Commissioning Intentions
2019 – 2020

Date:	2nd October 2018		
Approved by:	Lorna Quigley, Director of Quality, WHCC		
Version:	4	**Planned Review Date:**	September 2019
Changes from previous version:	Addition of detail in Community Care Market and Technology sections. Addition of Outcomes Framework as Appendix 1.		

Commissioning Intentions

2019 - 2020

Contents **Page**

Background

There is a strong case for changing the commissioning and delivery of health and care in Wirral, as the current system is not sustainable for the following reasons:

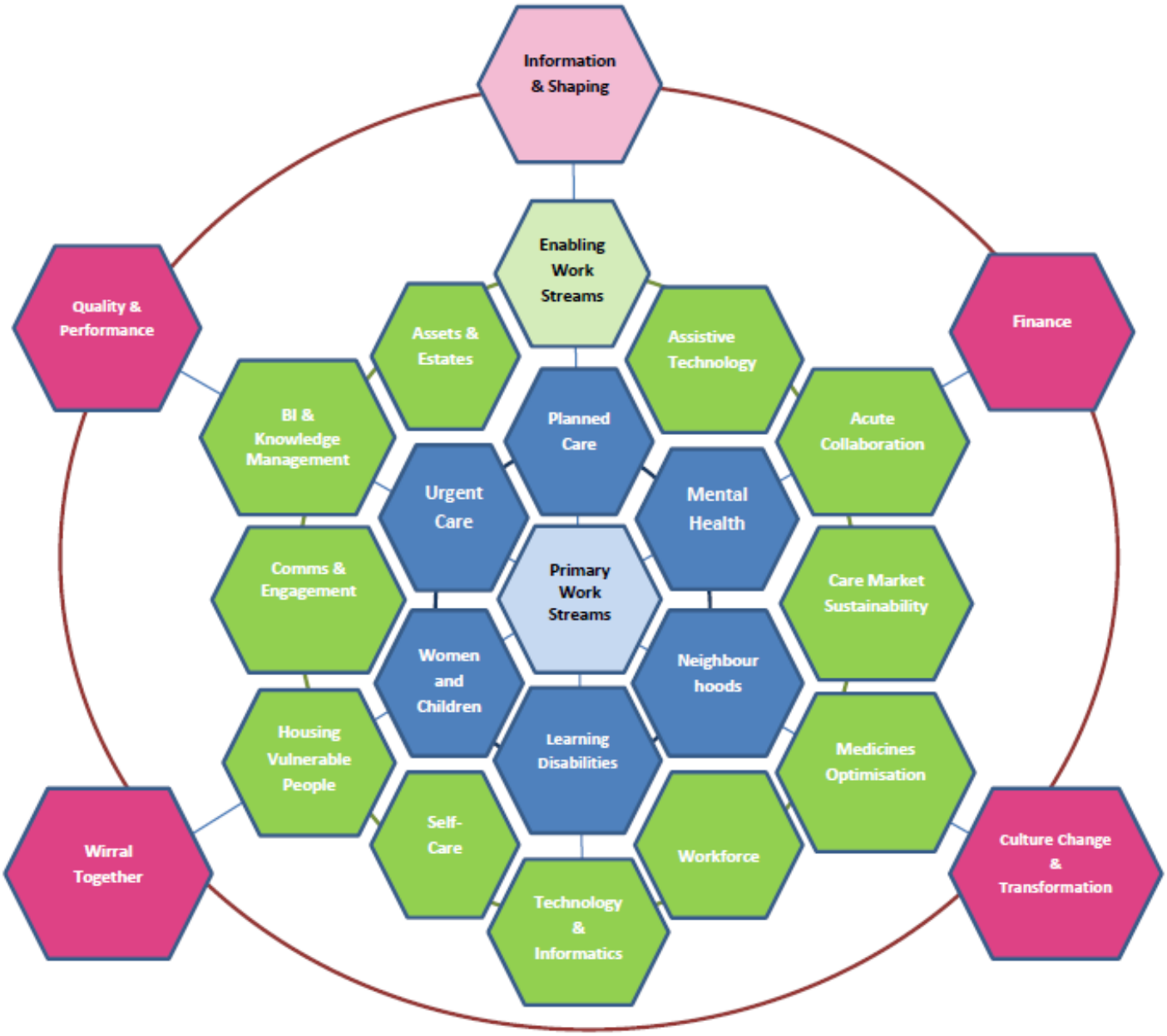
- An ageing population is increasing demand and pressure on the system
- Wirral people have poor health outcomes relative to the England average
- There is a wide variation in outcomes across Wirral – there is a difference in 11 years in life expectancy between the east and west side of Wirral peninsula
- Our health and care organisations do not always work effectively together so people do not always receive joined up care
- Too many people spend too much time in hospital, when they could be cared for in a more appropriate setting
- People have increased expectations of the care they should receive
- Without significant transformation in both the commissioning and provision of health and care there will be not be the workforce available or sufficient funding to maintain the quality and standards that we want local people to experience.

