‘FURTHER, FASTER TOWARDS 2020’

THE WIGAN LOCALITY PLAN FOR HEALTH AND CARE REFORM

THE WIGAN CONTRIBUTION TO THE GREATER MANCHESTER STRATEGIC PLAN

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.

The local NHS and Wigan Council have a track record of improving outcomes for residents and delivering savings by removing duplication, better utilisation of assets, increased efficiency, and targeted investment.

We have called this document 'Further, Faster towards 2020' because we intend to build on this track record and secure the improved outcomes and reformed health and care system as quickly as possible.

Partners in Wigan are convinced that Greater Manchester Devolution offers us a unique opportunity to move further and faster on our local transformational programme of work.

Our Locality Plan describes the way in which we will use the assets and talents of the residents and the organisations in the Borough to deliver a health and care system that supports residents to be well and independent, orientated towards prevention and early intervention, focused on quality outcomes from services that are more joined up, and is financially sustainable.

We believe the implementation of our Locality Plan will transform the health and care system for the residents of our Borough.

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

Dr Tim Dalton
Chair, Wigan Borough Clinical Commissioning Group

Councillor Keith Cunliffe
Executive Member Adult Care and Health, Wigan Council

Endorsed by Health and Wellbeing Board June 2015
Updated July 2016

SECTION 1 - EXECUTIVE SUMMARY

The Wigan Locality Plan describes a wide-ranging programme of change to close a local financial gap of £87m by 2020. We will see health and care pathways that are co-ordinated and standardised across different providers and levels of care with a far greater focus on early intervention and prevention. In doing this we believe we can improve outcomes for residents.

However, we recognise that we need to do more than change the way services are organised to ensure a financially sustainable local health and care system. We must also achieve a transformational reduction in demand for services.

The first strand of the Wigan Locality Plan is to secure a transformational improvement in population health and well-being and associated reduction in health inequality. We will champion a local movement that will see residents take charge of their own health and wellbeing and that of their families and communities. We will continue to prioritise safety and focus on providing high quality care and treatment to all patients when they need it.

The focus will be on how people in the Borough can best use their strengths and skills to become more independent and contribute to their community and the well-being of others. Through the use of technology at scale, we will enable people to be well and more in control of their own lives, including access to their own care records. We will build on a strong progress of improving population health and well-being by scaling up our work on tackling the preventable causes of ill health for Wigan residents. Some of these relate to lifestyle determinants of poor health (for example smoking and obesity), and others to the wider determinants of health (for example, housing, domestic abuse, social isolation and the availability of good quality work).

The second strand of the Wigan Locality Plan is to develop a new model of partnership between providers of health and care services and others (for example the voluntary sector) to deliver better and more consistently joined up out of hospital care. The partnership will work through a number of multi-agency teams reflective of natural communities. The 'Wigan Integrated Care Organisation (ICO)' provides the framework by which partners in the system will work together to deliver a transformed out of hospital system.

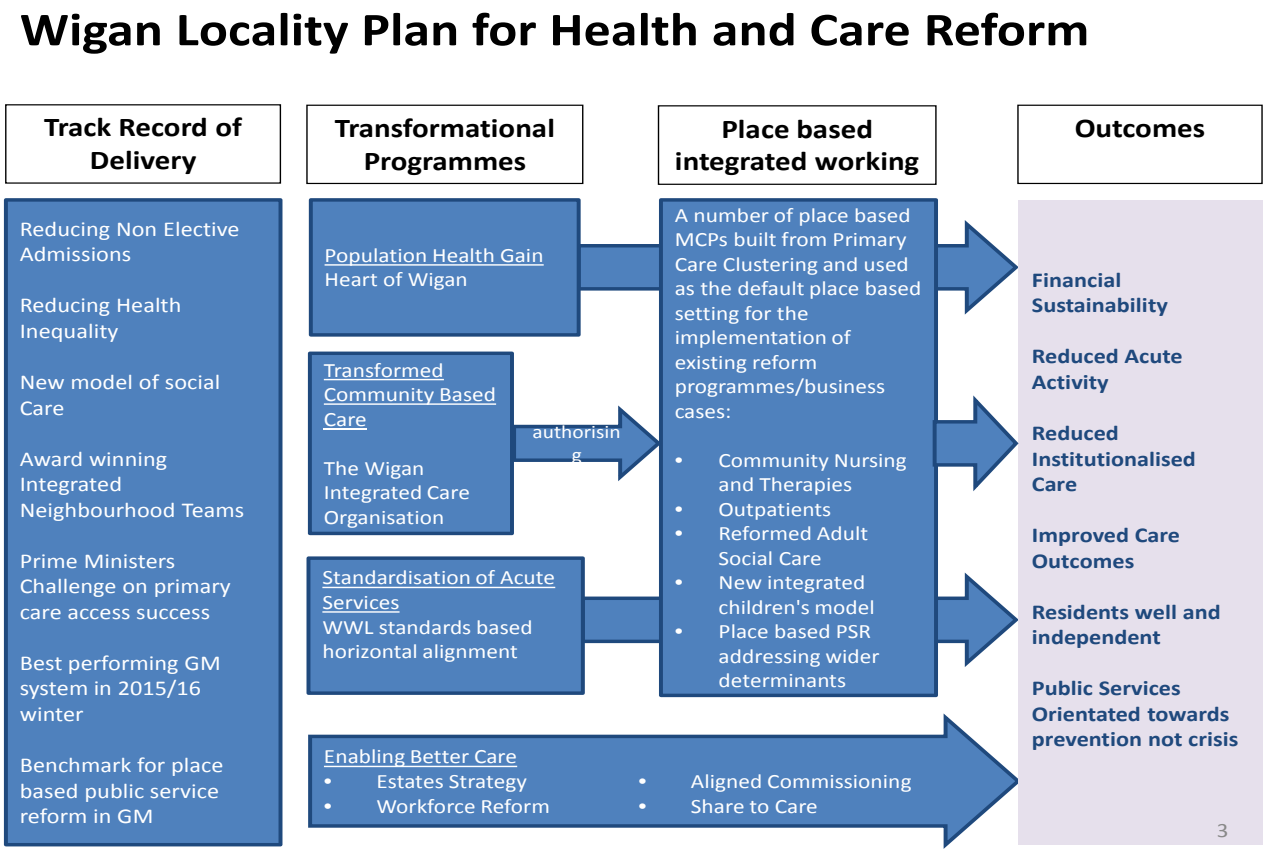
At the heart of community-based integrated care will be a new model of GP services working as place-based clusters with both health and care services and other public services aligned to them. We will work in partnership across the health and care system, and with other public services to ensure these new teams work effectively to support residents to be as well as possible and in control of their lives.

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 system boundaries between in and out of hospital services, and between hospitals in Greater Manchester and across the conurbation as a whole. This work is the third strand of the Wigan Locality Plan.

The fourth and final strand of the Wigan Locality Plan is to recognise that to enable the achievement of our ambition we will build on the significant progress of our Share to Care (IM&T) strategy, develop a whole system approach to the utilisation of our estate, and work to ensure our staff are best able to contribute to the transformed system.

In particular we will see much greater alignment of commissioning arrangements between the CCG and the Council including a significant increase in pooled and aligned budgets and the establishment of a new Joint Commissioning Executive.

We believe that we have the right vision and the capability to deliver this plan and, in addition, that it puts Wigan in a very strong position to meet the requirements of the new Sustainability and Transformation plan set out in the NHS Planning guidance. Our Plan on a Page summary is shown 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.

SECTION 2 - OUR PLAN

1 – Our Vision

1.1 In January 2014, all partners in the economy signed up to a shared vision via the Wigan Health and Wellbeing Board. 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

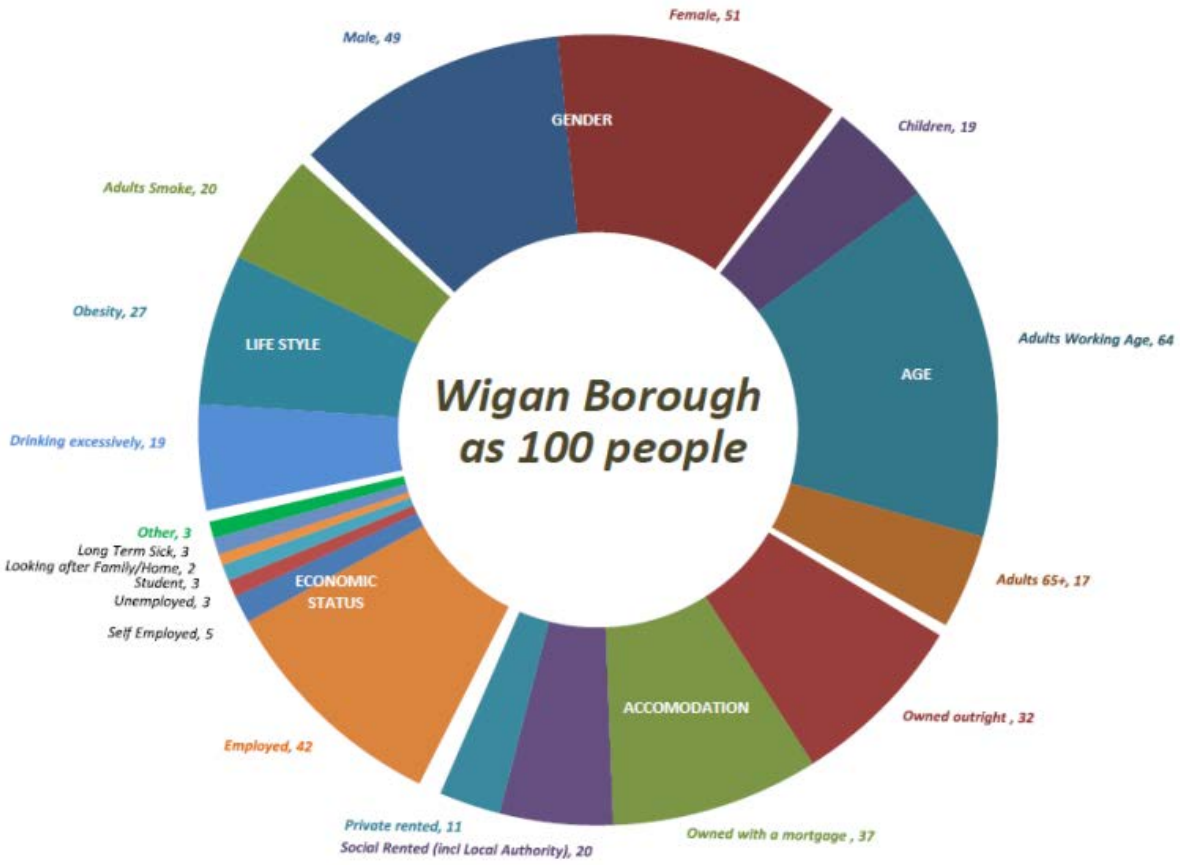
3. That all services in our Borough should be safe and of a high quality and part of an integrated, sustainable system led by primary care

1.2 This vision operates as a touchstone for our joint work and is threads through all of the major strategies in the health and care system in Wigan. It is fully aligned with both the Greater Manchester Strategic Plan and the NHS Five Year Forward View.

1.3 At the heart of our vision is the commitment that partners in Wigan Borough want to ensure the greatest and fastest possible improvement to the health and well-being of our residents.

