Public Document Pack

Joint Strategic Commissioning Board

Date:	**Tuesday, 14 January 2020**
Time:	**2.00 p.m.**
Venue:	Council Chamber - Wallasey Town Hall

Contact Officer: Mike Jones
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AGENDA

1. **APOLOGIES FOR ABSENCE**

2. **DECLARATIONS OF INTEREST**

3. **MINUTES (Pages 1 - 6)**

4. **HEALTHY WIRRAL 5 YEAR STRATEGY (Pages 7 - 122)**

5. **POOLED FUND FINANCE REPORT (Pages 123 - 130)**

6. **WIRRAL HEALTH AND CARE COMMISSIONING BUSINESS PLAN - UPDATE (Pages 131 - 140)**

7. **WIRRAL OLDER PEOPLE OUTCOMES BASELINE 2019 (Pages 141 - 172)**

Terms of Reference:

The Joint Strategic Commissioning Board (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.

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 12 November 2019

Present: Councillor Chris Jones (Chair)
Dr Paula Cowan
Simon Banks
Carly Brown
Simon Delaney
Paul Edwards
Nesta Hawker
Graham Hodkinson
Councillor Julie McManus
Lorna Quigley
Dr Sian Stokes
Michael Treharne
Councillor Tom Usher
Julie Webster
Alan Whittle

32 APOLOGIES FOR ABSENCE

Apologies for absence were received from: Linda Roberts, Sylvia Cheater, Dr Lax Ariaraj and Richard Sturgess.

33 DECLARATIONS OF INTEREST

There were no declarations of interests.

34 MINUTES OF MEETING TUESDAY, 10 SEPTEMBER 2019 OF JOINT STRATEGIC COMMISSIONING BOARD

Resolved - That the minutes of the meeting of the Joint Strategic Commissioning Board held on 10 September 2019 be agreed as a correct record and signed by the Chair.

35 HEALTHY WIRRAL STRATEGY

The Chairman informed the meeting that consideration of the Healthy Wirral Strategy had been deferred as the country was in a pre-election period (purdah). The item would be brought back to the Committee after the election in December 2019.

36 POOLED FUND FINANCE REPORT

The Chief Finance Officer, NHS Wirral CCG and Wirral Health & Care Commissioning, introduced this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of: the expenditure areas that were included in the 19/20 shared ("pooled") fund, and the current and future risk and gain share arrangements.

A balanced budget had been forecast for the 2019/20 financial year. There were continuing pressures on adult social care but mitigations appeared to be working well.

Resolved: That the Pooled Fund Finance Report, including the financial position at 31st August 2019, be noted.

37 PUBLIC HEALTH ANNUAL REPORT 2019

The Public Health Annual Report (PHAR) was the independent annual report of the Director of Public Health and was a statutory requirement. The 2019 Report, *Creative Communities*, explored the role of culture as a means of improving health and wellbeing; presented local examples of these benefits; and called for everyone in Wirral to be part of a Borough of Culture legacy that left people happier and healthier.

The Director for Health and Wellbeing presented the report. As part of the information gathering, issues had been discussed with residents at a range fo events. Three recommendations had emerged for partners organisations to put into effect:

1. Seek out opportunities in our lives and communities for arts and culture to help to keep people well and living longer, better lives.
2. Ensure that the legacy of Wirral's Borough of Culture year contributed to the development of a healthy and health-creating borough.
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.

Members supported the method, work and findings of the report and thanked the team for creating it.

Resolved - That the recommendations of the Public Health Annual Report 2019 be endorsed and its publication be supported.

38 **INTEGRATED CONTRACT MANAGEMENT AND PROCEDURES ACROSS NHS WIRRAL CCG AND WIRRAL COUNICL**

The Assistant Director, Performance and Delivery, introduced the report which gave Wirral Health and Care Commissioning (WHCC) and its Joint Strategic Commissioning Board (JSCB) an update on integrated working which aimed to reduce duplication and costs across Commissioning, Contract Management and Procurement.

Details of each of the work streams was given, which were:

- Integrated Contract Management Meetings
  - Wirral Council (WBC) and Wirral Clinical Commissioning Group (WCCG) had held joint Contract Performance Meetings with the following:
    - Wirral Community Health and Care NHS Foundation Trust
    - Cheshire and Wirral Partnership NHS Foundation Trust
  - WHCC was in the early stages in agreeing a common approach to Contract Management across WBC and WCCG
- Integrated approach to Procurement
  - WBC and WCCG were developing an 'Integrated Commissioning and Procurement Protocol'

The work was underpinned with the development of a single, web based, platform for the whole Commissioning, Procurement and Contract Management process which was planned to be fully operational in quarter 4 2019/20.

It was noted that changes in local government and the NHS complicated planning, and joint commissioning needed to be clear which organisation's guidelines were being worked to.

Members commented that joint working within particular teams had provided benefits and that both organisations would continue to remain separated with their own statutory responsibilities.

Resolved – That

(1) the progress around integration of this work area to date be acknowledged.

(2) it be recognised that at this stage full integration is not possible due to the differing legislative and governance arrangements between Local Government and the NHS.

39 **URGENT CARE UPDATE**

The Assistant Director of Unplanned Care and Community Care Market introduced this report which provided an update and overview of the key challenges and priorities faced by the Urgent Care system. There were three major priorities being worked toward and the progress was given:

1. reduced long length of stay – this was not on track and had been tackled by a system lead at Board level;
2. increased number of patients streamed from Emergency Department to community support – this was on track with about 50 people a day streamed. Investments in point of care were being looked at to enable primary care to support more people;
3. ambulance handover and turnover times reduced with corridor waits eliminated – there had been significant improvements but also a dip in school's half term week because of staffing. Planning for future such holidays was being looked at.

The report also included an update on the Urgent Treatment Centre (UTC) which was to have a newly constructed building in 2022 but before then a new community model would see Minor Injuries Units being replaced by standardised Primary Care Hubs in April 2020.

Members questions drew out additional information including:

- Preparations for Winter included capacity planning in acute treatment, community care and primary care with a draft Winter Plan agreed. There was a focus on minimising additional beds by improving support at earlier stages.
- Long lengths of stay were being tackled in different ways depending on whether the cause was an internal acute reason or external community or primary care reasons. Externally there had been more referrals to re-ablement and domiciliary care than there was capacity, and internally there would be focus on 0-20 days as well as people on the 21-day threshold.
- Modelling of solutions had been done and would result in 80 free beds if everything worked at optimum level, but that would also benefit staff workloads, winter planning and morale.

Resolved - That the contents of the Urgent Care Update report be noted.

40 **BETTER CARE FUND UPDATE**

Wirral used the Better Care Fund (BCF) to drive integration and prioritised change and development of services to improve patient outcomes and support the move to financial sustainability. The priorities supported the 5-year plan with a key focus on supporting the development of 7-day community intermediate and neighbourhood services which facilitated people remaining in their own homes as long as possible and mitigating the need for acute care.

The Director for (Adult) Care & Health introduced this report which advised on a BCF submission for Wirral, which was part of the assurance process. There had been notable successes though BCF, such as a 20% reduction within two years in the need for long term care and a 17% growth in domiciliary care within 18 months, but there were challenges, notably length of stay in acute

and community bed-based settings. To tackle this, there had been a focus on optimising home first and intermediate bed-based provision and diverting ambulance and NHS 111 helpline calls to primary and community services where appropriate. There had been approximately £59 million investment to reduce pressure in hospitals.

Resolved - That the contents of the Better Care Fund Update report be noted.

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Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Healthy Wirral 5 Year Strategy

Risk Please indicate	**High N**	***Medium*** **Y**	***Low*** **N**
Detail of Risk Description	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. These risks are mitigated through the well-established leadership and governance framework of the *Healthy Wirral* partnership, and an agreed programme management approach which will ensure that the system holds itself to account for the delivery of strategic milestones. These risks are recorded within the principle risk register as part of the *Healthy Wirral* Partners Board Assurance Framework and monitored by the *Healthy Wirral* Partners Board.		

Engagement taken place	**Y**
Public involvement taken place	**Y**
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:	**14 January 2020**
Report Title:	***Healthy Wirral* 5 Year Strategy**
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 wider Wirral strategic planning including the Wirral 2025 Plan, 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

That the Joint Strategic Commissioning Board (JSCB) endorses the approach in the draft strategy and supports 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 Wirra*l 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. The draft delivery plan for 2020-2024 is at Appendix 2 and the agreed Operational Plan for 2019-20 at Appendix 3.

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 *Heathy 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 to familiarise both 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 Each of the Healthy Wirral work streams have developed their delivery plans to achieve the overall strategy outcomes and are undertaking the relevant Quality and Equality Impact Assessments as relevant to their plans. The *Healthy Wirral* 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 - *Healthy Wirral* System Operating Plan 2019/20

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	**17 July 2019** **3 September 2019**

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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’.

Contents

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.

Simon Banks

Healthy Wirral

Senior Responsible Officer

Chief Officer NHS Wirral

Clinical Commissioning Group

David Eva

Healthy Wirral

Independent Chair

Janelle Holmes

Chief Executive

Wirral University Teaching Hospitals NHS Trust

Sheena Cumiskey

Chief Executive

Cheshire & Wirral Partnership NHS Trust

Karen Howell

Chief Executive

Wirral Community Health & Care NHS Trust

Boo Stone

Head of Service

Community Action Wirral

Dr Abhi Mantgani

Executive Director

Wirral GP Federation (GPW-Fed)

Natalie Young-Calvert

Chief Officer

Primary Care Wirral GP Federation

Graham Hodkinson

Director of Health and Care

Wirral Council

Wirral Health and Care Commissioning

Chris Jones

Chair of Health & Wellbeing Board

Karen Prior

Chief Officer

Wirral Healthwatch

Julie Webster

Director for Health and Wellbeing

Wirral Council

Wirral Health and Care Commissioning

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 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.

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:

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

- 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.

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 Wirra*l 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:

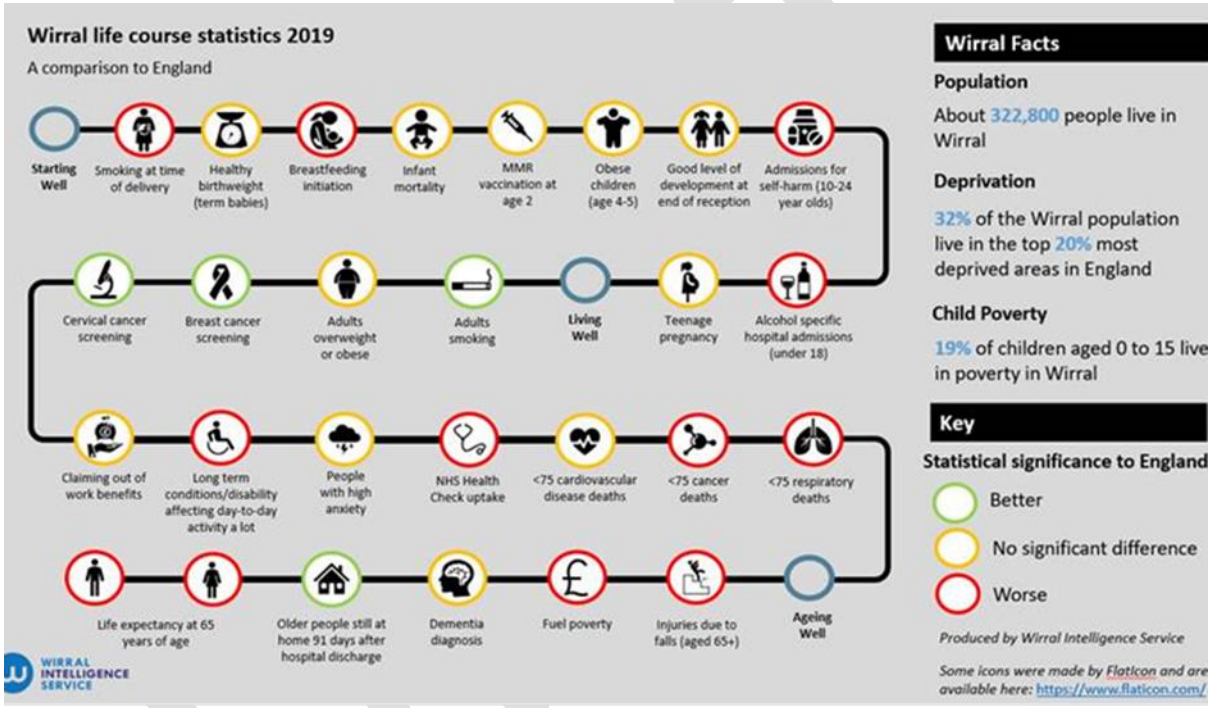
- We will agree the most important outcomes to achieve, based on a clear understanding of our population's health.
- We will ensure that we commission the integrated provision of services for our population which best delivers these outcomes.
- Our Providers commit to respond collectively; sharing financial 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:

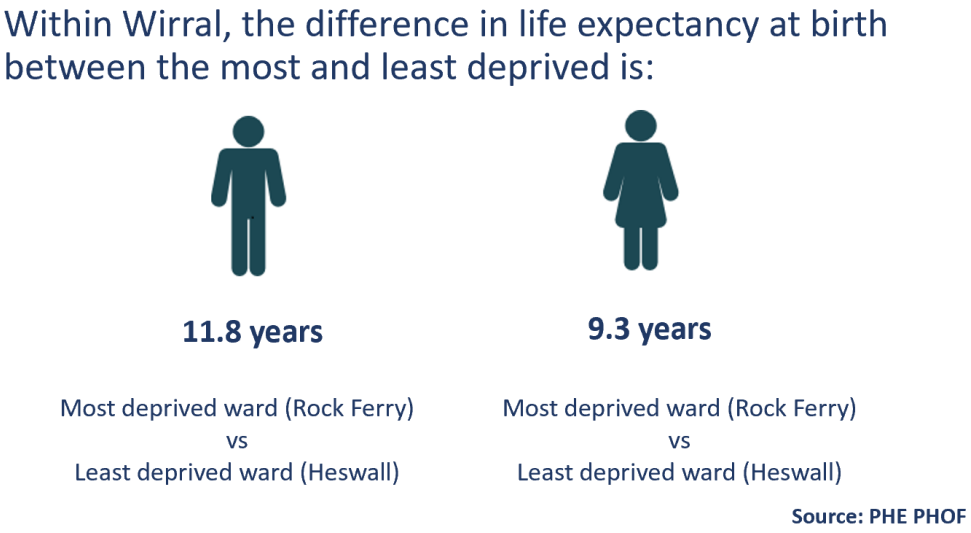
- ***To improve health and wellbeing outcomes***

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.



- ***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.

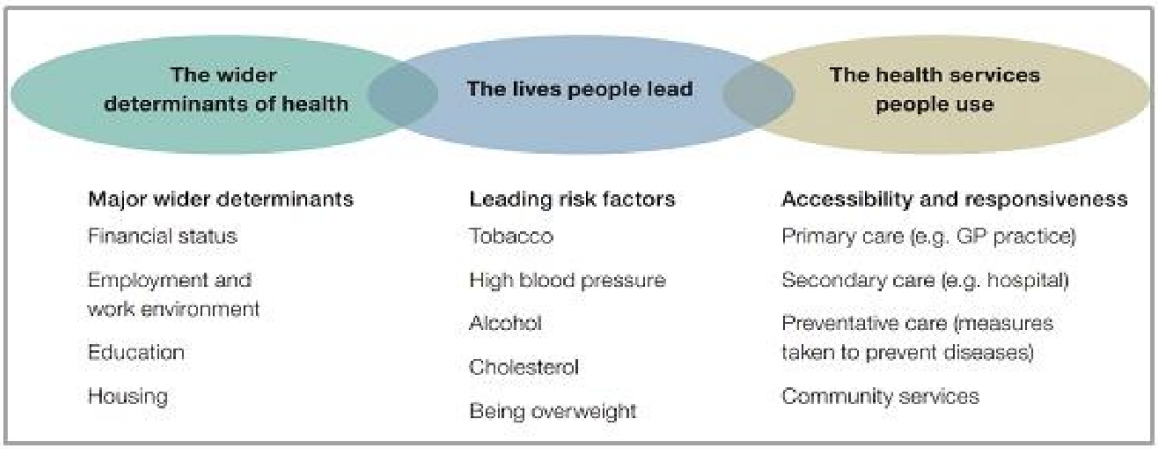
The best way of ensuring healthy behaviors and a long life in good health is to have a good start in life, a good education, a warm and loving home, a connected community and enough income to meet our needs.

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

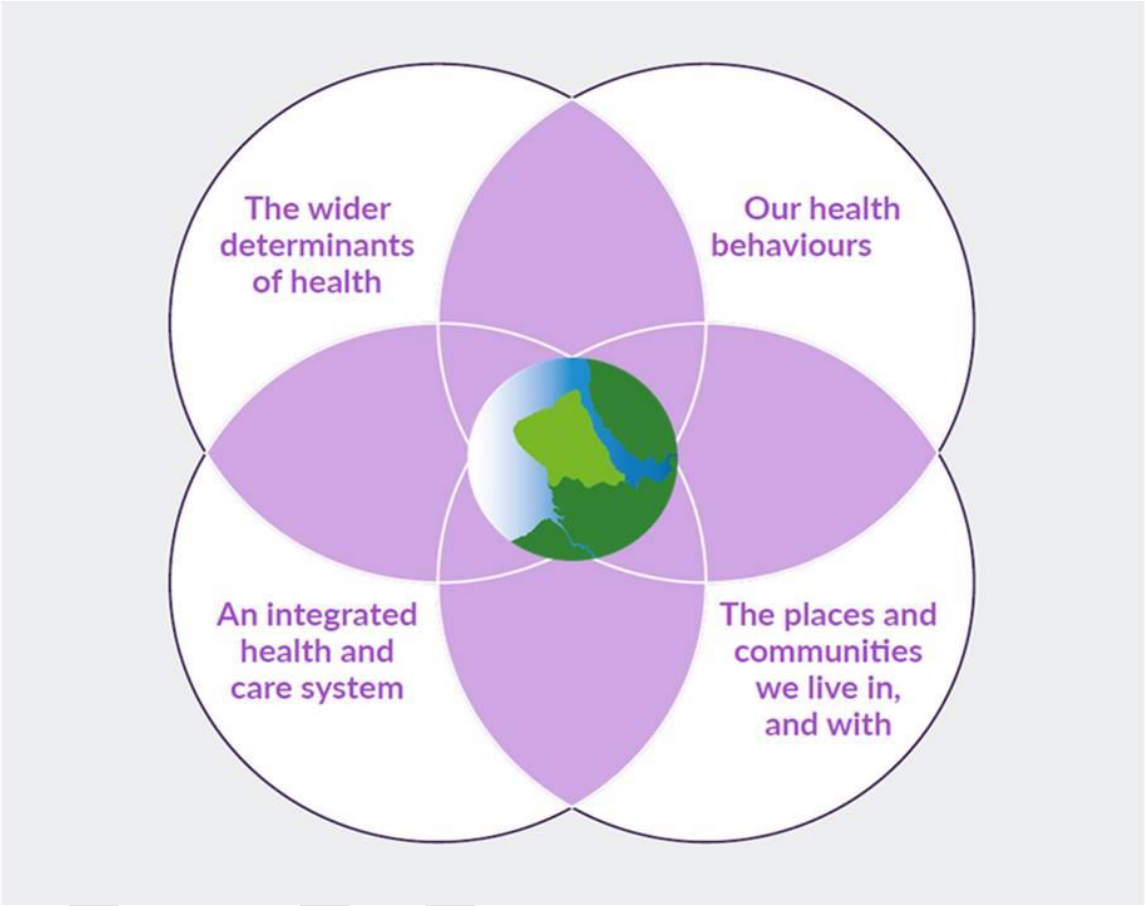


Source: National Audit Office Literature Review, 2010

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.

Our approach to improving health and wellbeing

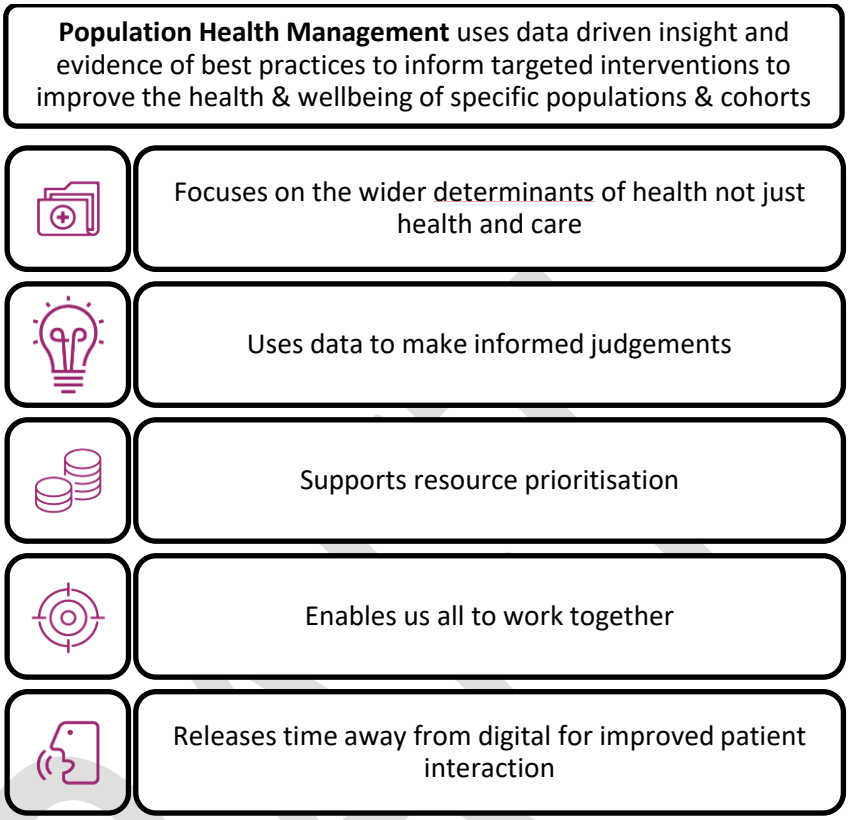
We believe that the best way to improve health outcomes for the people of Wirral is to take a population health approach, working together in partnership with individuals, communities and wider partners to understand in detail the health of our population and put together plans to improve health.