In order to assure system leadership and to bring resources together against a single set of outcomes we created a single system commissioner. NHS Wirral CCG and Wirral Council commissioners came together in May 2018, as Wirral Health and Care Commissioning (WHCC).

WHCC is leading the programme management of *Healthy Wirral.* Locally, the *Healthy Wirral* programme was established to provide a whole health and social care sector response to the significant system wide pressures in Wirral by creating a public sector led Place Based Care System (PBCS), focused on people and not organisations, working within a single set of resources by 2020. It is one of the key actions that the Healthy Wirral Partners Board (HWPB) committed to taking forward during 2016/17 and beyond, and is part of the Healthy Wirral Plan.

This programme brings together all of the resources and expertise of NHS and Care organisations into one single programme aimed at improving health and wellbeing outcomes for the people of Wirral. There are 6 primary work-streams, 11 enabling work-streams and 4 shaping work-streams. Each has sponsorship at executive level and a formal system lead charged with delivering the transformational changes.

The priorities of the Healthy Wirral plan are shared below:



Our commissioning intentions for 2019/20 focus on delivery of the Healthy Wirral programme specifically in ensuring the delivery of the primary and enabling work streams. Our intentions for developing and implementation of Place Based Care for 2019/20 are shared in the *WHCC Commissioning Plan for Older People 2019-2020*. For PBCS the focus will be older people (50+), particularly on frailty pathways. Both the Commissioning Plan and our commissioning intentions should be reviewed by all of our providers. In line with PBCS it is an expectation that our providers will work collaboratively in order to deliver joined up care as well as our system wide outcomes. These outcomes form part of our wider *WHCC Commissioning and Transformation Strategy 2018 – 2021* and are attached as Appendix 1.

Our commissioning intentions will be reviewed on the publication of the 10 year Long Term Plan for the NHS, and on further consultation with our GP Practice Members.

We expect our providers to work together collaboratively to deliver the NHS Constitutional Standards. The following are further intentions of the various aspects of care. All our intentions are expected to aid the delivery of the outcomes in Appendix 1.

Planned Care

As one of the primary care work streams this is one of our priorities for 2019/20.

- For long term conditions the intention is to move Respiratory, Diabetes, Heart failure & frailty services towards a more place based care approach, aligned with the neighbourhoods, with greater access to a holistic field of services in the community. The expected benefits are;
  - People with LTCs report improved experience of care and real changes in self-care behaviour
  - Care planning works across diverse populations thus addressing inequalities
  - Professionals report improved knowledge and skills, and greater job satisfaction
  - Practices report better organisation and team work
  - Productivity improved - care planning is cost neutral at practice level, there are savings for some
  - The adoption of care planning stimulated wider system redesign.
- Continuous improvement of the new MSK service through agreed improvement programme
- Implementation and embedding of the integrated care at home service
- Commission end to end integrated Dermatology pathway across all local providers
- Review and commission the whole of the ophthalmology pathway

Cancer

This is a key national priority and a key priority for WHCC.

- Continuous review and improvement of the full cancer pathways:
  - Implementation of the new 28 day referral to diagnosis performance target by 2020
  - Implementation of the regional optimal pathways locally
  - Work with the Cancer Alliance to improve access and availability of diagnostic testing
  - Reduce the number of cancers being diagnosed through emergency presentations
  - Increase the number of cancers being diagnosed early at stages 1 & 2
  - Extend activities that support the prevention of cancer and increase screening uptake
  - Rollout Holistic Needs Assessments in the clinical setting
  - Rollout remote surveillance in the clinical setting
  - Evaluation of the Community Holistic Needs Assessment Pilot

Women and Children Services

WHCC will continue to commission services in line with National Policy/ Better Births for the population of Wirral, delivering a maternity pathway that has choice and personalised care embedded within it. These services remain a key area for WHCC.

