

Our System Operating Plan for 2019/20



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Healthy Wirral: Wirral's Integrated Health and Care System

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

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

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

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

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

- To ensure there is sufficiency of ‘better value’ benefits arising to enable the system to return to financial balance.
- To disinvest at pace where expected / required ‘public value’ return on investment has not been secured and has no credible plan to recover in a timely fashion.
- To operate an “open book” policy for all financial transactions
- GP Federations represent and act on behalf of all GPs as a whole
- To view a failure of performance in any one area as a failure for the “system” and therefore of all partners individually.

Population Health Characteristics and challenges

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

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

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

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

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

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

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

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

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

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

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

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

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

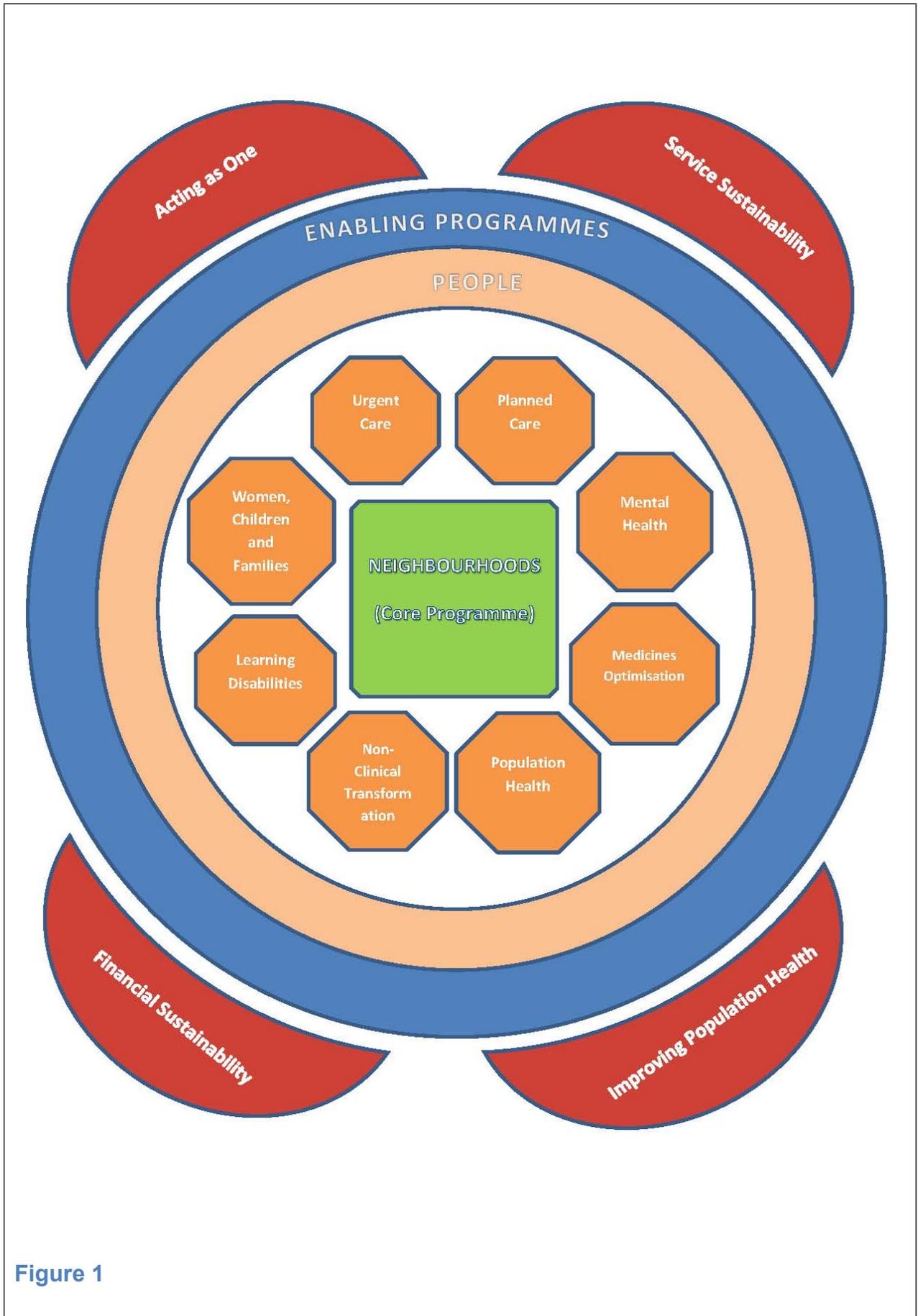
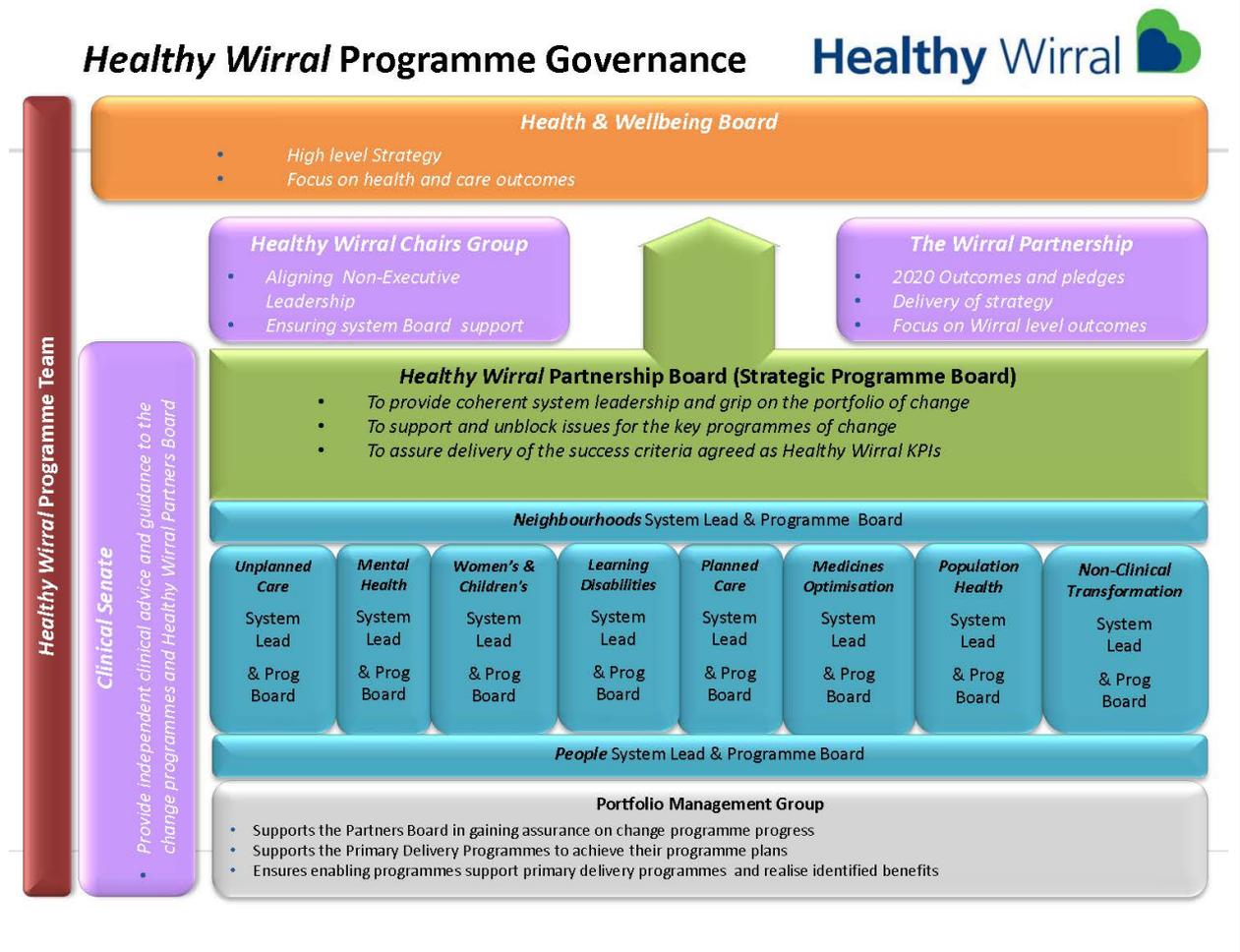


Figure 1

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



Integration of health and care systems and partners

Integrating Health and Care Commissioning

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

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

Integrating Health and Care Provision

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

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

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

Our Approaches to Understanding and Improving Population Health

Population Health Intelligence

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

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

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

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

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

Population Health Priorities

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

- *Alcohol Misuse*

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

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

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

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

2. Supporting those who need help with alcohol misuse through strong engagement, treatment and recovery response to focus not only on those with difficulties arising from their alcohol use, but also people who have not become dependent yet. Work will be undertaken to ensure this approach is supported by all partners across the health, social care and criminal justice systems, with effective pathways of care in place between them.