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 helps 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.

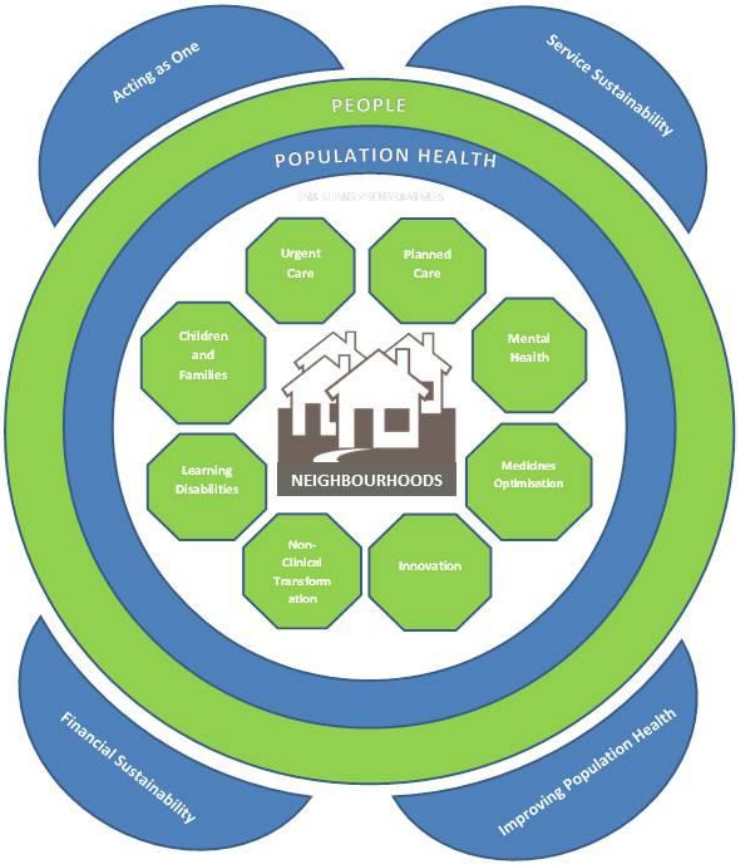
The Health Foundation

References available at www.health.org.uk/anchor-institutions

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

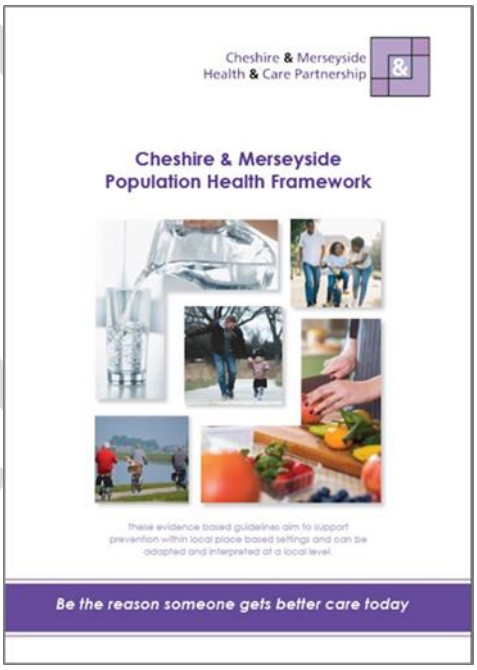
focused on the specific needs of communities and where people live. All of our programmes must be informed by comprehensive population health intelligence, consider how their priorities link to each other, and focus on place based service delivery at local community and neighbourhood level.

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.

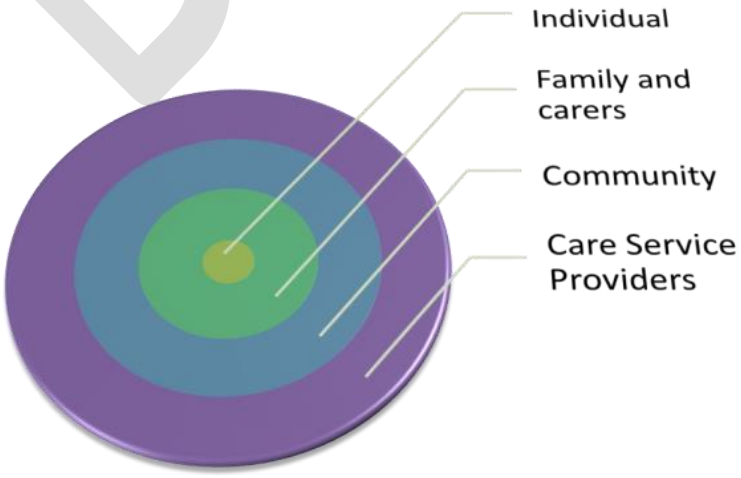
Social prescribing link workers connect people to wider community support which that can help improve their health and well-being and to engage and deal with some of their underlying causes of ill health.

- 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.

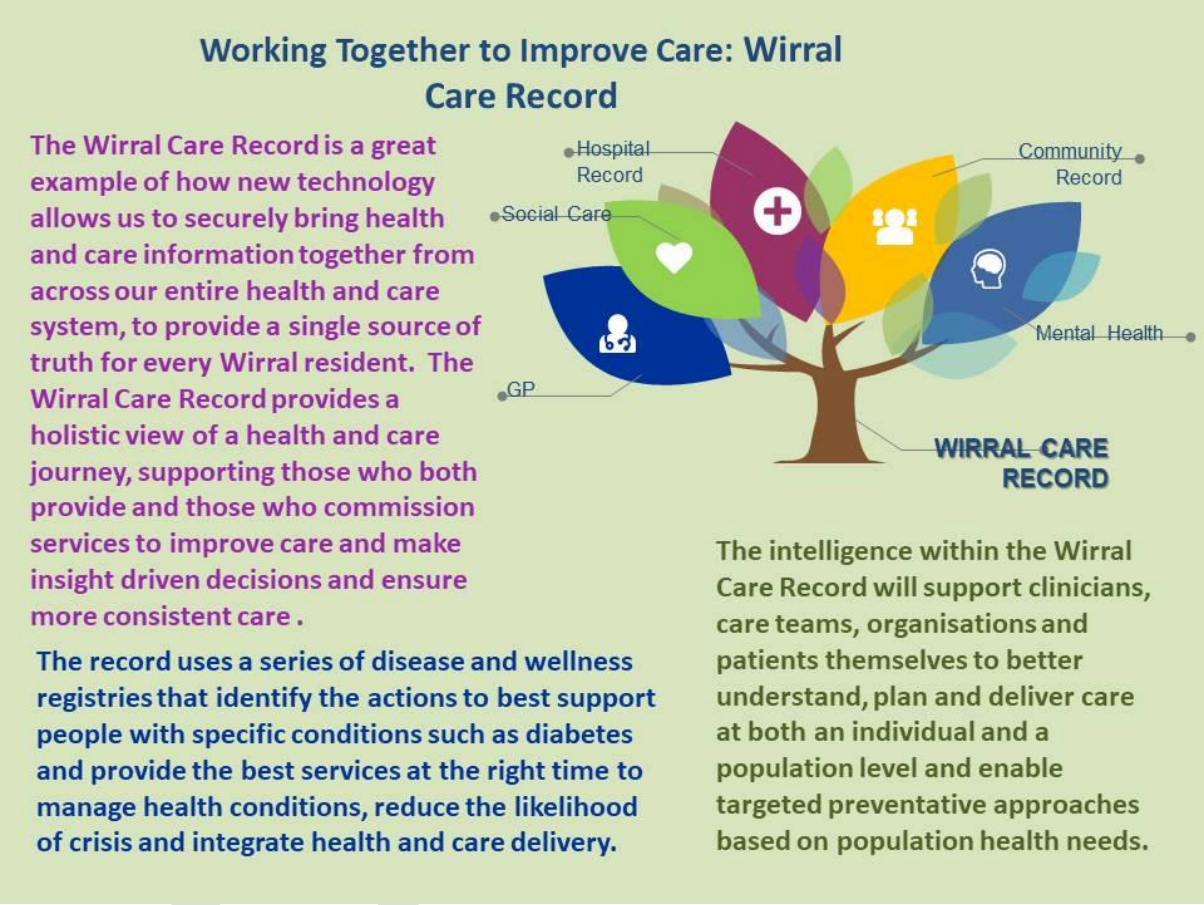
Technology and Innovation

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



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 patience 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.

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 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.

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.

Neighbourhoods		
2020/21	• 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)	• 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	• Development of Neighbourhood operating model: - 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 **2023/24**	*(2 year programme which finishes end of year 2020/21. All transformation embedded and into Business as Usual delivery starting 2021/22)*	
Children and Families		
Timescale	**Actions**	**Outcomes**
2020/21	• 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	• 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

	adverse childhood experiences) • 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	service usage • 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
2021/22	• 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 (*NOTE: This will need to be driven as a priority across all 5 years of plan*) • Increase 'Continuity of Carer' performance for local maternity services, with particular emphasis on BME and disadvantaged women	• 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

	• Develop more integrated risk-management offer for young people	• Reduction of duplication, increasing efficiencies of resource use, smoother pathway for young people
2022/23	• 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	• More children treated appropriately for complications due to obesity • More accessible support at times of mental health crisis
2023/24	• 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	• 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	**Respiratory:** Admission Avoidance: • Development of community offer Prevention: • Air quality and Air Pollution - Link with Health Connectors • Advice on healthy eating and exercise Management: • Virtual clinic/ advice and guidance business model for patients with Chronic Obstructive Pulmonary Disease (COPD). Diagnosis: • Dual screening for lung cancer and COPD	• 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

	Long Term Conditions: Healthy Wirral Review: • Phase 2, Development of a Long Term Conditions Community Model of Care **Endoscopy:** • 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 **Ophthalmology:** • 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. **Stroke Pathway Improvement:** • 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	consultant referrals • 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.

	relating to Stroke **Nephrology:** Reduction of referrals: • Continue to monitor new referral pathway Cardiovascular: **Cancer:** Prevention: • All boys aged 12 and 13 to be offered the Human Papilloma Virus (HPV) vaccination Early Detection: • 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 Follow up pathway: • 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. **Outpatient Redesign:**	• Impact on carbon emissions via reduced patient travel

	• 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: - Nephrology - Urology - Haematology - Orthopaedics (part of MSK) - Ophthamology • 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: - Dermatology - End of Life - Endoscopy (Gastrointestinal) - Haematology - Nephrology - Ophthalmology - Orthopaedics (part of MSK) - Urology **End of Life:** • 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	

	improve information flow to ensure a quality package of care within the integrated system. • 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. **Dermatology:** • Continue to monitor and evaluate pilot study for treating dermatology patients in Primary Care	
2021/22	**Long Term Conditions**: Healthy Wirral Review: • Phase 2, Development of a Long Term Conditions Community Model of Care **Cardiovascular Disease:** • Early response: improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest **Cancer:** Follow up pathway: • Identify other cancer patients that could benefit from a personalised (stratified) follow-up pathway once their treatment end Early Detection: • Targeted Lung Health Checks Programme (continuation) **End of Life:** • Support the wider system to provide enhanced levels of support and care through for example education and training with a clear emphasis on	

	"place" at the heart of patient pathways e.g. care homes, community assets, carers. • 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. **Outpatient Redesign:** • 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: **Gastro / Endoscopy:** • Review opportunities relating to shared decision making and self-management • Review impact of Direct access fibroscan • Review impact of community based fibroscan pilot.	
2022/23	**Long Term Conditions**: Healthy Wirral Review: • Phase 2, Development of a Long Term Conditions	

	Community Model of Care **Cancer:** Early Detection: • Targeted Lung Health Checks Programme Outpatients: • Stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. **End of Life:** • 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. **Outpatient Redesign:** • 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:	
2023/24	**Long Term Conditions**: Healthy Wirral Review: • Phase 2, Development of a Long Term Conditions Community Model of Care **Cancer:** Early Detection • Targeted Lung Health Checks Programme Outpatients: • Stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. **End of Life:** • 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. **Outpatient Redesign:** • 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	Agree the clinical model and estate design for the new "Hospital upgrade project" through active engagement of all economy partners. Commence procurement exercise for "hospital upgrade project) – Spring 2021 Reduce bed occupancy to 95% Reduce patients in hospital 21 days by 50% Implement community urgent care pathway with single clinical governance Implementation of phase 1 pre-UTC of a single minor injuries and minor illness service provision at Arrowe Park site Further development of SPA offer and the link with Clinical Assessment Service – to include ensuring interoperability To meet requirements of Same Day Emergency Care Review of new clinical standards and whether improvement in service delivery is required Increase use of tele health in the admission avoidance and discharge pathways To implement revised 'two hub' model for Intermediate care Reduce length of stay in intermediate care beds Capacity and demand model – expand across system and review of acuity levels	Reduce number of beds in hospital – closure of one ward Reduce risks to patients due to prolonged hospital stay such as deconditioning leading to increase in physical dependency Better patient experience Consistent pathways Increase patient's 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

2021/22	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	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
2022/23	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	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
2023/24	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	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
Mental Health		
When will we do it?	What Will we do?	What will be different?
2020/21	**Perinatal Mental Health** • Review and develop existing specialist perinatal care to: - 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 **Children and Young People** • 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.	Women and their partners will receive the emotional health and wellbeing support required from pre conception up to 2years post birth. Improvement in sustained family relationships. 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. Robust mental health pathway to meet needs of 0-25 cohort. Clear understanding across Wirral population of how and where to access support including early help and prevention. CYP with an eating disorder are assessed and treated in a timely manner and to maximise recovery. Increased crisis provision and points of access for CYP in urgent mental health need.

	• 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.	Partnership plan to deliver improved MH outcomes for CYP which is aligned across different strategic directions.
	• 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.	Improved visibility and oversight within MH planning of the needs of SEND.
	• Consider national and regional guidance regarding the implementation and alignment of services for 0-25 and develop project scope for implementation.	Improved support for 18-25 cohort who are not ready to transition to adult services.
	Improving Access to Psychological Therapies (IAPT) and Common mental health problems	
	• Undertake a targeted focus of older adults access levels	Increased number of older adults accessing IAPT with an improvement in overall health and well-being.
	• Fully implement Long term Conditions IAPT pathways in at least 4 condition pathways	Integrated MH and physical health delivery pathways to improve holistic needs of patients.
	• Ensure delivery of referral treatment times and recovery targets.	Patients are seen within national referral to treatment timeframes and improvement in recovery and longer term outcomes for wellbeing.
	Adult Severe Mental Illnesses (SMI) Community Care	
	• 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.	Patients will have their physical and mental health needs met within a primary care setting.
	• Consider the recommendations from the Cheshire & Merseyside (C&M) Personality disorder work stream in delivering new models of care across C&M for this	Improved community model for support for people with a personality disorder and a reduction in out of area, high cost placements

	patient group.	
	• Implement the SMI shared care guidance and mental health registry to increase numbers of physical health checks undertaken for people with an SMI.	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.
	• Monitor the implementation of the IPS service launched in Oct 19 and the numbers of people accessing IPS.	Individuals with a SMI are supported to return to employment or training as appropriate.
	• Continue to achieve the Early Intervention (EI) standards and ensure data quality issues affecting performance in 2019 have been resolved.	People with a diagnosis of EIP are seen within the national timeframes to support quality care delivery and avoidance of deterioration.
	• Monitor CWP EI action plan to deliver National Institute for Clinical Excellence (NICE) concordance supported through the additional investment committed in 2019/20.	Service staffed in line with NICE guidance.
	Mental Health Crisis Care and Liaison	
	• Implement the enhanced Crisis resolution & Home Treatment (CRHT) service for adults in line with additional investment and transformation bid.	People in Mental health crisis have their needs met within the local community and without having to attend A&E
	• Further commitments are outlined in CYP section.	
	Therapeutic Acute Mental Health Inpatient Care	
	• Continue to maintain no out of area bed usage for CWP.	Patients and families have a better experience of inpatient care as they do not have to travel to receive specialist treatment.
	• 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.	Ensure the appropriate number of beds are available to meet demand, considering any trends with admissions.

	Suicide Reduction and Bereavement Support • 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 **Problem Gambling mental health support** • Monitor existing gambling provision from Beacon Trust and CAB gambling programme to consider demand and capacity. **Rough sleepers** • Understand opportunities for co-commissioning of homeless provision across PC, MH and Public health contracts **Place Addition** • Establish shadow arrangements for Integrated Provider with delegated commissioning functions	Reduce the numbers of incidents of suicide across Wirral. Understand local population gambling habits to commission appropriate gambling service provision. Robust integrated provision for rough sleepers that combines housing, social, mental and physical health needs. Proposed shadow year for testing an Integrated Provider model to include delegated commissioning functions
2021/22	**Perinatal Mental Health** • Review outcome and learning of pilot from maternity outreach clinics and implement fully. **Children and Young People** • 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	Understand opportunities to fully implement wider maternity outreach clinic. Single point of access for mental health crisis for all ages. More CYP will be supported in the community and reduced need for inpatient admission. CYP will be able to access alternative crisis provision and reduced need to attend A&E. Increased awareness of long term effects of gaming and

	part of wider Partnerships for Children and families strategy and link to future planning for gambling clinics. **Improving Access to Psychological Therapies (IAPT) and Common mental health problems** • Maintain delivery of all national IAPT standards. **Therapeutic Acute Mental Health Inpatient Care** • Consider therapeutics outcomes and average bed usage to drive forward reduction to 32 days. **Rough sleepers** • Develop options appraisal and explore opportunities for additional funding to support specialist provision for rough sleepers. **Place Addition** • Shadow arrangements for Integrated Provider with delegated commissioning functions	risks relating to gambling. Wirral population receive timely access to IAPT services. Improved experience for people admitted to an inpatient bed. Rough sleepers have improved access to specialist provision. Proposed implementation of Integrated Provider with delegated commissioning functions
2022/23	**Children and Young People** • Undertake final evaluation of CYP crisis care requirements and delivery options and develop clinical pathways to meet requirements for all age crisis care service. **Improving Access to Psychological Therapies (IAPT) and Common mental health problems** • Maintain delivery of all national IAPT standards. **Adult Severe Mental Illnesses (SMI) Community Care** • Consider wider community integration for PD, Mental Health rehabilitation and Eating disorders with primary care – specifically evaluating the learning from SMI.	Robust clinical pathway for all age crisis service. Wirral population receive timely access to IAPT services. Improved community provision of specialist services.

