

<b>REPORT TITLE</b>	<i>Healthy Wirral Update</i>
<b>REPORT OF</b>	<i>Healthy Wirral Programme</i>

**REPORT SUMMARY**

The *Healthy Wirral* programme is the system-wide programme to deliver sustainable and affordable health and wellbeing services to the population of Wirral.

This programme brings together all of the resources and expertise of NHS and Care organisations into one single programme aimed at improving Health and Wellbeing outcomes for the people of Wirral.

In line with other areas across Cheshire and Merseyside we are now establishing and implementing plans to achieve the best possible health and wellbeing outcomes for the population within the funding available to the system.

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.
- **Clinical sustainability** - sustainable, high quality, appropriately staffed, organisationally agnostic services.
- **Improving population health** - delivering the *Healthy Wirral* outcomes around better care and better health using a place based approach.
- **Financial sustainability** - managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value.

This report provides an update on the work of the *Healthy Wirral* programme.

**RECOMMENDATION**

The Health and Wellbeing Board is asked to note the contents of this report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of the report is to inform the Health and Wellbeing Board, no further action by the Health and Wellbeing Board is required except to note the report.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

### 3.0 BACKGROUND INFORMATION

- 3.1 Over the last ten months the *Healthy Wirral* programme has been reenergised and refocused to ensure that all organisations in the Wirral health and care economy are engaged in the delivery of better health, better care and better value. There is also an emphasis on acting as one, rather than as individual organisations, for the benefit of the population of Wirral.

#### 3.2 *Healthy Wirral* Governance

- 3.2.1 Appendix 1 shows the governance arrangements that are in place to take forward *Healthy Wirral*. The governance arrangements acknowledge the legal separation of commissioning and provider functions but, through the *Healthy Wirral* Partners' Board and associated structures, bring the commissioners and providers together to work jointly on system solutions to common and shared sustainability challenges.

- 3.2.2 The *Healthy Wirral* Partner's Board is overseen by an Independent Chair, David Eva. David is a Wirral resident and has a wealth of experience in the NHS through Non-Executive and Chair appointments, as well as in supporting education and training through the Trade Union movement. Working with the Cabinet Member for Adult Care and Health and the Chairs of the statutory NHS organisations and two GP Federations he will play a key role in holding all partners to account.

- 3.2.3 The governance arrangements are designed to support delivery of the primary work programmes identified in Appendix 2. These primary work programmes are supported by a range of enabling and system shaping programmes. Significant work has been undertaken to populate these key programme work streams with a Chief Executive or Executive sponsor, an Executive lead and delivery teams drawn from commissioners and providers. Each programme will be required to have in place a clear implementation plan of their proposed work that demonstrates clear expected outcomes, benefits and savings linked to better health, better care, better value and supporting the ethos of acting as one. Each programme will also need to demonstrate how they will engage with the people working in or using the services they are reviewing and redesigning, as well as with the wider population of Wirral and local politicians.

#### 3.3 Integrated Commissioning

- 3.3.1 Wirral Health and Care Commissioning (WHCC) was established on 1<sup>st</sup> May 2018 by NHS Wirral CCG and Wirral Council. WHCC will bring together health and care

commissioning colleagues under one organisation. This is not a formal merger and each part of the organisation will retain its statutory functions but it has provided the opportunity to pool the majority of commissioning budgets under a new governance structure. The work of WHCC is overseen by the Joint Strategic Commissioning Board, as shown in Appendix 1.

- 3.3.2 The main benefit of integrating commissioning is that we can develop one plan for Wirral and use the expertise of staff to commission services that will provide positive outcomes for people. WHCC is leading on the development of a new Place Based Care (see 3.5 below) system for Wirral and the commissioning focus will be on people and place rather than organisations. It is expected that this will see a move to more community based and primary care services being delivered to people in their local areas with an increased focus on preventing people being acutely unwell and requiring hospital care. This will help us to respond to the very different needs of communities across Wirral.
- 3.3.3 WHCC is taking a phased approach to developing place-based approaches, starting with our 50+ population (see 3.6.2 below). This will be followed by all adults and then incorporating children by 2012/22.