- Strategic discussions are taking place with Wirral University Teaching Hospital NHS Trust and Countess of Chester Hospitals NHS Trust on the future shape of Women's & Children's services in Cheshire & Merseyside. Wirral Health & Care Commissioning will work with the providers to determine what opportunities exist for re-shaping services across Cheshire & Merseyside for the benefit of Wirral patients.
- Wirral CCG's 2017 Maternity CPA Performance was rated by the CQC this summer as 'requires improvement'. Wirral Health & Care Commissioning will continue to work with its providers to address areas for improvement. Since the reporting timelines for the review, much progress has been made on many of the areas considered in the CQC assessment, e.g. full implementation of the special care baby bundle and increased choices for deliveries.
- We still have too many women smoking at time of delivery in Wirral.
- In October 2018 we have a joint agency workshop with Public Health, the Wirral stop smoking service and other agencies focussed on promoting healthy pregnancies and smoking cessation in October 2018. It is anticipated that we will use the learning to further refine actions/ commissioning for delivery against this key measure in 2019/20.
- A review of the pop-up pilot Seacombe Birthing Centre will take place in 2018/19. We will take the learning from the pilot to inform future intentions for expansion of the model to other parts of Wirral.
- Wirral Health & Social Care will implement the findings of the Joint Agency Safe Sleep Audit 2 report during 2018-19.
- Wirral Health & Social Care are consulting with children, young people and their families about the local offer, following this phase engagement with schools and other agencies will be completed. The results of the consultation will inform how we work with the local system to ensure that a model/s are developed where appropriate and services work together to ensure value for money/cost effectiveness whilst maximising outcomes for children, young people and their families.

Healthy Child Programme

- There is currently a large scale consultation exercise underway with children, young people and their families about the local offer. Following this phase, engagement with schools and other key agencies will be completed
- Delivery of the Healthy Child Programme, including the Health Visiting Service, school nursing and health improvement services were previously brought together in an attempt to provide a more seamless offer for children and young people. There is the potential to further develop this approach around other areas of support.
- We will be re-commissioning our Healthy Child Programme: the process for this will complete in February 2020.
- The results of the consultation will inform how we work with the local system to ensure that a model/s are developed where appropriate services work together to ensure value

for money/cost effectiveness whilst maximising outcomes for children, young people and their families
- Young people's risk taking behaviour is constantly changing we aim to develop an approach that is able to respond rapidly to emerging trends/needs

Urgent Care

This is a primary work stream of the Healthy Wirral plan and our intentions are also in line with national policy and strategy in order to improve the patient pathway. This work also links with our primary care intentions, specifically in terms of enhanced primary care access.

- Implementation of the UTC consultation outcomes and redesign of urgent care:
  - Develop clinical pathways and specification for the UTC
  - In partnership with providers, develop an appropriate contracting model, based upon collaboration and co-operation, and fully implement
- Review the impact of consultation changes to ensure VFM and improved outcomes/experience
- Implement and fully embed whole system transformational change priorities:
  - Reduction in NEL
  - Reduction of stranded/super-stranded patients
  - Medically optimised discharges
  - 7 day System flow, reducing variation with home first principles
- Implement new IUCCAS model and review impacted services such as OOH's, AVS and DOS to inform commissioning intentions for new model.
- Improve system performance and demonstrate delivery against KPI's
- Make system wide use of the capacity and demand model to inform capacity planning and commissioning intentions.
- Establish a sustainable health and care system reported by pooled funding arrangements down to neighbourhood level
- Prioritise BCF to support mandated requirements and activity which demonstrates ROI
- Develop SDIP approach with providers, as part of contractual arrangements

Integrated Drug and Alcohol Treatment Services

- Drug and alcohol misuse cause significant health and social harms across Wirral, and health outcomes are worse in Wirral than the national average.
- Harms are particularly focussed in the most deprived neighbourhoods causing and perpetuating a wide array of direct and indirect health and social harms to people living in these areas
- We will be re-commissioning our service for treatment and recovery of adults with addictions. The process for this will complete in February 2020.
- The new service model will look to strengthen the focus on supporting better medical care for drug and alcohol users, especially those with chronic conditions who are in longer-term contact with our services.
- We are currently carrying out insight work to inform future design of substance misuse treatment and prevention services for Wirral residents

- We will be aligning these substance misuse services with our 0-19 services wherever possible to strengthen and prevent overlap.
- We will also be working with a systems-leadership perspective, looking for opportunities to strengthen connections between the new service model and existing provisions in Wirral for medical and social care to reduce alcohol and drug-related morbidity and mortality.
- Our new service model will align with the new place-based care model by looking to provide a service tailored to the needs of each of Wirral's 9 neighbourhoods, including a neighbourhood presence where achievable and appropriate.

