Cheshire & Merseyside Health & Care Partnership

Our health & care plan for 2019-20

Contents

What is the Cheshire & Merseyside Health & Care Partnership?

As its name suggests, our Partnership is not an organisation in itself but a group of organisations, including NHS providers and commissioners, Local Authorities, GPs, the community and voluntary sector, who are responsible for providing health and care services in Cheshire and Merseyside. Through our Partnership we plan how to best deliver health and care services that meet the needs of local people, are high quality, and are affordable.

A Partnership Board has been appointed, made up of representatives from our member organisations. Supporting this is a small Executive team, who oversee the many programmes of work underway, facilitate the open and honest conversations that are necessary, help to build consensus, and ensure that the plan is delivered.

We aim to develop our Partnership over time in order that we can take on additional responsibility to deliver improvements at greater pace and scale, and will use our Five Year Strategy due out this autumn to explain more about how we will do this.

The organisations that make up our partnership are listed over the page.

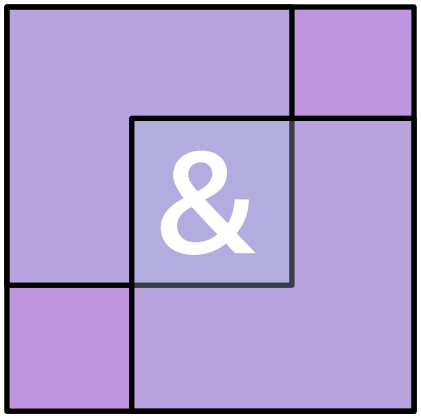
You can find out more about us and what we do by visiting our website:

www.cheshireandmerseysidepartnership.co.uk

Our Partnership Members

12 NHS Clinical Commissioning Groups	NHS Eastern Cheshire CCG, NHS Halton CCG, NHS Knowsley CCG, NHS Liverpool CCG, NHS South Cheshire CCG, NHS South Sefton CCG, NHS Southport and Formby CCG, NHS St Helens CCG, NHS Vale Royal CCG, NHS Warrington CCG, NHS West Cheshire CCG, NHS Wirral CCG
9 Local Authorities	Cheshire East Council, Cheshire West and Chester Council, Halton Borough Council, Knowsley Borough Council, Liverpool City Council, Sefton Council, St Helens Council, Warrington Borough Council, Wirral Council
19 NHS Providers	Aintree University Hospital NHS Foundation Trust Alder Hey Children's NHS Foundation Trust Bridgewater Community Healthcare NHS Foundation Trust Cheshire and Wirral Partnership NHS Foundation Trust The Clatterbridge Cancer Centre NHS Foundation Trust Countess of Chester Hospital NHS Foundation Trust East Cheshire NHS Trust Liverpool Heart and Chest NHS Foundation Trust Liverpool Women's NHS Foundation Trust Mersey Care NHS Foundation Trust The Mid Cheshire Hospitals NHS Foundation Trust NW Boroughs Partnership NHS Foundation Trust Royal Liverpool and Broadgreen University Hospitals NHS Trust St Helens and Knowsley Teaching Hospitals NHS Trust Southport and Ormskirk Hospital NHS Trust The Walton Centre NHS Foundation Trust Warrington and Halton Hospitals NHS Foundation Trust Wirral Community NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust

Part One: Summary Narrative for Partners



1.1 Overview

Year One of a Five Year Strategy

This 2019/20 Health and Care Plan for Cheshire and Merseyside functions as the first year of our fully integrated five-year whole-system strategy and concentrates on those things that can make a difference over the next 12 months.

From the autumn, with an agreed Five-Year Health and Care Strategy for Cheshire and Merseyside to guide us, our Partnership will begin to align its priorities, future actions and budgets with the **wider health and care economy**. With NHS and social care services under unprecedented pressure, and the NHS in Cheshire & Merseyside facing a c. £150 million deficit at the start of 2019-20, its future financial sustainability is a key and urgent priority. To resolve it, we must start 'Doing Things Differently' and have a clear plan to deliver financial balance.

In Part Two we dedicate sections of our 2019-20 operating plan to detail what we are doing this year to move the NHS towards a financially sustainable footing and how we are using our unique and innovative 'Top Slice' to invest in system-level programmes to return benefits and release cash in-year. To help Place develop the necessary skills, culture and behaviours to transition further towards true system working, this year we will roll out our 'Doing Things Differently' development scheme, starting this Spring.

Developing our Health & Care Partnership

This year we will agree our Five Year Strategy and the approach we will take to deliver it. This will define how we will need to work closer together with our partners to create a more advanced form of our health and care partnership.

It will determine where we need to work at scale to deliver for our population, draw together a positive, ambitious vision for the future, agree the outcomes we collectively want to achieve and focus on the 'wicked issues' that we collectively, as a whole system, have consistently not delivered on.

Partnership with Local Authorities

To develop our Partnership as required by the NHS Long Term Plan, we must increasingly adopt a 'whole system' perspective, where all parties have an equally important part to play. Central to this are our Local Authorities, who are working to help resolve the financial pressures impacting both health and social care and to improve service quality.

We are committed to explore many of the things that are important to Local Authorities as we look to write our Five Year Strategy together including the Social Care Green paper, Social Care Workforce, Social Care Market Shaping and are supporting efforts to ensure a long-term funding settlement for social care is delivered as part of the 2019 Spending Review.

An active role in the wider system

We acknowledge the more active role health and care needs to play in influencing the wider determinants of health. This includes boosting local economies, supporting better housing, education, improved job opportunities and strengthening communities.

In 2019-20, we will progress at pace the social enterprise and social value work we have initiated. In our Five Year Strategy, we will go on to explore how the circa £5 billion per annum NHS budget for Cheshire & Merseyside can be applied in more innovative ways to better improve whole population wellbeing and in so doing take pressure off health and care services.

'Doing Things Differently'

As this is the last time the NHS in Cheshire and Merseyside will plan in this annual, organisation–focused way, we need to be ready for the change. A fundamental part of achieving this is our 'Doing Things Differently' approach. This year, we will bring people together from across our system to help them to develop the perspective, behaviours and capabilities necessary to support us to grow outside our usual sphere of operations. This will take advantage of the nationally leading-edge research and innovation that Cheshire & Merseyside is famous for and the approach will ensure in-depth and meaningful engagement from both system and citizen representatives.

Place

Throughout this year's plan we have sought to 'get it right this time' by working more inclusively with all our health and care stakeholders, especially Local Authorities at Place and system level, and with our population.

All content in this plan has been sourced from across the Partnership, including from all nine Places working with our system-wide Programmes, and only from Board-approved plans and policies that have been engaged on broadly with key stakeholders. This maintains the imperative link between what our partners say and what the Partnership does.

We are proud of the good reputation our Place-based working has achieved so far. We know some of our Places are talked about with great esteem in conversations regarding Place and neighbourhood working nationally. With an additional £8 million investment in Place this year we mean to build on this fantastic progress so far. Success has been built from the 'bottom up' with vigour in developing collaborative relationships, and we are determined to encourage and spread real innovations happening locally.

Devolved Leadership

Cheshire & Merseyside Health & Care Partnership has much that is unique. We have a range of well-led acute trusts with strong local identity producing high quality clinical outcomes. Much of our place-based working is inspiring others outside the region and we now have three Places led by Local Authorities. Our partnership is one that is led by many talented system leaders and this year with 'Doing Things Differently' we are investing in broadening and deepening this capability further. Our approach enables us to address the inequalities that need driving out of our system and unlock the potential unique to Cheshire & Merseyside as a result of our size, complexity, diversity, passion and local pride.

1.2 Critical 'Must Do's' in 2019/20

To deliver against the national priorities and deliverables we have identified our system's critical 'must do's' of 2019-20. These underpin everything we will do this year as the Cheshire & Merseyside Health & Care Partnership, providing assurance that we are delivering the NHS Long Term Plan locally.

1. Develop our Places

Much of the work that is taking place to transform health and care is in the hands of organisations and communities in the nine Local Authority boroughs that make up Cheshire and Merseyside. Each borough, known as 'Place', has their own partnership of organisations responsible for developing a plan, for and with their communities, setting out how they will organise health and care services in future based on local needs, and how they want to improve the health of their population.

In 2019/20, the Partnership will support each of the nine Places to continue their work. Each Place has received its fair share of our £8 million Place Transformation Fund to develop its capabilities and projects to deliver real change for local people.

To grow Place capability at even greater pace and enable us to truly 'do things differently', we will bring together strategic partners in innovation, leadership development, OD, training, data, intelligence and clinical expertise and make this centrally available to Places through our health and care 'Academy'.

By Autumn, all Places will have finalised their own five-year strategies, setting out how they will meet the local health and care challenges of their borough. These will inform the Cheshire and Merseyside system-level Five Year Strategy. Place strategies will be co-produced with local partners and communities and explain how they will develop their Primary Care Networks and provider collaborations, bring together healthcare professionals, local authority services and borough residents and deliver locally the benefits required by the NHS Long Term Plan.