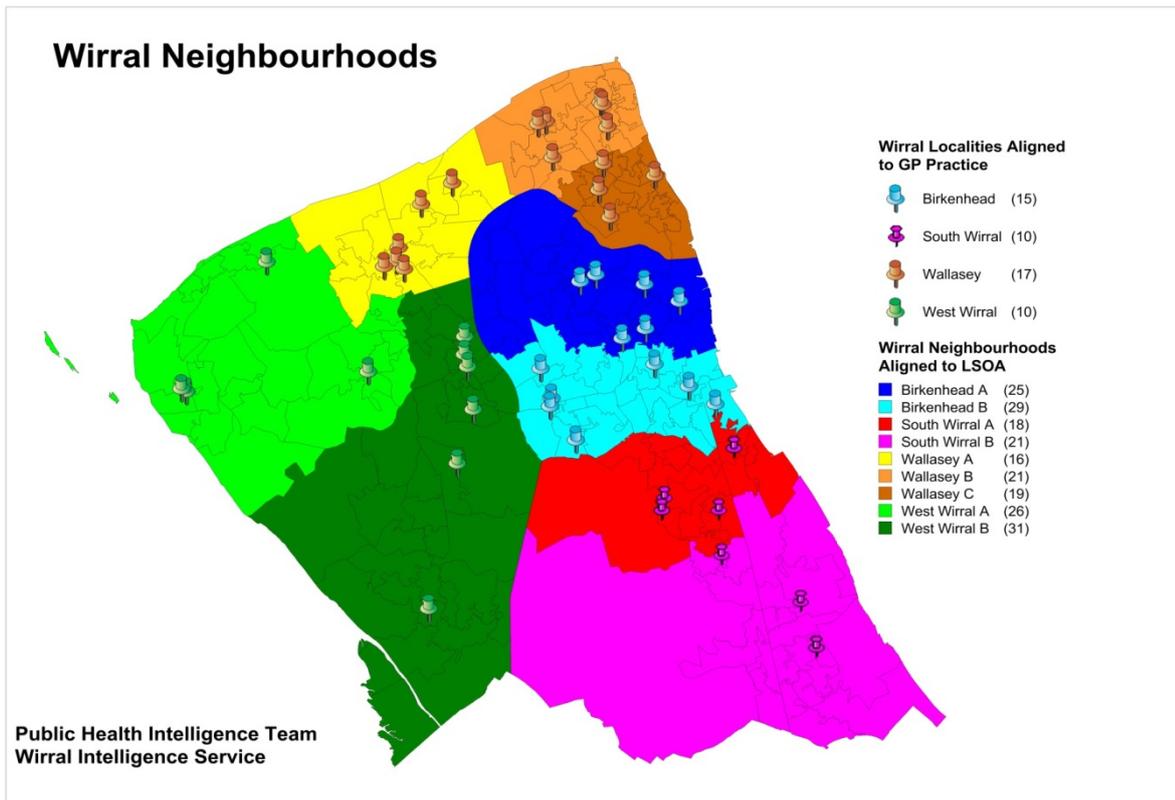
#### **3.4 Wirral Integrated Provider Partnership**

- 3.4.1 The Wirral Integrated Provider Partnership Board is formally established within the governance arrangements for Healthy Wirral. The WIPPB is not a legal entity and it will not replace any existing statutory body or NHS Trust; instead it is a Committee in Common, acting as an advisory group to make recommendations to the Provider Boards, or by exercising the powers vested in individual members. This coming together enables the partner bodies to make decisions in a joined up way, simultaneously, although the final decision is still taken at an individual body level and subject to each of the bodies' individual governance procedures.
- 3.4.2 The primary function of the WIPPB is to focus on the design and delivery of a range of outcome-based services, including their performance and quality. It will oversee the development of population-based care delivery ensuring the aim of effective and sustainable place-based care systems are created and maintained. The Terms of Reference for WIPPB are attached in Appendix 3.

