



Wirral Health and Care Commissioning

BUSINESS PLAN

APRIL 2019 TO MARCH 2020

Updated: 29th April 2019



Wirral
Clinical Commissioning Group



WIRRAL

Wirral Health & Care Commissioning is a strategic partnership
between NHS Wirral Clinical Commissioning Group and Wirral Council

Contents

| | |
|--|----|
| SECTION 1: VISION, AIMS AND OUTCOMES | 1 |
| SECTION 2: BACKGROUND AND CONTEXT | 3 |
| SECTION 3: OUR VISION – KEY PRIORITIES | 7 |
| SECTION 4: DELIVERING OUR PRIORITIES | 12 |
| SECTION 5: FINANCE 2019/2020..... | 16 |
| SECTION 6: WORKFORCE OUTLINE | 19 |
| SECTION 7: RISK MANAGEMENT` | 20 |

SECTION 1: VISION, AIMS AND OUTCOMES

1.1 Purpose

Everything we do will shape and enable the creation of a sustainable health and care system that makes a positive difference to people's lives. We will do this by providing leadership, including connection, energy, removing perceived or actual organisational boundaries and:

- **Acting as one** – exemplified in actions and behaviours. Delivering net system benefit
- **Improving population health** – delivering the *Healthy Wirral* outcomes around better care and better health using a place-based approach.
- **Clinical sustainability** –sustainable, high quality and appropriately staffed
- **Financial sustainability** – managing with our allocation and delivering better value
- **Service Sustainability** – ensuring sustainable, high quality, appropriately staffed.
- **Effective Engagement** - working with our public and patients to promote self-care by involving them in all decisions made about them

Our mission is for better health and wellbeing in Wirral by working together.

1.2 Vision

Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing.
- to provide the very best health and social care services when people really need them,
- to provide services as close to home as possible.

1.3 Priorities

- **Wirral 2030** – supporting the priorities agreed by partners
- **NHS Long Term Plan** – to support its development and implementation
- **Outcome Based Commissioning** – to ensure that outcomes are the key focus of all provider contracts moving forward, which are based on people living healthier lives
- **Provider collaboration** – to ensure commissioning approaches encourage providers to work together and put people, not organisations, at the heart of their work
- **Neighbourhoods** – to support the development of neighbourhoods and place, including aligning Wirral Health and Care Commissioning resources and staff, to commission and deliver high quality care to local populations

1.4 Personal Development Reviews (PDR)

- Each staff member of Wirral Health and Care Commissioning's personal objectives will be linked to at least one of the aims or priorities as set out above.
- **Statutory and mandatory training** - within individual PDRs, there will be an expectation that all members of staff will achieve and maintain full compliance with training requirements.
- **Volunteering** - to help staff to contribute to the community, develop skills, knowledge, experience and resources and add personal value to fulfilling activities.

SECTION 2: BACKGROUND AND CONTEXT

2.1 Background and Context

Wirral has just over 321,000 residents. The health and wellbeing of people in Wirral is varied when compared with the England average. Some of the key statistics across Wirral include:

- being one of the 20% most deprived districts in England
- 24% of children live in low income families, with significant problems relating to alcohol usage in both adults and young people
- life expectancy is 11.7 years lower for men and 9.7 years lower for women comparing the most and least deprived areas in Wirral
- physically active adults are significantly lower than the England average
- one in three children in Year 6 are overweight or obese
- the number of Looked after Children is still too high.
- Key issues have been identified as affecting the mental health and wellbeing of pupils with lack of self-confidence, low self-esteem and poor self-image having the greatest impact, followed by exam/school pressure, behavioural problems and issues in the home/family environment.
- People are living longer and more likely to be living with complex health conditions, necessitating regular intervention from health and care services.

Consequently, health and social care services across Wirral - in line with the rest of England – are experiencing a period of sustained financial pressure. Demand for health and care services are increasing, placing significant pressures on the funding for health and care.

2.1.2 Statutory Responsibility for Health and Care

The Council has the statutory responsibility for commissioning and/or providing of social care and public health and wellbeing services on behalf of the residents of Wirral. NHS Wirral CCG has the responsibility for commissioning healthcare for the residents of Wirral.

Section 75 of the NHS 2006 Act gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure on specific local authority and NHS functions and enables the development of a single fully integrated commissioning function with a single operating model, management and staffing structure. The Better Care Fund is part of this pooled budget enabling integrated care.