Community Care Market

Our strategic priority is to ensure a resilient and responsive community care market delivering the right care in the right place at the right time.

- Enable providers to support placed based commissioning priorities, supporting people to better health, maximising the use of their natural assets and deploying resources effectively to meet need.
- Embed "Trusted Assessment" as model for both community and care home setting with a full roll out to whole market
- Stabilise the domiciliary care market, with a recommission to have a new domiciliary offer, procured in autumn 2018 for delivery in April 2019. This commission will pull together the existing strands of domiciliary care, community reablement and end of life domiciliary care in to one commission as a "Care and Support at home "offer. This will link with the redesign of the community offer for home first and hospital discharge, to provide a coordinated service. The new offer will include Trusted assessment and responses to complex cases.
- Recommission bed based respite care for people with a learning disability and physical disability to ensure an offer for those with the highest need is met locally. This recommission will link to work underway on the Thorn Heys site, to ensure that all identified neds are met
- Commission additional capacity for bed based Transfer to Assess (up to 20 beds) to be in place December 2018 until May 2019.
- Implement new models of care (working with Liverpool City Region) with specialist residential and supported living services, implementing outcome based commissioning.
- Look at new models of care for Older people and people living at home for roll out in 2018/2019. This will include 24 hr at home services and also "homeshare" options.
- Complete Further work with the community Interest Company for Third sector to wraparound neighbourhood requirements
- Decommission some Supported Living services in line with the introduction of new delivery of Extra Care Housing units and more independent living options.
- Introduce a day services framework to ensure support for people to both employment support and daytime support /respite
  Deliver a Community Care Market Overview for publication in 2019

Technology:

Strategic Intentions: Invest in and embed existing and new technologies to support care and support initiatives in both community and complex placement settings, which improve outcomes and reduce dependency on services. Promote technology solutions which compliment workforce strategy challenges.

- Falls prevention – a tablet / smartphone based falls risk assessment app is being developed for use in both residential and community settings and will be launched by 2019.
- Teletriage – tablet-based video-conferencing has been launched across Wirral's care and nursing home system. The system can be extended to extra care schemes and supported living accommodation.
- Medication management – a variety of technology options provide the ability for patients to take their medication appropriately, ranging from the use of simple reminder systems to complex medicine management devices and systems. Smart monitoring systems – a number of systems exist that can monitor activity in a person's home alerting someone outside the home when an unexpected event occurs.
- Supporting Carers – smartphone app that allows carers to coordinate care
- Electronic care planning – a system that enables an analysis of care provided and accurate payment of actual hours delivered.

New technologies (examples)

- Hot-water dispensers to replace a kettle
- Amazon Echo (Alexa) to facilitate communication or to manage smart devices throughout the home
- Fingerprint locks to enable someone with dexterity issues access their home more easily. Devices that can determine hydration levels through the use of skin monitors
- Gait measurement through the use of a wearable device
- Wearable for people with autism that can predict (and therefore avoid) a crisis from occurring

Early Intervention and Prevention:

Strategic Priority: To build the capacity of the 3rd sector to actively support people to achieve higher levels of independence within their local Neighbourhood areas

- Develop the Third sector Community Interest Company to include a wider third sector offer and include more members
- Build Third sector capacity to support and meet needs within local communities, and wrap around neighbourhood delivery teams
- Work with the third sector to support the delivery of the Healthy Wirral priorities
- Develop insight in to the future requirements for neighbourhood capacity building and asset development, working with the "asset based approach" and the "self help" agenda. Use this insight develop localised priorities and continue neighbourhood conversations
- Focus on Wirral priorities into 2021, priority focus on community connectivity and neighbourhood model.

