

# Wirral Health and Care Plan

Strategic Outcome Frameworks

# Guiding programmes

- Population Health
- Neighbourhood model
- Use of Resources

# WIRRAL PLACE PLAN

## PRIORITY – POPULATION HEALTH

Reduce the differences in health and care outcomes

Upscale disease prevention

Reduce inequalities in healthcare

Reduce the impact of infectious diseases and environmental hazards

the desired predicted measure of change

Core20Plus5 (adults and CYP)

Anchor Institutions

Smoking; Physical activity; alcohol; reducing drug related harm; MWB and suicide prevention

Strategic Intelligence for Population Health

Interventions/improvement driver

Easy and timely access to health and care services  
Use of high quality disaggregated data to measure performance and outcomes  
Key performance indicators that focus on 20% most deprived  
Social action with communities and people with an emphasis on those that can benefit the most.

identifies gaps

# WIRRAL PLACE PLAN

## PRIORITY - NEIGHBOURHOODS

Working together to improve Population  
Health Outcomes through reducing Inequality

Neighbourhood Structures  
established with communities  
leading a coproduction approach

Increase involvement of  
CFVSE sector in planning,  
insight and delivery

Positive change  
to health  
outcomes

the desired predicted  
measure of change

Establish the  
neighbourhoods  
structures

Define the population  
health info and local  
intelligence

Priorities agreed  
with expected  
outcomes

Pilots agreed  
for testing out  
new ways

Interventions/improvement  
driver

Ensure approach incorporates the broader aspects – housing, employment etc.

Agree how to chose the two neighbourhoods to start with

Agree membership of the core groups in the two neighbourhoods

Engagement and community strategy and approach needed

Understand the local view in the neighbourhood

Understand the community assets in the neighbourhood

Agree quality methodology approach to adopt – PDSA

Name the neighbourhoods

identifies gaps

Community leaders – CFVSE sector. Local politicians, primary care and PCNs, LMC, CWP, WUTH, CT, Local Authority reps, Police, Healthwatch, ICB reps, Community Connectors, local businesses, job centre reps. Housing association reps.

} key individuals, partners or groups

Set up the governance structure – begin with the Steering Group  
Identify two neighbourhoods  
Identify the chair of the core group and other members  
Agree population health dashboard  
Undertake community engagement – community connectors and Qualitative insight team  
Arrange engagement event in each neighbourhood

Core Group to meet and review pop dashboard and local intelligence  
Agree priority and opportunity to test out different approach/pilot  
Outcome expected to be agreed

Core group to review impact of pilot and continue to meet monthly  
Further neighbourhoods to start

Quarter  
1 – 2  
2023/24

Quarter  
3 – 4  
2023/24

} Detailed plan of delivery including timelines and leads

# Delivery Programmes

- Unscheduled Care - reports direct to Place Based Partnership
- Primary and Community Care
- Children and Young People (SOF needed)
- Mental Health
- Learning Disability and/or Autism

# WIRRAL PLACE PLAN

## PRIORITY – PRIMARY CARE

- Benefits of delivering the Integrated Neighbourhood Team model described in the Fuller Stocktake recommendations

Improved access for episodic care

Better co-ordinated personalised care for those people whose health & care benefits from this approach

Greater focus on secondary prevention

the desired predicted measure of change

Population health management and care co-ordination in each PCN

Clinical triage & decision-making at PCN level

Team of Teams approach across PCNs

Future PCN model of care with partners

Interventions/improvement driver

PCN capacity to progress with transformation

Development of sustainable, long-term networking arrangements with partners

Commitment to transforming to new models of care

Data intelligence capacity to yield maximum benefits from population health management approach

Practice Patient Groups engagement and involvement in transformation

Understand the community assets in the neighbourhood

identifies gaps

PCN Clinical Directors; Practice staff, wider PCN teams, Wirral LMC, community teams (physical and mental health), VCFSE teams, ICB teams; Community leaders – CFVSE sector. Local politicians, NHS Provider partners; CWP, WUTH, CT, Local Authority reps, Police, Healthwatch, Community Connectors, local businesses, job centre reps. Housing association reps.



