



Joint Strategic Commissioning Board

Date:	Tuesday, 12 November 2019
Time:	2.00 p.m.
Venue:	Committee Room 2 - Wallasey Town Hall

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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES OF MEETING TUESDAY, 10 SEPTEMBER 2019 OF JOINT STRATEGIC COMMISSIONING BOARD (Pages 1 - 6)**

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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|-----------|---|--------------------------|
| 4. | HEALTHY WIRRAL STRATEGY | (Pages 7 - 122) |
| 5. | POOLED FUND FINANCE REPORT | (Pages 123 - 130) |
| 6. | PUBLIC HEALTH ANNUAL REPORT 2019 | (Pages 131 - 176) |
| 7. | INTEGRATED CONTRACT MANAGEMENT AND PROCEDURES
ACROSS NHS WIRRAL CCG AND WIRRAL COUNCIL | (Pages 177 - 182) |
| 8. | URGENT CARE UPDATE | (Pages 183 - 190) |
| 9. | BETTER CARE FUND UPDATE | (Pages 191 - 204) |

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 10 September 2019

Present: Councillor Chris Jones (Chair)
Dr Paula Cowan
Dr Laxman Ariaraj
Mr Simon Banks
Ms Carly Brown
Ms Sylvia Cheater MBE
Mr Simon Delaney
Mr Paul Edwards
Ms Nesta Hawker
Councillor Julie McManus
Mr Jason Oxley
Ms Lorna Quigley
Dr Sian Stokes
Mr Michael Treharne
Councillor Tom Usher
Mr Alan Whittle

21 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

22 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

23 **MINUTES**

RESOLVED:

That the minutes of the meeting of the Joint Strategic Commissioning Board held on 9 July 2019 be agreed as a correct record and signed by the Chair.

24 **PERSONAL STORY RE: INTEGRATION**

A video would be circulated to members showing the story of a child in care who had been given opportunity in a landscape maintenance company through his '14-19 team' support and had since been appointed as a team leader. It was noted that in the Wirral there were 840 looked-after children. Partnership working had increased the speed and variety of help available to them.

RESOLVED:

That the personal story be noted.

25 **CHIEF OFFICER'S REPORT**

The Chief Officer of Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group informed the Board that recent work had been focussed on developing the five-year strategy for Wirral health and care system with partners. A workshop had been held with members of the Health and Wellbeing Board to production of the strategy. It is important that a health and care strategy also connected with the work of other partner organisations in Wirral to impact on key determinants in health. The outcomes the strategy sought to deliver would fit into the developing Wirral Plan, within which economic regeneration and growth were key to help bring health improvements across the population of Wirral.

It was proposed to bring a *Healthy Wirral* strategy to the next Board meeting on 12th November 2019 and then to Health and Wellbeing Board on 13th November 2019 for final approval.

RESOLVED:

That the Chief Officer's report be noted.

26 **REFRESHING OUR STRATEGIC AIMS**

The Chief Officer of Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group introduced this report.

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

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

- ***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 had many diverse communities and needs. We recognise this diversity and would 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.

RESOLVED:

That the revised strategic aims set out in the report be adopted and that this is reflected in the covering sheet for all subsequent papers to the Board.

27 **HEALTHY WIRRAL PROGRAMME UPDATE**

The Chief Officer of Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group provided the update to the Board.

Wirral was 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 was 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 was supported. The programme had an aim for Wirral residents to live longer and healthier lives by taking simple steps to improve their own health and wellbeing. The report outlined the key actions that had been undertaken up to Summer 2019 and the proposed next steps to progress the *Healthy Wirral* Programme.

There was a strong governance framework in place which was moving toward creation an integrated care partnership. There was a five-year strategic plan to return to the Wirral health system to financial balance, including utilising the growth in the allocation to NHS Wirral Clinical Commissioning Group to support this alongside transformational change in service delivery to manage demand and improve primary and community service, prevention and self-care. Considerable work had been done so that Primary Care Networks served the nine neighbourhoods of Wirral.

The report set out highlights from specific work streams within the *Healthy Wirral* programme. One of the examples given was the Urgent Care work stream, which was focusing partner's efforts on addressing streaming and triage at the "front door" of Accident and Emergency (A&E) and reducing

length of stay through improved discharge. The work stream was also developing a clinical model to support an Urgent Treatment Centre (UTC) on the Arrowe Park Hospital site. The development of the UTC had been boosted by the recent confirmation of £18m capital funding from the Government.

It was noted that the Wirral Care Record, which included disease and wellness registries and shared healthcare records, would be launched on 11th September 2019.

Financially, the *Healthy Wirral* partners had submitted to NHS England/Improvement (NHSE/I) a five-year Financial Recovery Plan (FRP). The FRP focussed on the actions that would be taken to deliver a system deficit of circa £14m in 2019/20. This was the first year of a five-year plan that would sustainably return the system to financial balance by 2021/22 and subsequently create a surplus by 2023/24. NHSE/I had subsequently indicated that it was their expectation that the Wirral system delivered the control total surplus of £1.2m, assigned to them by these regulators, by March 2020.

Members commented that the report was very high level and suggested that future reports could include stories that individuals could relate to so they could see what difference was being made.

RESOLVED:

That the *Healthy Wirral* programme update be noted.

28 **POOLED FUND FINANCE REPORT**

Mike Treharne, Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning, introduced this report which dealt with how risks were mitigated against through arrangements that had been put in place for integrated commissioning. It also set out the proposed budget for 2019/2020 for approval and the risks, challenges and mitigation measures. There was intended to be additional papers in the future with more detail on the risks and mitigations.

RESOLVED: That

the financial position of the pooled fund, as at 30th June 2019, be noted.

the pooled budget for 2019/20 be approved.

OUTCOMES OF PUBLIC HEALTH RE-COMMISSIONING

Public Health Consultant Dr Elspeth Anwar introduced the report which informed the Board 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. These had been evaluated according to Council procurement rules and approval was sought to engage with the winning contractor to commence the first twelve-month contract, which included clauses to terminate though performance or change in budget.

It was noted that the appendices to the report were in a separate item in the private part of the agenda.

Wirral Borough Council's three Cabinet Members, sitting as a Committee of the Cabinet, RESOLVED: That the following be agreed:

- 1) 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.**
- 2) 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.**
- 3) 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.**

EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following item of business on the grounds that it involves 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 had been applied and favours exclusion.

31 **OUTCOMES OF PUBLIC HEALTH RE-COMMISSIONING - EXEMPT APPENDICES**

DECIDED:

That the exempt appendices for the report on the Outcomes of Public Health Re-commissioning be noted.

JOINT STRATEGIC COMMISSIONING BOARD
Healthy Wirral 5 Year Strategy

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<p>The strategy describes our ambitions to deliver the vision and aims of the Healthy Wirral 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 and managing the complexities of aligning diverse partners in the delivery of the key priorities</p> <p>These risks are mitigated through the well-established leadership and governance framework of the <i>Healthy Wirral</i> partnership, and an agreed programme management approach which will ensure that the system holds itself to account for the delivery of strategic milestones.</p> <p>These risks are recorded within the principle risk register as part of the <i>Healthy Wirral</i> Partners Board Assurance Framework and monitored by the <i>Healthy Wirral</i> Partners Board</p>		

Engagement taken place	Y
Public involvement taken place	Y
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
<i>Working as One, Acting as One</i> – we will work together with all partners for the benefit of the people of Wirral.	Y
<i>Listening to the views of local people</i> – we are committed to working with local people to shape the health and care in Wirral.	Y
<i>Improving the health of local communities and people</i> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	Y
<i>Caring for local people in the longer term</i> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	Y
<i>Getting the most out of what we have to spend</i> – we will always seek to get the best value out of the money we receive.	Y
<i>Working as One, Acting as One</i> – we will work together with all partners for the benefit of the people of Wirral.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	<i>Healthy Wirral 5 Year Strategy</i>
Lead Officer:	Simon Banks, Chief Officer, NHS Wirral CCG and Wirral Health and Care Commissioning

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, the delivery of Health and Wellbeing ambitions within 'Wirral Together' and the development of the Wirral Local Plan.

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 5 Year Strategy describes our ambitions and key strategic priorities to achieve the *Healthy Wirral* vision of enabling all people in Wirral to live longer and healthier lives. The '*Healthy Wirral*' partnership and the associated programme is seen as the prime system-wide approach to delivering sustainable and affordable long term changes to the way that the health and wellbeing of the Wirral Population is supported.

RECOMMENDATION/S

The Joint Strategic Commissioning Board is asked to review the attached draft strategy and suggest any further developments and changes that reflect the wider strategic aims for Wirral. The Board is asked to endorse the approach being taken in the draft strategy and support its progress to completion and publication.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of the report is to share the draft strategy with the Joint Strategic Commissioning Board (JSCB), and note any suggested changes or developments with the aim of receiving board endorsement.

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 described within the strategy. As such there is no alternative option to consider for the system.

3.0 BACKGROUND INFORMATION

- 3.1 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.

- 3.2 The *Healthy Wirral* 5 Year Strategy is intended to be the Place Strategy for Health & Care for 2019-2024. The strategy establishes the key priorities for Wirral Partners to achieve the *Healthy Wirral* vision of enabling all people in Wirral to live longer and healthier lives. The strategy takes a Population health approach to achieving this through actions to support:

- Making Wirral a healthy place to live.
- Utilising population health management.
- Focusing on preventing ill health.
- Upscaling NHS action on prevention and tackling health inequalities.
- Supporting people with long-term conditions to live well.

- Improving the services we deliver and changing how we deliver them to better serve our population.
 - Returning the Wirral system to financial balance.
- 3.3 The Strategy development is necessarily aligned with the delivery of the NHS Long Term Plan and incorporates those non-negotiable expectations linked to the national policy direction. However Wirral partners are clear and committed to the principles of delivering a strategy that is relevant to and owned by the local population and partner organisations.
- 3.4 The strategy describes a vision and system ambitions for the next 5 years. These are predominantly high level ambitions, and reflect the discussions and engagement with system partners across Wirral. Accompanying the strategy (in the appendices) are both the detailed operational plan for 2019-20, and a strategic work plan, detailing the specific actions; when these will be undertaken and the desired outcomes of this work. Appending the detailed plan allows for programme leads to continue their engagement with system partners and Wirral people in order to refine these plans and build the required detail. The strategy and associated work plans will form the basis of the year on year operational planning for the *Healthy Wirral* programme
- 3.5 A detailed engagement process is being undertaken, including Wirral Health and Care Staff, Clinicians and organizational leaders, Third Sector Partners and the Wirral Public. Their input will shape the final version of the plan that is presented below in draft form. Oversight of the development of this strategy is being led by the *Healthy Wirral* Partners Board, however the final strategy will be delivered for approval by the Wirral Health and Wellbeing Board before publication and launch. The current draft of the strategy for the Board to consider is provided at Appendix 1.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The Wirral Health and Care System has continued to face significant financial pressures, 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.
- 4.2 The individual organisational control totals have been set at very challenging levels, resulting in a planned CIP / QIPP requirement of £40.4million in 2019-20, being 7.5% of the total CCG's allocation. 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

- 4.3 The proposed plans 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. In supporting these plans, *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 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

- 5.1 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

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

7.0 RELEVANT RISKS

- 7.1 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

- 8.1 Engagement and consultation is taking place the both familiarise Wirral Partners and local people with the concepts of *Healthy Wirral*, and how local plans for Health and Care will align with National requirements, including the NHS Long Term Plan. A number of specific engagement approaches are being undertaken to provide opportunities to contribute to the identification and shaping of the strategic priorities. These include:

- Engagement with Health and Care Staff across Wirral through a survey process which is to be followed up with some specific engagement sessions
- Workshop sessions with third sector partners brokered through Community Action Wirral
- Engagement with the NHS Wirral CCG Patient and Public Advisory Group
- Workshop session with Wirral Health and Care Commissioning Staff
- Engagement presentations at the Wirral Bridge Forum

- Public Roadshow sessions arranged in partnership with Healthwatch Wirral

8.2 Communications and Engagement is a key enabling work stream for the programme and a communications and engagement plan is in place.

9.0 EQUALITY IMPLICATIONS

9.1 The 5 Year Strategy delivery vehicle is the *Healthy Wirral* programme. The programme governance 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 ways where this might reduce health inequalities.

9.2 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 to articulate how equality, diversity and inclusion implications have been considered and addressed. Programme governance will require these assessments to be completed and monitored as part of the programme governance. Escalation processes are in place in order to hold each component programme to account with regard to this. .

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to reduce emissions of CO₂. The Healthy Wirral 5 Year Strategy is fundamentally underpinned by a population health approach, which requires all strategic elements to consider the wider determinants of health and wellbeing. This includes environmental issues including air quality, transport, housing and access to leisure and open spaces. A number of specific strategic priorities will support the Councils environmental responses, these include:

- Developing neighbourhood approaches to deliver care closer to where people live and work, which will help impact positively on the use of transport.
- Non-clinical transformation programmes include the efficient use of estates and facilities, where energy efficiency and utilization management of buildings is being addressed.

- Digital innovation is at the heart of a number of our programmes including the clinical and planning benefits of health intelligence and the implementation of the Wirral Care Record. Additionally, transformation programmes such as the digitalisation of outpatient services and tele-health will aim to reduce the need to travel to health facilities and increase the adoption of 'virtual' approaches to health and care management.

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APPENDICES

Appendix 1 - Draft *Healthy Wirral* 5 Year Strategy
 Appendix 2 - Draft *Healthy Wirral* 5 Year Delivery Plan
 Appendix 3 - Draft *Healthy Wirral* 5 Year Place Programme

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Joint Strategic Commissioning Board	10 September 2019
Health and Wellbeing Board	17 July 2019
	3 September 2019

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Our System Operating Plan for 2019/20



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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. In order to meet our mission of 'Better health and wellbeing in Wirral by working together' *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 our people being 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, quantifiable quality outcomes for the population of the Wirral. Our strategy is summarised in a plan on a page at Appendix 1

To achieve this, *Healthy Wirral* partners have committed to working towards acting as one in the interests of delivering the best outcomes for the Wirral Population etc. and commits to the following principles

- As a system, we will take collective accountability for the Outcomes that we agree are our most important to achieve
- Wirral Council & NHS Wirral Clinical Commissioning Group (CCG) will work together to develop integrated and outcome-based strategic commissioning that Wirral providers can respond to in partnership and which enables progress against the indicators of success identified for the outcomes we agree are most important.
- To develop integrated commissioning and provision of services for our population using prime provider/alliance contracting models and which best deliver the results required to enable our agreed outcomes
- Providers commit to sharing financial risk, managing clinical quality, reducing inefficiency and waste, and to be accountable to strategic commissioners for achievement of pre-agreed quality and financial performance measures.
- To commit to achieving as a "system" a financial control total that maximises the effective use of resources for the benefit of the population of the Wirral.
- To ensure there is a 'public value' return on every investment made, pre-agreed by all partners, for all commissioning activity and which is measured as better health, better care and better value.
- To ensure there is sufficiency of 'better value' benefits arising to enable the

system to return to financial balance.

- To disinvest at pace where expected / required 'public value' return on investment has not been secured and has no credible plan to recover in a timely fashion.
- To operate an "open book" policy for all financial transactions
- GP Federations represent and act on behalf of all GPs as a whole
- To view a failure of performance in any one area as a failure for the "system" and therefore of all partners individually.

Population Health Characteristics and challenges

Wirral's population is just over 321,000 people, with a G.P registered population of 337,000. It is a borough of contrasts, both in its physical characteristics and demographics. Rural, urban and industrialised areas sit side by side in a compact peninsula. Despite its small area, the health and wellbeing of people in Wirral is varied, both across the peninsula itself and when compared with the England average

Wirral is one of the 20% most deprived districts in England and about 24% of children live in low income families, with significant problems relating to alcohol usage in both adults and young people. Life expectancy is 11.7 years lower for men and 9.7 years lower for women in the most deprived areas of Wirral compared to the least deprived areas.

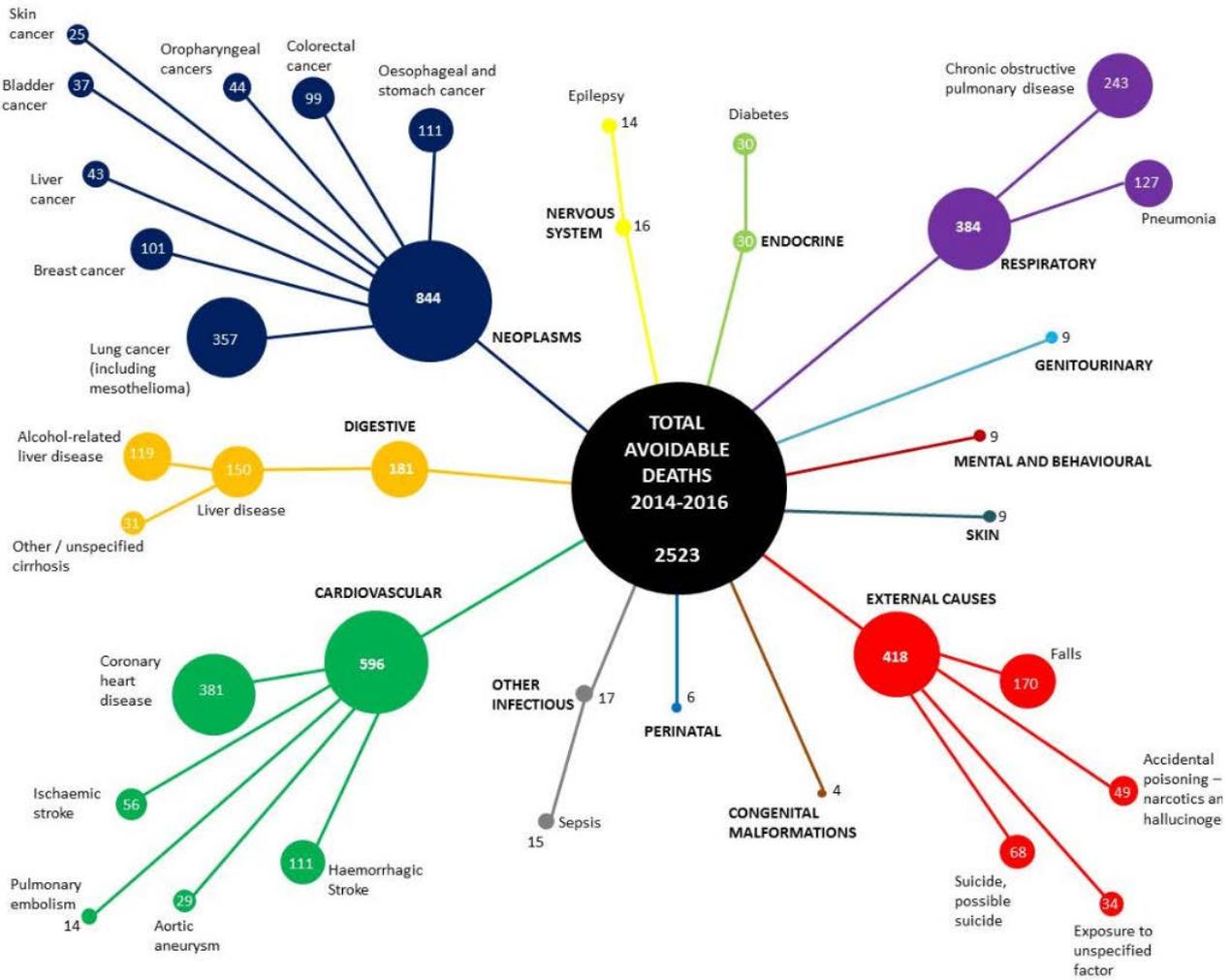
The number of physically active adults across Wirral is significantly lower than the England average. These issues present a difficult challenge for public health, commissioners and providers of health and care services across the region.

For the younger population there are some key issues to address:

- One in four children in reception are overweight or obese
- One in three children in Year 6 are overweight or obese
- The number of Looked after Children is still too high.
- Key issues have been identified as affecting the mental health and wellbeing of pupils with lack of self-confidence, low self-esteem and poor self-image having the greatest impact, followed by exam/school pressure, behavioural problems and issues in the home/family environment.

People are living longer and it is estimated that by 2031 the proportion of older people aged 65 and over will have increased faster than any other age group and are therefore more likely to be living with complex health conditions, necessitating regular intervention from health and care services. Consequently, health and social care services across Wirral - in line with the rest of England – are experiencing a period of sustained financial pressure. Demand for health and care services are increasing, placing significant pressures on the funding for health and care.

The largest cause of avoidable death in Wirral for the period 2014-16 was Cancer (neoplasms), accounting for 1 in 3 of all avoidable deaths in this period. The next largest cause was cardiovascular disease (CVD), which accounted for 1 in 4 of all avoidable deaths. Reductions in smoking and other risk factors produce reductions in CVD more quickly than cancer. Hence, deaths from CVD are falling while deaths from cancer are not reducing as quickly. Alcohol consumption remains a significant cause of avoidable death including alcohol-related liver disease and other causes such as circulatory disease, cancer and digestive disease.



System Priorities and Deliverables

Healthy Wirral Programme

The system commitment to align their priorities and plans for care design is enshrined within the health and wellbeing partnership referred to as *Healthy Wirral* which brings together our strategic plans into a single, place based, narrative as a “Golden Thread” for the Wirral health and social care system and local people. The *Healthy Wirral* Partners Board therefore came together in May and June 2017 to agree a single Case for Change, Mission, Vision, Strategy, Benefits and set of Strategic Outcomes that key local stakeholders could buy into providing partners with a core baseline against which

to transform

The following system partners have gained their governing bodies' commitment to the vision and principles of *Healthy Wirral* through formal adoption of a memorandum of understanding:

- Wirral Community Health and Care NHS Foundation Trust
- NHS Wirral Clinical Commissioning Group
- Wirral University Teaching Hospitals NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral Borough Council
- Primary Care Wirral Federation
- Wirral GP Federation (GPW-Fed Ltd)

This reflects an intent between the Parties to work together collaboratively to achieve the system ambition for long term financial and clinical sustainability. This requires the Parties to work collaboratively to deliver sustainable transformation across the system and support the following principles:

1. **Acting As One** – exemplified in actions and behaviours. Delivering net system benefit
2. **Improving population health** – delivering the *Healthy Wirral* outcomes around better care and better health using a place based approach.
3. **Clinical sustainability** –sustainable, high quality, appropriately staffed, organisationally agnostic services.
4. **Financial sustainability** – managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value.

This work is being undertaken within the broader national and regional context of the Five Year Forward View and the NHS Long term Plan as well as a clear commitment to the delivery of Place aligned to *Wirral Together* and the *Wirral 2030* plan. This system plan summarises the actions achieved so far and planned actions to meet the requirements of the 2019/20 NHS Operational Plan, and further describes our ambitions and programmes to deliver our long term vision for improved population health and wellbeing in Wirral.

This will be pursued through the *Healthy Wirral* Delivery Programmes summarised in figure 1 below, and enabling system-wide collective problem solving and challenging the ambition of transformation plans. System partners have committed to collectively & collaboratively consider how new models of care and potential future organisational arrangements can best support delivery of agreed plans.

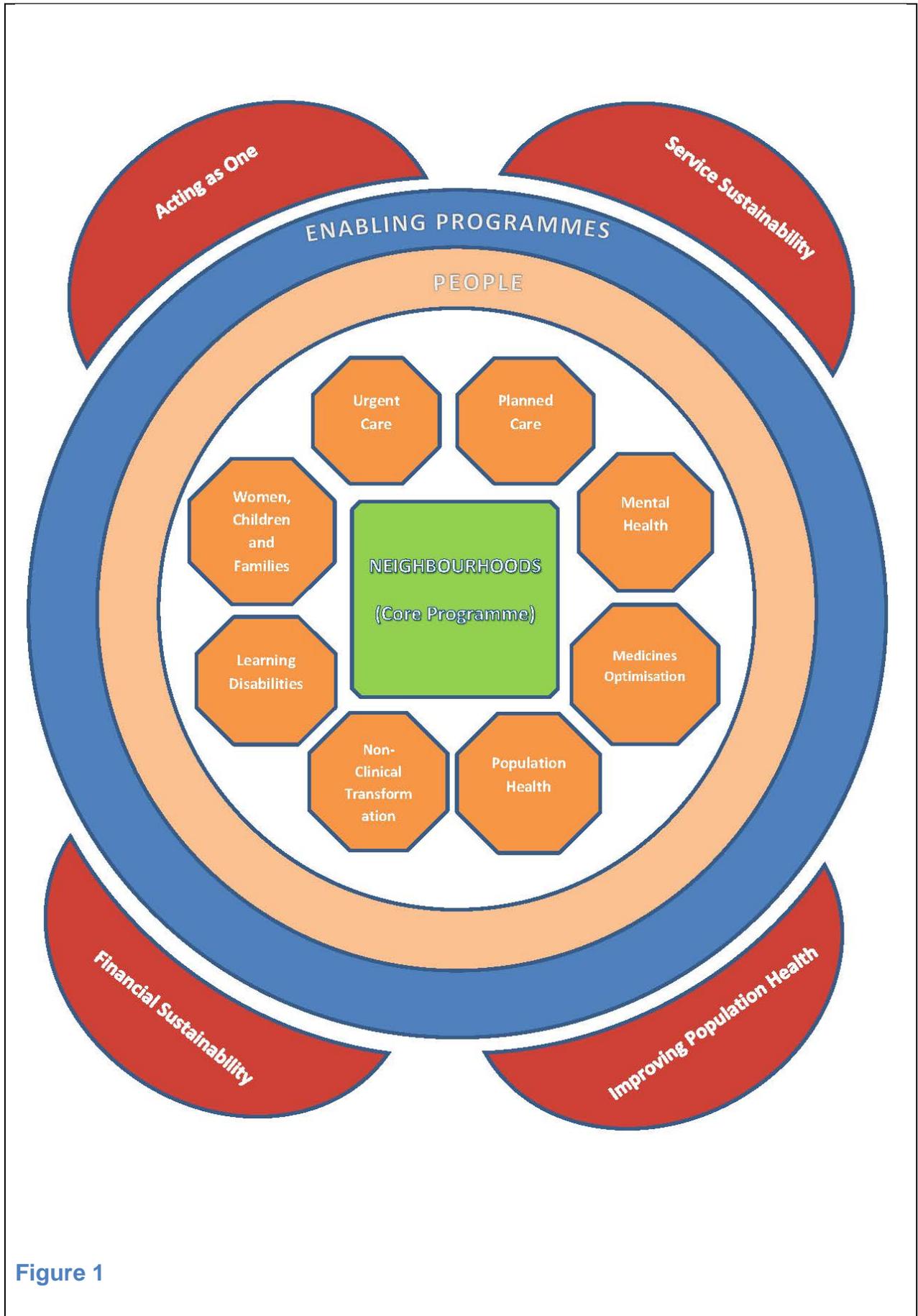
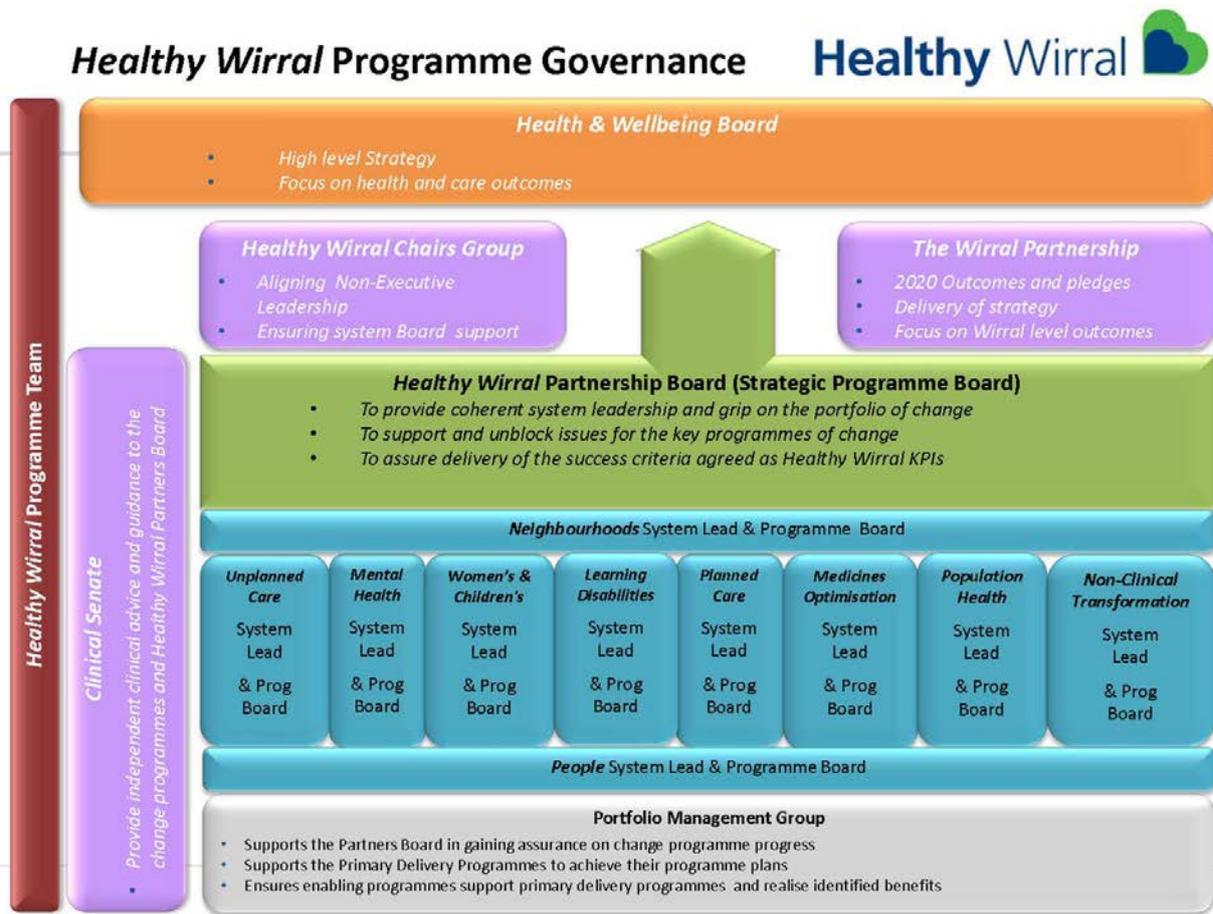


Figure 1

Wirral partners have agreed a comprehensive governance and programme management structure to hold themselves and each other to account for the delivery of the programme aims and quality outcomes. This is shown in the diagram below:



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 (WHaCC). WHaCC will jointly commission all age health, care and public health services for the Wirral population. WHaCC 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.

