



Wirral Place Based Partnership Board

Date:	Thursday, 22 June 2023
Time:	10.00 a.m.
Venue:	Committee Room 1 - Birkenhead Town Hall

Contact Officer: Mike Jones, Principal Democratic Services Officer
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Website: www.wirral.gov.uk

Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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This meeting will be webcast at
<https://wirral.public-i.tv/core/portal/home>

AGENDA

- 1. WELCOME AND INTRODUCTION**
- 2. APOLOGIES**
- 3. DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

- 4. MINUTES (Pages 1 - 6)**

To approve the accuracy on the minutes of the meeting held on 9 March 2023.

5. PUBLIC AND MEMBER QUESTIONS

5.1 Public Questions

Notice of question to be given in writing or by email by **Monday 19 June 2023** to the Council's Monitoring Officer (via the online form here: [Public Question Form](#)) and to be dealt with in accordance with Standing Order 10.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

5.2 Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, **Monday 19 June 2023** to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

Petitions may be presented to the Committee if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your statement/petition by the deadline for submission.

5.3 Questions by Members

Questions by Members to dealt with in accordance with Standing Orders 12.3 to 12.8.

6. UNSCHEDULED CARE PROGRAMME (Pages 7 - 12)

7. HOME FIRST UPDATE (Pages 13 - 30)

8. REABLEMENT SERVICE DESIGN MODEL (Pages 31 - 64)

The report and appendix may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact jeanstephens@wirral.gov.uk if you would like this document in an accessible format.

9. WIRRAL HEALTH AND CARE PLAN 2023-2024 (Pages 65 - 114)

The appendix may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact nesta.hawker@nhs.net if you would like this document in an accessible format.

10. HEALTHWATCH WIRRAL UPDATE JUN 2023 (Pages 115 - 128)

The appendix may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact karen.prior@healthwatchwirral.co.uk if you would like this document in an accessible format.

11. TRANSFER OF THE ADULT SOCIAL CARE CONTRACT FROM WCHC TO WIRRAL COUNCIL (Pages 129 - 146)

The appendix may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact simon.garner@nhs.net or Sharon.clunn@nhs.net if you would like this document in an accessible format.

12. STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT (Pages 147 - 154)

13. PRIMARY CARE GROUP HIGHLIGHT REPORT (Pages 155 - 160)

14. FINANCE INVESTMENT & RESOURCES GROUP (Pages 161 - 168)

15. 2022/23 POOLED FUND FINANCE REPORT TO MONTH 12 MARCH 2023 (Pages 169 - 178)

16. WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME (Pages 179 - 184)

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 9 March 2023

PRESENT:

Simon Banks	Place Director/Chair
Liz Hartley	Children Services, Wirral Council
Graham Hodgkinson	Adult Services, Wirral Council
Janelle Holmes	Wirral University Teaching Hospital
Ali Hughes	Wirral Community Health and Care NHS Trust
Carol Johnson-Eyre	Voluntary, Community, Faith and Social Enterprise
Dr David Jones	Primary Care Provider
Cllr Mary Jordan	Wirral Council
Martin McDowell	NHS Cheshire and Merseyside
Justine Molyneux	Voluntary, Community, Faith and Social Enterprise
Cllr Yvonne Nolan	Wirral Council
Karen Prior	Healthwatch Wirral
Paul Satoor	Chief Executive Officer, Wirral Council
Cllr Jason Walsh	Wirral Council
Dr Stephen Wright	Primary Care Provider

63 WELCOME AND INTRODUCTION

The Chair welcomed the members of the Board, officers and those watching the webcast to the meeting.

64 APOLOGIES

Apologies for absence were received from:

Abel Adegoke	Primary Care providers
Dave Bradburn,	Director of Public Health, Wirral Council
Suzanne Edwards	Cheshire and Wirral Partnership NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Trust
Tom Pharoah	Clatterbridge Cancer Centre NHS Trust
Tim Welch	Cheshire and Wirral Partnership NHS Foundation Trust
Simone White	Children Services, Wirral Council

65 DECLARATIONS OF INTEREST

The Chair asked for members to declare any interests in any items on the agenda. No interests were declared.

66 MINUTES

Resolved – That the minutes of the meeting held on 9 February 2023 be approved as a correct record.

67 **PUBLIC AND MEMBER QUESTIONS**

The Chair reported that no public questions, statements or petitions had been received.

68 **WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW**

The Place Director, NHS Cheshire and Merseyside introduced his report which summarised the action taken to progress points made about the draft Terms of Reference at the Place Governance Group. An updated version of the Terms of Reference was attached for approval. It was noted that they may require further approval as delegations to place level were being considered, potentially with budgets.

Members discussed the potential similarity with the Integrated Care Board Terms of Reference and whether they should match one another, although it was clear that the Partnership Board had a wider membership which must be reflected. It was also noted that a performance and finance report and the Place Plan was awaited and that supporting groups would begin to report to the Board so the agenda and work would continue to evolve.

Following the discussion, the Chair suggested an amended recommendation. This was proposed by Graham Hodgkinson and seconded by Ali Hughes.

Resolved: That

- (1) the work on the actions from the Place Governance Group detailed in the report be noted.**
- (2) Recognising the changing operating environment the Place Governance Group be asked to review the Terms of Reference and represent them to the next Board meeting.**
- (3) the Place Based Partnership Board continue to function as now until these arrangements are clarified.**

69 **WIRRAL PROVIDER PARTNERSHIP (WPP) TERMS OF REFERENCE**

The Director of Corporate Affairs of Wirral Community Health and Care NHS Foundation Trust presented the report of the members of the Wirral Provider Partnership (WPP). She explained that the Partnership had been established by the Wirral Place Based Partnership Board and delivered by the Chief Executives of the provider and partner organisations at Place, each of which remained a sovereign organisation. The WPP was a collective of health and care providers accountable to the Partnership Board and had a shared purpose and focus to deliver against the core principles agreed with system providers that aligned to the Wirral Plan and supported the development and

delivery of integrated care for the Wirral. Providers in Wirral would also be part of at-scale Provider Collaboratives within Cheshire and Merseyside Integrated Care System. There were two system Collaboratives: 1. Acute and Specialist Provider Collaborative; and 2. Community, Mental Health and Learning Disability Provider Collaborative. The report detailed the purposes, membership and terms of reference of the WPP.

Members noted that there was crossover with the Partnership Board and work was ongoing to align the governance framework.

Resolved: That

- (1) the work to establish the Wirral Provider Partnership (WPP) be noted;**
- (2) the Terms of Reference for the WPP be noted;**
- (3) further work to align governance in Place be supported, reporting back to the Board in June 2023.**

70 **PLACE REVIEW MEETINGS**

The Place Director (Wirral), NHS Cheshire and Merseyside, presented his report which provided an update on a quarterly review meeting with NHS Cheshire and Merseyside which took place on 13th January 2023. Each of the nine Places in Cheshire and Merseyside were to have quarterly review meetings with NHS Cheshire and Merseyside. He noted that there were increased costs due to inflation and increased demands. The meeting considered primary care in depth and had a discussion on tobacco dependency. There had been a letter of feedback which he would circulate. The next planned meeting was to be in May, focussed on Children's services.

There was a discussion over accountability and governance and the Place Director offered to meet with CEOs of the NHS Cheshire and Merseyside and Wirral Council to resolve any confusion.

Resolved: That the report be noted.

71 **SEND TRANSFORMATION PROGRAMME UPDATE**

The Interim Deputy Director of Children's Services at Wirral Council presented her report which provided an update on progress of the Special Educational Needs and Disabilities (SEND) Transformation Programme and details of the Priority Plan 2023 for the SEND transformation Programme. It was noted that there had been a 40% increase in the number of children involved but there had been increases in the volume and speed of assessments.

The implications of 40% more children moving through the system were highlighted as planning was required to have resources to support them in the future as adults.

Resolved: That the report and progress made be noted, and the Priority Plan 2023 be supported.

72 **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GROUPS HIGHLIGHT REPORTS**

The Place Director (Wirral), NHS Cheshire and Merseyside, introduced his report which detailed the work being done to establish partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) was supported by four key governance and assurance groups. The report provided highlight reports from each of these groups and would be a regular report.

Representatives of each of the groups provided updates on their work.

Resolved: That the work of the four supporting groups be noted and updates continue to be received as a standing agenda item.

73 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 9 DECEMBER 2022**

Senior Finance Business Partner for Wirral Place presented the report of the Associate Director of Finance, Cheshire & Merseyside which provided an update to the pooled fund budget, a summary forecast position as at Month 9 to 31st March 2023 and the financial risk exposure of each partner organisation. The report also provided an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which was to be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB). It was noted that a significant deficit was reported on pooled fund on the NHS side, offset partially by better local authority position.

Resolved: That

- (1) it be noted that the forecast position for the Pool at Month 9 is currently a £8.1m overspend position.**
- (2) it be noted that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast break-even position.**
- (3) it be noted that the 2022/23 section 75 agreement is under legal review by both parties, prior to proposed sign-off.**
- (4) the Public Health variation of £0.164m from the Better Care Fund to the wider pooled fund element of the section 75 be noted.**

74 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board.

Members discussed the order and best dates for the undated items.

Resolved: That the work programme be noted.

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WIRRAL PLACE BASED PARTNERSHIP BOARD

22nd June 2023

REPORT TITLE:	UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE
REPORT OF:	JANELLE HOLMES, CEO WIRRAL UNIVERSITY TEACHING HOSPITAL

REPORT SUMMARY

Since meeting in March, Wirral has reviewed and refreshed the unscheduled care improvement programme. The programme has been organised into five supporting projects, each with senior responsible owners. The programme is being led by the Chief Executive Officer of Wirral University Teaching Hospital.

The overall objective of the programme is to reduce the number of hospital inpatients with no criteria to reside (NCTR). The NCTR number did show an improvement from April to May but has since started to deteriorate again.

The five supporting projects are now established and have agreed supporting metrics, which measure their contribution to the reduction in the overall NCTR numbers. The Care Market Sufficiency and Home First projects are on track against their first month target. The target for increasing throughput in virtual wards is not on track against the first month target.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board:

1. Notes the update
2. Endorses the programme approach

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 9th March 2023, Wirral partners have reviewed and refreshed their Unscheduled Care Improvement Programme. The primary drivers for change that the programme is seeking to address include:
- 1.1.1 Quality and Safety: there are a high number of Wirral patients who are being treated in the wrong place due to insufficient responsiveness and capacity in alternative services. This is most notable in the Acute Hospital, Wirral University Teaching Hospital, where approximately one third of all available beds are occupied by people with no medical need to be in an acute hospital bed. The metric used to measure this is the no criteria to reside (NCTR) metric. People who stay in a hospital bed for longer than needed are known to suffer deconditioning and harm and are more likely to be the subject of serious incidents. In addition, high levels of occupancy in an acute hospital are linked to compromises in patient experience, increases in complaints, compromises in community safety (e.g. ambulance delays) and compromises in the elective recovery programme.
- 1.1.2 National Scrutiny: Wirral is a national outlier for NCTR numbers, as well as other associated metrics including high occupancy.
- 1.2 The Chief Executive Officer of Wirral University Teaching Hospital was elected the programme senior responsible officer (SRO). The Programme SRO agreed five priority projects to support the decompression of the issues described in 1.1.1 and 1.1.2. The projects have all now been initiated and have been allocated a project senior responsible owner (SRO) who will report progress directly to the programme SRO.
- 1.4 The Programme is taking a 'measurement for improvement' approach. As such, future reports into WPBPB, will report on the extent to which each of the supporting projects are progressing against the programme and project level metrics.
- 1.5 Progress against the programme and project metrics for the month of April:
- 1.5.1 Programme Headline Metric: No Criteria to Reside (NCTR). This metric is captured as a snapshot on the first of every month. May's data shows an improvement from April (179 NCTR patients on 1st May compared to 200 NCTR patients on 1st April). However, the target of 167 was not achieved and interim data at the time of writing (17th May) suggests that the number of NCTR patients is gradually increasing back to levels seen in April.
- 1.5.2 Supporting Metrics. Supporting metrics are managed at a project level. Each of the five supporting projects must be able to measure progress against one or more metrics which, if achieved, will result in an improvement to the headline metric.
- 1.5.2.1 Care Market Sufficiency. The care market sufficiency project aims to increase the capacity in the domiciliary care market and therefore reduce the number of people with NCTR in hospital, who are waiting to be discharged with a

package of care. The aim by the end of the project is to increase the overall number of hours provided by domiciliary increased by 14%. This will mean an increase from 2,822 hrs per month in April 2023 to 3,212 hrs per month in September 2023. Additionally, the project aims to increase the number of people accepted into domiciliary care by 10% from 263 packages accepted per month in April 2023 to 288 packages accepted per month in September 2023. Performance data for April 2023 shows that performance is exceeding targets.

- 1.5.2.2 Virtual Wards. The Virtual Ward project aims to double throughput on its virtual frailty ward from 40 patients per month in November 22 to 80 patients per month in September 2023 and to increase throughput on the respiratory virtual ward by 202% from 58 patients per month in November 22 to 175 patients per month by September 2023. Data for April shows that both of these target trajectories are not being achieved. The project plans and risk logs cite issues with recruitment and retention as the cause.
- 1.5.2.3 HomeFirst. The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patient referrals accepted by the service by 215% from 54 patients per month in April 23 to 170 patients per month in December 23. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. Performance for April shows that, overall, the service is on track with the increase in referrals accepted. April data shows that referrals accepted from hospital are slightly below target (41 against a target of 44). However, interim data for May shows a significant improvement on this metric to date (17th May).
- 1.5.2.4 Wirral discharge hub and Wirral Reablement service are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SROs.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options for project and programme governance have been considered and disregarded.

3.0 BACKGROUND INFORMATION

- 3.1 Wirral place's unscheduled care improvement programme was first established in 2020.
- 3.2 Initial scope of the programme was to take a "three pillar" approach, developing improvement projects for pre-hospital urgent care, in-hospital urgent care and post-hospital urgent care.
- 3.3 The three-pillar programme was stood down in April 2023 in response to the growing concerns described in section 1.1.2 and 1.1.3. It has been replaced by the programme of work described in section one.

4.0 FINANCIAL IMPLICATIONS

4.1 Patients who remain in hospital with NCTR are a significant financial impact on the Wirral system. Having a programme that is focussed on moving people into services that provide the right type of care will bring about non-cashable efficiencies, and improve quality and safety.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Project and Programme Management resources are being provided from within existing budgets.

7.0 RELEVANT RISKS

7.1 There is a risk that the projects will not be delivered in time due to availability of health and care staff, which will need to be recruited to support increased activity levels. This risk is being managed by the workforce leads across Wirral, who are actively monitoring recruitment levels against the trajectory and are actively seeking out innovative recruitment practices to help attract more people into the professions.

8.0 ENGAGEMENT/CONSULTATION

8.1 Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.

8.2 A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.

8.4 a monthly programme board is in place to provide a point of escalation from the projects and to unblock issues.

9.0 EQUALITY IMPLICATIONS

9.1 All projects will give due regard to equality implications and will complete an equality impact assessment where needed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

REPORT AUTHOR: Emma Danton
Healthy Wirral Programme Manager

email: emma.danton@nhs.net

APPENDICES

Appendix 1 – Unscheduled Care programme report 17.05.23
Appendix 2 – Unscheduled care programme initiation report

BACKGROUND PAPERS

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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WIRRAL PLACE BASED PARTNERSHIP BOARD

22 JUNE 2023

REPORT TITLE:	HOME FIRST UPDATE
REPORT OF:	SYSTEM PROJECT LEAD, HOME FIRST. SRO, HOME FIRST (CHIEF OPERATING OFFICER, WIRRAL COMMUNITY HEALTH & CARE NHS FT)

REPORT SUMMARY

The purpose of the report is to provide members of the Place Based Partnership Board with an update on progress of full-system implementation of Home First.

Home First is an approach that ensures people can leave hospital or intermediate care wards with support as soon as medically fit to leave, with assessments of long term need happening at home.

Wirral delivered a successful Home First pilot between September 2022 and March 2023. This demonstrated that:

- Significant reductions in length of stay were possible with a Home First approach
- Patients valued this approach
- There were people in beds who could be safely and better supported at home
- Assessed care needs when people were supported and assessed at home were typically lower than in wards.

Based on this, and with the support of the NHS Integrated Care Board and Wirral Borough Council, Wirral is expanding the model so that all discharges where people need support to return home can take a Home First route by the end of 2023. This means extending the multidisciplinary team of therapists, health care assistants, care coordinators and adult social care staff as well as making changes to pathways linked to Home First.

This complements the proposed changes to the reablement pathway and is one of a set of initiatives making up the Unscheduled Care Programme that collectively will improve people's health care experiences, outcomes, and system performance. This affects all wards.

RECOMMENDATION/S

The Place Based Partnership Board is recommended to note the report and progress made, and support the roll out of the Home First approach as part of wider efforts to improve health and care services and long term quality of life and independence for people in Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure that members of the Place Based Partnership are informed about the development of Home First.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Do nothing
- 2.2. Other options are not mutually exclusive and full implementation of a Home First approach will depend on e.g. changes being made to hospital flow and discharge pathways, and increasing domiciliary care capacity.

3.0 BACKGROUND INFORMATION

- 3.1 The Home First principle means assessing someone's long term care and therapy needs in their home environment, rather than a hospital or intermediate care ward.
- 3.2 NHS Hospital Discharge and Community Support Guidance (2022) states that all NHS and social care services should adopt a Home First Approach: "Everyone should have the opportunity to recover and rehabilitate at home (wherever possible) before their long-term health and care needs and options are assessed and agreed."
- 3.3 The benefit of this approach means that people will experience a faster discharge home once medically fit, hence less deconditioning, as they will not be waiting for an assessment in a ward. Assessment in a familiar environment will then give a better understanding of long term need, and their long term care needs may be reduced.
- 3.5 This is better for patients and improves flow within the hospital setting. It reduces costs associated with working beyond planned capacity in hospital and reduces demand for long term care.
- 3.6 The Home First approach is particularly focused on supporting people needing new or additional support, beyond informal support, to get back home for assessment of long term needs, if required. (This is often termed 'Pathway 1'.) As an intermediate care service, it typically lasts up to six weeks post-discharge.
- 3.7 In 2022, Wirral health and care system partners agreed to test the Home First approach. Along with other priority projects, this was established in response to the high numbers of people who are medically fit but unable to be discharged from hospital.
- 3.8 A Home First team was set up as part of the Community Integrated Response Team (CIRT), provided by Wirral Community Health & Care NHS FT (WCHC), working with staff in Clatterbridge Intermediate Care Centre (CICC) and Arrowe Park Hospital.
- 3.9 CIRT also provides Urgent Community Response for admissions avoidance within two hours and the nursing component of the Virtual Frailty Ward, working with Wirral

University Teaching Hospital NHS FT (WUTH) who provide the medical and pharmacy staffing. This meant that Home First patients can receive urgent care at home and/or medical input, if needed, without readmission.

- 3.10 The Home First staffing model comprises Health Care Assistants, Care Coordinators, Physiotherapists and Occupational Therapists, and adult social care staff (Assessment & Reablement Officers, Care Navigators and Social Workers).
- 3.11 The integrated team structure provides flexibility, responsiveness, supports a person-focused culture and is consistent with very best practice seen elsewhere in the country.
- 3.12 The pilot demonstrated that significant reductions in length of stay were possible by taking a Home First approach. It demonstrated that there were people in beds who could be safely and better supported at home and that assessed care needs when people were supported at home were typically lower than in wards. CICC staff changed their approach to identification of people suitable for Home First and then did not undertake long term needs assessments on the wards. This reduced length of stay by ca. 50% over the course of the pilot.
- 3.13 The project team collected patient stories throughout the pilot and this qualitative information supported the data gathering to demonstrate positive impact.
- 3.14 Based on the success of the Home First pilot, the health and care system partners, including the NHS Integrated Care Board and Wirral Borough Council, agreed to implement a full system Home First model of discharge for people requiring support to go home for assessment of long term needs, once medically fit.
- 3.15 The current phase of the Home First implementation is focused on expanding the capacity of the team whilst delivering the Home First approach at scale within Arrowe Park Hospital. This started in May 2023. As with the pilot, this is being informed by close contact between the implementation team, Home First and ward staff as it rolls out across wards, initially second floor medical wards.
- 3.16 We plan for all people being discharged home on Pathway 1 to be supported with a Home First approach once the service is at full capacity. The aim is to achieve this (average 170 discharges/month) in late 2023.
- 3.17 The expanded team will be made up of staff employed by WCHC, WUTH and Wirral Council and the capacity increase is a combination of new and existing staff. As seen in other areas that have implemented Home First discharges, this does not represent more assessment activity so some staff can be realigned to the pathway and those settings in which assessment activity will take place.
- 3.18 The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is an important part of our Home First discharge model. Work is ongoing to define the role of the sector in the model, working with sector representatives to inform a specification against which services can be provided.
- 3.19 A successful Home First approach depends on other parts of the health and care system and other projects that are part of the Unscheduled Care Programme. Particularly important are ward staff identifying people who are medically fit and safe

to go home with support, care capacity so that people needing long term care can be transferred to domiciliary care, and close links with adult social care.

4.0 FINANCIAL IMPLICATIONS

4.1 The Wirral health system has committed ca. £3m to an expanded Home First model for 2023/24.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications directly arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The staffing model developed comprises ca. 100 Whole Time Equivalent staff, predominantly Health Care Assistants plus the other roles identified at paragraph 3.10.

7.0 RELEVANT RISKS

7.1 No significant relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 Collection and learning from patient stories and weekly engagement with staff implementing the Home First approach have been, and continue to be, part of the Home First development.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone.

A Quality and Equality Impact Assessment (QEIA) was completed as part of the first stage of project development and is available upon request. The current stage (expansion of capacity with focus on hospital discharges) will include a further iteration of the QEIA once pathways are finalised.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Whilst there are no environment and climate implications directly arising from this report, the NHS' Net Zero commitments are consistent with the Cool 2 climate change strategy for Wirral and WCHC has published a Green Plan, along with other NHS organisations across Cheshire & Merseyside.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The approach to promoting our recruitment of new staff has included engagement with VCFSE and public sector organisations and widespread use of social media. We have also taken an inclusive approach to recruitment, with the default position being to interview, alongside identifying other suitable roles for candidates if Home First is not suitable (e.g. because someone cannot travel independently). We are therefore expanding the number of people from different backgrounds who may be able to apply successfully.

REPORT AUTHOR: David Hammond, System Project Lead - Home First.
Deputy Chief Strategy Officer,
Wirral Community Health & Care NHS Foundation Trust
email: david.hammond9@nhs.net

APPENDICES

Not applicable.

BACKGROUND PAPERS

Hospital Discharge and Community Support Guidance, 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1087354/Hospital-Discharge-and-Community-Support-Guidance-2022-v2.pdf

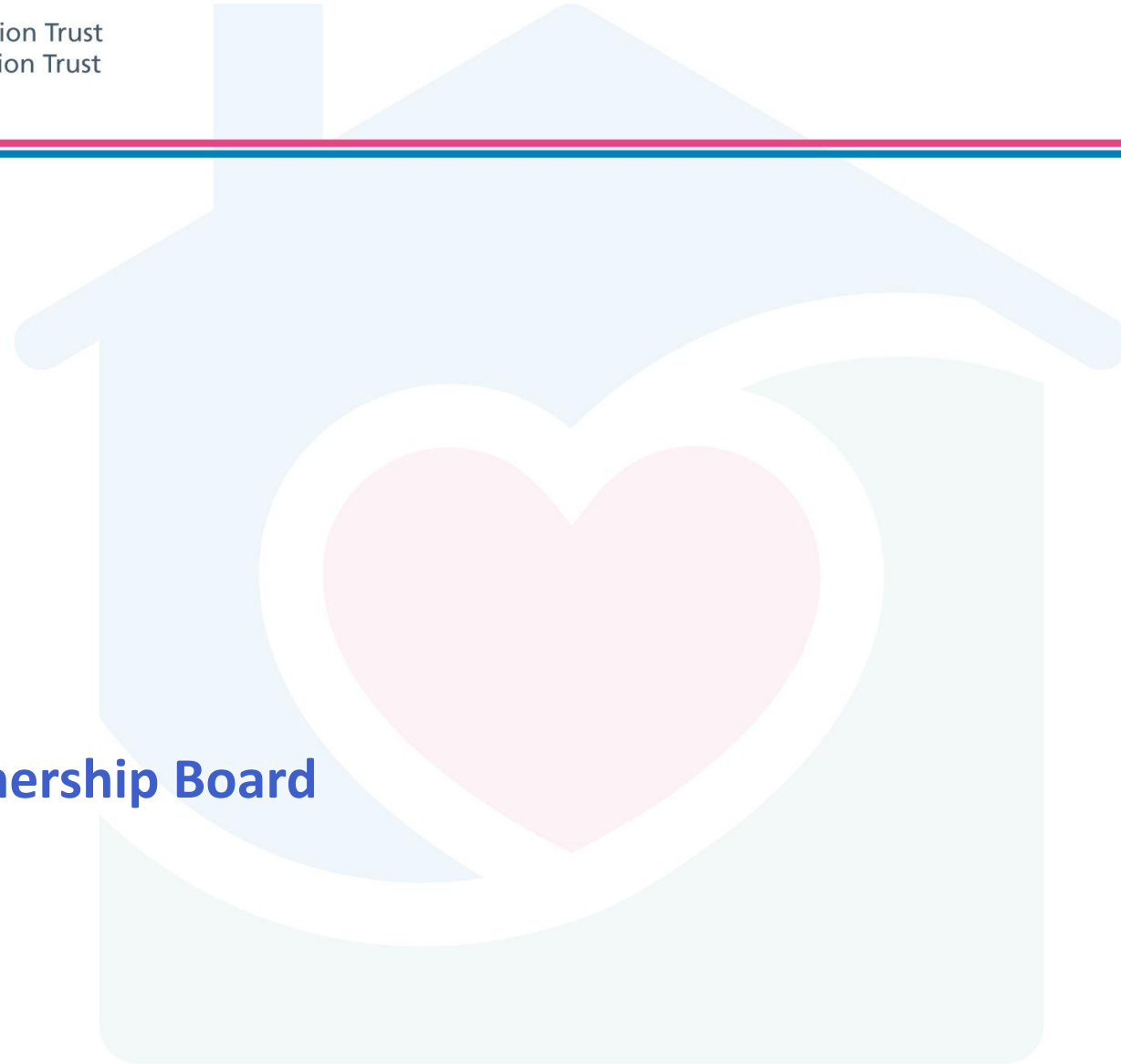
SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Page 19
Home First

Wirral Place Based Partnership Board

22 June 2023

Hospital may be where you get treated, but home is where you get well.



In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Home First means assessing someone's long term care and therapy needs in their home environment

Hospital Discharge and Community Support Guidance (2022) - all NHS and social care services should adopt a Home First Approach

Page 20

"Everyone should have the opportunity to recover and rehabilitate at home (wherever possible) before their long-term health and care needs and options are assessed and agreed."

- ✓ **Faster discharge**
- ✓ **Less deconditioning**
- ✓ **Better understanding of need**
- ✓ **Fewer people needing ongoing services**

Therapy

Reablement

Personal care

Assessment

Hospital may be where you get treated, but home is where you get well.



In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



What's the difference from a patient perspective?

Page 21



Hospital may be where you get treated, but home is where you get well.



In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Wirral case studies show people on wards can be supported with Home First, reducing over-prescription of care

Plus, support and assessment at home means problems can be spotted and addressed earlier, avoiding readmissions.

Page 22

Age 82. Three weeks in CICC following two delayed transfers. Supported at home whilst stairlift fitted (x1 call/day for 2 weeks)

Age 81. Discharged P0. Falls pendant activated next day as unable to move. Immobile in chair and needed support x2. CIRT arranged Home First with DN referral

Age 78. Five weeks in WUTH, listed for CICC, aim: unaided walking. Assessed at home: able to move using furniture, care needs x1 visit/week.

Age 86. 17 days in Ward 26, APH. Previously independent but assessed needing x3 calls/day. Was due M1 awaiting POC. Assessed Home First. Able to live independently with aids. Likes to be independent. Supported by son. Managing well.



Hospital may be where you get treated, but home is where you get well.

HomeFirst
Why not home, why not today?

In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



What's the difference from a team perspective?

Integrated team, part of Community Integrated Response Team (CIRT).

Enabling step up/down from 2 hr Urgent Community Response,
quick access to Virtual Frailty Ward.

Single team structure enables

- ✓ *Flexibility*
- ✓ *Responsiveness*
- ✓ *Person-focused culture*

Model consistent with very best practice seen elsewhere.

Therapists

**Assessment &
Reablement
Officers**

**Health Care
Assistants**

Social workers

Hospital may be where you get treated, but home is where you get well.



In partnership:

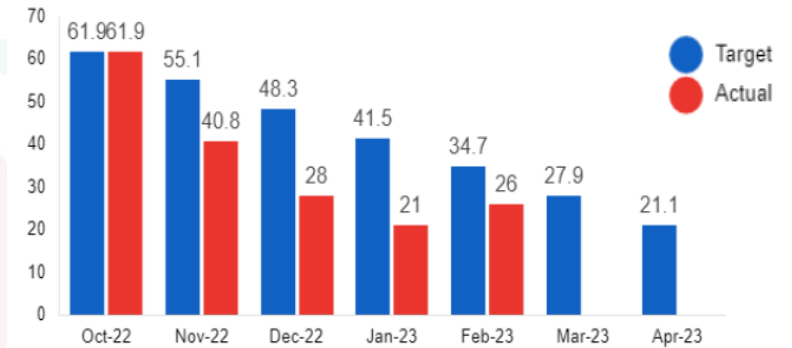
Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Home First positive impact

- Significant reductions in LOS at CICC seen due to Home First
- Care Arranging Team attributing quicker pick up of packages to Home First easing pressure on domiciliary care
- Many examples where people were helped home sooner and become independent quicker: smaller and shorter care packages
- Great feedback from families

“My wife’s improvement has been astonishing. I cannot praise the Service enough. ...look forward to further visits and continual improvement. Thank you so much for offering the service.”