2. Invest in System-wide Programmes

To deliver in-year achievements that will rapidly impact upon our system this year we have created a unique £7.4 million Programme Transformation Fund. To support this, the 2019/20 budget approved by the System Management Board in January 2019 included a 0.5% 'top slice' of NHS CCG allocations of which 0.2% has been made available non recurrently during the year to enable programmes to move from planning to delivery.

Our Programmes (listed in **Appendix 1**) exist to implement a single approach across all of Cheshire & Merseyside, and to work with Places to help them deliver common benefits in each part of the system. They include vital enablers such as digital, workforce and estates and our approach on national priorities including Cancer, Mental Health and Population Health. Detailed plans can be provided by Place and Programme Leads forum members.

3. Release financial efficiencies and reinvest them in year

Supported by our investment in programmes, we will pursue in-year cash releasing efficiencies and re-invest these in year. During 2018-19 we made the first material inroads into closing the financial gaps across the region, improving the 'do something' forecast outturn by £35m. The new settlement for the NHS is welcome and brings the target savings within the compass of reality without risking patient quality or safety.

This is how Cheshire & Merseyside plans to deliver performance improvements against NHS Constitutional standards and achieve system-wide financial sustainability.

4. Agree a Five Year Health and Care Strategy for Cheshire and Merseyside

We have initiated engagement on the future shape of health and care over the next five years. Supported by this, all nine Places will finalise their five-year strategies in 2019/20, following extensive engagement with local stakeholders and communities.

By the autumn, our over-arching strategy will bring together our Place strategies with the system-wide 'must do's' in the NHS Long Term Plan and our single uniting vision for the future.

1.3 Partnership Achievements in 2018/19

Last year, Cheshire & Merseyside Health & Care Partnership enabled delivery of a range of significant achievements through collaborative system working. These included:

- a Population Health Framework being adopted and provided to every Place to support healthcare providers in providing equal focus on prevention as well as cure;
- work starting on plans to create a sustainable supply of health and care staff and ensuring staff feel valued and have the skills and equipment they need;
- turnaround of expectations regarding how people are working together across Cheshire and Merseyside by focusing on relationships and engaging across the partnership;
- for cancer patients, work to implement optimal lung and colorectal pathways and action plans developed with all Endoscopy Units to improve productivity and resource utilisation
- commissioned mental health once across Cheshire & Merseyside; with a commitment made to increase funding to the levels required in the NHS Long Term Plan;
- two of our Places – Sefton and Cheshire East – supported in their work to develop sustainable hospital and community service plans;
- top slicing 0.25% from CCGs (£7m) to invest in real transformational change and accelerate the pace at which each of the nine Places transform the way in which health and care is delivered locally;
- winning NHS England funding to develop the Academy approach to creating cultural and behaviour change to deliver real system working;
- a £4m Primary Care Network Development Fund enabling GP surgeries in an area to share services and facilities and offer extended access;
- Digit@ll - Cheshire and Merseyside Digital Roadmap – setting out how harnessing technology will transform patient care and the work of health and care staff;
- an Estates Strategy setting out how NHS buildings can be better used to support more care closer to home, more funds can be released to invest in patient care, and the backlog of repairs reduced by 35%.

Part Two:
Our System Operating Plan for 2019-20

2.1 Overview

Alignment of Plans - All activity, workforce, efficiency and capacity assumptions in our system overview aligns with the system data aggregation and our partner's organisational plans. To achieve this alignment we held regular weekly meetings either in person or via teleconference with representatives from all provider and commissioning organisations, with strategic programme leads (for Mental Health, Cancer, Women's and Children's etc.) also in attendance.

This provided the platform for surfacing and understanding differences and misalignments, and the ability to identify plans to resolve these differences in good time. A piece of work to flag anomalies using red-amber-green ratings was circulated in January to all Trusts and CGGs. The approach applied trend analysis onto last year's actual data, avoiding blanket assumptions and ensuring alignment was locally driven and adjusted locally.

Aligned to the NHS Long Term plan - In order to ensure our system priorities and plans for care design align with the commitments in the long term plan we have listed the latter in Appendix 2. This creates the audit trail between the NHS Long Term Plan, the NHS Five Year Forward View commitments due for delivery in 19/20 and the C&M single year plan.

Clear priorities, milestones and deliverables - We state our local and system priorities in detail over the next few pages. All our programme plans have clearly defined scope, benefits, milestones, finance and KPIs, risks, and have been tested to ensure they align to the NHS Longer term goals (see appendix 2).

Developed in partnership & approved by our partners - All content for this plan has been sourced from material provided by our partners. This includes programme plans, Place strategies, organisational plans containing activity, workforce, efficiency and capacity assumptions and performance trajectories. This system operating narrative has been reviewed and approved by the Cheshire & Merseyside Health and Care Partnership Board representing the respective boards of all membership organisations in the system to affirm their strong level of commitment to the plan.

Appropriate governance – The Partnership has commissioned a third party to meet with system leaders and develop a Memorandum of Understanding (MoU) by the summer for agreement between C&M, NHS Improvement and NHS England that defines the accountability framework in which the partnership operates. Codifying this will allow C&M and NHSE/I to agree how its combined resource will work together to resolve system 'hot spots' and form the basis of arrangements for our HCP development.

Public Health England and Voluntary/community/faith sector representatives have been added to broaden the membership of the System Management Board and C&M will look to develop a fuller partnership with both with the potential for these to be captured in MoUs.

A Steering Group has been created to oversee and drive delivery of the Five Year Strategic plan. A new system-level programme management office (PMO) has been established to monitor and report delivery status of this plan to the Board. The process to approve change proposals and manage interdependencies across the portfolio has been re-designed to speed up decision-making and rigour.

2.2 System-level priorities and deliverables

C&M's system-wide priorities and deliverables aligned to NHS Long Term Plan (Appendix 2) and NHS Five Year Forward View are stated below. We have dedicated system-level programmes to lead these, however other programmes (listed in Appendix 1) and Place will play an important a role in delivering benefits.

1. Urgent and Emergency Care

This year we will deliver:

- Designation of UTCs to simplify the U&EC options and avoid A&E attendances
- Further extension of GP 7-day services as an alternative to A&E, compliance with all 7 core standards and the provision of direct booking
- Integration of 999, 111 and CAS call handling and triage to act as the single point of access, with increased clinical support to maximise the opportunity for 'hear & treat' and minimise ambulance dispatch and/or conveyance
- Winter Plan for 2019-20
- Development of a range of AEC pathways to improve flow within A&E departments and achieve the standard for Same Day Emergency Care

2. Transformed Primary Care

This year:

- GP practices will, by 31 March 2019, be "doors open" (or have adequate subcontracting arrangements in place) for their core contracted hours.
- Seven day Primary Medical Care services will be an integral and integrated part of the primary medical care service and system.
- All practices across Cheshire and Merseyside will be part of a Primary Care Network and they will share the learning from the 2018/19 PCN programme.
- There will be a continued expansion of the Network of Networks and Leadership programme.
- The opportunity of increasing Clinical Pharmacists in Primary Medical Care will be prioritised for the last two application phases (February 2019 and May 2019).
- A programme to support general practices recruit and enable the PAs to participate in a preceptorship programme will seek to secure between 20 – 30 PAs from the 2017 / 2019 training cohort.

3. Cancer services

In partnership with the C&M Cancer Alliance we will:

- Implement optimal pathways for oesophago-gastric, prostate cancer and head & neck cancer

3. Cancer services (continued)

In partnership with the C&M Cancer Alliance we will:

- Commence implementation of national lung health check programme for high risk populations
- Commence roll out of rapid diagnostic centres/pathways for patients with vague symptoms
- Implement CURE – smoking cessation model in secondary care
- Invest in diagnostic transformation to support improvement in operational performance and effective pathways
- Optimise MDT efficiency and effectiveness through CM wide standards of care
- Develop future working model in endoscopy
- Agree and measure an interim 'faster diagnosis' standard prior to introduction of 28 day exclusion/diagnosis standard from April 2020
- Extend stratified follow up to all colorectal cancer patients (breast and prostate complete).

4. Mental Health services

Deliverables for this year are:

- Crisis care - Consultation with CYP, Parents and Carers on CAMHS Tier 4 Services and commencement of co-produced model development workshops.
- Final Crisis care model agreed with all stakeholders. and implementation of the model.
- Final CAMHS Tier 4 care model agreed with all stakeholders.
- CAMHS Tier 4 NCM business case developed and agreed.
- Prospect Partnership – Care Model Go Live.
- Prospect Partnership - Secure national funding for the development of community forensic provision.
- PDS - Development of an alternative model of care for people with personality disorder
- Integrating Physical and Mental Health - Develop recommendations for a whole systems approach to the management of MUS including advice to place-based work-streams in respect of consistent standards for integrated physical and MH care for MUS and LTC.
- Implement project plans supporting the successful NHSE funding bid for suicide prevention.

