



Joint Strategic Commissioning Board

Date: **Tuesday, 28 May 2019**
Venue: **Council Chamber - Birkenhead Town Hall**

Time: **2.00 p.m.**

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AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. APPOINTMENT / CONFIRMATION OF COMMITTEE CO-CHAIRS**
- 3. DECLARATIONS OF INTEREST**
- 4. MINUTES** (Pages 1 - 10)
To approve the minutes of the meeting of the Joint Strategic Commissioning Board held on 2 April 2019.
- 5. CHIEF OFFICER'S REPORT** (Pages 11 - 16)
- 6. REFRESHING OUR STRATEGIC AIMS** (Pages 17 - 22)
- 7. HEALTHY WIRRAL SYSTEM OPERATING PLAN 2019-20** (Pages 23 - 64)
- 8. POOLED FUND FINANCE REPORT** (Pages 65 - 76)
- 9. EXTRA CARE HOUSING - SCHEME UPDATE** (Pages 77 - 84)
- 10. WIRRAL HEALTH AND CARE COMMISSIONING (WHACC) SINGLE BUSINESS PLAN** (Pages 85 - 112)



Wirral
Clinical Commissioning Group



Wirral Health and Care Commissioning is a strategic partnership
between NHS Wirral Clinical Commissioning Group and Wirral Council

11. INCREASING INDEPENDENCE AND TRANSFORMING CARE, A LEARNING DISABILITY PROGRAMME UPDATE (Pages 113 - 120)

12. DATE OF NEXT MEETING

Tuesday, 9 July 2019 at 2.00pm in Birkenhead Town Hall.

Terms of Reference

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

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

- To promote the integration of health and social services generally across WBC and CCG;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
 - Better Care Fund Schemes
 - Urgent Care Transformation
 - Commissioning Prospectus
 - Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

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

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

The JSCB Cabinet Committee will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB Cabinet Committee

will review service user and patient experience data at an 'aggregate' rather than individual level.

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

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Agenda Item 4

JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 2 April 2019

<u>Present:</u>	Councillor Dr	Chris Jones (Co-Chair) Sue Wells (Co-Chair)
	Mr	Simon Banks
	Ms	Sylvia Cheater
	Dr	Paula Cowan
	Ms	Lesley Doherty
	Mr	Paul Edwards
	Ms	Nester Hawker
	Ms	Lorna Quigley
	Dr	Sian Stokes
	Mr	Michael Treharne
	Mr	Alan Whittle
	Councillor	Bernie Mooney
	Councillor	Stuart Whittingham
<u>In attendance:</u>	Mr	Graham Hodkinson (Joint Director)

42 APOLOGIES FOR ABSENCE

There were no apologies for absence.

43 DECLARATIONS OF INTEREST

Councillor Chris Jones declared a personal interest in agenda item 4 (Personal Story Re Integration) by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

Councillor Bernie Mooney declared a personal interest in agenda item 8 (Neighbourhoods Progress) by virtue of her employment with Age UK.

44 MINUTES

RESOLVED:

That, subject to the addition of Mr G Hodkinson as being in attendance, the minutes of the meeting of the Joint Strategic Commissioning Board held on 2 February 2019 be approved as a correct record.

45 PERSONAL STORY RE INTEGRATION

The Chair introduced this item as providing an opportunity for Board Members to hear real examples of the patient experience, whether good or bad, to assist in the consideration of service integration and delivery.

Lorna Quigley, Director of Quality and Safety, advised of the experience of a young man with autism, learning difficulties and anxiety who presented with challenging behaviours. While he had been in receipt of services, during 2018 he had been detained under the Mental Health Act and he and his family had felt let down by both the NHS and the Council. Through integrated services under the Wirral Partnership, a multi-disciplinary approach had taken an holistic approach and, following fortnightly patient review care meetings, positive behaviours were being promoted and the case was being de-escalated, moving towards discharge under section 17 aftercare arrangements. After these interventions the family were now more agreeable to and supportive of an in-area placement.

Members noted the impact of working together and that while the work undertaken would have been progressed without integration, it would have taken much longer to achieve the positive outcomes identified.

RESOLVED – That the report be noted.

46 FEE SETTING FOR 2019/20

The Board received a report presented by the Wirral Council Assistant Director – Health and Care Outcomes, Jason Oxley, advising of the outcome of consultation with care providers with regard to proposed 2019/20 fee rates for services provided for adults and older people in Wirral and inviting the Board to consider the responses of Officers to the consultation and to approve the proposed rates and fees as recommended within the submitted report.

The proposed fees rates sought to satisfy the Council's requirement to deliver a responsive and sustainable social care market, with a quality of care that reflected local expectations, within the context of continuing significant financial pressures for both providers and the Council. In this regard, due attention had been given to local market pressures and providers' actual costs of care. The consultation had covered services provided on behalf of both Wirral Council and Wirral Clinical Commissioning Group as part of the Wirral Health and Care Commissioning joint arrangements.

The residential and nursing, supported living, extra care, domiciliary care, shared lives and re-abllement sectors were considered within the submitted report, Members being reminded that the integrated domiciliary care fee rate, including re-abllement, had been approved at the meeting of the Board held

on 5 February 2019 and advised that the integrated, intermediate Transfer to Assess service was being reviewed and would be subject to a further report later in the year.

No alternatives to the proposed increase in fee rates had been considered, the Council having duties to maintain and support a local market to deliver care and support, to commission a range of high quality appropriate services which offered people choice, and to ensure that the local market is responsive and sustainable thereby ensuring continuity of care.

In response to a query it was advised that the rates quoted were inclusive, with the quality that providers were expected to deliver being built in. A dedicated Team worked with providers to ensure this quality delivery. Comment was made as to the well presented and considered nature of the report, including the responses given to the consultation exercise, noting that the proposals secured quality while protecting the wages and pensions of those working in the sector. Regarding the requirement to achieve efficiencies to accommodate the increasing costs, it was acknowledged that this became increasingly challenging over time, but work was being undertaken with providers looking to deliver differently while providing the right quality of service.

The NHS Wirral Clinical Commissioning Group Board Members and the Members of the Wirral Borough Council Committee of the Cabinet -

RESOLVED – That

- 1. the proposed rates and fees for the residential and nursing, supported living, extra care, domiciliary care, shared lives and reablement sectors, as detailed in the submitted report, be approved; and**
- 2. the uplift in fees to providers apply with effect from 1 April 2019.**

47 **POOLED FUND FINANCE REPORT**

The Board considered a report introduced by the Chief Finance Officer, Mike Treharne, presenting the position on budgets established to support effective integrated commissioning, setting out key issues in respect of the 2018/19 shared pooled fund, the funds contributing to the 'shadow pool' for 2018/19, and the 'risk and gain' share arrangements.

Members were reminded that the 2018/19 commissioning pool comprised £131.9m from the following sources –

- | | |
|-----------------------------|--------|
| • Adult Social Care | £40.8m |
| • Public Health | £13.0m |
| • Children and Young People | £ 2.0m |

- Clinical Commissioning Group £22.3m
- Better Care Fund £53.7m

A breakdown of the pooled funds, together with a forecast for the 2018/19 financial year was provided within the submitted report. A net forecast risk of £0.9m on the pool overall existed as at 31 January 2019, the Section 75 agreement mandating a 50:50 share of this deficit between the Clinical Commissioning Group (CCG) and the Council.

The shadow pool in 2018/19 amounted to £532.4m, comprising budgets of £51m from Adult Social Care and £481.4m from the CCG which are not formally pooled in 2018/19.

The financial risks and challenges impacting on the partners was considered. Achievement of the CCG's £2m surplus control total was a financial challenge and risk given the £19.6m savings target to be delivered. The submitted report highlighted the gross risks and realisable mitigations identified during the working up of the CCG's financial recovery plan. A Formal Recovery Plan, approved by NHS England in 2018, described how the identified cost pressures and other risks would be mitigated. Further mitigations developed by the CCG had proved to be challenging and, on direction from NHS England, a Turnaround Director had been appointed to look at all CCG expenditure lines to identify any further efficiency opportunities to address remaining unmitigated risk. The Council's savings were on track to be delivered by year end and any slippage would be mitigated through over-achievements elsewhere, by any new options identified or by one-off actions.

In response to queries concerning the budget pressures, how they had arisen and what actions had been taken, the Board was advised that there had been increasing pressures affecting packages of care. There had been some backlog in claims and going forward the CCG and the Council needed to work on how such packages were commissioned and thereby move towards proper integration. This would require work with providers and needed to draw from the Council's experience in managing the care market. Regarding CCG finances more generally, the implications of failure to manage a £3m CCG deficit were considered which might lead to a £5m loss to Wirral healthcare funding overall.

A Member suggested that a briefing on financial issues be provided for Board Members given the differing financial and funding arrangements that existed for each of the Council and the CCG.

RESOLVED: That the report be noted.

48 **HEALTHY WIRRAL STRATEGIC PLAN UPDATE**

The Board considered a report introduced by the Chief Officer and Senior Responsible Officer for Healthy Wirral, Simon Banks, presenting an update on the Healthy Wirral Strategic Plan, 'Healthy Wirral' being the prime system-wide programme to deliver sustainable and affordable long-term changes to the way that the health and wellbeing of the Wirral population is supported. The programme also supported delivery of the Wirral Plan's 20/20 pledges in relation to health and wellbeing and delivery of such ambitions within 'Wirral Together'.

Following agreement of the 5-year settlement for the NHS and the development of the NHS Long Term Plan, guidance had been provided to clarify the expectations of all integrated care systems to produce organisational level and system level operational plans for 2019-20 which would support the development of a broader 5-year strategic system plan. The Wirral 2019/20 Operational Plan was due for submission to the Cheshire and Merseyside Health and Care Partnership by 4 April 2019, and key to this plan would be alignment with the operational plans of system partners, particularly in respect of strategic intent and priorities, financial and activity assumptions. Thereafter, it was expected that a draft 5-Year Plan would be completed in July 2019 in preparation for submission in autumn 2019. Activities to ensure the engagement and inputs of system partners were to be established.

A review of Healthy Wirral programme governance and infrastructure had taken place following discussions between the Healthy Wirral Chair, the Senior Responsible Officer and key system partners. The resultant governance structure sought to establish a reporting structure that is simpler to navigate, establish clear programme and senior executive accountability to the Healthy Wirral Partners Board for the delivery of programme plan objectives, and ensure that the Partners Board is more clearly sighted on progress and programme barriers. Details of the governance arrangements, and considerations related to programme infrastructure, were considered in further detail within the submitted report.

A disappointment was expressed that a Portfolio for long term conditions had not been determined in the structure, and a concern raised that this issue might get lost as it fell within several of the Portfolios. The Board was advised that the structure arose from consultations, that there were long term condition considerations within, for example the children and mental health Portfolios, and that the purpose of the Portfolios was to bring relevant staff to work together. Sessions were to be held to raise awareness among staff of what others within the sector were doing.

Work to establish Neighbourhood Teams, supported by the Neighbourhood Transformation Manager, to ensure the adoption of a resilient approach was continuing. The leadership of Neighbourhood Co-ordinator GPs had been fundamental in supporting this work alongside system partners. Recent key

developments were outlined in the report, and further considered in a following presentation to the Board.

RESOLVED: That the report be noted.

49 **NEIGHBOURHOODS PROGRESS**

The Board received a presentation introduced by the Joint Director for Care and Health, Graham Hodkinson, providing an update of work in Wirral's nine neighbourhoods that formed a core part of the Healthy Wirral Programme. The presentation described the neighbourhoods, each of which had a resident population of between 30,000 to 50,000 people, and the new ways of working across Health and Care to better and more effectively support those local populations. The neighbourhood model showed how closer working at this level would enable communities and the voluntary sector to work together with the Health and Care sector to deliver improved outcomes and responses, with a focus on what is important to local people.

Neighbourhoods are about people and the 'place' they live, and 'place based care' was concerned with using a defined set of resources to provide the best possible quality of care and health outcomes for a neighbourhood's population. The principles upon which place based care was based were advised as –

- a partnership approach, engaging stakeholders across all sectors in collaborative decision-making;
- a move from central control to being led by the people who live and work locally;
- community engagement – the encouraging of collaborative working, critical thinking and problem solving;
- local flexibility, providing a robust foundation for decision-making; and
- a long-term commitment, ensuring there is adequate time and resources to commit to this work.

The presentation further considered the features of an integrated care system and of place-based care in practice; the linkage of the approach to Healthy Wirral's agreed Mission Statement and Vision; and the features of Healthy Wirral Neighbourhood provision, considering the benefits for both local people and staff. Identified key achievements in the Neighbourhoods approach to date included the defining of the neighbourhoods, appointment of GP Co-ordinators and establishment of Leadership Teams; the establishment of a multi-disciplinary team approach; the alignment of resources and improved linkage to community resources; and the strengthening of third sector links and provision. The Neighbourhood Programme structure and the Neighbourhood Governance arrangements led by the Healthy Wirral Executive Delivery Group were outlined, while the impacts achieved by a pilot project in one neighbourhood comprising a Frailty Personal Independence Co-ordinator working with Age UK were further advised.

Going forward, the Board was advised of the immediate priorities for the neighbourhoods approach as it progressed –

- the development of a future operating model;
- embedding the digital Wirral Care Record;
- co-designing care models with a neighbourhood focus;
- continuing the improvements in integration and engagement with the third sector;
- accelerating a Population Health Management approach;
- co-producing primary care networks on the Neighbourhoods' footprints; and
- greater alignment with the Wirral Together capacity building approach.

The Chair noted that the neighbourhoods agenda was one that the Board should be rightly proud of, noting that Wirral was ahead of others across Merseyside and Cheshire and that the approach was now contained in the NHS Plan. Going forward there was a need to consider the allocation of GP practices against the primary care networks now forming to see how these linked up, but Wirral was leading with an approach that focused on people and communities, rather than on organisations.