In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Moving from 40 WTE pilot to full system 102 WTE Home First model

Plan for:

- 2040 Home First discharges / year one
- Up to 6 weeks therapy, reablement and support for all P1 discharges

Likely giving:

- 90% reduction in people on Pathway 1 No Criteria to Reside (NCTR) = 19k* bed/days saved per year
- Reduce related system costs:
 - Escalation beds
 - Short term step down beds
 - Block purchased D2A beds

*WUTH = average 140 P1 discharges / month in 2022. Cerner data, people with final pathway recorded as P1: 21k WUTH bed days for people on Pathway 1 with NCTR in 2022



Hospital may be where you get treated, but home is where you get well.



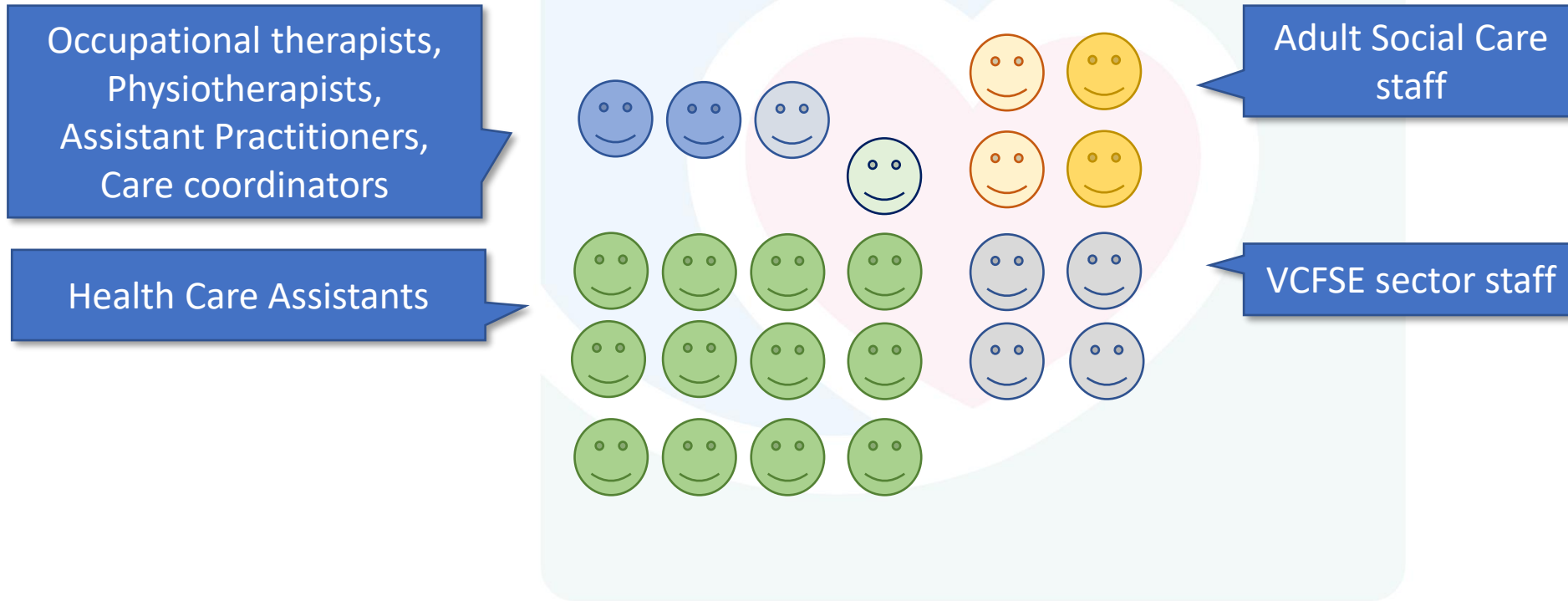
In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Expanded Home First function: 102 WTE

Page 26



Hospital may be where you get treated, but home is where you get well.



Current

Full assessment on ward including determination of pathway based on available information



For people determined as Pathway 1, prescription of:

1. Short Term Assessment & Reablement (care, reablement) for up to 6 weeks, or
2. Domiciliary Care package



IDT arranges packages based on availability



Discharge home with agreed support



STAR package may become dom' care package if needed

Future

Simple assessment on ward – 'is someone medically fit for discharge and safe to go home with visiting services?'



Same day handover to arrange same / next day visit from Home First team



Therapy and/or care (with assessment if needed) for up to 6 weeks



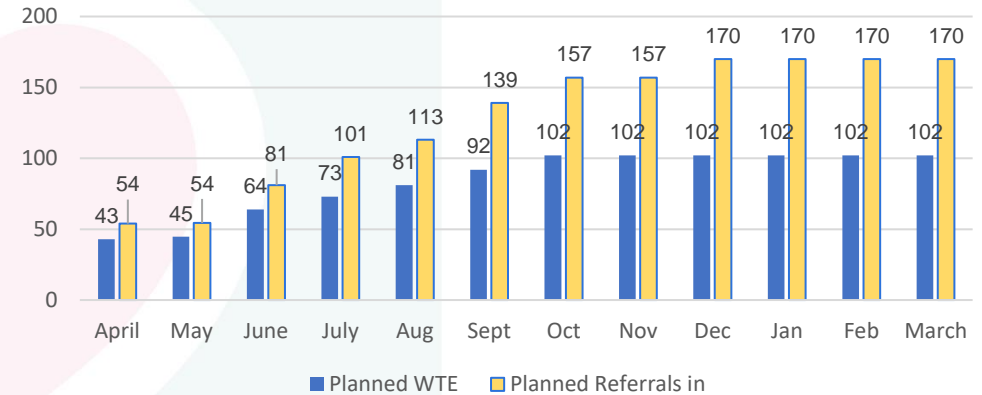
For those who need it, handover to domiciliary care

Tracking staffing capacity and activity levels – focus on hospital wards

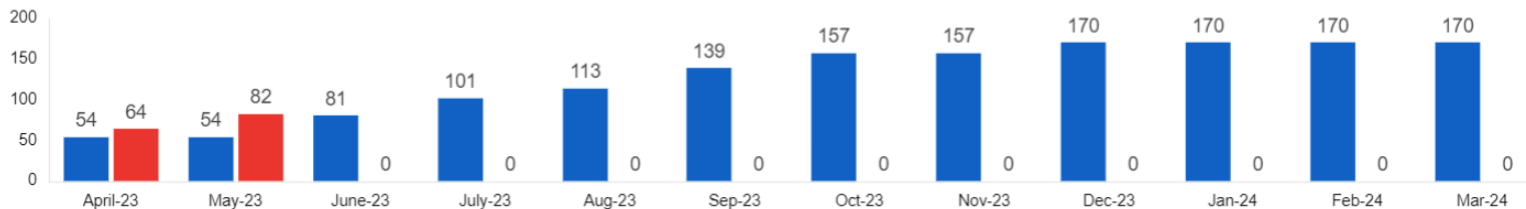
- Working initially with 2nd floor wards at Arrowe Park Hospital, roll out plan for all P1 discharges
- Close working, wards and Home First team, refining model
- Already seeing significant effect, ahead of trajectory
- Most discharges same-day when someone is medically fit and ready to leave
- Ambitious recruitment plan on track for new staff needed by late summer

Page 28

Planned Home First staffing and activity by month, 23/24



Overall Pick Up Planned v Actual

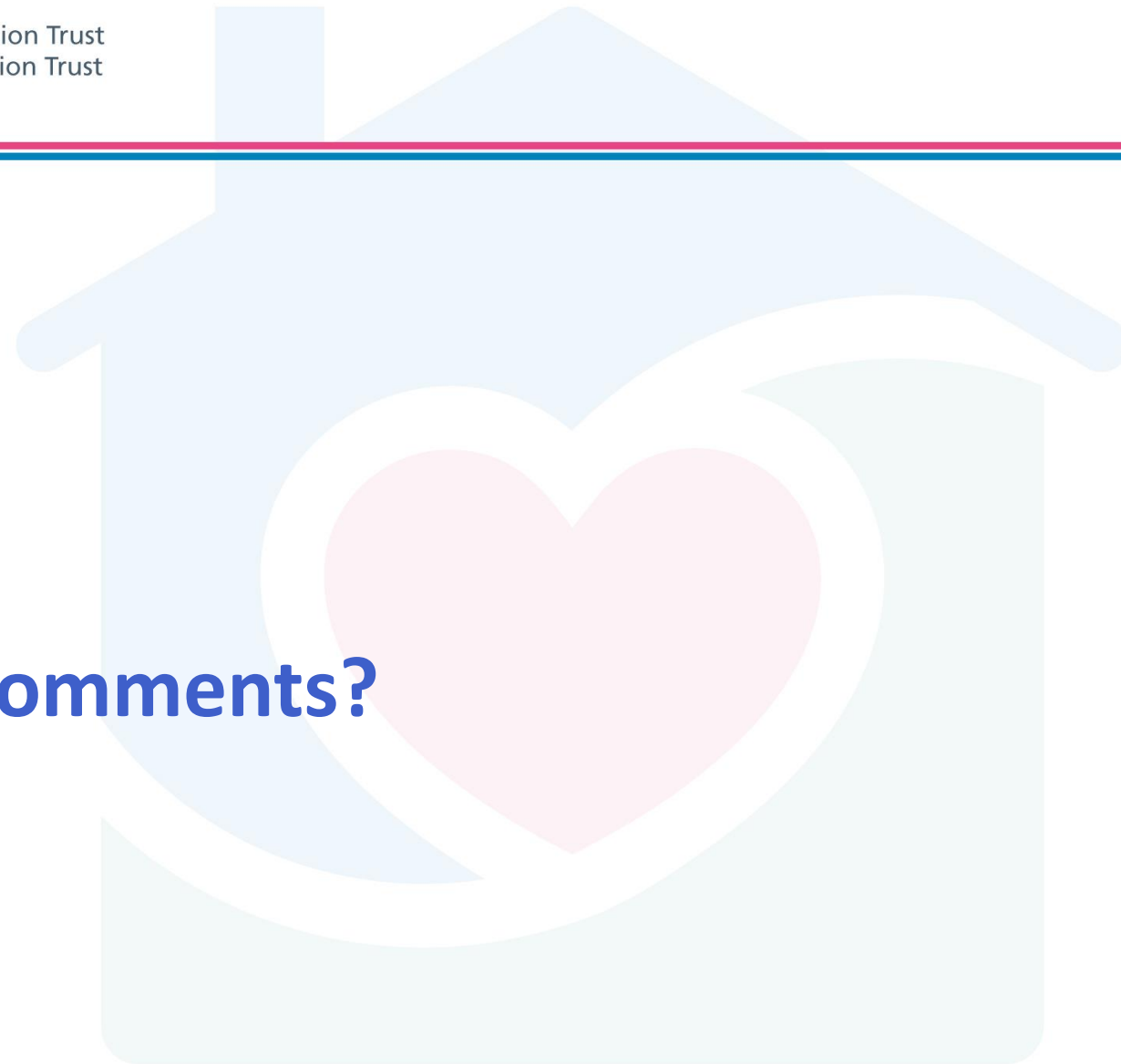


● Total Planned Pick-up Levels
● Actual Pick-up



In partnership:

Wirral Community Health and Care NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Wirral Council



Page 29

Questions and comments?

Hospital may be where you get treated, but home is where you get well.



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WIRRAL PLACE BASED PARTNERSHIP BOARD

22 June 2023

REPORT TITLE:	REABLEMENT SERVICE DESIGN MODEL
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of this report is to seek the Committee's approval of the Adult Social Care Community Reablement Model. This is designed to add value to a person's experience with the reablement system.

The report Community Reablement Model contained within the comprehensive Target Operating Model attached in Appendix 1. This is split into six sections: -

1. Context
2. Design model
3. People
4. Financial
5. Governance & Reporting
6. Appendix

The Adult Social Care Community Reablement Model (the model) supports the delivery of the Wirral Plan 2021-2026 'Active and Healthy Lives' theme: "Working for happy, active and healthy lives where people are supported, protected and inspired to live independently." And the 'Brighter Futures' theme: "Brighter Futures for all, regardless of their background".

This report is not a key decision. It affects all wards.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is asked to note this report and attached target operating model, which was tabled for approval at the Adult Social Care and Public Health Committee on the 13 June 2023.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Adult Social Care and Public Health Committee on 11 October 2022, approved in principle the establishment of an Adult Social Care reablement service delivered by the Council. This report outlines the proposed Target Operating Model.
- 1.2 The Council currently has a hybrid model of reablement. The assessment element is provided by the Wirral Community Health and Care NHS Foundation Trust, as part of Wirral Social Work contract, this returns to the Council on 1 July 2023. The delivery element is currently provided by independent sector community domiciliary care providers as part of a full Care and Support at Home offer which covers reablement, domiciliary care and Continuing NHS Health Care.
- 1.3 The model will enable greater alignment and joining up of services to improve outcomes for people accessing or in need for reablement to live well in their communities, and to aspire to more active, fulfilling, and independent lives as possible.
- 1.4 The model will focus on providing high quality community reablement services that would enable greater opportunity to direct resources to those who would benefit the most.
- 1.5 The model is designed to enable people to maximise their independent living skills in order that they can continue to live their lives as independently as possible and to reduce their need for long term social care support.
- 1.6 The approach to supporting people who require reablement services in Wirral will benefit from learning from other areas. This is to ensure that best practice in personalised care and support is offered to people to meet their goals and aspirations, and to achieve better outcomes.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not to design an Adult Social Care Community Reablement Model in collaboration with key stakeholders would not deliver the best outcome for the residents of Wirral.
- 2.2 Not to design an Adult Social Care Community Reablement Model based on 'home first principle' may hinder a delay in services provided thus effecting a delay an individual's levels independency and recovery rate.
- 2.3 To commission the service from a third-party provider could cost the Council more and would potentially reduce the longer-term benefit of being able to directly focus reablement services where they are needed most.

3.0 BACKGROUND INFORMATION

3.1 In 2018, Wirral Health and Care Commissioning (WHCC) and the Healthy Wirral Partnership were established. This presented the opportunity for a jointly commissioned, ambitious, fully inclusive service called the 'Care and Support at Home Service' delivering:

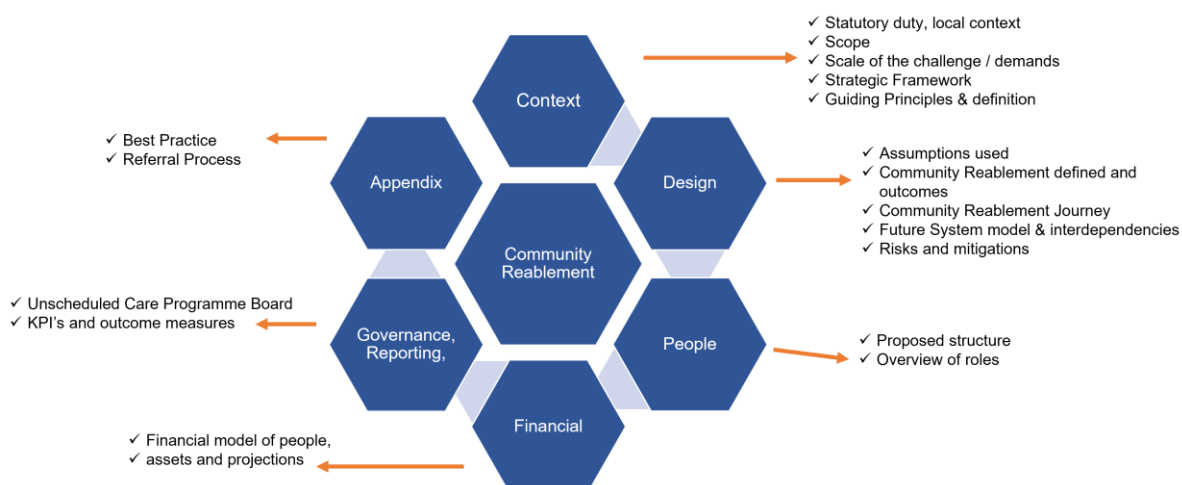
- Reablement
- Domiciliary Care
- Complex Care (Domiciliary)
- CHC non-complex (not requiring nursing from registered provider)
- End of Life Care
- Trusted Assessments / Provider led reviews

3.2 A review of the existing Care and Support at Home contract is due in 2024, one year prior to the end of the first 5-year contract period, and officers will be able to re-specify for the community care market providers, trusted assessments and reablement requirements. This will ensure that the community care market offer is aligned to the Community Reablement Model should members approve the model.

3.3 In May 2023, the Service Modelling Phase commenced and used data, intelligence and feedback gathered from the engagement phase to inform and shape a Community Reablement Model as outlined in the March 2023 progress report.

3.4 To support the Service Modelling Phase a comprehensive Target Operating Model has been produced to define the principles and operating elements of a Community Reablement Model that adds value to Social Care & Health Market across Wirral.

3.5 Community Reablement Model - Target Operating Model consists of six sections as illustrated in diagram below. Each section is supported by comprehensive level of detail contained in Appendix 1.



3.6 The Director will receive an implementation plan in line with the Target Operating Model and report back to Committee as and when required.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There is a financial implication to this report this stage, however, it is anticipated that the realignment of existing resources from the Council's discharge funds (originally made available in 2022 through National funding to support Hospital flow) will be re-allocated to finance the workforce required to enable a Community Reablement Model. It is also proposed that existing capacity where appropriate be aligned to this model, and reablement is closely aligned with the NHS Home First service to enable greater value and joining up services as well as enabling people to access the services as a step up from their own homes.
- 4.2 The total discharge fund for this financial year is £2.7M of which £500k has already been committed.
- 4.2 The total cost of the Adult Social Care community reablement workforce with on costs is approx. £833,110. This falls well within the total resource available to the Council and should also reduce longer term cost, thus contributing to the savings identified within the Adult Social Care budget 2023/2024.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council has a statutory duty under the Care Act 2014 to ensure a responsive and sufficient care market to meet the needs of its population.
- 5.2 In addition, the Council has a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers. This means early intervention to prevent deterioration and reduce dependency on support from others. Reablement is one of the ways they can fulfil this duty.
- 5.2 The Council has a duty under the Health and Safety at Work etc. Act 1974, to ensure the health and safety of its employees and any people who use Council services.
- 5.3 The current commission of the Care and Support at Home Service has been undertaken in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules.
- 5.4 The Council will be required to meet any regulatory requirements of the Care Quality Commission (for the establishment of any new directly delivered regulated service options).

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Internal existing officer resources has been required to provide leadership, subject expertise, and programme management of the service design.
- 6.2 The Council will need to recruit 1 registered manager and 12 community reablement practitioners in accordance with human resources rules and regulations if approved.
- 6.3 The Council may need to refresh the current IT equipment and systems for an Adult Social Care Community Reablement Model.

6.4 The Council will need to consider resources to enable it to manage its duties under the Health and Safety at Work etc Act 1974 and associated regulations.

6.5 The Council will have to consider as part of any staff hybrid working arrangements, desk-based calculations for future accommodation.

7.0 RELEVANT RISKS

7.1 There may be insufficient levels of reablement staff within Wirral to support staffing models for both a community reablement service and a Home First service.

7.2 There may be duplication of roles due to the insourcing of staff into the Council, linked to Home First and the new community reablement model.

7.3 There is a missed opportunity of not expanding the role out of Home First model to include community 'step up' reablement due to the initial focus is 'step down' hospital discharges to reduce demands on beds.

7.4 There is no risk presented by the plan to design an Reablement Service Design Model for people who need care and support from this service.

7.5 There is a risk that the Community Reablement Model recommended for Wirral is not affordable in the current financial climate.

7.6 There is a risk that the Community Reablement Model recommended requires longer to implement due to the complexity and cultural design as part of the care and health system.

7.7 Mitigating actions to the above risks are described in the Target Operating Model in appendix 1.

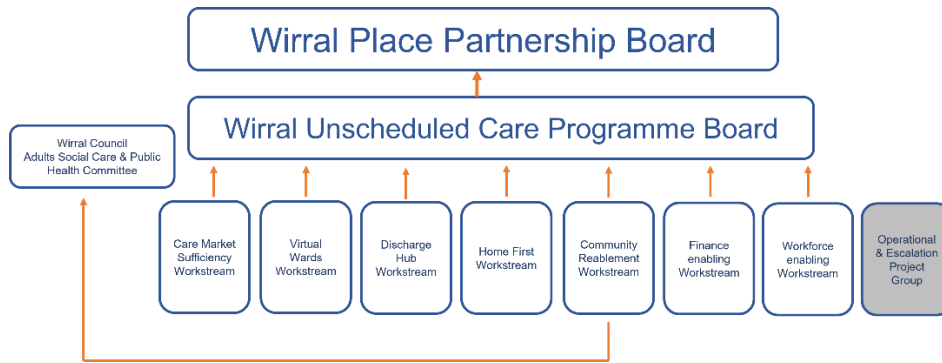
8.0 ENGAGEMENT/CONSULTATION

8.1 Stakeholders and experts by experience have been involved to inform the design of the Adult Social Care Reablement Service Model.

8.2 Best practice models and learning from across the country have been gathered and analysed. This included Wirral Community Health and Care NHS Foundation Trust 'Home First' pilot, which based its principles on Barnsley's Model (South Yorkshire), Manchester City (Northwest) and Middlesbrough (South Teesside).

3.8 Visioning sessions were facilitated by the Assistant Director of All Age Independence and Providers Services, with support from the Council's Strategic Change Team in collaboration with system leaders from Wirral.

3.9 Integrated into Wirral Unscheduled Care Programme Board governance arrangements is below.



9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment (EIA) has been produced and will continue to be updated as part of the implementation of the proposed Community Reablement Model. This is located here: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>.
- 9.2 Consideration will also be given to the need for an EIA for any individual areas of work within the review where this is identified.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Consideration will be given to environmental and climate implications in the design of Adult Social Care Community Reablement Service Design Model

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Reablement Service provides opportunities for local employment in the care sector.
- 11.2 Reablement services supports vulnerable people in the community through enabling independence for individuals to live fulfilling lives to the best of their abilities.

REPORT AUTHOR: Jean Stephens
Assistant Director of All Age Independence & Provider Services
 telephone: 0151 637 2030
 email: jeanstephens@wirral.gov.uk

APPENDICES

Appendix 1 – Adult Social Care Community Reablement Target Operating Model

BACKGROUND PAPERS

<https://www.scie.org.uk/reablement/what-is/principles-of-reablement>
<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>

TERMS OF REFERENCE

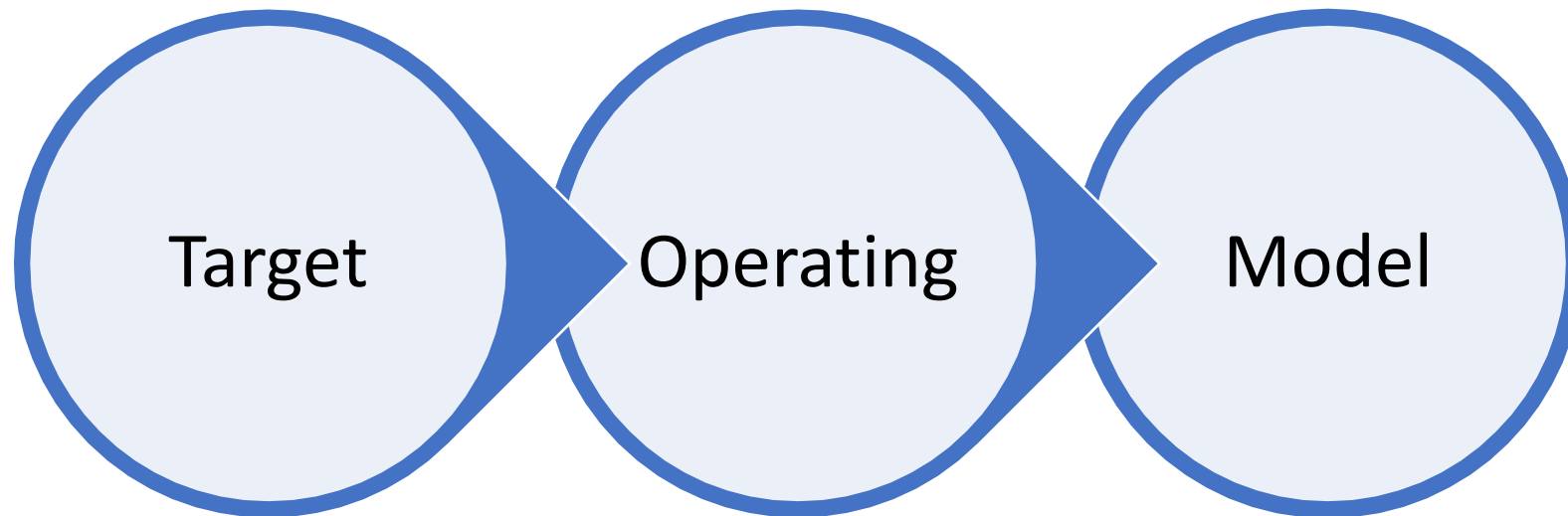
This report is being considered at the Wirral Place Based Partnership Board in accordance with Section 2.2(a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 June 2023
Adult Social Care and Public Health Committee	6 March 2023
Adult Social Care and Public Health Committee	11 October 2022
Adult Social Care and Public Health Committee	7 June 2022

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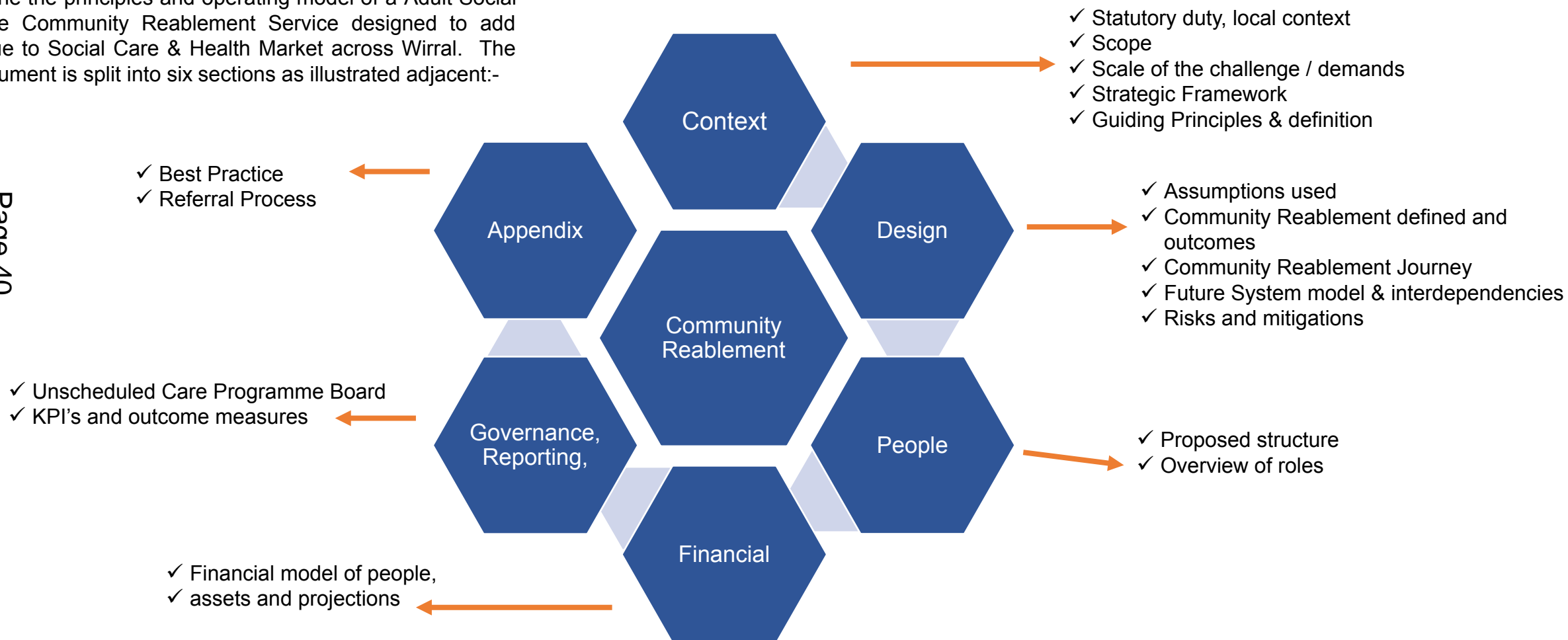
WIRRAL ADULT SOCIAL CARE COMMUNITY REABLEMENT MODEL



ADULT SOCIAL CARE COMMUNITY REABLEMENT MODEL TARGET OPERATING MODEL (TOM)

The purpose of a Target Operating Model (TOM) is to define the principles and operating model of a Adult Social Care Community Reablement Service designed to add value to Social Care & Health Market across Wirral. The document is split into six sections as illustrated adjacent:-

Page 40



Section 1

STATUTORY DUTY

The Care Act 2014



Care Act
2014



- ✓ It is the statutory duty of a Director of Adult Services to provide Social Care Services for people assessed under the Care Act - this duty has been delegated through Wirral Council Commissioning Services Team who commission services that are regulated by Care Quality Commission (CQC)
- ✓ Care Act 2014 Reablement-Local authorities have a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers; this means early intervention to prevent deterioration and reduce dependency on support from others. Reablement is one of the ways they can fulfil this duty

LOCAL STRATEGIC CONTEXT

Section 2 of the Care Act 2014 identifies the local authorities duty to prevent, reduce or delay care needs, promote independence with a focus on its section 1 duties, the wellbeing principals. The general duty of a local authority in the case of an individual ,is to promote that individuals wellbeing.

The work of the **Adult Social Care Community Reablement Model** is also aligned and contributes to the ‘*Wirral Plan: Equity for People and Place 2021-2026*’ with particular focus to the key theme of ‘**Active and Healthy Lifestyle**’, for people to live active and healthy lives with the right care, at the right time with the best possible outcomes for adults with care and support needs.. It also underpins Wirral Health and Well-being Strategy 2022-2027 for people to live and age well and Wirral Health Protection Strategy 2023 – 2027.

Page 43



SCOPE

Background - On the 11th October 2022, the Adults Social Care & Public Health approved a resolution to design an Adult Social Care Community Reablement Model, working collaboratively with Wirral Community Health and Care (WCHC) NHS Foundation Trust and care system partners.

