identify the principles risks to the delivery of the strategic programme aims and how these will be mitigated. The most significant risks

are a further deterioration of the financial position of the Wirral health and care economy and of associated clinical and performance standards. These can only be mitigated by the adoption of an “acting as one” approach to sustainability planning.

8.0 ENGAGEMENT/CONSULTATION

Engagement and consultation will take place as the programme progresses at all stages. Communications and Engagement is identified as a key enabling work stream for the programme and a communications and engagement strategy is being developed.

9.0 EQUALITY IMPLICATIONS

The *Healthy Wirral* programme will give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people and who share a protected characteristic (as cited under the Equality Act 2010) and those who do not share it. The *Healthy Wirral* programme will also give regard to the need to reduce inequalities between patients in access to, and outcomes from health and care services and to ensure services are provided in an integrated way where this might reduce health inequalities. Moreover, the *Healthy Wirral* programme comprises a wide range of delivery projects and the governance structures in place for the programme require the work streams to individually review their equality, quality and privacy impact assessments.

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APPENDICES

Appendix 1 *Healthy Wirral* Place Programme Annual Report

Appendix 2 Designing integrated care systems (ICSs) in England: An overview on the arrangements needed to build strong health and care systems across the country

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Joint Strategic Commissioning Board	16 October 2108
	04 December 2018
Health and Wellbeing Board	18 July 2018
	14 November 2018
	20 March 2019
	17 July 2019

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Healthy Wirral



Healthy Wirral Place Programme

Annual Report for 2018-19

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Our 5 Year Strategic Plan

Introduction

We are very pleased to introduce the Healthy Wirral Annual Report for the year 2018/19

This is the first report of this kind and represents a significant development in our partnership to deliver better health and care through a place based approach on Wirral. We can only achieve this through the support and efforts of all our partners across the health and care system, and we hope that the progress during the past year highlighted in this report demonstrates our overall commitment to work together to achieve sustainable improvements in the health and wellbeing of the people of Wirral. 2018/19 has been a year of consolidation of our partnerships and building our future plans. 2019/20 and beyond will see the delivery of these plans through our operational plan, which will provide the basis for our long term strategy. Wirral continues to face significant challenges but also has great opportunities and we are confident that the progress we have seen in the last year will continue and allow us to work with our communities and staff to build a Healthy Wirral.



Simon Banks
Healthy Wirral
Senior Responsible Officer



David Eva
Healthy Wirral
Independent Chair

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

Healthy Wirral: Wirral's Integrated Health and Care System

Wirral system partners recognise that it will only be through collective, actions as an integrated care system that we will deliver the best population health and wellbeing outcomes.

Our mission is:

'Better health and wellbeing in Wirral by working together'

In order to deliver this mission, the *Healthy Wirral* partners have agreed a broad vision which is:

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

This vision stresses the importance of preventing ill health and people being cared for in the right place at the right time. Recognising also the need to live within our means as a system, we also aim to maximise the value of the 'Wirral Pound', by ensuring that this is invested in place based care that will deliver evidenced based, quality outcomes for the people of the Wirral. This requires our system partners to work collaboratively to deliver sustainable transformation across the system and support the following fundamental principles:

- Acting As One – exemplified in actions and behaviours. Delivering net system benefit
- Improving population health – delivering the Healthy Wirral outcomes around better care and better health using a place based approach
- Clinical Sustainability – sustainable, high quality, appropriately staffed, delivered across organisational boundaries
- Financial Sustainability – managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value

Executive Summary

In common with all health and care systems across Cheshire and Merseyside, Wirral is expected to establish and implement its plans to achieve the best possible health and wellbeing outcomes for its population within the funding available. The 'Healthy Wirral' programme is seen as the prime programme to deliver sustainable and affordable long term changes to the way that the health and wellbeing of the Wirral Population is supported.

2018/19 has been a year of development for the Healthy Wirral programme, commencing with a significant re-establishment of the programme; the development of a partners board with an independent chair, the creation of the programme team and the establishment of a comprehensive programme of primary and enabling work streams.

The establishment of a governance structure for the programme has involved the engagement and active participation of all partners. This partnership has been formalised through the development of a memorandum of understanding; approved by respective partner boards and governing bodies and enshrining partner commitment to 'acting as one'. Adopting the principles of the controlled expenditure programme (CEP-Lite) ensure that transformation plans are sustainable and make the best use of the 'Wirral Pound'.

The commitment to a place based approach to health and care delivery has centred on the establishment of a multi-agency and multi-disciplinary approach to supporting and caring for communities based on natural populations of 30,000- 50,000 people, and working closely with both statutory and voluntary services. The development of nine neighbourhoods has involved the engagement of all health and care sectors, and developing leadership at community level to act on population intelligence to find local solutions to local health and wellbeing challenges. This has been supported by the establishment of neighbourhood leadership teams, co-ordinated by G.P Neighbourhood Co-ordinators and involving key professionals and community leaders. In 2018/19 the primary challenge identified was the support of people whose level of frailty placed them at considerable risk and led to frequent unscheduled hospital admissions. Each neighbourhood will have its own story to tell about how they have approached their population challenges.

The case study below is just one example of how working together and taking a holistic approach to identifying solutions can yield real improvements for individuals as well as releasing time to care for professionals

Mrs A was frail lady of 85 who had been suffering from recurrent Urinary Tract Infections and problems with her medication, which had meant she had requested lots of GP home visit appointments in the last year. The frailty lead at her G.P Practice referred her to a Personal Independence Co-ordinator (PIC) who arranged to meet Mrs A and conduct a full holistic assessment through guided conversation.

Mrs A said that although she had a good supportive family, during the day she was feeling a little lonely and isolated. She had recently moved from Liverpool into sheltered accommodation on the Wirral, and although she often joined in with the coffee mornings she did not feel very connected to the community. She felt she was supported very well as she had a package of care, a falls detector and family visiting who support her with shopping.

The PIC worker arranged to keep regular contact with Mrs A and also connected her to Age UK Wirral Telephone Befriending service. To help improve her health the PIC purchased a "Hydrate motivational straw water bottle" for Mrs A and discussed the importance of drinking at regular intervals to reduce reoccurring Urinary Tract Infections. They also discussed whether further falls prevention support would be helpful.

The achievements by Wirral partners outlined in this report are indicative of a significant shift within Wirral and a commitment to establishing an integrated care partnership that is focused on population health improvement as its primary objective. The development and agreement of a system operational plan has been a clear symbol of partner intentions to collaborate and remove organisational barriers to progress. The development of an ambitious and sustainable 5-year strategy for Healthy Wirral will provide proof of a system shift from planning to delivery against our identified priorities.

Healthy Wirral Partners

Delivering successful change across Wirral is entirely dependent on all of our partners working together. The *Healthy Wirral* programme continues to build partnerships with people and organisations that are focused on improving health and wellbeing for Wirral People. It would be impossible to list all our partners, but key organisations who have committed to this programme include:

Wirral Health and Care Commissioning

Wirral Council

Wirral University Teaching Hospitals NHS Foundation Trust

Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community Health and Care NHS Foundation Trust

Clatterbridge Cancer Centre NHS Foundation Trust

Primary Care Wirral GP Federation

GP-Wirral Federation

Community Action Wirral

Healthwatch Wirral

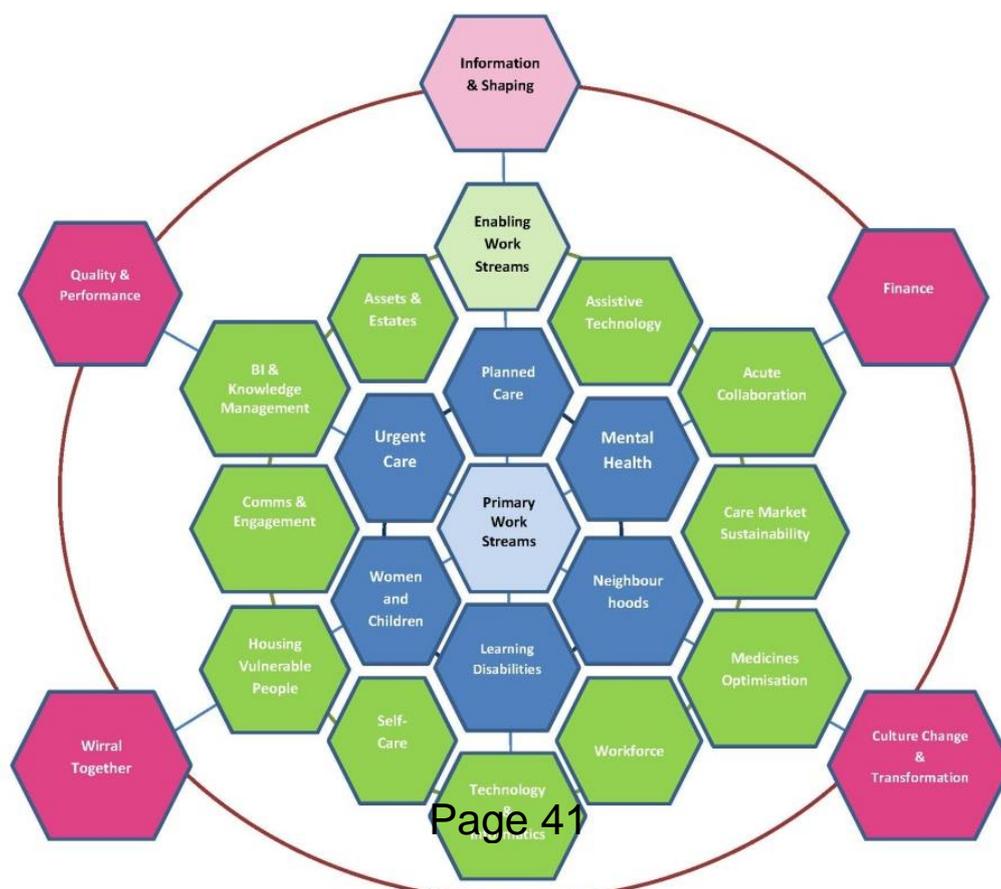
Healthy Wirral System Achievements in 2018/19

Healthy Wirral Programme Development

Leaders across Wirral have recognised that improving population health and delivering effective and affordable Health and Care services on Wirral will only be possible through a coordinated and integrated approach to the commissioning and delivery of services through a place based approach and focused on the needs of people within the communities they live in. In early 2018 a series of events were held, aimed at reviewing the progress of work to date and to commit organisations and resources to the re-establishment of a comprehensive place-based programme to deliver the vision of Healthy Wirral.