The views of the Chair were supported, with comment made that it had been a slow and often challenging process to get agreements. With reference to the work of Personal Independence Co-ordinators and the reported reduction in referrals to GPs, it was also advised that a reduction in non-elective admissions to hospitals was also being observed. A concern was expressed that certain announcements in recent weeks might have impacts on this area of work, but this was tempered by a consideration of what had been achieved and what work underlies it. It was noted that the neighbourhoods structure presented a real opportunity for Children's Services in their improvement journey. As a short term measure services had been brought together, but the neighbourhoods as described here provided a possible model for locality delivery.

RESOLVED – That the presentation updating the Board on neighbourhood working be noted.

50 **CHIEF OFFICER'S REPORT**

The Chief Officer, Wirral Health and Care Commissioning and Wirral Clinical Commissioning Group (CCG), Simon Banks, introduced his report setting out some key areas of work undertaken, in addition to his usual duties and meetings, for the period from 13th February 2019 to 9th April 2019.

Regarding work in partnership with other organisations, this had included -

- monthly CCG Chief Officers meetings, including the meeting held on 12 March 2019 attended by Bill McCarthy, the new North West

Regional Director for NHS England and NHS Improvement, who had outlined his four focus areas -

- Planning and delivering sustainability through integration;
- Places to connect with primary care delivery;
- Ensuring collaboration at all levels; and
- Developing an approach for a sustainable workforce for today and tomorrow;
- activities to deliver the 'Healthy Wirral' vision, objectives and outcomes by 2020, including considerations given to phlebotomy services, extra care housing, and assessment of continuing health care at the meeting of the Adult Health and Care Overview and Scrutiny Committee held on 19 March 2019;
- meeting with the Wirral University Teaching Hospital NHS Foundation Trust Improvement Board;
- meetings with Primary Care Wirral, the GP Wirral Federations and the Wirral Local Medical Committee, including discussions on the development of the neighbourhood model in Wirral;
- considerations of the economic impact of health and care;
- attendance at a meeting of the Cheshire and Merseyside Mental Health Programme Board focusing on the response to the NHS Long Term Plan requirements in respect of mental health services; and
- attendance at a Cheshire and Merseyside Collaborative Commissioning Forum.

Further to the 'Assurance by NHS England' section within the submitted report the Board was advised that an Improvement Assessment meeting with NHS England was now scheduled for 10 May 2019 to consider issues including 'Healthy Wirral' and cost recovery. With regard to activities related to being accessible and accountable to local communities, it was advised that the scheduled meeting with Frank Field MP, referenced at paragraph 3.3.2 to the submitted report, had been cancelled due to Parliamentary business.

RESOLVED: That the report be noted.

51

CHILDREN'S SAFEGUARDING ARRANGEMENTS

The Board received a report presented by the Director of Quality and Safety, Lorna Quigley, advising that the Children and Social Work Act 2017 (the '2017 Act') was introducing new local safeguarding arrangements that would replace those currently in place under the Children Act 2014. The new arrangements would see the current Local Safeguarding Children Board replaced by new arrangements led by the local authority, the Police and the Clinical Commissioning Group (CCG) as the three statutory agencies who would have equal and joint responsibility for local safeguarding arrangements.

The new arrangements stemmed from the 'Wood Review' of Local Safeguarding Boards published in May 2016, the chief recommendation of

which was a proposal to introduce a new statutory framework for multi-agency safeguarding arrangements, the review recommending that -

- there be a requirement for all areas to move towards new multi-agency arrangements;
- there be a requirement for the three statutory agencies to design multi-agency arrangements for protecting children, and to work together on key strategic issues;
- an expectation be placed on schools and other agencies involved in the protection of children to co-operate with the new multi-agency arrangements;
- the existing system of serious case reviews be replaced by a new national learning framework overseen by a new independent body; and
- the national oversight of Child Death Overview Panels be transferred to the Department for Health.

The changes agreed had been introduced by the 2017 Act which aimed to improve support for looked after children in England and Wales, especially for those leaving care; to enable better learning about effective approaches to child protection and care in England; and to establish a new regulatory regime for the social work profession in England. The Act further required the three safeguarding partner agencies to set out how they would work together, with any further relevant agencies, to safeguard and promote the welfare of children and how the arrangements would be subject to independent scrutiny.

The partners had worked together to design a model for the new safeguarding arrangements which was compliant with the 2017 Act and made independent scrutiny of those arrangements a key feature. The proposed model was detailed within an appendix to the submitted report. It was the intention of the partners, as the Wirral Safeguarding Partnership, to introduce the arrangements in shadow form from 1 April 2019 through to full implementation on 1 September 2019 at which point the current Wirral Safeguarding Children Board would be stood down. These arrangements would satisfy the transitional arrangements guidance published by the Department for Education.

There was no alternative to the proposed arrangements insofar as there was a statutory requirement to have the new multi-agency safeguarding arrangements in place by September 2019. The model proposed had been subject to regular multi-agency consultation with the Wirral Safeguarding Children Board and with young people, families, professionals and the wider community during December 2018 – January 219, all of which had informed the final proposed model.

The Board received a presentation in support of their consideration, the presentation outlining responsibilities and requirements under the 2017 Act; the purpose of new local arrangements; Wirral's proposed new arrangements, including the learning approach and approaches to be adopted more

generally in the local multi-agency partnership; and an overview and consideration of key features of the model proposed.

The NHS Wirral Clinical Commissioning Group Board Members and the Members of the Wirral Borough Council Committee of the Cabinet -

RESOLVED: That

1. the proposed children's safeguarding model be endorsed;
2. the publication of the model ahead of shadow implementation on 31 March 2019 be noted, along with the full implementation of the new arrangements on 1 September 2019 at which point the Wirral Safeguarding Children Board will be stood down.

52 **DATE AND TIME OF NEXT MEETING**

RESOLVED – That the following dates of future meetings of the Joint Strategic Commissioning Board, all to be held at 2pm in Birkenhead Town Hall unless otherwise advised, be noted -

**Tuesday 28 May 2019
Tuesday 9 July 2019;
Tuesday 10 September 2019;
Tuesday 12 November 2019;
Tuesday 14 January 2020; and
Tuesday 10 March 2020**

JOINT STRATEGIC COMMISSIONING BOARD
CHIEF OFFICER'S REPORT

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

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y



JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)

Meeting Date:	28th May 2019
Report Title:	Chief Officer's Report
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral Clinical Commissioning Group

INTRODUCTION / REPORT SUMMARY

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 9th April 2019 to 28th May 2019.

RECOMMENDATIONS

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

No other options considered or applicable.

3.0 BACKGROUND INFORMATION

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 9th April 2019 to 28th May 2019. Where the events detailed below have occurred or were due to take place after this report was prepared for the Joint Strategic Commissioning Board – 26th April 2019 - a verbal update will be provided to the meeting on 28th May 2019.

3.1 Working in partnership with other organisations

3.1.1 *Monthly Clinical Commissioning Group (CCG) Chief Officers Meetings*

The meetings are convened by NHS England and chaired by Graham Urwin, Director of Commissioning Operations, NHS England (Cheshire and Merseyside). They are a mechanism through which Graham and his team exchange information and key messages with the Chief Officers from Cheshire and Merseyside Clinical Commissioning Groups (CCGs). The Chief Officer attended the meeting on 12th April 2019 at which the following issues were discussed:

- Regional Director's Update.
- Future models of commissioning for maternity care.
- Planning and contract agreement feedback.
- Community health services in Liverpool.

Bill McCarthy, North West Regional Director for NHS England and NHS Improvement and other members of his team also attended the meeting on 12th April 2019. The Chief Officer is also due to attend the meeting on 10th May 2019.

3.1.2 *Delivering Healthy Wirral*

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

- Meeting with senior leaders from partner organisations from across the Wirral system.
- Attending a workshop on 15th April 2019 to develop a strategy for children and young people for Wirral.
- Chairing the Healthier Lives Steering Group on 16th April 2019.
- Taking forward a refresh and realignment of the governance and delivery framework for the *Healthy Wirral* programme, including chairing the first meeting of the Portfolio Management Group on 24th April 2019. The governance refresh will include developing a reporting framework for the Boards of the *Healthy Wirral* partner organisations for assurance purposes.
- Attending the Cheshire and Merseyside Health and Care Partnership system event on 8th May 2019 in Liverpool.
- Providing support to David Eva, *Healthy Wirral* Independent Chair, at the Healthy Wirral Partners Board on 23rd May 2019.
- Leading the *Healthy Wirral* response to the NHS Long Term Plan and NHS Operational Planning and Contracting Guidance.

3.1.3 *Wirral Community Health and Care NHS Foundation Trust*

A Board to Board was held with the Wirral Community Health and Care NHS Foundation Trust (WCHCT) on 10th April 2019. Areas of discussion included progress on *Healthy Wirral*, the development of the five year plan for the Wirral system and the role that WCHCT was taking in this work.

3.1.4 *Wirral University Teaching Hospitals NHS Foundation Trust*

The Chief Officer and Chair of NHS Wirral CCG were unable to attend the Wirral University Teaching Hospital NHS Foundation Trust (WUTH) Improvement Board on 12th April 2019. The Director for Adult Care and Health/Deputy Chief Officer and Director of Quality and Patient Safety were present. This meeting is organised by NHS Improvement and is intended to support the Trust as a “challenged provider” on an improvement journey as part of the wider Wirral system. A verbal update can be provided by these officers to the Board on this meeting.

The Chief Officer also visited the Accident and Emergency Department on 25th April 2019 with Dr King Sun Leong, Associate Medical Director - Medicine and Acute, WUTH. The purpose of the visit was to find out more about the work of the A&E Department first hand from front line staff.

3.1.4 *Cheshire and Wirral Partnership NHS Foundation Trust*

A Board to Board with Cheshire and Wirral Partnership NHS Foundation Trust is scheduled for 14th May 2019. The Chief Officer is unable to attend this meeting but an update can be provided by other Directors who were in attendance.

3.1.5 GP Federations and the Local Medical Committee

A liaison meeting with Primary Care Wirral (PCW) and GP Wirral (GPW) Federations and the Wirral Local Medical Committee (LMC) is due to be held on 16th May 2019. The Chief Officer is unable to attend this meeting but an update can be provided by other Directors who were in attendance.

3.1.6 Cheshire and Merseyside Collaborative Commissioning Forum

The Chief Officer is due to attend the meeting of this Forum on 21st May 2019. The Collaborative Commissioning Forum (CCF) brings together all Cheshire and Merseyside CCGs and NHS England. The Chief Officer co-ordinates and supports this meeting with Dr Andrew Wilson, Chair of South Cheshire CCG, who is the Chair of the CCF.

3.2 Assurance by NHS England

NHS England provides assurance to the Secretary of State for Health on the performance of Clinical Commissioning Groups (CCGs). Each year CCGs are measured against an Improvement and Assessment Framework (IAF). The outcomes of this assessment are subsequently published by NHS England and ratings given to each CCG. The annual IAF 2018/19 Year End Review with NHS England for NHS Wirral CCG is due to be held on 10th May 2019.

3.3 Being accessible and accountable to local communities

No issues to report this month.

4.0 FINANCIAL IMPLICATIONS

Not applicable to this report.

5.0 LEGAL IMPLICATIONS

Not applicable to this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

Not applicable to this report.

7.0 RELEVANT RISKS

Not applicable to this report.

8.0 ENGAGEMENT/CONSULTATION

Not applicable to this report.

9.0 EQUALITY IMPLICATIONS

Not applicable to this report.

REPORT AUTHOR: **Simon Banks**

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APPENDICES

None.

BACKGROUND PAPERS

None.

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	2 nd April 2019



JOINT STRATEGIC COMMISSIONING BOARD
Refreshing our Strategic Aims

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

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	N
To reduce health inequalities across Wirral	N
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	N
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	N
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y



JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)

Meeting Date:	28th May 2019
Report Title:	Refreshing our Strategic Aims
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral CCG

INTRODUCTION / REPORT SUMMARY

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

The strategic themes that were adopted last year need to be updated to reflect changes in our strategic and operating environment. Work has been undertaken within WHCC to develop a shared purpose, mission, vision and aims. These have been aligned to the *Healthy Wirral* system transformation programme and the Wirral 2020 pledges.

This matter affects all Wards within the Borough.

RECOMMENDATIONS

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



SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Joint Strategic Commissioning Board (JSCB), which is a Committee in Common of Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), has been meeting for just over a year. The JSCB is supported by Wirral Health and Care Commissioning (WHCC), which is a strategic partnership between the Council and the CCG.
- 1.2 The strategic themes that were adopted last year need to be updated to reflect changes in our strategic and operating environment. Work has been undertaken within WHCC to develop a shared purpose, mission, vision and aims. These have been aligned to the *Healthy Wirral* system transformation programme and the Wirral 2020 pledges. It is recommended that the JSCB adopts and replaces the current strategic themes with the strategic aims set out in this report, in order to focus on delivery of said aims.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

- 3.3 The mission of WHCC is to deliver:

Better health and wellbeing in Wirral by working together.

- 3.4 Through the work of WHCC, our vision is:

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

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

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

4.0 FINANCIAL IMPLICATIONS

- 4.1 This plan commences in 2019; however, a Medium Term Financial Plan (MTFP) will underpin the strategic objectives.

5.0 LEGAL IMPLICATIONS

- 5.1 Not applicable to this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Not applicable to this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

- 9.1 Throughout the development of this report all parties have:

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

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APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

There are no background papers to this report.