Place Based Insight

- Co-production with local people through 9 Community Conversations (one in each neighbourhood)

Health & Social Care Insight

- Insight work with existing health and social care teams to understand current relationships with third sector (awareness of organisations / current access to services / referrals in and out)

Scope of Third Sector Offer

- Development of Senior Change Team aspirations / ambition for the role that health and social care wants the third sector to play

Development Work with Third Sector

- Insight work with existing third sector organisations to understand current relationships with health and social care organisations and referrals
- Development of a Third Sector 50+ Strategy
- Support the new 3rd sector Community interest company to develop a new wrap around 3rd sector offer, supporting Healthy Wirral priorities into 2021, priority focus on community connectivity and neighbourhood model.

Housing

Our strategic priority is to develop a range of housing options to enable vulnerable people to retain high levels of independence.

- Identify shared developments that we can work together to deliver improved outcomes for people. This involves having a single strategy and identified agreed outcomes and joining up resources to deliver them in relation to housing, health and care.
- Develop step up & step down model for people with a learning disability; a reduction of A&T beds and develop community rehabilitation provision to support the return of people in Out Of Area placements reducing the likelihood of other individuals being placed away from their local community or in acute settings.
- To develop a range of housing options to enable vulnerable people to retain high levels of independence.
- Extra Care housing means that older people and people with Learning Disabilities have choice and control to live as independently as possible as part of the community. Extra Care isn't simply about providing a home with the right support and care. Extra Care housing provides a lifestyle and a place that is integrated in its community
- In analysing local intelligence across key health and care agencies, we can see that the predicted number of people with learning disabilities on Wirral will increase by 2.2% by 2030, totalling over six thousand people. Similarly the number of adults with autistic

spectrum is projected to increase steadily up to 2030. A greater increase can be found in adults aged over 65, and 32% of the autistic population aged over 18 will be over 65.

- The new funding model, announced by government in October 2017, is due to come into force from April 2020.
- There is a project underway with Cheshire and Wirral CCGs and Local Authorities in identifying alternative housing solutions for people in high cost out of area placements. The group is a collaborative identifying the specifications needed for alternative provision, and working with providers to generate what is needed in the market.

All Age Disability Strategy: People with Disabilities Live Independently

The overall aim of the strategy is to support people with disabilities to gain access to education, work and volunteering and also increase their independence. The strategy aims to ensure that the housing options for disabled people are enhanced through the delivery of Extra Care units in Wirral and also with greater use of technology and adaptations to enable people to stay at home. Our goal with this strategy is to remove barriers for all types of disabilities and to change our approach so that everything we do is focussed on the person, making sure they have the support they need throughout their lives to enable them to live their life to the full.

The strategy has a clear plan that focuses on a number of activities that support increasing people's capacity and capability to be independent. This includes work to support more people with a disability into employment, the development of an all age travel training service, improved online information service, and the production of a guide on issues facing people moving to supported or extra care housing.

Learning Disabilities

There are three key strategic priorities within the All Age Disability and Mental Health strategy which form the basis for our priorities:-

1. Priority One – all people with disabilities are well and live healthy lives
2. Priority Two – young people and adults with disabilities have access to employment and are financially resilient
3. Priority Three – all people with disabilities have choice and control over their lives.

These priorities will be realised through the following steps:

- Step up & step down model for intensive in-reach service to respite settings
- Reduction of A&T beds and achieving and maintaining CCG target
- Sustainability of the intensive support function of the CDLT
- Commissioning all age services but with more of a focus on children's services in the first instance (CAMHs 16+)
- Commissioning an all age Autism service
- Ensuring we commission all of the above across the Cheshire & Mersey and/or Liverpool City Region footprint
- Development of community rehabilitation provision to support the return of people in Out Of Area hospital placements and reduce the likelihood of other individuals being placed away from their local community
- To deliver preventative models of care which promote and support independence and prevent unnecessary care admissions to enable people to live longer and healthier lives;