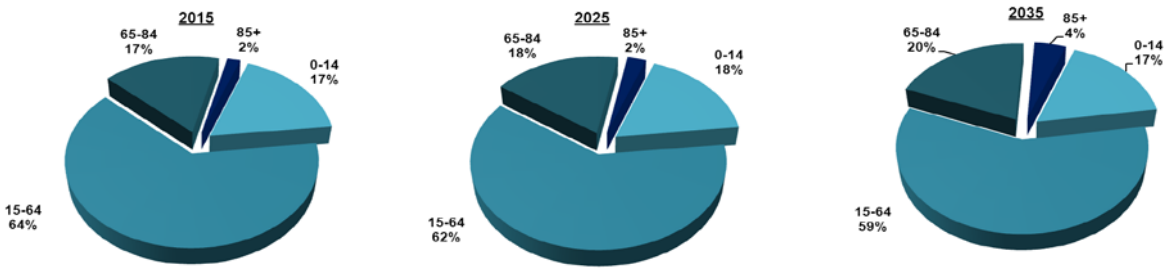
2 – Our Borough

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



2.2 The diagrams below show how the Wigan 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)

2.3 In broad population terms, 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.

2.4 We have some socio-economic challenges to address in the Borough in the context of our ambition to improve population health and well-being. It is estimated that, 12,000 children live in poverty and 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.

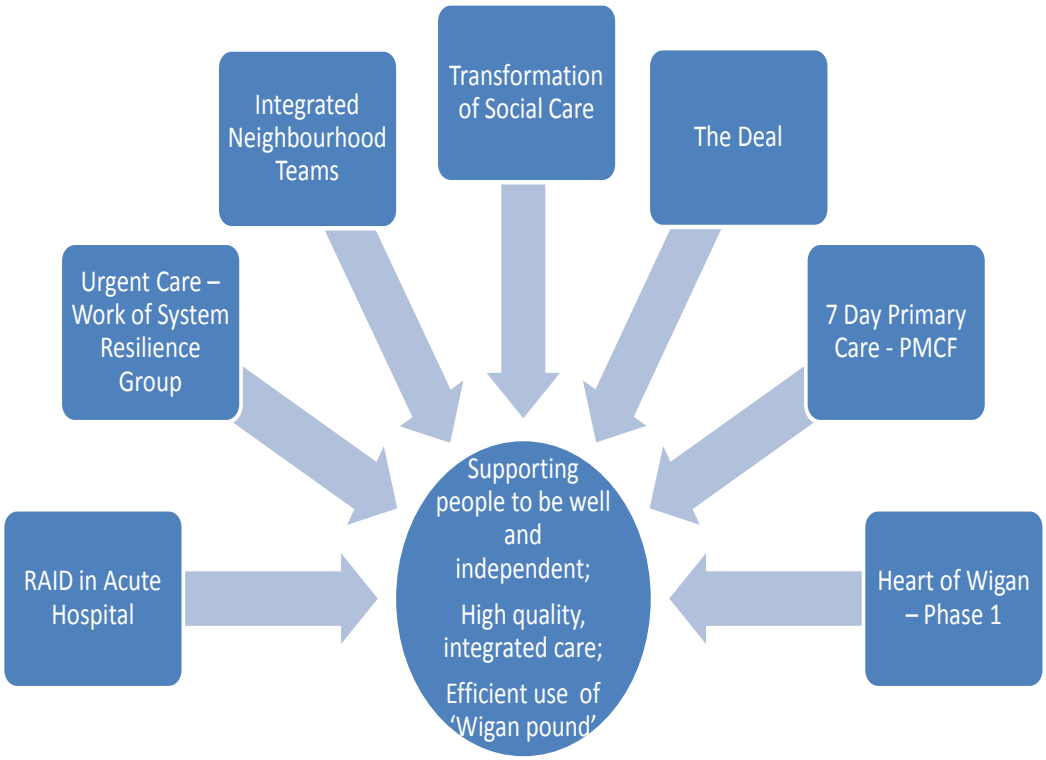
2.5 As an indication of the scale of the health and care system, on an average day in Wigan, there are 9,343 GP appointments, 2,611 outpatient appointments, 91 unplanned admissions and 246 A&E attendances. In 2013/14, 8,818 people were in receipt of formal social care.

3. Our Track Record

3.1 As partners, we have already worked together to make significant strides towards this reformed health and care system in the Borough - scaled population health intervention, award winning new models of integrated care, more targeted early intervention and prevention services, new community-based services, reformed social care provision and improved hospital services exemplify our progress.

3.2 We also share 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. We have evidence through the Deal for Social Care of the benefits to residents and potential cost reductions to the system

3.3 Some of the best examples of our current reform programmes are referenced below. The implementation of these and other programmes give us a strong foundation on which to increase the pace of change.



3.4 Together and with other programmes these initiatives are beginning to make a real impact on the system. Some of the key examples of this are shown below:

- Emergency Admissions – a net decrease of 5% over the last five years compared to a net increase of 9% nationally - if we had followed the national trend this would have resulted in 4,902 more emergency admissions in 2015-16, at an approximate cost of an additional £8.3m (National data taken from published NHS England statistics);

- A&E – a net decrease of 2% over the last five years compared to a net increase of 8% nationally. If we had followed national trend this would have resulted in 11,203 more A & E attendances in 15-16, at an approximate cost of an additional £1.3m (National data taken from published NHS England statistics);

- A&E – we were the only system in GM to achieve the 95% waiting standard in 2015/16;

- We have secured the greatest improvement in healthy life expectancy for both men (37 months) and women (18 months) in all the Greater Manchester districts in the period 2009/11 to 2011/13,

- A reduction in the cost of adult social care provision through supporting more people to be independent – adult social care budgets have been reduced by 25% since 2011/12 whilst absorbing demographic pressures,

- 322,000 residents have been risk stratified to predict the likelihood of being admitted to hospital in an emergency. 9,627 of these are being managed through various health and care interventions;

- We have almost halved the number of all GP referrals to Trauma and Orthopaedics since the introduction of a new Muscular-Skeletal triage service in May 2015;

- The 62 Day GP Referral-To-Treatment standard for cancer waiting times of 85% has been achieved in every quarter since 2013/14;

- The new waiting times standards for Improving Access to Psychological Therapies (IAPT) of 75% (within 6 weeks) and 95% (within 18 weeks) were both achieved in November 2015, four months in advance of the April 2016 target;

- We have commissioned a Rapid Assessment Interface & Discharge (RAID) service for managing patients with mental health presentations at acute services more effectively which demonstrated a reduction in length of stay of 0.5 days per patient and 16 beds per day.

- The rate of alcohol-specific hospital admissions in Wigan Borough in those aged under 18 has fallen by half in less than ten years;

- Since the implementation of the Enhanced Alcohol Pathway in 2015, the average number of alcohol-specific hospital admissions has fallen by roughly 20 per month which represents a reduction of approximately 25%.

3.5 We believe that the evidence of the impact of our existing programme of reform suggests there are opportunities to share learning with colleagues across Greater Manchester. Examples would include our work on an asset based approach to individuals and communities (the Deal), the implementation of integrated services such as Integrated Neighbourhood Teams targeting a risk stratified cohort of residents, and our work on the Share to Care IM&T programme.

4. Our Challenges

4.1 Despite evidence that our existing programme of work is beginning to have an effect on addressing some key priorities for the system such as health inequalities or non-elective admissions, the health and social care system for the borough faces significant challenges in delivering the vision for the reformed system. 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 and ever-increasing demands, mean that all partners in the Borough are facing an unprecedented financial challenge.

4.2 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.

4.3 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 care and treatment are of a high quality and efficient as possible, that we will achieve long-term financial sustainability for the Borough.

4.4 The future we are striving for is one where residents are supported to be well, independent and connected to their communities. When our residents 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 factors such as work, housing, access to leisure and social isolation and loneliness.

4.5 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.

4.6 We believe that Devolution of Health and Care to Greater Manchester will act as a catalyst to the realisation of this ambition.

5. Our Shared Approach to Implementation

5.1 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.

5.2 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.

5.3 Everything we do is about improving the quality of services and maintaining high standards. We believe that by delivering high standards of clinical safety, quality and safeguarding and by reducing clinical variation we are building a sustainable system. The ethos of quality is embedded in all of our work. We will ensure that this is maintained during the transition required for a transformational programme of this scale.

5.4 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.

5.5 We must work better together locally but also ensure that all our residents benefit from the opportunities for economic growth identified in the Economic Prospectus for Wigan and the Growth strategy for Greater Manchester as whole that Devolution as a whole will bring to Greater Manchester – including employment, transport, housing and planning. We recognise the positive impact that increasing prosperity and the availability of good quality work would have on demand for health and care services in the Borough

5.6 We have already begun to demonstrate how addressing wider determinants of health and well-being, and new models of public service reform can improved outcomes for residents and reduce demand for services. Implementation of the "perfect weeks run both at a GP practice in the Borough and at a primary school and secondary school demonstrated the benefits of joined up working around individuals and their families, the use of risk stratification, co-location of services and an approach that draws on the strengths and skills of people.

5.7 As part of our planning, we have commissioned a modelling tool to forecast the requirements for beds (defined in the broadest sense of points of care delivery) in the system based on delivery of the initiatives within the Wigan Locality Plan. This will enable us to better plan where capacity can be removed in the system as a result of service redesign.

Recently we have brought together all of the learning on community based, public service reform oriented, asset-focused new models in a specific place (Platt Bridge) and we will work to replicate these principles in communities across the Borough as part of the Integrated Care Organisation Implementation. Our next roll out of wider

public service place based working will be aligned to Cluster/Multispecialty Community Provide (MCP) development.

5.8 In recognising the challenges we face, and the need to mobilise a greater proportion of public service spend towards prevention, early intervention and reducing demand, 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.

5.9 We want to ensure that we make the most of the opportunity of Greater Manchester Devolution to accelerate our change programme. This is both in respect of maximising the local impact of the programmes within the Greater Manchester Strategic Plan and using the opportunity of system-wide change as described below.

5.10 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. This is in part about learning from others, and sharing our own learning and about utilising opportunities for Greater Manchester wide approaches to address challenges that of necessity require a system wide Borough perspective.

5.11 Our ambition has been informed by our participation in The King's Fund on an integrated care collaborative and builds upon the principles for development of systems of care set out in their recent publication "Place-based systems of care". 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’

6. Our Plan – An Overview

6.1 Our Locality Plan strongly aligns with the transformational themes within the Greater Manchester Strategic Plan for Heath and Care. We will ensure that our local programmes reflect broader Greater Manchester themes, for example: the Greater Manchester Mental Health Strategy; Dementia United; the transformation of Child and Adolescent Mental Health Services (CAMHS) and the Greater Manchester approach to Public Sector Reform.

6.2 In 2016/17, the first year of delivery of this plan, we will ensure that we meet the challenge of delivering the nine 'must dos' for the NHS, set out in the planning guidance. Our response to this can be found at **Appendix C.**

6.3 We will measure the impact of the transformational changes we are making through our system-wide Integrated Care dashboard. We will refresh this in line with the development of a Greater Manchester Outcomes Framework. In addition, we will continue to draw on the latest national and international thinking – for example, The King's Fund's *measuring the Performance of Local Health Systems* as we build on this dashboard.