HISTORY

Meeting	Date

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JOINT STRATEGIC COMMISSIONING BOARD

Healthy Wirral System Operating Plan 2019/20

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<p>Whilst good progress has been made in delivering the aims of the <i>Healthy Wirral</i> Programme, there remains significant system risk related to the financial challenge the system continues to face and the delivery of true place-based care in partnership. The high-level strategic risks are being addressed and mitigated as part of the Board Assurance Framework for the <i>Healthy Wirral</i> Partners Board.</p>		

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<ul style="list-style-type: none"> • Demonstrate improved person-centered outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y



JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)

Meeting Date:	28th May 2019
Report Title:	<i>Healthy Wirral System Operating Plan 2019/20</i>
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral CCG

INTRODUCTION / REPORT SUMMARY

NHS England published the NHS Long Term Plan on 7th January 2019. This was accompanied by full planning guidance for 2019/20 setting out “must do” deliverables and financial allocations. The guidance set out an expectation that one-year operational plans for 2019/20 would need to be submitted to NHS England and NHS Improvement by 4th April 2019. The *Healthy Wirral System Operating Plan 2019/20* is attached to this report.

This matter affects all Wards within the Borough.

RECOMMENDATIONS

It is recommended that the Joint Strategic Commissioning Board notes the *Healthy Wirral System Operating Plan 2019/20* and the intention to engage further with the public and Elected Members in respect of the development of the *Healthy Wirral 5 Year System Sustainability Strategy Plan*.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Joint Strategic Commissioning Board has been asked to note the *Healthy Wirral* System Operating Plan 2019/20 as it is an extension of work already underway in our health and care economy. The Joint Strategic Commissioning Board has been asked to note the intention to engage further with the public and politicians in respect of the development of the *Healthy Wirral* 5 Year System Sustainability Strategy Plan as this will be occurring between June and September 2019. The *Healthy Wirral* 5 Year System Sustainability Strategy Plan will come back to the Board during this time frame.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered as national guidance set out an expectation that one-year operational plans for 2019/20 would need to be submitted to NHS England and NHS Improvement by 4th April 2019.

3.0 BACKGROUND INFORMATION

- 3.1 NHS England published the NHS Long Term Plan on 7th January 2019. This was accompanied by full planning guidance for 2019/20 setting out “must do” deliverables and financial allocations. The guidance set out an expectation that one-year operational plans for 2019/20 would need to be submitted to NHS England and NHS Improvement by 4th April 2019.
- 3.2 These one-year operational plans would follow on from and complete the commitments set out in the NHS Five Year Forward View that were already in the strategic plans of health and care organisations in England. The intention is that 2019/20 is a baseline year from which each system would produce a 5-year strategic plan, through engagement with local people, which will demonstrate how they will be delivering the goals set out in the NHS Long Term Plan.
- 3.3 Through the *Healthy Wirral* programme all partners have agreed to “act as one” and submit a one-year operating plan for the Wirral health and care economy. This document is attached to this report (Appendix 1). It was submitted to the Cheshire and Merseyside Health and Care Partnership and NHS England and NHS Improvement on 4th April 2019 along with the financial plans for the system. Our *Healthy Wirral* plan will be aggregated with the plans from the other eight places in Cheshire and Merseyside as part of the Cheshire and Merseyside Health and Care Partnership’s plan.

- 3.4 The Operating Plan for 2019/20 and associated work on finance and activity will be the starting point for the development of a *Healthy Wirral* 5 Year System Sustainability Strategy Plan. This will be taken forward through the *Healthy Wirral* programme approach. A draft plan will need to be in place for June 2019. Public and Elected Member engagement on the draft plan will take place during summer 2019. The final plan will be submitted to the Health and Care Partnership and NHS England and NHS Improvement in autumn 2019. The *Healthy Wirral* 5 Year System Sustainability Strategy Plan will come back to the Board during this time frame.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The system financial position is addressed in the *Healthy Wirral* System Operating Plan 2019/20.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications as a result of this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The *Healthy Wirral* System Operating Plan 2019/20 will be delivered within existing resources.

7.0 RELEVANT RISKS

- 7.1 Whilst good progress has been made in delivering the aims of the *Healthy Wirral* Programme, there remains significant system risk related to the financial challenge the system continues to face and the delivery of true place-based care in partnership. The high-level strategic risks are being reported to, addressed and mitigated as part of the Board Assurance Framework for the *Healthy Wirral* Partners Board, who have a key role in overseeing the programme.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 There is no requirement for engagement/consultation on the *Healthy Wirral* System Operating Plan 2019/20. Public and Elected Member engagement on the development of the *Healthy Wirral* 5-Year System Sustainability Strategy Plan will take place during summer 2019.

9.0 EQUALITY IMPLICATIONS

9.1 Throughout the development of this report and the Healthy Wirral System Operating Plan 2019/20 all parties have:

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

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APPENDICES

Healthy Wirral System Operating Plan 2019/20

BACKGROUND PAPERS

- NHS Long Term Plan: <https://www.england.nhs.uk/long-term-plan/>
- Planning Guidance and CCG Allocations: <https://www.england.nhs.uk/deliver-forward-view/>

HISTORY

Meeting	Date

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Our System Operating Plan for 2019/20



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Healthy Wirral System Operating Plan 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 GP registered population of 337,000. It is a borough of contrasts, both in its physical characteristics and demographics. Rural, urban and industrialised areas sit side by side in a compact peninsula. Despite its small area, the health and wellbeing of people in Wirral is varied, both across the peninsula itself and when compared with the England average

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

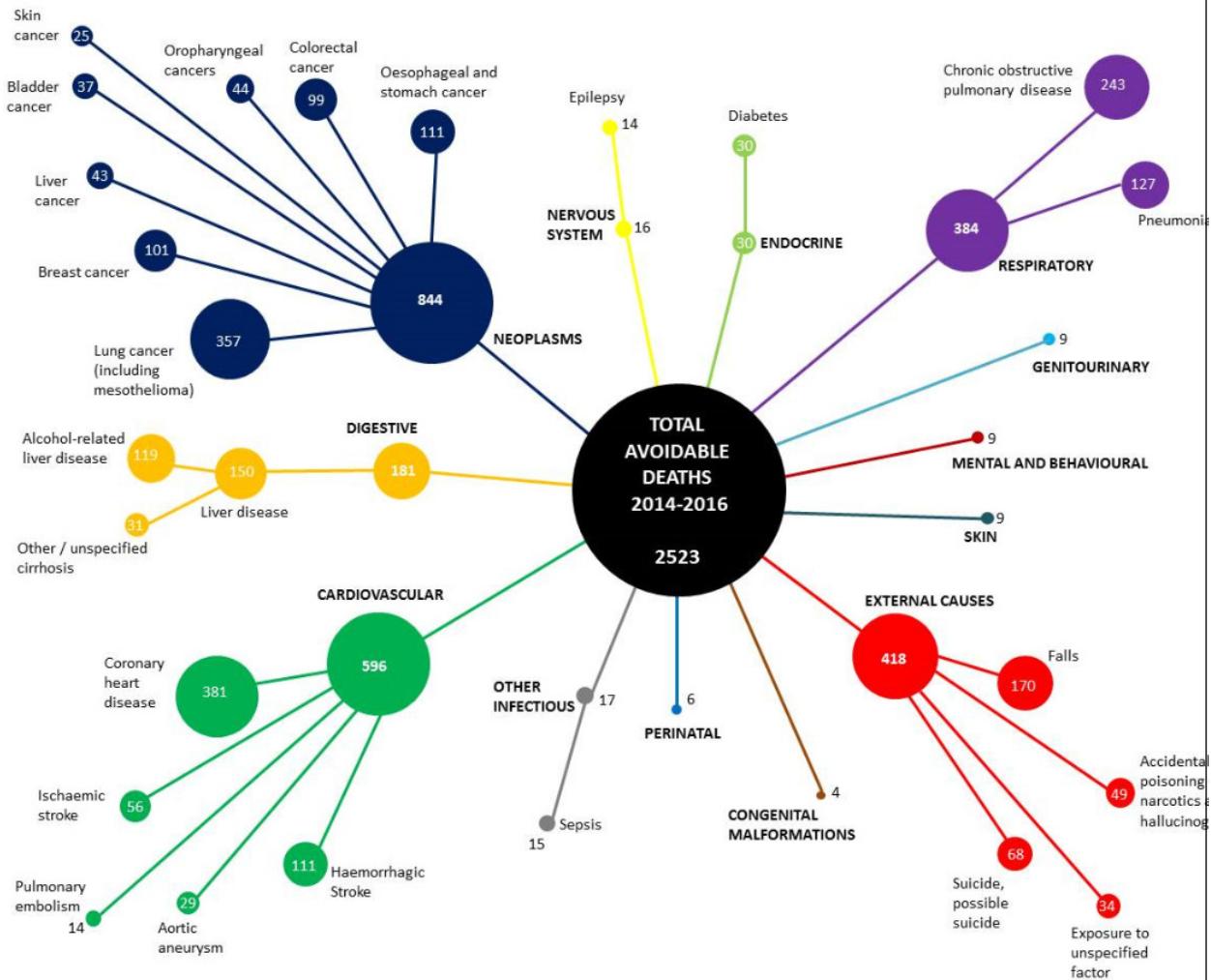
The number of physically active adults across Wirral is significantly lower than the England average. These issues present a difficult challenge for public health, commissioners and providers of health and care services across the region.

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

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

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

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



System Priorities and Deliverables

Healthy Wirral Programme

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

local stakeholders could buy into providing partners with a core baseline against which to transform

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

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

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

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

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

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

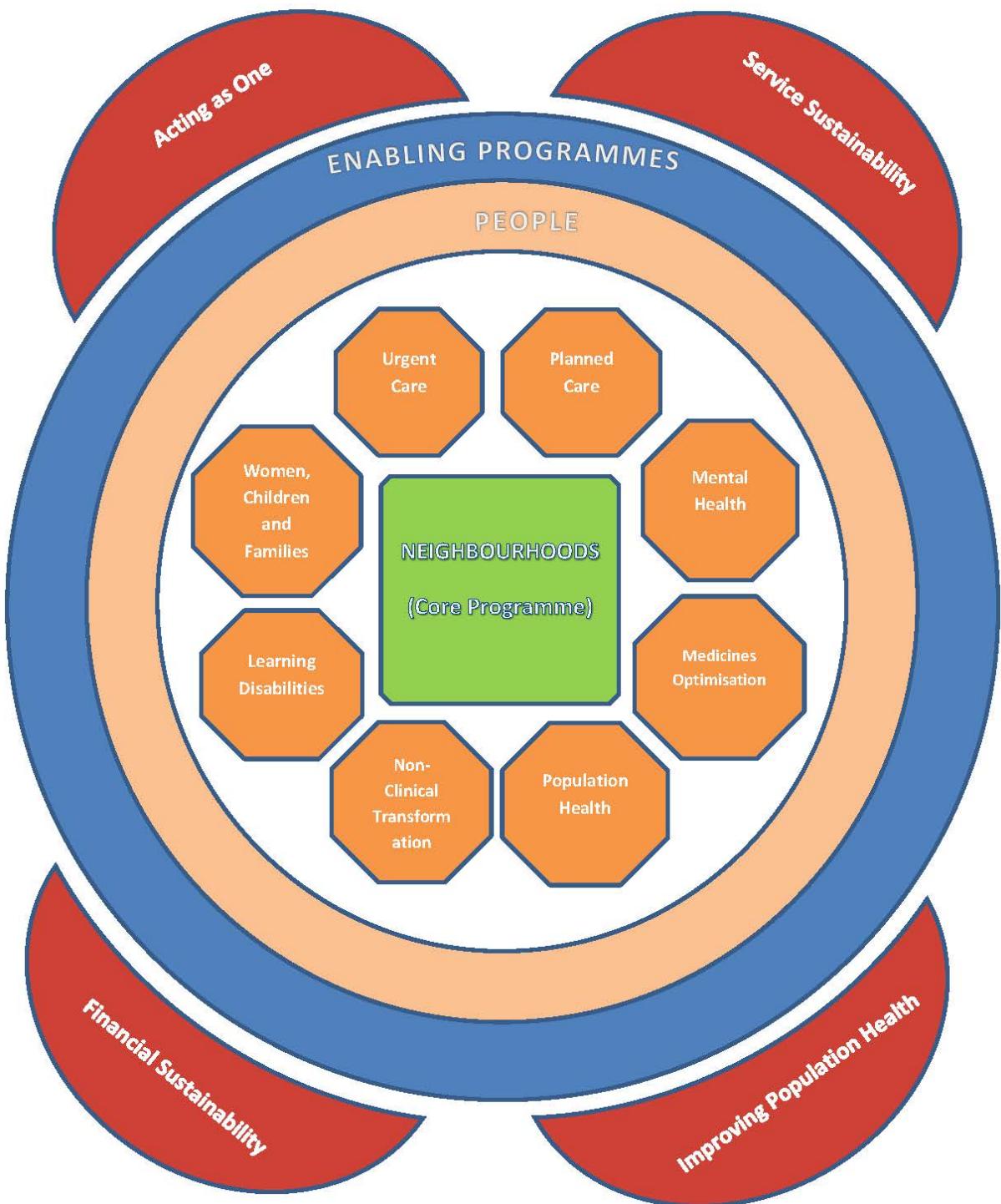
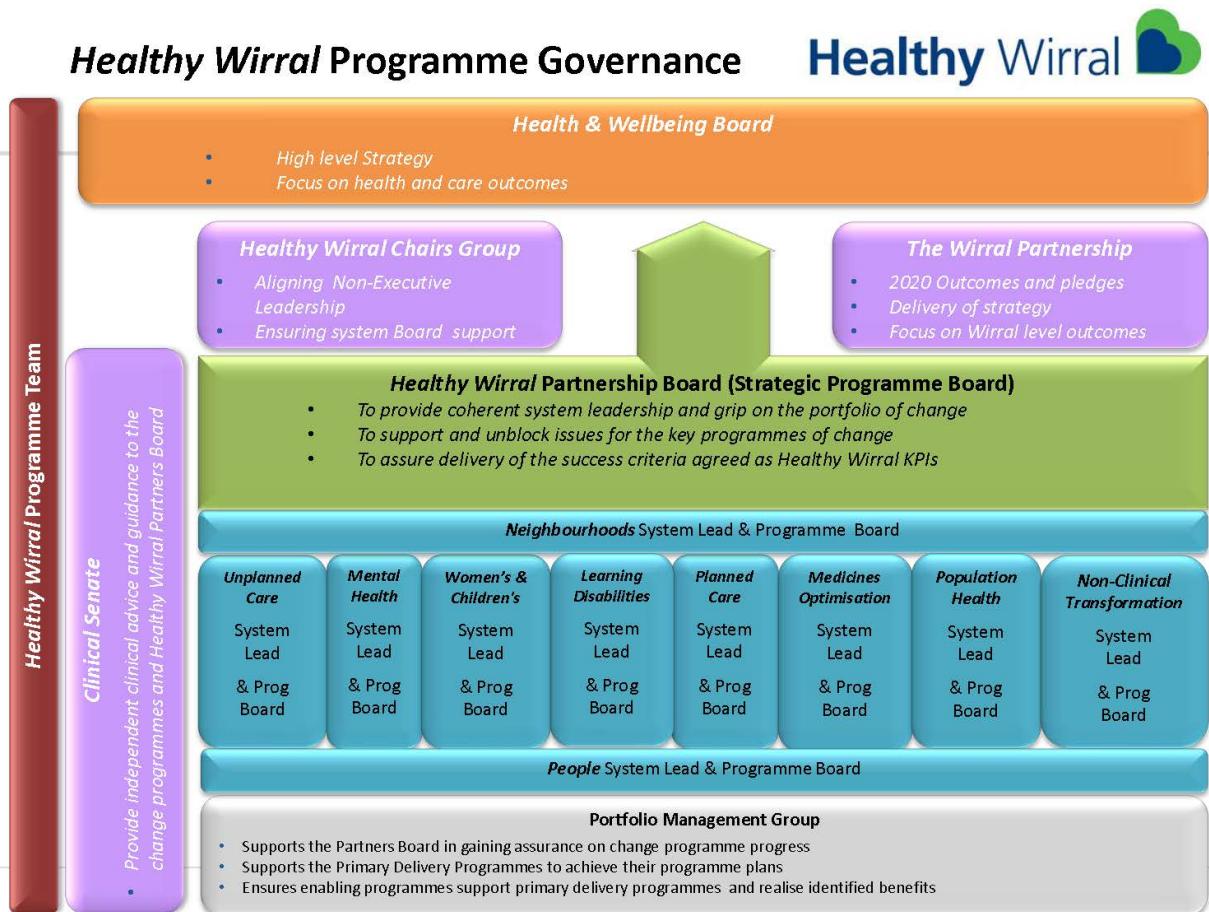


