‘FURTHER, FASTER TOWARDS 2020’

THE WIGAN LOCALITY PLAN FOR HEALTH AND CARE REFORM

THE WIGAN CONTRIBUTION TO THE GREATER MANCHESTER STRATEGIC PLAN

DOCUMENT CONTROL PAGE	
Title	'Further, Faster Towards 2020' The Wigan Locality Plan for Health and Care Reform
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Foreword

By 2020, we will see a transformed, sustainable health and care system in Wigan Borough. It will be a system that is focused on what keeps people well and in control of their lives and where the barriers that prevent joined up care have been broken down.

We want to invest in a new system of service delivery that will result in a saving of £160m at the end of this five year period. We have called this document 'Further, Faster towards 2020' because we have, both as the local NHS and Wigan Council, a track record of delivering savings and service improvement by:

- Removing duplication;
- Better utilisation of assets;
- Increased efficiency;
- Targeted investment

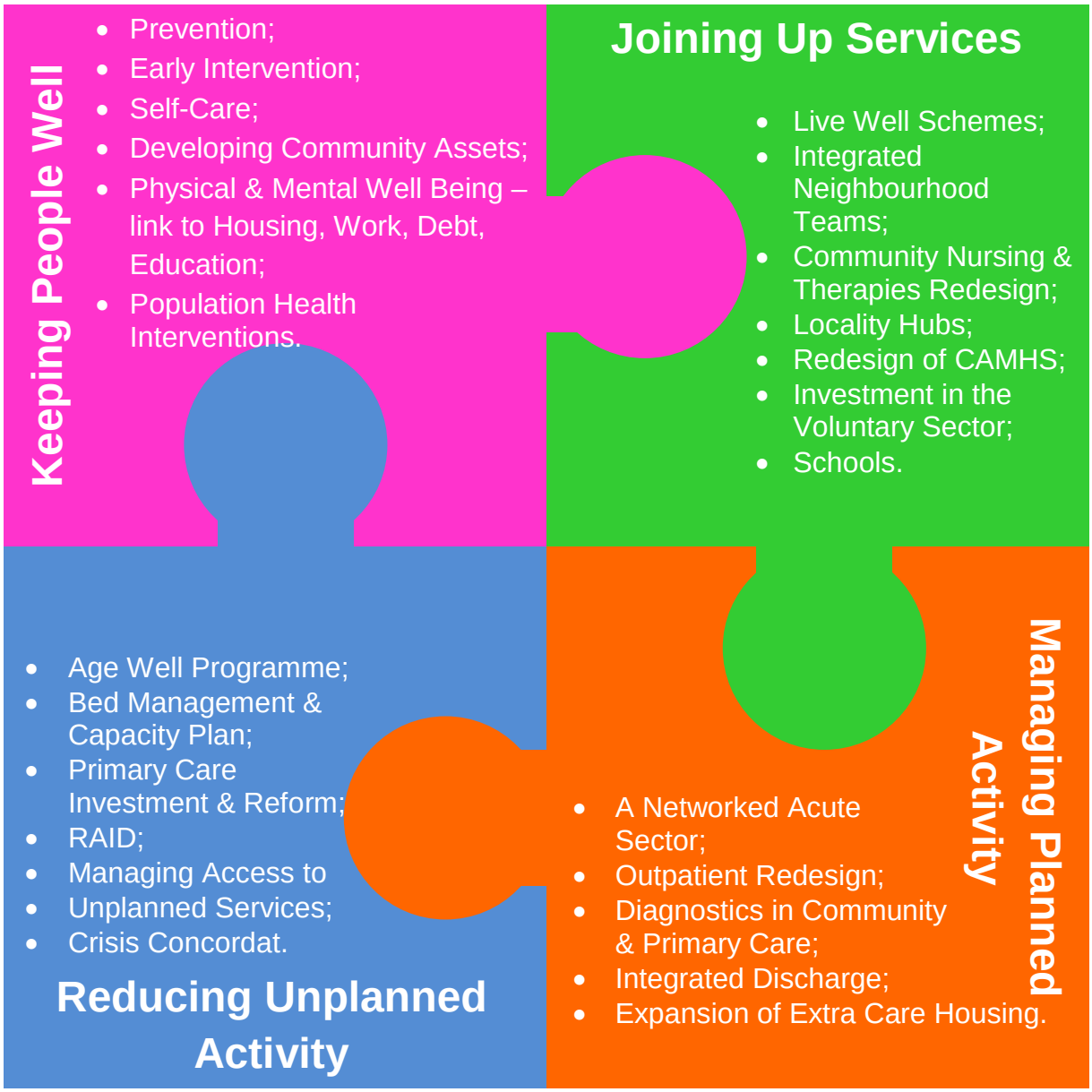
We will see health and care pathways that are seamless and co-ordinated across different providers and levels of care. They will have a much greater appreciation of the wider aspects of an individual's physical and mental well-being – including matters such as work, debt, housing and leisure.

Co-located teams drawn from a range of organisations from across our communities, including the voluntary sector, will deliver care and support to individuals from locality hubs based in our communities.

The focus will be on the person as an individual and how they can best use their strengths and skills to become more independent and contribute to their community. We will enable people to be more in control of their own lives through the use of technology and access to their own care records.

As we move towards a system that is more community-based and orientated towards prevention and early intervention, the hospital sector will be smaller and have fewer beds. Clinicians working in hospital will be less hampered by the current boundaries we see between in and out of hospital services. As the system changes, we will not lose our absolute focus on the quality and safety of the care provided.

We believe that we have the right vision and the capability to deliver this plan. An overview of our key delivery areas is below:



Clearly, a transformation of this scale and pace will require fundamentally different ways of working across the system and we have already made significant progress. We believe that Greater Manchester Devolution offers us the opportunity to move further and faster to achieve our vision.

Co-signed by the Joint Chairs of the Wigan Health & Well Being Board:

Dr Tim Dalton

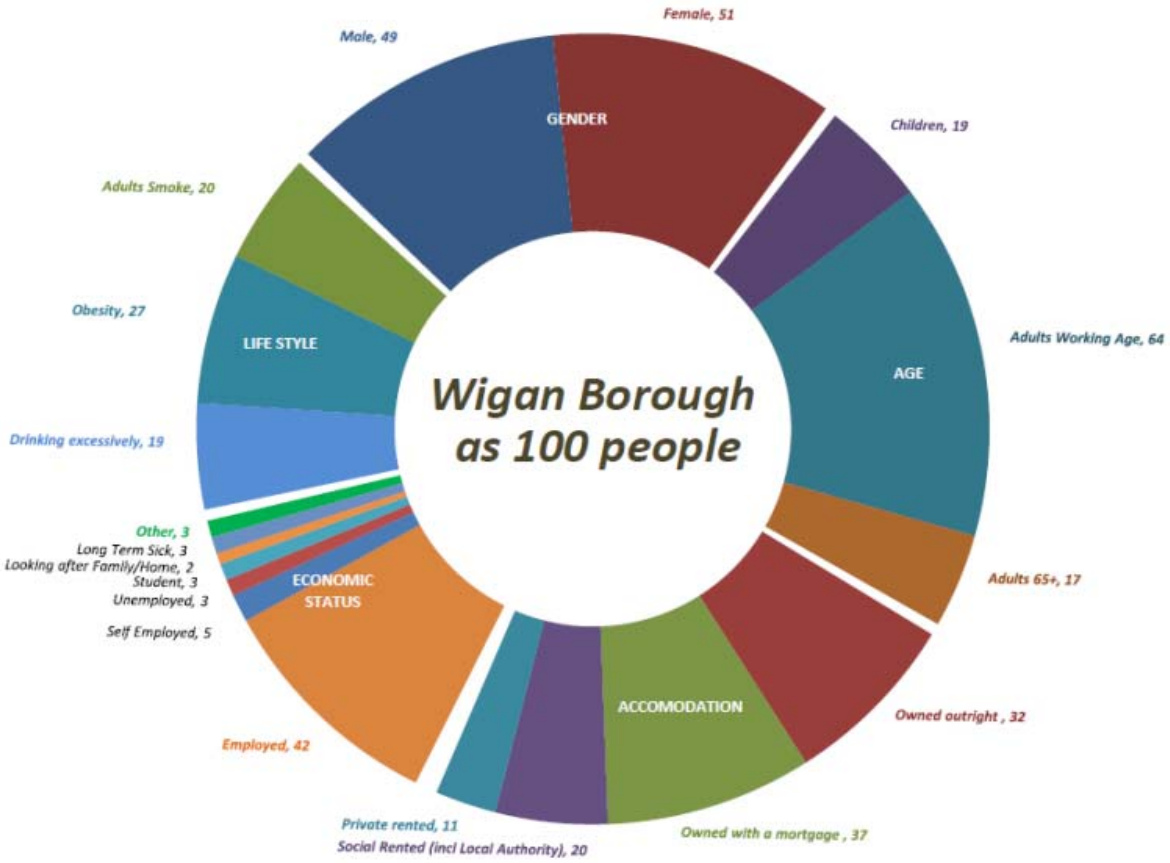
Councillor Keith Cunliffe

SECTION 1 – STRATEGIC DIRECTION

Introduction

1.1 Partners in Wigan Borough want to ensure the greatest and fastest possible improvement to the health and well-being of our population. We are convinced that Greater Manchester Devolution offers us a unique opportunity to move further and faster on our local transformational programme of work.