2.1.3 Integrating Health and Care Commissioning

NHS Wirral CCG and Adult Social care and Public Health from Wirral Council came together in May 2018 to form a single commissioning function, Wirral Health and Care Commissioning (WHCC). The purpose of WHCC is to jointly commission:

- public health services for the residents of Wirral and,
- all age health and care

Key to this is the transformation of service delivery which is expected to reduce need for high cost hospital care and reducing the need for long term care by:

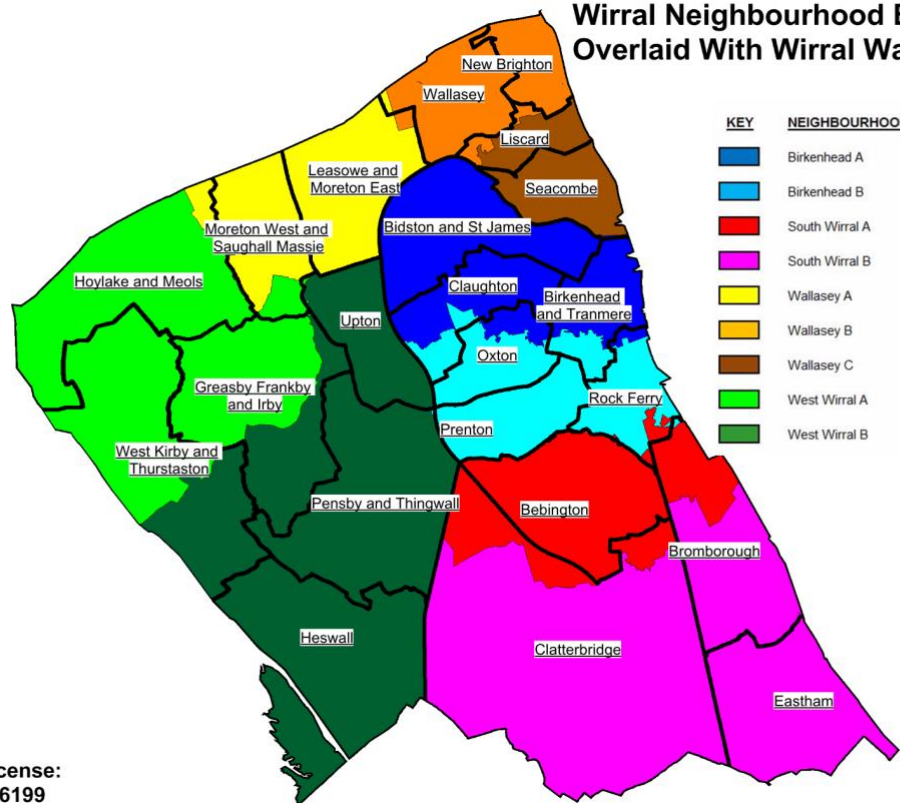
- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities and
- delivering sustainable services, both clinically and financially.

2.2 Place Based Care and Neighbourhoods

This has been developed in response to the challenges Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for the residents of Wirral. WHCC will be responsible for setting the commissioning agenda and will lead the development of a Place Based Care System in Wirral. The focus will be on people where they live, place and outcomes, not on organisations.

The development of Place-Based Care Services is outlined in the *WHCC Commissioning Plan for Older People 2019-2020*, as well as the *WHCC Commissioning and Transformation Strategy 2018 – 2021* and are linked to the Healthy Wirral plan.

Wirral Neighbourhood Boundaries Overlaid With Wirral Wards



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The ambition of providing services at the most appropriate local 'place' level has led to the development of the '51-9-1 model' based on supporting health and delivering care at the most appropriate level. The intention is for services and pathways of care to be delivered through the:

- 51 (as at January 2018) General Practices,
- 9 neighbourhoods and
- 1 district.

Further development of our 9 neighbourhoods is a priority for 2019/20 as this will be the cornerstone of place-based care.

Neighbourhood teams, with representatives from a variety of health, care and community disciplines and organisations will work closely with Primary Care Networks to focus on the implementation of care to meet the needs of people within the neighbourhood.

2.3 Social Care

Social care services play an important role in enabling vulnerable people to maintain independence and to keep well in Wirral. The inter-dependency between Health and Care systems has become increasingly clear over recent years.