5. Workforce

Deliverables this year:

- Single payroll provider
- Development of a career and engagement hub and strategy to 'grow our own' staff
- Cheshire and Merseyside employment offer
- Cheshire and Merseyside collaborative bank

5. Workforce (continued)

Deliverables this year:

- Cheshire and Merseyside health and wellbeing campaign including equality, diversity and inclusion
- Maximise opportunities through apprenticeship levy
- Talent management process agreed
- Streamlined Factual references, Inter-agency transfer, common statutory and mandatory training offer
- Standardised Occupational health specification and tariff for NHS providers Occupational health transfer of vaccination and immunisation data
- C&M common rates for bank and agency staff

6. Women's & Children's

Deliverables this year:

- Safe services - standardised women's and children's care pathways and clinical protocols are adopted across the whole system; services are integrated across provider organisations and the workforce is deployed to meet national standards and obligations
- Further development of workforce and ANP model in maternity and gynaecology and the development of the ADVANCE Faculty
- Recommendations within Better Births implemented consistently across the C&M Footprint.
- LMS plan implemented and Delivered

7. Digital (includes Technology and Innovation)

This year our priorities are for:

- GDEs develop a blueprint that can be deployed to other hospitals, reducing the time and cost for further adoption.
- Shared Electronic Records for whole population (into S. Cumbria and Lancs)
- Patient Portal / Patient Held Records – patients empowered to take control of their health and care
- Bed Management across C&M
- Cyber Security
- Brilliant Basics – enhanced levels of digital maturity
- Shared Electronic Records and Wifi
- Support for Diagnostics transformation
- Identifying areas of collaboration with neighbouring HCPs

2.3 Place-based priorities and deliverables

Our Place (borough level) priorities and deliverables aligned to our system-level priorities and the NHS Long Term Plan are stated below.

1. Cheshire East

Longer term:

- Develop our ICP focusing on community assets and wellbeing
- Integrate our Care Communities through pathway redesign focused on reducing health inequalities
- Acute transformation to support the development of the 5 year Plan for Place
- Facilitate a "big conversation" with our local population.
- Workforce culture and behavioural change for new ways of working

This year we will:

- Finalise Place Strategy linked to PCBC
- Establish Joint Commissioning across the Place linked to the CCG reconfiguration
- Develop Care Community Clinical Leadership
- For our 8 Care Communities facilitate a conference arranged with all stakeholders in May, hosted by the Local Government Association, to establish our readiness for further integration
- Roll out the Public Health mapping at a ward level across Council, NHS, Voluntary/community/faith sector, local business leaders and other key partners.

2. Cheshire West

Longer term:

- Understand and actively mobilise population
- Actively promoting self-care, self-service and developing community assets
- Actively divert people to the most effective and efficient access points
- Support and encourage the flow of people to the right resources
- Support and encourage people with multiple conditions and complex needs through multiagency teams

This year we will:

- Develop Primary Care Leadership
- Develop Care Community Teams
- Risk Stratification tools embedded within every GP
- Develop a Single Point of Access
- Appreciative Inquiry / Community Conversations

3. One Halton

Our focus is to achieve:

- Manage demand – with greater focus on self-care, independence and prevention
- Health and Social Care integration
- Services designed around the user
- Providers working together to meet the needs of the whole person
- People treated in their home or community for as long as possible/appropriate

4. Knowsley

This year we will:

- Develop our plan to deliver the NHS Long Term Plan
- Embed a robust programme management approach to transformation delivery to ensure place-based care systems are effective, efficient and economical
- Bring together General Practice and community services to deliver the change
- Implement our Integrated Community Frailty Service with a 2hr response for residents over 65 years to reduce avoidable admissions to hospital
- Actively engage our local communities and stakeholders in the design, delivery, and evaluation of integrated care delivery
- Utilise and build on the local community assets in developing and delivering locality-based services or activities
- Use digital technology to ensure communications between all care providers and users is seamless and easily accessible

5. Liverpool

This year our priorities are:

- Urgent Care Review
- Outpatients and Diagnostics review
- Integrated Community Care
- CAMHS 0 – 25 Specification
- LD – Transforming Care

Our deliverables include:

- Telehealth supported self-care programme
- Cardiology Prescribing
- LD - Health Checks
- Integrated cardiac and pulmonary rehab
- Cancer risk stratified follow up

6. Sefton

Our deliverables this year are:

- All elements of the programme mobilised with agreed resourcing & deliverables
- Co-produced operational plans in place for each locality at 30-50,000 population level (covering primary care networks, community services, social care, acute and voluntary sector services).
- Models of care developed in respect of the integration of services across Southport & Ormskirk and with partners.
- A population segmentation tool developed and tested with end users.
- An integrated MDT ("Team 100") in place within each locality.

7. St Helens

Longer term goals are:

- Raising ambition and achieving aspirations
- Developing a sustainable health and social care system
- Growing the economy
- Being connected

Our deliverables this year are:

- Four Acre Hub
- Integrated therapy provision
- Locality approach for C&YP through Team Around model
- Transformation of primary care
- Use of digital technology
- Children and Families Community Hub

8. Warrington

Our 'Big Five' deliverables this year are:

- Frailty hub created and operational
- Launch Integrated Community Teams
- Warrington Shared Care Record in use
- Co-ordination of a new health campus for Warrington
- Simplified access to services for residents and practitioners

'Quick wins' we will deliver are:

- First contact practitioner pilot started
- Asset based training available to staff
- MDT pilot started
- Directory of services accessible by all
- Improvement in recruitment and retention across the system

9. Wirral

Longer term deliverables are:

- Wirral Organisational Development strategy implemented to deliver integrated place–based care
- Integrated Urgent Care Transformation
- Sustainable financial strategy
- Implementation of Population Health Programme and full adoption of the Wirral Care Record
- Improved patient experience and increased care closer to home through Out-patient redesign

Quick wins we will deliver are:

- Effective Neighbourhood based operating model
- Reduction in Non-elective admissions and ED attendances for frail and high intensity service users
- Improved care and value outcomes through the implementation of Medicines Optimisation approaches
- Improved care outcomes and efficiency through shared service approaches within neighbourhoods
- Identification of key specialties and pathways for redesign in 2019/20 based on Right Care and GIRFT data.

2.4 Approach to deliver our priorities and deliverables

- The programme boards, established with both commissioner and provider membership, oversee delivery of their priorities and deliverables. Each Board is led by the Senior Responsible Officer (SRO) who is held to account by the HCP Lead. The HCP Lead, supported by the C&M Executive Team, is held to account for the delivery of system priorities and deliverables by the **System Management Board**.
- The Executive Team reporting to the System Management Board and supported by the programme & place leads forum (P&P) and programme delivery group (PDG) manages interdependencies and potential **patient safety and quality impacts** from cross-organisational issues.
- Places bring organisations together to **sustain and transform local clinical services** and pathways by developing and delivering their models of care with transformation funding from the Partnership.
- **Vulnerable acute and non-acute elective services** continue to be a priority focus for our Acute Sustainability programme. Specific focus remains on two health economies and work here will continue to be supported by the respective Place leadership and regulators. An MoU between C&M and NHSE/I will clarify priorities and resource.
- **Elective priorities** confirmed by RightCare and Getting It Right First Time (GIRFT) data are endoscopy, ophthalmology, orthopaedics, haematology, general surgery, urology and nephrology with a focus on improving efficiency of existing capacity by implementing the outcome of productivity assessments, resolving workforce issues and joining up with population health schemes to reduce harm from alcohol, obesity and smoking and improving cancer performance.
- The plan to **transform secondary care services** combines: i) continued vertical integration within the Place with mental health, community, social care and primary care providers where this is agreed to be advantageous and ii) horizontal integration, taking advantage of natural conurbations where this makes sense. Its main focus for 19/20 is the stabilisation of vulnerable acute trusts.
- The HCP continues to back those **Trusts working more closely together** that have identified mutually beneficial arrangements, including joint Medical Director posts, single site services and networked specialist services. Where mergers are already underway, these are supported where they are in-line with local service transformation priorities and there are clearly defined and realistic benefits that will be delivered.
- The HCP developed the C&M Place Model of Care to ensure best practice across each Place including for closer acute pathways and the **new outpatient model**. Providing outpatient clinics, assessment, pre-consultation, diagnostics and tests in the community, as well as discharging patients from acute to community pathway management, will improve access to services and patient experience. Electives initiatives (part of the Acute Sustainability programme) are part of delivering service changes to outpatients delivery and of these Endoscopy will deliver most in 19/20.