Outcomes

- Page 4
1. To enable greater alignment and joining up of services to improve outcomes for people accessing or in need for reablement to live well in their communities, and to aspire to more active, fulfilling, and independent lives as possible
 - To provide high quality reablement services that would enable greater opportunity to direct resources to those who would benefit the most
 3. The approach to supporting people who require reablement services in Wirral will benefit from learning from other areas
 4. To design an Adult Social Care Community Reablement Model, based on robust data analysis, financial modelling, assumptions, risks, constraints, and interdependencies that adds value to a person's experience



Guiding Principles

- ✓ Placing people at the heart of the service design model
- ✓ Embracing collaboration and coproduction with key stakeholders
- ✓ Maintaining and enhancing integrated services, benefits and positive outcomes for people who access the service
- ✓ Utilising data, insight, and intelligence, as well as best practice examples for robust modelling
- ✓ Enabling strength-based practices to improve personalised care and support
- ✓ Transparent scrutiny and challenge of the proposed model arrangements

SCALE OF THE CHALLENGE ACROSS WIRRAL



1. Total number of hours CRP (12 x 30hrs) + 50% of Senior CRP Hrs (8 x 15 hrs) = 480 hours weekly
2. 21-22 data approx. figures sourced from Wirral Council Business Intelligence

Adult Social Care Community Reablement Strategic Framework

Purpose

People will be cared for in the right place at the right time with the right support

Vision

Wirral people will live well in the place they want with the people they want

Mission

Working together to enable our people to have the right support at the right place and time

Values

Person-centred – ‘People at the heart of the model’

Integrity – ‘Doing the right things for the right reasons’

Inclusion – ‘Embracing everyone’

Quality – Shared Vision, Decision Making and Outcomes

Collaborative – Integrated Services and Delivery

Contributory outcomes and benefits

Reduction in Harm, Prevention in deconditioning. Reduction in NCTR Bed days.

People are confident to be independent with support, Social isolation reduced

Quality and Safety Improved

Health & Wellbeing Enhanced

Staff feel supported to keep people well at home

Experience Improved

Workforce understand the system they work in. Increased morale

Better experience with choice to live well at home in their Community

GUIDING PRINCIPLES

Community Reablement is guided by the below set of principles:-



Page 47

- ✓ Assume that a person is able to be independent until it is proved otherwise.
- ✓ Any needs identified initially will act as a trigger for a strengths based conversation in the persons home with a short and long term perspective.
- ✓ Risk is part of everyday life and can enhance opportunity. We can seek to reduce risk but not always eliminate.
- ✓ The community around the person and their strengths are best placed to support the person in the first instance.
- ✓ Goals should be meaningful to the person and not predetermined by professionals.
- ✓ Recognising that loneliness is a significant factor in peoples lives and effects the persons physical and mental health.
- ✓ None means tested. Working across four local neighbourhood teams
- ✓ Commissioned Domiciliary or residential care will be considered only when it is proven that other support does not meet needs.
- ✓ Maintaining and enhancing integrated services, benefits and positive outcomes for people who access care services
- ✓ Utilising data, insight, and intelligence, as well as best practices for continual improvement as part of a whole system approach

Section 2

ASSUMPTIONS USED FOR ADULT SOCIAL CARE COMMUNITY REABLEMENT MODEL

ASSUMPTIONS

- ✓ This is a future Community Reablement Model that will have a focus on preventative services that are mobilised when it is identified a person in the community is starting to struggle to manage and are at risk of a decline in health, well being and independence thus avoiding costs, system blockages and NCTR longer term
- ✓ Direct reablement care will be carried out by Council employees working within their local neighbourhoods as an multi disciplinary and integrated team
- ✓ Existing assessment teams within the current structures will be utilised, but will not provide direct care
- ✓ Community reablement workforce will be at a level where autonomy is expected to be able to identify and utilise the community around the person, their family and friends, and other organisations to create a- sustainable community support network that meets the persons needs
- ✓ Community support will be the first consideration for ongoing support not domiciliary or residential services
- ✓ The existing commissioned reablement budget will be used to fund additional staff/ resources outside of existing staff – Hospital Discharge Grant through Better Care Fund
- ✓ Outcomes and benefits aligned to Community Reablement Strategic Framework on page 8
- ✓ Will integrate with Home First expansion model who's initial focus is hospital discharge (step down) but with a focus on community (step up). However, It is not envisaged community reablement will accept referrals from Home First
- ✓ The existing commissioned contract which includes both reablement and domiciliary care will continue – this new service is additional
- ✓ The acuity of the person being supported will be less than those in the Home first service cohort
- ✓ 50% of community reablement is currently commissioned by community social work teams
- ✓ Less hands on personal care needed at peek times eg breakfast lunch bedtime calls- more even spread throughout the day
- ✓ Access the support of the community, voluntary and faith sector in collaboration with the expansion of Home First
- ✓ Appropriate monitoring and handoffs between services will be identified through the implementation plan stage

ADULT SOCIAL CARE COMMUNITY REABLEMENT MODEL

DEFINITION, OUTCOMES & BENEFITS

DEFINED	OUTCOMES & BENEFITS
<ul style="list-style-type: none"> ✓ Maximising a persons long term independence and quality of life ✓ Enabling people to recognise and access the support of people in their community to reduce social isolation ✓ Supporting people to stay healthy and happy in their own home for as long as possible ✓ When there is a decline in health, prevent hospital admissions by maximising treatment in the persons own home ✓ Ensuring that any provision of care is assessed on an ongoing basis so that a persons level of independence is not defined by a one off assessment but by skilled observations over a period of time in the home environment ✓ To appropriately minimise ongoing support required and thereby minimise the whole-life cost of care ✓ When it is identified that a person in the community is declining or struggling to manage their health and care needs and/or are isolated from their community a referral is made to Community reablement team. ✓ The community reablement team will case manage that person until such time that it is felt they have met their full reablement potential or 6 weeks has lapsed ✓ 8 till 8 service, 7 days a week 	<ul style="list-style-type: none"> ✓ Early strengths based conversation in the persons home triggered with person centred goals enabled ✓ Independence maximised, hospital admissions reduced and deconditioning from extended hospital stays avoided ✓ Persons social isolation reduced, moral and confidence increased ✓ End to end total case management achieved, greater choice and 'hand offs' reduced ✓ Social worker and care navigator capacity reduced ✓ Funded voluntary sector and community connector services better utilised ✓ Sustainable care is achieved as minimal commissioned services used. "The community is always there" ✓ Knowledgeable and skilled workforce able to motivate and empower people to reach their full potential in their community enhanced ✓ Preventive interventions, cost avoidance longer term within the care and health system ✓ Maintaining the community reablement offer separately to the Home First reablement, therapy, care and assessment offer would protect that resource when acute services are under increased pressure, maintaining the crucial reablement preventative service in the community

Adult Social Care Community Reablement Journey

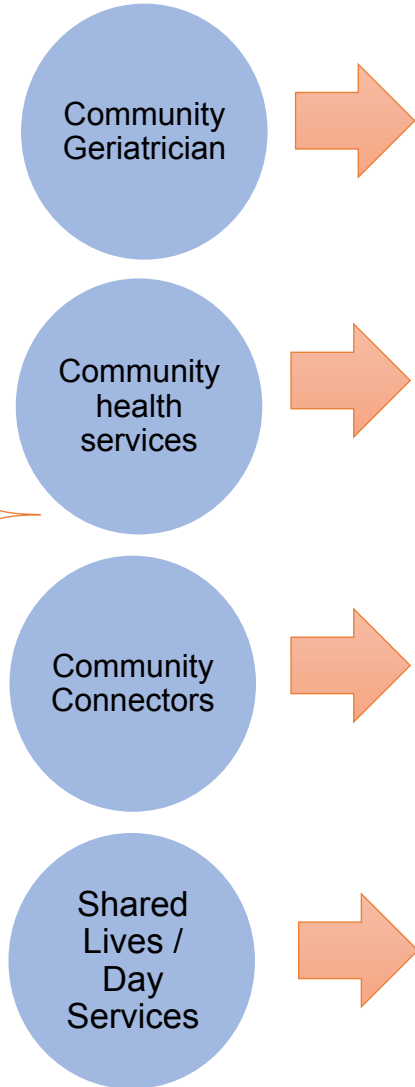


Playing our residents strengths and independence at the centre of the services we provide

- Community team South Wirral
- Community Team Birkenhead
- Community team West Wirral
- Community team Wallasey

Home First focus on Step Down – hospital discharges initially

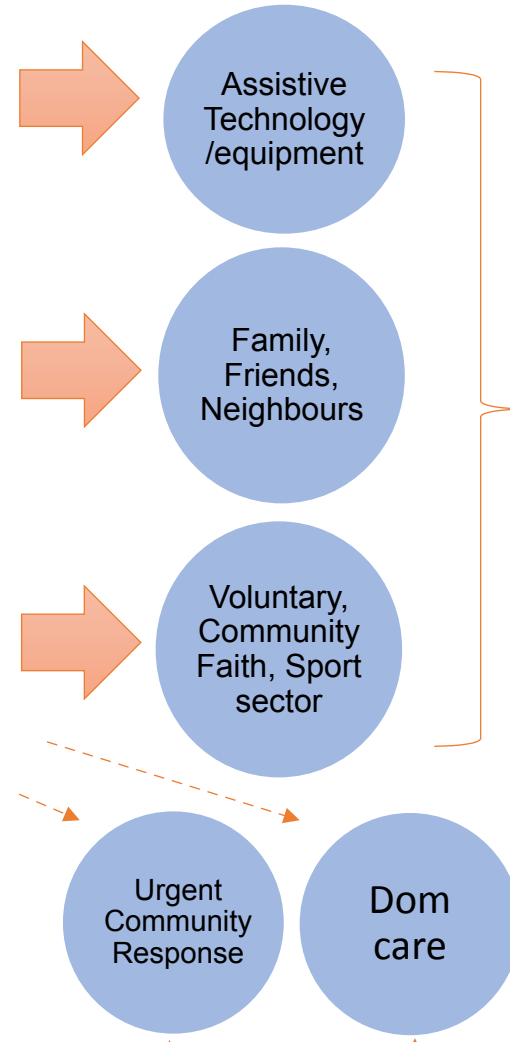
Community Referral



Short term Care assessment & intervention



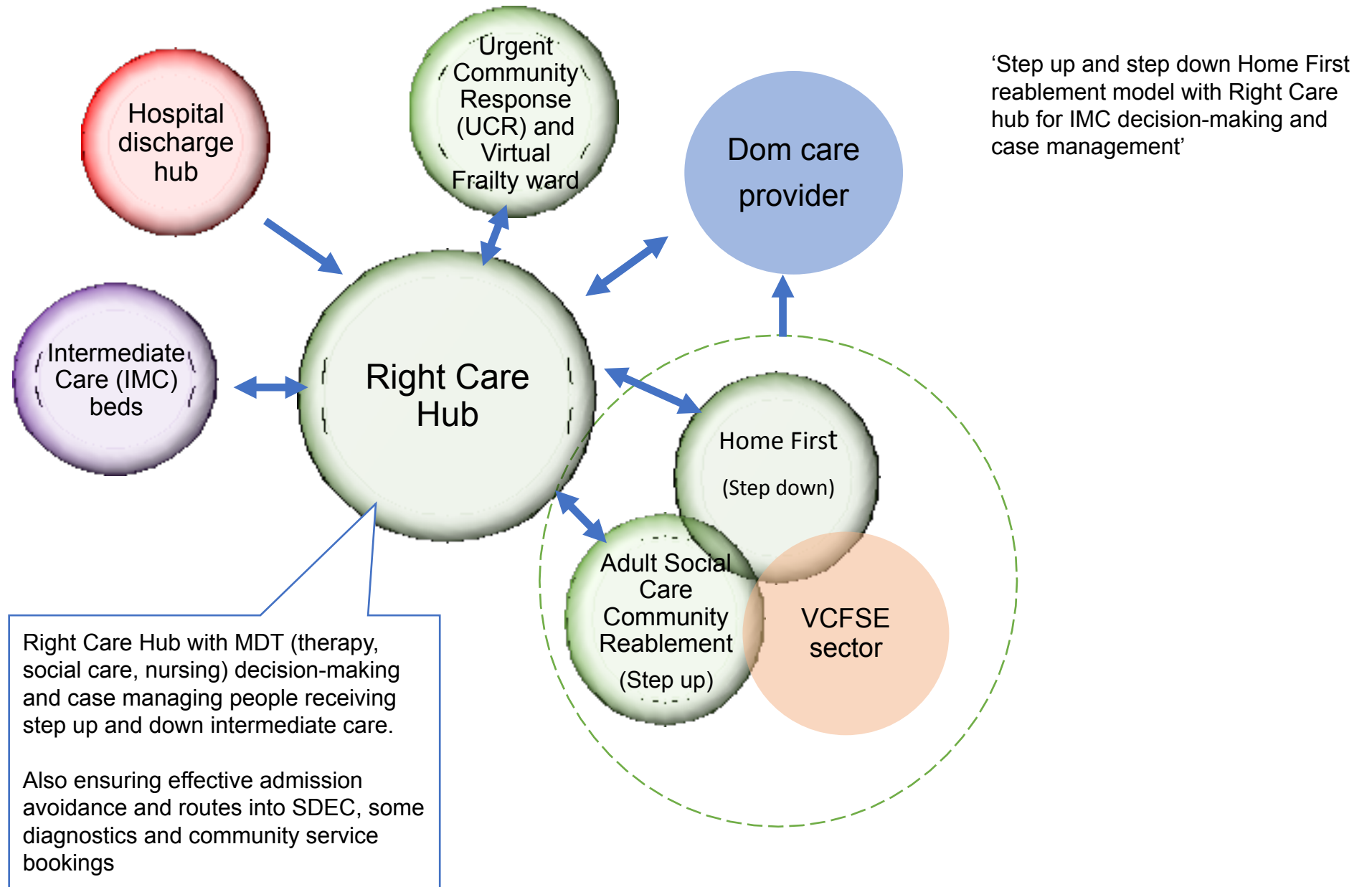
Enablers



Outcomes & Benefits

- ✓ **ENABLE** people to self-care and retain autonomy
- ✓ **CONNECT** them to their communities
- ✓ **IMPROVE** their health & wellbeing
- ✓ **ACCESS** technology to increase independence
- ✓ Build on **STRENGTHS** to maximise independence
- ✓ **PREVENT** and minimise hospital stays
- ✓ **Cost avoidance** preservation of spends in care and health system overtime

PROPOSED FUTURE SYSTEM MODEL



RISKS AND MITIGATIONS

Adult Social Care Community Reablement Model

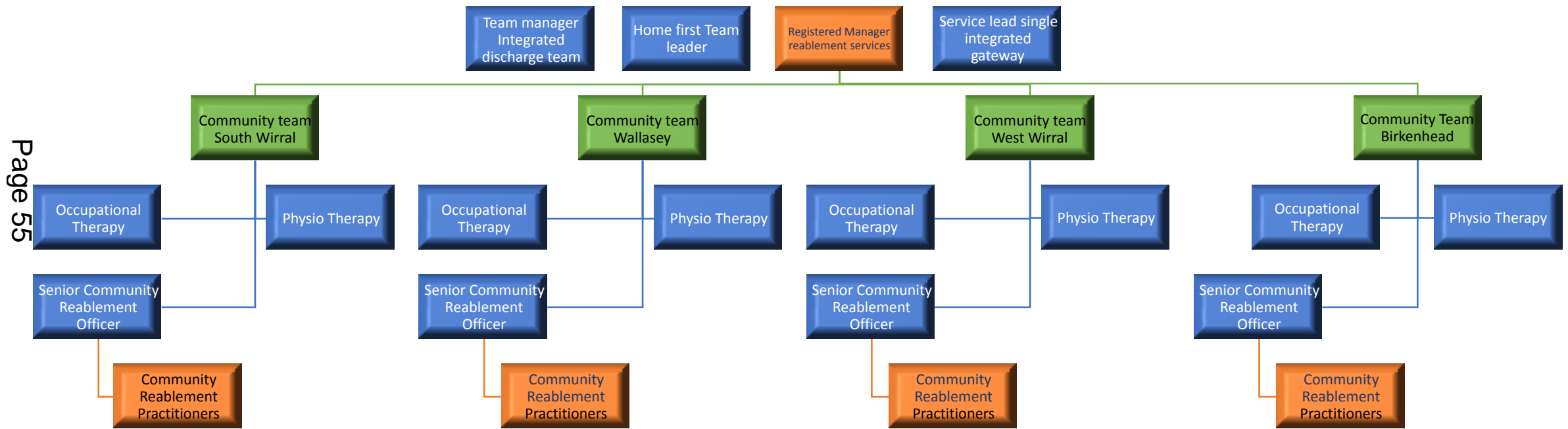
Risk	Description of Risk	Mitigating Actions
1	There are insufficient levels of reablement staff within Wirral to support staffing models for both a community reablement service and a Home First expansion	<ul style="list-style-type: none"> ✓ Active recruitment campaigns ✓ Upskilling of existing workforce – career pathways
2	There may be duplication of roles due to the insourcing of staff into the council, linked to Home First and the new inhouse reablement model.	<ul style="list-style-type: none"> ✓ Ensure joined up vision, outcomes and service delivery placing the customer at the heart of the journey ✓ Partnership agreement in place to ensure clarity of roles
Page 53	There is a missed opportunity of not expanding the role out of Home First model to include community 'hands on' reablement.	<ul style="list-style-type: none"> ✓ Continue to work in collaboration with WCHC and system providers to ensure services meet the demands of local people
	There may be insufficient capacity within the Voluntary, Community, Faith and Sport sector to enable the right support at the right time or too much pull on those communities	<ul style="list-style-type: none"> ✓ Clarify of the role and expectations of the VCFS sector ✓ Appropriate resources deployed ✓ Clear communications and partnership agreement in place
5	Community demand increase in line with population growth	<ul style="list-style-type: none"> ✓ Dom care contracted providers to maintain reablement as part of the contract ✓ Regular monitoring of demands and supply's
6	There may not be enough resources to fund a new Community Reablement Team	<ul style="list-style-type: none"> ✓ Redirect resources from hospital discharge funding (Wirral Council part)
7	Hospital capacity challenges may distort the home first reablement demands as people not signposted through the correct processes placing pressure on care homes and domiciliary care	<ul style="list-style-type: none"> ✓ Continue to work in collaboration with WCHC and system providers to ensure services meet the demands of local people



Section 3

PEOPLE

Community Reablement Team

In order to achieve the outcomes and benefits defined in slide 12, and to meet the supply and demands illustrated in slide 7, it is proposed that the Adult Social Care Community Reablement Team would be integrated into a multi disciplinary teams within the four local neighbourhoods and would consist of **1 registered manager (new), 8 Senior community reablement officers (existing), 12 community reablement practitioners (New)**:-



Those identified with an  are new posts and will be allocated to local neighbourhoods based on supply and demands of the local area. The financial modelling is illustrated on slide 21. Those in  are existing posts

OVERVIEW OF ROLES

- **Registered manager**– management of CQC registered services- supervision of senior Reablement Worker
- **Senior Reablement worker**- receive initial referral, complete initial assessment, allocate to team. Provide supervision to Community Reablement officers and provide care and support to the person in line with the principals of reablement to maximise independence for complex cases.
- **Community Reablement Practitioner** - provide care and support to the person in line with the principals of reablement to maximise independence. Review and amend support plans on a live basis.
- **Occupational Therapist** – Functional assessment including environment, regaining independence.
- **Physio Therapist**– Functional assessment including addressing muscle weakness. Complex case management

Page 56



Community Reablement Practitioner

- ✓ Provide personal care and support with a reablement focus
- ✓ Assess the reablement needs and identify a support plan with input from other Reablement team members
- ✓ Implement the plan with a focus on using community support to reduce isolation and improve wellbeing as well as physical tasks
- ✓ Use innovative ways to maximise the persons quality of life, reduce social isolation and improve wellbeing
- ✓ Ability to effect change
- ✓ Monitor and review the support plan reducing Community reablement support and replacing with community support
- ✓ Live, constant review process
- ✓ Commissioning / enabling other services were appropriate
- ✓ Making referrals for other services to meet health and wellbeing needs where appropriate
- ✓ Managing the case until the point that it can be closed to Community reablement

Section 4

FINANCIAL

Adult Social Care Community Reablement Model

Post	Grade	No of Hrs	Headcount	Basic	NI @ 13.8%	Pension @ 18.7%	Enhancements @ 15%	New	Comments
Registered Manager	PO12	36	1.00	47,573	6,565	8,896	7,136	70,170	
Community Reablement Practitioners	Band H	360	12.00	416,676	57,501	77,918	62,501	614,597	
Estimated Travel costs								33,800	Note 2
Total Staffing								718,567	Note 1
Training & Development								6,500	Note 3
								10,500	Note 4
								735,567	

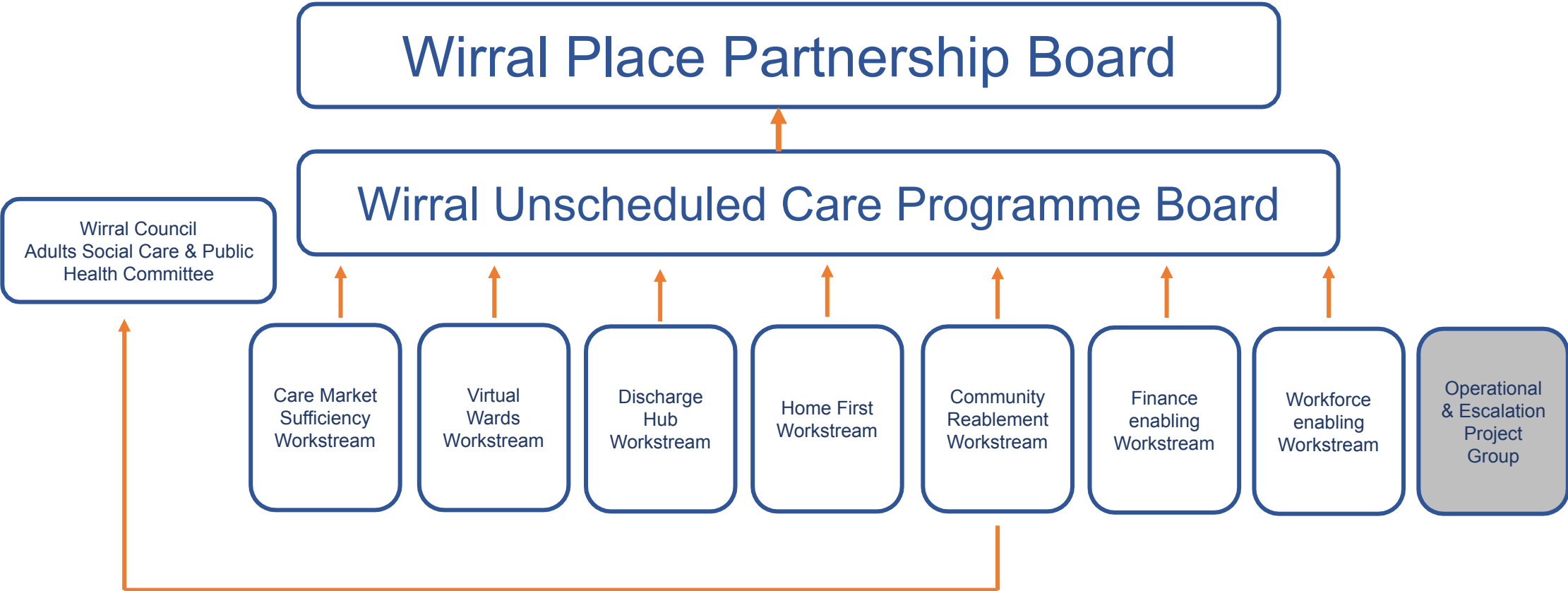
Other factors:	Unit cost	Units	Total Est
DBS (New)	54.5	13	708.50
Uniforms	58.98	13	766.74
Mobile phones (handset / fees)	270	13	3,510.00
CQC Fees (Capped at 1,700 SU's)	92,558		92,558.00
Electronic Call & Monitoring Systems			
			97,543.24

Notes
1 Costings based on 22-23 grades - will need to consider any 23-24 agreed uplifts
2 Based on £2,600 per fte
3 £500 per person
4 Laptops
5 DBS for new staff
6 Uniform for new staff
7 Handset £150 per person plus network charges = £270 annual cost per person
8 Included in Wirral Independence Service - Medi equip, assistive technology

Section 5

GOVERNANCE & REPORTING

Page 60



To be reviewed in June 2023

Section 6

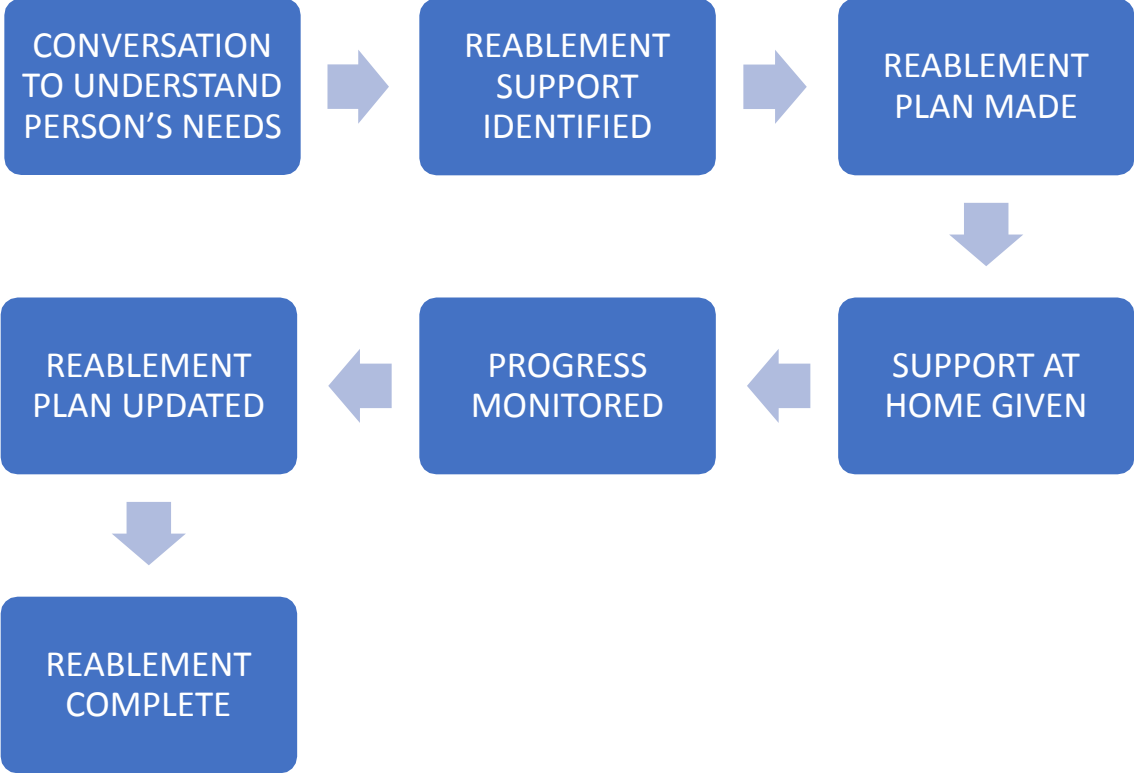
APPENDIX – Best Practice

To insert Manchester proportionate modelling per activity /Sense check – data around outcomes for Manchester benefits

Adult Social Care Community Reablement Model

Referral flow chart

PLACING OUR RESIDENTS STRENGTH'S AND INDEPENDENCE AT THE CENTRE OF THE SERVICES WE PROVIDE



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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD 22 June 2023

REPORT TITLE:	WIRRAL HEALTH AND CARE PLAN 2023-2024
REPORT OF:	ASSOCIATE DIRECTOR FOR TRANSFORMATION AND PARTNERSHIPS (WIRRAL) NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

Wirral Place is part of the Cheshire and Merseyside Health and Care Partnership which became a statutory organisation on the 1st July 2022. The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership (ICP) – is a partnership that brings NHS services together with local authorities and other local partners to collectively plan health and care services to meet the needs of the local population. The formation of the ICP is a real opportunity for us to work together across organisations to deliver the improvements that we want to see in the health and wellbeing of our residents.

This Health and Care Plan is our collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with our agreed priorities areas of work. The Plan has been agreed following four workshops which had representation from across Wirral key stakeholders. This plan is cognisant of the actions needed to improve the current position on Wirral for health and care services and to meet the ask of key Wirral and National policies and strategies.

This matter affects all Wards within the Borough.