1.2 The population of Wigan Borough is 320,000. The diagram below shows a profile of the Borough as 100 people.



1.3 All health and care partners are signed up to a shared vision for our Borough and our major strategies support the delivery of this vision.

1.4 As partners, we have worked together to make significant strides towards this reformed health and care system in the Borough. New models of integrated care, more targeted early intervention, new community-based services and an increasing recognition of the opportunity of conversations with individuals and communities that draw on their strengths and skills rather than their needs are some of the main examples of this.

The Challenges We Face

1.5 We face significant challenges in delivering this vision. We have:

- An older population with multiple complex chronic conditions and often facing loneliness;
- Some adults of working age trapped in chaotic lifestyles and dependent on multiple public services;
- Children who are not ready for school meaning they may face a lifetime of disadvantage;
- High levels of obesity and tobacco and alcohol consumption – the determinants of poor health;
- Constrained funding means that all partners in the Borough are facing an unprecedented financial challenge.

Where we want to be

1.6 We can only meet these challenges by fundamentally changing both the way we work together as partners and in how services are delivered. We must move towards an economy where unplanned use of services becomes a sign of a system failure to identify and intervene earlier.

1.7 It is through this focus on addressing the root causes of issues and reducing the demand on services, coupled with delivery programmes to ensure that services are of a high quality and efficient as possible, that we will achieve long-term financial sustainability for the Borough.

1.8 The future we are striving for is one where residents are supported to be well, independent and connected to their communities. When our residents do need to access health and care services, they will be delivered locally in a joined up way with an emphasis on addressing the wider factors of the individual's health and well-being – including work, housing and access to leisure.

1.9 Our work will be planned on the basis of 16 naturally forming communities in the Borough and, as a sub-Borough administrative unit, 3 localities. We will draw on the assets of each of these places and support each community to become healthier, connected and more independent. This will also allow partners to co-locate staff from different agencies in shared premises.

1.10 We are convinced that Wigan has the right level of ambition. Our successes demonstrate what we can achieve when partners work together focused on the Borough as a place.

1.11 We believe that Devolution will act as a catalyst to the realisation of this ambition.

Vision for the Locality

1.12 In January 2014, all partners in the economy signed up to a shared vision. This is summarised below:

1. That health and social care services should support people to be well and independent and to take control of their lives

2. That health and social care services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case

3. That all services in our Borough should be safe and of a high quality and part of an integrated, sustainable system led by primary care

1.13 This vision threads through all of the economy's major strategies and is fully aligned with both the Greater Manchester Strategic Framework (including Healthier Together and the Public Service Reform programme) and the NHS Five Year Forward View.

1.14 We have made real progress towards achieving our vision. Some of the key examples of this are described below. These achievements give us a strong foundation on which to increase the pace of change.

Integrated Neighbourhood Teams	The Wigan Deal	Enhanced Alcohol Pathway	Redesign of Outpatient Services
7 Day Working in Primary Care – PMCF	Local Risk Stratification	The Live Well Team	Primary Care Link Workers
Dementia Friendly Communities	Reframed Leisure Offer	Community & Nursing Therapies Redesign	Children's Integrated Service Programme
Social Worker Triage in A&E	RAID – Psychiatric Liaison	New Models of Housing	Mental Health Community Based Services – e.g. the Sanctuary

1.15 Together, these initiatives are beginning to make a real impact on the system. For instance, in 2014/15, we saw a 3.8% reduction in non-elective admissions in the Borough – bucking a national trend. We have also reduced the cost of adult social care provision through supporting more people to be independent.

1.16 However, for the system to be financially sustainable over the next five years, all partners recognise that these successes are only the beginning of the change that we need to see. Moving forward, partners will need to work across the system so that we focus on the Borough as a place rather than on individual organisations.

1.17 We will increasingly move away from the sponsorship of programmes by one organisation, with the endorsement of others, towards genuine co-design and co-ownership of programmes that are focused on achieving the best outcomes for our population.

1.18 We must work better together locally but ensure that all our residents benefit from the opportunities for economic growth that Devolution as a whole will bring to Greater Manchester – including employment, transport, housing and planning. We recognise the positive impact that increasing prosperity would have on demand for health and care services in the Borough.

1.19 Our relationship with residents and patients must also change. We must embrace genuine shared decision making and co-production in service delivery, giving people far greater control of their own care – and the records relating to that care. Only then will we empower our population to take greater responsibility for their own health and well-being.

1.20 We have already begun to test some of these wider principles through initiatives such as the 'Perfect Week' run both at a GP practice in the Borough and at a school. This was an opportunity for a number of staff to work together in a different way to test the boundaries of current practice and thinking. Both weeks demonstrated the benefits of joined up working around the needs of individuals, the use of risk stratification, co-location of services and an approach that draws on the strengths and skills of people.

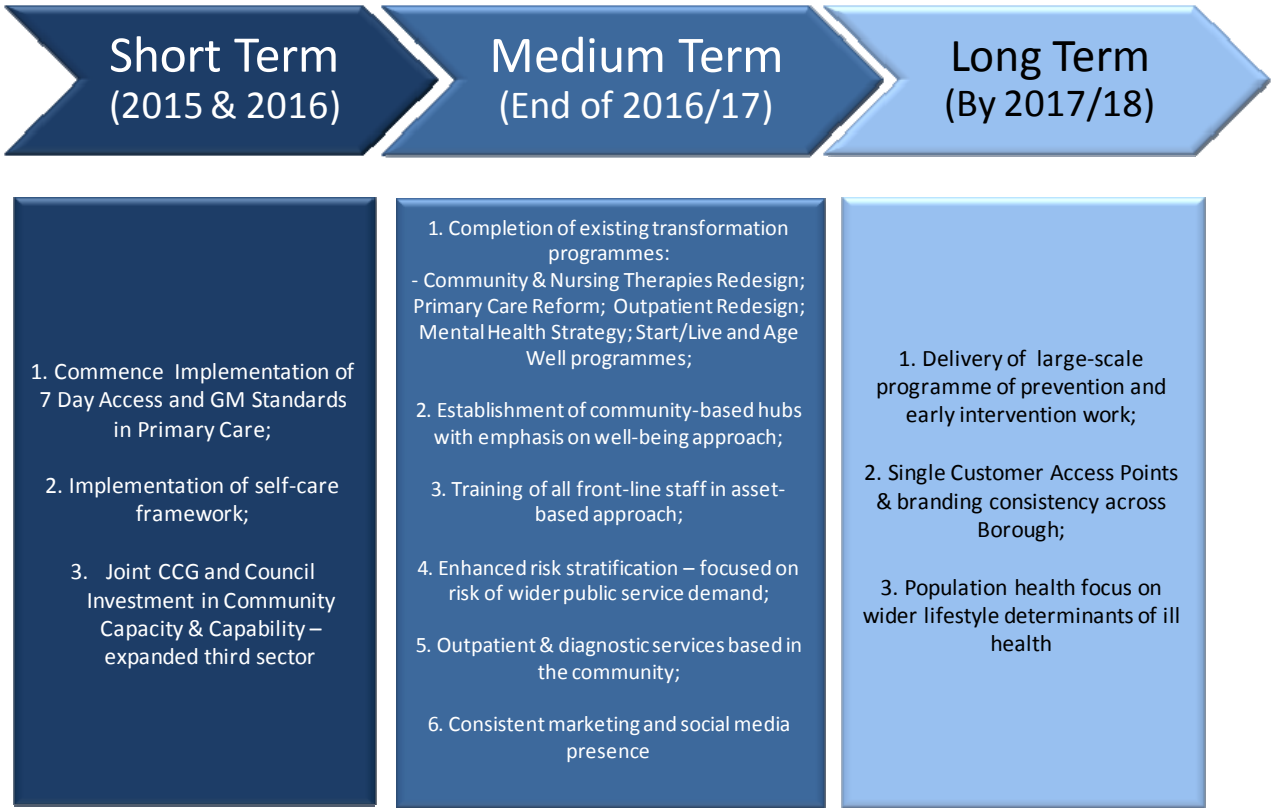
1.21 In recognising the challenges we face, and the need to mobilise a greater proportion of public service spend towards prevention and early intervention, we are placing into the scope of this locality plan funding associated with Housing Renewal and Leisure Services. As a consequence, we believe that our plan represents a greater proportion of public service spend than other areas in Greater Manchester.