	Suicide Reduction and Bereavement Support • 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 **Problem Gambling mental health support** • Pilot early help/prevention approach to CYP and families relating to gambling and gaming addiction. **Rough sleepers** • Pilot rough sleepers Mental Health provision services considering links with housing, social care and MH services.	People who have been bereaved by suicide will receive targeted support. CYP and families receive targeted support and awareness relating to gambling. Robust integrated provision for rough sleepers that combines housing, social, mental and physical health needs.
2023/24	**Children and Young People** • Successfully implement 24/7 all age crisis services inc CYP. **Improving Access to Psychological Therapies (IAPT) and Common mental health problems** • Maintain delivery of all national IAPT standards **Problem Gambling mental health support** • Ensure the implementation of gambling clinics for specialist problem gambling treatment	CYP receive the same level of crisis support as adults. Wirral population receive timely access to IAPT services. CYP and families receive targeted support and awareness relating to gambling.
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

		Term Plan & Transforming Care (TCP))
		Utilise DSD to maximise required effect and become more preventative and less reactive.
	Ensure community services are robust and can provide the right care at the right time in the right environment.	Reduced admissions & facilitate timely discharges. Les 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.
	Annual Health Checks	Decreased mortality rates and increased quality of life
	Increase in the use of technology	Increase people's ability to remain in the community and increase self-management and independence where possible.
	Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.	Reduction in failed placements and increase in meeting individual needs/outcomes
2021/22	Maintain reduction in inpatient bed base for both children and adults	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.
	Actions to improve the accuracy of GP registers to support the delivery of Annual Health Checks	Decreased mortality rates and increased quality of life
	Continuation of research into, and deployment of technology	There is a range of technology to support people to maintain their independence and be supported in the community
	Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.	A robust and responsive market that will enable them to support people in the community.
2022/23	Work towards having an increase in screening numbers to support Annual Health Checks	Decreased mortality rates and increased quality of life

2023/24	Maintain reduction in inpatient bed base for both children and adults	Robust all age community services to ensure that admission to hospital is the exception.
	Continue work towards achieving national targets for Annual Health Checks	Decreased mortality rates and increased quality of life
	Increase technology	A wider range of technology available to support all aspects of people remaining in the community.
	Housing - Ensure we have good quality and appropriate accommodation to meet the needs of our local population.	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.
Getting the Best from Medicines in Wirral		
When will we do it?	What Will we do?	What will be different?
2020/21	Develop an integrated service to deliver medicines optimisation without boundaries	Pharmacy services, working as one to realise quality outcomes for patients, safety management systems within medicines processes and cost savings for the system.
	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	Utilise the planned changes to optimise medicines optimisation in Wirral Place

	Support the new GP contract (Year 2) 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.	Increase the numbers of pharmacists maximising medicines outcomes in primary care networks
	Support the Anti-Microbial Resistance 5 year strategy working closely with the population health work stream	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-orindated collaboratively Reduce the number of blister packs in the system
	Waste – Review dispensing for Care Homes and Domiciliary care providers to reduce the need for blister packs	Improve safety of medicines administration in care settings

	System wide response to the Medicines Safety Assurance Model Optimise medicines for patients in care homes through medication use review TCAMs extend project to increase benefits. Medicines reconciliation will form part of this from the CPCF Extend not dispensed scheme to maximise savings Extend to DOAC work to include all DOAC preparations	National guidance followed in Wirral Place Continue to improve prescribing and enhance mediciness optimisation Increase numbers, decrease bed days Reduce wasted medicines All DOAC patients will be prescribed most appropriate cost effective medicine for their condition
2021/22	Support the new GP contract (Year 3) 1. Mental Health focus 2. CVD and inequalities requirement 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 AMR 5 year strategy (covered in Population Health Programme). Consider the need for Wirral place to have a system wide Antimicrobial Stewardship Pharmacist Delivery of QIPP/CIP programmes with multi-sector	Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities Utilise the planned changes to optimise Medicines Optimisation in Wirral Place

	support as detailed by individual stakeholders	
2022/23	Support the new GP contract (Year4) Support the new Community Pharmacy Contract (Year 4) AMR 5 year strategy (covered in Population Health Programme Delivery of QIPP/CIP programmes with multi-sector support as detailed by individual stakeholders	Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities Utilise the planned changes to optimise Medicines Optimisation in Wirral Place
2023/24	Support the new GP contract (Year 5). Networks will have 5 clinical pharmacists. Review of prescribing incentive schemes Support the new Community Pharmacy Contract (Year 5) AMR 5 year strategy (covered in Population Health Programme Delivery of QIPP/CIP programmes with multi-sector support as detailed by individual stakeholders	Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities Utilise the planned changes to optimise Medicines Optimisation in Wirral Place
Our People		
When will we do it?	**What Will we do?**	**What will be different?**
2020/21	• **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	• 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

	• 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	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) • 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

	people do not adhere to them; holding colleagues to account. • 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: 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	

	Task and Finish group, will consider consolidating further offers and approaches to staff across Healthy Wirral including: o Flexible working options/policies o Training on Domestic Abuse o Know your numbers 'blood pressure' o Health Checks o Resilience and Change management training o Wellbeing Coaches	
2021/22	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. 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. • **Aligning Capability** – The People programme will continue to work with *Healthy Wirral* 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	• 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 *Healthy Wirral* programme, and their role in delivery.

	– 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

Our System Operating Plan for 2019/20

***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.

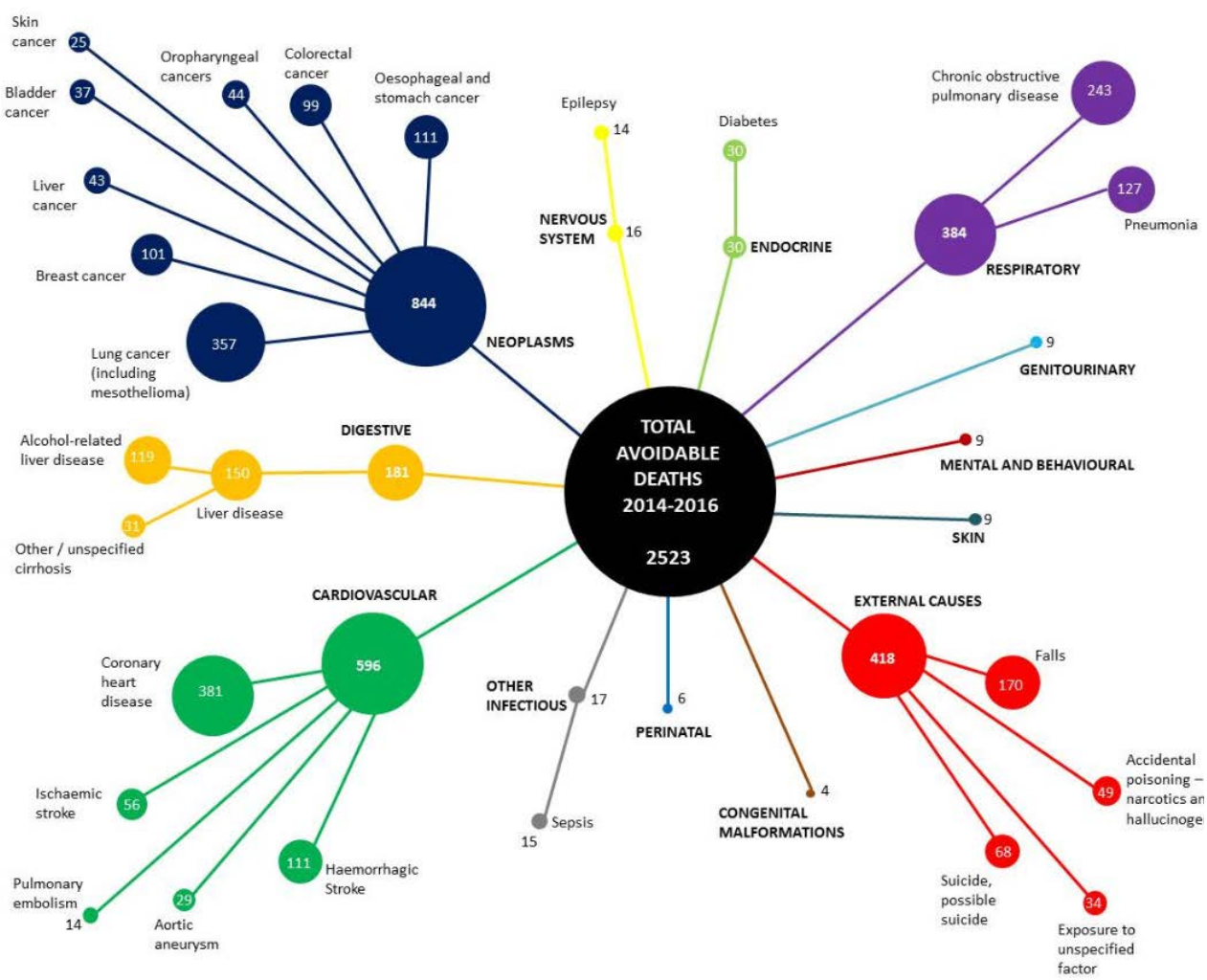
The number of physically active adults across Wirral is significantly lower than the England average. These issues present a difficult challenge for public health, commissioners and providers of health and care services across the region.

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 Wirra*l 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.

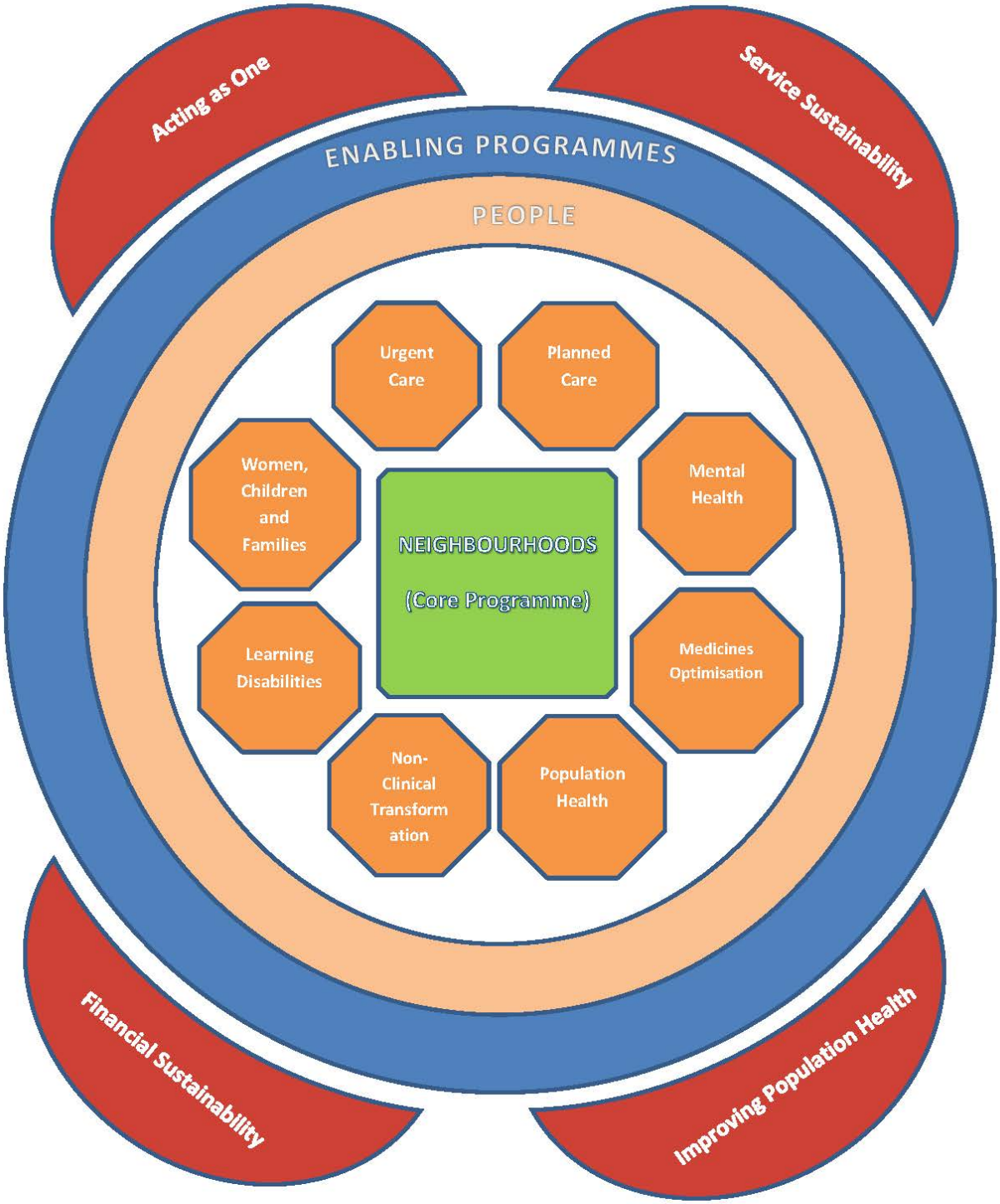
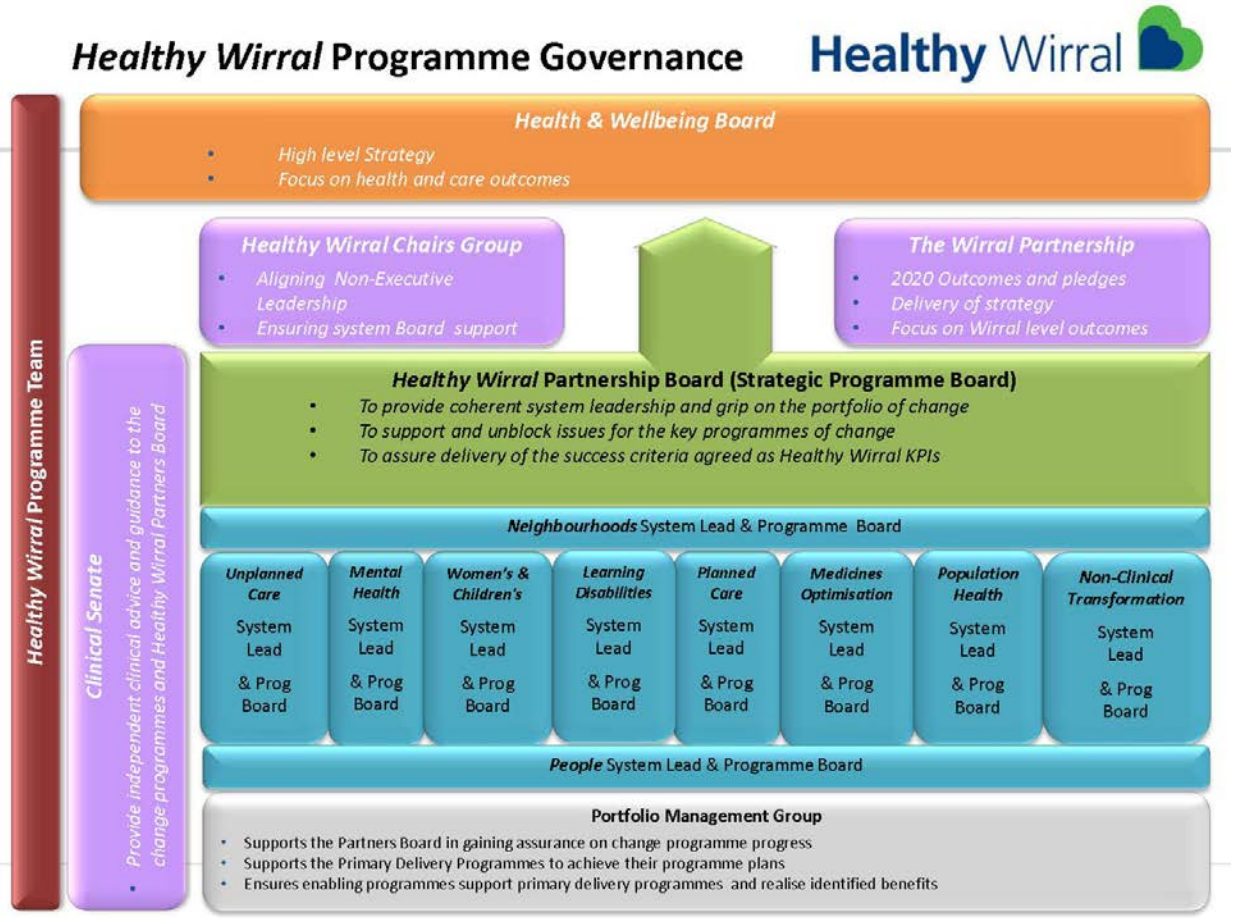

Acting as One
Service Sustainability
ENABLING PROGRAMMES
PEOPLE
Urgent Care
Planned Care
Women, Children and Families
Mental Health
NEIGHBOURHOODS
(Core Programme)
Learning Disabilities
Medicines Optimisation
Non-Clinical Transformation
Population Health
Financial Sustainability
Improving Population Health

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 of 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*

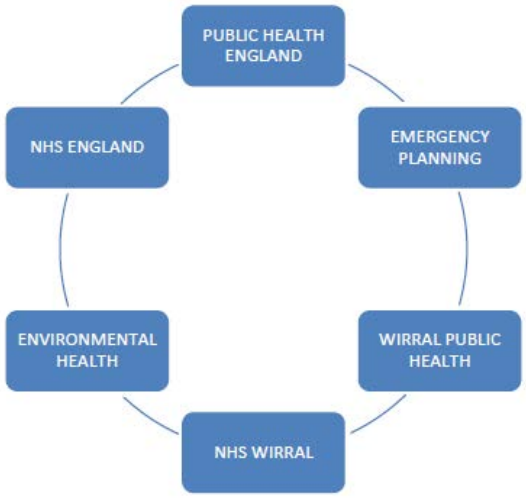
  Healthy Wirral Partners are committed to prioritise and work as a system to ensure we have robust health protection arrangements in place and deliver against identified health protection priorities. We have reviewed local data and this has highlighted three priorities which we consider require sustained 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 approached 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 in19-20.

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

<u>Clinical Pharmacists (GPCP) in GP practices</u>

- 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

<u>Biosimilars</u>

- 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

<u>MOCH</u>

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

<u>Mental Health</u>

- 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.

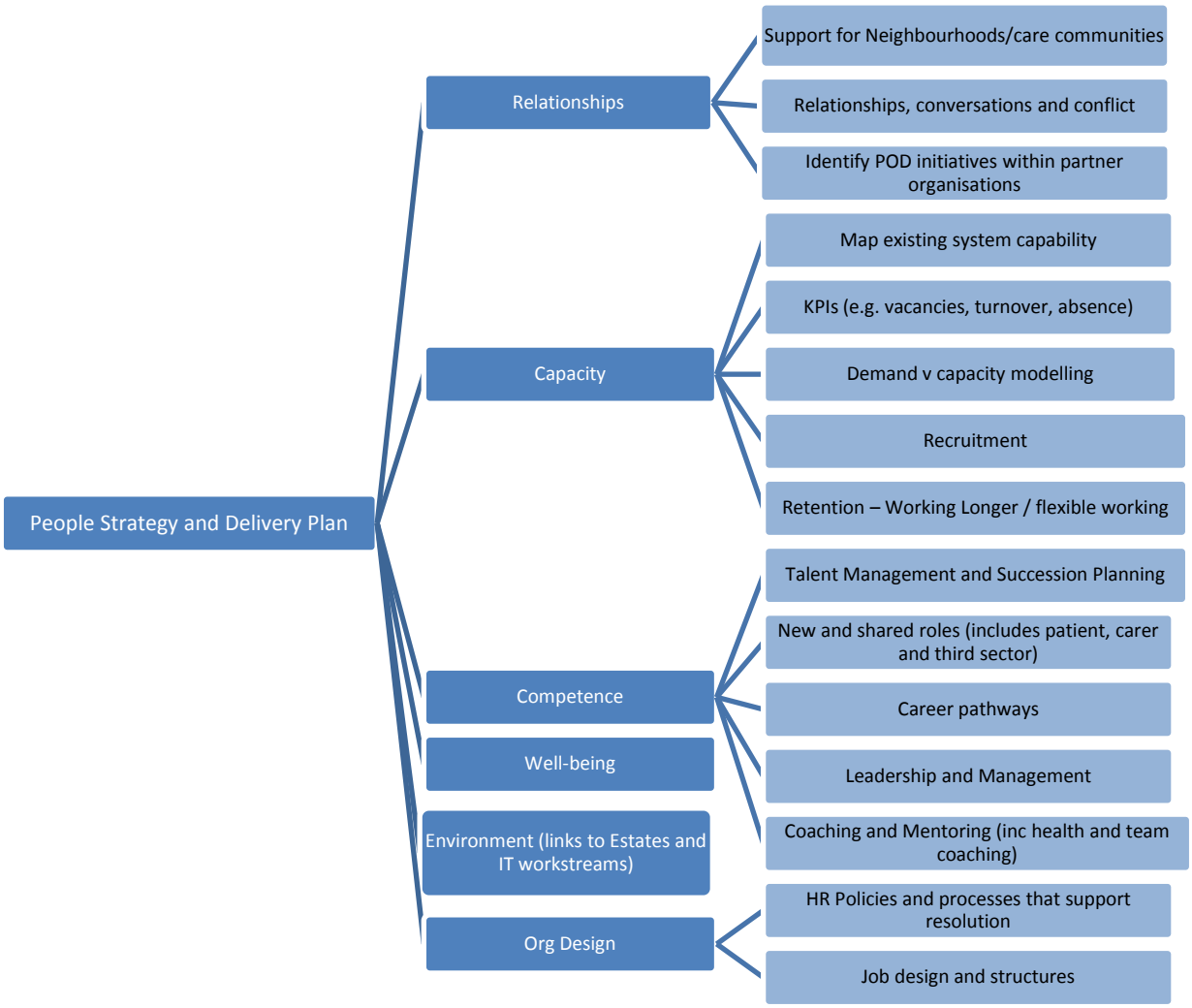
Wirral is adopting a system approach to mapping system capability and modelling future workforce needs. Aligning this work to the wider place based programmes of work and working in partnership with system colleagues in Cheshire West, Wirral will implement an *Aligning Capability* model to analyse current 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 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 £,000	WCT £,000	CWP (prop'n) £,000	WCCG £,000	System Total £,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 £,000	WCT £,000	CWP (prop'n) £,000	WCCG £,000	System Total £,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

<table>
<tr><td>PLACE Title</td><td colspan="2">Healthy Wirral</td></tr>
<tr><td>PLACE purpose/vision</td><td colspan="2">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’</td></tr>
<tr><td>Why are we doing this?</td><td colspan="2">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.</td></tr>
<tr><td>How are we going to do it?</td><td colspan="2">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:
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.</td></tr>
<tr><td>How we will work together?</td><td colspan="2">• 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.</td></tr>
<tr><td rowspan="5">What will be the outcome(s)?</td><td>Big 5 – larger deliverables (require more investment/potentially more sensitive/controversial)</td><td>Fast 5 – JDI’s/quick wins</td></tr>
<tr><td>Wirral Organisational Development strategy implemented to deliver integrated place–based care</td><td>Effective Neighbourhood based operating model</td></tr>
<tr><td>Integrated Urgent Care Transformation</td><td>Reduction in Non-elective admissions and ED attendances for frail and high intensity service users</td></tr>
<tr><td>Sustainable financial strategy</td><td>Improved care and value outcomes through the implementation of Medicines Optimisation approaches</td></tr>
<tr><td>Implementation of Population Health Programme and full adoption of the Wirral Care Record</td><td>Improved care outcomes and efficiency through shared service approaches within neighbourhoods</td></tr>
</table>

	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?	• Children are supported to have a healthy start in life • People are supported to have a good quality of life • Inequalities in healthy life expectancy are reduced • People are supported to be as independent as possible, and when they need care can access timely responsive and high quality care and support, and have informed choice and control over services • People feel safe and respected and are kept safe and free from avoidable harm • People and their families can access jargon free information and are engaged in the setting of their outcomes and the management of their care, from organisations that talk to each other • People are supported by skilled staff, delivering seamless, person centred care • People access acute care only when they need to • Financial Balance is achieved • People can access shared and integrated information • Interventions happen earlier to prevent health problems	
Main Milestones	**Milestone:**	**By When:**
	Healthy Wirral System Operational Plan	April 2019
	Healthy Wirral 5 Year System Sustainability Strategy	Autumn 2019
Interdependencies	**Which other programmes or outputs is the Place programme reliant upon?**	**What will the Place programme enable elsewhere in the health system?**
	Carter at Scale (Non-clinical) programme	Shared learning around Place based workforce strategy
	Cardio-vascular programme	Health and Care Integration
	Workforce Programme	Shared learning on Neighbourhood Leadership development

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Pooled Fund Finance Report

Risk Please indicate	**High N**	***Medium* Y**	***Low* N**
Detail of Risk Description	This report deals with how risks are being mitigated against 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	
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:	**14 January 2020**
Report Title:	**Pooled Fund Finance Report**
Lead Officer:	**Mike Treharne**

INTRODUCTION / REPORT SUMMARY

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

a) the expenditure areas that are included in the 2019/20 shared ("pooled") fund

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

RECOMMENDATIONS

That this report, including the financial position at 31st October 2019, be noted.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Report to be noted.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not Applicable as the 2019/20 Pooled Fund is an extension to the arrangements put in place in 2018/19.