#### **3.5 Place Based Care**

- 3.5.1 The delivery of Place Based Care will mean a very different way of working for the providers of health and care services across Wirral and will also begin to incorporate our colleagues in community, voluntary and charitable organisations. It means that teams and care will be wrapped around local people in a community, which we will be calling neighbourhoods. Teams will provide genuine joined up care and work towards shared outcomes. This builds on the work started by Wirral Council and Wirral Community Health NHS Foundation Trust in 2017 when the transfer of social care staff created integrated delivery teams. A similar approach is being developed with Cheshire and Wirral Partnership NHS Foundation Trust for mental health and learning disability services by WHCC.
- 3.5.2 Place is defined by the following:

- 1 Borough – Wirral
- 4 localities – West Wirral, Wallasey, Birkenhead and South Wirral
- 9 neighbourhoods (see map below)
- 51 GP practices



- 3.5.3 In practice, this means that we will commission and provide services on either a Wirral wide basis (such as Urgent Care) or by locality/neighbourhood which will be more focused on local need. This model is how we will begin to organise our health and care system in future and how services are provided in neighbourhoods will be important as these will respond to the needs of the people in that area.
- 3.5.4 Neighbourhood teams will be an integrated workforce with partnerships across primary, community and secondary care, mental health, social care and the third sector. These teams will work closely with GP practices and so we will be appointing a local GP to provide clinical leadership to the neighbourhood team.
- 3.5.5 Integrated neighbourhood teams will have more autonomy to work together though better coordination, communication and sharing of resources. This will not mean that staff will be moving to new organisations but neighbourhood teams will focus on their own team identity to achieve their aims. We have secured Cheshire and Merseyside Health and Care Partnership Transformation Fund finances (see 4.2 below) to support the development of neighbourhood teams.

### 3.6 Individual Work Stream Progress

- 3.6.1 Programme development and progress has been apparent in a number of the primary and enabling work streams. This has included work on developing a

System Sustainability Plan (see 4.1 below). Other developments of note are set out below.

- 3.6.2 Work has started in West Wirral by looking at the 50+ population group and a local neighbourhood team is beginning to identify the priorities for this group within West Wirral. Our new Place Based Care model will mean that these priorities may be different for this age group according to different neighbourhoods. For example in West Wirral the interventions needed to help people over 50 age well may be different to those in Birkenhead where life expectancy is much lower and may require more intensive clinical or social support driven by what the local need is in that area.

We have established a Senior Change Team in Wirral which is made up of staff from all organisations as well as the Third Sector and their role is to work together to deliver our Place Based Care model and pilot new ways of working. Our colleagues at Age UK in Wirral have been at the heart of this process and have recently completed an engagement exercise in to understand what people want when they grow older.

- 3.6.3 Medicines Optimisation has established a number of significant work plans which aim to provide greater coordination and accountability of medicines optimisation resources. This has included work on repeat ordering, supporting GPs in switching patients to less expensive but equally effective medication, providing advice and guidance to other work streams including enabling support for the development of neighbourhood teams and interventions in care homes.
- 3.6.4 Technology and Informatics is progressing at pace with the development of the Wirral Care Record, Health Information Exchange and associated registries.
- 3.6.5 The Urgent Care work stream has been working on system wide plans for winter 2018/19 and continuing to ensure all organisations work together to tackle urgent and emergency care pressures. Following pre-consultation work in early 2018, proposals are being finalised for a public consultation on urgent care for Wirral, subject to NHS England approval. There has also been considerable work supporting the Assets and Estates work stream in an attempt to secure national capital resources, accessed through the Cheshire and Merseyside Health and Care Partnership, for an Urgent Treatment Centre.
- 3.6.6 As part of the Assets and Estates work stream, the Strategic Estates Group for Wirral has drafted an outline Estates Strategy. This is linked to Wirral Council's plans for housing development and economic regeneration for Wirral.

## **4 FINANCIAL IMPLICATIONS**

### **4.1 Financial Challenge**

- 4.1.1 The financial challenge facing the Wirral health and care economy is very significant with a projected deficit position of more than £63m. The summary projected financial position as of May 2018 is provided below:

2018/19 Surplus / (Deficit) Summary	Gross Surplus / (Deficit) £,000	Net Surplus / (Deficit)			Net Surplus / (Deficit) £,000	Control Total £,000	Variance to CT £,000	Risk Adjusted Surplus / (Deficit) £,000	Risk Adjusted Variance to CT £,000
		Planned CIP £,000	(excl PSF) £,000	PSF/CSF £,000					
WUTH	(37,700)	11,000	(26,700)	0	(26,700)	11,000	(37,700)	(26,700)	(37,700)
WCT	(2,012)	2,500	488	955	1,443	1,443	0	1,443	0
CWP (proportion)	(968)	911	(57)	303	246	246	0	246	0
WCCG	(17,600)	19,600	2,000	0	2,000	2,000	0	(8,000)	(10,000)
Contract Misalignment (WUTH/WCCG)	0	0	0	0	0	0	0	0	0
<b>Total Health</b>	<b>(58,280)</b>	<b>34,011</b>	<b>(24,269)</b>	<b>1,258</b>	<b>(23,011)</b>	<b>14,689</b>	<b>(37,700)</b>	<b>(33,011)</b>	<b>(47,700)</b>
LA	(4,960)	4,960	0		0	0	0	0	0
<b>Total Wirral System</b>	<b>(63,240)</b>	<b>38,971</b>	<b>(24,269)</b>	<b>1,258</b>	<b>(23,011)</b>	<b>14,689</b>	<b>(37,700)</b>	<b>(33,011)</b>	<b>(47,700)</b>
<b>Total Budget:</b>									
WCCG	524,426								
LA & Public Health	99,000								
<b>Total</b>	<b>623,426</b>								
<b>Gap %</b>	<b>-10.1%</b>								

4.1.2 Partners within the *Healthy Wirral* Programme are working on a shared system sustainability plan to address the financial challenges the system faces. This plan will look beyond individual organisational boundaries in order to achieve a net reduction in the overall cost of delivering clinical services, whilst achieving the best possible outcomes for the population.

4.1.3 Working together in this way:

- Provides clarity and focus for all organisations on the total funding available for healthcare and the scale of the risk and opportunity they all share within Wirral.
- Fosters collaboration across Wirral and reduces the risk of individual organisations optimising their own financial position at the expense of the wider system.
- Maximises the likelihood of success by unlocking opportunities that might not be realisable at organisational level.

4.1.4 The development of the system sustainability plan is being supported through the *Healthy Wirral* governance structures with additional support from Mersey Internal Audit Agency (MIAA). MIAA have been commissioned to undertake a diagnostic audit with the Wirral system using the latest data and analysis from national transformation and efficiency programmes such as the Carter review, Getting It Right First Time (GIRFT) and Right Care to provide a holistic understanding of where costs or variation could be reduced through effective collective action.

4.1.5 The system sustainability plan will be linked to the work streams identified in Appendix 2. The process that is being undertaken is shown in the diagram below. The completion of this plan is dependent on the following “entry requirements”:

- It is critical that the process has the commitment of all senior leaders to participate fully in the process and be open, honest and transparent in all dealings with the other organisations.
- All participating organisations agree to share all data required to populate the required templates with all other organisations.
- All participating organisations agree to share the most up to date data and metrics from comparative performance indicators and enabling programmes such as Carter, Right Care and GIRFT.
- All participating organisations agree to commit to the same principles and governance requirements.



**Figure One: High Level Process to develop a system sustainability plan.**

## 4.2 Transformation Funding

4.2.1 In April 2018 the Cheshire and Merseyside Health and Care Partnership released the first phase of a Transformation Fund for local place based care systems. Following a detailed bidding process *Healthy Wirral* was successful in gaining the full allocation of £600k from this fund. These resources will be allocated primarily for the development of neighbourhood teams as described in 3.5 above. Some resources will also be used to support organisational development and to establish some key population data systems including a frailty register and systems to track variance.

4.2.2 In May 2018 the Cheshire and Merseyside Health and Care Partnership and NHS England (Cheshire and Merseyside) announced the creation of a Primary Care Network Development Fund for 2018/19 to support the development and implementation of Primary Care Networks across the area, building on the success

of the National Association of Primary Care (NAPC) Primary Care Home pilots and other network/federation initiatives being implemented across Cheshire and Merseyside. The two local GP Federations – GP Wirral (GPW) and Primary Care Wirral (PCW) were supported to make applications to this fund.

- 4.2.3 Further work is underway to secure additional resources to support a detailed workforce analysis and planning process for delivering place based care. A bid is also being submitted for funding to establish a bespoke leadership programme to support individuals and neighbourhood teams to embrace culture change and new ways of working.

## **5 LEGAL IMPLICATIONS**

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

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

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

## **7 RELEVANT RISKS**

The *Healthy Wirral* programme is developing a risk and assurance framework. 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 as described above.

## **8 ENGAGEMENT/CONSULTATION**

Engagement and consultation will take place as the programme progresses at all stages.