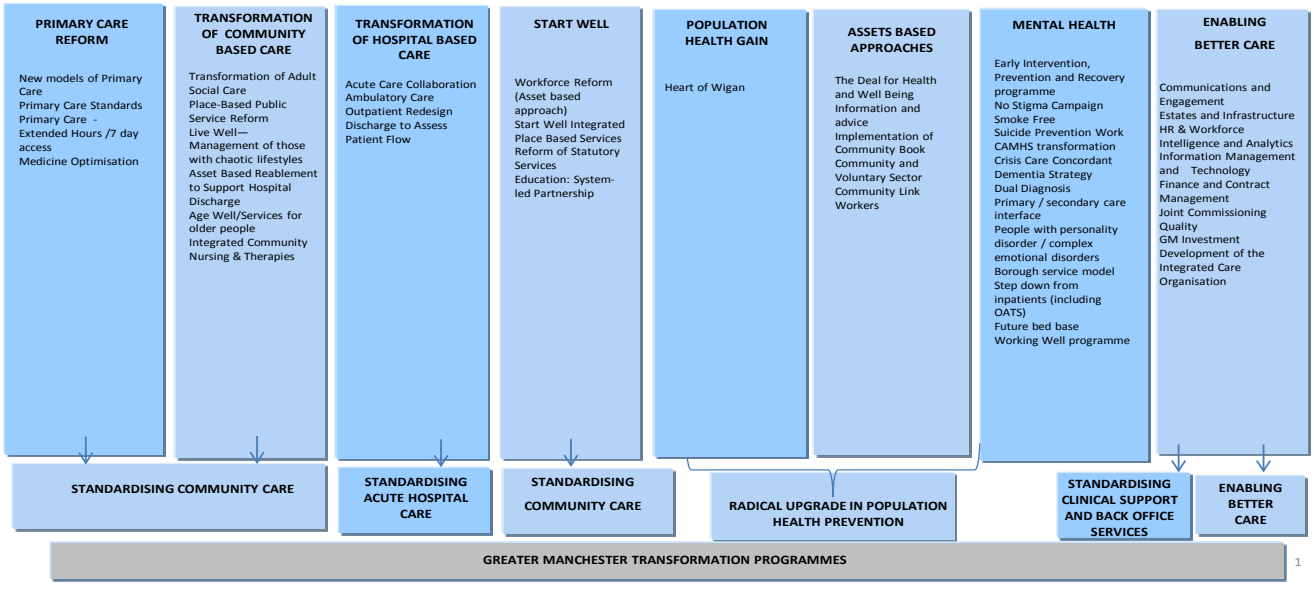
6.4 In respect of our delivery of this plan, there is a detailed implementation plan that supports the Locality Plan. This is based on our agreed local transformation programmes. These align to the Greater Manchester programmes and operating principles – as shown below:

Wigan Locality Plan – Phase One Implementation

2016/17 will be the first year of delivery of Wigan's Locality Plan for Health and Care. This year will build on our transformational programme of work and use the opportunity of Devolution to move Further and Faster. The key system changes for the upcoming year include:

- The establishment of an Integrated Care Organisation (ICO) based on the Multi Speciality Community Provider model and built around primary care– this is our LCO.
- The creation of a Joint Strategic Commissioning Executive between the Council and CCG;
- Revised health and care partnership arrangements accountable to the Health and Well Being Board to support delivery of the Locality Plan and making the link to wider public service reform.

The headings below provide more detail on what will be delivered in 2016/17.



7. Our Implementation Plan – A Radical Upgrade in Population & Public Health

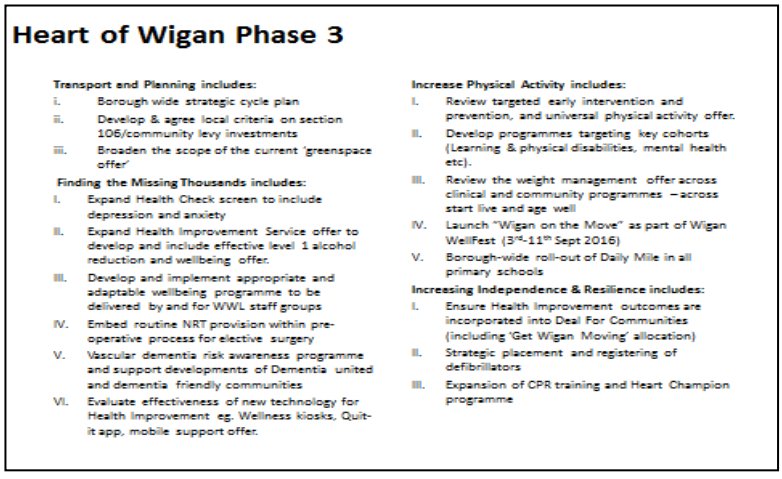
7.1 Wigan has seen a rapid improvement in Healthy Life expectancy relative to other GM authorities, the England average and statistical peers. This is largely attributable to the implementation of a population wide health improvement programme – Heart of Wigan.

7.2 The Wigan Health and Wellbeing Strategy, endorsed by the Health and Wellbeing Board in July 2016, takes account of the latest international research in population health, such as that led by Alonzo Plough of the Robert Wood Johnson Foundation[1], to put in place a local movement towards better health. We will increasingly seek to change the emphasis of what we mean by health: from needing to seek health care services to what all individuals can do – in their work, families and communities – to support active and healthy living.

7.3 The Greater Manchester Public Health Memorandum of Understanding signalled "Public Health, Reform and Growth" as a major programme of work. It required partners to make a powerful case for the "The Economics of Prevention" that brings together the evidence, analysis and understanding of a placed-based approach to prevention to support the public service reform programme.

7.4 The 'Heart of Wigan' programme's aim is to reduce Cardio Vascular Disease by ensuring joined up working and maximising investment or funding potential. It achieves this by identifying shared or complimentary objectives that support CVD reduction. An example of this is demonstrated in linking the local transport and public health strategic aims. We will focus on system-wide application of prevention and early intervention priorities, using population stratification tools to identify cohorts of residents at risk of ill health and lost independence, and reflecting an appreciation of the wider determinants of an individual's health and well-being.

7.5 Building on the Heart of Wigan programme, we will deliver at scale implementation of interventions that secure population health improvement, universally offered and with delivery targeted by health inequality. This is our Heart of Wigan Phase 3 programme, and its component parts are itemised below:



[1]

8. Our Implementation Plan – A Transformation in Out of Hospital Services - The Wigan Integrated Care Organisation (ICO)

8.1 The development of the Integrated Care Organisation for Wigan is the mechanism by which we secure a transformation in the operation of out of hospital services. It builds on strong learning from our model of Integrated Neighbourhood teams, including the scaled deployment of risk stratification and mutli-agency working.

8.2 The inaugural ICO programme board of May 2016 described the ICO as:

A new alliance of providers working together to improve integrated and joined up services based around primary care, focused on prevention and early intervention, bound by a common narrative and approach, and with a stake for each organisation (including the local hospital) in the scaled reduction of demand.

8.3 The Wigan ICO Partnership Board also confirmed these guiding principles:

- Partnership of health and social care providers built around primary care and focused on prevention and early intervention;
- Develop partnerships in natural communities with GP practices working in clusters with services being built around them;
- GPs within Clusters 'own' the patient list and shape public services contributing to improving health and well-being of the population;
- Other Public Service Partners (e.g. Housing and Leisure) work to align their service offer;
- Place-based multi-agency hubs working at the same spatial levels as the GP clusters;
- All health and care reform programmes are aligned to the establishment of integrated care and based around this cluster-based model.

8.4 The clustering of GP services is being finalised around naturally forming communities of between 30-50,000 population. The GP Clusters provide a focal point for the development of Multi- Specialty Community Providers in each place.

8.5 The development of GP Clusters in the Wigan Borough has been part of the New models of primary care programme and in partial response to the GM Primary Care Standards, and the priorities and governance of the clusters are rapidly developing.

- 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 be provided in an integrated manner led by primary care.
- We see the new model of primary care as the foundation of a place-based integrated delivery model with the ICO as the focal point. We are forming

clusters of GPs working together in natural communities, supported by a range of multi-agency teams from health and care and wider public services.

- We were successful in our bid to the second wave of the Prime Minister's Challenge Fund. Since July 2015, we have been providing seven day access to primary care for our whole population through a service delivered by our local GP federations from hub sites across our Borough. We are now developing the options for the sustainability of this service beyond the initial funding.

- We will enhance primary care provision by encouraging greater collaboration and joint working with acute and community health professionals as well as other services based in our communities, including schools. 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.

- A primary care workforce strategy is being developed to support recruitment, training, development and retention of staff in Wigan as well as the transformation of primary care needed to deliver the Primary Care Strategy.

- 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.

- We will drive up quality and reduce unwarranted variation at scale within primary care through the local implementation of the Greater Manchester Primary Care Standards.

8.6 Clusters provide a focal point for the emergence of a number of MCPs in the borough that together represent the Integrated Care Organisation. The MCPs are formed by gathering the practical implementation of a number of reform programmes in the borough around the clusters, including

- New models of integrated community nursing and therapy services;

- New models of Children's services "Start Well"

- Reformed adult social care;

- Place Based Public Service Reform;

- Reform of Outpatient Services;

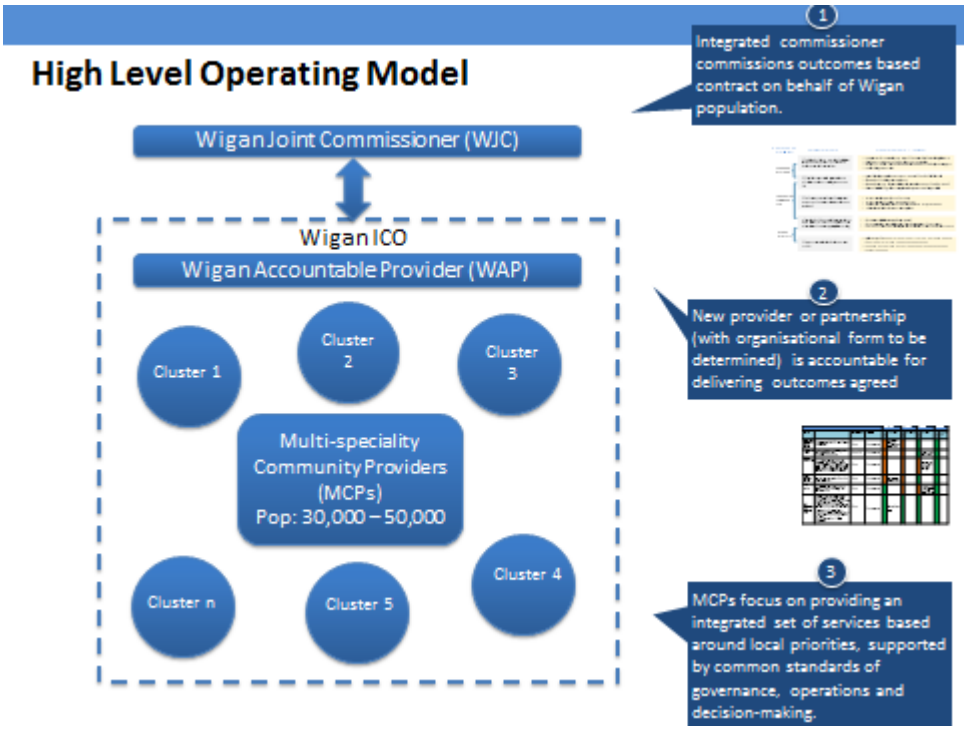
- Public Health Interventions;

- Opportunities to align wider council responses including leisure services and housing.