3.0 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 the last quarter of 2019/20, despite integration. The key for Wirral will be to ensure that integration of commissioning continues to be 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.

4.0 FINANCIAL IMPLICATIONS – THE 2019/20 POOL

4.1 The fund contributed to the commissioning pool in 2019/20 is proposed below and totals £141.3m:

Description	£m
Adult Social Care	43.4
Public Health	12.7
Children & Young People	1.8
CCG	24.6
Better Care Fund	58.9
	141.3

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	41.7	42.1	(0.4)
	Community Care for mental health	11.8	11.6	0.2
	Children with Disabilities	1.1	1.2	(0.1)
	LD/MH Customer and client receipts	(3.7)	(3.5)	(0.2)
	Income from joint-funded packages	(7.6)	(7.8)	0.2
		43.4	**43.6**	**(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	**1.9**	(0.1)
Better Care Fund	Integrated services	21.5	21.3	0.2
	Adult social care services	30.2	30.1	0.1
	CCG services	2.0	2.0	-
	DFG	4.2	4.2	-
	Innovation fund	0.5	0.5	-
	Known pressures & contingency	0.6	0.6	-
		58.9	**58.6**	**0.3**
		141.3	**141.3**	**-**

4.3 The overall pooled fund is forecast to balance to budget at year-end.

4.3.1 The forecast to Adult Care & Health and Children & Young People is the same as reported in the previous period. A high-level review of costs has been undertaken and there are not understood to be any material exceptions from the position reported in Period 6.

4.3.2 There are immaterial variances within the Better Care Fund, which is still forecast to be in surplus at year-end by £0.3m.

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.

4.5 Detail of financial risk can be found in section 7.0 of this report.

5.0 LEGAL IMPLICATIONS

5.1 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. The section 75 agreement addresses all the relevant legal implications.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 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.

7.0 RELEVANT RISKS - 2019/20 Forecast (Known Pressures)

7.1 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

7.2 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. The savings plans of £699k yet to be identified is an improvement of £16k from Month 6.

8.0 ENGAGEMENT/CONSULTATION

8.1 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.

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 No implications have been identified because it is not anticipated that the integration of commissioning functions will have an impact on the environment.

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

Pooled Fund Executive Group – Finance Report

HISTORY

Meeting	Date
Pooled Fund Executive Group	**4th December 2019**

Appendix 1

Adult Social Care Savings Plans

Project Title	Target (£)	Achieved (£)	Balance (£)
Complex Care - CHC	1,000,000	-	1,000,000
MH Support Living Reviews	200,000	89,750	110,250
LD Supported Living Reviews	376,000	316,728	59,272
Residential Reviews	137,000	-	137,000
Joint Funded Cases	-	616,499	-
Pensby Road – Extra Care	72,300	90,373	-
Specialist Placement Review	16,160	7,609	8,551
Total Savings Plans Identified to Date	**1,801,460**	**1,145,217**	**656,243**
Savings Plans Yet to be Identified / Contingency	698,540	-	698,540
Grand Total	**2,500,000**	**978,284**	**1,521,716**

Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Wirral Health and Care Commissioning Business Plan 2019-20 Update

Risk Please indicate	***High*** **N**	***Medium*** **N**	***Low*** **Y**
Detail of Risk Description	The priorities within the WHCC Business Plan which are forecast not to deliver, or are not delivering, have been highlighted in Appendix 1. Mitigating actions have been put in place and will be monitored closely.		

Engagement taken place	**N**
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:	**14 January 2020**
Report Title:	**Wirral Health and Care Commissioning Business Plan 2019-20 Update**
Lead Officer:	**Graham Hodkinson**

INTRODUCTION / REPORT SUMMARY

This report provides an update on the progress made against the 2019-20 business plan for Wirral Health and Care Commissioning (WHCC).

The outcomes/ targets relate to the delivery of key areas of activity for WHCC and link directly to the Healthy Wirral System Operating Plan 2019-20.

There are 12 key areas of activity including;

Integration of Health and Care, Health and Wellbeing, Learning Disability and Autism, Extra Care Housing, Women and Childrens, Out of Hospital care, Primary Care, Medicines Optimisation, Urgent Care, Mental Health, Technology and Future Workforce.

The vast majority of this activity has been delivered against the plan, however there are three targets within these areas that have not been delivered; mitigating actions have been identified and these are set out in the report.

RECOMMENDATIONS

Joint Strategic Commissioning Board (JSCB) are being asked to note the update on the significant progress made against the priorities that were agreed on 28 May 2019.

That the Joint Strategic Commissioning Board notes the update of significant progress since 28 May 2019 including the mitigating actions against the targets rated red.

Mitigating actions have been identified to bring delivery back on track and JSCB are asked to note these.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 NHS Wirral CCG and Adult Social Care and Public Health from Wirral Council came together in May 2018 to form a single commissioning function, Wirral Health and Care Commissioning (WHCC). The purpose of WHCC is to jointly commission:

- public health services for the residents of Wirral and,
- all age care and health

1.2 Key to this, is the transformation of service delivery, which is expected to improve the outcomes and experience of health and care services for Wirral's population by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities and
- delivering sustainable services, both clinically and financially.

1.3 The WHCC Business Plan aims to provide all staff and interested parties a framework for the priorities of the integrated function in 2019-20.

1.4 Where priorities are going off target or have not been achieved commissioners have put in place mitigating actions. A further update will be brought at the end of quarter 3.

2.0 OTHER OPTIONS CONSIDERED

2.1 There were no other options considered or applicable.

3.0 BACKGROUND INFORMATION

3.1 The attached Business Plan outlines the expected delivery workplans for Wirral Health and Care Commissioning over 2019-20

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications for this report as the commissions and outcomes are to be delivered within the planned budget. However, where additional funding is required for projects e.g. technology this will go through the relevant funding process for approval.

5.0 LEGAL IMPLICATIONS

5.1 For individual commissions the relevant contract procedure rules will be followed in accordance with the lead organisations governance process.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The workplan will be delivered within the current resource and by the current staff within Wirral Health and Care Commissioning.

7.0 RELEVANT RISKS

7.1 The priorities within the WHCC Business Plan which are forecast not to deliver, or are not delivering, have been highlighted in Appendix 1. Mitigating actions have been put in place and will be monitored closely.

8.0 ENGAGEMENT/CONSULTATION

8.1 Major services changes associated with the business plan will require consultation and will be subject to scrutiny.

9.0 EQUALITY IMPLICATIONS

9.1 Business processes ensure that consideration is taken for any significant change and Equality Impact Assessments are managed through the programmes.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no climate implications generated from this report and the content and/or recommendations contained within this report are expected to have no impact on the emissions of CO2.

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APPENDICES
Appendix 1 - Wirral Health and Care Commissioning Single Business Plan Update

BACKGROUND PAPERS

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	28 May 2019

Appendix 1: Wirral Health and Care Commissioning Single Business Plan Update

Project: Integration of Health and Care	Delivery Dates	Responsible Officer	RAG Status	Mitigation/ Comments
A year of transformation, establishing true integration of health and care teams within	Mar-20	Director of Care & Health / Deputy Chief Officer	On Target	
– Wirral Health and Care Community NHS Foundation Trust and			On Target	
– Cheshire and Wirral Community Foundation NHS Trust			On Target	
Enabling integrated partnership working for local people through strong multi-disciplinary teams operating at a neighbourhood level			On Target	
Development and agreement to an integrated procurement policy	Sep-19	Director of Commissioning & Transformation	Not Achieved	Cannot have an integrated procurement policy or single contract management process due to significant legislative differences. Revised aim is to develop an 'Integrated Commissioning and Procurement Protocol' by March 2020.
Development and agreement to a single contract management policy and process	Sep-19		Not Achieved	
Review options for contracting for the voluntary sector	Sep-19		Complete	Review complete
Ensure system outcomes within contracts	Apr-19		Complete	Included within all contracts
Ensure use of social value portal within contracts	Apr-19		Complete	Included within all contracts
Project: Health and Wellbeing & Population Health	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Develop the Wirral Together deal for the Health and Wellbeing partnership	Mar-20	Director of Public Health	On Target	
Recommissioning of the Drug and Alcohol Treatment services	Feb-20		Complete	
Delivery of the Healthier Lives Pledge	Dec-19		On Target	
Delivery of the Self-Care and Prevention workstream	Feb-20		On Target	
Develop a system wider approach to infection, prevention and control	Mar-20		On Target	
Development and implementation of a screening and immunisation plan			On Target	
Development of a plan with local clinicians to reduce anti-microbial prescribing			On Target	
Project: Planned Care & Community Care	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**

Outpatient redesign: agree high level programme deliverables & outcomes	Jun-19	Asst. Director of Planned Care	**Complete**	
Outpatient redesign: roll out of agreed pathways and services	Dec-19		**Slippage**	Expect pathways to be agreed by March 2020
Cardiovascular Disease Pathway: agree high level programme deliverables & outcomes	Jun-19		**Complete**	
Cardiovascular Disease Pathway: roll out of agreed pathways and services	Dec-19		**Slippage**	Expect pathways ans sservices to be rolled out by March 2020
Respiratory Disease Pathway: agree high level programme deliverables & outcomes	Jun-19		**Complete**	
Respiratory Disease Pathway: roll out of agreed pathways and services	Dec-19		**Slippage**	Expect pathways ans sservices to be rolled out by March 2020
Gastroenterology Pathway: agree high level programme deliverables & outcomes	Jun-19		**Complete**	
Gastroenterology Pathway: roll out of agreed pathways and services	Dec-19		**Slippage**	Expect pathways ans sservices to be rolled out by March 2020
Ophthalmology – service redesign and procurement	Dec-19		**On Target**	
To improve the delivery of cancer services for patients, supported by individual tumour level action plans where appropriate	Mar-20		**On Target**	
Project: Learning Disabilities and Autism	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Commissioning Accommodation Based Support	Mar-20	Asst. Director Health and Care Outcomes	**On Target**	
Continue to meet the target for Assessment Treatment beds for Wirral at 4			**On Target**	Currently have 2 beds
Commissioning Preventative Services to Maximise Wellbeing.	Sept 2019 –Mar 20		**On Target**	
Increase the percentage of people with a learning disability who have an annual health check to 75%			**Slippage**	Adults is just under 60% 14 – 17 year olds just under 20% - combined 52%. Action Plan is in place
Increasing Personal Health Budgets	Mar-20		**On Target**	Target for the year 350 - already achieving 700 of which just under 600 are Wheelchairs.
Commissioning an Autism service, with a pilot being delivered via NHSE bid monies			**On Target**	
Commissioning an Intensive Support Function for children in line with the Ealing Model			**On Target**	
Look to develop skill set in terms of forensics in community services.			**On Target**	

Project: Extra Care Housing	Delivery Dates	Responsible Officer	RAG Status	Mitigation/ Comments
Build – Pensby Rd	Nov-19	Asst. Director Health and Care Outcomes	Complete	People are moving into Pensby Road and Old Chester Road
Build - Old Chester Rd, CH42 3TA	Dec-20		Complete	
Build - Barncroft, CH61 6YH			Slippage	Due to open the end of Feb 2020
Project: Women and Children's	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Commissioning of 0-19 years services	Feb-20	Director of Public Health	Complete	
Review of the impact of the National Child Measurement Programme	Sep-19		Slippage	Working with Council Policy Scrutiny Officers to support elected members to lead scrutiny sessions taking a whole systems approach to promoting healthy weight (themes include built environment, active travel, regeneration, planning and licensing, green spaces and physical activity)
Production of a local action plan on childhood obesity			Slippage	
Daily mile agreement			Slippage	
Deliver against the Children and Young People Strategy for mental health	Mar-20	Director of Comm'g & Transformation	On Target	
Project: Commissioned out of Hospital Care	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Reduction in Health Care Acquired Infections E Coli by 10% to 197 cases	Mar-20	Director of Quality & Safety	On Target	
Reduction in Health Care Acquired Infections - C. difficile cases to: 121 cases			On Target	
Project: Primary Care	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Implementation of Primary Care Network Direct Enhanced Service	Jul-19	Asst. Director Primary Care and Partnerships	Complete	
New additional roles within primary care setting, e.g. clinical pharmacists, and social prescribing link workers;			Slippage	Clinical Pharmacists are in post. Some Social Prescribers still to be recruited
Primary Care Networks development (groupings of GPs based on geography)			Complete	
Ability for NHS 111 to directly book primary care appointments for patients	July 2019 onwards		On Target	
Development of digital solutions to support patient care e.g. online consultations, mobile telephone applications for appointment booking, access for patients to their full medical records by 2020	Mar-20		On Target	Online live in some surgeries and others in place by April 2020
Implement and monitor delivery of the Primary Care Quality Scheme			On Target	In place with monitoring on the way
Implement and monitor delivery of the Care Home Scheme			On Target	80%+ coverage. Birkenhead yet to agree a full delivery model. New national specification from April 2020

Project: Medicines Optimisation	Delivery Dates	Responsible Officer	RAG Status	Mitigation/ Comments
Review blister pack arrangements and supply	Mar-20	Director of Finance	On Target	
Reduction of Anti-microbial prescribing volumes to support the national anti-microbial stewardship policy.			On Target	
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.			On Target	
Investigate "not dispensed service" currently being delivered in Liverpool			On Target	
Introduction of models to estimate cost avoidance from medicines optimisation interventions			On Target	
Project: Urgent Care	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Establishment and agreement to increase the number of people discharged the same day (SDEC's)	Sep-19	Asst. Director, Unplanned Care and Community Care Market commissioning	On Target	
Development and establishment of High Intensity Users scheme to support patients with complex needs	Jun-19		Complete	
Develop and Implement the Urgent Treatment Centre (UTC)	Dec-19		Slippage	An interim (UTC) solution is expected for December 2019 with the UTC new build & implementation completed by 2021.
Redesign of urgent care community pathways	Mar-20		On Target	
Development and establishment of Acute Frailty Scheme	Sep-19		On Target	
Improvement in the reduction of numbers of long stay patients in both the community and acute trust	Jul-19		Not Achieved	Patient numbers have not improved. Emergency Care Intensive Support Team (ECIST) working with WUTH to understand why and help implement changes.
Review of Ambulance and 111 performance	May-19		Complete	
Project: Mental Health	**Delivery Dates**	**Responsible Officer**	**RAG Status**	**Mitigation/ Comments**
Implementation of a new IAPT service (Talking Together Live Well Wirral)	Apr 2019 onwards	Asst. Director Primary Care and Partnerships	On Target	
Development of enhanced crisis care service for adults and children & young people;	Mar-20		On Target	
Emphasis on improving the number of annual physical health checks for people with severe and enduring mental illness			On Target	
Refresh the Wirral Dementia strategy			Complete	

Project: Technology	Delivery Dates	Responsible Officer	RAG Status	Mitigation/ Comments
Development of Teletriage to include Skype assessments	Mar-20	Asst. Director, Unplanned Care and Community Care Market commissioning	Complete	
Extend Teletriage to include wider use of Telemedicine			On Target	A service / product exists however, it is not clear if the financial resources for training and implementation will be obtained. If resources are agreed, Teleswallowing could be rolled out by Mar 20.
Explore options to introduce vital signs monitoring through Telehealth systems			On Target	Wirral Health and Care FT have planned their own Telehealth project using different systems. Business case prepared but not clear if resources will be available, if agreed, Telehealth can be rolled out by Mar 20
Develop two falls risk assessment tools (Safe Steps) for use in residential and community care settings			On Target	Safe Steps (Community) is due for roll-out by Nov 19
Investigating further opportunities to invest in technologies to deliver revenue savings			On Target	Capital bid being prepared: **Grandcare** aims to reduce support hours - deployed in Dec 19. **MySense** to deploy up to 200 monitoring systems into homes to provide early detection of illness, health / condition deterioration and monitor wellbeing to avoid attendance at A&E and hospital admissions & reduce the demand for domicillary serces. Work on the digital hub and ecosystem can begin in parallel.
Introduce Point of Care Testing at Walk-In Centres			On Target	
Project: Future form or WHCC				
Workforce redesign to reflect WHCC Priorities	Mar-20	Director of Corporate Affairs	On Target	

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Wirral Health & Care Commissioning

JOINT STRATEGIC COMMISSIONING BOARD
Wirral Older People Outcomes Baseline 2019

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

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:	**14 January 2020**
Report Title:	**Wirral Older People Outcomes Baseline 2019**
Lead Officer:	**Nesta Hawker**

INTRODUCTION / REPORT SUMMARY

Improving health outcomes and reducing inequalities remain the focus and overall goal of the Healthy Wirral programme assurance. Through Wirral Health and Care Commissioning (WH&CC), Wirral has aligned its strategic priorities with the key health needs and health outcomes that need to be delivered around better care and better health.

WH&CCs priority is to focus on older people, and the following document provides high level baseline data against our first Wirral wide outcomes framework for older people. This is also underpinned by operational analytical reporting across the Healthy Wirral workstreams. In this area, work is ongoing to establish and agree a comprehensive approach to health and care intelligence, ensuring we are harnessing data to make better informed decisions across the whole Wirral system. We will work with our providers to understand how they will focus their services and interventions to improve our benchmark position.

Proposed adult and older people population priorities going forward

Alcohol: The biggest increase in burden of disease from 1990-2016 was liver disease (related to alcohol and obesity) and is one reason that people aged 35-44 in Wirral are, on average, less healthy than they were 25 years ago. Alcohol remains a large and increasing cause of disease, with alcohol-specific hospital admissions rates remaining more than twice as high as England rates (age 18+ years).

Falls: The rate of emergency hospital admissions due to falls has remained static over the last several years, however, remains substantially higher than England. Research shows that frailty puts older adults at increased risk of falls, declining mobility, institutionalisation, hospitalisation and death. Delivering high-quality care for frail older people, many of whom have multiple complex needs is a huge challenge for health and social care services[1].

RECOMMENDATION/S

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

[1] https://www.wirralintelligenceservice.org/media/2510/frailty_review_final_7-8-2018.pdf

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options considered or applicable.

3.0 BACKGROUND INFORMATION

3.1 2019/20 has been a year of development for the WH&CC and the development of a Wirral system-wide outcomes framework, focussing on Older People.

3.2 **Wirral Older People Outcomes Baseline 2019 (Appendix 1)**

The profile sets out the priority outcomes that need to be delivered for the older population of Wirral. Its primary focus is to provide a current baseline position, highlighting variation that will inform the development of population-based commissioning, which will be refreshed as part of WH&CC assurance process for year 2. The high-level priority outcomes reflect the following key health needs:

We want to reduce health inequalities for local people (Healthy Wirral high level outcome)

1. Prioritise prevention, early intervention, self-care and self-management
2. Improve health, wellbeing and independence for local people
3. Good communication and access to information for local people
4. Deliver services that meet peoples' needs and support their independence
5. Provide safe, effective and high-quality care and support
6. Deliver person-centred care through integrated and skilled service provision

3.3 **Summary of the outcomes baseline information**

The rationale for the Healthy Wirral Outcomes framework illustrated in Appendix 1 (as well as current performance, national ranking and relevant benchmarking), and any adjustments to metrics not captured in the original Commissioning and Transformation Strategy are outlined as follows:

3.3.1. Overarching Outcome: Reducing health inequalities for local people

Life expectancy at age 65 in Wirral has plateaued over the last several years for women and men; currently 20.4 and 18.1 years respectively. Inequalities within Wirral, however, are a mixed picture. The gap in life expectancy at 65 between males in the most and least deprived areas of Wirral is decreasing but their gap in healthy life expectancy at age 65 is increasing. In contrast, the gap in life expectancy for the female counterparts is increasing but the gap in healthy life expectancy is decreasing.