RECOMMENDATION

The Wirral Place Based Partnership Board is asked to endorse this Wirral Health and Care Plan.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Our Health and Care Plan sets out the key health and care priorities that the Wirral Place will need to deliver this year or progress with significantly. This Plan has been developed collaboratively with commissioners from NHS and the Local Authority and also our key stakeholders, including the Community Faith Voluntary and Social Enterprise Sector. By asking for the Wirral Place Based Partnership Board to endorse the Plan, it will ensure formal endorsement of the Plan by Wirral Place and will also enable our Health and Care Plan to be in the public domain. There will also be a requirement to demonstrate progress against the delivery of the priorities within the Plan to evidence the progress made, which will be reported to the Wirral Place Based Partnership Board.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Health and Care Plan is a collaborative plan across the Wirral Place and therefore the endorsement of the Plan is required by the Wirral Place Partnership Board.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Care Plan is to outline the Wirral Place key health and care priorities for 2023/24 and how we will continue to adhere to the core principles, adopted in 2022/23, in the way that we work:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including Joint Strategic Needs Assessment (JSNA)
- Deliver good outcomes and be safe and effective
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- Learn from people's lived experience
- Aim to support people to stay well and independent
- Continue to develop place based services – enhancing the neighbourhood/community delivery

3.2 As a Wirral Place there are a number of key national, regional and Wirral specific strategy and policy requirements. The key documents that our priorities are cognisant of, and that we will progress with delivery of their specific aims, are:-

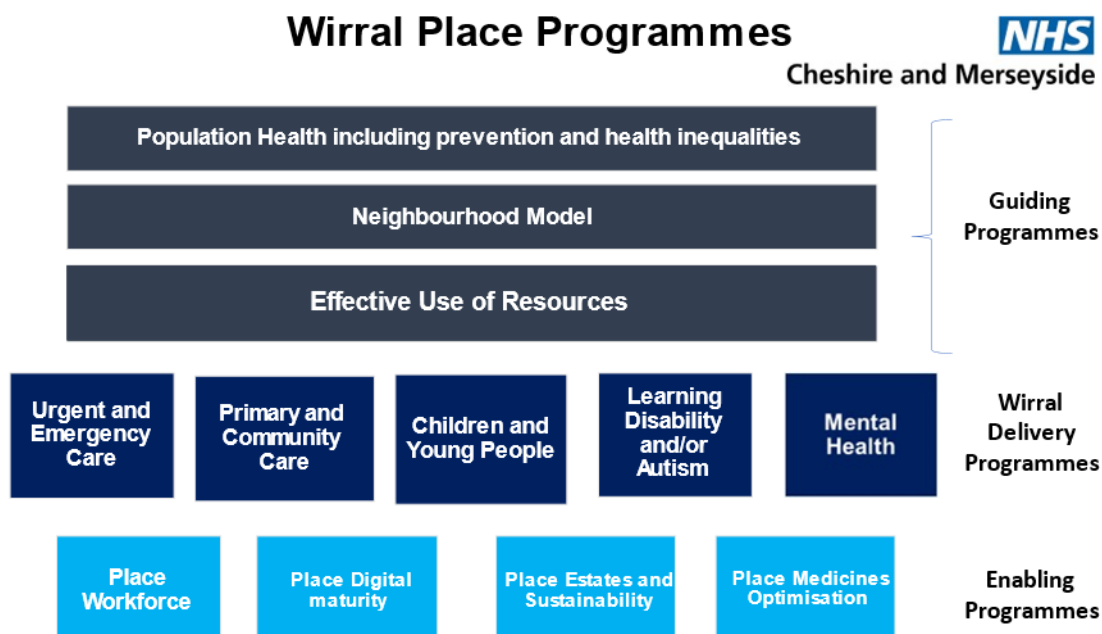
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy 2022 - 27
- SEND Wirral Statement of Action
- NHS Core 20 plus 5
- NHS Planning Guidance 2023 – 24

3.3 To agree our priorities, four Monthly planning workshops were held between December 2022 and April 2023 involving all partner organisations from Wirral Health and Care system:-

- Workshop one – setting the scene, original financial challenge of £120m, review of current priorities within the 2022/23 Delivery plan, identifying our priorities
- Workshop two – developing the Wirral Plan and confirming our priorities in the context of wider health improvement across the Borough
- Workshop three – focus on our key areas, Workforce, Primary Care, Mental Health and improving the health of our Neighbourhoods
- Workshop four - developing the planning delivery framework, identifying priority schemes and funding sources

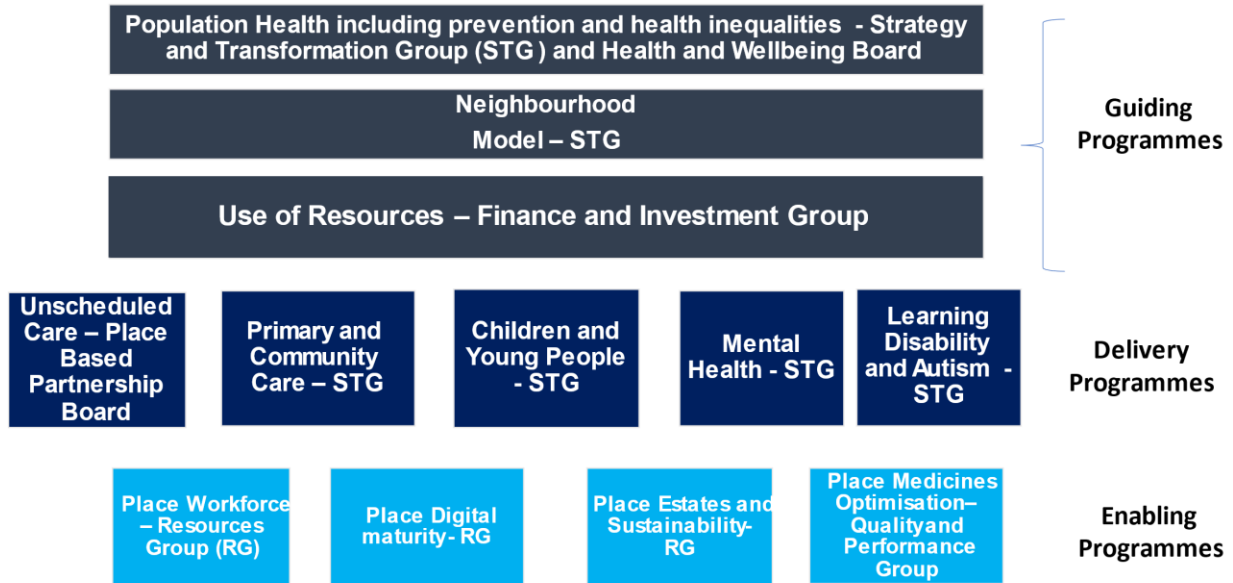
3.4 Following these Wirral Place workshops we agreed our priorities and their themes. As a result we have developed collectively the Wirral Health and Care Plan which is attached as Appendix 1.

3.5 The Framework below shows our priorities which are under three broad themes of guiding programmes, delivery programmes and enabling programmes.



- 3.6 Within the Guiding Programmes there are three priorities:-
- Population Health including prevention and health inequalities – which encompasses the work to implement the Wirral Health and Wellbeing Strategy
 - Neighbourhood Model – a refreshed approach to this programme which is now a community led initiative to reduce increasing health inequalities across Wirral, moving from focusing on ill health to promoting wellbeing.
 - Effective Use of Resources - this programme of work will to ensure that every Wirral pound for health and care is used to its maximum.
- 3.7 The figure above shows the 5 Wirral Delivery programmes which are our key priority areas for delivering change in 2023/24. These 5 programmes have key actions required to deliver improvements to health and care services in Wirral and require specific actions by Wirral. Alongside these there are also programmes that are led by Cheshire and Merseyside ISC but Wirral Place will support the implementation of the outputs from these programmes in Wirral. These are all key NHS national programmes:-
- Elective recovery
 - Diagnostics
 - Maternity
 - Cancer.
- 3.8 The final theme of enabling programmes has four programmes that will each support the successful delivery of the Health and Care Plan priorities.
- 3.9 The priority programmes in our Health and Care plan have developed a Strategic Outcome Framework which are attached as Appendix 2. These share high level detail of aims of the programme and an outline of the delivery plan for that programme. We have now identified the Senior Responsible Officer, programme leads and project support for each of the programmes and the oversight and assurance of progress of each priority will be reported as shown in the figure below.

Programme Reporting



Updates from all the Programmes will be shared with the Place Based Partnership Board.

4.0 FINANCIAL IMPLICATIONS

4.1 There are potential financial implications arising from this report, the work programmes that are a key priority, particularly for the improvements required in the unscheduled care programme have already required additional funding which have been agreed by Wirral key partners. The Use of Resources programme will focus on identifying opportunities to deliver further efficiencies to spending on Wirral. If there are further calls on resources beyond those mentioned above, approval will be sought through the appropriate processes.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Health and Care Plan includes programmes of work that are already in progress in the Borough and a number of these are 'must do's' for the Wirral Place to complete. This work should already be supported with the appropriate resources and, where it is not, discussions will be required around the resource requirements to support delivery.

7.0 RELEVANT RISKS

- 7.1 Within the Health and Care Plan there are some 'must do's that do require to be completed within timescales during 2023/24. The Plan and its deliverables will be monitored monthly and escalation to key partners will take place if progress of achievements and expected outcomes are not realised. Alongside this, the risks associated with each of the programmes within the Plan are managed within each work programme. The Wirral Place Based Partnership Board will also be developing a risk framework in 2023/24.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Wirral Health and Care Plan has been developed collaboratively across key stakeholders across the Place through the four workshops and also the Strategy and Transformation Group meetings.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. Within the Health and Care Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact assessments to ensure any adverse impact is identified and mitigating actions but in place where possible. An Equality Impact Assessment is not required for this report but each programme will need to complete one.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the delivery of the Place Director's objectives in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

REPORT AUTHOR:

Nesta Hawker

Associate Director for Transformation and Partnerships (Wirral)
NHS Cheshire and Merseyside (nesta.hawker@nhs.net)

APPENDICES

Appendix 1 Wirral Health and Care Plan
Appendix 2 Strategic Outcome Frameworks

The appendices may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact nesta.hawker@nhs.net if you would like this document in an accessible format.

BACKGROUND PAPERS

- NHS Core 20 plus 5
- NHS Planning Guidance 23/24
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- Statement of Education Needs and Disability (SEND) Wirral Statement of Action

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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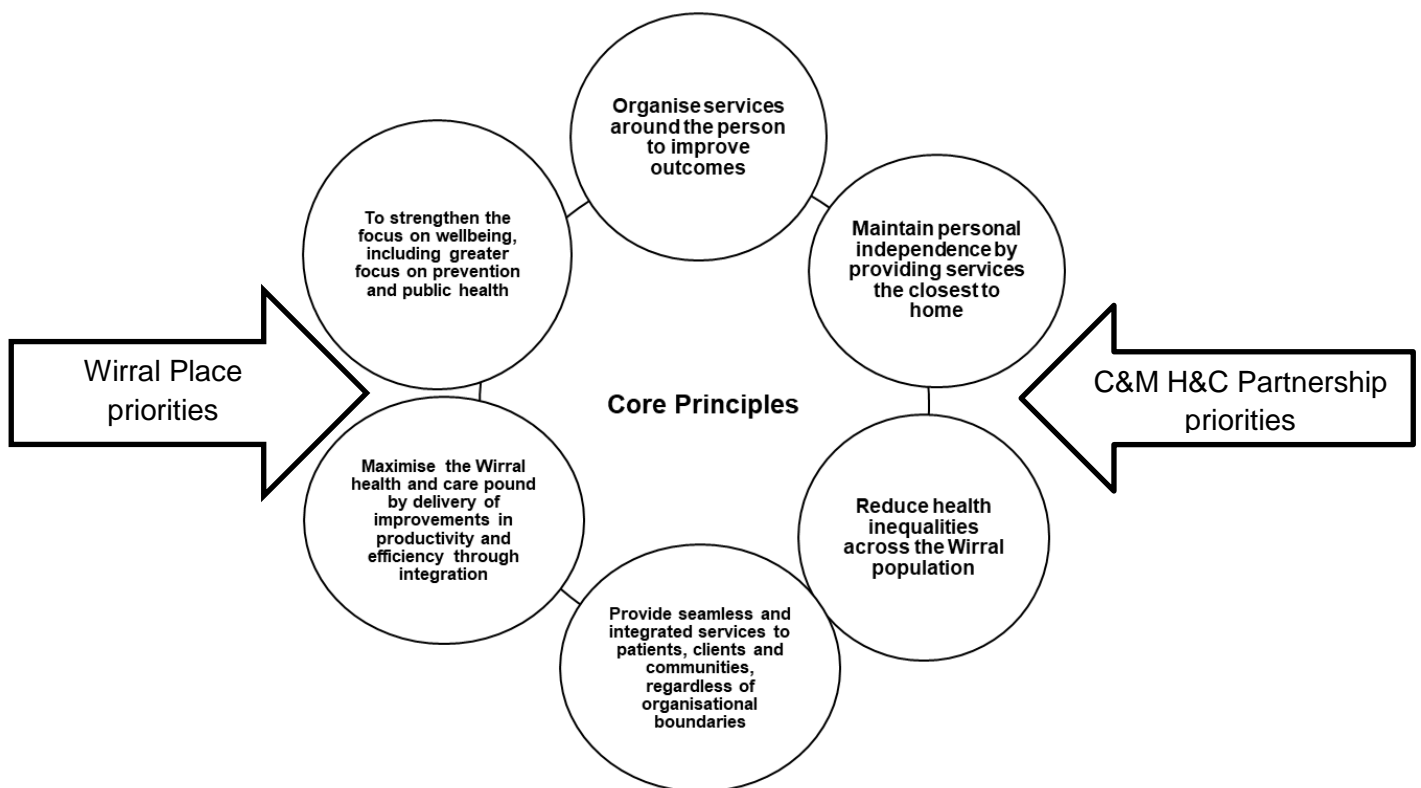
WIRRAL PLACE HEALTH AND CARE PLAN

2023-24

1. Introduction

Wirral Place is part of the Cheshire and Merseyside Health and Care Partnership which became a statutory organisation on the 1st July 2022. The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership – is a partnership that brings NHS services together with local authorities and other local partners to collectively plan health and care services to meet the needs of the local population. As part of the developing Integrated Care System arrangements, there is an opportunity to ensure Wirral's Place Based Partnership builds on the collaboration achieved through the pandemic and has a clear focus on reducing health inequalities in Wirral. The Partnership has agreed that tackling health inequalities is our shared key aim. As a 'Marmot Community', we are truly committed to improving the health and wellbeing of our population and in doing so focussing on reducing inequalities.

This Health and Care Plan is a collaborative plan for **how the health and care organisations across Wirral will work together to progress with our agreed priorities areas of work.** It will set out the contributions health and care organisations will make relating to addressing the differences in health and care inequalities. Wirral and C&M priorities are both fundamental to our Plan.



We will continue to adhere to the core principles that were agreed in our Delivery Plan for 2022/23. Our principles will influence our work and how we deliver change

on Wirral and these continue to be our business as usual and 'how we do things on Wirral'.

All our work programmes will:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including JSNA
- Deliver good outcomes and be safe and effective
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- Learn from people's lived experience
- Aim to support people to stay well and independent
- Continue to develop place based services – enhancing the neighbourhood delivery

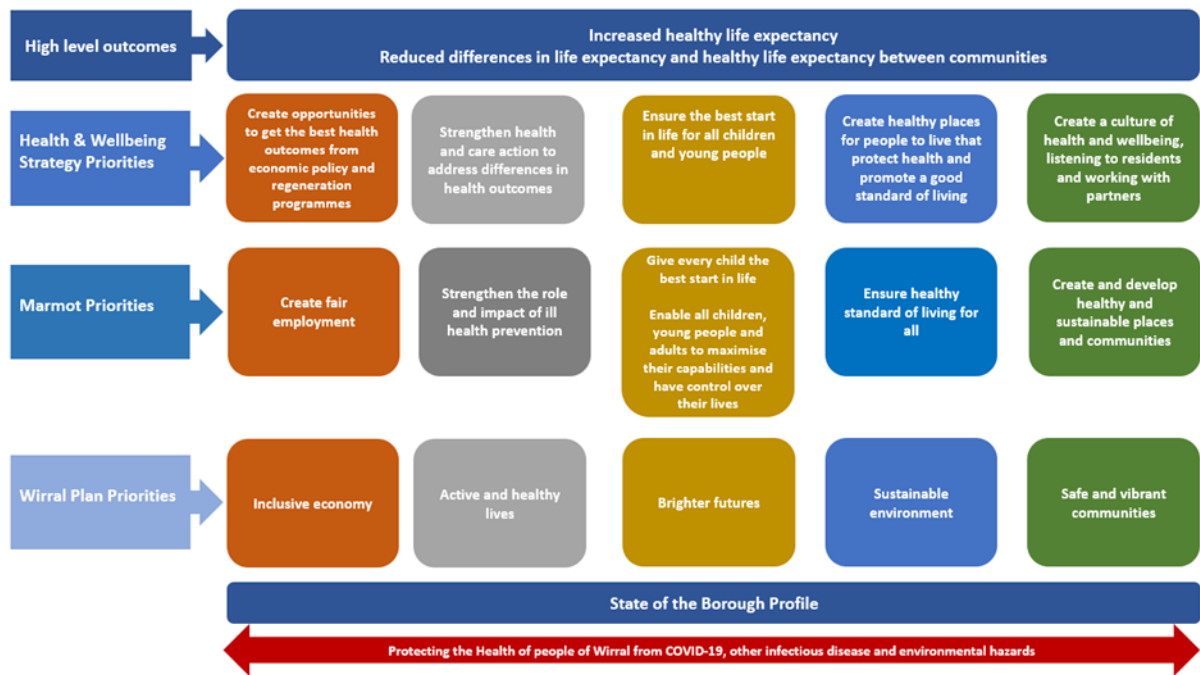
2. What guides us

Our priorities in reducing inequalities in health and care will cover the whole life span of our population, from birth to death. As a Wirral Place there are a number of key national, regional and Wirral specific strategy and policy requirements.

The key documents that our priorities are cognisant of, and that we will progress with delivery of their specific aims, are:-




- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy 2022 - 27
- SEND Wirral Statement of Action
- NHS Core 20 plus 5
- NHS Planning Guidance 2023 – 24

The key documents that our Wirral Health and Care plan priorities are cognisant has been influenced by Wirral's strategic direction as illustrated in figure 2 below:



2.1 NHS Planning Guidance 2023 – 24

Our Health and Care Plan is also cognisant of the NHS nationally set priorities. The annual priorities and operational planning guidance for the NHS has set out three keys tasks and three core principles for 23/24:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the “why” and “what”, not the “how”		
Headline ambitions for recovering our core services and improving productivity		
	Improve ambulance response and A&E waiting times.	
	Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.	
	Make it easier for people to access primary care services, particularly general practice.	

There are also the below priorities within the NHS plan:

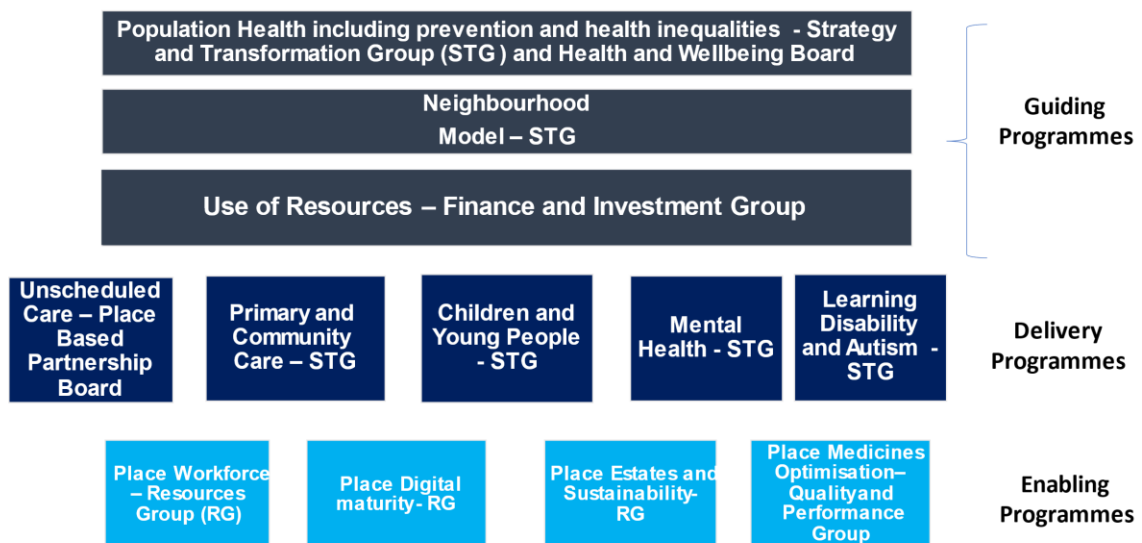


All of these priorities within our key Strategies and Plans will be responded to by the Wirral Place.

3. Our Governance

The governance for the Health and Care Plan, as it is currently agreed, is shown in the diagram below:

Programme Reporting

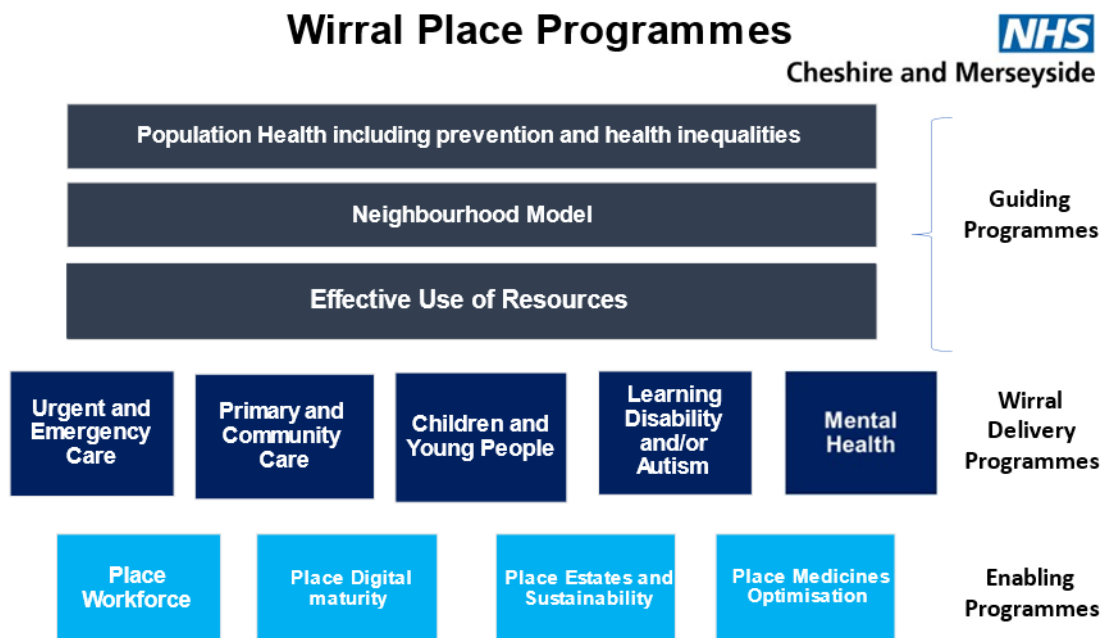


4. Our Priorities

This Health and Care Plan is focussed on our key health and care priorities that we will need to deliver this year, or progress with significantly. This Plan includes priority programmes of work that were included within the Delivery Plan for 22/23 for which the programme needs to continue.

Following Wirral Place workshops we have together agreed our priorities for our Health and Care Plan. They will also be influenced by activities across Cheshire and

Merseyside but we believe the main focus for their delivery is in Place. The Framework below shows our three different themes and their programmes. Our priorities will be under three broad themes of guiding programmes, delivery programmes and enabling programmes.



In line with our principles, our plan is for each of the programmes, we will have an aligned Community Faith Voluntary and Social Enterprise champion who will work to support the Senior Responsible Officer and ensure the voice of the community is embedded into our priority programmes.

4.1 Guiding Programmes

4.1.1 Population Health including prevention and health inequalities

We will be part of wider population health systems and seek to align policy, strategy, strategic intelligence and resources wherever possible to best protect and improve health.

Preventing mental and physical health conditions before they develop is better for everyone. It helps people to be healthier for longer and reduces pressure on health and care services so that everyone can get the right quality care, treatment and support when they need it most. Focusing on preventable conditions, targeting those most at risk, will also help to reduce differences in health and care outcomes. We will use our collective resources and our role as anchor institutions to make the most impact.

To do this we will:

- Strengthen health and care action to address differences in health outcomes.

- Create opportunities to get the best health outcomes from the economy and regeneration programme.
- Ensure the best start in life for all children and young people.
- Create safe and healthy place for people to live that protect health and promote a good standard of living.
- Create a culture of health and wellbeing, listening to residents and working together.

4.1.2 Neighbourhood Model

The programme is a refresh to our previous approach to developing a neighbourhood model on Wirral. Our Neighbourhood Model, which will be co-produced with our communities, will form the foundation for how we on Wirral and our health and care system will tackle health inequalities together and improve the health outcomes of our population. Each of our 9 neighbourhoods, which are a defined geographic area, will have a core group which will be led by community leaders with a bottom up approach to improving health outcomes. The aim of the Model is to link population health data with local intelligence with a focus on deep local insight. Each neighbourhood will use this combined information to identify a priority area for improving health outcomes. When a priority area has been identified, the Model will be to enable change that will be co-produced with communities and health and care services. The focus of change will be on prevention of ill health, both in terms of the wider determinants impacting negatively on health and also on clinical prevention that can help to promote good health. The plan for 2023/24 is to begin with two neighbourhoods initially and utilise improvement methodology to test out new ways of tackling health inequalities.

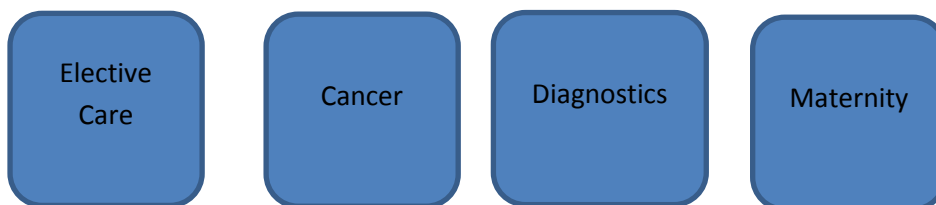
4.1.3 Use of resources

Effective use of our resources is a key programme to ensure that every Wirral pound for health and care is used to its maximum. There is also a deficit funding position across of all our major health and care organisations. This programme of work will agree schemes to reduce the deficit and this will include a review of corporate 'back office' support of our providers.

4.2 **Delivery Programmes**

There are a number of priorities that are within the NHS Plan for which there are established work programmes across Cheshire and Merseyside. Our role as Wirral Place is to be involved, contribute and support these programmes and their implementation in Wirral. These priority areas will have consistent approaches across Cheshire and Merseyside but will also require local delivery and interpretation. The delivery at scale programmes are shown in the diagram below:

4.2.1 **Delivery Programmes at Scale – Place Supported**



4.2.1.1 Elective Care

Within Elective Care, two national planning guidance targets are in place to delivery against for 2023/24.

- a) Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
- b) Deliver the system- specific activity target - 30% more elective activity by 2024/25 than pre-pandemic.

To deliver the required improvement across Elective Care the Wirral system are focussing on three 'pillars' work.

- a) Improving efficiency by increasing throughput within existing capacity - theatre and clinic utilisation, day case rates, reducing LOS
- b) Increasing capacity (maximising independent sector opportunities, mutual aid, and through the Cheshire and Merseyside Surgical Centre (Clatterbridge) and the Community Diagnostic Centre at Clatterbridge.
- c) Demand Management through referral optimisation, waiting list validation, Patient Initiated Follow Up (PIFU), teledermatology, and developing specialist advice & guidance programmes

In addition to the primary 'pillar' programmes other key initiatives for 2023/24 include:

- a) Addressing unwarranted variation in access through the Core 20 + 5 programme
- b) Comprehensive Digital programme to improve efficiency
- c) Recommissioning and eExpansion of virtual wards and remote monitoring
- d) Development of the Heart Failure Service
- e) Development of Pain and Rheumatology Services

4.2.1.2 Cancer

Within the Cancer system Wirral has three primary national planning guidance targets to delivery against for 2023/24.

- a) Continue to reduce the number of patients waiting over 62 days
- b) Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their

- GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- c) Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028

To deliver the required improvement across Cancer Services the Wirral system are focussing on three 'pillars' work.

- a) Pathway Improvements – including, MDT optimisation, active local tumour site steering groups, pre-habilitation and increase in personalised risk-stratified follow-ups
- b) Implementation and development of Rapid Diagnostic Services within 10 Cancer Tumour groups and implementation of the new FIT pathway
- c) Promoting early diagnosis of cancer through - providing primary care enhanced services, implementing a new programme of community based cancer awareness initiatives, and, developing a non-specific symptoms pathway.

In addition to the primary 'pillar' programmes other key initiatives for 2023/24 include:

- a) Education and training for student nurses, MDT Co-ordinators, Primary Care
- b) An increase screening rates particularly in communities where uptake is poor
- c) NHS Galleri - the world's largest clinical trial in which participants are screened for fragments of cancer DNA circulating in their blood. The Wirral system supported the first phase in 22/23 and are supporting the second phase in 23/24
- d) Undertake planning to implement targeted lung health checks for past and current smokers aged 55 to 74.

4.2.1.3 Diagnostics

Within Diagnostics, two national planning guidance targets are in place to delivery against for 2023/24.

- a) Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- b) Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

To deliver the required improvement across Diagnostics the Wirral system are focussing on:

- a) Diagnostics Hub developed at Clatterbridge, for mutual aid across C&M, locally developing access for primary care.

- b) Funding to increase ECHO provision in line with demand
- c) Refinement of elective care pathways to ensure appropriate use of diagnostic testing.

4.2.1.4 Maternity

Within the national planning guidance there are two primary maternity and neo-natal priorities identified for 2023/4:

- a) Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury.
- b) Increase fill rates against funded establishment for maternity staff.

Maternity and Neo-natal service providers are required to:

- a) Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services.
- b) Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices
- c) Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

Wirral's progress against these ambitions is assured via the Cheshire & Merseyside Local Neo-natal & Maternity System (LNMS) via their dashboard and regional assurance programme.

NHS England will publish a single delivery plan for maternity and neonatal services in early 2023. This will consolidate the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent. Wirral Place will need to adopt this delivery plan.

In addition to the above Wirral system is required to contribute to the local delivery of the Women's Health Strategy for England & Wales (August 2022) ambitions and collaborate with the LNMS in developing a C&M response to the national 10-year strategy.

National Health Service Resolution (NHSR) operates the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST.

The scheme incentivises ten maternity safety actions and provides a further assurance of high quality and safe maternity services. Wirral place will also have to implement these asks.

4.2.2 Wirral Specific Delivery Programmes

4.2.2.1 Unscheduled Care

Within the Urgent & Emergency Care system Wirral has three primary national planning guidance targets to delivery against for 2023/24.

- a) Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 (currently ~56%)
- b) Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 (>40mins min)
- c) Reduce adult general and acute (G&A) bed occupancy to 92% or below (currently 96-98%)

To deliver the required improvement across the UEC system Wirral has agreed four primary programmes of work.

- a) Virtual Wards: Increasing Virtual Ward Beds
- b) Home First: Increasing capacity of patients supported per month
- c) Care Market Sustainability: Increasing Domiciliary care capacity towards pre pandemic level
- d) Development of a Transfer of Care Hub with the first phase of developing a discharge hub.

Each of the four programmes will report progress into the Unscheduled Care Programme Board which will ensure oversight of delivery of these key programmes of work. At present, this Board will report directly to the Wirral Partnership Board, however the governance and reporting pathway will be reviewed in June 2023.

4.2.2.2. Primary and community care

The focus of this programme is to develop an integrated way of working with community services and Primary Care Networks. These benefits of delivering the Integrated Neighbourhood Team model described in the national produced recommendations from the Fuller Stocktake. This work will align with the neighbourhood model programme as a means of connecting with local communities. The programme will have a number of key tasks, including development of an agreed model of care, such as agreement of a team within teams and agreement of clinical triage & decision-making at PCN level.