- promote personalisation and the implementation of personal budgets, personal health budgets and self-directed support
- Strategic market facilitation and engagement to improve quality and create more sustainability and diversity in the market;
- Reduce duplication and fragmentation of commissioning and procurement arrangements; combine knowledge, expertise and data to target resources, tailor services and improve overall quality, capacity and performance through commissioning across a Liverpool City Region and Cheshire Mersey Footprint.
- Promoting and delivering optimum care and support reviews
- Developing Extra Care Housing with a view to reducing supported living;
- Further development of outcome based commissioning model
- Development of residential care services
- Step up & step down model for intensive in-reach service to respite settings
- Reduction of A&T beds and achieving and maintaining CCG target
- Sustainability of the intensive support function of the CDLT
- Commissioning all age services but with more of a focus on children's services in the first instance (CAMHs 16+)
- Commissioning an all age Autism service
- Development of community rehabilitation provision to support the return of people in Out Of Area hospital placements and reduce the likelihood of other individuals being placed away from their local community
- develop a step up & step down facility for people with a learning disability; a reduction of A&T beds and develop community rehabilitation provision to support the return of people in Out Of Area placements reducing the likelihood of other individuals being placed away from their local community or in acute settings
- Embed and develop opportunities for further integration of operational assessment and case management teams, wrapping around the Place Based Care model.

Mental Health

There are three key strategic priorities within the All Age Disability and Mental Health strategy which form the basis for our priorities:-

1. Priority One – all people with disabilities are well and live healthy lives
2. Priority Two – young people and adults with disabilities have access to employment and are financially resilient
3. Priority Three – all people with disabilities have choice and control over their lives.

These priorities will be realised through the following steps:

- Meet Mental Health 5YFV IAPT access standards of 22% for 2019/20.
- Through the re-procurement of IAPT services develop a broader framework for mental health services by the development of "Talking Together, Living Well Wirral" service.
- Delivery of constitutional standards for Children and Young people's eating disorder services (ESD). Collaborative commissioning of a hub and spoke ESD service for children and young people, meeting national standards.

- Supporting delivery of local transformation of Adult community mental health services, to support greater integration with primary care, developing clear protocols for physical health checks for patients with severe and enduring illness.
- Continue to support the perinatal mental health service delivered in collaboration with other CCGs and Providers across the Cheshire and Merseyside Health & Care Partnership.
- Implementation of revised shared care pathway for adult ADHD assessment and treatment, spanning both secondary and primary care.
- Implementation of core 24 standards for liaison psychiatry and develop wider crisis support through collaborative commissioning across the Cheshire and Merseyside Health and Care Partnership;
- Develop and establish an alternative place of safety for people in mental health crisis (as a result of securing capital), working in partnership with the mental health provider and third sector.
- Continue to deliver Early Intervention in Psychosis standards and improve access to family intervention and employment support.
- Embed and develop opportunities for further integration of operational assessment and case management teams, wrapping around the Place Based Care model.
- Increase employment for people with a mental health need.
- Increase the range of supported accommodation available
- Maximum community and asset based approaches to care and support.
- Develop and grow post 0-25 pathway and all age mental health service with a single referral and assessment process
- Develop pathways between CAMHS 0-18 service and adult mental health services to create a streamlined response
- Develop a sustainable and skilled workforce.

Dementia

- To implement the recommendations of the Prime Ministers Challenge on Dementia 2020
- Achieve and sustain high levels of dementia diagnosis;
    - Ensure the delivery of the North West Dementia pathway, specifically focusing on post diagnosis support;
    - Develop a dementia dashboard to robustly measure dementia services through a single combined dashboard spanning providers.

Primary and Community Care

Our intentions for the development of Place-Based Care Services are outlined in the *WHCC Commissioning Plan for Older People 2019-2020*, as well as our *WHCC Commissioning and Transformation Strategy 2018 – 2021* and these are linked to the primary work stream of the Healthy Wirral plan. Additional commissioning intentions for primary care are as below:-

- Increased capacity of Wirral GP Access hubs to reach up to 45 minutes appointment time per 1000 patients per week – more focus will be for on the day booking.
- Continue to develop Care Home scheme for ward rounds post-pilot phase to ensure 100% of care home patients receive service

- Co-production of Primary Care workforce strategy with GP Federations
- Continue to develop Digital readiness; Wirral Care Record, centralised cloud-based storage; Community of Interest Network (COIN) implementation
- Updated Primary Care Quality Scheme to embed neighbourhood working and enhance quality of primary care services and reduce unwarranted variation in clinical activity
- Enhanced Homeless support service (post-pilot evaluation)

Medicines Management

Medicine optimisation is a key enabling work stream of Healthy Wirral. We have adopted the Pan Mersey formulary and this remains our future intention. We require all our providers ensure that their prescribing strategies are clinically effective, safe and meet the needs of the patient whilst delivering best value for money for the population. The term prescribing refers to the supply and prescribing of medicines, devices and dressings, and includes advice and information to patients.