3.3.2. Outcome 1: Prioritise prevention, early intervention, self-care and self-management

a) Bowel cancer screening has been historically poor, both locally and nationally; the 60% target was not met in Wirral or England in 2018. As such, bowel screening has been identified as a key priority for improvement in the Wirral Health Protection Group Action Plan.

b) Vaccination uptake in Wirral varies; flu vaccination for those aged 65+ are typically above the 75% target, whereas vaccination for Shingles is historically poor. Uptake of the Shingles vaccine is another key priority for improvement identified in the Wirral Health Protection Group Action Plan.

c) Lifestyles factors in Wirral are a mixed picture but are improving in some areas; Wirral has a higher rate of successful 4-week quitters (smokers) than England, but alcohol-specific hospital admissions rates remain more than twice as high as England.

3.3.3. Outcome 2: Improve health, wellbeing and independence for local people

a) The rate of emergency hospital admissions due to falls has remained static over the last several years, however, remains substantially higher than England.

b) The government is supporting all local health and care systems to implement social prescribing connector schemes across the country by 2023: encouraging health and social care professionals to refer patients to nearby support programmes that inspire friendships and reduce feelings of loneliness. Wirral partners have agreed to adopt and pilot the recommended indicators of loneliness, collaborating with Age UK and Wirral Community NHS Trust, Promoting Older People's Independence Network (POPIN Team). This will allow Wirral to test the indicators for loneliness that in future will enable Wirral to identify and develop the evidence base around the impact of different initiatives in tackling loneliness.

3.3.4. Outcome 3: Good communication and access to information

a) The proportion of carers (aged 65+) who report feeling included within discussions about the person they care for have increased in Wirral over the last three years. However, rates are still lower than that seen nationally and for those aged 0-64 years in Wirral.

b) The NHS Long Term Plan (2019) sets out a new service model, which includes the priority for people to have more control over their own health and personalised care. This includes the inclusion of quality indicators expected to bring about improvement in End of Life Care. The supportive care registry (developed as part of the Wirral Care Record) captures people who are enrolled on the Gold Standards Framework Register in Wirral. The registry will be live by the end of September 2019. Work is being undertaken with End of Life Care leads to develop a framework that supports and evidences the improvement in well planned and coordinated care, identification and support for family and informal caregivers.

3.3.5. Outcome 4: Deliver services that meet people's needs and support independence

a) Social care packages for adults in Wirral reduced between 2017/18 and 2018/19. There was also a reduction in the proportion of packages that were for residential care, meaning that more people were allowed the opportunity to retain independence and stay at home.

b) The proportion of people aged 65+ years in Wirral who are still at home 91 days after discharge from hospital has also increased. The Trusted Assessor Review programme has also been rolled out following a pilot in 2018; this will enable people to have more timely and relevant changes made to their care packages in future.

c) Despite having a higher prevalence and incidence of Dementia, Wirral has also consistently had a higher proportion of follow up reviews for people diagnosed with Dementia. In terms of hospital admissions, those aged 65+ years have a substantially higher rate of admission. In contrast those aged under 65 years typically spend longer in hospital; 13.8 days compared to 11.6 days (for 65+ years).

d) Related to this is hospital admissions where delirium has been identified; around a quarter of these admissions also have a record of dementia within the same hospital episode. On average, patients with both delirium and dementia recorded are in hospital around a day longer compared to those patients where delirium only is recorded.

e) Emergency hospital admissions overall in Wirral (for those aged 50+ years) decreased between 2017/18 and 2018/19; this is also apparent for A&E attendances for the same population cohort and time period.

f) In terms of timely and responsive care, Wirral is consistently above national targets for referral pathways;

- Cancer Two Week Wait Referrals seen within 14 days: Wirral 2018/19 monthly average = 96.6% (Target = 93%)
- First treatment within 31 days of diagnosis: Wirral 2018/19 monthly average = 98.4% (Target = 96%)

3.3.6. Outcome 5: Provide safe, effective and high-quality care

a) Proportionally, around 60% of those aged 65+ years assessed were diagnosed with severe frailty in 2017/18 and 2018/19. A case finding tool for frailty has been developed as part of the Healthy Wirral programme and is currently being validated and tested prior to a full roll out across Wirral early 2020. Care managers and clinicians will be able to see a record-level patient list with indicators for severe frailty and rising risk diagnosis from a GP, falls risk assessment and medications review. This will support the development of anticipatory care planning (ACP) for older people with frailty and people with multiple long-term conditions; enabling health and care practitioners work with people and their carers to ensure the right thing is done at the right time.

b) The proportion of Wirral residents reporting in the GP survey that they feel supported in managing their long-term condition decreased slightly between 2018 and 2019. However, is still higher than England (82.0% vs 78.0%).

c) Health Care Acquired Infection trend rates in Wirral give a mixed picture. Between 2017/18 and 2018/19 rates for e. Coli and MSSA have decreased, but rates for C. Diff and MRSA increased. For C. Diff and E. Coli infections, infections are disproportionate between those aged 0-64 and 65+ years; the proportion of both infections are substantially weighted towards those aged 65+ years.

3.3.7. Outcome 6: Deliver person-centred care through integrated and skilled service provision

a) Health and care staff are currently being supported to deliver personalised care and have coaching conversations focussed upon what matters to that person. 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.

b) Work will be done with the whole system to ensure approaches such as health coaching, peer support and self-management education are systematically put in place to help people build knowledge, skills and confidence and support service transformation.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There is no resource implication.

7.0 RELEVANT RISKS

7.1 There are no relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable to this report.

9.0 EQUALITY IMPLICATIONS

9.1 No implications have been identified as it is not anticipated that the baseline data report will have an impact on equality. Potential impacts on equality will emerge from commissioning decisions delivered around better care and better health, for which EIA's will need to be produced.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications. There is no impact on emissions of CO2.

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APPENDICES

Appendix 1 - Wirral Older People Outcomes Baseline 2019

BACKGROUND PAPERS

HISTORY

Meeting	Date

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Wirral Older People Outcomes Baseline 2019

This profile has been designed as a resource to accompany the Healthy Wirral Outcomes Framework for Older People (see Appendix 1). Its primary focus is to provide a high-level baseline position, highlighting variation that will inform the development of population-based commissioning.

The report is designed to prompt local discussion and agreement on how service integration and new service models will help deliver the move from reactive care towards active population health management for our ageing population. To reduce health inequalities by improving upstream prevention of avoidable illness, providing better support for patients, carers and volunteers and to enhance 'supported self-management' particularly of long-term conditions. This supports the Healthy Wirral programme and its key challenge in delivering outcomes around better care and better health.

Background information and overview of Global Burden of Disease

For a health and social care system to work optimally, it should be aligned with the nature of the health challenges people face and how these change over time. The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England[1]. Burden of disease data is useful for prioritising health and public health policy and investments, for instance, by knowing which risk factors (like smoking or alcohol) use cause the most deaths. These priorities guide the renewed NHS prevention programme and has enabled Wirral to focus on its own vision for ageing well in Wirral.

Since 1990, the burden has been falling for many diseases, particularly CVD, while the burden of alcohol-related disease and dementia is increasing. Table 1 shows overall burden of various conditions and diseases by their DALYs (disability adjusted life years). DALYs are a summary measure of disability and lost years of life compared to an optimal expectation.

Looking at three-year averages, the diseases with the largest absolute change were stroke and ischemic heart disease, which both fell considerably in terms of the burden of disease, due to changes in risk factors and other influences such as changes in surgical and clinical management. The burden of disease due to lung cancers has also fallen, which is thought to be due to a historical decrease in smoking prevalence since the 1970s. The burden of disease due to dementia has increased due to the ageing population; diagnosis rates have also improved in this time but the GBD data does consider undiagnosed disease, so increased diagnosis should not be a driver of the increase. The burden of cirrhosis and chronic liver disease has increased, which may be due to a long legacy of people drinking too much alcohol

[1] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext

or being alcohol dependent, as well as increases in obesity leading to increases in non-alcoholic steatohepatitis (NASH or fatty liver). In Wirral, the economic costs of alcohol were estimated to cost the borough £131 million [2]. This supports the need to develop a Healthy Wirral Outcomes Framework for Adults which will be the focus for Wirral in 2020. Healthy Wirral partners will work to deliver programmes to achieve improved outcomes for our adult population and reduce health inequalities by improving upstream prevention.

Table 1: Disease groups with the biggest absolute change in DALYs per year in Wirral from 1990-92 to 2014-16

Disease	Absolute change (DALYS per year)	Relative change (%)
Cirrhosis and other chronic liver diseases	1,104	115%
Alzheimer disease and other dementias	544	19%
Age-related and other hearing loss	482	26%
Low back pain	413	8%
Falls	388	23%
Lower respiratory infections	-699	-23%
Road injuries	-801	-44%
Tracheal, bronchus, and lung cancer	-1,266	-21%
Stroke	-2,446	-36%
Ischemic heart disease	-12,119	-61%

Burden of disease increasing

Burden of disease falling

Key messages

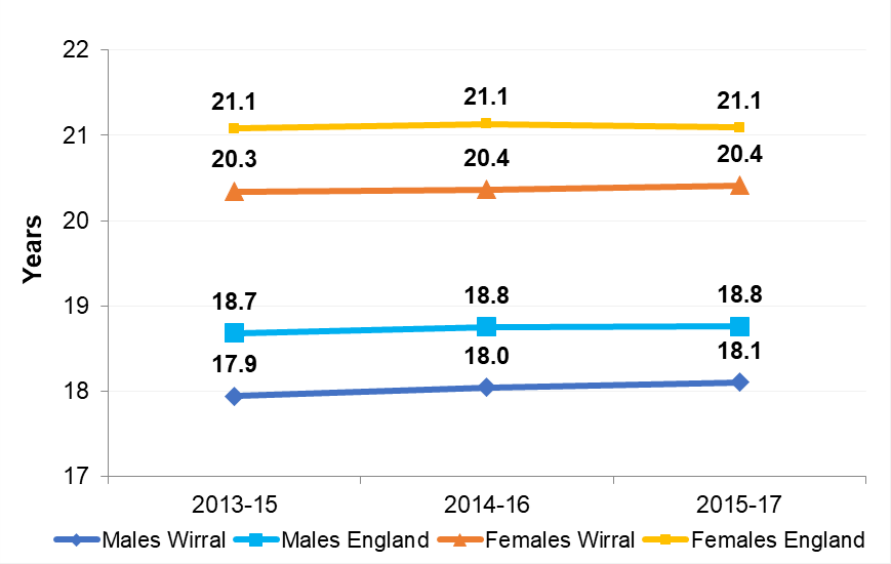
- The burden of disease from dementia has increased significantly since 1990
- Rates of years lived with disability in Wirral increase steadily from age 15 to age 60, then show an accelerated increase from age 60 onwards
- Alcohol is a large and increasing cause of disease and is one reason that people aged 35-44 in Wirral are, on average, less healthy than they were 25 years ago
- The leading causes of years lived with disability for people of working age (we used age 20-64) are low back and neck pain, followed by migraine, depressive disorders, skin and sense organ diseases (e.g. vision disorders). This may indicate that to improve economic productivity these diseases need to be prioritised.

[2] https://www.wirralintelligenceservice.org/media/2890/alcohol-jsna-21-3-2018.pdf

Reduce health inequalities for local people

People are supported to live in good health and good quality of life

Life expectancy at age 65 (Male and Female), 2013-15 to 2015-17



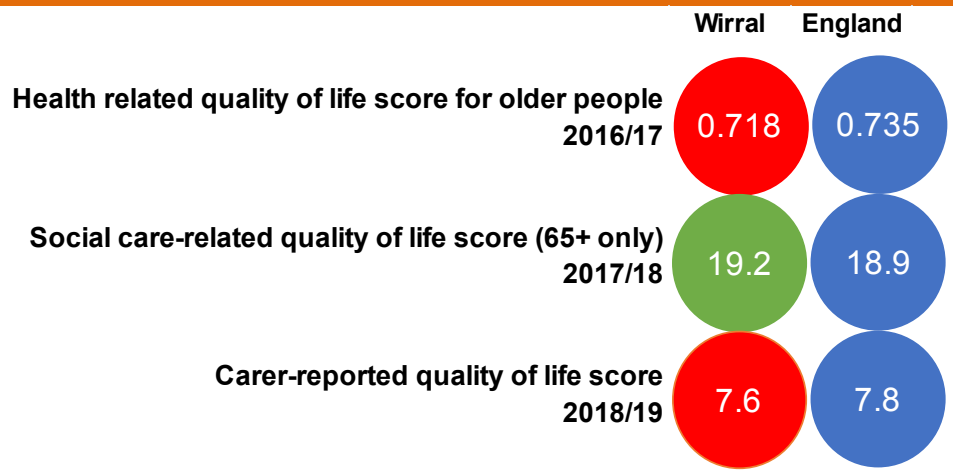
Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicators A1.1 and A1.2

- Life expectancy at age 65 has remained constant over the last 3 periods
- Females in Wirral have seen a 0.1 year increase, compared to no increase in their England counterparts
- In both, Wirral and England, males have seen an increase; 0.1 years in England and 0.2 year in Wirral

People are supported to have a good quality of life



Source[1]: Public Health Outcomes Framework, 2019
Source[2]: Adult Social Care Outcomes Framework, 2019 (1A, 1D)
Note: Wirral scores are RAG rated against England

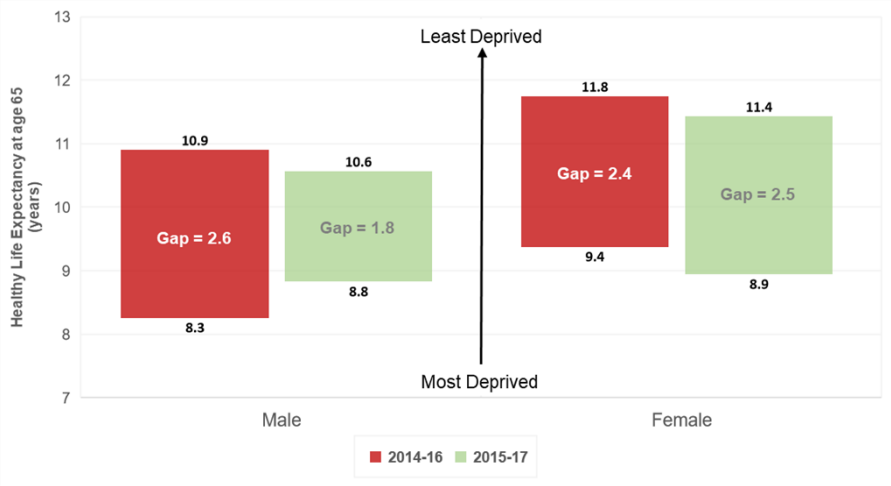
Key Observation(s)

Indicators A2.1[1], A2.2[2] and A2.3[2]

- Wirral saw a smaller decrease in scores for carer-reported quality of life than England between 2016/17 and 2018/19; 7.7 to 7.6 vs 8.0 to 7.8 respectively
- The EQ5D has been removed from the GP survey, therefore the health-related quality of life for older people statistics will no longer be available

Inequalities in healthy life expectancy are reduced

Inequality in healthy life expectancy at age 65 (male and female), 2014-16 to 2015-17



Source: Public Health Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicators A3.1a and A3.1b

- The inequality[1] in healthy life expectancy at age 65 in Wirral:
  - reduced for males; 2.7 years in 2014-16 to 1.8 in 2015-17
  - increased for females; 2.4 years in 2014-16 to 2.5 in 2015-17

[1]difference between those in the most and least deprived deciles

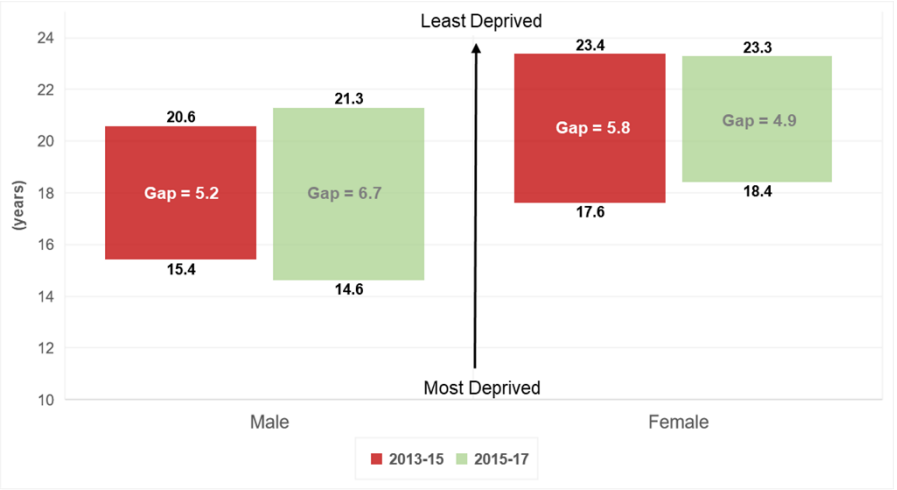
Inequality in life expectancy at age 65 (male and female), 2013-15 to 2015-17

Key Observation(s)

Indicators A3.2a and A3.2b

- The inequality[1] in life expectancy at age 65 in Wirral:
  - increased for males; 5.2years in 2013-15 to 6.7 in 2015-17
  - reduced for females; 5.8 years in 2013-15 to 4.9 in 2015-17

[1]difference between those in the most and least deprived deciles



Source: Public Health Outcomes Framework, 2019

Additional Resources: Reduce health inequalities for local people

For more in-depth detail around Life Expectancy and the inequalities both within Wirral and between Wirral and England, please refer to the current (and previous) Life Expectancy reports on the Wirral Intelligence website:
https://www.wirralintelligenceservice.org/this-is-wirral/wirral-population/life-expectancy/

Other resources available for data in this section are:
Public Health Annual Report 2017: Expect Better
Public Health Outcomes Framework: Overarching Indicators
Public Health England Segment Tool
Adult Social Care Analytical Hub, NHS Digital
Health Inequalities Dashboard
Local Insight Wirral (and Support Page)

Prioritise prevention, early intervention, self-care & self-management

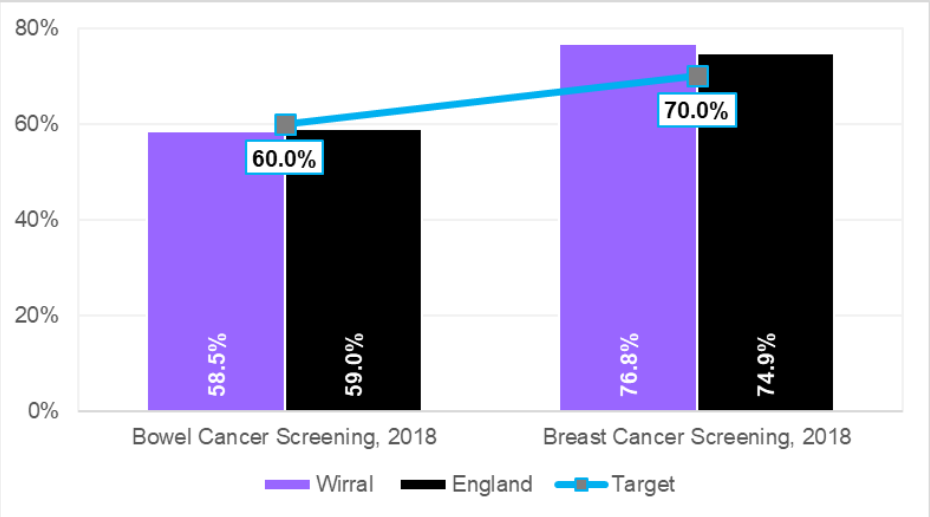
Interventions take place early to tackle emerging problems or support those most at risk

Cancer screening: Bowel cancer (persons, 60-74 years), 2018
Cancer Screening: Breast Cancer (female, 53-70 years), 2018

Key Observation(s)

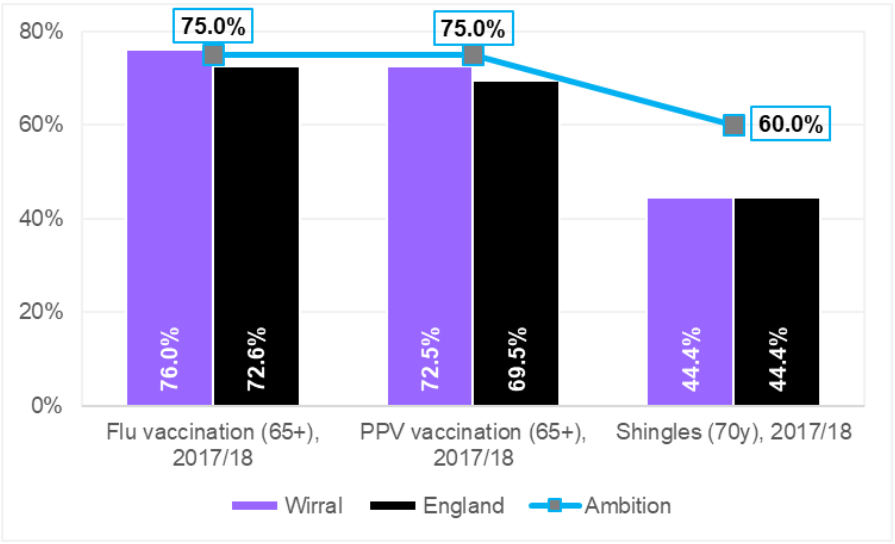
Indicators 1A.1 and 1A.2

- Bowel cancer screening did not meet the 60% ambition in 2018
- This figure has increased from 56.1% in 2015
- Breast cancer screening exceeded the ambition of 70% in 2018; this is the lowest figure over the last 9 years