The plan in 2023/24 is to progress against the Fuller Review recommendations;

- Improved access for episodic care
- Better co-ordinated personalised care for those people whose health and care benefits from this approach
- Greater focus on secondary prevention

As an enabler to delivering the recommendations, will be the establishment of Integrated Neighbourhood Teams, drawing together the expanded range of services provided by statutory and non-statutory partners, to the defined populations.

Key working relationships between Providers will be further enhanced with Primary Care Networks expanding their networking functions to support the development of “teams within teams” alongside partners from community services, mental health services, and the voluntary, community, faith, social enterprise sector.

An important development is the ability for clinical triage and decision-making within each PCN, moving away from GP appointment as default and towards understanding of patient issues, followed by input from triage multi-disciplinary teams, if needed, with call back to agree appropriate solution for the patient.

The use of Population Health management and care coordination function in each PCN, will provide a shared view of people with more complex needs and the ability to track their care and ensure it is well coordinated with effective information sharing between provider partners.

Primary and community care are part of a highly complex, local health and care system and can provide the care co-ordination function that maximises all the system developments for the benefits of patient care outcomes.

In order to support the unscheduled care programmes there are two specific priorities for our Community provider:-

- further expansion of community 2 hour Urgent Crises Response Service and delivery of 70% response standard.
- Improve the length of stay in our Discharge to Assess provision to ensure patients smoothly transition out of hospital

4.2.2.3 Children and Young People

This programme has two key priorities which are continuing from 2022/23:

- SEND
- Emotional health and wellbeing transformation

Plus one additional area of focus

- Commissioning better together to improve long term health outcomes

SEND

The SEND Local Area Inspection in 2021 resulted in a Written Statement of Action focused on 9 areas of weaknesses. Established workstreams have made progress during 2022 and a new priority plan linked to the achievement of the remaining objectives has been agreed for 2023 by the DFE and NHSE. A performance group will oversee this plan and report back to the SEND Transformation Board.

Priorities outstanding:

- Improved Performance Management arrangements with an updated JSNA and a shared health, education and care dashboard.
- Coproduced Joint Commissioning strategy with key priorities and an outcomes framework.
- New model and joint commissioning arrangements for SALT and OT.
- Remodelled Neuro-development pathway
- Production of a policy for multi-agency working throughout the EHCP needs assessment to annual review process improving the consistency and quality of advices.
- A coproduction charter and training for all professionals.
- Increased capacity in SENDIASS service to manage demand and to reduce tribunals.
- Launch of the graduated response in schools encompassing a broad range of support and early intervention and identification of need, promoting inclusion.
- Production of a SEND Sufficiency strategy mapping local provision and clear pathways.
- Refreshed Local Offer and comms campaign to promote to parents/carers.

Emotional health and wellbeing transformation

The children's transformation of emotional health and wellbeing services is focused on these key areas:

1. Creation of a single point of access to a full breadth of emotional health and wellbeing resources and services across Wirral from community-based support to specialist services.
2. Strengthening of the whole school approach to mental health including roll out of 'My Happy Minds' to every school in the Borough.
3. Improved approaches to crisis care for children and young people vulnerable and at risk of admission to specialist services including looked after children.
4. To develop a joint commissioning framework and pathways for our most complex children.

Commissioning better together for children and young people to improve long term health outcomes.

Whilst overall services for children and young people are improving many are still delivered by separate agencies health, children's services or schools that would be more effective if jointly commissioned. Over the next twelve months partners will engage in a series of workshops to review the current commissioning arrangement for children and young people. To establish further areas outside of SEND and Mental health where joint commissioning would enable the delivery of more effective services in areas where the biggest impact can be achieved for the long term benefit of children and young people. To work with others to develop more services that deliver on a neighbourhood profile.

4.2.2.4 Learning Disability and/or Autism

As well as the established work Wirral is involved and contributes to that is being led by the C&M wide Transformation Programme for Learning Disabilities and/or Autism, Wirral place has specific priorities for improvement. The purpose is to maximise personal potential and enable people with a disability to live more independently, to enable more choice and control over their own lives. There are three main priorities which are below:

- Develop a shared vision and strategic framework for all age disability, borough wide
- Develop a shared vision and strategic framework for all age Autism
- Day services modernisation business plan

4.2.2.5 Mental health

There is a well-established Cheshire and Mersey Mental Health Programme covering all age mental health that supports the achievement of the long-term plan for mental health. These programmes and models of care have been agreed and, in some areas significant progress has been made with the implementation, however there continues much to do. An area of increasing focus is the capacity and demand for acute care and the subsequent impacts of increased demand, inappropriate out of area placements and high numbers of clinically ready for discharge. A key priority for Wirral is to enable people to remain at home, with earlier prevention, identification, and intervention for people with emerging or escalating mental health needs.

Four areas of focus will enable this.

- The right support in the community at the right time and in the right place, ensuring that support and help is easily accessible for all Wirral residents (*community transformation programme and specialist long term provision*)
- The development of an integrated housing approach across partners to ensure that people do not lose any days in the

community due to a lack of available accommodation (*strategic housing approach for mental health*)

- A review of current acute mental healthcare capacity and planning for the next 10 years to ensure that we provide high quality and safe care within the inpatient settings (linking to the national quality transformation programme for MH, LD and Autism inpatient)

To support the unscheduled care priorities there is a further priority which is the development of a Mental Health Urgent Response Centre.

4.3 Enabling Programmes

Within our Health and Care Plan we have 4 programmes that will support the delivery of all our priorities and also impact across all aspects of how we work on Wirral. Each of these will have a separate plan with clear deliverables. These programmes are required to progress due to their impact across our system.

- Workforce
- Digital maturity
- Estates and sustainability
- Medicine Optimisation

4.3.1. Workforce

Supporting our Place plans to make Wirral a thriving, inclusive borough requires us to establish an effective workforce strategy that recognises the health and wellbeing benefits of employment, promotes understanding of our people needs and responds to the workforce challenges this produces.

Our key strategic outcome is the establishment and implementation of a Wirral People Strategy and Delivery Plan, that recognises and addresses the role and contribution of the formal and informal workforce, volunteers and carers across the Wirral system, and ensures Wirral Place has the right people to provide the right support and care in the right place at the right time.

To achieve this, we will:

- Understand the Wirral Place Workforce through a comprehensive workforce capacity and capability analysis, identifying key workforce pressures and gaps
- Explore opportunities to create a flexible workforce for Wirral Place that can respond to current and future needs
- Create a Skills and development offer that spans the entire Career Pathway
- Create workforce opportunities that embrace diversity, inclusion and encourage new pathways into employment

- Develop and promote the Health, Care and VCFSE workplace as somewhere people want to work and stay

4.3.2 **Digital Maturity**

As a partnership we will work together to use digital technology as a way of delivering and managing services to improve equality and quality of services to our population. This includes developing our own infrastructure, systems, and intelligence; working together to produce outcomes that focus on the citizen and not just on what we can do as individual organisations. We will use the “What Good Looks Like (WGLL) programme” to guide our interventions. This national framework draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely.

- **Healthy Populations:** Extend population health management approaches that support improved health outcomes identified within Wirral clinical strategies, including digital methods for prevention. Support technical capability and skills development.
- **Empowering Citizens:** Empowering people to manage their health and care through digital tools, develop remote monitoring such as Telehealth that analyse trends in activity and trigger alerts to carers & family to help residents feel supported and safe. Work with social media to provide targeted health messages and promote digital inclusion and health literacy.
- **Safe Practice:** Strengthen our Information Governance and Cyber-Security and develop our Digital Safety Strategy to improve the safety of digital technologies in health and care, to identify, and promote the use of, digital technologies as solutions to patient safety challenges.
- **Well Led:** Support the development of Digital Leadership skills and capacity, using digital means to show leadership by example
- **Smart Foundations:** Supporting Wirral partner organisations to invest in their digital foundations/infrastructure and explore the opportunities and challenges to provide benefits by joining our systems together including:
 - Unified communications
 - Cloud
 - Optimization of N365 and Teams including NHS/Council Federation
 - Local Infrastructure investment
 - Consider the benefits of developments such as the Liverpool City Region network investments, enhanced Wi-Fi, Satellite links and 5G.
- **Support People:** Undertake actions to ensure our workforce is digitally literate and able to work optimally with data and technology. Ensure digital and data tools and systems are fit for purpose and support staff to do their jobs well. This includes the establishment of a ‘Digital First’ approach, promoting digital literacy, supporting remote working, shared care records and access to high quality digital support for all health and care workers.

- Improve Care: Support Health and care practitioners to embed digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing. Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting and provide remote consultations, monitoring and care services, promoting patient choice and sustainability.

4.3.3 Estates and Sustainability

The Place Estates and Sustainability Enabling Programme will support and underpin the Wirral Place Health and Care Plan, by ensuring Wirral Place has established effective mechanisms and collaboration across the Wirral Borough, that recognises the infrastructure and environmental needs. The Place Estates and Sustainability Enabling Programme will actively raise awareness of the pressures and targets associated with today's infrastructure, promoting an understanding of the current Estates and Sustainability needs, and setting priorities that respond to these challenges.

Our key strategic outcome is the establishment and implementation of a Wirral Place Estates and Sustainability Plan, that recognises and addresses the importance and the role Estates and Sustainability play within the wider system to ensure future Place needs are met. The plan will set out to ensure Wirral Place has the right infrastructure, that is fit for purpose for the care it needs to deliver, in the right place at the right time, reducing the environmental impacts.

To achieve this, we will:

- Understand the Wirral Place existing Estate through a comprehensive review informing a future Wirral Place Estates Strategy. This strategy will set out the key infrastructure ambitions and priorities across Health, Social and 3rd Party Sectors
- Explore opportunities to create a flexible asset portfolio that is fit for purpose, and meets the needs of the Wirral Place Health and Care Plan both now and in the future
- Collaborate to make maximum use of existing assets and availability of capital funding, to reduce infrastructure backlog and target investment to support net zero carbon ambitions
- Maximise wider system opportunities to secure funding that contributes to the Wirral Place Estate and Sustainability Plan
- Increased economic and social value through the re-use of surplus land and property for housing, employment, and community use opportunities

- Reduce our carbon footprint and play an active role in tackling climate change by system collaboration within the Wirral Place Sustainability Group

4.3.4 Medicines Optimisation (MO)

Medicines are the most common intervention that a patient is likely to receive during their interactions with the healthcare system, there are patient safety risks associated with medication use and a significant financial impact for the NHS. The medicines optimisation enabling programme is a golden thread that runs through all Delivery Programmes but also interlinks with the other enabling work programmes.

Improvements in medicines optimisation are driven by national, regional and local priorities and work is grounded in the core principles of safety, quality and cost-effectiveness as well as personalised care and shared decision making. To significantly improve outcomes, support a reduction in avoidable harm and admissions and manage the financial impact of medicines and prescribing we will collaborate and utilise the partnerships that have already been established and build on these to maximise the use of our workforce across all settings. This integrated 'one workforce' approach will help us to effectively deliver both the ICB and Place medicines optimisation priorities but also to focus on how we can work with our partners to support the Wirral Health and Care Plan delivery and achieve better outcomes for our population.

During 23/24 we will focus on the following:

- Collaboration:
 - Building on the existing Pharmacy system leads network to drive forward the Place MO work programme.
 - Promoting 'system thinking' with regards to planning and delivery of MO priorities to make the most of the available workforce and the opportunities that joint working can bring.
 - Fostering effective partnerships between pharmacy teams and the wider Place network to influence and support change with regards to MO.
- Antimicrobial Resistance and Stewardship:
 - Focus on prevention and implementing best practice guidance for management, aiming to reduce the burden of infection in populations experiencing the highest incidence.
 - Reduce prescribed total and broad-spectrum (high risk) antibiotics.
 - Reduce the incidence and improve diagnosis and management of UTIs in people aged 65 years and over by improving the quality of prescribing based on guidelines, culture, and sensitivity results.
- Medicines Safety:
 - A Place based approach to complement ICB safety work, focussing on identifying and managing risks and working towards effective incident reporting systems, maximising shared learning and

implementing local solutions to reduce the potential for patient harm when transferring between care providers.

- Medicines Value:
 - Cost-effective use of medicines through a collaborative approach to delivery of medicines QIPP and CIP plans.
 - Review medicines supply routes to make best use of our medicine's resources, including non-drug prescribing
- Polypharmacy and Tackling Health Inequalities:
 - Delivering a reduction in inappropriate polypharmacy by ensuring there is a more holistic approach to the impact on pill burden and effective shared decision making.
 - Taking a joint approach for specific high-risk areas such as opioids, drugs of dependence and frailty to support more sustainable and lasting change.
- Community Pharmacy:
 - Working with our community pharmacy colleagues to support delivery of MO and Wirral Place priorities.
- Mental Health:
 - Further develop our dashboard for medicines in serious mental illness to improve health outcomes.
- Patient awareness and engagement:
 - Ensuring this is at the heart of all MO activities to make sure we are considering the views of our population with regards to their medicines and what matters to them.
- Care Homes and Social care:
 - Improved management of medicines within these settings through standardisation of practice and use of technology.

5 System Working

2023/24 is the first full year for Integrated Care Systems (ICSs) in their new form with the establishment of statutory Integrated Care Boards (ICBs) and integrated care partnerships (ICPs). In 2023/24, Wirral will support system working by:

- Engaging in the Cheshire and Merseyside Health and Care Partnership (HCP) through the agreed representative mechanisms.
- Contributing to the development of the Cheshire and Merseyside HCP integrated care strategy and NHS Cheshire and Merseyside's Joint Forward Plan.
- Engaging with Cheshire and Merseyside wide work programmes and delivery, as described elsewhere in this document, and participating in system wide provider collaboratives. These provider collaboratives may be at scale (e.g. Cheshire and Merseyside Acute and Specialist Trusts (CMAST)) or pathway specific (e.g. Level Up (Lead Provider Collaborative for Tier 4 Child and Adolescent Mental Health Services (CAMHS))).
- Continuing to develop and mature our place-based partnership arrangements and preparing for greater delegation to Place.

6. The Delivery

Within our priorities, each theme has a number of work programmes, each with an identified Senior Responsible Officer and a strategic outcome map which will demonstrate the benefits that the programme aims to achieve and deliverables by each quarter of this financial year. The benefits captured reflect the impact against our principles which will be reported to the Wirral Strategy and Transformation Group.

Each individual work programme will have a full project plan and impact assessments completed which will continue to report to their established respective governance processes. Only the high level detail of the milestones, deliverables and benefits will be shared and monitored as part of this Health and Care Plan.

Appendix 1 has the strategic outcome map for each of the programmes which includes by each quarter of what is expected to be delivered against each of the priorities and their work programmes. Progress and achievement against this will be reported to the Strategy and Transformation Group as shown in the earlier governance diagram.

The role of the Strategy and Transformation Group will be to:-

- review the strategic direction of the programmes to ensure alignment against the key policies and strategies,
- review progress against the deliverables and milestones
- review the benefits that are being realised
- to receive issues that require escalation for system support to resolve.
- Report to the Wirral Place Partnership Board on progress against the Health and Care Plan.

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Wirral Health and Care Plan

Strategic Outcome Frameworks

Guiding programmes

- Population Health
- Neighbourhood model
- Use of Resources

WIRRAL PLACE PLAN

PRIORITY – POPULATION HEALTH

Reduce the differences in health and care outcomes

Upscale disease prevention

Reduce inequalities in healthcare

Reduce the impact of infectious diseases and environmental hazards

the desired predicted measure of change

Core20Plus5 (Adults and CYP)

Anchor Institutions

Smoking; Physical activity; alcohol; reducing drug related harm; MWB and suicide prevention

Strategic Intelligence for Population Health

Interventions/improvement driver

Easy and timely access to health and care services
Use of high quality disaggregated data to measure performance and outcomes
Key performance indicators that focus on 20% most deprived
Social action with communities and people with an emphasis on those that can benefit the most.

identifies gaps

WIRRAL PLACE PLAN

PRIORITY - NEIGHBOURHOODS

Working together to improve Population
Health Outcomes through reducing Inequality

Neighbourhood Structures
established with communities
leading a coproduction approach

Increase involvement of
CFVSE sector in planning,
insight and delivery

Positive change
to health
outcomes

the desired predicted
measure of change

Establish the
neighbourhoods
structures

Define the population
health info and local
intelligence

Priorities agreed
with expected
outcomes

Pilots agreed
for testing out
new ways

Interventions/improvement
driver

Ensure approach incorporates the broader aspects – housing, employment etc.

Agree how to chose the two neighbourhoods to start with

Agree membership of the core groups in the two neighbourhoods

Engagement and community strategy and approach needed

Understand the local view in the neighbourhood

Understand the community assets in the neighbourhood

Agree quality methodology approach to adopt – PDSA

Name the neighbourhoods

identifies gaps

Community leaders – CFVSE sector. Local politicians, primary care and PCNs, LMC, CWP, WUTH, CT, Local Authority reps, Police, Healthwatch, ICB reps, Community Connectors, local businesses, job centre reps. Housing association reps.

} key individuals, partners or groups

Set up the governance structure – begin with the Steering Group
Identify two neighbourhoods
Identify the chair of the core group and other members
Agree population health dashboard
Undertake community engagement – community connectors and qualitative insight team
Arrange engagement event in each neighbourhood

Quarter
1 – 2
2023/24

} Detailed plan of delivery including timelines and leads

Core Group to meet and review pop dashboard and local intelligence
Agree priority and opportunity to test out different approach/pilot
Outcome expected to be agreed

Quarter
3 – 4
2023/24

Core group to review impact of pilot and continue to meet monthly
Further neighbourhoods to start

Delivery Programmes

- Unscheduled Care - reports direct to Place Based Partnership
- Primary and Community Care
- Children and Young People (SOF needed)
- Mental Health
- Learning Disability and/or Autism

WIRRAL PLACE PLAN

PRIORITY – PRIMARY CARE

- Benefits of delivering the Integrated Neighbourhood Team model described in the Fuller Stocktake recommendations

Improved access for episodic care

Better co-ordinated personalised care for those people whose health & care benefits from this approach

Greater focus on secondary prevention

the desired predicted measure of change

Population health management and care co-ordination in each PCN

Clinical triage & decision-making at PCN level

Team of Teams approach across PCNs

Future PCN model of care with partners

Interventions/improvement driver

PCN capacity to progress with transformation

Development of sustainable, long-term networking arrangements with partners

Commitment to transforming to new models of care

Data intelligence capacity to yield maximum benefits from population health management approach

Practice Patient Groups engagement and involvement in transformation

Understand the community assets in the neighbourhood

identifies gaps

PCN Clinical Directors; Practice staff, wider PCN teams, Wirral LMC, community teams (physical and mental health), VCFSE teams, ICB teams; Community leaders – CFVSE sector. Local politicians, NHS Provider partners; CWP, WUTH, CT, Local Authority reps, Police, Healthwatch, Community Connectors, local businesses, job centre reps. Housing association reps.

key individuals, partners or groups

Utilise established primary care forum/groups – PCN Forum; Primary Care Forum; Primary Care Collaborative Ltd, Wirral LMC – to socialise/explain priority and agree actions required;
Work with pilot neighbourhoods to begin transformation;
Agree population health dashboard requirements;
Undertake patient and community engagement – broaden networking function of PCNs;

Quarter
1 – 2
2023/24

Detailed plan of delivery including timelines and leads

Develop preferred model of care that can be disseminated/expanded to other Wirral PCNs;
Align transformation to developments and changes in national independent contractor contractual changes
Review networking function of PCNs

Quarter
3 – 4
2023/24

WIRRAL PLACE PLAN

Mental health

Zero out of area placements

Acute care capacity

Housing strategy for MH

Long term specialist provision and rehab capacity

the desired predicted measure of change

Integrated Supported Housing for MH & LD

Understand reasons for admission – not known to CWP

Develop Wirral MH strategy

No days lost in community due to admission

Expand MHIST

Interventions/improvement driver

Floating support starts within acute setting to support discharge/community integration
Reinvestment back into MH
System risk share approach – financial and quality
Triple Aim
Harm reviews
Early help and prevention – community transformation and neighbourhoods
MH needs assessment – understand population health, protected characteristics
MH budget overall and consider spend/outcomes
Workforce – education, recruitment
Strategic contracting with placements and with our third sector partners

identifies gaps

Detailed plan of delivery including timelines and leads

VCSFE, CWP, WUTH, Community Trust, Social care – Adult/CYP, criminal justice, NWAS, ICB commissioning leads, neighbourhood/primary care, housing

key individuals, partners or groups

Agree key leads and identify place level schemes to develop integrated housing for patients. Feed into a longer term strategy

Agree the financial impact and patient benefit of MHIST to create business case for sustained recurrent funding of the initiative going forward

Continue with Community Mental Health transformation through the established Board and identified 16 key work streams

Continue reviewing bed stock capabilities and contracting options around in and out of area provision with trust partners to improve bed flow

Begin to develop the Wirral MH Strategy aligned to the ICB asks, National targets and local priorities

Quarter
1 – 2
2023/24

Quarter
3 – 4
2023/24

Detailed plan of delivery including timelines and leads

WIRRAL PLACE PLAN

WIRRAL ALL AGE DISABILITY STRATEGIC FRAMEWORK draft

Page 103

Purpose
By maximising personal potential, people with a disability live more independently

Vision
To enable people with a disability to have choice and exercise control of their own lives

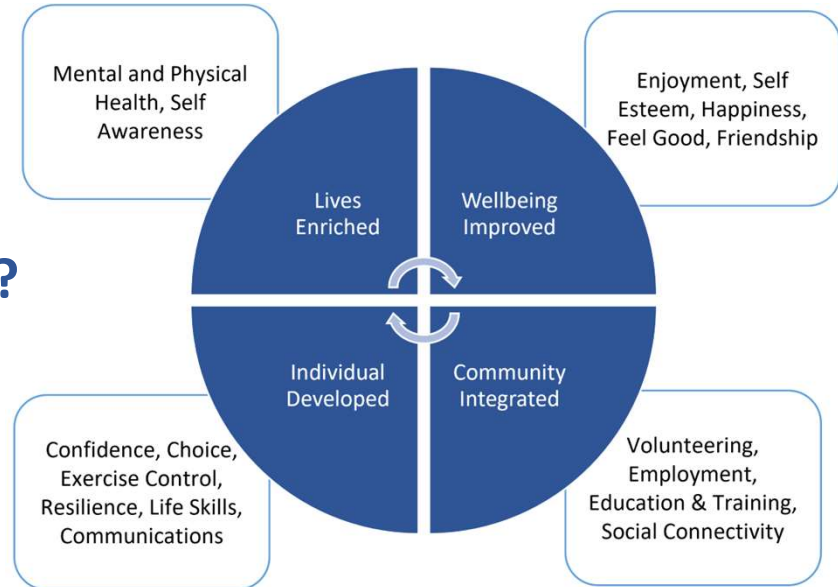
Mission
Working together to inspire lives, remove barriers and widen horizons for people with a disability

Values
Personal – ‘Person centred’
Integrity – ‘Doing the right things for the right reasons’
Quality – ‘Being outstanding in everything we do’
Collaborative – ‘Working with others to deliver best outcomes’



So what?

Contributory outcomes and benefits



Specific Strategies, reviews, blue prints and plans underpinning this framework (list not exhaustive)



Enabling programmes

- Workforce
- Digital maturity (SOF needs plan – meeting arranged)
- Estates and sustainability
- Medicine Optimisation

WIRRAL PLACE PLAN



Cheshire and Merseyside

Enabling-Workforce

Wirral Place has the right people to provide the right support and care in the right place at the right time

We understand and make the best use of Wirral Place Workforce

Wirral Place has a Skills and development offer that spans the entire Career Pathway

Wirral Health, Care and VCFSE workplace established as somewhere people want to work and stay

Wirral Place has a flexible workforce that embraces diversity

the desired predicted measure of change

Complete Sector workforce capacity and capability analysis, identifying key workforce pressures and gaps

Communications and Marketing Strategy for Health and Care Workforce

Create effective training and development pipeline

Develop Wirral Place Workforce Passport to support movement between sectors and responds to New Models of Care

Interventions/ improvement driver

Understand the specific Wirral workforce issues (Strengths, Weaknesses, Opportunities, Threats)
Ensure that workforce review and audits includes wider VCFSE workforce
Collate and map strategy against existing organisational workforce strategies.
Engage with and understand the breadth of initiatives already underway to respond to workforce challenges
Engagement with Place and Organisational Clinical Strategies to understand future workforce implications
Engagement with programme leads for the wider Health and Care Plan to establish the enabling opportunities for workforce within their programmes (e.g. Homefirst)

identifies gaps



Cheshire and Merseyside

HR/OD Leads for Anchor Organisations, Sector Leads for Education and Training, CFVSE sector representatives, independent care sector representatives. Primary care and PCNs, CWP, WUTH, WCHCT, Local Authority clinical/professional reps, Healthwatch, ICB reps, wider business community (Chamber of Commerce), Communications and Marketing leads, job centre reps.

key individuals, partners or groups

Set up the governance structure – begin with the Strategic Workforce Group (Chairing, Membership, ToR, Programme reporting structures)

Agree Work Plan based on identified strategic priorities

Scope out local intelligence work for baseline

Map current activity to strategic priorities

Arrange engagement approaches to share work plan

Strategic Workforce Group to review baseline audit data and identify key strategic actions with timeline

Agree expected Outcomes

Agree priority opportunities and establish implementation groups

Review progress of projects established in Q2 and identify next phase projects

Review and refine strategy, identifying next phase developments for 2024-5

Quarter
1 – 2
2023/24

Quarter
3 – 4
2023/24

Detailed plan of delivery including timelines and leads

Page 1 of 6

WIRRAL PLACE PLAN



Cheshire and Merseyside

Enabling- Digital Maturity

Digital technology will be used to improve equality and quality of services to our population; developing infrastructure, systems, and intelligence and working together to produce outcomes that focus on Wirral citizens

We will use the National “What Good Looks Like (WGLL) programme” to guide our interventions

Population health management systems that support improved health outcomes

People empowered to manage their health and care through digital tools. Staff able to work optimally with data and technology

Strong Digital Leadership to support integrated digital foundations and safety

the desired predicted measure of change

Support the development of Digital Leadership skills and capacity, using digital means to show leadership by example

establishment of a ‘Digital First’ approach, promoting digital literacy, supporting remote working, shared care records and access to high quality digital support for all health and care workers.

Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting

Interventions/
improvement driver

Explore the opportunities and challenges to provide benefits by joining our systems together including:

- o Unified communications
- o Cloud
- o Optimization of N365 and Teams including NHS/Council Federation
- o Local Infrastructure investment
- o Consider the benefits of developments such as the Liverpool City Region network investments, enhanced Wi-Fi, Satellite links and 5G.

identifies gaps



Cheshire and Merseyside

Chief Information Officers and Chief Clinical Information Officers for Anchor Organisations, Business Intelligence Leads, Population Health Leads, CFVSE sector representatives, Primary care and PCNs, CWP, WUTH, WCHCT, Local Authority Strategy Leads, Information Governance Leads, Wirral and Cheshire & Merseyside ICB rep,.

key individuals, partners or groups

Page 108

To be completed

Quarter
1 – 2
2023/24

Quarter
3 – 4
2023/24

Detailed plan of delivery including timelines and leads

WIRRAL PLACE PLAN



Estates and Sustainability Enabling Programme

Cheshire and Merseyside

Wirral Place will have estate that is fit for purpose, is flexible and adaptable to meet changing population needs and that contributes to delivering a net zero NHS whilst delivering value for money and care closer to home.

Develop a Wirral Estates Plan for infrastructure ambitions and priorities across Health, Social and 3rd Party Sectors.

Collaborate to make maximum use of existing assets and availability of capital funding, to reduce infrastructure backlog and target investment to support net zero carbon ambitions.

Maximise wider system opportunities to secure funding that contributes to the Wirral Place Estate and Sustainability Plan.

the desired predicted measure of change

Increased economic and social value through the re-use of surplus land and property for housing, employment, and community use opportunities.

Reduce our carbon footprint, improve local air quality by reducing direct emissions and play an active role in tackling climate change by system collaboration within the Wirral Place Sustainability Group.

Explore opportunities to create a flexible asset portfolio that is fit for purpose, and meets the needs of the Wirral Place Health and Care Plan both now and in the future.

Implement estates forums that support and drive Wirral Estates priorities & collaboration through Wirral Strategic Estate Group (WSEG).

Implement a capital overview process, to determine prioritisation of capital and pipeline plans.

Introduce mechanisms to manage accommodation and space management requests that integrate with vacant and void space management that underpins Wirral Place priorities.

Interventions / improvement driver

Undertake a property data baselining exercise to inform decision making and priority setting.

Develop mechanisms to consolidate a 'Wirral View' of surplus land and void space to maximise utilisation and drive value for money.

Undertake Climate Change Risk assessments; to understand the unique climate risks that impact Wirral and develop a Place based Climate adaption plan.

1. Overarching Estate Master Plan for Wirral that responds to Wirral Place needs providing strategic intent for infrastructure that responds to Wirral Health Care needs.
2. Understand the Wirral Place existing Estate through a comprehensive review informing a future Wirral Place Estates Plan.
3. Understanding available funds to support levelling up and Wirral Health Care Plan.
4. Ensure Wirral System forums are established and appropriately resourced.
5. Secure appropriate funding to drive developmental areas, where external support may be required.
6. Mature Wirral SEG forum and establish sub enablement workstreams that drive delivery across all enabling interventions and improvements.
7. Understand ICB approaches to capital allocation, and prepare delivery plans that enable 'Wirral' capital requests for prioritisation based on need and risk.
8. Collate a single view of all surplus and void space that informs estates related decision making.
9. Develop processes that allow the effective management of assets, occupancies, accommodation and space allocation requirements for Wirral.
10. Investment in appropriate system to support data/intelligence
11. Understand the environmental/climate risks in relation to estate locations to support climate adaptation planning
12. Collectively agree the resource model, ownership, including PMO Support for the delivery of the Estates & Sustainability enabling programme.
13. Develop a single view of capital back log liabilities for Wirral
14. Understand health and social needs and priorities to inform decision making and estates plans

identifies
gaps

1. Cheshire & Mersey ICS
2. Wirral Health Care Plan Enablement Leads (Cross cutting, workforce etc...)
3. Strategic Estates Board (SEB)
4. Wirral Place Sustainability Group members
5. Cheshire & Wirral Sustainability Board
6. Other External Landlords
7. Local Authority
8. 3rd Sector (Voluntary & Charitable)
9. One Public Estate
10. External Support
11. Wirral University Teaching Hospital
12. Wirral Community Trust
13. Emergency Services (Fire, Police, Ambulance)
14. Clatterbridge Cancer Care Centre (Clatterbridge)
15. ICS Out of Hospital
16. Cheshire Wirral Partnership
17. Primary Care Network Leads
18. Wirral Place
19. Identified leads for sub enablement Groups (TBC)
20. Other Public Sector Partners (i.e. DWP)

key individuals,
partners or
groups

23/24 Quarter 1

- Strengthen WSEG Membership
- Understand the priorities for the Wirral Place Health Care Plan (Guiding & Delivery programmes) that informs the baselining of Estates & Sustainability Enabling Programme priorities.

