



Wirral

Clinical Commissioning Group

NHS Wirral CCG Operational Plan 2017-19



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1 Introduction

1.1 Background

NHS Wirral CCG is committed to integrated care and working collaboratively across the local health and care system. Closer integration of health and social care commissioning has been a prevalent and continuous theme of policy since the inception of the NHS. In order to achieve this, the CCG is to become aligned with the Local Authority with the aim of delivering better health and care outcomes through the joint commissioning of effective, evidence-based services.

The CCG and Local Authority recognise the need to change to meet the aspiration of the Wirral 2020 Vision and the Healthy Wirral Plan. There is a requirement to understand communities better by striving to make more decisions at a local level; to work greater in partnership across public, private and voluntary sectors. The CCG and Local Authority will continue to put the needs of patients and the public in the centre of commissioning decisions and ensure that patients are involved in the process of making decisions and redesigning services and pathways.

1.2 Strategic Context

In October 2014, NHS England published the Five Year Forward View (FYFV) which describes the plan for how the NHS needs to change by 2020, in order to ensure it is able to meet the changing needs of the population and also to ensure it is sustainable. To deliver the transformation within the Five Year Forward View, across England Sustainable and Transformational Plan structures have been formed over a large geographic boundary with Local Deliver System (LDS) plans fitting underneath on much smaller geographic footprints. Wirral, and our Healthy Wirral Plan, is part of the Wirral and Cheshire LDS which sits within the Cheshire and Merseyside FYFW Working Group.

Our Healthy Wirral Plan, which is shown below, sets out how health and care services will work better together to deliver improved patient care, a quality local environment, better health and a good life for local older people and people with disability. The plan is based around ensuring better health, better care and better value and the CCG and the Local Authority as commissioners, have a key role in providing system leadership to ensure that services are provided with a focus on improving population health.

Healthy Wirral Plan

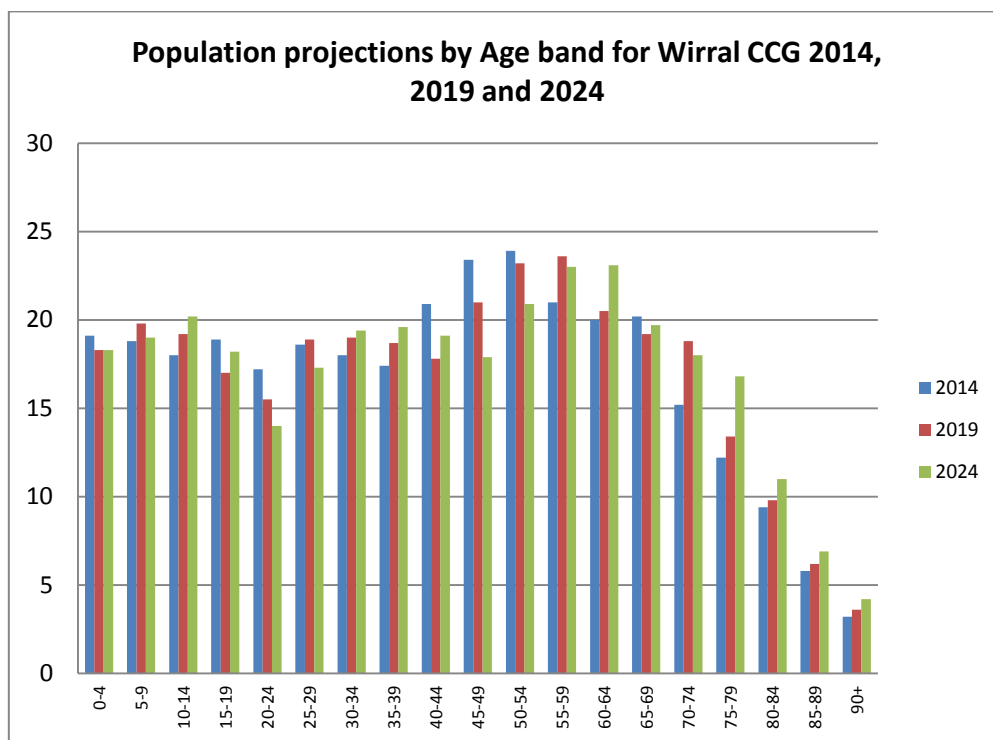


This operational plan shares the response of the CCG to NHS England’s Planning Guidance for 2017–19 and the 9 ‘must dos’, together with the key areas of work for the CCG in line with our Healthy Wirral Plan which also support the work of the LDS.

1.3 Health Economy Profile

Wirral is a Borough of contrast and diversity in both its physical characteristics and social demographics. There are both rural areas and townships and urban and industrialised areas in a compact peninsula of 60 square miles. The Borough has a wealth of parks and countryside and over 20 miles of coastline.

- Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.
- The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2014 and 2024 it is estimated that this population group will have increased by 16%.



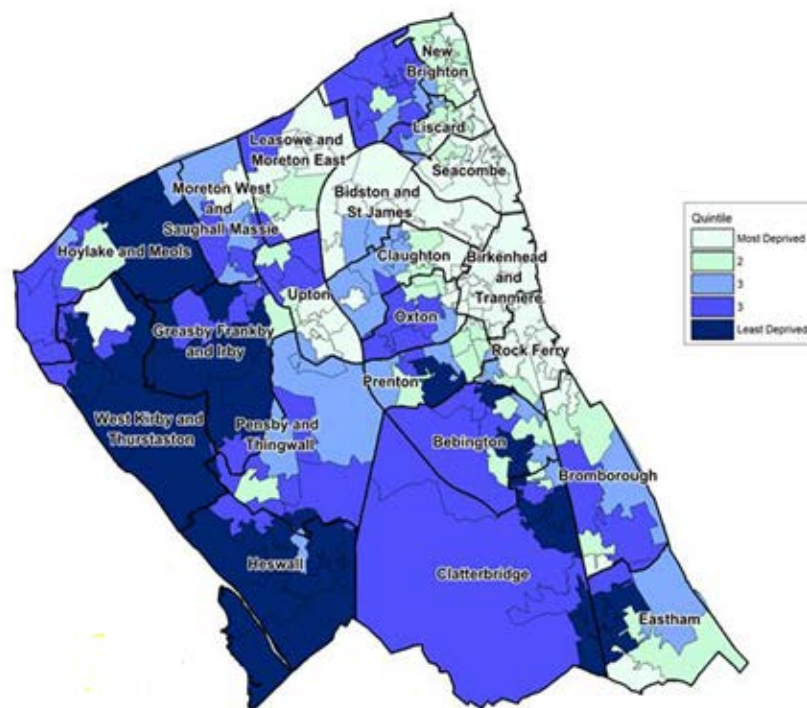
- The population aged 85 years and above is projected to increase from 9,000 in 2014 to 11,000 in 2024, which equates to a 23% increase.
- The biggest decrease is in the 45-54 year age group, from 47,000 in 2014 to 39,000 in 2024 which equates to an 18% decrease.
- Births reached a 15 year high in 2014.
- Wirral was the 66th most deprived authority (of 326 authorities) in England according to the 2015 Index of Multiple Deprivation (IMD) - 1 the being most deprived, 326 the least deprived – this is an improvement as Wirral ranked 60th in the previous IMD in 2010. This ranking of

66 means Wirral is no longer classified as being one of the 20% most deprived authorities in England. This could mean that relative to other authorities, Wirral has become less deprived or that other authorities in England have become more deprived (the IMD is a relative Index, areas are always judged in relation to one another, they are not compared historically).

- Wirral has a predominance of social demographic groups which are at the polar extremes of the income spectrum, indicating that the differential between people on very low and very high incomes is pronounced within Wirral.

1.4 Deprivation

There are 10 Wirral specific areas which are classed as being in the 1% most deprived in England of which 8 were in the Birkenhead constituency and two were in the Wallasey constituency.