1.22 Over the next five years therefore, our locality will increase the scale and pace of change through:

- A sustained, system-wide programme of work on prevention and early intervention;
- Schemes designed to support independence, draw on the strengths and skills of individuals, and connect people to their communities;
- A deepening and broadening of care integration, orientated around the Integrated Neighbourhood Teams;

- Linked to this, the establishment of community-based hubs, with co-location of services and focused on the wider determinants of health;
- A concerted campaign to address the lifestyle determinants of poor health – including obesity, tobacco and alcohol;
- Moving towards single customer access points to allow greater alignment of services and further empowering residents;
- A continued focus on ensuring that care is provided in the most efficient way possible through consistent quality standards;
- A quickening of the pace of primary care reform;
- A significant expansion of the number of Extra Care Housing units to release capacity in the nursing sector for dementia care and better hospital discharge.

1.23 This programme of change will be phased into short, medium and long-term initiatives:



The Opportunity from GM Devolution

We can make substantial progress on achieving our local objectives, but we also recognise the opportunity from Greater Manchester Devolution to increase the scale and pace of delivery.

We are seeking to secure the following through Devolution:

- Investment to allow pump priming of new services in primary care and the community to support the contraction of the acute sector;
- Support for data sharing agreements across public sector organisations in addition to existing agreements between partners in Wigan;
- A system of regulation of providers that is more reflective of local needs;
- Greater freedom from national arrangements – including the ability to contract for and price services in a different way;
- Shared standards for service delivery across Greater Manchester to be implemented locally;
- Receive allocations and be able to plan capital and revenue spend across a Comprehensive Review Settlement period of five years;
- Greater scope to deliver surpluses over a longer time period;
- The ability to own and transfer assets locally – a ‘Wigan Asset Base’

Principles of Change

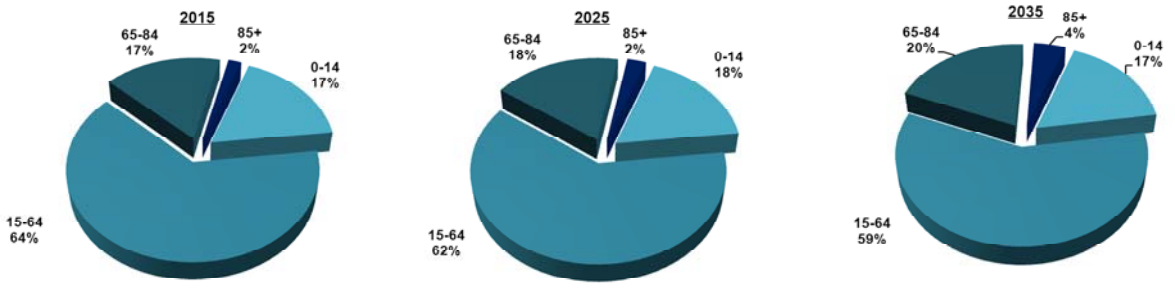
1.24 Running through our place-based programme of change, are a common set of principles and they are mapped below against our vision:

Principles of Change	Vision
• Drawing on the strengths of individuals and the assets available in our communities; • Empowering people to have greater control over their care and records; • Use of risk stratification to target early intervention and prevention and reduce demand.	'That health and social care services should support people to be well and independent and to take control of their lives'
• Seven day access to primary care; • Care planning and multidisciplinary working focused on the needs of the individual; • A smaller acute sector focused on the care and treatment that only it can provide in the Borough.	'That health and social care services should be provided at home, in the community or in primary care, unless there is a good reason why this should not be the case'
• Single customer access points and consistency of brand promotion; • Co-location of services in hubs; • A system-wide focus on well-being and the wider factors leading to ill health. • All organisations in the Borough taking responsibility for the health and well-being of our residents and the sustainability of our public services	'That all services in our Borough should be safe and of a high quality and part of an integrated, sustainable system led by primary care'

Locality Data & Information Profile

1.25 The diagrams below show how our population is changing. The Health Profile Summary for the Borough can also be found at **Appendix A.**

Wigan Borough : Population Projections



The projections for Wigan have been split to show the percentage breakdown of the age groups 0-14, 15-64, 65-84 and 85+. The charts show a decrease in the percentage for the age group 15 - 64 years from 64% in 2015 to 62% in 2025 and 59% in 2035. The age group 65-84 is predicted to rise from 17% to 20% by 2035. The percentage of persons aged 85+ is also projected to increase. (Source: Office of National Statistics)

Wigan Borough: Key Facts

- 96% of the population are White British;
- Our population aged 65+ is set to increase by 30,000 over the next 20 years;
- Children and Young People under the age of 20 make up 23% of the population;
- 12,000 children live in poverty;
- 28,000 in our population are claiming out of work benefits;
- Rates of Hospital stays for alcohol related harm and self-harm are worse than the national average;
- 3,354 people in the borough have dementia, the Alzheimer's society predict this number to rise to 4,532 by 2021;
- On an average day in Wigan, there are 9,343 GP appointments, 2,611 outpatient appointments, 91 unplanned admissions and 246 A&E attendances.
- In 2013/14, 8,818 people were in receipt of formal social care;

Patient, Carer and Public Engagement

1.26 In order to achieve our vision of accessible, integrated health and care services, the public, patients and carers must be prepared for the system to change and understand that this change will mean that services will be different.

1.27 The aim of engagement is to build an understanding of public experiences, priorities and perspectives and to include these in the development of local services. The process of public involvement is also key to building local awareness and understanding of the need for public service reform and new models of health care.

1.28 We have agreed the following as part of our joint Communications and Engagement Strategy:

- Providing information and educating patients and the public about system changes will be necessary in order for people to able to participate effectively;
- Any papers, documentation, presentations, etc. will be written in plain English and easy to understand language, avoiding jargon and acronyms;
- To ensure all stakeholders have realistic expectations on what can be achieved, a clear purpose will be set and an agreement made on how any outputs will be used in the decision-making process;
- Partners will be up front and honest about what can and cannot be achieved through public engagement and will make it clear at what level of decision-making public participation will have an impact;
- The public will be notified about how their involvement has affected decisions and what is likely to happen as a result.

Population & Public Health

1.29 The Marmot Vision[1] is very clear about what needs to be done to improve health and well-being: employment, planning, transport, housing, education, leisure, social care – all are interlinked - and have an impact on physical and mental health.

1.30 The Public Health workforce is now fully integrated within the Council rather than a standalone department. This has enabled the linkage of early intervention and prevention services ensuring every contact counts.

1.31 The Public Health programme of work follows the life course approach and the key priorities in each are identified below:

[1] A review in 2010 of health inequalities in England

Start Well	Live Well	Age Well
Implementing the AGMA 8 Stage model[2] and supporting the review of maternity services to ensure evidence based interventions are appropriately resourced and targeted.	We have completed a recent redesign of services, including: NHS Health Checks and the development of Health Trainers and Stop Smoking support into an integrated health improvement service.	We are developing a programme of work that moves away from regarding older people as 'passive or frail' and focuses on what we can do to support their independence and provide more care in community settings and homes.
Reviewing the 0-5 and 0-19 Healthy Child Programmes and co-coordinating a multi-agency response to health needs, where education and communities play an increased role in universal delivery.	Heart of Wigan – Phase 2 - aims to prevent cardiovascular disease and reduce early avoidable deaths. It incorporates partnership delivery of CPR training and strategic siting of defibrillators.	Reviews of existing provision, such as Age UK services to ensure they maximise community assets and social value.
We will redesign the Child and Adolescent Mental Health Service. This will look to establish a system that invests in evidenced based delivery in communities with partners in particular education providers	We will develop a public mental health offer to support workplaces to intervene early; enabling individuals to remain in, or return to, work.	The development of an integrated approach to falls prevention across a range of partners to reduce unplanned admission.
A Sexual Health Review is being undertaken. The review will explore and inform options for future sexual health commissioning and redesign, including commissioning of a single integrated service for young people and adults.	In respect of Dual Diagnosis, we will provide rapid access and one stop appropriate support, in addition to Enhanced Alcohol Pathway implementation to support sustained recovery.	A targeted approach to fuel poverty that supports people to maintain independence in their own home, seeks to ensure energy efficient homes, and contributes to a reduction in hospital admissions.
	We will also ensure that we take the opportunities available to improve support and service provision to armed services veterans.	A more targeted, preventative approach is being taken for supported and sheltered accommodation services.

Public Service Reform

1.32 Across Greater Manchester, there is a £5 billion pound gap between the cost of delivering Public Services and the income from taxation. Public Service Reform describes the approach, across the public sector, to addressing a number of key issues, which contribute to that gap.

[2] An early years model based on assessment at key points developed across Greater Manchester

1.33 These are:

- Increasing demand from individuals with complex dependency who have previously only received a reactive offer that is high cost and low impact;
- A need to integrate service delivery around family and community;
- A skills gap that sees individuals remaining outside paid employment for considerable lengths of time.

1.34 Through our Public Service Reform Programme, we have been testing some of the key principles to deliver behaviour change in some of our more complex cohorts and lead to a clearer understanding of what the early intervention offer should be.