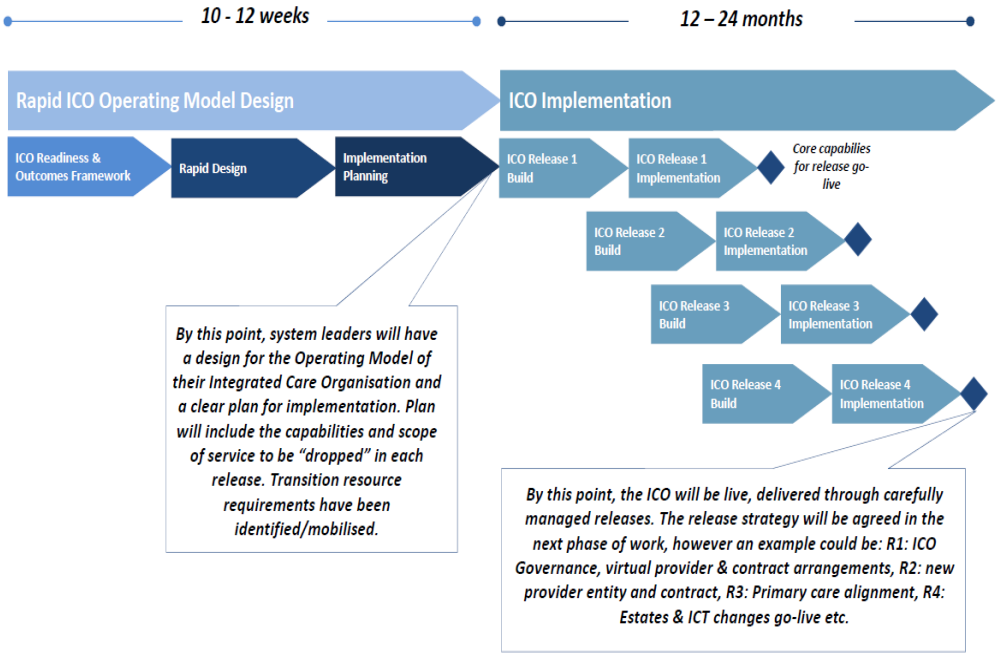
8.7 The Wigan ICO represents an integrated system of out of hospital care with a focus on population health, prevention, early interventions and joined up working. It means empowered patients and residents supported to greater independence;

multi-disciplinary team working built around primary delivering at scale; and the systematic use of risk stratification to identify those who would benefit most from intensive support.

8.8 The high level operating model for the ICO has been developed and supported by the ICO programme board and is described below



8.9 A high level timetable for the implementation of the ICO is described below and is subject to further development in implementation phase.



9. Our Implementation Plan - Transformed Hospital Care for Wigan Residents

9.1 We recognise the excellent hospital services that we have in the Borough, the significant contribution that Wigan, Wrightington and Leigh NHS Foundation Trust makes and the important part it plays in our health and care system. We want to ensure a clinically financially sustainable hospital. Although we already have the lowest number of acute beds per capita in Greater Manchester, 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.

9.2 Building on the Healthier Together programme, we want to see common application of evidence-based standards across acute hospital services to drive up the quality of outcomes for our Borough's patients and reduce unwarranted clinical variation. We support collaboration between acute care providers across Greater Manchester and beyond to enable the delivery of a standard operating model. This includes the Wigan, Wrightington and Leigh NHS Foundation Trust/Salford Royal NHS Foundation Trust Vanguard proposition.

9.3 To drive efficiency across the system, we also want to see increasing standardisation of clinical support and back office services - for example HR, finance, procurement, IT and facilities management.

9.4 Drawing on a recent review of bed capacity in the economy, we will redesign our hospital and community bed stock, including residential and nursing care and extra care housing to ensure that it will be fit for purpose into the future.

9.5 We are exploring new models of service delivery and contracting mechanisms to achieve system transformation. Currently, a prime contractor model[2] is being developed for implementation in 2016/17 to deliver a reduction in admissions for ambulatory care sensitive conditions through the Integrated Community Nursing and Therapy redesign model.

9.6 A new contracting model is also being developed for possible implementation in the recurrent roll out of the RAID model with the intention of securing bed closures linked to the reduction in length of stay achieved by the service.

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

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

[2] A contractual model where the commissioner contracts with a single organisation (or consortium) which then sub-contracts individual providers to deliver care. The commissioner retains overall accountability for the commissioned services while the prime contractor holds each of the sub-contractors to account individually.

Planned Care

9.8 The transformation schemes for planned care over the next five years include outpatients redesign, and delivering services in a hub and spoke model of care.

9.9 We will deliver a transformation in the way that hospital outpatient services are delivered so that a far greater proportion of these are delivered in hub and spoke models within our communities. This will lead to delivery of services at more convenient locations for patients as well as an improved patient experience.

9.10 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.

9.11 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.

9.12 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

9.13 The transformation schemes for unscheduled care over the next five years include 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.

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

9.15 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 reduction in the hospital bed base will be carried out in a safe and sustainable way. The hospital model will focus more on outreach and supporting planned management and rapid response services in the community.

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

Maternity Care

9.17 A review of maternity services will be carried out 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. This will align to the Start Well New Delivery Model.

10. Our Critical Success Factors

Collaborative Working with the Voluntary Sector

10.1 Growing and maintaining a strong, dynamic and diverse voluntary and community sector in the Borough is extremely important to achieve the objectives of this plan. We recognise the valuable assets that the sector brings and the multiple contributions that organisations make across the Borough.

10.2 We have a rich and diverse sector that includes sports clubs which engage hundreds of people on a weekly basis; small groups that keep people socially connected and self-sufficient; larger umbrella or catalyst organisations that orchestrate initiatives across a wider area; and organisations that deliver vital services alongside statutory partners.

10.3 Wigan Borough CCG and Wigan Council have outlined their commitment to working with the voluntary & community sector and have established clear intentions for driving this work forward and aligning strategies.

10.4 The following approaches will underpin the way we work together:

- Sharing skills, knowledge and understanding and building local capacity within the voluntary & community sector;
- Open and transparent communications;
- Supporting and encouraging collaboration and partnership working;
- Developing appropriate investment models such as the Deal for Communities Investment Fund;
- Applying Deal principles in the way that we work with the voluntary sector and strengthen its role;
- Ensuring self-management, prevention and support for independence is a fundamental element of all pathways;
- Evaluating approaches and developing a robust local evidence base using shared cost benefit analysis tools;
- Utilising the skills, knowledge and expertise of the voluntary & community sector to inform service redesigns;
- Creating space for innovation and new ideas to unlock social capital and leverage.

Provider Landscape

10.5 We have a wide-range of organisations in our Borough delivering health and care services to our population. These include services provided by our three main NHS providers (Wrightington, Wigan and Leigh NHS Foundation Trust; Bridgewater Community Healthcare NHS Foundation Trust and Five Boroughs Partnership NHS

Foundation Trust) as well as primary care services, GP Federations, Hospice care, Council-provided services and a vibrant voluntary and community sector.

10.6 Innovation driven by our providers is a central part of our plans for a sustainable system over the next five years. We welcome transformational proposals put forward by our providers that aim to deliver the common application of evidence-based standard pathways and improve staff engagement within our organisations – for example the Wigan, Wrightington and Leigh NHS Foundation Trust/Salford Royal NHS Foundation Trust Vanguard. We also recognise the vital economic contribution that providers make to the Borough – for instance, as major employers.

Public Service Reform

10.7 Our vision for Wigan is a place where people want to work, invest, live and visit. We will use the opportunity of Greater Manchester Devolution and the Northern Powerhouse to drive economic growth in our Borough. Our Wigan Economic Prospectus sets out our ambition to create 10,000 new jobs and build 10,000 new homes over the next 10 years. Through increasing opportunities to our population to access high quality work, we will seek to improve health and well-being.

10.8 Linked to this, are our plans to reform public services. 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.

10.9 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.

10.10 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.

10.11 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.

10.12 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.

10.13 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;
- Integration and co-location of drug and alcohol recovery services with multi-agency partnership offender management approaches to deliver stronger and more effective health interventions whilst reducing reoffending.
- Children's Social Care Innovation Programmes – Innovative approaches in relation to Child Sexual Exploitation and Adolescent Mental Health.

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

Community Assets and the Wigan Deal

10.15 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.

10.16 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.

10.17 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.

10.18 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.

10.19 A core part of this approach is 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.

10.20 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.

10.21 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.

10.22 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.

10.23 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

10.24 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.

10.25 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.

10.26 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 and the establishment of the ICO.

10.27 In addition, alongside North West Ambulance Service and other public sector agencies such as Greater Manchester Police, we are ensuring all frequent attendees to emergency departments have an individual case management plan and a key worker assigned.

10.28 Our Age Well programme will transform services for older people through the creation of an integrated service, delivered in the community and supported by our local hospital. It will enable professionals to consider and support all the different needs of the individual, rather than just their immediate medical needs.

10.29 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.

10.30 The CCG and Council are working to develop a joint complex care commissioning system. This would include cohorts such as complex adult mental health cases, forensic cases and challenging learning disability and autism cases. To reduce the number of out of area placements, we will examine jointly the development of specialist local provision.

10.31 The Start Well New Delivery Model will require us to work more collaboratively with our partners to improve the health and well-being of children and families. Our aspiration will be that children and young people become resilient individuals who with the help of their family, school and community can make healthy decisions and lifestyle choices.

Housing

10.32 We recognise the vital importance of housing to health and well-being and fully support the common understanding of high quality housing agreed across Greater Manchester: '*A healthy home is defined as one where households live independently and safely in a warm and secure home that is well maintained.'*

10.33 Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. The health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions.

10.34 In 2015, we commissioned a review of bed capacity across the economy. Based on this we plan to put in place, for example, extended intermediate care capacity and improved extra care housing provision.

10.35 We will also use the opportunity provided by the Better Care Fund to align our plans for the residential and nursing home market to our Housing with Care Strategy.

10.35 Wigan's Affordable Warmth Access Referral Mechanism (AWARM), provided by the local Home Improvement Agency, helps people with low incomes, high energy costs and long-term health conditions to stay healthy, safe and warm by undertaking a Healthy Home Check and making referrals to services.

Leisure

10.36 The cost of physical inactivity to Wigan is a significant factor in limiting the potential of the individuals to contribute to the economic and social success of the Borough: currently only 48% of adults in Wigan are physically active compared to England average of 56%. We recognise the importance of leisure services in engaging people to increase physical activity and reduce inactivity.

10.37 Increasing physical activity and reducing inactivity in targeted areas of our communities will positively impact on the causes of premature, preventable illness and deaths, contribute to reducing the health inequalities gap, improve people's self-esteem, their mental wellbeing and decrease social isolation.

Transformation of Social Care

10.38 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.

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

10.40 Placing these services at the front door of 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 and including mental health services.

10.41 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.

10.42 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.

10.43 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.

10.44 We will develop a diverse and thriving market place of opportunities and services for people to purchase via personal budgets and personal health budgets. This will include, Shared Lives, a new model of care that supports delivery of the Deal by offering a community-based solution for people with a wide range of needs and aspirations.

10.45 The specifics of the Wigan residential and nursing landscape – with a high number of small scale providers, and a large number of older, adapted buildings - means that there is a potential requirement for a purpose built 90 bed unit to deliver best practice dementia care and replace other residential and nursing beds in the system.

10.46 To improve timely and safe discharges from hospital we are working to implement a 'Discharge to Assess' model of care. The model promotes integrated working within the acute hospital setting – whether the patient is in transition to home, intermediate care, step up, step down care or on a short term interim placement. We will also be seeking to grow capacity within the existing Reablement service to support the revised pathways.

Carers

10.47 Supporting carers is a vital part of delivering the prevention agenda due to the role they play in maintaining the health and independence of the person they care for and therefore preventing and/or delaying the need for formal services.

10.48 It is essential therefore that carers receive support themselves so as not to jeopardise their own wellbeing. As a result we are developing clear and integrated pathways as part of our Carer's Strategy.

10.49 Our Joint Strategy for Carers will ensure that:

- Carers are able to access information, advice and support as well as signposting to assessments with potential support plans ;
- It is easy for Carers to navigate and identify the services and support available;
- Carers are supported to access opportunities to take a break from caring whilst also ensuring the adult requiring support remains safe;
- We increase carer identification and subsequent referrals on to appropriate organisations such as Wigan & Leigh Carers Centre / Wigan & Leigh Young Carers;
- Carers are supported to fulfil their education, employment and life chances;
- Carers support is structured, sustainable and targeted to reach the diverse communities in the Borough.

Mental Health

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

10.51 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.

10.52 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.