- Our C&M Place model of care encourages Places to apply proactive case management promoting earlier discharge and maximising rehabilitation and reablement to reduce the need for long-term institutionalised care. Hospital and community trust specialists will increasingly run **joint clinics in the community** and be part of primary care multi-disciplinary teams, overseen by our GP Forward View programme.
- Our Prevention programme supports our nine Places to address local population priorities (based upon population health metrics) with the **population health framework**, by embedding Making Every Contact Count (MECC) within all contracts, and in its specific targeting of three important determinants of wellbeing: alcohol, high blood pressure and anti-microbial resistance.
- Our approach to delivering this one year plan and the forthcoming five year strategy is founded on partnership working with Places and **engaging with Local Authorities every step of the way**. This includes this work being discussed at Health and Wellbeing Board and Oversight and Scrutiny Committees. We are working with our Local Authorities on an approach to tackle a wide range of issues in children's services. Place requests for transformation funds required evidence of integrated working with social care. We have recruited a Local Authority 'ambassador' to advise us in the strategic planning approach with elected officials, the public and staff. All plan drafts have been approved by the System Management Board, on which sit three Local Authority CEOs.
- To create win-wins with the **broader health system, with recognition of the wider determinants of health**, C&M has signed up to Social Value at Scale in support of the industrial strategy. We continue to forge closer collaboration with both Cheshire and Warrington and Liverpool City Region Local Enterprise Partnerships (LEPs), and the voluntary / community / faith sector is now represented on our Board. Earlier this year we became a national exemplar of Social Prescribing and have won awards for our Sports collaborations.

2.5 Activity assumptions

The agreed **activity and capacity assumptions** for the system are i) to use trend growth ii) adjusted for any non-recurrent amounts and iii) working towards achieving the reduction of the RTT waiting list to March 2018 levels by March 2020. This provides our partnership-wide framework for organisational activity plans.

To **align activity at system level** we held several planning meetings with all CCGs, Provider trusts, and all Acute CEOs in attendance and hosted jointly by NHS England, NHS Improvement and the Partnership. These reviewed activity submissions that were then inputted into our Reconciliation Tool to flag and resolve differences where these were material and offered extra support where necessary.

Additionally, we talked to **Places** to ensure all providers and commissioners were working together and where suitable held conversations across multiple Places. This resulted in a greater understanding of differences across the board and improved flexibility to resolve challenges to delivery.

Regarding Mental Health, and to support CCGs to increase investment in Mental Health services in line with their overall increase in allocation this year, we worked with the lead SRO Mental Health Provider to ensure plans included transparent achievement of the **Mental Health Investment Standard (MHIS)**, equating to growth plus 0.7%. Plans needed to detail how the money would be spent, what it would be spent against and the benefits to be expected from this investment.

Our organisational growth assumptions are informed by the shared capacity and activity assumptions developed at system level and these were **based on local trends** derived from recent activity within the system, and the organisation. We used a trend growth tool commissioned from MIAA. This highlighted how far apart CCG and Provider activity projections were. Onto this was mapped last year's information and forecast outturns to create trend graphs analysis for all Trusts. This was categorised into PODs and Length of Stay and RAG rated to show largest anomalies. Then this information was provided to each Trust and CCG, sent out ahead of the Reconciliation meetings. This avoided blanket approach assumptions; instead providing locally driven trends that could be adjusted locally.

This allowed us to **test activity assumptions at aggregate HCP level** as a core element of the analysis and enabled us to identify systems that required support. We were then able to focus on these issues in the Reconciliation meetings.

As part of the analysis commissioned from MIAA, our assumptions for 2019/20 have been compared with **YTD performance against 18/19 plan** and Forecast Outturn. At the date of this submission, our CCG and provider activity growth assumptions for 2019/20 align with each other with one exception that is being prioritised for resolution, evidencing that where activity assumptions for 2019/20 were not based on realistic demand assumptions, these have been flagged and the systems challenged.

In order to **align specialised commissioning assumptions** with those of CCGs and providers, these were raised at the meetings and tested out. There were no large issues for resolution but even so we continued to hold regular meetings with spec comm. We used three year trend analysis and wrote to all parties to advise our approach.

Where **national and regional assumptions** varied from the system and organisational plan assumptions these were worked through in the Reconciliation meetings and in concert with the Director of Commissioning Operations (DCO), Delivery and Improvement Director and the HCP Lead.

2.6 Capacity Planning

Cheshire & Merseyside has an infrastructure already set in place to monitor capacity at weekly meetings attended by all Acute Trusts, Mental Health and Community providers, CCGs and Local Authorities that focuses on what happened last weekend and what the plan is for the forthcoming week. Plans on a Page are reviewed and the focus is on ensuring all parties are delivering against commitments. Items under review include zero Length of Stay for non-electives, admissions to CDUs and coding.

Growth assumptions

For elective and non-elective care overall, growth assumptions are relatively well aligned between CCGs and Providers at Cheshire & Merseyside level. The 19th February aggregated plan submission indicated the following:

Aggregated Provider / Commissioning Alignment	CCG Commissioned activity (Provider Submitted)	CCG Commissioned activity (CCG Submitted)	Level of misalignment %	Misalignment expressed as attendances/ admissions
First Outpatient	831,659	820,470	1.36%	11,189
Follow up outpatient	1,815,488	1,850,418	-1.89%	-34, 930
Total OP	2,647,148	2,670,888	-0.89%	-23,740
Daycase elective	297,768	296,609	0.39%	1,159
Ordinary elective	46,879	46,114	1.66%	765
Total Elective	344,647	342,723	0.56%	1,924
Non elective - 0 LoS	142,391	143,570	-0.82%	-1,179
Non elective 1+ LoS	230,780	222,649	3.65%	8,131
Total NEL	373,171	366,219	1.90%	6,952
Note: A negative alignment means that CCG submitted activity exceeds provider submitted activity.				

As at 4th April submissions, total referrals are closely aligned, with CCGs planning aggregate growth of 1.3% compared to provider assumptions of 0.7%. For elective care, the overall alignment of total outpatients was within a 1% tolerance at -0.34%, and total electives with a misalignment of just 0.41%.

The final submission at the beginning of April suggests that growth assumptions are still closely aligned, with CCGs planning 1.7% growth in total outpatients compared to the provider assumption of 2.0%. Total elective growth rates for the April submission have closed the gap slightly compared to growth figures as at the 27th March, which were slightly further apart, with CCGs now planning for 1.4% and providers planning for 2.1%.

Further conversations were held across the HCP to encourage further review of elective plans, in particular with a view to how this translates into progress towards returning the RTT waiting list to March 2018 levels by March 2020. In addition, there has been a focus on the seasonal profiling of elective plans, with NHS Improvement Delivery & Improvement Leads reviewing profiling over summer and winter months with a view to ensuring best use of capacity.

On non-elective care the level of misalignment has greatly reduced to 0.23% in the 4th April submissions. As with elective care, conversations had been held across the HCP to encourage providers and commissioners to work closely on refining their assumptions. The interim submission on 27th March indicated that commissioners and providers moved slightly closer, but that further focused assurance work may have been required for some systems.

The April submission demonstrates that total provider NEL growth expectation has increased from the March submission from 3.3% to 3.6%, compared to a reduction in CCG growth in the March submission moving from 2.2% to 2.0%, increasing the misalignment gap to approximately 1.6%.

The residual misalignment is primarily due to differing treatment within plans of CCG initiatives, e.g. in Wirral, the CCG has modelled some reductions in NEL admissions based on an initiative to target High Intensity Users using a Neighbourhood approach. The planned reduction has been factored into CCG plans, but is not reflected in the provider position. There are other similar cases for other CCG/provider systems.

In terms of the overall NEL position, as stated above, in aggregate providers are planning for 3.6% growth. Overall this rate of growth is considered to be reasonable. For a number of providers the planned rate of growth is less than the trend for the previous 12 months, however in a number of cases changes in counting and coding meant that there was significant growth in 2018/19, particularly in zero length of stay admissions, which would not be replicated in 2019/20. A small number of providers are planning for actual reductions in NEL activity, such as Alder Hey Children's NHS Trust. As with the Wirral system, these plans are contingent on CCG attendance/admissions avoidance initiatives delivering reductions in activity and will be subject to ongoing assurance.

In terms of profiling of NEL activity over winter, assurance has been sought from providers that appropriate profiling is in place, and it is considered that overall, provider activity profiles are realistic.

In terms of **indicative bed capacity** across both elective and non-elective care, modelling subsequent to the 19th February submission indicated that there was a potential shortage of beds. The indicative acute bed shortage at C&M level was 244.2 too few beds (5,866 planned, 6,110 required based on planned growth in inpatient activity) (source: Planning Assurance Tool). However, a substantial proportion of this related to an incomplete return from one provider, equating to 103.5 beds. This left an indicative shortage of 140.7 beds or a shortfall of 2.3% against the 6,110 indicative requirement. Most of this shortfall is spread across 7 of the 14 C&M secondary care Trusts. Further work has been undertaken to refine assumptions with providers and to seek further assurance, which is ongoing and will be reviewed in the light of the 4th April submission. These indicative bed shortages are also being assessed in the light of local intelligence from work undertaken by Venn and Newton Europe, which will provide further assurance on bed capacity.

On **A&E activity**, providers are again planning for a higher rate of growth than commissioners, although in percentage terms the gap is much smaller at 0.3% with CCGs planning for 0.8% growth and providers planning for 1.1%.