Figure 1

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



Integration of health and care systems and partners

Integrating Health and Care Commissioning

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

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

Integrating Health and Care Provision

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

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

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

Our Approaches to Understanding and Improving Population Health

Population Health Intelligence

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

The programme delivery group has brought together subject matter experts from across the Wirral health and care system and provides a strategic lead for Healthy Wirral Population Health Intelligence. The programme will support the use of intelligence, including the analytics opportunities offered by the developing Wirral Care

Record to identify opportunities to improve care quality, efficiency and equity. The programme will also support and evaluate service transformation

The programme group will also improve understanding of the analytical capacity and capability within the system and develop a plan to meet future analytical capability requirements. Key system benefits that have been identified include:

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

Population Health Priorities

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

- *Alcohol Misuse*

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

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

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

1. Encouraging a responsible relationship with alcohol through opportunistic early identification and brief advice (IBA). This has proved to be effective in reducing alcohol consumption and related problems. Our strategy will be to engage the widest partnership in adopting this approach, underpinned by promoting the wider workforce to incorporate IBA into their *Making Every Contact Count* approach.

2. Supporting those who need help with alcohol misuse through strong engagement, treatment and recovery response to focus not only on those with difficulties arising from their alcohol use, but also people who have not become dependent yet. 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 Smoke-free 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*

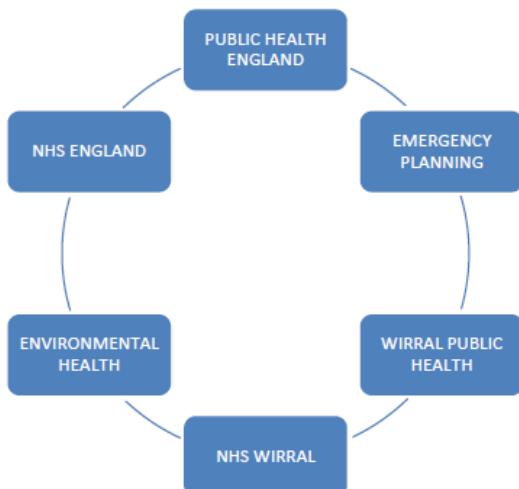
Building on the Wirral Plan Healthier Lives pledge to 'support local people to take control over their own health and wellbeing', the focus of the Self Care work plan is to help build connected, resilient communities and empowering people in their own health and wellbeing. A more proactive, holistic 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 in 19-20.

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

Key deliverables for 2019/20

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

- Commissioning Accommodation Based Support. Several new supported housing schemes are planned for 2019/20 with two opened which have supported discharge from A+T beds and sustained community support for people.
- Commissioning Preventative Services to Maximise Wellbeing.

- Further work to address the STAMP agenda and this will be undertaken with a similar approach that we have utilised for our STOMP action plan, with a focus on a stronger start for children and young people in line with NHS Long Term Plan recommendations.
- Transforming Care Programme deliverables:
 - Commitment to reducing the number of inpatient beds by increasing the availability of community-based support.
 - Bringing people back from out of area
 - Increase in annual health checks & increase screening rates
 - Delivering intensive support function of the community learning disability teams, adult & children
 - Commissioning and delivering post diagnostic autism services

Women, Children and Families

Our vision for Women, Children and Families

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

Progress to date

The Healthy Child Programme (0-19 years) provides a framework to support collaborative work and more integrated delivery of services for children and young people. The 0-5 element of the Healthy Child Programme is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers. Additional support around Health Improvement including areas such as emotional health and wellbeing, sexual health and substance misuse further complements 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 medicine's expenditure.

It aims to:

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

Progress to date

Clinical Pharmacists (GPCP) in GP practices

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

Biosimilars

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

MOCH

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

Mental Health

- CWP Targeted Electronic Referrals to Community Pharmacy; concentrating on antidepressant medicines use review (MUR) to support suicide prevention, antipsychotic MUR to support relapse prevention, and improved adherence with medicines for diabetes or hypertension and inhalers to support admissions prevention. This has been extended to CPN case load for vulnerable patients living in primary care.
- CWP Targeted Electronic Referrals to Community Pharmacy to notify of Clozapine treatment alerting community pharmacists to likely complications such as bowel obstruction, dyscrasias, and the impact of smoking and other drug interactions on clozapine levels to reduce admissions.
- STOMP Work-Stream - 4-month NHSE funded pilot across 3 GP practices during which all patients with learning difficulties and concurrent antipsychotic prescriptions were reviewed by specialist mental health pharmacist.
- Agreed in-reach service to acute Trust to support medicines optimisation for mental health medicines in response to national NCEPOD report. To commence in March 2019.

Use of Population Health

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

General

- Multi sector partner group established
- Workforce map for all sectors completed and communicated

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

Key deliverables for 2019/20

Our priorities for delivery include the following work areas:

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

Benefits

Financial

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

- Biosimilars - £2.7 million for 19-20 based on 18-19 usage with no growth
- QIPP to be confirmed with CSU colleagues

- eTCP 717 potential bed days saved leading to approx. £500K in savings based on extrapolating the data from local NHS Trusts admission rates (Oct 2018) and using a prediction tool to identify potential saving to the local health economy (based on the first year's data at Newcastle NHS Trust)

Non-financial

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

Activity Assumptions

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

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

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

Capacity Planning

System Capacity and Demand Planning

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

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

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

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

Winter Capacity Planning

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

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

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

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

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

Workforce

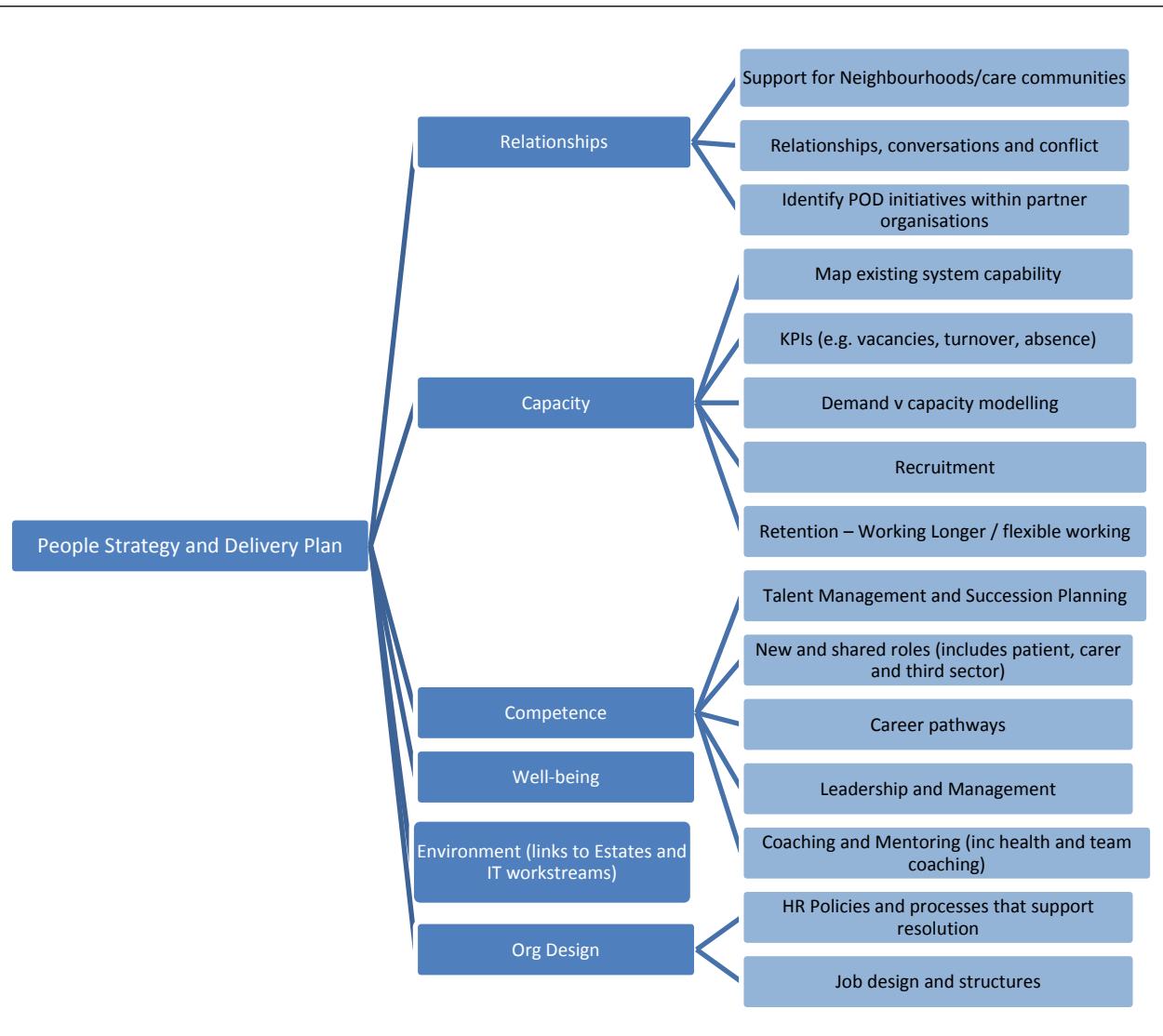
Wirral partners have a shared ambition to develop an effective and sustainable workforce, whose capability (capacity, competence and confidence) is aligned to the vision and aims of *Healthy Wirral*. This has resulted in a commitment to delivering a place-based approach to the development of a Wirral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

Wirral is adopting a system approach to mapping system capability and modelling future workforce needs. Aligning this work to the wider place-based programmes of work and working in partnership with system colleagues in Cheshire West, Wirral will implement an *Aligning Capability* model to analyse current issues and future needs. A primary focus of this work will be integration with the core and primary transformation programmes to ensure that future workforce needs are addressed. As the key agent of the delivery of place-based health and care, neighbourhood/ primary care network development will be the initial priority for the People programme.