23/24 Quarter 2

- Agree workplan based on identified strategic priorities
- Map current activity to strategic priorities
- Agree expected outcomes
- Conclude asset register data baselining exercise
- Determine backlog levels across Wirral and prepare forward capital plans

23/24 Quarter 3

- Agree priority opportunities and establish implementation groups

23/24 Quarter 4

- Review progress of projects established in Q2/3 and identify next phase projects
- Review and refine strategy, identifying next phase developments for 2024/2025

Detailed plan of delivery including timelines and leads

WIRRAL PLACE PLAN



Cheshire and Merseyside

ENABLER – Medicines Optimisation

Ensuring safe, high quality, cost-effective use of medicines for our population

Tackling health inequalities & prevention

Delivery of Safe, high quality care

Efficient use of resources & sustainability

the desired predicted measure of change

Collaboration

Antimicrobial Stewardship

Reduction in avoidable harm

Community Pharmacy Services

Patient Safety

Interventions/ improvement driver

Mental Health

Care Homes & Social Care

Medicines Value

Patient engagement & awareness

Awaiting confirmation of ICB MO structures to inform how this programme will need to link back to the wider System. Currently some silo working so duplication of work and lack of true collaboration - multiple Wirral MO groups exist. More emphasis on 'System thinking' and building relationships to be a key part of the detail behind each priority area. Patient engagement routes not formally established but work has started with Healthwatch and Wirral Change. Resource to dedicate to some areas is challenging due to volume of work to be prioritised and individual contracts driving the planning & focus, business cases may be required for dedicated staff. Balance of BAU and input into transformation and partnerships work will be a challenge. Access to data is inconsistent and challenging for pharmacy leads to progress and monitor workstreams. MO is probably not just an 'enabler' and requires other workstreams to support delivery of MO priorities e.g. AMS

identifies gaps

Wirral Pharmacy System Leads. Prescribers across all settings. Patient groups across all settings. Public Health and LA colleagues. Care Homes and Social Care providers. Community Pharmacy colleagues. ICB Chief Pharmacist and ICB Medicines Optimisation Group. Place MO Group and linked Place governance groups. C&M APG and working groups. ICB MO sub groups & wider ICB level groups as necessary. LPN & regional pharmacy teams.



key individuals, partners or groups

Confirm the MO governance structure for both Place and ICB – awaiting information.
Identify formal leadership for Place MO group & confirm membership.
Identify leads & detail for each area and establish links to other Wirral programme leads.
Agree how data can be accessed and supported for MO programme.
Agree patient engagement/awareness plans
Proactively link in to Wirral Place work programmes
Agree single MO overview for Wirral and areas for collaboration vs BAU - including ICB QIPP plan/ PCN/Trust priorities.

Quarter
1/2
2023/24

Place MO group to be in place and meeting monthly to monitor progress, escalate issues and review ongoing priorities.
Data to be reviewed to monitor progress and outcomes are more clearly defined.
Agree priority and opportunity to test out different approaches across Wirral place if appropriate
Ensure a more collaborative approach to MO workplan delivery to optimise workforce and to maximise efficiencies across Wirral (QIPP).

Quarter
2 – 4
2023/24

Detailed plan of delivery including timelines and leads



WIRRAL PLACE BASED PARTNERSHIP BOARD

Date: 22 June 2023

REPORT TITLE:	HEALTHWATCH WIRRAL UPDATE JUN 2023
REPORT OF:	CHIEF EXECUTIVE OFFICER, HEALTHWATCH

REPORT SUMMARY

The purpose of the report is to share with the Place Based Partnership Board the emerging trends and themes gathered from public views and personal experiences relating to health and care. The information collected, to form this update, is sourced from the people who have contacted Healthwatch via email, phone or by using the Feedback Centre, or during community engagement work.

RECOMMENDATION

The Place Based Partnership Board is recommended to note and comment on the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The quarterly report submitted to Place Based Partnership Board is compiled from the users and frontline deliverers of service. It is imperative that we learn from them and take them on the journey as change evolves.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options included reporting into the Place Based Partnership Board on less regular basis, however it is felt that quarterly reports provide contemporary information for the Board.

3.0 BACKGROUND INFORMATION

- 3.1 Healthwatch Wirral exist to ensure the views of local people on health and social care services are heard. Every voice counts and we reach deep into our communities through our outreach work. We have good knowledge of our Borough and strong relationships with all partners including local authority, NHS and third sector and have the flexibility within our remit to be unbiased, open and honest.
- 3.2 The report provides a summary of the feedback provided to Healthwatch Wirral on local health and care services. The report was requested on a quarterly basis as part of the work programming for the Place Based Partnership Board. Appendix 1 contains an overview of public feedback received during the period January-May 2023 including demographics and themes.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The report is for information purposes only and there are no financial implications.

5.0 LEGAL IMPLICATIONS

- 5.1 Place Based Partnership Board is charged to work with Healthwatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The report is for information purposes only and there are no resource implications.

7.0 RELEVANT RISKS

- 7.1 The Place Based Partnership Board is keen to work with its partners to improve health outcomes for local people. The feedback provided within the

report provides an insight into how people feel about local health and care services and failure to consider the feedback would increase the risks of not being able to improve health outcomes.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 A key source of the feedback used to collate the information within the report was from Healthwatch's Community Engagement work.

9.0 **EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 This report is for information purposes only and the content will be supplied by a partner agency. The Place Based Partnership Board is committed to ensure that the work it does has equality at its heart and does not discriminate against anyone. Any associated actions may need an Equality Impact Assessment.

10.0 **ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no direct environment or climate implications as result of this report. However, Wirral Council and its Committees will consider the Climate Emergency Declaration within all the work it does and will continue to incorporate this into their work programme and hold all partnerships to account.

11.0 **COMMUNITY WEALTH IMPLICATIONS**

11.1 The report is for information purposes only and there are no community wealth implications.

REPORT AUTHOR: Name: Jenny Baines and Kirsteen Sheppard on behalf of Karen Prior, for Healthwatch Wirral.

Karen Prior, CEO Healthwatch Wirral
email: karen.prior@healthwatchwirral.co.uk

APPENDICES

Appendix 1 - Healthwatch Wirral Update Jun 2023

The PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact karen.prior@healthwatchwirral.co.uk if you would like this document in an accessible format.

BACKGROUND PAPERS

This report is based on data drawn from the Healthwatch Wirral Feedback Centre as well as internal records of calls, emails and conversations between members of the public and Healthwatch Wirral.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Place Based Partnership Board	9 Feb 2023

HEALTHWATCH WIRRAL

LISTEN. SHARE. INFLUENCE

'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

Our job at Healthwatch Wirral is simple: we are here to help make health and social care work better for everyone. Healthwatch is independent and the way we work is designed to give local people a powerful voice to help them get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Our statutory functions include:

- Obtaining people's views about their needs and experiences of local health and social care services and sharing these views with those involved in the commissioning and scrutiny of care services
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local health and social care services
- Providing information and advice to the public about accessing health and social care services and options available to them
- Conducting 'Enter and View' visits to health and social care services and reporting our findings

OUR UNIQUENESS:

We are uniquely placed to have conversations with patients about their lived experience with health and social care. We interpret and report on the patient experience to provide knowledge to commissioners and providers, helping to inform decisions about planning and delivering care.

Healthwatch Wirral are experts in consultation and engagement. Our mission is to continue to be an independent & trusted organisation who are real agents of positive change across health and social care.

WIDER WORK (Commissioned and routine):

- Discharge from hospital - Pathway 0 calls and follow-up
- Qualitative evaluation of psychological therapies for carers
- Maternal mental health project - qualitative research
- Unmet Social Care Needs project - qualitative research
- GP Enhanced Access review
- WUTH Patient Experience Hub
- Review of access to IAPT services for Black, Asian and minority ethnic members of the community
- Neurodevelopmental pathway model - development group/diagnostic pathway project
- Community Mental Health Transformation project
- BRIDGE Forum (Bridging Resources Information Direction Guidance for Everyone)
- Young Carers focus groups
- #Spare5 initiative
- NHS Complaints Advocacy Service

CONTACT for information on the report

Kirsteen Sheppard

Business Development & Volunteer Manager

Kirsteen.sheppard@healthwatchwirral.org.uk



QUARTERLY REPORT HIGHLIGHTS

This report covers public feedback about health and care services received during the period Jan-Apr 2023 through different channels including our Feedback Centre, phone calls, emails and face-to-face work.

NB: this report covers a longer time period than our usual quarterly report due to the local elections in May.

- The majority of feedback received in this period is about **Arrowe Park Hospital**, which may be attributed to our presence at the Patient Experience Hub
- The other services we hear about most frequently are **GPs and dentists**
- During this time period we also received a lot of feedback about **Koala North West** due to Healthwatch Wirral taking part in a national Maternal Mental Health Project through Healthwatch England

As this is a retrospective look at the past quarter - any individual cases mentioned have already been followed up (where requested) by Healthwatch staff and/or referred to the relevant patient experience teams within the service.

Overall themes:

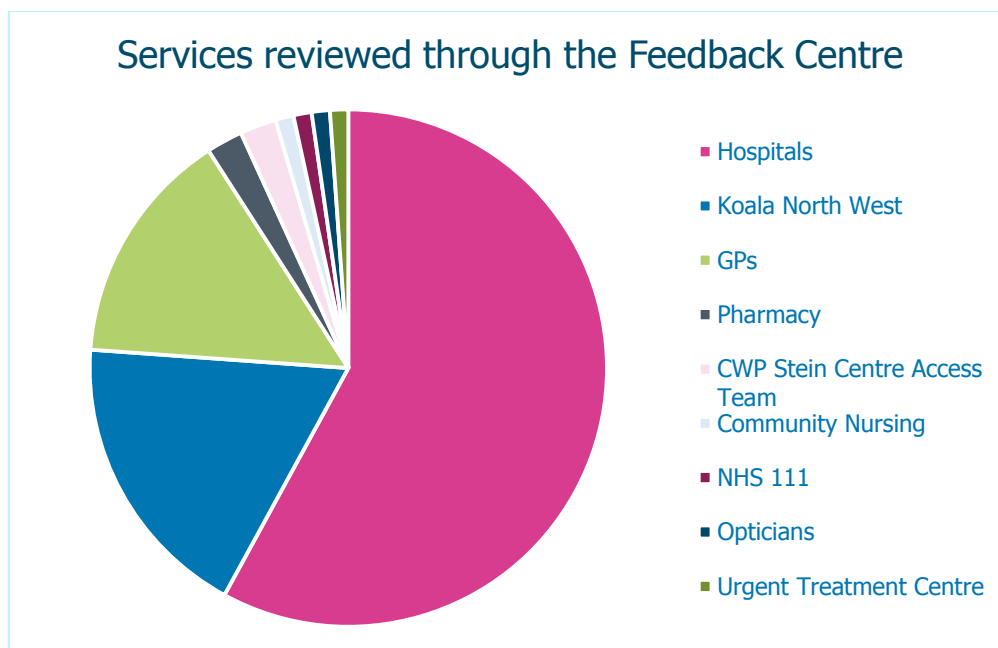
- **Access to appointments** remains a topic of concern for many people who contact Healthwatch Wirral, especially for **GPs and dental care**.
- **Communication** is another consistent theme of feedback across all services.
 - We have heard about positive examples of communication where patients feel listened to and feel that their diagnosis and/or treatment has been clearly explained to them
 - However, we have also heard about times when patients have felt unheard and dismissed across different services
 - During this period, feedback has also highlighted the importance of communicating changes in care with patients and families
- **Praise for staff** remains the most consistent positive theme: many people have reported positive experiences with staff even when there have been other issues (e.g. difficulties contacting services)

Demographics:

- Full demographics can be viewed below - here are the highlights:
 - We hear from **more women than men** (67% female, 33% male)
 - **43%** (of those who answered monitoring questions) **identified themselves as carers**
 - The majority of feedback and calls came from (or related to the experience of) people aged **50-64** (33%) followed by people aged **65-79** (23%).
 - **13%** of all respondents on the Feedback Centre identified themselves as having a **disability or long-term health condition**

Public Feedback

Feedback Centre - May 2023 data



- **58%** of all online feedback relates to **hospitals** (consistent with **58%** in Jan)
 - The vast majority of this feedback relates to the **Arrowe Park** site but feedback was also received about **Clatterbridge** and **St Catherine's Health Centre**.
 - We expect to have more feedback relating to Clatterbridge in our next report as we have recently visited Clatterbridge.
- **18%** of all online feedback relates to **Koala North West**
 - Healthwatch Wirral took part in Healthwatch England's Maternal Mental Health Project in January 2023 and feedback was shared with local organisations including Koala, which may have prompted other services users to leave their feedback
- **15%** of all online feedback was about **GPs** (down from **22%** in Jan)
- We received limited online feedback on other services including **CWP Stein Centre Access Team**, **Community Nursing**, **NHS 111**, **Opticians** and **Urgent Treatment Centres**

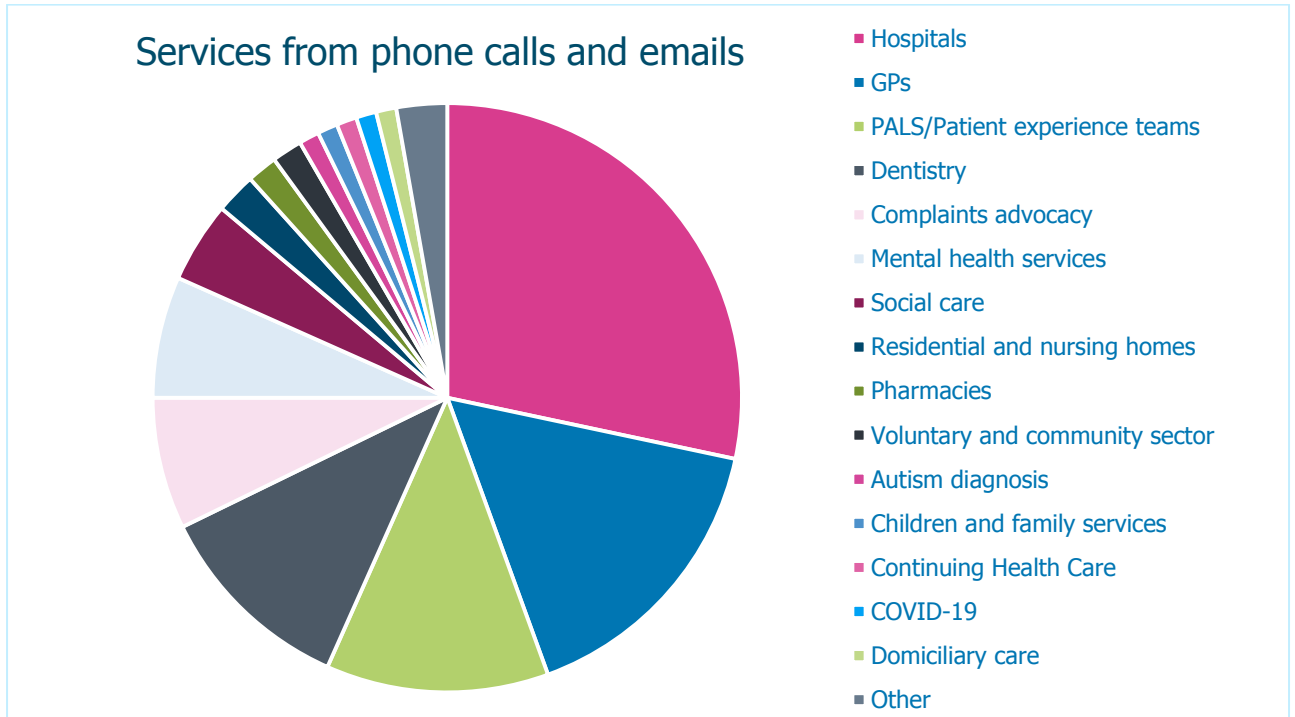
Phone calls, emails and face-to-face conversations

Some contacts cover more than one service (e.g. GP and hospital).

(Chart on page below)

- **28%** of all contacts logged on IMS (HWW's Integrated Management System) relate to **hospitals**
- **16%** of contacts were about **GPs** (consistent with **18%** in Jan)
- **12%** of contacts related to PALS and WUTH's Patient Experience Teams
 - This includes cases where Healthwatch Wirral has worked with the Patient Experience Team at Arrowe Park to swiftly resolve any issues

- 11% of contacts were about **dentistry**
 - **NB: the true proportion of calls about dentistry may be higher - this is one of the most frequent calls we receive (due to the calls being requests for an NHS dentist - they are not always full logged)**
- 7% of contacts were related to our NHS Complaints Advocacy Service
- 7% of contacts were about **mental health**, including **Talking Together Wirral** and services provided by **CWP**



We received limited feedback on other services including **Social Care, Residential and Nursing Homes, Pharmacies, Voluntary and community sector, Autism diagnosis, Children and family services, Continuing Health Care, COVID-19 services and Domiciliary care.**

The 'other' category covers issues raised by a single contact, which include:

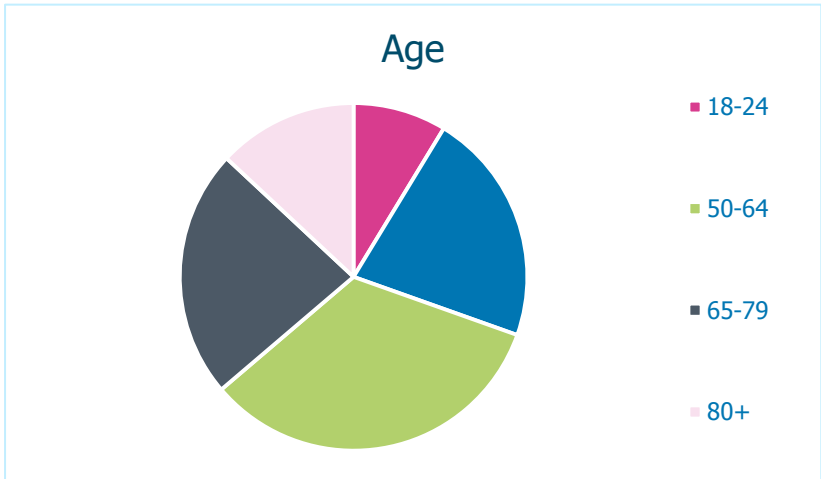
- Bladder and bowel services
- Cancer care
- Cardiology
- Transport
- Translation services

Demographics

The **Age, Ethnicity and Gender** categories below incorporate available data from phone calls, emails and face-to-face conversations as well as the Feedback Centre.

- 20% of all respondents using the Feedback Centre answered one or more monitoring questions - this is down from 42% in Jan
- Of those who answered the monitoring questions:
 - 67% female, 33% male

- 87% White British, 6% Any other White Background, 4% Mixed White and Black Caribbean, 1% Asian - Chinese, 1% Other - Arab, 1% Other Black/Black British
- 94% heterosexual, 6% bisexual
- 64% Christian, 35% no religion

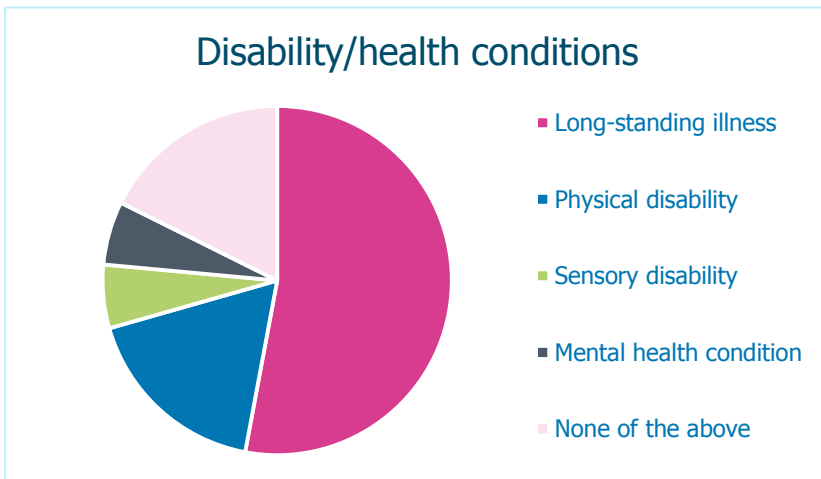


- 43% identified themselves as carers (down from 50% in Jan)

The majority of feedback and calls came from (or related to the experience of) people aged 50-64 (33%) followed by people aged 65-79 (23%).

During this time period nobody who answered

the monitoring questions was under 18.



13% of all respondents identified themselves as having a disability or long-term health condition. People can choose multiple responses to this question: the most common answer during this time period was long-standing illness.

Overall themes

Overall themes remain largely consistent with our last quarterly report:

- **Access to appointments** remains a topic of concern for many people who contact Healthwatch Wirral, especially for **GPs** and **dental care**.
 - We continue to receive multiple calls from those who cannot access a dentist, including difficulties accessing emergency dentistry.
 - The main theme around GP access this quarter has been difficulties contacting a GP, as well as a lack of clear information around how to make an appointment at certain practices
- **Communication** is another consistent theme of feedback across all services.

- We have heard about positive examples of communication where patients feel listened to and feel that their diagnosis and/or treatment has been clearly explained to them
- However, we have also heard about times when patients have felt unheard and dismissed across different services
- During this period, feedback has also highlighted the importance of communicating changes in care with patients and families
- **Praise for staff** remains the most consistent positive theme: many people have reported positive experiences with staff even when there have been other issues (e.g. difficulties contacting services)
 - We have heard positive feedback about staff across multiple departments at **Wirral University Teaching Hospital (Arrowe Park), Clatterbridge, St Catherine’s Health Centre, GPs, Koala North West and Community Nursing**

Wirral University Teaching Hospital - Arrowe Park

Positive themes:

- Praise for staff across departments, including Children’s A&E, Maxillofacial, Eye Clinic, Gastroscopy, SEAL Unit, COVID vaccinations, Pathology, Physiotherapy, UMAC, Palliative Care Team
 - “I was extremely well looked after by the enthusiastic caring and friendly staff; their efforts cannot be faulted”
 - “Information was given clearly. My experience is that patients are respected and cared-for 100%.”
 - “couldn’t speak more highly of the care and treatment [...] mother was kept immaculate with all her needs being met. The staff were attentive and emotionally intelligent.”
- Short waiting times in some departments including X-Ray

Negative themes:

- Parking difficulties and impact on access to appointments (e.g. running late)
 - “The disruption caused by people arriving late for appointments must hugely effect the efficient running of what is otherwise a first-class hospital”
 - “The car parking provision at Arrowe Park Hospital is currently very poor especially for those who are elderly frail disabled and with reduced mobility.”
- Difficulties getting through to specific departments on the phone (e.g. to reschedule appointments) - Healthwatch Wirral has worked with WUTH to resolve this in individual cases
- Long waiting times in some departments
- Poor staff attitude in some areas
 - Where relevant, Healthwatch Wirral has worked with the Patient Experience Team to resolve issues
 - One carer has offered to share her experiences to help improve care

Clatterbridge Hospital

Positive themes:

- Praise for staff in Dermatology
 - “She expertly diagnosed [my problems] and put me at ease.”

St Catherine’s Health Centre

Positive themes:

- Praise for staff at reception and in Bone Density department
 - “They put me at ease as they chatted and talked me through every stage. I cannot praise the staff enough.”

GPs

Positive themes:

- Praise for staff including nurses and health care assistants
- Some patients were able to access out-of-hours appointments at convenient times for them
- Easy access to appointments at some practices
- Excellent communication between staff and services at some practices

Negative themes:

- Access to appointments remains an issue, including a lack of clear and consistent information at some practices (e.g. different information on website versus phoning practice)
 - “New systems to book introduced but no communication for people who are not very computer literate”
- Lack of GPs at some practices causing issues with collecting prescriptions
- Poor staff attitudes at some practices, especially receptionists
- No improvement after previous complaint/feedback

Dentistry

Negative themes:

- Unable to access NHS Dentist - **this accounts for the vast majority of calls relating to dentistry**
 - We have heard from some patients whose previous dentist is now fully private and are struggling to access an NHS dentist
 - Some patients have been delisted due to missing appointments (including appointments cancelled by the surgery)
- Cannot afford cost of private procedure
- No appointments available through Urgent Dental Care line

Koala North West

Positive themes:

- Overwhelming praise for breastfeeding support, staff and volunteers, especially home visits
 - “Without the help of Koala I would have given up breastfeeding. I struggled from day one and a lovely lady came out to my house where I felt comfortable and gave me so many tips and advice. I also had numerous phone calls to keep checking up and making sure things were going well.”
- Praise for Womb to World course and support groups
 - “My husband and I attended the Womb to World course [...] a warm and comfortable atmosphere in which we felt comfortable to share experiences and ask questions without fear of judgement. As anxious parents to be this was invaluable!”

Negative themes:

- Some mums felt unsupported in their breastfeeding journey during the pandemic, especially video/online support (feedback captured Jan 2023)

Pharmacies

Positive themes:

- Fast and efficient service at some pharmacies

Negative themes:

- Poor staff attitude at some pharmacies

CWP Stein Centre Access Team

Negative themes:

- Patients do not feel listened to by staff
- Lack of support/treatment, including long waiting lists

CWP Stein Centre

Positive themes:

- Patient’s family felt reassured that support would be in place after discharge

Community Nursing

Positive themes:

- Praise for staff

- “Amazing nurses cared for my husband until the end they are the best anyone could want”

NHS 111

Negative themes:

- Felt unsupported - no help offered

Urgent Treatment Centre

Negative themes:

- Poor staff attitude and misdiagnosis of back pain

GP PALS

Negative themes:

- Difficult to contact - no way to leave a message
- Issues were unresolved
- No follow up or advice on where to go next

Domiciliary care

Negative themes:

- High staff turnover - no consistency of care
- Lack of communication
- Poor quality of care



WIRRAL PLACE BASED PARTNERSHIP BOARD

THURSDAY 22 JUNE 2023

REPORT TITLE:	TRANSFER OF THE ADULT SOCIAL CARE CONTRACT FROM WCHC TO WIRRAL COUNCIL
REPORT OF:	KAREN HOWELL OBE, CHIEF EXECUTIVE OFFICER WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST

REPORT SUMMARY

The purpose of this report is:

- To provide evidence of the impact and improved position that Wirral Community Health and Care NHS Foundation Trust (WCHC) made whilst delivering services via the Adult Social Care (ASOC) contract to date; and how it has added value having adult social care services provided alongside NHS Healthcare
- To provide evidence that ASOC services have performed well and beyond contract, up to the point of transfer, delivering person-centred, safe support whilst delivering all care on budget and making the required financial efficiencies
- To describe the joint approach with Wirral Council (WC) and specific actions taken by WCHC to ensure the safe and seamless transfer of the service by 30 June 2023.

This matter affects all Wards within the Borough.

This is not a key decision.

RECOMMENDATION/S

Wirral Place Based Partnership Board is recommended to note the content of the report and highlight any areas requiring further clarification or action.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Wirral Place Based Partnership Board has the opportunity to understand the impact that Wirral Community Health and Care NHS Foundation Trust (WCHC) has had in delivering Adult Social Care (ASOC), performance up to the point of transfer and the joint approach with Wirral Council (WC) to ensure the safe and effective transfer of the service on 30 June 2023 and the retention of best practice.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No further option to be considered.

3.0 BACKGROUND INFORMATION

- 3.1 In 2017 WC and WCHC implemented a Section 75 Agreement to transfer ASOC to WCHC. The aim was to provide integrated seamless health and social care services for older people and adults.
- 3.2 The ASOC contract expired on 31 March 2022. A contract extension was offered until September 2023 to enable a review of the service to take place. Following the review, the Adult Social Care and Public Health Committee made the decision not to renew the 5-year contract and put in place an extension until September 2024.
- 3.3 WCHC could not accept the extension due to the significant risks to the retention and welfare of staff and the potential of destabilisation to service provision. These risks could not be satisfied by each organisation resulting in WCHC agreeing that the risks were of such consequence and potential that mitigation could not be put in place to ensure during the short term the integrity and the retention of essential staff confirming its intention to cease delivery of the ASOC Service on 31 March 23.
- 3.4 On 11 January 2023 WC's Adult Social Care and Public Health Committee resolved in response to the notice, that the Committee would expect WC to secure a safe, effective, and timely transfer that puts staff at the centre of the process. A joint project plan was produced at the request of WC to ensure a safe and effective transfer. The 06 March 2023 Adult Social Care and Public Health Committee approved the project plan to complete the transfer by midnight 30 March 2023.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications arising from this report.

7.0 RELEVANT RISKS

7.1 There are no project risks to the transfer plan due to robust mitigation identified at weekly joint project meetings.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

9.1 There are no equality implications arising from this report due to the service not being redesigned.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Not applicable.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Consideration as part of internal plan.