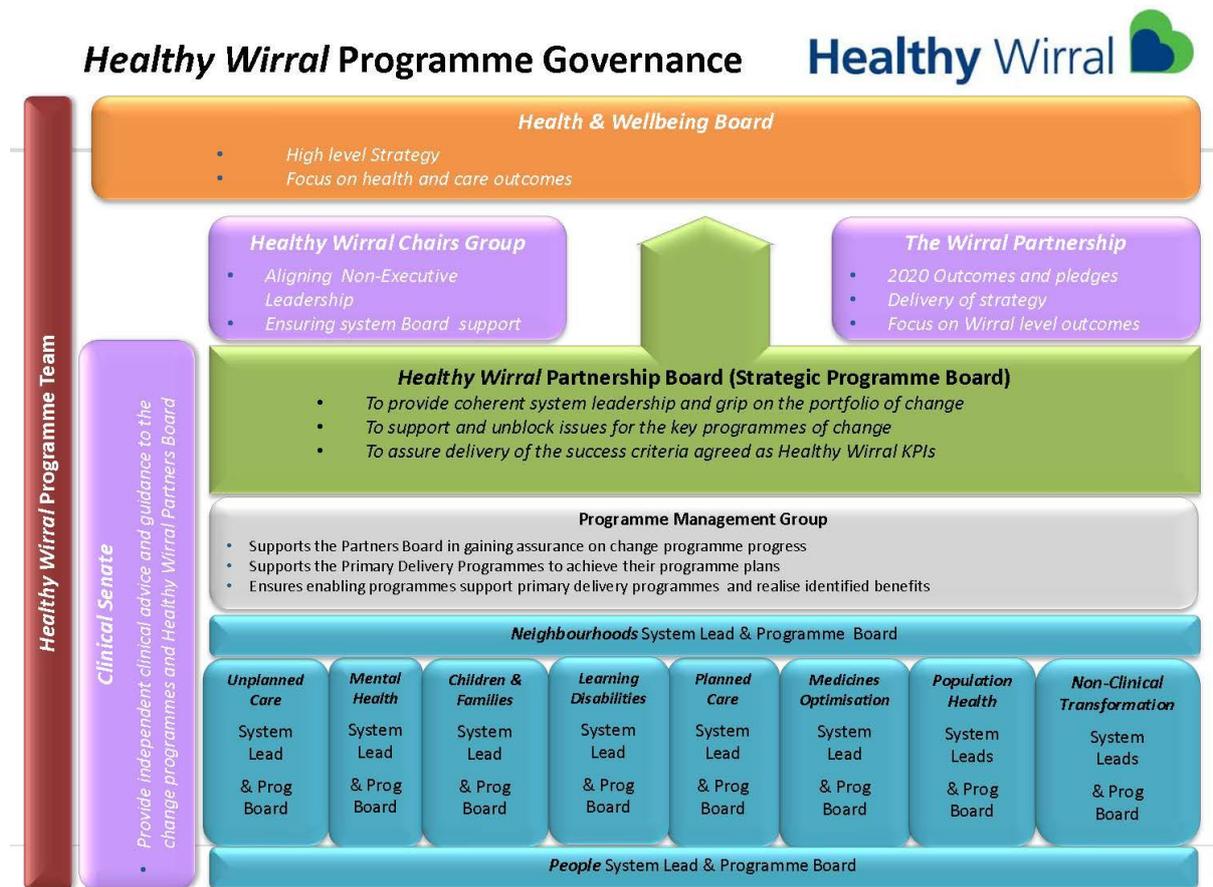
By April 2018 a programme team had been fully established, comprising an Independent Chair to lead the Healthy Wirral Partners Board, a Senior Responsible Officer, Programme Manager and Finance Lead. The work of senior leaders including this team has guided the programme development and some key changes designed to accelerate transformation outcomes, characterised by a number of achievements through the year.

A detailed programme structure was developed to reflect the breadth of change programmes and the need for significant enabling support to achieve sustainable, large scale change and integration of transformation effort to deliver a place based system. Initially the programme consisted of 6 primary programmes and 11 enabling programmes, summarised in figure 1 below.



The Healthy Wirral programme team worked closely with colleagues and the Healthy Wirral Partners Board to identify executive sponsors and leads for all of these programme work streams. Each work stream was asked to develop a programme summary and plan on a page to clearly identify their programme plans, expected outcomes and benefits, and how their work stream integrated with other programmes, and in particular the development of neighbourhood based approaches.

System partners were asked to support these work streams and the overall governance of the programme. As part of a process of continuous review including the input from programme management experts, an amended programme infrastructure and governance was proposed which has reduced complexity and increased programme accountability and visibility to the Healthy Wirral Partners Board who have assumed a portfolio programme board role. The revised programme structure and governance are summarised in figure 2 below:



Developing our Place Programme

A focus on providing services at the most appropriate local 'place' level has led to the establishment of our Place Based Care System based on supporting health and delivering care at the most appropriate level. Our vision is for services to be delivered through 51 General Practices, nine neighbourhoods and one district. Each of the nine neighbourhoods is made up of a population of between 30 - 50,000 residents using health and care needs of the population as the foundation for the geographic boundary.

Primary care leaders, including General Practice (GPs), will be at the centre of the Place Based Care System, transforming community-based services and care pathways for a defined population.

Neighbourhood networks consist of an integrated workforce, with a strong focus on partnerships spanning primary, secondary, mental health and social care and importantly community and voluntary groups. They will also utilise the support (assets) available in their area to the benefit of their particular population. The aim is to improve outcomes for people and to deliver consistent and continuity of care.

The neighbourhood leadership teams have been established during 2018-19; led by a GP to ensure co-ordination of the neighbourhood team in the delivery of health and care pathways. There is a clear focus on the delivery of prevention, early intervention and proactive care to reduce the demand for reactive and specialist care.

Our vision for Neighbourhoods is:

Together we will provide effective care, as close to the resident's home as possible, delivered by the right person at the right time

Our plans to deliver this involve:

- Organisation of care around people's holistic needs - physical health, mental health and social care.
- Development of services that are clinically and financially sustainable through greater integration of care, reduction in duplication across a pathway and flexibility in approach of delivery to meet local population needs.
- Collaboration and involvement with a wider range of organisations from different sectors, including the identification and use of 'community assets'
- Partnership working with families, carers and public and local neighbourhoods to transform the way that services are delivered and improve the focus on population health and wellbeing.

- Sharing of expertise and skills from different organisations to benefit how health and care is delivered.
- Making community-based care the central focus of the health and care system
- Releasing GP time to enable more effective, efficient and sustainable practices

We have made significant progress in defining and establishing neighbourhoods. GP Co-ordinators have been appointed to each of the nine neighbourhoods, leadership teams have been established and meet regularly. The neighbourhood teams have focused their early activity on the identification and management of frailty within their population, producing both neighbourhood level and practice level frailty plans submitted and commencing delivery of their action plans. Significant work has been undertaken in the alignment of resources and improving the links of community resources within neighbourhoods. Third sector links and provision have also been established and strengthened. This work has been supported by the development of robust and detailed population health intelligence aggregated at a neighbourhood level with the introduction of Neighbourhood intelligence profiles.

This work has been undertaken and overseen by the Senior Change Team, which comprises key clinical and organisational leaders from across the Wirral partnership. The work of this team and the neighbourhood leadership teams provides a firm basis for Wirral to continue to meet the ambitions of Healthy Wirral; working closely with Primary Care Networks and other key partners to ensure collective effort is aligned to develop an effective and responsive Place Based Care System focused on improving the health and wellbeing outcomes for our population

Integration of Health and Care systems and partners

Integrating Health and Care Commissioning

NHS Wirral CCG and sections of Wirral Council came together from May 2018 to form a single commissioning function, Wirral Health and Care Commissioning (WHCC). WHCC will jointly commission all age health, care and public health services for the Wirral population. WHCC will be responsible for setting the commissioning agenda and will lead the development of a Place Based Care System (PBCS) in Wirral. The focus will be on people and place, not on organisations. The transformation of service delivery is expected to reduce need for high cost acute care and improve health and wellbeing, reducing the need for long term care. The aim is to improve the outcomes for the people of Wirral and also to deliver sustainable services, both clinically and financially. Placed based care is being developed in response to the challenges Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for the people of Wirral.

Integrating Health and Care Provision

Following negotiations between key health and care partners in Wirral, adult social care services were transferred into Wirral Community NHS Foundation Trust in June 2017. Following this, in August 2018 the all Age Disability Social Care teams were transferred into Cheshire and Wirral Partnership NHS Foundation Trust. This has served to integrate the frontline assessment and support planning processes for vulnerable adults and older people across the health and care delivery pathway, and which will provide joined up seamless health and social care delivery services for Wirral people.

Following a period of stabilisation and integration of these teams into their new organisations, and organisational development processes to establish strong operational and contract management processes, it is planned that 2019/20 will be a year of transformation, establishing true integration of health and care teams, enabling integrated partnership working for local people through strong multi-disciplinary teams operating at a neighbourhood level.

Primary Programme Development

Planned Care

Significant work has been undertaken in year to support the development of effective planned care, focusing on improvement of referral to Treatment times and the transformation of Musculoskeletal (MSK) services.

Wirral implemented a new MSK Integrated Triage Service in 2018; this applies the key principles of the MSK First Contact model and is achieving reductions to diagnostics and reductions in secondary care referrals in line with the model.

A key development within the 2018/19 planned care programme was the redesign of heart failure services, and the development of a community heart failure service. This has been successfully launched and includes community based intravenous diuretic therapy.

In order to ensure that the planned care programme is focused on the areas that can will have the greatest impact for the system, the programme team and the Planned Care Board have undertaken a mapping process to identify the key priorities. The team have worked with the Right Care and Model Hospital teams as part of this process and have identified the following priority areas which they have commenced their clinical redesign and transformation programmes:

- Cardio-vascular disease, building on the successful work undertaken in Heart Failure re-design in 2018-19, including prevention, rehabilitation and early supported discharge for stroke.
- Respiratory/ Chronic Obstructive Pulmonary Disease (COPD) services to include prevention diagnosis, management, admission avoidance and monitoring
- Gastrointestinal services, including diagnostic, community and secondary care pathways
- Out Patients redesign, working with hospital colleagues, primary care and community services to identify alternative approaches and community based support.

Unplanned Care

Notable progress has been made in relation to the delivery of improvements to our urgent and unplanned care in Wirral. This has included:

- Delivering and maintaining Delayed Transfer of Care (DToc) performance

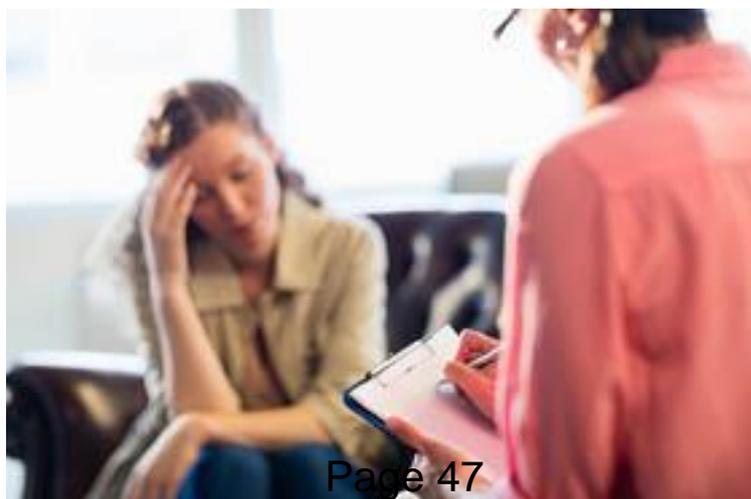
- Establishing streaming from Emergency Department (ED) to Primary Care with a new model in place since November 2018
- The Wirral Single Point of Access is now fully co-located, bringing together 3 areas (mental health, physical health and social care duty).
- The High Impact change model work undertaken has supported the delivery of a Trusted Assessor model for our Transfer to Assess service
- Delivery of an effective teletriage and improved support to care homes, which is showing reductions in ED attendances and calls to 111 and 999.

A detailed review of urgent care services was undertaken, building on work that had commenced in 2016. During 2018-19 extensive consultation on the options for delivering responsive and effective care was undertaken; engaging with Wirral people, clinicians and other key stakeholders to ensure the final model would both meet local needs and deliver nationally mandated changes including an Urgent Treatment Centre for Wirral. The Clinical Senate for Greater Manchester, Lancashire and South Cumbria also visited Wirral during the consultation period to provide an independent clinical view of the proposals. Work priorities in 2019-20 will be to finalise and begin implementation of the recommended changes, focusing on Admission Avoidance, Acute Flow and Discharge/ Step Down.