The transfer of Adult Social Services teams to Wirral Community NHS Foundation Trust and All Age Disability Social Care teams to Cheshire and Wirral Partnership NHS Foundation Trust has led to the integration of the frontline assessment and support planning processes for vulnerable adults and older people across the health and care delivery pathway.

2.4 NHS Long-Term Plan

In January 2019 NHS England published the NHS Long Term Plan. This 10 year plan outlines how improvements to services will be made in order to improve care for patients. The three overarching ambitions for delivering a difference to patients include:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The priorities and asks that are within the NHS Long Term plan are all aligned with the priorities and plans of Healthy Wirral and WHCC.

2.5 Future form of Wirral Health and Care Commissioning

In response to the NHS Long Term Plan and other national drivers, it is critical that WHCC adapts to the evolving health and care system. With a focus on Primary Care Networks, Neighbourhoods and Place-based Care, WHCC will need to provide support in areas such as intelligence and finance to enable localised delivery and decision making. This will also involve establishing appropriate governance and accountability frameworks, together with the expertise to establish collaborative models of care.

Efficiencies in running costs will be expected and will aim to be achieved by:

- realising the financial cost benefits of integrating commissioning in areas such as contracting and procurement,
- reducing duplication and deliver its functions in a leaner, more effective, better value for money approach.

SECTION 3: OUR VISION – KEY PRIORITIES

3.1 Our Vision for Health and Wellbeing

The early intervention and prevention agenda aims to deliver outcomes which enable Wirral residents to lead Healthier Lives. Key to the development of this is to build the capacity of the 3rd sector to actively support people to achieve higher levels of independence within their local Neighbourhood areas. The development of insight work is important to understand the future requirements for neighbourhood capacity building and asset development, working with the “asset-based approach” and the “self-help” agenda. Priority areas include:

- to enable people to live Healthier lives
- to make Wirral a great place to grow up
- to keep the population safe
- to make Wirral a better place to live

3.2 Our Visions for Planned and Community Care

Planned care covers all services provided for adults, 18 years or over, which are planned (scheduled), including all primary care, community and hospital services. This does not include emergency (unplanned) care. Key focus for 19/20 include improving the pathways for long term conditions

- Respiratory Disease
- Heart failure – cardiovascular disease
- Gastroenterology - digestive system
- Redesign of outpatient services

3.2.1 Learning Disability and Autism

Local intelligence predicts that the number of adults in Wirral with learning disabilities and autistic spectrum disorders will increase by 2030, with the former totalling over 6000 people. The greatest increase will be in adults aged over 65years old with 32% of the autistic population being over 65. The learning Disability Strategy (2017) states a shared vision:

“People with learning disabilities in Wirral live good lives as part of their community with the right support, at the right time, from the right people”.

As part of this vision we aim to ensure that all people with a learning disability in Wirral have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a suitable home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life. These principles apply equally to people with all types of disability. Key priorities are to:

- increase the range of supported accommodation
- ensure that people are only treated in hospital where this is the most appropriate environment for their care
- commissioning preventative services to maximise wellbeing
- commissioning accommodation based support
- focus on independence and developing outcome focussed support
- ensure a sustainable care market with an increased range of support options
- work with all partners to deliver the All Age Disability Strategy

3.2.2 Extra Care Housing

Developing specialist housing for older people with learning disabilities is part of the placed based approach to meeting the unique needs of people in one given location using insight, local knowledge and collaboration to use the resources available most effectively. Developing specialist housing schemes are about so much more than building places to live, they are about building a future for people to live healthy, independent lives, harnessing the diverse opportunities available in the community. Our vision is:

- for specialist housing to be community led, age friendly providing a range of options to suit a range of needs
- to support the market to develop sufficient specialist housing to meet the growing population needs,
- for people will have their own front door round the clock care and support in a way that reduces the risk of admission to residential care or hospital.

