



## Health and Wellbeing Board

<b>Date:</b>	Wednesday, 11 March 2020
<b>Time:</b>	4.00 p.m.
<b>Venue:</b>	Committee Room 1 - Wallasey Town Hall

**Contact Officer:** Pat Phillips  
**Tel:** 0151 691 8488  
**e-mail:** [patphillips@wirral.gov.uk](mailto:patphillips@wirral.gov.uk)  
**Website:** <http://www.wirral.gov.uk>

---

## AGENDA

### 1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

### 2. APOLOGIES FOR ABSENCE

### 3. MINUTES (Pages 1 - 8)

To approve the accuracy of the minutes of the meeting held on 13 Nov 2019.

### 4. HEALTH & WELLBEING BOARD DEVELOPMENT REVIEW

Verbal report – Julie Webster.

### 5. CHESHIRE & MERSEYSIDE WORKING TOGETHER AS A MARMOT COMMUNITY (Pages 9 - 22)

### 6. HEALTHY WIRRAL (Pages 23 - 138)

### 7. MINIMUM UNIT PRICE FOR ALCOHOL (Pages 139 - 156)

### 8. PHARMACEUTICAL NEEDS ANALYSIS (Pages 157 - 162)

### 9. UPDATE ON UNPLANNED CARE SYSTEM (Pages 163 - 176)

Report for noting.

**10. SEND - UPDATE (Pages 177 - 208)**

**11. PARTNER UPDATES FOR NOTING - HEALTHWATCH AND NHSE (Pages 209 - 214)**

- 1 Healthwatch – Karen Prior, Chief Officer Healthwatch (Verbal).
- 2 NHS – Update - Nicola Allen, Head of Medical Directorate, NHS (Report).

**12. CHESHIRE & MERSEY HEALTHCARE PARTNERSHIP**

Link for information: -

<https://www.cheshireandmerseysidepartnership.co.uk/>

## HEALTH AND WELLBEING BOARD

Wednesday, 13 November 2019

### Present:

Councillor Pat Hackett	Chair
Dr F Alam	Medical Director, CWP NHS Foundation Trust (dep for Sheena Cumiskey)
Ms N Allen	NHS England
Mr S Banks	Chief Officer, Wirral Health & Care Commissioning
Mr P Boyce	Corporate Director for Children Services
Ms J Canning	Healthwatch
Ms V Chadderton	Environmental Health Officer
Cllr Pat Cleary	Wirral Council
Mr M Cockburn	Lead Commissioner - Environment
Dr P Cowan	Chair, Wirral CCG
Amanda Cresswell	Chemical and Environmental Specialist Environmental Public Health Scientist Public Health England
Cllr P Gilchrist	Wirral Council
Dr S Ghebrehewet	Head of Health Protection, Public Health England, North West, Cheshire & Merseyside
Mr G Hodgkinson	Director for (Adult) Care & Health
Mr D Hammond	Assistant Director for Partnerships, Wirral Community NHS Foundation Trust (dep for Karen Howell)
Mr A Higgins	Head of Programme- Liverpool City Region, Public Health England, North West
Cllr C Jones	Wirral Council
Mr M Shakeshaft	Healthwatch
Mr B Simpson	Chair, Strategic Housing Partnership
Ms J Stephens	Managing Director – Wirral Evolutions
Ms B Stone	Head of Service, Community Action, Wirral
Mr M Swanborough	Director of Strategy & Partnership, WUTH
Ms S Talbot	Assistant Director, Education
Mr M Thomas	Mersey Fire and Rescue
Ms J Webster	Director of Health & Wellbeing

### Apologies

Ms S Cumiskey	CEO, Cheshire & Wirral Partnership NHS Foundation Trust
Ms K Howell	CEO, Wirral Community NHS Foundation Trust
Cllr Ian Lewis	Wirral Council
Ms S Lloyd	Director of Nursing and Quality

Mr G O'Rourke  
Ms K Prior  
Mr B Simpson

Merseyside Police  
Healthwatch  
Chair, Strategic Housing Partnership

73 **DECLARATIONS OF INTEREST**

Members were asked if they had a pecuniary or non-pecuniary interest in connection with any item on the agenda and, if so, to declare it and state the nature of the interest.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust

Councillor Chris Jones declared a non-pecuniary interest by virtue of being employed with the Cheshire and Wirral Partnership NHS Foundation Trust.

74 **MINUTES**

**Resolved – That the accuracy of the Minutes of the Health & Wellbeing Formal Board held on 17 July 2019 be approved as a correct record.**

75 **WIRRAL EVOLUTIONS - ANNUAL REPORT**

Jean Stephens, Managing Director, Wirral Evolutions presented the Board with the Annual Report. Wirral Evolutions had been established in 2015 to provide personalised day services and opportunities for adults with a wide range of learning and physical disabilities. Jean Stephens set out how this was achieved through a wide range of people centred services and activities across multiple locations in the Wirral. The presentation set out the foundations of Wirral Evolutions, Governance arrangements, strategic intent, guiding principles and headline statistics. The report concluded with a series of impact case studies that set out the progress, impact and achievements on the people Wirral Evolutions supports.

Jean Stephens set out plans for the future for a 'service without walls' with the aim of 'putting people at the heart of everything we do'. Members of the Board discussed the report and Jean Stephens responded to members questions regarding what the Health and Wellbeing Board could do to help. Graham Hodgkinson, Director for Health and Care, commented that Wirral Evolutions had come out of what was a Wirral Provided Service – great improvements had been made and shifts made in enabling people to get into employment and to get out into the community. Councillor Chris Jones indicated that she had spent time with Jean and the service users and was pleased to note that there was now a noticeable culture change with people now moving into employment and volunteering roles. In response to a question from Dr Faouzi Alam Jean Stephens outlined plans for further integration into the community with the aim to bring meaningful outcomes including confidence, skills and the ability to use money with the intention to have more collaboration around supported pathways.

The Chair echoed the comments of Councillor Chris Jones, thanked Jean Stephens for the presentation and it was;

**Resolved – That the report be noted.**

## 76 **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) SELF EVALUATION**

Sue Talbot, Assistant Director, Education, Wirral Council presented the findings of the self-evaluation of Special Education Needs and Disability (SEND) Services. This had been completed by a number of partners across the borough and was in preparation for a CQC/OFSTED review.

The presentation set out the local context of SEND and noted that there had been significant changes in leadership and staffing since the implementation of the 2014 SEND reforms. The local SEND Population was set out and it was noted that Wirral had good Special Schools and was now intervening earlier. Sue Talbot set out the synopsis of progress made in Wirral and included areas for development.

The Chair thanked Sue Talbot for her presentation, and it was;

**Resolved – That the findings of the self-evaluation be noted.**

## 77 **LIVERPOOL CITY REGION WEALTH AND WELLBEING PROGRAMME**

Julie Webster, Director for Health and Wellbeing, introduced Alan Higgins, Head of Programme – Liverpool City Region, Public Health England. Julie had worked together with Alan and Rachel Musgrave, Consultant in Public Health, on employment and worklessness and getting people back to work in the area and encouraged Board consider the findings of the report with regard to the view that health is an imperative in economic planning and that action to address poor health should be prioritised in economic planning.

The appendix to the report contained the Public Health England Productivity and Health report: Wirral Work and Health profile. The report stressed that it was imperative that improving health was recognised as a priority for fair economic prosperity in Liverpool City Region. Data was presented to show the impact of poor health in the city region on productivity and the leading element of that poor health. The evidence and good practice on what can be done to address poor health in an economic context was reviewed and interventions were proposed under four headings. The presentation at the meeting summarised the interventions and asked the Board to respond to the report with consideration of whether, and to what extent, the Board has, or would, adopt the position that plans for economic development took on board poor health as a limiting factor and the actions that followed from this position.

The Liverpool City Region (LCR) Wealth and Wellbeing Programme had been initiated in July 2018 in an agreement between the council leaders, Combined Authority and Public Health England to specifically address work and economic development as key determinants of population health. It had progressed through engagement with a wide range of people across the six boroughs in LCR, through development of a public narrative on the issue and through analysis of the productivity gap and review of evidence of what would work to address the issue.

Success had been achieved in positioning good work, health and wellbeing for all, as a leading theme in Local Industrial Strategy. By December 2019 the programme

would pull together the different strands of analysis and the views of Boards and others into a framework for progress over the next 18 months.

In response to members questions, Alan Higgins commented that in the coming month, the work would aim to encompass the points raised around transport and how the figures filtered down to ward level.

The Chair thanked Alan Higgins and it was;

**Resolved – That the report be noted.**

## 78 **AIR QUALITY IN WIRRAL - STATUS ,PROGRESS AND PRIORITIES**

Members gave consideration to a report of the Director of Health and Wellbeing that provided members of the Health and Wellbeing Board with detail on the current status of air quality in Wirral, its impact on the health of the population and progress to improve it.

Rachel Musgrave, Consultant in Public Health attended the meeting to present the report and Victoria Chadderton, Environmental Health Officer, Dr Sam Ghebrehewet, Head of Health Protection and Amanda Cresswell, Chemical and Environmental Specialist, Environmental Public Health Scientist, Centre for Radiation, Hazards (CRCE) Public Health England attended the meeting to support the report and provided members with detail on the current status of air quality in Wirral, its impact on the health of the population and the progress on actions to improve it.

The appendix to the report contained the Wirral Audit of Wirral Air Quality actions against PHE recommendations (2019).

It was reported that Public Health England (PHE) had identified poor air quality as the largest environmental threat to public health in the UK generating wide-ranging health, social, environmental and economic consequences. Tackling poor air quality was therefore important for Wirral to become a healthier place to live, work and visit as well as a fairer, greener, more productive borough.

Whilst recorded air pollution in Wirral did not exceed legal threshold limits and air quality was slowly improving, it was important to continue to take action to improve air quality and to monitor the impact on health and health inequalities. A collaborative approach was critical, and interventions must be sensitive to local context and influences, focused on reducing air pollution at source rather than mitigating the consequences.

**Resolved – That;**

- 1 the information included within this report be noted and;**
- 2 the Health and Wellbeing Board continue to seek regular assurance that partners are taking action to improve air quality across the borough.**

## 79 **2019 PUBLIC HEALTH ANNUAL REPORT - CREATIVE COMMUNITIES**

Julie Webster, Director for Health and Wellbeing, introduced the Public Health Annual Report (PHAR) 2019 - the independent annual report of the Director of Public Health which was a statutory requirement. The 2019 Report, Creative Communities, explored the role of culture as a means of improving health and wellbeing, presented local examples of these benefits and called for everyone in Wirral to be part of a Borough of Culture legacy that would leave everyone happier and healthier. The PHAR 2019 was attached as an appendix to the report

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

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

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

The 2019 Report sought to influence the developing narrative around social prescribing and how engagement and work with local people could support them to live healthier lives. A comprehensive range of Information and data on the health of the population in Wirral was also available on the Wirral Intelligence Service website and complimented the report. Next year's annual report would provide information on the impact achieved from this work.

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

80 **HEALTHY WIRRAL - UPDATE**

The Chair informed the Board that this item had been withdrawn on the request of Simon Banks, Senior Responsible Officer, Healthy Wirral due to purdah and would be discussed at meetings in the New Year.

81 **DEMENTIA STRATEGY**

Members gave consideration to a report of Nesta Hawker, Director of Commissioning, attached as an appendix to the report, that provided an updated Dementia Strategy for 2019-2022 for members information. The report informed that Dementia was one of four key priority areas within the Healthy Wirral Mental Health Programme. As part of the dementia workstream, one of the main objectives was to update and refresh the Wirral Dementia Strategy for 2019-2022.

In November 2018, an engagement exercise had taken place with people with dementia, carers, families and people who worked with people with dementia. The aim of the exercise had been to understand people's experiences of dementia on Wirral, from pre-diagnosis to end of life, and areas where the health and care system were working well, and areas where improvement was needed. Over 200 people had been spoken to as part of this engagement, and the feedback received from participants had helped shape the Strategy alongside the local Dementia Strategy Board and national documentation. The strategy was structured around NHS England's "Well Pathway for Dementia" which was based on NICE guidelines.

Major areas of focus within the strategy included healthy lifestyle promotion to prevent people from developing dementia, redesigning secondary care dementia services, improving post-diagnostic support, developing dementia friendly communities and services, and promoting the importance of early end of life planning to ensure that people's end of life care wishes were known. Members were advised that currently, 5 task and finish groups had been formed with representatives from NHS Trusts, primary care, social care and third sector organisations to begin work on the strategy objectives.

The Wirral Dementia Strategy had been signed off by the Dementia Strategy Board on 22nd August 2019 and by the Mental Health Programme Board on 2nd October 2019. The aim was to publish the strategy in November 2019.

**Resolved – That;**

- 1 the report be noted.**
- 2 any comments on the strategy be made to Nesta Hawker, Director of Commissioning, Wirral Health and Care Commissioning.**

## **82 OLDER PERSONS FRAMEWORK**

Members gave consideration to a report of Nesta Hawker, Director of Commissioning, that provided an updated Dementia Strategy for 2019-2022 for members information. The Wirral Older People Outcomes Baseline 2019 was attached as an appendix to the report. Members were informed that Improving health outcomes and reducing inequalities remained the focus and overall goal of the Healthy Wirral programme assurance. Through Wirral Health and Care Commissioning (WH&CC), Wirral had aligned its strategic priorities with the key health needs and health outcomes that needed to be delivered around better care and better health.

WH&CCs priority was to focus on older people, and the document provided high level baseline data against the first Wirral wide outcomes framework for older people. This was also underpinned by operational analytical reporting across the Healthy Wirral workstreams. The report set out that in this area, work was ongoing to establish and agree a comprehensive approach to health and care intelligence, ensuring data was harnessed to make better informed decisions across the whole Wirral system. WH&CC would work with providers to understand how their services would be focussed and interventions to improve the benchmark position.

**Resolved – That;**

- 1 the report be noted.
- 2 any comments on the strategy be made to Nesta Hawker, Director of Commissioning, Wirral Health and Care Commissioning.

83 **CESHIRE & MERSEYSIDE HEALTHCARE PARTNERSHIP**

The following link was provided for members information: -

<https://www.cheshireandmerseysidepartnership.co.uk/>

84 **PARTNER UPDATES FOR NOTING**

a) Healthwatch

The verbal update for Healthwatch was deferred to the next meeting of the Health and Wellbeing Board as Karen Prior, Chief Officer, Healthwatch, had been unable to attend the meeting due to illness.

b) NHS England

An update was submitted by Nicola Allen, Head of Medical Directorate, NHS England and NHS Improvement – North West for members information. The aim of the report was to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England and NHS Improvement. The report outlined the national and regional activities July 2019 to October 2019 together with specific updates on priorities of NHS North West.

**Resolved – That the report be noted.**

85 **DATE OF NEXT MEETING**

The date of the next meeting of the Health and Wellbeing formal Board would be Wednesday, 11 March, 2020 at 4pm in Committee Room 1, Town Hall, Wallasey.

This page is intentionally left blank



## HEALTH AND WELLBEING BOARD

FEBRUARY 2020

<b>REPORT TITLE</b>	Establishing a Cheshire and Merseyside Marmot Community: Benefits for Wirral and the Wider Region.
<b>REPORT OF</b>	Julie Webster, Director of Public Health.

### REPORT SUMMARY

In common with Wirral's Health and Wellbeing Board the Cheshire and Merseyside Health and Care Partnership (C&M HCP) has identified reducing health inequalities as its core purpose. This report sets out the benefits to Wirral and Cheshire and Merseyside of becoming a Marmot Community.

The key benefits to Wirral of C&M becoming a Marmot Community include:

- Access to international expertise and evidence on reducing health inequalities
- Developing leadership across system partners
- Strengthening joint working
- Maximising impact and evaluating outcomes
- National and international recognition of local work to reduce health inequalities

### RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. Endorse the proposal to work together as a Cheshire and Merseyside Marmot Community
2. Support the C&M Health and Care Partnership in overseeing and assuring this initiative

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATION/S**

There are long standing differences in life expectancy and health life expectancy both between Wirral and England and within Wirral. Members of the Wirral Health and Wellbeing Board have expressed a desire to reduce these preventable and unjust differences and a new Health and Wellbeing Strategy is currently being developed to set out how locally we will achieve this aim. C&M becoming a Marmot Community will enhance and enable our local approach.

### **2.0 OTHER OPTIONS CONSIDERED**

The alternative option is for Wirral not to participate in this initiative. This is not recommended as it would result in Wirral missing out on resources and expertise to support tackling health inequalities.

## **BACKGROUND INFORMATION**

### **3.1. Introduction**

In common with Wirral's Health and Wellbeing Board the Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the difference between England and C&M in life expectancy and healthy life as its core purpose. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it is proposed that the C&M Health and Care Partnership become a Marmot Community.

The landmark Marmot Review: Fair Society, Healthy Lives outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

### 3.2 Health inequalities in Cheshire and Merseyside remain a challenge

Inequalities in health persist both between C&M and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person’s social position, the worse his or her health. This means most people in C&M are not living as long as the best off in society and are spending longer in ill-health.

Considerable work remains to be done to reduce health inequalities within C&M:

- Male life expectancy at birth (2015-17) was lower than England in 7 out of 9 Local Authorities within C&M (Only Cheshire West and Chester and Cheshire East being above the national rate).
- Female life expectancy at birth (2015-17) was lower than England in 8 out of 9 Local Authorities within C&M (Only Cheshire East being above national rate).
- Men living in the poorest neighbourhoods in C&M will on average die between 9 and 13 years earlier than men living in the richest neighbourhoods.
- Women living in the poorest neighbourhoods in C&M will on average die between 7 and 11 years earlier than women living in the richest neighbourhoods.
- People living in poorer areas of C&M not only die sooner, but spend more of their lives in poor health:
  - Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.
  - Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

These statistics are echoed in Wirral, where 35% of the population live in the 20% most deprived areas of England<sup>1</sup>. Of all nine local authorities within C&M, the gap in healthy life expectancy between the least and most affluent was largest in Wirral<sup>2</sup>.

---

<sup>1</sup> Wirral Intelligence Service (2019). Life Expectancy in Wirral, 2015-2017.

<https://www.wirralintelligenceservice.org/media/2885/life-expectancy-update-2015-17-final.pdf>

<sup>2</sup> Public Health England (2019). Public Health Outcomes Framework.

<https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/3/gid/1/pat/6/par/E12000002/ati/102/are/E08000015/iid/92031/age/1/sex/1>

### **3.2. Marmot's Policy Objectives to Reduce Health Inequalities**

The landmark Marmot review, Fair Society, Healthy Lives<sup>3</sup>, was commissioned by the national government to identify root causes of health inequalities and inform the development of a national health inequalities strategy. The review proposed an evidence-based approach to address the social determinants of health (the conditions in which people are born, grow, live, work and age and which can lead to health inequalities). Marmot's key policy objectives to reduce health inequalities encompass six domains:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control in their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

Marmot's policy objectives provide a life course framework to focus action on health inequalities through a lens of wider determinants. The Marmot Indicators stem from these priority areas, and measure inequalities in health and life expectancy in every local authority in England<sup>4</sup>. An overview of the Marmot indicators for C&M in 2015-17 is shown in Appendix 1. For many indicators, the nine local authorities within C&M (including Wirral) are performing below the national average.

### **3.3. Advancing Population Health: The Vision for Cheshire and Merseyside**

The C&M Health and Care Partnership strategy, 'Better Lives Now', sets out the case for taking action to reduce the occurrence of ill health, deliver appropriate health care services and address wider determinants of health. Under the umbrella of this strategy, the C&M Health and Care Partnership has committed to:

1. Focusing on population health to achieve our universal goal of reduced health inequalities for C&M.
2. Addressing wider determinants of health and wellbeing.
3. Working with local communities and partners.

---

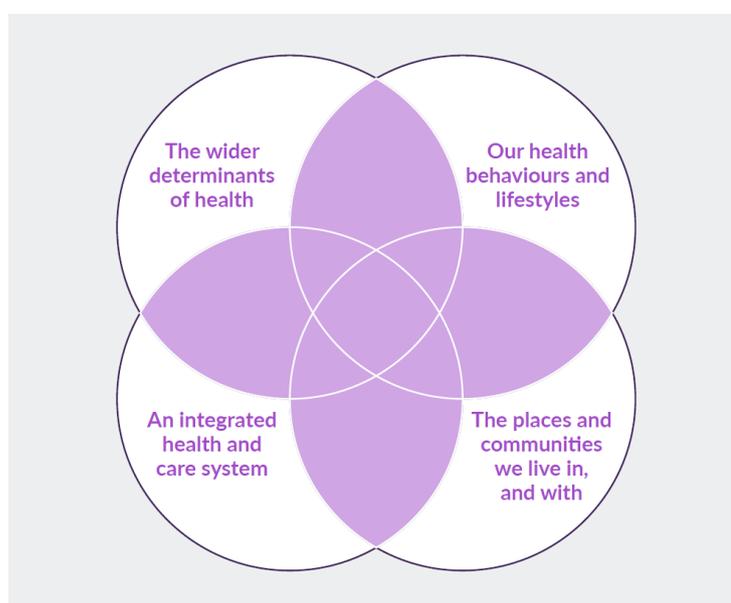
<sup>3</sup> Marmot, M., Goldblatt, P., Allen, J., et al (2010) Fair Society, Healthy Lives.  
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

<sup>4</sup> Public Health Outcomes Framework (2019). Marmot Indicators for Local Authorities.  
<https://fingertips.phe.org.uk/profile-group/marmot/profile/marmot-indicators>

4. Aligning the strategy and efforts with those who share their goal to make a bigger impact towards better lives.

In September 2019, the C&M Health and Care Partnership held an event co-hosted with Sir Michael Marmot, the Local Government Association, Champs and The King's Fund, uniting over 150 system leaders from a wide range of backgrounds and across the political spectrum to explore opportunities and priorities for population health in C&M<sup>5</sup>. At this event, the Partnership endorsed taking a “whole population, whole system” Marmot approach to improve population health and reduce health inequalities, reflecting the King's Fund Strategic Model<sup>6</sup> (**Figure 1**).

**Figure 1:** King's Fund Strategic Model for Population Health



In line with the Marmot review, this approach recognises the role of social determinants of health in shaping population health, and offers an evidence-based, place-based focus to reducing health inequalities, prioritising the value of whole system engagement. This approach provides an appropriate lens through which to examine, understand and address the C&M Health Care Partnership priorities.

---

<sup>5</sup> The Cheshire and Merseyside Health and Care Partnership (2019). The Cheshire and Merseyside Vision for Population Health.

[http://www.champspublichealth.com/sites/default/files/media\\_library/Final%20presentations%20-%20Marmot%2C%20KF%20event%20-%202019%20Sept%202019.pdf](http://www.champspublichealth.com/sites/default/files/media_library/Final%20presentations%20-%20Marmot%2C%20KF%20event%20-%202019%20Sept%202019.pdf)

<sup>6</sup> The King's Fund (2018). A Vision for Population Health: Towards a Healthier Future.

<https://www.kingsfund.org.uk/publications/vision-population-health>

### 3.4. A Whole System Approach

The C&M HCP has recognised that good quality health care is one cause of health. But that most of the reasons people are healthy lie outside the health care system and are related to the conditions in which people are born, grow, live, work and age. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it:

*‘..why treat people and send them back to the conditions that made them sick?’*

Trusted and effective working relationships between NHS, Local Authority, Community and the broader system are required to deliver sustained and meaningful change that is appropriate to the needs of the local population. To reduce health inequalities, collective ownership, commitments and actions and needed from a broad range of stakeholders, representing a ‘whole system approach’ (**Figure 2**). Evidence supporting whole system approaches highlights the importance of ‘disrupting the system’, which involves partners collectively identifying the most likely and productive areas of activity in the local system, agreeing and aligning actions.

**Figure 2:** A whole system approach (Source: PHE)



Local Authorities are key leaders in any place-based actions, with local services broadly reflecting Marmot’s key policy objectives to improve health and wellbeing of the local

population. Wirral Council Authority has a range of programmes that map wider determinants across the local system, spanning topics including:

- Children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Employment
- Active and safe travel
- Warmer and safer homes
- Access to green spaces and leisure services
- Public protection
- Regeneration
- Health and spatial planning
- Strong communities: wellbeing and resilience

Wirral Council benefits from relationships and linked responsibilities with other public-sector bodies, including police, fire and rescue, welfare agencies, education and housing, which are being strengthened to support collective and sustained action on health inequalities locally, for example through work on Wirral's updated Smokefree Strategy for 2020, our refreshed Health and Wellbeing Strategy.

Within C&M, there are good examples of population health promoting activities being delivered at scale that can be further developed and strengthened to reflect our status as a Marmot Community, including:

- Taking a Place Based Approach, with Wirral as the primary building block for integration between health and care.
- Developing a C&M Population Health Framework.
- Collaborating on work to reduce child poverty.
- Work focussing on social value and the role of the NHS as an anchor institution.
- Strengthening links to Local Enterprise Partnerships within the Liverpool City Region and Cheshire and Warrington, with a focus upon the links between 'wealth and health'.
- Supporting asset-based community development activities.
- Taking a public health approach to violence prevention.
- Utilising Behavioural Sciences to Improve Health and Wellbeing.

The value of collaborative work spearheaded by Cheshire and Merseyside Fire and Rescue Service to reduce health inequalities through addressing wider determinants has already been recognised by a 'Marmot Partnership Award'<sup>7</sup>.

### **3.5 Benefits of Becoming a Marmot Community**

Marmot communities structure their response to health inequalities around the social determinants of health, embedding Marmot's key policy objectives into the work of partners across the whole system to improve population health and wellbeing. The Marmot approach to reducing health inequalities has been successfully applied to focus and strengthen action on health inequalities in other local authority settings<sup>8</sup>.

Becoming a Marmot Community presents several advantages:

1. Access to international expertise:

Being part of the Marmot Network will provide us with access to the international expertise of the Institute for Health Equity (IHE) based at University College London. Their knowledge and resources will support our plans for accelerated and focussed action on the wider determinants of health in C&M.

2. Developing excellence in systems leadership for Population Health:

Connections with IHE will be valuable to inspire and shape the C&M strategic vision, and to support the implementation of a place-based, population and prevention focussed approach, which maximises C&M's assets and prioritises health equity. IHE could help to build the knowledge and skills of key groups, such as senior leaders in health and social care through delivering workshops and attending key strategic events. Additionally, resources and tools could be shared in workshops and webinars to enhance knowledge across the system.

---

<sup>7</sup> Merseyside Fire and Rescue (2015) Marmot Partnership Status Awarded.  
<http://www.merseyfire.gov.uk/asp/asp/pages/rss/LatestRssPortal.aspx?id=760>

<sup>8</sup> Pearce, M (2015). Coventry: a Marmot city.  
[https://www.coventry.gov.uk/info/176/policy/2457/coventry\\_a\\_marmot\\_city](https://www.coventry.gov.uk/info/176/policy/2457/coventry_a_marmot_city)

### 3. Strengthening joint working

IHE can work with the nine constituent C&M local authorities (including Wirral) and the C&M Health and Care Partnership to further develop a whole system approach to tackling health inequalities, and to advise on appropriate governance and partnership arrangements to facilitate action. This will strengthen joint working with local government to enhance openness, coproduction and dialogue at both a local and sub-regional level. An effective engagement plan will be developed with advice from the lead local authority CEOs and the LGA.