In terms of how activity plans will need to be reflected in quality plans and how the activity planned for by providers and commissioners relates to current and planned performance, CCGs and providers have been encouraged to align their assumptions on key activity and performance measures such as waiting list reduction aspirations and cancer performance, which early indications show are more closely aligned.

Winter Planning for 2019-20

A workshop is planned for the 1st May at which the benefits of rolling out the Venn approach further will be discussed. There is now a 12-month evidence base and initial areas have reported it has been helpful in sourcing more spot purchase beds. This initial workshop will be followed by a regional workshop later in May, with a view to systems submitting winter plans in June.

To support a reduction in stranded and super-stranded patients, the specific funding made available last year is being deployed by all A&E delivery boards following discussion with Local Authorities, who have been required subsequently to account for how they have deployed the funding line by line. A number of systems have been moving to block contract arrangements in order to better manage costs associated with additional capacity requirements.

This greater engagement at operational level has resulted in better care being provided as a result, with markedly reduced length of stay already being evidenced.

2.7 Workforce strategy & approach

The health and social care system faces many challenges but without a sustainable workforce the proposals contained within the NHS 10 year plan will not be realised. We know that we have an ageing workforce across both health and social care with more than 58% of our staff being over the age of 44 and less than 5% of our workforce being aged under 25.

We recognise that the majority of **our staff** consistently go above and beyond what is required of them and deliver outstanding care for our communities, irrespective of what part of the service they work in. Many of our staff are also carers and have to balance the needs of their families and dependents with managing challenging roles. In addition we must acknowledge the work of our volunteers and the faith sector that assist services and patients and support their communities.

However, we know that we face an increasing demand for our services as a result of changing demographics and we must also address significant financial shortages across our health and social care economy. To do this, we need to transform how we work to provide the best care we can. Our workforce needs to be at the heart of this transformation and be engaged and supported through any changes and we will do this in partnership with our trade unions and professional organisations and all of the partners across Cheshire and Merseyside.

The **workforce strategy** sets out what we want to do to achieve this ambition and to make sure that we have the workforce we need, not only now but also for the future and we recognise that our staff really are the reason that someone gets better care today.

Our **workforce plan** starts to describe how we can support our staff, volunteers and carers to cope with the changes in demand, the pressures facing each town or place and ensure that they feel empowered, valued, developed, trusted and motivated to move towards the future, embracing change and the introduction of technology and digital advancement.

The strategy aims to recruit people into health and care roles, making careers attractive and encouraging a wider range of people to consider working within this sector. We aim to retain the highly skilled and committed staff we already have, by enabling flexible careers and new ways of working, having supportive employment models and ensuring that we have the right skills, competencies and equipment to allow staff to do their jobs.

There are **6 main priorities** to make the most of the workforce in Cheshire and Merseyside.

- Create a sustainable supply of staff (paid and unpaid)
- Up-skilling, re-skilling and training of staff.
- Promoting employee health and wellbeing and maximise the time staff are in work.
- New ways of working including the development of our digital workforce.
- Multiple models of employment and engagement.
- Leadership and talent management

However, whilst these are our priorities, nothing will change unless we address the cultural issues that exist across the system and ensure that we actively promote and demonstrate our commitment to equality, diversity and inclusion and these are the golden threads that flow throughout the workforce strategy.

There are 6 things we can do better together to make the best use of our collective workforce:

1: We will make the most of the staff we currently have

We will ensure that our staff feel valued and respected and that they have the skills and competences needed and if they don't, we should give them the chance to learn new skills.

We will make sure that we can be flexible to meet staff needs, whilst also ensuring that we have safe staffing levels. We will respect those who have carer and other responsibilities and ensure that they are the necessary support to allow them to manage all of their responsibilities.

We will do more to look after the health and wellbeing of staff and when they fall ill, we will treat them with dignity and respect. We will ensure that we have supportive systems and processes that can meet individual needs and when things do go wrong, we will learn from them and plan to ensure it doesn't happen again.

We will reduce the number of agency and locum staff and manage our temporary workforce appropriately recognising that they are a vital part of our workforce.

2. We will encourage more people to work in health and social care

We will work with local partners, colleges, and higher education to develop new roles and new entry routes into carers and we will create more apprenticeship programmes. We will provide more high quality placements and listen and act upon what students tell us.

We will provide opportunities to up-skill, reskill and train staff to ensure that they can provide the specialist knowledge and skills that we need. We will work with social care to develop integrated career pathways and ensure that carers and volunteers have access to training and know where to get appropriate support. We will promote Cheshire and Merseyside as places to work and live and develop an Employment Charter so that staff know what to expect from us.

3. We will make it easier for staff to move around Cheshire and Merseyside

To develop their skills, gain exposure to new areas and share their experiences. We need staff to be able to work differently, across organisations and experience best practice. We will create the option of rotational posts and rotational careers.

4. We will ensure that we have systems and processes in place to avoid staff having to repeat training and other recruitment processes should they move employer.

We will have a consistent approach to statutory and mandatory training and development. We will, with the individuals consent, share Occupational Health information to avoid unnecessary tests. We will make the recruitment process a positive employee experience.

5. **We will support the establishment of neighbourhood teams**, hubs and enhanced training practices to put primary and community care at the core of our plans. A primary care workforce group has been established and the LWAB has agreed to support the development of the GP nurse fellowship programme, enhanced training practices, a coordinated recruitment campaign, the recruitment of physician's assistants and G.P's. The developments of community services detailed in the NHS 10 year plan are being incorporated into the Cheshire and Merseyside workforce strategy.

6. **We will work with and influence Health Education England** to plan, educate and develop our staff of the future. We will ensure that we can gather accurate information, produce effective organisational workforce plans, make sure that investment is tailored to the needs of Cheshire and Merseyside and ensure we are linked into any national initiatives and plans.

In addition:

- We are also using the Health Education England Transformation Star model to engage clinicians in determining the workforce needs of the future. The workforce team are supporting all programmes to better understand the workforce challenges they face and to work with them to develop new approaches and thinking to what can be expected of the workforce of the future.
- There is a specific Cheshire and Merseyside nursing workforce programme of work, with engagement with all of the Directors of Nursing in providers and CCG's across Cheshire and Merseyside. This programme incorporates primary care nursing.
- In partnership with the Innovation Agency and a marketing / research company we are carrying out research to understand what attracts / could attract people of all ages to consider a career in health and care across the North West coast area and the outputs from this work will help shape the Cheshire and Merseyside employment offer and focused recruitment campaigns.
- There is a Cheshire and Merseyside Continuity of Carer plan as part of the women and children's work stream including a detailed plan for C&M to achieve our targets. All providers are signed up to the plan. Trusts have all had appropriate training and we have funded a continuity of carer lead midwife in each trust to help with this.
- There is dedicated support to develop the continuity of carer workforce in the 6 community hubs that are being opened. The Seacombe centre opened in May 2018 with a continuity of carer team in place and this has delivered over 50 births in the community as a result.
- Key to delivering the workforce strategy is the relationship with higher and future education institutes and we have actively engaged with HEIs to ensure that students are job ready when they complete their training, that we have good quality clinical placements, including placements in primary care, that we offer support to trainees and ensure that they have a positive experience when working with our providers.
- We are working with further education to develop new training programmes to 'grow our own' and to encourage those who cannot go through the traditional degree programmes to have a fulfilling career in heath and care.

2.8 Quality & Performance

Since late last year the Partnership's Board has received an 'integrated' performance report that provides the status of key programmes across Cheshire & Merseyside as well as key performance indicators for the system including the financial position of its NHS member organisations and performance against **key NHS Constitutional standards** for example: Referral to Treatment (RTT), Cancer and achievement of the A&E 4 hour waiting time standard.

The Partnership's core team has developed a 'heat map' to flag red rated issues and key achievements to enable the development of robust responses to system-wide issues, including those relating to quality. From this data, we are able to monitor on a monthly basis the respective quality positions and requirements for improvement.

There is a robust **local quality surveillance group** in place with membership from commissioners, regulators and arms length bodies. This group meets quarterly and discusses NHS, independent, and social care providers. For all NHS providers a level of quality surveillance is recorded.

There is a defined process for escalating quality concerns involving the development of **quality risk profiles** where appropriate and this is used to determine the level of quality surveillance and agree actions.

NHS Constitutional Standards

Supported by colleagues in NHSE/I, the C&M HCP is focused on ensuring its 2019/20 plans deliver at an aggregate and organisational level. In order to improve the degree of support to work ongoing across the Partnership that will 'bend the needle' on chronic performance issues, for which the NHS Long Term Plan acknowledges greater integrated working between organisations is required, this year we have created the c. £7.4m **programme fund.**

The process to allocate funds explicitly required bidders to explain what contribution any programme benefits once realised would make towards the top priorities in the national plan. Plans were specifically encouraged to support improved performance in cancer, mental health, maternity, prevention, urgent and emergency care and learning disabilities and subsequently discussed by the panel. The HCP PMO has been established to ensure rigour in monitoring delivery.