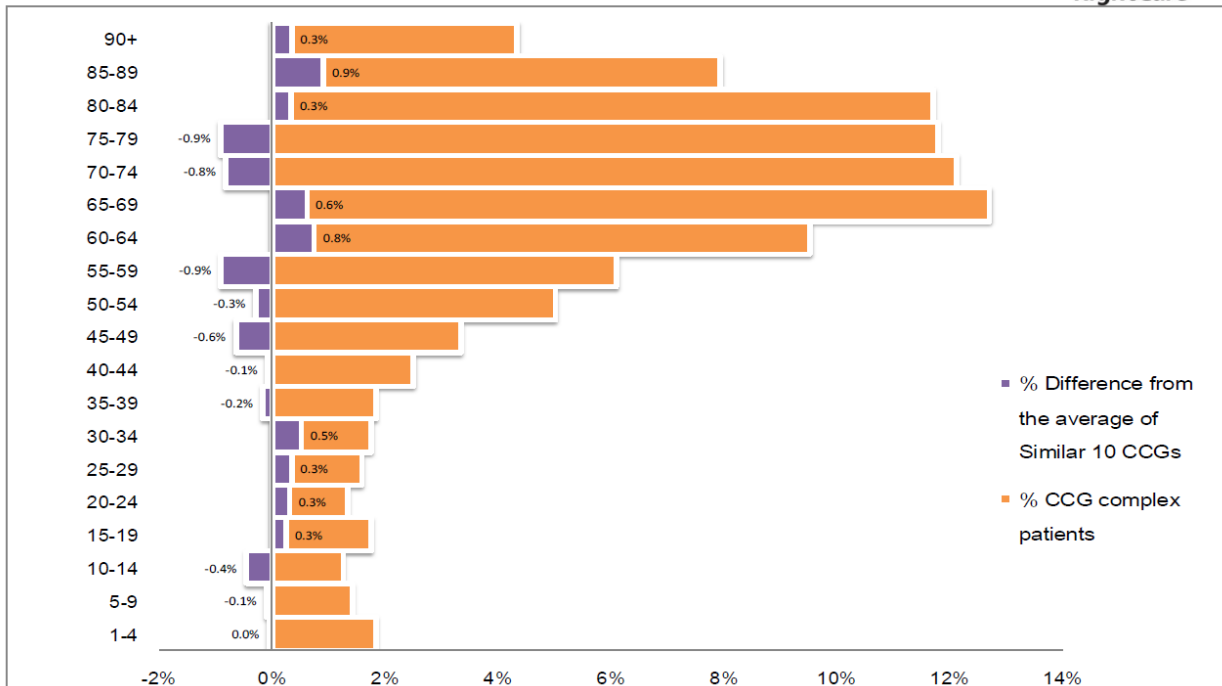


1.5 Complex Patients

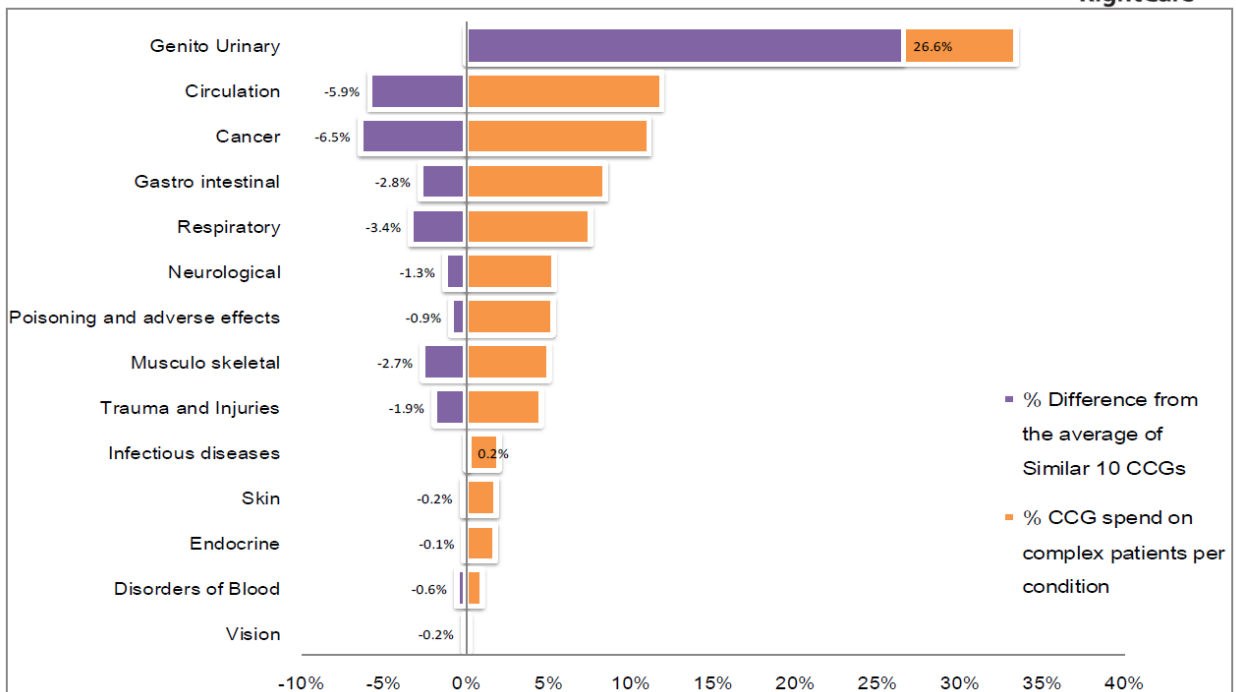
Complex patients are defined as the 2% of inpatients a CCG spends the most money on.

- Wirral's average complex patient has 7 inpatient admissions per year across 3 different conditions
- Wirral CCG spends most on circulation, cancer and gastro intestinal
- 61% of these complex patients are aged 65 or over
- 36% of these complex patients are aged 75 or over
- 12% of these complex patients are aged 85 or over
- Admissions for 22 children aged under five years old cost £0.9 million for the year
- Wirral's 2% most complex patients account for 19.8% of CCG Spend