### 4. Maximising our impact on health inequalities together:

Input from IHE would be valuable to inform an evidence-based collective roadmap to reduce health inequalities in our region, which builds upon existing strategies and policies and incorporates measurable targets and systematic evaluation. Best practice from other regions and sectors will be drawn upon to inform our approach, including statutory, voluntary and community sectors, across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

### 5. Promoting excellence in practice in C&M:

Becoming a Marmot Community ensures our local actions adhere to an internationally recognised, evidence-based approach to reduce health inequalities. Collaborating with IHE to become a Marmot Community will help to raise the profile of C&M's strategic ambition and achievements to improve population health in national and international forums.

## **3.6 Transitioning to become a Marmot Community**

As a Marmot Community, the C&M Health and Care Partnership will build on the current body of work captured under the 'Better Lives Now' strategy, and:

- Collaborate with the Marmot Team at IHE, providing access to all relevant documents and strategies.
- Facilitate the flexibility and resources required to shape regional strategy development in line with recommendations from the IHE, and support the implementation of evidence-based priority actions.

- Identify and collaborate with key stakeholders from across the local system, prioritising regular engagement and workshop sessions.
- Engage political and executive leadership to support this work.
- Develop steering and implementation groups to plan, mobilise and oversee action.

### **3.7 Summary**

Being part of the Marmot Network will provide the C&M Health and Care Partnership with the opportunity to work with international experts to accelerate collective action on the wider determinants of health to reduce health inequalities within the region. Collaborating with the IHE will enhance the C&M Health and Care Partnership's strategic direction, supporting the planning, implementation and evaluation of evidence-based actions, and promoting excellence in practice. As one of the 9 local Authorities making up the C&M Health and Care Partnership, Wirral is uniquely positioned to benefit from the value of this collaboration to shape local action on health inequalities.

## **4 FINANCIAL IMPLICATIONS**

There are no financial implications arising directly from this report. Funding required to become a Marmot Community will be provided by the Cheshire and Merseyside Health and Care Partnership.

## **5 LEGAL IMPLICATIONS**

There are no legal implications arising directly from this report.

## **6 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

## **7 RELEVANT RISKS**

Failure to commit to reduce health inequalities on a local and national scale risks wide-ranging impacts on public health and the economy.

## **8 ENGAGEMENT/CONSULTATION**

No public engagement/consultation was conducted.

## **9 EQUALITY IMPLICATIONS**

This is in line with all equality and diversity issues.

## **10 ENVIRONMENT AND CLIMATE IMPLICATIONS**

There are no environment and climate implications arising directly from this report.

**REPORT AUTHOR:**    **Name:** Julie Webster  
                                 **Role:** Director of Public Health  
                                 **Telephone:** 0151 666 5178  
                                 **Email:** [juliewebster@wirral.gov.uk](mailto:juliewebster@wirral.gov.uk)

## **APPENDICES**

**Appendix 1 Current Marmot Indicators for C&M. Revised Marmot KPIs are now being incorporated into the Public Health Outcomes Framework 2020.**

Indicator	Period	England	Cheshire and Merseyside	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
Healthy life expectancy at birth (Female)	2015 - 17	63.8	-	70.1	65.1	57.7	58.6	59.6	61.5	58.4	64.0	61.1
Healthy life expectancy at birth (Male)	2015 - 17	63.4	-	66.9	66.9	59.4	58.4	59.3	62.4	57.9	64.9	59.8
Life expectancy at birth (Female)	2015 - 17	83.1	-	83.7	82.8	80.7	80.5	80.2	82.4	80.9	82.4	81.8
Life expectancy at birth (Male)	2015 - 17	79.6	-	80.3	79.9	77.4	76.7	76.1	78.7	77.5	78.9	78.3
Inequality in life expectancy at birth (Female)	2015 - 17	7.4	-	8.4	9.1	8.2	10.4	8.1	10.9	9.3	7.3	10.4
Inequality in life expectancy at birth (Male)	2015 - 17	9.4	-	9.2	10.4	11.0	9.9	11.1	11.0	11.3	11.1	12.6
Self-reported wellbeing - people with a low satisfaction score	2017/18	4.4	-	*	*	5.3	8.3	6.5	5.0	6.1	3.8	*
School Readiness: the percentage of children achieving a good level of development at the end of reception	2017/18	71.5	-	72.9	71.8	64.5	68.3	66.1	70.8	69.0	72.8	70.5
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	2017/18	56.6	-	52.5	52.9	49.9	59.3	53.3	52.5	49.9	53.7	56.1
Average Attainment 8 score	2017/18	46.7	-	49.1	47.1	43.8	40.6	42.9	45.8	45.7	47.8	47.7
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	33.3	28.3*	27.8	26.1	38.6	20.5	26.4	27.7	25.2	28.5	34.7
19-24 year olds not in education, employment or training <small>New data</small>	2018	13.2	-	-	-	-	-	-	-	-	-	-
Unemployment (model-based) <small>New data</small>	2018	4.1	-	3.1	3.6	4.5	3.6	4.0	3.1	3.5	4.0	2.8
Long term claimants of Jobseeker's Allowance <small>New data</small>	2018	3.8	3.5*	1.7	1.6	2.0	5.1	6.0	4.5	4.1	1.3	3.0
Individuals not reaching the Minimum Income Standard <small>New data</small>	2014/15 -16/17	30.0	-	-	-	-	-	-	-	-	-	-
Work-related illness <small>New data</small>	2015/16 -17/18	4070	-	-	-	-	-	-	-	-	-	-
Fuel poverty <small>New data</small>	2016	11.1	-	10.8	11.3	12.8	14.6	17.0	12.7	12.7	10.1	13.1
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	17.9	-	12.4	15.2*	17.6	21.0	17.4	15.6	21.2	21.4	23.4*

\* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Not compared

Quintiles: Best   Worst Not applicable

## Appendix 2 Public Health England - Place Based Approaches to Reduce Health Inequalities

This framework can also be systematically adopted by C&M to inform strategy development and monitor progress:

<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>

### REFERENCE MATERIAL

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date

This page is intentionally left blank

**HEALTH AND WELLBEING BOARD**  
**Healthy Wirral 5 Year Strategy**

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

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

## HEALTH AND WELLBEING BOARD

<b>Meeting Date:</b>	<b>11 March 2020</b>
<b>Report Title:</b>	<b><i>Healthy Wirral 5 Year Strategy</i></b>
<b>Lead Officer:</b>	<b>Simon Banks, Chief Officer, NHS Wirral CCG and Wirral Health and Care Commissioning</b>

### REPORT SUMMARY

This matter affects all Wards within the Borough, and supports the delivery of wider Wirral strategic planning including the Wirral 2025 Plan and the development of the Wirral Local Plan.

In common with all health and care systems across Cheshire and Merseyside, Wirral is expected to establish and implement its plans to achieve the best possible health and wellbeing outcomes for its population within the funding available to the system. The 5 Year Strategy describes our ambitions and key strategic priorities to achieve the *Healthy Wirral* vision of enabling all people in Wirral to live longer and healthier lives. The '*Healthy Wirral*' partnership and the associated programme is seen as the prime system-wide approach to delivering sustainable and affordable long term changes to the way that the health and wellbeing of the Wirral Population is supported.

### RECOMMENDATION/S

That the Health and Wellbeing Board endorses the approach in the draft strategy and supports its progress to completion and publication.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of the report is to share the draft strategy with the Health and Wellbeing Board and note any suggested changes or developments with the aim of receiving board endorsement.

### 2.0 OTHER OPTIONS CONSIDERED

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

### 3.0 BACKGROUND INFORMATION

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

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

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

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

- Improving the services we deliver and changing how we deliver them to better serve our population.
- Returning the Wirral system to financial balance.

3.3 The Strategy development is necessarily aligned with the delivery of the NHS Long Term Plan and incorporates those non-negotiable expectations linked to the national policy direction. However Wirral partners are clear and committed to the principles of delivering a strategy that is relevant to and owned by the local population and partner organisations.

3.4 The strategy describes a vision and system ambitions for the next 5 years. These are predominantly high level ambitions, and reflect the discussions and engagement with system partners across Wirral. Accompanying the strategy (in the appendices) are both the detailed operational plan for 2019-20, and a strategic work plan, detailing the specific actions; when these will be undertaken and the desired outcomes of this work. Appending the detailed plan allows for programme leads to continue their engagement with system partners and Wirral people in order to refine these plans and build the required detail. The strategy and associated work plans will form the basis of the year on year operational planning for the *Healthy Wirral* programme

3.5 A detailed engagement process is being undertaken, including Wirral Health and Care Staff, Clinicians and organizational leaders, Third Sector Partners and the Wirral Public. Their input will shape the final version of the plan that is presented below in draft form. Oversight of the development of this strategy is being led by the *Healthy Wirral* Partners Board, however the final strategy will be delivered for approval by the Wirral Health and Wellbeing Board before publication and launch. The current draft of the strategy for the Board to consider is provided at Appendix 1. The draft delivery plan for 2020-2024 is at Appendix 2 and the agreed Operational Plan for 2019-20 at Appendix 3.

#### 4.0 FINANCIAL IMPLICATIONS

4.1 The Wirral Health and Care System has continued to face significant financial pressures, particularly in Acute Care and commissioned out of Hospital Packages of care. The overall system ended 2018/19 with an overall deficit of £26.5m.

4.2 The individual organisational control totals have been set at very challenging levels, resulting in a planned CIP / QIPP requirement of £40.4million in 2019-20, being 7.5% of the total CCG's allocation. Therefore, key actions now focus on:

- The delivery of 3-5 year system wide recovery and sustainability plan
- The delivery of a challenging system wide efficiencies programme
- Continuation of the *Healthy Wirral* collaborative system management approach, as NHS Wirral CCG will continue to work in collaboration with its partners to support overall system recovery and continued sustainability.
- A well-developed set of mitigation plans against to address key risks

4.3 The proposed plans see the Wirral “Place” working together as an overall system, largely to deliver genuine improvements for patients and to return the “Place” to financial sustainability in the longer term. In supporting these plans, *Healthy Wirral* system partners have also committed to delivering future system sustainability. System efficiencies will be sought through the agency of key *Healthy Wirral* primary and core programmes and the delivery of effective place-based neighbourhood health and care approaches. Our plans are being aligned with longer term transformation priorities to ensure that change can be achieved that are sustainable at a system level.

## 5.0 LEGAL IMPLICATIONS

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

## 6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

## 7.0 RELEVANT RISKS

7.1 The *Healthy Wirral* Partners Board has developed a Board Assurance Framework that will identify the principles risks to the delivery of the strategic programme aims and how these will be mitigated. The most significant risks are a further deterioration of the financial position of the Wirral health and care economy and of associated clinical and performance standards. These can only be mitigated by the adoption of an “acting as one” approach to sustainability planning.

## 8.0 ENGAGEMENT/CONSULTATION

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

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

- Engagement presentations at the Wirral Bridge Forum
- Public Roadshow sessions arranged in partnership with Healthwatch Wirral

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

## 9.0 EQUALITY IMPLICATIONS

9.1 The 5 Year Strategy delivery vehicle is the *Healthy Wirral* programme. The programme governance will give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people and who share a protected characteristic (as cited under the Equality Act 2010) and those who do not share it. The *Healthy Wirral* programme will also give regard to the need to reduce inequalities between patients in access to, and outcomes from health and care services and to ensure services are provided in an integrated ways where this might reduce health inequalities.

9.2 Each of the Healthy Wirral work streams have developed their delivery plans to achieve the overall strategy outcomes and are undertaking the relevant Quality and Equality Impact Assessments as relevant to their plans. The *Healthy Wirral* Programme governance will require these assessments to be completed and monitored as part of the programme governance. Escalation processes are in place in order to hold each component programme to account with regard to this. .

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to reduce emissions of CO<sub>2</sub>. The Healthy Wirral 5 Year Strategy is fundamentally underpinned by a population health approach, which requires all strategic elements to consider the wider determinants of health and wellbeing. This includes environmental issues including air quality, transport, housing and access to leisure and open spaces. A number of specific strategic priorities will support the Councils environmental responses, these include:

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

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

**REPORT AUTHOR:** **Julian Eyre**  
*Healthy Wirral Programme Manager*  
 telephone: (0151) 651 0011 ext 401169  
 email: [Julian.eyre@nhs.net](mailto:Julian.eyre@nhs.net)

## APPENDICES

Appendix 1 - Draft *Healthy Wirral 5 Year Strategy*  
 Appendix 2 - Draft *Healthy Wirral 5 Year Delivery Plan*  
 Appendix 3 - *Healthy Wirral System Operating Plan 2019/20*

## BACKGROUND PAPERS

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	17 July 2019
	3 September 2019
Joint Strategic Commissioning Board	12 November 2019
	14 January 2020

This page is intentionally left blank

# **Healthy Wirral Place Programme**

## **Our Vision for Wirral 2019-2024**

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

## Contents

01	Foreword	4
02	Introduction	7
03	Wirral Place	9
04	<i>Healthy Wirral: Wirral's Integrated Health and Care System</i>	10
05	Why do we need change?	12
06	Our approach to improving health and wellbeing	15
07	Working in partnership to make Wirral a healthier place to live	17
08	Our Key Goals for delivering a <i>Healthy Wirral</i>	21
09	The NHS Long Term Plan and what it means for Wirral	41
10	Using taxpayers money wisely	44
11	Outcomes and Conclusions	46
12	Appendices <ul style="list-style-type: none"><li>• Appendix 1: Our Operational Plan for 2019-20</li><li>• Appendix 2: Our Delivery Plans for 2020-2024</li></ul>	47

## Foreword

We are delighted to present our Vision and priorities for *Healthy Wirral*. This represents a significant development in our partnership to deliver better health and care through a place based approach on Wirral. We can only achieve this through the support and efforts of all our partners across the Wirral.

Wirral continues to face significant challenges but also has great opportunities and we are confident that the progress we have seen in the last year will continue and allow us to work with our communities and staff to build a Healthy Wirral. Delivering successful change across Wirral is entirely dependent on all of our partners working together. The *Healthy Wirral* programme continues to build partnerships with people and organisations that are focused on improving health and wellbeing for Wirral People.

The *Healthy Wirral* partnership is an alliance of partners working together to achieve sustainable improvements in the health and wellbeing of the people of Wirral. 2018/19 has been a year of consolidation of our partnerships and building our future plans. 2019/20 and beyond will see the delivery of these plans through our long term strategy which will be developed from this vision.



**Simon Banks**

**Healthy Wirral**

**Senior Responsible Officer**

**Chief Officer NHS Wirral**

**Clinical Commissioning Group**



**David Eva**

**Healthy Wirral**

**Independent Chair**



**Janelle Holmes**

**Chief Executive**

**Wirral University Teaching Hospitals  
NHS Trust**



**Sheena Cumiskey**

**Chief Executive**

**Cheshire & Wirral Partnership  
NHS Trust**



**Karen Howell**

**Chief Executive**

**Wirral Community Health & Care NHS Trust**



**Boo Stone**

**Head of Service**

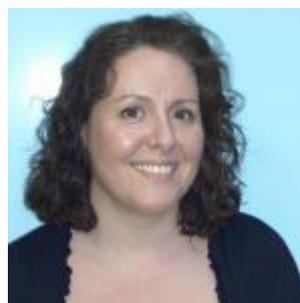
**Community Action Wirral**



**Dr Abhi Mantgani**

**Executive Director**

**Wirral GP Federation (GPW-Fed)**



**Natalie Young-Calvert**

**Chief Officer**

**Primary Care Wirral GP Federation**



**Graham Hodgkinson**  
**Director of Health and Care**  
**Wirral Council**  
**Wirral Health and Care Commissioning**



**Chris Jones**  
**Chair of Health & Wellbeing Board**



**Karen Prior**  
**Chief Officer**  
**Wirral Healthwatch**



**Julie Webster**  
**Director for Health and Wellbeing**  
**Wirral Council**  
**Wirral Health and Care Commissioning**

## Introduction

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

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

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

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

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

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

DRAFT

## Wirral Place

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

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

### Wirral Place Facts:

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

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

## *Healthy Wirral: Wirral's Integrated Health and Care System*

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

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

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

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

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

This vision stresses the importance of preventing ill health and our people being in the right place at the right time. Recognising also the need to live within our means as a system, we also aim to maximise the value of the Wirral pound, by ensuring that this is invested in place based care that will deliver quality outcomes for Wirral people.

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

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

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

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

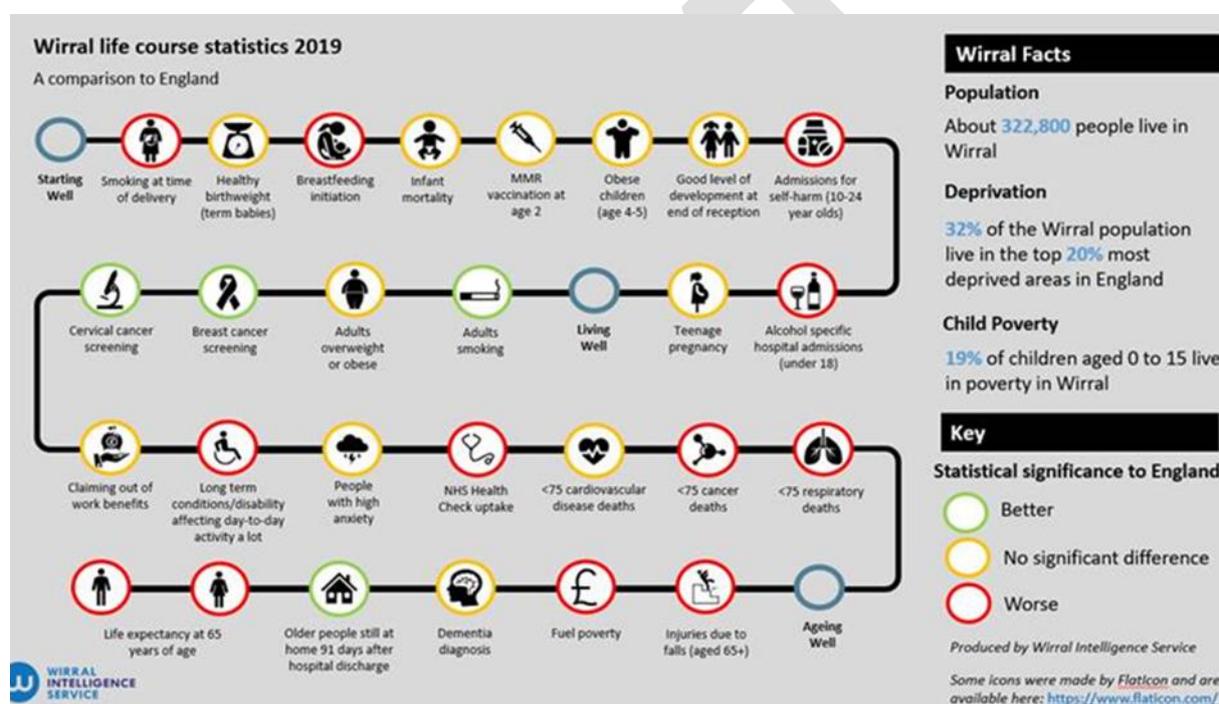
- We will agree the most important outcomes to achieve, based on a clear understanding of our population's health.
- We will ensure that we commission the integrated provision of services for our population which best delivers these outcomes.
- Our Providers commit to respond collectively; sharing financial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

## Why do we need to change?

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

- **To improve health and wellbeing outcomes**

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



- **To reduce avoidable inequalities in health**

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

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



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

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

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

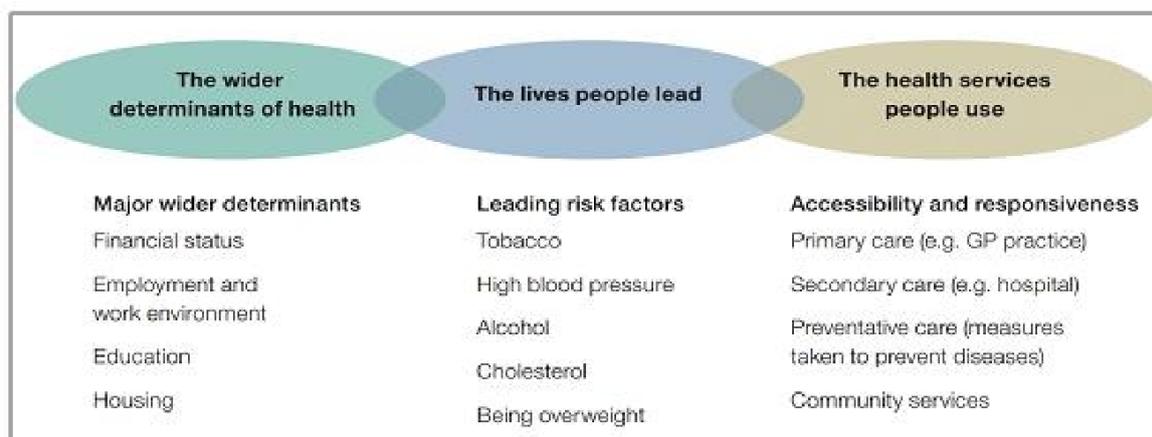
The best way of ensuring healthy behaviors and a long life in good health is to have a good start in life, a good education, a warm and loving home, a connected community and enough income to meet our needs.

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

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

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

## ***The causes of Health inequalities***



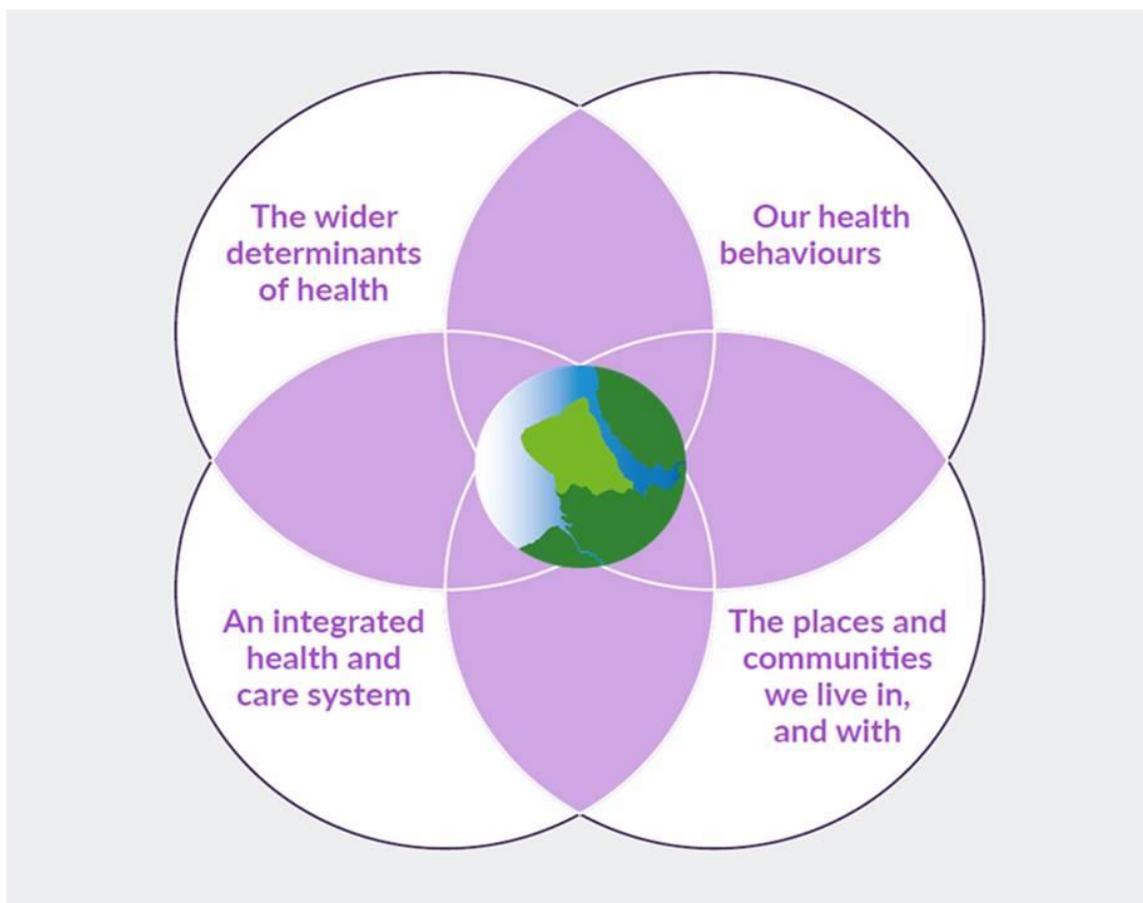
Source: [National Audit Office Literature Review, 2010](#)

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

DRAFT

## Our approach to improving health and wellbeing

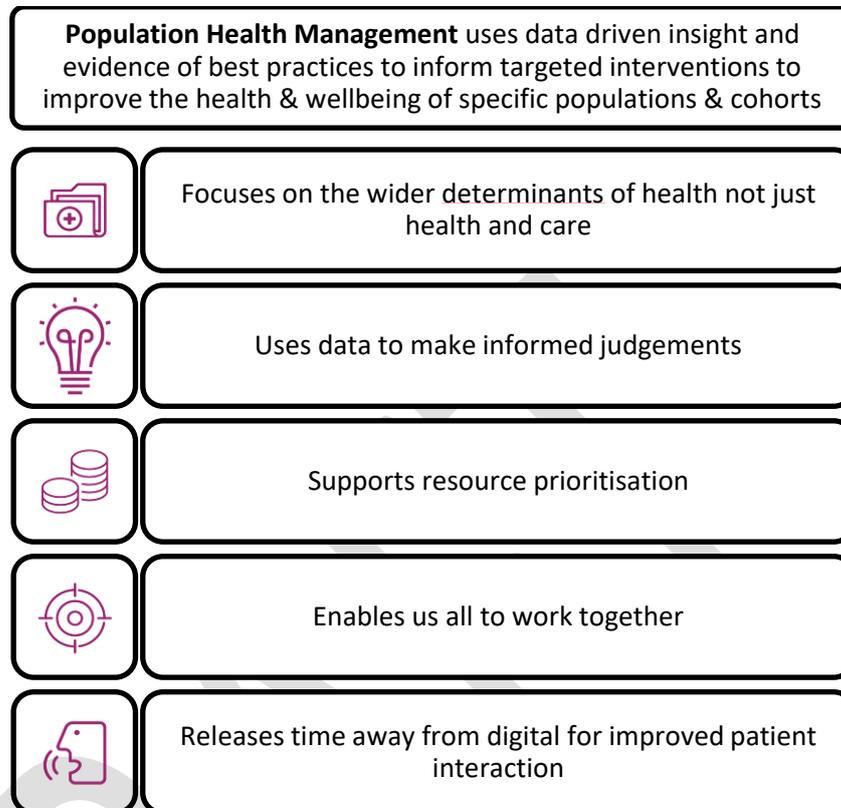
We believe that the best way to improve health outcomes for the people of Wirral is to take a population health approach, working together in partnership with individuals, communities and wider partners to understand in detail the health of our population and put together plans to improve health.