Contracting

These commissioning intentions, alongside the WHCC Outcomes Framework, will set the foundation from which specific and measurable objectives will be derived. These will be reflected in the contracts in the form of standards such as SDIPs, CQUINs, and Local Quality indicators. Each standard for each provider derived from these outcomes will be interlinked, with a mirror requirement in the contract of any other provider whose part in the delivery of that outcome is also vital. This is part of a holistic approach which covers the entire delivery of that outcome across all providers, where each provider takes responsibility for delivery of their area, and ensures by doing so that the desired overall outcome is achieved for all relevant populations of WHCC.

Any existing SDIP or CQUIN scheme which assists in the delivery of these objectives will also be considered for further development in the next iteration of the contract.

Appendix 1: Healthy Wirral Outcomes Framework

Outcomes Framework

The Healthy Wirral Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you.

For local people using our services, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes).

Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

Improve health, wellbeing and independence for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Children are supported to have a healthy start in life	Breastfeeding prevalence at 6 – 8 weeks after birth	Increase in percentage of infants that are totally or partially breastfed at age 6 – 8 weeks.
	The prevalence of obesity among children	Reduction in the proportion of children aged 4-5 years classified as overweight or obese Reduction in the proportion of children aged 10-11 classified as overweight or obese
	The prevalence of immunization and vaccination among children	Increase in the number of children that are vaccinated as per national programme
	The proportion of mothers known to be smokers at the time of delivery	Reduction in percentage of mother known to be smokers at the time of delivery
People are supported to have a good quality of life	The proportion of people reporting a good quality of life	Improve health-related quality of life for adults Improve social-care-related quality of life for adults
	Rate of emergency re-admissions (avoidable)	Reduction in the number of avoidable re-admissions
	Rate of falls in the over 65s	Reduction in the number of emergency hospital admissions for falls injuries in persons aged 65+ Reduction in the number of falls in the over 65s
	Number of people dying in their preferred place	Increase in the number of people dying in their preferred place
	Rate of loneliness reported	Reduction in the rate of loneliness
	The rate of overall mental wellbeing	Increase in proportion of people who say they are not anxious or depressed Decrease in attendances at A&E for self-harm per 100,000 of local population Improve access to Primary mental health services
People are supported to live in good health	The average number of years a person would expect to live in good health	Healthy life expectancy at birth for men Healthy life expectancy at birth for women
	The rate of preventable deaths	Reduction in preventable mortality Reduction in mortality amenable to healthcare

We want to improve health and wellbeing for local people

Outcomes	These indicators and measures will tell us how we are doing...	
We want to reduce health inequalities for local people		
Inequalities in healthy life expectancy are reduced	The gap in rates of obesity in children between the most and least deprived areas	Reduction in the gap in excess weight of 4-5 year olds between the most and least deprived areas Reduction in the gap in excess weight of 10-11 year olds between the most and least deprived areas
	The gap in health related quality of life for older people between the most and least deprived areas	Reduction in the gap in health-related quality of life for older people between the most and least deprived areas
	The gap in rates of preventable deaths between the most and least deprived areas	Reduction in the gap in preventable mortality between the most and least deprived areas Reduction in the gap in mortality amenable to healthcare between the most and least deprived areas
	Reduction in the number of people smoking	

Outcomes	These indicators and measures will tell us how we are doing...	
People and their carers feel respected and able to make informed choices about services and how they are delivered	The proportion of people using services who feel they have been involved in making decisions about their support	Increase the proportion of people and carers reporting that they have been involved or consulted as much as they wanted to be, in discussions about the care, support or services provided. Increase the number of people in receipt of personal health budgets Increase the number of carers using services who receive direct payments
We want good communication and access to information for local people		
People are aware of health and care information and services and how these work together	People can find jargon free health and care information in a range of locations and formats	The proportion of people and carers reporting they find it easy to access and use information about services and what is available in their neighbourhood
	Health and care services share information to enable a seamless service	The proportion of people and carers reporting they have only had to tell their story once
We want to deliver services that meet people's needs and support their independence		
People are supported to be as independent as possible	People are supported to live at home and access support in their communities	Increase in people accessing the support available to them in their local communities Fewer proportion of people over 65 are permanently admitted to residential and nursing care homes
	The proportion of people with support needs who are in paid employment	Increase in the proportion of adults with learning disabilities in paid employment Increase in proportion of adults in contact with secondary mental health services in paid employment
	The proportion of people who regain their independence after using services	Proportion of people 65+ who are still at home three months after a period of rehabilitation Proportion of people needing less acute, or no ongoing, support after using short-term services
People are supported to feel safe	The proportion of people and carers who report feeling safe	Increase the proportion of people and carers who report feeling safe