- *Smoking*

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

We will seek assurance that:

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

9. Deliver regular targeted campaigns on the dangers of illicit tobacco that are supported across the local system
10. Make good use of mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking e.g. Stoptober.

- *Air Quality*

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

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

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

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

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

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

- *Self-care*

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

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

- Creating whole population health and wellbeing: by mobilising community assets and building social networks through community development, asset-based approaches, volunteering, and social action.
- A proactive and universal offer of support to people with long term physical and mental health conditions to build knowledge, skills and confidence leading to improved ability to self-manage and build community capacity. This means that as well as providing appropriate medical care, services work with people to find ways of meeting their own needs, and the needs of others, in the place where they live.
- Intensive approaches to empowering people with more complex needs to have greater choice and control over the care they receive.

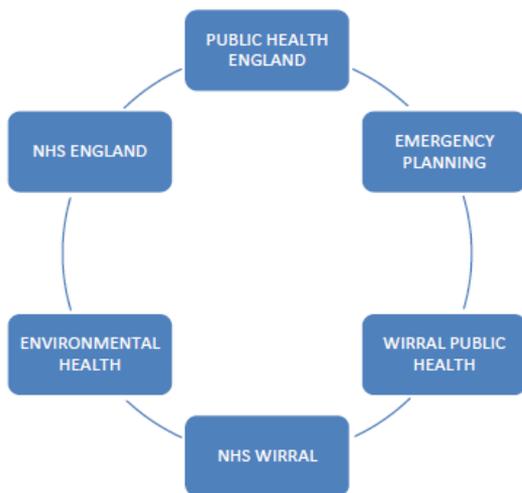
- *Health Protection Priorities for Wirral*

Healthy Wirral Partners are committed to prioritise and work as a system to ensure we have robust health protection arrangements in place and deliver against identified health protection priorities. We have reviewed local data, and this has highlighted three priorities which we consider require sustained action across the health and care system. These are:

1. The development of a system wide approach to Infection Prevention and Control in order to reduce the incidence of healthcare associated infections
2. Reducing antimicrobial resistance
3. Reducing the variation and uptake of cancer screening and national immunisation programmes.

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

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



Our Place-Based System Approach

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

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

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

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

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

Our vision for Neighbourhoods is:

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

Our plans to deliver this will involve:

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

Progress to date (including frailty)

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

Key deliverables for 2019/20

Our key system actions to develop and establish our place-based delivery approach will involve the following:

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

Key transformation programmes

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

Planned Care

Our vision for Planned Care

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

Progress to date

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

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

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

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

Key deliverables for 2019/20

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

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

Unplanned Care

Our vision for Unplanned Care

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

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

Progress to date

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

- Delivering and maintaining Delayed Transfer of Care (DToC) performance
- Streaming from ED to Primary Care is now delivering, with new model in place since 5th Nov 2018
- Single Point of Access is now co-located, bringing together 3 areas (mental health, physical health and social care duty)
- High Impact change model evidences delivery of Trusted Assessor, effective teletriage and improved support to care homes, reducing ED attendances and calls to 111 and 999.
- Developing the integrated urgent care (IUCCAS) model via NHS 111 and 999

Key deliverables for 2019/20

Our priority deliverables for 2019-20 are:

- Development of a system wide capacity and demand model to identify the range of services required
- Implementation of the result of the consultation exercise around community Unplanned care services
- Delivery of the urgent treatment centre with redesigned and improved Unplanned care pathways
- Further development of the Integrated Urgent Care Clinical Assessment Services (IUCCAS)
- Making the best use of the Better Care Fund to ensure we have the right services to provide the care needed
- Support development of neighbourhoods to provide the right level of support, closer to home, for people with complex needs
- Reducing long stay patients by 40% (21 plus day Length of Stay) against 17/18 baseline by end of Q4

- Rapidly improving the 7-day home first pathway and community model to meet system requirements, optimising the future model
- Improve and maintain ambulance handover and turnaround times and eliminate corridor waits.
- Reduce avoidable admissions by establishing an Acute Frailty Service, delivering comprehensive geriatric assessments in A and E and assessment units.
- Redesign ED and assessment area pathways by developing and implementing a comprehensive model of SDEC to increase the proportion of acute admissions discharged on the day of admittance to 1/3rd.