Our approach to Understanding and Improving Population Health in Wirral:

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

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



## Working in partnership to make Wirral a healthier place to live

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

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

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

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

## **The Local Plan**

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

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

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

## **Working with our local communities**

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

## A Commitment to Social Value

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

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

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

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

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

# What makes the NHS an anchor institution?

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



### Purchasing more locally and for social benefit

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



### Using buildings and spaces to support communities

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



### Working more closely with local partners

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



### Reducing its environmental impact

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



### Widening access to quality work

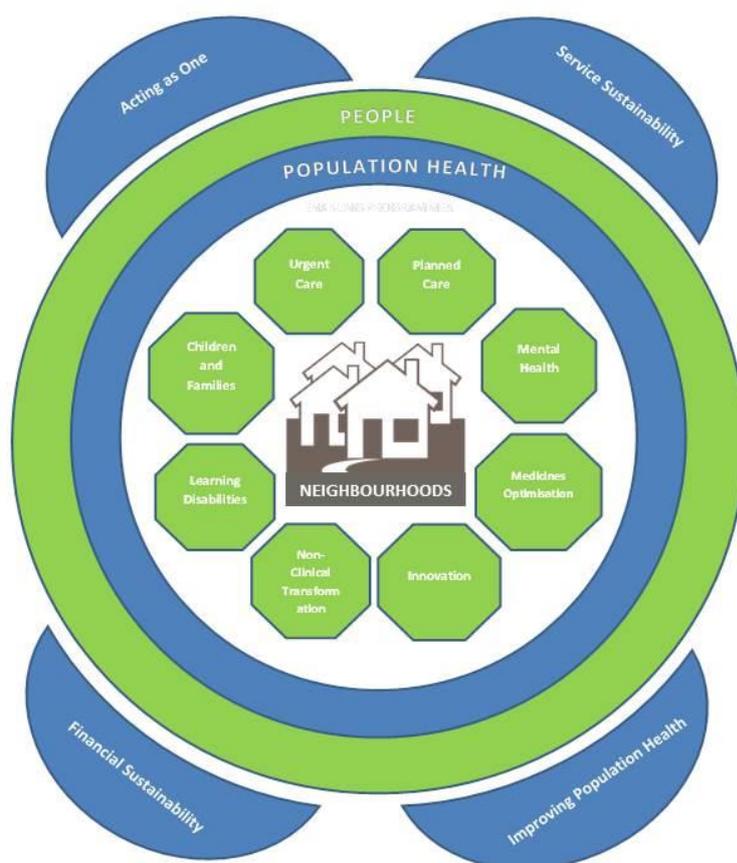
The NHS is the UK's biggest employer, with 1.6 million staff.

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

## Our Key Goals for delivering a *Healthy Wirral*

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

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



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

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

## Our Population Health Programme

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

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

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

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

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

### **Preventing ill health**

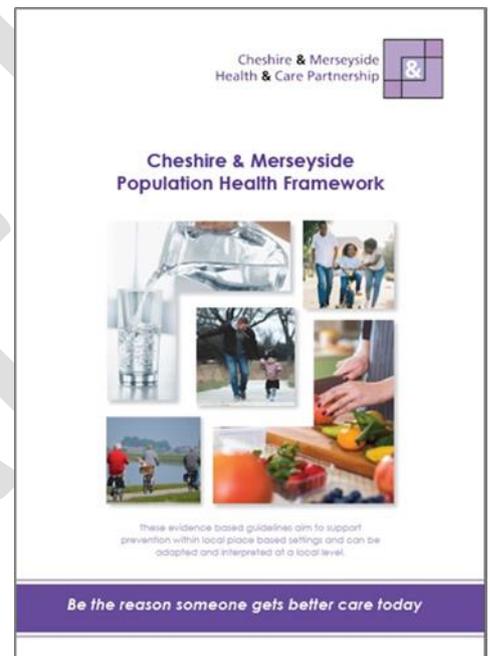
*Tobacco Control: Wirral's vision is to make smoking history for our children.*

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

Smoking Facts:

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

Wirral will continue to work in a systematic approach to:



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

### *Promoting a healthy weight*

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

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

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

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

### *Reducing Alcohol Harm*

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

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

---

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

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

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

### *Preventing cardiovascular disease (CVD)*

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

In order to prevent cardiovascular disease in Wirral we will:

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

## **Blood Pressure**

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

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

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



## ***Supporting people with long-term conditions to live well***

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

We will support people to do this by:

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

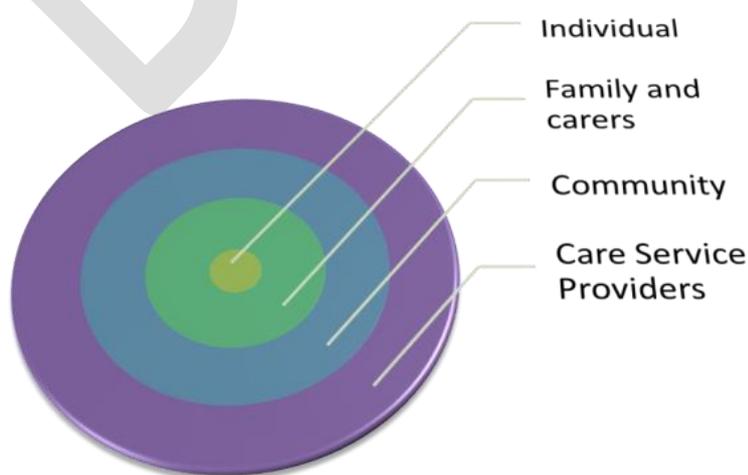
Social prescribing link workers connect people to wider community support which that can help improve their health and well-being and to engage and deal with some of their underlying causes of ill health.

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

## Our People

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

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



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

These priorities can be summarised as follows:

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

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

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

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

## Our Neighbourhoods: Improving Health and wellbeing where you live

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

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

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

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

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

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

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

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

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

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

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

## Children and Families

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

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

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

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

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

## Planned Care

### Planned Care

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

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

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

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

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

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

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

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

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

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

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

### Unplanned Care

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

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

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

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

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

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

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

## Mental Health

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

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

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

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

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

### Learning Disabilities and Autism

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

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

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

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

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

## Getting the Best from Medicines in Wirral

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

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

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

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

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

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

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

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

## *Reducing inappropriate antibiotic prescribing*

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

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

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



## Technology and Innovation

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

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

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

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

### Working Together to Improve Care: Wirral Care Record

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

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

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

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

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

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

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

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

## The NHS Long Term Plan and what it means for Wirral

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

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

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

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

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

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

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

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

### **So what does this mean for Wirral?**

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

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

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

#### **What do you think:**

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

#### **And how do you think:**

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

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

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

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

DRAFT

## Using Taxpayers Money Wisely

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

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

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

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

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

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

DRAFT

## Outcomes and Conclusions

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

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

Our Key Outcomes are:

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

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

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

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

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

	<p><b>Long Term Conditions:</b> Healthy Wirral Review:</p> <ul style="list-style-type: none"> <li>Phase 2, Development of a Long Term Conditions Community Model of Care</li> </ul> <p><b>Endoscopy:</b></p> <ul style="list-style-type: none"> <li>Pilot Referral Assessment System (RAS) for referral triage</li> <li>Review GIRFT (Get It Right First Time) data and agree actions</li> <li>Monitor referral rates and provide referral guidance and support as appropriate</li> <li>Undertake data analysis and ensure effective referral</li> </ul> <p><b>Ophthalmology:</b></p> <ul style="list-style-type: none"> <li>Review options for E-referral by Community providers directly to providers</li> <li>Explore opportunities for E-consult and electronic interfaces between community and secondary care to undertake pre-referral assessment</li> <li>Seek further opportunities to “shift left”</li> <li>Implementation of new ophthalmology model</li> <li>Effective triage within the community to support right place, right time.</li> </ul> <p><b>Stroke Pathway Improvement:</b></p> <ul style="list-style-type: none"> <li>Improve the use of self-care and early diagnosis technology for Atrial Fibrillation to avoid emergency admissions and strokes</li> <li>Improved outcomes for patients on Wirral from preventative diagnostics and reduced strokes on Wirral Enhanced Early Supported Discharge model of care to be agreed</li> <li>Delivery of the targets in the Long Term Plan</li> </ul>	<p>consultant referrals</p> <ul style="list-style-type: none"> <li>Clinic space released for agreed alternative use; consultant workload altered</li> <li>Improved reported patient satisfaction of outpatient care</li> <li>Delivery of patient choice of first outpatient appointment</li> <li>Better patient experience</li> <li>Optimal rates for virtual outpatient clinics</li> <li>Increase use of advice and guidance/ advice only referrals and reduction of face to face first outpatient appointments</li> <li>Reduction of need for face to face follow up appointments and increase in non-face to face approaches</li> <li>Reduction in consultant to consultant referrals and increase in primary care appointments</li> <li>Reduce unnecessary hospital visits through acute hospital efficiencies and adoption of best practice, supporting delivery of national standards.</li> <li>Reduce avoidable hospital visits where care could be supported or provided more appropriately or effectively elsewhere.</li> </ul>
--	--	--

	<p>relating to Stroke</p> <p><b>Nephrology:</b> Reduction of referrals:</p> <ul style="list-style-type: none"> <li>Continue to monitor new referral pathway</li> </ul> <p>Cardiovascular:</p> <p><b>Cancer:</b> Prevention:</p> <ul style="list-style-type: none"> <li>All boys aged 12 and 13 to be offered the Human Papilloma Virus (HPV) vaccination</li> </ul> <p>Early Detection:</p> <ul style="list-style-type: none"> <li>new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days</li> <li>Work with Public Health England to develop a plan for extension of the bowel cancer screening programme, to cover reduction in age to 50, and increase in sensitivity level</li> <li>Support Cheshire &amp; Merseyside Cancer Alliance to establish one RDC for the region</li> <li>Continue rollout of HPV primary screening for cervical cancer</li> <li>Support the Cancer Alliance in the rollout of Faecal Immunochemical Test (FIT) in the bowel screening programme</li> </ul> <p>Follow up pathway:</p> <ul style="list-style-type: none"> <li>All breast cancer patients will move to a personalised (stratified) follow-up pathway once their treatment end</li> <li>Colorectal and Prostate cancer patients will move to a personalised (stratified) follow-up pathway once their treatment ends.</li> </ul> <p><b>Outpatient Redesign:</b></p>	<ul style="list-style-type: none"> <li>Impact on carbon emissions via reduced patient travel</li> </ul>
--	--	---

	<ul style="list-style-type: none"> <li>• Continuation of Advice and Guidance (e-RS RAS) 6 Month Trial – Gynaecology, ENT and Renal – Wallasey PCN (North Coast Alliance) and Birkenhead PCN (Arno Primary Care Alliance)</li> <li>• Review and widespread rollout to remaining PCN’s</li> <li>• Continue to support and enable Wirral University Teaching Hospitals (WUTH) and GP’s to collaborate together to find agreement on devising novel new treatment pathways in:             <ul style="list-style-type: none"> <li>- Nephrology</li> <li>- Urology</li> <li>- Haematology</li> <li>- Orthopaedics (part of MSK)</li> <li>- Ophthalmology</li> </ul> </li> <li>• Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides.</li> <li>• Engage with the Cheshire &amp; Merseyside Programme work streams and implement their solution design appropriate to Wirral:             <ul style="list-style-type: none"> <li>- Dermatology</li> <li>- End of Life</li> <li>- Endoscopy (Gastrointestinal)</li> <li>- Haematology</li> <li>- Nephrology</li> <li>- Ophthalmology</li> <li>- Orthopaedics (part of MSK)</li> <li>- Urology</li> </ul> </li> </ul> <p><b>End of Life:</b></p> <ul style="list-style-type: none"> <li>• In conjunction with “Place” review the education, training and support needs of the system with a particular focus on Personalisation and early identification.</li> <li>• Review electronic records, identifying initiatives to</li> </ul>	
--	---	--

	<p>improve information flow to ensure a quality package of care within the integrated system.</p> <ul style="list-style-type: none"> <li>• Implement “Place” initiatives identified in the year 1 planning process and monitor progress through QOF</li> <li>• Monitor process against Year 1 initiatives, developing further as required.</li> </ul> <p><b>Dermatology:</b></p> <ul style="list-style-type: none"> <li>• Continue to monitor and evaluate pilot study for treating dermatology patients in Primary Care</li> </ul>	
<p>2021/22</p>	<p><b>Long Term Conditions:</b> Healthy Wirral Review:</p> <ul style="list-style-type: none"> <li>• Phase 2, Development of a Long Term Conditions Community Model of Care</li> </ul> <p><b>Cardiovascular Disease:</b></p> <ul style="list-style-type: none"> <li>• Early response: improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest</li> </ul> <p><b>Cancer:</b> Follow up pathway:</p> <ul style="list-style-type: none"> <li>• Identify other cancer patients that could benefit from a personalised (stratified) follow-up pathway once their treatment end</li> </ul> <p>Early Detection:</p> <ul style="list-style-type: none"> <li>• Targeted Lung Health Checks Programme (continuation)</li> </ul> <p><b>End of Life:</b></p> <ul style="list-style-type: none"> <li>• Support the wider system to provide enhanced levels of support and care through for example education and training with a clear emphasis on</li> </ul>	

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

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

	<ul style="list-style-type: none"> <li>Engage with the Cheshire &amp; Merseyside Programme work streams and implement their solution design appropriate to Wirral:</li> </ul>	
<p>2023/24</p>	<p><b>Long Term Conditions:</b> Healthy Wirral Review:</p> <ul style="list-style-type: none"> <li>Phase 2, Development of a Long Term Conditions Community Model of Care</li> </ul> <p><b>Cancer:</b> Early Detection</p> <ul style="list-style-type: none"> <li>Targeted Lung Health Checks Programme</li> </ul> <p>Outpatients:</p> <ul style="list-style-type: none"> <li>Stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.</li> </ul> <p><b>End of Life:</b></p> <ul style="list-style-type: none"> <li>Develop champions within Primary Care Networks to further embed enhanced services, whilst identifying on –going development of services at “Place” level.</li> <li>Monitor process against Year 4 initiatives, implementing and developing further as required.</li> </ul> <p><b>Outpatient Redesign:</b></p> <ul style="list-style-type: none"> <li>Embed new ideas and processes</li> <li>Continue to review and develop policies.</li> <li>Continue to support and enable WUTH and GP’s to collaborate together to find agreement on devising the novel new treatment pathways</li> <li>Refer to, and implement where appropriate, the ideas and suggestions put forward in the published NHS England Elective Care Guides.</li> <li>Engage with the Cheshire &amp; Merseyside</li> </ul>	

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

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

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

	<ul style="list-style-type: none"> <li>• Continue to refresh the CYP Long Term Plan on an annual basis through the 'Future in Mind' steering group and multi-agency commitments from Partnership for Children and Families strategy.</li> <li>• Review alignment of Special Educational Needs and Disabilities (SEND) agenda in line with CYP Mental health and identify robust action plans to align strategic planning.</li> <li>• Consider national and regional guidance regarding the implementation and alignment of services for 0-25 and develop project scope for implementation.</li> </ul> <p><b>Improving Access to Psychological Therapies (IAPT) and Common mental health problems</b></p> <ul style="list-style-type: none"> <li>• Undertake a targeted focus of older adults access levels</li> <li>• Fully implement Long term Conditions IAPT pathways in at least 4 condition pathways</li> <li>• Ensure delivery of referral treatment times and recovery targets.</li> </ul> <p><b>Adult Severe Mental Illnesses (SMI) Community Care</b></p> <ul style="list-style-type: none"> <li>• Implement the recommendations from the physical health and Mental health task and finish group to deliver an integrated care model in line with the neighbourhoods, initially focusing on SMI.</li> <li>• Consider the recommendations from the Cheshire &amp; Merseyside (C&amp;M) Personality disorder work stream in delivering new models of care across C&amp;M for this</li> </ul>	<p>Partnership plan to deliver improved MH outcomes for CYP which is aligned across different strategic directions.</p> <p>Improved visibility and oversight within MH planning of the needs of SEND.</p> <p>Improved support for 18-25 cohort who are not ready to transition to adult services.</p> <p>Increased number of older adults accessing IAPT with an improvement in overall health and well-being.</p> <p>Integrated MH and physical health delivery pathways to improve holistic needs of patients.</p> <p>Patients are seen within national referral to treatment timeframes and improvement in recovery and longer term outcomes for wellbeing.</p> <p>Patients will have their physical and mental health needs met within a primary care setting.</p> <p>Improved community model for support for people with a personality disorder and a reduction in out of area, high cost placements</p>
--	--	--

	<p>patient group.</p> <ul style="list-style-type: none"> <li>• Implement the SMI shared care guidance and mental health registry to increase numbers of physical health checks undertaken for people with an SMI.</li> <li>• Monitor the implementation of the IPS service launched in Oct 19 and the numbers of people accessing IPS.</li> <li>• Continue to achieve the Early Intervention (EI) standards and ensure data quality issues affecting performance in 2019 have been resolved.</li> <li>• Monitor CWP EI action plan to deliver National Institute for Clinical Excellence (NICE) concordance supported through the additional investment committed in 2019/20.</li> </ul> <p><b>Mental Health Crisis Care and Liaison</b></p> <ul style="list-style-type: none"> <li>• Implement the enhanced Crisis resolution &amp; Home Treatment (CRHT) service for adults in line with additional investment and transformation bid.</li> <li>• Further commitments are outlined in CYP section.</li> </ul> <p><b>Therapeutic Acute Mental Health Inpatient Care</b></p> <ul style="list-style-type: none"> <li>• Continue to maintain no out of area bed usage for CWP.</li> <li>• Undertake a review of bed status given East Cheshire community redesign and escalation status of inpatient services during 2019, ensuring appropriate bed usage and capacity to meet demand.</li> </ul>	<p>Numbers of people with a SMI receiving a physical health check will increase which will improve life expectancy and reduce premature mortality and other conditions.</p> <p>Individuals with a SMI are supported to return to employment or training as appropriate.</p> <p>People with a diagnosis of EIP are seen within the national timeframes to support quality care delivery and avoidance of deterioration.</p> <p>Service staffed in line with NICE guidance.</p> <p>People in Mental health crisis have their needs met within the local community and without having to attend A&amp;E</p> <p>Patients and families have a better experience of inpatient care as they do not have to travel to receive specialist treatment.</p> <p>Ensure the appropriate number of beds are available to meet demand, considering any trends with admissions.</p>
--	---	--

	<p><b>Suicide Reduction and Bereavement Support</b></p> <ul style="list-style-type: none"> <li>Continue through the Crisis Care Concordat to monitor the progress of the Wirral Suicide reduction programme and consider any wider C&amp;M benefits.</li> <li>Align our actions on Wirral to support the achievement of the C&amp;M goal for zero suicides</li> </ul> <p><b>Problem Gambling mental health support</b></p> <ul style="list-style-type: none"> <li>Monitor existing gambling provision from Beacon Trust and CAB gambling programme to consider demand and capacity.</li> </ul> <p><b>Rough sleepers</b></p> <ul style="list-style-type: none"> <li>Understand opportunities for co-commissioning of homeless provision across PC, MH and Public health contracts</li> </ul> <p><b>Place Addition</b></p> <ul style="list-style-type: none"> <li>Establish shadow arrangements for Integrated Provider with delegated commissioning functions</li> </ul>	<p>Reduce the numbers of incidents of suicide across Wirral.</p> <p>Understand local population gambling habits to commission appropriate gambling service provision.</p> <p>Robust integrated provision for rough sleepers that combines housing, social, mental and physical health needs.</p> <p>Proposed shadow year for testing an Integrated Provider model to include delegated commissioning functions</p>
<p>2021/22</p>	<p><b>Perinatal Mental Health</b></p> <ul style="list-style-type: none"> <li>Review outcome and learning of pilot from maternity outreach clinics and implement fully.</li> </ul> <p><b>Children and Young People</b></p> <ul style="list-style-type: none"> <li>Consider opportunities for alignment of NHS 111 (2) and CYP advice line.</li> <li>Pilot inclusion of CYP delivery into CRHT and consider any alignment with CYP assertive outreach teams.</li> <li>Consider use of Beyond Places of Safety (BPOS) (Spider project) for 15-18 cohort and review any alternative provision required to provide alternative to Accident and Emergency Department for CYP.</li> <li>Review CYP approach re addictive gaming habits as</li> </ul>	<p>Understand opportunities to fully implement wider maternity outreach clinic.</p> <p>Single point of access for mental health crisis for all ages.</p> <p>More CYP will be supported in the community and reduced need for inpatient admission.</p> <p>CYP will be able to access alternative crisis provision and reduced need to attend A&amp;E.</p> <p>Increased awareness of long term effects of gaming and</p>

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

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

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

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

	<p>Support the new GP contract (Year 2)</p> <ol style="list-style-type: none"> <li>1. supporting prescribing safety with(a) the expansion of clinical pharmacists in general practice; (b) the nationally-backed roll-out of the pharmacist-led information technology intervention for medical errors (PINCER or equivalent) by the AHSNs35; (c) the drive to tackle polypharmacy for complex patients, including in care homes; and (d) the quality payment scheme for community pharmacy</li> <li>2. Support the new national structured medication review and care homes requirements.</li> <li>3. The expansion of clinical pharmacists working in networks.</li> </ol> <p>Support the Anti-Microbial Resistance 5 year strategy working closely with the population health work stream</p> <p>Waste – Review dispensing for Care Homes and Domiciliary care providers to reduce the need for blister packs</p>	<p>Increase the numbers of pharmacists maximising medicines outcomes in primary care networks</p> <p>Reduce antibiotic consumption across the place Reduce the proportion of broad spectrum antibiotics prescribed Gain a greater understanding of formulary compliance across the system Public facing messages prepared and co-ordinated collaboratively Reduce the number of blister packs in the system</p> <p>Improve safety of medicines administration in care settings</p>
--	--	--

	<p>System wide response to the Medicines Safety Assurance Model</p> <p>Optimise medicines for patients in care homes through medication use review</p> <p>TCAMs extend project to increase benefits. Medicines reconciliation will form part of this from the CPCF</p> <p>Extend not dispensed scheme to maximise savings</p> <p>Extend to DOAC work to include all DOAC preparations</p>	<p>National guidance followed in Wirral Place</p> <p>Continue to improve prescribing and enhance medicines optimisation</p> <p>Increase numbers, decrease bed days</p> <p>Reduce wasted medicines</p> <p>All DOAC patients will be prescribed most appropriate cost effective medicine for their condition</p>
<p><b>2021/22</b></p>	<p>Support the new GP contract (Year 3)</p> <ol style="list-style-type: none"> <li>1. Mental Health focus</li> <li>2. CVD and inequalities requirement</li> </ol> <p>Respond and support as a system the changes in the community pharmacy contract (year 3) moving community pharmacy into a more integrated central role within primary care, enabling the sector to help to deliver the ambitions set out within the NHS Long Term Plan including referrals from urgent treatment centres, potential national case finding service for CVD and expansion of new medicines service</p> <p>AMR 5 year strategy (covered in Population Health Programme). Consider the need for Wirral place to have a system wide Antimicrobial Stewardship Pharmacist</p> <p>Delivery of QIPP/CIP programmes with multi-sector</p>	<p>Review how Pharmacy Medicines Optimisation can support PCNs and wider primary Care to implement these changes focussing on in year priorities</p> <p>Utilise the planned changes to optimise Medicines Optimisation in Wirral Place</p>

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

	<ul style="list-style-type: none"> <li>• Following on from our work with the Communications and Engagement Programme, co-designing the Healthy Wirral Staff Awareness Survey, we will look to work with the teams/organisations that are shown to need our support as a priority. The People Programme will support in progressing the capability of teams, meeting them at their point of need and helping them prepare for large scale cross-organisational transformation.</li> <li>• <b>Leadership Capability</b> – The Healthy Wirral Leadership development programme matures from the 2019/20 3<sup>rd</sup> Sector programme model. This will include opportunities for delegates to increase their understanding of their own Wellbeing and that of their colleagues around them, not simply traditional leadership principles and methodologies. Delivered wherever possible by local qualified/experienced facilitators it will provide opportunities to both those who are new to leadership and those who are more experienced in their understanding</li> <li>• <b>Conversational Capability</b> – building on the work carried out with Chairs and Chief Executives this development opportunity will be delivered to system teams/areas that have been identified through the Aligning Capability diagnostic. Initially, Neighbourhoods will be focused on to support proactive systems change and continuation of relationship development.</li> <li>• The Task &amp; Finish group will develop and create a Compact Agreement for inter-organisational behaviours. This will not only lay down a set of expectations for the behaviours that will be displayed when working with Healthy Wirral partners, but also an approach to follow when</li> </ul>	<p>processes, leads to capacity released which can be reinvested in multiple ways (Continues over following years as the Aligning Capability model is scaled-up across the Healthy Wirral footprint)</p> <ul style="list-style-type: none"> <li>• Individuals more empowered to deliver against their role</li> <li>• New roles and career pathways within the system are identified</li> <li>• Individual skills are utilised as effectively as possible and are not restricted by job description alone</li> <li>• Improved Leadership capability across the system</li> </ul>
--	--	--

	<p>people do not adhere to them; holding colleagues to account.</p> <ul style="list-style-type: none"> <li>• The Task and Finish group will develop and implement a bespoke training offer based on Imposter Syndrome. This is a subject that has kept resurfacing and colleagues have asked for more support in dealing with it.</li> <li>• <b>Attract, Develop and Retain Capability within the Healthy Wirral System</b> – a range of initiatives will be explored and developed which will include:             <ul style="list-style-type: none"> <li>a) Develop a Healthy Wirral approach to career progression</li> <li>b) Develop Healthy Wirral Apprenticeship(s)</li> <li>c) Develop Healthy Wirral approach to the identification of (and training for) new roles.</li> <li>d) Develop Healthy Wirral approach to workforce modelling which focuses on knowledge, skills and behaviours and new roles</li> <li>e) Develop a Healthy Wirral approach to recruitment and retention</li> <li>f) Establish opportunities for joint education and training programmes to support system organisational and workforce development</li> </ul> </li> <li>• Developing a joined up approach to harmonising and utilising a single Trainee Nurse Associate programme.</li> <li>• Developing a process for cross-organisational shadowing to enable cross organisational knowledge transfer and learning, and enable large scale change with a single common purpose.</li> <li>• <b>Wellbeing</b> – Deliver a single Healthy Wirral approach to Mental Health First Aid training with a single procurement process across the footprint.</li> <li>• Once the MHFA offer has been implemented, the</li> </ul>	
--	--	--

	<p>Task and Finish group, will consider consolidating further offers and approaches to staff across Healthy Wirral including:</p> <ul style="list-style-type: none"> <li>○ Flexible working options/policies</li> <li>○ Training on Domestic Abuse</li> <li>○ Know your numbers 'blood pressure'</li> <li>○ Health Checks</li> <li>○ Resilience and Change management training</li> <li>○ Wellbeing Coaches</li> </ul>	
<p><b>2021/22</b></p>	<p>Objectives beyond 2021 will be further refined and scoped as the People Programme Task and Finish Groups progress through their respective P&amp;OD pipeline. This will ensure Wirral People and System needs are routinely tracked and updated whilst also ensuring both National and Cheshire &amp; Merseyside HCP development/priorities are taken into account.</p> <p>Equally, where the Healthy Wirral Programme Board or external factors dictate, the priority of these objectives and their proposed delivery date/year can be adjusted to help drive progress of the overall Healthy Wirral programme.</p> <ul style="list-style-type: none"> <li>• <b>Aligning Capability</b> – The People programme will continue to work with <i>Healthy Wirral</i> Communication and Engagement leads, and using insight from staff surveys and other intelligence to support teams/organisations to align to the 5 year plan. Further support will be offered utilising the Aligning Capability model to establish the root cause of any barriers and develop supportive action plans.</li> <li>• <b>Conversational Capability</b> – Cross-organisational coaching will be offered, giving more Healthy Wirral organisations access to a wider variety of coaches</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced turnover and vacancies leading to reduction in use of bank/agency staff</li> <li>• Reduced absence and associated costs</li> <li>• Greater engagement and commitment of staff and Wirral people to the aims and objectives of the <i>Healthy Wirral</i> programme, and their role in delivery.</li> </ul>

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

This page is intentionally left blank

**Our System Operating Plan for 2019/20**



<b>Contents</b>	<b>Page</b>
<b>Healthy Wirral: Wirral's Integrated Health and Care System</b>	<b>3</b>
<b>Population Health Characteristics and challenges</b>	<b>4</b>
<b>System Priorities and Deliverables</b> <i>Healthy Wirral Programme</i>	<b>5</b>
<b>Integration of health and care systems and partners</b> <i>Integrating Health and Care Commissioning</i> <i>Integrating Health and Care Provision</i>	<b>8</b> 8 8
<b>Our Approaches to Understanding and Improving Population Health</b> <i>Population Health Intelligence</i> <i>Population Health Priorities</i> <ul style="list-style-type: none"> <li>• <i>Alcohol Misuse</i></li> <li>• <i>Smoking</i></li> <li>• <i>Air Quality</i></li> <li>• <i>Wirral Residents (Wirral 2020) and Health Inequalities</i></li> <li>• <i>Self-care</i></li> <li>• <i>Health Protection Priorities for Wirral</i></li> </ul>	<b>9</b> 9 10 10 11 12 12 12 13
<b>Our Place-Based System Approach</b>	<b>14</b>
<b>Key transformation programmes</b> <ul style="list-style-type: none"> <li>• <i>Planned Care</i></li> <li>• <i>Unplanned Care</i></li> <li>• <i>Mental Health</i></li> <li>• <i>Learning Disabilities and Autism</i></li> <li>• <i>Women, Children and Families</i></li> <li>• <i>Medicines Optimisation</i></li> </ul>	<b>16</b> 16 17 19 20 21 23
<b>Activity Assumptions</b>	<b>25</b>
<b>Capacity Planning</b> <i>System Capacity and Demand Planning</i> <i>Winter Capacity Planning</i>	<b>26</b> 26 26
<b>Workforce</b>	<b>27</b>
<b>System Financial Position and risk management</b>	<b>28</b>
<b>Efficiencies</b>	<b>30</b>
<b>Appendices</b>	<b>32</b>

**Healthy Wirral: Wirral's Integrated Health and Care System**

Wirral system partners recognise that it will only be through collective, actions as an integrated care system that we will deliver the best population health and wellbeing outcomes. In order to meet our mission of 'Better health and wellbeing in Wirral by working together' *Healthy Wirral* partners have agreed a broad vision which is:

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

This vision stresses the importance of preventing ill health and our people being in the right place at the right time. Recognising also the need to live within our means as a system, we also aim to maximise the value of the Wirral pound, by ensuring that this is invested in place based care that will deliver evidenced based, quantifiable quality outcomes for the population of the Wirral. Our strategy is summarised in a plan on a page at Appendix 1

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

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

system to return to financial balance.