Complex patients - Age Profile



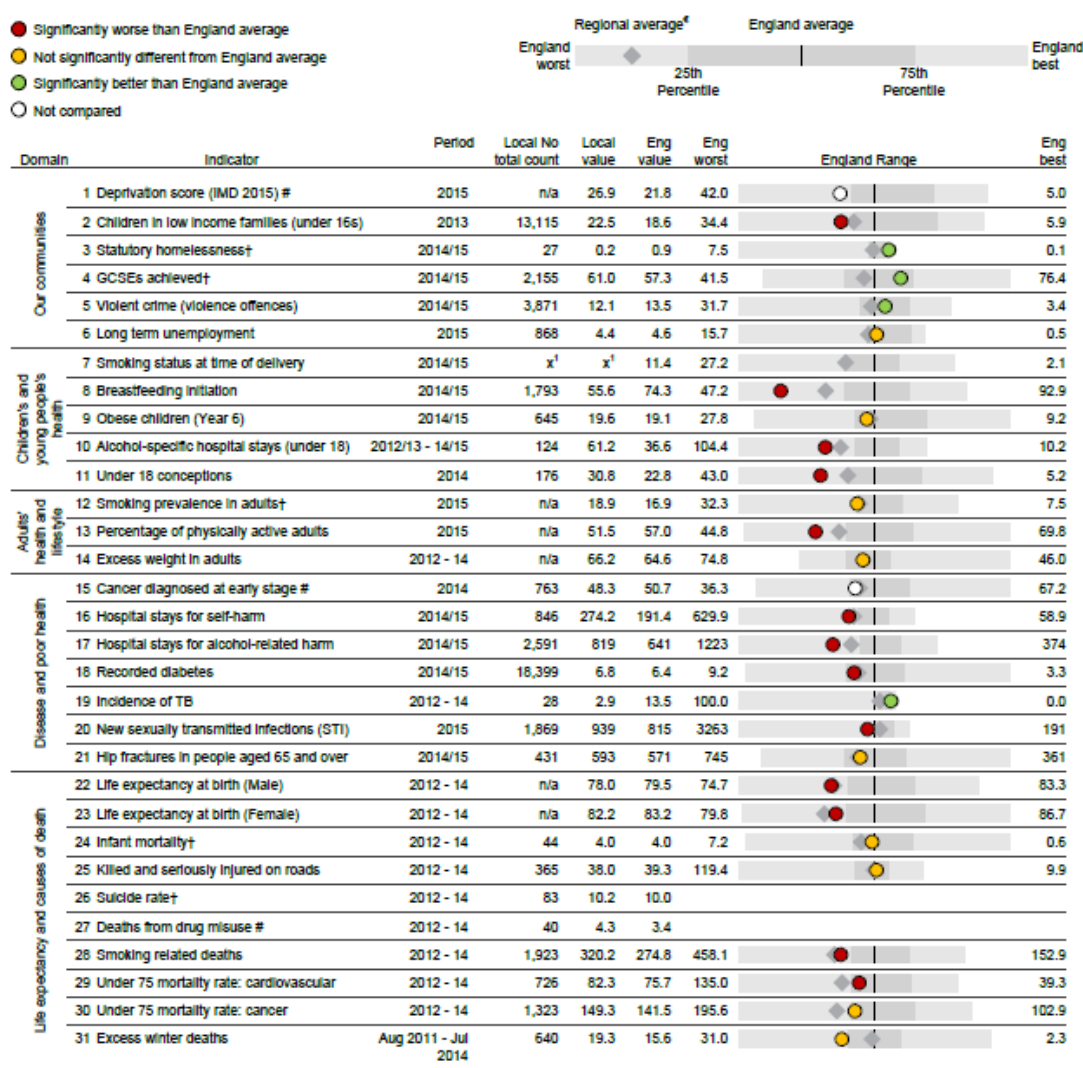
Complex patients - Spend Profile



Source: Commissioning for Value Where to Look Pack Jan 17

1.6 Health Summary for Wirral - 2016

The chart below shows the health of people in Wirral compared with the rest of England. The circles represent Wirral's position relative to the England average and the average rate for England is shown by a black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this indicator is significantly worse for Wirral compared with England.



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/health-profiles>

2 2017/18 and 2018/19 'must dos'

In the NHS planning guidance: 'Delivering the Forward View: NHS planning guidance 2016-17-2020-21', NHS England described the 9 'must do' priorities for CCGs. These remain the priorities for 2017/18 and 2018/19 and will need to be delivered along with other local priorities within the financial resources available in each year.

2.1 Cheshire & Merseyside Five Year Forward View

- Implement agreed milestones, so that you are on track for full achievement by 2020/21.
- Achieve agreed trajectories against the core metrics set for 2017-19.

Within the Cheshire & Merseyside Five Year Forward View (5YFV) Plan there are a number of Local Delivery Schemes (LDS). These Schemes are the vehicles that deliver the principles, guidance and clinical models developed across the Cheshire & Merseyside footprint.

NHS Wirral CCG is fully signed up to the priorities and milestones agreed in the Cheshire & Wirral LDS and our work will support the LDS' triple aim to:

- mitigate the costs of growth,
- give greater reliability and efficiency and
- reduce duplication of services and sites by vertical integration, horizontal integration and reconfiguration

2.2 Finance

- Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19.
- Implement local Cheshire & Merseyside 5YFV plans and achieve local targets to moderate demand growth and increase provider efficiencies.
- Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self-care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes.
- Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

The CCG sector is required to be in financial balance in each of 2017/18 and 2018/19. The provider sector also needs to be in balance in each of 2017/18 and 2018/19. NHS Wirral CCG with its system partners are committed to delivering this priority but are aware of the significant pressure the CCG and its partners are under.

NHS Wirral CCG is planning to achieve a breakeven income and expenditure position in 2017/18, which will be a better performance than its indicative control total of £2.140m deficit, and to achieve a surplus of 9.770m (before draw up) in 2018/19.

We are committed to managing demand through a number of initiatives including Right Care, and management of referrals through the Primary Care Quality Scheme (PCQS). The schemes scheduled for implementation during 2017/18 are expected to have a significant impact in reducing referrals. It is recognised that these schemes alone will not reduce the potential growth and as such the CCG with its partners within the Cheshire & Merseyside 5YFV will be looking at other initiatives to manage demand.

Financial Planning Assumptions 2017-18

NHS Wirral CCG's financial allocation for the financial years 2017-18 to 2018-19 is as follows:

Revenue Resource Limit

£ 000	2017/18	2018/19
Recurrent	503,822	513,645
Non-Recurrent	5,505	5,593
Total In-Year allocation **	509,327	519,238

Note: (** Allocation gross of reduction for draw up 2018/19 shown in plan as £9,770k)

A range of assumptions have been built into the current financial plans regarding likely expenditure impact. These include impact of tariff in terms of cost uplift and required efficiencies, prescribing inflation, impact of new technologies and pressures with regards to the costs of continuing healthcare and funded nursing care. The table below shows a summary of the assumptions built into the 2017-18 planning templates:

Key Planning Assumptions

	2017-18
Notified Allocation Change (£'000)	9,878
Notified Allocation Change (%)	2.0%
Tariff Change - Acute (%)	0.1%
Tariff Change - Non Acute (%)	0.1%
Net Inflation - Cont.Care (%)	2.1%
Net Inflation - Prescribing (%)	3.1%

NHS Wirral CCG is required to operate within the following Business Rules in line with NHS England Planning Guidance. The key requirements are:

- all CCGs are required to aim for in-year breakeven, with expectations set for the minimum level of improvement (draw up) in cumulative deficit, relating to deficit CCGs;
- all CCGs should plan for a cumulative surplus of 1% of allocation;
- as in previous years, CCGs should plan for 1% non-recurrent spend:
 - 0.5% to be uncommitted and held as risk reserve
 - 0.5% immediately available for CCGs to spend non recurrently, to support transformation and change implied by the Cheshire & Merseyside 5YFV Plan. Due to the financial position of the CCG it was agreed with NHSE to use this 0.5% to improve the planned financial position of the CCG. Having utilised this, the CCG remains some distance (£12,167k in 2017/18) from the cumulative surplus required by business rules.
- as was the case for 2016/17 and previous years, CCGs should also plan for 0.5% contingency to manage in-year pressures

2.3 Primary Care

- Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.
- Ensure local investment meets or exceeds minimum required levels.
- Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.
- By no later than March 2019, extend and improve access in line with requirements for new national funding.
- Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

The Challenge

NHS England has requested that all CCGs in England submit a plan as to how they will locally deliver the General Practice Forward View (GPFV) which was published in April 2016. In line with the GPFV NHS Wirral CCG's Primary Care Transformational Plan 2016-2021 (*Appendix 1*) will be delivered across four priority areas of (1) Care Redesign, (2) Workforce, (3) Workload and (4) Infrastructure. The plan will allow the CCG to secure multi-million pound investment into Wirral from GPFV funding pipelines.

Current Position

Wirral is one of the 20% most deprived unitary authorities in England and life expectancy is 13.1 years lower for men and 10.0 years lower for women in the most deprived areas of Wirral. Rates of alcohol related harm, self-harm, deaths from smoking and levels of physical activity are worse than the England average.

To provide Primary Care services to this population Wirral currently has 53 GP practices who hold a variety of General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Medical Service (APMS) contracts. During 2016/17 two emerging GP Federations have been established in Wirral to support practices provide services amongst one other e.g. back office functions and clinical services. NHS Wirral CCG is a Level 2 Primary Care Co-Commissioning organisation which entails jointly commissioning primary care medical services with NHS England.

General Practice services are predominately provided at an individual GP practice level between the hours of 8am and 6.30pm, Monday to Friday and some hubs outside of core hours.

There is significant variation in operational service delivery and variation of outcomes between individual practices. As a CCG overall GP Referral levels are lower than our RightCare comparator CCGs whilst Non-Elective admission rates are in the majority higher.

Wirral has a General Practice workforce population that is although slightly younger than others still has 27% aged over 55. As 23% are between the ages of 55-64 this gives a strong indication of the

likely number of staff who will be retiring in the next 5-10 years. Only 36% of GPs in the CCG are male compared to 51-55% nationally. In terms of overall numbers of GPs, Wirral has 50 per 100,000 compared to the Cheshire and Merseyside average of 51 per 100,000. Wirral GP practices have not yet taken widespread advantage of diversifying the Primary Care workforce such as the use of Pharmacists or Physiotherapists in General Practice.