Mental Health

Our vision is to establish an integrated service with seamless patient pathways, aligning primary and secondary mental health services and integrated with community level interventions including social prescribing.

Good progress to achieve our vision has been made to date. Action has been focused on the Talking Together, Live Well Wirral programme which has been developed within the wider Improving Access to Psychological Therapies (IAPT) service specification written during 2018. A procurement exercise undertaken, resulting in award to Insight Healthcare who deliver the IAPT service in line with a number of strategic partners, both statutory and third sector from April 2019.



Learning Disabilities

National specifications for both the Community Learning Disability Teams and Assessment and Treatment Units have been localised and are being implemented across Cheshire & Wirral, with Wirral leading this work. Non recurrent pump priming monies have been obtained from NHS England to support the delivery of the Intensive Support Service function of the Community Learning Disability Teams across Cheshire & Wirral. Recurrent money for this function has now also been identified from the planned redesign of short breaks services and this will support the long-term delivery of the Transforming Care Programme.

Work has commenced to increase the number of health checks completed, including health action plans. A scoping exercise has commenced to establish the reasons for low completion rates which involves the GP lead for LD, business intelligence teams and health facilitators from Cheshire and Wirral Partnership NHS Foundation Trust. A draft information pack has been developed for primary care and inclusion at GP members/neighbourhood sessions.

A project group for stopping over medication of people with a learning disability and /or autism (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) has been established and pilot projects have been completed. Information has been disseminated to primary care and initial work regarding awareness/e learning for GPs has been completed and will be progressed in 19-20.

As part of the All Age Disability Strategy Action Plan Wirral has achieved an increase to 50% in the number of people with a long-term condition or disability who are employed. This is an increase from 37% at the start of the Wirral Plan in 2015/16.

Women, Children and Families

The Healthy Child Programme (0-19 years) provides a framework to support collaborative work and more integrated delivery of services for children and young people. The 0-5 element of the Healthy Child Programme is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers.

Additional support around Health Improvement including areas such as emotional health and wellbeing, sexual health and substance misuse further compliments this offer. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. The 0-19 Service has been in operation in Wirral for just over 4 years and has seen progress in a number of areas, including uptake of developmental reviews for children, the implementation of

integrated reviews and the establishment of health and wellbeing hubs in 4 localities to increase access to services.



Medicines Optimisation

The Medicines Value Programme for Wirral has been established to improve health outcomes from medicines through improving patient information, making best use of the clinical skills of pharmacists and pharmacy technicians, and implementing clinically effective prescribing and medicines reviews to ensure we are getting the best value from our medicine's expenditure. The programme has made good progress in 2018-19, building a firm foundation for transformation work in 2019-20. A multi sector partner group established which has been formally established as the programme board for the Medicines Optimisation transformation programme. A workforce map for all sectors has been completed and communicated and a successful system educational event has been held.

GP practice based Clinical Pharmacists (GPCPs) commenced working across both primary and secondary care in April 2018. The programme is now live in 13 practices. A development linked to this programme has been the introduction of the deteriorating patient which allows community pharmacists to directly contact GPCPs where they have concerns.

Biosimilar medicines are biological medicines which is highly similar to another biological medicine already licensed for use and have been shown not to have any clinically meaningful differences from the original biological medicine in terms of quality, safety and efficacy. A Biosimilar oversight group has established which has

delivered significant system savings based on the delivery of a range of biosimilar drugs.

The Medicines Optimisation in Care Home (MOCH) programme commenced in 2018-19 and staff recruited as part of an NHS England pilot in January to support existing care home pharmacists.

Mental Health medicines developments have included targeted electronic referrals to Community Pharmacy; concentrating on antidepressant medicines use review (MUR) to support suicide prevention, antipsychotic MUR to support relapse prevention, and improved adherence with medicines for diabetes or hypertension and inhalers to support admissions prevention. Targeted electronic referrals have also commenced to notify of Clozapine treatment alerting community pharmacists to likely complications such as bowel obstruction, dyscrasias, and the impact of smoking and other drug interactions on clozapine levels in order to reduce admissions. An in-reach service to the Wirral University Teaching Hospitals Trust has been agreed to support medicines optimisation for mental health medicines in response to the National Confidential Enquiry into Patient Outcome and Death report (**NCEPOD**) which reviews clinical practice and identifies potentially remediable factors in the practice of patient care..

A 4-month NHSE funded STOMP pilot across 3 GP practices has been undertaken during which all patients with learning difficulties and concurrent antipsychotic prescriptions were reviewed by specialist mental health pharmacist.

Work commenced on the development of Health-e-Intent population health intelligence platform to analyse medicines practice and drive performance improvements relating to antimicrobial and antibiotic prescription

People, Organisational Development & Leadership

Wirral partners have a shared ambition to develop an effective and sustainable workforce, whose capability (capacity, competence and confidence) is aligned to the vision and aims of Healthy Wirral. This has resulted in a commitment to delivering a place-based approach to the development of a Wirral People strategy and delivery plan. Wirral is adopting a system approach to mapping system capability and modelling future workforce needs. Aligning this work to the wider place-based programmes of work and working in partnership with system colleagues in Cheshire West, Wirral will implement an *Aligning Capability* model to analyse current issues and future needs.

A primary focus of this work will be integration with the core and primary transformation programmes to ensure that future workforce needs are addressed. As the key agent of the delivery of place-based health and care, neighbourhood/primary care network development will be the initial priority for the People programme.

Working closely with wider system partners across Wirral during 2018/19 has led to the development of a number of initial strategic priorities. These have been incorporated into the key system deliverables for 2019/20 and will be used to inform the Wirral long term People strategy. A successful bid was made to the Cheshire and Merseyside Local Workforce Advisory Board to support the delivery of these priorities, and in particular establish our innovative approach to understanding and analysing system and people capability in order to build a strong workforce, organisational and people strategy. Key elements of this include:

- Mapping and evaluation of system capability including workforce requirements and gaps
- Aligning Capability gap analysis of neighbourhoods to inform Wirral and local neighbourhood People and Organisational Development delivery plans
- Development of Wirral People Strategy and Delivery Plan
- Establishment and delivery of a research programme to evaluate the programme and methodology, to ensure shared learning across the Cheshire and Merseyside Health and Care Partnership footprint and beyond
- Building on the system capability profiles to develop a single system offer for new roles, aligned to our place and neighbourhood programme

- Explore the opportunities for joint education and training programmes to support system organisational and workforce development

Following successful engagement with the North West Leadership Academy Wirral is working in partnership with North West Employers to deliver a Neighbourhood and Network Leadership Development programme to support integrated system leadership and co-production, and develop leadership skillset for network leaders.

Population Health Management

Population Health Intelligence

Healthy Wirral partners have established an integrated Population Health Intelligence Work Programme with the aim of improving the health and wellbeing of our communities through the effective use of population health intelligence.

The programme delivery group has brought together subject matter experts from across the Wirral health and care system and provides a strategic lead for Healthy Wirral Population Health Intelligence. The programme aims to support the use of intelligence, including the analytics opportunities offered by the developing Wirral Care Record to identify opportunities to improve care quality, efficiency and equity. The programme will also support and evaluate service transformation

The programme group is working to improve understanding of the analytical capacity and capability within the system and develop a plan to meet future analytical capability requirements, and have undertaken a comprehensive skills audit in support of this. Key system benefits that have been identified include:

- Enhancing the experience of care
- Improving the health and well-being of the population
- Reducing per capita cost of health care and improve productivity
- Addressing health and care inequalities
- Increasing the well-being and engagement of the workforce

In support of this work system partners have implemented the Health Information Exchange (HIE) system which allows clinicians to view live clinical information across the key Wirral providers, establishing a real time profile of care to support effective clinical decision making

On-going work to develop the Wirral Population Health Management System (Wirral Care Record) has included integration, standardisation and merging of data for primary and secondary care, including validation and testing of data. A key area of progress has been the development and implementation of the five initial registries (Adult and Paediatric Diabetes, Adult and Paediatric Asthma and COPD) together with two additional registries for frailty and end of life.

Population Health Priorities

Public Health information and the analytical work undertaken by system colleagues, including the Wirral Intelligence Service have provided a clear set of priorities to focus on in terms of population health planning and management. Our focus this year has been and will continue to be on the following priorities in 2019/20:

- Alcohol Misuse through encouraging a responsible relationship with alcohol through opportunistic early identification and brief advice (IBA), and supporting those who need help with alcohol misuse through strong engagement, treatment and recovery
- Smoking through early intervention with children and young people, ensuring robust and easy to navigate smoking cessation pathways that are seamless between care sectors and through targeted campaigns to promote smoking cessation
- Air Quality improvement through working with colleagues across the Liverpool City Region and North West to develop the approach locally
- Wirral Residents and Health Inequalities through ensuring our plans are aligned with the Wirral 2030 plan, physical regeneration strategies and the development of the 'Wirral Together' approach to working with local people
- Self-care through creating whole population health and wellbeing by mobilising community assets and building social networks, developing a proactive and universal offer of support to people with long term physical and mental health conditions to improve their ability to self-manage
- Health Protection Priorities for Wirral through the development of a system wide approach to Infection Prevention and Control, reducing antimicrobial and antibiotic resistance and reducing the variation and uptake of cancer screening and national immunisation programmes.

Transformation

Transformation has been significantly focused upon the development of Place on Wirral. This has been characterised by a number of primary developments to deliver Integrated Neighbourhood Hubs and enabling programmes to establish related infrastructure including our Urgent Care strategy and Single Point of Access development.

Following the work in 2017-18 with leaders and clinicians across Wirral and supported by the Advancing Quality Alliance (AQuA) to develop a Strategic Outline Case that formed the basis of developing our target operating model we developed Healthy Wirral Partners Board which is overseeing the key work streams involved in the delivery of the model and associated pathways.

The development of the Wirral Integrated Commissioning Strategy establishes a Place based commissioning and care transformation programme designed to deliver fundamental change in order to achieve Place based and Population health focused care and support on Wirral.

A fundamental element of the Wirral Place programme is the development of our neighbourhood infrastructure. This builds on the integration we have already achieved through the development of four integrated health and social care hubs (ICCHs), plus more recently on the organisational integration of adult social care assessment and provision into Wirral Community NHS Foundation Trust and the development of an integrated commissioning function for health and social care.

Our Senior Change Team brings together all system partners including clinical leaders, and they have been responsible for building an understanding of what neighbourhood and networks will require both clinically and organisationally, including the development of pilot programmes to inform the final operating model. The neighbourhood based model is seen as a key element of delivering our ambition for an effective and comprehensive pathway for our population, and transformation effort in 2018-19 has focused initially on our frail population and building strong place based links with primary care having already made significant progress with integrating community services.

Funding to support Transformation in 2018-19

System partners have committed resources of circa £186k to support the establishment and development of the Healthy Wirral transformation programme team, including the independent chair, programme manager and finance lead roles. This resource has supported the wider transformation effort across the programme,

and has successfully attracted further transformation funding from a number of sources to support the Healthy Wirral programme.