Source: Public Health Outcomes Framework, 2019

Older People Vaccination Uptake: Flu (persons, 65+ years), 2017/18
Pneumococcal polysaccharide vaccine (PPV), (persons, 65+ years), 2017/18
Shingles (persons, 70 years), 2017/18



Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicators A1.3, A1.3 and A1.5

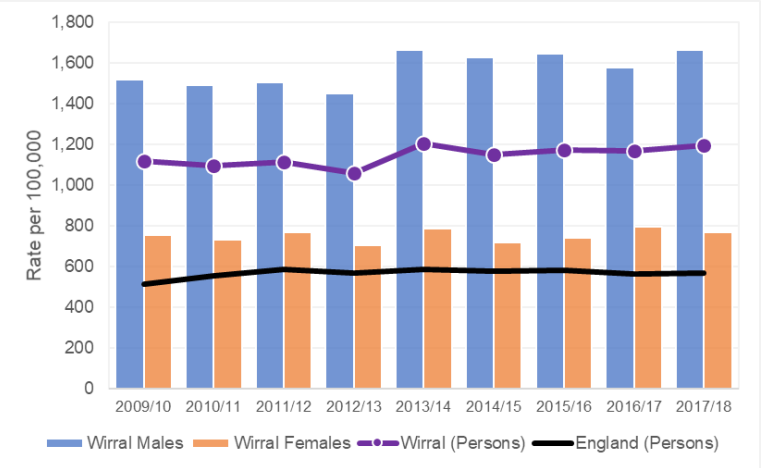
- Flu vaccination in those aged 65+ exceeded the national target (76.0% vs 75.0%) in 2017/18
- PPV vaccination in those aged 65+ did not meet the national target (72.5% vs 75.0%) in 2017/18
- Shingles vaccination in those aged 70+ did not meet the national target (44.4% vs 60.0%) in 2017/18

Alcohol-specific Hospital Admissions (male and female, 18+ years) 2009/10 to 2017/18

Key Observation(s)

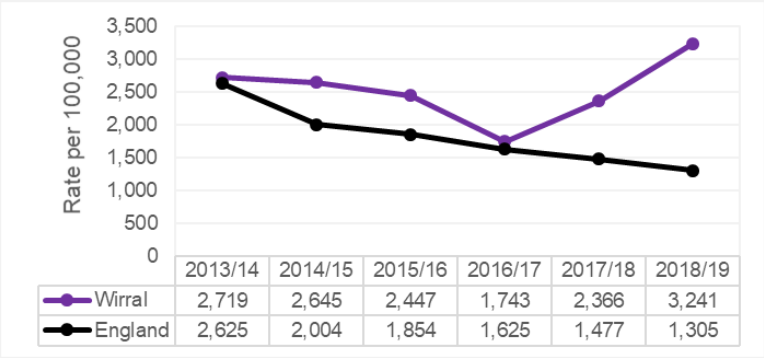
Indicator 1A.6

- Historically, Wirral has had a rate of admission episodes for alcohol-specific conditions that is substantially higher than that seen nationally
- The admission rates for Wirral males is consistently around twice that seen in Wirral females; in 2017/18 the rates for males was 1,664 compared to 769 per 100,000 for females



Source: Public Health Outcomes Framework, 2019

Smokers that have successfully quit at 4 weeks (CO Validated, persons, 16+ years), 2013/14 to 2018/19



	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Wirral	2,719	2,645	2,447	1,743	2,366	3,241
England	2,625	2,004	1,854	1,625	1,477	1,305

Source: Public Health Outcomes Framework

Key Observation(s)

Indicator 1A.7

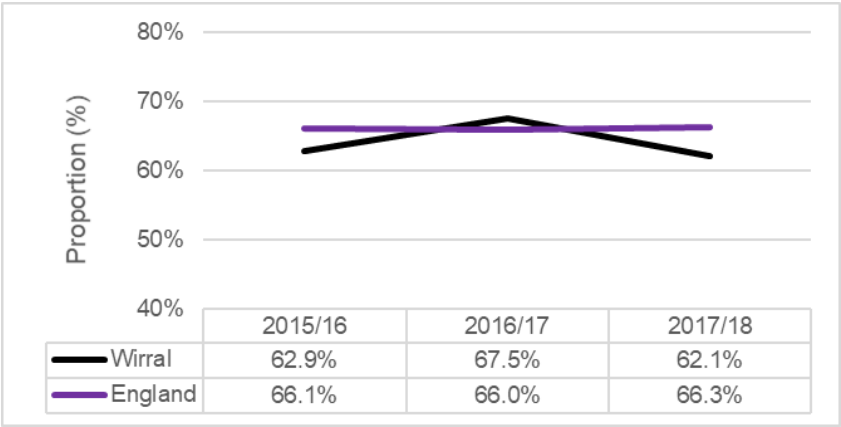
- The figures shown in the chart (right) are rates per 100,000 based on the estimated number of smokers aged 16+
- Wirral typically has a higher rate of 4-week quitters than England
- In 2018/19, Wirral continued an upward trend compared to a decreasing trend nationally

Physically active adults (persons, 19+ years), 2015/16 to 2017/18

Key Observation(s)

Indicator 1A.8

- Estimated physical activity in Wirral adults has fluctuated over the three periods
- Between 2015/16 and 2016/17 prevalence increased by 4.6% before decreasing by 5.6% in 2017/18
- Such fluctuations could be explained by figures being calculated using modelled survey responses, but remain unclear



	2015/16	2016/17	2017/18
Wirral	62.9%	67.5%	62.1%
England	66.1%	66.0%	66.3%

Source: Public Health Outcomes Framework, 2019

Additional Resources: Prevention, early intervention and self-care

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:
- Cancer
- Health Protection
- Alcohol
- Tobacco
- Physical Activity

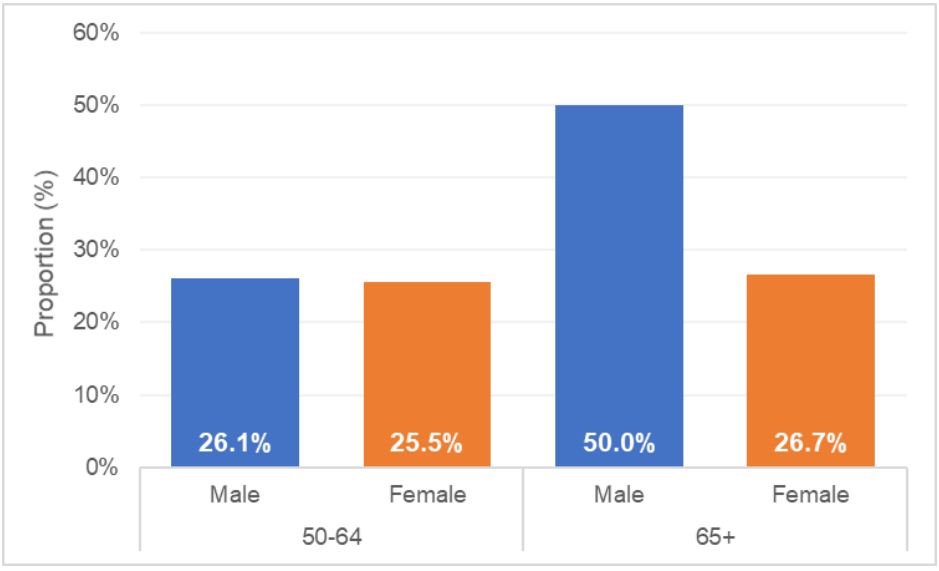
Public Health Outcomes Framework:
- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Health Protection
- Cancer Services
- Local Alcohol Profiles for England
- Local Tobacco Control Profiles
- Physical Activity

NHS Digital:
- Breast Screening (interactive report)

Improve health, wellbeing and independence for local people

People are supported to have a good quality of life

Patients "moving to recovery" following treatment (male and female, 50-64 and 65+ years), Quarter 1, 2019/20



Key Observation(s)

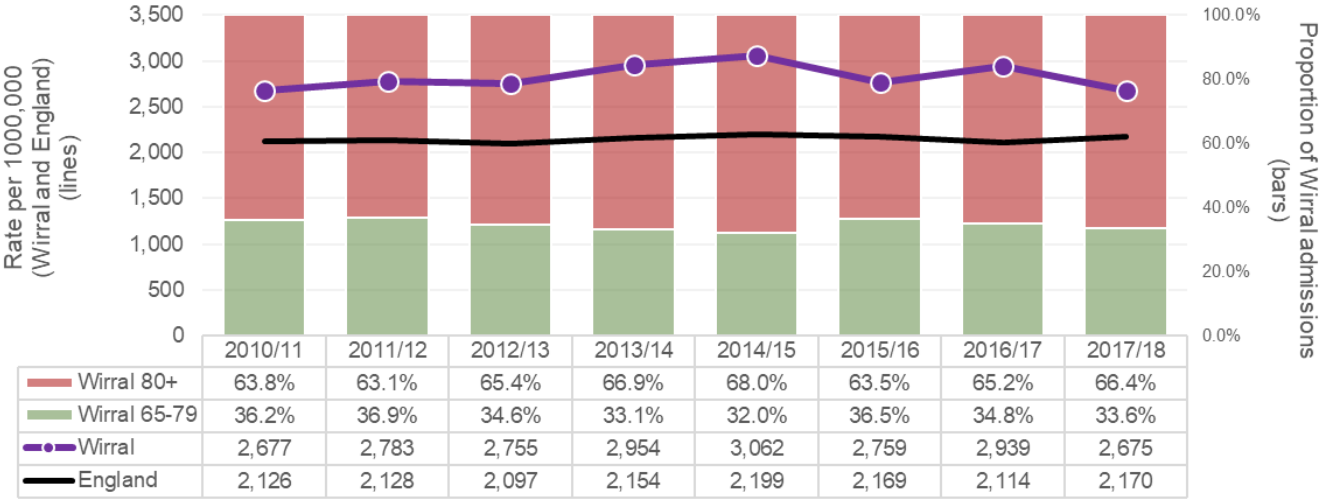
Indicator 2A.1

- Males aged 65+ have the highest proportion of patients "moving to recovery" out those cohorts included; 50.0% in Quarter 1 2019/20 (n = 6)
- Females aged 50-64, however, only have 25.5% "moving to recovery" once treatment has been completed (n = 12)
- As can be seen, due to the short baseline period, actual numbers are small

Source: Wirral CCG, August 2019

Note: This is a baseline using Quarter 1 data (2019/20) only as earlier data is not available due to changes in provider. Moving to recovery means when a person scores above the cut off on clinical questionnaires before treatment but below at the end of treatment.

Emergency hospital admissions due to falls (persons, 65+ years), 2010/11 to 2017/18



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Wirral 80+	63.8%	63.1%	65.4%	66.9%	68.0%	63.5%	65.2%	66.4%
Wirral 65-79	36.2%	36.9%	34.6%	33.1%	32.0%	36.5%	34.8%	33.6%
Wirral	2,677	2,783	2,755	2,954	3,062	2,759	2,939	2,675
England	2,126	2,128	2,097	2,154	2,199	2,169	2,114	2,170

Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicator 2A.2

- Wirral's rate of emergency admissions due to falls in those aged 65+ has been consistently higher than rates in England since 2010/11 (earlier data unavailable)
- The proportion of emergency admissions in Wirral is substantially weighted towards those aged 80+ years; this cohorts makes up around two thirds (≈66%) each year

Indicator 2A.3: Identification/reduction in the rate of loneliness

Most people will experience loneliness at some point in their lives. However, the experience of long-term loneliness can seriously impact an individual's well-being and their ability to function in society. As loneliness has been shown to be linked to poor physical and mental health as well as personal well-being, with potentially adverse effects on communities, it is an issue of increasing interest to policymakers at local and national levels as well as internationally. In January 2018, the Prime Minister tasked the Office for National Statistics (ONS) with developing national indicators of loneliness suitable for use in major studies to inform future policy in England. The Government is supporting all local health and care systems to implement social prescribing connector schemes across the country by 2023: encouraging health and social care professionals to refer patients to nearby support programmes that inspire friendships and reduce feelings of loneliness.

Wirral's approach to tackling loneliness is to identify the loneliest older people in our communities. Wirral partners have agreed to adopt and pilot the recommended indicators of loneliness. The pilot will be carried out in collaboration with Age UK and Wirral Community NHS Trust, Promoting Older People's Independence Network (P.O.P.I.N Team), who provide support for those over 65 years to support and maintain independence. This will allow us to test the indicators for loneliness that in future will enable Wirral to identify and develop the evidence-base around the impact of different initiatives in tackling loneliness, across all ages and within all communities. A baseline will be established with the pilot providers by April 2020.

Recommended measures of loneliness

Measures	Items	Response Categories
The campaign to end loneliness measurement tool	1. I am content with my friendships and relationships?	Strongly agree, Agree, Neutral, Disagree, Strongly disagree
	2. I have enough people I feel comfortable asking for help at any time?	Strongly agree, Agree, Neutral, Disagree, Strongly disagree
	3. My relationships are as satisfying as I would want them to be?	Strongly agree, Agree, Neutral, Disagree, strongly disagree
The direct measure of loneliness	How often do you feel lonely?	Often/always, Some of the time, Occasionally, Hardly ever, Never

Source: Office of National Statistics

Additional Resources: Improve health, wellbeing and independence

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:
- Mental Health
- Falls (older people)
- Loneliness
- Public Health Annual Report 2012/13: Social Isolation

Other:
- Catalyst: Prescribing Reports (public insight portal)
- ONS National measures of loneliness

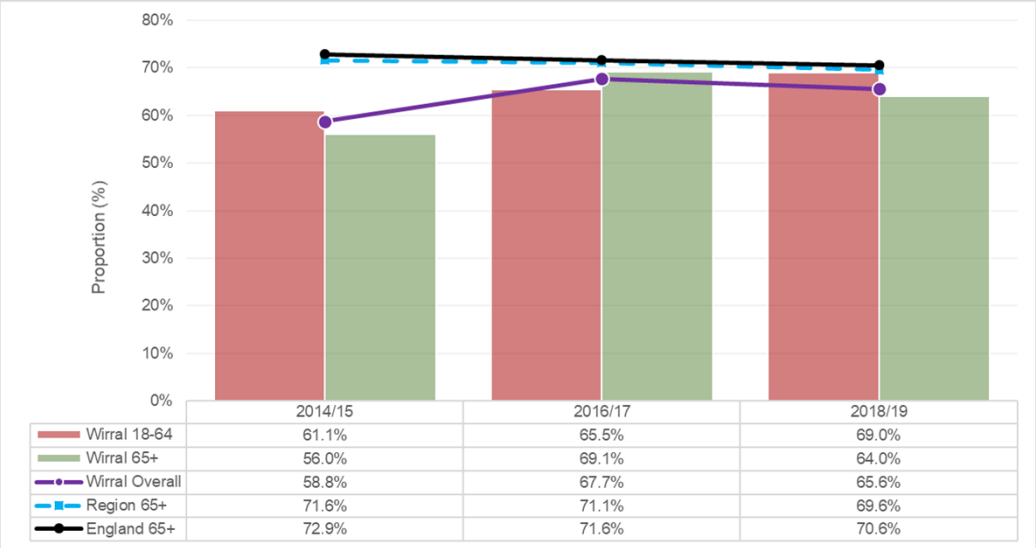
Public Health Outcomes Framework:
- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Mental Health & Wellbeing

- Governments Loneliness Strategy
- Campaign to End Loneliness

Good communication and access to information

People and their carers feel respected and able to make informed choices

Carers who report that they have been included or consulted in discussion about the person they care for (persons, 65+ years), 2014/15 – 2018/19



	2014/15	2016/17	2018/19
Wirral 18-64	61.1%	65.5%	69.0%
Wirral 65+	56.0%	69.1%	64.0%
Wirral Overall	58.8%	67.7%	65.6%
Region 65+	71.6%	71.1%	69.6%
England 65+	72.9%	71.6%	70.6%

Source: Adult Social Care Outcomes Framework, 2019 (3C)

Key Observation(s)

Indicator 3A.1
The changes seen at a local level mean that carers (aged 65+) are now *less* likely to feel consulted or included in discussions about the person they care for, compared to the previous time period and their counterparts ages 18-64

Indicator 5A.3: Dying in preferred place / place of choosing / Recording of preferred place of death

The NHS Long Term Plan (2019) sets out a new service model, which includes the priority for people to have more control over their own health and personalised care. To support this, two new quality indicators (QIs) have been included in the 2019/20 Quality Outcome Framework (QOF)[2]. The inclusion of the two QIs is expected to bring about improvement in the following aspects of End of Life Care:

- Early identification and support
- Well planned and coordinated care
- Identification and support for family/informal caregivers

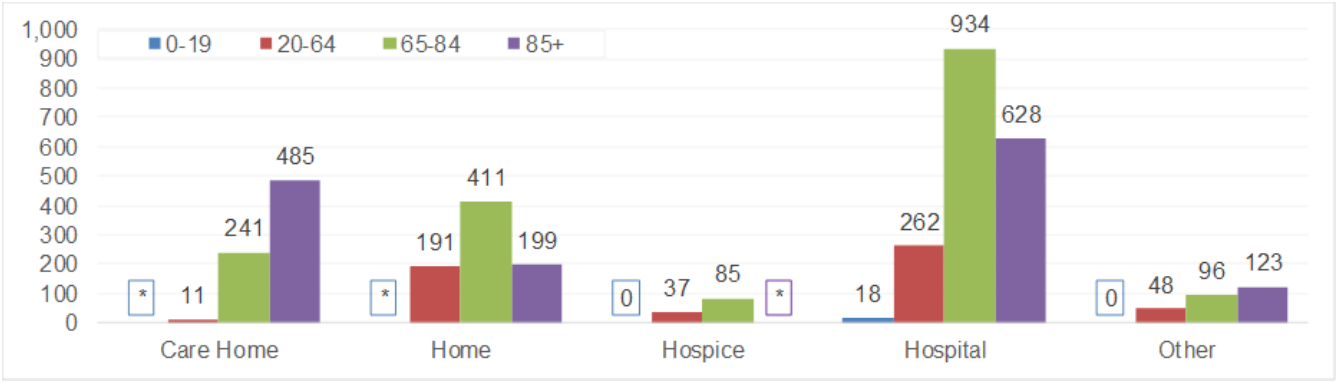
The Supportive Care Registry (developed as part of the Wirral Care Record) captures people who are enrolled on the Gold Standards Framework Register[3] in Wirral. The registry will be live by the end of September 2019 and work is being undertaken with End of Life leads from Wirral CCG to develop indicators for the framework using this tool.

[2] Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan
[3] Gold Standards Framework website

In the interim, analysis has been undertaken showing the place of death by broad age band for Wirral residents whose death occurred in 2017.

The data shows that people in Wirral aged 65-84 and 85+ years are more likely to die in hospital. However, the second most common place of death for those cohorts differ; those aged 65-84 years are more likely to die at home whereas those aged 85+ years are more likely to die in a care home. Figures published by Public Health England on the End of Life Care Profile show that temporary resident care home deaths in Wirral increased from 25.6% in 2015 to 31.9% in 2016; this is where place of death is a care home but is not the usual place of residence.