In regard to Primary Care estate out of 53 General Practice premises, 19 are converted buildings, generally a mixture of residential housing and other commercial buildings. The remainders include purpose built premises with some of the larger sites including those at St Catherine's Health Centre and Birkenhead Medical Centre both in Birkenhead. Utilisation across community clinical estate is generally poor with rates of less than 50% room utilisation in some instances.

2.4 Urgent and Emergency Care

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each 5YFV Plan footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

There are 4 main areas of system focus for urgent care:

- Admission prevention
- Emergency Department front door
- Ambulance corridor and queue
- Flow through hospital including discharge and home first principle

Wirral Urgent Care Group, with representation from stakeholders across the health and social care economy, is focussing on:

- A streaming pilot(s), working towards Wirral model of GP streaming for October 17
- Ambulance corridor management which includes deflection to walk in centre and nurse handover to release crews
- Managing transfers of care group with a task and finish discharge group focusing on 8 work streams to support flow through hospital
 - Capacity and demand planning
 - Referral pathway through single gateway
 - Review and redesign of pathways
 - Integrated therapies
 - Trusted assessor
 - Patient information
 - One agreed list
 - Integrated Discharge Team redesign
 - performance dashboard

The work of the Wirral Urgent Care Group will ensure the focus of work is aligned with a recent NHS England 9 point action plan covering streaming, patient flow, reduction in delayed transfer of care, specialist mental health in ED 24/7, NHS 111, GP access to evening and weekend appointments, clinical contact for care homes, urgent treatment centre, North West Ambulance Service (NWAS) see and treat, hear and treat.

Urgent care transformation is building on the work of the value stream analysis events held in 2016 and developing a case for change to be shared with key stakeholders via a process of engagement from June 2017. This engagement will help to develop options for future urgent care pathway, with the aim of improving the experience and outcomes of patients who require urgent care.

Admission avoidance is supported via new Better Care Fund schemes from April 2017 include:-

- schemes for admission prevention and facilitated discharge
- Commission of discharge to assess beds (assessments conducted out of hospital)
- Commission of home first discharge to assess (assessment conducted in patients own home)
- Commission of dementia crisis response to reduce unnecessary admission
- Commission of extra response and refer (green car) hours to 16 hours per day also supported with admission prevention nurses to increase non conveyance rates
- Tele triage for care homes (10 now and 30 by September) to reduce care home admissions and support care closer to home and falls app to care homes

All with aim of supporting delivery of below standards:

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each 5YFV Plan footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

2.5 Referral to Treatment Times (RTT) and Elective Care

- Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).
- Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.
- Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.
- Implement the national maternity services review, Better Births, through local maternity systems.

NHS Wirral CCG is driven in its goal to minimise waiting times when referring into consultant led secondary care services. As a minimum we aspire to deliver a waiting time of no longer than 18 weeks from referral to first definitive treatment to 92% of patients, across all specialities. To achieve this goal the CCG has three key priorities which will improve the experience of patients:

- Minimise demand through a reduction of unnecessary referrals from primary care
- Support Primary Care and other providers in ensuring pathways are optimal
- Hold failing providers to account through rigorous assurance programs, applying contractual sanctions where appropriate

Minimising Elective Demand

The CCG has developed a demand management plan for 2017/2018 which includes the on-going support and development of existing successful demand management schemes, such as Consultant Connect, Procedures of Limited Clinical Priority (PLCP), Consultant to Consultant Referral Policy, Primary Care Quality Scheme and Direct Access to Diagnostics. In addition the CCG will implement a new Integrated Musculoskeletal Service, which will incorporate a direct access triage service. This initiative will aim at dramatically improving surgical conversion rates in Orthopaedics and therefore reduce demand on Orthopaedic Outpatient clinics. The CCG will also investigate the viability of wider referral management tools such as general non-clinical triage systems, clinical triage systems and virtual consultant clinics as an extension to the existing consultant connect scheme.

Optimum Pathways

NHS Wirral CCG is dedicated to reducing variation across our pathways and achieving efficient, high quality services. We are working collaboratively with our clinical leads and our provider organisations to identify and develop schemes and opportunities from the high-level RightCare 'Commissioning for Value' packs.

The initial focus of NHS RightCare was in the areas of Circulation, Gastrointestinal and Neurology. This has now been expanded to include Diabetes, Respiratory, Cancer, Genito-urinary, Musculoskeletal and Trauma and Injuries.

Contract Management

The CCG is working closely with Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to improve referral to treatment waiting times. This year the CCG will proactively utilise assurance tools within new governance arrangements. WUTH have agreed to establish a new Strategic RTT

Improvement Group, which includes members from NHS Improvement, NHS England and NHS Wirral CCG. The board will be closely monitoring progress on existing demand management and pathway initiatives. The board will be looking in to some of the technical barriers to RTT failures such as the validation of Patient Tracking List (PTL) and the management and minimising of Appointment Slot Issues (ASI).

The CCG will be using the measures available to it within the NHS Standard Contract for failures of agreed improvement trajectories. These include the issuing of Contract Performance Notices, where there are concerns patients are being put at risk and explore implementing any financial sanctions where not in conflict with the Strategic Transformation Fund (STF) agreed trajectories.

Follow Up Caps

Speciality specific follow up caps are currently in place with WUTH. This means that if the average number of follow ups within that speciality exceeds that of our cap; the cost will be incurred by the provider. The caps are mutually agreed with the provider, taking into account national recommendations for new to follow up ratios. The caps promote a shared care approach to management of patients and ensure the benefit of secondary care is maximised as a specialist provider for complex management advice and intervention as appropriate.

E-Referrals

The CCG continues to encourage use of E-Referral via its Primary Care Quality Scheme (PCQS) and has successfully increased the percentage of referrals sent via the system from 56% to 69% by Q4 2016/17. There is a planned trajectory to ensure 100% utilisation by October 2018 which will include Wirral University Teaching Hospital NHS Foundation Trust only receiving electronic referrals from April 2017. The E-Referral system is also the main delivery vehicle for Wirral residents to be offered a choice of provider including from NHS providers.

Maternity

NHS Wirral CCG commissions a wide range of maternity services to provide choice for our patients including:

- Maternity case loading model
- Midwifery led unit
- Obstetric unit
- Perinatal mental health midwives

We are also working with the women's and children's services vanguard, the Improve Me programme, who are leading on developing new models of care to reduce variation across the Cheshire & Merseyside. This is a partnership of 27 NHS organisations across Cheshire and Merseyside aiming to improve the experiences of women and children.

The partnership is one of the Vanguard New Care Model initiatives and one of seven maternity pioneers in the country. The aim is to address the challenges identified within the Five Year Forward View Better Births Report, following the National Maternity Review in 2016, led by Baroness Julia Cumberlege. The report identified the need to - Improve outcomes of maternity services in England

and included the vision for maternity services across England to design to make care safer and give women greater control and more choices.

The report also aims that staff be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.

The findings concluded that despite increases in the number of births, nationally, and the increasing complexity of cases, the quality and outcomes of maternity services have improved significantly over the last decade.

NHS Wirral CCG is committed to working in partnership with the 'Improving Me' team, leading on creating a new approach between commissioners, clinicians and providers that goes beyond organisational boundaries.

The aims are:

- To provide safe, high quality, equitable maternity, gynaecology, paediatrics and neonatal services
- To reduce variation across services and improve outcomes
- To deliver excellent experiences for women, babies and their families
- To align with other reviews and NHS priorities which promote localised service delivery
- To support individuals in prioritising their own health and wellbeing by adopting facilitative and enabling approaches which support individuals to be more autonomous and in control

2.6 Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including ensuring that:
 - all patients have a holistic needs assessment and care plan at the point of diagnosis;
 - a treatment summary is sent to the patient's GP at the end of treatment; and
 - a cancer care review is completed by the GP within six months of a cancer diagnosis.

There are over 200 different types of cancer. The name cancer is a general term applied to this group of diseases. Every two minutes someone in England will be told they have cancer. Half of people born since 1960 will be diagnosed with cancer in their lifetime.

In the Wirral⁽¹⁾:

- There are 649 new cancer diagnoses per 100,000 people each year
- As of the end of 2010, around 9,600 people in Wirral were living up to 20 years after a cancer diagnosis; this is estimated to rise to 18,600 by 2030.
- There are 324 cancer deaths per 100,000 people each year; this is higher than the England rate (284 per 100,000 people).
- Patient Experience - 91% of people in Wirral rate their overall care as excellent or very good. The England average is 89%.