Working closely with system partners, the programme team successfully gained £600k of transformation funding from the Cheshire and Wirral Health and Care Partnership to support the development of place. This funding has been focused on a number of key initiatives including:

- Establishing and supporting the development of neighbourhoods. This has included the recruitment of 9 G.P Neighbourhood Co-ordinators who have worked to bring together a multi-agency team together to support local development, including the delivery of neighbourhood plans designed to better support frail people within the neighbourhoods and reduce non-elective admissions to hospital. Practice teams including G.P and practice manager time support was provided to support primary care involvement in this programme. Programme management input was also established for the neighbourhood programme, and to support community partner development and redesign to align resources with neighbourhoods.
- Building our business intelligence capacity and capability through the development of systems to support real time dashboards to support management of frailty, undertake risk stratification and understand variance across the system
- Supporting Organisational Development to create and align system leadership and capacity to 'act as one' in the delivery of system transformation and establish truly integrated approaches to the commissioning and provision of care on Wirral.

£184K has been successfully awarded from Health Education England Local Workforce Advisory Board (LWAB) to support our 'aligning capability' People programme and a further £6k from the NHS North West Leadership Academy to support leadership development for neighbourhood and primary care network teams.

Financial Overview for 2018/19 and Year End Position

The Wirral Health and Care system continues to face significant challenges to achieve financial recovery and sustainability. The Healthy Wirral programme recognises and supports the aspiration to live within our means as a system and the aim to maximise the value of the Wirral pound, by ensuring that this is invested in place based care that will deliver evidenced based, quantifiable quality outcomes for the population of the Wirral.

Income & Expenditure Performance

I&E performance (Incl. STF) Surplus / (Deficit)	Plan £'000	Actual £'000	Variance £'000
CWP (Wirral proportion)	246	742	496
Wirral Community	2,193	3,723	1,530
WUTH	(25,042)	(33,008)	(7,966)
Wirral CCG	2,000	2,003	3
Wirral LA	0	0	0
Total	(20,603)	(26,540)	(5,937)

Note: the above excludes impairments and other below line adjustments

The table above shows a system deficit of £26.5m for 2018/19 (£5.9m off plan), however this was an improved position on the forecast outturn predominantly due to additional provider sustainability incentive funding for both Wirral Community Health and Care Trust and Cheshire and Wirral Partnership at £1.9m received at the year end.

There were a number of key pressures across the system in year, primarily due to outsourcing costs for elective activity due to non-elective demand at the beginning of the year, along with costs for additional beds at Clatterbridge hospital, CCG costs relating to out of hospital packages of care and a shortfall in delivering the required savings plan at both WUTH and WCCG. Non recurrent support and contingency offset pressures however for the CCG to bring them back into balance at the year end.

Cost Improvement Plan (CIP)/Quality, Innovation, Productivity and Prevention (QIPP) Savings Plan

CIP/QIPP Performance	Plan £'000	Actual £'000	Variance £'000
CWP (Wirral proportion)	980	980	0
Wirral Community	2,500	2,502	2
WUTH	11,000	9,568	(1,432)
Wirral CCG	19,639	11,582	(7,957)
Wirral LA	1,500	1,500	0
Total	35,619	26,232	(9,387)

The table above shows system savings delivered of £26.2m against a plan of £35.6m. Although the savings delivered were significantly below plan due to the challenging target required for the CCG the overall system savings achieved represents delivery of almost 4% which is a great achievement.

Underlying System Deficit

Although the system deficit for 2018/19 is £26.5m there are a number of non-recurrent benefits which mask the real underlying deficit to be carried forward for the system at c£45m and will be factored into the 2019/20 plan and the long term financial recovery plan.

Financial Plan for 2019/20 and 5-Year System Sustainability Strategy Overview

The approach taken by the Wirral system for 2019/20 is for partners to work together to help providers deliver their control totals in order to secure external central funding of c£20m. The system has also recognised that savings plans need to be recognised on a cost out basis and not on a tariff basis. System partners have acted collaboratively with agreed and aligned contract activity and financial baselines across the system, however in so doing the financial risk for the system now lies with WCCG.

The table below summarises the 2019/20 plan with a planned system deficit of £1.1m to reconcile to individual control totals and a risk adjusted deficit of £13.6m to reflect the CCG financial risk of £14.8m.

Wirral System Summary (exd LA)	WUTH	WCT	CWP (prp'n)	WCCG	System Total
	£'000	£'000	£'000	£'000	£'000
19/20 deficit before CIP/QUIPP and central monies	(32,005)	(1,995)	(1,117)	(24,245)	(59,362)
CIP/QUIPP	13,201	2,000	965	24,245	40,411
MRET central funding	6,282				6,282
PSF allocation	6,872	990	304		8,166
FRF allocation	5,650				5,650
19/20 Submitted Net Planned Surplus / (Deficit)	0	995	151	0	1,146
Risk adjustment				(14,793)	(14,793)
Risk adjustment Planned Surplus / (Deficit)	0	995	151	(14,793)	(13,647)

Definitions:

MRET	Marginal Rate Emergency Tariff
PSF	Provider Sustainability Fund
FRF	Financial Recovery Fund

A key outcome of the current HW programme will be the development of a whole system plan to achieve system financial sustainability, through service transformation and the delivery of challenging system wide efficiency and cost improvement programmes.

There are a number of organisational specific CIP/QIPP savings schemes, however there are a number of key system programmes which have been prioritised in 2019/20.

In supporting the delivery of these plans, Healthy Wirral system partners have also committed to delivering future system sustainability, adopting the principles of the Capped Expenditure Programme; CEP-Lite. System efficiencies will be sought through the agency of the Healthy Wirral core and primary programmes and the delivery of effective place-based neighbourhood health and care approaches.

Key system-wide efficiencies will be implemented in 2019/20 through an agreed whole system focus on the following priorities:

- Outpatient redesign – delivering the reform required in the Long-Term Plan and shifting services towards neighbourhoods/Primary Care Networks.
- Non-Elective Admissions reform and improving flow through reduced Length of Stay predominantly for High Intensity Users.
- Medicines Optimisation – working as a system to reduce waste, support effective prescribing and reduce cost.
- Developing Neighbourhoods/Primary Care Networks as service delivery networks and shifting services towards them.
- Further developing community out of hospital care approaches.

2019/20 plans are being aligned with long term transformation priorities to ensure that change can be achieved that is sustainable at a system level.

The approach to delivering sustainability will be to contain costs via the transformation priorities and subsequently utilise the growth element within the CCG allocations and therefore reduce the CCG and system deficit. This will be further developed in our 5 year sustainability strategy.

Clear mechanisms have been established to ensure that the system is effectively monitoring the impact of efficiencies on the quality of care. The following key governance strands have been put in place to enable this:

- All the programme boards for the key primary programmes have clinical oversight and leadership, for example the Planned Care Board is chaired by the CCG Medical Director

- Wirral is developing an independent Clinical Senate to provide oversight, clinical leadership and challenge to programmes. The senate has representation from across the clinical and professional community of Wirral health and care commissioning and provision.
- All programmes are subject to Quality and Equality impact assessment processes established and overseen by the Director of Quality and Safety for Wirral Health and Care Commissioning

Healthy Wirral System Operating Plan for 2019/20

Following the agreement of the 5-year settlement for the NHS and the development of the NHS Long Term Plan in 2019, guidance has been provided to clarify the expectations of all integrated care systems to produce organisational level and coherent system level operational plans for 2019-20. This year is identified as a foundation year to lay out the groundwork for implementation of the long term plan and the up-front funding for providers is given with the requirement that each NHS organisation delivers its agreed financial position. The production of operating plans for 2019/20 will support the development of a broader 5-year strategic system plan. In addition to delivering the requirements of the NHS Long Term Plan, Healthy Wirral partners have recognised this as an opportunity to set out our ambitions for place based population health and care and align this with Wirral system planning including the Wirral 2030 plan.

As an outcome of a Healthy Wirra event in November 2018 and subsequent discussions, all partners committed to a joint approach to the completion of a Wirral System Operating Plan for 2019/20. Following the publication of full guidance by NHS England in January 2019, system partners, led by the Healthy Wirral have worked to deliver the expected milestones, and submitted a draft system operating plan on 12th February 2019. The Healthy Wirral Partners Board took oversight of the delivery of the plan and approved the final version on 28th March 2019 and the final plan was submitted to NHS England and the Cheshire and Merseyside Health and Care Partnership on 4th April 2019. Key to this plan is the alignment with system partner operational plans particularly in respect of strategic intent and priorities, financial and activity assumptions.

Our 5 Year Strategic Plan

Our 2019/20 Operating Plan provides a strong basis for system wide discussions and activity to establish and agree a Healthy Wirral 5-year Strategic Plan. Our ambition is to develop a draft plan by July 2019 in preparation for submission in the autumn of 2019.

In support of this work the Healthy Wirral programme team have developed a 'Plan on a Page' (Summarised in Figure 3) setting out our broad strategic ambitions and our approach to delivering transformational change. These plans will provide a framework for Healthy Wirral partners, supported by the programme team, to build on the work undertaken in 2018/19 to draft this strategy and establish a comprehensive engagement process with the Wirral community to co-design the plan.

Figure 3: Healthy Wirral Plan on a Page

PLACE Title	Healthy Wirral	
PLACE purpose/vision	To enable all people in Wirral to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing. By achieving this together we can provide the very best health and social care services when people really need them, as close to home as possible	
Why are we doing this?	Wirral has significant population health challenges. We have an ageing population and significant variation in health and wellbeing outcomes across our geography. Demand on the system is increasing and without significant transformation there will be insufficient funding to maintain the quality and standards that we want our population to experience.	
How are we going to do it?	<p>We will take a place-based system approach to transforming our services to ensure they meet the changing needs of our population and allow us to deliver safe and effective care within the resources available to us. We will do this by:</p> <ol style="list-style-type: none"> 1. Acting as One: Exemplified in actions and behaviours. Delivering net system benefit 2. Clinical Sustainability: Sustainable, high quality, appropriately staffed, organisationally agnostic services. 3. Improving Population Health: Delivering the Healthy Wirral outcomes around better care and better health using a place based approach. 4. Financial Sustainability: Managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value 5. Effective Engagement - working with our public and patients to promote self-care by involving them in all decisions made about them. 	
How we will work together?	<ul style="list-style-type: none"> • We will actively engage and work collaboratively and in good faith at all times in connection with the Healthy Wirral programme and be open, honest and transparent in all dealings. • We will jointly own the financial challenge and any agreed actions to address this and put mechanisms in place to ensure patient safety is not put at risk. • We will ensure the effective stewardship of financial resources and will share skills, knowledge, experience and resources effectively and in a prioritised way to sustainably deliver the best possible health and care outcomes for the people of Wirral. • We will engage effectively with clinicians and operational leads across the system, to deliver transformational change through the development of place-based, clinically effective and organisationally agnostic health and care pathways. We will work collectively and in partnership with Wirral people to deliver improved population health. 	
What will be the outcome(s)?	Big 5 – larger deliverables (require more investment/potentially more sensitive/controversial)	Fast 5 – JDI's/quick wins
	Wirral Organisational Development strategy implemented to deliver integrated place-based care	Effective Neighbourhood based operating model
	Integrated Urgent Care Transformation	Reduction in Non-elective admissions and ED attendances for frail and high intensity service users
	Sustainable financial strategy	Improved care and value outcomes through the implementation of Medicines Optimisation approaches
	Implementation of Population Health Programme and full adoption of the Wirral Care Record	Improved care outcomes and efficiency through shared service approaches within neighbourhoods