10.53 We have set out our strategic aims in line with our vision for integrated care and following a life course approach. Our aims include:

- Aligning mental health much more with our established Integrated Neighbourhood Teams and via the ICO;
- 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;
- A whole system approach to addressing dual diagnosis of mental health and drug and alcohol issues. We will undertake drug and alcohol market development work supported through the development of shared GM outcomes.

10.54 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.

10.55 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.

10.56 We are committed to the Greater Manchester transforming care programme which aims to improve the experience of specialist and universal services for people with learning disability/autism or learning disability or autism as a primary condition. We will work with partners to focus on developing expertise in their services to be able to make reasonable adjustments to address the differing needs of these groups.

10.57 The Borough also has a Dementia Strategy in place which aligns to the Mental Health Strategy. Our local work will also take full account of the Greater Manchester Dementia United programme.

10.58 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 and the emerging Greater Manchester Mental Health Strategy.

10.59 The Deal for Children and Young People in Wigan sets out our vision to build resilience and capacity in our communities. We will use the transformation funding to test new delivery models for CAMHS (Child and Adolescent Mental Health Services) that are built out of the school system. It is our ambition to redesign our CAMHS services to create an offer that will:

- Provide an integrated CAMHS Single Point of Access within the Borough's Multi Agency Safeguarding Hub building on a One Front Door offer for all residents;
- Design this system with partners in education to place integrated delivery models with school settings;
- Ensure that GPs and their staff are equipped to provide preventative and early interventions to children and their families;
- Develop integrated delivery models with children's social care and youth justice that ensure a whole system approach for the most vulnerable children and young people;
- Develop a perinatal mental health pathway that is integrated within our New Delivery Models for Early Years;

- Develop and implement a shared service delivery model for children with an Eating Disorder.

Specialised Services

10.60 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.

10.61 This offers the health economy real opportunities to redesign pathways in the 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.

Prevention, Self-Care & Public Health

10.62 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.

10.63 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.

10.64 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.

10.65 The Future that sets out our ambition to reform services through an asset based approach alongside a strategy for economic growth. The Public Health programme of work follows the life course approach and is a key enabler with The Deal for The Future. The key priorities in each are identified below:

Start Well	Live Well	Age Well
The Start Well New Delivery Model proposes that Community Hubs bring integrated, whole life course services closer to residents in the Borough working with our schools, Early Years Settings and GPs.	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.
In order for this to create a whole system approach to improved child health and well-being, it will be necessary for partners to align commissioning intent – for example with Maternity and Paediatric services. This will ensure the expertise of all	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.

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

services is utilised fully making best use of community assets in line with the principles of the Deal for the Future.		
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 develop strong partnership transition arrangements between Start, Live and Age Well for individuals, families and communities affected by drugs and alcohol.	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.

11. Our Engagement on this Plan

Patient, Carer and Public Engagement

11.1 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. We will work in partnership with the public, patients and carers to do this.

11.2 We carried out a full programme of engagement to develop the strategies on which the Locality Plan is based. This engagement will continue as the locality plan is implemented and we will work with a wide range of organisations on this, including Healthwatch Wigan. The Communications and Engagement Enabling Group, which is drawn from all of the main local organisations, and sponsored by the Chief Executive of Wigan Council is driving forward this programme of work.

11.3 Our engagement work so far includes, for example:

- A booklet outlining the Greater Manchester Devolution agreement for health and care and the vision from the Locality Plan has been distributed to every house in the Borough and can be found in all public buildings;

- The CCG organises a local Patient Forum involving representatives from Patient Participation Groups (PPGs) in GP practices. The Locality Plan has also been discussed on several occasions at this forum;

- An article on the Locality Plan was included in the Borough Life magazine which is delivered to every household;

- Staff in all organisations have been engaged in the Locality Plan and system changes through a series of *On the Bus* engagement events. These events facilitated the development of ideas for system changes from front line staff;

- There have been several events for patients and residents, including:

    - A Health and Care Devolution event with 150 attendees organised by Healthwatch Wigan on 11th March 2016 at which the Chief Executive of the NHS was the guest speaker and the leaders of local organisations lead discussions on the Locality Plan;
    - Spotlight events on Greater Manchester Devolution held in Wigan and Leigh;
    - Health and Wellness events held across the Borough.

- The Locality Plan has been reviewed and discussed at the Wigan Health and Care Scrutiny Committee on a number of occasions;

- Engagement with the private sector on health and care reform in respect of the opportunity from economic growth is being carried out via the Forward Board outlined in the governance structure in this document.

Engagement with the Voluntary Sector

11.4 Our work on the Locality Plan has engaged the voluntary sector through, for example, an event held with voluntary and third sector representatives at which senior leaders from health and care outlined the Locality Plan and facilitated a discussion on this.

11.5 We have also directly engaged on the locality plan and the model of the ICO with Third Sector Assembly

Engagement with Providers

11.6 Providers of health and care services in the Borough have been engaged in the development of the Wigan Locality Plan from the beginning of this process, and full participants in the development of the ICO Model.

11.7 The Wigan Leaders Group and Health and Wellbeing Board have reviewed draft versions of the plan as they have progressed. Both groups have endorsed the plan. All of the major providers of health and care are represented on these groups.

11.8 Revisions have been made to this plan to reflect feedback from providers. For example, making more explicit our absolute commitment to maintaining the highest quality standards as the system transforms and points of care delivery change.

11.9 Providers have also been closely involved in the development of the financial plans within the Locality Plan.

11.10 In respect of GPs, we have carried out substantial engagement on the Locality Plan and our transformation programmes through the CCG's GP Locality meetings – which take place monthly. The clinical lead for each of these GP Localities is a member of the CCG's Governing Body.

11.11 GPs individually and as cluster representatives have fully participated in a series of workshops on the development of the ICO, and all clusters are represented on the newly established ICO programme board.

11.12 In the early part of 2016, our engagement with GPs has focused on the development of new Primary Care Clusters. We are working with the Greater Manchester New Models of Primary Care programme to do this. Through this engagement process, the overwhelming majority of practices in the Borough have come together to form clusters based on geographically-aligned footprints. The practices will work together to deliver an at scale transformation of primary care. Wider services will be aligned to the new cluster footprints via the ICO.

11.13 This engagement will continue into the implementation of the Wigan Locality Plan through the system-wide forums identified in the Governance section of this plan and other engagement routes.

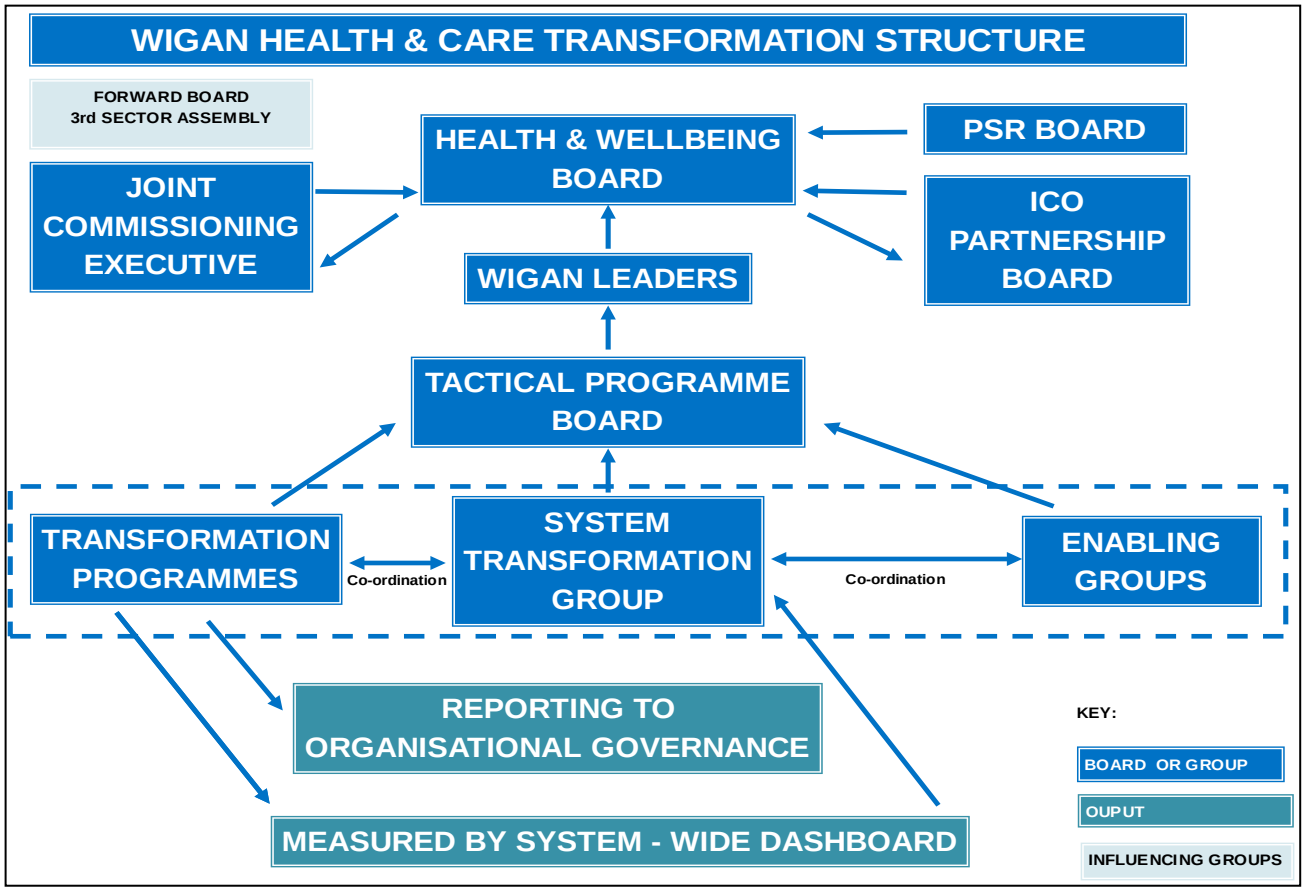
11.14 The high degree of engagement with providers is reflected in the high level of stakeholder support for the plan's objectives as demonstrated through stakeholder interviews as part of our Locality Plan assessment.

12. Our Governance

12.1 Wigan has a mature set of partnership arrangements accountable to the Health and Well Being Board which leads the strategic direction of health and care transformation. Wigan Leaders reports into that Board with regard to the delivery of the transformation agenda.

12.2 We have recently reviewed our partnership structures to ensure that they are optimised to support delivery of the Wigan Locality Plan. The new structure is shown overleaf and reflects the breadth of reform in the plan – including formally recognising the link to Public Service Reform via reporting from our PSR Board to the Health and Well Being Board.

12.3 As our new arrangements have emerged we will amend and strengthen the governance of the partnership working in the borough - for example to reflect the establishment of a Joint Commissioning Executive and the Independently Chaired Integrated Care Organisation Programme Board.