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

### **Population Health Characteristics and challenges**

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

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

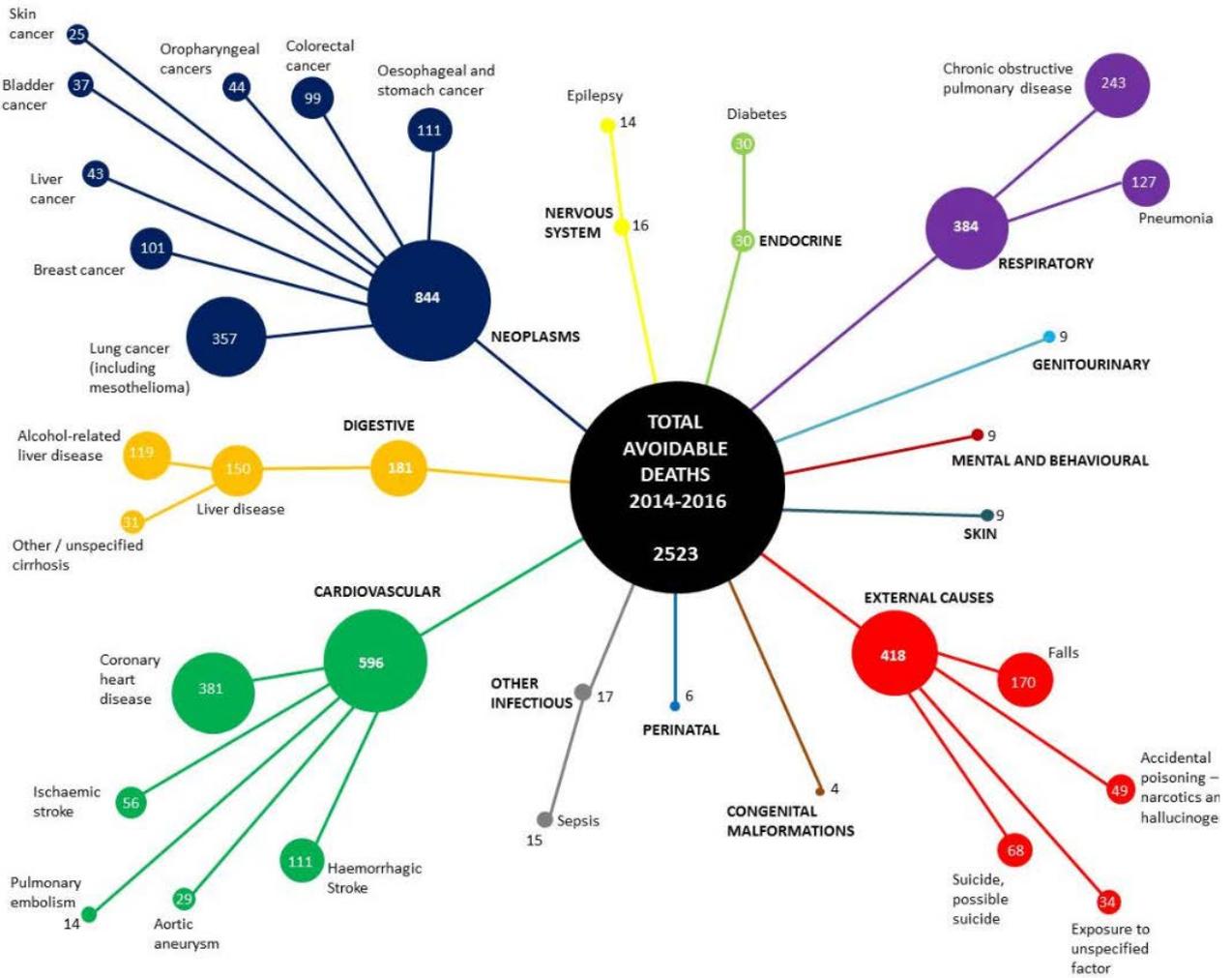
The number of physically active adults across Wirral is significantly lower than the England average. These issues present a difficult challenge for public health, commissioners and providers of health and care services across the region.

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

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

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

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



### System Priorities and Deliverables

#### Healthy Wirral Programme

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

to transform

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

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

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

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

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

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

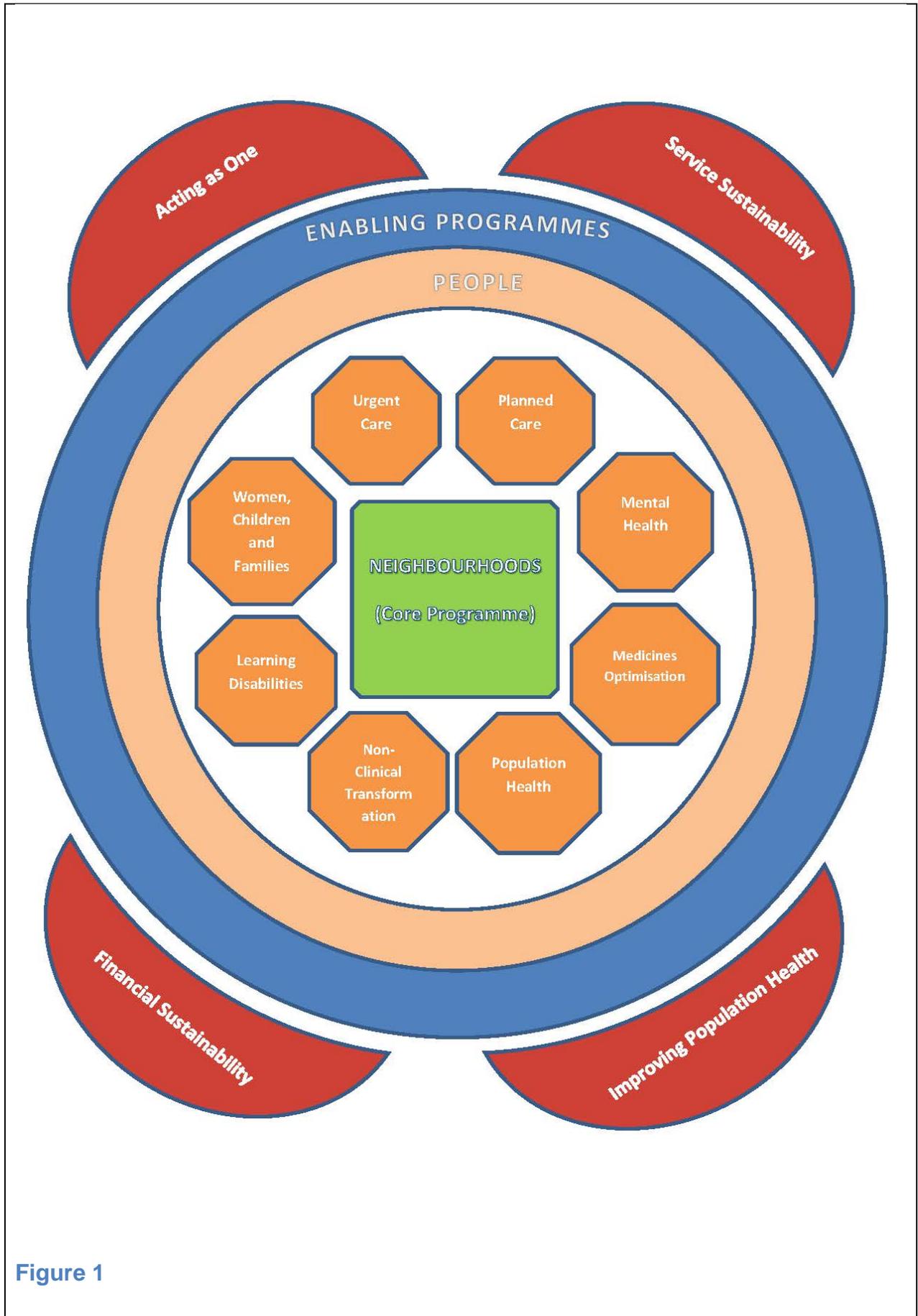
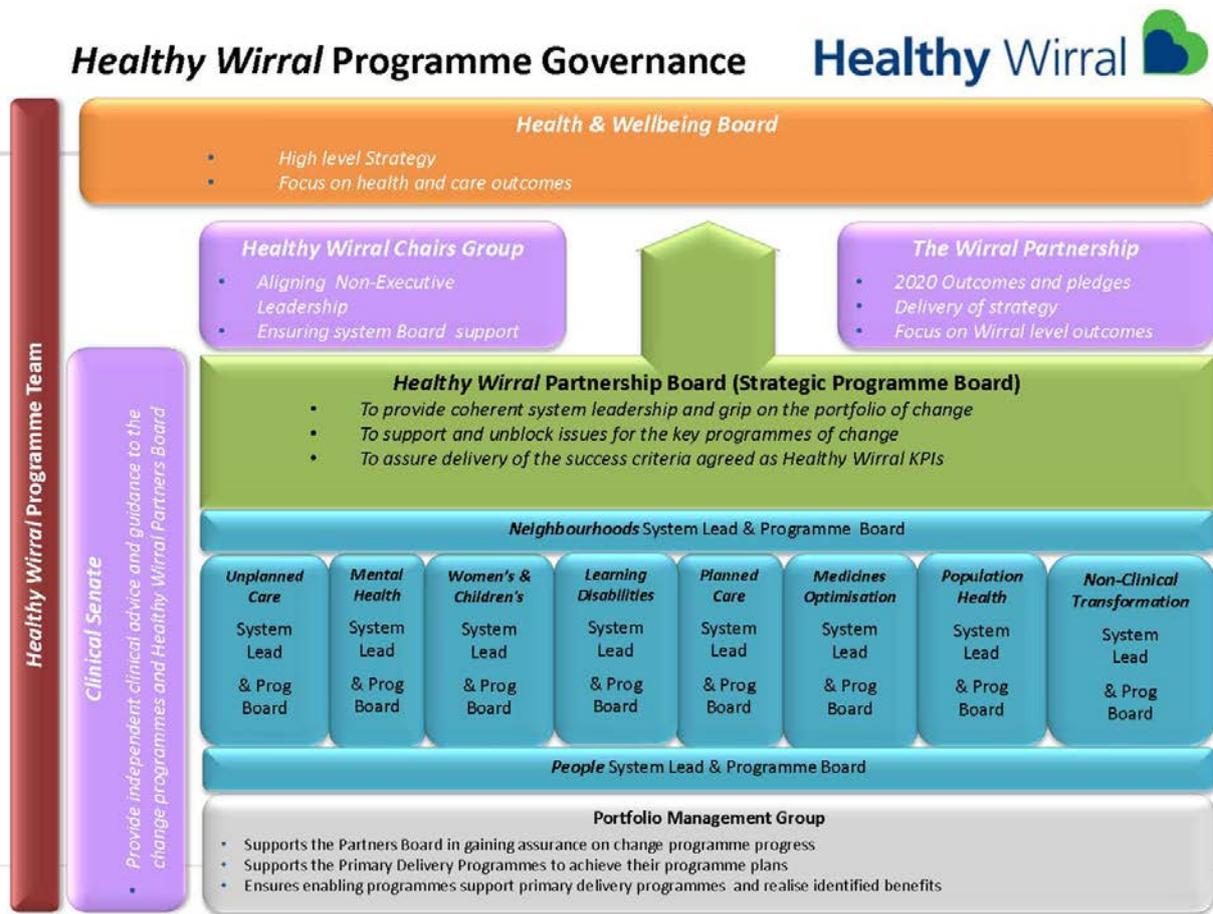


Figure 1

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



## Integration of health and care systems and partners

### *Integrating Health and Care Commissioning*

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

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

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

#### *Integrating Health and Care Provision*

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

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

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

### **Our Approaches to Understanding and Improving Population Health**

#### *Population Health Intelligence*

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

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

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

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

### *Population Health Priorities*

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

- *Alcohol Misuse*

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

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

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

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

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

- *Smoking*

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

We will seek assurance that:

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

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

- *Air Quality*

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

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

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

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

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

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

- *Self-care*

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

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

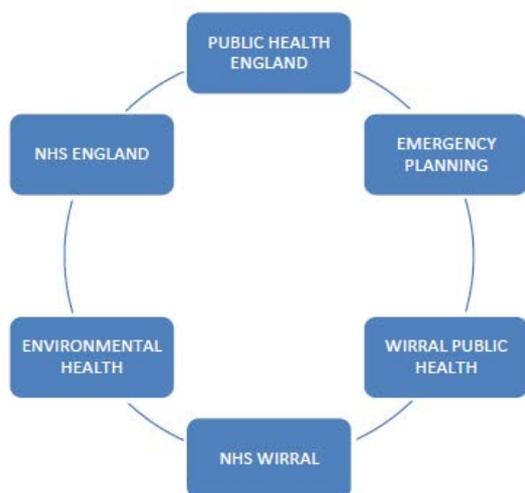
Wirral has been nationally recognised with examples of existing best practice related to promoting self-care and empowering communities. The overarching aim is to build on the existing work and develop a coordinated and systematic approach to Self-Care and takes a whole population approach incorporating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

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

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

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

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



### **Our Place-Based System Approach**

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

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

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

Neighbourhoods consist of an integrated workforce, with a strong focus on partnerships spanning primary, secondary, mental health and social care and importantly community and voluntary groups. Neighbourhoods will also utilise the support (assets) available in their area to the benefit of their particular population. The

aim is to improve outcomes for people and to deliver consistent and continuity of care.

The neighbourhood leadership team will be led by a GP to ensure co-ordination of the neighbourhood team in the delivery of health and care pathways. There will be a clear focus on the delivery of prevention, early intervention and proactive care to reduce the demand for reactive and specialist care.

Our vision for Neighbourhoods is:

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

Our plans to deliver this will involve:

- Organisation of **care around people's holistic needs** - physical health, mental health and social care.
- Development of services that are **clinically and financially sustainable** through greater integration of care, **reduction in duplication** across a pathway and **flexibility in approach** of delivery to meet local population needs.
- **Collaboration** and involvement with a **wider range of organisations** from different sectors, including the identification and use of 'community assets'
- **Partnership working with families, carers and public** and local neighbourhoods to transform the way that services are delivered and improve the **focus on population health and wellbeing**.
- **Sharing of expertise** and skills from different organisations to benefit how health and care is delivered.
- Make **community based care the central focus** of the health and care system
- Releasing GP time to enable more **effective, efficient and sustainable practices**

*Progress to date (including frailty)*

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

*Key deliverables for 2019/20*

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

will involve the following:

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

### **Key transformation programmes**

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

#### **Planned Care**

##### *Our vision for Planned Care*

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

##### *Progress to date*

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

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

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

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

#### *Key deliverables for 2019/20*

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

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

#### **Unplanned Care**

##### *Our vision for Unplanned Care*

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

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

##### *Progress to date*

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

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

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

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

#### *Key deliverables for 2019/20*

Our priority deliverables for 2019-20 are:

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

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

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

#### Assessment Service (CAS)

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

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

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

### **Mental Health**

#### *Our vision for Mental Health*

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

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

#### *Key deliverables for 2019/20*

Our key deliverables for Mental Health in 2019/20 are

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

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

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

## **Learning Disabilities and Autism**

### *Our vision for Learning Disabilities and Autism*

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

### *Progress to date*

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

Areas of work have commenced regarding increasing the number of health checks completed, including health action plans. Current figures (50%) indicate that the completion rate is below that expected so a scoping exercise has commenced to understand the reasons for the figures, involving the GP lead for LD, business intelligence and health facilitators from Cheshire and Wirral Partnership NHS Foundation Trust. A draft information pack has been developed for primary care and inclusion at GP members/neighbourhood sessions. The target by 2020 75%.

A project group for STOMP/STAMP has been established and pilot projects have been completed. Information has been disseminated to primary care and initial work

regarding awareness/e learning for GPs has been completed and will be progressed in 19-20.

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

#### *Key deliverables for 2019/20*

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

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

### **Women, Children and Families**

#### *Our vision for Women, Children and Families*

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

#### *Progress to date*

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

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

*Key deliverables for 2019/20*

Our immediate priorities for 2019/20 are as follows:

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

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

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

## **Medicines Optimisation**

### *Our vision for Medicines Optimisation*

The Medicines Value Programme for Wirral has been established to improve health outcomes from medicines through improving patient information, making best use of the clinical skills of pharmacists and pharmacy technicians, and implementing clinically effective prescribing and medicines reviews to ensure we are getting the best value from our medicines expenditure.

It aims to:

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

### *Progress to date*

#### Clinical Pharmacists (GPCP) in GP practices

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

#### Biosimilars

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

#### MOCH

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

#### Mental Health

- CWP Targeted Electronic Referrals to Community Pharmacy; concentrating on antidepressant medicines use review (MUR) to support suicide prevention, antipsychotic MUR to support relapse prevention, and improved adherence with medicines for diabetes or hypertension and inhalers to support admissions prevention. This has been extended to CPN case load for vulnerable patients living in primary care.
- CWP Targeted Electronic Referrals to Community Pharmacy to notify of Clozapine treatment alerting community pharmacists to likely complications such as bowel obstruction, dyscrasias, and the impact of smoking and other drug interactions on clozapine levels to reduce admissions.
- STOMP Work-Stream - 4 month NHSE funded pilot across 3 GP practices

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

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

#### Use of Population Health

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

#### General

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

#### *Key deliverables for 2019/20*

Our priorities for delivery include the following work areas:

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

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

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

### *Benefits*

#### Financial

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

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

#### Non-financial

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

### **Activity Assumptions**

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

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

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

## **Capacity Planning**

### *System Capacity and Demand Planning*

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

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

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

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

### *Winter Capacity Planning*

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

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

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

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

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

## **Workforce**

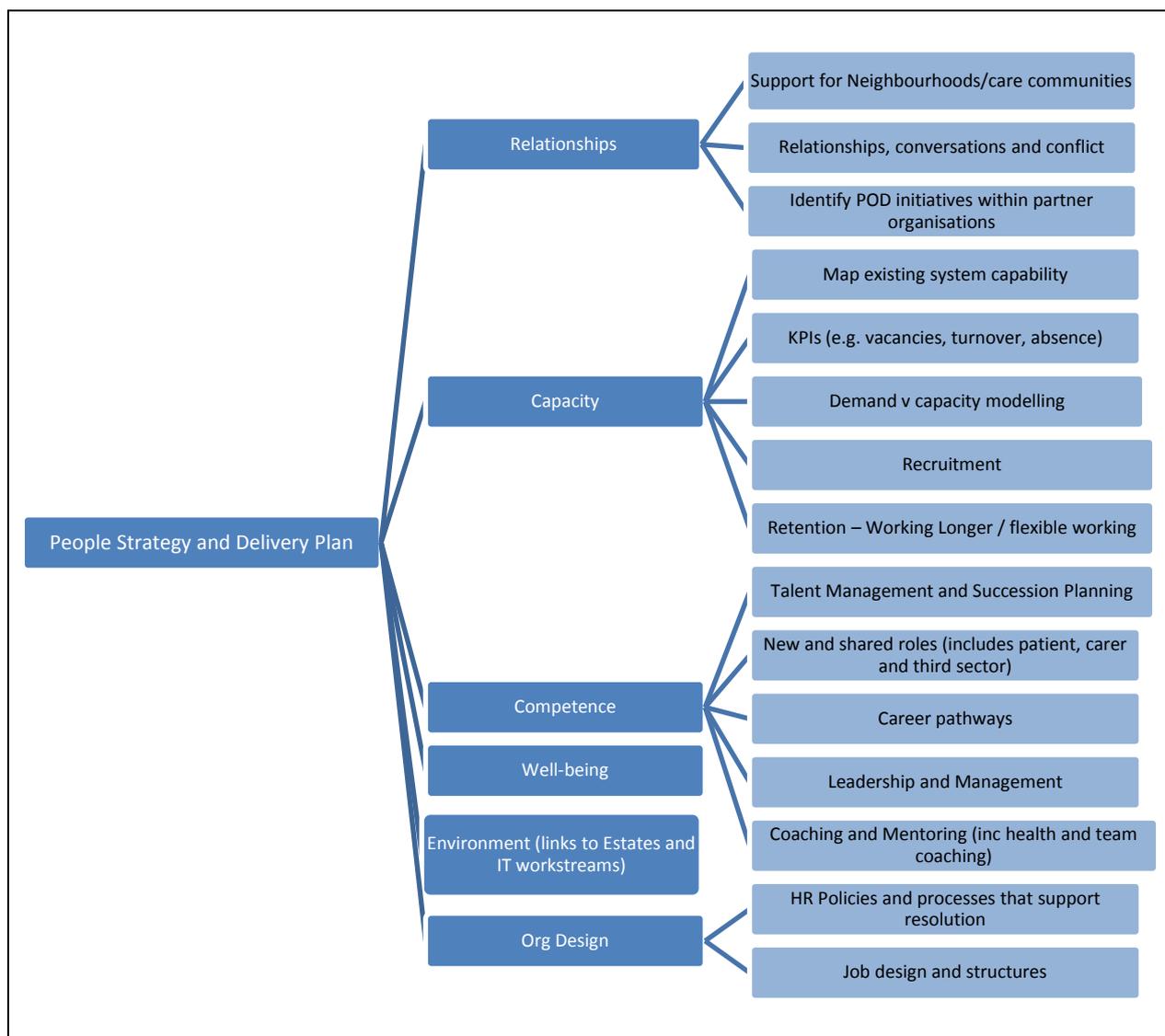
Wirral partners have a shared ambition to develop an effective and sustainable workforce, whose capability (capacity, competence and confidence) is aligned to the vision and aims of *Healthy Wirral*. This has resulted in a commitment to delivering a place based approach to the development of a Wirral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

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

Working closely with wider system partners across Wirral during 2018/19 has led to the development of a number of initial strategic priorities. These have been incorporated into the key system deliverables for 2019/20 and will be used to inform the Wirral long term People strategy. They are:

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

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



## System Financial Position

Wirral System Summary (excl LA)	WUTH £,000	WCT £,000	CWP (prop'n) £,000	WCCG £,000	System Total £,000
<b>19/20 deficit before CIP/QIPP and central monies</b>	<b>(32,005)</b>	<b>(1,995)</b>	<b>(1,117)</b>	<b>(24,245)</b>	<b>(59,362)</b>
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
<b>19/20 Submitted Net Planned Surplus / (Deficit)</b>	<b>0</b>	<b>995</b>	<b>151</b>	<b>0</b>	<b>1,146</b>
Risk adjustment				(14,793)	(14,793)
<b>Risk adjusted Planned Surplus / (Deficit)</b>	<b>0</b>	<b>995</b>	<b>151</b>	<b>(14,793)</b>	<b>(13,647)</b>

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

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

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

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

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

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

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

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

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

## Efficiencies

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

### WUTH £13.2m

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

### WCCG £6.3m

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

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

#### WCT £2m

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

#### CWP £1m

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

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

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

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

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

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

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

meetings with oversight from the CCG Medical Director

- All programme boards for the key primary programmes have clinical oversight and leadership, for example the Planned Care Board is chaired by the CCG Medical Director
- Wirral has developed an independent Clinical Senate to provide oversight, clinical leadership and challenge to programmes. The senate has representation from across the clinical and professional community of Wirral health and care commissioning and provision.
- All programmes are subject to Quality and Equality impact assessment processes established and overseen by the Director of Quality and Safety for Wirral Health and Care Commissioning

## Appendix 1: Healthy Wirral Plan on a Page

<b>PLACE Title</b>	<b>Healthy Wirral</b>	
<b>PLACE purpose/vision</b>	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'	
<b>Why are we doing this?</b>	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.	
<b>How are we going to do it?</b>	We will take a place-based system approach to transforming our services to ensure they meet the changing needs of our population and allow us to deliver safe and effective care within the resources available to us. We will do this by: <ol style="list-style-type: none"> <li>1. Acting as One: Exemplified in actions and behaviours. Delivering net system benefit</li> <li>2. Clinical Sustainability: Sustainable, high quality, appropriately staffed, organisationally agnostic services.</li> <li>3. Improving Population Health: Delivering the Healthy Wirral outcomes around better care and better health using a place based approach.</li> <li>4. Financial Sustainability: Managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value</li> <li>5. Effective Engagement - working with our public and patients to promote self-care by involving them in all decisions made about them.</li> </ol>	
<b>How we will work together?</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>What will be the outcome(s)?</b>	<b>Big 5</b> – larger deliverables (require more investment/potentially more sensitive/controversial)	<b>Fast 5</b> – JDI's/quick wins
	Wirral Organisational Development strategy implemented to deliver integrated place-based care	Effective Neighbourhood based operating model
	Integrated Urgent Care Transformation	Reduction in Non-elective admissions and ED attendances for frail and high intensity service users
	Sustainable financial strategy	Improved care and value outcomes through the implementation of Medicines Optimisation approaches
	Implementation of Population Health Programme and full adoption of the Wirral Care Record	Improved care outcomes and efficiency through shared service approaches within neighbourhoods

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



## HEALTH AND WELLBEING BOARD

DATE: 11<sup>TH</sup> MARCH 2020

<b>REPORT TITLE</b>	<i>Minimum Unit Price for Alcohol</i>
<b>REPORT OF</b>	<i>Julie Webster</i> <i>Director of Public Health</i>

### REPORT SUMMARY

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. Many health groups have been campaigning for the introduction of a minimum unit price (MUP) for alcohol in England to reduce the harm caused by cheap, strong alcohol.