## **9 EQUALITY IMPLICATIONS**

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

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## APPENDICES

- Appendix 1 Healthy Wirral Governance
- Appendix 2 Healthy Wirral Work Streams
- Appendix 3 Wirral Integrated Provider Partnership Board Terms of Reference

## REFERENCE MATERIAL

Getting It Right First Time - <http://gettingitrightfirsttime.co.uk/>

Lord Carter of Coles, Productivity in NHS Hospitals -

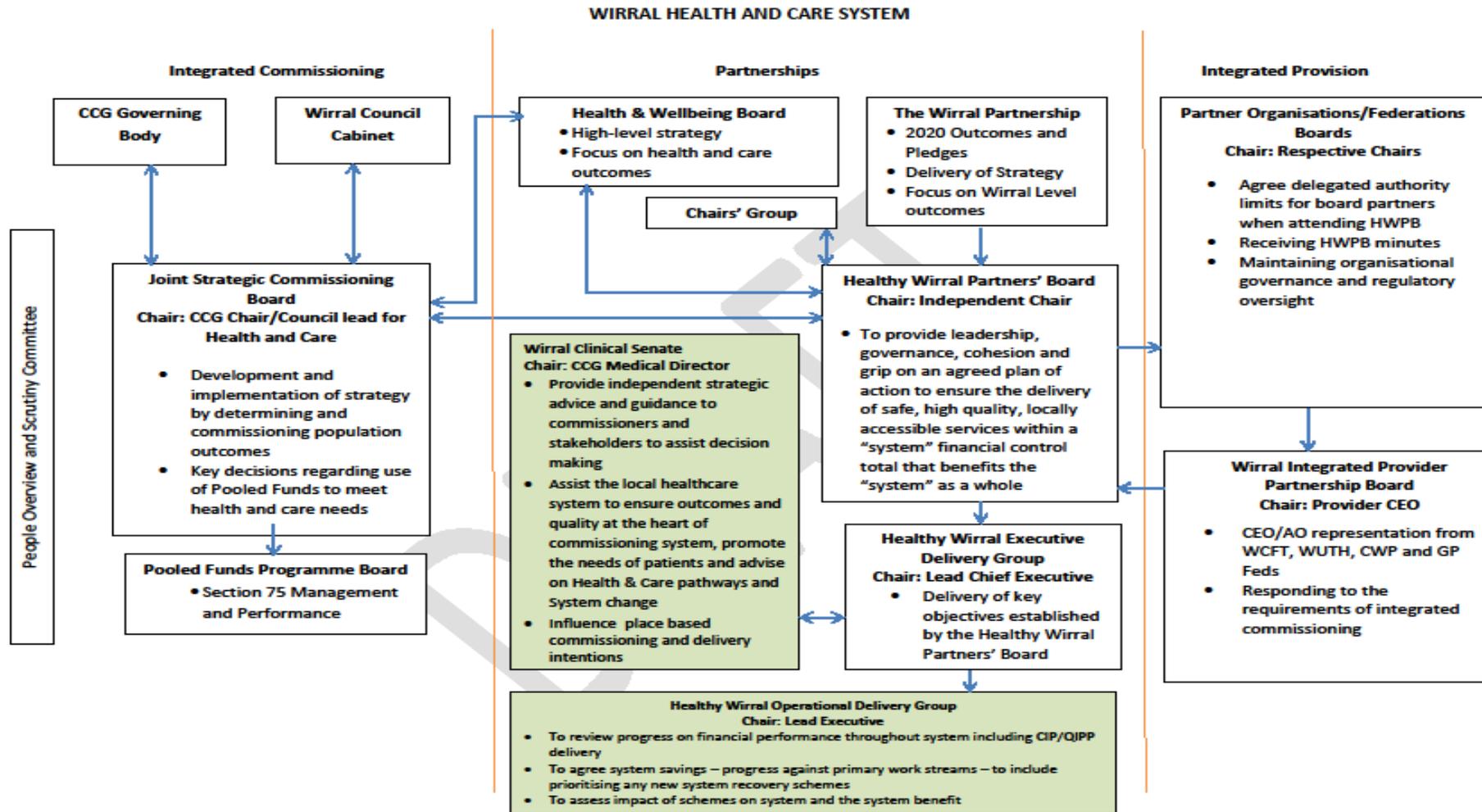
<https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