The ambition of providing services at the most appropriate local 'place' level has led to

development of the '51-9-1 model' based on supporting health and delivering care at the most appropriate level. The intention is for services and pathways of care to be delivered through the 51 (as at January 2018) General Practices, nine neighbourhoods and one district. Further development of our nine neighbourhoods is a priority for 2019/20 as this will be the cornerstone of place based care. Neighbourhood teams, with representatives from a variety of health, care and community disciplines and organisations; led by a GP, will focus on the implementation of care to meet the needs of people within the neighbourhood.

Integrating Health and Care Provision

Social care services play an important role in enabling vulnerable people to maintain independence and keep well in Wirral. The cost of Adult Social Care is, however significant and it does not operate in isolation. The inter-dependency between Health and Care systems has become increasingly clear over recent years.

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

Our Approaches to Understanding and Improving Population Health

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 will 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 will also improve understanding of the analytical capacity and capability within the system and develop a plan to meet future analytical capability requirements. 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

Population Health Priorities

Public Health information and the analytical work undertaken by system colleagues, including the Wirral Intelligence Service provide us with a clear set of priorities to focus on in terms of population health planning and management. These are summarised below:

- *Alcohol Misuse*

Alcohol misuse causes a huge burden of health problems and harm at all stages of life, directly causing over 60 medical conditions from birth defects to cancer. Regularly drinking above recommended levels increases the risk of alcohol-related morbidity including certain types of cancer, liver disease and heart disease and can negatively impact on family life.

The estimated economic cost for Wirral is £131 million per year, comprising of costs to the health and social care systems (£41million), criminal justice costs (£31million), and lost productivity (£61 million). Alcohol is thought to cost the Wirral health care system alone £29 million each year. It is estimated that 5.4% of the Wirral population are high risk drinkers, and of these 4.5% are dependent drinkers. This produces an estimated incidence of some level of alcohol-related brain damage affecting between 14,400 and 17,280 local people. If the most appropriate response is not offered in good time then their ability to respond positively to the treatment and support offered will be significantly compromised. As a result, not only will individual prognosis be poorer but the future demands made on the health and social care system will consequently be greater.

The key priorities identified to tackle these issues on Wirral are:

1. Encouraging a responsible relationship with alcohol through opportunistic early identification and brief advice (IBA). This has proved to be effective in reducing alcohol consumption and related problems. Our strategy will be to engage the widest partnership in adopting this approach, underpinned by promoting the wider workforce to incorporate IBA into their *Making Every Contact Count* approach.
2. Supporting those who need help with alcohol misuse through strong engagement, treatment and recovery response for all those with

difficulties arising from their alcohol use, not just those people that are already alcohol dependent. Work will be undertaken to ensure this approach is supported by all partners across the health, social care and criminal justice systems, with effective pathways of care in place between them.

- *Smoking*

Smoking remains the single greatest risk factor for poor health and early death in Wirral and is the principal cause of health inequalities. Smoking still kills and we cannot say that the job of tobacco control is done when one in five deaths each year in Wirral is related to smoking. Wirral Partnership's Smokefree Strategy's overall aim to 'make smoking history for our children'. Every child deserves the best start in life and therefore there needs to be a scaled up focus on supporting pregnant smokers to quit. In order to reduce the smoking rates and prevent young people starting to smoke we will ensure effective system wide tobacco control and smoking cessation measures are in place across the whole of Wirral's health and care economy.

We will seek assurance that:

1. The system vision is clear that we aim to 'make smoking history for our children'
2. Training is mandated for the medical workforce to have the competence and confidence to discuss and initiate the treatment of tobacco addiction and the use of e-cigarettes
3. Ensure, via local contracts, there is one assessment and treatment pathway for smokers admitted to secondary care.
4. Standardise and implement a systematic and robust handover of treatment plan from secondary and tertiary care to primary care upon discharge
5. Ensure robust systematic smoking cessation pathways are built into all long term conditions management programmes e.g. diabetes; respiratory conditions such as COPD & asthma; cardiovascular conditions; cancers and mental health conditions
6. Embed tobacco control and smoking cessation in all contracts with a commitment to support smokers to quit or be temporarily abstinent; consistency in smoke free policies (e.g. using of e-cigs/vaping) and involvement in campaigns (e.g. Stoptober) and monitor performance.
7. Create and enable working environments which makes it easy for smokers to quit
8. Framing tobacco control activities around a childhood protection and prevention focus and help increase support for future actions
9. Deliver regular targeted campaigns on the dangers of illicit tobacco that are supported across the local system
10. Make good use of mass media campaigns to promote smoking cessation

and raise awareness of the harms of smoking e.g. Stoptober.

- *Air Quality*

Nationally there is growing evidence that air pollution is a significant contributor to preventable ill health and early death. Air pollution can compromise health outcomes, leading to a range of illnesses, increases in hospital admissions and premature deaths. An assessment of air quality in Wirral reports there are no air quality management areas in Wirral. However reducing air pollutants remains a local public health priority. Improving air quality relies on national and joined up local action. Wirral is working with colleagues across the Liverpool City Region and North West to develop the approach locally.

- *Wirral Residents (Wirral 2020) and Health Inequalities*

Only 10% of a population's health and wellbeing is linked to access to health care. Instead it is political, social, economic, environmental and cultural factors which make the greatest contribution to health and or ill health. Creating a healthy population therefore requires greater action on these factors, not simply on treating ill health further downstream. The Wirral Plan, published in June 2015, sets out a series of 20 pledges based on a set of priorities and goals shared by all system partners contributes to improving the social determinants of health and is therefore a central component of our efforts to increase healthy life expectancy and reduce health inequalities.

As the Wirral Plan, and its 20 underpinning pledges, nears 2020 work is underway to develop the priorities and plans for the Wirral Partnership over the next decade. The plan for 2030 will need to connect to the other key system policy drivers e.g. NHS Long Term Plan and Healthy Wirral as well as the wider programme of growth and regeneration. Partners from across the wide Wirral Partnership system are starting to shape this.

Wealth and wellbeing are intrinsically related. Wirral has embarked on a major programme of physical regeneration through the Wirral Growth Company coupled with emerging strategy in relation to inclusive, internal growth within the local economy. This work has huge potential for improving the health of local residents.

Furthermore, the Wirral Partnership is developing a new approach to working with local people called Wirral Together. This intends to redefine the relationship between agencies and local people in order to achieve better outcomes and deliver sustainable public services.

- *Self-care*

Building on the Wirral Plan Healthier Lives pledge to 'support local people to

take control over their own health and wellbeing', the focus of the Self Care work plan is to help build connected, resilient communities and empowering people in their own health and wellbeing. A more proactive, holistic and personalised approach, involving greater engagement with people and communities is recognised as the only sustainable path.

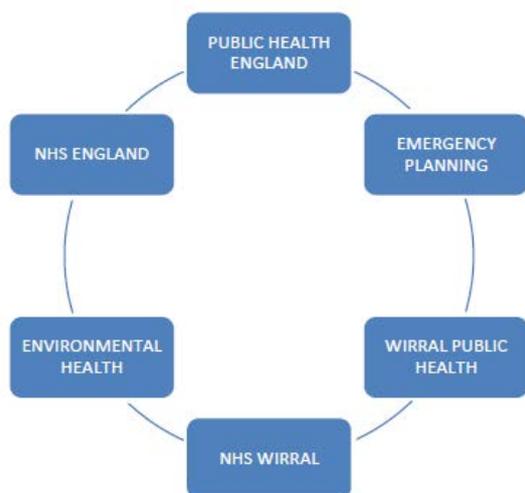
Wirral has been nationally recognised with examples of existing best practice related to promoting self-care and empowering communities. The overarching aim is to build on the existing work and develop a coordinated and systematic approach to Self-Care and takes a whole population approach incorporating actions across different population groups, this includes:

- Creating whole population health and wellbeing: by mobilising community assets and building social networks through community development, asset based approaches, volunteering, and social action.
 - A proactive and universal offer of support to people with long term physical and mental health conditions to build knowledge, skills and confidence leading to improved ability to self-manage and build community capacity. This means that as well as providing appropriate medical care, services work with people to find ways of meeting their own needs, and the needs of others, in the place where they live.
 - Intensive approaches to empowering people with more complex needs to have greater choice and control over the care they receive.
-
- *Health Protection Priorities for Wirral*
Healthy Wirral Partners are committed to prioritise and work as a system to ensure we have robust health protection arrangements in place and deliver against identified health protection priorities. We have reviewed local data and this has highlighted three priorities which we consider require sustained action across the health and care system. These are:
 1. The development of a system wide approach to Infection Prevention and Control in order to reduce the incidence of healthcare associated infections
 2. Reducing antimicrobial resistance
 3. Reducing the variation and uptake of cancer screening and national immunisation programmes.

These priorities provide a targeted focus on key challenges where improvement is required or needs are greatest. In addition, we will continue to assure that statutory duties to protect health are discharged and that local organisations are resilient to threats to health through effective planning and preparation as well as being equipped to respond to incidents, outbreaks and emergencies.

The local health protection system will work as part of a broader network across

Cheshire and Merseyside contributing to the development of health protection functions delivered by Public Health England and NHS England as well as working with other local areas to maximise our resources, reduce duplication and share best practice. The Wirral Health Protection Group has responsibility to ensure that Wirral has a robust health protection system which effectively controls and prevents population level health issues. Members of the local health protection system represented on the Wirral Health Protection Group include:



Our Place-Based System Approach

A focus on providing services at the most appropriate local 'place' level has led to the '51-9-1 model' based on supporting health and delivering care at the most appropriate level. The intention is for services to be delivered through 51 General Practices, nine neighbourhoods and one district. Each of the nine neighbourhoods will be made up of a population of between 30- 50,000 residents using health and care needs of the population as the building stone for the geographic boundary.

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

- 51 Wirral general practices, 'population health' approach
- 9 neighbourhoods serving communities of 30-50,000 people, supporting better coordination and a risk-based approach to care planning
- 1 Wirral district

Neighbourhoods 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. Neighbourhoods 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 team will be led by a GP to ensure co-ordination of the neighbourhood team in the delivery of health and care pathways. There will be 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 will 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.
- Make **community based care the central focus** of the health and care system
- Releasing GP time to enable more **effective, efficient and sustainable practices**

Progress to date (including frailty)

We have made significant progress in defining and establishment of 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.

Key deliverables for 2019/20

Our key system actions to develop and establish our place based delivery approach

will involve the following:

- Design and development of an agreed target operating model for neighbourhoods that provides a consistent approach to care pathways
- Embedding Wirral Care record as a neighbourhood focused population health intelligence and clinical management tool
- Ensuring the co-design of care models, working in partnership with the key primary programme teams to ensure the key pathway developments for planned and unplanned care, mental health, learning disabilities and women children and families have a clear and coherent neighbourhood focus
- Continued and stronger integration and engagement with third sector partners and community, voluntary and faith organisations
- Strategic and operational alignment with the opportunities for the neighbourhood offer afforded through wider service integration, such as housing and fire & rescue services (*Wirral Together*)
- Over the course of 2019 we will develop a systematic approach to improving population health agreed and adopted by Healthy Wirral Partners. Focusing on prevention and early intervention and taking a life course approach. This plan will build upon Cheshire and Merseyside Population Health Programme work streams and support delivery of local Healthy Wirral priorities, including the development of social prescribing pathways. It will also link to the Wirral Plan and Wirral Together.

Key transformation programmes

The implementation of place-based approaches to the management of population health and wellbeing through our 51-9-1 model, and in particular through neighbourhoods provides the core strategic aim for the system, and the means through which our priority programmes of care will be focused. These programmes are summarised below, together with their priorities for delivery in 2019/20.

Planned Care

Our vision for Planned Care

Our vision is to transform planned care to provide organisationally agnostic and integrated, end to end pathways of care focused on primary prevention and management at neighbourhood levels, supported by responsive specialist care.

Progress to date

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 Musculo-skeletal (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.

Wirral University Teaching Hospital NHS Foundation Trust (WUTH), Wirral largest provider has commissioned an Outpatient Transformation Programme, its remit being to undertake a full review of existing Outpatient services within the Acute Hospital.

A strategic action plan is in place at WUTH to improve the delivery of cancer services for patients, supported by individual tumour level action plans where appropriate. A wider partnership approach is in place to monitor patients diagnosed and treated out of area with cancer Managers and commissioners meeting regularly and exchanging dialogue to improve cancer services regionally as part of the Cancer Alliance.

Key deliverables for 2019/20

Following significant work with *Healthy Wirral* system partners and colleagues within Right Care and Model Hospitals, a portfolio of priorities for intervention have been identified linked to areas where Wirral is an outlier with comparator systems. The priority areas also reflect the ask within the NHS Long Term plan. Project teams will be established with key clinical leads, commissioners and provider leads to establish transformation programmes in each of the following areas:

- Respiratory
- Cardio Vascular Disease
- Gastro-intestinal conditions
- Outpatient redesign

Unplanned Care

Our vision for Unplanned Care

Our vision for Wirral's Unplanned care services is for a responsive, reliable and efficient system that fulfils the following key principles:

- Standardised and simple access
- Services that take into account physical, mental, social and wellbeing needs at every step of treatment
- Convenience and delivery closer to home
- Achieving the 4-hour waiting standard for Emergency Department (ED)
- Staff have the right information about their patients
- Health and Care partners working together
- Services staff are proud to be a part of

Progress to date

Notable progress has been made in relation to the following priorities:

- Delivering and maintaining Delayed Transfer of Care (DToC) performance
- Streaming from ED to Primary Care is now delivering, with new model in place since 5th Nov 2018
- Single Point of Access is now co-located, bringing together 3 areas (mental health, physical health and social care duty)
- High Impact change model evidences delivery of Trusted Assessor, effective

teletriage and improved support to care homes, reducing ED attendances and calls to 111 and 999.

- Developing the integrated urgent care (IUCCAS) model via NHS 111 and 999

Key deliverables for 2019/20

Our priority deliverables for 2019-20 are:

- Development of a system wide capacity and demand model to identify the range of services required
- Implementation of the result of the consultation exercise around community Unplanned care services
- Delivery of the urgent treatment centre with redesigned and improved Unplanned care pathways
- Further development of the Integrated Urgent Care Clinical Assessment Services (IUCCAS)
- Making the best use of the Better Care Fund to ensure we have the right services to provide the care needed
- Support development of neighbourhoods to provide the right level of support, closer to home, for people with complex needs
- Reducing long stay patients by 40% (21 plus day Length of Stay) against 17/18 baseline by end of Q4
- Rapidly improving the 7 day home first pathway and community model to meet system requirements, optimising the future model
- Improve and maintain ambulance handover and turnaround times and eliminate corridor waits.
- Reduce avoidable admissions by establishing an Acute Frailty Service, delivering comprehensive geriatric assessments in A and E and assessment units.
- Redesign ED and assessment area pathways by developing and implementing a comprehensive model of SDEC to increase the proportion of acute admissions discharged on the day of admittance to 1/3rd.

In addition to these there are some early deliverables that we will focus upon as a system namely:

- Complete the transformational changes to establish an enhanced Single Point of Access (SPA) to support rapid access from the community to secondary care (including HOT clinics), Mental Health, Physical Health, Social Care and voluntary sector.
- Develop and fully implement the new 111 offer, supported by appropriately developed Directory of Services (DOS), including the providing 50% calls with clinical assessment and 40% people triaged booked into face to face appointment, and developing, implementing and embedding the Clinical

Assessment Service (CAS)

- Reducing acute Long Stay Occupancy by 25% (21 plus day Length of Stay) and set local targets for 7 and 14 day shorter lengths of stay in Q1
- Fully implement SAFER approach in T2A community beds to ensure flow and maximise use of resource

The Unplanned care programme will have a significant impact on activity levels within ED along with a reduction in non-elective admissions and length of stay which will also free up bed capacity at WUTH.

It is anticipated that ED attendances will reduce by approximately 10,000 (9%) on 2018/19 and an opportunity to reduce non elective admissions by approximately 2,500 (5%), however it is not expected that costs will be released in the first instance as occupancy levels on wards are at almost 100% and need to reduce to safer levels, this will then enable flow through the hospital before any capacity can be released in year on a stepped cost basis. It is also anticipated that this scheme will avoid growth in future years and therefore release CCG growth allocation as a whole system saving.

Mental Health

Our vision for 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 IAPT service specification written during 2018. A procurement exercise undertaken, resulting in award to Insight Healthcare who will deliver the IAPT service in line with a number of strategic partners, both statutory and third sector from April 2019.

Key deliverables for 2019/20

Our key deliverables for Mental Health in 2019/20 are

- The development of enhanced crisis care services for adults, children and young people. Following a workshop in January 2019 work will be undertaken to deliver place based and region wide support specifically relating to sanctuary based provision which will be delivered through the beyond place of safety project and consideration of social crisis support through signposting to third sector advice and support services. The crisis care concordat will be refreshed as part of this work.
- To enhance the effectiveness of delivery of physical health into Mental Health services, work will be undertaken to enable Mental Health practitioners to be

placed into Primary care in line with our neighbourhood model. An initial business case received 2018, and in addition learning is to be considered from the ADHD shared care discussions

- Refresh of Wirral Dementia strategy following extensive engagement and alignment to the North West clinical network pathway. Task and finish group establishment to consider wider opportunities for dementia transformation across all provider organisations
- Talking Together Live Well Wirral – IAPT programme. Work with new service provider to achieve progress against IAPT targets in line with national standards, a period of 6 month mobilisation/transition is expected. Local development of an Emotional Health and Wellbeing Partnership Board which will feed into the creation of a Mental Health programme board to deliver the Healthy Wirral Mental Health priorities.

Learning Disabilities and Autism

Our vision for Learning Disabilities and Autism

Our vision is that through transformation of our all age learning disability programme we will deliver positive outcomes for Wirral residents through a preventative model which supports independence and prevents unnecessary care admissions. These intentions strive to enable people to live longer and healthier lives and ensure effective and efficient use of the financial resources available.

Progress to date

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 NHSE 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.

Areas of work have commenced regarding increasing the number of health checks completed, including health action plans. Current figures (50%) indicate that the completion rate is below that expected so a scoping exercise has commenced to understand the reasons for the figures, involving the GP lead for LD, business intelligence 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. The target by 2020 75%.

A project group for STOMP/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.

Key deliverables for 2019/20

Wirral Plan target and All Age Disability Strategy Action Plan priority.

- Commissioning Accommodation Based Support. Several new supported housing schemes are planned for 2019/20 with two opened which have supported discharge from A+T beds and sustained community support for people.
- Commissioning Preventative Services to Maximise Wellbeing.
- Further work to address the STAMP agenda and this will be undertaken with a similar approach that we have utilised for our STOMP action plan, with a focus on a stronger start for children and young people in line with NHS Long Term Plan recommendations.
- Transforming Care Programme deliverables:
 - Commitment to reducing the number of inpatient beds by increasing the availability of community-based support.
 - Bringing people back from out of area
 - Increase in annual health checks & increase screening rates
 - Delivering intensive support function of the community learning disability teams, adult & children
 - Commissioning and delivering post diagnostic autism services

Women, Children and Families

Our vision for Women, Children and Families

It is widely acknowledged that getting it right in the early years should be our long term prevention strategy. Our vision is that through supporting children, parents and families that children on the Wirral will have every opportunity to thrive emotionally, physically and educationally. At a recent Wirral Partnership workshop for children and young people it was agreed that a strategic Board should be established to take this work forward to ensure that all agencies are working towards a shared vision.

Progress to date

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.

Key deliverables for 2019/20

Our immediate priorities for 2019/20 are as follows:

- To re-commission the 0-19 Healthy Child Programme (Core Programme)
- To complete further insight work to inform service developments around risk taking behaviour/emotional health and wellbeing
- To develop a strategic and systematic approach to therapeutic/trauma informed practice to respond to Adverse Childhood Experiences (ACE's) for children and parents
- To further develop the Strategic Maternity Public Health Action Plan in line with the NHS Long Term Plan

Our key aim will be to establish a clear and dynamic, system-wide strategic work plan to deliver our vision for women, children, young people and their families. It is envisaged that this plan will encompass the following priority areas and will set some firm foundation for our long term plan for Wirral:

- A more strategic joined up approach to meeting local needs, including effective joint commissioning arrangements
- Appropriate services/support in place to meet the needs of children, young people, families and schools from the earliest opportunity, including pre-birth
- Public Health and preventative/early help approach
- Helping children engage with learning
- Promoting and improving children and young people's mental health
- Completing our review and acting on the recommendations for SEND
- Using Multi Agency Safeguarding Arrangements (MASA) as a driver for change
- Working with families to eliminate the toxic trio of domestic violence, parental mental ill health and parental substance misuse
- Linking Children and Young People's health and wellbeing to Place and Neighbourhoods
- Workforce development; more appropriate support to meet future needs

Medicines Optimisation

Our vision for 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 medicines expenditure.

It aims to:

- Enable people to access treatment that is clinically effective, based on the latest scientific discovery, at as low a price as possible
- Support people to take their medicines as intended, with appropriate medicines reviews, so that they get the health outcomes they want

Progress to date

Clinical Pharmacists (GPCP) in GP practices

- Working across both primary and secondary care since April
- GPCP programme now live in 13 practices (partially NHSE funded)
- Introduced deteriorating patient hotline for community pharmacy to directly contact GPCPs

Biosimilars

- Biosimilar oversight group established
- Rituximab, etanercept and infliximab savings delivered based on 2017/18 use (no growth) £1m
- Adalimumab contract award December 2018 (saving 2018/19 800k)
- Funding request submitted at STP level for Programme Transformational funding to support consistent implementation of systems to optimise high cost drugs including maximising the use of biosimilars in place

MOCH

- Staff recruited under NHSE Pilot in January to support existing care home pharmacists.

Mental Health

- CWP 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. This has been extended to CPN case load for vulnerable patients living in primary care.
- CWP Targeted Electronic Referrals to Community Pharmacy 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 to reduce admissions.
- STOMP Work-Stream - 4 month NHSE funded pilot across 3 GP practices

during which all patients with learning difficulties and concurrent antipsychotic prescriptions were reviewed by specialist mental health pharmacist.

- Agreed in-reach service to acute Trust to support medicines optimisation for mental health medicines in response to national NCEPOD report. To commence in March 2019.

Use of Population Health

- Development of Health e-Intent (health economy wide care platform) to analyse medicines practice and drive performance improvements relating to antimicrobial prescription

General

- Multi sector partner group established
- Workforce map for all sectors completed and communicated
- Transition to the Pan Mersey area prescribing committee (new drug approval system for CCG funded drugs) is in progress
- Successful Multi-sector education event
- Supported ordering of factor Xa through WROCs system to support simplified ordering for GPs for low molecular weight heparins
- Increased utilisation of fit notes to negate the need for GP appointments post discharge.

Key deliverables for 2019/20

Our priorities for delivery include the following work areas:

- Introduction of models to estimate cost avoidance from medicines optimisation interventions
- Reduction of Anti-microbial prescribing volumes to support the national anti-microbial stewardship policy.
- Delivery of QIPP programme with multi-sector support.
- Extension of GPCP work supporting neighbourhood and primary care network working.
- Review of supply routes to optimise best value for Wirral place
- Maximise the use of patients' own medicines to improve safety and reduce waste.
- Review blister pack arrangements and supply
- Investigate "not dispensed service" currently being delivered in Liverpool
- Introduction of safety programme; initially to refine reporting and management systems for incidents at care interfaces and increase reporting rate, assurances on patient safety alerts.
- Support in the delivery of safety board indicators.
- Provision of point of admission and discharge information to community pharmacies to support the vision; right patient, right medicine, right time and

eliminate unintended medicines discrepancies via electronic transfer of medicines to community pharmacy.

- Control high cost drugs expenditure.
- Continue to explore opportunities to optimise outcomes for patients with mental health conditions
- Maximise medicines outcomes in care homes

Benefits

Financial

Our expected financial benefits from the work we are undertaking are:

- Biosimilars - £2.7 million for 19-20 based on 18-19 usage with no growth
- QIPP to be confirmed with CSU colleagues
- eTCP 717 potential bed days saved leading to approx. £500K in savings based on extrapolating the data from local NHS Trusts admission rates (Oct 2018) and using a prediction tool to identify potential saving to the local health economy (based on the first year's data at Newcastle NHS Trust)

Non-financial

- Medicines use optimised via a range of medicines reviews by all sectors to include MURS, poly pharmacy, de-prescribing
- Robust incident reporting and risk mitigation strategies for the place
- Health and Wellbeing measures to be confirmed, minor ailment schemes, DMIRS etc. releasing GP capacity

Activity Assumptions

Activity plans have been agreed by both providers and commissioners which also meet the expectations within the planning guidance to set realistic baselines which also include an element of growth for 2019/20.

The main activity based contract is with WUTH and WCCG and there were a number of steps taken to agree a realistic baseline with forecast outturn for 2018/19 being the starting point. There were minor adjustments made to elective activity to reflect capacity available at WUTH to ensure that the waiting list does not deteriorate and an element of growth for 2019/20 was factored in for across points of delivery to reach an agreed baseline.

There are a number of system programmes that will reduce activity, predominantly ED attendances and non-elective admissions but apart from streaming in ED these programmes have not been included within the baseline and will therefore have separate plans to reduce activity in year.

Capacity Planning

System Capacity and Demand Planning

Wirral partners will build upon the learning from the previous two years capacity and demand modelling, with a view to utilising the model to inform capacity requirements for 2019/20.

The approach will model system wide capacity and demand requirements to enable delivery of operational priorities, ensuring patient flow. The validation of the modelling assumptions will be undertaken by Healthy Wirral partners through the system programme boards which will inform future commissioning and delivery intentions.

The model will challenge discussions regarding sustainability and directly focus attention where improvements can be made, understanding the impact across the whole system, evidencing return on investment and where we would be best placed to invest the Wirral £.

This work will focus upon the four key reasons which will impact upon system; namely ED performance, stranded level impact, occupancy and Transfer to Assess length of stay. System workshops are scheduled in February and March to take forward the work, ensuring close connection with the bed base review and BCF review.

Winter Capacity Planning

Wirral is currently reviewing learning from 2018/19 winter performance and delivery analysis. This includes analysis of the whole Unplanned care system and what we could do better and improve for 2019/20.

The capacity and demand analysis work will also model additional winter requirements. This will be completed by April 2019.

The Wirral Urgent Care Executive Group will consider the wider analysis and learning to inform planning intentions for 2019/20. The timescale for this work to be completed is end June 2019, ensuring any additional capacity plans are implemented in good time. The review of Better Care Fund (BCF) schemes and impact will also form part of our considerations. The bed base review and BCF review will be concluded by end March 2019.

Wirral will produce a single winter plan, across the system, as achieved in the previous year, held as good practice by NHSE.

The BCF will hold an element of funding to support winter capacity plans for which details be finalised in line with planning timescales.