3.2.3 Commissioned out of Hospital Care

To support our ambition of people being cared for in their communities and to ensure unnecessary admissions to hospital, the services that are delivered out of hospital need to be responsive, safe and of a high quality. Key priorities include:

- development of a Care Home framework to ensure consistency in pricing and quality
- implementation of good infection control strategies to reduce the incident of health care acquired infections
- increasing the availability of access to people to have the opportunity for a Personal Health Budget to meet their care needs
- evaluating the effectiveness of the recent joint commissioning of Domiciliary Care provision
- ensuring the assessment and eligibility criteria are being consistently adhered to

3.2.4 Women & Children

As a result of the consultation being undertaken with children, young people and families about the local offer, where appropriate services will be developed to work together to ensure value for money/ cost effectiveness whilst maximising outcomes for children, young people and their families. Key priorities for 19/20 are:

- delivery of a local action plan to have an impact on childhood obesity
- recommissioning of the Healthy Child Programme: 0-19 services

3.2.5 Primary Care

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. Key priorities relate to the implementation of the new GP contract including:

- establishment of Primary Care Networks (groupings of general practices based upon geography) as part of the building blocks for an integrated community health and care system for Wirral
- new additional roles within primary care setting, e.g. clinical pharmacists, and social prescribing link workers
- supporting GPs with changes to the national Quality Outcome Framework (QOF) with increased emphasis on prescribing safety, end of life care, diabetes, blood pressure control and cervical screening
- development of digital solutions to support care

3.2.5 Our vision for Medicines Optimisation

This aims to enable patients and healthcare professionals to get the best from their medications. Key priorities include:

- review of supply routes to optimise best value
- maximise the use of patients' own medicines to improve safety and reduce waste
- introduction of safety programme
- control high cost drugs expenditure.
- continue to explore opportunities to optimise outcomes for patients with mental health conditions
- maximise medicines outcomes in care homes

3.3.1 Our Vision for Urgent Care

For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families. For those people with more serious or life-threatening emergency care needs, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery. Key deliverables include:

- delivery of the Urgent Treatment Centre (UTC) with redesigned and improved urgent care pathways
- implementation of the result of the consultation exercise including the redesign of the community urgent care services
- remodel services into and out of the Emergency Department to achieve the 4 hour waiting time standard.
- further reducing non-elective admissions
- improving patient flow from the point of admission to discharge with focus on reducing long stay patients
- implementation of the Integrated Urgent Care Clinical Assessment Services (IUCCAS)
- improving the 7 day home first pathway and community model
- development of a system wide capacity and demand model to identify the range of services required

3.4 Our vision for Mental Health

To establish an integrated service with seamless patient pathways, aligning primary and secondary mental health services and integrated with community level interventions including social prescribing. Key priorities include;






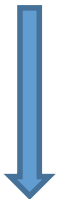
- emphasis on supporting and improving physical health needs of patients with mental health challenges,
- development of enhanced crisis care service for adults and children & young people,
- implementation of a new Improving Access to Psychological Therapies (IAPT) service,
- refresh of the Wirral Dementia strategy









3.5 Our Vision for Assistive Technology




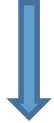




Personalised Technology and Technology Enhanced Care is the use of technology by professionals and individuals to support the promotion of self-help, safety, security, wellbeing, monitoring, and delivery of care. Our vision is to invest in innovative technology to promote and enhance health and wellbeing for residents in Wirral to enable people to live at home for longer by and without hitting crisis points involving the need for urgent care. Areas of involvement include:


- Medication management
- Preventing falls
- Using smart phones/ devices to support mobility, fluid intake in the elderly, dexterity, carers
- All age disability - promote assistive technology