Number of deaths by place of death and broad age band (persons), Wirral, 2017

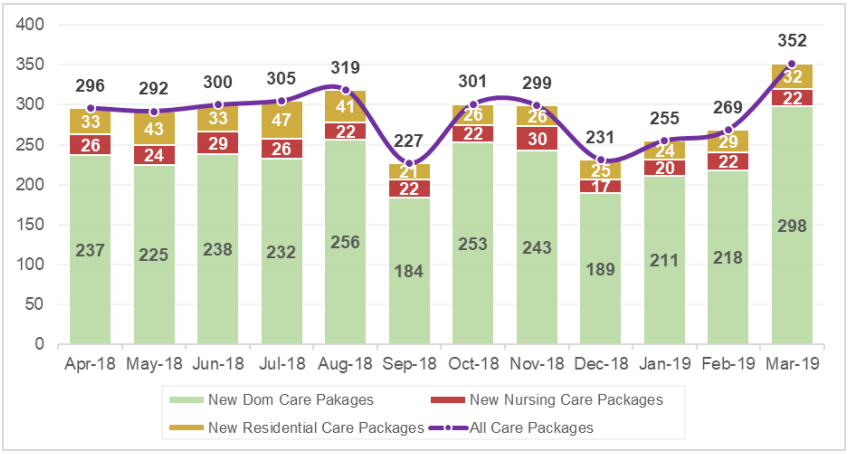


Source: Public Health Intelligence Team, Wirral Intelligence Service, 2019 (using Primary Care Mortality Data, NHS Digital, 2019)
Note: Data has been suppressed (*) due to numbers <5

Deliver services that meet people's needs and support independence

People are supported to be as independent as possible

Social Care packages provided by Adult Social Care (Wirral), 2018/19



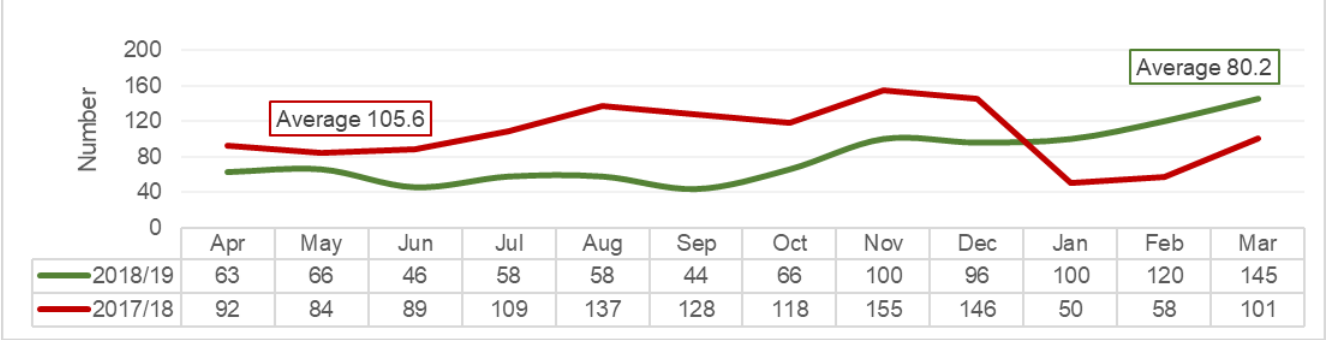
Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicator 4A.1i

- Overall in 2018/19, there were 3,446 cases; 2,784 domiciliary care packages, 282 nursing packages and 380 residential packages
- Care packages reduced in 2018/19 compared to 2017/18; 3,446 vs 3,659 respectively
- In addition to an overall reduction, the number of people receiving residential care packages also reduced (380 vs 492) allowing more people the opportunity to stay in their home

Number of people receiving a review of their care package, (persons, 18+ years), 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	63	66	46	58	58	44	66	100	96	100	120	145
2017/18	92	84	89	109	137	128	118	155	146	50	58	101

Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicator 4A.1ii

Following a successful pilot period in 2018, the Trusted Assessor Review programme has been implemented in Wirral since January 2019, with new providers being brought on board each month. Baseline data for the full programme will be available for 2019/20 and will offer more insight into the packages that require review following a change in circumstance. For more information, please see guidance from the Care Quality Commission.

Emergency admissions for delirium and delirium with dementia (persons, 18+ years), 2017/18-2018/19

	Emergency (Non-Elective) Admissions		Emergency (Non-Elective), Short Stay* Admissions	
	Delirium Only	Delirium and Dementia	Delirium Only	Delirium and Dementia
Total Spells (n)	1,791	666	80	28
Total Bed Days (days)	36,688	14,198	62	16
Average Length of Spell (days)	20.5	21.3	*N/A*	*N/A*
Average Age at Admission (years)	80.3	84.2	75.1	84.2
Age Range at Admission (years)	81 (20 to 101)	49 (52 to 101)	77 (23 to 100)	18 (77 to 95)
Proportion aged < 65 years (%, n)	8.3% (n=149)	1.5% (10)	21.3% (17)	0% (0)
Proportion aged 65+ years (%, n)	91.7% (1,642)	98.5% (656)	78.7% (63)	100% (28)

Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2019
Notes: Short stays are hospital spells where the patient is discharged < 2 days after admission.
Delirium induced by substance misuse has not been included within this extract.

Key Observation(s)

Indicator 4A.2:

The above figures have been calculated using the Secondary User Service (SUS) hospital data from two pooled years (2017/18 and 2018/19). Hospital episode data where delirium was diagnosed was extracted together with all other episodes related to the same patient spell in hospital. Over the two years, there were 2,457 non-elective (emergency) hospital admissions were patients were diagnosed with delirium; around one in four of these admissions (27.1%) also recorded a diagnosis of dementia before discharge.

Analysis has also been done on the primary diagnoses of these emergency (non-elective) hospital admissions:

		Emergency (Non-Elective) Admissions	
		Delirium Only	Delirium and Dementia
Top Primary Diagnoses	1	Urinary Tract Infection (14.9%)	Urinary Tract Infection (17.6%)
	2	Sepsis (12.8%)	Sepsis (11.6%)
	3	Lobar Pneumonia (10.2%)	Lobar Pneumonia (9.8%)
	4	Delirium (9.6%)	Delirium superimposed on dementia (9.6%)
	5	Pneumonia (unspecified) (6.1%)	Delirium (7.1%)

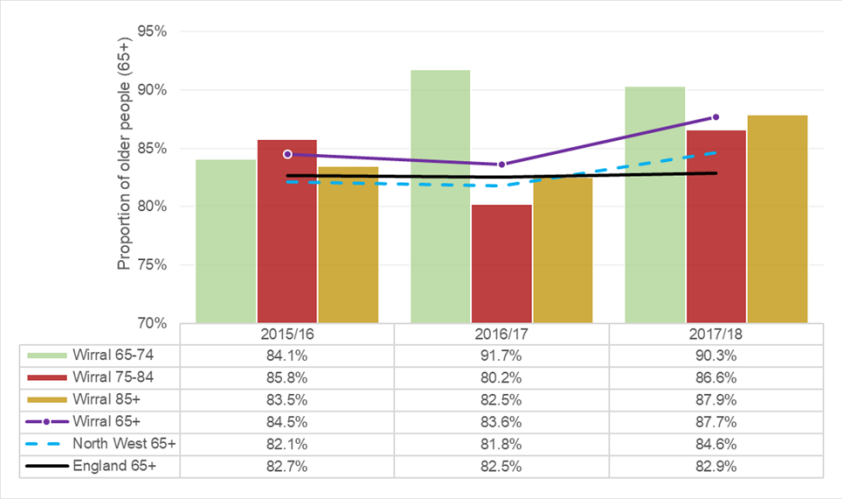
Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2019
Note: Short Stay admissions have been omitted due to small numbers. Delirium superimposed on dementia falls under the dementia classification rather than delirium classification

The top primary diagnoses for both cohorts are almost identical, with the only difference being the addition of 'Delirium superimposed on dementia' for those where both delirium and dementia have been recorded.

Data included for Indicator 4A.4ii shows that emergency admissions for dementia (without delirium) typically last around 12-14 days, i.e. nearly half the length of those with delirium. In other words, patients with a diagnosis of delirium and dementia spend nearly twice as long in hospital as patients with a delirium only diagnoses.

It is not currently possible to understand the events leading up to hospital admissions for these patients, or what the long-term outcomes following discharge. However, with the launch of the Longitudinal Wirral Care Record in September 2019, there are opportunities for analytics to be developed to reduce avoidable admissions.

Older people still at home 91 days after discharge from hospital (person), 2015/16 to 2017/18



	2015/16	2016/17	2017/18
Wirral 65-74	84.1%	91.7%	90.3%
Wirral 75-84	85.8%	80.2%	86.6%
Wirral 85+	83.5%	82.5%	87.9%
Wirral 65+	84.5%	83.6%	87.7%
North West 65+	82.1%	81.8%	84.6%
England 65+	82.7%	82.5%	82.9%

Source: Adult Social Care Outcomes Framework, 2019 (2B.1)

Key Observation(s)

Indicator 4A.3

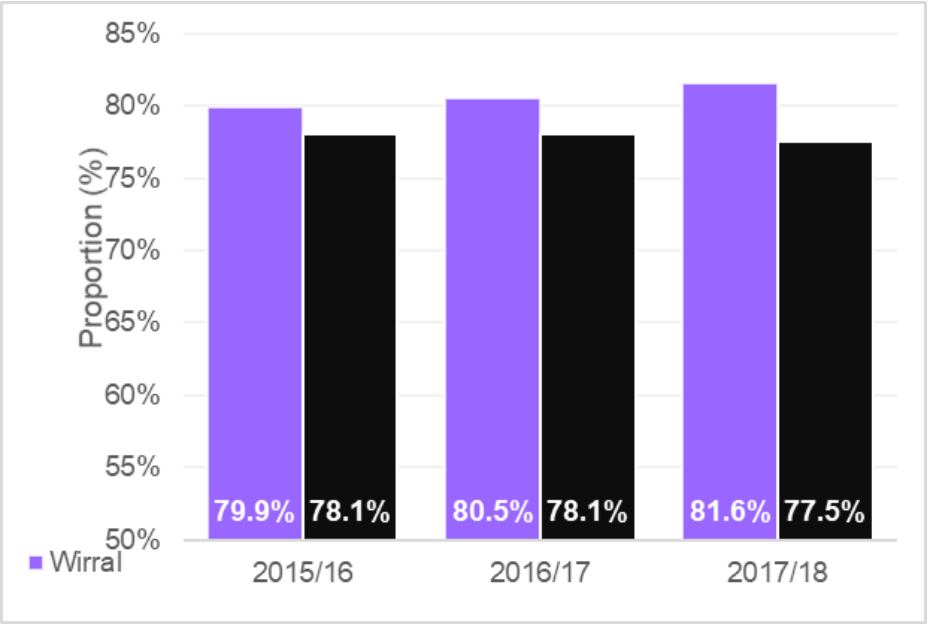
- The proportion of older people still at home 91 days post-discharge has increased in 2017/18 for all areas compared to 2016/17
- Locally, rates for those aged 75-84 and 85+ have increased consistently and substantially between 2015/16 and 2017/18
- Rates for those aged 65-74 in Wirral increased between 2015/16 and 2016/17, but then decreased slightly in 2017/18

People with dementia diagnosis receiving a follow up review (age), 2015/16 to 2017/18

Key Observation(s)

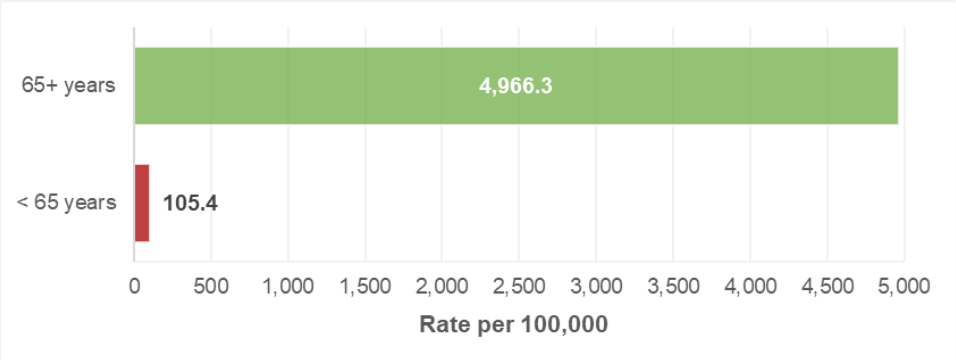
Indicator 4A.4i

- Despite having higher prevalence and incidence of dementia, Wirral has consistently had a higher proportion of diagnosed patients having a follow up review than nationally
- In fact, Wirral has seen increases in recent periods, compared to decreases in England in the same period



Source: CCG Impact Assessment Framework, 2019 (126b)

Rate of dementia-related admissions (<65 and 65+ years, person), 2018/19



Source: Wirral CCG BI Team, 2019

Key Observation(s)

Indicator 4A.4ii

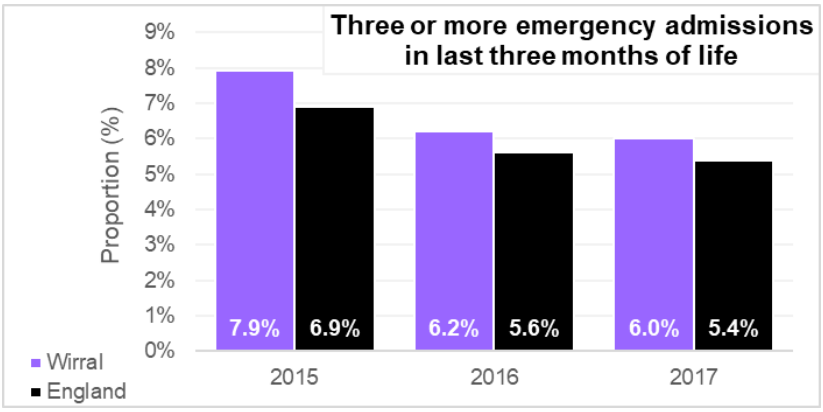
- Despite the rate of admissions being higher for those aged 65+ years, those aged < 65 years typically spend longer in hospital; 13.8 vs 11.6 days respectively

Three of more emergency admissions in last three months of life (person), 2015 to 2017

Key Observation(s)

Indicator 4A.5

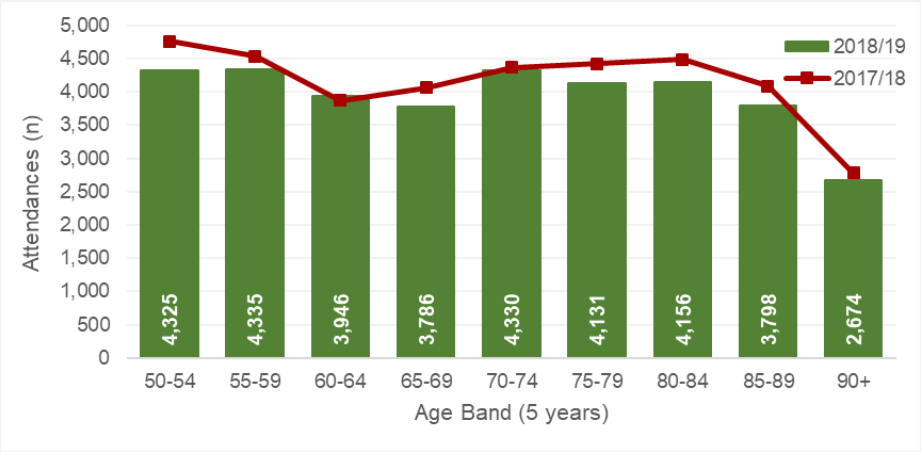
- Wirral and England have both seen decreases in the proportion of people with 3+ emergency admissions in the last 3 months of life over the last 3 time periods
- Despite being consistently higher than England, the gap has reduced from 1.0% in 2015 to 0.6% in 2017



Source: CCG Impact Assessment Framework, 2019 (105c)

People access acute hospital services only when they need them

Attendances at Accident & Emergency by 5-year age band (persons), 2018/19



Source: Wirral CCG BI Team, 2019
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

Key Observation(s)

Indicator 4B.1

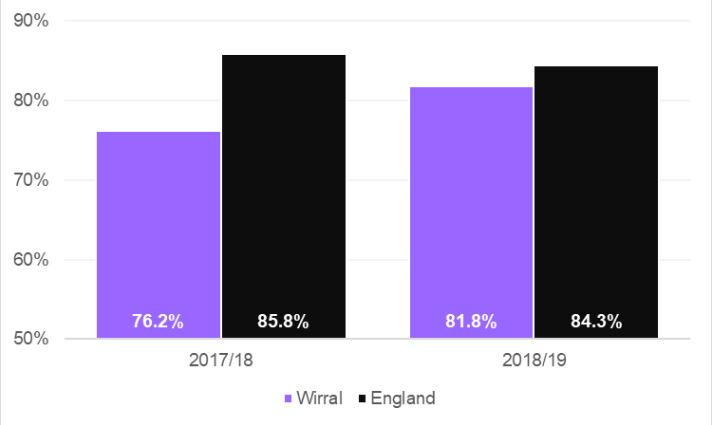
- The total number of A&E attendances for people aged 50+ was 35,481 in 2018/19
- These attendances involved 23,460 different patients
- Around 30% of these patients attended A&E more than once within the year (n=6,719)
- Risk stratification is available to enhance this data

Patients on non-emergency pathways seen within 18 weeks (person), 2017/18 to 2018/19

Key Observation(s)

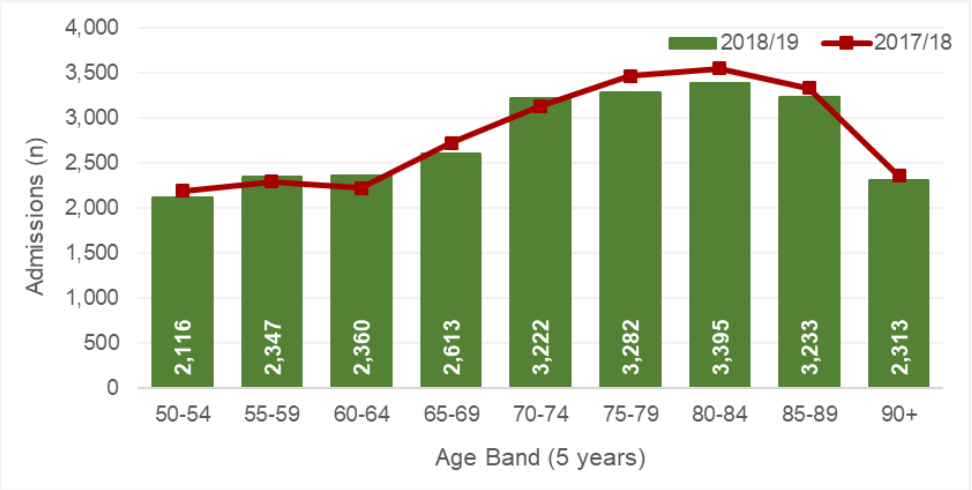
Indicator 4B.2

- In 2017/18, 76.2% of people on a Referral To Treatment (RTT) pathway were seen within 18 weeks, increasing to 81.8% in 2018/19
- The lowest proportion by speciality was 62.5% in 2017/18 (General Surgery) compared to 66.7% for Cardiothoracic Surgery in 2018/19,
- In 2017/18, 8% of patients in Wirral had to wait 29.3 weeks or longer, compared to 25 weeks in 2018/19 (based on the 92% operating standard)



Source: NHS England, 2019

Non-elective admissions to hospital by 5-year age band (person), 2018/19



Source: Wirral CCG BI Team, 2019
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

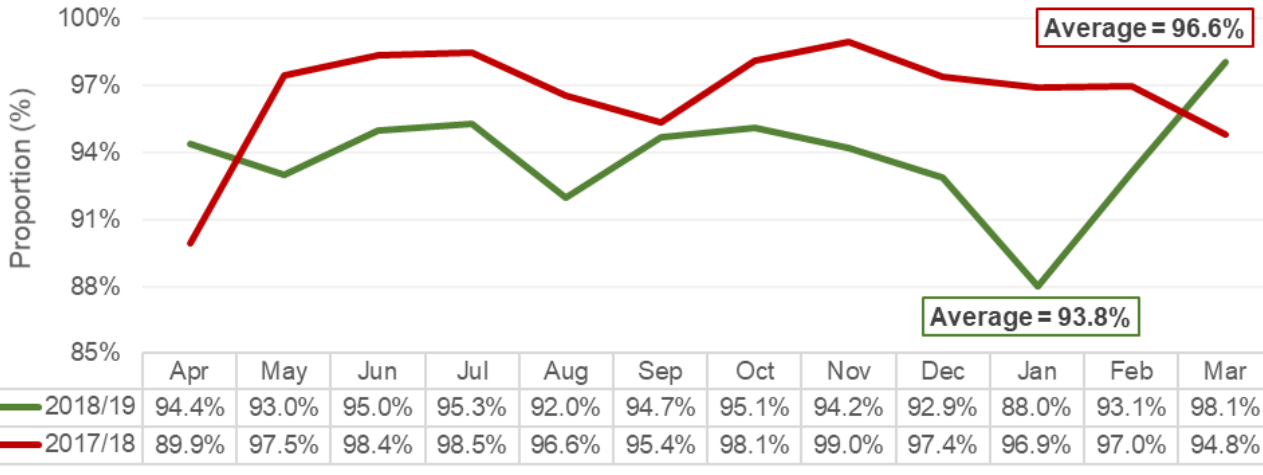
Key Observation(s)

Indicator 4B.3

- The total number of non-elective admissions in 2018/19 was 24,881
- These admissions involved 16,368 different patients
- Around 30% of these patients had more than one non-elective admission within the year (n=4,854)
- Risk stratification is available to enhance this this data

People have access to timely and responsive care

Referrals through Two Week Wait scheme seen within 14 days (person), 2017/18 and 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	94.4%	93.0%	95.0%	95.3%	92.0%	94.7%	95.1%	94.2%	92.9%	88.0%	93.1%	98.1%
2017/18	89.9%	97.5%	98.4%	98.5%	96.6%	95.4%	98.1%	99.0%	97.4%	96.9%	97.0%	94.8%

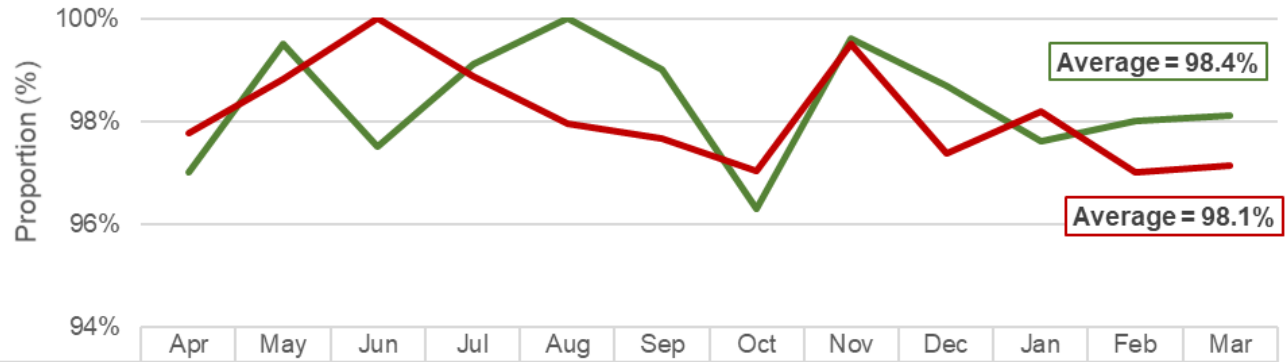
Source: NHS England, 2019

Key Observation(s)