Workforce

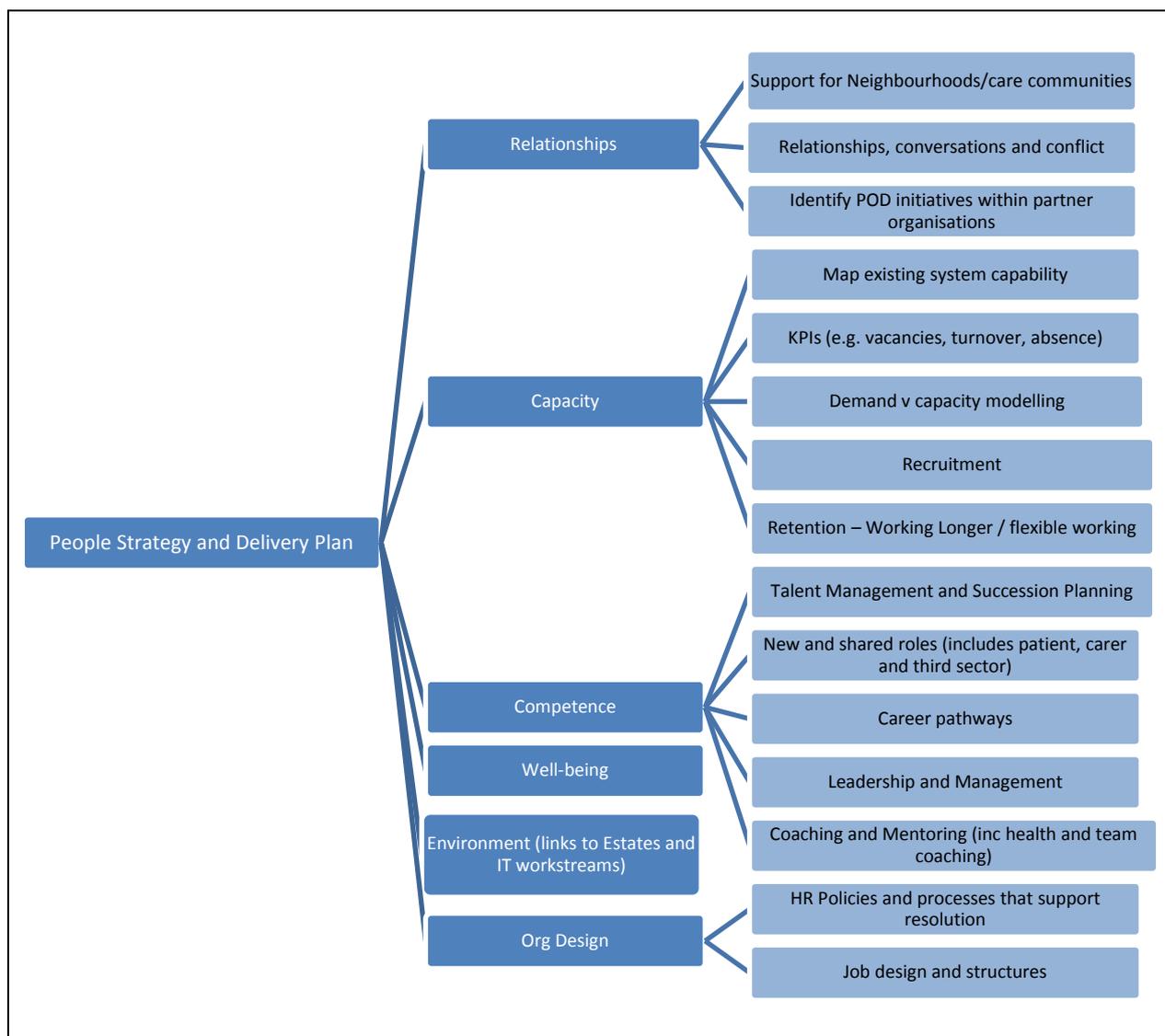
Wirral partners have a shared ambition to develop an effective and sustainable workforce, whose capability (capacity, competence and confidence) is aligned to the vision and aims of *Healthy Wirral*. This has resulted in a commitment to delivering a place based approach to the development of a Wirral 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. They are:

- 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

As these priorities develop, the intention is for a number of task and finish groups to be set up (supported by *Healthy Wirral* partners) to focus on specific initiatives. This is summarised in the following driver diagram, which sets out the potential areas of focus.



System Financial Position

Wirral System Summary (excl LA)	WUTH £,000	WCT £,000	CWP (prop'n) £,000	WCCG £,000	System Total £,000
19/20 deficit before CIP/QIPP and central monies	(32,005)	(1,995)	(1,117)	(24,245)	(59,362)
CIP/QIPP	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 adjusted Planned Surplus / (Deficit)	0	995	151	(14,793)	(13,647)

The above table summarises the financial position for all partners within the Wirral Health System with a planned surplus of £1.1m however due to the level of unidentified

QIPP within the CCG breakeven plan there is a revised CCG risk adjusted deficit of £14.8m, and therefore a net system risk adjusted deficit of £13.6m.

In order for provider organisations to secure additional central monies of £20m the financial deficit for the system lies with the CCG, with system savings schemes being identified on a net cost saving basis as opposed to full PBR tariff, along with in year support from the CCG at £4.5m to support WUTH in achieving their breakeven control total.

Contract activity and financial baselines have been agreed which are aligned across the system, however a Memorandum of Understanding will be agreed between WUTH and WCCG to determine the approach to contract variances which will share the risk for both organisations.

There are a number of organisational specific CIP/QIPP savings schemes (see efficiencies section below) within the plans, however there are a number of key system programmes which have been prioritised in 2019/20 for the following:

- Unplanned Care – reduction in ED attendances and NEL admissions.
- Planned Care – predominantly outpatient transformation.
- Medicines Optimisation.
- High Cost Packages of Care.
- Neighbourhoods.

The CIPP/QIPP table below highlights both the planned and risk adjusted CIP/QIPP savings which clearly demonstrates the unrealistic target of £40.4m (5.7% of the system budget) to achieve the required planned surplus of £1.1m. However to achieve the risk adjusted deficit of £13.6m still requires a significant challenge of £22.5m (3.2% of the system budget) which is in excess of both what is required within the planning guidance and what has been recurrently delivered in previous years.

CIP/QIPP Planned	WUTH	WCT	CWP (prop'n)	WCCG	System Total
	£,000	£,000	£,000	£,000	£,000
Planned CIP/QIPP	13,201	2,000	965	24,245	40,411
Total Expd *	377,173	80,441	37,942	207,400	702,956
% CIP	3.5%	2.5%	2.5%	11.7%	5.7%
CIP/QIPP Risk Adjusted	WUTH	WCT	CWP (prop'n)	WCCG	System Total
	£,000	£,000	£,000	£,000	£,000
Identified/Risk Adjusted CIP/QIPP	13,201	2,000	965	6,304	22,470
Total Expd *	377,173	80,441	37,942	207,400	702,956
% CIP	3.5%	2.5%	2.5%	3.0%	3.2%
* CCG Expd budget represents total budget less Wirral Partner contract values					

Although the risk adjusted plan for the system is a deficit of £13.6m in 2019/20 it clearly demonstrates the ambition of Wirral Partners to stretch the savings target for 2019/20 at 3.2% and build upon this with collective responsibility across the system to achieve a balanced position over the coming years within the long term plan to be produced in the coming months.

Efficiencies

2019/20 operating plans include savings of £22.5m (risk adjusted) for all system partners. A high level summary for each partner is outlined below:

WUTH £13.2m

- Theatre productivity – predominantly reducing late starts and early finishes with more effective job planning and scheduling, reducing on the day cancellations to ensure delivery of planned activity and improve patient experience.
- Patient Flow – to reduce length of stay by 25% for those over 7 days and increase morning discharges to 26% by fully embedding the SHOP approach to ward rounds, afternoon huddles, targeted date for discharge along with the introduction of capacity management software to provide real time bed state.
- Outpatient re-design – to develop a programme of change to improve patient experience/outcomes including alternatives to traditional face to face clinics and move towards a paperless environment.
- CNST – to demonstrate compliance against the ‘ten maternity safety actions’ to secure incentive payment.
- Diagnostic Demand Management – to reduce unwarranted variation and reduce pathology tests initiated by the Trust by 20%.
- Digital Transformation – predominantly reducing administrative tasks via a number of work streams including telephony, paperless outpatients and digital dictation.

WCCG £6.3m

- NEL admission reduction – focussed management of identified high intensity users within each neighbourhood (marginal cost reduction only at provider).

- Right Care – focussing initially on Gastroenterology, Respiratory and CVD.
- Prescribing – focussing on repeat ordering, efficiencies at care homes, cost effective alternatives and reducing variation in GP practices.
- Running Costs – reducing costs via vacancy control, consultancy and non-pay costs.
- Commissioned OOH – review packages of care, more cost effective procurement and operational improvements.

WCT £2m

- Clinical and Non Clinical transformation and redesign.
- Non pay and procurement efficiencies.

CWP £1m

- Actions through the quality improvement strategy – reducing ‘burden’.
- ICT efficiencies.
- Corporate and administration review.
- Pay budget and long term vacancy review.
- Procurement efficiencies.

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

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:

- Our nine neighbourhoods are co-ordinated by G.P co-ordinators, who are reviewing all plans and processes. They are supported through monthly

meetings with oversight from the CCG Medical Director

- All 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 has developed 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

Appendix 1: 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?	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: <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:
	<i>Healthy Wirral</i> System Operational Plan	April 2019
	<i>Healthy Wirral</i> 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

Neighbourhoods		
Timescale	Actions	Outcomes
2020/21	<ul style="list-style-type: none"> • Create Leadership model framework for Neighbourhoods in context of PCN's • Work closely with the community and voluntary sector to understand what increased capacity is required • Develop agreed TOM (Y1) • Population health - Integrating system (Health & Care) (Y1) 	<ul style="list-style-type: none"> • Neighbourhoods have clear priorities and support • Population health issues are identified by neighbourhood • Neighbourhood priorities feed into a neighbourhood delivery plan • Population health improvements
2021/22	<ul style="list-style-type: none"> • Development of Neighbourhood operating model: <ul style="list-style-type: none"> - Integrated infrastructure fully operational (Y2) continues to develop and working relationships between neighbourhoods and PCN's clear • Integrated efforts to improve population health 	
2022/23	<i>(2 year programme which finishes end of year 2020/21. All transformation embedded and into Business as Usual delivery starting 2021/22)</i>	
2023/24		
Children and Families		
Timescale	Actions	Outcomes
2020/21	<ul style="list-style-type: none"> • Ensure effective implementation and localisation of new 0-19s service (core Healthy Child Programme) • Implement HPV vaccination programme for all boys aged 12 and 13 years • Re-procure Community Midwifery service • Implement a Family Nurse Partnership-led pilot to support families with complex needs (including 	<ul style="list-style-type: none"> • Effective and timely support from Health Visitors, School Nurses and Family Nurses • Reduction of HPV infections amongst boys that may cause specific cancers. Reduction in spread of HPV infections to girls. • Safe and effective midwifery care within the community • Breaking the cycle of 'trauma'. Reduction in family breakdown, social care intervention, health and care

	<p>adverse childhood experiences)</p> <ul style="list-style-type: none"> • Implement the new Mental Health Support Teams across 43 Primary Schools in the 40% Lower Super Output Areas • Develop community support offer for children and young people with autism • Evaluate 'Family Connector' model and build business case for expansion if required • Review risk-management offer to young people 	<p>service usage</p> <ul style="list-style-type: none"> • Children and Young People able to access fast and effective support for low-level mental health issues • More appropriate support within the community as oppose to hospital admission at time of crisis • Families accessing low-level practical support, avoiding the need for more intrusive, expensive intervention
<p>2021/22</p>	<ul style="list-style-type: none"> • Empower frontline staff to work in 'trauma-informed' way and drive 'Be The Difference' across key frontline staff groups • Develop a community 'deal' for Children, Young People and Families • Using the evidence from the Family Nurse Partnership pilot, expand support to vulnerable families with complex needs (<i>NOTE: This will need to be driven as a priority across all 5 years of plan</i>) • Increase 'Continuity of Carer' performance for local maternity services, with particular emphasis on BME and disadvantaged women 	<ul style="list-style-type: none"> • Issues resolved in a more timely and practical manner. Reduction in 'pass it on' culture. Increased job satisfaction • Families taking responsibility where appropriate, leading to increased resilience and less reliance on statutory services • Families avoid crisis, breakdown, need for social and health care interventions. Children grow up free from legacy of adverse childhood experiences • Increased continuity of care leading to less miscarriages and pre-term births. Greater satisfaction for clients and staff

	<ul style="list-style-type: none"> Develop more integrated risk-management offer for young people 	<ul style="list-style-type: none"> Reduction of duplication, increasing efficiencies of resource use, smoother pathway for young people
2022/23	<ul style="list-style-type: none"> Review treatment pathway for children with severe complications related to their obesity, such as diabetes, cardiovascular conditions, sleep apnoea and poor mental health Evaluate mental health crisis care delivery for children and young people 	<ul style="list-style-type: none"> More children treated appropriately for complications due to obesity More accessible support at times of mental health crisis
2023/24	<ul style="list-style-type: none"> Ensure that local women have access to their maternity notes/advice and information through their smart phones or other devices Increase availability of postnatal physiotherapy 	<ul style="list-style-type: none"> Women enabled to make choices about their care and access services and information in a more convenient and efficient way. Less women experiencing mild to moderate incontinence and prolapse
Planned Care		
When will we do it?	What Will we do?	What will be different?
2020/21	<p>Respiratory:</p> <p>Admission Avoidance:</p> <ul style="list-style-type: none"> Development of community offer <p>Prevention:</p> <ul style="list-style-type: none"> Air quality and Air Pollution - Link with Health Connectors Advice on healthy eating and exercise <p>Management:</p> <ul style="list-style-type: none"> Virtual clinic/ advice and guidance business model for patients with Chronic Obstructive Pulmonary Disease (COPD). <p>Diagnosis:</p> <ul style="list-style-type: none"> Dual screening for lung cancer and COPD 	<ul style="list-style-type: none"> High quality, safe services delivered consistently Improvement in referral to treatment times in line with national targets Quality premium will be achieved if e-referral utilisation increases Lower 'Did Not Attend' rates, reduce need for return visits Move towards tier 2 services that are capable and resourced to triage all primary and consultant to

	<p>Long Term Conditions: Healthy Wirral Review:</p> <ul style="list-style-type: none"> Phase 2, Development of a Long Term Conditions Community Model of Care <p>Endoscopy:</p> <ul style="list-style-type: none"> Pilot Referral Assessment System (RAS) for referral triage Review GIRFT (Get It Right First Time) data and agree actions Monitor referral rates and provide referral guidance and support as appropriate Undertake data analysis and ensure effective referral <p>Ophthalmology:</p> <ul style="list-style-type: none"> Review options for E-referral by Community providers directly to providers Explore opportunities for E-consult and electronic interfaces between community and secondary care to undertake pre-referral assessment Seek further opportunities to “shift left” Implementation of new ophthalmology model Effective triage within the community to support right place, right time. <p>Stroke Pathway Improvement:</p> <ul style="list-style-type: none"> Improve the use of self-care and early diagnosis technology for Atrial Fibrillation to avoid emergency admissions and strokes Improved outcomes for patients on Wirral from preventative diagnostics and reduced strokes on Wirral Enhanced Early Supported Discharge model of care to be agreed Delivery of the targets in the Long Term Plan 	<p>consultant referrals</p> <ul style="list-style-type: none"> Clinic space released for agreed alternative use; consultant workload altered Improved reported patient satisfaction of outpatient care Delivery of patient choice of first outpatient appointment Better patient experience Optimal rates for virtual outpatient clinics Increase use of advice and guidance/ advice only referrals and reduction of face to face first outpatient appointments Reduction of need for face to face follow up appointments and increase in non-face to face approaches Reduction in consultant to consultant referrals and increase in primary care appointments Reduce unnecessary hospital visits through acute hospital efficiencies and adoption of best practice, supporting delivery of national standards. Reduce avoidable hospital visits where care could be supported or provided more appropriately or effectively elsewhere.
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	<p>relating to Stroke</p> <p>Nephrology: Reduction of referrals:</p> <ul style="list-style-type: none"> Continue to monitor new referral pathway <p>Cardiovascular:</p> <p>Cancer: Prevention:</p> <ul style="list-style-type: none"> All boys aged 12 and 13 to be offered the Human Papilloma Virus (HPV) vaccination <p>Early Detection:</p> <ul style="list-style-type: none"> new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days Work with Public Health England to develop a plan for extension of the bowel cancer screening programme, to cover reduction in age to 50, and increase in sensitivity level Support Cheshire & Merseyside Cancer Alliance to establish one RDC for the region Continue rollout of HPV primary screening for cervical cancer Support the Cancer Alliance in the rollout of Faecal Immunochemical Test (FIT) in the bowel screening programme <p>Follow up pathway:</p> <ul style="list-style-type: none"> All breast cancer patients will move to a personalised (stratified) follow-up pathway once their treatment end Colorectal and Prostate cancer patients will move to a personalised (stratified) follow-up pathway once their treatment ends. <p>Outpatient Redesign:</p>	<ul style="list-style-type: none"> Impact on carbon emissions via reduced patient travel
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	<ul style="list-style-type: none"> • Continuation of Advice and Guidance (e-RS RAS) 6 Month Trial – Gynaecology, ENT and Renal – Wallasey PCN (North Coast Alliance) and Birkenhead PCN (Arno Primary Care Alliance) • Review and widespread rollout to remaining PCN’s • Continue to support and enable Wirral University Teaching Hospitals (WUTH) and GP’s to collaborate together to find agreement on devising novel new treatment pathways in: <ul style="list-style-type: none"> - Nephrology - Urology - Haematology - Orthopaedics (part of MSK) - Ophthalmology • Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides. • Engage with the Cheshire & Merseyside Programme work streams and implement their solution design appropriate to Wirral: <ul style="list-style-type: none"> - Dermatology - End of Life - Endoscopy (Gastrointestinal) - Haematology - Nephrology - Ophthalmology - Orthopaedics (part of MSK) - Urology <p>End of Life:</p> <ul style="list-style-type: none"> • In conjunction with “Place” review the education, training and support needs of the system with a particular focus on Personalisation and early identification. • Review electronic records, identifying initiatives to 	
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	<p>improve information flow to ensure a quality package of care within the integrated system.</p> <ul style="list-style-type: none"> • Implement “Place” initiatives identified in the year 1 planning process and monitor progress through QOF • Monitor process against Year 1 initiatives, developing further as required. <p>Dermatology:</p> <ul style="list-style-type: none"> • Continue to monitor and evaluate pilot study for treating dermatology patients in Primary Care 	
<p>2021/22</p>	<p>Long Term Conditions: Healthy Wirral Review:</p> <ul style="list-style-type: none"> • Phase 2, Development of a Long Term Conditions Community Model of Care <p>Cardiovascular Disease:</p> <ul style="list-style-type: none"> • Early response: improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest <p>Cancer: Follow up pathway:</p> <ul style="list-style-type: none"> • Identify other cancer patients that could benefit from a personalised (stratified) follow-up pathway once their treatment end <p>Early Detection:</p> <ul style="list-style-type: none"> • Targeted Lung Health Checks Programme (continuation) <p>End of Life:</p> <ul style="list-style-type: none"> • Support the wider system to provide enhanced levels of support and care through for example education and training with a clear emphasis on 	

	<p>“place” at the heart of patient pathways e.g. care homes, community assets, carers.</p> <ul style="list-style-type: none"> • Review access to Specialist Palliative Care to ensure it is robust and meets the needs of patients and the wider system • Ensure case reviews and peer reviews are undertaken within Primary Care Networks (PCNs) to support the identification of further improvements • Monitor process against Year 2 initiatives, implementing and developing further as required. <p>Outpatient Redesign:</p> <ul style="list-style-type: none"> • Continuation of Advice and Guidance (e-RS RAS) 6 Month Trial – Gynaecology, ENT and Renal – Wallasey PCN (North Coast Alliance) and Birkenhead PCN (Arno Primary Care Alliance) • Review and widespread rollout to remaining PCN’s • Continue to support and enable WUTH and GP’s to collaborate together to find agreement on devising the novel new treatment pathways: • Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides. • Engage with the Cheshire & Merseyside Programme work streams and implement their solution design appropriate to Wirral: <p>Gastro / Endoscopy:</p> <ul style="list-style-type: none"> • Review opportunities relating to shared decision making and self-management • Review impact of Direct access fibroscan • Review impact of community based fibroscan pilot. 	
<p>2022/23</p>	<p>Long Term Conditions: Healthy Wirral Review:</p> <ul style="list-style-type: none"> • Phase 2, Development of a Long Term Conditions 	

	<p>Community Model of Care</p> <p>Cancer: Early Detection:</p> <ul style="list-style-type: none"> • Targeted Lung Health Checks Programme <p>Outpatients:</p> <ul style="list-style-type: none"> • Stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. <p>End of Life:</p> <ul style="list-style-type: none"> • Ensure equal access is integral to plans at “Place” level. • Develop volunteer networks within the “Place” model to support patients and carers throughout the pathway. Ensure robust education and training to maximise the support give. • Ensure equal access is integral to planning at “Place” level. Review access to Palliative and End of Life Care and the patient experience with consideration to factors that impact equal access, for example: deprivation, homelessness, learning disabilities, and dementia. • Monitor process against Year 3 initiatives, implementing and developing further as required. <p>Outpatient Redesign:</p> <ul style="list-style-type: none"> • Embed new ideas and processes • Continue to review and develop policies. • Continue to support and enable WUTH and GP’s to collaborate together to find agreement on devising the novel new treatment pathways • Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides. 	
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	<ul style="list-style-type: none"> Engage with the Cheshire & Merseyside Programme work streams and implement their solution design appropriate to Wirral: 	
<p>2023/24</p>	<p>Long Term Conditions: Healthy Wirral Review:</p> <ul style="list-style-type: none"> Phase 2, Development of a Long Term Conditions Community Model of Care <p>Cancer: Early Detection</p> <ul style="list-style-type: none"> Targeted Lung Health Checks Programme <p>Outpatients:</p> <ul style="list-style-type: none"> Stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. <p>End of Life:</p> <ul style="list-style-type: none"> Develop champions within Primary Care Networks to further embed enhanced services, whilst identifying on –going development of services at “Place” level. Monitor process against Year 4 initiatives, implementing and developing further as required. <p>Outpatient Redesign:</p> <ul style="list-style-type: none"> Embed new ideas and processes Continue to review and develop policies. Continue to support and enable WUTH and GP’s to collaborate together to find agreement on devising the novel new treatment pathways Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides. Engage with the Cheshire & Merseyside 	

	Programme work streams and implement their solution design appropriate to Wirral:	
Unplanned Care		
When will we do it?	What Will we do?	What will be different?
2020/21	<p>Agree the clinical model and estate design for the new “Hospital upgrade project” through active engagement of all economy partners.</p> <p>Commence procurement exercise for “hospital upgrade project) – Spring 2021</p> <p>Reduce bed occupancy to 95%</p> <p>Reduce patients in hospital 21 days by 50%</p> <p>Implement community urgent care pathway with single clinical governance</p> <p>Implementation of phase 1 pre-UTC of a single minor injuries and minor illness service provision at Arrowe Park site</p> <p>Further development of SPA offer and the link with Clinical Assessment Service – to include ensuring interoperability</p> <p>To meet requirements of Same Day Emergency Care</p> <p>Review of new clinical standards and whether improvement in service delivery is required</p> <p>Increase use of tele health in the admission avoidance and discharge pathways</p> <p>To implement revised ‘two hub’ model for Intermediate care</p> <p>Reduce length of stay in intermediate care beds</p> <p>Capacity and demand model – expand across system and review of acuity levels</p>	<p>Reduce number of beds in hospital – closure of one ward</p> <p>Reduce risks to patients due to prolonged hospital stay such as deconditioning leading to increase in physical dependency</p> <p>Better patient experience</p> <p>Consistent pathways</p> <p>Increase patient’s independence and ability to remain in their own bed and home.</p> <p>To meet constitutional standards linked to urgent care</p> <p>To improve efficiencies in both clinical resource and also financial resource</p>

<p>2021/22</p>	<p>Development of a full Urgent Treatment Centre (UTC) at Arrowe Park Hospital site Elimination of patients in hospital 21 days Review of MDT and pathways and new innovative ways of integrating therapies Further development of telehealth Link with Primary Care Networks in the admission avoidance and discharge pathways Market shaping and development of the domiciliary care market – including recruitment and retention of staff and development of an integrated workforce model. Award construction contract for “hospital upgrade project” – Late Summer 2021</p>	<p>Reduce number of beds in hospital – closure of one ward. Meet winter pressures within existing capacity Increase patients independence and ability to remain in their own bed and home. To meet constitutional standards linked to urgent care To improve efficiencies in both clinical resource and also financial resource Reduce risks to patients due to prolonged hospital stay such as deconditioning leading to increase in physical dependency Better patient experience Consistent pathways</p>
<p>2022/23</p>	<p>Implement UTC via new build at Arrowe Park Hospital site Maintain elimination of 21 day hospital stays Integrated capacity tracking across the whole system Opening of “hospital upgrade project” redesigned Estate at Arrowe Park Hospital site – Late summer 2022</p>	<p>Increase patients independence and ability to remain in their own bed and home. To meet constitutional standards linked to urgent care To improve efficiencies in both clinical resource and also financial resource Reduce risks to patients due to prolonged hospital stay such as deconditioning leading to increase in physical dependency Better patient experience Consistent pathways</p>
<p>2023/24</p>	<p>Maintain elimination of 21 day hospital stays Telehealth embedded in admission avoidance and discharge pathways Centralised acute service across the two hospital sites – Clatterbridge Hospital being the centre for planned non-complex care</p>	<p>Increase patients independence and ability to remain in their own bed and home. To meet constitutional standards linked to urgent care To improve efficiencies in both clinical resource and also financial resource Reduce risks to patients due to prolonged hospital stay such as deconditioning leading to increase in physical dependency</p>

		Better patient experience Consistent pathways
Mental Health		
When will we do it?	What Will we do?	What will be different?
2020/21	<p>Perinatal Mental Health</p> <ul style="list-style-type: none"> Review and develop existing specialist perinatal care to: <ul style="list-style-type: none"> Ensure increased access for women from pre conception to 24months post birth. Offer an assessment to partners of women accessing specialist care to enable support and signposting as required. In partnership with Insight Concern develop a pilot of maternity outreach clinic to combine maternity, reproductive health and psychological therapies for women experiencing mental health difficulties <p>Children and Young People</p> <ul style="list-style-type: none"> Undertake baseline assessment of access rates of 0-18 and 18-25 accessing funded mental health services in 18/19 and 19/20. Increase access to wider NHS funded services through the Children & Young People (CYP) pathway launch and wider communication campaign. Maintain existing Eating disorder standards for assessment and treatment. Pilot and implement joint working with adult liaison and street triage service to widen access for CYP crisis care. 	<p>Women and their partners will receive the emotional health and wellbeing support required from pre conception up to 2years post birth.</p> <p>Improvement in sustained family relationships.</p> <p>Support new parents with maintaining everyday activities and return to work where appropriate. New parents wider health needs are met in one setting with multi-agency work.</p> <p>Robust mental health pathway to meet needs of 0-25 cohort.</p> <p>Clear understanding across Wirral population of how and where to access support including early help and prevention.</p> <p>CYP with an eating disorder are assessed and treated in a timely manner and to maximise recovery.</p> <p>Increased crisis provision and points of access for CYP in urgent mental health need.</p>

	<ul style="list-style-type: none"> • Continue to refresh the CYP Long Term Plan on an annual basis through the 'Future in Mind' steering group and multi-agency commitments from Partnership for Children and Families strategy. • Review alignment of Special Educational Needs and Disabilities (SEND) agenda in line with CYP Mental health and identify robust action plans to align strategic planning. • Consider national and regional guidance regarding the implementation and alignment of services for 0-25 and develop project scope for implementation. <p>Improving Access to Psychological Therapies (IAPT) and Common mental health problems</p> <ul style="list-style-type: none"> • Undertake a targeted focus of older adults access levels • Fully implement Long term Conditions IAPT pathways in at least 4 condition pathways • Ensure delivery of referral treatment times and recovery targets. <p>Adult Severe Mental Illnesses (SMI) Community Care</p> <ul style="list-style-type: none"> • Implement the recommendations from the physical health and Mental health task and finish group to deliver an integrated care model in line with the neighbourhoods, initially focusing on SMI. • Consider the recommendations from the Cheshire & Merseyside (C&M) Personality disorder work stream in delivering new models of care across C&M for this 	<p>Partnership plan to deliver improved MH outcomes for CYP which is aligned across different strategic directions.</p> <p>Improved visibility and oversight within MH planning of the needs of SEND.</p> <p>Improved support for 18-25 cohort who are not ready to transition to adult services.</p> <p>Increased number of older adults accessing IAPT with an improvement in overall health and well-being.</p> <p>Integrated MH and physical health delivery pathways to improve holistic needs of patients.</p> <p>Patients are seen within national referral to treatment timeframes and improvement in recovery and longer term outcomes for wellbeing.</p> <p>Patients will have their physical and mental health needs met within a primary care setting.</p> <p>Improved community model for support for people with a personality disorder and a reduction in out of area, high cost placements</p>
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	<p>patient group.</p> <ul style="list-style-type: none"> • Implement the SMI shared care guidance and mental health registry to increase numbers of physical health checks undertaken for people with an SMI. • Monitor the implementation of the IPS service launched in Oct 19 and the numbers of people accessing IPS. • Continue to achieve the Early Intervention (EI) standards and ensure data quality issues affecting performance in 2019 have been resolved. • Monitor CWP EI action plan to deliver National Institute for Clinical Excellence (NICE) concordance supported through the additional investment committed in 2019/20. <p>Mental Health Crisis Care and Liaison</p> <ul style="list-style-type: none"> • Implement the enhanced Crisis resolution & Home Treatment (CRHT) service for adults in line with additional investment and transformation bid. • Further commitments are outlined in CYP section. <p>Therapeutic Acute Mental Health Inpatient Care</p> <ul style="list-style-type: none"> • Continue to maintain no out of area bed usage for CWP. • Undertake a review of bed status given East Cheshire community redesign and escalation status of inpatient services during 2019, ensuring appropriate bed usage and capacity to meet demand. 	<p>Numbers of people with a SMI receiving a physical health check will increase which will improve life expectancy and reduce premature mortality and other conditions.</p> <p>Individuals with a SMI are supported to return to employment or training as appropriate.</p> <p>People with a diagnosis of EIP are seen within the national timeframes to support quality care delivery and avoidance of deterioration.</p> <p>Service staffed in line with NICE guidance.</p> <p>People in Mental health crisis have their needs met within the local community and without having to attend A&E</p> <p>Patients and families have a better experience of inpatient care as they do not have to travel to receive specialist treatment.</p> <p>Ensure the appropriate number of beds are available to meet demand, considering any trends with admissions.</p>
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	<p>Suicide Reduction and Bereavement Support</p> <ul style="list-style-type: none"> Continue through the Crisis Care Concordat to monitor the progress of the Wirral Suicide reduction programme and consider any wider C&M benefits. Align our actions on Wirral to support the achievement of the C&M goal for zero suicides <p>Problem Gambling mental health support</p> <ul style="list-style-type: none"> Monitor existing gambling provision from Beacon Trust and CAB gambling programme to consider demand and capacity. <p>Rough sleepers</p> <ul style="list-style-type: none"> Understand opportunities for co-commissioning of homeless provision across PC, MH and Public health contracts <p>Place Addition</p> <ul style="list-style-type: none"> Establish shadow arrangements for Integrated Provider with delegated commissioning functions 	<p>Reduce the numbers of incidents of suicide across Wirral.</p> <p>Understand local population gambling habits to commission appropriate gambling service provision.</p> <p>Robust integrated provision for rough sleepers that combines housing, social, mental and physical health needs.</p> <p>Proposed shadow year for testing an Integrated Provider model to include delegated commissioning functions</p>
<p>2021/22</p>	<p>Perinatal Mental Health</p> <ul style="list-style-type: none"> Review outcome and learning of pilot from maternity outreach clinics and implement fully. <p>Children and Young People</p> <ul style="list-style-type: none"> Consider opportunities for alignment of NHS 111 (2) and CYP advice line. Pilot inclusion of CYP delivery into CRHT and consider any alignment with CYP assertive outreach teams. Consider use of Beyond Places of Safety (BPOS) (Spider project) for 15-18 cohort and review any alternative provision required to provide alternative to Accident and Emergency Department for CYP. Review CYP approach re addictive gaming habits as 	<p>Understand opportunities to fully implement wider maternity outreach clinic.</p> <p>Single point of access for mental health crisis for all ages.</p> <p>More CYP will be supported in the community and reduced need for inpatient admission.</p> <p>CYP will be able to access alternative crisis provision and reduced need to attend A&E.</p> <p>Increased awareness of long term effects of gaming and</p>