Fully detailed latest performance is available separately. This Plan focuses over the next few pages on what we are doing to improve in order to meet the standards on a sustainable basis and is in addition to the key deliverables explained in section 2.

A&E 4 Hour waits

Last year we demonstrated progress in 2018/19 with a number of issues including:

- UEC Network governance and links to each AE Delivery Board to ensure that there is cross-system ownership across transformation and performance.
- 100% coverage of Primary Care Extended Access from October 2018
- Usage of NHS 111 Online (13% achieved to date). Indications are that this is having a reduction in ambulance conveyances.
- Implementation of 3 live Urgent Treatment Centres, with further ongoing procurements.
- Winter planning and evaluation of capacity and demand

Our key priorities for 2019/20 are centred on greater integration of the network, embedding and joining transformation and performance. Specific areas include:

- A focus on increasing use of NHS 111 Online and greater analysis of channel shift
- Achieving and developing the integration of 999, 111 and Clinical Assessment Service
- Implementation of Urgent Treatment Centres (UTCs)
- Achieving the GP Extended Access Core standards.
- Early planning to develop Winter schemes
- Redevelopment of Same Day Emergency Care pathways
- Developing the workforce to support greater innovation and in particular to embed the respiratory project across C&M.

Key challenges remain, including:

- Managing the UTC procurement process
- UEC system resilience, with some more fragile systems dependent on leadership of key individuals.

RTT

NHS England, NHS Improvement and C&M HCP have been working closely with providers and commissioners to assure plans in relation to RTT, in particular the ambition to reduce the waiting list to March 2018 levels by March 2020, and to eliminate 52 week waits.

As per the following table from April 2019 submission, in relation to the waiting list commitment, 6 out of 14 providers were not anticipating achievement of the reduction to March 2018 levels. Of these identified in the table below, it is understood that three of the seven (Liverpool Women's, Royal Liverpool and Southport & Ormskirk) will improve upon the March 2019 position, and Aintree University Hospitals are anticipated to resubmit an improved trajectory that should deliver the March 2018 position. In aggregate it is expected that C&M HCP will deliver an improvement on March 2019, but will still not deliver the March 2018 levels, in part due to changes in activity flows, for example Countess of Chester has taken on additional vascular work since March 2018. It is expected that CCG positions will reflect these movements.

Performance Overview

	Incomplete Waiting List Returned to Mar-18?		
	Is planned waiting list lower than Mar-18?	% change on Mar-19 waiting list	Is planned waiting list lower than Mar-19?
CCG STP Total (click '+' to view CCGs in detail)	***No***	***3.0%***	***No***
Aintree University Hospital NHS Foundation Trust	No	-0.3%	Yes
Alder Hey Children's NHS Foundation Trust	Yes	-0.2%	Yes
Countess of Chester Hospital NHS Foundation Trust	No	15.8%	No
East Cheshire NHS Trust	Yes	0.0%	Yes
Liverpool Heart and Chest NHS Foundation Trust	No	6.3%	No
Liverpool Women's NHS Foundation Trust	No	-14.3%	Yes
Mid Cheshire Hospitals NHS Foundation Trust	Yes	-2.4%	Yes
Royal Liverpool and Broadgreen University Hospitals NHS	No	-1.6%	Yes
Southport and Ormskirk Hospital NHS Trust	No	2.7%	No
St Helens and Knowsley Hospital Services NHS Trust	Yes	0.0%	Yes
The Clatterbridge Cancer Centre NHS Foundation Trust	Yes	0.2%	No
The Walton Centre NHS Foundation Trust	Yes	-5.0%	Yes
Warrington and Halton Hospitals NHS Foundation Trust	Yes	-0.7%	Yes
Wirral University Teaching Hospital NHS Foundation Trus	Yes	-9.6%	Yes
Provider STP Total (click '+' to view Providers in detail)	***No***	***-0.8%***	***Yes***

On 52 week waits, from a Cheshire & Merseyside provider position, it is anticipated that there will be 2 breaches early in 2019/20, one each at Liverpool Women's and the Royal Liverpool respectively.

From a commissioner perspective there is an issue with long waits for bariatric patients who had previously been referred to University Hospitals North Midlands, but who have since been transferred to an alternative provider due to lack of capacity at UHNM. Latest patient tracking list information indicates that there will be up to 6 breaches in the early part of 2019/20, with one breach each likely for Knowsley CCG, Southport & Formby CCG and Warrington CCG, and three breaches likely for Liverpool CCG.

Cancer

NHS England, NHS Improvement and the C&M Cancer Alliance are working closely with Cheshire and Merseyside Trusts and commissioners to monitor performance and improve cancer care, holding regular meetings with organisations to address key issues.

2 Week Waits continues to be a strong area of performance for Cheshire & Merseyside which has ultimately supported in preventing further deterioration of the 62 day standard.

There is a continued focus on achieving the 62 day Cancer Standard. £753k of additional cancer 62-day funding has now been fully utilised by providers across Cheshire & Merseyside to support reduction of backlogs with a view to improvement of the 62-Day cancer standard to support long term sustainability in performance. Early indications have shown improvements in backlogs via provider PTLs.

Key risks and issues for cancer performance are as follows:

- Robotic Capacity
- Implementation of FIT Programme
- Referral Rates: static conversion rate
- Diagnostic Performance

A number of key workstreams are in place to support improvements to quality and performance as follows:

- Cancer Alliance Workstreams: Support performance improvement and transformational change across Cheshire & Merseyside
- Optimal Timed Pathways: Lung, Prostate, Colorectal, Upper GI
- Targeted Lung Health Checks

Work is also underway to develop a consistent approach to review of pathways where patients are waiting 104+ days for referral to treatment for cancer. This will enable themes and trends to be reported into the quality surveillance group.

Diagnostics (6 week waits)

The diagnostic standard for no more than 1% of patients to wait for more than 6 weeks for key diagnostic tests will be delivered in aggregate but challenges exist in some organisations, in particular Southport & Ormskirk Hospital is not expected to deliver the standard in 2019/20 with performance of c. 2%-3%.

The Cheshire & Merseyside Elective Care Programme is working with NHSE on use of Capacity Alerts for Endoscopy services. The Endoscopy project has developed a network of services across the HCP and introduced a standardised assessment of capacity and demand across this network. The intention is to link the Capacity Alerts to this capacity and demand position, allowing referrals to be signposted to areas that have greater capacity to take them. The programme has also requested transformation funds from the HCP to do more, and this is in the process of being assessed.

Mental Health Investment Standard (MHIS) – see **section 2.9**

Learning disabilities and autism

Previous C&M HCP business plan was by March 2019 to do the following:

- Achieve a reduction in Learning Disability (LD) / Autistic Spectrum Condition (ASC) inpatients
- Improve access to housing and care provision in the community, in particular for complex individuals
- Deliver an agreed, systems-wide all-age approach to community and inpatient health and social care
- Develop shared financial approaches to service delivery
- Develop the workforce (including families and carers), using the LD/ ASC Core Competency Framework, including training across the region

In terms of progress in 2018/19:

The current inpatient position as at 08/02/2019 shows that in total there are 122 inpatients, combined for 'Spec Comm' and CCGs. The number of CCG inpatients has fallen from 71 as at 31/03/2018 to 64. However, this is some way short of target.

Work is ongoing to work up solutions to housing challenges. These include:

- Block contracts to provide group staffing rather than hourly allocations
- NHS and LA having honest and early discussions about funding during transition and step down
- Pathway to supported living through step down
- Attracting new providers through new ways of funding, step down from hospital
- Looking at career pathways, access to professional education, apprenticeships

Primary Care and Community Health Services

Extended Access

All practices across C&M now offer extended access. All 12 CCGs commissioned and mobilised services to offer extended access to general practice at evenings and weekends by October 2018. By the 31st March 2019, all 12 CCGs are expected to meet the national 7 day access targets to ensure 100% of the Cheshire and Merseyside population benefit from extended access to general practice appointments at evenings and weekends. Cheshire and Merseyside GP access committed funding for 2018-19 is £1,202,428.

Access to online consultations

All CCGs offer online consultations as at 31 March 2018

Primary Care Workforce

NHS England, as part of the Cheshire and Merseyside Health and Care Partnership, has established a Primary Care Workforce Steering Group to support the delivery of the local primary care workforce programme. This is linked to the Local Workforce Action Board (LWAB) and also the HCP Workforce Programme Board. The Steering Group has reviewed workforce data to understand current supply and future needs in order to be able to deliver an increase in the general practice workforce.

The Cheshire and Merseyside workforce plan will incorporate and build on the GPFV workforce commitments. The priorities will include recruitment and retention of GPs and practice nurses, the development of care navigation, clinical pharmacists, training administrative staff, upskilling unqualified staff, nurse leadership and developing our practice and business managers to have the skills to lead a future primary care infrastructure.