SECTION 4: DELIVERING OUR PRIORITIES

| Project: Integration of Health and Care | Delivery Dates | Responsible Officer |
|--|---|--|
| <ul style="list-style-type: none"> • a year of transformation, establishing true integration of health and care teams within <ul style="list-style-type: none"> - Wirral Health and Care Community NHS Foundation Trust and - Cheshire and Wirral Community Foundation NHS Trust • enabling integrated partnership working for local people through strong multi-disciplinary teams operating at a neighbourhood level • Development and agreement to an integrated procurement policy • Development and agreement to a single contract management policy and process • Review options for contracting for the voluntary sector • Ensure system outcomes within contracts • Ensure use of social value portal within contracts | Mar 2020  Sept 2019 Sept 2019 Apr 2019 Apr 2019 | Director of Care & Health / Deputy Chief Officer  Director of Commissioning & Transformation  |
| Project: Health and Wellbeing & Population Health | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Develop the Wirral Together deal for the Health and Wellbeing partnership ▪ Recommissioning of the Drug and Alcohol Treatment services ▪ Delivery of the Healthier Lives Pledge ▪ Delivery of the Self-Care and Prevention workstream ▪ Develop a system wider approach to infection, prevention and control ▪ Development and implementation of a screening and immunisation plan ▪ Development of a plan with local clinicians to reduce anti-microbial prescribing | Mar 2020 Dec 2019 Feb 2020 Mar 2020  | Director of Public Health  |
| Project: Planned Care & Community Care | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Outpatient redesign: agree high level programme deliverables & outcomes ▪ Outpatient redesign: roll out of agreed pathways and services ▪ Cardiovascular Disease Pathway: agree high level programme deliverables & outcomes ▪ Cardiovascular Disease Pathway: roll out of agreed pathways and services ▪ Respiratory Disease Pathway: agree high level programme deliverables & outcomes ▪ Respiratory Disease Pathway: roll out of agreed pathways and services ▪ Gastroenterology Pathway: agree high level programme deliverables & outcomes ▪ Gastroenterology Pathway: roll out of agreed pathways and services | Jun 2019 Dec 2019 Jun 2019 Dec 2019 Jun 2019 Dec 2019 Jun 2019 Dec 2019 | Asst. Director of Planned Care  |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> ▪ Ophthalmology – service redesign and procurement ▪ to improve the delivery of cancer services for patients, supported by individual tumour level action plans where appropriate | <p>Mar 2020</p>  |  |
| Project: Learning Disabilities and Autism | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Commissioning Accommodation Based Support ▪ Continue to meet the target for Assessment Treatment beds for Wirral at 4 ▪ Commissioning Preventative Services to Maximise Wellbeing. ▪ Increase the percentage of people with a learning disability who have an annual health check to 75% ▪ Increasing Personal Health Budgets – not sure about this ▪ Commissioning an Autism service, with a pilot being delivered via NHSE bid monies ▪ Commissioning an Intensive Support Function for children in line with the Ealing Model ▪ Look to develop skill set in terms of forensics in community services. | <p>Mar 2020</p>  <p>Sept 2019 – Mar 2020</p>  <p>Mar 2020 Mar 2020</p> | <p>Asst. Director Health and Care Outcomes</p>  |
| Project: Extra Care Housing | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Build – Pensby Rd ▪ Build - Old Chester Rd, CH42 3TA ▪ Build - Barncroft, CH61 6YH | <p>Nov 2019 Dec 2020</p> | <p>Asst. Director Health and Care Outcomes</p>  |
| Project: Women and Children's | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Commissioning of 0-19 years services ▪ Review of the impact of the National Child Measurement Programme ▪ Production of a local action plan on childhood obesity ▪ Daily mile agreement ▪ Deliver against the Children and Young People Strategy for mental health | <p>Feb 2020 Sept 2019 Sept 2019 Sept 2019</p> | <p>Director of Public Health</p>  <p>Director of Commissioning & Transformation</p> |
| Project: Commissioned out of Hospital Care | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Reduction in Health Care Acquired Infections E Coli by 10% to 197 cases ▪ Reduction in Health Care Acquired Infections - C. difficile cases to: 121 cases | <p>Mar 2020</p>  | <p>Director of Quality & Safety</p> |