	<p>part of wider Partnerships for Children and families strategy and link to future planning for gambling clinics.</p> <p>Improving Access to Psychological Therapies (IAPT) and Common mental health problems</p> <ul style="list-style-type: none"> Maintain delivery of all national IAPT standards. <p>Therapeutic Acute Mental Health Inpatient Care</p> <ul style="list-style-type: none"> Consider therapeutics outcomes and average bed usage to drive forward reduction to 32 days. <p>Rough sleepers</p> <ul style="list-style-type: none"> Develop options appraisal and explore opportunities for additional funding to support specialist provision for rough sleepers. <p>Place Addition</p> <ul style="list-style-type: none"> Shadow arrangements for Integrated Provider with delegated commissioning functions 	<p>risks relating to gambling.</p> <p>Wirral population receive timely access to IAPT services.</p> <p>Improved experience for people admitted to an inpatient bed.</p> <p>Rough sleepers have improved access to specialist provision.</p> <p>Proposed implementation of Integrated Provider with delegated commissioning functions</p>
2022/23	<p>Children and Young People</p> <ul style="list-style-type: none"> Undertake final evaluation of CYP crisis care requirements and delivery options and develop clinical pathways to meet requirements for all age crisis care service. <p>Improving Access to Psychological Therapies (IAPT) and Common mental health problems</p> <ul style="list-style-type: none"> Maintain delivery of all national IAPT standards. <p>Adult Severe Mental Illnesses (SMI) Community Care</p> <ul style="list-style-type: none"> Consider wider community integration for PD, Mental Health rehabilitation and Eating disorders with primary care – specifically evaluating the learning from SMI. 	<p>Robust clinical pathway for all age crisis service.</p> <p>Wirral population receive timely access to IAPT services.</p> <p>Improved community provision of specialist services.</p>

	<p>Suicide Reduction and Bereavement Support</p> <ul style="list-style-type: none"> Consider scope of existing bereavement and third sector suicide bereavement support and develop options appraisal to deliver requirement of suicide bereavement support services. Engage in wider C&M work stream discussions re this agenda. Align our actions on Wirral to support the achievement of the C&M goal for zero suicides <p>Problem Gambling mental health support</p> <ul style="list-style-type: none"> Pilot early help/prevention approach to CYP and families relating to gambling and gaming addiction. <p>Rough sleepers</p> <ul style="list-style-type: none"> Pilot rough sleepers Mental Health provision services considering links with housing, social care and MH services. 	<p>People who have been bereaved by suicide will receive targeted support.</p> <p>CYP and families receive targeted support and awareness relating to gambling.</p> <p>Robust integrated provision for rough sleepers that combines housing, social, mental and physical health needs.</p>
2023/24	<p>Children and Young People</p> <ul style="list-style-type: none"> Successfully implement 24/7 all age crisis services inc CYP. <p>Improving Access to Psychological Therapies (IAPT) and Common mental health problems</p> <ul style="list-style-type: none"> Maintain delivery of all national IAPT standards <p>Problem Gambling mental health support</p> <ul style="list-style-type: none"> Ensure the implementation of gambling clinics for specialist problem gambling treatment 	<p>CYP receive the same level of crisis support as adults.</p> <p>Wirral population receive timely access to IAPT services.</p> <p>CYP and families receive targeted support and awareness relating to gambling.</p>
Learning Disabilities and Autism		
When will we do it?	What Will we do?	What will be different?
2020/21	Maintain reduction in inpatient bed base for both children and adults	More community services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition. (Building the Right Support, BRS, NHS Long

	<p>Ensure community services are robust and can provide the right care at the right time in the right environment.</p> <p>Annual Health Checks</p> <p>Increase in the use of technology</p> <p>Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.</p>	<p>Term Plan & Transforming Care (TCP))</p> <p>Utilise DSD to maximise required effect and become more preventative and less reactive.</p> <p>Reduced admissions & facilitate timely discharges. Less reliance on inpatient facilities Improve people's quality of life and ensure that nobody loses one day in the community than is necessary for their good health and well-being.</p> <p>Decreased mortality rates and increased quality of life</p> <p>Increase people's ability to remain in the community and increase self-management and independence where possible.</p> <p>Reduction in failed placements and increase in meeting individual needs/outcomes</p>
2021/22	<p>Maintain reduction in inpatient bed base for both children and adults</p> <p>Actions to improve the accuracy of GP registers to support the delivery of Annual Health Checks</p> <p>Continuation of research into, and deployment of technology</p> <p>Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.</p>	<p>The development and sustainability of ISF would be to ensure providers have the required skills to meet individual needs and maintain their aptitude for their clients to remain within a community setting.</p> <p>Decreased mortality rates and increased quality of life</p> <p>There is a range of technology to support people to maintain their independence and be supported in the community</p> <p>A robust and responsive market that will enable them to support people in the community.</p>
2022/23	<p>Work towards having an increase in screening numbers to support Annual Health Checks</p>	<p>Decreased mortality rates and increased quality of life</p>

<p>2023/24</p>	<p>Maintain reduction in inpatient bed base for both children and adults</p> <p>Continue work towards achieving national targets for Annual Health Checks</p> <p>Increase technology</p> <p>Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.</p>	<p>Robust all age community services to ensure that admission to hospital is the exception.</p> <p>Decreased mortality rates and increased quality of life</p> <p>A wider range of technology available to support all aspects of people remaining in the community.</p> <p>People will have a home within their community, to be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.</p>
<p>Getting the Best from Medicines in Wirral</p>		
<p>When will we do it?</p>	<p>What Will we do?</p>	<p>What will be different?</p>
<p>2020/21</p>	<p>Develop an integrated service to deliver medicines optimisation without boundaries</p> <p>Respond and support as a system the changes in the community pharmacy contract (Community Pharmacy Contractual Framework – CPCF) (Year2) moving community pharmacy into a more integrated central role within primary care, enabling the sector to help to deliver the ambitions set out within the NHS Long Term Plan including referrals from GP surgeries and NHS11 online</p>	<p>Pharmacy services, working as one to realise quality outcomes for patients, safety management systems within medicines processes and cost savings for the system.</p> <p>Utilise the planned changes to optimise medicines optimisation in Wirral Place</p>

	<p>Support the new GP contract (Year 2)</p> <ol style="list-style-type: none"> 1. supporting prescribing safety with(a) the expansion of clinical pharmacists in general practice; (b) the nationally-backed roll-out of the pharmacist-led information technology intervention for medical errors (PINCER or equivalent) by the AHSNs35; (c) the drive to tackle polypharmacy for complex patients, including in care homes; and (d) the quality payment scheme for community pharmacy 2. Support the new national structured medication review and care homes requirements. 3. The expansion of clinical pharmacists working in networks. <p>Support the Anti-Microbial Resistance 5 year strategy working closely with the population health work stream</p> <p>Waste – Review dispensing for Care Homes and Domiciliary care providers to reduce the need for blister packs</p>	<p>Increase the numbers of pharmacists maximising medicines outcomes in primary care networks</p> <p>Reduce antibiotic consumption across the place Reduce the proportion of broad spectrum antibiotics prescribed Gain a greater understanding of formulary compliance across the system Public facing messages prepared and co-ordinated collaboratively Reduce the number of blister packs in the system</p> <p>Improve safety of medicines administration in care settings</p>
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	<p>System wide response to the Medicines Safety Assurance Model</p> <p>Optimise medicines for patients in care homes through medication use review</p> <p>TCAMs extend project to increase benefits. Medicines reconciliation will form part of this from the CPCF</p> <p>Extend not dispensed scheme to maximise savings</p> <p>Extend to DOAC work to include all DOAC preparations</p>	<p>National guidance followed in Wirral Place</p> <p>Continue to improve prescribing and enhance medicines optimisation</p> <p>Increase numbers, decrease bed days</p> <p>Reduce wasted medicines</p> <p>All DOAC patients will be prescribed most appropriate cost effective medicine for their condition</p>
<p>2021/22</p>	<p>Support the new GP contract (Year 3)</p> <ol style="list-style-type: none"> 1. Mental Health focus 2. CVD and inequalities requirement <p>Respond and support as a system the changes in the community pharmacy contract (year 3) moving community pharmacy into a more integrated central role within primary care, enabling the sector to help to deliver the ambitions set out within the NHS Long Term Plan including referrals from urgent treatment centres, potential national case finding service for CVD and expansion of new medicines service</p> <p>AMR 5 year strategy (covered in Population Health Programme). Consider the need for Wirral place to have a system wide Antimicrobial Stewardship Pharmacist</p> <p>Delivery of QIPP/CIP programmes with multi-sector</p>	<p>Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities</p> <p>Utilise the planned changes to optimise Medicines Optimisation in Wirral Place</p>

	support as detailed by individual stakeholders	
2022/23	<p>Support the new GP contract (Year4)</p> <p>Support the new Community Pharmacy Contract (Year 4)</p> <p>AMR 5 year strategy (covered in Population Health Programme)</p> <p>Delivery of QIPP/CIP programmes with multi-sector support as detailed by individual stakeholders</p>	<p>Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities</p> <p>Utilise the planned changes to optimise Medicines Optimisation in Wirral Place</p>
2023/24	<p>Support the new GP contract (Year 5). Networks will have 5 clinical pharmacists. Review of prescribing incentive schemes</p> <p>Support the new Community Pharmacy Contract (Year 5)</p> <p>AMR 5 year strategy (covered in Population Health Programme)</p> <p>Delivery of QIPP/CIP programmes with multi-sector support as detailed by individual stakeholders</p>	<p>Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities</p> <p>Utilise the planned changes to optimise Medicines Optimisation in Wirral Place</p>
Our People		
When will we do it?	What Will we do?	What will be different?
2020/21	<ul style="list-style-type: none"> • Aligning Capability – The Aligning Capability gap analysis and Culture Assessments are scaled-up beyond the original ‘pilot sites’ with a key focus on 100% Wirral Neighbourhoods coverage - The size of this scaling-up will very much depend on OD resource availability vis-à-vis funding. In addition progress will be determined by the pace of the infrastructure integration detailed within the overarching Healthy Wirral 5 Year Summary 	<ul style="list-style-type: none"> • Aligned common purpose/vision and consistent approaches • Shared language across the system’s partners • Improved team work and conversational capability • Conflicts surfaced and addressed effectively across the system • Reduced duplication and improvement of

	<ul style="list-style-type: none"> • Following on from our work with the Communications and Engagement Programme, co-designing the Healthy Wirral Staff Awareness Survey, we will look to work with the teams/organisations that are shown to need our support as a priority. The People Programme will support in progressing the capability of teams, meeting them at their point of need and helping them prepare for large scale cross-organisational transformation. • Leadership Capability – The Healthy Wirral Leadership development programme matures from the 2019/20 3rd Sector programme model. This will include opportunities for delegates to increase their understanding of their own Wellbeing and that of their colleagues around them, not simply traditional leadership principles and methodologies. Delivered wherever possible by local qualified/experienced facilitators it will provide opportunities to both those who are new to leadership and those who are more experienced in their understanding • Conversational Capability – building on the work carried out with Chairs and Chief Executives this development opportunity will be delivered to system teams/areas that have been identified through the Aligning Capability diagnostic. Initially, Neighbourhoods will be focused on to support proactive systems change and continuation of relationship development. • The Task & Finish group will develop and create a Compact Agreement for inter-organisational behaviours. This will not only lay down a set of expectations for the behaviours that will be displayed when working with Healthy Wirral partners, but also an approach to follow when 	<p>processes, leads to capacity released which can be reinvested in multiple ways (Continues over following years as the Aligning Capability model is scaled-up across the Healthy Wirral footprint)</p> <ul style="list-style-type: none"> • Individuals more empowered to deliver against their role • New roles and career pathways within the system are identified • Individual skills are utilised as effectively as possible and are not restricted by job description alone • Improved Leadership capability across the system
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	<p>people do not adhere to them; holding colleagues to account.</p> <ul style="list-style-type: none"> • The Task and Finish group will develop and implement a bespoke training offer based on Imposter Syndrome. This is a subject that has kept resurfacing and colleagues have asked for more support in dealing with it. • Attract, Develop and Retain Capability within the Healthy Wirral System – a range of initiatives will be explored and developed which will include: <ul style="list-style-type: none"> a) Develop a Healthy Wirral approach to career progression b) Develop Healthy Wirral Apprenticeship(s) c) Develop Healthy Wirral approach to the identification of (and training for) new roles. d) Develop Healthy Wirral approach to workforce modelling which focuses on knowledge, skills and behaviours and new roles e) Develop a Healthy Wirral approach to recruitment and retention f) Establish opportunities for joint education and training programmes to support system organisational and workforce development • Developing a joined up approach to harmonising and utilising a single Trainee Nurse Associate programme. • Developing a process for cross-organisational shadowing to enable cross organisational knowledge transfer and learning, and enable large scale change with a single common purpose. • Wellbeing – Deliver a single Healthy Wirral approach to Mental Health First Aid training with a single procurement process across the footprint. • Once the MHFA offer has been implemented, the 	
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	<p>Task and Finish group, will consider consolidating further offers and approaches to staff across Healthy Wirral including:</p> <ul style="list-style-type: none"> ○ Flexible working options/policies ○ Training on Domestic Abuse ○ Know your numbers 'blood pressure' ○ Health Checks ○ Resilience and Change management training ○ Wellbeing Coaches 	
<p>2021/22</p>	<p>Objectives beyond 2021 will be further refined and scoped as the People Programme Task and Finish Groups progress through their respective P&OD pipeline. This will ensure Wirral People and System needs are routinely tracked and updated whilst also ensuring both National and Cheshire & Merseyside HCP development/priorities are taken into account.</p> <p>Equally, where the Healthy Wirral Programme Board or external factors dictate, the priority of these objectives and their proposed delivery date/year can be adjusted to help drive progress of the overall Healthy Wirral programme.</p> <ul style="list-style-type: none"> • Aligning Capability – The People programme will continue to work with <i>Healthy Wirral</i> Communication and Engagement leads, and using insight from staff surveys and other intelligence to support teams/organisations to align to the 5 year plan. Further support will be offered utilising the Aligning Capability model to establish the root cause of any barriers and develop supportive action plans. • Conversational Capability – Cross-organisational coaching will be offered, giving more Healthy Wirral organisations access to a wider variety of coaches 	<ul style="list-style-type: none"> • Reduced turnover and vacancies leading to reduction in use of bank/agency staff • Reduced absence and associated costs • Greater engagement and commitment of staff and Wirral people to the aims and objectives of the <i>Healthy Wirral</i> programme, and their role in delivery.

	<ul style="list-style-type: none"> – Both clinical and non-clinical • Attract, Develop and Retain Capability within the Healthy Wirral System – Develop a single Healthy Wirral approach to CPD investment • Wellbeing –explore the delivery of Flu Vaccination access for 3rd sector population facing colleagues • Explore the setup of Healthy Wirral Wellbeing Hubs at key staff locations across the footprint. The hubs will be open to all Healthy Wirral partners and will be a centre point for offering local services to staff in or near to their work environment. 	
2022/23	Attract, Develop and Retain Capability within the Healthy Wirral System – Move towards an agreed Wirral-wide set academic/training time that is reserved for members of staff to focus on their personal development, considering equally the needs of clinical and non-clinical staff of all levels.	
2023/24	Attract, Develop and Retain Capability within the Healthy Wirral System – Develop a Healthy Wirral employment passport system, including DBS and including online career/development history.	Checks need only be performed once for colleagues looking to work with Healthy Wirral partners allowing for easier and more cost effective flow of employment within the Wirral system and the retention of skills and experience

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Healthy Wirral Place Programme

Our Vision for Wirral 2019-2024

‘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’.

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Foreword

We are delighted to present our Vision and priorities for *Healthy Wirral*. This 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 Wirral.

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. 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.

The *Healthy Wirral* partnership is an alliance of partners working 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 long term strategy which will be developed from this vision.



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Healthy Wirral

Senior Responsible Officer

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Wirral Community Health & Care NHS Trust



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Head of Service

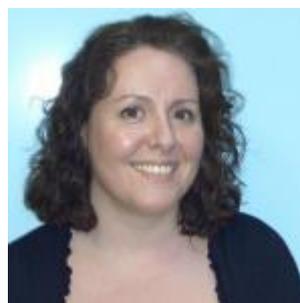
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Introduction

Delivering real change for Wirral people requires our services and communities to work more closely together in natural communities or 'Place'. In order to do this those organisations that plan and deliver services should establish place-based approaches in which they take joint responsibility to work with each other and with Wirral people to improve health and care for all citizens. This requires our organisations to collaborate to manage the common resources available to them; making the best of each 'Wirral Pound'. To do this effectively requires us to understand deeply the characteristics of our community and population if we are to focus our resources on the right things, and deliver long term, and sustainable health and wellbeing improvements.

To help us to achieve this, key Wirral partners including our local health and care organisations, general practices and third sector representatives along with Wirral Council have formed the **Healthy Wirral partnership** and we will be working with our staff and the public to make our local health and care services better and sustainable. We have already integrated our commissioning functions across health, social care and public health. This means that our planning will be more joined up and will work better.

We are developing our **Healthy Wirral Plan** for the next 5 years in order to focus our resources and energies on the right priorities. These will be based on our local assessments of population health and need, and on understanding how well we perform against agreed best practice. We recognise how important it is that we carefully consider what we need to do and engage the people of Wirral in seeking their views and opinions so that the plan reflects the key priorities for Wirral and guides how we will go about doing our work.

We do know that in the future more services will be organised locally and people will be supported better by a range of professionals, some of which will be new such as Social Prescribers and Physicians Assistants. We also want to ensure that we are working more effectively with voluntary organisations and groups to help people stay healthy and active in their local communities.

Place Based Care in Wirral has taken significant steps in 2018 with the formation of Wirral neighbourhoods. Wirral has been divided into nine neighbourhoods, all with a population of communities between 30-50,000 people. We have started to use the information we have to determine what the people in these neighbourhoods need, and work with local teams and organisations providing services and support in these areas including public, private and voluntary sector organisations. The recent introduction of Primary Care Networks as part of the NHS Long Term Plan complements our neighbourhood approach, recognising the importance of the role that General Practitioners and primary care staff play in local communities.

The Healthy Wirral Partners are committed to engaging the people of Wirral as we move forward with our plans. We will continue to identify opportunities for Wirral people to give their views and get involved in shaping their local health and care services.

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Wirral Place

Wirral is a borough of contrasts, both in its physical characteristics and demographics. Rural areas and urban and industrialised areas sit side by side in a compact peninsula of just 60 square miles and 24 miles of coastline. Wirral has many strengths which includes a growing economy and being strategically placed to take advantage of its role within the Liverpool City Region and the Northern Powerhouse. It has a proven record of supporting businesses and has a dynamic small business economy coupled with a strong visitor economy.

There is a strong contrast between the highly urbanised areas in the east, which contain some of the poorest communities in England and the wealthier commuter settlements in the west which benefit from a high quality natural environment. Life expectancy varies by around 10 years between wards in the East and West of Wirral, reflecting the large inequalities which are apparent in the Borough.

Wirral Place Facts:

- Population: 322,796 - one of the largest metropolitan boroughs in England.
- 24 miles of coastline and just over half the land area of the Wirral is open countryside. Over 60 percent of which is used for farming.
- Wirral has more Green Flag parks and green spaces (27 in total) than any other local authority in the North West.
- Wirral has the highest rate of employment (74.8%) in the Liverpool city region (LCR) and is above that of the North West (73.5%) and only slightly lower than National average (75.0%).
- Over 7,400 businesses providing employment for 116,000 people
- Health is Wirral's largest employment sector; employing 24.3% of the entire workforce,
- Unemployment rates in the East of the Borough (Birkenhead and Wallasey constituencies) are higher than for the North West and England
- There are over 1,500 voluntary, community and faith sector organisations in Wirral
- A total of 152,540 homes of which 15.2% (23,183) were affordable / social homes
- GCSE attainment is above the North West and England average.
- 32% of the Wirral population live in the 20% most deprived areas in England
- 19% of children (aged 0-15) live in poverty in Wirral (with rates much higher in the East of the Borough).
- Wirral has an older population when compared to England as a whole. 1 in 3 people aged over 65 (over 20,000 people) live alone in Wirral
- 1 in 8 households are defined as being in fuel poverty and over a quarter of households have no access to a car
- 833 children under the care of the local authority (looked after children). A much higher rate than for England.

Not sure if this list can be made into an infographic/ more interesting by the CSU?

Healthy Wirral: Wirral's Integrated Health and Care System

Our commitment to align our priorities and plans is enshrined within the health and wellbeing partnership referred to as *Healthy Wirral* which brings together our strategic planning into a single, place based narrative as a “Golden Thread” for the Wirral health and social care system and for local people.

The *Healthy Wirral Partnership* is made up of the following organisations working together and on behalf of Wirral communities:

- Wirral Community Health and Care NHS Foundation Trust
- NHS Wirral Clinical Commissioning Group
- Wirral University Teaching Hospitals NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral Borough Council
- Primary Care Wirral Federation
- Wirral GP Federation (GPW-Fed Ltd)
- Clatterbridge Cancer Centre
- Community Action Wirral
- Healthwatch Wirral

Healthy Wirral partners recognise that it will only be through collective, actions as an integrated care system that we will deliver the best health and wellbeing outcomes for Wirral people. In order to meet our mission of *‘Better health and wellbeing in Wirral by working together’* *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 our people being 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 quality outcomes for Wirral people.

This reflects our partners’ commitment to work together collaboratively to achieve a healthy and sustainable future for Wirral through adopting the following principles:

1. **Acting As One** – exemplified in our actions and behaviours; focused on delivering benefits by putting the whole system first
2. **Improving population health** – delivering the *Healthy Wirral* outcomes around better care and better health using a place-based approach.

3. **Clinical sustainability** – ensuring sustainable, high quality, appropriately staffed services, that are not affected by boundaries between organisations
4. **Financial sustainability** – managing with our budgets, delivering efficiency and better value.

Healthy Wirral partners have committed to working towards acting as one in the interests of delivering the best outcomes for Wirral people and commits to the following principles:

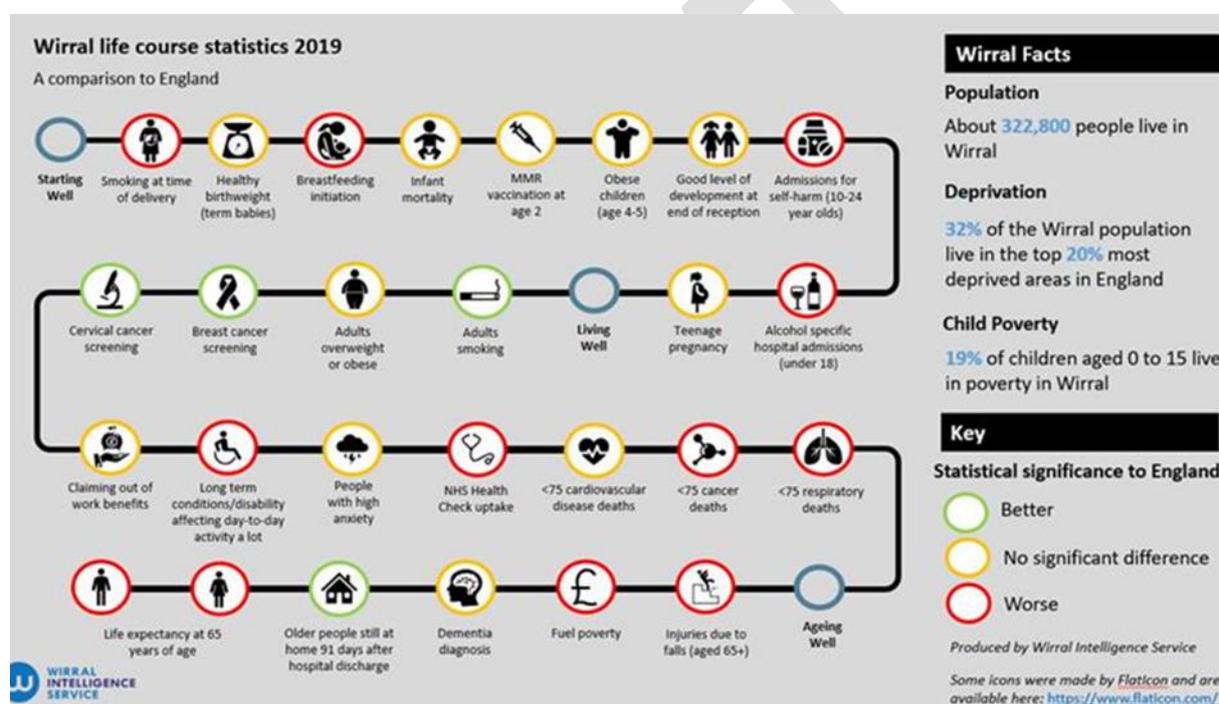
- We will agree the most important outcomes to achieve, based on a clear understanding of our population's health.
- We will ensure that we commission the integrated provision of services for our population which best delivers these outcomes.
- Our Providers commit to respond collectively; sharing financial risk and reducing inefficiency to ensure they achieve agreed standards of clinical quality and performance.
- We will work to achieve sound financial control and the effective use of resources for the benefit of Wirral people.
- We will ensure there is public value to every investment made, in terms of better health, better care and better value.
- We will operate an open and transparent approach to all our financial transactions
- We will view a failure of performance in any one area as a failure for the system and therefore of all partners.

Why do we need to change?

Many people in Wirral are living longer healthier lives. However, considerable challenges remain. Wirral lags behind other areas of the country on some key health outcomes and not all communities have benefited from the same rates of improvement to their health and wellbeing. We need to change:

- **To improve health and wellbeing outcomes**

As shown in the picture below Wirral performs worse than England for some key health and wellbeing outcomes including smoking in pregnancy, admissions to hospital due to alcohol, preventable deaths from cancer and respiratory disease, and injuries due to falls.



- **To reduce avoidable inequalities in health**

Although life expectancy has increased steadily over the past 20 years, recently improvements in life expectancy have stalled, and while people are living longer not all these years are lived in good health. This means people in Wirral are spending less of their lives in good health. In addition, there remain persistent and significant differences in how long a person will live and how many years they can expect to live in good health depending upon where people are born in Wirral. These differences in life expectancy and healthy life expectancy are unjust, unfair and stark.

Within Wirral, the difference in life expectancy at birth between the most and least deprived is:



- ***Because we know how to support people to live healthy lives***

High quality health and care services are important for keeping people healthy. Whilst it is essential that our health and care services are excellent, estimates suggest they only make up a fifth of what keeps us healthy. Good health is about much more than access to healthcare and we know that the choices we make about our diet or whether we exercise, smoke or drink alcohol are affected by a wide range of factors.

The landmark [Marmot Review: Fair Society, Healthy Lives](#) outlined the causes of health inequalities and the actions required to reduce them. As can be seen in the picture below health inequalities are not caused by one single issue, but a complex mix of environmental and social factors which play out in a local area, or place - this means that local areas have a critical role to play in reducing health inequalities.

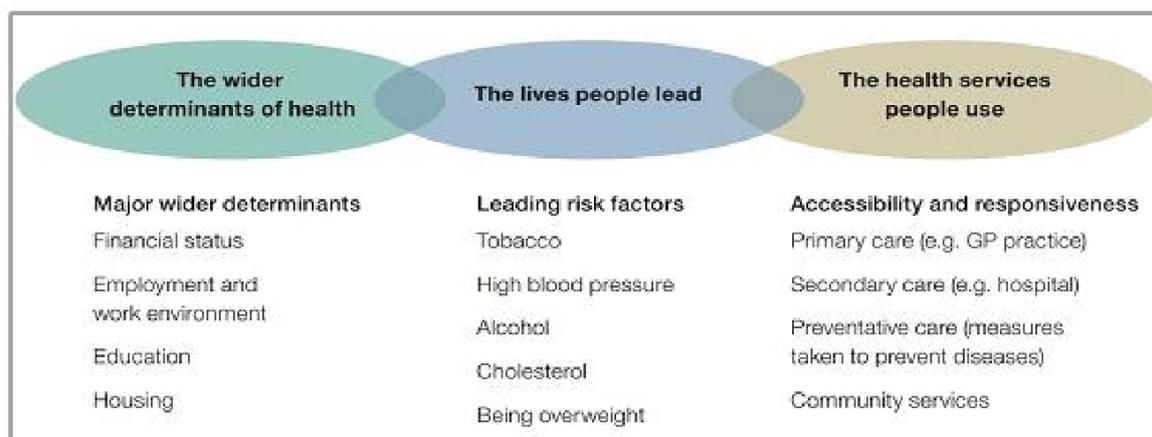
The best way of ensuring healthy behaviors and a long life in good health is to have a good start in life, a good education, a warm and loving home, a connected community and enough income to meet our needs.