key individuals, partners or groups

Utilise established primary care forum/groups – PCN Forum; Primary Care Forum; Primary Care Collaborative Ltd, Wirral LMC – to socialise/explain priority and agree actions required;  
Work with pilot neighbourhoods to begin transformation;  
Agree population health dashboard requirements;  
Undertake patient and community engagement – broaden networking function of PCNs;

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1 – 2  
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Develop preferred model of care that can be disseminated/expanded to other Wirral PCNs;  
Align transformation to developments and changes in national independent contractor contractual changes  
Review networking function of PCNs

Quarter  
3 – 4  
2023/24



Detailed plan of delivery including timelines and leads

# WIRRAL PLACE PLAN

## Mental health

Zero out of area placements

Acute care capacity

Housing strategy for MH

Long term specialist provision and rehab capacity

the desired predicted measure of change

Integrated Supported Housing for MH & LD

Understand reasons for admission – not known to CWP

Develop Wirral MH strategy

No days lost in community due to admission

Expand MHIST

Interventions/improvement driver

- Floating support starts within acute setting to support discharge/community integration
- Reinvestment back into MH
- System risk share approach – financial and quality
- Triple Aim
- Harm reviews
- Early help and prevention – community transformation and neighbourhoods
- MH needs assessment – understand population health, protected characteristics
- MH budget overall and consider spend/outcomes
- Workforce – education, recruitment
- Strategic contracting with placements and with our third sector partners

identifies gaps

Detailed plan of delivery including timelines and leads

VCSFE, CWP, WUTH, Community Trust, Social care – Adult/CYP, criminal justice, NWAS, ICB commissioning leads, neighbourhood/primary care, housing

key individuals, partners or groups

Agree key leads and identify place level schemes to develop integrated housing for patients. Feed into a longer term strategy

Agree the financial impact and patient benefit of MHIST to create business case for sustained recurrent funding of the initiative going forward

Continue with Community Mental Health transformation through the established Board and identified 16 key work streams

Continue reviewing bed stock capabilities and contracting options around in and out of area provision with trust partners to improve bed flow

Begin to develop the Wirral MH Strategy aligned to the ICB asks, National targets and local priorities

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3 – 4  
2023/24

Detailed plan of delivery including timelines and leads

# WIRRAL PLACE PLAN

## WIRRAL ALL AGE DISABILITY STRATEGIC FRAMEWORK draft

**Purpose**  
By maximising personal potential, people with a disability live more independently

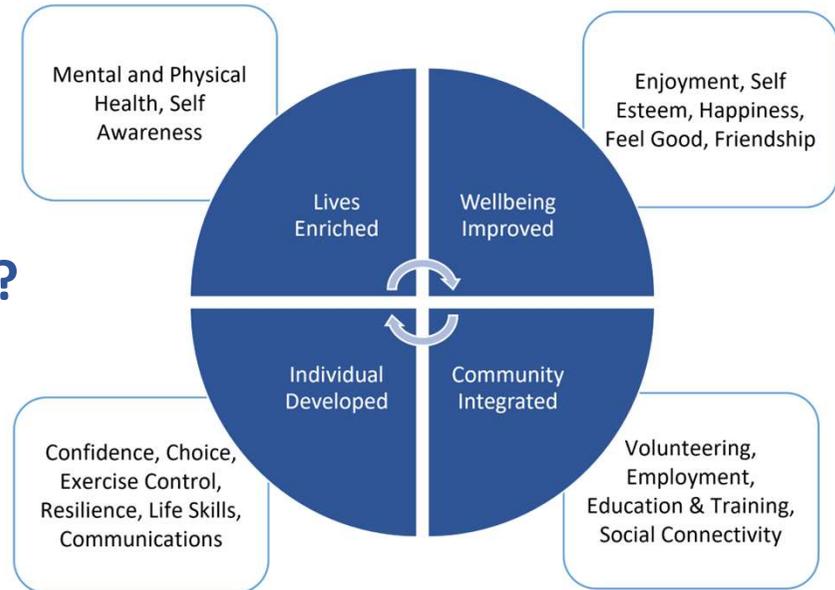
**Vision**  
To enable people with a disability to have choice and exercise control of their own lives

**Mission**  
Working together to inspire lives, remove barriers and widen horizons for people with a disability

**Values**  
Personal – ‘Person centred’  
Integrity – ‘Doing the right things for the right reasons’  
Quality – ‘Being outstanding in everything we do’  
Collaborative – ‘Working with others to deliver best outcomes’

So what?