NHS Right Care - <https://www.england.nhs.uk/rightcare/>

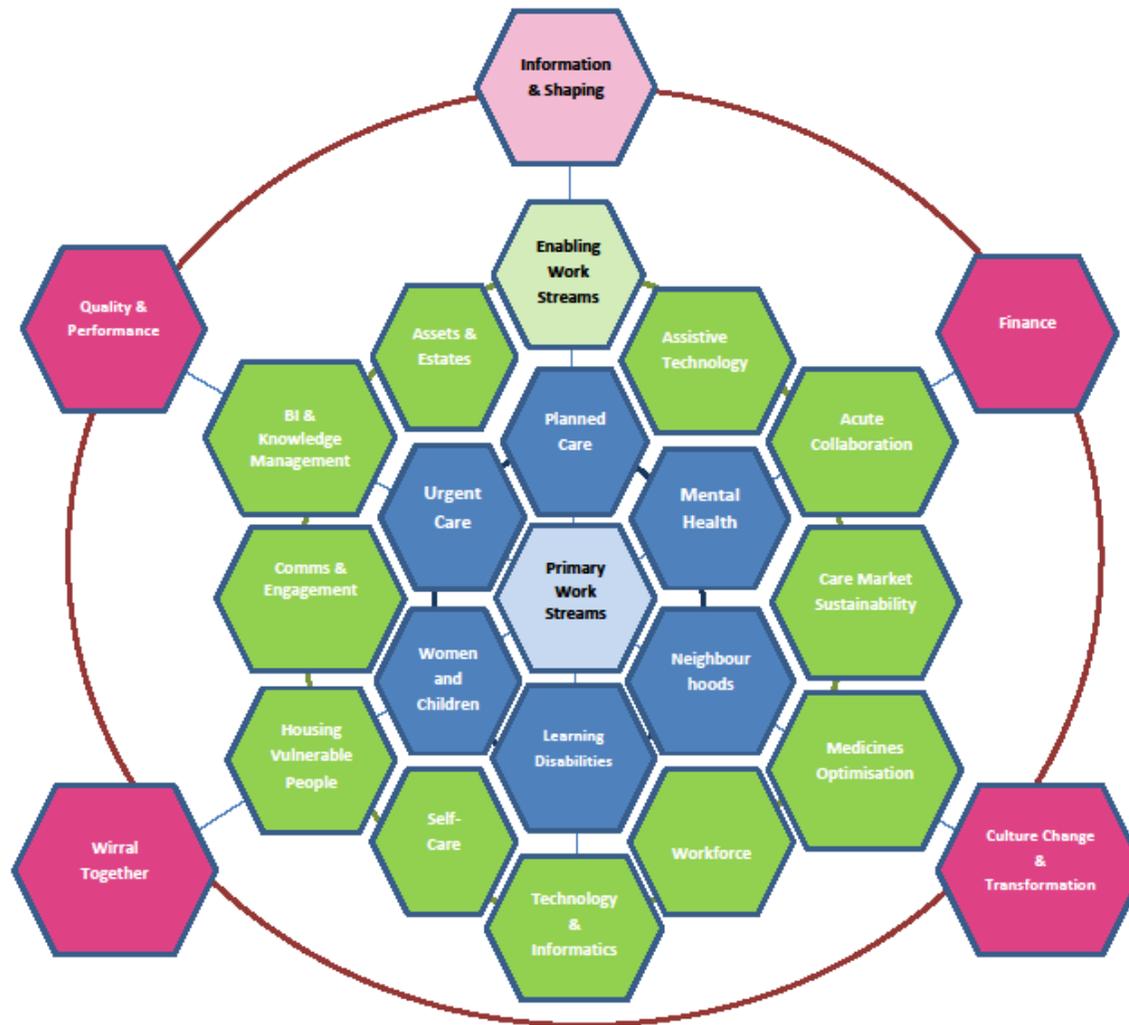
## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

## Appendix 1 Healthy Wirral Governance



## Appendix 2 Healthy Wirral Work Streams



## Appendix 3

# Wirral Integrated Provider Partnership Board Terms of Reference

## Background

1. In order to improve the quality and cohesion of services provided to Wirral residents, change is needed in all parts of the system.
2. As a key part of this, the integration of health and care provision will be achieved by the formation of an alliance of health and care providers, overseen by newly formed 'Wirral Integrated Provider Partnership Board' (WIPPB).
3. Integrated providers will work together on delivering commissioned outcomes and objectives (formulated by Wirral's Integrated Commissioner) for the population and the Wirral Integrated Provider Partnership Board will make decisions and provide strategic oversight about how to allocate resources and design care for its local population.