REPORT AUTHOR: Sharon Clunn, Deputy Director of Contracts and Commissioning
sharon.clunn@nhs.net
Simon Garner, Deputy Director Adult Social Care
simon.garner@nhs.net

APPENDICES – Evidence report

BACKGROUND PAPERS – Adult Social Care (ASOC) contract

TERMS OF REFERENCE – Not applicable

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Not Applicable	

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1.0 Executive Summary

The purpose of this report is:

- To provide evidence of the impact and improved position that Wirral Community Health and Care NHS Foundation Trust (WCHC) made whilst delivering services via the Adult Social Care (ASOC) contract to date; and how it has added value having adult social care services provided alongside NHS Healthcare.
- To provide evidence that ASOC services have performed well and beyond contract, up to the point of transfer, delivering person-centred, safe support whilst delivering all care on budget and making the required financial efficiencies

To describe the joint approach with Wirral Council (WC) and specific actions taken by WCHC to ensure the safe and seamless transfer of the service by 30 June 2023. The report demonstrates:

- WCHC has delivered high quality and improved statutory social work services up to the point of transfer
- WCHC has demonstrated value for money through strong financial management and governance in addition to delivering the required efficiencies in extremely challenging circumstances
- WCHC has committed significant investment in the development of social care staff including leadership and management.
- WCHC, in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has developed arrangements to strengthen practice around transition and professional development
- WCHC has harnessed the strengths and opportunities of an integrated adult social care and health organisation to innovate, deliver increased capacity and improved performance
- WCHC has strong governance and assurance approaches and has developed a framework for supporting preparation for CQC assessments of ASOC and continuous improvement
- WCHC has invested in professional development which safeguards the voice and integrity of social work practice and service development
- Professional Leadership by WCHC to ensure the safe and effective transfer and retention of best practice in service provision

The transfer of staff will take place at midnight on 30 June 2023 - there are currently no risks identified to the achievement of the critical path.

This report highlights the significant innovation and improvement in provision during the five years of the contract and achievement in performance and efficiency savings. The Trust provides safe Adult Social Care services. There have been no performance notices raised during the lifetime of the contract. Performance has improved in several areas over the term of the contract which are outlined below.

WCHC has worked collaboratively with WC colleagues during the transfer process to provide detailed information and expertise to support the safe and effective transfer of the service back to WC. This means that the service will transfer back in a strong position, well equipped to continue delivering high quality provision for Wirral residents and meet future requirements of CQC Inspection.

2.0 Service Improvement in ASOC through integration and innovation

2.1 The Section 75 Agreement required development in the following areas:

- Single Point of Access
- Prevention and admission avoidance
- Integrated Community Care Hubs

Single Point of Access

The Integrated Gateway provides access to all community health and social care services in Wirral. There are several teams located within the Integrated Gateway including the Central Advice and Duty Team (CADT), Promoting Peoples Independent Network (POPIN), and First Contact. Over the last five years the ASOC Teams have:

- responded to over 215,868 contacts
- completed 93,393 assessments
- completed 40,972 reviews

Prevention and admission avoidance

The following integrated teams have been key to effective prevention and admission avoidance:

- Community Integrated Response Team
- Discharge to Assess
- Home First
- Integrated Discharge Team

Community Integrated Response Team (CIRT) includes a range of integrated services to promote faster recovery from illness, prevention of unnecessary acute hospital admissions, reduction in admissions to long-term residential care, and supporting of timely discharge from hospital. WCHC's CIRT multi-disciplinary team includes social workers, nurses, and therapy staff and is demonstrating excellent performance:

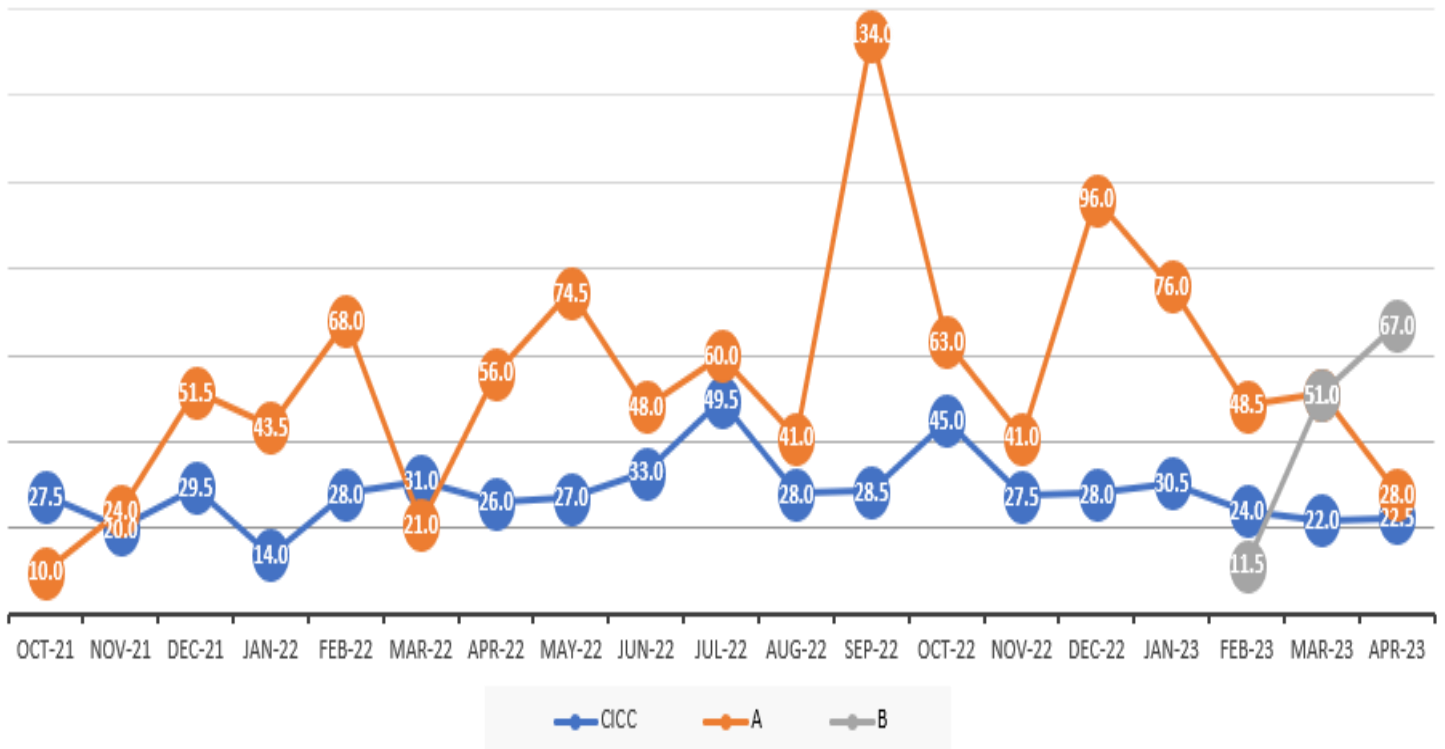


- 200-300 patients a month - around half of these are urgent patients
- 87.7% compliance for a response within 2 hours against the national target of 70%

Discharge to Assess (D2A) was enhanced in 2020/21 to include the Community Intermediate Care Centre (CICC). This provides bed-based reablement and rehabilitation for individuals who require additional assessment and reablement goals prior to returning home from hospital. Social care staff function as a key member of the multi-disciplinary

team and provide a holistic and person-centred assessment of need and determine eligibility in accordance with statutory requirements of the Care Act 2014. Key successes of this service are a lower length of stay compared to similar provision in Wirral and the outcome that 65% of patients go home from CICC.

Median Length of Stay (Discharges in Month)



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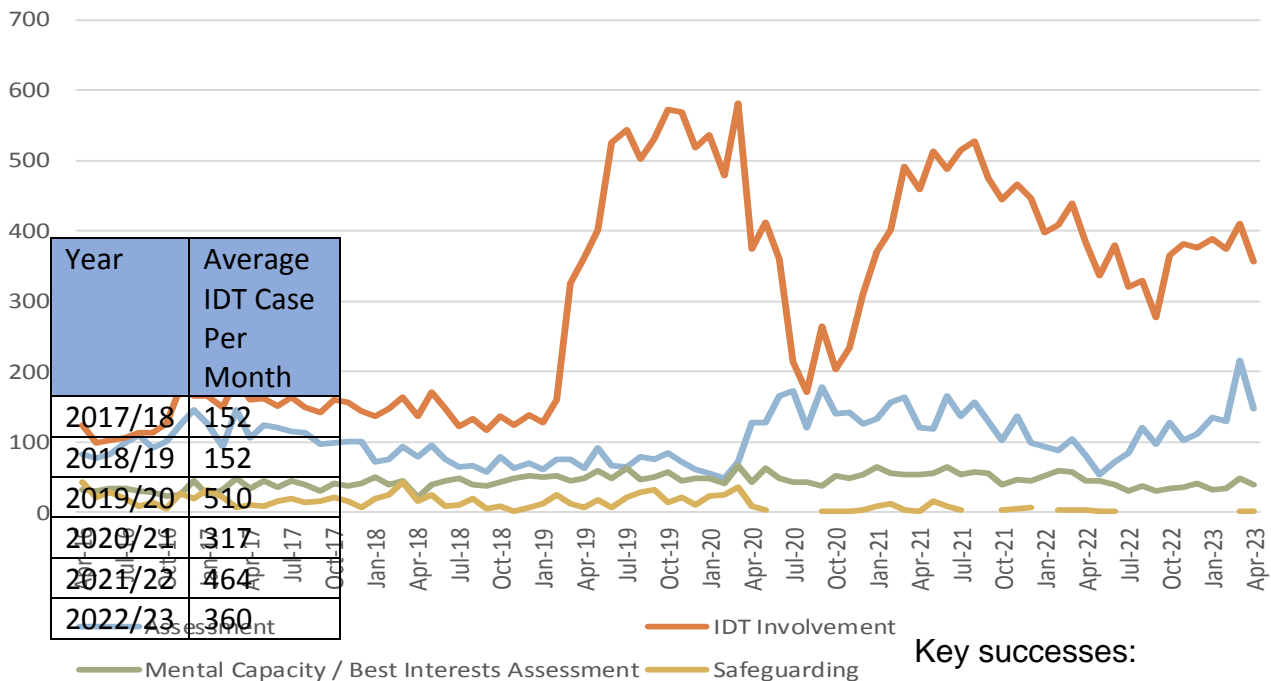
Home First was implemented by WCHC in 2022. This highly innovative approach is based on the evidence that assessment and support at home provides a better picture of someone's needs and a more accurate assessment. Moreover, a concentrated period of reablement involving a highly coordinated multidisciplinary team, means that people should require less long-term care, maintaining quality of life and independence for longer.

Key successes to note:

- Average referrals – 55 per month
- 450-500 HCA visits per week
- Average time in service -16 days
- No delays in discharge due to Home First
- 1 in 5 people went on to have long term care compared to 1 in 3 from comparable services

The **Integrated Discharge Team (IDT)** works across the acute services to provide support to people and their carers in their discharge planning from admission to discharge. IDT is an integrated multi-disciplinary team of social care workers, nurses, and discharge trackers who triage and provide information to access services aiming to support hospital discharge.

IDT Monthly Activity



Key successes:

- A 137% increase in the number of contacts over the lifetime of the contract
- Increased capacity by employing additional Social Worker and Care Navigators to support assessments
- Successful roll out of the Notification to Assess/Discharge process which has included the implementation of the duty function to ensure that no assessments are awaiting allocation
- Responsive to the increased demand due to commissioning of bespoke placements
- Streamlining of the reporting process to release staff to complete the assessments required on the wards
- Establishment of the multi-agency complex discharge panel which evolved into the Executive Discharge Cell

- Developed a discharge dashboard on Liquid Logic that provides an accurate picture, highlighting delay and demand for IDT support at ward level
- Aligned to hospital teams resulting in improved relationships and expedited discharges
- Implementation of a collaborative framework that supports Mental Capacity Assessments being completed once by professionals, and shared across the Trust partnership, to facilitate more timely discharges

Integrated Community Care Hubs (ICCHs)

WCHC has developed co-located integrated community care teams, including ASOC which has led to significant changes in the way people coordinate services and work together for the people they serve. Measurable outcomes of this work are evidenced business intelligence by people's stories, staff, and stakeholder feedback.

Working for the same organisation in the NHS has supported effective collaboration Health and Social Care professionals to plan interventions that support a holistic person-centred approach meaning that people only having to tell their story once. Most significantly staff describe how it is easier to resolve either a case issue or a wider practice issue working in the same organisation.

This structure has allowed the development of new ways of working; for example, Birkenhead ICCH has a daily triage multidisciplinary meeting to provide a quick response to the individual and their families.

2.2 Innovation Highlights

Adult Social Care Occupational Therapy Assessment Service

- Implemented an integrated pathway with the Rehabilitation at Home Service improving flow and preventing duplication. This includes a pilot of joint triage
- Responded to a year-on-year increase in assessments since 2017, with a 34% increase in 2022/23

Moving with Dignity Project was initiated in January 2022 to implement an intervention focusing on single hand techniques and the use of new technology to optimise function. The project has led to a reduction in prescribing, increased market capacity in domiciliary care, and contributed to better utilisation of resources. There has been a consequential 56% reduction in care service provision for people who participated in a Moving and Dignity Review.

A **Transition Pathway** has been developed in partnership with CWP's Children's with Disability Service and the Integrated Disability Service, including the development of joint visits to provide an appropriate handover for the young person. This reduces the need for the individual to retell their story and provides better outcomes for the individual and their family.

Three Conversations is a more person-centred way of understanding people's social care needs that leads to less reliance on statutory care. This was initially piloted in Birkenhead and West Wirral ICCHs resulting in:

- a 20% reduction in the number of people who require long term support
- a reduction in the average cost of support and
- a 50% improvement in response times



Service user feedback: *“My wife’s improvement has been astonishing. I cannot praise the Service enough. ...look forward to further visits and continual improvement. Thank you so much for offering the service.”*

The model was subsequently extended to Wallasey ICCH. South Wirral ICCHs, the Multi-agency Safeguarding Hubs and the Review Team.

Innovation in **Quality and Safe Care** is evidenced by:

- Creation of a quality lead role for Adult Social Care and a Deputy Director for Adult Social Care to support and lead professional practice and quality improvements both within WCHC and across the wider system
- Implemented partnership meetings with CWP to developed joint approaches to improve people’s experience of transition and safeguarding interventions
- Putting in place the Professional Leadership Framework, ensuring that practitioners are supported to achieve the highest standard of clinical and professional practice, including the professional standards for social work
- Implementation of a robust supervision policy with compliance evidenced by annual audit and mechanisms in place to identify and respond to gaps in supervision quickly
- Effective mechanisms for staff to raise concerns and have them responded to quickly and safely, for example, the “Freedom to Speak Up” programme
- Working in partnership to enhance the initial configuration and scope of safeguarding social care services that transferred from WC. ‘Making Safeguarding Personal’ principles have informed the development of safeguarding pathway design, to provide improved safeguarding outcomes for individuals
- Implementation of a new MASH which has resulted in more proportionate level of concerns coming into the MASH and a more appropriate level of conversion to Section 42 enquiries. The location of MASH within the organisation has allowed greater use of information systems, more in-depth screening, and more robust Section 42 Enquiries. Quick access to WCHC professional colleagues has supported urgent joint responses when needed from both social care and health. The new MASH structure has allowed the outcomes for individuals within the ‘Making Safeguarding Personal’ agenda to be at the centre of the Section 42 Enquires. This has demonstrated a significant increase in individuals understanding the process, feeling listened to, feeling safer, achieving their outcomes and being happy with them
- Implementation of robust governance structure. Key to this is the Safeguarding Operational Group where multi-disciplinary members including ASOC provide assurance around safeguarding, audits, compliance, and key performance indicators. This group provides assurance to the Safeguarding Assurance Group,

regarding the organisation discharging its safeguarding responsibilities. The meeting is attended by the Principal Social Worker (WC). Scrutiny and oversight by the WCHC Quality and Safety Committee internally provides assurance to the Safeguarding Adult Partnership Board through the Chapter 14 Audit and production of an Annual Safeguarding Annual Report

- The MASH supported the Government scheme to provide homes for Ukrainian Refugees through completing safeguarding checks on people who were interested in hosting refugees. WCHC was able to provide a timely response even though Wirral had three times more requests than many other LA areas in Merseyside
- ADASS Northwest undertook a peer CQC readiness visit in November 2022 which included an external peer audit of case files which evidenced practice to be either good or outstanding in ALL the cases reviewed.

Continued Professional Development (CPD)

WCHC has implemented a range of innovative initiatives to support the CPD of the ASOC workforce to aid recruitment and retention and support enhanced care including:

- Implementation of the Leadership Qualities Framework which gives health and social care leaders access to evidence based and high-quality leadership development
- Investment in an ASOC training project co-ordinator role to lead recruitment on the Social Work Degree Apprenticeship Programme and embed CPD and specialist training opportunities within Adult Social Care.
- Investment in an ASOC education lead to determine training and development requirements for WCHC and address any training gaps and support service development
- Investment in role-essential learning by developing the matrix in collaboration with CWP, increasing opportunities for training, for example, commissioning a Wirral-wide Best Interest Assessor (BIA) annual legal refresher training course for the last three years which has supported a threefold increase in the number of BIA assessors within the organisation since 2017
- Implementation of the Degree Apprenticeship Programme over the last three years with thirteen members of staff currently participating, seven of whom will shortly be able to start their social work career in the Wirral
- Investment in the Cheshire Mersey Social Work Teaching Partnership (CMSWTP) which is an employer-and-academic-led initiative that is uniquely dedicated to the CPD of social care staff. The investment facilitated four modules of learning between January 2021 and March 2023 for social care staff
- Input to social work training at Liverpool Hope University and provision of student placements.
- Engagement with the Professional Social Work Network (PSWN) established with CWP. This runs on a quarterly basis and can account for twelve hours a year of CPD for the social work staff
- A five-year workforce strategy for Adult Social Care that sits under the WCHC's People Strategy. This is underpinned by a clear action plan for improving

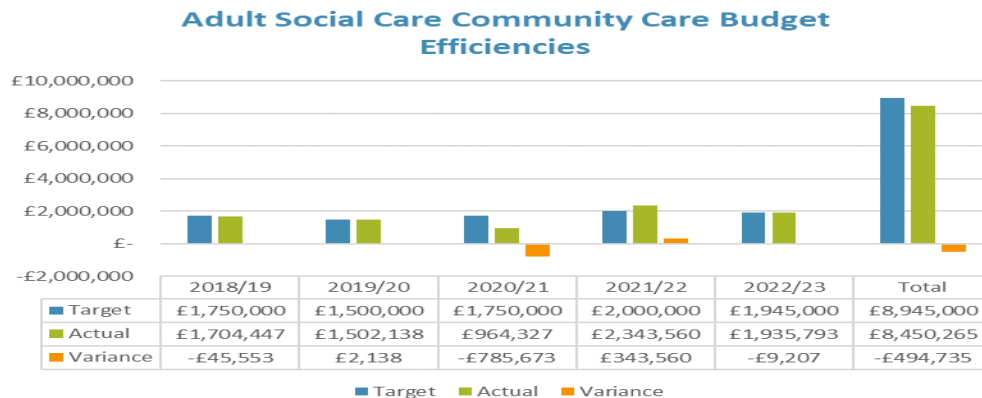
recruitment and retention into Adult Social Care and a working group who review this monthly

3.0 Performance and Value for Money

3.1 Value for Money

Over the life of the contract WCHC has contributed resource in addition to the contract value. This includes investment in key quality improvement and assurance posts.

As part of the Section 75 Agreement WCHC agreed to deliver specific financial efficiencies against the community care budget each year for the life of the contract. The total delivered savings over the life of the contract amount to £8.445m - an achievement of 95% of the set target. This achievement is despite an extremely challenging year in 20/21 during Covid-19 where savings of close to £1m were still delivered.



3.2 Contract KPI Performance

The operational performance of WCHC’s integrated health and social care teams is assured through a robust governance structure with local and organisational wide meetings, feeding board level assurance through the Integrated Performance Board and Wirral Council contract monitoring meetings. 2022/23 performance against the contract KPIs is detailed in the tables below.

No	Description	Green	Amber	Red	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	73.4%	74.7%	73.5%	74.6%	73.3%	78.4%	81.4%	84.9%	77.4%	82.7%	81.4%	76.9%	77.9%
	Total Assessments Completed within 28 Days				207	216	208	258	264	243	288	299	243	292	258	309	3,085
	Total Assessments Completed				282	289	283	346	360	310	354	352	314	353	317	402	3,962
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99.6%	99.7%	99.6%	99.3%	99.4%	98.2%	97.9%	95.6%	95.4%	98.8%	97.6%	99.0%	98.4%
	Total number of safeguarding concerns completed within 5 days				247	329	267	274	322	275	283	258	227	239	242	285	3,248
	Total number of safeguarding concerns completed				248	330	268	276	324	280	289	270	238	242	248	288	3,301
KPI 4	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	94%	95%	95%	94%	95%	95%	95%	95%	95%	95%	94%	95%	95%
	No. of people aged 18-64 with a learning disability living in their own home or with their family				439	444	444	446	451	455	461	468	473	479	478	481	5,519
	No. of people aged 18-64 with a learning disability in receipt of a long term service during the year				465	469	469	472	476	480	486	495	499	506	506	508	5,831
KPI 7	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	>=83%	<83% >=81%	<81%	100%	100%	89%	88%	100%	100%	85%	80%	90%	79%	86%	88%	88.5%
	Total number of people at home 91 days post discharged from hospital into a reablement service				11	18	8	14	17	11	17	28	37	22	25	23	231
	Total number of people discharged from hospital into a reablement service				11	18	9	16	17	11	20	35	41	28	29	26	261

Performance in relation to safeguarding adults is demonstrated to be better than regional and national benchmarks in the tables below. The safeguarding metrics used are considered most relevant in evidencing their self-assessment as part of Adult Social Care Assurance.

Wirral (Quantiles of All English single tier and county councils)

[% of users who feel safe 2021/22 %](#)

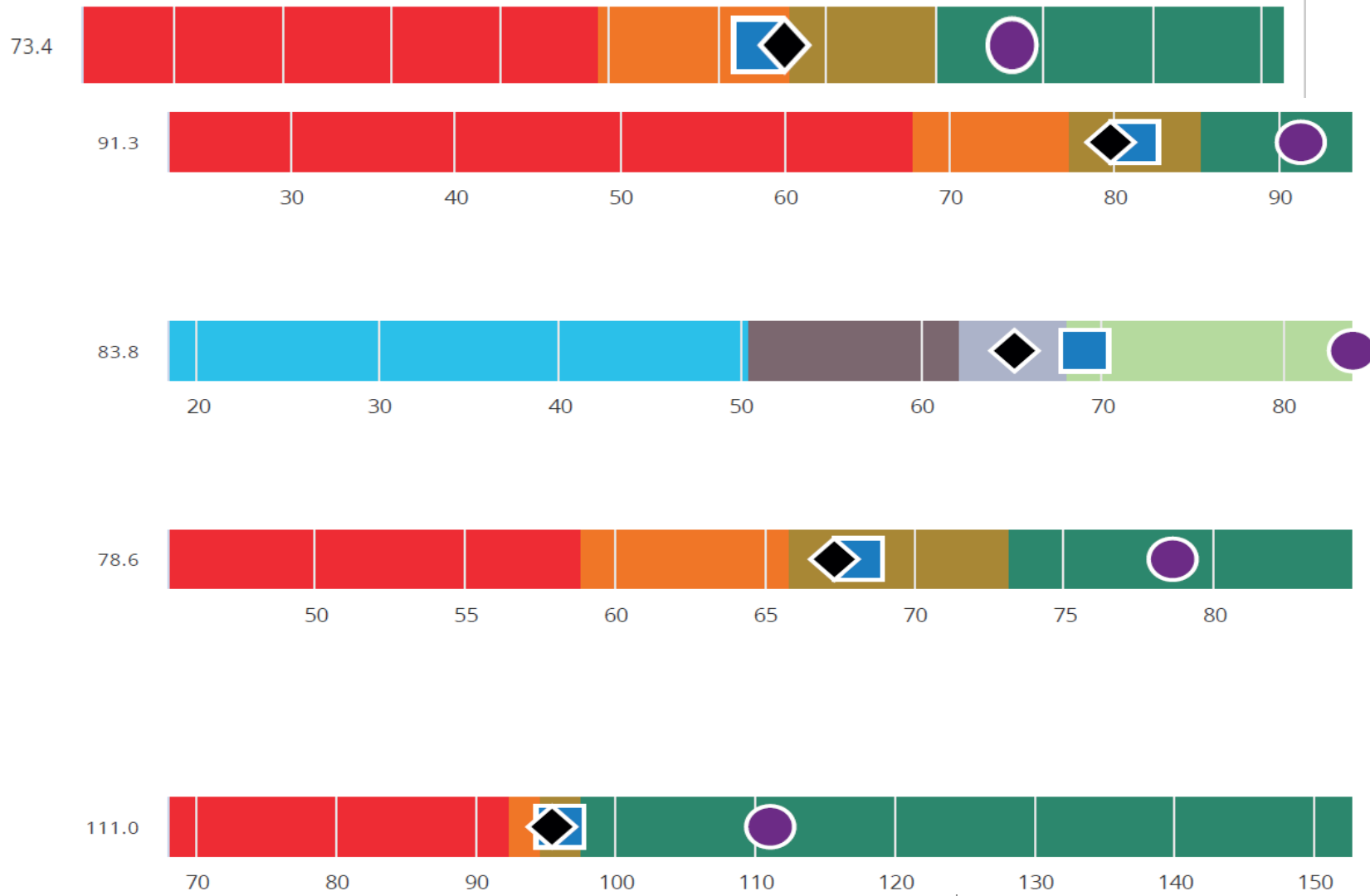
[% of section 42 safeguarding enquiries where desired outcomes were asked for 2021/22 %](#)

[% of users that told us they have made a safe page 143](#)

[Proportion of care services aged service users make t and 20](#)

[% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed 2021/22 %](#)

[% of section 42 safeguarding enquiries where desired outcomes](#)

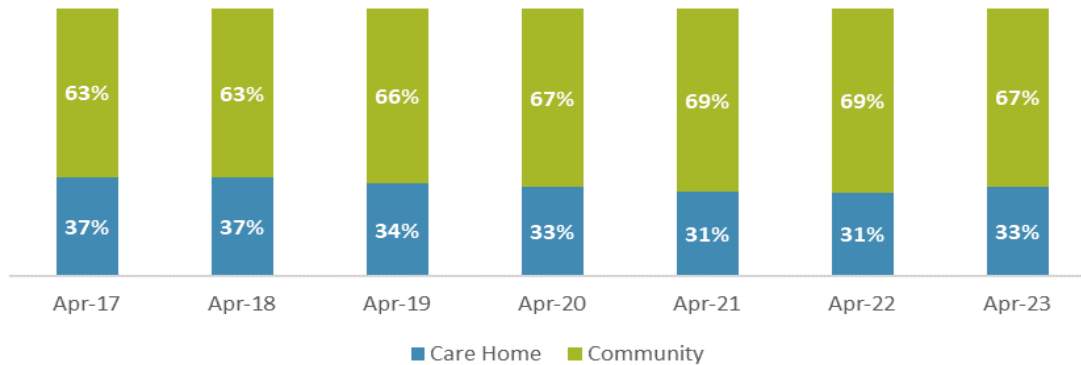


- Wirral
- Mean for North West (ADASS Region)
- ◆ Total for England

3.3 Additional Performance Highlights

- WCHC has delivered a reduction in the percentage of people within long term care since 2017 as a proportion of those with a Care Act eligible need. Joint working across the ICCHs, CIRT and CICC has resulted in individuals maintaining their independence within the community and with less reliance on 24-hour care.

Proportion of People Supported in the Community



- WCHC has facilitated the management of the referrals for Extra Care Housing (ECH) across Wirral. This has led to increase of individuals within Extra Care Tenancies of 112% from 2017-2023.
- Since 2017 WCHC has completed more than 2,500 BIA assessments thereby achieving and surpassing its contractual target.

4.0 Process of Transfer of the ASOC contract from WCHC to WC

4.1 WC and WCHC have managed the transfer in collaboration. Joint SROs from WC and WCHC were appointed and chair the Joint Project Board which has overseen the project against the agreed delivery plan and work of the seven workstreams:

- Workstream 1: Workforce (including Transition)
- Workstream 2: ICT/Digital
- Workstream 3: Data
- Workstream 4: Service Delivery & Patient Liaison
- Workstream 5: Finance
- Workstream 6: Communications
- Workstream 7: Estates

4.2 Progress against Key deliverables

As agreed in the plan, WCHC will provide all required information to the Council; to date this includes:

- The full TUPE list of staff to (including personal details) – full sits sent 7th February 2023 (requirement to send 28 days before transfer)
- Current staff structures of existing teams that will be affected by the TUPE
- Current base and desk allocation
- List of agency staff over complement
- Data sharing agreements
- Policies, procedures, and governance structures
- CPD offer
- Student placement commitments
- Detailed audit of data systems used by staff and file storage
- Full list of IT systems and asset information

WCHC and WC will continue to work in collaboration to:

- Consult with staff on transfer and any measures proposed by the Council and statutory letters to confirm arrangements
- Agree a plan for Transfer of payroll and Pensions to the Council including any actuarial assessments
- Plan for transfer of staff records upon Transfer date
- Develop joint QIA for the transfer of the service
- Agree joint and external communications plans
- Complete QIA/EIA for all affected services once the impact of TUPE transfer is understood
- Complete Data Sharing Agreements and associated Data Protection Impact Assessment
- Agree a post-transfer Memorandum of Understanding to support the maintenance of integrated working
- Build on the existing preparation for CQC commencing assessments of ASOC Services, transitioning responsibility the Council. WCHC has worked with two national improvement organisations on how to prepare for this inspection and is also a member of the Sector Led Improvement Board and one of the four national groups developing “What Good Looks Like” reference material on behalf of the Association of Directors of Adult Social Services
- There are no current risks regarding completion of activities with a jointly agreed plan for all actions to be addressed by 30 June 2023.

5.0 Summary

This report highlights the significant innovation and improvement in provision of social care services during the 5 years of the contract and WCHC's achievement in performance, efficiency savings and development as detailed in the Section 75 Agreement. This is evidenced by the improved performance and informed views of both the staff and services users, examples of which are included in the section 75 review report published in October 2022. WCHC has invested significantly in developing the current and future workforce and building integrated teams that can provide holistic personalised care.

WCHC have worked collaboratively with WC colleagues during the transfer process to provide detailed information and expertise to support the safe and effective transfer of the service back to WC. This means that the service will transfer back in a strong position well equipped to continue delivering high quality provision for Wirral residents and meet future requirements of CQC.

The transfer of staff will take place on 30th June 2023 – There are no project risks to the transfer plan due to robust mitigation identified at weekly joint project meetings.