This report details work taking place across the North of England to consider the introduction of a minimum unit price for alcohol.

### Background

Alcohol consumption has an impact on our social, economic and cultural life. In recent years alcohol consumption has increased dramatically and it is now estimated that 85% of adults drink alcohol.

Alcohol misuse is now the third biggest risk factor to health behind tobacco and high blood pressure. The Wirral Alcohol Strategy was published in 2015 with the aim for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives. The ambition set out in the strategy is to support Wirral to have a healthier relationship with alcohol by intervening as early as possible.

MUP is linked to the strength of the product and works by setting a floor price below which a product cannot be sold. In that way, it increases the price of the cheapest drinks which are most typically consumed by increasing and higher risk drinkers.

Research from Sheffield University indicates that we would see significant benefits from the introduction of a 50p MUP in England.

That same research clearly shows that MUP impacts on those people drinking at high risk levels, while leaving the average moderate drinker virtually untouched. It is also worth noting that most of the harm prevented would be found in more deprived groups. Despite not drinking more than high income groups, they suffer the greatest harm.

It is also worth noting that previous research has shown that less than 1% of products sold in pubs would be affected by a 50P MUP.

### RECOMMENDATION/S

In light of the harms caused in Wirral by the widespread availability of cheap alcohol and the improvements in alcohol related health and crime promised by the research. It is recommended that the Health and Wellbeing Board:

- Support lobbying activity in collaboration with councils across the North of England for the introduction of MUP in England
- Support work with neighbouring areas to consult on making a bid to introduce MUP at a regional/sub-regional/local level by making a bid using the Sustainable Communities Act

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

Local authorities in the North West and North East regions have been meeting for a number of years to discuss how MUP could be introduced to benefit their communities.

Those meetings resulted in the University of Sheffield receiving funding from the National Institute for Health Research (NIHR) to calculate the benefits of a 50p MUP at local authority level for the first time. These figures are now available for all upper tier local authorities in the North West, North East and Yorkshire and the Humber and have been shared with local authority chief executives, directors of public health and local MPs. Data for Wirral is shown in appendix 1.

The project has the support of the Association of Directors of Public Health (ADPH) and has also been welcomed by the Alcohol Health Alliance (AHA), a coalition of more than 50 organisations chaired by Prof. Sir Ian Gilmore, working together to reduce the harm caused by alcohol.

A Minimum Unit Price of 50p per unit was introduced in Scotland in May 2018. More information on MUP and its introduction in Scotland can be found here: <https://www.alcohol-focusscotland.org.uk/campaigns-policy/minimum-pricing/>

The North of England suffers most from the harm of alcohol both in terms of health and crime. The key finding from this piece of research is that the North of England would benefit most from MUP and that almost half of the deaths and hospital admissions prevented in England would be in the North East, North West and Yorkshire and the Humber.

#### **Research**

The research from the University of Sheffield reveals that a 50p MUP in England would see alcohol consumption in some areas in the North falling by almost twice the national average, leading to greater reductions in alcohol attributable deaths, hospital admissions and crimes. Almost half of the deaths and hospital admissions prevented and 39% of the crimes avoided would come from the three Northern regions – the North West, North East and Yorkshire and the Humber.

Key findings from the research indicate that in the North:

- An estimated 7,816 deaths attributable to alcohol would be prevented over the next 20 years, 48% of the total for England.
- Alcohol consumption would fall by 6% in the North of England, with by far the biggest reductions coming amongst the heaviest drinkers.
- Every year high risk drinkers would cut their consumption by the equivalent of around 14 bottles of vodka a year, while the average moderate drinker would reduce their drinking by less than half a bottle of vodka a year

- Alcohol attributable hospital admissions would reduce by an estimated 13,820, reducing pressure on the NHS, with people from the poorest communities seeing the biggest falls. The criminal justice system would also benefit, with crimes falling by 21,128 a year.
- Researchers estimate that cost savings to the NHS in the North alone would amount to £37m a year

### **Next steps**

Insight work with the public is currently underway in Cheshire & Merseyside and a set of recommendations for public engagement in MUP will be produced and shared.

A parliamentary event with Northern MPs is to be held on 25th March in the House of Commons where MPs can review the evidence for implementing a MUP and support can be gained.

A media release was sent out w/c 24 February 2020 based on the information presented above, ahead of Wales introducing MUP on the 2nd March. This was sent proactively to the media under the Association of Directors of Public Health brand.

## **2.0 OTHER OPTIONS CONSIDERED**

No other options have been considered.

## **3.0 FINANCIAL IMPLICATIONS**

For Wirral Council the research suggests that a 50p MUP would mean that:

- the NHS would save £688,635 per year,
- alcohol related hospital admissions would fall by 339 per year
- 160 deaths would be avoided over the ensuing 20 year period.
- 354 fewer associated crimes would be committed per year

## **4.0 LEGAL IMPLICATIONS**

Legal advice has identified the Sustainable Communities Act (SCA) as a possible locally driven route for implementation of a national MUP, should there be no appetite from Central Government at this point. There remains a small group of North West and North East Councils who would consider local action on this issue.

## **5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

There are currently no resource implications identified locally for this work.

## **6.0 RELEVANT RISKS**

Local people may see this policy measure in a negative light. A frequently asked questions sheet has been produced to address questions and queries. The insight work currently underway will also advise on the appetite of the public for this policy measure.

## 7.0 ENGAGEMENT/CONSULTATION

Insight work with the public is currently underway in Cheshire & Merseyside and a set of recommendations for public engagement in MUP will be produced and shared. The final report is due at the end of March 2020.

## 8.0 EQUALITY IMPLICATIONS

MUP is targeted at the heaviest drinkers who consume the cheapest, strongest alcohol, especially in our most challenged communities and would help to reduce health inequalities. It achieves this with little impact on moderate drinkers, including those on low incomes.

**REPORT AUTHOR:**    **Name: Julie Webster**  
                                  **Role: Director of Public Health**  
                                  telephone: 0151 666 5142  
                                  email: juliewebster@wirral.gov.uk

## APPENDICES

Minimum Unit Price Data Sheet for Wirral

Minimum Unit Price – Frequently Asked Questions

## REFERENCE MATERIAL

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	





## MUP Local Q&A

### **‘MUP will unfairly hit moderate drinkers’**

- Moderate drinkers will barely notice the difference under MUP. The average moderate drinker will consume the equivalent of half a bottle of wine less a year.
- Moderate drinkers, including those on low incomes, buy fewer than 2 units per week under the 50p unit mark.<sup>1</sup>
- Under a 50p MUP, the average moderate drinker would spend just £2.55 extra *per year* on alcohol. Of course, some would spend more, but many more would spend nothing extra at all because they buy all of their alcohol at more than 50p per unit.<sup>2</sup>

### **‘MUP will unfairly hit the poor’**

- Those from the poorest groups stand to gain the most from MUP. They are more likely to be abstainers and, if they do drink at risky levels, they are more likely to suffer harm than more affluent groups
- Previous studies have shown that 8 out of 10 lives saved under MUP would come from the poorest groups.<sup>3</sup> This research shows a similar pattern.
- Previous studies have shown that, under a 50p MUP, moderate drinkers from the lowest socioeconomic group are estimated to spend just £1.32 more *per year* on alcohol.<sup>4</sup>
- This research shows that anyone drinking moderately will hardly be affected by MUP at 50p because the vast majority of cheap alcohol is consumed by risky drinkers

### **‘We should ‘wait and see’ what happens in Scotland’**

- We don’t need to wait. The evidence is clear and recent figures show sales in Scotland in 2018 – when MUP was introduced - have fallen to a 24 year low. At the same time sales are increasing in England and Wales<sup>5</sup>
- There are some things we already know from Scotland. The implementation appears to have been relatively smooth and there are reports that sales of strong white cider typically consumed by heavy drinkers has fallen dramatically.

---

<sup>1</sup> University of Sheffield. FAQ – minimum unit pricing. Available at <https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/faq>

<sup>2</sup> *Ibid.*

<sup>3</sup> Holmes, J. et. al. (2014). *Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study*. The Lancet. Available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62417-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62417-4/abstract)

<sup>4</sup> University of Sheffield. FAQ – minimum unit pricing.

<sup>5</sup> Giles L, Robinson M. Monitoring and Evaluating Scotland’s Alcohol Strategy: Monitoring Report 2019. Edinburgh: NHS Health Scotland; 2019.

- The implications of delay are clear – lives would be lost and people would be hospitalised or the victims of crime when that could easily have been avoided
- The evidence is already clear and compelling. MUP would save lives, reduce illness and cut crime with this study showing that the North has the most to gain. The Westminster government should implement now and, like Scotland, review its impact after 5 years.

#### **‘The government could raise tax instead of introducing MUP’**

- MUP is much better targeted at the cheapest, strongest drinks consumed by those who experience the worst harms.
- To replicate the benefits of MUP, tax levels would have to rise between 30% and 700%. Such increases are politically unlikely and would hit moderate drinkers harder than MUP.
- MUP and tax increases are complementary measures – we need both. Tax rises would address the fall in the real price of alcohol across all products, whilst MUP deals with the specific problem of the cheapest alcohol.

#### **‘The modelling work done by Sheffield University is unreliable and untested’**

- Sheffield’s model is internationally renowned: MUP has been endorsed by the WHO, OECD, NICE and the World Bank, and Sheffield has been commissioned by governments across the UK and in Canada to model the impacts of MUP.
- The Sheffield research has been published in well-respected journals such as *The Lancet* and *The BMJ*. These journals are peer-reviewed, meaning that work appearing in them has been examined by other academics. The same cannot be said for the criticisms levelled at the research.
- The Sheffield research is based on over 1,300 estimates from around 150-200 studies of the relationship between alcohol price changes, consumption and harm.
- It is of course impossible to predict the future with complete accuracy. Nevertheless, modelling is used extensively by the Treasury, and is a legitimate way to evaluate the potential benefits of policies.

#### **‘MUP will damage the pub trade’**

- Pub prices would be left virtually untouched by MUP – only about 1% of prices in the on-trade would be affected.<sup>6</sup>
- If pubs are affected at all, they are likely to see tiny reductions in income, the equivalent of something like the price of one pint per week

---

<sup>6</sup> University of Sheffield (2013). [Modelled income group-specific impacts of alcohol minimum unit pricing in England 2014/15](#)

- This is perhaps why a survey of pub managers done by the Institute of Alcohol Studies found that they support MUP by a margin of 2 to 1.<sup>7</sup>
- MUP is aimed at the cheapest, strongest alcohol sold in supermarkets and corner shops, like super-strength cider and own-brand vodka.
- The pub trade could actually receive a boost under MUP. Pubs have been in decline partly due to falling alcohol prices in the off-trade, with two-thirds of alcohol currently being bought in shops and supermarkets.<sup>8</sup> Reversing this fall in off-trade prices could bring people back into pubs.

#### **‘MUP won’t work, because heavy drinkers won’t respond to price changes’**

- This is a myth. Most heavy drinkers are not dependent drinkers, and they do respond to price changes on the whole.
- Under a 50p MUP, high risk drinkers in the North are expected to reduce their consumption by an average of 370 units per year, the equivalent of 37 bottles of wine or 14 bottles of vodka.
- Of course MUP isn’t a magic bullet. We still need access to treatment for those dependent on alcohol who need it and we need restrictions on the availability and marketing of alcohol products.

#### **‘Under MUP, people dependent on alcohol might turn to drugs, illicit alcohol and crime’**

- Research suggests there are a range of things dependent drinkers may do, both good and bad. They may reduce their consumption or seek help from a treatment service, for example.<sup>9</sup>
- This group of people is complex and so generalisations can’t be made. In addition, much of the harm caused by alcohol is not done by dependent drinkers, and MUP will be a key measure in preventing future lives being ruined by addiction to alcohol.
- This should be compared with the problems alcohol is already causing. 4 in 10 violent crimes are alcohol-related.<sup>10</sup>
- If people turned to drugs and crime in Canada where a version of minimum pricing has been implemented, it must have been on a small scale, otherwise the health gains that occurred there would not have been possible.

---

<sup>7</sup> Institute of Alcohol Studies (2017). *Pubs Quizzed: what publicans think about policy, public health and the changing trade*. Available at <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp26092017.pdf>

<sup>8</sup> British Beer and Pub Association (2012). *Statistical Handbook 2012*. London: Brewing Publications Limited

<sup>9</sup> For an overview of potential consequences see: Stockwell, T. and Thomas, G. (2013). *Is alcohol too cheap in the UK? The case for setting a Minimum Unit Price for alcohol*. Institute of Alcohol Studies. Available at <http://www.ias.org.uk/uploads/pdf/News%20stories/iasreport-thomas-stockwell-april2013.pdf>

<sup>10</sup> Office for National Statistics (2017). *Overview of violent crime and sexual offences*. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/overviewofviolentcrimeandsexualoffences/pdf>

**‘The government has already taken action on cheap alcohol, with the ban on below-cost sales, and the increase in duty on high-strength cider’**

- Neither of these measures will make a real difference.
- The ban on below cost sales is estimated to reduce alcohol sales by just 0.04% overall, and 0.08% among harmful drinkers. This is equal to about 3 units per drinker per year (and harmful drinkers each consume an average of 3,700 units per year).<sup>11</sup>
- On cider duty, whereas a 3-litre bottle of 7.5% cider contains 22.5 units of alcohol, under the new regime a 3-litre bottle of 6.8% cider would avoid the higher rate of duty, yet still contain more than 20 units (the low-risk weekly guideline is 14 units).

**‘Alcohol consumption in the UK is falling’**

- Actually, it looks as though consumption levels in England have stopped falling and are on the rise again. While the latest figures show sales per adult in Scotland fell by 3 per cent in 2018 – the year MUP was introduced North of the border - they increased by 2 per cent in England and Wales over the same period<sup>12</sup>
- And consumption levels remain at historically high levels. We are drinking twice as much alcohol as we did in the 1950s.<sup>13</sup>
- Whilst there have been welcome falls in drinking levels amongst some groups, those who do drink are doing so more dangerously and health inequalities linked to alcohol are rising, with harm more concentrated amongst poor and vulnerable groups.

**‘MUP will lead to a windfall for retailers’**

- Potentially, but the intent of MUP is not anti-business, and retailer profits increasing is not a concern.
- News from Scotland seems to suggest that small retailers are seeing some benefit because they are now more able to compete with prices found in supermarkets
- In any case, as MUP is designed to reduce consumption of cheap alcohol, retailers may not stand to make much additional profit.
- Importantly, MUP will save the taxpayer money, as the costs linked with alcohol harm go down.

**‘Countries like France have cheaper prices yet don’t have a problem with alcohol’**

- The UK’s culture and drinking patterns are not the same as in France.

---

<sup>11</sup> Sheffield Alcohol Research Group (2013). *New research on impacts of minimum unit pricing and banning below cost selling*. Available at <https://www.sheffield.ac.uk/scharr/sections/ph/research/alpol/research/newresearch>

<sup>12</sup> NHS Health Scotland (2019). *Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS): Monitoring Report 2019*. Available at <http://www.healthscotland.scot/media/2587/mesas-monitoring-report-2019.pdf>

<sup>13</sup> British Beer and Pub Association (2007). *Statistical Handbook 2007*.

- Alcohol has always been cheap in France. In the UK we have seen alcohol become very affordable over a relatively short time period, but our drinking culture has not responded by slowing down consumption.
- We tried to encourage a more continental style of drinking in the UK with the relaxation of licensing rules in the 2000s. This relaxation has not reduced harm.
- Almost 7 in 10 adults believe that the UK's relationship with alcohol is 'unhealthy'.<sup>14</sup> We need to address our high levels of alcohol harm, and MUP is one of the best ways of doing this.

#### **'We already have some of the highest alcohol duty rates in Europe'**

- Over successive budgets, the government has given the alcohol industry tax breaks worth £9.1 billion up to the year 2024.<sup>15</sup>
- Alcohol is 64% more affordable than it was in 1987.<sup>16</sup> The affordability of supermarket beer has increased 188% since 1987; the figure for wine and spirits is 131%.<sup>17</sup> In England alone there are over 23,000 alcohol deaths and over a million alcohol-related hospital admissions each year<sup>18</sup> (PHE stats on alcohol). We need to do something and reducing the affordability is the most effective and cost-effective thing we can do.

#### **'MUP will reduce the tax take for government'**

- The impact on revenue to the Treasury is estimated to be broadly neutral as falls in alcohol duty due to lower sales are estimated to be largely matched by increased VAT receipts due to the higher value of the remaining sales.<sup>19</sup>
- MUP will also save the government and the taxpayer money, due to the healthcare and policing savings which will follow from MUP.
- In addition, MUP is very cheap to implement and therefore will be very cheap for the taxpayer.

#### **'MUP will affect jobs in the alcohol industry'**

- If people spend less money on alcohol, they will spend it elsewhere. Any loss to the alcohol sector will be compensated for with a boost to other sectors.

---

<sup>14</sup> Alcohol Health Alliance public opinion polling 2018.

<sup>15</sup> Institute of Alcohol Studies (2017). Budget 2018 analysis. Available at <http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb24112018.pdf>

<sup>16</sup> NHS Digital. *Statistics on Alcohol (2019)*. Available <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2019/part-7>

<sup>17</sup> Institute of Alcohol Studies (2018). *Briefing: The rising affordability of alcohol*. Available at <http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb20022018.pdf>

<sup>18</sup> Public Health England. Local Alcohol Profiles for England. Available at <https://www.gov.uk/government/statistics/local-alcohol-profiles-for-england-february-2018-update>

<sup>19</sup> University of Sheffield (2013). *Modelled income group-specific impacts of alcohol minimum unit pricing in England 2014/15*. Available at [https://www.sheffield.ac.uk/polopoly\\_fs/1.291621%21/file/julyreport.pdf](https://www.sheffield.ac.uk/polopoly_fs/1.291621%21/file/julyreport.pdf)

- The overall impact of MUP on the economy is likely to be positive. This is because reducing alcohol harm will reduce the number of days off work due to alcohol.

#### **‘MUP will place pressure on enforcement agencies’**

- The implementation of MUP in Scotland has proceeded smoothly with no signs of significantly increased costs to enforcement agencies
- The police and local authorities are already seeing significant costs picking up the pieces from alcohol harm.
- Frontline police officers are already paying the price of cheap alcohol. In a recent survey of frontline officers, they reported spending more than half of their time dealing with alcohol-related incidents and more than 75% said they had been assaulted by someone who was drunk.<sup>20</sup>

#### **‘Products at the bottom of the market will be lost’**

- Cheap, pocket money-priced products which are only consumed by dependent drinkers and children will be lost, and this is a good thing.
- Wide-ranging evidence suggests that MUP will save lives, reduce hospital admissions, cut crime and benefit the economy. These issues should be of primary concern.

#### **‘Implementing MUP will be challenging for retailers’**

- With the right support from government, retailers will not struggle to implement minimum pricing in their stores. The implementation seems to have proceeded smoothly in Scotland with few reported issues of non-compliance.
- Any pricing policy, including annual tax changes, imposes similar burdens. MUP should not be considered especially unusual.
- The Home Office estimated in 2012 that the cost of implementation for a 45p MUP would be minimal, and that retailers with Head Office support would have almost no costs.<sup>21</sup>

#### **‘Other countries could put up retaliatory trade barriers if we introduce MUP’**

- We are entitled to protect the health of our most vulnerable people through preventing the sale of high-strength alcohol at pocket-money prices.
- Alcohol is no ordinary commodity. It kills, and it wrecks lives, sometimes the lives of those who don’t consume the alcohol themselves. It is therefore right to seek to intervene to protect people from the negative impacts of alcohol.

---

<sup>20</sup> Institute of Alcohol Studies (2015). *Alcohol’s impact on the emergency services*. Available at [http://www.ias.org.uk/uploads/Alcohols\\_impact\\_on\\_emergency\\_services\\_full\\_report.pdf](http://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf)

<sup>21</sup> Home Office (2012). A minimum unit price for alcohol: impact assessment. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/157763/ia-minimum-unit-pricing.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf)

**‘Minimum pricing in Canada cannot be compared to MUP as proposed in the UK’**

- For all practical purposes they are comparable.
- The way minimum prices in Canada are calculated is slightly different, but in both countries we’re talking about raising the price of the cheapest alcohol products through the setting of floor prices for alcohol.
- After the minimum price of products was increased in parts of Canada, alcohol-related deaths and crimes went down. The evidence suggests the same would happen in the UK.

**‘There is no clear relationship between the price of alcohol and consumption’**

- Every time we walk into a supermarket we recognise that a product’s price influences whether and how much we buy – and the same applies to alcohol.
- The relationship between the affordability of alcohol and levels of consumption is absolutely clear and has been accepted by the government. The alcohol industry recognises this – otherwise they would not discount their products.
- What is also clear is that the more we drink, the greater the risk of medical conditions such as liver disease and a number of cancers, including breast cancer.

This page is intentionally left blank

# Minimum Unit Pricing (MUP) in Wirral



## What is MUP?

**MUP sets a floor price for a unit of alcohol. It targets the cheapest alcohol most commonly consumed by the heaviest drinkers.**

MUP was introduced in Scotland at 50p per unit in 2018, meaning 3 litres of strong cider (ABV 7.5%) now costs no less than £11.25. Currently in England, this same bottle of cider can cost as little as £3.50.

**Alcohol harm is a driver of health inequalities**, with more deprived communities suffering higher levels of harm despite consuming less alcohol; so when it comes to alcohol harm in England, there is also a North/South divide.

For this reason, **evidence about the impact of MUP is now available at a local authority level for most parts of the north of England** following a University of Sheffield research study. Key findings for our local area can be found below.



# Alcohol Harm in Wirral

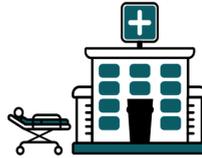
Current estimates of harm caused by alcohol in our area.

In our area, **87% of the alcohol sold for less than 50p per unit** is consumed by increasing and higher risk drinkers who make up 27% of the local population.



**12,904**

CRIMES CAUSED BY ALCOHOL EACH YEAR



**5,842**

HOSPITAL ADMISSIONS CAUSED BY ALCOHOL EACH YEAR



**2,681**

THEFTS OR ROBBERIES



**£27.6m**

ALCOHOL COSTS THE NHS A YEAR



**7,478**

INCIDENTS OF CRIMINAL DAMAGE



**2,745**

VIOLENT INCIDENTS



**84**

ADULTS DIE EVERY YEAR DUE TO ALCOHOL CONSUMPTION

# Impact of Minimum Unit Pricing on Alcohol Harm in Wirral

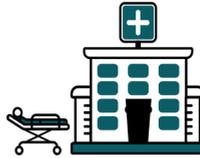
Estimated impact of a 50p MUP on harms caused by alcohol in our area.

A minimum unit price would **save lives**, prevent crime, **protect the most vulnerable** and save NHS money.



**354**

**FEWER** CRIMES CAUSED BY ALCOHOL EACH YEAR



**339**

**FEWER** HOSPITAL ADMISSIONS EACH YEAR



**69**

**FEWER** THEFTS OR ROBBERIES



**SAVE** THE NHS

**£688,635**

A YEAR



**206**

**FEWER** INCIDENTS OF CRIMINAL DAMAGE



**78**

**FEWER** VIOLENT INCIDENTS

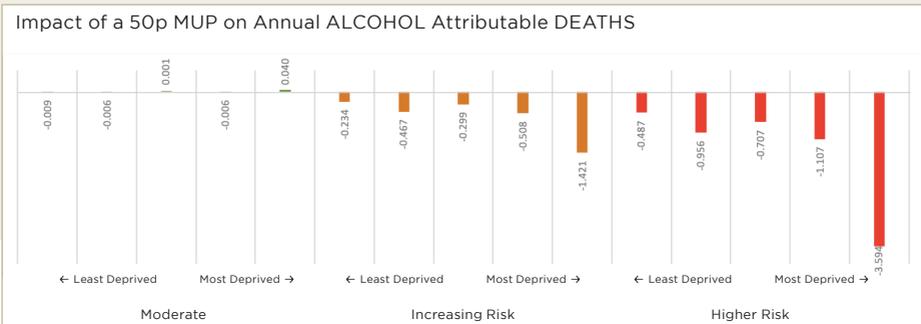
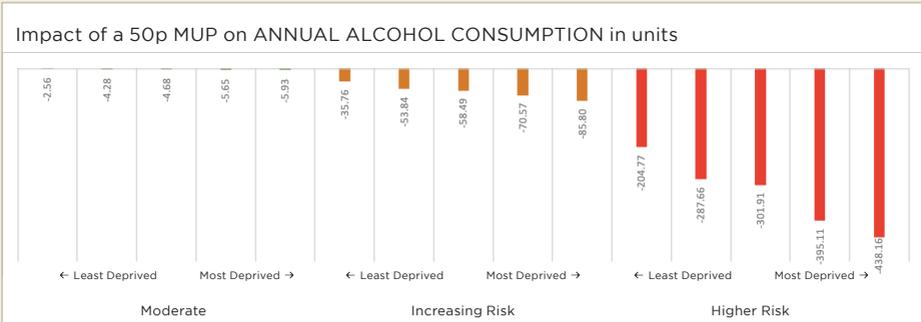
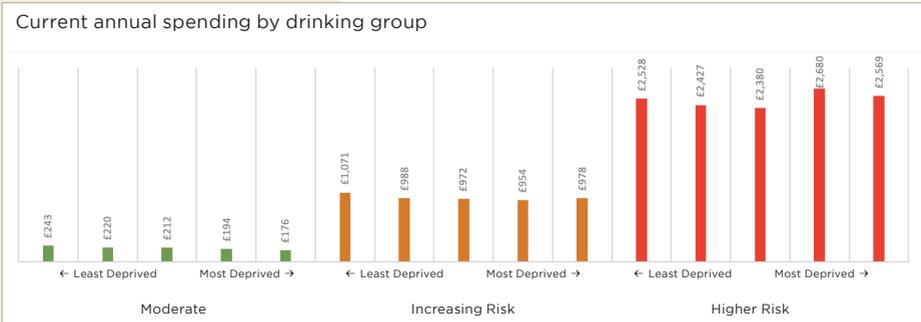


**160**

DEATHS **PREVENTED** IN THE NEXT 20 YEARS WITH A 50P MUP

# Who Would Be Most Affected?

MUP is targeted at the heaviest drinkers who consume the cheapest, strongest alcohol, especially in the most deprived areas, and would help to reduce health inequalities. It achieves this with little impact on moderate drinkers, including those on low incomes.