12.4 A brief overview of the role of each group is below:

GROUP	MEMBERSHIP	ROLE IN LOCALITY PLAN DELIVERY
Health and Well Being Board	Joint Chairs: Dr Tim Dalton (Clinical Chair CCG); Councillor Keith Cunliffe (Portfolio Holder for Health and Adult Services). Membership comprised of senior leaders from across health and care as well as wider public sector representation. Includes Healthwatch representation	Oversight of system – all partnership groups accountable to HWBB
Wigan Leaders Executive Group	Chair: Dr Tim Dalton Membership comprised of Chief Officers and Directors from across commissioners and providers	Comprised of leaders from across commissioning and provider organisations – provide overall system leadership for delivery of Locality Plan
Joint Commissioning Executive	Chair: Trish Anderson (CCG) Membership: CCG and Council leadership teams	Alignment of commissioning intent and strategy
ICO Partnership Board	Chair: David Fillingham (Independent) Membership: Primary Care Clusters, Council, CCG and providers	Driving forward establishment of ICO
Tactical Programme Board	Joint Chairs: Julie Southworth (Director of Quality and Safety – CCG) Richard Mundon (Director of Strategy and Planning – WWL) Membership comprised of senior managers from across commissioners and providers	Holding Locality Plan programmes and Enabling Groups to account for delivery.
Forward Board	Chair: Richard Waterfield. Comprised of senior-level representation from private and public sector.	Private Sector led partnership with public service to drive forward the implementation of the Wigan Economic Prospectus- the economic ambition for the borough
Public Service Reform Board	Chair: Alison McKenzie-Folan (Director of Customer Transformation, Wigan Council). Membership derived from all public service partners in Wigan, and national partners working locally	Focal point for the joint work to reform public services in the Borough aligned to the principles of GM PSR
Clinical Reference Group	Chair: Dr Sandeep Ranote (Associate Medical Director – 5BP) Membership comprised of senior clinicians from across commissioners and providers	Enables engagement with clinicians on delivery of Locality Plan
System Transformation Group	Joint Chairs: Paul Lynch (Assistant Director – Strategy & Collaboration – CCG); Will Blandamer (Assistant Director – Reform and Partnerships – Council) Membership comprised of delivery leads from commissioners and providers	Co-ordination of Locality Plan programmes and Enabling Groups
Third Sector Assembly	Chair: Colin Greenhalgh (Groundwork)	Focal point for third sector organisations in the Borough.
Enabling Groups	• Communications & Engagement; • HR & Workforce; • Estates; • Clinical Reference Group; • IM & T; • Quality • Finance • Outcomes	Leadership of cross-cutting themes to enable delivery of Locality Plan transformation.

SECTION 3 – FINANCIAL PLAN & ENABLERS

Introduction

13.1 The Wigan locality financial leaders have previously submitted high-level financial analysis for the years 2015/16 to 2019/20. These submissions were based upon existing organisational plans and projections and highlighted a financial gap across the locality.

13.2 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 which is reflected in their analysis.

13.3 The baselines for the locality have been reviewed and updated based on final submitted financial plans and each organisation within the locality has also highlighted their plans for closure of the financial gaps and the updated position is included within this plan.

13.4 All organisations within the locality have worked closely together to ensure that plans are aligned across the health and social care economy.

Locality Baseline

13.5 Table 1 shows the position of each organisation within the Locality if they take no action to transform services or reduce costs over the next 5 years. This also shows how this position is split between commissioning and provider organisations and then summarises the overall Wigan Locality 'Do Nothing' Scenario. This information was based on a submission in May 2015 by all locality organisations.

Table 1 – Locality Do Nothing Baseline

Do Nothing Scenario - Commissioners	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
CCG Income (Resource Limit)	500,544	505,520	515,310	526,090	545,248
CCG Expenditure	513,151	528,320	540,466	553,268	567,603
CCG Savings required	-12,607	-22,800	-25,156	-27,178	-22,355
Local Authority Resource	157,357	146,435	146,752	153,074	154,783
Local Authority Expenditure	170,515	176,389	186,089	194,584	200,741
Local Authority Savings required	-13,158	-29,954	-39,337	-41,510	-45,958
Total Commissioner Savings required	-25,765	-52,754	-64,493	-68,688	-68,313

Do Nothing Scenario - Provider	2016/17		2018/19	2019/20	2020/21

organisations		2017/18			
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
5 Boroughs Partnership Income	153,254	156,499	159,380	162,321	166,707
5 Boroughs Partnership Expenditure	168,416	158,756	165,078	172,359	180,048
5 Boroughs Partnership savings required	-15,162	-2,257	-5,698	-10,037	-13,341
Wigan Locality Savings at 18%	-2,729	-406	-1,026	-1,807	-2,401
Bridgewater Community Trust Income	156,088	160,387	164,365	168,450	174,132
Bridgewater Community Trust Expenditure	167,804	174,517	181,603	189,665	198,095
Bridgewater Community Trust savings required	-11,716	-14,130	-17,238	-21,215	-23,963
Wigan Locality Savings at 29%	-3,398	-4,098	-4,999	-6,152	-6,949
Wrightington, Wigan and Leigh Income	278,427	283,849	288,512	293,253	300,757
Wrightington, Wigan and Leigh Expenditure	284,662	291,185	298,042	306,085	314,295
Wrightington, Wigan and Leigh savings required	-6,235	-7,336	-9,530	-12,832	-13,538
Wigan Locality Savings at 70%	-4,365	-5,135	-6,671	-8,982	-9,477
Total Provider Savings required	-33,113	-23,723	-32,466	-44,085	-50,842
Total Provider Savings – Wigan Contracts	-10,491	-9,639	-12,696	-16,941	-18,827

Total Locality Savings required	-36,256	-62,393	-77,189	-85,629	-87,140

This does not include other providers such as Bolton or Salford Foundation Trusts.

Locality Financial Challenge

13.6 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.

13.7 Commissioners and Providers have been working on identification of initiatives to fill the financial gap. The next section of this plan concentrates on the plans to close the gap. Organisations within the locality are working closely together to deliver transformation initiatives that will deliver the required savings.

CCG position

13.8 Table 1 highlights the CCG 'do nothing' scenario. In order to meet business rules the CCG are required to make a 1% surplus. This amends the 'Do Nothing' scenario as follows:

Table 2 – do nothing scenario amended for business rules:

Do Nothing Scenario - Commissioning organisations	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
CCG Income (Resource Limit)	500,544	510,071	519,950	530,822	550,081
CCG Expenditure	513,151	528,320	540,466	553,268	567,603
CCG surplus required	4,551	4,640	4,732	4,833	5,011
CCG Savings required	-17,158	-22,889	-25,248	-27,279	-22,533

(Note – this is not the same as the CCGs reported QIPP position as the QIPP required also includes elements for investment to transform. These elements are excluded from the do nothing scenario and any investment increases the savings required above).

13.9 The CCG has been working with all locality organisations to develop schemes that will deliver the required savings. The financial plan for the CCG after interventions is as follows:

Table 3 – CCG plan after interventions

After interventions - CCG	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
CCG Income (Resource Limit)	515,269	514,491	519,950	530,822	550,081
CCG Expenditure	510,717	509,851	515,218	525,988	545,070
CCG surplus/(deficit)	4,552	4,640	4,732	4,834	5,011

13.10 The above plan assumes transformation funding for some key schemes for set up and double running costs.

13.11 The following interventions are those included in the CCG financial plans. The initiatives included in ‘other Rightcare Initiatives’ are schemes in development using the NHS England Rightcare approach. The value of opportunities highlighted by Rightcare exceeds the required savings and the CCG are currently prioritising the opportunity areas.

Table 4 – CCG Interventions

CCG Interventions	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
MSK Referral Gateway	2200				
Ambulatory Assessment Area Expansion	2475				
Outpatients Redesign and Efficiencies	3356	1000			
Integrated Community Nursing and Therapies	2000				
Medicines Management Initiatives	2990	2000	2000	2000	2000
Pricing Changes	1775				
Children's Asthma	100				
Other Identified Initiatives	2000				
Other Rightcare Initiatives	3904	2731	359	31	
Total Savings in year	20800	5731	2359	2031	2000

13.12 The value of the savings above exclude any additional savings that must be made to fund investments required to support the transformation schemes, such as primary care at scale. This investment is in addition to any investment that may be available from the transformation fund which would be purely to set up and double run some of the key initiatives above.

13.13 The CCG position after interventions assumes that the CCG will secure transformation funding and also includes the expenditure for set up and double running costs of transformation initiatives. The CCG require funding to pump prime investment initiatives.

13.14 The CCG are currently identifying initiatives highlighted by Rightcare as opportunities for the CCG, and are prioritising these schemes. It has been assumed that savings from these areas will reduce spend in the acute sector, although this will not be clear until further work has been undertaken and until these plans are developed. This will cause misalignment between CCG and provider plans which will only recognise this reduction as robust delivery plans are developed. The potential opportunity areas highlighted are:

What are the potential savings on elective admissions?	Similar 10 CCG's	Additional savings based on 5 similar CCG's
	£000's	£000's
Endocrine, Nutritional and Metabolic	363	10
Neurological	367	583
Circulation	1206	311
Respiratory		87
Gastrointestinal	285	743
Musculoskeletal	1656	1326
Trauma and Injuries	208	411

What are the potential savings on non-elective admissions?	Similar 10 CCG's	Additional savings based on 5 similar CCG's
	£000's	£000's
Cancer		383
Neurological		485
Circulation		1114
Gastrointestinal		623
Trauma and Injuries		641

What are the potential savings on prescribing?	Similar 10 CCG's	Additional savings based on 5 similar CCG's
	£000's	£000's
Cancer		238
Endocrine, Nutritional and Metabolic	517	971
Neurological	827	448
Circulation	483	455
Respiratory		240
Gastrointestinal	378	251
Musculoskeletal		29
Trauma and Injuries	26	81
GenitoUrinary	534	271

Total potential opportunity areas (£000's)	6850	9701

Local Authority Position

13.15 Based on further reductions to the Settlement Grant, demographic pressures, a rebasing of a reduced Public Health allocation and additional payments required to providers as a result of the introduction of a new mandatory National Living Wage, it is now forecast that the financial challenge for the Council on a do nothing basis would be £45.958m for those areas within scope by the financial year 2020/21.

Table 5 Local Authority savings Summary

After Interventions - LA	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Do Nothing Baseline Gap	13,158	29,954	39,336	41,510	45,958
Gap After LA Interventions	0	7,117	10,526	8,990	12,735
Gap After Further locality Interventions	0	4,859	5,511	1,123	4,348

13.16 In terms of meeting this financial challenge the Council has a number of efficiency measures already in transit which do not require any further investment to deliver savings within the required timeframe, coupled with implementing a number of transformational initiatives in line with the strategy detailed within the locality plan is projected to deliver £33.223m of savings by 2020/21 as detailed in table 6 below.

13.17 The position after the Local Authority interventions would leave a 'Business As Usual' gap of £12.735m. A number of further proposed interventions have been evaluated through the New Economy Cost Benefit Analysis (CBA) model and are projected to deliver savings of £11.465m through this period with a recurrent annual benefit of £3.800m by 2020/21 through this wider locality intervention. In order to facilitate these savings one off investment of £4.187m is required. The CBA also details benefits to wider partners including health which as yet have not been captured in wider locality plans.

Table 6 - Impact of Planned Interventions on Local Authority Gap

Do Nothing to Business As Usual	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Council Savings Plan - Deal for Adults Social Care / Deal for Children & Young People/ Review of Early Intervention and Children Services / Re-commissioning and De-Commissioning of Existing Contracts	-10,900	-9,015	-1,844	-617	-702	-23,078
Public Health required reductions	-2,258	-664	-683	-665		-4,270
Better Care Fund - 1:1 Benefit to Social Care from investment			-3,447	-2,428		-5,875
Total (All incremental)	**-13,158**	**-9,679**	**-5,974**	**-3,710**	**-702**	**-33,223**
Business As Usual to Locality Intervention – Incremental Savings						
Housing With Care			-238			-238
Expansion of Reablement / Discharge to Assess		-2,379	-970	-429		-3,778
Expansion of Reablement Permanent Cost		97	1,497			1,594
PSR- Live Well Complex Dependency				-236	-147	-383
Heart of Wigan		-20	-6	-6	-3	-35
Heart of Wigan Permanent Costs		21				21
Better Care Fund Additional Benefit to Social Care			-2,700	-1900		-4,600
Children Integrated New delivery Model		-186	-184	-164	-179	-713
Children Integrated New delivery Model Costs		210	-105			105
Reduction in Demographic Pressure as a result of total interventions			-57	-123	-193	-373
Total (All incremental)	**0**	**-2,257**	**-2,763**	**-2,858**	**-522**	**-8,400**

13.18 This one off investment is part of the locality submission to the GM Transformation Fund, subject to this being allocated it is projected that the gap on the Local Authority side will reduce to £4.348m from a do nothing baseline of £45.958m. Further work is required across the locality to completely close this gap.