## Scope

4. The WIPPB is not a legal entity and it will not replace any existing statutory body or NHS Trust; instead it is a Committee in Common, acting as an advisory group to make recommendations to the Provider Boards, or by exercising the powers vested in individual members.
5. This coming together enables the partner bodies to make decisions in a joined up way, simultaneously, although the final decision is still taken at an individual body level and subject to each of the bodies' individual governance procedures

## Function

6. The primary function of the WIPPB is to focus on the design and delivery of a range of outcome-based services, including their performance and quality. It will oversee the development of population-based care delivery ensuring the aim of effective and sustainable place-based care systems are created and maintained.

## Membership, Attendance and Quoracy

### *Membership*

7. The Chair is responsible for leading the WIPPB and for ensuring that it successfully discharges its duties.
8. Membership of the WIPPB will comprise;

Chief Executive (Wirral Community NHS Foundation Trust)
Chief Executive (Wirral Hospitals University Teaching Hospital NHS Foundation Trust)
Chief Executive (Cheshire and Wirral Partnership NHS Foundation Trust)
Executive Lead (GP Wirral Federation)
Executive Lead (Primary Care Wirral Federation)
<b>Total = 7 members</b>

9. Members will have a collective responsibility for the operation of the WIPPB, including discussion of evidence, and will provide expert opinion in order to reach a collective view.
10. The Board can also call for additional experts to attend meetings on an ad hoc basis to inform discussions, report or answer questions.
11. The meeting will be chaired by the Chief Executive of Wirral Community NHS Foundation Trust.
12. The members will appoint a Vice-Chair who will take on the Chair's duties if the Chair is absent for any reason.
13. The Director of Corporate Affairs from Wirral Community NHS Foundation Trust will attend the meeting to support the WIPPB. Formal minutes will not be taken but a decision and action log reviewed at the end of each meeting and circulated to members for reference and action.

#### *Attendance*

14. It is important that nominated members commit to attend all WIPPB meetings, noting that the dates will be set in advance.
15. However, where this is not possible deputies are encouraged to attend on the basis that they must be able to contribute and take action/make appropriate decisions on behalf of the organisation they represent.

#### *Quoracy*

16. No business shall be transacted unless 4 of the 9 members of the WIPPB are present, with at least 3 Executive representatives and 1 Non-Executive/ Patient Champion.
17. Any deputies agreed with the Chair and in attendance will count towards the quorum.

18. If the Chair or any member has been disqualified from participating in the discussion on any matter by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum.

### **Frequency of Meetings**

19. The WIPPB will meet at monthly intervals with dates set in advance.
20. The Chair of the WIPPB may call extraordinary meetings at their discretion; a minimum of five working days will be required.

### **Agenda and Papers**

21. Agendas and supporting documentation will be circulated at least 3 working days (or two working days plus a weekend) in advance of the meeting.

### **Decision Making and Voting**

22. Decision making and voting mechanisms would be agreed following the outcome of the diagnostic work being undertaken with the group and development of an MOU.

### **Conflicts of Interest**

23. Members will be aware of what constitutes a Conflict of Interest, will ensure that Conflicts of Interest are disclosed and ensure that they are managed in adherence with respective Conflict of Interest Policies and NHS England's guidance on Managing Conflicts of Interest.
24. The Chair of the Board will manage all conflict of interest matters. Each member of the WIPPB will be asked at each meeting to declare any perceived or actual conflicts. Also, each member will be expected to declare any existing or new conflicts for any items of business for that meeting.
25. The Chair of the Board will ensure a Register of Interests for the Board is created and maintained.

## **Policy and Best Practice**

26. The WIPPB will apply best practice in its deliberations and in making any recommendations.

27. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

## **Links to other groups**

28. The WIPPB will report to the Board of Directors of the respective organisations and directly to the Healthy Wirral Partners Board via the Chair of the WIPPB.

## **Review of Terms of Reference**

These Terms of Reference will be reviewed on an annual basis.

<b>Wirral Integrated Provider Partnership Board - Chair Approval</b>			
<b>Name:</b>		<b>Date:</b>	<b>May 2018</b>
<b>Signature:</b>		<b>Review Date:</b>	<b>May 2019</b>