	Improved patient experience and increased care closer to home through Out-patient redesign	Identification of key specialties and pathways for redesign in 2019/20 based on Right Care and GIRFT data.
What will the benefits be?	<ul style="list-style-type: none"> • Children are supported to have a healthy start in life • People are supported to have a good quality of life • Inequalities in healthy life expectancy are reduced • People are supported to be as independent as possible, and when they need care can access timely responsive and high quality care and support, and have informed choice and control over services • People feel safe and respected and are kept safe and free from avoidable harm • People and their families can access jargon free information and are engaged in the setting of their outcomes and the management of their care, from organisations that talk to each other • People are supported by skilled staff, delivering seamless, person centred care • People access acute care only when they need to • Financial Balance is achieved • People can access shared and integrated information • Interventions happen earlier to prevent health problems 	
Main Milestones	Milestone:	By When:
	Healthy Wirral System Operational Plan	April 2019
	Healthy Wirral 5 Year System Sustainability Strategy	Autumn 2019
Interdependencies	Which other programmes or outputs is the Place programme reliant upon?	What will the Place programme enable elsewhere in the health system?
	Carter at Scale (Non-clinical) programme	Shared learning around Place based workforce strategy
	Cardio-vascular programme	Health and Care Integration
	Workforce Programme	Shared learning on Neighbourhood Leadership development

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Designing integrated care systems (ICSs) in England

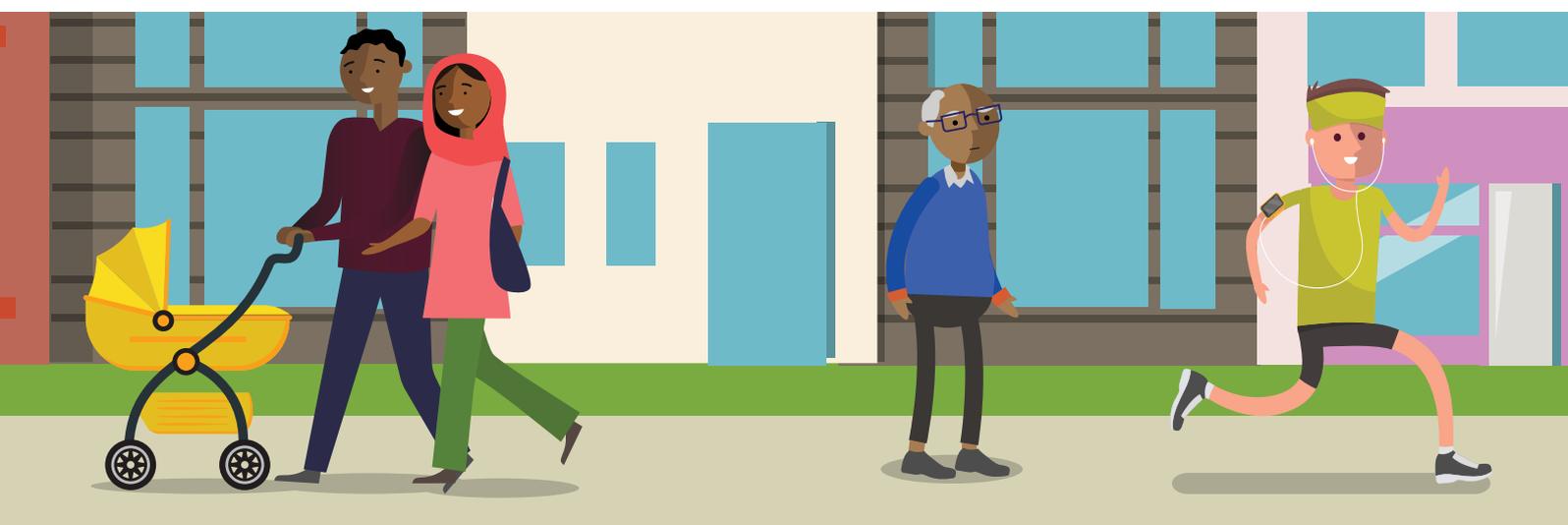
An overview on the arrangements needed to build strong health and care systems across the country

The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system by 2021.

It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them.

This overview is for all the health and care leaders working to make that ambition a reality, whether in NHS acute or primary care, physical or mental health, local government or the voluntary sector.

It sets out the different levels of management that make up an integrated care system, describing their core functions, the rationale behind them and how they will work together.



Introduction

Since 2016, health and care organisations have been working together in every part of England in sustainability and transformation partnerships (STPs). These are a pragmatic way to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health and social care. They are also helping to prioritise self-care and prevention so that people can live healthier and more independent daily lives.

The partnerships have begun to agree shared priorities and to make practical improvements. For example, ensuring that people can get a wider range of treatments closer to where they live or work, at a time convenient for them. Or that those who regularly use different services feel like they are dealing with just one team, who make time to understand their full health or care needs and goals.

Integrated care systems (ICSs) accelerate this work. The first 14 were confirmed in 2018, including two areas with health devolution agreements (Greater Manchester and Surrey). They cover a range of urban and rural geographies, with wide variation in population size and system complexity.

The NHS Long-Term Plan confirmed that all STPs are expected to mature so that every part of England is covered by an integrated care system by 2021. NHS England and NHS Improvement have worked with local teams to develop a consistent approach to how systems are designed, and the NHS Long-Term Plan set this out, highlighting three important levels at which decisions are made:

- **Neighbourhoods (populations circa 30,000 to 50,000 people)** - served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
- **Places (populations circa 250,000 to 500,000 people)** - served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems (populations circa 1 million to 3 million people)** - in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

Precise numbers will vary from area to area. In the earliest ICSs, they range from Gloucestershire, with a population of 528,000 and one recognised 'place', to the larger West Yorkshire & Harrogate with a population of 2.7 million and six recognised 'places'. The exact shape of each system will depend on local factors such as demography and need, and reflect where effective local collaboration is already established.

This work follows years of partnership between NHS and council teams at different levels. Many of the earliest ICSs, and other areas that are making great progress joining up services, build on a long history of planning and providing person-centred care for residents, and on councils' strategic plans to improve health and wellbeing.

They also incorporate learning from initiatives such as the 50 'vanguards' that tested and refined new care models. In the most successful of these vanguards, NHS providers and commissioners, councils, care homes and others developed more preventive approaches to care and saw significant reductions in emergency admissions.

Effective, collaborative leadership – with clear, common purpose, drawing support from all parts of the system including different professional teams – has consistently been shown to be essential to developing the partnership culture needed to create and sustain systemwide improvement.

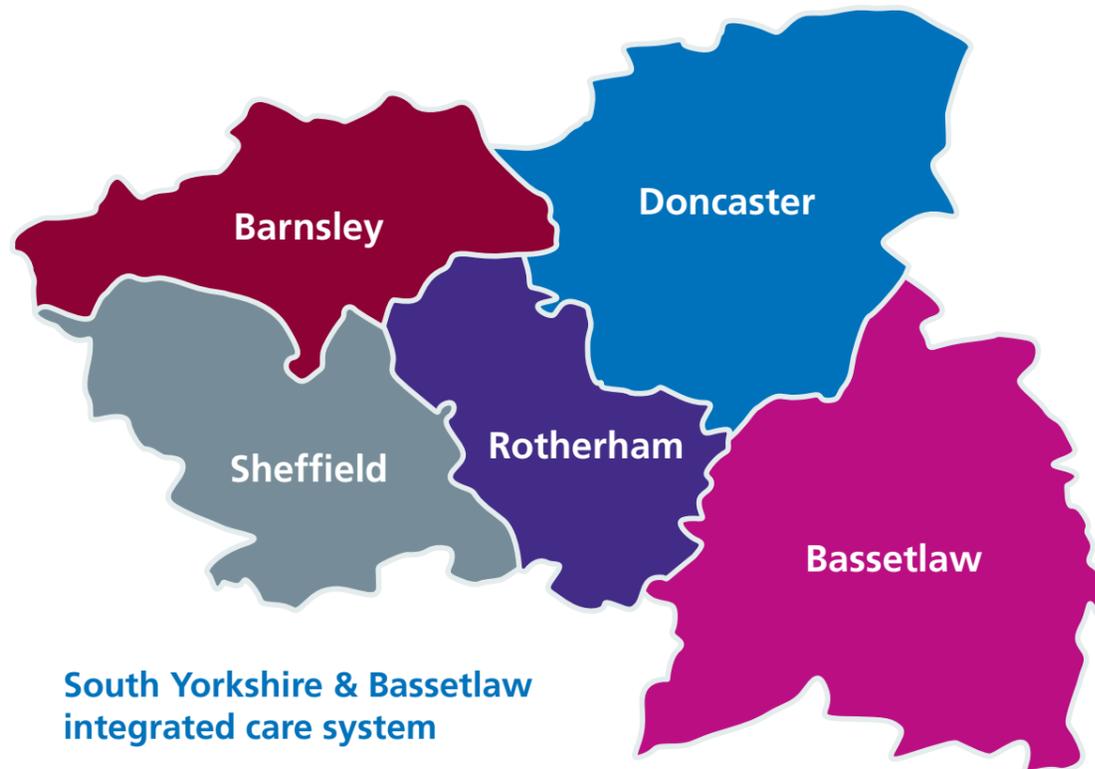
Each area is at a different stage in its journey, with even the earliest integrated care systems refining their approach as relationships and infrastructure mature. While some features are common to the most mature systems (such as behaviour that promotes collaboration at every level), priorities and solution will rightly vary between areas in reflection of different local geographies and histories of collaboration.

Systems work most effectively where functions at different levels are designed to support and complement each other – a truly interconnected approach. This overview is to help local leaders think through where functions should sit in their system; maximising resources, galvanising collective effort and systematically improving care for residents.

Overview of integrated care system and their priorities from the NHS Long-Term Plan

Level	Functions	Priorities from the NHS Long-Term Plan
Neighbourhood (c.30,000 to 50,000 people)	<ul style="list-style-type: none"> • Integrated multi-disciplinary teams • Strengthened primary care through primary care networks – working across practices and health and social care • Proactive role in population health and prevention • Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams). 	<ul style="list-style-type: none"> • Integrate primary and community services • Implement integrated care models • Embed and use population health management approaches • Roll out primary care networks with expanded neighbourhood teams • Embed primary care network contract and shared savings scheme • Appoint named accountable clinical director of each network
Place (c.250,000 to 500,000 people)	<ul style="list-style-type: none"> • Typically council/borough level • Integration of hospital, council and primary care teams / services • Develop new provider models for 'anticipatory' care • Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance 	<ul style="list-style-type: none"> • Closer working with local government and voluntary sector partners on prevention and health inequalities • Primary care network leadership to form part of provider alliances or other collaborative arrangements • Implement integrated care models • Embed population health management approaches • Deliver Long-Term Plan commitments on care delivery and redesign • Implement Enhanced Health in Care Homes (EHCH) model
System (c.1 million to 3 million people)	<ul style="list-style-type: none"> • System strategy and planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources • Identify and share best practice across the system, to reduce unwarranted variation in care and outcomes 	<ul style="list-style-type: none"> • Streamline commissioning arrangements, with CCGs to become leaner, more strategic organisations (typically one CCG for each system) • Collaboration between acute providers and the development of group models • Appoint partnership board and independent chair • Develop sufficient clinical and managerial capacity
NHS England and NHS Improvement (regional)	<ul style="list-style-type: none"> • Agree system objectives • Hold systems to account • Support system development • Improvement and, where required, intervention 	<ul style="list-style-type: none"> • Increased autonomy to systems • Revised oversight and assurance model • Regional directors to agree system-wide objectives with systems • Bespoke development plan for each STP to support achievement of ICS status
NHS England and NHS Improvement (national)	<ul style="list-style-type: none"> • Continue to provide policy position and national strategy • Develop and deliver practical support to systems, through regional teams • Continue to drive national programmes e.g. Getting It Right First Time (GIRFT) • Provide support to regions as they develop system transformation teams 	

What do these look like in a local system?