The plan also includes the development of more specialist roles, for example Physician Associates and Medical Assistants, better utilisation of existing clinical skills and the opportunity to have clearer career paths within the primary care setting across a wide range of disciplines. The long-term plan will also include looking at the potential utilisation of other roles that may have significant benefit to primary care, emergency care practitioners, physiotherapists, mental health workers and better links and integration with the third sector.

Wider Access

National Urgent Medication Supply Advanced Service for Pharmacy (NUMSAS); The service has diverted more than 5,000 urgent Rx requests to C&M pharmacies.

Patient Safety Initiatives

NHS England facilitates a quality and safety forum attended by providers and commissioners across the C&M HCP. Through this **C&M quality and safety forum** a number of system wide groups have been established in relation to the following:

1. Reduction in pressure ulcers
2. Reduction in falls within health and social care settings

These have been established following analysis of serious incidents reported across C&M.

NHS England works with commissioners to review emerging or actual themes or trends arising from Serious Incident (SI) analysis within providers such as recurring Never Events or other types of incidents. A recent example would be thematic review undertaken with a CCG and a mental health provider in relation to a number of cases relating to mental health assessment within A&E departments.

There is also an NHS England-facilitated Cheshire & Merseyside care home collaborative attended by commissioners and representatives of the care sector. This group has a focus on improving quality and residents experience in care homes. In 2019/20 a programme for registered managers will commence in relation to clinical leadership and quality improvement with the aim of improving CQC ratings within an identified number of homes.

NHSE/NHSI recently facilitated a panel review day in relation reducing bloodstream infections, with CCGs and their partners. The aim of the day was to review the implementation of local plans to meet the nationally set targets and to offer some recommendations for further work by local systems, expected to be taken forward in 19/20.

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Improving the use of data and technology

The Partnership made significant progress against the commitments set out on data and technology within its 2018/19 business plan:

- The C&M HCP completed its development of single Local Digital Roadmap for C&M ('Digit@ll') and interoperability Proof of Concept Delivery – in 2018
- The C&M HCP enhanced the ability to use Wifi wherever you are across C&M, with Wi-Fi enabled in at least 455 sites in 2018. The next stage of this planning will commence 2019-onward
- A&E App & Bed Management System into limited usage 2018, with next stage planning on system-wide bed management to follow from 2019.
- Delivery of Health Information Exchange (Interoperability) and all Trusts and 'other ologies' onto Picture Archiving and Communication Systems (PACS) – progress to March 2019 is as forecast with work continuing into 2019

Key digital commitments by the C&M HCP from 2019/20 include the following and align fully with the operational plan intent:

- C&M HCP Shared Care Record (Share2Care) programme delivery will continue, funding agreement for NHSE LHACRE funding has been submitted in support of this. Shared care records available across seven initial NHS sites delivered Dec 2018 with ten additional organisations across C&M to commence onboarding to connect and share information with e-Xchange in early 2019.
- Next stage of system wide WIFI; C&M HCP delivery of Govroam on Trust sites to provide a front door to internet access as Govroam offers enhancement and advantages to NHS WIFI; to commence 2019.
- The Bed Management Programme will continue with focus on the delivery of a unified solution to support staff in the seamless and appropriate discharge of patients to relevant locations, this work pan C&M-system and is in part supported by HSLI funding from NHS England (£4.35m 2018-21)
- Following initial stage work in 2018, the expansion of C&M PACS to all organisations and other "ologies" onto PACS, linked to e-Xchange by December 2019

2.9 System financial position, efficiencies and risk management

Control Total

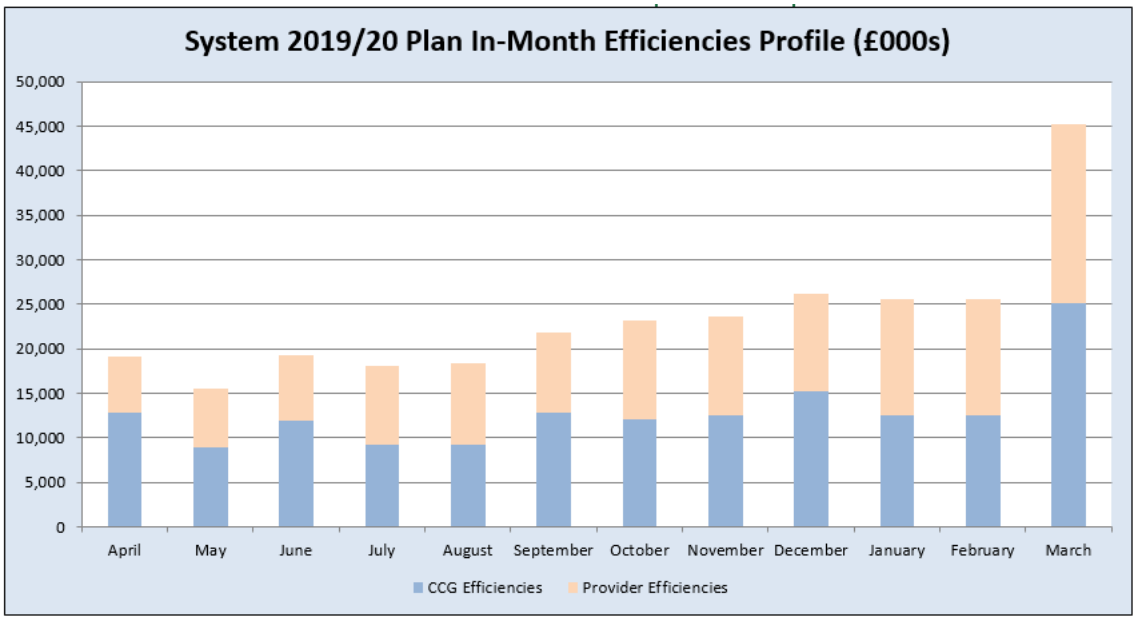
The system control total for Cheshire and Merseyside HCP is a c. £18.8m deficit. The final 2019/20 Commissioner and Provider annual plans indicated a deficit of c. £34.8m, a variance to the system control of c. £16m. This is an aggregated position of all commissioner and provider pans. Of the total HCP deficit 75% resides with Providers, and 25% is attributed to Commissioners.

Efficiencies (CIP and QIPP)

To deliver this position Providers and Commissioners are planning to achieve efficiencies totalling c. £282.1m, this is c. £54.0m higher than the amount delivered in 2018/19. 55% of the planned efficiencies relate to CCG QIPP savings plans, and 45% to Provider CIP savings plans. This is in contrast to 2018/19 where the split of efficiencies was 39% from CCGs, and 61% from Providers. In total for Cheshire and Merseyside Providers are planning to deliver cost improvements of 2.8% with Commissioner planning to achieve QIPP saving of 3.6%.

Figure 1 details the phasing of the efficiencies for the HCP, c . £45m of efficiencies are currently profiled to be achieved in March 2020 of this 55% are linked to CCG QIPP plans, and 45% relates to Provider plans, this represents considerable risk, which will need to monitored . In addition, 43% c. £67m of QIPP savings plans have yet to be identified, CCG's are currently working through options to identify opportunities.

Figure 1- System profile of efficiencies (CIP and QIPP combined)



Mental Health Investment Standard (MHIS)

In line with 2019/20 planning guidance, C&M HCP leaders have reviewed CCG investment plans underpinning MHIS to ensure it covers all of the priority areas for implementing the Five Year Forward View essential building blocks and the related workforce requirements.

All CCG's in Cheshire and Merseyside are planning to meet the Mental Health Investment Standard in 2019/20. This equates to 8.1% increase in expenditure on mental health services (excluding Learning disability and dementia). The expectation of this investment increase is to see a corresponding improvement in IAPT and CYP access rate and IAPT recovery rate performance, which is below standard for the majority of CCGs at present.

System Capital Expenditure

Cheshire and Merseyside has a number of capital developments planned for 2019/20 totalling c. £449m. **Figure 5** shows the breakdown of the capital spend in C&M. "New build" capital is by far the largest proportion, c. £274m relating mainly to New Royal Liverpool University hospital, Mersey Care Medium secure unit, Clatterbridge Cancer Centre hospital new build and Alder Hey Wave 4 approved Tier 4 secure unit. Capex schemes are funded by a combination of internal funds, external Public Dividend Capital and loans. **Figure 6** shows the breakdown of the sources of funding for capex.