For the full research, including methodology and references visit, <http://sheffield.ac.uk/scharr>



## HEALTH AND WELLBEING BOARD

DATE: 11<sup>TH</sup> MARCH 2020

<b>REPORT TITLE</b>	<b>Wirral Pharmaceutical Needs Assessment (PNA) 2021 – 2024</b>
<b>REPORT OF</b>	<b>Julie Webster, Director of Health and Wellbeing (DPH)</b>

### REPORT SUMMARY

This report is to inform the Health and Wellbeing Board of the process for producing a new Pharmaceutical Needs Assessment (PNA) for Wirral for the period 2021-2024.

A further report will be brought to the Board when the draft Pharmaceutical Needs Assessment (PNA) for 2021 – 2024 is ready for public consultation and ahead of signing off the final publication of a new PNA for Wirral on or before 1<sup>st</sup> April 2021.

### Background

Since April 2013, Health & Wellbeing Boards have been responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA), which provides a detailed review of existing pharmacy provision, including current service provision, opening hours as well as an assessment of population needs.

The Health and Social Care Act 2013 stipulates that a new Pharmaceutical Needs Assessment must be produced every three years. To date Wirral has produced three PNAs in 2011, 2015 to 2018 and the current version 2018 to 2021. Since 2014 the approach has been led by Public Health and produced by Wirral Intelligence Service, with support from local partners and partners from across Cheshire and Merseyside. This approach will be repeated for the renewed PNA (2021-2024).

The PNA is used primarily by NHS England to inform their local commissioning decisions with regard to community pharmacy services. It also informs councils and Clinical Commissioning Groups (CCGs) for planning purposes.

There is a legal requirement for the Wirral Health and Wellbeing Board to publish an updated PNA before the 31<sup>st</sup> March 2021.

Wirral's current PNA was produced in 2018 and concluded that the borough is well served in terms of spread of community pharmacies. There was one pharmacy for every 3,402 residents, which compared favourably to the national average of one pharmacy for every 5,000 residents.

### RECOMMENDATION/S

The Health and Wellbeing Board is requested to note that the:

1. process has begun to produce a new Wirral Pharmaceutical Needs Assessment (PNA) for the period 2021 to 2024
2. final PNA will be published on or before 31<sup>st</sup> March 2021

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

The Health & Wellbeing Board has the responsibility for the publication and update of the local Pharmaceutical Needs Assessment (PNA) as a consequence of the 2013 Health & Social Care Act. The PNA provides a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs that can direct future provision.

### 2.0 OTHER OPTIONS CONSIDERED

Not applicable.

### 3.0 FINANCIAL IMPLICATIONS

Not applicable for Wirral Council though NHS England will use the PNA as the basis for future commissioning decisions in relation to community pharmacy services.

### 4.0 LEGAL IMPLICATIONS

There is a statutory requirement for the local Health & Wellbeing Board to produce a PNA every three years.

### 5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no additional resources to complete PNAs. The PNA will be produced by Wirral Intelligence Service and Public Health teams in collaboration with Cheshire and Merseyside Councils to ensure consistency in approach and production.

### 6.0 RELEVANT RISKS

The new PNA has been delivered within the required timeframe as before 31<sup>st</sup> March 2021.

### 7.0 ENGAGEMENT/CONSULTATION

#### **Public Survey – Pharmacy Services**

A public survey will be conducted between April and May 2020. Responses will be collated and reported to the board at the appropriate time. The engagement for the current PNA is online on Wirral Intelligence Service website.

#### **Pharmacy Survey – Contractors and provision**

A Pharmacy Survey will also be conducted between April and May 2020. Responses will be collated and reported to the board at the appropriate time. The engagement for the current PNA is online on Wirral Intelligence Service website.

### **Formal consultation on a new draft PNA**

As part of the production of the new PNA, there is a statutory requirement to consult for a minimum period of 60 days with a wide group of consultees including some mandated consultee groups (listed in Appendix 1). This consultation is scheduled to be held for a minimum of 60 days at some point between November 2020 and February 2021. Responses will be collated and reported to the board at the appropriate time.

## **8.0 EQUALITY IMPLICATIONS**

There are no equality issues arising directly from this report

**REPORT AUTHOR:** **Julie Webster**  
**Director for Health & Wellbeing**  
Telephone: 0151 666 5142  
Email: [juliewebster@wirral.gov.uk](mailto:juliewebster@wirral.gov.uk)

## **REFERENCE MATERIAL**

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. <https://www.legislation.gov.uk/uksi/2013/349/contents/made>

## Appendix one

### According to pharmaceutical regulations

<https://www.legislation.gov.uk/ukxi/2013/349/regulation/8/made> the draft document must be distributed for comment to:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Any persons on the pharmaceutical lists
- Dispensing doctors (if situated within Wirral boundary)
- Any Essential Small Pharmacies (known as LPS chemists) contracted under the Local Pharmaceutical Services provisions by NHS England
- Local Healthwatch
- Any consumer or community group that Wirral H&WBB consider having an interest in the provision of pharmaceutical services
- Any local NHS trust or NHS Foundation Trusts in the area
- NHS England/NHS Commissioning Board
- Neighbouring Health and Wellbeing Boards

### The draft PNA will also be distributed for comment to:

- Councillors and Committees
- Wirral Partnership
- GPs, Practices and other Primary Care Staff
- Wirral Health and Care Commissioning (covering NHS Wirral Clinical Commissioning Group, Wirral Council Adult Social Care and Public Health)
- Neighbouring Local Authorities
- Neighbouring Local Pharmaceutical Committee
- Neighbouring Local Medical Committee
- Local Dental Committee
- Local Ophthalmic Committee

### Patients and Public

- Patient Participation Groups
- Older People's Parliament
- Voluntary Sector Groups
- Community Sector Groups
- Faith Sector Groups

### Other Methods considered:

- Press releases to variety of outlets
- Council and Partners websites
- Wirral Intelligence Service Website and Bulletin
- Council Engagement Contacts via email distribution
- Local Pharmaceutical Committee website and bulletin

**Note:** Four hard copies of the Draft PNA (2021-2024) will be placed in accessible main libraries/council buildings for the duration of the consultation period (one per constituency)

All other opportunities will be explored in this process to extend access wherever possible

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<a href="#">14/03/2018 - Health and Wellbeing Board</a> Additional documents:  <a href="#">WIRRAL PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2018-2021 - FOR INFORMATION</a> <ul style="list-style-type: none"><li>• <a href="#">Wirral PNA 2018 to 2021 FINAL, item 41</a></li><li>• <a href="#">Wirral HWBB PNA Appendix 13 Consultation Report FINAL March 2018, item 41</a></li><li>• <a href="#">Link to final PNA 2018, item 41</a></li></ul>	14/03/2018
<a href="#">30/01/2018 - Adult Care and Health Overview and Scrutiny Committee</a>	30/01/2018
<a href="#">19/07/2017 - Health and Wellbeing Board</a>	19/07/2017

This page is intentionally left blank



**HEALTH & WELLBEING BOARD**

**11TH MARCH 2020**

<b>REPORT TITLE</b>	<i>Update on Unplanned Care System</i>
<b>REPORT OF</b>	<i>Jacqui Evans – Assistant Director for Unplanned Care and Community Care Market Commissioning, WHCC</i> <i>Heather Harrington, Senior Commissioning Lead, Unplanned care, WHCC</i> <i>Nesta Hawker – Director of Commissioning and Transformation, WHCC</i>

## **REPORT SUMMARY**

The following report provides the Wirral Health and Wellbeing Board with an update on progress achieved to date 2019/20 and considers next steps and priorities for 2020/21. The focus of the report will be on current performance with a progress update provided against the system priority areas.

## **RECOMMENDATION/S**

- Note the update and ongoing priorities overseen by A&E Delivery Board
- Recognise the interdependencies of all partners to the resilient delivery of the 4-hour standard and wider key performance requirements
- Note the improving position, challenges and priorities for 2020/21

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

N/A

### 2.0 OTHER OPTIONS CONSIDERED

N/A

### 3.0 BACKGROUND INFORMATION

- 3.1 Wirral submitted a system plan, as required by NHSE, outlining applied learning from 18/19 with a clear system wide plan to improve patient flow and outcomes for 19/20.
- 3.2 The system agreed, via A&E Delivery Board, to prioritise efforts on the following key deliverables for 19/20:
- Achievement of ambulance handover and turnaround times, eliminating corridor care
  - Increased patients streamed out of A&E into other urgent care services, aided by the launch of the Interim Urgent Treatment Centre (UTC), to achieve NHSE agreed target (20% streamed out of A&E).
  - Reduction in long length of stay (LLOS) patient cohorts in line with NHSE agreed trajectory of 40% reduction
- 3.3 Alongside this, a number of supporting projects were identified to support delivery of the above priority areas. These include:
- Frailty / Falls
  - New Target Operating Models to be launched for:
    - Community Rapid Response / Home First including Home to Assess pilot
    - Single Point Access (SPA)
    - Integrated Discharge Team (IDT)
  - High Intensity Users
  - Expansion of teletriage and Urgent Care Advice and Treatment (UCAT) (previously Acute Visiting Service)
  - Enhancement of Same Day Emergency Care (SDEC) Pathways
  - Improved delivery of Transfer to assess (T2A) with a focus on reducing Length of Stay (LOS)
  - Recommission of Transfer to Assess (T2A)/ Intermediate Care
- 3.4 A system wide operational plan was agreed incorporating the above areas and from this local Service Delivery Improvement Plans were agreed. Progress against the targets set out within these plans is reviewed during formal contract meetings.
- 3.5 The Urgent Care Operational Group (UCOG) continues to meet fortnightly to ensure traction against priority areas feeding into A&E Delivery Board and Urgent Care Execs who continue to meet weekly. Streaming and Long Length of Stay remain standing items on the agenda.
- 3.6 An urgent care dashboard is produced monthly to demonstrate performance against key targets and improvement/deterioration is demonstrated via SPC charts with accompanying narrative.
- 3.7 A system wide winter plan for 19/20 was agreed and shared with NHSE including a local delivery agreement between all partner organisations.

## 4.0 KEY ISSUES/MESSAGES

### 4.1 Wirral's Approach to Winter 2019/20

- 4.1.1 The capacity and demand modelling undertaken in 18/19 was refreshed to consider additional capacity required for winter 19/20. It concluded that if the Wirral system's performance was optimised, it has more acute and community beds than are needed. However there remains an over-reliance on beds and a cultural change is needed to embed a home first ethos. It further concluded that if a LOS of 5.2 weeks was achieved in T2A, this would be equivalent to an additional 10-15 beds for the system. 32 beds if a LOS of 4.2 weeks achieved.
- 4.1.2 In response to the continued pressure on acute beds, it was agreed that the 22 acute beds, due for closure in October 2019, would remain open, however as a result of the VENN modelling, the only additional community beds commissioned for the winter period were as follows:
- 3 Residential EMI beds
  - 1 Nursing EMI bed with option to spot purchase a second
  - 2 mental health crisis beds
- 4.1.3 Targeted work has been undertaken to improve LOS within T2A base – see section 4.4.11 for more detail. Although this has only partially improved, capacity within T2A has been maintained throughout winter 2019/20.
- 4.1.4 Domiciliary care has seen a 12% growth in activity for 19/20, following the launch of the new commission in April 2019. An additional domiciliary provider went live during December 2019 to increase support to West Wirral following a dip in performance in this area. See section 4.3.11 for more detail.
- 4.1.5 In addition to the above, the following additional schemes were implemented for Winter 2019, and will be evaluated March/April 2020:
- Specialist respiratory nurses and community matrons supporting A&E / Assessment areas
  - Joint working protocol for all uninjured falls to be diverted to Medequip Falls Pick Up service
- 4.1.6 In response to heightened pressures including multiple bed closures due to norovirus and flu, the system established a silver command centre which replaced daily system teleconferences. The silver command has involved twice daily meetings chaired by the acute with representation from all partner organisations and once daily community silver command meetings. These have proved to be an excellent mechanism for enhanced joint working and communication to escalate issues and facilitate rapid discharge/ admission avoidance.
- 4.1.7 The system is currently reviewing winter learning from 19/20, to ensure lessons learned are fed into the 20/21 approach and priorities.

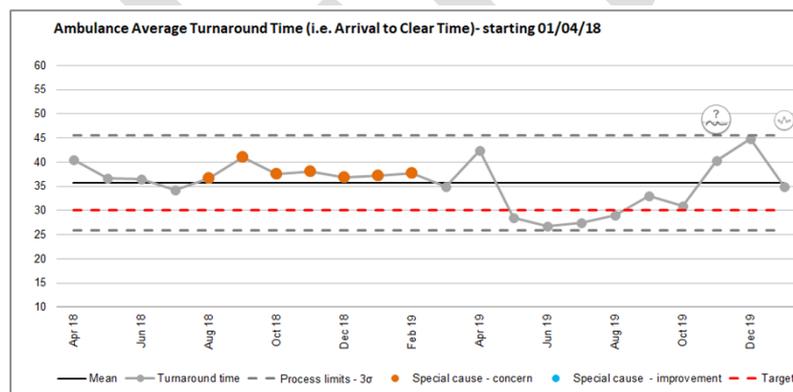
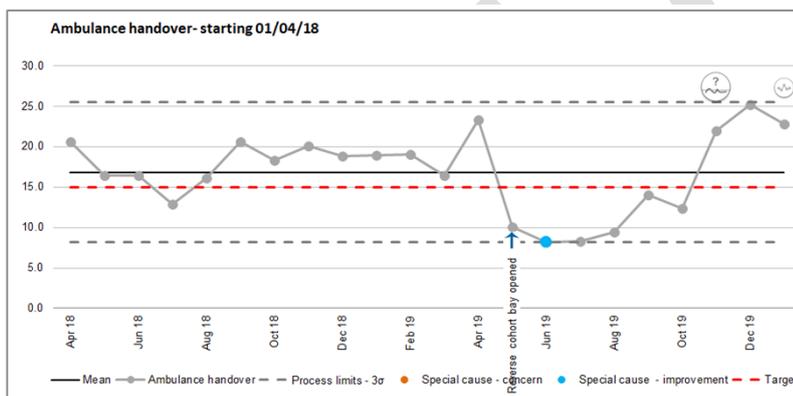
## 4.2 Current Performance

4.2.1 Current performance (January 2020) is demonstrated below:

Metric	4-hour standard (A&E & UTC)	Ambulance Handover	Ambulance Turnaround	Streaming (av)	LLOS (04.02.20)	DTOC	T2A LOS (weeks)	Patients in acute awaiting dom.	Patients in acute awaiting reablement	Occupancy
Performance	70.50%	23 mins	35 mins	26	211	1.6%	6.3	8	23	95.1%
Target	95%	15 mins	30 mins	47	125	2.70%	4.2	6	6	95%
Variance	24.50%	8 mins	5 mins	21	86	+1.1%	1.1	2	17	0.1%

4.2.2 The data above highlights that across the unplanned care pathway, the system is struggling to maintain performance in line with agreed targets.

4.2.3 4-hour performance and ambulance performance continue to fail to meet the National standards set. The introduction of a Reverse Cohorting Area (RCA) led to significant improvements in handover and turnaround times which were maintained until November 2019 however increased pressures over winter led to a drop in performance. Overall the position 19/20 has been much improved compared with 18/19 as demonstrated below:



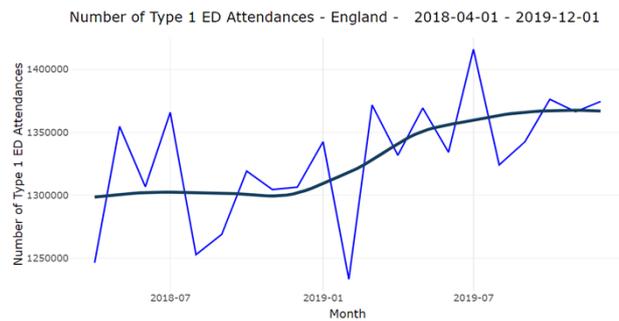
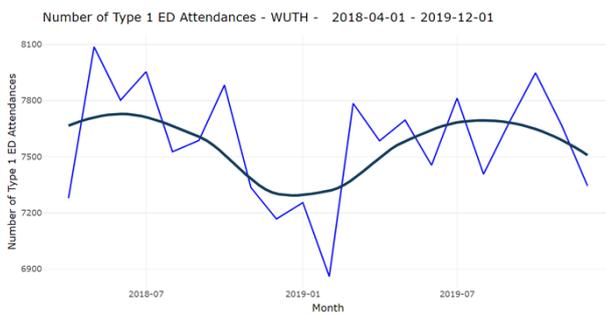
4.2.4 Performance against the National standards for 4 hour and ambulance metrics have been impacted by a number of factors:

- Relatively high proportion of long length of stay (LLOS) patients leading to delays for patients awaiting admission
- Delays in discharging non-complex patients
- Bed losses due to norovirus/ flu
- Low weekend discharges

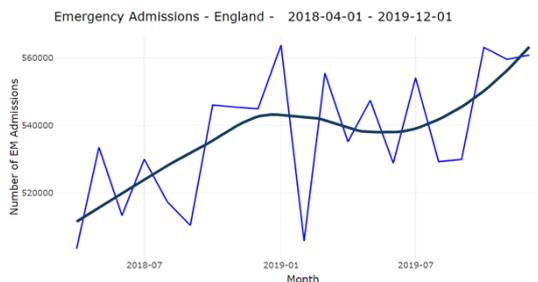
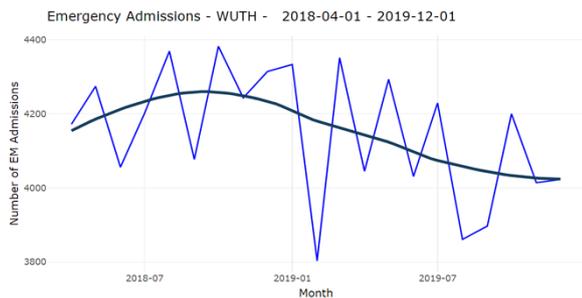
- Underutilisation of capacity within UTC for patients to be streamed to to reduce overcrowding in ED
- Staffing shortages within A&E department

4.2.5 Analysis of local data compared with National, demonstrates that Wirral have been successful in reducing A&E attendances and Non-Elective Admissions against a trend of increased demand.

## ED Attendances



## Non Elective Admissions



4.2.6 This pattern suggests that the attendance and admission avoidance schemes commissioned within BCF are having the desired impact. Further analysis is underway to establish which services are having the greatest impact. It also highlights that the pressures felt by the system are linked more to acuity and length of stay rather than increased demand.

## 4.3 Priority Area Updates

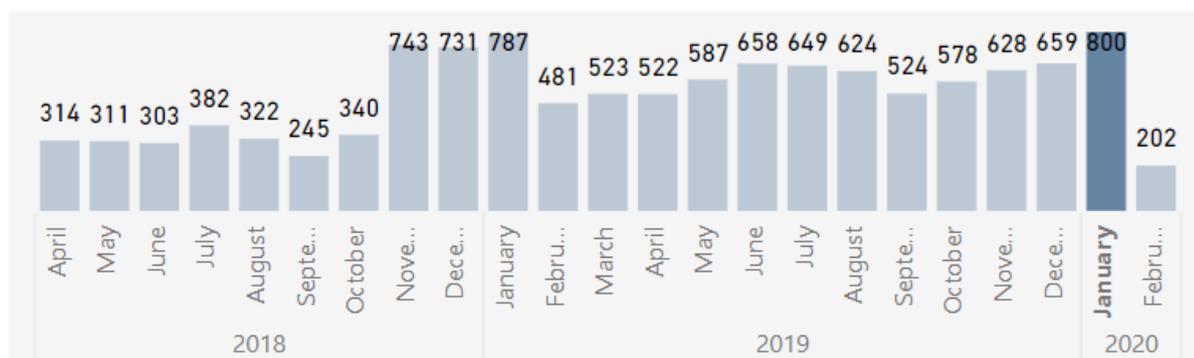
### Streaming / Interim Urgent Treatment Centre (UTC)

4.3.1 The Walk in Centre (WIC) at Arrowe Park Hospital (APH) was re-designated as an Urgent Treatment Centre from 19 December 2020. This resulted in the following changes/developments to enhance the level of service offered and increase the number of patients that can be appropriately streamed:

- Access to diagnostics such as x-ray
- GPs with specialist knowledge and experience in acute medicine covering the streaming rotas within the UTC along with Advanced Nurse Practitioners to deliver the service

- Point of care testing (POCT) to be available comparable to UMAC/AMU – WCT are working with biochemist from WUTH to ensure quality assurance including sign off of staff competency. Full implementation has been delayed due to timeframe to fully train staff. This has been escalated to executive level with the aim of accelerating training and full implementation.
- Less complex minor injuries to be managed within UTC – staff competencies are being reviewed however there is a list of minor injuries that the UTC staff are already trained to deliver.

4.3.2 Streaming activity has increased over the last few months with January 2020 peaking at 800 patients streamed, an average of 26 per day.



4.3.3 Despite the progress made, performance remains significantly below target position of 20% of ED attendances to be streamed to the IUTC. This would equate to approximately 47 patients per day for January 2020. A further ask has been made by NHSE to increase this proportion to 26% however it has been requested that this is communicated formally to WHCC but this will make the challenge for Wirral even greater.

4.3.4 It is evident that significant numbers of patients continue to be treated in A&E that should have been streamed and managed within the UTC.

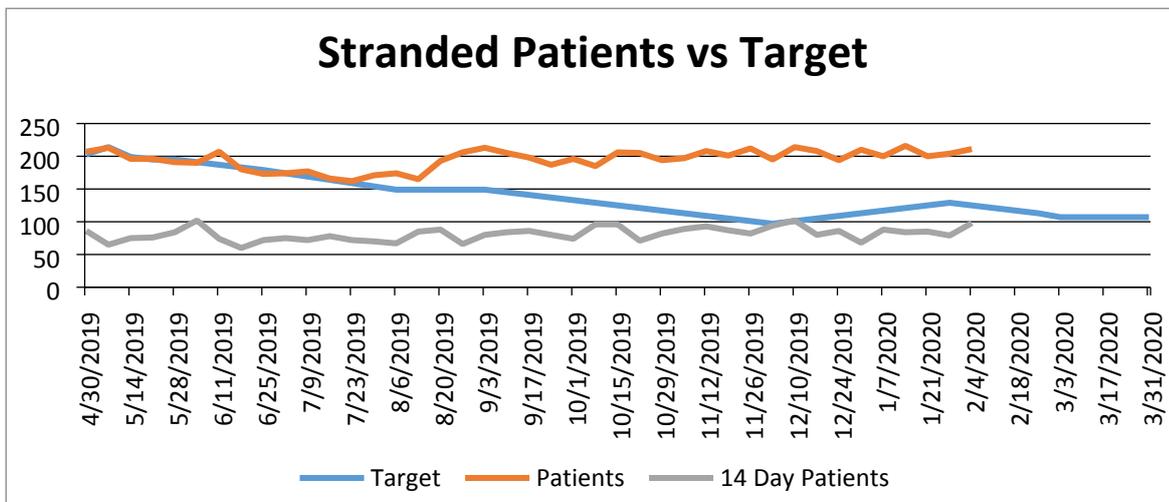
4.3.5 The following two key actions were agreed at executive level in an attempt to boost the number of patients streamed:

- WUTH to undertake an audit of adherence to the simple and complex streaming protocols and pathways. The findings to be presented at the streaming meeting on 14 February 2020 – It was reported that due to the coronavirus this audit hasn't been undertaken. The ED Manager is undertaking this and presenting at the February 28<sup>th</sup> 2020 UTC/Streaming Meeting
- Deputy Medical Director (WUTH) to liaise with colleagues in ED to inform colleagues that the list of 'minor' minors suitable for streaming into the UTC immediately will be adopted and added to the streaming protocol. It was reported at the UTC/Streaming meeting on 14<sup>th</sup> February that this discussion has not taken place and the Commissioning Consultant for WHCC will be following this up 17<sup>th</sup> February 2020

4.3.6 Focussed work will continue to further optimise streaming into the new UTC with a view to develop integrated working across WCT, WUTH and PCW to maintain competencies for new and existing members of staff.

### Long Length of Stay (LLOS) in acute setting and Ward Based Care

4.3.7 NHSE set a 19/20 target of reducing LLOS (patients with a LOS  $\geq$  21 days) by 40%, this equates to a year end position of 107 patients. Performance against this target is demonstrated below, latest position 211 patients:

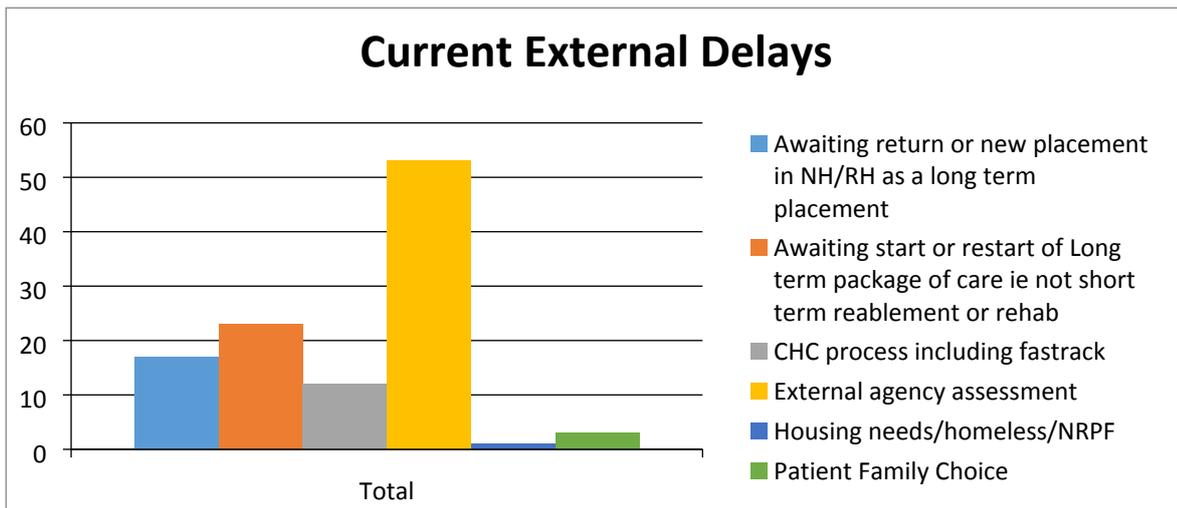


4.3.8 The Emergency Care Intensive Support Team (ECIST) have been supporting the system to implement robust weekly LLOS reviews with the aim of unblocking some of the issues creating delayed discharge. Whilst this has provided further oversight into what these patients are waiting for, it has yet to make a material difference to the number of LLOS patients within the acute.