| Project: Primary Care | Delivery Dates | Responsible Officer |
|--|---|--|
| <ul style="list-style-type: none"> ▪ Implementation of Primary Care Network Direct Enhanced Service ▪ New additional roles within primary care setting, e.g. clinical pharmacists, , and social prescribing link workers; ▪ Primary Care Networks development (groupings of GPs based on geography) ▪ Ability for NHS 111 to directly book primary care appointments for patients ▪ Development of digital solutions to support patient care e.g. online consultations, mobile telephone applications for appointment booking, access for patients to their full medical records by 2020 ▪ Implement and monitor delivery of the Primary Care Quality Scheme ▪ Implement and monitor delivery of the Care Home Scheme | <p>July 2019</p> <p style="text-align: center;"></p> <p>July 2019 onwards</p> <p>Mar 2020</p> <p style="text-align: center;"></p> | <p>Asst. Director Primary Care and Partnerships</p> <p style="text-align: center;"></p> |
| Project: Medicines Optimisation | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Review blister pack arrangements and supply ▪ Reduction of Anti-microbial prescribing volumes to support the national anti-microbial stewardship policy. ▪ Introduction of safety programme; initially to refine reporting and management systems for incidents at care interfaces and increase reporting rate, assurances on patient safety alerts. ▪ Investigate “not dispensed service” currently being delivered in Liverpool ▪ Introduction of models to estimate cost avoidance from medicines optimisation interventions | <p>Mar 2020</p> <p style="text-align: center;"></p> | <p>Director of Finance</p> <p style="text-align: center;"></p> |
| Project: Urgent Care | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> ▪ Establishment and agreement to increase the number of people discharged the same day (SDEC’s) ▪ Development and establishment of High Intensity Users scheme to support patients with complex needs ▪ Develop and Implement the Urgent Treatment Centre ▪ Redesign of urgent care community pathways • Development and establishment of Acute Frailty Scheme • Improvement in the reduction of numbers of long stay patients in both the community and acute trust • Review of Ambulance and 111 performance | <p>Sept 2019</p> <p>June 2019</p> <p>Dec 2019</p> <p>Mar 2020</p> <p>Sept 2019</p> <p>July 2019</p> <p>May 2019</p> | <p>Asst. Director, Unplanned Care and Community Care Market commissioning</p> <p style="text-align: center;"></p> |
| Project: Mental Health | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> • Implementation of a new IAPT service (Talking Together Live Well Wirral) • Development of enhanced crisis care service for adults and children & young people; • Emphasis on improving the number of annual physical health checks for people with severe and enduring mental illness • Refresh of the Wirral Dementia strategy | <p>Apr 2019 onwards</p> <p>Mar 2020</p> <p style="text-align: center;"></p> | <p>Asst. Director Primary Care and Partnerships</p> <p style="text-align: center;"></p> |

| Project: Technology | Delivery Dates | Responsible Officer |
|---|---|--|
| <ul style="list-style-type: none"> • Development of Telerriage to include Skype assessments • Extend Telerriage to include wider use of Telemedicine • Explore options to introduce vital signs monitoring through Telehealth systems • Introduce Point of Care Testing at Walk-In Centres • Develop the two falls risk assessment tools (Safe Steps) for use in residential and community care settings • Investigating further opportunities to invest in technologies to deliver revenue savings | Mar 2020  | Asst. Director, Unplanned Care and Community Care Market commissioning |
| Project: Future form or WHCC | Delivery Dates | Responsible Officer |
| <ul style="list-style-type: none"> • Workforce redesign to reflect WHCC Priorities | Mar 2020 | Director of Corporate Affairs |

SECTION 5: FINANCE 2019/2020

| Wirral Council: Public Health | | Budget | Pooled | | Non-Pooled |
|-----------------------------------|-----------------------------|----------------------|---------------------|----------|----------------------|
| | | | BCF | Non-BCF | |
| | | (£) | (£) | | |
| Expenditure | | | | | |
| | Children 0-19 | 7,216,500 | | | 7,216,500 |
| | Collaborative Service | 720,000 | | | 720,000 |
| | Drugs & Alcohol | 7,358,800 | 7,093,526 | | 265,274 |
| | Health Protection | 374,400 | | | 374,400 |
| | Misc. Public Health | 7,316,300 | 623,100 | | 6,693,200 |
| | NHS Healthchecks | 303,700 | | | 303,700 |
| | Obesity – Adults | 283,300 | | | 283,300 |
| | Public Health Running Costs | 2,059,200 | | | 2,059,200 |
| | Public Mental Health | 1,117,300 | | | 1,117,300 |
| | Sexual Health Services | 3,105,300 | | | 3,105,300 |
| | Stop Smoking Services | 764,400 | | | 764,400 |
| | Substance Misuse | 203,900 | | | 203,900 |
| Gross Expenditure | | 30,823,100 | 7,716,626 | 0 | 23,106,474 |
| Income | | | | | |
| | Public Health Grant Funding | (29,079,000) | (7,716,626) | | (21,362,374) |
| | Misc. Public Health | (802,000) | | | (802,000) |
| | Collaborative Service | (635,300) | | | (635,300) |
| | Contribution from Reserves | (306,800) | | | (306,800) |
| Total Income | | (30,823,100) | (7,716,626) | 0 | (23,106,474) |
| Net Expenditure | | 0 | 0 | 0 | 0 |
| Wirral Council: Adult Social Care | | Budget | Pooled | | Non-Pooled |