Cancer presents a significant health challenge, however improvements in outcomes already mean that more than half of people receiving a cancer diagnosis will now live ten years or more. This is welcome news however; cancer is the biggest cause of death from illness or disease in every age group⁽²⁾, therefore it is Wirral's priority to ensure everyone works together to prevent people from getting cancer, to ensure patients are diagnosed early, to ensure their cancer journey is a positive experience and for those living with an beyond cancer, that they receive the help and support they need to enjoy a good quality of life.

Wirral Cancer Strategic Partnership, in their draft three year strategy 2017 - 2020, has set out a vision for the future of cancer in Wirral:

A FUTURE WHERE PATIENTS SURVIVE CANCER & PREVENTABLE CANCERS ARE A MINORITY

The strategy will achieve this through:

- Empowering people living in Wirral, to improve their health & well-being, to understand how the risk of cancer can be reduced through lifestyle changes.

- Encouraging people to access screening programmes that will ensure early referral for anyone at risk of developing cancer.
- Education and training for front-line health professionals to recognise possible symptoms of cancer and to support those living with and beyond cancer
- When people are diagnosed with cancer, we will offer them fast diagnosis, the
- Best possible treatment, care and support.
- For those living with or beyond cancer, we will enable people to achieve a good quality of life.

(1) <http://lci.cancertoolkit.co.uk/HeadLines>

Achieving World-Class Cancer Outcomes, A Strategy for England 2015-2020

2.7 Mental Health

- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:
 - Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;
 - More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
 - Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
 - Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
 - Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
 - Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

NHS Wirral CCG is committed to ensuring greater parity of esteem between physical and mental health services. This includes treating the physical health of those people who are being treated for their mental health condition, and also considering the mental health needs of those who are being treated for a physical illness. In short, it is about seeing the person as a whole and ensuring continued investment in the development of Mental Health services. We have used the Mental Health Five Year forward view as a springboard for our programme of work for 2017 and are working collaboratively across commissioning groups and local authority stakeholders to deliver the objectives to support prevention and early intervention for people with mental health. We have continued to invest in Mental health services and have increased the baseline spend on Mental Health to deliver the investment standard.

Over the past 12 months we have made progress across a number of key areas; we have met and exceeded the Early Intervention Psychosis 2 week referral to treatment target, we are meeting the waiting time standards for children's eating disorder services through the implementation of a new hub and spoke model; reporting outcomes for secondary mental health services has been implemented and a new shared care model developed for Attention Deficit Hyperactive Disorder (ADHD) to improve waiting times for adults who require assessment and treatment for ADHD has been developed. We have implemented the Crisis Care Concordat standards through bringing together commissioners and stakeholders to prioritise key areas and improve the experience and outcomes for people who are in Mental Health crisis. We have been successful in gaining national transformation monies to implement enhanced liaison services in line with national Core24 standards which will further improve the care and experience for people experiencing Mental Health crisis. We are continuing to work with the provider of Improving Access to Psychological Therapies

(IAPT) services to improve access and recovery standards and reduce waiting times for people who require treatment and using the support of the NHS intensive support team to develop a robust recovery plan.

In the next 12 months we will focus on the following priority areas:

- Continue to improve the identification of perinatal depression and anxiety (via screening and assessment) and provide psychological therapy;
- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
- Provide assessment and intervention for Medically unexplained symptoms;
- Develop and deliver a responsive crisis care offer ensuring delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospital;
- Population level suicide awareness training and intervention to reduce suicide rates by 10% against the 2016/17 baseline;
- Full integration of community mental health teams and social work staff to streamline service delivery and enhance patient experience;
- Develop integration between primary care and mental health services to deliver parity of esteem;
- Improve access to psychological therapies and achievement of national standards so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase to be integrated with primary care;
- Implement the revised shared care model for adult ADHD to ensure timely access for assessment and diagnosis;
- Deliver a capitated budget for mental health linking payment to outcomes in 2018/19.
- Increase baseline spend on mental health to deliver the mental health investment standards.
- Commission outcome based care packages for individual placements and increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.
- Engagement with our community around the delivery of the operational plan and to develop a Mental Health Strategy for Wirral.

During 2016 we continued the work with our lead mental health provider to further develop mental health services across Wirral through pathway redesign and collaboration between providers to transition to an outcome based commissioning model, this work will continue in 2017 with the plan to have a capitated budget model in place by April 2018 that is based on population needs rather than historic block contract values, and a mechanism for linking payment to outcomes.

The priority areas identified will ensure delivery of the strategic objectives outlined by NHS Wirral CCG and meet the requirements detailed within the FYFV, published by the Mental Health Taskforce in February 2016, outlining commitments to: A 7 day NHS – right care, right time, right quality, An integrated mental and physical health approach, Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens. Key to the delivery of our priorities is the engagement with our community and the development of a mental health strategy for Wirral.

Children's mental health focussing on early intervention and a smooth transition between services

During 2016/17, NHS Wirral CCG along with our partners in Local Authority and Public health have progressed delivery of the Future in Mind transformation plan, developed locally to meet the commitments set out within The Future in Mind Report; promoting, protecting and improving our children and young people's wellbeing was published in March 2015 by NHS England. The key themes of the report which have formed the basis of the Wirral Transformation plan are:

- Promoting resilience, prevention and early detection
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In response to the report, NHS Wirral CCG, in consultation with children and young people, and our partners in mental health, education and in community and secondary care, developed a new way for Children and Adolescent Mental Health Services (CAMHS) to provide services to children and young people. Over the last 12 months we have made progress in a number of key areas: the introduction of Young People's Primary Mental Health Workers based in the community has demonstrated increasing accessibility for schools, young people and the children's workforce to seek support and advice and has supported early intervention and prevention. There has been a reduction in attendance at A&E for children and young people reaching crisis and the number of referrals for specialist secondary mental health services has dramatically reduced. In specialist mental health services we have seen a reduction in the waiting time from an initial assessment to therapy however there is still further work to be undertaken to reduce the length of time for assessment. A Specialist Children and Young Peoples eating disorder service has been launched with positive feedback on the outcomes and experience of the service. A training programme has been delivered across schools resulting in improved confidence in professionals to support early intervention and signposting. Parenting programmes have been launched for Autism Spectrum Disorder (ASD) and ADHD with further scoping work of the parenting offer to be undertaken in 2017/18. Training will be offered to professionals so that they are better able to discuss and manage mental health conditions, but also able to access advice from, and refer to, specialists when it is necessary.

In 2017/18 we will be undertaking a refresh of the transformation plan in conjunction with our partners and community stakeholders, reflecting on the success of the programme so far and identifying the implementation of the priorities for the year ahead to ensure delivery of: More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;

- Specialist community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases;
- Achievement of the new national standards for crisis care for children and young people expected to be published in Summer 2017;
- An agreed resource directory of service offer and provision of high quality information and online support for children, young people and parents/carers, for example MyMind and other recommended sites.
- CAMHS to ensure self-help is an integral part of the pathway and ensure that engagement with users and partners is a key theme throughout.
- Continued training and education plan for parents/carers and professionals to support early help and prevention.
- Reduction in the incidence of self-harm, and support professionals to recognise the early signs of poor mental health. When crises do occur, we will ensure that a rapid response is given.
- We will be working with our Local Authority colleagues to review children that have been placed out of area, and bring them back to the Borough wherever possible, whilst also improving the outcomes for children that are looked after in Wirral.
- Development of clear transition and integration pathways and protocols to ensure that professionals work together and ensure a smooth pathway when children move from childhood to adulthood and between services.

Key to the successful delivery of the transformation of children and young people's mental health services is the collaboration and co-production of care pathways between commissioners, providers, children and young people to ensure that services are designed and delivered to support early help, prevention and rapid response as required. NHS Wirral CCG continues to commit to the additional investment of Future in Mind transformational monies to support delivery of the priorities identified within this plan.

2.8 People with Learning Disabilities

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.
- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism.

Transforming Care Programme (TCP) for People with Learning Disabilities (LD) and or Autism

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. This is a three year programme which commenced 2016.