4.3.9 It is acknowledged that improvements to ward based care as a whole will result in improvements for LLOS patient cohorts as well as facilitating more efficient and timely non-complex discharges. These include the following key actions being taken this month:

- Roll out of perfect board rounds adopting SAFER principles – 100% compliance so far with all wards to be embedded by end February. The system will then utilise ward level dashboards and spot checks to ensure sustainability.
- Rapid Improvement event held to make key changes to pathway/processes for fast track patients to eliminate delays currently experienced
- Focussed efforts to embed criteria led discharge. Therapy led discharge is now in place with a Standard Operating Procedure (SOP) being developed for weekend discharges. Nurse led discharge is being implemented on a phased approach with criteria initially leading to independent nurse discharge.
- Out of area discussions to resolve delays discharges non-Wirral residents

4.3.10 It is acknowledged that a proportion of discharge delays are external to the acute Trust and these are broken down as follows:



4.3.11 The most significant area of external delays are broken down further below:

Category	Number
Ongoing active rehab with SMART goals whilst in an acute setting	18
Awaiting a POC with CAT	7
Awaiting T2A bed - TOC completed await bed availability	2
Awaiting T2A bed - SW to review and TOC to be completed	4
Awaiting STAR	10
Ongoing Social Work involvement	15
Awaiting M1 rehab bed	0
Awaiting CRC/Neuro bed	2

4.3.12 Categorisation is based on National ECIST codes which classify all rehab as an external delay however it is evident that the largest single delay was ongoing active rehab in an acute setting. Whilst this is an internal factor, it is probable that, if the home first ethos was fully embraced, some of this rehab could be delivered in a community / home-based setting.

4.3.13 Ongoing social work involvement is the highest single external factor listed (excluding acute rehab). This is further broken down as follows:

Category	Number
OOA awaiting SW allocation	0
OOA ongoing SW assessment	2
NTA pending	1
New referral pending pathway plan	1
Awaiting SW allocation	6
Ongoing SW assessment	15
Awaiting allocation for Health Documentation	2
Health Documentation in progress	1
Awaiting Community SW allocation	0
Ongoing Community SW assessment	2
CMHT awaiting SW allocation	0
CMHT ongoing SW assessment	0
A/w IMCA	1

4.3.14 Ongoing Social Work assessment makes up the largest proportion of social work involvement and is broken down as below:

Ongoing Hospital SW assessment	Number
No update on LL	0
Care plan for POC to be completed/in progress	2
Care plan for Care Home to be completed/in progress	1
Financial assessment to be completed/in progress	1
CHC involvement required meeting to be arranged	0
New SW involvement - assessment beginning	5
MCA for discharge destination	1
Await psych recommendation	1
FCC/BIM to be arranged	3
OOA	1

4.3.15 A rapid improvement plan for IDT has been developed which aims to enhance productivity and efficiency within IDT to further support timely discharge and contribute to reduction in LLOS.

4.3.16 Domiciliary Care and reablement (STAR) are also identified as areas contributing to delayed discharge. The position for this has improved significantly compared to previous years and is favourable to performance compared with both regional and national standards. The deployment of the new brokerage tracker has allowed greater oversight of demand and activity and the market has been responsive to this.

4.3.17 Despite the improvements, a temporary issue impacted one of the key West Wirral providers' ability to respond to referrals from Mid-August 2019 and unfortunately this impacted on overall waiting lists and response times. The market faces an ongoing challenge with not only high referral levels but also high volume of individual support requirements.

4.3.18 An additional provider went live Dec 19 to support additional demand across Wirral. As demonstrated by the data below, performance has increased significantly with only 1 patient waiting in excess of 21 days for reablement.

As at 12.02.20	Dom Care	Re-ablement	CHC Hosp	TOTAL
Less than 48 hrs	0	5		<b>33</b>
48 hrs to 1 week	7	6	1	
1-2 weeks	7	9	1	
2-3 weeks	0	2	0	
Over 3 weeks	0	1 (longest 32 days)	0	
<b>TOTAL</b>	<b>8</b>	<b>23</b>	<b>2</b>	

4.3.19 It should be noted that Wirral consistently meet the DTOC (delayed transfers of care) national target of 2.7% suggesting that the majority of delays are classified as internal and occur at or before point of MDT agreement regarding discharge pathway.

#### 4.4 Supporting Priority Updates

##### Frailty / Falls

- 4.4.1 The NWAS end to end audit conducted Feb 2019 highlighted falls as a significant issue for Wirral. This led to the development of a collaborative pathway between NWAS and Medequip, diverting all uninjured 999 calls through to the Medequip Falls Pick Up team. This will ensure a response within 15 minutes and should reduce the proportion of patients requiring ED attendance. The impact of this will be evaluated March 2020.
- 4.4.2 A collaborative Frailty group has been developed with representation from all partner organisations with the aim of joining up the frailty and falls services.

#### **Community Rapid Response including Home First / Home to Assess Pilot**

- 4.4.3 A New Target Operating Model is in final development stage for Community Response which will include delivery of rapid response for admission avoidance and home first for supporting discharge.
- 4.4.4 A new unplanned care team has enhanced the number of patients stepping up into T2A as an alternative to acute admission. Latest data demonstrated an 18% step up rate.
- 4.4.5 A Home to Assess Pilot commenced in May 2019, providing transport home with equipment and a comprehensive assessment once home with access to wrap around domiciliary care and reablement. This pilot will be reviewed March 2020.

#### **Single Point of Access (SPA)**

- 4.4.6 A new Target Operating Model is in development for SPA incorporating a refreshed directory of service. The aim of the new model will be to support people to remain at home or enable step up to intermediate care if required.
- 4.4.7 Closer links are being established with Rapid Response to ensure maximum diversions from acute.

#### **High Intensity Users**

- 4.4.8 The High Intensity Users Programme has delivered a reduction in non-elective admissions through focused efforts across under 19's service, ICCT's and GPs to proactively manage a group of patients identified due to their number of non-elective admissions within 12 month period. A second cohort of people have now been identified for proactive management.

#### **Teletriage**

- 4.4.9 Teletriage is expanding to include an additional 5 care homes. This means that all care homes in scope will be part of the scheme.
- 4.4.10 The teletriage team are working with the Innovation Agency to implement NEWS2/ Restore 2 tool into care homes. This will lead to better predictive and proactive management of patients which aims to avoid unnecessary admissions and poor patient experience.

#### **Urgent Care Advice and Treatment Service (UCAT)**

- 4.4.11 The UCAT (previously known as AVS) service continues to provide advice and support for paramedics and NHS 111 to avoid attendance/admission.
- 4.4.12 The service has been rebranded February 2020 to maximise its use and a dedicated number has been established to ensure no delays in accessing the dedicated service.

## **Same Day Emergency Care (SDEC) Pathways**

- 4.4.13 WUTH consistently achieve the SDEC target of 1/3 of patients discharged on the same day.
- 4.4.14 The Trust led Patient Flow Improvement Group (PFIG) are overseeing focussed efforts to enhance and improve flow into and out of the assessment units as well as promoting optimum use of ambulatory care.

## **Transfer to Assess (T2A)/ Intermediate Care**

- 4.4.15 T2A has faced some challenges in delivering the target LOS of 4.2 weeks with LOS reaching in excess of 7 weeks and high rates of readmissions. The current LOS is 6.3 weeks which is an improvement on the previous position however it is acknowledged that further work is required to maximise flow. LOS is partly attributable to delays in home reablement and domiciliary services.
- 4.4.16 A live tracker has been established which allows improved accuracy, scrutiny and management of LOS and LLOS across community T2A bed base. This is visible to IDT to enable forward planning based on beds due to become available over coming days/weeks.
- 4.4.17 ECIST are supporting roll out of fully functional board rounds three times per week across the bases. This will be tested initially in one base then rolled out.
- 4.4.18 Performance across T2A compares favourably to GDU (Grove Discharge Unit) which has a slightly higher LOS and readmission rate.
- 4.4.19 A readmissions audit is underway covering both T2A and GDU to establish what needs to be undertaken to reduce readmissions.
- 4.4.20 Despite the issues within T2A, capacity has been maintained throughout the year.

## **Recommissioning of T2A**

- 4.4.21 The current integrated commission with the independent sector expires 31 August 2020. The new commission is intended to be implemented, in full, by 1 September 2020.
- 4.4.22 The intended model is to shift from a fragmented offer across 4 nursing home sites + 1 Residential EMI to a single collaborative NHS led and branded 7- day intermediate bed-based service with one nursing base and one EMI base. The service will support both step up to avoid admission and step down to accelerate hospital discharge and will maximise independence and reablement.
- 4.4.23 NHS Providers, through Healthy Wirral Partnership, have agreed high level commissioning intentions and a provider workshop has taken place to inform model development.
- 4.4.24 National benchmarking data demonstrates that Wirral spends 22% more on bed based intermediate care than the National average and 12% less on home based and crisis response.
- 4.4.25 The new model will require the flexibility needed to gradually reduce our bed based and shift resources to build an enhanced home based service.
- 4.4.26 A final report and recommendation will be presented to the Joint Strategic Commissioning Board on 10 March 2020 for a decision on next steps which will then be ratified by Council and CCG Governing Body.

## **Better Care Fund (BCF)**

4.4.27 The schemes funded by BCF will be evaluated with recommendations regarding future commissioning arrangements during March / April 2020.

### **4.5 Summary of progress made 2019/20**

4.5.1 The following achievements have been made during 2020/21:

- Launch of Interim Urgent Treatment Centre December 2019
- Consistent delivery of 20-25 patients streamed out of A&E
- A&E Attendances to Arrowe Park Hospital reduced by 0.03% 19/20 YTD compared with 18/19 to YTD position
- Non-Elective admissions to Arrowe Park Hospital reduced by 3.9% 19/20 YTD compared with 18/19 YTD position
- Implementation of Unplanned Care Team resulting in 18% patient stepping up into intermediate care to avoid admission
- Delivering and maintaining DTOC
- Continued reduction in hospital conveyances from care homes
- Delivery of SDEC target
- Capacity maintained within T2A
- Improvement in domiciliary care market resulting in reduced waiting times
- T2A and reablement services evidencing improved long-term outcomes with more patients returning home

### **4.6 Summary of areas requiring continued focus 20/21**

- Ambulance handover and turn around
- ED and assessment area flow
- Achievement of 4-hour standard
- Reduction on LLOS patients
- Community T2A length of stay
- Maintaining domiciliary /reablement capacity and flow
- Continuing to reduce NEL and ED attendance
- Full implementation of SAFER

### **4.7 New 20/21 planning requirements**

4.7.1 The focus areas identified above, align to the 20/21 planning requirements which include the following:

- Improvement in A&E performance against a 19/20 benchmark.
- General and acute bed occupancy levels to a maximum of 92%
- Peak open bed capacity achieved through winter of 19/20 will be maintained through 2020/21. Credible plans to release capacity within the following areas:
  - Length of stay
  - Delayed Transfers of Care (DTOCs)
  - Admission avoidance
- Staffing needs to be sustainable
- Delivery of community health service two-hour crises response including:
  - 48 hr Reablement response times to patients who are judged to need it.

- Provision of an agreed number of guaranteed two-hour home response appointments to be made available to ambulance and other agreed local services for 1 November 2020 to 31 March 2021.
- All providers to achieve the goal of delivering Same Day Emergency Care (SDEC) for 12 hours per day as well as acute frailty services.
- Increase the proportion of patients seen and treated on the same day to a level agreed nationally.
- Minor injury and lower level needs patient's to be seen in Urgent Treatment Centres (UTCs by Autumn 2020).
- Focus on avoidable ambulance conveyance to emergency departments and increasingly supporting people in the community where appropriate to do so.
- Ambulance services should ensure they meet the ambulance response time constitutional standards.

#### **4.8 Next Steps**

- Conclude overview of Winter 19/20 and evaluation of BCF schemes
- Finalise service delivery plans with providers in line with 20/21 planning guidance
- Continued focus, grip and enhanced visibility of LLOS delays as well as non-complex discharges
- Enhance number of patients streamed into the UTC through transfer of appropriate minor injuries activity
- Maintain increased oversight of system performance and mitigations where needed
- Complete capacity and demand modelling for 19/20 to support transformation change planning and implementation, ultimately supporting achievement of a sustainable system
- Complete recommission and implementation of new Intermediate (T2A) service
- Conclude review and recommendations for BCF 20/21 priorities

#### **5 FINANCIAL IMPLICATIONS**

N/A

#### **6 LEGAL IMPLICATIONS**

N/A

#### **7 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

N/A

#### **8 RELEVANT RISKS**

N/A

#### **9 ENGAGEMENT/CONSULTATION**

N/A

#### **10 EQUALITY IMPLICATIONS**

(b) No because there is no relevance to equality.

**REPORT AUTHOR:** **Jacqui Evans**  
*Assistant Director, Integrated Commissioning Programme*  
telephone: 0151 666 3938  
email: [jacquievans@wirral.gov.uk](mailto:jacquievans@wirral.gov.uk)

**Heather Harrington**  
Senior Commissioning Lead – Unplanned Care  
Telephone: 0151 651 0011  
Email: [heather.harrington@nhs.net](mailto:heather.harrington@nhs.net)

**APPENDICES**

**REFERENCE MATERIAL**

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date



## HEALTH AND WELLBEING BOARD

11 MARCH 2020

<b>REPORT TITLE</b>	Special Educational Needs and Disability Strategy, 2020-2024 Consultation, Update
<b>REPORT OF</b>	Corporate Director Children's Services (DCS)

### REPORT SUMMARY

The local authority with Local Area partners in Health and Social Care are conducting extensive consultation around the new Special Educational Needs and Disabilities (SEND) Strategy. This report serves to provide a brief update. So far headteachers and representatives of the Local Area have contributed to producing the proposed strategic priorities. The Local Area is keen to know the views of all stakeholders. These views are important in shaping the strategy. All responses need to be completed online or returned by March 13th, 2020. A questionnaire will be issued for young people to gain their views.

### RECOMMENDATION/S

The Health and Wellbeing Board is asked to note the report for information.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

The consultation period is ongoing and is due to end 13<sup>th</sup> March 2020.

### 2.0 OTHER OPTIONS CONSIDERED

No other options were considered. The local authority should involve children with SEN or disabilities and their parents and young people with SEN or disabilities in:

- planning the content of the new Special Educational Needs and Disabilities (SEND) Strategy
- deciding on the priorities within the new Special Educational Needs and Disabilities (SEND) Strategy
- reviewing the Special Educational Needs and Disabilities (SEND) Strategy, including by enabling them to make comments about it

The local authority should do this in a way which ensures that children, young people and parents feel they have participated fully in the process and have a sense of co-ownership. This is often referred to as 'co-production'. The local authority has taken steps to ensure that the arrangements for involving children, young people and parents include a broadly representative group of the children with SEN or disabilities and their parents and young people with SEN or disabilities in their area. Parent Carer Forums, young people's forums and other local groups are useful ways to engage families.

### 3.0 BACKGROUND INFORMATION

<b>SEND Strategic Priorities</b> (From SEND Strategy 2017-2020)	<b>Special Educational Needs and Disability Strategy 2020-2024 Consultation</b>
SEND services have children and their parents at the centre of all decision-making processes	Improve the <b>quality</b> of provision and <b>outcomes</b> for young people with Special Educational Needs and Disabilities (SEND) <i>(There is one main overarching priority</i>

	<i>with three subsidiary priorities)</i>
To ensure that all services and provision for children and young people with SEND is good or outstanding and provides high quality inclusive opportunities	Ensure early <b>identification</b> of special education needs and high quality intervention particularly for children and young people exhibiting social, emotional and mental health issues.
To ensure that progress for children with special educational needs and disabilities is the same as for all children and young people	Further develop effective <b>transition</b> from one education phase/setting including preparing for adulthood pathway
Commission and deliver a range of high quality provision for all children and young people with SEND	To further develop participation, engagement and <b>coproduction</b> with children, young people, parents and carers
To ensure that all young people have appropriate support that prepares them for adulthood	

All children and young people with Special Educational Needs and Disabilities (SEND) are entitled to an education that enables them to achieve the best possible educational and other outcomes. The new Special Educational Needs and Disabilities (SEND) Strategy brings a sharp focus on early identification of need(s), assessment of need(s) and provision to meet need(s). The combination of these three approaches will lead to better outcomes for children/young people (CYP).

Outcomes should be focused on education and training, health and care that will enable children and young people to progress in their learning and, as they get older, to be well prepared for adulthood. Outcomes can be academic but also wider outcomes such as positive social relationships and emotional resilience and stability. Outcomes should always enable children and young people to move towards the long-term aspirations of employment or higher education, independent living and community participation.

#### **4.0 FINANCIAL IMPLICATIONS**

No financial implications at this point.

#### **5.0 LEGAL IMPLICATIONS**

No legal implications at this point.

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

None at this point.

#### **7.0 RELEVANT RISKS**

None identified at this point.

#### **8.0 ENGAGEMENT/CONSULTATION**

The local authority with Local Area partners in Health and Social Care are conducting extensive consultation around the new SEND Strategy. Local Offer Apprentice and Wirral's SEND Youth Voice group have put together a young people's questionnaire which will be issued week beginning Monday, 24<sup>th</sup> February 2020. This questionnaire will be issued to young people to gain their views.

<https://www.surveymonkey.co.uk/r/BKSP9YW> The survey closes on Friday 13th March.

#### **9.0 EQUALITY IMPLICATIONS**

There is a focus on inclusive practice and removing barriers to learning. There is a significant overlap between children and young people with SEN and those with disabilities and many such children and young people are covered by both Special Educational Needs and Disabilities (SEND) and equality legislation.

**REPORT AUTHOR:** Tarun Ghosh  
**Head of Special Educational Needs and Disabilities (SEND) and Inclusion**  
telephone: (0151) 606 2175  
email: [tarunghosh@wirral.gov.uk](mailto:tarunghosh@wirral.gov.uk)

#### **APPENDICES**

Special Educational Needs (SEND) Strategy 2020-2024, Consultation Questionnaire  
Special Educational Needs and Disability Strategy, 2020-2024 Consultation

#### **REFERENCE MATERIAL**

- Special Educational Needs and Disability Strategy, 2020-2024 Consultation
- Children and Families Act 2014
- The Special Educational Needs and Disability Regulations 2014

- Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities, January 2015
- Equality Act 2010

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

# **Special Educational Needs and Disability Strategy 2020-2024**

## **Consultation**

## WIRRAL'S AMBITION, VISION AND PRINCIPLES

### Introduction

This document sets out the Local Area (LA) strategy for improving outcomes and life chances for children and young people with Special Educational Needs and Disabilities (SEND).

This Policy has taken into account the Special Educational Needs and Disability Code of Practice: 0-25 years (July 2014 and update January 2015) and Part 3 of the Children and Families Act 2014, and regulations associated with this; The SEND regulations 2014; 0-25 Send Code of Practice- a guide for health professionals, The SEN (Personal Budgets) Regulations 2014, the Order setting out transitional arrangements and the Equality Act 2010.

Wirral's principles, aims and objectives and policy relating to local authority (LA) and CCG/Health responsibilities and the respective responsibilities of early year's settings, schools, academies and post 16 providers are outlined. All partners are committed to ensuring that the additional needs of children identified with SEN and those with a disability are met in a timely and effective way. Parents, partners and stakeholders have all contributed to the document.

There is a commitment from the Local Area, parents and professionals to support all children and young people with Special Educational Needs (SEN) to achieve the very best outcomes. Supporting SEN children and young people is everyone's responsibility and is achieved through effective partnership working. When the document refers to what 'we' will achieve, 'we' refers to our partnership working with Health, Education, Social Care, Families, Children and Young People.

### Our Ambition

*'Our vision for children with special educational needs and disabilities is that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.'*

For many families, feedback indicates that the reforms have brought about positive change, but for some the process has been troublesome and not easy to navigate. We must ensure that the Local Area listen to feedback from parents/carers and young people to make the necessary improvements.

Every education setting, supported by the Local Authority, health and social care must demonstrate good SEN practice and a commitment to ensuring each individual is truly included in their setting, school or college community.

### Wirral's 2025 Vision

We will work collectively to secure the best future for our residents, be inspired to achieve community prosperity, by our excellent people and services. Key priorities will focus on the following:-

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

### Wirral's 2020 - 24 SEN/D Vision

We will be focus on making Wirral great for children young people and their families. driven by the voice of the child, young person and their families. We will continue to build on a model that is integrated and responsive to needs to ensure children and young people are given the best possible opportunities to achieve their ambitions and reach their potential.

We will focus on the four areas below:-



Breaking The Cycle



Continuous Improvement



Creating a Culture of Inclusion



Investing in our people to make it happen

In partnership with key local area partners and stakeholders, including parents and carers, we will work to provide a holistic approach to break the cycle so that children and young people are well supported to stay with their parents/ carers wherever possible. Resources and assets will be used innovatively to support children and young people with Special Educational Needs. We will work to further develop a culture of inclusion to ensure that young people with SEND are not permanently excluded from school. We will work with mainstream schools to look at developing more resource based provision so that more young people with EHCPs can attend a mainstream school. We will provide development

opportunities so that the workforce can continuously improve. We will further an effective performance framework so that service areas can be appropriately held account.

With a strong commitment to inclusive education or inclusive opportunities for all SEN young people will realise their aspirations and participate fully in wider society.

### **The aims of the strategy**

The changes brought in by the Children's Act 2014 combined with the underlying principles provide the vehicle to improve all our services for Children and Young People with Special Educational Needs and Disabilities.

### **If we are successful by 2024 we would expect to see**

- All statutory responsibilities to be met through robust accountability and governance arrangements
- Positive engagement with a wide number of parents enables good participation and co-production of policies and procedures that shape future provision
- Early identification of SEN needs with the appropriate support and intervention enabling children and young people to attend local schools
- Access to high quality, local services, which meet young people's needs and enable them to achieve to the best of their ability
- Smooth transitions from each phase of education ensuring that there is continuity of support for SEND young people
- SEND young people are engaged in purposeful training, employment or education so contributing to their local communities
- An embedded integrated service of support across education, health and care from 0-25.
- Improved outcomes for Wirral children, young people and their families

## SEN STRATEGY

### Wirral SEN/D Strategy

It is recognised that the success in the delivery of the strategy is dependent on ensuring that there is an effective infrastructure in place and that parents, children and young people are involved at each stage. The following diagram depicts the key partners in Wirral's SEN/D local area.



The SEND strategy aligns closely with the Schools Strategy and gives regard to the All Age Disability Strategy.

The Schools Strategy is committed to ensuring that

- Children Are Ready For School
- Young People Are Ready For Work and Adulthood
- Vulnerable Children Reach Their Full Potential

The All Age Disability Strategy is committed to ensuring that

- All people with disabilities are well and live healthy lives

- Young people and adults with disabilities have access to employment and are financially resilient
- All people with disabilities have choice and control over their lives

These plans and the SEN/D Strategy aim to ensure that there is high-quality provision that ensures all children and young people with SEND reach their potential. All partners are committed to inclusive practice and removing barriers to learning.

Wirral acknowledges that for a small percentage of children and young people with SEN/D specialist/ special school provision may be required. The Local Authority is committed to maintaining its specialist and special school provision but acknowledges that the profile of this provision will change with the Local Authority securing places for those children and young people with the most complex needs.

## **WHERE ARE WE NOW?**

### **Where we are now?**

#### **Provision**

Most children and young people in Wirral may attend mainstream early years settings, schools or colleges or specialist provision such as mainstream schools with resource provision or special schools.

Information about provision for learners can be found on the Local Offer website. All schools are required to publish their SEN information Report in which they outline their support for SEND young people. All colleges in the local areas detail their support on the Local Offer.

#### **Special Educational Needs Reform**

In September 2014 the new statutory Education Health and Care (EHC) needs assessment was introduced. As a result the process of transferring statements to EHC plans commenced. The new legislation included the introduction of EHC plans for learner with SEND up to the age of 25. Since September 2014 we have seen a 35% increase in requests for assessments. Not all of these have been agreed and this points to more work needed to support early identification and school support for learners with special education needs.

#### **SEND Funding to Support Learners**

In 2013 the government changed the way in which all maintained schools, academies and non-maintained special schools were funded, including arrangements for funding SEN provision. It was intended that there would be:

- a more transparent, simpler and consistent system of funding for schools which focused on the needs of pupils;
- delegation of funding directly to schools to ensure it was used to support children according to individual need.

For mainstream schools, the Council delegates funding for SEND pupils through an agreed funding formula, largely based on pupil numbers and a defined number of pupil characteristics. A significant change was for schools to provide up to the first £6,000 of additional support for all pupils with special educational needs from this delegated funding. Top up funding over £6,000 can be allocated from the high needs block to meet assessed needs over this amount.

Special schools are funded on a commissioned number of places at a fixed amount per place. Top up funding is then allocated from the high needs block according to the provision required to meet individual pupil needs. The same funding principles also apply to post-16 provision in further education colleges.

Consultation is currently taking place regarding the way in which special needs pupils are funded. Three models are being consulted on determine what best meets the needs of children and young people.

Information regarding the details schools are expected to put into place and information of their offer to support learners is published on the Local Offer and on school websites.

### **SEN Pupils in Mainstream and Specialist/ Special Schools**

Wirral's overall pupil population in 2016 was 51,108 and In 2018 was 51,579. Wirral has 7,010 children and young people identified as requiring SEND support in a mainstream school or college. The number of children and young people identified as requiring SEND support by a mainstream school was 7,050 in 2016. There was a slight drop to 7,010 in 2018. The average in England of children and young people identified as requiring SEND support is 14.6%. Wirral's average is significantly higher at 16.8%.

The number of children and young people with a statement of an Education, Health and Care Plan was 1,528 rising to 1,633 in 2018 - an increase of 105 over a 2 year period. Wirral's EHCP average at 3.2% is higher than the England average of 2.9%.

The local FE College and 6<sup>th</sup> Form College are committed to developing their provision for students with learning difficulties and disabilities.

30.6% of Wirral children and young people with an EHCP are placed in mainstream schools against the average in England of 49.1%. 69.4% of Wirral children and young people with an EHCP are placed in special schools against the average in England of 50.9%. 3.1% are based in SEN units/ resourced provision attached to a mainstream school which is in line with the national average. We believe that some of the children who are currently supported in our special schools could be supported in their local mainstream school and it is a priority to address this.

Of the specialist placements 13.7% are in independent and non-maintained Special schools compared to the average in England of 10.1%. Some of these placements are because of parental choice for a non-maintained special school situated within the Local Authority.

### **Early Years**

Early Years (EY's) Private Voluntary Independent settings, childminders and vulnerable 2 year olds in school nursery provision are supported by an effective Local Authority (LA) Early Childhood Services structure.

The identification and planning of SEN/D support in early year's settings and childminders is encouraged through the graduated approach. The Early Years SEND Team manager, as a qualified teacher, has appropriate skills, knowledge and expertise in empowering settings with the confidence in recognising SEN/D needs.

Settings and childminders continued professional development is facilitated by the highly skilled EY's SEND team who offer termly SENCO cluster networks, SENCO Accreditation Award training, SEND themed training, setting and peer on peer support, which fosters effective integrated working with the LA.

Parents are supported to make the right choice for an improved outcome for their child, with the support of Early Years SEND Officers. The LA's 3 main Children Centre hubs host access to sensory rooms/sensory resources supported with activities to empower parents to be confident and enjoy play, learning and developments of their child.

SEN/D support following the early identification of very young children can be accessed through the LA's EY's Portage Service, delivering interventions in the home. Whilst it is small, it is highly regarded by families and effectively contributes to the SEND assessment process. The service equips and supports families with the skills and expertise to effectively contribute to the assessment process.

The Inclusive Practice Fund (IPF) is available to ensure the inclusion of children with additional needs in early education/childcare. A multi-agency panel processes applications from settings, childminders and Foundation 1 classes in schools for children accessing their 2, 3 + 4 year free entitlements, inclusive of extended hours for children accessing the 30 hour offer.

The Disability Access Fund (DAF) is promoted to settings, childminders and Foundation 1 classes in schools, to support children with disabilities or special educational needs. It aids access to early years places by supporting providers in making reasonable adjustments to their settings.