Working closely with wider system partners across Wirral during 2018/19 has led to the development of a number of initial strategic priorities. These have been incorporated into the key system deliverables for 2019/20 and will 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	WCT	CWP (prop'n)	WCCG	System Total
	£,000	£,000	£,000	£,000	£,000
19/20 deficit before CIP/QIPP and central monies	(32,005)	(1,995)	(1,117)	(24,245)	(59,362)
CIP/QIPP	13,201	2,000	965	24,245	40,411
MRET central funding	6,282				6,282
PSF allocation	6,872	990	304		8,166
FRF allocation	5,650				5,650
19/20 Submitted Net Planned Surplus / (Deficit)	0	995	151	0	1,146
Risk adjustment				(14,793)	(14,793)
Risk adjusted Planned Surplus / (Deficit)	0	995	151	(14,793)	(13,647)

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

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

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

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

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

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

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

CIP/QIPP Planned	WUTH	WCT	CWP (prop'n)	WCCG	System Total
	£,000	£,000	£,000	£,000	£,000
Planned CIP/QIPP	13,201	2,000	965	24,245	40,411
Total Expd *	377,173	80,441	37,942	207,400	702,956
% CIP	3.5%	2.5%	2.5%	11.7%	5.7%

CIP/QIPP Risk Adjusted	WUTH	WCT	CWP (prop'n)	WCCG	System Total
	£,000	£,000	£,000	£,000	£,000
Identified/Risk Adjusted CIP/QIPP	13,201	2,000	965	6,304	22,470
Total Expd *	377,173	80,441	37,942	207,400	702,956
% CIP	3.5%	2.5%	2.5%	3.0%	3.2%

* CCG Expd budget represents total budget less Wirral Partner contract values

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

Efficiencies

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

WUTH £13.2m

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

WCCG £6.3m

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

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

WCT £2m

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

CWP £1m

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

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

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

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

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

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

- Our nine neighbourhoods are co-ordinated by GP co-ordinators, who are reviewing all plans and processes. They are supported through monthly meetings with oversight from the CCG Medical Director
- All programme boards for the key primary programmes have clinical oversight and leadership, for example the Planned Care Board is chaired by the CCG Medical Director
- Wirral has developed an independent Clinical Senate to provide oversight, clinical leadership and challenge to programmes. The senate has representation from across the clinical and professional community of Wirral health and care commissioning and provision.
- All programmes are subject to Quality and Equality impact assessment processes established and overseen by the Director of Quality and Safety for Wirral Health and Care Commissioning

Appendix 1: Healthy Wirral Plan on a Page

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

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

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JOINT STRATEGIC COMMISSIONING BOARD
Pooled Fund Finance Report

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

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	N
To reduce health inequalities across Wirral	N
To adopt a health and wellbeing approach in the way services are both commissioned and provided	N
To commission and contract for services that:	N
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	28th May 2019
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 2018/19 shared (“pooled”) fund.
- b) the current and future risk and gain share arrangements.

RECOMMENDATIONS

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This report is for noting only.

2.0 OTHER OPTIONS CONSIDERED

2.1 N/A.

3.0 BACKGROUND INFORMATION

- 3.1 The direction of travel for integrated commissioning, the business case and proposed integrated arrangements for Wirral Health and Care Commissioning (WHaCC) have been well documented via Wirral NHS CCG Governing Body Board meetings 2nd May 2017 and 5th December 2017, and Local Authority Cabinet meetings 27th March 2017 and 27th November 2017.
- 3.2 The following key features of integration were outlined as essential to success;
- Pooling resources, intelligence and planning capacity.
 - Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reducing the cost of care.
 - Clear accountability and governance arrangements.
 - Resilience and flexibility to emerging issues in service delivery.
- 3.3 *Healthy Wirral* has been established as the core programme for delivery of key transformational programmes of health and care. WHaCC is the system lead for the delivery of this programme through the Healthy Wirral Partners Board.
- 3.4 The financial challenge for NHS Wirral CCG and Wirral Council will continue, regardless of integration. The key for Wirral will be to ensure that integration of commissioning is seen as an opportunity to help to transform provision to make more effective use of the resources available (making the most of the “Wirral pound”,) rather than the financial challenges being seen as a barrier to integration.
- 3.5 The risks and mitigations associated with integration will continue to be monitored monthly by the Pooled Fund Executive Group (PPEG) who have responsibility for managing the pool and taking mitigating actions.

4.0 FINANCIAL IMPLICATIONS

2018/19 POOL

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

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

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

Description	£m
Adult Social Care	51.0
CCG	481.4
	532.4

- 4.3 The budgets contained within the shadow pool comprise all other budgets (excluding primary care) within the Adult Social Care and CCG areas which are not formally pooled in 2018/19 (see 4.1)
- 4.4 For 2019/20 there will be no change in the elements of the Pooled Fund. Reports regarding this budget will be brought to each meeting of the Joint Strategic Commissioning Board.
- 4.5 Over time, services which are currently out of scope for Wirral Health and Care Commissioning may be included within the pooled funding arrangements (e.g. further Children's services). The risks of adding these services to the pooled fund arrangement will need to be assessed at the point at which these services are considering being moved.

4.6 A full breakdown of the pool's composition is given below and overleaf, together with the current forecast:

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

Continued overleaf

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

- 4.7 At 28th February 2019, the NHS Wirral CCG has a forecast year-end pressure of £1.0m (net of contingencies) spread across all areas of the live pool which forms part of the NHS Wirral CCG's overall net unmitigated risks currently reported to NHS England. This is a favourable variance of £0.5m from the position reported at 31st January 2019 and is inclusive of £0.3m NHS Wirral CCG contingency funding allocated to the pool.
- 4.8 The main causes of this favourable variation are improvements to the forecasted costs for adult and children's fully-funded Continuing Health Care (CHC) packages.

- 4.9 An underspend of £0.8m is anticipated on the Better Care Fund; a favourable movement of £0.1m since last period. This has been caused by further slippage on a number of schemes, in addition to an expected under-use of winter contingency money as a result of the additional Social Care Winter Pressure Funding committed by the Government as part of the 2018 budget announcement.
- 4.10 Adult and Children's social care budgets are still forecast to balance to budget; there are no significant changes to either of these areas since the last reported period.
- 4.11 Public Health budgets are forecast to balance at the end of the year. Should any budgets end up in surplus, the remaining balance of grant funding will be transferred to a ring-fenced reserve to be used in 2019/20, in accordance with the terms of the grant letter.
- 4.12 A gross risk of £1.0m exists on the pool at 28th February 2019 (see 4.7). £0.8m of this is mitigated by underspend on the Better Care Fund (see 4.9), which leaves a **net forecast deficit of £0.2m**. The Section 75, National Health Services Act 2006 agreement mandates a 50:50 share of this deficit, i.e. £0.1m for NHS Wirral CCG and £0.1m for Wirral Council.

2018/19 FINANCIAL RISKS AND CHALLENGES

- 4.13 Achievement of the CCG's £2m surplus control total is clearly not without financial challenge and risk, given the £19.6m savings target required to be delivered. During the planning period and working up of the CCG's financial recovery plan, gross risks and realisable mitigations were identified as follows:

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

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

Overall Net Risks	£5.7m	£5.6m
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- 4.14 The CCG submitted a Formal Recovery Plan to NHS England in 2018 which was approved; describing how the £1.9m identified cost pressures within the pool for 2018/19 would be mitigated along with other risks across the wider CCG however given the level of challenge a number of risks remain unmitigated.
- 4.15 Further mitigations, in addition to the above, have been developed by the CCG, although again these have proved to be particularly challenging to deliver. As part of its directions from NHS England, a Turnaround Director has been appointed with a remit to look at all expenditure lines across the entire CCG, to identify any further efficiency opportunities with a view to addressing the overall level of risk that currently remains unmitigated.

- 4.16 The CCG has received non-recurrent support from NHS England enabling the CCG to provisionally report an overall £2m surplus position for the financial year, in line with its control total. This support will be transacted in Month 12 via the CCG's reserves in the shadow pool, and will have no impact upon the live pool.
- 4.17 The financial risks and challenges facing the Social Services budget for 2018/19 are as follows:

Risks	Original Plan £m	Current Position £m
Demographic Growth Pressures	1.0	1.0
Overspend Carried Forward from 2017/18	0.5	0.5
Total Gross Risks	1.5	1.5

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

- 4.18 The Council's savings are on track to be delivered in full by the end of the year. Any slippage will be mitigated through over-achievement of other savings, as well as the identification new savings options and one-off actions.
- 4.19 Any savings delivered above and beyond the savings target of £1.5m will contribute directly to the bottom line of the pooled fund and would be eligible to be shared between partners as described in the Section 75, National Health Services Act 2006 agreement.

2019/20 FINANCIAL RISKS AND CHALLENGES

- 4.20 There is a forecast net budget deficit of £5.0m forecast in Adult Social Care in 2019/20, of which £2.5m relates to services within the pool. The Department is working proactively with its NHS partners to identify ways in which this deficit can be mitigated.

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

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.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Currently there is no significant impact on resources, Information and Communication Technology (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

- 7.1 This report deals with how risks are being mitigated against through arrangements that have been put in place for integrated commissioning. All commissioning activity is subject to appropriate consultation, engagement and impact assessment.

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

REPORT AUTHOR:

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APPENDICES

N/A

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date
Pooled Fund Executive Group	23 rd April 2019
Joint Strategic Commissioning Board	4 th April 2019
Joint Strategic Commissioning Board	9 th December 2018
Joint Strategic Commissioning Board	16 th October 2018



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JOINT STRATEGIC COMMISSIONING BOARD

Extra Care Housing - scheme update

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<p>The plan is to deliver a minimum of 300 additional units of Extra Care Housing by 2020 to provide additional choices. These units are key to providing opportunities for people with disabilities to live independently. Delivery will be above the original target of 300 units; however, timescales will not be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes, as part of Extra Care its review of funding for supported housing schemes. Insufficient schemes in Wirral increase the likelihood of people having to move to residential care, as their care and health needs increase and may limit options for adults with a learning disability to live independently.</p>		

Engagement taken place	Y
Public involvement taken place	Y
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	N
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	N

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	28 May 2019
Report Title:	Extra Care Housing – scheme update
Lead Officer:	Simon Garner, Lead Commissioner for All Age Independence

INTRODUCTION / REPORT SUMMARY

Extra Care Housing provides opportunities for older people and people with learning disabilities to have greater choice and control to live as independently as possible, within the community. Extra Care Housing isn't simply about providing a home with the right support and care. Extra Care Housing provides a lifestyle and a place that is integrated in its community, reducing isolation and increasing participation.

Extra Care Housing brings with it an improved quality of life for individuals compared to living in residential care. Along with improved benefits for residents. Extra Care Housing may deliver a financial benefit to local partners in the long run as it maximises the value people can get from housing benefit. This paper sets out what Extra Care Housing is, what the key national policy drivers are, what the needs of our population look like in Wirral and how we are approaching the challenge to meet these needs.

The three strategies within the 2020 Plan that Extra Care Housing impacts on are: Ageing Well, All Age Disability and Good Quality Housing.

This matter affects all Wards within the Borough.

RECOMMENDATIONS

Members of the Joint Strategic Commissioning Board are asked to note the report and to endorse the approach to Extra Care Housing.



SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To support the development of Extra Care Housing schemes in Wirral.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 There are alternatives to Extra Care such as community services, sheltered housing, supported living and residential care. Extra Care provides an important alternative form of housing that enables people to live independently and provides greater choice and control for people.

3.0 BACKGROUND INFORMATION

- 3.1 With the growing increase in demand for social care, development of Extra Care Housing and integrated technology becomes a necessity. Extra Care schemes are important for people with learning disabilities and autism, and for older people to live independently with the care and support of a small community, and their friends.
- 3.2 Extra Care encompasses key government aims and policies promoting independence, and person-centred care. National strategies and initiatives that affect or add to this work area include:
 - The Care Act (2014), which places individuals at the heart of their care and support; the Transforming Care Programme which is looking to strengthen the rights of people with learning disabilities within the health and care system; building the right support is the plan to develop community services and close inpatient facilities for people with learning disabilities; Living Well with Dementia (July 2011) is the national strategy which sets out an approach to one of the consequences of an ageing population.

- 3.3 Extra Care Housing provides a care model where focussed support can always be available. It provides an alternative to residential care and sheltered accommodation. It is about living in your own home rather than in an institution, whilst still having access to care, support and other services when needed. In extensive research by Dorton et al (2008), residents with care needs indicated that the most important reasons for moving out of their previous home were their own physical health, lack of services, coping with daily tasks and difficulty around managing in their own homes. The physical characteristics of Extra Care also attracted people to moving home. The appeal for some residents is the flexibility it provides, enabling people to live behind their own front door, having an accessible bathroom and living arrangements with the benefits of the security offered on-site. Councils report that Extra Care Housing prevents the need for residential care for between 40% and 63% of all tenants in housing schemes, which therefore will save the Council money in the long run. This is backed up by research undertaken by Tuck and Weis (2013) where the cost of Extra Care was, on average, half the gross cost of alternative placements.
- 3.4 In analysing local intelligence across key health and care agencies, we can see that the predicted number of people with learning disabilities in Wirral will increase by 2.2% by 2030, totalling over six thousand people. Similarly, the number of adults with autistic spectrum disorders is projected to increase steadily by 2030. A greater increase can be found in adults aged over 65, and 32% of the autistic population aged over 18 will be over 65.
- 3.5 Where the Council has a nominations agreement with a provider of Extra Care, there is a clear allocations procedure with eligibility criteria to ensure that the needs of people in Wirral are appropriately prioritised.
- 3.6 The Government is maintaining Housing Benefit for all supported housing. This will apply to short term accommodation, sheltered and Extra Care Housing and long term supported housing. In relation to the All Age Disability Plan, four schemes are either completed or currently on-site, providing a total of 75 units of Extra Care by the end of 2019/20. The remaining four identified schemes (total of 296 units) are currently at a detailed design stage, or have been or are due to be submitted for a planning decision and should be fully completed (subject to planning approval) by the end of 2021/22. These are for all eligible service user needs. We will therefore be delivering over the original target of 300 units; however, timescales will not be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes as part of its review of funding for supported housing schemes.

- 3.7 It's important to note that over the period 2020-2035, there is going to be an increase of £13,200 people in Wirral aged 75 and over. This represents an increase of 40%. This compares with an overall population increase of 1.3%, i.e. there is going to be a numeric and proportionate increase in the number of people aged 75 and over. The Housing LIN Strategic Housing for Older People Analysis Tool (SHOP tool) is the only national example of how to conduct an analysis of need for extra care housing. This has been completed in Wirral and shows a significant gap in the extra care market in Wirral. Predicted demand from the SHOP tool is 865 for 2020 with a supply of just over 500 units that are either planned or existing; leaving a gap of 365.