NHS Wirral CCG is part of the Cheshire and Mersey Plan and as such is demonstrating that through coproduction commissioners, stakeholders and system partners will implement the national service model by March 2019 and close inpatient beds, starting with the national planning assumptions set out in Building the Right Support. These planning assumptions are that no area should need more inpatient capacity than is necessary at any one time to cater to¹ :

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

We are part of and working within the Cheshire footprint as a whole system approach regarding the reduction of these beds. This is in line with our TCP Cheshire and Mersey Plan.

The plans focus on a shift in power to ensure people with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. We will build the right community based services to support them to lead those lives, thereby enabling us to close all but the essential inpatient provision. We have led a bid for additional funding to support the delivery of an intensive support service. As part of the Cheshire & Wirral footprint we have been successful in attracting approximately £1.5 million in total to aid work on supported living, as well as the intensive care support service, Work continues in terms of allocating funds and setting up the services.

The LeDeR Programme follows the Confidential Inquiry into premature deaths of people with Learning Disabilities (CIPOLD) and aims to make improvements to the lives of people with learning disabilities by identifying issues that may have contributed to a person's premature death and learning from them.

Care and Treatment Reviews (CTRs) have been developed as part of NHS England's commitment to improving the care of people with learning disabilities with the aim of reducing admissions and unnecessary length stays in hospitals and reducing the health inequalities.

In 2016 we undertook 12 inpatient CTRs in order to facilitate discharges and 10 blue light CTRs which resulted in 8 people not being admitted to hospital. As part of the TCP we are working towards, with our colleagues across Cheshire and Mersey, to maximise resource and standardise process in this area.

Recently the local TCP infrastructure to deliver this programme has changed and as of April 2017 we will have a TCP Board, an Operational Board and task and finish groups. NHS Wirral CCG has good lead representation at all of these levels.

All commissioned LD services from our main mental health provider (Cheshire and Wirral Partnership Trust, (CWP)) for Wirral now operate under one specification. We continue to improve our number of Annual Health Checks and Health Passports. In 2015/16 we achieved 63% for health checks; we are aiming for 80% for 2016/17. We will know if we have achieved our 2016/17 target in October 2017. For Health Passports in 2015/16 we tasked our main mental health provider with a target of 60% of service users known to their service, required to have a Health Passport. We have achieved 86%.

As part of our learning disabilities work we have developed a Joint All Age Learning Disabilities Strategy with our local authority. This strategy aims to address inequalities in society that are often faced by people with learning disabilities and identified following reviews conducted by MENCAP in 2007 and 2012 and Winterbourne View.

Finally the Equality and Inclusion report for 2016 formally recognised our work on the Joint All Age Strategy.

¹ The rates per population will be based on GP registered population aged 18 and over as at 2014/15

2.9 Improving Quality in Organisations

- All organisations should implement plans to improve quality of care, particularly for organisations in special measures.
- Drawing on the National Quality Board’s resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.
- Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

NHS Wirral CCG ensures that the services commissioned are safe and of a high quality by:

- Having robust processes in place based on hard and soft evidence, which has been tested and approved by Governing Body
- Having clear quality markers which are incorporated and managed in contracts
- Monitoring and reporting on these measures that compares and benchmarks against best practice.
- Holding NHS funded providers to account using contractual levers for performance against local and national quality requirements
- Incentivising providers using a national Quality Improvement Framework to perform optimally against these standards

For 2017/18 the CCG will focus on improving patient safety and experience within the schedule of our contracts with providers. Priorities include:

- Eliminating avoidable deaths caused by problems with care across all healthcare sectors by undertaking reviews and publishing results e.g. Learning Disabilities Mortality Review (LeDeR) Programme
- Reducing health care acquired infections including reduction in prescribing of inappropriate AMR
- Delivering harm free care in Care homes by reducing falls, avoidable pressure ulcers (react to red) and medicines optimisation
- Working in partnership with the Local Authority to take on the challenges of antimicrobial resistance (AMR)
- Fully disclosing incidents that cause unintended consequences to patients and their family through the duty of candour.
- Being an active member in the combined Knowsley, Liverpool, Sefton and Wirral Adults Safeguarding Board.

In addition to becoming an integrated commissioning organisation with Wirral Borough Council to ensure there is a sustainable and consistent approach to commissioning quality for the future.

Commissioning for Quality and Innovation Schemes (CQUINS)

The CCG has a demonstrable record for “stretching” quality and promoting innovation with local providers through the CQUINS healthcare providers’ income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

The national CQUINs being undertaken in 2017-18 are:-

Acute	Community	Mental Health	Care Homes	Non-NHS providers of other
NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	Proactive and Safe Discharge	Locally devised indicators as required
Proactive and Safe Discharge	Proactive and Safe Discharge	Child and Young Person MH Transition		
Reducing the impact of serious infections	Wound Care	Physical Health for people with Severe Mental Illness		
Improving services for people with mental health needs who present to A&E	Personalised Care / support planning	Improving services for people with mental health needs who present to A&E		
e-Referrals (Year 2017/18 only) Preventing ill health by risky behaviours (2018/19 only)		Preventing ill health by risky behaviours – alcohol and tobacco		
Offering Advice and Guidance				

Underpinning all quality surveillance and improvement work at NHS Wirral CCG is robust and active relationships with regulatory bodies in particular, NHS England, Care Quality Commission and NHS Improvement.

Quality Premium

The Quality premium supports the CCG for improvements in the quality of services they commission. For the 17/18 quality premium, 2 local choices have been agreed based on local priorities:

Mental Health measure: Improve inequitable rates of access to Children & Young People's Mental Health Services

RightCare measure: The percentage of patients with hypertension whose last blood pressure reading (as measured within the last 12 months) is 150/90 or less

Implementation of the End of Life Strategy

To support people at the end of their lives by delivering Palliative and End of Life Care that is integrated across the Acute, Community, and Hospice sectors. Palliative and End of Life Care is one of the most challenging aspects of acute and community based care – delivering good care contributes not only to the targets for the health economy but provides support and dignity to patients and their families at the end of their lives. The majority of individuals state their preferred place of death would be outside of a hospital setting; however, Wirral still has a higher than average number of patients who die in hospital. The well documented challenges of Wirral's ageing population and the complexity of conditions that are manifesting in later life will continue to put pressure on existing services and providers to deliver high quality and compassionate care.

The Care Quality Commission (CQC) reports have highlighted both real and perceived differences between palliative and end of life care within Community, Hospice, and Hospital settings. The variation between good and poor performance is bringing overall performance to at best average and this needs to improve. A review and evaluation of the Specialist Palliative Care Team in 2014-15 made a number of recommendations to increase and strengthen integrated work across acute, hospice, and community care; this work will continue in 2017-1 via the implementation of the Wirral Palliative & End of Life Strategy 2017-20.

There is commitment at a senior level across all organisations to deliver change through greater integration from the Specialist Palliative Care Team, by delivering 'six steps' training to Care Homes through the End of Life Facilitators and working with Wirral St John's Hospice to further develop the Hospice at Home service to work alongside the commissioned specialist Domiciliary Care provision which expected to be in place by 2018 to more effectively meet the complex needs of End of Life patients.

All health economies are required to have in place an Electronic Palliative Care Co-ordination System (EPaCCS) this will enable timely accurate information to be shared between providers to best meet care needs. Initial data sharing agreements between Primary Care and Wirral University Teaching Hospital NHS Foundation Trust have been agreed, testing of data exchange has been completed and the first Practices are expected to go live in phases across 2017-18.

In May 2015 a Wirral Citizens Charter for Palliative & End of Life Care was launched – all Wirral health and social care partners signed up to the Charter. The Charter is a fundamental part of the new Wirral Strategy and the foundation upon which we will measure the standards, achievements and the performance of all our service models. Continued review and evaluation through the follow-up of Care Quality Commission (CQC) reports will measure real progress against current areas where performance improvement has been highlighted. The Palliative & End of Life Care Clinical Group will be the vehicle by which we will report success or poor performance to the Clinical Senate and CCG Governing Body

3 Key Transformational Priorities 2017/18

In addition to the transformational work being undertaken to address the 9 'must dos', NHS Wirral CCG has a number of additional key transformational priorities for 2017/18.