Figure 5 - Profile of Provider Capex by funding category

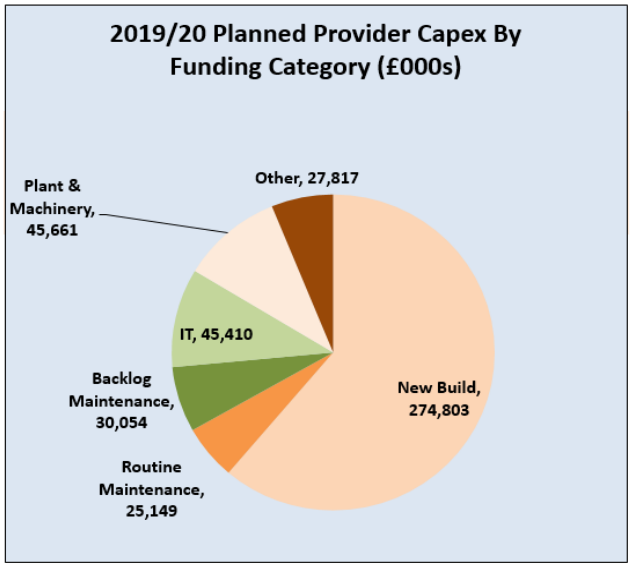


Figure 6 - Planned Capex funding sources

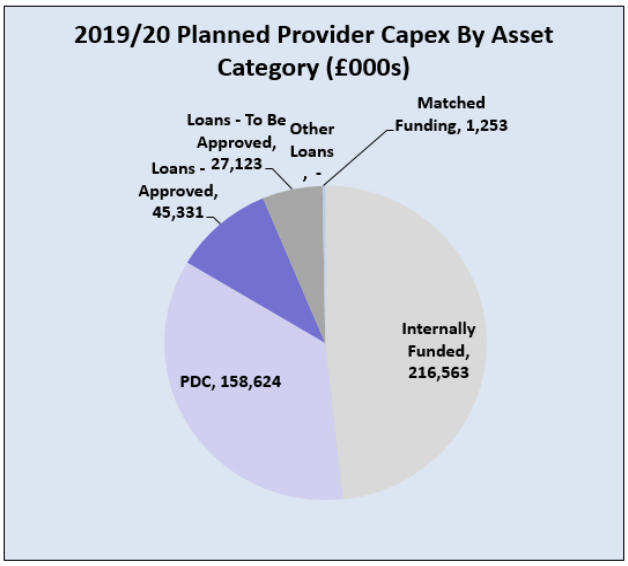
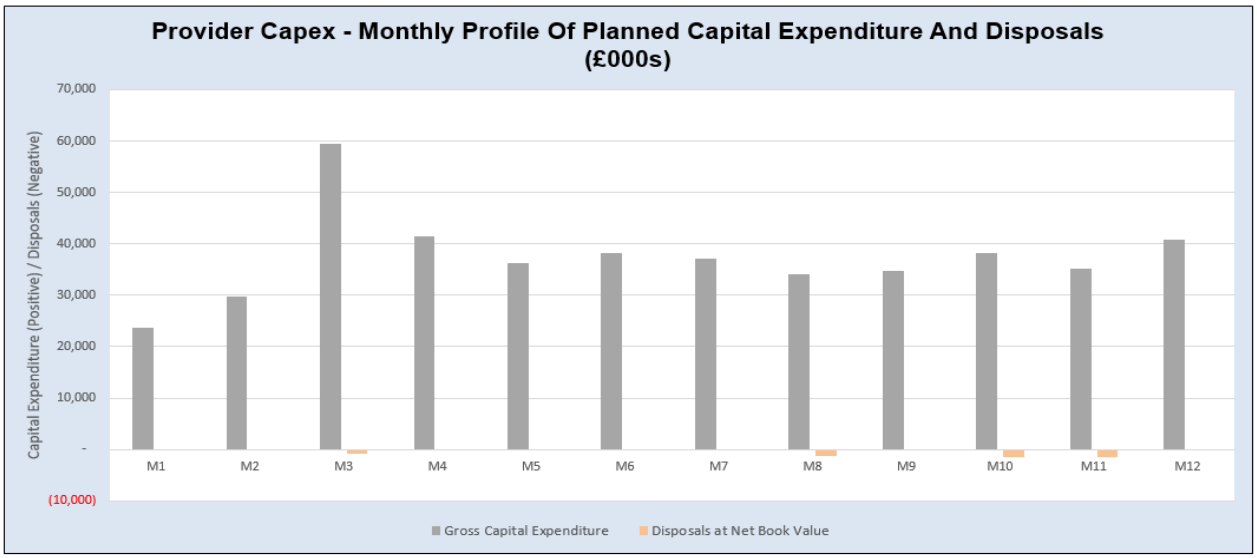


Figure 7 shows the monthly profile of capital expenditure and disposals for C&M Providers.

Figure 7 – Monthly Planned Capex funding profile



Risk management

To build on the CEP Lite approach introduced last year, the HCP is developing a **financial framework** that will support the move to a more developed HCP. This framework will focus on the following:

- A single joined-up efficiency plan in each system.
- Clarity of business as usual and system efficiencies and the interventions and actions required for delivery.
- Use RightCare/Model hospital data sets in partnership with Mersey Internal Audit Agency (MIAA) to help support Place deliver efficiencies by reducing variation in care and improving quality.
- A combined NHSE/I/HCP review and monitoring approach.
- Clear set of actions and mitigations if Provider and/or Commissioner plans start to deteriorate.
- Develop an incentive system and contractual arrangements on a multi-year basis that supports our HCP development journey.
- Delivering c. £7m of quality programmes, that will support the delivery of c. £20m system savings. This will help to mitigate some of the financial risk highlighted.
- Work in partnership with Providers and Commissioners to deliver long term financial plans to identify the financial gap over the next five years and the level of transformation / integration required to mitigate this risk and set the pace for change.

To deliver the above, agree the plan to bring together resources between HCP and NHSE/I at an early stage in 2019/20.

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Appendix 1

Cheshire & Merseyside Health & Care Partnership

Index of detailed plan summaries (available separately)

#	Place	Senior Responsible Officer (SRO)
1	Healthy Wirral	Simon Banks
2	Cheshire West	Delyth Curtis
3	Cheshire East	Mark Palethorpe
4	Liverpool	Jan Ledward
5	Halton	David Parr
6	Warrington	Andy Davies
7	Sefton	Fiona Taylor
8	St Helens	Sarah O'Brien
9	Knowsley	Dianne Johnson

#	Programme	Senior Responsible Officer (SRO)
10	Mental Health	Sheena Cumiskey
11	Cancer	Liz Bishop
12	Transforming Care (LD)	Hazel Richards
13	Women's and Children's	Louise Shepherd & Kathy Thompson
14	Urgent & Emergency Care	Andy Davies
15	Population Health / Prevention	Jon Develing
16	Acute Sustainability	TBC
17	Cardiovascular Disease (CVD)	Jane Tomkinson
18	Corporate Collaboration at Scale	Sam Proffitt
19	Pathology & Radiology	Steve Warburton
20	Digital Revolution	Louise Shepherd
21	Workforce	Karen Howell
22	Communications & Engagement	Neil Skitt
23	Financial Sustainability	Sam Proffitt
24	Capital & Estates	Sam Proffitt
25	Neuroscience	Hayley Citrine
26	Diabetes	Sarah O'Brien
27	Palliative – End of Life Care	TBC
28	Transforming Primary Care	Tony Leo

Appendix 2

Cheshire & Merseyside Health & Care Partnership

NHS Longer Term Goals

PRIORITY	LONGER TERM GOAL
System architecture	Work towards every area of the country being part of an ICS by April 2021
Health inequalities	All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29, including clearly setting out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes
Maternity	Start to implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies
	Offer all women who smoke during their pregnancy, specialist smoking cessation support to help them quit
	Support work to achieve a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025
	By spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative, supported by Local Learning Systems
	Roll out the Saving Babies Lives Care Bundle during 2019
	Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by October 2019
	Continue to work with midwives, mothers and their families to implement continuity of carer so that, by March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally
	All maternity services that do not deliver an accredited, evidencebased infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019/20
Mental Health	By 2020/21, the NHS will ensure that at least 280,000 people living with severe mental health problems have their physical health needs met
	Use additional 2019/20 baseline funding to stabilise and bolster core adult and older adult community mental health teams and services for people with the most complex needs. Alongside this, undertake preparatory work for the mobilisation of a new integrated primary and community model as part of the Long Term Plan.
	Continue to deliver enhanced access to mental health services for children and young people
	Begin roll out of Mental Health Support Teams working in schools and colleges in trailblazer areas to cover one fifth to a quarter of the country by the end of 2023
	Continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long term conditions
	Continue to progress delivery of standards for early intervention in psychosis, IAPT and services for young people with eating disorders by 2021
	Delivering against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Learning disability and autism	Expand the STOMP-STAMP programmes to stop the overmedication of people with a learning disability, autism or both by 2023/24
	Continue to reduce the number of people with a learning disability, autism or both in inpatient care
Cancer	From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer
	Extend lung health checks (already piloted in Manchester and Liverpool)
	From 2019, we will start the rollout of new Rapid Diagnostic Centres (RDCs) across the country
	Implement a stratified approach for follow up for breast cancer in 2019 and prostate and colorectal cancers in 2020 (expanding to all cancers which are clinically appropriate in 2023). From 2019, we will begin to introduce an innovative quality of life metric – the first on this scale in the world – to track and respond to the long-term impact of cancer