Planned Schemes	Total units	User group	Estimated Start on Site	Estimated Completion	Financial Year to complete
Balls Road, CH43 5RE	15	Learning Disability	03/04/2017 Actual on site	Completed and occupied	2017/18 COMPLETED
104 Pensby Road, CH60 7RE	19	Learning Disability	November 2016 Actual on site	06/07/2018 Actual completion	2018/19 COMPLETED
Old Chester Road, CH42 3TA	20	Learning Disability	03/09/2018 Actual on site	31/10/2019	2019/20
Barncroft, CH61 6YH	21	General EC	24/07/2018 Actual on site	25/11/2019	2019/20
Woodpecker Close, CH49 4QW	78	General EC	31/01/2019	31/08/2020	2020/21
Rock Ferry High, CH42 4NY	101	General EC	31/07/2019	31/07/2021	2020/21
Sevenoaks, CH42 2AQ	83	General EC	31/08/2019	16/07/2021	2021/22
Belong	34	TBC	TBC	TBC	TBC
Total	371				

- 3.8 The development of Extra Care Housing in Wirral has been supported through the All Age Disability Partnership Board. There has been involvement of partners who support the development of assistive technology, Occupational Therapy services, employment and adult learning services. Third sector organisations, who are members of the Partnership Board, have also supported this work.
- 3.9 Visits have been undertaken to Extra Care schemes locally and regionally to look at best practice. Social workers have been involved in discussions to promote the provision of Extra Care and its relevance to their service users, particularly as new schemes have been in the process of development. Registered housing providers are engaged regarding agreed developments to explore design options.

- 3.10 There are currently five operating schemes in Wirral for older people. There is an allocations panel that supports people who need this type of housing with a waiting list of prospective tenants. These people have all been assessed as eligible for services under the Care Act. Discussions with people who are eligible for extra care housing take place in terms of what is currently available and accessible, so waiting lists do not indicate the totality of need for extra care. There is also a scheme for people with a learning disability that opened last summer in Birkenhead and this has enabled people with a range of eligible needs to live independently. This scheme has at the same time led to efficiencies of £80,000 per year. A similar scheme is also close to opening in Pensby. These schemes provide people with a learning disability with their own front door and on site round the clock support. People having their own front door helps to reduce compatibility issues arising from people sharing a house, and the lack of choice and control they have over who they share with.
- 3.11 Going forward partnerships are being worked with to establish relevant links to the schemes such as with GP practices, health clinics, and employment services. There are clear allocations procedures to ensure the take up with schemes is timely, once completed.
- 3.12 Dr Mark Hammond from Manchester School of Architecture recently completed research on reframing the housing offer for older people. He argued that a working definition of rightsizing is that it is an older person's active, positive choice to move home as a means of improving their quality of life. It is affected by the availability of options that provide a better quality of life. The attractiveness of different options can change over time. Older people's capability to right size is dependent on desirable options being available and accessible to them. His research concluded by recommending that Local Authorities and partners need to ensure housing strategies respond to the availability and accessibility of rightsizing locally.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are financial implications for the Council where developers of Extra Care Housing request capital to support a scheme. There are different sources of capital available to developers and capital from the Council usually represents one element of the borrowing a developer might require. Schemes can contribute to reducing future demands and cost pressures relating to more expensive forms of care.

5.0 LEGAL IMPLICATIONS

- 5.1 Where capital funding is provided a legal agreement is required that the scheme is subject to, which includes the Council having nominations rights over the scheme.



6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are implications in relation to staff time and capital investment.

7.0 RELEVANT RISKS

- 7.1 The plan is to deliver a minimum of 300 additional units of Extra Care Housing by 2020 to provide additional choices. These units are key to providing opportunities for people with disabilities to live independently. Delivery will be above the original target of 300 units; however, timescales will not be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes, as part of Extra Care its review of funding for supported housing schemes. Insufficient schemes in Wirral increase the likelihood of people having to move to residential care, as their care and health needs increase and may limit options for adults with a learning disability to live independently.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 There has been discussion with key partners on the needs of different groups who may require Extra Care in Wirral.

9.0 EQUALITY IMPLICATIONS

- 9.1 There is an existing Equality Impact Assessment for Extra Care Housing, which can be found: - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2010/adult-0>

REPORT AUTHOR: *Simon Garner*
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APPENDICES

N/A

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date
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Wirral Health & Care
Commissioning



Wirral
Clinical Commissioning Group



WIRRAL

Wirral Health and Care Commissioning is a strategic partnership
between Wirral Clinical Commissioning Group and Wirral Council

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

Risk Please indicate	High N	Medium N	Low Y
Detail of Risk Description	High level risk register included in the Wirral Health and Care Commissioning Business Plan.		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient /resident • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	28th May 2019
Report Title:	Wirral Health and Care Business Plan 2019-20
Lead Officer:	Graham Hodkinson

INTRODUCTION / REPORT SUMMARY

This report outlines the business plan for Wirral Health and Care Commissioning (WHCC) for the financial year 2019-20.

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.

RECOMMENDATIONS

The Joint Strategic Commissioning Board is asked to approve the Wirral Health and Care Business Plan for 2019-20.



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 reduce need for high cost hospital care and reducing the need for long term care 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.

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.

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 by the current staff within Wirral Health and Care Commissioning.

7.0 RELEVANT RISKS

- 7.1 An excerpt of the risk register identifying controllable risks with mitigating actions are outlined in the Business Plan.

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 Equality Impact will be managed through the programmes of implementation associated with any commissions. Major service changes will be formally consulted upon.

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APPENDICES

Appendix 1 - Wirral Health and Care Business Plan 2019-20

HISTORY

Meeting	Date





Wirral Health & Care
Commissioning

Wirral Health and Care Commissioning

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BUSINESS PLAN

APRIL 2019 TO MARCH 2020

Updated: 29th April 2019



Wirral
Clinical Commissioning Group



Wirral Health & Care Commissioning is a strategic partnership
between NHS Wirral Clinical Commissioning Group and Wirral Council

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SECTION 1: VISION, AIMS AND OUTCOMES

1.1 Purpose

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

- **Acting as one** – exemplified in actions and behaviours. Delivering net system benefit
- **Improving population health** – delivering the *Healthy Wirral* outcomes around better care and better health using a place-based approach.
- **Clinical sustainability** –sustainable, high quality and appropriately staffed
- **Financial sustainability** – managing with our allocation and delivering better value
- **Service Sustainability** – ensuring sustainable, high quality, appropriately staffed.
- **Effective Engagement** - working with our public and patients to promote self-care by involving them in all decisions made about them

Our mission is for better health and wellbeing in Wirral by working together.

1.2 Vision

Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing.
- to provide the very best health and social care services when people really need them,
- to provide services as close to home as possible.

1.3 Priorities

- **Wirral 2030** – supporting the priorities agreed by partners
- **NHS Long Term Plan** – to support its development and implementation
- **Outcome Based Commissioning** – to ensure that outcomes are the key focus of all provider contracts moving forward, which are based on people living healthier lives
- **Provider collaboration** – to ensure commissioning approaches encourage providers to work together and put people, not organisations, at the heart of their work
- **Neighbourhoods** – to support the development of neighbourhoods and place, including aligning Wirral Health and Care Commissioning resources and staff, to commission and deliver high quality care to local populations

1.4 Personal Development Reviews (PDR)

- Each staff member of Wirral Health and Care Commissioning's personal objectives will be linked to at least one of the aims or priorities as set out above.
- **Statutory and mandatory training** - within individual PDRs, there will be an expectation that all members of staff will achieve and maintain full compliance with training requirements.
- **Volunteering** - to help staff to contribute to the community, develop skills, knowledge, experience and resources and add personal value to fulfilling activities.

SECTION 2: BACKGROUND AND CONTEXT

2.1 Background and Context

Wirral has just over 321,000 residents. The health and wellbeing of people in Wirral is varied when compared with the England average. Some of the key statistics across Wirral include:

- being one of the 20% most deprived districts in England
- 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 comparing the most and least deprived areas in Wirral
- physically active adults are significantly lower than the England average
- 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 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.

2.1.2 Statutory Responsibility for Health and Care

The Council has the statutory responsibility for commissioning and/or providing of social care and public health and wellbeing services on behalf of the residents of Wirral. NHS Wirral CCG has the responsibility for commissioning healthcare for the residents of Wirral.

Section 75 of the NHS 2006 Act gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure on specific local authority and NHS functions and enables the development of a single fully integrated commissioning function with a single operating model, management and staffing structure. The Better Care Fund is part of this pooled budget enabling integrated care.

2.1.3 Integrating Health and Care Commissioning

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 health and care

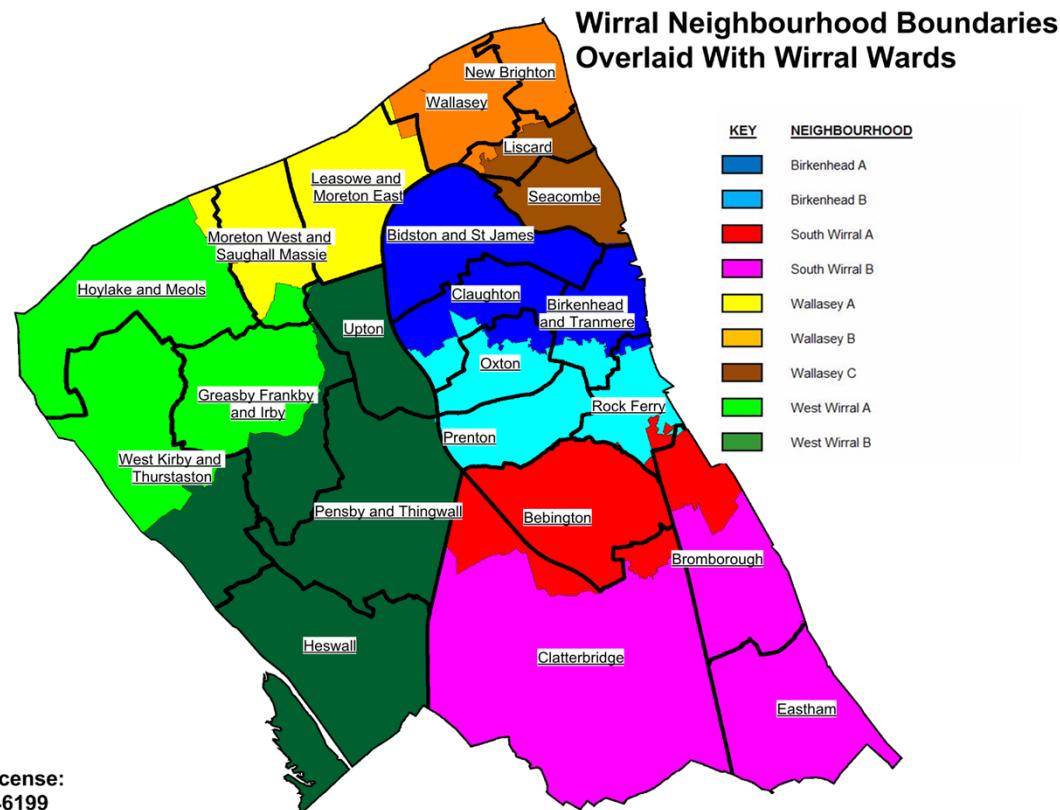
Key to this is the transformation of service delivery which is expected to reduce need for high cost hospital care and reducing the need for long term care by:

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

2.2 Place Based Care and Neighbourhoods

This has been 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 residents of Wirral. WHCC will be responsible for setting the commissioning agenda and will lead the development of a Place Based Care System in Wirral. The focus will be on people where they live, place and outcomes, not on organisations.

The development of Place-Based Care Services is outlined in the *WHCC Commissioning Plan for Older People 2019-2020*, as well as the *WHCC Commissioning and Transformation Strategy 2018 – 2021* and are linked to the Healthy Wirral plan.



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The ambition of providing services at the most appropriate local 'place' level has led to the 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,
- 9 neighbourhoods and
- 1 district.

Further development of our 9 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 will work closely with Primary Care Networks to focus on the implementation of care to meet the needs of people within the neighbourhood.

2.3 Social Care

Social care services play an important role in enabling vulnerable people to maintain independence and to keep well in Wirral. The inter-dependency between Health and Care systems has become increasingly clear over recent years.

The transfer of Adult Social Services teams to Wirral Community NHS Foundation Trust and All Age Disability Social Care teams to Cheshire and Wirral Partnership NHS Foundation Trust has led to the integration of the frontline assessment and support planning processes for vulnerable adults and older people across the health and care delivery pathway.

2.4 NHS Long-Term Plan

In January 2019 NHS England published the NHS Long Term Plan. This 10 year plan outlines how improvements to services will be made in order to improve care for patients. The three overarching ambitions for delivering a difference to patients include:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The priorities and asks that are within the NHS Long Term plan are all aligned with the priorities and plans of Healthy Wirral and WHCC.

2.5 Future form of Wirral Health and Care Commissioning

In response to the NHS Long Term Plan and other national drivers, it is critical that WHCC adapts to the evolving health and care system. With a focus on Primary Care Networks, Neighbourhoods and Place-based Care, WHCC will need to provide support in areas such as intelligence and finance to enable localised delivery and decision making. This will also involve establishing appropriate governance and accountability frameworks, together with the expertise to establish collaborative models of care.

Efficiencies in running costs will be expected and will aim to be achieved by:

- realising the financial cost benefits of integrating commissioning in areas such as contracting and procurement,
- reducing duplication and deliver its functions in a leaner, more effective, better value for money approach.