1.35 These principles are:

- Taking an asset-based approach and understanding the strengths of the individual and family and how to build on them;
- Supporting people to help themselves rather than doing it for or to them;
- Taking a whole family, whole community approach and understanding the local community offer;
- Utilising evidence based interventions and developing an evidence base for new ways of working.

1.36 We are delivering a range of early implementation priorities. They all have a distinct characteristic, in that they are working with those individuals and families who:

- Are repeatedly presenting at a wide range of 'front doors' across the public sector generating a costly reactive response.
- Have been repeatedly assessed with little or no intervention being delivered
- Have repeatedly failed to engage with services – either due to distrust of the public sector or as a consequence of their chaotic lifestyle.

1.37 Examples of these early implementation priorities are:

- Live Well operational pilot - working with complex individuals of working age;
- Our Troubled Families programme - working with families with complex needs;
- Coordinated Community Response Model for Domestic Abuse – focused on victims and perpetrators of domestic abuse;
- Working Well – an approach to moving Employment Support Allowance claimants who have had multiple work focused interventions closer to employment;
- Integrated Offender Management / Intensive Community Orders – co-located multi agency teams aimed at reducing reoffending.

1.38 A key component of our public service reform programme is a comprehensive evaluation plan. We aim to evidence the impact of new ways of working on demand reduction, improving outcomes and delivering potentially cashable efficiencies.

Governance

1.40 The Health and Well Being Board leads the strategic direction of health and care transformation. Wigan Leaders reports into that Board with regard to the delivery of the transformation agenda.

1.41 Wigan Leaders has been in place since 2012. It has evolved since that time and provides the architecture for the delivery of the economy-wide transformation programme. The structure is shown below. We will review the structure to ensure that we are making the most of the opportunities that Devolution brings.

Wigan Leaders – A Health and Social Care Economy Transformation Structure

SECTION 2: THE LOCALITY REFORM PROSPECTUS

Prevention, Self-Care & Public Health

2.1 We want to focus on enabling people to stay healthy, as well as supporting those people who have a long term condition to develop the confidence, knowledge and skills to be able to manage their condition and to make informed decisions where there are choices to be made about treatments and care.

2.2 Our approach to self-care and self-management is wide ranging and is guided by the following principles:

- Support for both primary and secondary preventative approaches;
- The use of evidence based approaches that support people to take control of their own health & wellbeing;
- Developing a skilled workforce able to promote self-care and self-management;
- Using asset based approaches that recognise an individual's experience, knowledge, skills and talents and community resources;
- Differentiating levels of support dependent on an individual's capabilities, motivation, health literacy and activation levels.

2.3 We recognise that self-care and self-management support needs to be a fundamental element of all service redesigns and pathway development. There are a range of different interventions, processes and services that will support us to achieve this ambition. Significant progress is already being made in the following areas:

- The use of decision aids and options grids to support shared decision making;
- Primary Care Link Workers, based in general practice and the integrated hospital discharge team, help individuals and families to connect to and access appropriate support and community based activities in their local area;
- Working with local voluntary and community organisations to recruit and train peer support volunteers;
- Investment in self-management and self-care programmes such as those run for stroke survivors and people with diabetes;
- Giving patients greater access to their primary care medical records in order to help them to manage their own health and access to services;
- We have started to explore the greater utilisation of technology to support people to better manage their own care, for example, the use of the Florence System[3] to deliver medication reminders;
- The use of personal budgets in health and social care is allowing individuals to have greater choice and flexibility in identifying services that meet their individual needs

[3] A text messaging system that links mobile phones to clinicians' computer systems.

Community Assets

2.4 In Wigan we recognise the vital role that the community can play in the delivery of integrated care, early intervention and prevention. Understanding, building and utilising the rich and diverse assets within our community can have a significant impact on health and wellbeing.

2.5 With this in mind, Wigan Council has developed The Deal, a shared commitment between public services and residents to work together to improve the Borough and meet the financial challenges ahead. Our vision is for a new relationship with communities that encourages resilience and independence.

2.6 We recognise that we need to change the way we behave in order to make this vision a reality. However, we also need to encourage and support behaviour change in our communities.

2.7 This means a redefined role for public services as a whole – it is less about doing things to people and communities and more about creating the capacity, interest, expertise and enthusiasm for individuals and communities to do things for themselves

2.8 A core part of this approach has investment through the Deal for Communities Investment Fund. £5m has been invested in innovative, community solutions to help solve some of the Borough's most challenging social problems. This marks a move away from grant funding to investment, promoting sustainable models and self-reliance.

2.9 We also recognise that this approach means an internal change within our own workforce, enabling them to have a different conversation and undertake an asset-based approach.

2.10 This strong foundation will be scaled up further. All of our health and care workforce will be empowered to have a different conversation, alongside an understanding of the community. We will develop an online market place and digital applications to share information on community assets more widely and enable people to connect more effectively.

2.11 Community Link Workers will be embedded in our workforce so that all clinicians and patients have facilitated support where necessary to make connections to community based activities and resources.

2.12 The Council and CCG will increasingly work together on a shared approach to community investment, which is reflective of the ambition in this plan.

Integrated, Community-based Care and Support

2.13 Integrated Neighbourhood Teams (INT) have been in place since April 2013. We have developed full population coverage of INT targeting the highest risk patients within our population.

2.14 Using risk stratification, we have identified over 1,800 patients who are now benefiting from the development of case management plans though the INT process. The risk stratification has also identified a further 6,000 patients receiving integrated care through practice based case management.

2.15 Risk stratification has also identified a cohort of individuals who are of working age with high public service usage. We are trialling the use of Live Well workers with these patients, who often have chaotic lifestyles.

2.16 INTs have shown the value of targeted and planned multi-agency intervention based on risk. We need to go further and faster to build on the principle of INT to recognise the other determinants of health and care, and indeed public service cost, and deliver joined up interventions. INTs provide a strong foundation for our integrated care programme, including the redesign of Community Nursing and Therapy services.

2.17 In addition, alongside North West Ambulance Service, we are ensuring all frequent attendees to emergency departments have an individual case management plan and a key worker assigned.

2.18 The development of increased access to and coordination of community geriatric services is commencing as part of the Age Well programme.

2.19 The Borough has actively engaged partners on home safety checks being made with Greater Manchester Fire and Rescue Service along with the development of falls risk assessment and a crisis response team for low level fallers.

Transformation of Social Care

2.20 Our transformation of social care is aimed at meeting the needs and aspirations of people to live valued lives in their own homes avoiding inappropriate admissions to hospital and residential care wherever possible.

2.21 The key focus has been investment in early intervention and prevention services providing a more targeted approach through reablement, telecare and equipment and adaptations.

2.22 Placing these services at the front door social care has resulted in over 70% of people in receipt of these services not requiring on-going social care support. To further develop this approach, we plan to embed early intervention services within clinical pathways through the development of integrated health and social care hubs rooted in primary care, including mental health services.

2.23 A fundamental part of the transformation of social care is to improve the availability and quality of provision across domiciliary care, and the care home market. We will use the opportunity provided by the Better Care Fund to shape the market so that the residential and nursing home market is aligned to our Housing with Care Strategy.

2.24 Recent analysis has established the need for substantial development of Extra Care Housing to meet future housing and care needs for Older People. The initial proposal is to deliver 200 units with further investment from the Better Care Fund to increase this to 700 units.

2.25 The emphasis going forward will be on achieving cost effective solutions to both the housing provision and the new models of care. Through this development the

residential and nursing home market will support people with complex needs with a particular focus on dementia with the creation of a specialist category for supporting people with the most complex needs.

2.26 This joint approach across Health and Social Care for adults with enduring needs will be a significant factor in their successful re-integration. The approach is aimed at improving the quality of care these people receive and is also expected to deliver financial savings.

2.27 To achieve improved quality of care we have created a "Deal for Providers". As part of this we are developing an ethical homecare framework where we will offer a comprehensive reward and support package to providers who offer excellent services to Wigan supported by investment through the Better Care Fund.

2.28 We recognise the crucial importance of carers in the changes we are making and we are developing clear pathways for carers to access the support they need as part of our Carer's Strategy.

Mental Health

2.29 Local partners have undertaken a significant amount of work recently to develop a new five-year Mental Health Strategy for the Borough.

2.30 The strategy recognises that, historically, mental health has not been afforded the same priority as physical health, and describes our commitment to achieving genuine parity of esteem.

2.31 Our work recognises that people with good mental health are better able to live fulfilled lives and contribute to their communities. The strategy also makes clear that we must design our responses to address the range of issues that may be contributing to the mental ill health of an individual - such as with employment, housing, drugs and alcohol or debt.

2.32 We have set out our strategic aims in line with our vision for integrated care. Our aims include:

- Aligning mental health much more with our established Integrated Neighbourhood Teams;
- Connecting people with mental health problems back to advice and support in their communities as part of our approach to developing community resilience;
- A 'whole person approach' to deliver parity of esteem – including improving the physical healthcare of people who have mental health problems;
- A greater emphasis on prevention and early intervention; new, more personalised, approaches to recovery and crisis care;
- A commitment to tackling the stigma and discrimination attached to mental health and a campaign to do this;

2.33 The implementation of the strategy builds on, and incorporates, existing work in place in the Borough, including the crisis concordat and the Rapid Interface Assessment and Discharge (RAID) service, which is in place at the local acute hospital.