3.1 Planned Care and Long Term Conditions

Management of planned care and long term conditions are central to NHS Wirral CCG's strategy for 2017/18.

Transformation of planned care and long term conditions is essential to drive up quality of care for our patients and support delivery of efficient joined up care pathways that are evidence based. Wirral has high prevalence rates for long term conditions such as diabetes, cardiovascular and respiratory conditions. These conditions need to be managed effectively, reducing duplication and following best practice guidance. We have also identified a number of key areas where we are an outlier compared with our peers. This means our patients may not be getting the highest quality of care available.

Our objectives for 2017/18 are:

- to reduce variation achieving consistency with our NHS RightCare comparators
- to reduce variation between GPs with regard referral rates and ordering of diagnostic and lab tests
- to improve consistency through pathway development and education
- to adopt best practice guidance across our pathways
- to deliver personalised care for our patients with long term conditions
- to support delivery of RTT through whole system redesign e.g. dermatology

3.2 Health and Local Authority Commissioning Integration

The NHS Five Year Forward View sets a clear expectation that health and social care organisations will need to work together to deliver Better Health, Better Care and Better Value.

In some areas, CCGs are starting to progress with plans to merge or establish joint management teams and committees across existing CCG footprints. Whilst there are absolute benefits in more collaboration with other CCGs, NHS Wirral CCG's Governing Body and Council have recognised that Wirral is in a unique position to benefit from an approach to move to an integrated model of a single commissioner for the following reasons:

- The population size of Wirral means that it is comparable to most medium sized English cities – NHS Wirral CCG is the second largest CCG in the Cheshire and Merseyside area.
- The geographical position of Wirral means that we have the benefit of singular NHS providers delivering care to the majority of the population; for example, Wirral University

Teaching Hospital NHS Foundation Trust is the main acute hospital and Wirral Community NHS Foundation Trust is the main community provider of NHS services.

- We have close alignment with Wirral Council and in many cases we already work with colleagues from the local authority on a daily basis.
- Both the CCG and Council provide services to the same population so it makes sense to work together. This will be better for our population in terms of better health, better care and delivering better value.

In the first instance, the move to an integrated commissioning model will not mean that the CCG and the Council will merge into one organisation. However, Wirral will move to an Integrated Commissioning Model during the life cycle of this 2017/19 Operational Plan; the following actions are already underway:

- We are exploring models that allow us to work as 'one' with joint commissioning objectives and plans
- We will look to 'pool' more of our budgets where this makes sense, as we already do with the Better Care Fund
- Any commissioning vacancies will be reviewed to consider if there is benefit in having a joint commissioning post
- Location of staff will be considered with staff being co-located where this supports integrated working

In parallel, we have also set an expectation with our NHS providers that they will need to work more collaboratively to improve the quality of care for the people of Wirral by becoming an Accountable Care Organisation (ACO). One of the first tasks we will undertake as an integrated commissioner will be to develop and publish a prospectus which will outline our joint commissioning intentions for a provider ACO.

3.3 Developing Frailty Pathways

If frail older people are supported in living independently, better understand their long-term conditions, and are educated to manage them effectively, they are less likely to reach crisis, require urgent care support and experience harm. In response to this opportunity NHS Wirral CCG is developing a range of new services and pathways, specifically aimed at supporting frail older people including:

- Community Older Persons Service (including OPAU)
- Telerriage to care homes
- Falls Application to care homes
- Wirral Independency Service (including Falls Service)
- Dementia Crisis Response
- Enhanced Primary Care in Care Homes Service

The aim of these services collectively is to:

- support patients live independently and remain in their own home
- reduce unnecessary hospital admissions
- reduce hospital length of stay
- improve overall patient and carer experience

4 Performance and Delivery

4.1 Effective Contract Management

NHS Wirral CCG has developed a Contract Management Policy which will ensure that a consistent, proportionate approach is taken across all contracts depending upon contract value and risk. Escalation processes are established that ensure appropriate and consistent application of contractual action. Contractual risks are also escalated through the CCGs financial recovery governance so that there is executive and board level assurance on key risks and contractual action.

All contract management staff have been briefed on the policy and are clear on their roles within a robust contract management framework. The CCG's contract monitoring approach consists of: (a) **good financial governance** e.g. ensuring payments to providers are in line with contractual agreements, where they are not, activity is challenged and payment withheld. Ensuring contract plans (activity and finance) are routinely monitored and over performance is investigated and the necessary action is taken (b) **quality** e.g. all contract review meetings consider the quality of patient care and compliance with local and national standards and (c) ensuring achievement of **Constitutional Standards** (e.g. Accident and Emergency , Referral to Treatment etc.) through routine monitoring and in the event of underperformance seeking assurance from providers via robust action plans and recovery trajectories.

4.2 Financial Recovery

NHS Wirral CCG commences 2017/18 in financial deficit and faces a financial challenge to deliver savings in 2017/18 of £12,275k, as part of its financial recovery plan. The delivery of these savings will need to be underpinned by:

- Robust contract management of all providers with which the CCG engages
- Focussed attention to delivery of QIPP savings
- Rigorous financial management of approved operating budgets

NHS Wirral CCG is planning a cumulative carry forward deficit of £7,128k, after release of 1% headroom. This equates to a deficit of 1.4% of resource against the business planning rules of 1% surplus. It has been discussed with NHSE that delivering a 1% surplus in 2017/18 is unrealistic given the significant financial pressures faced by the Wirral health economy. However the CCG's plan shows improvement in 2018/19 delivering an 'in year' surplus of £9,770k (gross of draw up £9,770k) compared to breakeven in 2017/18.

An outline of our current expenditure plans is presented below:

Current Expenditure Plans

£ 000	2017-18
Recurrent	503,822
Non-Recurrent	5,505
Income and Expenditure	509,327
Acute	279,931
Mental Health	36,687
Community	49,592
Continuing Care	39,574
Primary Care	63,547
Other Programme	30,376
Primary Care Co-Commissioning	-
Total Programme Costs	499,707
Running Costs	7,062
Contingency	2,558
Total Costs	509,327
In year breakeven	0

The cumulative financial performance of the CCG against NHS Business Rules is shown below:

	2017/18 (000)
Brought forward underspend/(deficit)	(7,128)
'In Year' break even	0
Balance carried forward	(7,128)
Underspend/(Deficit) %	-1.4%
1% cumulative surplus required	5,039
Distance from Draw Up required to achieve business rules	12,167

QIPP (Quality, Innovation, Productivity, Prevention)

NHS Wirral CCG has a significant QIPP challenge that needs to be met.

The 2017-18 QIPP target is £12,275k. Throughout 2017-18, we will be focusing on the programme areas below to address this:

- Non Acute Activity
- Other Acute Activity
- NHS RightCare
- Referrals Management
- Prescribing
- Packages of Care

4.3 Programme Management Office

Towards the end of 2016, the CCG established a Programme Management Office (PMO) together with a new governance and decision making process for the approval of programmes, projects and QIPP schemes.

The PMO is responsible for monitoring the delivery of programmes and schemes and providing assurance to the executive team and Governing Body.

During June 2017, the CCG will be launching and implementing a web based project management system which will further support the Programme Management Office and wider CCG teams in the delivery of projects and schemes. The system will strengthen the governance arrangements and will provide additional assurance to Governing Body

4.4 NHS RightCare

NHS RightCare methodology has been adopted by NHS Wirral CCG in order to maximise value and reduce variation, both from an individual patient perspective and at population level. The programme focusses on improving outcomes and quality whilst also releasing capacity and resources for future investment. NHS Wirral CCG was one of the 65 Wave 1 CCGs in the NHS RightCare programme.

A rigorous process has been adopted locally to review the high-level Commissioning for Value and Focus packs produced by NHS RightCare. This process involves using these packs to identify high-level areas of opportunity. Local clinicians are involved throughout to ensure clinical effectiveness, quality and patient safety are integral to the process. CCG finance, business intelligence and commissioning resource is used to analyse local data down to specialty / pathway level; this enables the CCG to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, increased efficiency and reduction in health inequalities.