SECTION 3: OUR VISION – KEY PRIORITIES

3.1 Our Vision for Health and Wellbeing

The early intervention and prevention agenda aims to deliver outcomes which enable Wirral residents to lead Healthier Lives. Key to the development of this is to build the capacity of the 3rd sector to actively support people to achieve higher levels of independence within their local Neighbourhood areas. The development of insight work is important to understand the future requirements for neighbourhood capacity building and asset development, working with the “asset-based approach” and the “self-help” agenda. Priority areas include:

- to enable people to live Healthier lives
- to make Wirral a great place to grow up
- to keep the population safe
- to make Wirral a better place to live

3.2 Our Visions for Planned and Community Care

Planned care covers all services provided for adults, 18 years or over, which are planned (scheduled), including all primary care, community and hospital services. This does not include emergency (unplanned) care. Key focus for 19/20 include improving the pathways for long term conditions

- Respiratory Disease
- Heart failure – cardiovascular disease
- Gastroenterology - digestive system
- Redesign of outpatient services

3.2.1 Learning Disability and Autism

Local intelligence predicts that the number of adults in Wirral with learning disabilities and autistic spectrum disorders will increase by 2030, with the former totalling over 6000 people. The greatest increase will be in adults aged over 65 years old with 32% of the autistic population being over 65. The learning Disability Strategy (2017) states a shared vision: *“People with learning disabilities in Wirral live good lives as part of their community with the right support, at the right time, from the right people”*.

As part of this vision we aim to ensure that all people with a learning disability in Wirral have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a suitable home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life. These principles apply equally to people with all types of disability. Key priorities are to:

- increase the range of supported accommodation
- ensure that people are only treated in hospital where this is the most appropriate environment for their care
- commissioning preventative services to maximise wellbeing
- commissioning accommodation based support
- focus on independence and developing outcome focussed support
- ensure a sustainable care market with an increased range of support options
- work with all partners to deliver the All Age Disability Strategy

3.2.2 Extra Care Housing

Developing specialist housing for older people with learning disabilities is part of the placed based approach to meeting the unique needs of people in one given location using insight, local knowledge and collaboration to use the resources available most effectively. Developing specialist housing schemes are about so much more than building places to live, they are about building a future for people to live healthy, independent lives, harnessing the diverse opportunities available in the community. Our vision is:

- for specialist housing to be community led, age friendly providing a range of options to suit a range of needs
- to support the market to develop sufficient specialist housing to meet the growing population needs,
- for people will have their own front door round the clock care and support in a way that reduces the risk of admission to residential care or hospital.

3.2.3 Commissioned out of Hospital Care

To support our ambition of people being cared for in their communities and to ensure unnecessary admissions to hospital, the services that are delivered out of hospital need to be responsive, safe and of a high quality. Key priorities include:

- development of a Care Home framework to ensure consistency in pricing and quality
- implementation of good infection control strategies to reduce the incident of health care acquired infections
- increasing the availability of access to people to have the opportunity for a Personal Health Budget to meet their care needs
- evaluating the effectiveness of the recent joint commissioning of Domiciliary Care provision
 - ensuring the assessment and eligibility criteria are being consistently adhered to

3.2.4 Women & Children

As a result of the consultation being undertaken with children, young people and families about the local offer, where appropriate services will be developed to work together to ensure value for money/ cost effectiveness whilst maximising outcomes for children, young people and their families. Key priorities for 19/20 are:

- delivery of a local action plan to have an impact on childhood obesity
- recommissioning of the Healthy Child Programme: 0-19 services

3.2.5 Primary Care

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. Key priorities relate to the implementation of the new GP contract including:

- establishment of Primary Care Networks (groupings of general practices based upon geography) as part of the building blocks for an integrated community health and care system for Wirral
- new additional roles within primary care setting, e.g. clinical pharmacists, and social prescribing link workers
- supporting GPs with changes to the national Quality Outcome Framework (QOF) with increased emphasis on prescribing safety, end of life care, diabetes, blood pressure control and cervical screening
- development of digital solutions to support care

3.2.5 Our vision for Medicines Optimisation

This aims to enable patients and healthcare professionals to get the best from their medications. Key priorities include:

- review of supply routes to optimise best value
- maximise the use of patients' own medicines to improve safety and reduce waste
- introduction of safety programme
- control high cost drugs expenditure.
- continue to explore opportunities to optimise outcomes for patients with mental health conditions
- maximise medicines outcomes in care homes

3.3.1 Our Vision for Urgent Care

For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families. For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery. Key deliverables include:

- delivery of the Urgent Treatment Centre (UTC) with redesigned and improved urgent care pathways
- implementation of the result of the consultation exercise including the redesign of the community urgent care services
- remodel services into and out of the Emergency Department to achieve the 4 hour waiting time standard.
- further reducing non-elective admissions
- improving patient flow from the point of admission to discharge with focus on reducing long stay patients
- implementation of the Integrated Urgent Care Clinical Assessment Services (IUCCAS)
- improving the 7 day home first pathway and community model
- development of a system wide capacity and demand model to identify the range of services required

3.4 Our vision for Mental Health

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. Key priorities include;

- emphasis on supporting and improving physical health needs of patients with mental health challenges,
- development of enhanced crisis care service for adults and children & young people,
- implementation of a new Improving Access to Psychological Therapies (IAPT) service,
- refresh of the Wirral Dementia strategy

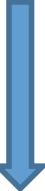
3.5 Our Vision for Assistive Technology

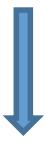
Personalised Technology and Technology Enhanced Care is the use of technology by professionals and individuals to support the promotion of self-help, safety, security, wellbeing, monitoring, and delivery of care. Our vision is to invest in innovative technology to promote and enhance health and wellbeing for residents in Wirral to enable people to live at home for longer by and without hitting crisis points involving the need for urgent care. Areas of involvement include:

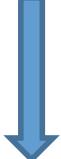
- Medication management
- Preventing falls
- Using smart phones/ devices to support mobility, fluid intake in the elderly, dexterity, carers
- All age disability - promote assistive technology

SECTION 4: DELIVERING OUR PRIORITIES

Project: Integration of Health and Care	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> • a year of transformation, establishing true integration of health and care teams within <ul style="list-style-type: none"> - Wirral Health and Care Community NHS Foundation Trust and - Cheshire and Wirral Community Foundation NHS Trust • enabling integrated partnership working for local people through strong multi-disciplinary teams operating at a neighbourhood level • Development and agreement to an integrated procurement policy • Development and agreement to a single contract management policy and process • Review options for contracting for the voluntary sector • Ensure system outcomes within contracts • Ensure use of social value portal within contracts 	Mar 2020  Sept 2019 Sept 2019 Apr 2019 Apr 2019	Director of Care & Health / Deputy Chief Officer  Director of Commissioning & Transformation 
Project: Health and Wellbeing & Population Health	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> ▪ Develop the Wirral Together deal for the Health and Wellbeing partnership ▪ Recommissioning of the Drug and Alcohol Treatment services ▪ Delivery of the Healthier Lives Pledge ▪ Delivery of the Self-Care and Prevention workstream ▪ Develop a system wider approach to infection, prevention and control ▪ Development and implementation of a screening and immunisation plan ▪ Development of a plan with local clinicians to reduce anti-microbial prescribing 	Mar 2020 Dec 2019 Feb 2020 Mar 2020  	Director of Public Health
Project: Planned Care & Community Care	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> ▪ Outpatient redesign: agree high level programme deliverables & outcomes ▪ Outpatient redesign: roll out of agreed pathways and services ▪ Cardiovascular Disease Pathway: agree high level programme deliverables & outcomes ▪ Cardiovascular Disease Pathway: roll out of agreed pathways and services ▪ Respiratory Disease Pathway: agree high level programme deliverables & outcomes ▪ Respiratory Disease Pathway: roll out of agreed pathways and services ▪ Gastroenterology Pathway: agree high level programme deliverables & outcomes ▪ Gastroenterology Pathway: roll out of agreed pathways and services ▪ Ophthalmology – service redesign and procurement 	Jun 2019 Dec 2019 Jun 2019 Dec 2019 Jun 2019 Dec 2019 Jun 2019 Dec 2019 Mar 2020   	Asst. Director of Planned Care

▪ to improve the delivery of cancer services for patients, supported by individual tumour level action plans where appropriate		
Project: Learning Disabilities and Autism	Delivery Dates	Responsible Officer
▪ Commissioning Accommodation Based Support ▪ Continue to meet the target for Assessment Treatment beds for Wirral at 4 ▪ Commissioning Preventative Services to Maximise Wellbeing. ▪ Increase the percentage of people with a learning disability who have an annual health check to 75% ▪ Increasing Personal Health Budgets – not sure about this ▪ Commissioning an Autism service, with a pilot being delivered via NHSE bid monies ▪ Commissioning an Intensive Support Function for children in line with the Ealing Model ▪ Look to develop skill set in terms of forensics in community services.	Mar 2020  Sept 2019 – Mar 2020  Mar 2020 Mar 2020	Asst. Director Health and Care Outcomes 
Project: Extra Care Housing	Delivery Dates	Responsible Officer
▪ Build – Pensby Rd ▪ Build - Old Chester Rd, CH42 3TA ▪ Build - Barncroft, CH61 6YH	Nov 2019 Dec 2020	Asst. Director Health and Care Outcomes 
Project: Women and Children's	Delivery Dates	Responsible Officer
▪ Commissioning of 0-19 years services ▪ Review of the impact of the National Child Measurement Programme ▪ Production of a local action plan on childhood obesity ▪ Daily mile agreement ▪ Deliver against the Children and Young People Strategy for mental health	Feb 2020 Sept 2019 Sept 2019 Sept 2019	Director of Public Health  Director of Commissioning & Transformation
Project: Commissioned out of Hospital Care	Delivery Dates	Responsible Officer
▪ Reduction in Health Care Acquired Infections E Coli by 10% to 197 cases ▪ Reduction in Health Care Acquired Infections - C. difficile cases to: 121 cases	Mar 2020 	Director of Quality & Safety

Project: Primary Care	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> ▪ Implementation of Primary Care Network Direct Enhanced Service ▪ New additional roles within primary care setting, e.g. clinical pharmacists, , and social prescribing link workers; ▪ Primary Care Networks development (groupings of GPs based on geography) ▪ Ability for NHS 111 to directly book primary care appointments for patients ▪ 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 ▪ Implement and monitor delivery of the Primary Care Quality Scheme ▪ Implement and monitor delivery of the Care Home Scheme 	July 2019  July 2019 onwards Mar 2020 	Asst. Director Primary Care and Partnerships 
Project: Medicines Optimisation	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> ▪ Review blister pack arrangements and supply ▪ Reduction of Anti-microbial prescribing volumes to support the national anti-microbial stewardship policy. ▪ 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. ▪ Investigate “not dispensed service” currently being delivered in Liverpool ▪ Introduction of models to estimate cost avoidance from medicines optimisation interventions 	Mar 2020 	Director of Finance 
Project: Urgent Care	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> ▪ Establishment and agreement to increase the number of people discharged the same day (SDEC's) ▪ Development and establishment of High Intensity Users scheme to support patients with complex needs ▪ Develop and Implement the Urgent Treatment Centre ▪ Redesign of urgent care community pathways • Development and establishment of Acute Frailty Scheme • Improvement in the reduction of numbers of long stay patients in both the community and acute trust • Review of Ambulance and 111 performance 	Sept 2019 June 2019 Dec 2019 Mar 2020 Sept 2019 July 2019 May 2019 	Asst. Director, Unplanned Care and Community Care Market commissioning 
Project: Mental Health	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> • Implementation of a new IAPT service (Talking Together Live Well Wirral) • Development of enhanced crisis care service for adults and children & young people; • Emphasis on improving the number of annual physical health checks for people with severe and enduring mental illness • Refresh of the Wirral Dementia strategy 	Apr 2019 onwards Mar 2020 	Asst. Director Primary Care and Partnerships 

Project: Technology	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> • Development of Teletriage to include Skype assessments • Extend Teletriage to include wider use of Telemedicine • Explore options to introduce vital signs monitoring through Telehealth systems • Introduce Point of Care Testing at Walk-In Centres • Develop the two falls risk assessment tools (Safe Steps) for use in residential and community care settings • Investigating further opportunities to invest in technologies to deliver revenue savings 	Mar 2020 	Asst. Director, Unplanned Care and Community Care Market commissioning
Project: Future form or WHCC	Delivery Dates	Responsible Officer
<ul style="list-style-type: none"> • Workforce redesign to reflect WHCC Priorities 	Mar 2020	Director of Corporate Affairs

SECTION 5: FINANCE 2019/2020

Wirral Council: Public Health	Budget	Pooled		
	(£)	BCF	Non-BCF	Non-Pooled
Expenditure				
Children 0-19	7,216,500			7,216,500
Collaborative Service	720,000			720,000
Drugs & Alcohol	7,358,800	7,093,526		265,274
Health Protection	374,400			374,400
Misc. Public Health	7,316,300	623,100		6,693,200
NHS Healthchecks	303,700			303,700
Obesity – Adults	283,300			283,300
Public Health Running Costs	2,059,200			2,059,200
Public Mental Health	1,117,300			1,117,300
Sexual Health Services	3,105,300			3,105,300
Stop Smoking Services	764,400			764,400
Substance Misuse	203,900			203,900
Gross Expenditure	30,823,100	7,716,626	0	23,106,474
Income				
Public Health Grant Funding	(29,079,000)	(7,716,626)		(21,362,374)
Misc. Public Health	(802,000)			(802,000)
Collaborative Service	(635,300)			(635,300)
Contribution from Reserves	(306,800)			(306,800)
Total Income	(30,823,100)	(7,716,626)	0	(23,106,474)
Net Expenditure	0	0	0	0

Wirral Council: Adult Social Care	Budget (£)	Pooled		
		BCF	Non-BCF (£)	Non-Pooled
Expenditure				
Employees	10,295,200	679,300		9,615,900
Commissioned Care				
Day Care	6,605,900		6,450,200	155,700
Direct Payments	9,549,400		4,616,300	4,933,100
Domiciliary Care	12,727,700	6,130,300	1,556,700	5,040,700
Independent Reablement	1,479,800	1,310,100		169,700
Nursing Long Term	13,424,100	5,000,000	3,169,200	5,254,900
Nursing Short Term	4,033,500	3,801,900	30,000	201,600
Res Long Term	29,379,100	5,000,000	11,958,700	12,420,400
Res Short Term	3,555,100	364,500	1,752,300	1,438,300
Shared Lives	994,300		314,100	680,200
Supported Living	26,764,900	23,600	20,484,400	6,256,900
	108,513,800	21,630,400	50,331,900	36,551,500
Other Expenditure	25,948,800	11,826,200		14,122,600
Gross Expenditure	144,757,800	34,135,900	50,331,900	60,290,000
Income				
Customer & Client Receipts	(19,523,000)		(3,041,500)	(16,481,500)
Grants & Reimbursements	(25,433,800)	(20,346,849)		(5,086,951)
Joint Funded Income	(7,458,000)		(6,471,300)	(986,700)
Other Income	(517,900)			(517,900)
Total Income	(52,932,700)	(20,346,849)	(9,512,800)	(23,073,051)
Net Expenditure	91,825,100	13,789,051	40,819,100	37,216,949

NHS Wirral Clinical Commissioning Group	Budget		Pooled		Non-Pooled
	(£)	(£)	BCF (£)	Non-BCF (£)	
Expenditure					
NHS Contracts	390,803,781				390,803,781
Non Acute Contracts	16,054,865				16,054,865
Prescribing	62,655,464				62,655,464
Commissioned out of Hospital	50,874,376			24,958,922	25,915,454
Primary Care	6,633,407				6,633,407
BCF	26,314,000		26,314,000		0
		553,335,892	26,314,000	24,958,922	502,062,970
Contingency	2,730,520				2,730,520
QIPP Target	(24,245,740)				(24,245,740)
Other Programme & Reserves	8,616,525				8,616,525
Running Costs	5,958,803				5,958,803
		(6,939,892)	0	0	(6,939,892)
Net Expenditure		546,396,000	26,314,000	24,958,922	495,123,078
Income					
Revenue Resource Limit	(546,396,000)		(26,314,000)	(24,958,922)	(495,123,078)
Total Income		(546,396,000)	(26,314,000)	(24,958,922)	(495,123,078)
Net Expenditure		0	0	0	0

Note - the NHS Wirral CCG budget is in draft form until June 2019 when it is expected that NHS England will sign off the details.