2.34 We are developing the Improving Access to Psychological Therapies (IAPT) service to offer more support to people with a co-morbid physical and common mental health problem such as anxiety and depression, and psychological support for people with a newly-diagnosed long term condition, such as diabetes.

2.35 We will also ensure that our implementation of the strategy takes full account of the recommendations that arise from the current work of the National Mental Health Task Force.

Primary Care

2.36 We want to expand services delivered in an out of hospital setting to ensure that patients are cared for only in hospital when absolutely necessary. These new out of hospital services will need to be provided in an integrated manner and led by primary care.

2.37 Our Primary Care Strategy is the delivery vehicle for this vision and contains three key priority reform areas:

- Improving Access to GP Services;
- Improving Primary Care Services and Clinical Outcomes;
- Primary Care Provider Market Development.

2.38 We were successful in our bid to the second wave of the Prime Minister's Challenge Fund. From July 2015 we will be providing seven day access to primary care for our whole population through a service delivered by our local GP federations. We are now developing the options for the sustainability of this service beyond the initial nine month funding.

2.39 In addition to seven day GP services we will also be working with individual practices to help them review their own access operating models. These will help them deliver improved access to their own registered patients and deliver the Greater Manchester access standards.

2.40 We will enhance primary care provision by encouraging greater collaboration and joint working with acute and community health professionals. To reduce demand, we will ensure that primary care is connected to a range of voluntary, community and other services – for example, through the Primary Care Link Worker role – and to wider public service reform.

2.41 A primary care workforce strategy will be developed to support recruitment, training, development and retention of staff in Wigan.

2.42 Health promotion, patient education, shared decision making and self-care will be essential components in all clinical pathway work. This will include the further development of healthy living pharmacies, the largest programme of its type in England, and healthy living dentistry, which has been recognised nationally.

2.43 At the same time as these significant changes are made in primary care, we will ensure that levels of quality are continually improved through the local implementation of the Greater Manchester Primary Care Standards.

Hospital Care

2.44 We want to ensure clinically and financially sustainable services within hospital. The consequence of our transformational programme will be a smaller local acute-based service and we will ensure that we retain the highest standards of clinical safety during this transition.

2.45 Our plans for hospital care will take account of the decisions made in the Healthier Together Programme, recognising the flow of patients across specialist networks and the development of a Vanguard 2 bid with the potential to develop hospital chains.

2.46 The hospital service will be reconfigured as a result of the impact of these transformation schemes, which intend to move more care to a community setting and closer to patients.

2.47 Our Age Well programme will also impact on hospital provision including the potential development of a frailty unit at our local acute trust and step down facilities to ensure early and appropriate discharge from secondary care.

2.48 We are implementing the following programmes of system transformation for hospital-based care:

- Planned Care;
- Unscheduled Care;
- Maternity Care.

Planned Care

2.49 The transformation schemes for planned care over the next five years includes outpatients redesign, delivering services in a hub model of care and an overall review of bed capacity in the economy.

2.50 The community infrastructure for planned care will move from limited access to primary care diagnostics and outpatient procedures to a system which allows patients to have diagnostic and work-up with many procedures being delivered within a community setting.

2.51 Therefore, patients will only be referred to a secondary care intervention once a diagnosis has been made and elective care is the only course of treatment.

2.52 The hospital service for planned care will be much smaller, with less elective procedures commissioned and more outreach of outpatients and diagnostic services. This will result in patients being managed more appropriately in a community setting.

Unscheduled Care

2.53 The transformation schemes for unscheduled care over the next five years includes redesign of all community services linked to a single point of access and planned case management of high risk patients to reduce demand on unplanned care.

2.54 The model will also link rapid response services to high risk patients across health and social care, including ambulance services and primary care.

2.55 The hospital setting will have fewer beds as the infrastructure will be available to support patients being treated in their preferred place of care. The hospital model will focus more on outreach and supporting planned management and rapid response services in the community.

2.56 Rehabilitation services will be modelled around every pathway to ensure patients successfully recover and remain independent or supported in the community.

Maternity Care

2.57 A review of maternity services is planned to ensure that a revised model of care is commissioned based on a less medicalised model of delivery through midwife led services based in the community. This will result in more community based diagnostics and midwifery led care and a smaller cohort of patients requiring consultant hospital based care.

Specialised Services

2.58 We will work collaboratively with Greater Manchester and NHS England in commissioning specialist services transformation programmes. There will be two programmes of work linked to this area, and these include:

- Specialist Commissioning and the repatriation of services back to local responsibility; and
- Commissioning specialist transformation pathway redesigns across the whole pathway including out of area hyper acute based services.

2.59 This offers the health economy real opportunities to redesign pathways in following local priority areas:

- Cancer early diagnosis and treatment;
- Renal care in the community;
- Improved secondary prevention cardiac care;
- Access to CAMHS Tiers 3 and 4;
- Morbid obesity management through non-surgical interventions;
- Rehabilitation to deliver cost effective neurology and other specialist pathway recovery requirements.

SECTION 3 – FINANCIAL PLAN & ENABLERS

Introduction

3.1 The Wigan locality financial leaders agreed to submit high-level financial analysis for the years 2015/16 to 2019/20, which would then be consolidated due to the fact that there is currently no standardised Greater Manchester financial template available.

3.2 These submissions are based upon existing organisational plans and projections and do not represent a zero based, 'start from scratch' approach to identifying the financial challenges facing the Wigan locality.

3.3 It should be noted that only the Clinical Commissioning Group and Council are entirely co-terminus as a Borough and that the three provider organisations also deliver services to populations outside of Wigan Borough and this is reflected in their analysis.

Locality Baseline

3.4 Tables 1-5 show by organisation the summary level projected financial baselines for the next five years, with the current financial year, 2015/16 as Year 1.

	2015/16	2016/17	2017/18	2018/19	2019/20
Wigan Borough CCG	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Allocations	483,581	494,183	506,098	518,314	530,834
Expenditure	501,853	514,203	526,727	537,667	543,367
Surplus	4,531	4,645	4,762	4,882	5,005
Savings Required	22,803	24,665	25,391	24,235	17,538

Table 1: Wigan Borough CCG Baseline

	2015/16	2016/17	2017/18	2018/19	2019/20
Wigan Council	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Allocations	176,727	163,427	153,867	146,107	146,107
Expenditure	186,138	182,027	165,727	156,167	148,407
Surplus	-	-	-	-	-
Savings Required	9,411	18,600	11,860	10,060	2,300

Table 2: Wigan Council Baseline

	2015/16	2016/17	2017/18	2018/19	2019/20
Wrightington, Wigan & Leigh FT	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Income	267,119	263,825	262,523	260,623	258,300
Expenditure	267,119	262,825	261,523	259,623	257,300
Surplus	0	1,000	1,000	1,000	1,000
Savings Required	12,652	11,704	10,338	11,208	11,869

Table 3: Wrightington, Wigan & Leigh FT Baseline

Bridgewater CFT	2015/16 Year 1 £'000	2016/17 Year 2 £'000	2017/18 Year 3 £'000	2018/19 Year 4 £'000	2019/20 Year 5 £'000
Income	42,242	41,566	41,566	41,556	41,556
Expenditure	42,089	41,416	41,416	41,416	41,416
Surplus	153	150	150	150	150
Savings Required	2,000	1,700	1,700	1,700	1,700

Table 4: Bridgewater Community FT Baseline

5 Boroughs Partnership FT	2015/16 Year 1 £'000	2016/17 Year 2 £'000	2017/18 Year 3 £'000	2018/19 Year 4 £'000	2019/20 Year 5 £'000
Income	24,320	23,931	23,548	23,171	22,801
Expenditure	24,829	24,166	23,768	23,377	22,992
Surplus	683	683	683	683	683
Savings Required	1,192	919	904	889	874

Table 5: 5 Boroughs Partnership Baseline

The assumptions that support the individual analyses are documented in ***Appendix B***

3.5 Wigan Council is not required to generate a specific planned surplus, which is not the case with the NHS organisations, which are required to do so.

3.6 The analysis identifies the significant levels of savings required by each organisation over the next five-years to ensure income is fully matched to expenditure and thus 'balance the books'.

Locality Financial Challenge

3.7 Table 6 shows the projected financial challenge facing the Wigan locality over the next five years. It is separated out into two areas for commissioning organisations and provider organisations.