To put it even more simply, a job, home and friends are the things that matter most.

And because we understand that reducing health inequalities is about jobs that local people can get, decent housing and preventing people becoming isolated, it follows that we also recognise that places and communities have the most critical role to play.

If we all work together to get this right our neighbourhoods are more productive and prosperous, and we support and encourage people to use the NHS less and later in life, to stay well for longer, and when unwell to stay in their home for longer, and to stay in work for longer.

The causes of Health inequalities



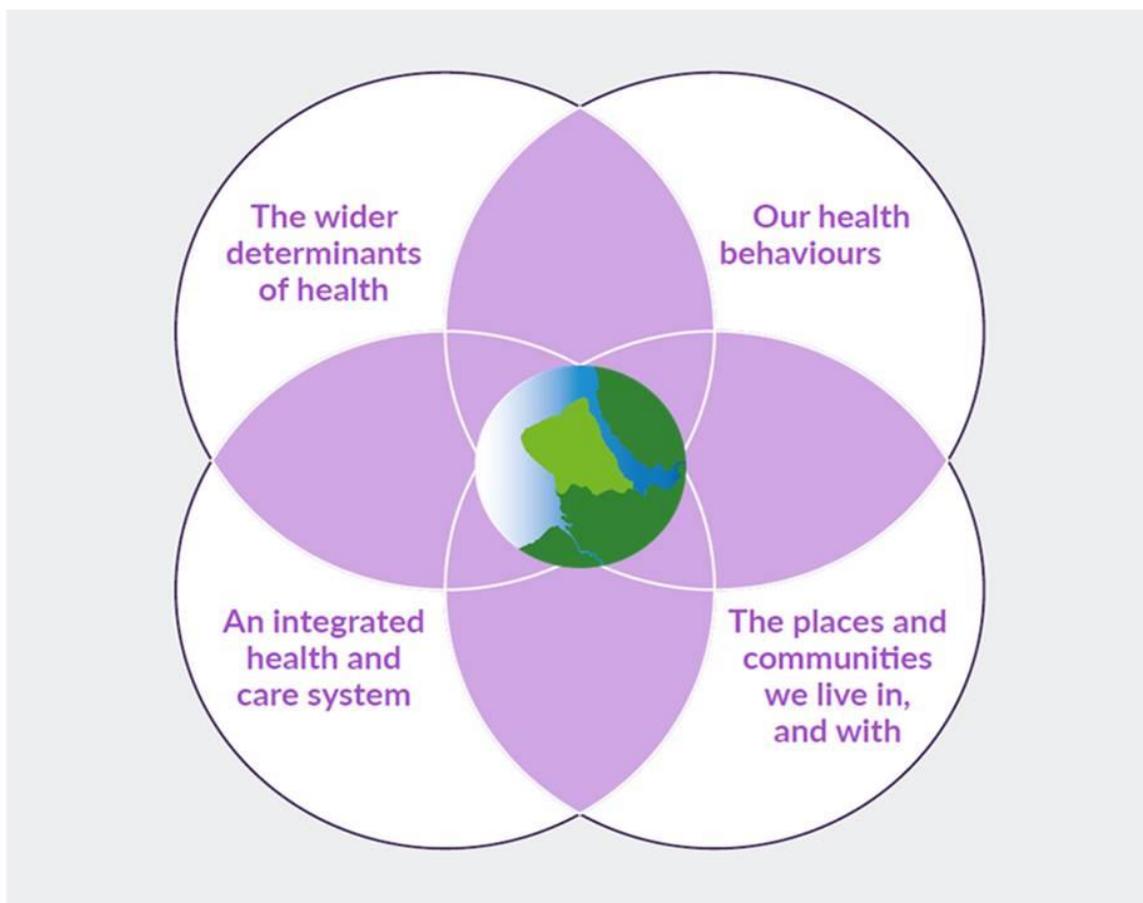
Source: [National Audit Office Literature Review, 2010](#)

In order to address our local challenges in Wirral, we recognise we need to move away from a health and care system just focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health.

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Our approach to improving health and wellbeing

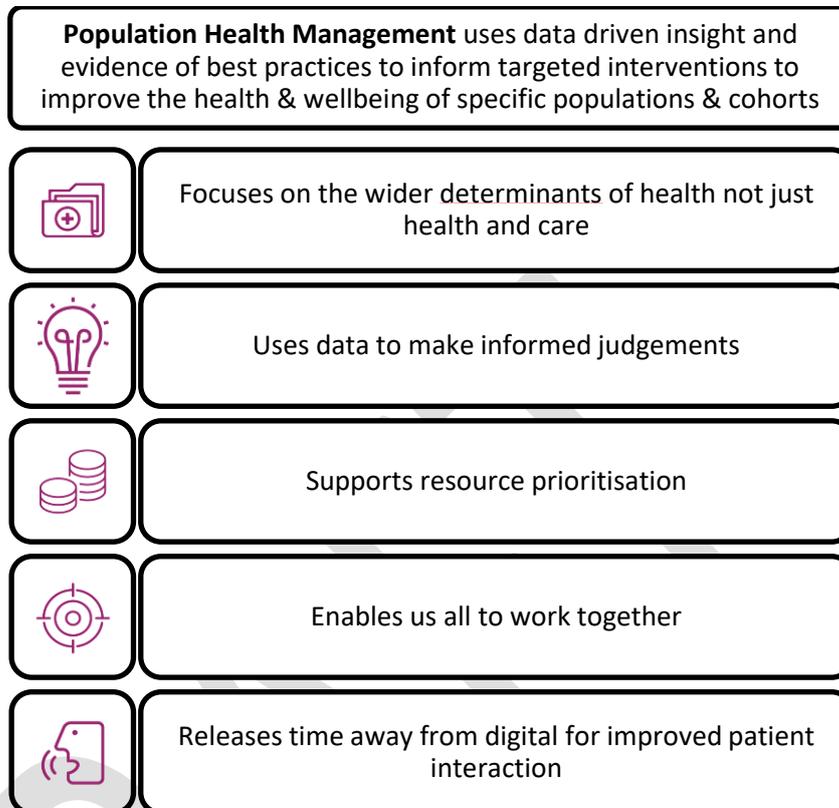
We believe that the best way to improve health outcomes for the people of Wirral is to take a population health approach, working together in partnership with individuals, communities and wider partners to understand in detail the health of our population and put together plans to improve health.



Our approach to Understanding and Improving Population Health in Wirral:

- Recognises health has many complex influences - but that the wider determinants of health are the most important driver of health and wellbeing (a good start in life, a good education, a warm and loving home, a connected community and enough income to meet our needs).
- Our income and wealth, education, housing, transport and leisure).
- Has clear focus on health inequalities and tackling causes of inequalities
- Is driven by health intelligence & evidence
- Is patient & community focussed using a life course approach

We will use a **Population health management** approach to help us understand and predict future health and care needs so that we can better target support, make better use of resources and reduce health inequalities.



Working in partnership to make Wirral a healthier place to live

Whilst it is essential that our health and care services are providing high quality care, they are only one aspect of the many things that contribute to positive health and wellbeing. These issues cannot be addressed through the health and care system alone it requires working closely with individuals, communities and wider partner agencies focussing upon the things that drives our health and that can improve and maintain it over time.

Our partnership with Wirral Council ensures that factors such as housing, education and local environments are considered, and we can all work together to support people to lead healthier lives. Our aim is that the Healthy Wirral Plan will directly link to the wider Wirral Council Plan so that our actions complement and enhance Wirral Council's ambitions around these areas, for example helping to build peoples personal resilience through the opportunities that Wirral's Borough of Culture offer around the impact of culture and sport on peoples wellbeing .

Wirral's Councils Plan sets out 5 key outcomes that we want to achieve by 2025:

- A prosperous, inclusive economy where local people can get good jobs and achieve their aspirations
- A cleaner, greener borough which defends and improves our environment
- Brighter futures for our young people and families –regardless of their background or where they live
- Safe, pleasant and clean communities where people want to live and raise their families
- Services which help people live happy, healthy, independent and active lifestyles, with public services there to support them when they need it

The Local Plan

The Local Plan is a statutory document that sets out the place/planning ambition for Wirral and guides decisions on planning applications for local developments. Wirral's Local Plan is currently being updated to reflect the Council's long-term vision, objectives and spatial strategy for the Borough. The Council's highest corporate priority is to produce a quality Local Plan for Wirral which complies fully with all relevant Local Plan legislation and national policy.

The Local Plan will contain policies to guide new housing, business development and infrastructure, and to inform decisions that impact on the environment. This plan will set out the guidelines for development in Wirral for the next 30 years. The link between the environment and public health is well established and the impact on health, both negative and positive, is acknowledged. Supporting the creation of healthy communities and environments through good design, active travel and physical activity and providing access to facilities and services and high-quality open spaces is key to improving the health of Wirral residents and reducing health inequalities. Conversely living in poor housing, in a deprived neighbourhood with a lack of access to open space impacts negatively on physical and mental health.

Health inequalities is a significant issue for Wirral and there is a clear geographical divide in terms of health outcomes across the population. Ensuring that the Plan enables opportunities to address inequalities arising from employment, affordable and quality housing and the wider lived environment where people can aspire, thrive and become more personally resilient is a key challenge.

Working with our local communities

As well as shaping the physical and lived environment through the Local Plan we are working with local people to inform what we do and how we will do it. To do this we have set up People's Panels in each neighbourhood so that what we are doing reflects the assets of, and challenges for, local people. By sharing stories and evidence in this way we can work together to uncover and address complex issues. This builds on our efforts to develop a new relationship between people and public services using an Asset Based Community Development (ABCD) approach which recognises that communities can drive the development process themselves by identifying and mobilising existing, but often unrecognised assets including volunteers, and thereby responding to and creating local economic opportunity. This has resulted in the emergence of a now established Community of Practice network led by local people and community organisations coming together. It has also changed the approach to prevention services and since 2017 the Community Connector service has been working with people encouraging and supporting behaviour change starting with their strengths and not those issues that professionals think need addressing to improve health outcomes.

A Commitment to Social Value

The vision for Social Value across Cheshire and Merseyside is that everyone recognises their contribution to Social Value, including the changes it can bring about to reduce avoidable inequalities and improve health and wellbeing. Social Value is about using the resources and assets we have more strategically, to produce a wider benefit. It also requires us to build on the strengths of people and communities to enable people to live a valued and dignified life.

Wirral is committed to this approach and our plan is to involve organisations and their workforce including our local industries, and Wirral people in the aim of delivering social value and adhering to the principles of the Cheshire and Merseyside Social Value charter.

Supporting our population will include helping them to be proactive in their lifestyle choices and consequently changing the relationship with public services to reflect this. Our health and care organisations need to think beyond their organisational boundaries towards people and the place that they live. Our workforce needs to think differently in their relationships with local people and with other organisations.

Our commitment to social value also requires our public sector as **‘Anchor Organisations’** to use their purchasing power to build capabilities, strengths and assets within our communities, ensuring that Wirral is a great ‘Place’ to live and work. Wirral Health and Care Commissioning (WHCC) will ensure that future commissioning activity requires all providers to demonstrate delivery of social value.

A key theme of Social Value is the promotion of growth and development opportunities for all within a community and ensuring that they have access to opportunities to develop new skills and gain meaningful employment. NHS organisations are one of the largest employers on Wirral and therefore the opportunities are clear for this theme and our NHS employers have been requested to support the Wirral Council scheme supporting care leavers into employment.

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work

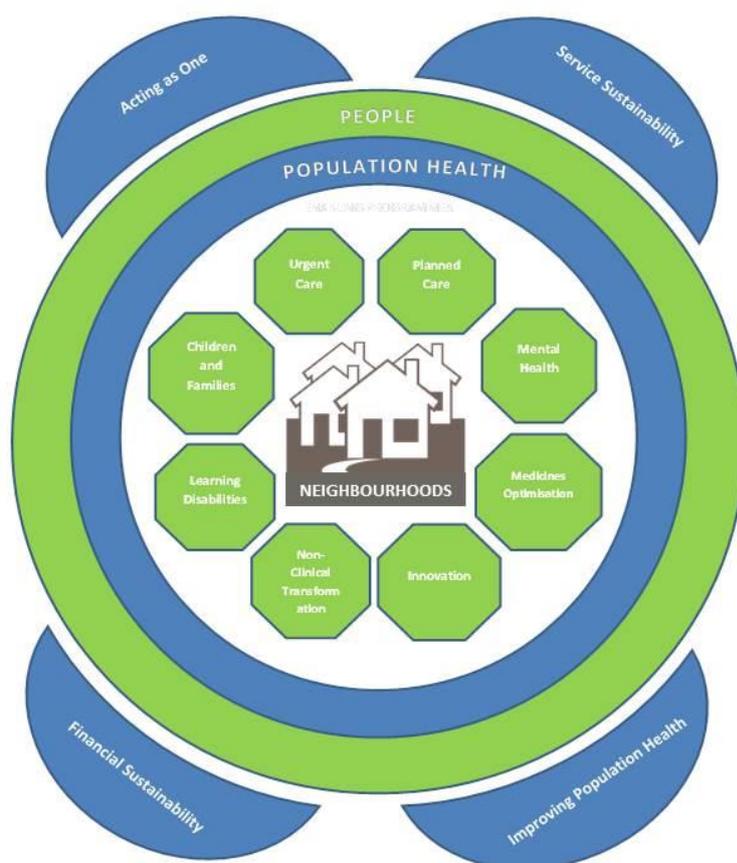
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Our Key Goals for delivering a *Healthy Wirral*

The work we are undertaking supports the broader national and regional context of the NHS Five Year Forward View and the NHS Long term Plan as well as a clear commitment to the delivery of Place aligned to Wirral Councils' Local Plan and Industrial Strategy.

Our aim is to deliver the required change through a comprehensive *Healthy Wirral* Delivery Programme; enabling system-wide collective problem solving and setting challenging and innovative transformation programmes. We recognise that achieving real and lasting change will require us to ensure our programme is driven by the principles of population health, supports our people to have the confidence and capability to respond to changes and is focused on the neighbourhoods and communities where people live their lives. System partners have committed to collectively and collaboratively consider how new models of care can best support delivery of our aims. Our transformation programme is summarised in the picture below:



We want to ensure that our programmes are clear, focused on delivering better outcomes for Wirral people, families and carers and that they complement each other. These programmes will aim to ensure that the changes made result in improved health and wellbeing for people living and working in Wirral, and are

focused on the specific needs of communities and where people live. All of our programmes must be informed by comprehensive population health intelligence, consider how their priorities link to each other, and focus on place based service delivery at local community and neighbourhood level.

Our Population Health Programme

We have described our Population Health approach and how we are working in partnership to make Wirral a healthier place to live in the sections above.

Our Healthy Wirral Population Health Programme focusses upon upscaling action on prevention and reducing health inequalities. This includes:

- Preventing ill health (with a focus upon tobacco control, promoting healthy weight, reducing harms from alcohol, and CVD prevention)
- Supporting people with long-term conditions to live well

Our local approach is informed by the Cheshire & Merseyside population health framework.

It is important to note that Population health is not a stand-alone programme but one that informs and cuts across all Healthy Wirral Programmes.

Preventing ill health

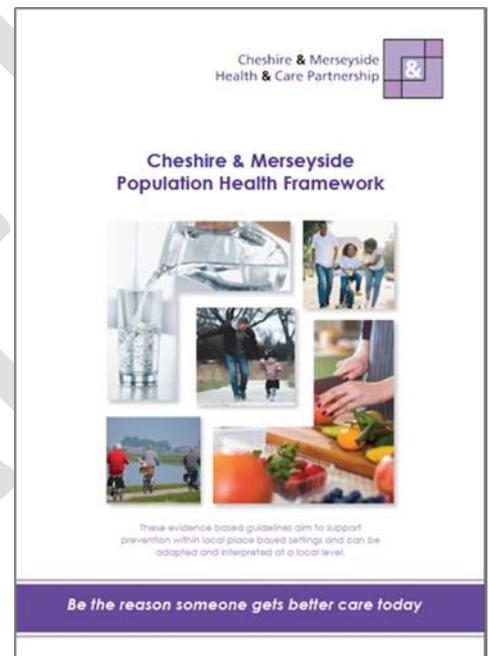
Tobacco Control: Wirral's vision is to make smoking history for our children.

Smoking remains the single greatest risk factor for poor health and early death in Wirral. Smoking still kills and we cannot say that the job of tobacco control is done when one in five deaths each year in Wirral is related to smoking. People in the most deprived areas are twice as more likely to smoke.

Smoking Facts:

- 1 in 10 people smoke in Wirral (30,488)
- The annual cost to the wider society is £77.7 million
- 1 in 8 pregnant women smoke at the time of delivery
- 1 in 4 young people get offered illegal tobacco

Wirral will continue to work in a systematic approach to:



- Reduce the number of people who smoke in the borough with a focus on the most vulnerable groups
- Support our local NHS trusts in developing smoke free policies and offering in-patients support to quit
- Reduce the number of women who continue to smoke during pregnancy through introducing a smoke-free pregnancy pathway
- Reduce and prevent the uptake of smoking among young people including working with Trading Standards to reduce illicit tobacco and underage sales.

Promoting a healthy weight

Obesity is one of the most serious health challenges of the 21st century – it is a complex issue with several different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity it requires action across agencies, sectors and with local people. Local environments in which people live, play, and work often encourage excess calorie consumption and inactive lifestyles. Achieving a healthy weight is not just the responsibility of the individual, and to make a difference at a population level we will require a collaborative approach that creates system wide change.

A range of actions need to be put in place to tackle these environmental causes of obesity. This can be done with local authority department (including planning, transport, environmental services and economic regeneration), local businesses, NHS estates and other stakeholders

In Wirral we will be promoting a whole systems approach to obesity, this includes:

- Adopting a ‘Health in All Policies’¹ approach.
- Working with local communities and elected members to identify actions that need to be put in place in relation to active travel, town planning, transport, economic regeneration.

Reducing Alcohol Harm

Alcohol misuse is a major cause of avoidable morbidity and mortality within Wirral. It is linked to over 200 medical conditions and is a major cause of avoidable hospital admissions and premature death. Alcohol also causes significant harm to local communities through anti-social behaviour and violence.

The NHS Long Term Plan focussed on strengthening alcohol prevention across the NHS, with a particular focus on acute trusts and partners. There is a range of activity

¹ Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions made; targets the key social determinants of health; looks for synergies between health and other core objectives of Councils and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

that is planned to scale up action on alcohol across Cheshire and Merseyside, which Wirral will be part of. Activity to reduce alcohol harm in Wirral includes;

- Ensuring we deliver services according to an evidenced based alcohol care pathway
- Creation of an alcohol dashboard to monitor action on alcohol prevention
- Development and implementation of minimum competencies for alcohol care teams & development of training offer
- Upscaling of alcohol identification and brief advice (IBA) activities
- Insight and engagement work on alcohol minimum unit pricing
- Delivering the Reduce the strength programme to limit sales of high strength, cheap alcohol.
- Working with licensing and community safety to reduce the impact alcohol has on our local communities

Preventing cardiovascular disease (CVD)

Over the last few decades, great strides have been taken in reducing premature deaths due to CVD in Wirral. However, the problem still remains a significant cause of disability, death and health inequalities.

In order to prevent cardiovascular disease in Wirral we will:

- Promote and improve uptake of the NHS Health Check Programme
- Improve the detection and treatment of the high-risk conditions of Atrial Fibrillation, hypertension (high BP) and high cholesterol
- Support the implementation and ongoing enhancement of the NHS Diabetes Prevention Programme

Blood Pressure

High Blood pressure is Cheshire and Merseyside's most common condition and risk factor for Cardiovascular Disease (CVD). Healthy Wirral supports the delivery and ambition of Cheshire and Merseyside's strategy; Saving lives: Reducing the pressure.

Wirral will continue to take a systems approach to the prevention, detection and management of blood pressure. This includes;

- Implementation of the BEACON pilot recommendations,
- Continued promotion to encourage high uptake of CVD health checks;
- Community testing and engagement for example training up workplace champions and promotion of the Happy Hearts website and campaigns such as Know your Numbers.



Supporting people with long-term conditions to live well

In Wirral we aim to support people with long-term condition to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care and live more independently.

We will support people to do this by:

- Implementing the Comprehensive Model of Personalised Care, which fully embeds the six standard components – shared decision making; personalised care and support planning; enabling choice; social prescribing and community based support; supported self-management; and personal health budgets and integrated personal budgets – across the NHS and the wider health and care system.
- Working collaboratively with our Primary Care Networks and the community and voluntary sector to recruit additional social prescribing link workers to enable more people to be able to be referred to social prescribing schemes.

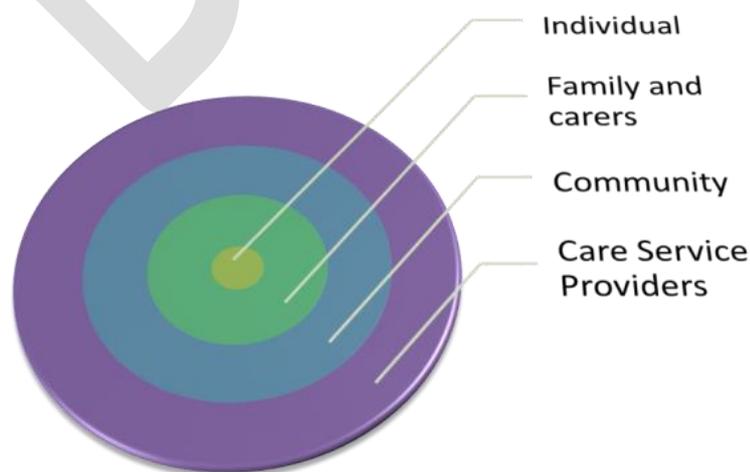
Social prescribing link workers connect people to wider community support which that can help improve their health and well-being and to engage and deal with some of their underlying causes of ill health.

- Ensuring approaches such as health coaching, peer support and self-management education are systematically put in place to help people build knowledge, skills and confidence.
- We will utilise digital technology to support people to self-care for example through the Best You App
- Supporting health and care staff to have coaching conversations focussed upon what matters to that person and their individual strengths and needs. We will link this to Making Every Contact Count (MECC) a behaviour change approach that can drive a culture shift towards prevention addressing lifestyle behaviours and includes conversations relating to the wider determinants of health such as debt management, housing and welfare rights advice and directing people to services that can provide support.

Our People

The overall vision and aim of the Healthy Wirral People Programme is *to ensure Healthy Wirral has the people capability (capacity, competence and confidence) required to meet local population needs delivered through person-centred care.*

The programme is intentionally called a “people” and not “workforce” programme as it recognises that the capability (capacity, competence and confidence) required to improve people’s lives runs within and across communities and is not just contained within the “workforce” of statutory organisations such as the NHS. If the health and care needs of the people of Wirral are to be met then the full capability contained within all people should be unlocked.



The People Programme is specifically focused on responding to and helping to shape the requirements for developing Wirral place, and has also taken into account the NHS Interim People Plan and the Workforce Strategy 2019-2024 for Cheshire and Merseyside Healthcare Partnership in that it seeks to support and deliver the priorities contained within those documents in a way that is sensitive to the local Wirral context.

These priorities can be summarised as follows:

- Making the NHS the best place to work
- Improving our leadership culture
- Addressing urgent workforce shortages in nursing
- Delivering 21st century care
- A new operating model

Within this framework we have engaged with a wide range of stakeholders across Wirral over the past six months to identify the specific people challenges within and across organisations and sectors. This led to a Wirral-specific set of priorities, which are focused on the following themes:

1. Aligning Capability – Identify and develop the people capability required to meet local needs within Neighbourhoods
2. Leadership Capability - Support the development of leadership capability within each neighbourhood and Healthy Wirral senior system leaders.
3. Conversational Capability - Develop the capability (capacity, competence and confidence which leads to trusting relationships across all organisations centred on a common-purpose.
4. Attract, Develop and Retain Capability within the Healthy Wirral System – This covers a number of areas namely:
 - a) Develop a Wirral approach to career progression
 - b) Develop a Wirral Apprenticeship(s)
 - c) Develop a Wirral approach to the identification of (and training for) new roles.
 - d) Develop a Wirral approach to workforce modelling which focuses on knowledge, skills and behaviours and new roles
 - e) Develop a Healthy Wirral approach to recruitment and retention.
5. Wellbeing - Develop a Wirral approach to improving the wellbeing of those who work or volunteer for health and care providers.

Each of these priorities will be addressed through working groups made up of representatives from a range of sectors across the Wirral. These groups will continue to refine what can be delivered over the next 5 years and beyond.

Our Neighbourhoods: Improving Health and wellbeing where you live

Our Vision is that the Neighbourhood programme will be at the heart of improving health and wellbeing in Wirral. Wirral partners are committed to establishing true place based working building on the existing Wirral Neighbourhood Place model. We believe that by working together we will provide effective support, as close to people's homes as possible, delivered by the right person at the right time. We will work across the public sector and with the voluntary and community sector to support people to better manage their own health effectively in their local neighbourhoods.

Much has already been achieved at a place level to-date with a focus on the development of integrated teams and building strong relationships with Primary Care partners. Our initial focus on supporting better outcomes for frail people has seen a significant reduction in unnecessary hospital admissions for people aged over 65.

There are many positive examples of practical changes on the ground which has directly led to improved services for local people. These include:

- The development of service guides for Health and Care professionals in order to provide a better understanding of local support and services.
- Building strong relationships, integrated working and communication between teams delivering local services including third sector and Health partners.
- Local educational events to improve the support for local people living with long term conditions.
- Developing integrated Social Prescribing roles in local teams to respond to local needs.

The introduction of Primary Care Networks (PCN's) sets out how G.P practices will work together to improve the health of their populations through greater provision of personalised and integrated health and social care. In July 2019 the 51 GP practices in Wirral established 5 Primary Care Networks, comprising 7 delivery units. This has provided an opportunity to reaffirm Wirral's place based model of which General Practice and Primary Care services are a fundamental part. Wirral's place model will also harness the energy and input of the wider community to tackle the wider determinates of health through their understanding of local needs, and through creating strong and resilient communities.

Our programme to deliver these changes will be further optimised to support the development of Neighbourhoods. This will be driven by our local priorities in Wirral which are well aligned with national and regional priorities. The development and strengthening of our third sector as key partners is a fundamental priority for this

programme, as is collaborative working and engagement with our system together with strong clinical leadership.

This new approach will establish strong links with the wider *Healthy Wirral* and Health and Care system programmes, including digitally enabled primary care, outpatient care and giving people greater control over their own health and wellbeing.

Our local Neighbourhoods and associated networks are seen as the cornerstone of the *Healthy Wirral programme* and fundamental to the future of responsive, population health focused care, delivered close to home wherever possible and appropriate. Our streams of work have been focused on providing a clear and easy to navigate approach that interacts and links with all our partners to locally provide the best care outcomes

Our intention is to offer a local service, tailored to the needs of the local population which means:

- Population health issues are identified by detailed neighbourhood intelligence and data
- Existing strong local relationships with communities, statutory and third sector partners are supported to grow and flourish
- Neighbourhood priorities feed into a neighbourhood delivery plan that all partners recognise and support
- We help individuals and their families and carers within neighbourhoods to manage their own health effectively with the right support as, when and where they need it.
- Through intelligence driven action and mobilisation of communities, there is a measurable improvement in population health
- We drive up the quality and consistency of care, improve safety and patient experience, driven by a culture of continuous improvement

Children and Families

The vision of the Wirral Children, Young People and Families Partnership is to 'Make Wirral Great for Children, Young People and Families' by:

- Empowering and supporting families and communities to raise healthy and resilient children and young people
- Delivering action that reduces the potential of risk or harm to our children, with particular emphasis on the most vulnerable families
- Ensuring children, young people and their families have access to the right help and support at the right time, in the right place

- Reducing the need for children being looked after. For those that do require this, ensuring they are better off as a result of being in care
- Raising aspirations, celebrating achievement and improving attainment for all children and young people to reach their full potential
- Providing children with Special Educational Needs and Disabilities (SEND) access to opportunity to positively contribute to the wider community and support their transition into adulthood
- Through the wider Wirral Partnership, improving living conditions for local families through better employment, housing, transport, leisure, environment and safer neighbourhoods

The Healthy Wirral Programme has a major part to play in helping to ensure the above objectives are achieved. More specifically over the next five years, the programme will contribute to the wider partnership objectives for Children, Young People and Families by:

- Ensuring the delivery of an effective and locally integrated Healthy Child Programme
- Ensuring the delivery of a safe and effective Childhood Immunisation Programme
- Redesigning the Early Help and Prevention offer to vulnerable families (in partnership with the Local Authority), committing to a focus of resources where the need is greatest
- Reviewing and developing maternity peri-natal and post-natal care services to ensure women have choices about their care, have access to better information, have better continuity of care and are supported to make good lifestyle choices during pregnancy
- Agreeing a community 'deal' with children, young people and families, where each is clear where responsibilities lie for health and wellbeing
- Improving the mental health support offer to children, young people and families
- Developing better and more integrated care options within the community for children and young people with complex needs, so that they do not become hospital inpatients
- Training and Empowering frontline staff to work in a 'trauma-informed' way, seeking ways to break the cycle of adverse childhood experiences amongst vulnerable families

Planned Care

Planned Care

For planned care the overarching principle and purpose is to improve the pathways of care for people living with long term conditions and to have a more proactive approach towards the prevention of ill health including advice guidance, and supporting self-care. In line with

the strategy for place based care on Wirral, our aim is to move care out of the hospital and into the community and place wherever this is appropriate.