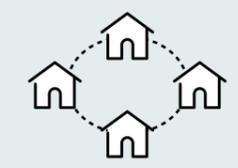


South Yorkshire & Bassetlaw integrated care system

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	<p>36 neighbourhoods with population of 30 - 50k. At this level, primary care will be strengthened by working together in network.</p>
	<p>Five places with populations between 250 - 500k. At this town / city / council level, health and care will work together more closely.</p>
	<p>One system with a population of 1.5m. At this level, strategic planning and improvements can take place for the benefit of all as well as having an overview of system finance and performance.</p>

We will now consider the three levels – neighbourhood, place and system – in more detail.



Neighbourhoods

(populations circa 30,000 to 50,000 people)

'Neighbourhoods' are the cornerstone of integrated care. Based on natural geographies, population distribution and need, and previous work across different professional teams, these networks draw on a wide range of professional skills including: GPs, care homes and home care, pharmacists, community and mental health teams, and the voluntary sector.

They will give community-based care through urgent community response and recovery support, by helping residents to age well and by guaranteeing NHS support to those living in care homes. By putting in place seamless care for both physical and mental health, they will allow the NHS and its partners to give care (including secondary care) as close to people's homes as possible.

Primary care networks, enabled by the new GP contract, are central to this. They will build on the experience of local partnerships already in place, and initiatives such as 'Primary Care Home', which have built locality-wide teams across organisational boundaries, often expanding what is offered in GP practices and other community settings.

As a minimum, primary care networks will consolidate this work to ensure extended hours access to GPs and to reduce day-to-day pressures by allowing NHS and local government services to share functions or staff. More mature networks will use increasingly sophisticated data to identify and give more proactive care to those at risk of unnecessary hospital admission and will use new technology and tools such as social prescribing to help people to care for themselves where appropriate.

Joining up services from a range of professionals

An integrated care 'hub' in Weymouth brings together a GP, community geriatrician, therapists, community nurses, social workers and mental health professionals to proactively support those at risk of hospitalisation. Early evaluation suggests a 10 per cent reduction in acute bed days for those treated, and improved staff experience. The ICS has supported the model to spread, with ten integrated care hubs now covering the whole county.

Improving care quality and experience with home visits

In West Berkshire, integrated paramedic home visiting gives residents rapid, one-stop care that takes account of their whole needs. Thanks to closer collaboration between primary care, social care and voluntary services, more are now treated at home. This has improved care quality, use of resources and staff experience, reduced deterioration and length of stay, and allowed the system to manage demand more evenly throughout the day. In the first seven months, 96 attendances were avoided, and 75 sessions of GP time saved.

Population health in Lancashire

Lancashire neighbourhoods including Chorley and Skelmersdale are developing 'population health management' approaches, to improve local people's health results, reduce inequalities and address the broad range of individual, social and environmental factors that affect these. To do this, GPs, councils, community organisations and others are building shared information and understanding about how different groups of residents live their lives. For example, bringing different data sources together to identify how those with two or more long-term conditions can best be supported to prevent complications and live independently.

Places

(populations circa 250,000 to 500,000 people)



This level may match local council boundaries or the natural geographies at which services are delivered. It will include clusters of primary care networks, linking these to care providers such as one or more acute hospital, care homes, mental health and community providers, local government and voluntary or community organisations.

Together, these will make a shared assessment of local need, plan how to use collective resources and to join up what they offer – including beyond traditional health and care services – to make best use of overall public and community resources.

Two crucial pieces of work are driven at ‘place’ level, both relying on collaboration and joint decision-making. These are clinical care redesign (simplifying and standardising care pathways across a whole area) and population health management (making better use of data to improve how health and care services address wider health determinants such as housing, environmental quality and access to good employment and training).

They may also be the level at which some local services are integrated and managed such as rapid response teams to support people with learning disabilities.

In the absence of a legal basis for statutory (NHS and local council) commissioners to form decision-making committees with statutory providers, the ‘board’ at place level will normally operate according to an NHS alliance agreement or initially with a lighter touch memorandum of understanding. ICSs will also be expected to work closely with health and wellbeing boards, the established statutory forum that brings together local leaders from different parts of the system, which will often coincide with place level.

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Joining up health and care in line with local council areas

The six places in West Yorkshire & Harrogate (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) are developing integrated care services, scaled up as appropriate for differing population needs. For instance, partners in Wakefield (including NHS organisations, the council, housing providers, fire service and voluntary and community sector) are working together to keep residents safe and well in their own homes via two ‘connecting care’ hubs.

Place-based commissioning in a combined authority

Ten areas in Greater Manchester are moving to place-based joint commissioning between local government and CCGs, in line with local council/ health and wellbeing board boundaries. Together, these will join up health and care services at scale, drawing on relationships with Greater Manchester’s Mayor and Combined Authority, transport authority, police, fire service, housing providers and the voluntary sector.

Improving productivity by better reflecting patients’ needs

The ‘Better Together’ alliance in Mid Nottinghamshire, which includes the county council alongside CCGs, NHS trusts and others, separates patients into different groups based on their risk levels. This has helped to improve care and timeliness for patients, avoiding unnecessary hospital admissions and bed days. Over time, it is expected to lead to all NHS providers in the area working through a single contract alliance.

Systems

(populations circa 1 million to 3 million)



The ‘system’ level provides strategic leadership across the whole population of the ICS. This will include overseeing a single plan covering both operational and long-term transformation priorities (building on, and aligning place-level plans), and managing financial performance against a system control total that encompasses CCGs and NHS providers.

It will take responsibility for delivering high quality services and access, reducing unwarranted clinical variation and addressing health inequalities. Other functions that will be undertaken at system-wide level include NHS workforce planning, agreeing how to make the best use of capital, estates and digital infrastructure, and spreading good practice that emerges at place level over a wider scale.

Clinical, managerial and support functions will be provided at system level when they can most efficiently and effectively be delivered once; for example, where analytical capacity or business intelligence capability is in short supply.

System leaders will take collective responsibility for financial and operational performance, typically through a systemwide board which includes all NHS partners. New governance arrangements will support this, enabling timely action on system-wide challenges.

Sharing information and freeing staff to work across a county

Dorset ICS developed the ‘Dorset Care Record’, a single, confidential system allowing health and care professionals across the whole county to see the same information about patients. Joining up information in this way means that people no longer need to repeat their story to different teams, and improves care by enabling a more comprehensive and up-to-date understanding of their whole needs.

The ICS has also introduced workforce ‘passports’ so staff can move freely between any organisation in the county. This allows people to develop different skills and perspectives and encourages them to stay in the system by providing a wider pool of career options.

Moving to a single accountable officer across commissioners

Five of the earliest ICSs (Dorset, Surrey Heartlands, North Cumbria, Gloucestershire and Bedfordshire, Luton and Milton Keynes) have appointed joint accountable officers across constituent CCGs. This has helped them to simplify commissioning arrangements, enabling a single set of system-wide decisions in line with agreed local needs and aspirations.

NHS England and NHS Improvement – national and regional support and oversight

NHS England and NHS Improvement’s seven regional teams are responsible for holding systems to account, supporting their development and making interventions where necessary. ICSs will agree system-wide objectives with their regional director and be accountable for systemwide performance against these objectives.

National and regional teams will work together, steered by regional directors to encourage and support all systems to take on greater collaborative responsibility for improving quality of care, focusing on population health and improving their use of NHS resources.

Quality, safety and performance issues should be addressed as close to the system as possible.

The overall principles of this approach will be to:

- help to design the right support and intervention for local health systems, ensuring NHS England and NHS Improvement create maximum value and avoid unnecessary burden;
- decide when and how to intervene in systems, providers or CCGs in their region, or – where the seriousness of the intervention requires a national decision – make the relevant recommendations to the decision-making group;
- be responsible for managing all interventions with – or seeking information or assurances from – systems, providers or CCGs;
- treat performance management and improvement as a continuum, rather than in terms of fixed check points;
- help develop standardised national approaches to improvement and performance, but have discretion to allow systems, providers or CCGs to depart from standardised approaches where they are performing well.

The regions continue to have a role in managing system development and performance; with this responsibility shifting to the system as it matures. Therefore, regional teams will need to adopt different approaches to regulating systems based on their maturity.

Some functions, such as ambulance services, specialised commissioning or emergency preparedness may be best arranged in line with scale of delivery or prevalence of need. This may sometimes be at a geography that is sub-regional but wider than system-wide.

In more mature systems, the regional role increasingly becomes that of a critical friend, providing the system with further autonomy regarding regulation, avoiding engaging with individual organisations without the knowledge of the system and reducing the number of formal meetings.

Over time, we envisage that NHS regional teams and overall operation will become leaner and more strategic, as systems take on more self-development and self-assurance as they progress to becoming thriving ICSs.

NHS England and NHS Improvement’s national team will remain the overall centre for policy and strategy development including overall health system strategy, the NHS provider landscape and health commissioning strategy.

Maturity matrix for integrated care systems (ICSs)

The integrated care system maturity matrix has been developed to outline the core characteristics of systems as they develop. These were developed from observing and talking to the earliest ICSs, and from the objectives set out in the NHS Long-Term Plan.

It is based on similar tools used by the Local Government Association and others, who have experience in supporting system development and change. It provides a consistent framework for all regions and systems across the country.

The matrix outlines the core capabilities expected of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally named an ICS, they will need to meet the attributes of a maturing ICS.

It uses a progression model which shows a journey rather than a series of binary checklists, recognising that systems will not develop all domains at the same pace and will therefore have varying levels of maturity across each domain. By doing this, it seeks to support more nuanced and reflective discussions about system maturity.