A Partnership meeting with settings, LA and schools ensure there is an inclusive transitional pathway for children with SEN/D, setting the scene for the next stage of a child's journey which is also supported with an "enhanced transition" 6 week IPF package to settle in.

### **Special School/ Specialist Provision**

There are currently 10 special schools on Wirral; 4 catering for Complex Learning Difficulties. In other authorities these are referred to as Severe Learning Difficulties (2 at primary/ 2 at secondary), 2 catering for Moderate Learning Difficulties and Autistic Spectrum Condition (1 primary/ 1 secondary), 1 catering for Specific Learning Difficulties

and Autistic Spectrum Condition at primary and 3 catering for Social, Emotional and Mental Health (1 primary, 2 secondary). In addition there is a Hospital School.

There are 12 resource bases in primary schools and 4 in secondary schools. These are all operated in very different ways and were established by the Local Authority to promote inclusive opportunities for CYP.

### **Commissioning of Special School / Specialist Base Provision**

Wirral commissioned a review of its arrangement for High Needs places. The aim of the High Needs evaluation project is to assess whether the current provision is meeting the needs of Wirral's children, in the right locations, and in an efficient manner, and to enable a strategic view of provision with children with SEN in the context of anticipated trends and the available resources, informing options for change.

### **Exclusions**

The number of permanent exclusions from special schools remains low. A concerted effort is made by school leaders of special schools not to permanently exclude students. Wherever possible pupils at serious risk of permanent exclusion will move to another school for a fresh start.

Over the past 2 years the number of SEN support pupils who have been permanently excluded from mainstream secondary schools has increased.

## **PUPIL PROGRESS AND ATTAINMENT**

### **Education Outcomes 2019 - Pupil Progress and Attainment**

The proportion of SEN children attaining GLD showed a decrease whilst non-SEN children showed a slight improvement in attainment from last year (1.2% compared with 0.3% respectively). As a result, the gap widened by 1.5%. The proportion of SEN children meeting GLD showed an improvement in attainment from last year in Wallasey and West Wirral.

Attainment of SEN pupils with an EHCP has decreased by 5.0% and the attainment of SEN pupils without an EHCP has decreased by 1.6% in 2019.

### **Phonics**

The proportion of SEN pupils attaining the phonics standard remained the same as last year at 39.8%. The attainment of non-SEN children has increased by 1.5% so the gap has widened. The proportion of SEN pupils attaining the phonics standard increased in three localities; South Wirral, West Wirral and Wallasey. The SEN gap narrowed in two localities; West Wirral and South Wirral. The gap widened in two localities; Birkenhead and Wallasey. The SEN pupils in West Wirral continue to have the lowest performance with 29.1% attaining phonics.

The proportion of SEN pupils with an EHCP who attained the phonics standard increased by 8.6 % while the attainment of SEN pupils without an EHCP has decreased by 2.1% over the last year.

### **Key Stage 1**

#### **Reading, Writing and Mathematics Combined (RWM)**

In RWM the attainment of SEN pupils increased by 1.9%, whereas the attainment of non-SEN children has decreased by 1.7%, so the gap has narrowed.

The proportion of SEN children in South Wirral who achieved the expected standard in RWM increased by 5.9% to 18.2%, and in Birkenhead by 4.8% to 21.5%

The SEN gap narrowed in three of the localities, most noticeably in Birkenhead with a 10.2% decrease. South Wirral also saw the gap narrow by 3.9%, and Wallasey. The only locality where the gap widened slightly was West Wirral by 0.3.

In RWM attainment for SEN children without an EHCP increased, whereas attainment for SEN pupils with an EHCP decreased slightly.

### **Key Stage 2**

#### **Reading, Writing and Mathematics Combined (RWM)**

A greater proportion of both SEN and non-SEN pupils met the expected standard in reading, writing and mathematics combined, so the gap has narrowed slightly. In Wallasey and West Wirral, a larger proportion of both SEN and non-SEN pupils attained RWM which resulted gaps narrowing. In the Birkenhead locality, there was a decrease in the proportion of both SEN and non-SEN pupils attaining RWM, so widening the gap.

In RWM attainment of SEN pupils with an EHCP has decreased, whilst the attainment of SEN pupils without an EHCP has increased.

#### **Key Stage 4**

In 2017, 2018 and 2019 Attainment 8 for Wirral pupils with SEN support was above the national average. However AT8 for SEN support decreased.

For Wirral pupils with EHCPs AT8 in 2018 and 2019 was above the national average, though AT8 decreased by 0.9

The Progress 8 measure of children with SEN support pupils was better than the national average. The provisional 2019 Progress 8 measure of children with SEN support decreased.

In 2018 progress for EHCP pupils was above the national average. In 2019 provisional progress for pupils with an Education Health and Care (EHC) plan decreased.

In 2018 more Wirral pupils with SEN support attained grade 4+ in English and mathematics with attainment being above the national average. In 2019 there was a slight decrease in attainment. In 2018 outcomes for pupils with EHCP were above the national average. In 2019 attainment dipped slightly.

#### **Key Stage 5**

The number of SEND young people in Year 12 & 13 not in education, employment or training (NEET) has reduced between December 2018 and December 2019 to 7.4% (or 16 young people) an improvement of 2.8%.

The Learning, Skills and Employment Service works to drive up participation. The service has commissioned and / or been working on the following:-

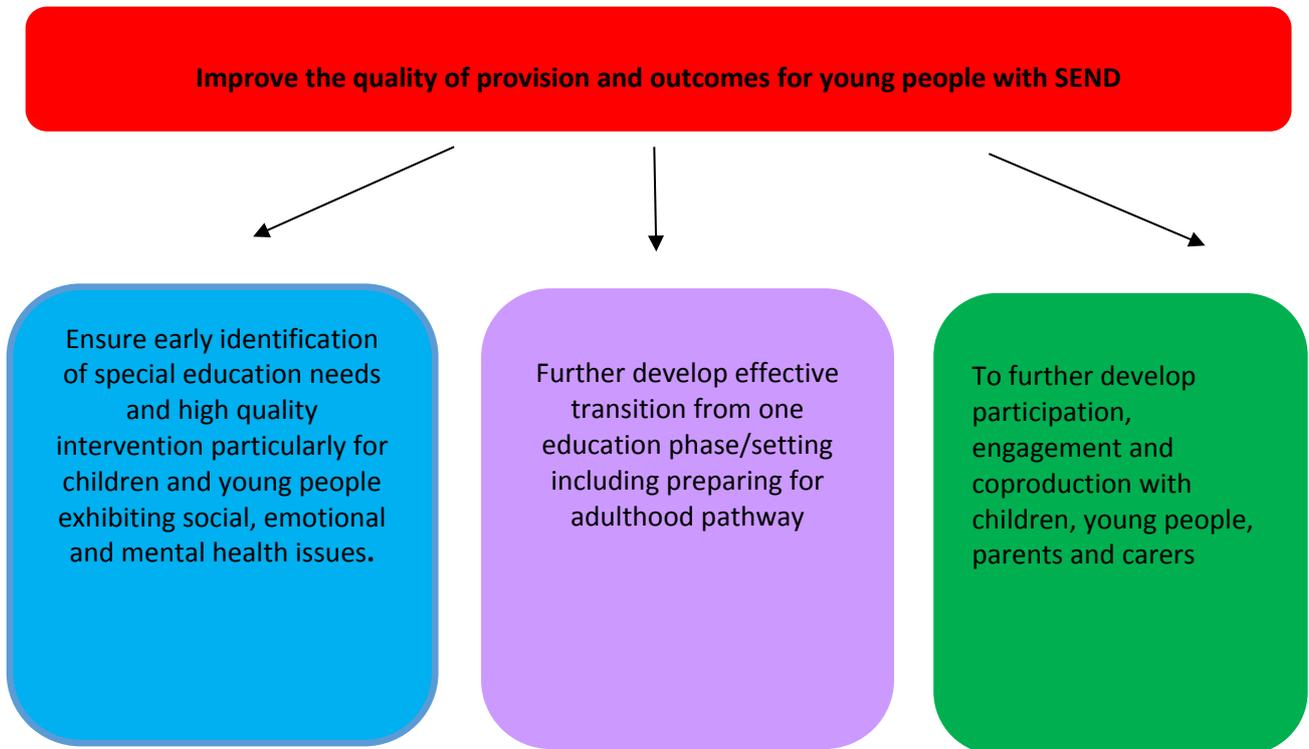
- Bespoke commissioned participation and engagement service offering 1:1 coaching, careers and participation support for all young people and those SEND between the ages of 16 and 18 and up to 25 if the adult has an EHCP.
- The Wirral Met Colleges Supported Internship Programme over the past two years to create twenty additional recognised internship places for SEND young people seeking employment. This has led to a positive progression rate (% sustained employment) of over 75%.
- The council Adult Learning Service in 2019 employed the SEND intern they have worked with as a recognised business administration apprentice. Council Parks and Gardens have also employed a SEND young person who had previously participated in an internship, this was supported using our ESF funded Ways to Work programme.

- There has been an increase in adopting joined up approaches across Liverpool City Region Supported Internship programmes with an event to encourage employers and young people to participate in Supported Internships taking place in January 2020. A steering group has also been established for key partners and agencies to work together to increase opportunities for SEND young people aspiring to be in paid employment.
- The Learning, Skills and Employment Service has continued to support Wirral Met Colleges SEND department to develop a bespoke careers experience for SEND young in Year 11 at Meadowside, Foxfield and Claremount special schools. The experience is tailored to engage and raise the aspirations of SEND young people. Part of the programmes uniqueness is that peers / ex-students from Wirral Met College's SEND internship programme that have gone on to successfully gain employment.
- Council officers have also undertaken work with Claremount school to support initial discussions concerning potentially offering a small Supported Internship as part of their 6<sup>th</sup> form offer for a discrete group of SEND young people who are not ready to attend a college provisions.
- Wirral Council employer apprenticeship grant programme also prioritises young care leavers and those young people with diagnosed / un-diagnosed SEND. The council incentivises Wirral employers through the provisions of a small grant to take on Wirral young people as recognised apprentices.
- The service European Social Funded (ESF) Ways to Work ILM programme has supported and will continue to support young people with SEND by working with employers to create employment opportunities offering using a wage incentive. Since May 2016 42 young adults aged between 16 to 25 have started in supported employment and 63% have achieved sustained employment.
- Learning Skills and Employment Service are currently working with council HR and SEND team colleagues to develop an offer to increase supported internship opportunities internally for SEND young people.

## **STRATEGIC PRIORITIES**

**All partners in the Local Area have been consulted to determine the SEND priorities for the next 5 years:-**

**There is one main overarching priority with three subsidiary priorities.**



**Please see below the four priorities below with key actions and proposed measurable outcomes. There is a short questionnaire at the end of the document. We are keen to hear your views on the proposals.**

**You can complete the questionnaire and email it to Karen Lesage at [karenlesage@wirral.gov.uk](mailto:karenlesage@wirral.gov.uk) or complete it on line <https://www.surveymonkey.co.uk/r/BKSP9YW>**

<b>Strategic Priority 1</b>	<b>Improve the quality of provision and outcomes for young people with SEND</b>
<b>Key Actions</b>	<p>We will work collaboratively across the Local Area to ensure a clear understanding of all specialities so that there is transparency around what services provide; what services deliver and where support is needed.</p> <p>We will review the training and support for mainstream schools to ensure quality first teaching , the Threshold document and toolkit provide schools with the tools to support SEND young people.</p> <p>We will develop a joint commissioning strategy across education health and social care in response identified immediate priorities. We will review and renew with health partners the commissioning of speech and language support as a priority.</p> <p>Working with stakeholder and providers we will continue to develop a high quality post 16 provision offer for learners with SEND in borough to support their transition to adulthood.</p> <p>Developing a greater understanding of the Gatsby benchmarks so that they are embedded and result in an aspirational culture for young people across all provision.</p> <p>We will improve our information management systems to inform on the impact of services and outcomes for children and young people.</p> <p>We will work with the specialist SEND sector (special schools and resource provision schools) to strengthen their leading role in developing SEND improvement across the Local Area.</p> <p>We will ensure providers have information about effective interventions and good practice is shared to support pupil progress and close the attainment gap between those children and young people with SEND and others.</p> <p>We will develop a skills audit across the Local Area to identify strengths as well as establish gaps.</p> <p>We will establish a self assessment checklist for good</p>

	<p>practice.</p>
<p><b>How we will measure success</b></p>	<p>Increase in the number of mainstream schools that can access advice and guidance from specialist providers to support inclusion</p> <p>Increase in the number of children and young people educated close to home in borough due to high quality in borough provision in settings, schools and colleges</p> <p>The Joint Commissioning plan is completed and actions implemented.</p> <p>The commissioning of speech and language therapy support meets needs identified in EHC plans.</p> <p>Information systems are reviewed and re commissioned to ensure effective sharing of data improves joint working.</p> <p>The implementation of a minimum competency framework increases the number of statutory deadlines met within the allocated timeframe.</p>

<b>Strategic Priority 2</b>	<b>Ensure early identification of special education needs and high quality intervention particularly for children and young people exhibiting social, emotional and mental health issues</b>
-----------------------------	--

<p><b>Key Actions</b></p>	<p>We work with all colleagues to improve knowledge and skills so that a young person’s needs are identified early and a clear pathway identified.</p> <p>We will work on improving communication across services to improve collaboration and a willingness to support one another.</p> <p>We will work collectively to produce a clear pathway for reporting gaps in provision to improve the experience of the young person.</p> <p>We will survey feedback from children and young people to develop and improve integrated assessments and plans for children and young people with SEND.</p> <p>We will work with education providers to ensure that the support for learners with SEND at school support is clear on the Local Offer and schools are identifying learners in line with the information on their school information reports.</p> <p>We will develop our audit and moderation of our Education Health and Care Plans to continue to develop integrated high quality plans with clear outcomes.</p> <p>We will review feedback from all sources including complaints, mediation and tribunal hearings to develop and improve our service delivery.</p> <p>We will improve our EHC needs assessment process to meet statutory timescale.</p> <p>We will support parents’ knowledge of child development to identify issues earlier.</p> <p>We will work on ways to improve communication between educational settings and services to improve the experience of transition for young people at key points.</p>
<p><b>How we will measure success</b></p>	<p>Increase in the uptake of the two and a half review programme</p> <p>Increase in the percentage of young children accessing appropriate services</p>

	<p>Increase in the number of young people accessing the annual health check when requesting it</p> <p>Monitoring the quality of School SEN Information reports</p> <p>Increase in the percentage of audited EHC plans graded as good</p> <p>The percentage of education setting places identified and agreed a term before children start school</p>
--	--

<b>Strategic Priority 3</b>	Further develop effective transition from one education phase/setting including preparing for adulthood pathway
<b>Key Actions</b>	Working with a wide range of providers, further develop provision, pathways into adulthood, supported internships

	<p>and employability skills across the 16-19/25 phase.</p> <p>We will work to improve the personal transition experience to adulthood for young people with SEND and their families by further developing clear guidance around pathways and options and person centred planning.</p> <p>We will work to strengthen the partnership with special schools, local FE colleges and training advisors to share expertise and support effective progression towards adulthood.</p> <p>We will work with local stakeholders to promote improved and earlier joint working between Children and Adults' Services in order to support young people into adulthood so that young people get the right information from the right people at the right time.</p> <p>We will work to ensure clear information and guidance is available to parents and families to support the transition from primary to secondary schools supporting the SEN Code of Practice ethos of a right to mainstream education.</p> <p>We will provide clear information about the services that can support preparing for adulthood across education, health and care from year 9 review.</p> <p>We will work collaboratively to improve communication at all transition points.</p> <p>We will improve the quality and consistency of advice to young people and their parents/carers.</p> <p>We will review how the views of children and young people impact on service provision, developments and decisions.</p> <p>We will work with young people and stakeholders to develop a "curriculum for life".</p> <p>We will promote Supported Internships and access routes to employment for young people with SEND.</p>
<p><b>How we will measure success</b></p>	<p>Evidence that children and young people are fully involved in planning for their own future and ensuring they get the support that is right for them.</p>

	<p>Transitions from one stage to the next are well managed so that there is continuity of support for children and young people with SEND.</p> <p>Increase in the number of internships</p> <p>Increase in the percentage of young SEND people in employment, education or training</p>
--	---

<b>Strategic Priority 4</b>	To further develop participation, engagement and coproduction with children, young people, parents and carers
-----------------------------	---

<p><b>Key Actions</b></p>	<p>We will provide training for schools on the Local offer to improve information for users.</p> <p>We will continue to develop the Local Offer to ensure that there is a full range of advice, support and services that can be accessed by children, young people, parents, carers, providers and professionals.</p> <p>We will tell parents where help is available if children and young people do not meet service criteria for a statutory plan</p> <p>We will develop advice and information for parents that is co-produced</p> <p>We will consult with service users on joint commissioning contracts.</p> <p>We will review how we communicate with young people and families.</p> <p>We will work collaboratively to produce a working Coproduction Charter.</p> <p>We will increase the numbers of parents we work with to review and plan services through different groups in addition to the parent carer forum.</p> <p>We will develop the implementation of Personal Budget.</p> <p>We will commission a new provider for disagreement resolution and mediation services.</p> <p>We will work with parents, families, and young people as well as local SEND partners and providers to seek continuous improvement of services through regular consultation, engagement and feedback.</p> <p>We will showcase examples of good production so that we can learn from what works well.</p> <p>We will develop young people to ensure that their voices are heard and influence practice developments.</p>
<p><b>How we will measure</b></p>	<p>Advice and information for young people is co-produced</p>

<b>success</b>	<p>Regular feedback indicates that parents report information is clear and accessible</p> <p>The number of hits on the Local Offer increases</p> <p>Families report that they have greater self help skills and independence.</p>
----------------	---

# Special Educational Needs (SEND) Strategy 2020-2024

## Consultation Questionnaire

Q1. Thinking about our proposed strategic priorities from page 16 onwards to what extent do you agree or disagree with our 'priorities'? ( Please tick one box per row):

- a. **Strategic Priority 1: Improve the quality of provision and outcomes for learners with SEND**

Strongly agree

Agree

Disagree

Strongly Disagree

Don't know

Neither agree nor disagree

- b. **Strategic Priority 2: Ensure early identification of special education needs and high quality intervention particularly for children and young people exhibiting social, emotional and mental health issues**

Strongly agree

Agree

Disagree

Strongly Disagree

Don't know

Neither agree nor disagree

- c. **Strategic Priority 3: Further develop effective transition from one education phase including preparing for adulthood pathway**

Strongly agree

Agree

Disagree

Strongly Disagree

Don't know

Neither agree nor disagree

- d. **Strategic Priority 4: To further develop participation, engagement and coproduction with children, young people, parents and carers**

Strongly agree

Agree

Disagree

Strongly Disagree

Don't know

Neither agree nor disagree

Q2. For each of our **four strategic priorities**, we have proposed some 'key actions'. Please tell us your views on our key actions and whether you feel there is anything missing.

Q2a. Please tell us your views on the key actions under **Priority 1** and whether you feel there is anything missing.

Q2b. Please tell us your views on the key actions under **Priority 2** and whether you feel there is anything missing.

Q2c. Please tell us your views on the key actions under **Priority 3** and whether you feel there is anything missing.

Q2d. Please tell us your views on the key actions under **Priority 4** and whether you feel there is anything missing.

Q3. Do you have any other comments about our draft strategy?

Tell us about yourself.

Q4. Are you...?

A parent / carer of child / children with SEND

Health professional

Social Care professional

Children's Services professional

An employee of Wirral Council

An elected member of Wirral Council

A member of a voluntary or community organisation

A local resident

A local business

Q5. Please tell us your postcode

Completing this questionnaire is voluntary and all information will be treated in the strictest confidence. No information will be released that could identify you or your household.

Please return to **Karen Lesage** at [karenlesage@wirral.gov.uk](mailto:karenlesage@wirral.gov.uk) or complete it on line <https://www.surveymonkey.co.uk/r/BKSP9YW>. Alternatively you can post the completed questionnaire to Karen Lesage Children's Services, Cheshire Lines, 6 Canning Street, Birkenhead CH41 1AU by **March 13<sup>th</sup> 2020**.





**HEALTH AND WELLBEING BOARD**

**DATE: FEBRUARY 2020**

<b>REPORT TITLE</b>	<b><u>NHS ENGLAND QUARTERLY REPORT TO WIRRAL HEALTH AND WELLBEING BOARD</u></b>
<b>REPORT OF</b>	NHS England

**1. Purpose of this report**

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England and NHS Improvement, together with specific updates on priorities of NHS North West

**2. NHS England and NHS Improvement: Working Together**

From 1 April 2019, NHS England and NHS Improvement came together to act as a single organisation. The Boards of NHS England and NHS Improvement continue to operate separately meeting as committees in common. The two Boards share an integrated management team.

The organisational change has been conducted over three phases. Phases one and two were concerned with establishing a single management structure at executive and regional level and were completed earlier this year. Phase three is concerned with establishing the integrated staffing structure for NHS England and NHS Improvement below executive level. Staff were consulted on proposed changes through July and August 2019. The outcome of the consultation was published in September 2019 and phase three implementation began in October with internal recruitment to posts continuing until the end of January 2020.

With the majority of posts now filled, the single operating model for an integrated NHS England and NHS Improvement North West Region will be in place from April 2020. Teams are currently undertaking alignment and preparation e.g. 2020/21 business and resource planning.

### **3. Planning**

#### **3.1. Operational Planning and Contracting Guidance 2020/21**

NHS England and NHS Improvement published the operational plan for 2020/2021 in January 2020. This sets out the 2020/21 elements of the NHS Long Term Plan commitments, which local systems will be planning to deliver over the next 12 months including:

- Mental Health investment and deliverables, with an additional investment of £1.5bn in mental health services. This will fund the service improvements set out in the mental health implementation plan, including expanding access to Improving Access to Psychological Therapies (IAPT) by over 14% so that nearly 1.5 million people are able to benefit.
- Investment in primary medical and community services in line with the funding guarantee, 100% of the population with access to online GP consultations, and further develop primary care networks
- Outcomes and care for people of all ages with a learning disability or autism and delivering against the commitments to reduce the number of adults and children receiving care for in an inpatient setting
- Prevention of ill-health, through expansions to smoking cessation, alcohol care and diabetes prevention services, and embracing the opportunities offered by technology to improve care, moderate demand growth and deliver services more efficiently
- Emergency Care, all providers should plan for a material improvement against 19/20 benchmark:
  - To achieve this systems and organisations will be expected to reduce general & acute bed occupancy levels to a maximum of 92% .
  - In 2020/21, we are asking all providers to deliver Same Day Emergency Care for 12 hours per day by September 2020.
- Referral to Treatment, all systems should plan to reduce waiting lists:
  - Delivery of this requirement may be managed at STP/ICS level, in agreement with the regional team, with every provider expected to make a significant contribution.
  - Providers must eradicate waits of 52 weeks or more.
- Cancer, each Cancer Alliance to set out a plan for full recovery of the operational standards for cancer in 2020/21:

- delivery of the cancer 62 and
- delivery of the 28-day Faster Diagnosis Standard (FDS), which will be introduced from 1 April 2020 at the proposed initial threshold of at least 70%
- Embed and strengthen the governance of our systems as we move to a ‘system by default’ operational model and prepare all systems to become an Integrated Care System (ICS) by April 2021

Operational plans will implement the first year of local strategic plans, System leaders are asked to:

- Agree individual commissioner and provider plans to ensure they are consistent with the goals, assumptions and financial trajectories in system plans that have been agreed with NHS England and NHS Improvement.
- Submit a short operational narrative to set out any operational risks or variation from their agreed strategic plan and describe the action that system partners will take to manage this during 2020/21.
- Set out proposals to use revenue transformation or capital funds where these have been allocated to systems and the benefit they anticipate from the application of those resources.
- NHS and Local Authority partners agree the key elements of the planning for the Better Care Fund and assumptions for increasing health and social care capacity

The timetable for the operational planning process is set out below:

First submission of draft operational plans	5 March 2020
First submission of system-led narrative plans	5 March 2020
2020/21 STP/ICS led contract/plan alignment submission	12 March 2020
Deadline for 2020/21 contract signature	27 March 2020

The full Operating Plan can be found here: [NHS-Operational-Planning-Contracting-Guidance 2020/2021](#)

## 4. Delivery

### 4.1. Roll out of Rapid NHS response teams to help people stay well at home

Local health service and council teams will begin the roll out of Urgent Community Response teams from April, as part of the [NHS' Long Term Plan](#) to support England's ageing population and those with complex needs.

The teams will give those who need it fast access to a range of qualified professionals who can address both their health and social care needs, including physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and -hydrated.

Older people and adults with complex health needs who have a very urgent care need, including a risk of being hospitalised, will be able to access a response from a team of skilled professionals within two hours, to provide the care they need to remain independent.

A two-day standard will also apply for teams to put in place tailored packages of intermediate care, or reablement services, for individuals in their own homes, with the aim of restoring independence and confidence after a hospital stay.

The urgent response standards are part of a range of commitments, including enhanced NHS support to care homes, which local health and care leaders will be rolling out over the next few years to help keep older people well at home and reduce pressure on hospital services.

Health and social care systems across the country already work hard to support people at home, putting in place personalised packages of care including physiotherapy, nursing care, and occupational therapy.

However, up to now the NHS hasn't set national expectations or strategy, meaning that there is wide variation in how these services are delivered across the country.

At present, no part of the country is consistently delivering community urgent care services 365 days a year in line with these new national standards – meaning that all areas are expected to see a significant improvement in the offer to local people.

Seven 'accelerator' sites have been selected to develop the two hour/two day NHS standards, and include partnerships of providers of community health services, NHS commissioners, councils and adult social care teams, and 111 and ambulance services.

They are:

- Warrington Together (Cheshire and Merseyside STP);
- West Yorkshire and Harrogate Health and Care Partnership (Kirklees);
- Leicester, Leicestershire and Rutland system;

- Cornwall system;
- Buckinghamshire, Oxfordshire and Berkshire system;
- South East London system; and
- Norfolk and Waveney system

#### **4.2 Covid-19: Wirral Quarantine centre and local preparations**

The contribution the quarantine centre on the Arrow Park site has made in supporting UK citizens returning to this country who may have been exposed to Covid-19 has been recognised by national leaders, public and patients alike.

The first two cohorts of UK citizens returning from China were housed in the isolation unit on the Arrow Park site and left symptom free after 14 days. A third cohort from the Cruise Ship in Japan arrived on the evening of Saturday 22<sup>nd</sup> February. Four of the guests' test results were positive and these four individuals have been transferred to Infectious Disease units in the North of England

As the spread of Covid 19 continues internationally, local arrangements have been put in place to ensure the NHS and partners are able to respond quickly in treating patients and limiting the spread of the virus:

- Acute Trusts now have isolation 'Pods' with 111 contact arrangements in place to steer patients away from Emergency Departments
- Walk in Centres are currently putting in arrangements as above
- CCGs are looking to commission a Community Swabbing service through Community providers
- Public Health England are holding regular calls with all key stakeholders

NHS England & NHS Improvement are leading the Emergency Planning response locally with support from key multi-agency stakeholders.

ENDS

<b>REPORT AUTHOR:</b>	<b>Name:</b>	<b>Nicola Allen</b>
	<b>Role:</b>	<b>Head of Medical, NHS England and NHS Improvement – North West</b>
	email:	nicola.allen7@nhs.net

This page is intentionally left blank