| | | (£) | BCF | Non-BCF | |
|--------------------------|----------------------------|---------------------|---------------------|--------------------|---------------------|
| | | (£) | | (£) | |
| Expenditure | | | | | |
| | Employees | 10,295,200 | 679,300 | | 9,615,900 |
| | Commissioned Care | | | | |
| | Day Care | 6,605,900 | | 6,450,200 | 155,700 |
| | Direct Payments | 9,549,400 | | 4,616,300 | 4,933,100 |
| | Domiciliary Care | 12,727,700 | 6,130,300 | 1,556,700 | 5,040,700 |
| | Independent Reablement | 1,479,800 | 1,310,100 | | 169,700 |
| | Nursing Long Term | 13,424,100 | 5,000,000 | 3,169,200 | 5,254,900 |
| | Nursing Short Term | 4,033,500 | 3,801,900 | 30,000 | 201,600 |
| | Res Long Term | 29,379,100 | 5,000,000 | 11,958,700 | 12,420,400 |
| | Res Short Term | 3,555,100 | 364,500 | 1,752,300 | 1,438,300 |
| | Shared Lives | 994,300 | | 314,100 | 680,200 |
| | Supported Living | 26,764,900 | 23,600 | 20,484,400 | 6,256,900 |
| | | 108,513,800 | 21,630,400 | 50,331,900 | 36,551,500 |
| | Other Expenditure | 25,948,800 | 11,826,200 | | 14,122,600 |
| Gross Expenditure | | 144,757,800 | 34,135,900 | 50,331,900 | 60,290,000 |
| Income | | | | | |
| | Customer & Client Receipts | (19,523,000) | | (3,041,500) | (16,481,500) |
| | Grants & Reimbursements | (25,433,800) | (20,346,849) | | (5,086,951) |
| | Joint Funded Income | (7,458,000) | | (6,471,300) | (986,700) |
| | Other Income | (517,900) | | | (517,900) |
| Total Income | | (52,932,700) | (20,346,849) | (9,512,800) | (23,073,051) |
| Net Expenditure | | 91,825,100 | 13,789,051 | 40,819,100 | 37,216,949 |

| NHS Wirral Clinical Commissioning Group | Budget | | Pooled | | Non-Pooled |
|---|----------------|-----------------------|----------------------|----------------------|-----------------------|
| | (£) | (£) | BCF | Non-BCF | (£) |
| | | | (£) | (£) | |
| Expenditure | | | | | |
| NHS Contracts | 390,803,781 | | | | 390,803,781 |
| Non Acute Contracts | 16,054,865 | | | | 16,054,865 |
| Prescribing | 62,655,464 | | | | 62,655,464 |
| Commissioned out of Hospital | 50,874,376 | | | 24,958,922 | 25,915,454 |
| Primary Care | 6,633,407 | | | | 6,633,407 |
| BCF | 26,314,000 | | 26,314,000 | | 0 |
| | | 553,335,892 | 26,314,000 | 24,958,922 | 502,062,970 |
| Contingency | 2,730,520 | | | | 2,730,520 |
| QIPP Target | (24,245,740) | | | | (24,245,740) |
| Other Programme & Reserves | 8,616,525 | | | | 8,616,525 |
| Running Costs | 5,958,803 | | | | 5,958,803 |
| | | (6,939,892) | 0 | 0 | (6,939,892) |
| Net Expenditure | | 546,396,000 | 26,314,000 | 24,958,922 | 495,123,078 |
| Income | | | | | |
| Revenue Resource Limit | (546,396,000) | | (26,314,000) | (24,958,922) | (495,123,078) |
| Total Income | | (546,396,000) | (26,314,000) | (24,958,922) | (495,123,078) |
| Net Expenditure | | 0 | 0 | 0 | 0 |

Note - the NHS Wirral CCG budget is in draft form until June 2019 when it is expected that NHS England will sign off the details.