Our planned care goals are closely linked to the core aims of Healthy Wirral focused on improving people's involvement in and ownership of their own health and care. These goals are also linked with the development and enablement of our neighbourhoods to tackle the wider determinants of health. The transformation of planned care includes involvement of all our stakeholders and providers across the entire pathway of care. The involvement of an individual and their friends and family is key to how services will be delivered; the focus will be about care wrapped around the person. The use of technology and IT in promoting self-care will be integral to our approach and more patients will be able to access, and input, information regarding their health using technology

Following significant work with *Healthy Wirral* system partners and consulting with expert colleagues on what our health intelligence tells us, a number of priorities for intervention have been identified linked to those areas where Wirral is not performing as well as comparable places. The priority areas also reflect the ambitions set out in the NHS Long Term plan. Project teams have been established with key clinical leads, commissioners and provider leads to establish transformation programmes across entire pathways in each of the following areas for:

- Respiratory conditions
- Cardio Vascular Disease
- Gastro-intestinal conditions

This work will incorporate the implementation of the registries within the Wirral Care Record and will utilise the opportunities identified in the national Elective Care Handbooks published by NHS England. As part of this a focus of the transformation will be on prevention and working on reducing the long term risk for Wirral people of living more years in ill health due to long term conditions.

Healthy Wirral will continue to work on the priority areas of Cheshire and Merseyside Health and Care Partnership which are aligned to our priority areas. This will include further development of a number of pathways including:

- Stroke,
- End of life care
- Chronic kidney disease
- Diabetes
- Ophthalmology

Improvements in our cancer pathways will be linked to the work of the Cheshire and Merseyside Cancer Alliance and their five year plan. Our priority will be tackling local variation in cancer prevalence and treatment. The focus will be on prevention, increasing cancer screening uptake, and early diagnosis to enable treatment commencement without delay.

In line with the ambition of the NHS Long Term Plan and through reviewing the health intelligence about Wirral services we have identified outpatient redesign as a key strategic priority. Our work will be focused on our hospital getting the basics right and implementing

new ways of working such as advice and guidance. The aim will be to ensure that people are only asked to attend the hospital in person for an outpatient appointment when absolutely necessary. The increased use of technology will be key to improving outpatient services. We will also identify opportunities to move more services out of the hospital and into the community wherever this is possible. In future years the focus of work will explore services that could be better provided within the community and development and implementation of a model of care for long term conditions, including dermatology, gynaecology, cardiology and diabetes.

Unplanned Care

Our vision for Wirral's unplanned care services is for a responsive, reliable and efficient system that fulfils the following key principles:

- Standardised and simple access
- Services that take into account physical, mental, social and wellbeing needs of the person and where possible, involve their family and friends at every step of treatment
- Convenience and delivery closer to home wherever possible
- Achieving the 4-hour waiting standard for Emergency Department (ED)
- Staff have the right information about their patients, and patients have the right information about their care options
- All Health and Care partners working together
- Services that Wirral people are proud of and staff are proud to be a part of

Our priorities that we would aim to deliver over the next five years will be centred on three key ambitions:

- Supporting people to remain in their own homes and communities wherever possible and prevent unnecessary admissions to hospital or attendance at A&E
- Ensuring responsive and appropriate care is available when people have a need for urgent or emergency care. Focusing support on ensuring people do not have to remain in hospital any longer than they need to.
- Ensuring people receive appropriate and timely discharge from hospital to their home or home-like environment

We have identified a number of priorities that we would wish to deliver over the next 5 years to meet these ambitions and achieve our vision. Changes to services and pathways will be clinically led with involvement from across Wirral. These priorities to delivery our ambitions include:

- Ensuring that services are delivered as close to where people are when this is possible and that people are aware of the services available. This is making the best use of the resources we have to ensure we have the right services to provide the care needed in the right place at the right time, and wherever possible to avoid the need of admission to hospital through the provision of effective alternatives within the community and neighbourhoods, and empowering people to 'choose well' to access the right care for their needs.

- Enabling people to be supported to stay at home by the completion of the transformational changes to establish an enhanced Single Point of Access (SPA). This will support rapid access from the community to hospital and community services, mental health, physical health, social care and voluntary sector services.
- Develop the Urgent Treatment Centre and as a result improve the experience of people attending the Arrowe Park Site for urgent health care.
- Improve and maintain ambulance handover and turnaround times and eliminate corridor waits within our A&E department.
- Establish an Acute Frailty Service to reduce avoidable admissions for frail and elderly people; delivering comprehensive geriatric assessments in A and E and assessment units.
- Eliminate undue long hospital stays for people by ensuring that the right decisions are made and the right services are available to support people to return home or close to home as quickly and safely as possible
- Improving the 7 day home first pathway and community model to meet system requirements, optimising the opportunity for people to regain their independence in or near to their own homes
- Develop a system for integrated capacity tracking across the whole system to allow us to fully understand and plan our urgent care services across all care sectors

Mental Health

Our vision is to establish an integrated Mental Health service with seamless patient pathways, aligning primary and secondary mental health services and integrated with community level interventions including social prescribing and with wider partners such as the police and voluntary services, in order to support Wirral people to live their own lives well.

Our priorities that we would aim to deliver over the next five years will include

- Review and develop specialist perinatal mental health care to ensure increased access for women from pre conception to 24 months post birth and offer an assessment to partners of women accessing specialist care to enable support and signposting as required. In partnership with Insight Concern we are looking to develop a pilot of maternity outreach clinic to combine maternity, reproductive health and psychological therapies for women experiencing mental health difficulties.
- Ensure our planning for Children and Young People's mental health is aligned with wider plans for Children and Families including special educational needs and disability (SEND). This will include improving the access to wider NHS funded services through the Children and Young People pathway launch and a wider communication campaign. Pilot and implement joint working with adult liaison and street triage service to widen access for Children and Young Peoples crisis care. Ensure continued good standards of assessment and

treatment for eating disorders. Consider national and STP guidance re the implementation and alignment of services for 0-25 and develop project scope for implementation.

- Ensure delivery of referral treatment times and recovery targets through the development of our 'Talking Together, Live Well Wirral' services including Improving Access to Psychological Therapies (IAPT), and particularly review access to services for older adults. Fully implement Long Term Condition IAPT pathways in at least 4 condition pathways
- Consider wider community integration for Personality Disorder, Mental Health rehabilitation and eating disorder services with primary care; evaluating the learning from adult severe mental illness (SMI). Implement the recommendations from the physical health and mental health task and finish group to deliver an integrated care model in line with the neighbourhoods, initially focusing on SMI.
- Implement the enhanced Mental Health Crisis Resolution Home Treatment (CRHT) service for adults
- Ensure therapeutic acute mental health inpatient care remains appropriate to meet demand
- Continue to support the progress of the Wirral Suicide reduction programme, and improvements to suicide bereavement support, considering any wider Cheshire and Merseyside benefits.
- Ensure services are effective to provide Problem Gambling mental health support including early help and prevention approaches with children, young people and families
- Review the provision of mental and emotional health services for homeless people across Primary Care, Mental Health and Public health contracts and explore further specialist provision for rough sleepers

Learning Disabilities and Autism

Our vision is that through transformation of our all age learning disability programme we will deliver positive outcomes for Wirral residents through a preventative model which supports independence and prevents unnecessary care admissions. These intentions strive to enable people to live longer and healthier lives and ensure effective and efficient use of the financial resources available.

Our priorities that we would aim to deliver over the next five years will include

- Enhance community services in order to support people with Learning disabilities and or Autism to be able to live in the community and have a real alternative to hospital, thus preventing unnecessary admissions and facilitate timely and safe discharges.
- Further work to progress the 'Stopping Over Medication of People with a learning disability and /or autism' (STOMP) and Supporting Treatment and

Appropriate Medication in Paediatrics (STAMP) agenda with a focus on a stronger start for children and young people in line with NHS Long Term Plan recommendations.

- Ensure that we deliver the expectations of the Transforming Care Programme including:
 - Commitment to reducing the number of inpatient beds by increasing the availability of community-based support.
 - Bringing people back from out of area
 - Increase in annual health checks & increase screening rates
 - Delivering intensive support function of the community learning disability teams, adult & children
- We will continue to improve care for those with Learning Disabilities by learning from lived experience as well as from Learning Disability Mortality Reviews (LeDeR). These reviews will always be undertaken within six months of the notification of death and all reviews will be analysed to address the themes identified with recommendations being reported through a local LeDeR report.
- Commissioning and delivering post diagnostic autism services
- Ensure community services are robust and can provide the right care at the right time in the right environment in order to increase people's ability to remain in the community and increase self-management and independence where possible.
- Reduced admissions and facilitate timely discharges so that there is less reliance on inpatient facilities and ensure that nobody loses one day in the community than is necessary for their good health and well-being. We will look at the feasibility of establishing crisis and recovery housing as an alternative to hospital admission or when home care isn't appropriate
- Continuation of research to ensure that there is a range of technology to support people to maintain their independence and be supported in the community
- Increasing Annual Health Checks and screening to improve the physical health and wellbeing of people with a learning Disability or Autism and increase their opportunities to live well for longer.
- To develop more community services for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition.
- We will take an integrated approach to the development and delivery of appropriate housing options for people with complex mental health and learning disabilities. This will also include looking at the feasibility of establishing crisis and recovery accommodation which is an alternative to hospital admissions or when a residential home is not appropriate.

Getting the Best from Medicines in Wirral

Medicines account for a significant amount of the money spent in health care in Wirral and are the most common healthcare intervention across the system. In 2018/19 we spent over £67M delivering over 8.5 million medicine items. The most expensive medicine is one that is not taken correctly or not taken at all and in Wirral, it is estimated that there is £2.2million of medicines waste.

Our vision is to improve health outcomes from medicines by ensuring high quality and appropriate prescribing and through improving patient information and understanding of medication regimes to ensure they are taken as intended. Our programme aspires to create an environment that supports individuals, families and communities to maximise their health, wellbeing, independence and quality of life with a greater focus on prevention, increased self-care / mutual support and early intervention, resulting in a reduction in unwarranted variation in the quality of care delivered.

We will deliver this by making best use of the clinical skills of pharmacists and pharmacy technicians working across Wirral. By working together we will optimise the impact of the medicines we use and gain the best value from our medicines expenditure to enable the use of innovative new medicines where they are available and appropriate. By focusing on quality and safety we will ensure that good value for the 'Wirral pound' is achieved whilst providing the best outcomes for people.

Resistance to antibiotics is one of the biggest challenges facing health care systems across the world. The over use of antibiotics increases the risk of resistant microbes and data shows that in Wirral the levels of antibiotic prescribing is high. In the past 5 years teams have worked hard to deliver a 12% reduction in prescriptions dispensed but there is still much we need to do to respond to this challenge.

Our people are our strongest asset and are key to our plans to optimise medicines use. This vision requires a strong workforce model to underpin our developments with staff working across our healthcare system to build a greater understanding of the challenges we face and the solutions needed to maximise our medicines outcomes.

Our focus over the next 5 years would be on the following priorities:

- Developing integrated medicines services to support our patients to get the right medicine at the right time wherever they live in Wirral
- Reducing unwarranted variation in prescribing practices in hospitals and our primary care networks to get the best outcomes from our medicines and support a sustainable future for our population
- Increasing the numbers of clinical pharmacists working in GP practices to release GP time and improve access to medicines where appropriate

- Integrating our 91 community pharmacies into their local primary care network delivery systems. Work will focus on prevention and treatment of minor ailments. With referrals from GP surgeries, NHS111 online and hospitals, community pharmacies will support General Practices to deliver the ambitions set out within the NHS Long Term Plan.
- Working alongside and signposting to social prescribers to release GP and urgent care capacity
- Increasing the number of new medicines referrals from hospital to community pharmacy to support patients to take new medicines as intended
- Maximising the impact of the electronic referral system from hospital to community pharmacy to support safe transfer of care
- Working to enable patients to self-care where appropriate to release GP and urgent care capacity
- Ensuring the effective and safe use of medicines for patients in care homes
- Continuing to explore opportunities to improve medicines outcomes for patients with mental health conditions
- Decreasing inappropriate antibiotic prescribing and course lengths to lower resistance to antibiotics.
- Maximise the use of patient's own medicines to reduce risks of medicines errors when patients move between hospital and home
- Using the Wirral Care record to support population health management in respiratory and diabetes pathways
- Developing a medicines and pharmacy services communication plan to support the health prevention and the appropriate access agenda
- Learning from errors where mistakes happen
- Building a resilient and sustainable pharmacy workforce

Reducing inappropriate antibiotic prescribing

Anti-microbial resistance (AMR) is Public Health England's highest priority and is of global importance. AMR means bacteria developing the ability to survive exposure to antibiotics which are designed to kill them or stop their growth. If we don't urgently address the problem, we may soon be unable to effectively treat common infections. Regionally AMR has been identified as a population health priority area within the Cheshire and Merseyside Health and Care Partnership (HCP).

In the Wirral we have established a multi-agency AMR Strategy group with a focus upon achieving:

- A lower burden of infection through improved infection prevention and improved vaccination uptake rates. Preventing and controlling infections will lead to fewer antimicrobial drugs being used, meaning less risk of bacteria developing resistance.
- Working in partnership to ensure the optimal use of antimicrobials and good stewardship across all sectors, improving and maintaining antimicrobial usage levels in line with national best practice.



Technology and Innovation

Achieving our vision for prevention and early intervention and delivery of services will require us to think differently and innovatively in order to give Wirral people the right tools to manage their own health more effectively and to give health and care staff the deliver high quality and safe care more responsively and effectively, and free up time for them to provide focused and preventative care. Harnessing data and digital technology will help us understand our populations' health and wellbeing better, and mobilise the right approaches to focus on providing the right care at the right time and in the right place.

New ways of assessing health risks, early diagnosis and providing preventative care are being established the new digital technology. Wirral has taken a lead on some of these areas, and particularly on how we bring together and use information to give us deep understanding of our populations' health at a local level to allow us to plan

care better, identify people at risk of illness and intervene earlier to reduce illness and help people live better with long term conditions.

Our work on the Wirral Care Record will help connect all health and care systems so that services are linked and information is not lost between different parts of the system. Patients shouldn't have to tell their story over and over again as health and care staff will be able to see up to the minute information relevant to their care

Working Together to Improve Care: Wirral Care Record

The Wirral Care Record is a great example of how new technology allows us to securely bring health and care information together from across our entire health and care system, to provide a single source of truth for every Wirral resident. The Wirral Care Record provides a holistic view of a health and care journey, supporting those who both provide and those who commission services to improve care and make insight driven decisions and ensure more consistent care .

The record uses a series of disease and wellness registries that identify the actions to best support people with specific conditions such as diabetes and provide the best services at the right time to manage health conditions, reduce the likelihood of crisis and integrate health and care delivery.

The intelligence within the Wirral Care Record will support clinicians, care teams, organisations and patients themselves to better understand, plan and deliver care at both an individual and a population level and enable targeted preventative approaches based on population health needs.

Across our neighbourhoods and care sectors we are working to deploy existing and new technology that will support people to maintain their independence, support our care providers to deliver better, safer care and deliver better outcomes for people. We will explore a range of technology options across a breadth of services, including early intervention and prevention, mobile technology, care home developments for triage and falls prevention services. It will also include the use of 'apps' and self-help systems, to support people with long term conditions and technologies to support people in complex settings to improve care outcomes and enhance people's independence and safety in their home environments

We are talking to our leading clinicians, professionals and technical experts across the Wirral Health and Care to identify the best national and local innovations and cutting edge technologies to ensure that these ideas are built into all of our programmes so that our resources are directed at the most effective solutions to prevent ill health, improve the management of health conditions, improve communication and support people to remain well and happy in their own homes and communities.

Utilising new technologies to improve services and support people to live well

The Healthy Wirral Programme is bringing partners from across health and social care together to work in new ways, using technology wherever appropriate to improve patient experience, keep people in good health for longer and to deliver new services that better meet people's needs.

- Across older people's care homes in Wirral video technology is enabling a nursing team, based at Arrowe Park Hospital, to assess and diagnose patients without the need to call paramedics or take people to A&E. This means that many frail people can be treated in their home, reducing anxiety and disturbance and the stress of attending hospital
- Digital assistants can help people with learning disabilities, dementia and poor mental health to live more independently. This equipment is tailored specifically to individual needs and can prompt people to take their medicines, show them how to complete tasks such as preparing a meal and allow them to keep in touch with friends and support workers. The devices also connect to sensors around the home to alert care workers to any problems such as falls or other emergencies.
- Working with housing partners, Wirral Council is fitting in-home sensors that work together with wearable devices to monitor wellbeing and health, enabling people to live at home safely and providing early alerts to health problems such as infections. Wearable devices with GPS and communication technologies allow people who are at risk of falling, seizures or panic attacks to leave their own homes and take part in community activities, safe in the knowledge that if they need help, family or services will be alerted.
- Wirral Council has also invested in new technologies that enable care workers to provide services more effectively and efficiently, making sure that everyone gets the care they need at the right time. New computer systems are also streamlining hospital discharge processes, matching care providers to people leaving hospital, meaning that people can go home without delay and helping the hospital free up beds for other patients.

The NHS Long Term Plan and what it means for Wirral

We all know that people across the country place a very high value on the NHS and are protective of the services it provides. However, the way in which healthcare is delivered today in the 21st century is very different to when the NHS was established in 1947 and the NHS is now facing increasing challenges for a number of reasons.

In response to these rising pressures, the NHS has published its Long Term Plan which sets out the challenges the NHS faces today and the challenges it will face in the next decade. This follows a commitment for increased funding to the NHS by the Government. The plan places a great emphasis on closer working between health and social care, helping people to stay healthy and preventing people becoming unwell. There will also be more use of digital technology and health and care staff working together as teams to deliver better care to people.

1. Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS'

combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

So what does this mean for Wirral?

Wirral will receive extra money but this is not the only answer to the things we must do to make our local health and care system work better and to be sustainable.

We also know that many people do not get the 'joined up' health and care they need because different services are provided by different organisations and this can sometimes result in delays and creates extra pressure for our local services.

Our vision for Wirral will be focused on our local priorities; however these are well aligned with the aims of the national plan. It is important that local people are involved in the development of the detailed plans to deliver our vision. Working closely with Wirral Healthwatch we have started this process by asking local people about what the changes set out in the NHS Long Term Plan should look like in your community; what you think it should do to make care better for your community and what you can do to keep well. In particular we asked:

What do you think:

- would help people live healthier lives?
- would make health services better?

And how do you think:

- it would be easier for people to take control of their own health and wellbeing?
- it would make support better for people with long-term conditions?

We received over 300 responses to the questionnaires and the following priorities were identified:

- When asked to consider what is most important to people to help them to lead a healthy life, having access to the help and treatment needed when it is wanted , having access to health information and education, access to health and wellbeing activity, access to community and transport support, and timely services to healthcare
- When people were asked what they felt was important to keep independence and stay healthy in later life, being able to stay in their own home for as long as possible was by far the most important factor. Additionally community and home support, tackling loneliness, communication and accessibility were seen as priorities

- When asked about managing and choosing support and treatment, people told us that choosing the right treatment being a joint decision between them and the relevant health and care professional is most important to them. They also felt that community care and support, finance, resources and investment, appointments and use of technology were important.
- People in the Wirral told us that being able to talk to their doctor or other health professional wherever they were, and having absolute confidence that their personal data is managed well and kept secure, were both the most important factors when interacting with the NHS.
- When we asked people to think about what needs to change to help them to successfully manage their own health and care people said better use of technology, communication and support, accessible GP appointments and information and self-help provision. People said they felt individual support for those in need in order to reassure other family members was important as well as more home care support.
- People with Cancer told us they were positive about the quality of assessment, treatment and support, as well as the time they had to wait at each stage, although access to on-going support was felt to be an important area to consider.
- People with multiple long-term conditions generally felt it was harder to access support and that communication should be improved to help this.

DRAFT

Using Taxpayers Money Wisely

The NHS in Wirral spends over £530 million a year on health provision. As part of the financial increases pledged within the NHS Long Term Plan Wirral is set to receive extra money over the next 5 years, but this alone will not be sufficient to support the changes that we need to make to ensure our local health and care system works better and is sustainable.

Wirral has some significant financial challenges including a forecast deficit of £14m in 2019/20 and we are consistently spending more than we receive. This has arisen at least in part because of the increases in demand for services, and in relation to the health and wellbeing challenges we have outlined earlier. Similarly our local authority services have faced significant financial challenges in recent years, alongside increasing demand for both adult and children's social services. Clearly we will need to do things differently and as part of this Healthy Wirral system partners are committed to delivering a sustainable future for our system.

We recognise that we can begin to address these challenges if our plans for the future are focused on keeping people healthy and supported in their own communities, they promote the effective use of technology and ensure that the services we provide are integrated and not duplicated.

Through our future investment in health and care in Wirral we want to change the balance between care in hospital and in the community, and increase the range and convenience of care provided in local communities. Our aim is to keep people as well and independent as possible, and reduce the pressure on our hospitals. Through the establishment of Primary Care Networks we want to ensure that your General Practices have the capacity to provide enhanced services, linked in to a wide range of community based services and support and are able to intervene earlier to prevent people's health from deteriorating. Through our neighbourhoods we want to focus on the wider influences on health and help people to manage their own health and wellbeing better, with the right support in place.

In order to get the most out of taxpayer's investment in the NHS, we will continue to work closely with health and care professionals in Wirral to ensure our clinical services are as efficient and cost effective as possible, and that we reduce any unnecessary duplication of services. We will continue to explore how we can use our buying power to reduce spend on products and medicines; ensuring that the 'Wirral pound' is invested wisely and efficiently for Wirral people. We will also seek to achieve these efficiencies through our Healthy Wirral key programmes and through the delivery of effective place-based neighbourhood health and care approaches. Our plan is to ensure that Wirral achieves financial balance as a system by 2021/22 assuming that the future resources we receive continue at similar levels to that in 2019/20.

Our strategy over the next few years is to contain our costs and minimise the amount of growth funding required for providers through the development of our Healthy Wirral programmes which will then form the basis of our additional savings plan.

DRAFT

Outcomes and Conclusions

We want to ensure that our plans are clear, focused on delivering a better place for Wirral people and they deliver clear, straightforward and understandable outcomes.

We have identified our priorities to focus on building a place that supports everyone from childhood through to older age to be as healthy and independent as they can be.

Our Key Outcomes are:

1. We create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live
2. Through understanding our populations health we enable more people to remain healthier and independent for longer and live well
3. Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life
4. Wirral people and their families feel informed and involved in managing their health and in accessing their care seamlessly from organisations that talk to each other

This Vision document is about how we would like to work towards these outcomes, which can only be achieved through combining the strengths of all our communities and partners to support each other, fully participate in community life and use the best of our resources and abilities. It is designed to stimulate discussion and debate about what a healthy future for Wirral would look like, and how we can achieve it together. We have shared what we are proud of and what concerns us, particularly where inequalities that are unacceptable and avoidable and prevent people from being as healthy and happy as possible. Our 'Healthy Wirral' partners have pledged to work collectively and in partnership on behalf of our communities and as part of the wider Wirral system to make Wirral the best it can be and ensure that we are all able to have the best possible quality of life and health.

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

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	Pooled Fund Finance Report
Lead Officer:	Mike Treharne, Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning

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 19/20 shared (“pooled”) fund
- b) the current and future risk and gain share arrangements.

2 RECOMMENDATIONS

- 2.1 That this report, including the financial position at 31st August 2019, be noted.

3 BACKGROUND INFORMATION

- 3.1 The background to the formation of the pooled fund is contained in previous months’ reports. It was agreed by the Group that the services contained within the Pooled Fund in 2018/19 would continue in their current guise for 2019/20, with no new services being added.
- 3.2 The financial challenges experienced by NHS Wirral 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 fund contributed to the commissioning pool in 19/20 is proposed below and totals £140.4m. This is an increase of £1.8m, caused by the introduction of Winter Pressures Funding (£1.8m) in the Better Care Fund and a marginal budget realignment in Adult Social Care.

Description	£m
Adult Social Care	43.4
Public Health	12.7
Children & Young People	1.8
CCG	24.6
Better Care Fund	57.9
	140.4

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

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Community Care for learning disabilities	41.3	41.4	-
	Community Care for mental health	11.0	11.3	(0.3)
	Children with Disabilities	1.1	1.2	(0.1)
	LD/MH Customer and client receipts	(3.5)	(3.5)	-
	Income from joint-funded packages	(6.6)	(7.2)	0.6
		43.4	43.1	0.2
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
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	-
Children & Young People	Care packages	1.8	1.9	(0.1)
		1.8	1.8	-
Better Care Fund	Integrated services	20.6	20.7	(0.1)
	Adult social care services	30.1	30.1	-
	CCG services	2.0	2.0	-
	DFG	4.2	4.2	-
	Innovation fund	0.5	0.5	-
	Known pressures & contingency	0.6	0.6	-
		57.9	58.0	(0.1)
		140.4	140.3	-

4.3 The overall pooled fund is forecast to balance to budget at year-end. This comprises three minor variances to budget which have the effect of mitigating each other. These are explained overleaf:

- 4.3.1 There is a forecast deficit of £0.1m in Better Care Fund, caused by the introduction of the new Home to Assess scheme. This is intended to be funded from budget surplus in the Home first schemes, although no such surplus is yet being forecast.
- 4.3.2 There is a forecast budget surplus in Adult Care and Health due to an internal data cleansing technique which has increased the forecast for joint funded income; this is offset by increased care costs as a result of increased demand for Mental Health services.
- 4.3.3 There is a forecast budget deficit of £0.1m in Children & Young People due to a greater demand for the service than previously anticipated.
- 4.4 CCG and Public Health budgets are forecast to balance at year-end. Any budget surplus on public health services will remain ringfenced under the terms of the Public Health grant and must be spent in accordance with the terms of the grant condition.

5. 2019/20 Forecast – Known Pressures

- 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
QIPP relating to pooled fund	0.5
	2.0
	4.5

- 5.2 Work is ongoing to quantify the mitigation identified against these pressures. The Council savings identified against its £2.5m known pressures is included as Appendix 1 to this report.

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 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. RELEVANT RISKS

- 9.1 If the pooled fund fails to manage the identified pressures in 2019/20 (see 5.1), then a net unmitigated risk of up to £4.5m would materialise at year-end. This would be shared equally across both CCG and Council, as per the contractual arrangement between the two organisations.

10. EQUALITY IMPLICATIONS

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

11. ENVIRONMENT AND CLIMATE IMPLICATIONS

- 11.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2

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APPENDICES

Appendix 1 - Adult Social Care Savings Plans

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	5 February 2019
Joint Strategic Commissioning Board	2 April 2019
Joint Strategic Commissioning Board	28 May 2019
Joint Strategic Commissioning Board	9 July 2019
Joint Strategic Commissioning Board	10 September 2019

Appendix 1

Adult Social Care Savings Plans

Project Title	Savings Target (£)
CHC Eligibility	300,000
Residential Care Reviews	137,300
Outcome-Based Commissioning	75,700
Extra Care Housing (Pensby Road)	72,300
Residential Care - Review of 1:1 Hours	70,700
Old Chester Road	36,200
Fusion Centre	22,200
Total Savings Plans Identified to Date	714,400
Savings Plans Yet to be Identified / Contingency	1,785,600
Grand Total	2,500,000

JOINT STRATEGIC COMMISSIONING BOARD
Public Health Annual Report 2019

Risk Please indicate	High N	Medium N	Low Y
Detail of Risk Description	To mitigate the potential lack of engagement with the report it has been co-produced with partners, through two workshops, and with residents through an extensive arts project (see section 8 of the report).		

Engagement taken place	Y
Public involvement taken place	Y
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	N
Strategic Themes	
<i>Working as One, Acting as One</i> – we will work together with all partners for the benefit of the people of Wirral.	Y
<i>Listening to the views of local people</i> – we are committed to working with local people to shape the health and care in Wirral.	Y
<i>Improving the health of local communities and people</i> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	Y
<i>Caring for local people in the longer term</i> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	N
<i>Getting the most out of what we have to spend</i> – we will always seek to get the best value out of the money we receive.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	Public Health Annual Report 2019
Lead Officer:	Julie Webster, Acting Director for Health and Wellbeing

INTRODUCTION / REPORT SUMMARY

The Public Health Annual Report (PHAR) 2019 is the independent annual report of the Director of Public Health and is a statutory requirement. The 2019 Report, *Creative Communities*, explores the role of culture as a means of improving health and wellbeing, presents local examples of these benefits and calls for everyone in Wirral to be part of a Borough of Culture legacy that leaves us happier and healthier.

The Public Health Annual Report is an important vehicle to identify key issues, flag up problems, report progress and inform local inter agency action. The purpose of the PHAR is to draw attention to local issues of importance which have an impact on population health. Since the Council took back responsibility for Public Health in 2013, we have published five reports on:

- Social isolation
- Healthy schools and children
- Domestic violence
- The roles of the Council and NHS in promoting health and wellbeing
- Problem gambling

These reports have led to action in the reduction of people smoking in the borough to levels below the national average; increased support for people who were feeling socially isolated plus significant activity across a range of partners to highlight and reduce the damage caused to our communities from alcohol abuse and gambling.

The 2019 Report seeks to influence the developing narrative around social prescribing and how we engage and work with local people to support them to live healthier lives. A comprehensive range of Information and data on the health of the population in Wirral is also available on the Wirral Intelligence Service website and compliments this report. We will report on the impact achieved from this work in next year's annual report.