Indicator 4C.1i

- There appears to be no seasonality pattern associated with Wirral's proportional trend of people referred through the Two Week Wait (TWW) scheme being seen within 14 days
- The average proportion seen within 2 weeks did decrease from 96.6% in 2017/18 to 93.8% in 2018/19, however this is still above the 93% national target

First treatment received within 31 days of diagnosis (person), 2017/18 and 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	97.0%	99.5%	97.5%	99.1%	100.0%	99.0%	96.3%	99.6%	98.7%	97.6%	98.0%	98.1%
2017/18	97.8%	98.8%	100.0%	98.9%	97.9%	97.7%	97.0%	99.5%	97.4%	98.2%	97.0%	97.1%

Source: NHS England, 2019

Key Observation(s)

Indicator 4C.1ii

- There appears to be some seasonality to Wirral's proportional trend of people referred through the TWW scheme receiving their first treatment within 31 days; falling proportions over the summer period, before a temporary increase in November
- The average proportion increased from 98.1% in 2017/18 to 98.4% in 2018/19; both above the 96% national target

Additional Resources: Deliver services that meet people's needs and support independence

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:
- Dementia
- End of Life
- Vulnerable Adults

Public Health Outcomes Framework:
- Overarching Indicators
- Dementia
- End of Life

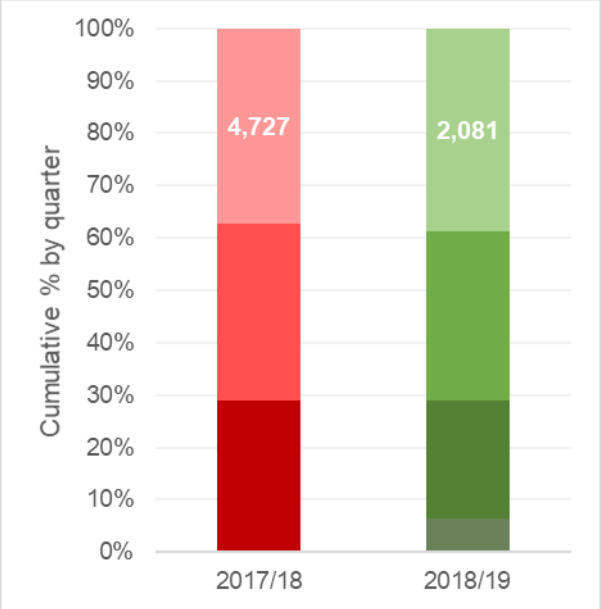
NHS England:
- Consultant-led Referral to Treatment (RTT) Waiting Times
- A&E Attendances and Emergency Admissions
- Cancer waiting times

NHS Digital:
- Appointments in General Practice (interactive report)
- Adult Social Care Analytical Hub

Provide safe, effective and high-quality care and support

People are supported by high quality care and support

People with a diagnosis of severe frailty (person, 65+ years) 2017/18 to 2018/19



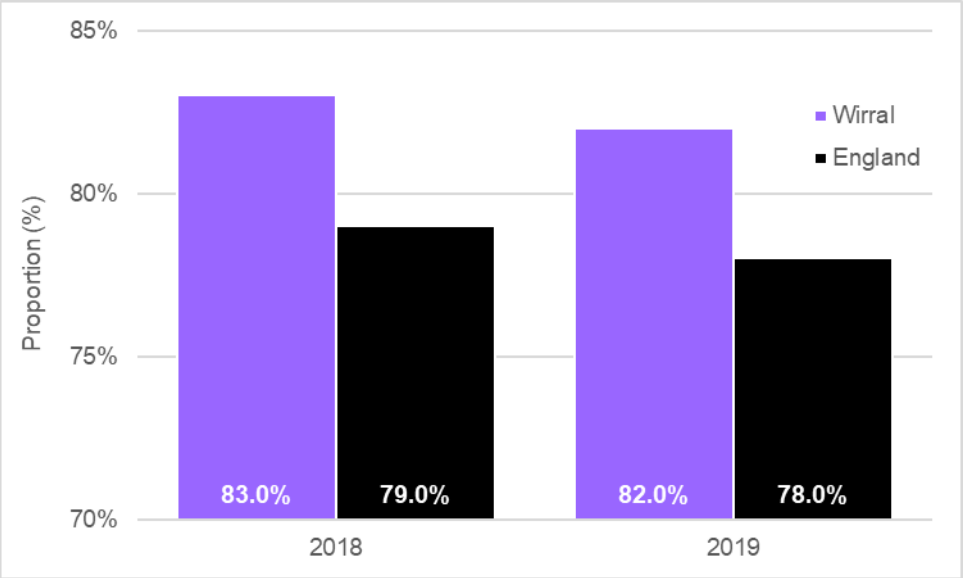
Source: NHS Digital, 2019

Key Observation(s)

Indicator 5A.1i

- In 2017/18, 21,899 (or 32.1% of) registered patients with a Wirral GP surgery and aged 65 years had a frailty assessment, compared to 12,831 (18.2%) in 2018/19
- Of those assessed, 21.6% (n=4,727) were found to have severe frailty in 2017/18, compared to 16.2% (2,081) in 2018/19
- These figures equate to 6.9% and 2.9% of all patients aged 65 and over in 2017/18 and 2018/19 respectively
- This also means that 1 in 20 patients (4.9%) aged 65+ in Wirral have been assessed as severely frail since April 2017

People who feel supported to manage their long-term condition (person), 2018 and 2019



Source: GP Survey, 2019

Key Observation(s)

Indicator 5A.2

- Both Wirral and England saw a 1% decrease in the proportion of people feeling supported by local services in managing their long-term condition
- Wirral has maintained higher proportion of people feeling supported; (4% higher) than England in both 2018 and 2019

Indicator 5A.3: Quality of care in last months of life

The NHS Long Term Plan (2019) sets out a new service model, which includes the priority for people to have more control over their own health and personalised care. To support this, two new quality indicators (QIs) have been included within the 2019/20 Quality Outcome Framework (QOF)[2]. The inclusion of the two QIs is expected to bring about improvement for the following aspects of End of Life Care:

- Early identification and support
- Well planned and coordinated care
- Identification and support for family/informal caregivers

This measure was originally included in the VOICES Survey, a national survey undertaken by ONS with bereaved carers. The survey is no longer undertaken, and so work is currently being done locally to develop indicators for the framework using the Supportive Care Registry. The registry captures people who are enrolled on the Gold Standards Framework Register in Wirral and is intended to go live by the end of September 2019.

[2] Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan

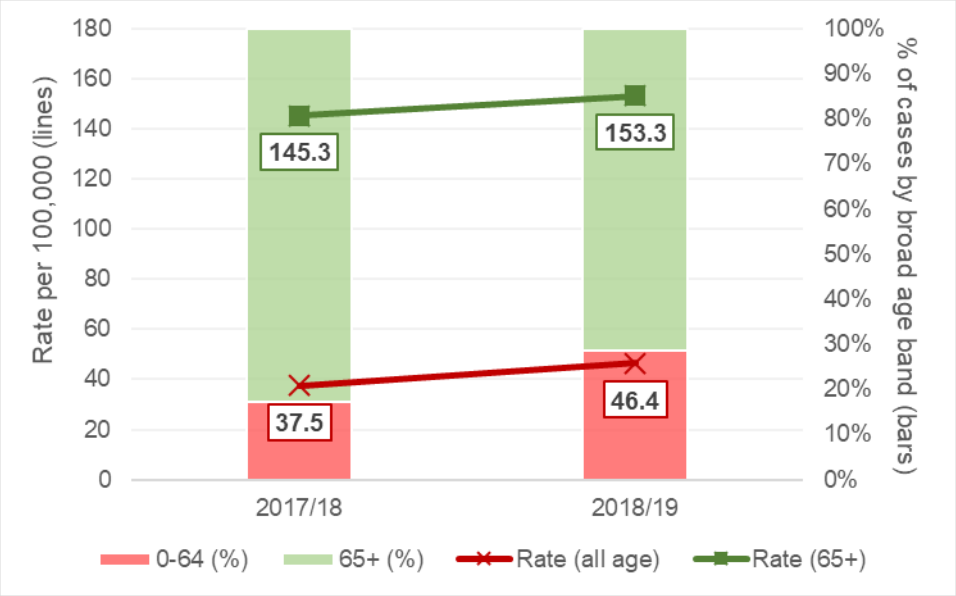
People are kept safe and free from avoidable harm

Rate of C. Difficile infection by broad age band (person), 2017/18 and 2018/19

Key Observation(s)

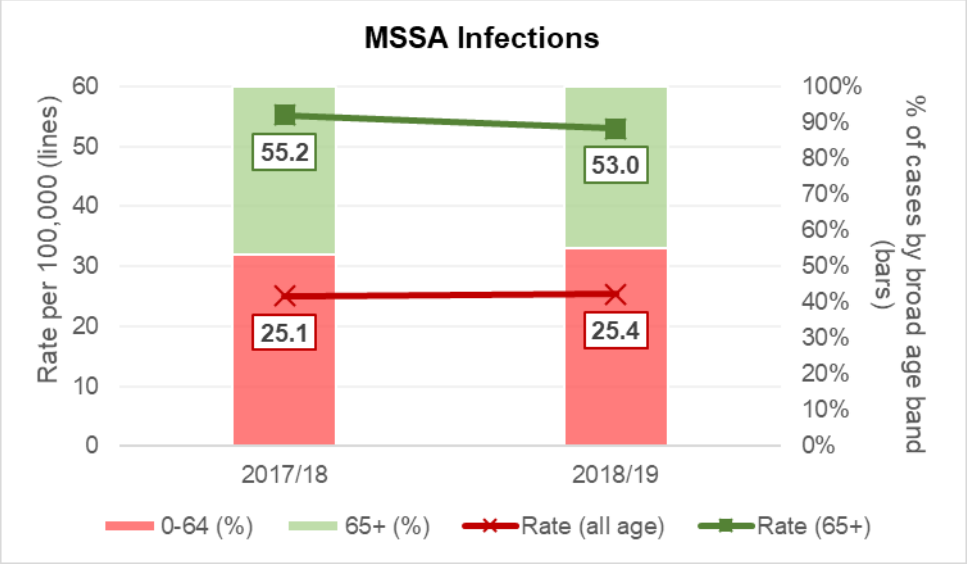
Indicator 5B.1i

- The C Diff rate per 100,000 people (all age) in Wirral increased from 37.5 to 46.4 between 2017/18 and 2018/19
- There was also a rate increase when looking at those aged 65+ only
- The rate for those aged 65+ is substantially higher than for all age; this imbalance is also highlighted in the proportional breakdown of cases by broad age band



Source: HCAI DCS, 2019, and ONS, 2019

Rate of MSSA infection by broad age band (person), 2017/18 and 2018/19



Source: HCAI DCS, 2019, and ONS, 2019

Key Observation(s)

Indicator 5B.1ii

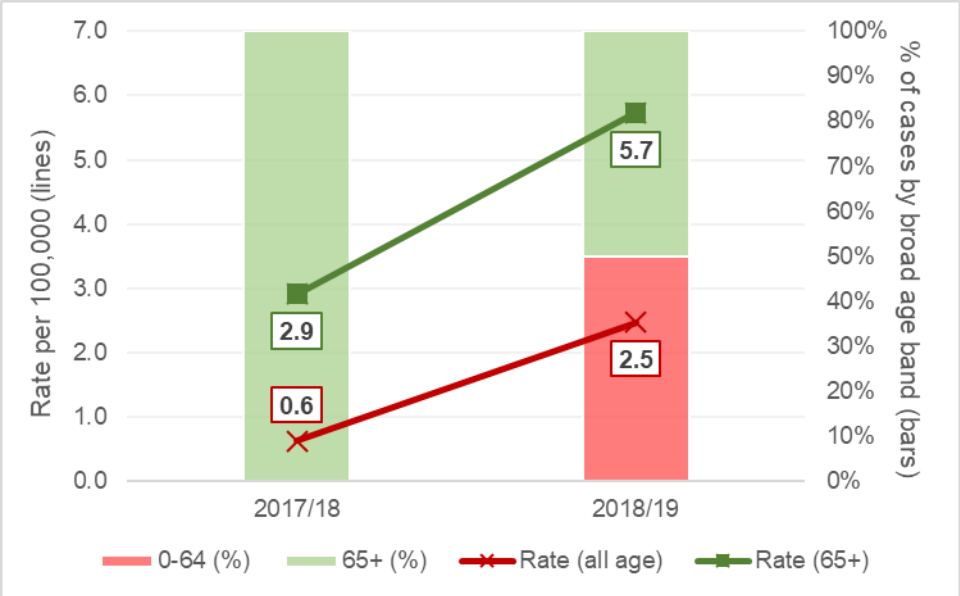
- The MSSA rate per 100,000 people (all age) in Wirral increased from 25.1 (2017/18) to 25.4 (2018/19)
- In contrast there was a decrease in the rate for those aged 65+ over the same period; 55.2 to 53.0
- The rate for those aged is substantially higher than that seen for all ages
- The majority of MSSA cases occurred in those aged 0-64 in both periods

Rate of MRSA infection by broad age band (person), 2017/18 and 2018/19

Key Observation(s)

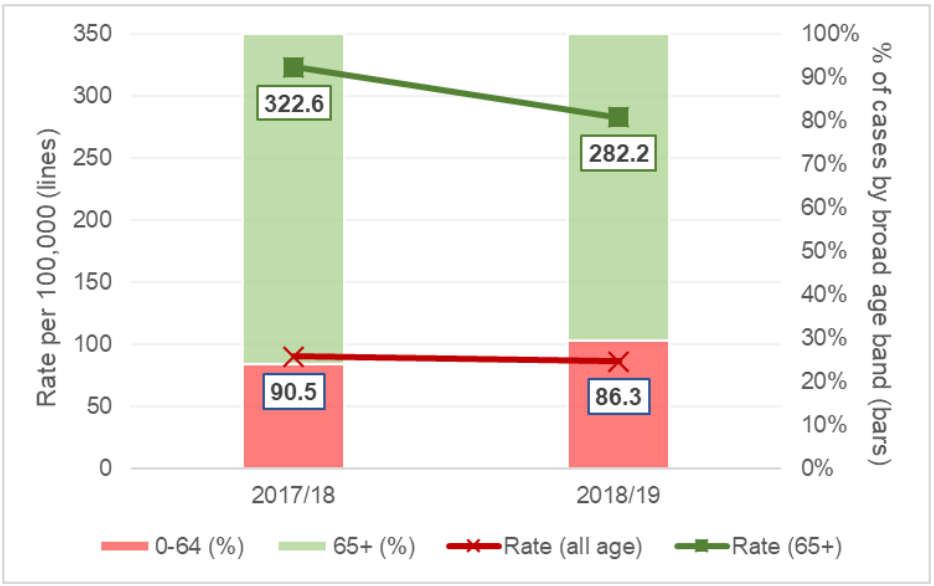
Indicator 5B.1iii

- The MRSA rate per 100,000 (all age) in Wirral increased from 0.6 in 2017/18 to 2.5 in 2018/19
- There was also an increase in rate for those aged 65+ over the same period; 3.0 to 5.7
- The rate for those aged 65+ is substantially than that seen at all age
- In fact, no MRSA cases occurred in people aged 0-64 in 2017/18 in Wirral



Source: HCAI DCS, 2019, and ONS, 2019
Note: Figures cannot be shown due to small numbers (<5)

Rate of E. Coli infections by broad age band (person), 2017/18 and 2018/19)



Source: HCAI DCS, 2019, and ONS, 2019

Key Observation(s)

Indicator 5B.1iv

- The e Coli rate per 100,000 (all age) in Wirral decreased from 90.5 (2017/18) to 86.3 (2018/19)
- This also occurred in the 65+ only rate; 322.6 decreasing to 282.2 over the same period
- The rate for 65+ is substantially higher than that seen at all age
- This imbalance is also highlighted by the proportional breakdown of cases by broad age group

Additional Resources: Provide safe, effective and high-quality care and support

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:

- Long term conditions
- Frailty Evidence Review (2018)
- Wirral Long Term Condition Model 2017
- Health Protection

Public Health Outcomes Framework:

- Overarching Indicators
- Antimicrobial Resistance
- Health Protection

NHS Digital:

- Quality Outcomes Framework (interactive report)
- GMS/PMS Core Contract Data

NHS England:

- Long term conditions

Deliver person centred care through integrated and skilled service provision

People and their families are engaged in the setting of their outcomes and management of their care

Indicator 6A.1 and Indicator 6A.2:
Personalised care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care.

The Patient Activation Measure (PAM) tool measures someone's ability to self-care. People who are more activated are more likely to attend screenings, check-ups, immunisations and adopt positive health behaviours.

Personalised Care and Support Planning (PCSP) is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation. This process recognises the person's skills and strengths, as well as their experiences.

Health and care staff are currently being supported to deliver personalised care and have coaching conversations focussed upon what matters to that person. 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.

Work will be done with the whole system to ensure approaches such as health coaching, peer support and self-management education are systematically put in place to help people build knowledge, skills and confidence and support service transformation.

People are supported by skilled staff, delivery person-centred care

Indicator 6B.1:
Following discussions with Cheshire & Wirral Partnership Trust (CWP), who are leading on the Healthy Wirral Workforce Workstream, it has been identified that this area of the framework links in with the sub-workstream around "Conversational Capability".

A task and finish group are currently working on the development of a system-wide capability to initiate conversations that avert conflict and support behaviours which lead to trust-based relationships centred on a common-purpose.

Indicator 6B.2:
Please refer to text for Indicator 6A.1 and Indicator 6A.2

Appendix 1: Outcomes Framework for Older People

The Healthy Wirral Outcomes framework sets out the vision for ageing well (older people and frailty)

The framework focuses on the two high level outcomes we want to achieve across the Healthy Wirral system and beyond:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

These outcomes reflect the focus we wish to take, not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy. Our focus is also on reducing differences between people and communities from different backgrounds.

Our overarching indicators domain presents these high-level outcomes.

We want to reduce health inequalities for local people					
Prioritise prevention, early intervention, self-care and self-management	**Improve health, wellbeing and independence for local people**	**Good communication and access to information for local people**	**Deliver services that meet peoples' needs and support their independence**	**Provide safe, effective and high-quality care and support**	**Deliver person centred care through integrated and skilled service provision**

A. We want to reduce health inequalities for local people

People are supported to live in good health and have a good quality of life
• The average number of years a person would expect to live in good health
• The proportion of people reporting a good quality of life
Inequalities in healthy life expectancy are reduced
• The gap in health-related quality of life for older people between the most and least deprived areas
• The gap in rates of preventable deaths between the most and least deprived areas

1. Prioritise prevention, early intervention, self-care and self-management

Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk

Increase the proportion of people accessing national cancer screening programmes:
- Bowel Cancer
- Breast Cancer

Increase population vaccination coverage:
- Flu vaccination (over 65)
- Pneumococcal (PPV) (over 65)
- Shingles vaccine (70 years and 78 and 79 year olds as a catch up)

Decrease in alcohol related hospital admissions

Increase smoking identification and cessation referral

Percentage of physically active adults

2. Improve health, wellbeing and independence for local people

People are supported to have a good quality of life

Increase in recovery rates for psychological therapy

Reduction in the number of falls in the over 65s

Identification/reduction in the rate of loneliness

3. Good communication and access to information for local people

People and their carers feel respected and able to make informed choices about services and how they are delivered

Increase the proportion of people and carers reporting that they have been involved or consulted as much as they wanted to be, in discussion about the care, support or services provided

Increase in the number of people dying in their preferred place

4. Deliver services that meet peoples' needs and support their independence

People are supported to be as independent as possible

Increase in people accessing the support available to them in their local communities

Respond to the needs of people with dementia and delirium (crisis and long term) so that they can stay in their own home

Proportion of people 65+ who are still at home three months after a period of rehabilitation

To provide treatment, care and support as needed, so those with dementia can live well with the condition?

Reduce repeat emergency admissions during end of life care

People access acute hospital services only when they need to
Reduction in number of A&E attendances Consultant-Led Referral to Treatment Waiting Times Reduction in number of non-elective admissions
People have access to timely and responsive care
Reduction in waiting times for Cancer • (2 week waits) • One Month (31-day) diagnosis to first treatment wait • Two Month (62-day) urgent GP referral first treatment wait Improving access to GPs
5. Provide safe, effective and high-quality care and support
People are supported by high quality care and support
Increase number of people being screened for frailty Proportion of people feeling supported to manage their (long term) condition Increase in proportion of bereaved carers reporting good quality of care in the last three months of life
People are kept safe and free from avoidable harm
Reduction in healthcare acquired infections and serious incidents
6. Deliver person centred care through integrated and skilled service provision
People and their families are engaged in the setting of their outcomes and the management of their care
Ability to self-care (knowledge, skills and confidence a person has in managing their own health and care) Increase in the number of people with an LTC who has a personalised care and support plan
People are supported by skilled staff, delivering person-centred care
• Increase in staff satisfaction levels • Proportion of staff who have completed person-centred care and support planning training