### Contributory outcomes and benefits



### Specific Strategies, reviews, blue prints and plans underpinning this framework (list not exhaustive)



# Enabling programmes

- Workforce
- Digital maturity (SOF needs plan – meeting arranged)
- Estates and sustainability
- Medicine Optimisation

# WIRRAL PLACE PLAN



Cheshire and Merseyside

## Enabling-Workforce

Wirral Place has the right people to provide the right support and care in the right place at the right time

We understand and make the best use of Wirral Place Workforce

Wirral Place has a Skills and development offer that spans the entire Career Pathway

Wirral Health, Care and VCFSE workplace established as somewhere people want to work and stay

Wirral Place has a flexible workforce that embraces diversity

the desired predicted measure of change

Complete Sector workforce capacity and capability analysis, identifying key workforce pressures and gaps

Communications and Marketing Strategy for Health and Care Workforce

Create effective training and development pipeline

Develop Wirral Place Workforce Passport to support movement between sectors and responds to New Models of Care

Interventions/ improvement driver

Understand the specific Wirral workforce issues (Strengths, Weaknesses, Opportunities, Threats)  
Ensure that workforce review and audits includes wider VCFSE workforce  
Collate and map strategy against existing organisational workforce strategies.  
Engage with and understand the breadth of initiatives already underway to respond to workforce challenges  
Engagement with Place and Organisational Clinical Strategies to understand future workforce implications  
Engagement with programme leads for the wider Health and Care Plan to establish the enabling opportunities for workforce within their programmes (e.g. Homefirst)

identifies gaps



## Cheshire and Merseyside

HR/OD Leads for Anchor Organisations, Sector Leads for Education and Training, CFVSE sector representatives, independent care sector representatives. Primary care and PCNs, CWP, WUTH, WCHCT, Local Authority clinical/professional reps, Healthwatch, ICB reps, wider business community (Chamber of Commerce), Communications and Marketing leads, job centre reps.

key individuals, partners or groups

Set up the governance structure – begin with the Strategic Workforce Group (Chairing, Membership, ToR, Programme reporting structures)  
Agree Work Plan based on identified strategic priorities  
Scope out local intelligence work for baseline  
Map current activity to strategic priorities  
Arrange engagement approaches to share work plan

Strategic Workforce Group to review baseline audit data and identify key strategic actions with timeline  
Agree expected Outcomes  
Agree priority opportunities and establish implementation groups

Review progress of projects established in Q2 and identify next phase projects  
Review and refine strategy, identifying next phase developments for 2024-5

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3 – 4  
2023/24

Detailed plan of delivery including timelines and leads

# WIRRAL PLACE PLAN



## Cheshire and Merseyside

### Enabling- Digital Maturity

Digital technology will be used to improve equality and quality of services to our population; developing infrastructure, systems, and intelligence and working together to produce outcomes that focus on Wirral citizens

We will use the National “What Good Looks Like (WGLL) programme” to guide our interventions

Population health management systems that support improved health outcomes

People empowered to manage their health and care through digital tools. Staff able to work optimally with data and technology

Strong Digital Leadership to support integrated digital foundations and safety

the desired predicted measure of change

Support the development of Digital Leadership skills and capacity, using digital means to show leadership by example

establishment of a ‘Digital First’ approach, promoting digital literacy, supporting remote working, shared care records and access to high quality digital support for all health and care workers.

Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting

Interventions/  
improvement driver

Explore the opportunities and challenges to provide benefits by joining our systems together including:

- o Unified communications
- o Cloud
- o Optimization of N365 and Teams including NHS/Council Federation
- o Local Infrastructure investment
- o Consider the benefits of developments such as the Liverpool City Region network investments, enhanced Wi-Fi, Satellite links and 5G.

identifies gaps



# Cheshire and Merseyside

Chief Information Officers and Chief Clinical Information Officers for Anchor Organisations, Business Intelligence Leads, Population Health Leads, CFVSE sector representatives,. Primary care and PCNs, CWP, WUTH, WCHCT, Local Authority Strategy Leads, Information Governance Leads , Wirral and Cheshire & Merseyside ICB rep,.

key individuals, partners or groups

To be completed

Quarter  
1 – 2  
2023/24

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3 – 4  
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Detailed plan of delivery including timelines and leads

# WIRRAL PLACE PLAN



## Estates and Sustainability Enabling Programme

## Cheshire and Merseyside

Wirral Place will have estate that is fit for purpose, is flexible and adaptable to meet changing population needs and that contributes to delivering a net zero NHS whilst delivering value for money and care closer to home.

*Develop a Wirral Estates Plan for infrastructure ambitions and priorities across Health, Social and 3<sup>rd</sup> Party Sectors.*

*Collaborate to make maximum use of existing assets and availability of capital funding, to reduce infrastructure backlog and target investment to support net zero carbon ambitions.*

*Maximise wider system opportunities to secure funding that contributes to the Wirral Place Estate and Sustainability Plan.*

the desired predicted measure of change

*Increased economic and social value through the re-use of surplus land and property for housing, employment, and community use opportunities.*

*Reduce our carbon footprint, improve local air quality by reducing direct emissions and play an active role in tackling climate change by system collaboration within the Wirral Place Sustainability Group.*

*Explore opportunities to create a flexible asset portfolio that is fit for purpose, and meets the needs of the Wirral Place Health and Care Plan both now and in the future.*

*Implement estates forums that support and drive Wirral Estates priorities & collaboration through Wirral Strategic Estate Group (WSEG).*

*Implement a capital overview process, to determine prioritisation of capital and pipeline plans.*

*Introduce mechanisms to manage accommodation and space management requests that integrate with vacant and void space management that underpins Wirral Place priorities.*

Interventions / improvement driver

*Undertake a property data baselining exercise to inform decision making and priority setting.*

*Develop mechanisms to consolidate a 'Wirral View' of surplus land and void space to maximise utilisation and drive value for money.*

*Undertake Climate Change Risk assessments; to understand the unique climate risks that impact Wirral and develop a Place based Climate adaption plan.*

## WIRRAL PLACE PLAN

### Estates and Sustainability Enabling Programme



Cheshire and Merseyside

1. Overarching Estate Master Plan for Wirral that responds to Wirral Place needs providing strategic intent for infrastructure that responds to Wirral Health Care needs.
2. Understand the Wirral Place existing Estate through a comprehensive review informing a future Wirral Place Estates Plan.
3. Understanding available funds to support levelling up and Wirral Health Care Plan.
4. Ensure Wirral System forums are established and appropriately resourced.
5. Secure appropriate funding to drive developmental areas, where external support may be required.
6. Mature Wirral SEG forum and establish sub enablement workstreams that drive delivery across all enabling interventions and improvements.
7. Understand ICB approaches to capital allocation, and prepare delivery plans that enable 'Wirral' capital requests for prioritisation based on need and risk.
8. Collate a single view of all surplus and void space that informs estates related decision making.
9. Develop processes that allow the effective management of assets, occupancies, accommodation and space allocation requirements for Wirral.
10. Investment in appropriate system to support data/intelligence
11. Understand the environmental/climate risks in relation to estate locations to support climate adaptation planning
12. Collectively agree the resource model, ownership, including PMO Support for the delivery of the Estates & Sustainability enabling programme.
13. Develop a single view of capital back log liabilities for Wirral
14. Understand health and social needs and priorities to inform decision making and estates plans