Analysis of Financial Challenge 2015/16-2019/20						
	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Wigan Locality	Year 1	Year 2	Year 3	Year 4	Year 5	
	£'000	£'000	£'000	£'000	£'000	£'000
WBCCG						
Identified Schemes	15,721	10,688	1,303	-	-	**27,711**
Unidentified Schemes	7,083	13,978	24,088	24,235	17,538	**86,921**
Total	**22,803**	**24,665**	**25,391**	**24,235**	**17,538**	**114,632**
Wigan Council						
Identified Schemes	7,577	9,500	7,963	5,091	-	**30,131**
Unidentified Schemes	1,834	9,100	3,897	4,969	2,300	**22,100**
Total	**9,411**	**18,600**	**11,860**	**10,060**	**2,300**	**52,231**
WWLFT						
Identified Schemes	12,652	-	-	-	-	**12,652**
Unidentified Schemes	-	11,704	10,338	11,208	11,869	**45,119**
Total	**12,652**	**11,704**	**10,338**	**11,208**	**11,869**	**57,771**
Bridgewater CFT						
Identified Schemes	2,000	500	-	-	-	**2,500**
Unidentified Schemes	-	1,200	1,700	1,700	1,700	**6,300**
Total	**2,000**	**1,700**	**1,700**	**1,700**	**1,700**	**8,800**
5BP FT						
Identified Schemes	1,192	102	-	-	-	**1,294**
Unidentified Schemes	-	817	904	889	874	**3,484**
Total	**1,192**	**919**	**904**	**889**	**874**	**4,777**

Table 6: Wigan Locality Financial Challenge

3.8 Commissioners are organisations that spend taxpayers' money (expenditure) to purchase (buy) health and care services from providers.

3.9 Providers therefore receive this commissioning money as income through which to deliver the required services needed by the Wigan population.

3.10 The analysis shows that by 2019/20 commissioning organisations will have a total funding shortfall by which to purchase services of £166.8m.

3.11 Providers will have a corresponding income shortfall over the same period of £71.4m.

3.12 This is the challenge: to deliver a sustainable health and care economy that results in commissioners having sufficient funds to buy the services required and correspondingly, for providers to have sufficient income to deliver those services, while also meeting appropriate business rules.

3.13 Table 7, further refines the challenge facing the locality by separating out the value of schemes currently identified and the value of specific schemes to be implemented.

3.14 The commissioner challenge across the five-years is projected to be £166.9m (Table 6), which means that plans to save this level of monies across the CCG and council

must enable provider organisations to release £71.4m (Table 6) in savings from their estate and services.

Analysis of Financial Challenge 2015/16-2019/20						
	2015/16	2016/17	2017/18	2018/19	2019/20	Total
Wigan Locality	Year 1	Year 2	Year 3	Year 4	Year 5	
	£'000	£'000	£'000	£'000	£'000	£'000
WBCCG						
Identified Schemes	15,721	10,723	1,312	-	-	27,755
Unidentified Schemes	7,083	13,978	24,088	24,200	17,500	86,848
Total	**22,803**	**24,700**	**25,400**	**24,200**	**17,500**	**114,603**
Wigan Council						
Identified Schemes	7,577	9,500	7,963	5,091	-	30,131
Unidentified Schemes	1,834	9,100	3,897	4,969	2,300	22,100
Total	**9,411**	**18,600**	**11,860**	**10,060**	**2,300**	**52,231**
WWLFT						
Identified Schemes	12,652	-	-	-	-	12,652
Unidentified Schemes	-	11,704	10,338	11,208	11,869	45,119
Total	**12,652**	**11,704**	**10,338**	**11,208**	**11,869**	**57,771**
Bridgewater CFT						
Identified Schemes	2,000	500	-	-	-	2,500
Unidentified Schemes	-	1,200	1,700	1,700	1,700	6,300
Total	**2,000**	**1,700**	**1,700**	**1,700**	**1,700**	**8,800**
5BP FT						
Identified Schemes	1,192	102	-	-	-	1,294
Unidentified Schemes	-	817	904	889	874	3,484
Total	**1,192**	**919**	**904**	**889**	**874**	**4,777**

Table 7: Analysis of the Wigan Locality Financial Challenge

3.15 Organisations have faced these funding issues for a number of years when required to deliver the 'Nicholson Challenge'. Even greater innovation and cooperation is now required to deliver these significant savings.

Methodology & Assumptions

3.16 Each organisation has built upon its existing plans and financial projections to develop the high-level analysis shown in section 3.14.

3.17 The specific methodology and assumptions made by each organisation are documented in **Appendix B**.

3.18 Table 8 identifies the proposed QIPP schemes for the CCG over next five years to address the funding issues highlighted in 3.14 above.

WBCCG Five Year QIPP Overview				
2015/16 Year 1	**2016/17 Year 2**	**2017/18 Year 3**	**2018/19 Year 4**	**2019/20 Year 5**
MSK Referral Gateway	Outpatients Phase 1	Outpatients Phase 2	Use of Apps & technology	Use of Apps & technology
General Surgery Referrals	AAA Expansion	Bed Review Phase 2	Better Care Better Value Opportunities – Non Electives	Better Care Better Value Opportunities – Non Electives
Diabetes Redesign	Silver Service	RAID Plus	Better Care Better Value Opportunities – Outpatients	Better Care Better Value Opportunities – Outpatients
Dermatology Redesign Primary care Respiratory	MSK Continued General Surgery Referrals	CAHMS Plus Older People AAA	Better Care Better Value Opportunities – Surgical Thresholds Self-Management	Better Care Better Value Opportunities – Surgical Thresholds Self-Management
Community Nursing Therapy Service	Bed Review Phase1	Better Care Better Value Opportunities – Outpatients	Medicines Optimisation	Medicines Optimisation
Effective Use of Resources	Better Care Better Value Opportunities – Non Elective	Better Care Better Value Opportunities – Outpatients	Bed Strategy Phase 1	Bed Strategy Phase 2
Children Integrated Care	Better Care Better Value Opportunities – Outpatients	Better Care Better Value Opportunities – Surgical Thresholds		
Medicines Optimisation	Better Care Better Value Opportunities – Surgical Thresholds	Self-Management		
	Self-Management	Medicines Optimisation		
	Medicines Optimisation			

Table 8: Wigan Borough CCG Five Year QIPP Overview

3.19 To support the locality-wide transformation agenda, pump-priming funds would be required to the value of c£69.74m. These requirements are set out in **Appendix C**.

Impact of Locality and Sector Plans

3.20 As this point in time the potential financial impact of locality and sector plans on the analysis shown in Table 7 cannot be adequately assessed and will be addressed in future submissions, but are based upon the current financial plans of each organisation.

Impact of Greater Manchester Transformation

3.21 As this point in time the potential financial impact of Greater Manchester transformation plans cannot be adequately assessed and will be addressed in future submissions.

Capital & Estate

3.22 We have acknowledged that property and the built environment is an important part of delivering high quality services into the communities we serve.

3.23 Property also represents a significant cost. It is important therefore, that during these challenging financial times we ensure that as much as possible of the local public budget is spent on front line service delivery.

3.24 We have also recognised that to achieve our ambitious strategic plans around an integrated health and social care services delivery system then better and more shared and effective use of the public sector estate is essential.

3.25 The vision for an integrated health and social care system networked across the borough physically and conceptually, horizontally and vertically, can only be achieved with the supporting infrastructure. The public sector estate is therefore key to delivery.

3.26 To facilitate the ethos of one public estate we have established a local Strategic Estates Group (SEG).

3.27 The overall key assumptions and enablers can be identified as follows:

- One public sector estate;
- Optimal utilisation;
- Shared occupancy;
- Appropriate rationalisation;
- High standard for delivery of services; and
- Hub and Spoke/clinical network model.

3.28 Specific developments and costs have already been identified by Wigan Borough CCG, Wigan Council, Wrightington, Wigan and Leigh FT and 5 Boroughs Partnership FT. These are identified in Tables 9, 10, 11 and 12. Table 11 does not include any additional capital investment required as a consequence of the Healthier Together programme.

Capital Funding Stream	Rationale	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	Total £000
National Pipeline – Primary Care Infrastructure Fund	National £1bn over 4 yrs - CCG = 0.5%. 2015/16 as approved.	246	1,250	1,250	1,250	-	**3,996**
GP Premises Improvement Grants – Capital Pipeline (Regular Primary Care Capital GMNHSE Lead)	Based on 2015/16 current bids (excluding those which look like PFI)	582	582	582	582	582	**2,910**
GP Premises Improvement Grants – Capital Pipeline (Regular Primary Care Capital GMNHSE Lead)	Wigan Hub & Spoke Bid made	600	600	600	-	-	**1,800**
Non Primary Care Capital Pipeline (NHS PS)	Wigan Hub & Spoke Bid made	100	100	100	-	-	**300**
Non Primary Care Capital Pipeline (NHS PS)	Ashton Development	-	4,000	-	-	-	**4,000**
Non Primary Care Capital Pipeline (CHP)	Wigan Hub & Spoke Bid made	900	900	900	-	-	**2,700**
GP IT Capital	Wigan Bid Made	370	370	370	370	370	**1,850**
TOTAL		**2,798**	**7,802**	**3,802**	**2,202**	**952**	**17,556**