This matter affects all Wards within the Borough; it is not a key decision.

RECOMMENDATIONS

The Joint Strategic Commissioning Board is requested to endorse the recommendations of the Public Health Annual Report 2019 and support its publication.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The 2019 Public Health Annual Report focuses on the role of cultural activities to improve health and wellbeing.
- 1.2 Engaging with cultural activities is good for everyone; it helps people to recover from illness, both physical and mental and protects against it; preventing illness and keeping us well no matter how young or old we are.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The publication of the Public Health Annual Report is a legal requirement, no other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Wirral's year as Borough of Culture has provided some unforgettable and spectacular arts and sporting events for locals and visitors to experience. It has brought communities together and provided opportunities for people of all ages to experience arts and culture in lots of different ways.
- 3.2 According to National Alliance for Arts, Health and Wellbeing, "*over recent years, there has been a growing understanding of the impact that taking part in the arts can have on health and wellbeing. By supplementing medicine and care, the arts can improve the health of people who experience mental and/or physical health problems. Engaging in the arts can promote prevention of disease and build wellbeing*"¹
- 3.3 This year's Public Health Annual Report looks at what is known about what works to improve health through arts and cultural activities; the experiences of local people interacting with culture and its impact upon them and makes recommendations about how we can all use cultural activities to improve our health and wellbeing.
- 3.4 A review of the evidence² about what works to improve health through culture, identified a positive impact on both physical and mental health across the life course and identified those activities which are beneficial. The findings from this review informed the development of the PHAR recommendations and are presented on the Wirral Intelligence Service website.

¹ All-Party Parliamentary Group on Arts, Health and Wellbeing. *Inquiry Report. Creative Health: The Arts for Health and Wellbeing. July 2017*

² Wirral Intelligence Service (2019) *The impact of art and culture on health and wellbeing – a literature review. May 2019.*

- 3.5 Across Wirral there are lots of great examples of arts and cultural activities which are having a positive impact on the health and wellbeing of local people. In the report we showcase this work which is engaging with residents of all ages.
- 3.6 The Public Health Annual Report is aimed at lay audiences, a key feature of the report must be its accessibility to the public which offers an opportunity for the Director of Public Health to focus on the key impact messages they want to convey. This year we focused on using the PHAR as a way of engaging people to discuss their health and wellbeing actively employing arts and culture, not only as the topic for the report, but as a vehicle to engage local people in the development of the report.
- 3.7 All partners will need to consider how they will embed the recommendations included within the Report. Progress to deliver the recommendations will be reviewed and reported in the 2020 Annual Report.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report. The Public Health Annual Report is a statutory duty on Directors of Public Health.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 This report has been financed from within existing resource and the main inputs have been staff time of officers in Public Health, Culture, Communications and Graphics teams.

7.0 RELEVANT RISKS

- 7.1 To mitigate the potential lack of engagement with the report it has been co-produced with partners, through two workshops, and with residents through an extensive arts project (see 8.0 Engagement/Consultation).

8.0 ENGAGEMENT/CONSULTATION

8.1 To inform the PHAR we spent time listening to the stories and experiences of residents. An immersive community arts project, known as 'The Sofa Sessions', travelled across the borough inviting residents to rest, relax and discuss how their life has been influenced by culture and creativity whilst also taking part in cultural activities. Over 1000 people interacted with the travelling arts project during August 2019, supported by Involve North West and local artists. Each 'Sofa Session' was attended by Community Connectors from Involve North West who were available to assist any residents looking for support; providing information about local services available to them in Wirral. The work, a large-scale tapestry, produced by residents through 'The Sofa Sessions' will be displayed in various places across Wirral including the Williamson Art Gallery and Birkenhead Central Library.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment has been undertaken and is located: -

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

REPORT AUTHOR: **Julie Webster**
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APPENDICES

Appendix 1 - Creative Communities 2019 Annual Report of the Director of Public Health

BACKGROUND PAPERS

Not applicable.

HISTORY

Meeting	Date
Wirral Council Cabinet	30 September 2019

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Foreword

Our year as the Liverpool City Region Borough of Culture provides a great opportunity for Wirral residents to engage with cultural activities and experience something new. It is a chance to maximise the health and wellbeing benefits of culture for individuals and communities through creative discovery and the exploring the world around us. I am proud and privileged therefore to share this year's Director of Public Health Annual Report. It provides a strong evidence base for culture as a means to improving health and wellbeing, presents local examples of these benefits and calls for everyone in Wirral to be part of a Borough of Culture legacy that leaves us happier and healthier.

Regardless of the many individual ways in which we experience culture, it helps us to connect better to each other, enjoy and cope with life's everyday challenges. There is strong evidence that arts and culture help to keep us well, recover from illness and support longer, better lives. Our case studies show how such initiatives improve health and wellbeing outcomes and are cost effective. This provides fresh thinking for health and care systems. However the benefits of investment in cultural activities for health and wellbeing are still not widely recognised.

This report has three key recommendations which aim to optimise the amazing work happening across Wirral and identify new opportunities to improve health and wellbeing through cultural activities.

In producing this report, I'm grateful to local people who have shared their experiences and for the energy and commitment of all those who have supported its development; in particular more than 1,000 residents who participated in the Sofa Sessions, interacting with culture and creativity, to talk about health and wellbeing. I hope that this report inspires and energises individuals and encourages increased collaboration between different disciplines and organisations. Wirral's year of culture has been an amazing journey, showing off the creative and natural assets of our beautiful borough. By working together, we can create wonderful memories and a long lasting, positive impact on health and wellbeing.



Julie Webster
Acting Director for Health and Wellbeing

Introduction

Wirral's year as Borough of Culture has provided some unforgettable and spectacular arts and sporting events for locals and visitors to experience. In 2019, culture has brought communities together and provided opportunities for people of all ages to experience arts and creativity in lots of different ways. Happiness and pride are the words that people have used to describe their experience at these events – events that have provided a chance people to share and celebrate together. These feelings are important indicators of our wellbeing, contributing to good health and reducing isolation.

Engaging with cultural activities – regardless of how we do it – is good for everyone. It helps people to recover from illness, both physical and mental, and protects against it; preventing ill health and keeping us well no matter how young or old we are.

“The creative impulse is fundamental to the experience of being human”¹

We must do things differently to ensure that health and care services are resilient now and in the future. This means focusing on keeping people well. Cultural experiences can provide ways to wellbeing where other interventions don't quite reach. They can enrich our lives as individuals, helping us to better understand our place in the world. The case studies in this report are prime examples of how culture and creativity, often in conjunction with clinical methods of support, could be the logical next step in the journey toward a more well Wirral.

The Wirral Culture Strategy, which underpins the Wirral Plan 2015 – 2020, contains four priorities, one of which is focused on promoting the educational, social and wellbeing benefits of arts and culture, while also recognising the social impact within our communities. Whilst the role of cultural activities on health is increasingly understood, globally, we have yet to fully maximise these opportunities in health and care. This report looks at the current knowledge of ‘what works’ to improve health through arts and cultural activities, the experiences of local people interacting with culture and its impact upon them and finally makes recommendations about how we can all utilise cultural activities to improve health and wellbeing.



“The purpose of art is washing the dust of daily life off our souls”
Pablo Picasso

1. Creative Health: The Arts for Health and Wellbeing, 2017. All-Party Parliamentary Group on Arts, Health and Wellbeing. Inquiry Report



“The effect in sickness of beautiful objects, of variety of objects, and especially of brilliance of colours is hardly at all appreciated. People say the effect is on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are offered by form, colour, by light, we do know this, that they have a physical effect. Variety of form and brilliance of colour in the objects presented to patients are actual means of recovery.”

Florence Nightingale, Notes on Nursing, 1859

The Impact of Culture

Globally, there is increasing understanding and recognition of the impact that culture can have on the health and wellbeing of individuals and in turn, their communities.

“More and more people now appreciate that arts and culture can play a valuable part in helping tackle some of the most challenging social and health conditions. Active participation in the visual and performing arts, music and dance can help people facing a lonely old age, depression or mental illness; it can help maintain levels of independence and curiosity and, let’s not forget, it can bring great joy and so improve the quality of life for those engaged”
Lord Richards of Nailsworth, 2016

As part of the development of this report a review of the impact that culture can have on health and wellbeing found that:

“Wonder is the beginning of wisdom”

Socrates

1. Wirral Intelligence Service (2019)
The impact of art and culture on health and wellbeing – a literature review. May 2019.

1. Evidence for the positive impact of arts and cultural activities on health at every stage of life has grown considerably in recent years. The evidence base is now extensive and not only identifies those activities which are beneficial, but often indicates the scale of these health improvements.

2. Overall, there appears to be both more - and slightly higher quality - evidence for the positive impacts of participative singing, music, dance and literature (reading and story-telling) on health and wellbeing.

3. Although a large body of literature focuses on mental health (primarily anxiety and depression), positive impacts have also been noted on a range of physical conditions and social factors such as Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis, blood pressure and Coronary Heart Disease (CHD), dementia, falls, hospital admissions and length of stay, GP consultations, medication levels, child development, anti-social behaviour, attainment at school and in preventing and postponing frailty.

4. The challenge inherent in many arts and cultural interventions is that they do not easily lend themselves to showing quantifiable improvements (especially in people approaching the end of life for example). Absence of (quantifiable) evidence, is not however evidence of absence.

5. Future arts and cultural activities organised locally here in Wirral should aim to add to the growing evidence base for this type of intervention by conducting robust evaluation. Evaluation should include quantifiable improvements alongside more qualitative information in order to better inform commissioners.

“When I look back, I am so impressed with the life-giving power of literature. If I were a young person today, trying to gain a sense of myself in the world, I would do that again by reading, just as I did when I was young.” Maya Angelou

Culture in Action

Here we showcase some of the rich and varied work that local people, involved in arts and cultural activities, are doing across Wirral.

The Open Door Centre

The Open Door Centre is a Birkenhead based charity providing creative and therapeutic opportunities to young people accessing mental health support. Through music and technology, training and volunteering, the centre helps young people confront their stress, anxiety and depression, supporting them to develop effective ways to deal with these feelings.

Having a team of volunteer mentors has been an integral part of the service delivery. It has also helped the charity promote the ideas of valued lived experience, compassion, informality and empathy to support people to overcome emotional challenges.

Promoting good mental health is at the heart of what the charity does but it also sees its role to upskill and provide opportunities for local people to gain experience whilst improving their career and academic prospects. It is often difficult for people to gain practical experience in mental health roles and that is something the charity wanted to change. It was apparent that so many fantastic individuals were drawn to the sector for all the right reasons such as personal lived experience and wanting to help others. The charity is pleased it can offer training and practical opportunities to these individuals, but it also means that as an organisation with currently 35 volunteer mentors, they can adequately support a large number of people in a timely and cost-effective way – and with impressive outcomes. Members who work with the charity like the fact that they are supported by a mentor through an 8-week Cognitive Behavioural

Therapy (CBT) and mindfulness-based intervention, called Bazaar. The majority of mentors are young adults (early 20's), dress casually and if you walked into the centre, you would not necessarily know who the mentor or member is. This helps break down the barriers and formalities that drive a lot of the stigma young people feel about mental health care. It is also common for a member to complete support with the charity and further down the line find themselves completing training and becoming mentors themselves.



Volunteer mentors



The centre's 'Bazaar – A Marketplace for the Mind' programme delivers one-to-one cognitive behavioural therapy sessions inside cosy therapy spaces (or, sheds).

With nine in total, the spaces are used by members working alongside a mentor during this 8 week course to improve their mental health.

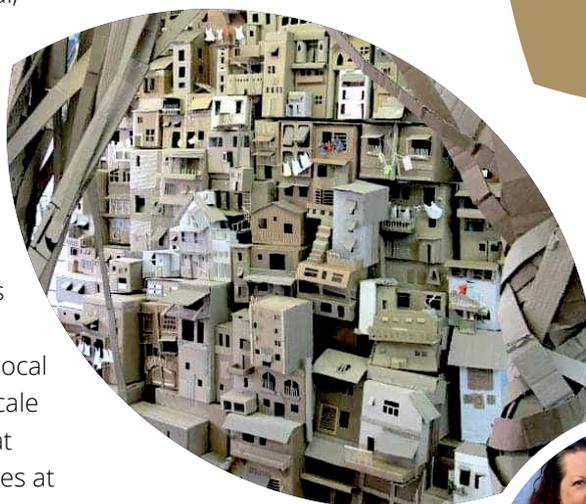
"I am forever grateful for the sessions I took part in at the Open Door Centre. The staff are so attentive and compassionate and really reassured me when I first arrived, which was very difficult for me. From then on I knew I was in safe hands and found the distraction techniques, mindfulness, Thought Bully and thought tracking really useful and these are tools that I intend to use for life."



The Williamson Art Gallery & Museum

The Williamson Art Gallery, based in Oxton, provides space to display masterpieces, ceramics, and sculptures. Housing the largest public collection of Della Robbia pottery in the UK and home to some internationally important paintings, exhibitions at the Williamson Art Gallery & Museum are always free. They also welcome educational, party and group visits. Pamela Sullivan is a freelance artist working at the Williamson Art Gallery and Museum. Teaching adult art classes in drawing, painting and printmaking, she works with vulnerable young people and families from a range of diverse backgrounds. Outside of the gallery setting she works in the wider Wirral community. Her work involves the re use and up cycling of found materials including plastics, paper and cardboard. With local communities in Wirral she has created large scale cardboard trees and 'city scapes' for projects at the New Ferry Butterfly Park as well as 80ft trees at the Bombed Out Church in Liverpool for the 2012 Biennial Arts Festival.

Being part of these projects, whether through simply creating a drawing or painting, has proven vitally important for the health and wellbeing of those communities involved. The Williamson provides a local hub where people from different backgrounds including those who feel isolated or excluded, can come together to participate in and enjoy the arts. Pamela's work as an artist in this space helps to deliver wellbeing outcomes ranging from alleviating anxiety to developing confidence and resilience.



*Pamela Sullivan
and the Cityscape
exhibition*



*Bidston Observatory
Time and Tide exhibition*



Cardboard Trees exhibition



Wirral Eco Schools Plastics Project

“Attending the art class at the Williamson Art Gallery was a life saver for me and helped me through a very difficult time. I had no self confidence to start with so went with a friend. The benefits have been two fold, my confidence has grown and my self esteem has returned all of this as well as acquiring new skills and having a safe place to experiment with painting and drawing. The course has got me through cancer and the long draining illness that finally took my mum last year. The art class allowed me to escape into my imagination, having two hours just for me was a life saver.”

Combining the promotion of health with celebrating arts, culture and heritage is at the heart of many of Age UK Wirral's projects. The Great Wirral Conversations have brought together people from different generations in events that have explored topics as diverse as motherhood, (through bringing together 'experienced' ladies with new mothers), and life in the forces, (by linking Wirral's veterans with local secondary school history students).

Health promotion projects such as Joining Forces, a Ministry of Defence funded initiative supporting local older veterans, and the Men's Project at Maritime Park, supporting health promotion and tackling the social isolation of former seafarers, have used Wirral's rich military and maritime heritage, and the range of stunning resources that the Borough has to offer. Utilising some of Wirral's finest assets, including Lady Lever and Williamson Art Galleries, as a catalyst for bringing people together Age UK Wirral have fostered new friendships, diverse connections and created shared memories.

Celebration of arts, culture and heritage is also core to the organisation's cognitive stimulation therapy work with people living with dementia. Members of Devonshire Days have been involved in a collaborative arts project that culminated in their work being displayed at a local art gallery, which was a massive boost to the confidence of all involved. Reminder Finders, the organisation's group for people in the earlier stages of dementia, uses physical and online resources to stimulate reminiscence sessions by recalling changes in art, sport, music and local history over the generations.

Extending access to art and sport in its many forms is a powerful medium for tackling isolation and loneliness locally. The organisation's Health & Activity Department facilitates more than 60 different classes and activities a week, ranging from walking and cycling groups taking advantage of Wirral's rich outdoor spaces through to building-based classes including anything from Yoga, Zumba, creative writing through to playing the ukulele! A recent project saw one of the groups redecorate and restore the organisation's very own Superlambanana, which now has pride of place in the courtyard at Age UK Wirral's Care Home for people with dementia.

"Celebration of arts, culture and heritage is core to the organisation's cognitive stimulation therapy work."





Age UK Wirral's very own Superlambanana



Age UK photography exhibition



*The Great Wirral Conversations:
Bringing together intergenerational
groups*

Borough of Culture Animated Square

In March 2019, Birkenhead Town Hall came alive for Animated Square, the first spectacular event of Wirral's year as Borough of Culture. The Grade II listed building was transformed into the canvas for a large-scale projected light show.

Focus in the build-up to the light show was on some inspiring musical performances by four Wirral-based choir groups. The groups included school children from the local area, as well as adults of all ages, backgrounds and abilities.

Curated on a non-audition basis, groups were accessible to anyone who had an interest in being part of the event. One of the groups, RiverSign, was a signing choir made up of adults across Merseyside who sign songs whilst performing and cater to audience members who are deaf, or hard of hearing.

RiverSign being part of the event promoted inclusivity in music, irrespective of barriers to performing such as disabilities, deafness, being hard of hearing and learning difficulties. Rehearsal and performance spaces reflected this, offering adequate provision for those with mobility restrictions to enable them to take part with ease.

The legacy from the choir performances lies in the memories and career pathways of local children, as well as increased engagement and collaboration across local choirs, with RiverSign in particular reflecting their enjoyment of being part of a 'live' performance. They were able to work with other community groups during rehearsals and are looking to develop these relationships further to help raise their profile in the local area.



The Wilfred Owen Choir and The Luminelles were made up of 44 students between the ages of 11-18. The performance was an empowering and educational opportunity to take part in a heritage-focused cultural event which told the story and celebrated the history of where they live.



“A member of our choir said someone approached her after the performance in tears to say the whole performance was so emotional. It doesn’t get better than that.”

Pete Martin,
Director RiverSign Choir

Above: Illuminated in 3D onto the building itself, the display was inspired by the history of Birkenhead, attracting thousands for the second consecutive year.

Below: Members of Riversign performing at Animated Square.



The Sofa Sessions

To inform this report we also spent time listening to the stories and experiences of local residents. Throughout August 2019 an immersive community arts project, known as 'The Sofa Sessions', travelled across the borough inviting residents to rest, relax and discuss how their life has been influenced by culture whilst also taking part in various creative activities.

Inspired by the Borough of Culture's Radio Local events in Liscard, which delivered innovative engagement with the local community through culture, more than 1000 people interacted with the travelling arts piece, supported by Involve North West and local artists, leaving their mark on it at events across Wirral including:

- Ilchester Family Fun Day in North Birkenhead
- Wirral Evolutions' Health & Wellbeing Art Project in Eastham
- Bee Wirral's Annual Family Fun Day in Birkenhead
- Beechwood Festival Day (Beechwood Estate)
- Mencap's One Wirral Festival in Birkenhead Park
- Carrbridge Centre, Woodchurch
- Summer Park Event, The Walled Garden in Central Park, Wallasey
- Building Bridges Family Fun Day, Birkenhead
- Summer Activities session at West Kirby Library
- Drop-in art event at The Barn, Pye Road in Heswall
- Family Drop-In at Williamson Art Gallery, Oxton



*The Wellbeing Tree tapestry;
The Sofa designed by Pam Sullivan;
Members from Wirral Evolutions' day
centre in Eastham taking part in
the Sofa Sessions*

Each 'Sofa Session' was attended by Community Connectors from Involve North West who were available to assist any residents looking for support; providing information about local services available to them in Wirral.

The work, which also included a large-scale tapestry known as 'The Wellbeing Tree', produced by local residents through 'The Sofa Sessions' will be displayed in various places across Wirral including the Williamson Art Gallery and Birkenhead Central Library.

Artist Pam Sullivan with The Wellbeing Tree tapestry



"When I'm drawing I don't think about the negative things in life."



Sessions offered people the chance to rest, relax and discuss how their lives had been influenced by culture

"Reading and sewing makes me happy."



Youngsters getting creative at the Sofa Sessions

Recommendations

We have a unique opportunity to use Wirral's year as Borough of Culture as a springboard for developing a deeper and shared understanding of how public engagement in arts and culture can contribute to physical and mental health, emotional wellbeing, community resilience, health maintenance and improvement.

This report demonstrates the contribution that arts and culture can make to a healthy and health-creating borough. The following recommendations, which have been developed in collaboration with networks of local people, focus on ensuring that we fully capitalise on the huge opportunity presented by Borough of Culture to make a lasting impact on the health and wellbeing of local people through culture and the arts.

1

Seek out opportunities in our lives and communities for arts and culture – to help to keep us well and live longer, better lives.

- Building on existing networks, bring together stakeholders from the arts and health and care sectors to support the delivery of health and wellbeing through arts and culture. For partners this should focus on disseminating good practice, co-ordinating funding opportunities and informing policy and commissioning.
- Improve awareness of the benefits that arts and culture can bring to health and wellbeing through the workforce, with current patients and with other local people.
- Promote a Wirral wide focus on 'wellness', working with people before they become sick or develop illness in the first place by developing a positive relationship with arts and culture.
- Encourage residents to reimagine new kinds of connected communities in order to develop their own strengths and abilities so they can live independent and fulfilling lives.



The Sofa Sessions (above) took inspiration from Radio Local, a one-off live hyperlocal radio station that was built around Wirral's people and places as part of Borough of Culture.

2

Ensure that the legacy of Wirral's Borough of Culture year contributes to the development of a healthy and health-creating borough.



- The review of the Wirral Culture Strategy provides an opportunity to recognise the success achieved over the last five years whilst looking at new ways to improve outcomes. The recommendations contained within this report should inform the development of the refreshed Wirral Culture Strategy.
- Explore the development of a local cultural legacy programme to mobilise action in local communities and advocate for health through arts and culture.
- Incorporate arts and culture into the Healthy Wirral Plan, seeking opportunities to leverage change.
- Building on methodologies which have been developed to evaluate the Borough of Culture, foster a common approach to research into the potential of culture to tackle some of the deep-rooted and complex challenges in Wirral.
- Following the successful Borough of Culture volunteering programme, support volunteers who want to progress to further volunteering or employment. This will ensure that their enthusiasm, skills and expertise can be used to encourage volunteering activity and build capacity in the borough's voluntary, community and faith sector.

The Witching Hour performances, live in Birkenhead Park with arts company Periplus. Birkenhead Town Hall's Animated Square illuminations.



3

Secure a commitment from health partners to work with arts and cultural organisations to ensure that culture for health and wellbeing becomes integral to organisational, and commissioning strategies.

Community Connectors from Involve Northwest



- Healthy Wirral partners should seize any opportunity to spread messages that encourage public engagement in the creative arts as a route to achieving health and wellbeing goals.
- Health and care partners review the evidence as to the efficacy of the arts and culture in benefiting health and integrate this into local plans, pathway redesign and asset development where appropriate.
- Commissioners should give consideration as to how the Public Services (Social Value) Act can secure cultural benefits, e.g. public art or community cultural investment funds.
- Cultural participation forms a vital part of social prescribing. Wirral Health and Care Commissioners should ensure that arts and culture is part of the developing social prescribing offer.
- Establish a network of partners to support the delivery of the recommendations included within this report.

Give us your feedback

Let me know what you think of this report.

Email:

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Write:

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For more information:

Wirral Intelligence Service
<https://www.wirralintelligenceservice.org/jsna/public-health-annual-reports/>

Special thanks go to the following people who supported the production of this report:

Pam Sullivan, Michelle Daverin, Justine Molyneux, the Community Connector Team at Involve North West, Jamie Anderson, Gail Mooney, Kate Menear, Alison Bailey-Smith, Clare McColgon, Kathy Warren, Lee Pennington, Greg Edwards, Jane Morgan, Lucy Barrow, Nikki Boardman and all those who participated in the two stakeholder workshops.

Thanks also go to the PHAR editorial team:

Nikki Jones, Tessa Woodhouse, Sarah Kinsella, Rachel Howey and Rachael Musgrave.

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Public Health Annual Report 2019

Creative Communities



1. What is the Public Health Annual Report?
2. Public Health Annual Report 2019
3. Annual Report Summary
4. Recommendations
5. Next Steps
6. Working with our residents



What is the Public Health Annual Report 2019?

- An independent report of the Director of Public Health and is a statutory requirement.
- The Public Health Annual Report focuses on a key priority or opportunity for action or improvement.
- It complements the Joint Strategic Needs Assessment which provides information about the health of the population.
- These reports have led to health improvement in the population.
- This is the sixth report since the Council took back responsibility for public health.



- Creative Communities explores the role of culture to promote good health, prevent ill health and to support recovery from illness.
- The report intends to influence how residents, organisations and commissioners use culture as a means to improving health.
- The report has been produced in collaboration with partners from a range of organisations and disciplines and with the engagement of more than 1000 local residents.



Annual Report Summary

- The report highlights research which shows the positive impact of arts and cultural activities on mental and physical health at every stage of life.
- There are already a number of organisations that use art and cultural activities in the work that they do and the report showcases this work.
- To inform this report we also spent time listening to the stories and experiences of local residents, using arts and cultural activities as a vehicle for doing this.
- We used all this information to develop three recommendations.

Recommendations



- Seek out opportunities in our lives and communities for arts and culture – to help to keep us well and live longer, better lives.
- Ensure that the legacy of Wirral's Borough of Culture year contributes to the development of a healthy and health-creating borough.
- Secure a commitment from health partners to work with arts and cultural organisations to ensure that culture for health and wellbeing becomes integral to organisational, and commissioning strategies.



Next Steps

- Present the work to the Clinical Commissioning Group Governing Body and Health and Wellbeing Board.
- Launch the Public Health Annual Report and publish it on the Council and Wirral Intelligence Service website.
- Bring partners together to implement the recommendations included within the report.
- Showcase the work produced by our residents as part of the report in community locations across Wirral; encouraging more conversations about health and wellbeing.



Working with our residents

The work produced by residents will be on display at the following community locations during October and November:

W/c 30th September - Wallasey Town Hall

W/c 7th October - Beechwood Little Centre

W/c 14th October - Make It Happen, Market Street, Birkenhead

W/c 21st October - West Kirby Library

W/c 28th October - Involve North West, Royal Standard House

W/c 4th November - Wirral Evolutions

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JOINT STRATEGIC COMMISSIONING BOARD
Integrated Contract Management and Procurement across NHS
Wirral Clinical Commissioning Group and Wirral Council

Risk Please indicate	High N	Medium N	Low Y
Detail of Risk Description	No significant risk associated with this update except for the continual engagement / commitment across all relevant departments / functions.		

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
Working as One, Acting as One – we will work together with all partners for the benefit of the people of Wirral.	Y
Listening to the views of local people – we are committed to working with local people to shape the health and care in Wirral.	Y
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.	Y
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.	Y
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.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	Integrated Contract Management and Procurement across NHS Wirral Clinical Commissioning Group and Wirral Council
Lead Officer:	Nesta Hawker, Director of Commissioning

INTRODUCTION / REPORT SUMMARY

This report is to give Wirral Health and Care Commissioning (WHCC) and its Joint Strategic Commissioning Board (JSCB) an update on integrated working across Commissioning, Contract Management and Procurement.

Both Wirral Borough Council (WBC) and NHS Wirral Clinical Commissioning Group (WCCG) are looking at how its respective arrangements can be streamlined to reduce duplication and in the longer-term potential to reduce costs.

A number of work streams have been identified, below is a brief summary of each along with their respective current status:

- Integrated Contract Management Meetings
 - WBC and WCCG now hold joint Contract Performance Meetings with the following:
 - Wirral Community Health and Care NHS Foundation Trust
 - Cheshire and Wirral Partnership NHS Foundation Trust
 - WHCC is in the early stages in agreeing a common approach to Contract Management across WBC and WCCG
- Integrated approach to Procurement
 - WBC and WCCG are developing an 'Integrated Commissioning and Procurement Protocol'

Underpinning the above is the development of a single, web based, platform for the whole Commissioning, Procurement and Contract Management process; this will be achieved using the proactis 'Chest' database / portal. This should be fully operational in quarter 4 2019/20.

RECOMMENDATIONS

- To acknowledge the progress around integration of this work area to date.
- Recognition that at this stage full integration is not possible due to the differing legislative and governance arrangements between Local Government and the NHS.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report is not seeking any decision just acknowledgement of the approach to integrated working across the three work areas:-
- Integrated contract management meetings
 - Integrated approach to procurement
 - Common approach to contract management.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered at this stage. It is expected that, especially around the integrated Contract Management Meeting approach, any likelihood of either party having Performance / Quality issues with a provider that by having a joint approach to resolution will be agreed and knowing each other's concerns will result in a reduction in similar issues and improved outcomes.

3.0 BACKGROUND INFORMATION

- 3.1 In support of Section 75, work has been on-going around closer working across the various teams within WBC and WCCG with a view of becoming more productive and reducing the potential service issues with the same provider. This has been a gradual process during 2019/20, the current expectations is that this will continue into 2020/21. Each team has respected each other's legal obligations and different approaches with a desire to improve the service provided as well as reduce duplication and potentially reduce resource costs.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There is currently no direct financial implications, the biggest saving will be in resource costs in terms of time saved and reduced duplication.

5.0 LEGAL IMPLICATIONS

- 5.1 None, as long as it is made clear at the outset whose governance arrangements will be followed.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 At this stage it is not expected that this integrated working will have any effect on resources or assets, although this might change over time as and when legislation changes especially with NHS Procurement rules and regulations.