identifies  
gaps

## WIRRAL PLACE PLAN

### Estates and Sustainability Enabling Programme



Cheshire and Merseyside

1. Cheshire & Mersey ICS
2. Wirral Health Care Plan Enablement Leads (Cross cutting, workforce etc...)
3. Strategic Estates Board (SEB)
4. Wirral Place Sustainability Group members
5. Cheshire & Wirral Sustainability Board
6. Other External Landlords
7. Local Authority
8. 3<sup>rd</sup> Sector (Voluntary & Charitable)
9. One Public Estate
10. External Support
11. Wirral University Teaching Hospital
12. Wirral Community Trust
13. Emergency Services (Fire, Police, Ambulance)
14. Clatterbridge Cancer Care Centre (Clatterbridge)
15. ICS Out of Hospital
16. Cheshire Wirral Partnership
17. Primary Care Network Leads
18. Wirral Place
19. Identified leads for sub enablement Groups (TBC)
20. Other Public Sector Partners (i.e. DWP)

key individuals,  
partners or  
groups

## WIRRAL PLACE PLAN

### Estates and Sustainability Enabling Programme



Cheshire and Merseyside

#### 23/24 Quarter 1

- Strengthen WSEG Membership
- Understand the priorities for the Wirral Place Health Care Plan (Guiding & Delivery programmes) that informs the baselining of Estates & Sustainability Enabling Programme priorities.

#### 23/24 Quarter 2

- Agree workplan based on identified strategic priorities
- Map current activity to strategic priorities
- Agree expected outcomes
- Conclude asset register data baselining exercise
- Determine backlog levels across Wirral and prepare forward capital plans

#### 23/24 Quarter 3

- Agree priority opportunities and establish implementation groups

#### 23/24 Quarter 4

- Review progress of projects established in Q2/3 and identify next phase projects
- Review and refine strategy, identifying next phase developments for 2024/2025

Detailed plan of delivery including timelines and leads

# WIRRAL PLACE PLAN



Cheshire and Merseyside

## ENABLER – Medicines Optimisation

Ensuring safe, high quality, cost-effective use of medicines for our population

Tackling health inequalities & prevention

Delivery of Safe, high quality care

Efficient use of resources & sustainability

the desired predicted measure of change

Collaboration

Antimicrobial Stewardship

Reduction in avoidable harm

Community Pharmacy Services

Patient Safety

Interventions/ improvement driver

Mental Health

Care Homes & Social Care

Medicines Value

Patient engagement & awareness

Awaiting confirmation of ICB MO structures to inform how this programme will need to link back to the wider System. Currently some silo working so duplication of work and lack of true collaboration - multiple Wirral MO groups exist. More emphasis on 'System thinking' and building relationships to be a key part of the detail behind each priority area. Patient engagement routes not formally established but work has started with Healthwatch and Wirral Change. Resource to dedicate to some areas is challenging due to volume of work to be prioritised and individual contracts driving the planning & focus, business cases may be required for dedicated staff. Balance of BAU and input into transformation and partnerships work will be a challenge. Access to data is inconsistent and challenging for pharmacy leads to progress and monitor workstreams. MO is probably not just an 'enabler' and requires other workstreams to support delivery of MO priorities e.g. AMS

identifies gaps

Wirral Pharmacy System Leads. Prescribers across all settings. Patient groups across all settings. Public Health and LA colleagues. Care Homes and Social Care providers. Community Pharmacy colleagues. ICB Chief Pharmacist and ICB Medicines Optimisation Group. Place MO Group and linked Place governance groups. C&M APG and working groups. ICB MO sub groups & wider ICB level groups as necessary. LPN & regional pharmacy teams.



key individuals, partners or groups

Confirm the MO governance structure for both Place and ICB – awaiting information.  
Identify formal leadership for Place MO group & confirm membership.  
Identify leads & detail for each area and establish links to other Wirral programme leads.  
Agree how data can be accessed and supported for MO programme.  
Agree patient engagement/awareness plans  
Proactively link in to Wirral Place work programmes  
Agree single MO overview for Wirral and areas for collaboration vs BAU - including ICB QIPP plan/ PCN/Trust priorities.

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1/2  
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Place MO group to be in place and meeting monthly to monitor progress, escalate issues and review ongoing priorities.  
Data to be reviewed to monitor progress and outcomes are more clearly defined.  
Agree priority and opportunity to test out different approaches across Wirral place if appropriate  
Ensure a more collaborative approach to MO workplan delivery to optimise workforce and to maximise efficiencies across Wirral (QIPP).

Quarter  
2 – 4  
2023/24

Detailed plan of delivery including timelines and leads