This rigorous process identified 3 main areas of focus for Phase 1 of the programme:

- Cardiovascular Disease (CVD)
- Gastroenterology
- Neurology

In addition, the following areas are also included as part of the ongoing work associated with the Healthy Wirral programme:

- Respiratory
- Diabetes

Phase 2 of the programme includes:

- Musculoskeletal
- Cancer
- Genitourinary

Progress has already been made in a number of these areas and tangible service improvements are being implemented in all of the Phase 1 areas. Examples include:

- A service aimed at identifying Atrial Fibrillation (irregular heartbeat) at an early stage to prevent stroke in the future has now been rolled out to all GP practices as part of the cardiovascular programme
- Variation in the management of people presenting with headaches is being addressed by adopting a consistent, evidence-based pathway identified from work undertaken in a neurology Vanguard site
- Variance in the numbers of endoscopies undertaken is being addressed through the implementation and use of consistent referral and treatment protocols within primary care
- A scheme to support the acute management of constipation outside of the hospital setting has been developed which will improve patient privacy and dignity, reduce unnecessary hospital admission and provide information and education to reduce the likelihood of recurrence

5 Enablers

5.1 Communications and Engagement

NHS Wirral CCG will build on the engagement and consultation completed in the last year as we progress the work-streams contained within this plan. We have expanded our capability in how we communicate and engage with stakeholders and the public to ensure that decisions we make take into consideration the feedback gained during engagement and consultation.

The core principles by which we engage are based on providing Better Health, Better Care and Better Value and these are aligned with the NHS Five Year Forward View. Therefore the specific programmes and projects that are integral to this plan will form the basis to begin to develop public understanding of these principles. The CCG is primarily committed to improving the quality of care

whilst making effective use of its available resources and increasingly our communication and engagement will be done in partnership with other organisations across health and social care in Wirral.

We commit to having open, honest and transparent communications and engagement activity so people understand how services will develop and change and have the opportunity to tell us their views.

5.2 Business Intelligence

NHS Wirral CCG's Business Intelligence team will support the CCG in delivering the priorities highlighted in the operational plan by providing intelligence on operational and transformational projects.

The Business Intelligence team will utilise an advanced technical infrastructure and Business Intelligence reporting tools to explain what is happening in the health and social care system using benchmarking, comparative and insightful analysis, evaluating the impact of the operational plan for patients, the local population and service providers.

5.3 Workforce

NHS Wirral CCG's Director of Corporate Affairs is leading the implementation of the CCG's Organisational Development Implementation Plan. Elements of this plan include the development of a Mentoring Programme, a new Personal Development Review (PDR) system, an organisational culture assessment, a review of succession planning and a robust and equitable approach to staff training.

NHS Wirral CCG is working with the North West Leadership Academy to support the development of the Mentoring Programme and is also developing a Coaching offer with its Commissioning Support Unit. The Implementation Plan as a whole is overseen by the CCG's Organisational Development Group, which is made up of staff from all departments and different grades.

5.4 ICT

The Wirral Care Record continues to be developed, now with 2 pilot practices testing and validating data. Furthermore 2 specialties within WUTH will soon be using the record and we now have a schedule in place with proposed dates for implementing within the community

This interoperability and sharing of data will ultimately enable care staff from across the whole economy to view a single version of an individual's care record.

The final phase will see data streams from mental health and social care services flowing into the longitudinal record enabling a whole system view of the care record.

This phase of work creates the infrastructure and content so that we will be able to use our single record to provide analytics that enable a targeted approach to care planning and outcomes based commissioning for the Wirral population. The Wirral Care Record will be implemented according to the strictest possible information governance standards, and will be accompanied by a wide-reaching community engagement initiative to ensure maximum public awareness and confidence in the system.

5.5 Estates

An Interim Strategy has been developed in conjunction with NHS Property Services in readiness for Estates and Technology Transformation Fund bids. Local utilisation studies and 6 facet conditions surveys were undertaken at number of primary and community premises and the outcomes from these results to be incorporated in to strategy by Summer 2017.

A 'Community Estates Forum' has been established and is led by Chief Executive of Wirral Community NHS Foundation Trust. All local NHS providers and the CCG are represented and the aim is to improve understanding across Wirral economy about pressures/developments and planning for estates infrastructure.

The CCG is also a part of the 'Cheshire and Wirral LDS Estates and Facilities Group' to look at estates as part of a wider footprint.

5.6 Care Closer to Home – Better Care Fund

The diagram below summarises NHS Wirral CCG's aim to commission integrated care services with meaningful outcomes, focusing on what matters to people and their families, delivering a better patient experience closer to home. The Better Care Fund (BCF) is being used locally as a vehicle to deliver this change.



Wirral's BCF has a strong focus on admission prevention and reducing length of stay in hospital through the effective transfer of care between hospital and home. In addition, a number of schemes have been developed and expanded to support people to live independently at home for longer.

The schemes within BCF have a proven track record of reducing non-elective admissions to the acute trust by offering alternatives to hospital care and supporting the navigation of care through the system. A key contributor is the fact that the teams work together to deliver joined up seamless care, treating patients as a whole and ensuring the 7-day community offer is robust and effective, responding rapidly when necessary.

The following BCF schemes will continue to be delivered throughout 2017-19 to maintain and enhance out of hospital care:

- Community Rapid Response Team – fast response to prevent unnecessary admissions to hospital
- Integrated Care Coordination Teams – proactive care for people with long-term conditions
- Intravenous antibiotic service – providing antibiotics to people in their own homes to reduce admissions and support timely discharge
- Street triage – working with the police and ambulance service to support people with mental health and substance misuse issues
- Dementia nurses – supporting people with dementia to return home rather than being admitted to hospital
- Wirral Independence Service – provision of community equipment, falls prevention and response service, telecare and telehealth services
- Discharge to Assess - alternative to hospital admission or to support earlier discharge from hospital – home and community bed based
- Domiciliary care – provision of social care at home, care arranging team, reablement and mobile night service to support people at home
- ‘Green Car’ – assessment of lower acuity ambulance calls to reduce unnecessary conveyance to hospital

Following a robust review of existing services, the following developments for 2017/19 have been identified to further enhance the BCF offer:

- Expanding green car hours from 12 hours to 16 hours per day, 7 days per week
- Maintaining the core community rapid response service and expanding this to provide nursing support for the ‘Green Car’
- Invest and scale up the ‘Home First’ model to provide a real alternative to bed based provision
- Invest in telehealth and tele-triage, implementing a tele-triage service for care homes to reduce non elective admissions and A&E attendances
- Move to discharge at the earliest opportunity, transferring medically optimised patients to a non-acute environment to be assessed in a more realistic and effective manner – this will require transformational change of existing resources and pathways including Continuing Health Care (CHC) arrangements

- Further develop the integrated gateway to act as care navigator for both admission and discharge
- Develop a crisis response for people with dementia, capitalising on learning from national models, including closer working with third sector volunteers
- Increase therapy provision in the Wirral Independence Service to enhance patient assessment
- Focus attention on effective and regular communication to all professionals across all organisations

5.7 Contracting and Procurement

NHS Wirral CCG has agreed contracts with its key providers for the next two years (2017-19). This is in line with national guidance and will support longer term planning and transformational change.

In order to facilitate service transformation, we are looking at alternative commissioning and contracting models such as Prime Provider for example as a means of improving the patient pathway and patient outcomes. Following a procurement process, NHS Wirral CCG has recently awarded a prime provider contract for Direct Access to Diagnostics. This will streamline the system and improve diagnostic pathways resulting in less wastage and poor patient journeys for example due to re-testing.

NHS Wirral CCG is currently undertaking a procurement process for musculoskeletal (MSK) services using a prime provider model to deliver integrated MSK triage and orthopaedic services to improve patient outcomes. An invitation to tender for a framework for audiology services will conclude in Autumn 2017. The CCG is currently consulting on a service re-design of phlebotomy services.

5.8 Governance

The success of NHS Wirral CCG will be demonstrated by us achieving service improvement and the move of activity away from acute settings and into the community, where appropriate.

This will be measured by the views of the local population, providers, clinicians and the objectives and priorities highlighted in our Operational Plan and will be overseen through the following governance arrangements:

- robust financial controls
- internal and external audit
- the Governing Body Assurance Framework and Risk Register
- performance management and oversight groups, including the CCG's Clinical Senate