5 Borough Partnership NHS Foundation Trust

13.19 The 5 Boroughs 'Do Nothing' scenario is shown in table 7 and the plan after the impact of interventions is highlighted in table 8. These tables relate to 5BP entire income of which Wigan only represents 18% of the value of this contract.

Table 7 – Do nothing scenario

Do Nothing Scenario - 5 Boroughs	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
5 Boroughs Partnership Income	153,254	156,499	159,380	162,321	166,707
6 Boroughs Partnership Expenditure	168,416	158,756	165,078	172,359	180,048
5 Boroughs Partnership savings required	-15,161	-2,257	-5,698	-10,037	-13,341

Table 8 – Plan after interventions

After interventions - 5 Boroughs	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
5 Boroughs Partnership Income	146,077	146,019	146,019	146,019	146,019
6 Boroughs Partnership Expenditure	161,126	143,951	144,003	144,024	144,170
5 Boroughs Partnership surplus/(deficit)	-15,048	2,068	2,016	1,995	1,849

13.20 The gap identified between the "Do nothing Baseline" and the Trusts "Plan" position is attributed to the Trusts planned Cost improvement Targets.

13.21 The Trust has a strong history of delivering against its cost improvement plan targets. For 2016/17 the Trust is planning to deliver £5.3m savings.

13.22 There are also a number of transformational schemes which are in the planning stage and therefore likely to deliver full year savings in 2017/18 of circa £2m and have the potential to deliver a part year effect in 2016/17.

13.23 The process for development, monitoring and reporting of cost improvements received significant assurance as part of our internal audit review of the processes. The Trust has further strengthened the processes through comprehensive reporting of progress against financial targets, quality impact and timescales for each cost improvement plan by business stream and scheme within the Trust Quality and Performance Report. The Trust has also established a Transformation Board to provide oversight of all transformational programmes which will support the delivery of longer term transformational cost improvements.

13.24 The CCG and 5 Boroughs have made broadly similar assumptions in planning over the next 5 years. The starting contract in 16/17 is agreed and both the CCG and 5 Boroughs have made the same assumptions on demographic and non-demographic growth. The impact of tariff assumptions is broadly aligned and any variation in plan is minimal in terms of its financial impact.

Bridgewater Community Health NHS Foundation Trust

13.25 Bridgewater's 'Do Nothing' scenario is shown in table 9 and the plan after the impact of interventions is highlighted in table 10. These tables relate to Bridgewater's entire income of which Wigan only represents 31% of the value of this contract.

Table 9 – Do Nothing Scenario

Do Nothing Scenario - Bridgewater	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Bridgewater Community Trust Income	156,088	160,387	164,365	168,450	174,132
Bridgewater Community Trust Expenditure	167,804	174,517	181,603	189,665	198,095
Bridgewater Community Trust savings required	-11,715	-14,130	-17,238	-21,215	-23,963

Table 10 – Plan after interventions

After interventions - Bridgewater	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Bridgewater Community Trust Income	156,888	159,116	159,116	159,116	159,116
Bridgewater Community Trust Expenditure	157,497	159,725	159,725	159,725	159,725
Bridgewater Community Trust surplus/(deficit)	-609	-609	-609	-609	-609

13.26 A refreshed 5 year plan for Bridgewater has not yet been produced. As Bridgewater serve other boroughs in the Cheshire and Merseyside area, this cannot be done until there is a better understanding of CCG plans across this area as part of the Cheshire and Merseyside Sustainability and Transformation Plan process.

13.27 The financial plan above assumes a flat lined deficit for years beyond 2016/17, implicit within this assumption is the requirement to generate at least 4% CIP per annum. This is a significant stretch. It is expected that 2% of this can be targeted through Business as Usual. To bridge the gap a further 2% will need to come from transformational work. 5 year planning will however be very much dependent upon plans around managing demand in the Provider sector and the consequential impact on the Community sector.

13.28 Plans for CIP in 2016/17 include:

- Estates - Review of current agreements/contracts and strategy;
- Medicines Management;
- Service delivery savings;

- Review of Corporate (reviewed following outcome of Tendering Activity);
- Non Pay savings - Contracts/Zero inflation policy;
- IT/Technology contract savings.

13.29 Bridgewater do not conceive a position where their contract income will continue to reduce when under the 5 year forward view the expectation is that more out of hospital services will be commissioned to support out of hospital care.

13.30 The key intervention in 2016/17 and 2017/18 is the Integrated Community Nursing and Therapies project. Beyond this Bridgewater are completing a service strategy review with operational teams to understand the extent to which transformation can drive further benefits. As described above the forward plans of all CCGs that Bridgewater provide services to must also be understood.

13.31 The flat line deficit included in the above position is not one that Bridgewater will be strategically planning for once the refreshed 5 year plan is completed. The plan will be for a financially sustainable Trust from both an I&E and cash perspective.

13.32 In addition, the impact of any investment needed to support the financial plan will be further considered in line with locality submissions for transformation funding.

13.33 The CCG and Bridgewater have made broadly similar assumptions in planning over the next 5 years. The starting contract in 16/17 is agreed and both the CCG and Bridgewater have made the same assumptions on demographic and non-demographic growth. The impact of tariff assumptions is broadly aligned and any variation in plan is minimal in terms of its financial impact.

Wrightington Wigan and Leigh NHS Foundation Trust (WWL)

13.34 WWL's 'Do Nothing' scenario is shown in table 11 and the plan after the impact of interventions is highlighted in table 12.

Table 11 Do Nothing scenario

Do Nothing Scenario - WWL	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Wrightington, Wigan and Leigh Income	278,427	283,849	288,512	293,253	300,757
Wrightington, Wigan and Leigh Expenditure	284,662	291,185	298,042	306,085	314,295
Wrightington, Wigan and Leigh savings required	-6,235	-7,336	-9,530	-12,832	-13,538

Table 12 Plan after interventions

After interventions - WWL	2016/17	2017/18	2018/19	2019/20	2020/21

	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
Wrightington, Wigan and Leigh Income	282,018	287,541	292,322	297,185	304,780
Wrightington, Wigan and Leigh Expenditure	278,318	284,302	289,082	295,006	301,232
Wrightington, Wigan and Leigh surplus/(deficit)	3,700	3,239	3,240	2,179	3,548

13.35 There are two main interventions that have been included in the plan; these are the receipt of £7.9m of Sustainability and Transformation (S&T) funding and a 4.5% annual efficiency requirement (CIP). For the purpose of planning, it has been assumed that the S&T funding will be received recurrently, though the mechanism for this to happen is not clear. Access to the S&T funding requires WWL's achievement of the 4 hour A&E, 18 week RTT, cancer access and diagnostic access targets to be maintained, including continued winter funding to safely cover the overall and seasonal increased demand surges.

13.36 The plan builds on the individual organisational assumptions but also includes key assumptions in relation to commissioner intentions and out of locality growth by provider. Whilst there are differing views on when schemes will gain traction and deliver the planned changes, the underlying principle is that the contract is a PbR contract but WWL is fully committed to work with partners to ensure that the economy continues to be financially stable, providing high quality, safe care to the resident population, though it must be acknowledged that for a significant element of the population the hospital is seen as a safe harbour for care.

13.37 Whilst detailed plans are not yet developed for 2017/18 onwards, there are several sources of information and themes that are being explored. These include data and information from Carter and provider efficiency themes being developed as part of the devolution project, including procurement, pharmacy and support services. In addition, service reviews are being undertaken, which aim to identify efficiencies within each service area.

13.38 In addition, the Trust is part of the national Vanguard project with Salford royal Foundation Trust (SRFT) that is creating an acute hospital chain that aims to improve efficiency and effectiveness by 20% by reducing clinical variation. The Vanguard project builds on the already successful joint ventures with SRFT that offer the best facilities, services and care. Other joint ventures include the Christies @ Wigan and the Assisted Conception Unit (in liaison with Liverpool Women's) at Wrightington.

13.39 The Trust is also an active partner in the North West Sector that is reconfiguring services in line with Healthier Together (HT). The sector is a leading sector within the HT reconfiguration in terms of clinical leadership and commissioning collaboration.

13.40 The CCG and WWL have worked together to ensure that they have made broadly similar assumptions in planning over the next 5 years. Both organisations have reflected the financial and activity impacts of the main transformation initiatives.

The starting contract in 16/17 is agreed and both the CCG and WWL have made the same assumptions on demographic and non-demographic growth. The impact of tariff assumptions is broadly aligned and any variation in plan is minimal in terms of its financial impact.

13.41 The CCG plan does include an assumption for transformation funding and the associated expenditure but this is excluded from WWL's position at this stage. However, if secured, a significant proportion of this expenditure will be to fund double running costs of services in the acute sector until transformation schemes are embedded. This is non-recurrent expenditure and affects 16/17 and 17/18 only and doesn't affect overall surplus or deficit positions.

13.42 WWLs plans include assumptions for the repatriation of Wigan patients and also include assumptions about the impact of the closure of Chorley A&E department. This has been mirrored in the CCG plans. This will increase the income of WWL but will not increase the overall costs across the economy as it would be reflected as a reduction in other acute contracts.

Summary Locality Position

13.43 After the impact of interventions described above, the Wigan Locality presents a balanced and aligned financial plan. Table 13 summarises the position that Wigan Locality are aiming to achieve by 20/21 following the impact of interventions.

13.44 It should be noted that access to transformation funding is key to the delivery of this plan over the next 5 years.

Table 13 – Locality position after interventions

	2016/17	2017/18	2018/19	2019/20	2020/21
	Year 1	Year 2	Year 3	Year 4	Year 5
	£'000	£'000	£'000	£'000	£'000
CCG Income (Resource Limit)	515,269	514,491	519,950	530,822	550,081
CCG Expenditure	510,717	509,851	515,218	525,988	545,070
CCG surplus/(deficit)	4,552	4,640	4,732	4,834	5,011
Local Authority Resource	157,357	146,435	146,752	153,074	154,783
Local Authority Expenditure	157,357	152,311	153,730	156,317	160,782
Local Authority surplus/(deficit)	0	-5,876	-6,978	-3,243	-5,999
5 Boroughs Partnership Income	146,077	146,019	146,019	146,019	146,019
5 Boroughs Partnership Expenditure	161,126	143,951	144,003	144,024	144,170
5 Boroughs Partnership surplus/(deficit)	-15,049	2,068	2,016	1,995	1,849

Wigan Locality surplus/(deficit) at 18%	-2,709	372	363	359	333
Bridgewater Community Trust Income	156,888	159,116	159,116	159,116	159,116
Bridgewater Community Trust Expenditure	157,497	159,725	159,725	159,725	159,725
Bridgewater Community Trust surplus/(deficit)	-609	-609	-609	-609	-609
Wigan Locality surplus/(deficit) at 29%	-177	-177	-177	-177	-177
Wrightington, Wigan and Leigh Income	282,018	287,541	292,322	297,185	304,780
Wrightington, Wigan and Leigh Expenditure	278,318	284,302	289,082	295,006	301,232
Wrightington, Wigan and Leigh surplus/(deficit)	3,700	3,239	3,240	2,179	3,548
Wigan Locality surplus/(deficit) at 70%	2,590	2,267	2,268	1,525	2,484

Overall Locality Position after Interventions surplus/(deficit) adjusted for Wigan position	4,257	1,227	208	3,299	1,652

This does not include any impact from other providers such as Bolton Hospitals NHS Foundation Trust or Salford Royal NHS Foundation Trust.