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

- Complete the transformational changes to establish an enhanced Single Point of Access (SPA) to support rapid access from the community to secondary care (including HOT clinics), Mental Health, Physical Health, Social Care and voluntary sector.
- Develop and fully implement the new 111 offer, supported by appropriately developed Directory of Services (DOS), including the providing 50% calls with clinical assessment and 40% people triaged booked into face to face appointment, and developing, implementing and embedding the Clinical Assessment Service (CAS)
- Reducing acute Long Stay Occupancy by 25% (21 plus day Length of Stay) and set local targets for 7 and 14-day shorter lengths of stay in Q1
- Fully implement SAFER approach in T2A community beds to ensure flow and maximise use of resource

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

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

Mental Health

Our vision for Mental Health

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

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

Key deliverables for 2019/20

Our key deliverables for Mental Health in 2019/20 are

- The development of enhanced crisis care services for adults, children and young people. Following a workshop in January 2019 work will be undertaken to deliver place based and region wide support specifically relating to sanctuary-based provision which will be delivered through the beyond place of safety project and consideration of social crisis support through signposting to third sector advice and support services. The crisis care concordat will be refreshed as part of this work.
- To enhance the effectiveness of delivery of physical health into Mental Health services, work will be undertaken to enable Mental Health practitioners to be placed into Primary care in line with our neighbourhood model. An initial business case received 2018, and in addition learning is to be considered from the ADHD shared care discussions
- Refresh of Wirral Dementia strategy following extensive engagement and alignment to the North West clinical network pathway. Task and finish group establishment to consider wider opportunities for dementia transformation across all provider organisations
- Talking Together Live Well Wirral – IAPT programme. Work with new service provider to achieve progress against IAPT targets in line with national standards, a period of 6-month mobilisation/transition is expected. Local development of an Emotional Health and Wellbeing Partnership Board which will feed into the creation of a Mental Health programme board to deliver the Healthy Wirral Mental Health priorities.

Learning Disabilities and Autism

Our vision for Learning Disabilities and Autism

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

Progress to date

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

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

A project group for STOMP/STAMP has been established and pilot projects have been completed. Information has been disseminated to primary care and initial work regarding awareness/e learning for GPs has been completed and will be progressed in 19-20.

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

Key deliverables for 2019/20

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

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

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

Women, Children and Families

Our vision for Women, Children and Families

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

Progress to date

The Healthy Child Programme (0-19 years) provides a framework to support collaborative work and more integrated delivery of services for children and young people. The 0-5 element of the Healthy Child Programme is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers. Additional support around Health Improvement including areas such as emotional health and wellbeing, sexual health and substance misuse further compliments this offer. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. The 0-19 Service has been in operation in Wirral for just over 4 years and has seen progress in a number of areas, including uptake of developmental reviews for children, the implementation of integrated reviews and the establishment of health and wellbeing hubs in 4 localities to increase access to services.

Key deliverables for 2019/20

Our immediate priorities for 2019/20 are as follows:

- To re-commission the 0-19 Healthy Child Programme (Core Programme)
- To complete further insight work to inform service developments around risk taking behaviour/emotional health and wellbeing

- To develop a strategic and systematic approach to therapeutic/trauma informed practice to respond to Adverse Childhood Experiences (ACE's) for children and parents
- To further develop the Strategic Maternity Public Health Action Plan in line with the NHS Long Term Plan

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

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

Medicines Optimisation

Our vision for Medicines Optimisation

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

It aims to:

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

Progress to date

Clinical Pharmacists (GPCP) in GP practices

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

Biosimilars

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

MOCH

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

Mental Health

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

Use of Population Health

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

General

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

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

Key deliverables for 2019/20

Our priorities for delivery include the following work areas:

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

Benefits

Financial

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

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

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

Non-financial

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

Activity Assumptions

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

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

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

Capacity Planning

System Capacity and Demand Planning

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

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

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

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

Winter Capacity Planning

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

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

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

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

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

Workforce

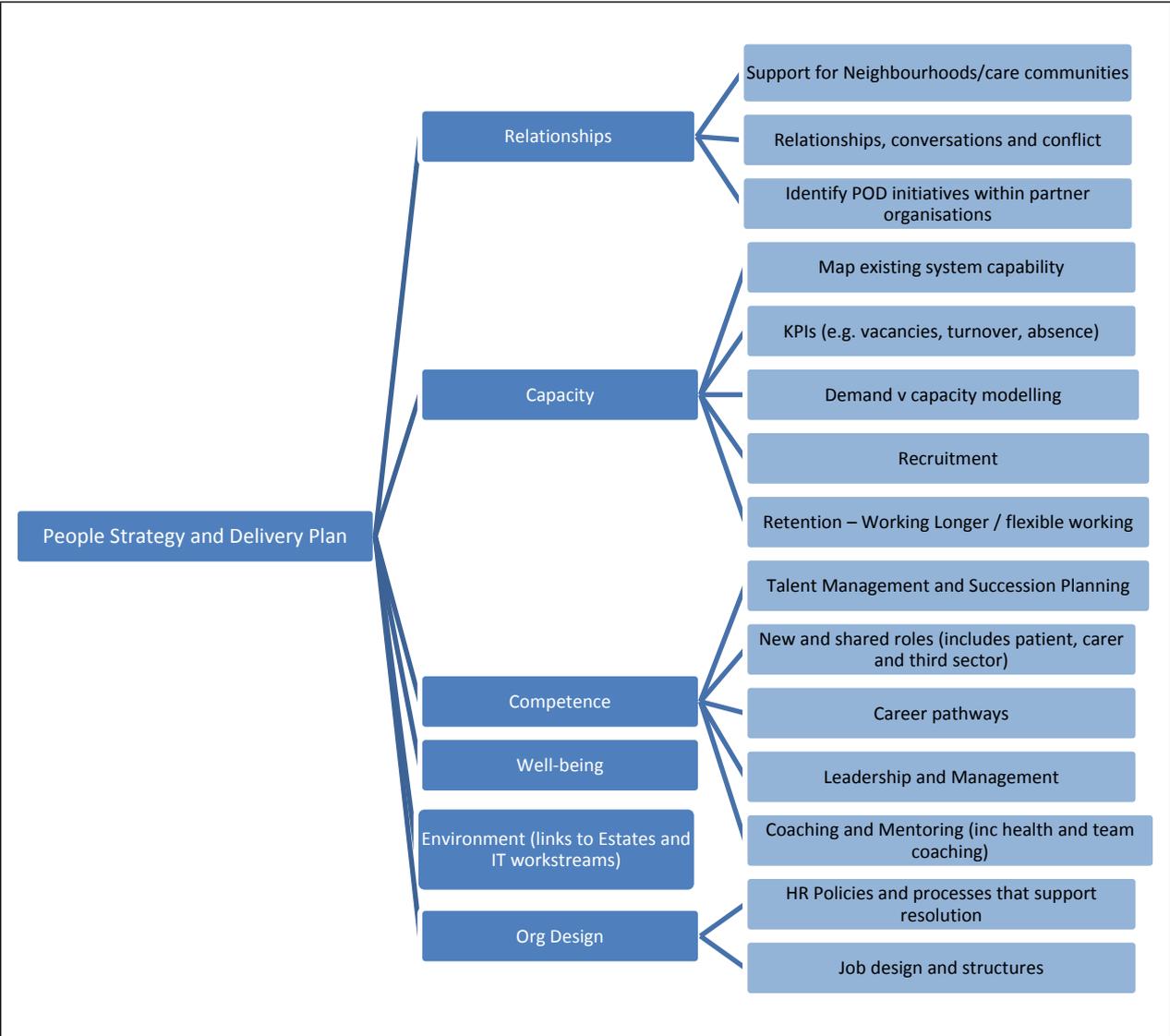
Wirral partners have a shared ambition to develop an effective and sustainable workforce, whose capability (capacity, competence and confidence) is aligned to the vision and aims of *Healthy Wirral*. This has resulted in a commitment to delivering a place-based approach to the development of a Wirral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

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

Working closely with wider system partners across Wirral during 2018/19 has led to the development of a number of initial strategic priorities. These have been incorporated into the key system deliverables for 2019/20 and will 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

	WUTH	WCT	CWP (prop'n)	WCCG	System Total
Wirral System Summary (excl LA)	£,000	£,000	£,000	£,000	£,000
19/20 deficit before CIP/QIPP and central monies	(32,005)	(1,995)	(1,117)	(24,245)	(59,362)
CIP/QIPP	13,201	2,000	965	24,245	40,411
MRET central funding	6,282				6,282
PSF allocation	6,872	990	304		8,166
FRF allocation	5,650				5,650
19/20 Submitted Net Planned Surplus / (Deficit)	0	995	151	0	1,146
Risk adjustment				(14,793)	(14,793)
Risk adjusted Planned Surplus / (Deficit)	0	995	151	(14,793)	(13,647)

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

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

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

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

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

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

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

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

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

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

Efficiencies

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

WUTH £13.2m

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

WCCG £6.3m

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

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

WCT £2m

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

CWP £1m

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

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

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

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

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

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

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

Appendix 1: Healthy Wirral Plan on a Page

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

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