System maturity matrix – five domains, four stages

System progression →

	Emerging	Developing	Maturing ICS <i>System formally named an ICS and minimum level of maturity for all systems to reach by April 21</i>	Thriving ICS
System leadership, partnerships and change capability	<ul style="list-style-type: none"> • Leadership team that lacks authority with no collectively-owned local narrative or sense of purpose. • Lack of transparency in ways of working. • Little progress made to finalise system vision and objectives or embed these across the system and within individual organisations. • Minimal meaningful engagement with primary care, local government, voluntary and community partners, service users and the public. 	<ul style="list-style-type: none"> • All system leaders signed up to working together with ability to carry out decisions that are made. • An early shared vision and objectives, starting to build common purpose and a collectively-owned narrative among the broader leadership community including primary care. • Plans to increase the involvement of local government, voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood. 	<ul style="list-style-type: none"> • Collaborative and inclusive multi-professional system leadership and governance; including local government and the voluntary sector. • Clear shared vision and objectives, with steady progress made visible to stakeholders and staff. • Dedicated capacity and supporting infrastructure being developed to help drive change at system, place and neighbourhood level (through PCNs). • Effective ongoing involvement of voluntary and community partners, service users and the public in decision-making at system, place and neighbourhood levels. • A culture of learning and sharing with system leaders solving problems together and drawing in the experiences of others. 	<ul style="list-style-type: none"> • Strong collaborative and inclusive system leadership, including local government and the voluntary sector, with a track record of delivery. • Transparent and robust governance, with multi-professional leadership aligned around the system and system working closely with health and wellbeing boards. • A proactive approach to the identification and development of future system leaders at all levels. • Dedicated clinical and management capacity and infrastructure to execute system-wide plans. • A narrative that is well understood and strongly supported by the public and staff, outlining how integrated care is delivering on the ambitions of communities, with demonstrable impact on outcomes.
System architecture and strong financial management and planning	<ul style="list-style-type: none"> • Limited understanding of system architecture across the footprint and limited plans to organise delivery around neighbourhood, place and system. • Fragmented commissioning landscape with few agreed plans to streamline arrangements. • System not in financial balance and unable to collectively agree recovery trajectory. • Lack of system wide plans on workforce, estates and digital. 	<ul style="list-style-type: none"> • Clear plans to organise delivery around neighbourhood, place and system. • Plans to streamline commissioning, typically with one CCG that is leaner and more strategic. • Good understanding of system financial drivers and efficiency opportunities, with a shared plan to address issues. • System wide plans being developed to address workforce, estates and digital infrastructure. 	<ul style="list-style-type: none"> • System is working with regional teams to take on increased responsibility for oversight. • Plans to streamline commissioning are underway. • System has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance • System wide plans for workforce, estates and digital infrastructure being implemented. • System is managing resources collectively and signed up to the ICS financial framework. 	<ul style="list-style-type: none"> • System has progressed to the most advanced stage of oversight progression – i.e. self-assurance, with clear communication and relationships with regional team. • Streamlined commissioning arrangements fully embedded across all partners. • System is in financial balance and is sharing financial risk using more sophisticated modelling of current and future population health and care needs. • Incentives and payment mechanisms support objectives and maximises impact for the local population. • Improvements in workforce, estates and digital infrastructure being seen across the system. • System is managing resources collectively and signed up to the ICS financial framework.

	Emerging	Developing	Maturing ICS <i>System formally named an ICS and minimum level of maturity for all systems to reach by April 21</i>	Thriving ICS
Integrated care models	<ul style="list-style-type: none"> Limited use of national and local data to understand population health and care needs. Limited thinking about how to scale up primary care and how to integrate services at neighbourhood or place Minimal collaboration or engagement across providers. 	<ul style="list-style-type: none"> Early development of the 5 service changes within the LTP, and care models aiming to: <ul style="list-style-type: none"> address unwarranted clinical variation; integrate services around the needs of the population in neighbourhoods; integrate services vertically at place; collaborate horizontally across providers at the system and/or place level. PCNs developing clear vision for integrated care models and transforming population health. Some understanding of current and future population health and care needs using local and national data. Plans in place to support interoperable access to care records across health and social care providers. 	<ul style="list-style-type: none"> PCNs implementing new or redesigned care models with partners to meet population need – that is enabling integrated provision of health and care within neighbourhoods. Integrated care teams operating at neighbourhood and place bringing together PCNs, mental health, social care and hospital services as per the triple integration set out in the LTP. Starting to implement plans to: <ul style="list-style-type: none"> address unwarranted clinical variation; deliver the 5 service changes in the LTP; tackle the prevention agenda and address health inequalities. PHM capability being implemented including segmenting and stratifying population using local and national data to understand needs of key groups and resource use. 	<ul style="list-style-type: none"> Integrated teams demonstrating improvement in outcomes. Fully mature PCNs across the system delivering care with partners that meets population needs. Implementing priorities in prevention and reducing health inequalities as part of care model design and delivery. Full population health management capability embedded at neighbourhood, place and system levels which supports the ongoing design and delivery of proactive care. Implementation of the 5 service changes set out in the LTP demonstrating improvement in health outcomes.
Page 72 Track record of delivery	<ul style="list-style-type: none"> Slow progress towards delivering national priorities especially the 5 service changes set out in the LTP. Lack of relative progress in delivering constitutional standards without system agreement to work together to support improvements. Weak system operating plan developed and system unable to make collective decisions around system funding. 	<ul style="list-style-type: none"> Evidence of progress towards delivering national priorities especially the 5 service changes set out in the LTP. Improved delivery of constitutional standards. System operating plan in place that demonstrates a shared set of principles to start to manage finances collectively. 	<ul style="list-style-type: none"> Evidence of tangible progress towards delivering national priorities especially the 5 service changes set out in the LTP. Consistently improving delivery of constitutional standards with credible system plans to address risks. Robust system operating plan and system financial management in place, with a collective commitment to shared financial risk management. Robust approach in place to support challenged organisations and address systemic issues. 	<ul style="list-style-type: none"> Evidence of delivering national priorities especially the 5 service changes set out in the LTP. Delivery of constitutional standards including working as a system to mitigate risks. Demonstrating early impact on improving population health outcomes. Consistently delivering system control total with resources being moved to address priorities. As issues emerge, leaders join forces to tackle them as a system including when under pressure.
Coherent and defined population	<ul style="list-style-type: none"> A meaningful geographical footprint that respects patient flows Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries Covers an existing STP of sufficient scale (~1m pop or more) 	<ul style="list-style-type: none"> A meaningful geographical footprint that respects patient flows Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries Covers an existing STP of sufficient scale (~1m pop or more) 	<ul style="list-style-type: none"> A meaningful geographical footprint that respects patient flows Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries Covers an existing STP of sufficient scale (~1m pop or more) 	<ul style="list-style-type: none"> A meaningful geographic footprint that respects patient flows Where possible contiguous with local authority boundaries; where not practicable has clear arrangements for working across local authority boundaries Covers an existing STP of sufficient scale (~1m pop or more)

Key

LTP – Long Term Plan; PCNs – Primary Care Networks; UEC – Urgent and Emergency Care; PHM – Population Health Management
 ICS will drive forward five major practical service changes set out in the LTP – These are: (1) boost out-of-hospital care, and finally dissolve the historic divide between primary and community services; (2) re-design and reduce pressure on emergency hospital services; (3) give people more control over their own health, and more personalised care when they need it; (4) implement digitally-enabled primary and outpatient care; and (5) increasingly focus on population health and local partnerships with local authority-funded services.

	Emerging	Developing	Maturing ICS <i>System formally named an ICS and minimum level of maturity for all systems to reach by April 21</i>	Thriving ICS
Oversight	<ul style="list-style-type: none"> Systems can provide advice and guidance on individual organisations within the system to support conversations NHSEI will use a single performance, oversight and assessment framework 	<ul style="list-style-type: none"> Systems will develop and implement a plan to support ICS development, which will be reviewed and agreed with NHSEI NHSEI will invite system leadership to attend and contribute to discussions relating to individual organisations within the system NHSEI will consult the system position before any escalation action/ intervention is approved and enacted through a single identified lead NHSEI will align roles within the regions to support systems 	<ul style="list-style-type: none"> ICs will agree and implement system-wide objectives agreed with regional teams, covering care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance ICs will conduct and contribute to the assurance and improvement of individual organisations performance NHSEI will keep ad hoc data requests and routine reporting outside the performance framework and agreed ICS objectives to a minimum, and coordinate through an identified lead NHSEI will not engage with individual Trusts or CCGs without the knowledge of the ICS NHSEI will co-locate regional roles within the ICS to provide bespoke support requested by the ICS 	<ul style="list-style-type: none"> ICs will lead the assurance of all individual organisations ICs will agree and coordinate any trust or CCG intervention carried out by NHSEI, other than in exceptional circumstances ICs will be able to lead and shape how gathering any data from individual organisations is managed where required NHSEI will agree a minimum dataset with ICs NHSEI will embed regional resources within the ICS to operate under the direction of the ICS NHSEI will undertake the least number of formal assurance meetings possible with individual organisations
Finance		<ul style="list-style-type: none"> STPs will demonstrate strong financial leadership and governance for financial decision-making. 	<ul style="list-style-type: none"> ICs will take up the 19/20 ICS financial framework ICs will commit to delivering the objectives of the relevant national programmes and report progress against this. Appropriate governance arrangements to account for use of funds will be in place before any funds are released NHSEI will delegate authority for the direction of transformation funding from national programmes to the system, where possible 	<ul style="list-style-type: none"> ICs will take up the 19/20 ICS financial framework
Planning	<ul style="list-style-type: none"> Organisational financial recovery plans will be developed with the system leaders to ensure consistency with five year system-level strategic plans, with system efficiency plans overseen by a system efficiency board NHSEI will lead review and assurance of organisational and system operating plans. NHSEI will work with the system to develop and strengthen these plans 	<ul style="list-style-type: none"> NHSEI will work in partnership with system leaders to review organisational and system operating plans 	<ul style="list-style-type: none"> Organisations that are in financial surplus will play an active role in the development and delivery of financial recovery plans of organisations within their ICS NHSEI will support system leaders to assure organisational plans, and will work in partnership with system leaders to ensure system operating plans are sufficiently robust. 	<ul style="list-style-type: none"> ICs will lead assurance of organisational plans. System operating plans will have a light touch review by the NHSEI
Support	<ul style="list-style-type: none"> Intense support, regionally led and nationally coordinated 	<ul style="list-style-type: none"> Based on needs identified in development plan ICS Accelerator Programme TBC Access to regional and national subject-matter expertise where required 	<ul style="list-style-type: none"> ICS Development Programme 	<ul style="list-style-type: none"> ICS Development Programme Expectation to work alongside regional and national teams to support less developed systems

Find out more

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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: <ul style="list-style-type: none"> • 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:	10th September 2019
Report Title:	Pooled Fund Finance Report
Lead Officer:	Mike Treharne

1 INTRODUCTION / REPORT SUMMARY

This paper provides a description of 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 are included in the 2019/20 shared (“pooled”) fund.
- b) the current and future risk and gain share arrangements.

2 RECOMMENDATIONS

- 2.1 That the financial position of the pooled fund, as at 30th June 2019, be noted.
- 2.2 That the pooled budget for 2019/20 be approved.

3 BACKGROUND INFORMATION

- 3.1 The background to the formation of the pooled fund is contained in previous months’ reports.
- 3.2 The financial challenges experienced by NHS Wirral Clinical Commissioning Group (CCG) and Wirral Council will continue throughout 2019/20, despite 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. Financial benefits from integration will flow as a result of more efficient commissioning and the increased health and wellbeing of Wirral residents.
- 3.3 The risks and mitigations associated with integration will continue to be monitored and updated in the months to come.