Capital & Estate

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

13.46 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.

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

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

13.49 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.

13.50 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	2016/17	2017/18	2018/19	2019/20	2020/21	Total
		£'000	£'000	£'000	£'000	£'000	£'000	
National Pipeline – Primary Care Infrastructure Fund	National £1bn over 4 yrs - CCG = 0.5%.	246	1,250	1,250	1,250	0	0	3,996
GP Premises Improvement Grants – Capital Pipeline (Regular Primary Care Capital GMNHSE Lead)	Based on 2015/16 current bids (excluding those that look like PFI)	582	582	582	582	582	0	2,910
GP Premises Improvement Grants – Capital Pipeline (Regular Primary Care Capital GMNHSE	Wigan Hub & Spoke Bid made	600	600	600	0	0	0	1,800
Non Primary Care Capital Pipeline (NHS PS)	Wigan Hub & Spoke Bid made	100	100	100	0	0	0	300
Non Primary Care Capital Pipeline (NHS PS)	Ashton Development	0	4,000		0	0	0	4,000
Non Primary Care Capital Pipeline (CHP)	Wigan Hub & Spoke Bid made	900	900	900	0	0	0	2,700
GP IT Capital	Wigan Bid Made	370	370	370	370	370	0	1,850
TOTAL		2,798	7,802	3,802	2,202	952	0	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	2020/21	**Total**
	£m	£m	£m	£m	£m	£m	**£m**
Wrightington Wigan & Leigh FT	16	8.2	7.2	8.5	8	8	**55.9**

Table 11 – Wrightington, Wigan and Leigh Foundation Trust capital programme (updated October)

	Prior years	2015/16	2016/17	Total
	£'000	£'000	£'000	£'000
Leigh Land	2,500	0	0	2,500
Leigh Adult inpatient facility phase 1	4,788	19,345	3,090	27,223
Leigh LLAMS inpatient facility phase 2	127	5,693	5,530	11,350
Location of Wigan Community Teams	0	480	0	480
Total	7,415	25,518	8,620	41,553
Loan requirements	9,500	20,500	0	30,000

Table 12 – 5 Boroughs Partnership Capital plans capital programme

13.51 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.

13.52 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.

13.53 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.

13.54 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;
- Reduced carbon emissions;
- Greater support for regeneration and place sharing within the communities we serve;
- Reduced recurrent expenditure.

13.55 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.

13.56 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.

13.57 We have inherited 8 health centres from the LIFT programme plus several other modern centres developed during the last 5 to 10 years.

13.58 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.

13.59 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

13.60 Our vision for the health and social care workforce for the Borough is focused both on transforming the way health and care provision is delivered and on reducing demand for services through supporting people to be independent, well, connected to their communities and in control of their lives and care.

13.61 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.

13.62 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.

13.63 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.

13.64 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. We recognise that there are workforce shortages in some key areas and we will address this by looking to apply new workforce models, including on a Greater Manchester basis.

13.65 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. Our aim is for every staff member in public services in Wigan to be trained in the asset-based 'new conversations' framework.

13.66 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.

13.67 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.

13.68 We will apply a co-ordinated framework to enhance the roles undertaken by our volunteers; recognising the value of the voluntary sector and volunteers working in the public sector.

13.69 Our local workforce transformation programme will take full account of the new National Living wage. We welcome a fully-funded Living Wage as a lever to ensure a well-trained, well-led and rewarded front-line workforce focused on improving outcomes but recognise that this does provide some funding challenges.

13.70 The financial challenges and opportunities associated with GM devolution mean that workforce transformation needs to demonstrate value for money, reduced cost and improved quality. The challenge for us is to deliver this whilst developing new workforce models and recruiting and retaining staff to ensure a sustainable system.

Information, Data Sharing and Innovation

13.71 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.

13.72 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.

13.73 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.

13.74 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.

13.75 By May 2016, our local hospital will have completed the first phase of implementation of a leading edge Healthcare Information System, which will deliver a new integrated Patient Administration System (PAS) and Emergency Care System. It will also enable the trust to manage prescribing and the recording of drug administration electronically for the first time.

13.76 As a result of this, doctors, nurses and patients will all benefit from more efficient systems that enable access to the information needed to make the right decisions. Prescribing of medicines will be more certain and more speedy. Information will be shared with the people who need it. Patients will be able to access their own information and be a full partner in the care that they choose.

13.77 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.

13.78 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.

13.79 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.

13.80 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.

13.81 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.

13.82 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.

13.83 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

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

14.2 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.

14.3 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.

14.4 As well as wide-ranging reform of the way services are delivered, we must also achieve a transformational reduction in demand for services. This will require a much greater focus on supporting people to be in control of their lives, building on their assets and on early intervention and prevention.

14.5 We will achieve this through partners in the Borough working together and co-owning 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 an implementation plan and 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 are increased in line with PWC assumptions;
- Activity growth is in line with PWC assumptions;
- 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 –

Non Pay Expenditure subject to 1% increase

Living Wage Impact of £14.194m as per calculation for NWADASS based on central Government commitment to increase the National Living Wage to £9.00 per hour by 2020. It has been assumed that there will be no additional funding made available nationally to meet this additional expectation.

Pay Expenditure subject to 1% increase

Demographic pressures reflected by 0.7% increase on baseline expenditure

It has been assumed that the delayed implementation of the Care Act Phase 2 will be fully funded as per previous assurances from Central Government.

Projected Council reductions required will be £60m over the next 5 years which will be front loaded to the first 3 years based on projected acceleration of deficit reduction programme by Central Government.

Central Government notification of 6.2% in year reduction to Public Health Grant over and above adjustments to Revenue Grant Settlement that has impacted on 2015/16 will follow through to 2016/17 onwards. In addition the projected figures do also reflect the proposed rebasing of the Public Health allocation across the country, this is currently projected to reduce the Council's allocation by £5.1m by 2021/22.

Wrightington, Wigan and Leigh FT

The assumptions in these figures are:

- Tariff deflator as per 2014/15-2018/19 planning guidance with -1.0% deflator assumed for subsequent years;
- Inflation: pay 1%, incremental drift 0.5%, drugs 6%, energy 5-10%;
- Figures do not include the financial impact of the commissioning intentions included in the locality plan.

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	31,777
WIGAN BC	2,191
LAT	5,403
OFFENDER	2,447
DENTAL	424
TOTAL	42,242
BCH TOTAL	140,000
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

	2016/17	2017/18	2018/19	2019/20	2020/21
	Assumption	Assumption	Assumption	Assumption	Assumption
Pay	4.30%	3.00%	3.00%	3.00%	3.00%
Non Pay/Other	1.20%	1.60%	2.10%	2.60%	2.60%
Drugs	4.50%	2.90%	2.70%	3.30%	3.30%
High Cost Drugs	0.00%	0.00%	0.00%	0.00%	0.00%
Devices	0.00%	0.00%	0.00%	0.00%	0.00%
CNST	1.20%	1.60%	2.10%	2.60%	2.60%
Tariff	0.10%	-0.80%	-0.70%	-0.60%	-0.60%

APPENDIX C

The Nine NHS 'Must Dos' for the NHS in 2016/17

The sections below summarise our plans for delivery in 2016/17 against the nine 'Must Dos' for the NHS, set out in the planning guidance.

1. Develop a High Quality Sustainability and Transformation Plan (STP)

As part of the devolution of health and care to Greater Manchester, we have a high quality five-year Sustainability and Transformation Plan in place via the Locality Plan and GM Strategic Plan process.

2. Achieve Aggregate Financial Balance in the System

The key challenge we face is 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. Through our Locality Plan we have developed a transformational programme of change to close the financial gap of £87m across the system over the next five years.

3. Develop a local plan to address the sustainability and quality of General Practice

In 2015/16, the CCG was one of the first areas to take full delegation of the co-commissioning of primary care. We are also one of the pilot sites for extended access primary care via the Prime Minister's Challenge Fund.

In 2016/17, we will build on this progress. This will be in line with our Locality Plan for and the requirements in the NHS planning guidance. Our priority areas for primary care are:

- Delivering GM Quality Standards;
- 7 Day Primary Care Access (including integration with GPOOHs and NHS 111);
- Sustainability and Quality in General Practice;
- Quality and Safety in Primary Care

4. Deliver access standards for A&E and ambulance waits

To improve delivery of the A+E standard in 2016/17 the CCG is focusing on a number of areas. These include:

- Reducing admissions and readmissions by putting alternative diversion pathways in place;
- The new Integrated Community Nursing and Therapy service;
- Rapid Access Intervention and Discharge (RAID);
- Continued monitoring, review and development of the health and care economy integrated discharge;
- Resourcing the hospital ambulance liaison officer to facilitate improved ambulance turnaround times;
- Reviewing the bunching of ambulance arrivals to A+E linked to GP and health professional referrals;

- Auditing A+E activity and patient flow with regard to identifying improvements in pathways to support the economy;
- Establishing Paramedic Emergency System (PES) tripartite meetings to identify issues around the achievement of category A calls

5. Improvement against and maintenance of the NHS Constitution standards on Referral to Treatment

The CCG currently achieves the referral to treatment targets across all specialties for patients on non-emergency pathways. The CCG continues to monitor performance of admitted and non-admitted patients with completed pathways and consistently exceeds the previous standards of Admitted 90% and non-admitted 95%.

In 2016/17 activity will be planned to meet the requirements of 92% of patients waiting no more than 18 weeks from referral to treatment.

The CCG implementation of the outpatient redesign in Cardiology, Urology, Pain Management, Rheumatology, ENT, Ophthalmology and Respiratory with revised pathways including one stop appointments will further improve referral to treatment targets. This puts the CCG in a strong position to deliver in 2016/17.

6. Deliver the NHS Constitution 62 day cancer waiting standard and make progress in improving one-year survival rates

The CCG is achieving all national targets relating to 62 day and 31 day waiting standards. A review / scoping exercise will be undertaken of diagnostics in 2016/17 to ensure that all GPs have appropriate access.

The CCG intends to purchase activity consistent with the number of treatments required to meet the standards and will purchase additional activity where identified as a result of awareness campaigns.

7. Achieve and maintain the two new mental health access standards and continue to meet Dementia Diagnosis rates

The CCG will continue to monitor IAPT performance. The CCG will review the capacity within the three services following a waiting list initiative to ensure that patients access treatment in a timely manner after their first appointment for assessment.

Our Dementia diagnosis rates have risen from 64% at the start of 2015/16 to 71%. The CCG continues to monitor the confirmed diagnosis that have come through the memory service and has worked with local authority partners to develop a series of dementia friendly communities that provide low level post diagnostic support for people with dementia and their carers.

As a member of the Greater Manchester ‘Dementia United’ collaborative programme the CCG will lead the work towards its objectives during 2016-17 as workstream of the Joint Mental Health Strategy.

8. Deliver actions set out in local plans to transform care for people with Learning Disabilities

The CCG has resettled one patient to a community placement during 2015/16, which means that there are currently eight patients in the cohort on the CCG's Winterbourne View register who were admitted before March 31st 2014.

There are detailed plans in place to resettle the remaining eight patients by October 2016. All those eligible have had their inpatient Care and Treatment Reviews. The existing community infrastructure includes forensic capability to support the safe resettlement of those people on Ministry of Justice restrictions.

9. Develop and implement an affordable plan to make improvements in Quality

Quality will remain at the heart of all CCG clinical decision making processes service redesigns and planning decisions.

The CCG's Quality Strategy has and will support the delivery of improvements in quality of care, with the continued focus being on **Patient Safety; Clinical Effectiveness, Patient *and Staff* Experience of Care**; and importantly the promotion of a 'safety culture' to ensure that our commissioned services focus on reducing all avoidable harms.