7.0 RELEVANT RISKS

- 7.1 Both WBC and WCCG have distinctively different procurement regulations as well as Standard Financial Instructions (SFIs), in addition both organisations have different governance arrangements. To this effect there is a potential risk that either party arrangements might delay or stifle required progress. It has been agreed that at the outset of any new piece of work / development that both parties agree what processes will be followed.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Both WBC and WCCG teams have met to discuss how this integration will work and what steps need to take place that ensures all are aware of expectations.
- 8.2 No formal consultation is expected at this stage, if this becomes a requirement then both WBC and WCCG Human Resource functions' will be engaged to ensure that we comply with relevant employment legislation.
- 8.3 A report, similar to this report, was submitted to WHCC's Executive Management Team (EMT) on 4 September 2019. Further updates / briefing will be made available to JSCB six monthly or as required dependants on progress or significant issues arising.

9.0 EQUALITY IMPLICATIONS

- 9.1 No implications have been identified as it is not anticipated that the integration of commissioning functions will have an impact on equality. Commissioning decisions will continue to require equality impact assessments to be completed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The recommendations contained within this report are expected to have no impact on emissions of CO2.

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APPENDICES

None.

BACKGROUND PAPERS

None.

HISTORY

Meeting	Date
WHCC EMT	4 September 2019

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JOINT STRATEGIC COMMISSIONING BOARD
Urgent Care Update

Risk Please indicate	High N	<i>Medium Y</i>	Low N
Detail of Risk Description	Delivery of performance trajectories in-year.		

Engagement taken place	N/A
Public involvement taken place	N/A
Equality Analysis/Impact Assessment completed	N/A
Quality Impact Assessment	N/A
Strategic Themes	
<i>Working as One, Acting as One</i> – we will work together with all partners for the benefit of the people of Wirral.	Y
<i>Listening to the views of local people</i> – we are committed to working with local people to shape the health and care in Wirral.	Y
<i>Improving the health of local communities and people</i> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	Y
<i>Caring for local people in the longer term</i> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	Y
<i>Getting the most out of what we have to spend</i> – we will always seek to get the best value out of the money we receive.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	Urgent Care Update
Lead Officers:	Nesta Hawker, Director of Commissioning Jacqui Evans, Assistant Director of Unplanned Care and Community Care Market Martyn Kent, Assistant Director of Primary Care Transformation and Unplanned Care

INTRODUCTION / REPORT SUMMARY

This report provides an update and overview of the key challenges and priorities faced by the Urgent Care system. The report focuses on the following system wide priority issues:

- Reduction of long length of stay patients
- Increase patients streamed out of Emergency Department (ED) - internally and externally
- Achievement of ambulance handover and turnaround times

An update summary on the Urgent Treatment Centre (UTC) is provided as Appendix 1.

RECOMMENDATIONS

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The report provides an update position for JSCB.

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Operational Update

The following priority areas have been agreed for urgent care across all providers:

- Reduce long length of stay patients (defined as patients with an acute Length of Stay (LOS) of 21 days or more) by 40%
- Increase patients streamed out of ED both internally and externally. 20% of ED attendees are to be streamed to primary care
- Ensure Ambulance handover and turnaround standards are met and corridor waits are eliminated

The Emergency Care Intensive Support Team (ECIST) are supporting the system to deliver the above objectives. The approach and actions being taken are described below.

3.2 Length of Stay (LOS)

Twice weekly long length of stay (LLOS) reviews are being conducted across 5 wards at Arrowe Park Hospital and two wards at Clatterbridge Hospital. These wards have been selected as the wards with the highest number of LLOS patients. The reviews provide the opportunity to ask questions and coach ward staff on managing and planning for discharge as well as escalating any issues external to the ward. From the reviews, three key messages of the week are agreed and shared across all ward staff.

3.3 In addition to the above, an intensive two-week period has been agreed from 10-25 October. As part of this process, each ward has been allocated a designated lead matron to micro-manage LLOS patients, starting with 21 day + then reducing down to 14-20 cohort. The lead matron will work closely with the ward manager and ward consultants to expedite discharge. They will also liaise with the Multidisciplinary Team (MDT), patient and family to progress discharge and unblock delays. The process will ensure that all patients have an estimated discharge date, clear plan and clear criteria for discharge.

3.4 A trajectory is in place to achieve 40% reduction by end March, this equates to a position of 107 patients (current position 185 as of 11/10/19).

- 3.5 A Senior Manager has been allocated to 'hold the reins' on the LLOS actions at ward level, supporting the lead matrons.
- 3.6 The Integrated Discharge Team (IDT) will move to single leadership, under WCFT, and focus on reducing LLOS. The wider system will be ensuring traction and taking responsibility for flow into the community, including reablement and domiciliary support, End of Life Care (EoLC) pathways and Intermediate services.
- 3.7 **Streaming**
NHS England have mandated that 20% of ED attendances must be streamed to primary care by end of December, a trajectory has been agreed to achieve this. It equates to an average 50 patients per day. The following actions have been agreed to achieve this:
- Collaborative workforce approach at the front door that delivers an ED/Primary Care model of simple and complex streaming
 - A pull model using Primary Care GPs going into ED including the ambulance corridors to identify patients that could be managed in Primary Care
 - Point of Care Testing (POCT) to eliminate the need for patients to go into ED including those patients that are sent there due to late laboratory results
 - Mobile POCT for housebound patients that would otherwise be conveyed to ED but could now be managed by GP Out of Hours
 - GPs having access to diagnostics such as x-ray
 - Collaborative working which includes WUTH Emergency Nurse Practitioners (ENPS) so that minor injuries can be seen within the walk-in centre footprint
 - Enhanced frailty model with the unplanned care team to support a turnaround plan at the front door were appropriate
 - Enhanced pathways between tele triage and North West Ambulance Service (NWAS) to support care plans
 - Enhanced pathways with NWAS to allow direct access into Primary Care
- 3.8 In addition to this, the ECIST have been supporting the introduction of internal streaming whereby patients in need of specialist input or a period of assessment can bypass ED. This includes access to Urgent Medical Assessment Centre (UMAC), Surgical Assessment Unit (SAU), Older People Assessment Unit (OPAU) Gynae Assessment Unit (GAU), hot clinics for Ear, Nose and Throat (ENT), Ophthalmology and Orthopaedics.

3.9 **Ambulance Handover and Turnaround Performance**

If the system can achieve trajectories for streaming and LLOS, ambulance handover and turnaround times will be met and there will not be any corridor delays. Through the above streaming processes being implemented, a clear criteria for diversion to Primary Care will be established to ensure paramedics are only conveying those care cannot be managed elsewhere to ED.

3.10 Alongside the above key priorities, the following associated workstreams are progressing well:

- New Target Operating Model in development for Single Point of Access with refreshed directory of service agreed
- NWAS end to end audit complete, workstreams addressing falls and respiratory being prioritised to reduce avoidable conveyances and enhance collaborative working
- Tele triage and Primary Care GP (previously Acute Visiting Scheme (AVS) continuing to reduce avoidable admissions
- High Intensity Users project going well with care plans developed and reviewed for this cohort of patients across primary and community care
- Implementation of Same Day Emergency Care pathways ensuring effective use of assessment units
- Restructure and redesign of Integrated Discharge Team
- New Target Operating Model for Rapid Community Response/ Home First to be implemented 1 November 2019
- New commission in development for Transfer to Assess (T2A) beds, work ongoing in current model to reduce LOS to a maximum average of 5.2 weeks. Specification and clinical support to be improved for winter, prior to new commission.

4.0 **FINANCIAL IMPLICATIONS**

N/A

5.0 **LEGAL IMPLICATIONS**

N/A

6.0 **RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

N/A

7.0 **RELEVANT RISKS**

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

No implications have been identified because it is not anticipated that the Urgent Care development and priorities will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which EIA's will need to be produced.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2

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APPENDICES

Appendix 1 - UTC Update Summary

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date

Urgent Care Transformation – Taking forward Urgent Care collaboratively in Wirral

1) The journey so far

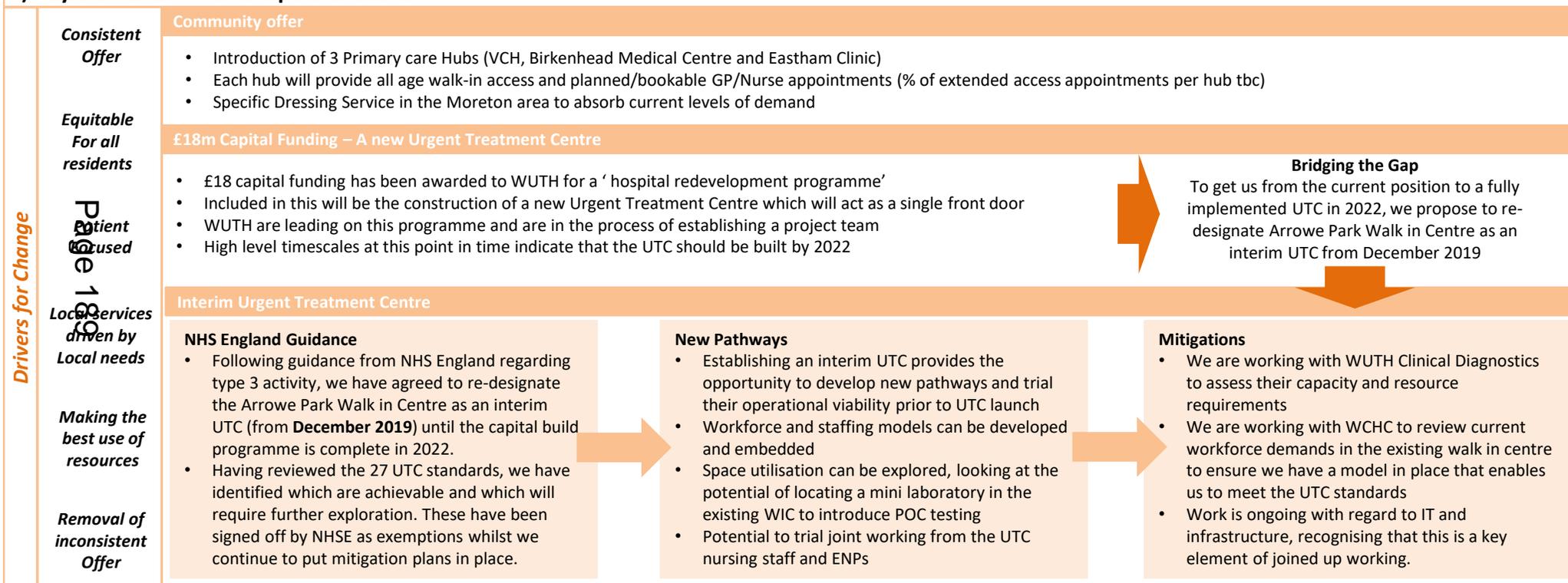
A 24 hour Urgent Treatment Centre (UTC) based on the Arrowe Park Hospital site was **approved at the CCG Governing Body in July 2019**. Following a new construction, the UTC **will be fully implemented in 2022**. In parallel with this, our recommendation for a new community Model was also approved.

The Urgent Treatment Centre will create a **single front door** which will mean patients are assessed and referred to the most appropriate treatment, whether that be at the Urgent Treatment Centre or elsewhere. **This will free up A&E to deal with only the most appropriate patients.**

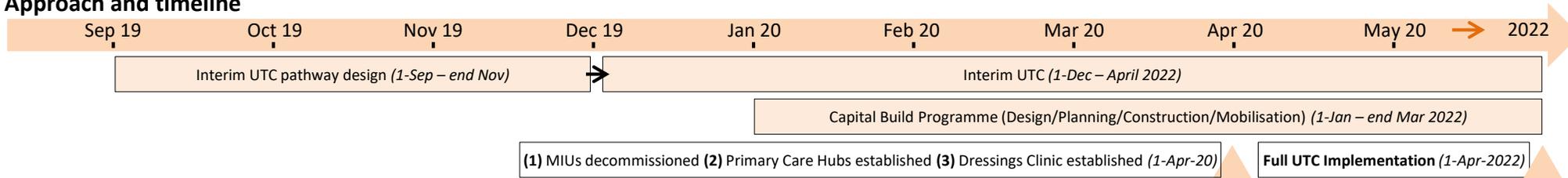
The new community model will see changes to the current services which will mean 2 Minor Injuries Units being replaced by a more **standardised** offer for Wirral residents. The introduction of **Primary Care Hubs** will across 3 localities will take effect from **April 2020**.

Gladstone (formerly Parkfield) and Moreton Minor Injuries Units will be replaced by **additional GP/Nurse appointments** as part of the **GP Extended Access Scheme**. This will be further supported by an enhanced NHS 111 service and a **planned/bookable dressings service in the Moreton area**.

2) Key elements which shape the future



3) Approach and timeline



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JOINT STRATEGIC COMMISSIONING BOARD
Better Care Fund Update

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	Delivery of all performance requirements in year.		

Engagement taken place	Y
Public involvement taken place	N/A
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	Y
Strategic Themes	
<i>Working as One, Acting as One</i> – we will work together with all partners for the benefit of the people of Wirral.	Y
<i>Listening to the views of local people</i> – we are committed to working with local people to shape the health and care in Wirral.	Y
<i>Improving the health of local communities and people</i> – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	Y
<i>Caring for local people in the longer term</i> – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	Y
<i>Getting the most out of what we have to spend</i> – we will always seek to get the best value out of the money we receive.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	12 November 2019
Report Title:	Better Care Fund Update
Lead Officer:	Graham Hodgkinson, Director of Care and Health

INTRODUCTION / REPORT SUMMARY

Wirral continues to use the Better Care Fund (BCF) to drive integration and prioritises transformational change and development of services which ultimately improve patient outcomes and supports the move to financial sustainability within an integrated system. Our priorities directly support the planned and unplanned elements of the 5-year plan. The key focus has been on supporting the development of 7-day community intermediate and neighbourhood services which promote step up and step-down support, facilitating people remaining in their own homes as long as possible and mitigating the need for acute care.

Wirral is on a journey and whilst the BCF has supported a fundamental shift in Wirral, seeing a stark reduction in the need for long term care (20% reduction in the past 2 years) and seeing a 17% growth in domiciliary activity in the past 18 months, we remain challenged in some areas, notably Length of Stay (LOS) in acute and community bed-based settings. This is a key priority for us this year and we have a system plan to redesign and optimise our home first and intermediate bed -based provision. Additionally, we are stepping up to improve our community offer to increasingly divert North West Ambulance Service (NWAS) and 111 calls to primary and community services, wherever appropriate. Work is well underway to improve pathways and strengthen our community services to reduce the numbers of people attending the Emergency Department (ED) and being admitted. Fundamentally, the BCF is seen as core to our system priorities, supporting the new 2019/20 requirements with a focus on Same Day Emergency Care (SDEC) and reducing the numbers of Long stay patients.

RECOMMENDATIONS

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The report is by way of an update position for JSCB and to advise on the recent BCF submission for Wirral, which is currently part of the assurance process.

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Achievements:

Overall there has been evidenced improvement in achievement of the following BCF priorities during 2018/19:

- 4.8% reduction in type 1 ED attendances compared to 2017/18
- 2.7% reduction of non-elective admissions (NEL) for 65+ compared to 2017/18, although NEL as a whole remains relatively static (current 0.8% reduction).
- Walk in Centres and Minor Injury Units (MIU) achieving 99/100% against the 4-hour standard
- Consistent achievement of a maximum 2.67% Delayed Transfers of Care (DToC) target (currently 1.67%)
- Consistent and effective outcomes for reablement supporting people to remain at home
- Significant improvement in domiciliary capacity evidenced in a reduced waiting list and significantly reduced waiting times, compared to 2017/18
- Consistent delivery of streaming since Q3
- Delivery of High impact change model requirements including evidenced delivery of;
 - Trusted Assessor role and function for care homes and domiciliary services
 - Teletriage
 - Implementation of new 111 requirements
 - Support to care home

3.2 Key Challenges:

Key challenges for the system to focus attention for 2019/20 are;

- Continuing focus on further reducing ED attendances and NEL
- Achievement of the 4-hour standard
- Improving internal hospital flow from the point of admission to discharge with priority to reducing long stay patients

- Improving LOS in both acute and community settings whilst reducing bed dependency and particularly improving our integrated commissioning approach and requirements within the community home first and Transfer to Assess (T2A)/Intermediate service model
- Rapidly improving the 7-day home first pathway and community service model to meet system demand requirements, optimising the future model
- Full implementation of the newly commissioned domiciliary care contract
- Maximising 7 day working by reviewing roles and responsibilities to improve efficiency supporting current and future workforce challenges
- Ensuring BCF remains aligned to Healthy Wirral planning priorities including new requirements for 2019/20 i.e. same day emergency care
- Further adapting the Integrated Discharge approach to really achieve a 'shift left'

3.3 **Approach in 19/20:**

Overall Direction of the BCF is to ensure optimisation of integrated 7-day services, maximising independence at home and reducing the need for acute care wherever possible. Whilst we have seen significant progress from our starting position over recent years, we remain challenged across the system, with a hospital under pressure and primary and community services not yet fully optimised. Our intentions are to continue at pace our journey, to improve our 7-day community provision, our intermediate services and really increase our step-up response. We know we can improve across the whole system and have identified areas for redesign to further reduce ED attendances and both acute and community LOS.

- 3.4 We know if we can optimise the services commissioned, we will be able to demonstrate good outcomes for patients, with evidenced Return on Investment (ROI). However, to do this we need to improve some of our commissioning approaches and address the workforce challenges we face. Technology solutions are being explored and piloted, with capital submissions underway to support our objectives. Protecting and maintaining an effective workforce remains a key consideration for us.
- 3.5 We know we over provide community beds and our intention is to maximise our model of care in order to support the 5-year plan to support the system to achieve financial sustainability. We must do this in a measured way and part of the challenge is to improve culture and behaviours as well as pathways and processes, maximising technology solutions. We have concluded our bed-based review and we are working with VENN to model our services. Continuing to grow the home first and domiciliary /reablement pathways is both the right thing for patients, but we can also evidence it maximises the Wirral £.
- 3.6 We intend to complete much of transformation priorities by Q3, to optimise services in time for Winter and support realisation of financial improvement from 2020. This includes system wide capacity and demand modelling to support sustainability plans and delivery.

3.7 **Priorities for 19/20 BCF funding:**

In order to prioritise schemes and BCF funding for 2019/20, we completed a review, involving key stakeholders. This made recommendations (Appendix 1) to Healthy Wirral Partners Board and Health and Wellbeing Board with regards to recommended priorities for Wirral, supporting BCF requirements, Healthy Wirral priorities and the 5-year plan. The report concluded with one of four recommended outcomes; maintain/decommission/invest or redesign to optimise. The priorities for BCF funding this year are attached in Appendix 2, with overall funding breakdown below:

Funding Sources	Funding
DFG	£4,163,057
Minimum CCG Contribution	£27,233,187
iBCF	£16,872,842
Winter Pressures Grant	£1,800,370
Additional LA Contribution	£8,835,600
Additional CCG Contribution	£0
Total	£58,905,056

3.8 **Key performance Intentions for 19/20:**

We have agreed the following 4 main performance deliverables required, as a result of BCF scheme priorities for 2019/20:

- 5% reduction in long stay admissions to residential/nursing sector
- 2.2% non-elective admission reduction
- 85% of people still at home 91 days post reablement intervention (this links to investment and growth in reablement and domiciliary services)
- 2.67% maximum DToC target

3.9 **Financial challenge:**

Financially, Wirral is in a challenging place, recognised across the system. The BCF has prioritised funding for key services which deliver against key requirements. Our challenge in 2019/20, is how can the BCF further support financial sustainability across the system. We are increasingly working with providers to consider what BCF schemes can become 'business as usual', releasing funding from core contracts, to enable financial balance.

The modelling work underway with VENN is also being utilised to understand the impacts if we were to optimise performance across the system. For example, if we were to achieve an average LOS of 5.2 weeks in our community T2A bed commission, that is the equivalent of releasing 15 beds. A cost of over the year. However, we need to understand and consider the whole system demand and implications. This is being taken forward at Healthy Wirral Partners Board.

3.10 **Submission and Timescales for approval for 19/20:**

Systems were required to submit full BCF plans, adhering to all BCF performance and financial requirements, approved by the Health and Wellbeing Board on 27 September 2019. We are now subject to the usual scrutiny and approval process. Timescales are below:

BCF planning and assurance timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM	By 27 September 2019
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October 2019
Regionally moderated assurance outcomes sent to BCST	By 30 October 2019
Cross regional calibration	By 5 November 2019
Assurance recommendations considered by Departments and NHSE	5-15 November 2019
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November 2019
All Section 75 agreements to be signed and in place (for Wirral any update required as in place)	By 15 December 2019

3.11 **Governance:**

Governance for the BCF, includes monthly reports to Pooled Fund Executive Group (PFEG). BCF also reports quarterly to Healthy Wirral Partners Board and A & E Delivery Board and twice yearly to Health and Wellbeing Board. There is a dedicated integrated BCF lead for Wirral, at Assistant Director level which has enabled Wirral to fully embed the BCF across the system and support prioritisation of schemes across Health and Care that support priorities at both a national and local level.

- 3.12 NHSE continue to require systems to report quarterly on BCF performance and outcomes. Additionally, Wirral continues to be an active member of a monthly Cheshire and Merseyside BCF group with regional NHSE leads.

4.0 **FINANCIAL IMPLICATIONS**

Please see section 3.7 financial position above.

5.0 **LEGAL IMPLICATIONS**

- 5.1 Pooled budget S75 Agreement in place.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

Impact reviews have been completed for each individual scheme.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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APPENDICES

Appendix 1 BCF Review Recommendations
Appendix 2 BCF 2019/20 Scheme Breakdown

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date
Health and Wellbeing Board	17.07.19
Health and Wellbeing Board	18.07.18
Health and Wellbeing Board	14.03.18
Health and Wellbeing Board	15.11.17
Adult Care and Health OSC	13.09.17
Health and Wellbeing Board	19.07.17
Health and Wellbeing Board	15.03.17

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Summary of BCF review - 2019/20 recommendations as follows (April 2019):

1. Continue with current funding: (Maintain)

The following schemes have shown effective ROI and positive patient outcomes supporting Healthy Wirral and BCF priorities, including delivery against the High Impact Change Model.

Continue / Maintain						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required.
Care Homes Scheme - Nurse	CCG	40.000	Continue with funding	5,000	0	45,000
Trusted Assessor - Care Homes	WCT	71.000	Continue with funding	0	0	71,000
Administration	WCT /WUTH	12.000	Continue with funding	0	0	12,000
Mobilisation Officer/transformation capacity for T2A Model	WUTH	29.100	Continue with funding	0	0	29.100
Acute Visiting Service (AVS)	Primary care	709.920	Continue with reduced funding	0	65,000	644,920
Homeless Service	3rd Sector	93.279	Continue with funding	0	0	93,279
Street triage	CWP	152.000	Continue with funding	0	0	152.000
Dementia LES	Primary care	71.400	Continue with funding	0	0	71.400
Early onset Dementia	CWP	146.000	Continue with funding	0	0	146.000
Complex Needs Service	CWP	250.000	Continue with funding	0	0	250.000
Crisis Response (dementia nurse)	CWP	150.576	Continue with funding	0	0	150.576
Dementia Nurse	CWP	150.580	Continue with funding	0	75,139	75,290
Whole System Modelling Senior Performance Analyst (VENN-CDM)	Whole System	40.000	Continue with funding	0	0	40.000
Street Triage - enhanced hours of operation	CWP	112.668	Continue with funding	0	0	112.668
Mental Health detention transport	CWP	70.000	Continue with funding	0	0	70.000
Communication and Engagement Lead	Healthwatch	30.000	Continue with reduced funding	0	10,000	20.000
Ward Discharge Coordinators	WUTH	155.000	Continue with funding	0	0	155.000
Primary Care Bid - Clinical Streaming at Front Door	WUTH / WCT	300.000	Continue with reduced funding	0	150.000	150.000
Winter Capacity	System	279.814	Continue with funding	10,713	0	290,527
Specialist Commissioning	Varied	200.000	Continue with funding	0	0	200.000

2. Redesign to optimise the model:

The review has identified areas which whilst critical elements of effective system delivery, have not been able to mobilise to the optimum level to be able to support system demand. Therefore, the following areas require significant system wide transformational redesign Q1 into Q2:

Redesign to Optimise						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required
Home First - MDT (Enhanced Rapid Response Service)	WCT	399.657	Redesign to optimise	0	0	399,657
Home First - Clinical Support/Discharge capacity	WCT	540.808	Redesign to optimise	0	0	540,808
86 x T2A Nursing Beds - core funding	Independent Sector	3,471.472	Redesign to optimise	0	0	3,471,472
Primary Care & Therapies for T2A Beds	Primary care/WCT	967.428	Redesign to optimise	0	0	967,428
Growth in T2A Beds	Independent Sector	219.625	Redesign to optimise	0	137,473	82,152
T2A - 10 beds - Cover for Pressure Periods	Independent Sector	223.812	Redesign to optimise	0	168,000	55,812
Additional MDT support, including clinical cover for extra beds (10)	WCT	106.343	Redesign to optimise	0	0	106,343
Carers Service	Independent sector	818.512	Redesign to optimise	0	78,520	739,992
IV Antibiotics	WUTH/WCT	627.300	Redesign to optimise	0	0	627,300

3. Recommend Investment:

The following schemes, for which there is evidence to increase investment to support Healthy Wirral and BCF priorities and evidence of effective ROI.

- Tele triage: Increase the tele triage offer to support the role out of additional technologies for health care monitoring across the care sector. Supports broader Telehealth model and approach.
 - Links with redesign of SPA as a fit for purpose clinical triage model, maximising technology solutions. Update DOS and associated pathways in line with changes
- New priorities - Same Day emergency care (SDEC) and acute frailty service:
 - Invest in transformation capacity and support to develop and fully implement SDEC and acute frailty services

Systems are required to increase the number of people discharged same day from ED and assessment areas, improving access to required diagnostics, clinical support and follow up if appropriate as an 'out-patient'.

Invest						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required.
Tele-triage costs. Expand as part of Telehealth development.	WCT	207.812	Invest to redesign to optimise	120,210	0	328,022
Supporting 2019/20 planning priorities (patient flow). SDEC and acute frailty service development	WUTH	N/A	Invest	100,000	0	100,000

4. Recommend Decommission:

The following schemes have not been able to evidence current or potential ROI.

There will also be partial decommission in some schemes where a more cost-effective model should be the priority e.g. reduction in residential T2A beds.

Decommission						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required
Wirral Independence Service (falls element IBCF)	Independent sector	220.000	Decommission/redesign to optimise.	0	220,000	0
Adapted Flats	Independent Sector	35.643	Redesign to optimise/ Decommission	0	27,000	8,643
Trusted Assessor - Dom Care	Independent Sector	110.000	Future funding not required. Business as usual.	0	110.000	0
BCF Scheme Lead/ROI Evaluation	LA Staff	35.000	Decommission	0	35,000	0
Home First Capacity - dom care, reablement, mobile nights	Independent Sector	78.955	Future funding not required. New model will provide capacity. Absorbed.	0	78.955	0
10 x T2A Residential Beds - core funding	Independent Sector	273.520	Decommission residential beds and GP contract from end of Sept 2019 (contract end) Low occupancy and will be supported by the home first pathway.	0	149,562	123,958
Transformation Programme Manager Role	Independent Sector	60.000	Decommission	0	60,000	0
Street Triage for NWAS	NWAS	174.752	Decommission. Unable to recruit.	0	174,752	0

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BCF Scheme Title	19-20 Alloc £,000
Wirral Independence Service	3,985
Care Homes Scheme - Nurse	45
Tele-triage recurrent costs	278
Adapted Flats	9
Trusted Assessor - Care Homes	71
Home First - MDT (Enhanced Rapid Response Service)	400
Home First - Clinical Support/Discharge capacity	541
Home First - Administration	12
Home To Assess	143
Mobilisation Officer for T2A Model	29
Acute Visiting Service (AVS)	645
10 x T2A Residential Beds - core funding	124
86 x T2A Nursing Beds - core funding	3,471
Primary Care & Therapies for T2A Beds	967
T2A - 10 beds - Cover for Pressure periods	56
Additional MDT support, including clinical cover for extra beds (10)	106
Community Offer (ASC)	3,972
Community Offer (CCG)	854
Reablement - Commissioned Care	1,231
Dom Care (stabilising the market - 15 min & 7 day retainer)	412
Enhanced Dom Care (Dom Care Plus)	0
Joint Posts - Mental Health	475
Homeless Service	93
Existing Schemes	3,133
ICCT - existing contract - contribution for IMC therapy	426
Comms - Home First	3
Total Integrated Services	21,482
Early Intervention & Prevention	1,199
Carers Service	740
Mobile Night Service	753
Care & Support Bill Implementation	497
Drugs & Alcohol	6,836
Protection of Social Care	18,342
Winter Fundin	1,800
Brokerage	27
Total ASC Services	30,195
CCG Third Sector	485
IV Antibiotics	627
Street triage	152
Dementia LES	71
Early onset Dementia	146
Complex Needs Service	250
Crisis Response	151
Dementia Nurse	75
Total CCG Services	1,958
DFG	4,163
Total Other	4,163
Communication & Engagement Lead Role	20
Whole System Modelling Senior Performance Analyst/Capacity Demand Modelling	40
Mental Health detention transport	70
Ward Discharge Coordinators	155
Supporting 2019/20 planning priorities (patient flow)	100
Clinical Streaming at Front Door	150
	535
Winter Planning	372
Complex/Specialist Commissioning Support	200
	572
Total BCF	58,905
Funding	
Minimum Allocation (CCG)	-27,233
DFG	-4,163
ASC Core Budget Contribution	-2,000
IBCF (i) (Supplementary?)	-2,602
IBCF (ii)	-14,271
Winter Pressures	-1,800
Public Health	-6,836
Total Funding	-58,905

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