Table 9: Wigan Borough CCG Capital Plans

Capital Programme						
	2015/16	2016/17	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m	£m	£m
Social Care	0.9	0.6	0.6	0.6	0.6	3.1
Disabled Facilities Grant	1.7	1.7	1.7	1.7	1.7	8.6
Adults Social Care & Health Capital Programme Total	2.6	2.3	2.3	2.3	2.3	11.7
Play Area Schemes	0.3	0.3	0.0	0.0	0.0	0.5
Sports Centres	2.2	3.8	0.1	0.0	0.0	6.2
Leisure Capital Programme Total	2.5	4.1	0.1	0.0	0.0	6.7
Housing Revenue Account Capital Programme						
Main Programme	20.5	20.0	21.0	21.0	21.0	103.5
Disabled Adaptations	1.9	1.9	1.9	1.9	1.9	9.5
New Build	14.3	12.3	11.1	11.1	11.1	59.9
Housing Revenue Account Capital Programme Total	36.7	34.2	34.0	34.0	34.0	172.9
33% Main Programme, 100% Adaptations & 33% New Build	13.4	12.6	12.5	12.5	12.5	63.4
Potential Capital Expenditure to be Pooled	18.5	18.9	14.9	14.8	14.8	81.8

Table 10: Wigan Council Capital Programme

Capital Programme						
	2015/16	2016/17	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m	£m	£m
Wrightington, Wigan and Leigh FT	15.5	8.2	7.2	8.5	8.0	47.4

Table 11: Wrightington, Wigan and Leigh FT Capital Programme

5 Boroughs Partnership FT	Prior Years £000	2015/16 £000	2016/17 £000	Total £000
Leigh - Land	2,500	-	-	2,500
Leigh - Adults Inpatient facility phase 1	4,788	19,345	3,090	27,223
Leigh - LLAMS Inpatient facility phase 2	127	3,693	7,530	11,350
Location of Wigan Community Teams	-	480	-	480
Total	7,415	25,518	8,620	41,553
Loan Requirements				
LNG - phase 1 (Mar 15 / Sep 15)	9,500	9,500	-	19,000
LLAMS (Jan 16)	-	11,000	-	11,000
Total	9,500	20,500	-	30,000

Table 12: 5 Boroughs Partnership Capital Programme

3.29 Furthermore, the Council has an asset base of £155m in relation to the areas within scope. The usage of some of this estate can potentially be examined, to assess the feasibility, with investment, of modifying the current usage of the site to deliver integrated community health and social care services.

3.30 This should deliver an integrated approach for public benefit through a smaller, cost efficient, greener, flexible and more effective estate aligned with frontline public services.

3.31 We will maintain a service led approach not an asset led approach that fits with the place agenda for local services and supports partner organisations to remodel their estate more effectively at a central and local level.

3.32 We are championing collaboration as the default way of doing business for public sector asset management across Wigan. The benefits of this collaborative approach are far reaching and include:

- Improved, more effective use of resources;
- Ensuring accessibility;

- Reduced combined property running costs;
- Generate capital receipts through the sale of surplus asset for reinvestment;
- Improved access to public services;
- Facilitate more collaborative working to manage patients and
- customers with multiple or complex needs;
- More collaborative working at a property and facilities management level;
- Increased productivity through more flexible use of the combined estate;
- Reduced carbon emissions;
- Greater support for regeneration and place sharing within the communities we serve;
- Reduced recurrent expenditure.

3.33 To measure our success we expect to be able to demonstrate progress against a number of criteria:

- Coherent co-location of clinical care, social care and associated voluntary services;
- The premises from which our commissioned services are delivered should always be of the appropriate standard:
- Customer focused accessible services situated where they are needed;
- Fewer public sector buildings;
- Sustainable future proofed design solutions with flexible spaces, Information and Communications Technology and building services infrastructure;
- Collaborate to maximise use of available capital funding and existing capital assets;
- Better and more shared use of the community assets;
- Generate recurring revenue operational and premises running cost savings.

3.34 Our priorities for the Estates Strategy are that the occupancy, utilisation, development of and, investment in our estate will always be driven by the service strategy.

3.35 We are fortunate that we have inherited 8 excellent health centres from the LIFT programme plus several other modern centres developed during the last 5 to 10 years.

3.36 These buildings provide the opportunity to deliver our hub and spoke, integrated care network of services right across the borough, as close as possible to our local population.

3.37 We are in the process of refining our understanding of their utilisation and identifying space that can be adapted and used for the delivery of the model we have developed.

Workforce Transformation

3.38 Our vision for the health and social care workforce for the borough of Wigan is focused on transforming the way health and care is delivered in the future. This will mean new ways of working for doctors, nurses, allied health professionals, social care staff, support workers and administration teams.

3.39 Ultimately, we expect staff to work more freely across organisational and professional boundaries aligned to redesigned clinical and social care pathways; providing a range of holistic support to the residents and patients of the Borough.

3.40 We will achieve the right balance between the specialist and the generalist workforce which will include:

- A higher percentage of the workforce that will have a core set of generalist skills;
- A group of staff who are able to carry out the generalist skills of nurses and allied health professionals.
- An evidenced base approach to ensure we identify and recruit to safe staffing levels.

3.41 We will develop a framework and methodology for defining the ratios of different skill levels in each professional group in each setting taking account of national guidelines. A Borough wide approach to talent management, promoting Borough wide succession planning has been agreed.

3.42 We will equip the workforce with the appropriate clinical leadership skills to deliver high quality services built around patients. Core leadership competences will be put in place for all clinical and non-clinical managers which will include understanding how to utilise their workforce effectively.

3.43 There will be a competency based framework which supports the forming and integrating of teams:

- Education will be in place which enables working in virtual teams and networks;
- An asset-based learning approach focussing on what can be achieved within existing resources and supporting a self-management approach.

3.44 We will develop opportunities for career progression with consistent and well defined roles. Career pathways supported by education frameworks will be in place for all staff to promote transition to integrated working opportunities which will actively involve staff and service users.

3.45 As the majority of expenditure in all organisations is linked to pay, the workforce transformation and skill mix changes should deliver economies of scale and ultimately reduce pay costs.

3.46 We will apply a co-ordinated framework to enhance the roles undertaken by our volunteers; recognising the value of the voluntary sector.

3.47 The financial challenges and opportunities associated with GM devolution mean that workforce transformation needs to demonstrate value for money, reduced cost and improved quality.

Information, Data Sharing and Innovation

3.48 Partners in Wigan have established an IT Strategy Group which has been leading organisations across the Borough to ensure that there is a joined up and consistent approach to improving the use of technology to support the delivery of care and commissioning intelligence.

3.49 One of the great successes of the economy-based approach is the creation of a holistic Information Assurance Contract and Information Sharing Agreement, which have been signed off by all providers and General Practices, facilitating the use of information for care purposes, with patient consent at the point of care.

3.50 As a result of this strong foundation, a locally aligned risk stratification tool, along with the "WiganLive!" economy resilience dashboard, has been developed and is being used to fully understand population demand and target patient cohorts to improve outcomes.

3.51 Both tools utilise pseudonymised data, supported by the local DSCRO (Data Services for Commissioning Regional Office) and a local pseudonymisation method, meaning that analysis can be safely carried out within the confines of the Health and Social Care Act.

3.52 Wigan Council is also collecting and using the NHS Number and this is being utilised with the Risk Stratification tool to provide a more holistic view of service demand and utilisation.

3.53 The "SharetoCare" programme has also been established from the IT Strategy Group which, utilising the Medical Interoperability Gateway (MIG) and Electronic Document Transfer (EDT), is working to ensure that the right information is in the right place at the right time to support direct patient care.

3.54 This has been received and adopted with great enthusiasm within a number of pilot areas including Leigh Walk in Centre and Hospital Pharmacy. The benefits that are being seen by both patients and clinicians are now being collated.

3.55 During 2015/16 the deployment of the shared record will progress across Emergency care, Hospital @ Home, District Nursing, McMillan Nurses, End of Life care, Acute and Mental Health Pharmacy, Integrated Teams, Safeguarding and 7 Day Access to Primary Care. Discussions are taking place about widening this programme.

3.56 The IT Strategy Group is creating an environment across Wigan that facilitates not just information being available to care professionals but also that those care professionals will be able to work in the locations that they require, whether that be acute, community, primary care or patient setting.

3.57 We are also focused on empowering patients and expanding our usage of Telehealth to support care delivery. Basic text messaging systems are in place but in future this

will be expanded, potentially to a single “Wigan App”, which will cover directories of services, care pathways, support information and facilitate patients submitting updates to personal and care records.

3.58 Underpinning our approach to this, will be a drive to ensure that all residents have far greater control of their own care and records.

SECTION 4 – CONCLUSION AND NEXT STEPS

4.1 In this plan, we have described our programme of work designed to transform health and care in our Borough.

4.2 Through the achievements of partners in the Borough, we have put ourselves in a strong position to seize the opportunities presented by Devolution to move further and faster in our reform programme.

4.3 We will take these opportunities and by 2020, we will see a radically different health and care system in the Borough with a far greater focus on keeping people well in their homes and communities, where care is much more joined up and where we are far less reliant on the unplanned use of services.