4. 2019/20 POOL

4.1 The total funds contributed to the commissioning pool in 2019/20 amount to £138.2m, as per the table below:

Description	£m
Adult Social Care	43.0
Public Health	12.7
Children & Young People	1.8
CCG	24.6
Better Care Fund	56.1
	138.2

4.2 A full breakdown of the 2019/20 pool's composition is given below, together with the current forecast:

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Community Care for learning disabilities	41.0	41.0	-
	Community Care for mental health	11.0	11.0	-
	Children with Disabilities	1.1	1.1	-
	LD/MH Customer and client receipts	(3.5)	(3.5)	-
	Income from joint-funded packages	(6.6)	(6.6)	-
		43.0	43.0	-
Public Health	Stop smoking interventions	0.7	0.7	-
	Sexual health services	3.0	3.0	-
	Children's services	7.1	7.1	-
	Health checks	0.3	0.3	-
	Adult obesity	0.2	0.2	-
	Mental health	1.1	1.1	-
	Infection control	0.2	0.2	-
		12.7	12.7	-

Area	Category	Budget	Forecast (£m)	Variance
Children & Young People	Care packages	1.8	1.8	-
		1.8	1.8	-
CCG	CHC – adult continuing care	3.5	3.5	-
	CHC – adult Personal Health Budgets	1.9	1.9	-
	Funded nursing care	0.8	0.8	-
	Learning disabilities	2.0	2.0	-
	Mental health	11.5	11.5	-
	Adult joint funded	3.3	3.3	-
	CHC – Adult joint funded PHBs	0.9	0.9	-
	CHC children’s continuing care	0.8	0.8	-
	Children’s PHBs	-	-	-
		24.6	24.6	-
Better Care Fund	Integrated services	20.6	20.6	-
	Adult social care services	28.3	28.3	-
	CCG services	2.0	2.0	-
	DFG	4.2	4.2	-
	Innovation fund	0.5	0.5	-
	Known pressures & contingency	0.6	0.6	-
		56.1	56.1	-
		138.2	138.2	-

4.3 The budget figures above were approved by Pooled Fund Executive Group on 31st July 2019.

5. 2019/20 FINANCIAL RISKS AND CHALLENGES

5.1 Various cost pressures have been identified in both the CCG and Adult Social Care, which will require mitigation. They are detailed in the table below:

Description	£m
Adult Social Care	
Demographic growth pressures	1.3
Fee rate increases	1.2
	2.5
CCG	
Demographic growth pressures	1.5
Quality Innovation Productivity &	0.5
Prevention relating to pooled fund	2.0
	4.5

5.2 Work is ongoing to quantify the mitigation identified against these pressures. Known mitigations include, but are not limited to:

- Additional grant funding
- More cost-effective commissioning
- Maximising independence and wellbeing

5.3 Increased demand for adult social care services is seen predominantly in the care at home sector, where the volume of home care and supported living services provided in the last twelve months has increased by 9.8% and 10.0% respectively.

5.4 In comparison, demand for traditional residential and nursing home services has only risen by 0.5% during the same period.

6. ENGAGEMENT / CONSULTATION

- 6.1 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.

7. LEGAL IMPLICATIONS

- 7.1 The Local Authority and CCG lawyers have been engaged in, and crucial to the production of the section 75, National Health Service Act 2006 agreement, and the relevant legal implications are identified within that document.

8. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 8.1 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.

9. EQUALITY IMPLICATIONS

- 9.1 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 Equality Impact Assessments (EIAs) will need to be produced.

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APPENDICES

N/A

BACKGROUND PAPERS

Section 75 agreement

JOINT STRATEGIC COMMISSIONING BOARD
Outcomes of Public Health Re-commissioning

Risk Please indicate	High	Medium	Y	Low
Detail of Risk Description	There is the potential for service disruption during service redesign, re-commissioning and commencement of new services. All procurement processes are subject to legal challenge.			
	There is uncertainty regarding the value and status of the Public Health grant from April 2020 onwards.			

Engagement taken place	Y
Public involvement taken place	Y
Equality Analysis/Impact Assessment completed	Y
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: <ul style="list-style-type: none"> • 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:	10th September 2019
Report Title:	Outcomes of Public Health Re-commissioning Processes
Lead Officer:	Julie Webster

INTRODUCTION / REPORT SUMMARY

This report is to inform the Joint Strategic Commissioning Board (JSCB) of the outcome of the re-commissioning processes for The Healthy Child Programme (Core Service), Community Substance Misuse Services and Community Connectors Services for Wirral. In order to authorise the award of contracts following the tender evaluation processes.

On 4th December 2018, the Joint Strategic Commissioning Board authorised officers to commence the re-commissioning processes for The Healthy Child Programme (Core Service), Community Substance Misuse Services and Community Connectors Services for Wirral. These processes have now concluded, the tenders received have been evaluated according to Council procurement rules.

The proposed actions affect all Wards within the borough and the decisions requested are key decisions.

RECOMMENDATIONS

That the Joint Strategic Commissioning Board be requested to agree the award of:

- a five-year contract with the option to extend for a further two one-year periods to the highest scoring tenderer named in appendix 1 to the report to provide The Healthy Child Programme 0-19-year old's for Wirral Service in compliance with the Contract Procurement Rules.
- a five-year contract with the option to extend for a further two one-year periods to the highest scoring tenderer named in appendix 2 to the report to provide Community Substance Misuse Services for Wirral in compliance with the Contract Procurement Rules.
- a three-year contract with the option to extend for a further two one-year periods to the highest scoring tenderer named in appendix 3 to the report to provide Community Connectors Services for Wirral in compliance with the Contract Procurement Rules.

SUPPORTING INFORMATION

The following documents confirm the details of the tender evaluation processes and are exempt from the open part of the public report, due to being commercially sensitive.

- **Appendix 1** – Healthy Child Programme (Core Service)
- **Appendix 2** – Community Substance Misuse services.
- **Appendix 3** – Community Connectors services.

1.0 OTHER OPTIONS CONSIDERED

1.1 No other options have been considered.

2.0 BACKGROUND INFORMATION

2.1 It is anticipated that these new contracts will be operational by 1st February 2020. Current contracts for these services will continue during the re-commissioning process so that there is no loss of service to local people.

2.2 It has been necessary to re-commission these services to comply with Public Contract Regulations and Wirral Council Contract Procedure Rules. The value of the proposed contracts is above the relevant European Union threshold and the supplier selection process has been conducted in accordance with The Public Contract Regulations 2015 and Wirral Council Contract Procedure Rules.

2.3 The specifications for the retendered services were based on insight and engagement with local people and stakeholders, identified need as referenced by the Joint Strategic Needs Assessment and evidence-based practice. This has provided an opportunity to reconsider funding and delivery models, enabling the release of cost savings and the refocusing of service delivery considering current developments and the healthcare needs of service users.

3.0 FINANCIAL IMPLICATIONS

3.1 The budget allocated to the three services which have been re-commissioned allocated is as follows:

- The Healthy Child Programme (Core Programme) 0-19-year-olds for Wirral, £33,718,665 (5-year contract)
- Community Substance Misuse Services for Wirral, £30,000,000 (5-year contract)
- Community Connectors Services for Wirral, £2,176,800 (3-year contract)

3.2 The value and availability of the Public Health grant from April 2020 onwards is not yet known. The tendering exercises highlighted has provided the opportunity for more integrated and cost-effective models to be developed.

4.0 LEGAL IMPLICATIONS

4.1 It is necessary to ensure the proposed procurement exercise complies with the Public Contract Regulations 2015 and Wirral Council Contract Procedure rules.

4.2 Wirral Council's Standing Financial Regulations have been followed.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

5.1 Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) is applicable.

6.0 RELEVANT RISKS

6.1 There is always a risk of disruption to service provision during service redesign, recommissioning and commencement of new services. In order to mitigate against this and minimise disruption, adequate time to plan for, and implement the mobilisation of new services has been built into the procurement process between contract award and commencement.

6.2 The procurement process is subject to scrutiny and at risk of legal challenge. Particular regard is given to contract procedure rules and relevant legislation at all stages of the process and the Public Health team works closely with the Procurement team to ensure compliance.

6.3 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health activity and services is unknown. The value and availability of the Public Health grant for 2020 onwards is not yet known. It is important to acknowledge that the Council will need to review all financial allocations in order to achieve a balanced budget over the next few years. Therefore, there is a risk associated with commitment to contracts for 5 years, in advance of funding settlements. This will be mitigated by the insertion of appropriate termination clauses in relevant contracts.

7.0 ENGAGEMENT/CONSULTATION

7.1 The following consultations have taken place to inform the recommissioning of services outlined in this paper; to ensure that the re-commission process maximises outcomes for local people.

7.2 **Healthy Child 0-19 programme** - a large scale consultation exercise was undertaken with children, young people and their families; following this phase engagement with schools and other key agencies was completed in order to inform the development and design of the future service. Activity undertaken included:

- Moon-shot – this included a combination of on-line surveys, face to face supported surveys, individual interviews and focus groups.
- An on-line questionnaire survey completed with Headteachers regarding the school nurse role. The questionnaires were developed with the Headteachers who sit on the School Heads Health Advisory Group - 50 primary and 19 secondary schools responded.
- Feedback from relevant events e.g. Future in Mind - children, young people and parent/carer consultation events.
- Consultation with key stakeholders/partners, including Children and Young People's Department and Wirral Clinical Commissioning Group.

7.3 Young people from one of our local secondary schools sat on the presentation/interview panel. They were briefed in advance of the meeting and given the opportunity to feed their own questions into the interview.

7.4 **Community Substance Misuse Services** - In order to inform the development and design of the future service a large-scale consultation exercise was undertaken with individuals accessing drug and alcohol treatment services, key partners, stakeholders and those not engaged with services, as follows:

7.4.1 An online and paper survey including the involvement of focus groups.

The online survey was promoted via Wirral View and Wirral Council's Facebook Page and Twitter account and was shared directly with the staff groups from the following organisations:

- Wirral Council
- Wirral Community Health and Care NHS Foundation Trust
- NHS Wirral Clinical Commissioning Group
- Wirral Probation Service

7.4.2 Copies of a paper survey were completed at the following meetings and venues:

- A Wirral Practice Nurse training session
- Sexual health clinic at St Catherines Health Centre, Birkenhead (patients)
- Magenta Housing residents focus group
- At a falls prevention education session (attendees)
- Through Community Connector (Involve Northwest) clients
- West Kirby Leisure Centre (attendees)
- Arriva Staff

7.4.3 Focus Groups were held at the following venues with residents and clients:

- YMCA hostel (1 session)
- Spider Project (2 sessions)
- Wirral Ways to Recovery (2 sessions)
- Tomorrow's Women Wirral
- Wirral Ark
- Magenta Housing residents
- Rose Brae Hostel

7.5 Consultation took place with the following professional groups and individuals via attendance at scheduled meetings and face to face meetings; GPs, Community Pharmacists, Housing Services both at Wirral Council and with YMCA managers, lead commissioners for mental health services, children and young peoples' services, criminal justice and anti-social behaviour groups via the Safer Wirral Partnership board meeting and the Reducing re-offending group (with representatives from NPS, CRC, Wirral Magistrates, HMP Liverpool). We also met with the Police and Crime Commissioner and her team and Public Health England.

A panel of ex-service users were present during the tender process for the evaluation of the presentation, acting in an advisory capacity.

7.6 **Community Connectors Programme** – there were several elements to engagement and consultation for this commission as follows:

7.6.1 Liverpool John Moores University Centre for Public Health Research were commissioned to evaluate the impact and outcomes of the current community connector's programme (An Evaluation of the Wirral Health Related Worklessness Programme 2019). Results from this evaluation have shaped and informed the development of the future service.

7.6.2 Ethnographic Insight research was commissioned to evaluate Health Related Worklessness (Revealing Reality 2016), Results from this insight were used to shape and inform the development of the future service.

7.6.3 There has also been consultation with key stakeholders and community groups to inform service design and delivery.

7.6.4 Service users were engaged and consulted. Their views and case studies were used to contribute to the development of the service.

7.6.5 Feedback obtained from prospective providers during the Community Connectors soft marketing event held in March 2019 was considered.

8.0 EQUALITY IMPLICATIONS

Equality Impact Assessments can be found at -
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017/health>

The commissioned services will be compliant with the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.

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APPENDICES

Appendix 1 (exempt from public report) – Healthy Child Programme (Core Service)

Appendix 2 (exempt from public report) – Community Substance Misuse services.

Appendix 3 (exempt from public report) – Community Connectors services.

BACKGROUND PAPERS

Service specifications and tender documentation as published on The Chest.

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	4 December 2018
Executive Member Decision Form	23 May 2019

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