Outcomes	These indicators and measures will tell us how we are doing...	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services	Reduce waiting time to get a GP appointment Reduce waiting time to initiation for home care packages
	Identification of people who are at risk of deteriorating health	Increase in number of people who are identified using a risk stratification and package of care is given proactively to prevent deterioration
	Rapid response services enable support packages to be implemented in a timely manner	Response times for assessment and support planning National time limit for decision making is met for NHS CC packages
	The referral times for health treatment	Constitutional NHS standards are met
	The system supports the timely discharge of medically optimized patients back into their local community	Reduction in length of stay in hospital for identified cohort Reduction in number of delayed transfer of care out of hospital
People access acute hospital services only when they need to	The number of people accessing hospital in an unplanned way	Reduction in number of A&E attendances Reduction in number of non-elective admissions Reduction in emergency admissions for chronic ambulatory care sensitive conditions Reduction in number of people who are re-directed to another more appropriate service from A&E. Reduction in emergency admissions by people with alcohol and or drug related dependencies
Financial balance is achieved across the system	Adoption of a Single Population Health Budget	Control totals are delivered across the system

We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us how we are doing...	
We want to deliver joined up information technology		
People and staff working within the system have access to shared and integrated electronic information	The proportion of staff in all health and care settings able to retrieve relevant information about an individual's care from their local system People tell their story once	Increase in proportion of staff able to retrieve relevant information about an individual's care from their local system using the NHS number Increase in number of settings across which relevant health and care information is currently being shared (through open APIs or interim solution) Implementation of Wirral Digital Integrated Care Records has started
We want to prioritise prevention, early intervention, self-care and self-management		
Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk	The flow of investment from acute hospital services to preventative, primary GP, and community health and care services The proportion of services developed to intervene proactively to support people before their needs increase	Increase the proportion of funding invested in preventative, primary and community provision Improvement in Patient Activation measures (PAM) demonstrate that people have knowledge skills and confidence in self care Increase Number of people being screened for frailty Increase early interventions for people with psychosis Increase the proportion of people access national cancer screening Programmes Increase the proportion of people accessing services through case finding such as use of risk stratification Proportion of identified cohort who have access to active care coordination

We want to provide safe, effective and high quality care and support

Outcomes	These indicators and measures will tell us how we are doing...	
People are supported by high quality care and support	The proportion of people reporting satisfaction with the services they have received	Increase in number of people and carers who report they are satisfied with the care and support they receive Increase in number of people reporting being treated with care, kindness and compassion Increase in proportion of bereaved carers reporting good quality of care in the last three months of Life Increase in the number of providers delivering good care as per Care Quality Commissioning Standards
	People make a sustainable recovery post-admission to acute care	Improve the health gain people experience after elective procedures Increase in number of older people still at home 91 days after discharge from hospital People feel supported in the community following discharge and during their recovery period
People are kept safe and free from avoidable harm	The number of healthcare – acquired infections and serious incidents	Reduction in healthcare acquired infections Reduction in number of serious incidents in healthcare
	People using health and social care services are safe from harm	Increase in the number of adults who were asked what their desired outcomes of the safeguarding enquiry are, and of those how many were fully/partially achieved Staff are trained to understand key principles of the Mental Capacity Act and Deprivation of Liberties Standards Reduction in the number of adverse incidents

We want to deliver person centred care through integrated and skilled service provision

People and their families are engaged in the settings of their outcomes and the management of their care	The proportion of people involved in setting the outcomes they want to achieve from their health and care services	Increase in number of people with a personalized care and support plan Increase in percentage of patients self-reporting improved outcomes
People are supported by skilled staff, delivering person-centred care	The levels of staff satisfaction	Increase in staff satisfaction levels Reduction in staff turnover Reduction in vacancy rate
	The proportion of staff who have received training in person-centred care	Increase in percentage of staff who have completed at least 80% of their mandated training Increase in proportion of staff who have the Care Certificate Increase in staff who have completed person-centred care and support planning training