4.4 We will achieve this through partners in the Borough working together and co-owing this programme of work. We will ensure, through our Wigan Leaders governance structure that we have effective oversight of the changes we are making. This will be supported by a full schedule of evaluation to make sure that our work is achieving its planned outcomes.

APPENDIX A

Wigan Health Summary

Health summary for Wigan

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Regional average^ | England Average | England Worst | England Best | 25th Percentile | 75th Percentile | England Range

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	96,965	30.3	20.4	83.8	0.0
	2	Children in poverty (under 16s)	11,440	19.5	19.2	37.9	5.8
	3	Statutory homelessness	183	1.3	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	2,061	58.0	56.8	35.4	79.9
	5	Violent crime (violence offences)	2,725	8.6	11.1	27.8	2.8
	6	Long term unemployment	1,752	8.6	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	604	16.8	12.0	27.5	1.9
	8	Breastfeeding initiation	2,019	55.5	73.9		
	9	Obese children (Year 6)	633	20.2	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)†	40.0	59.0	40.1	105.8	11.2
	11	Under 18 conceptions	153	27.1	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	20.2	18.4	30.0	9.0
	13	Percentage of physically active adults	238	50.9	56.0	43.5	69.7
	14	Obese adults	n/a	27.0	23.0	35.2	11.2
	15	Excess weight in adults	521	65.3	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma†	51.7	17.9	18.4	38.0	4.8
	17	Hospital stays for self-harm	1,217	378.4	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm†	2,716	873	645	1231	366
	19	Prevalence of opiate and/or crack use	1,869	8.9	8.4	25.0	1.4
	20	Recorded diabetes	17,697	7.0	6.2	9.0	3.4
	21	Incidence of TB†	10.3	3.2	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	1,562	750	832	3269	172
	23	Hip fractures in people aged 65 and over	313	597	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	179.7	19.2	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	77.7	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	80.9	83.1	80.0	86.4
	27	Infant mortality	13	3.5	4.0	7.6	1.1
	28	Smoking related deaths	595	371.4	288.7	471.6	167.4
	29	Suicide rate	36	11.3	8.8		
	30	Under 75 mortality rate: cardiovascular	272	98.2	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	441	157.5	144.4	202.9	104.0
	32	Killed and seriously injured on roads	74	23.1	39.7	119.6	7.8

Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

APPENDIX B

High Level Financial Assumptions by Organisation

General

That savings targets will be delivered each year.

Wigan Borough CCG

- Allocations remain unchanged;
- Provider costs do not increase beyond sustainable levels;
- Continuing healthcare costs do not increase beyond sustainable levels;
- Prescribing costs do not increase beyond sustainable levels;
- Inflation only levels of growth as at Distance from Target (DfT);
- Expenditure is equal to levels of percentage growth;
- Assumed return of prior year surplus;
- No further running cost reductions;
- Financial continuation of the Better Care Fund (BCF); and
- Delivery of Business Rules (surplus).

Wigan Council

Areas within Scope:

- Adults Social Care & Health;
- Public Health ;
- Children's Social Care;
- Children's Early Intervention and Prevention (Excludes all Dedicated Schools Grant expenditure);
- Leisure Sports & Community, Greenspaces and Leigh Sports Village Revenue; and
- 33% of Housing Revenue Account expenditure based on health need.

Capital expenditure aligned with revenue expenditure.

Asset base covering all Adults Social Care & Children's Social Care properties, Leisure Centres, Community based properties and a proportion of HRA Council dwelling stock to reflect tenancies of over 75s.

Inflationary Assumptions - No annual budget uplift - but annual £2.3m pressure from demographic changes / protecting social care services.

	2015/16	2016/17	2017/18	2018/19	2019/20	Total
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)
Projected Council reductions required	12.100	25.066	25.105	10.000		72.271

This based on projected acceleration of deficit reduction programme by Central Government.

Central Government notification of 7.75% in year reduction to Public Health Grant over and above adjustments to Revenue Grant Settlement that will impact on 2015/16 and recurrent adjustment required from 2016/17 onwards.

Locality plan reductions in line with current savings plans proposals for those areas within scope. Currently assumed that all of these deliverable.

No impact as yet from Sector Plan or GM Transformation

Wrightington, Wigan and Leigh FT
The initial assumptions included in the presentation were:

- Tariff deflator as per 2014/15–2018/19 planning guidance with -1.0% for 2019/20;
- Inflation; pay 1%, incremental drift 0.5%, drugs 6%, energy 5-10%;
- £23m income and £13.2m costs out over 5 years (commissioning intentions);
- Indicative split to get to Wigan Borough baseline position; and
- Baseline does not include current contract offer or repatriation ambition.

Bridgewater Community FT
In terms of assumptions total borough income has been used to arrive at a percentage share. In terms of future year CIP these are taken from our LTFM re Monitor submission – as we acknowledged at the meeting we will need to update the LTFM in due course but these give us a starting point.

ASSUMPTIONS	
WIGAN LOCALITY COMMISSIONERS	£000
AGREED CONTRACTS	
WIGAN CCG	31777
WIGAN BC	2191
LAT	5403
OFFENDER	2447
DENTAL	424
TOTAL	42242
BCH TOTAL	140000
SHARE OF CIP	30
BCH CIP TOTALS 30% APPLIED	
ACTUAL BUDGET 2015/16	6.6
FROM ORIGINAL 5 YEAR LTFM	5.7
FROM ORIGINAL 5 YEAR LTFM	5.7
FROM ORIGINAL 5 YEAR LTFM	5.7
FROM ORIGINAL 5 YEAR LTFM	5.7

5 Boroughs Partnership FT

Assumptions	2015/16	2016/17	2017/18	2018/19	2019/20
	%	%	%	%	%
Tariff Deflator	-1.25	-1.6	-1.6	-1.6	-1.6
Expenditure Inflation	1.56	2.24	2.24	2.24	2.24

APPENDIX C

Wigan Locality 5 Year Transformation Pump Priming Requirements

Wigan Locality 5-Year Transformation & Pump Priming Requirements		
Scheme	**Description**	**£m**
	Revenue Schemes	
1	Improved community service teams to keep people / treat people in their own home linked to bed closures, community nursing and therapy and 5 year forward view in growth in older peoples treatment.	1.00
2	Increased capacity and speed of access for community diagnostics - For endoscopy, MR, pathology, nous, echocardiograms, ecgs.	2.00
3	Mental health crises unit development.	3.00
4	Mobile CCG/Council teams to support EMI beds arising from bed review.	5.00
5	Mental Health support teams to assist patients in new social care housing.	2.50
6	Mobile EPR across all services within the Borough to improve productivity, shared records, quality, generic working etc : IT investment for equipment, trainers, infrastructure.	2.00
7	Expansion of "Telemedicine" across the borough in all settings – productivity, reduced admissions, health and social benefits.	0.50
8	Workforce Reform - Roll out the Deal for Adults Social Care & Health & Childrens.	3.00
9	Enhanced Rehabilitation	1.00
10	Pump Prime Embedding Support & Physical Activity across Locality / Heart of Wigan Programme.	1.00
11	7 day working for Recovery Teams.	0.70
12	Development of the 'Sanctuary' concept.	0.20
13	Development of Peer Support worker roles.	0.22
14	Delivery of Primary Care 7 day working and GM standards.	8.00
	Revenue Schemes Sub-Total	**30.12**
	Transitional Revenue Support	
15	Community beds and closure of hospital beds - Remove 56 acute beds and replace them with 40 step down and step up community beds throughout the year. Transition costs are £65,000 for each bed closure.	3.64
16	Linked to Scheme 15 - Plus £3,300 per community bed per month.	1.58
17	Transitional costs for staff redundancy as the system moves to a shared resources for CATs in the community covering 100% of outpatients.	2.00
18	Transitional support for workforce redesign – revised working arrangements, productivity realisation, generic working, redundancy/MARS.	3.00
	Transitional Revenue Support - Sub Total	**10.22**
	Capital/Leasing Sub-Total	
19	Ambulatory Assessment Area (AAA) capital development for further 20 beds.	4.00
20	Continued investment in Housing with Care Developments	5.00
21	Buildings capital development for 8 CATs sites developments.	4.00
22	Reconfiguration and redevelopment of current asset base to deliver integrated health and social care services within a community hub setting.	5.00
23	Provision of Discharge to Assess Facilities	1.00
	Capital/Leasing Sub-Total	**19.00**
	Information Technology	
24	Locality wide IT infrastructure investment .	5.00
25	E-Referral & E-Discharge Management & Workflow.	0.60
26	Paperless & Automated Inpatient Services (E-Prescribing, Handover, Observation Management)	1.00
27	Digital and Online Services and Patient Portal.	1.20
28	Electronic Document Management & Correspondence.	0.80
29	Data sharing for End of Life & Neighbourhood Teams.	0.20
30	Shared Record Platform.	1.00
31	Digital Transcription.	0.60
	Information Technology Sub-Total	**10.40**
	Grand Total	**69.74**