SECTION 5: WORKFORCE OUTLINE

All staff in the CCG staff based on funded posts only, will exclude

- temporary posts and contractors
- Medicines Management team (employed by Midlands and Lancashire Commissioning Support Unit)
- Continuing Health Care (employed by Midlands and Lancashire Commissioning Support Unit)

For Council staff the following are missing:

- Wirral Intelligence Service staff working on public health and DASS (as they are part of the Strategic Partnerships Business Plan)
- Finance (as they are part of the Strategic Partnerships Business Plan)

| Job Type | NHS Wirral CCG | Adult Social Services | Public Health | Grand Total |
|--|------------------------|-----------------------|---------------|---------------|
| | Whole Time Equivalents | | | |
| Chair/ Non Exec Directors & Chief Exec | 1.95 | | | 1.95 |
| Medical Director | 0.50 | | | 0.50 |
| GP Leads: Clinical Governance | 0.90 | | | 0.90 |
| Director | 4.00 | 1.00 | 0.80 | 5.80 |
| Consultant in Public Health | | | 2.53 | 2.53 |
| Quality Assurance, Patient Safety & Safeguarding | 6.44 | 16.50 | | 22.94 |
| Commissioning & Transformation | 29.10 | 15.00 | 15.06 | 59.16 |
| Corporate Affairs | 3.00 | 4.00 | | 10.00 |
| Communications | 2.00 | | 1.00 | 3.00 |
| Business Systems & Support | | 20.00 | | 20.00 |
| Finance | 13.60 | | | 13.60 |
| Secretariat | 5.68 | 3.00 | 1.60 | 10.28 |
| Business Intelligence | 9.00 | | | 9.00 |
| Grand Total | 76.17 | 59.50 | 20.99 | 156.66 |

SECTION 6: RISK MANAGEMENT

The management of risk by WHCC is undertaken at two levels – Project and Corporate. Project risks will be monitored and managed by the Business Management Group. The risks identified in the table below relate to the Corporate risk register and reflect the areas that have been identified by Senior Managers and Directors as areas that can be managed by WHCC staff. These risks are reviewed monthly by the Executive Management Team and then quarterly at the Joint Strategic Commissioning Board. It is the intention to further develop the approach to risk by agreeing 'target risk scores' with clear timescales to demonstrate that risks are being actively managed and mitigated.

At present WHCC has agreed current risk scores and these will allow the development of action plans to demonstrate progress towards target risks. The table below highlights some of the key risks identified with existing controls described.

| Risk Description | Risk Owner | Existing Controls |
|---|--|---|
| Non achievement of savings programmes could lead to not achieving financial balance across the WHCC budgets by March 2020. Within this is the lack of transparency of costs across the system means there is a risk of not understanding the true extent of the financial pressures which may result in unachievable targets being set. | Director of Care and Health | Budget review, savings plan review and monthly Directorate Management meetings to review the budgets and the forecast outturn. Where off target remedial actions put in place |
| National policy to remove the ring-fence from the Public Health Grant means that it is fully funded from Business Rates from April 2020 will not be big enough in Wirral to fund current contracts (expected loss of income £5m) | Director of Public Health | Services being reviewed with the view to making further savings by 20/21 to help fund potential loss in grant funding. |
| The staffing structure of WHCC is not aligned to the aims and priorities of Wirral Health and Care by 20/21 risks and there not being enough capacity to deliver the transformational change required | Director of Corporate Affairs | Work is underway to review and redesign the organisational structure to reflect WHCC priorities. Completion March 2020. |
| Not able to commission the best health and care services due to the provider landscape being unable to respond to commissioner requirements. | Director of Commissioning & Transformation | Healthy Wirral Partners Board promotes provider responsiveness and integration, supported by the formation of the Wirral Integrated Prover Partnership |
| Failure to engage with local residents and listen to what they want could result in services being ineffective and health inequalities continuing or service changes being challenged despite the evidence | Director of Corporate Affairs | Engagement plan drawn up for 19-20 based on the known areas of work that will require |
| Lack of engagement by clinicians in provider organisations puts at risk the delivery of the commissioning intentions for Wirral | Medical Director | Engagement with clinicians on specific projects and a refresh of Wirral's Clinical Senate to have a greater sense of independence. |
| Risk of not fully engaging with the plans around growth and regeneration in Wirral could mean that Strategic plans do not cover potential demographic changes and the opportunity for developers to cover health and care infrastructure costs could be lost | Director of Care and Health | Director of Care and Health to work closely with Local Authority colleagues to ensure opportunities are recognised and capitalised upon. |