SECTION 6: WORKFORCE OUTLINE

All staff in the CCG staff based on funded posts only, will exclude

- temporary posts and contractors
- Medicines Management team (employed by Midlands and Lancashire Commissioning Support Unit)
- Continuing Health Care (employed by Midlands and Lancashire Commissioning Support Unit)

For Council staff the following are missing:

- Wirral Intelligence Service staff working on public health and DASS (as they are part of the Strategic Partnerships Business Plan)
- Finance (as they are part of the Strategic Partnerships Business Plan)

Job Type	NHS Wirral CCG	Adult Social Services	Public Health	Grand Total
	Whole Time Equivalents			
Chair/ Non Exec Directors & Chief Exec	1.95			1.95
Medical Director	0.50			0.50
GP Leads: Clinical Governance	0.90			0.90
Director	4.00	1.00	0.80	5.80
Consultant in Public Health			2.53	2.53
Quality Assurance, Patient Safety & Safeguarding	6.44	16.50		22.94
Commissioning & Transformation	29.10	15.00	15.06	59.16
Corporate Affairs	3.00	4.00		10.00
Communications	2.00		1.00	3.00
Business Systems & Support		20.00		20.00
Finance	13.60			13.60
Secretariat	5.68	3.00	1.60	10.28
Business Intelligence	9.00			9.00
Grand Total	76.17	59.50	20.99	156.66

SECTION 7: RISK MANAGEMENT

The management of risk by WHCC is undertaken at two levels – Project and Corporate. Project risks will be monitored and managed by the Business Management Group. The risks identified in the table below relate to the Corporate risk register and reflect the areas that have been identified by Senior Managers and Directors as areas that can be managed by WHCC staff. These risks are reviewed monthly by the Executive Management Team and then quarterly at the Joint Strategic Commissioning Board. It is the intention to further develop the approach to risk by agreeing ‘target risk scores’ with clear timescales to demonstrate that risks are being actively managed and mitigated.

At present WHCC has agreed current risk scores and these will allow the development of action plans to demonstrate progress towards target risks. The table below highlights some of the key risks identified with existing controls described.

Risk Description	Risk Owner	Existing Controls
Non achievement of savings programmes could lead to not achieving financial balance across the WHCC budgets by March 2020. Within this is the lack of transparency of costs across the system means there is a risk of not understanding the true extent of the financial pressures which may result in unachievable targets being set.	Director of Care and Health	Budget review, savings plan review and monthly Directorate Management meetings to review the budgets and the forecast outturn. Where off target remedial actions put in place
National policy to remove the ring-fence from the Public Health Grant means that it is fully funded from Business Rates from April 2020 will not be big enough in Wirral to fund current contracts (expected loss of income £5m)	Director of Public Health	Services being reviewed with the view to making further savings by 20/21 to help fund potential loss in grant funding.
The staffing structure of WHCC is not aligned to the aims and priorities of Wirral Health and Care by 20/21 risks and there not being enough capacity to deliver the transformational change required	Director of Corporate Affairs	Work is underway to review and redesign the organisational structure to reflect WHCC priorities. Completion March 2020.
Not able to commission the best health and care services due to the provider landscape being unable to respond to commissioner requirements.	Director of Commissioning & Transformation	Healthy Wirral Partners Board promotes provider responsiveness and integration, supported by the formation of the Wirral Integrated Prover Partnership
Failure to engage with local residents and listen to what they want could result in services being ineffective and health inequalities continuing or service changes being challenged despite the evidence	Director of Corporate Affairs	Engagement plan drawn up for 19-20 based on the known areas of work that will require

Lack of engagement by clinicians in provider organisations puts at risk the delivery of the commissioning intentions for Wirral	Medical Director	Engagement with clinicians on specific projects and a refresh of Wirral's Clinical Senate to have a greater sense of independence.
Risk of not fully engaging with the plans around growth and regeneration in Wirral could mean that Strategic plans do not cover potential demographic changes and the opportunity for developers to cover health and care infrastructure costs could be lost	Director of Care and Health	Director of Care and Health to work closely with Local Authority colleagues to ensure opportunities are recognised and capitalised upon.

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JOINT STRATEGIC COMMISSIONING BOARD
Increasing Independence and Transforming Care, a Learning
Disability Programme Update

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

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that:	Y
<ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y



JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	28th May 2019
Report Title:	Increasing Independence and Transforming Care, a Learning Disability Programme Update
Lead Officer:	Jason Oxley

INTRODUCTION / REPORT SUMMARY

This report provides an update on the progress made in commissioning services for people with Learning Disabilities with a specific focus on the implementation of the Transforming Care Programme (TCP) priorities in Wirral.

RECOMMENDATIONS

It is recommended that the Joint Strategic Commissioning Board note the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report is for noting only.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 N/A

3.0 BACKGROUND INFORMATION

- 3.1 Wirral has a general population of approximately 322,000 people (Wirral Joint Strategic Needs Assessment (JSNA), 2017). 5,914 are known to have a learning disability of some degree (Wirral Learning Disability Strategy 2017). Of these, 2,213 people are registered with their GP as having a learning disability. 8,858 school age children have a Statement of Special Educational Need with approximately 50% of these having a learning disability (Wirral JSNA 2017).
- 3.2 Clear effective and collaborative working relationships between specialist NHS services, primary care services and social care are important to this group because their health outcomes have been significantly worse than the rest of the population. People with a learning disability are on average three times more likely to die prematurely, with average age at death between only 55-60 years old. The NHS Long Term Plan sets a target of 70% of people who have a learning disability to have an annual health check. In Wirral, currently only 50% are achieved and this is a priority area for this year.
- 3.3 Around 1000 people from this group have support packages from the Council or from the NHS due to their complex needs. People with the most severe learning disability have the most intensive needs and a complete reliance on others for their day to day care and safety.
- 3.4 People can have needs ranging from moderately reduced intellectual functioning to very profound disabilities including a complete inability to manage mobility, personal care, toileting, eating and drinking and communicating even very basic needs. People with a learning disability sometimes have other conditions alongside, such as autism or mental health disorders. Behaviour that challenges can be a feature of people with learning disability which can range from minor antisocial behaviour to significant challenging behaviour such as shouting, physical aggression and sexualised behaviours.

3.5 Historically people with intensive needs have often found themselves in institutional highly controlled environments where their choices are significantly limited. The Transforming Care Programme (TCP) has taken the lead from social care to take a person-centred approach. It describes the need to develop alternative support for people with a learning disability in order that they can move on from Clinical and institutional environments to receive the support that they need to live independently in their own homes and within their own communities.

3.6 The TCP programme is led by NHS England (NHSE) and its key priorities are included in the NHS Long Term Plan. Wirral Health and Care Commissioning have included TCP priorities in its Operational and Business planning for 2019/20. Key priorities for the TCP are set out below:

Driver	Area	Areas for focus
Delivering on the Long-Term Plan priorities	Children and Young People with Learning Disability and/ or Autism: developing services	Autism diagnosis (full sensory assessments) Support through diagnosis Crisis provision 0-25 year service provision (early intervention)
	Adult Community Care for People with Learning Disability and/ or Autism	Intensive, crisis and forensic community support, moving to 24/7 services Autism only services
Delivering Sustainability	Appropriate hospital usage	Appropriate admission and prompt, safe discharge (leading to reduction in inpatient numbers and length of stay for people with LD/ ASC)
	Sustained community investment	Developing plans to sustain community infrastructure from 2021
	Forensic community services	Develop skill set in community services
	Workforce	Priorities within TCP Workforce Plan (5 listed below): <ol style="list-style-type: none"> 1. Increase the skills of the unpaid and frontline support worker workforce 2. Increase supply in terms of support workers 3. Increase supply in relation to higher skilled posts such as speech and language therapy, occupational therapy, assistant psychologists and learning disability nurses to meet demand 4. Increase the awareness and skill levels of existing health and social staff in relation to the Physical Health needs of people with Learning Disabilities and/ or Autism to reduce demand across all services 5. develop employment opportunities for people with learning disabilities and autism
Social Care	Strengthening of relationships to nurture market offer	Developing a range of housing and care provision, including care for more complex cases Developing “getting a good life” initiatives

3.7 Wirral Health and Care Commissioning are working with NHS England, Cheshire and Wirral Partnership NHS Foundation Trust and care provider organisations to achieve a different range of services that will rely less on hospital admissions and care in acute settings. Service development will be

within the budget available and NHS England are supporting with additional non-recurrent funding in some areas.

- 3.8 The Learning Disability Strategy (2017) states a shared vision: "People with learning disabilities in Wirral live good lives as part of their community with the right support, at the right time, from the right people". As part of this vision we aim to ensure that all people with a learning disability in Wirral have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a suitable home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.
- 3.9 Progress against the delivery of the Learning Disability Strategy and Wirral Plan pledge is reported regularly to the Adult Care and Health Overview and Scrutiny Committee.

A summary of some key areas of progress is below:

- The employment rate for people with a disability registered "Equality Act core/Work Limited Disabled" is up 22.1% since the start of the Wirral Plan and is currently 45.8%.
 - 85% of people with a learning disability live in their own homes.
 - 300 new units of extra care housing will be delivered by 2021/22, with the first schemes for people with a learning disability being already occupied.
 - People with a learning disability who are supported in hospital assessment and treatment beds for extended periods have reduced from 10 to 4 and we are now on target (Transforming Care Programme).
 - More supported internship placements have been made available.
 - Assistive technology developments are being trialled.
 - Progress against the delivery of the Learning Disability strategy is monitored through a subgroup of the All Age Disability Partnership Board.
- 3.10 In relation to the TCP programme specifically key progress to note is the reduction from ten inpatients to four. This meets our NHSE target of four, and work is continuing to ensure that admissions only occur when required, and that discharges are planned collaboratively from the date of admission.
 - 3.11 New services have been commissioned through social care providers which have enabled the safe hospital discharge of people with a learning disability and/or autism. Additionally, commissioners have are working collaboratively with service providers to achieve more flexible and responsive models of care. This, together with recent investment in fee rates for learning disability supported living providers creates a sustainable and responsive care market.



- 3.12 Integrated teams have been developed in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in 2018 and Wirral Community NHS Foundation Trust (WCT) earlier in 2017. Services have been arranged under Section 75 agreements and have involved the transfer of approximately 370 staff to the NHS under TUPE arrangements. These services are starting to see better outcomes for people with less duplication, better care coordination of health and care support, and steps are now beginning to be made to arrange support services on a neighbourhood model based around people's natural communities.
- 3.13 Cheshire and Wirral Partnership NHS Foundation Trust are developing their workforce and their intensive support service. Workforce development is planned which includes professional staff teams as well as care staff and support workers within independent care organisation.
- 3.15 The existence of the Pooled Budget has promoted truly joined up working, where professionals are working together to meet the needs of the person, without the need for negotiation on which budget should pay the costs associated with the care that is needed.
- 3.16 Work is in the planning stage to enhance the support offer to young people and adults who have an autism only diagnosis. This involves working with partners to develop a support offer that is delivered with a community focus, with easy access and with opportunities to engage with a range of organisations and services.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The budget for service for people with a learning disability and/or autism is held in a Pooled Budget for 2019/2020. The budget is subject to delivery of efficiencies through achieving greater levels of independence within the population, using assistive technologies and improved housing to create different models of care delivery, more choice and control for people together with better health outcomes.

5.0 LEGAL IMPLICATIONS

- 5.1 N/A

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 N/A

7.0 RELEVANT RISKS

- 7.1 N/A

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Wirral Plan, Healthy Wirral Plan, All Age Disability Strategy and Transforming Care Programme have been subject to significant engagement and consultation.

9.0 EQUALITY IMPLICATIONS

- 9.1 There is no relevance to equality.

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APPENDICES

N/A

BACKGROUND PAPERS

N/A

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	4 December 2018
Health and Wellbeing Board	14 November 2018
Adult Care & Health OSC	27 November 2018



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