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

22nd JUNE 2023

REPORT TITLE:	STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.

The WPBPB is supported by four key governance and assurance groups. This paper is a highlight report from the Strategy and Transformation Group.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board notes the work of the Strategy and Transformation Group and continues to receive updates as a standing agenda item.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Strategy and Transformation Group has been established to develop and review Wirral place strategic and operational plans to deliver national, Cheshire and Merseyside and local priorities. The Group will ensure that these plans secure continuous improvement, with a focus on health inequalities, and are delivered within financial allocations. The Group will receive assurance on the delivery of strategic and operational plans and associated work programmes.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as it has been agreed that this group is required as part of NHS Cheshire and Merseyside's governance and assurance arrangements in Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 Since the last report to the Place Based Partnership Board the Strategy and Transformation Group has met on three occasions. This report covers the meetings held on 16th March, 20th April and 18th May 2023.
- 3.2 The meeting held on 16th March 2023 considered the following items of business.
- 3.2.1 **Wirral Health and Care Plan 2023/24:** The Group received a draft copy of the Wirral Health and Care Plan 2023/24. The Group noted the workshops that had taken place to develop the Plan. The STG agreed that further work would be progressed to agree the Plan. The final Wirral Health and Care Plan will need to be endorsed at the June Place Based Partnership Board.
- 3.2.2 **Wirral Drugs Strategy:** The STG received a presentation for information on the Wirral Drugs Strategy. Members were asked to consider how their organisations could support the Strategy. The Wirral Drugs Strategy sets out the local vision for tackling drug-related crime, protecting children and young people, augmenting our outstanding treatment and recovery system, and reducing health inequalities. It also describes our vision for promoting a positive narrative around recovery, combatting the stigma associated with drug use, and giving people with lived experience a strong voice in this work.
- 3.2.3 As part of the National Drugs Strategy, Wirral was selected as an 'accelerator' area, for early enhanced investment. Wirral received funding in each of 2021/22 and 2022/23 focusing on strengthening our treatment system. Wirral Council is due to receive significant further investment in 2023/24 and 2024/25. The Wirral strategy will guide the spend of these investments, alongside national direction. Along with Wirral Council, Merseyside Police have received funding under the National Drugs Strategy through to 2025 to help join up enforcement activity with treatment and recovery.
- 3.2.4 The Wirral strategy will be delivered by the Wirral Combatting Drugs Partnership, a multiagency group established to join up work to reduce drug-related harms. Wirral

partners are also building a forum for people with lived experience of drug use, which will have an essential role in steering the delivery of the strategy, with representation on the Combatting Drugs Partnership. The Combatting Drugs Partnership reports to the Wirral Health and Wellbeing Board and the Safer Wirral Partnership Board.

- 3.2.5 **Mental Health Urgent Response Centre:** The Group endorsed work to develop a Mental Health Urgent Response Centre in Wirral as a priority for our Place. To establish an Urgent Response Centre (URC) capital funding will be needed. Capital funding must be applied for and requires a robust business case. In anticipation of this, Cheshire and Wirral Partnership NHS Foundation Trust (CWP) have commissioned the development of a Strategic Outline Case (SOC) for an integrated URC.
- 3.2.6 **Green Spaces and Health:** The Group received a presentation on green spaces and health. The presentation highlighted the work of the Groundswell Consortium. The Groundswell Consortium is a multidisciplinary team of researchers who, in collaboration with local communities and policymakers, are understanding and documenting the role urban green and blue spaces (UGBS) play in the social, economic, environmental, cultural and health systems that make up urban environments. Specifically, Groundswell is identifying how UGBS can be used to prevent ill health and reduce the health inequalities that have emerged in these settings. The presentation also described Green social prescribing (GSP), the practice of engaging people in nature-based interventions and activities to improve their mental health and wellbeing, and this is happening in Wirral.
- 3.2.7 **Discharge Challenge – Learning and Next Steps:** A Discharge Challenge took place between 5th and 9th December 2022. The Group received a copy of the lessons learnt and action plan from this event. The Group noted that the learning from this event would influence the urgent and emergency care programme within the Wirral Health and Care Plan 2023-24.
- 3.2.8 **Priority Project Highlight Reports:** The Group received updates on three key delivery projects sitting in the Urgent and Emergency Care Programme for Wirral. These projects were care market sufficiency, discharge to assess (D2A) reablement and Virtual Wards.
- 3.3 The meeting held on 20th April 2023 considered the following items of business.
- 3.3.1 **Cheshire and Merseyside System Urgent and Emergency Care Pressures:** The Group discussed preparation for a Cheshire and Merseyside system meeting with Department of Health and Social Care/NHS England representatives on urgent and emergency care pressures. The Group understood that Wirral would be a system of focus at the meeting, which was held on 24th April 2023. The Group discussed the approach that would be taken in the meeting.
- 3.3.2 **Planning Workshop, 19th April 2023:** The Group received an update on this workshop. The workshop was the last of four that were held with system partners to support planning for 2023/24.
- 3.3.3 **Wirral Health and Care Plan:** The Group reviewed the latest iteration of this document.

- 3.3.4 **Children and Young People’s Emotional Health and Wellbeing Alliance:** The Group endorsed the proposal to create a Children and Young People’s Emotional Health and Wellbeing Alliance. The Group reviewed the prospectus for the proposed procurement of this Alliance. The Alliance organisations will deliver a range of evidence-based interventions in community settings and online, responding to emerging needs and trends. Through delivering the backbone function of the Single Point of Access (SPA), they will also connect to the many services that exist in the wider sphere, funded through grants and public funding. The Alliance will work in collaboration with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) as a clinical partner, who will sit as an associate member of the Alliance Leadership Team. CWP will provide specialist clinical services via CAMHS, clinical governance and Mental Health in Schools Teams.
- 3.3.5 **Unscheduled Care Programme:** The Group noted the restructured Unscheduled Care Programme, which replaces the Urgent and Emergency Care Programme referred to in 3.2.6 above. The Unscheduled Care Programme will report to the Wirral Place Based Partnership Board.
- 3.4 The meeting held on 18th May 2023 considered the following items of business.
- 3.4.1 **Membership:** It was agreed that one representative from Wirral Hospice St John’s and/or Claire House should be invited to attend the Group on behalf of their sector.
- 3.4.2 **CORE 20PLUS5:** A presentation was given on the work being undertaken in Wirral on the Core20Plus5 programme. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies ‘5’ focus clinical areas requiring accelerated improvement. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people—the information below outlines the Core20PLUS5 approach for children and young people.
- 3.4.3 The Core20 are the most deprived 20% of the national population as identified by the national Index of multiple deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.
- 3.4.5 The Plus population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others. Specific consideration should also be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system. The inclusion health groups cover people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.
- 3.4.6 The Core 20Plus5 programme has five nationally defined clinical areas of focus. These are:

- Asthma - Address over reliance on reliever medications and decrease the number of asthma attacks.
- Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds. Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- Oral health – Reduce tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
- Mental health - Improve access rates to children and young people’s mental health services for 0–17-year-olds, for certain ethnic groups, age, gender and deprivation.

3.4.7 The presentation covered activities in Wirral that are being undertaken to tackle health inequalities in the following locally determined “Plus” groups.

- People with learning disabilities – led by Wirral Mencap
- People with multi-morbidities – led by Health Junction
- People who misuse substances – led by CGL
- Women’s Health
- People from Black and Minority Ethnic communities – led by Wirral Multicultural Organisation

3.4.8 **Wirral Health and Care Plan 2023/24:** The Group approved the final draft of this document for submission to the Place Based Partnership Board.

3.4.9 **Wirral Health and Care Plan 2023/24 Assurance on Delivery:** The Group agreed an approach to the development of delivery plans for each workstream of the Wirral Health and Care Plan. It was noted that the Unscheduled Care Programme would report direct to the Place Based Partnership Board. The Group also agreed to a common reporting approach to gain assurance on the delivery of the key workstreams, which would support reporting to Board.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include place.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for the Strategy and Transformation Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Strategy and Transformation Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Strategy and Transformation Group.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Strategy and Transformation Group.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Strategy and Transformation Group will take account of this in their work.

REPORT AUTHOR: **Simon Banks**
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APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

Papers brought to the Wirral Place Based Partnership Board meetings on 13th October 2022, 8th December 2022 and 9th February 2023 provide background information on these groups and how they align to the Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	13 th October 2022 8 th December 2022 9 th February 2023 9 th March 2023

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

22nd JUNE 2023

REPORT TITLE:	PRIMARY CARE GROUP HIGHLIGHT REPORT
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.

The WPBPB is supported by four key governance and assurance groups. This paper is a highlight report from the Primary Care Group.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board notes the work of the Primary Care Group and continues to receive updates as a standing agenda item.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Primary Care Group has been established to oversee exercise of the NHS Cheshire and Merseyside's statutory powers in Wirral relating to the provision of GP primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022, and other primary care services as delegated in future. The Group will report on these matters to the Wirral Place Based Partnership Board to support the effective conduct of NHS Cheshire and Merseyside's business in Wirral.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as this group is required by NHS Cheshire and Merseyside to support governance and assurance in Wirral on primary care matters.

3.0 BACKGROUND INFORMATION

- 3.1 Since the last report to the Place Based Partnership Board the Primary Care Group has met on three occasions. This report covers the meetings held on 28th March 2023, 25th April 2023 and 23rd May 2023.
- 3.2 The meeting held on 28th March 2023 considered the following items of business.
- 3.2.1 **Change of Service Delivery Unit (SDU) membership:** The Group supported the request from Wallasey Primary Care Network (PCN) for St George's Medical Centre to move from Wallasey Wellbeing SDU to North Coast Alliance SDU. The Group did not support the request for Heatherlands Medical Centre to move from Arno Primary Care Alliance SDU, part of Birkenhead PCN and asked for further work to be undertaken with the practice and SDU.
- 3.2.2 **Primary Care Network Assurance and Delivery 2022/23:** The Group received an update on progress made by each PCN and Service Delivery Unit (SDU) in Wirral and subsequent assurance in relation to delivery of the Network Designated Enhanced Service (DES). Each PCN/SDU had also provided an updated maturity matrix which enables PCNs/SDUs to assess their individual progress and development against intended elements. Overall PCNs and SDUs are developing in all aspects of the Network DES. The update provided showed slight variations in approach between each PCN/SDU but no issues of concern.
- 3.2.3 **Merger of Sunlight Group Practice and Allport Surgery:** The Group supported a proposal from Sunlight Group Practice and Allport Surgery to merge. The proposal will result in the merger of the two practices and back-office functions; however, service delivery will be delivered from both existing sites which will further enhance care and service delivery and patient choice. There is no impact upon estates as both sites will continue to operate and deliver patient care.
- 3.2.4 **Merger of clinical systems:** The Group supported a proposal from Townfield Health Centre to merge their clinical system (EMIS) with Cloughton Medical Centre, for the benefit of patient care and working at scale. In supporting the proposal, the Group also acknowledged the contractual differences between the two practices.

- 3.2.5 **Non-Core Primary Care Funding 2022/23 Forecast and 2023/24 Plan:** Primary care funding is made up of core and non-core (discretionary) funding at a local level, with access to additional ad-hoc capital investment and/or funding as and when opportunities arise such as system development and transformation funding. Core funding consists of delegated funding from NHS England which covers payments such as core medical contracts (GMS, APMS and PMS), Quality Outcomes Framework (QOF), Primary Care Networks etc. Non-core funding consists of locally commissioned services and care delivery support such as SMS, software licenses and platforms. The Group received a report that summarised the non-core funding expenditure for 2022/23 and plans for 2023/24.
- 3.2.6 **Primary Care Quality Scheme:** The Group approved the Primary Care Quality Scheme (PCQS) for 2023/24. This focuses on incentivising reductions in antibiotic prescribing and opiate prescribing and improving dementia diagnosis coding.
- 3.2.7 **Lloyd's Pharmacy:** The Group noted that NHS England and NHS Improvement North West had received notice that Lloyds Pharmacy will cease to provide pharmaceutical services at Lloyd's Pharmacy located in Sainsbury's, Upton with effect from 22nd July 2023.
- 3.2.8 **Primary Care Finance:** The Group received a report that set out a year to date position as at Month 11 with a favourable variance of £0.238m against a budget of £41.251m. The forecast yearend position as at M11, to 31st March 2023 was a favourable variance to plan of £0.231m. The funding allocation received for the Additional Role Reimbursement Scheme (ARRS) of £1.642m, which is over and above the baseline budget allocation at place level and Acute Respiratory Infection (ARI) Hub Allocation of £0.220m.
- 3.3 The meeting held on 25th April 2023 considered the following items of business.
- 3.3.1 **Risk Register:** The Group reviewed the risk register that pertains to primary care services in the borough.
- 3.3.2 **Work Plan:** The Group agreed a work plan for 2023/24.
- 3.3.3 **Assurance on access:** The Group noted that Healthwatch Wirral were working on a project on access to general practice. This will be reported to the Group when completed.
- 3.3.4 **Taking Together Wirral:** The Group agreed that Talking Together Wirral should be invited to be members of the meeting.
- 3.3.5 **Primary Care Update:** The Group considered and agreed to a PCN level contracting approach for the re-procurement of the community phlebotomy service. The Group received a short briefing on the proposed floating accommodation vessel to house asylum seekers in Wirral Waters – more details are expected in due course. Summary details were shared with the Group on the new Capacity Access Plan requirements under the PCN Direct Enhanced Service for 2023/24, where PCNs are required to aim for improvement in three key areas:

- patient experience of contact;
- ease of access and demand management; and
- accuracy of recording in appointment books.

3.4 The meeting on 23rd May 2023 considered the following items of business:

3.4.1 **Risk Register:** The Group reviewed the risk register that pertains to primary care services in the borough.

3.4.2 **Work Plan:** The Group reviewed progress against the work plan for 2023/24.

3.4.3 **Primary Care Update:** The Primary Care Update focused on two areas, the *Delivery Plan for recovering access to primary care*, published by NHS England on 9th May 2023, and an update on the proposal to house asylum seekers on floating accommodation in Wirral Waters.

The *Delivery Plan for recovering access to primary care* is part of the ongoing commitment building upon the Fuller Stocktake, for integrating primary care with three essential elements: streamlining access to care and advice; providing more proactive, personalised care from a multidisciplinary team of professionals; and helping people stay well for longer. This plan acknowledges the increase in general practice appointments provided, higher than pre-pandemic levels and the successful COVID Vaccination Programme delivered by primary care. It acknowledges that patient demand for primary care services continues to increase and patients' experience of the "8am rush" to secure appointments through contacting their practice, remains a challenge. The plan also aims to ensure patients know on the day they contact their practice, how their request will be managed so avoiding patients being asked to re-contact the practice. The Group will be considering the local response to this plan.

The issue of the proposals around the asylum seeker's accommodation is being dealt with by a Wirral Council led multi-agency forum. The group received an update from this meeting and affirmed their support for the approach being taken.

3.4.4 **Townfield Health Centre APMS Contract Extension Proposal:** The Group supported a proposal is to enact the extension to extend the current interim APMS contract in place at Townfield Health Centre for a further 12 months as per the original contract terms. This will allow sufficient time for the recent developments put in place by the current provider to embed, the benefits of the clinical system merger to be maximised and provide uninterrupted and continuity of care for patients. The extension will also provide additional time to explore and understand all options surrounding the future recommission of the Alternative Provider Medical Services (APMS) contract.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include place. The Primary Care Group has an existing Risk Register which will contribute to a Place register.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for the Primary Care Group. This is a governance group that is required by NHS Cheshire and Merseyside for each place. The Primary Care Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments have been received by the Primary Care Group in instances where they have been required to decide on a specific issue.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Primary Care Group.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Primary Care Group will take account of this in their work.

REPORT AUTHOR: **Simon Banks**
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APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

Papers brought to the Wirral Place Based Partnership Board meetings on 13th October 2022, 8th December 2022 and 9th February 2023 provide background information on these groups and how they align to the Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	13 th October 2022 8 th December 2022 9 th February 2023 9 th March 2023



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

22nd JUNE 2023

REPORT TITLE:	FINANCE, INVESTMENT & RESOURCE GROUP HIGHLIGHT REPORT
REPORT OF:	ASSOCIATE DIRECTOR OF FINANCE (WIRRAL PLACE), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.

The WPBPB is supported by four key governance and assurance groups. This paper presents the key issues from the Finance, Investment and Resource Group.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board notes the key issues report of the Finance, Investment and Resource Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Finance, Investment and Resource Group has been established to develop and review financial reporting across Wirral Place to ensure that there is a focus upon deploying our resources wisely so that they contribute effectively to the health and wellbeing of our population.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as it has been agreed that this group is required as part of NHS Cheshire and Merseyside's governance and assurance arrangements in Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 Since the last report to the Place Based Partnership Board the Finance, Investment and Resource Group has met on two occasions. This report covers the meetings held on 27th April and 24th May 2023. The attached appendix includes the key issues report discussed on 27th April and confirmed on 24th May.
- 3.2 The meeting held on 24 May 2023 considered the following items of business.
- 3.2.1 **Pooled fund – Month 1 report, Financial Year 2023/24:** The group noted that no report was available due to the requirements of all partner organisations to finalise and submit their 2022/23 Annual Accounts to auditors. The Month 2 report will be considered in the June meeting.
- 3.2.2 **Effective Use of Resources Workstream:** The group noted that this workstream is required as part of the governance to support the development of the Wirral Health and Care Plan. All partners agreed to send a representative to any meetings required whilst the Associate Director of Finance (Wirral Place) will review the Terms of Reference to ensure consistency and to avoid any duplication.
- 3.2.5 **Risk-Share agreement covering partner organisations:** The Group reviewed the previous risk-share agreement in place which covers partner organisations for the financial year 2022/23. The Associate Director of Finance (Wirral Place) agreed to review the document and provide recommendations for update to the next meeting in June.
- 3.2.6 **Wirral System overall financial position:** It was noted that the first report for 2023/24 Financial Year will be received by the group in the June meeting.
- 3.2.7 **Cerner Health Information Exchange and Population Health update:** The group received an update from the Chief Finance Officer of Wirral University Teaching Hospital outlining the proposed next steps in relation to the Cerner contract which covers all partner organisations in Wirral.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include Place.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for the Finance, Investment and Resources Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Finance, Investment and Resources Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Finance, Investment and Resources Group.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Finance, Investment and Resources Group.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the

development of a resilient and inclusive economy for Wirral. The Finance, Investment and Resources Group will take account of this in their work.

REPORT AUTHOR: Martin McDowell

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APPENDICES

Appendix 1 – Wirral Place Finance, Investment and Resource Group, Key Issues report from meeting held on 27th April 2023

BACKGROUND PAPERS

Papers brought to the Wirral Place Based Partnership Board meetings on 13th October 2022, 8th December 2022 and 9th February 2023 provide background information on the groups and how they align to the Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	13 th October 2022 8 th December 2022 9 th February 2023 9 th March 2023

Wirral Place Finance, Investment & Resources Group

Key issues report

27/04/2023

Key issues arising from the meeting held on 27th April 2023

ALERT (matters of concern, non-compliance or matters requiring a **response/action/decision** from the **C&M ICB Finance, Investment & Resources Committee**)

Issue	Place Finance, Investment & Resources Group comments	Assurances received from	Action taken to date	Timescale
None				

ADVISE (general update in respect of ongoing monitoring where an update has been requested/provided)

Issue	Place Finance, Investment & Resources Group update	Assurances received from	Action taken to date	Timescale
System wide Financial Plan 23/24	<p>Members of the group agreed to work together to develop a system wide Financial Plan for 23/24 which covers the Wirral Place.</p> <p>The forecast exit run-rate for 22/23 was presented in the first Wirral Plan workshop held on 9th December. The revised plans for submission were discussed by the group in the meeting.</p>	Wirral Place WUTH CWP WCHT WMBC	Planning guidance has been issued. Financial plans have been developed in response and presented to the wider health and Care system	April 2023

Page 1 of 6



Wirral IT System Update	The future of the Wirral Health Information Exchange (HIE) and the Wirral Care Record (WCR) was discussed by the group, noting the proposed recommendation from WUTH		Information has been shared with ICB Chief Digital Officer	April 2023
ASSURE (issues for which the committee requires or has received assurance)				
Issue	Place Finance, Investment & Resources Group update	Assurances received from	Action taken to date	Timescale
one				

Page 1 of 7

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 22 June 2023

REPORT TITLE:	2022/23 POOLED FUND FINANCE REPORT TO MONTH 12 MARCH 2023
REPORT OF:	MARTIN MCDOWELL - ASSOCIATE DIRECTOR OF FINANCE, CHESHIRE & MERSEYSIDE INTEGRATED CARE BOARD – WIRRAL PLACE

REPORT SUMMARY

This paper provides a description of the arrangements that have been put in place to support effective integrated commissioning. It sets out the key issues in respect of:

- a) budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 shared “pooled” fund; and
- b) risk and gain share arrangements.

In 2022/23 Wirral Health and Care partners have chosen to currently jointly pool £249.10m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery.

This paper provides an update to the pooled fund budget, a summary forecast position as at Month 12 to 31st March 2023 and the financial risk exposure of each partner organisation.

The report also provides an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which will be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB) Health and Wellbeing Board.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

- 1) Note the forecast position for the Pool at Month 12 is currently a £9.0m overspend position.
- 2) Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a small underspend position.
- 3) Note that the 2022/23 section 75 agreement has been reviewed for sign off. Following the legal review by both parties, the next steps will be at the Cheshire and

Merseyside ICB Finance committee and Health and Wellbeing Board in May 2023
for sign off.

- 4) Note the summary of expenditure of £4.31m on the National Discharge Fund submitted for 2022/23.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Wirral Health and Care partners have the responsibility to maintain pooled funds and report on the expenditure under the framework partnership agreement under section 75 of the National Health Services Act 2006 (“the section 75 agreement”) relating to the commissioning of health and social care services.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered as necessary.

3.0 BACKGROUND INFORMATION

- 3.1 Consistent with this the pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.
- 3.2 The following key features of integration have been outlined as essential to success:
- Pooling resources, intelligence, and planning capacity.
 - Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reducing the cost of care.
 - Clear accountability and governance arrangements.
 - Resilience and flexibility to emerging issues in service delivery.
- 3.3 The pooled fund arrangements are already well established in Wirral and enable a range of responsive services to vulnerable Wirral residents as well as a significant component of Better Care Fund (“BCF”) funding to protect front line social care delivery.
- 3.4 Continuing to expand the scope and scale of pooled arrangements for 2022/23 would be an important statement, that Wirral has a strong foundation for integrated commissioning at place level.

Establishment and Authorisation of the Section 75 Agreement.

- 3.5 The Section 75 agreement must be updated to set out the detail of budget areas that are being pooled in 2022/23 and the associated governance. There is a mandatory legal requirement to have a Section 75 agreement in place between the Council and the Cheshire and Merseyside Integrated Care Board in place to draw down the elements of the pool relating to the BCF. In this context a section 75 agreement is being progressed, following legal review from both parties, for final sign off.

4.0 FINANCIAL IMPLICATIONS

2022/23 Pooled Fund for Wirral Place

- 4.1 As at Month 12 the revised Pooled Fund budget for 2022/23 of £248.55m is set out in Table 1 below.

Table 1

	Final 21/22 £m	at M11 22/23 £m	at M12 22/23 £m
CCG / ICB Place Pool	134.30	140.76	142.45
Health & Care	49.60	48.36	48.36
Children and Young People	1.70	1.70	1.70
Better Care Fund	55.78	58.28	58.28
Grand Total	241.38	249.10	250.79

4.2 The pooled fund increased this month by £1.69m to £250.79m. This is due to: -

- £1.66m non recurrent budget virement from central ICB to Prescribing for the national medicine's framework and net ingredient cost (NCSO) pressure support.
- £0.03m non recurrent budget virement from central ICB to Primary Care for GP enhanced services.

4.3 A full breakdown of the 2022/23 Pooled Fund is illustrated in Appendix 1 of this report.

4.4 As at month 12 the reported forecast position of the pooled fund is a £9.0m overspend and a summary position in Table 2 is provided below.

Table 2

Summary	2022 / 23 Budget	Forecast Outturn	Variance
A ICB Wirral Place Pool	£142.5m	£153.4m	£10.9m
B Health & Care	£48.4m	£46.6m	-£1.8m
C Children and Young People	£1.7m	£1.7m	£0.0m
D Better Care Fund	£58.3m	£58.2m	-£0.1m
Grand Total	£250.8m	£259.8m	£9.0m

4.5 The overspend of £9.0m is primarily due to the CCG / ICB – Wirral place pool commissioned services of £10.9m. This element of financial risk lies with the ICB and is predominantly due to Commissioned out of Hospital Care (CHC) and Mental Health packages of care (activity and price) and prescribing in year operational pressures (see section 7 and R2) and therefore the ICB will meet the costs of this overspend. This reported position is consistent with the likely case scenario carried out since month 10.

4.6 A summary on the £4.31m expenditure for the National discharge fund is reported in Appendix 2. The allocation received was split £2.81m ICB - Wirral Place and £1.50m Local Authority. The national submission for the yearend reporting is currently being produced.

5.0 LEGAL IMPLICATIONS

5.1 A section 75 agreement for the pooled fund is the contractual agreement which sets out the terms of the arrangements between the Council and the ICB. Such an agreement is required in order to draw down resources under the BCF and to enable the pooling of wider funding elements which are in the scope of the arrangement. Each year, the Council's legal services are fully engaged in the development of the Section 75 agreement.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Currently there is no significant impact on resources, ICT, staffing, and assets as a result of the integration agenda. As greater integration occurs there are likely to be efficiency savings through economies of scale with appropriate sharing of posts and assets etc.

7.0 RELEVANT RISKS

7.1 The 2021/22 reporting arrangements will continue into 2022/23 until further ICB guidance, and as such there will be three main financial risks identified to impact the pooled budget: -

- R1 – Local Authority budget overspend;
- R2 – CCG / ICB budget overspend; and
- R3 – Efficiency savings are not achieved.

7.2 It is proposed to retain the more focused risk-sharing arrangements of 2020/21 for 2022/23. This approach removed the generic approach to risk share arrangements by targeting the 50% risk share arrangement onto the Better Care Fund, with host organisations retaining full financial risk on other areas pooled, as illustrated in Appendix 2

7.3 The Better Care Fund shows a small underspend position at month 12, representing the Local Authority share at the time of reporting. The reported overspend of the pool fund relates specifically to R2.

8.0 ENGAGEMENT / CONSULTATION

8.1 There is no requirement for engagement or consultation within this report.

9.0 EQUALITY IMPLICATIONS

9.1 No implications have been identified because it is not anticipated that the integration of commissioning functions will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which Equality Impact Assessments will need to be produced at the development stage.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications directly arising from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implications directly arising from this report.

REPORT AUTHOR: **Louise Morris**
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APPENDICES

Appendix 1 – Section 75 Pooled Fund Budget 2022/23 - The PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact Louise.morris6@nhs.net if you would like this document in an accessible format.

Appendix 2 – National Discharge Fund

BACKGROUND PAPERS

Draft Section 75 agreement 2022/23
JHCCEG Finance Report M12

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1 - Proposed Section 75 Pooled Budget 2022/23 – Wirral Place – Finance position M12

A	ICB - Wirral Place	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Commissioned out of Hospital	£0.1m	£66.7m	£75.5m	£8.7m	CHC Fully funded, MH and PHBs, also HDP run off impact c£2.2m. Assumes full qipp and stretch target delivery Based on Jan23 prescribing actuals, change in forecast due to NCSO pressures continuing into Q4
	Prescribing	£4.4m	£73.5m	£76.2m	£2.8m	
	Primary Care	£0.1m	£8.31m	£7.6m	-£0.6m	
	QIPP	£0.0m	-£6.1m	-£6.1m	£0.0m	
	Total	£4.5m	£142.5m	£153.4m	£10.9m	= over performance

B	Health & Care	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Public Health	£0.2m	£0.2m	£0.2m	£0.0m	moved from BCF section in M9
	Learning Disabilities	-£2.5m	£44.1m	£44.6m	£0.5m	
	Mental Health		£14.4m	£13.9m	-£0.5m	
	Children with Disabilities	£0.2m	£1.1m	£0.8m	-£0.3m	
	Client Charges		-£3.6m	-£3.4m	£0.2m	
	Joint-Funded Income		-£7.9m	-£9.5m	-£1.6m	
	Total	-£2.3m	£48.4m	£46.6m	-£1.8m	= under performance

C	Children and Young People	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Care Packages	£0.0m	£1.7m	£1.7m	£0.0m	
	Total	£0.0m	£1.7m	£1.7m	£0.0m	

D	Better Care Fund	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Integrated Services	£1.3m	£27.0m	£26.9m	-£0.1m	
	Adult Social Care Services		£24.0m	£24.0m	£0.0m	
	CCG Services		£2.0m	£2.0m	£0.0m	
	DFG		£4.7m	£4.7m	£0.0m	
	Other	-£1.2m	£0.6m	£0.6m	£0.0m	
	Total	£0.2m	£58.3m	£58.2m	-£0.1m	

APPENDIX 2 – Detail submission on Discharge Support Funding

Type	2022/23 - Scheme Name	Scheme Type	Actual Expenditure
ASC	Care Home Placement Officer	Additional or redeployed capacity from current care workers	£5,587
ASC	Discharge to assess	Bed Based Intermediate Care Services	£332,419
ASC	Dom Care Market Sustainability	Local recruitment initiatives	£33,194
ASC	Dom Care Retention Payments	Improve retention of existing workforce	£243,000
NHS	Frailty Virtual Ward / @ Front Door	Additional or redeployed capacity from current care workers	£300,000
NHS	Home First	Reablement in a Person's Own Home	£600,000
ASC	Increased Dom Care Christmas Capacity	Home Care or Domiciliary Care	£92,094
NHS	Leighton Court P2 D2A Beds	Bed Based Intermediate Care Services	£702,144
NHS	Mental Health Discharge Schemes	Other	£401,931
ASC	Park House	Residential Placements	£8,648
NHS	Park House P1 Step Down Beds	Home Care or Domiciliary Care	£225,000
NHS	Primary Care Discharge Support	Other	£157,508
NHS	Third Sector Discharge Support	Other	£426,417
ASC	Wirral Independence Service	Assistive Technologies and Equipment	£90,549
ASC	Admin costs	Administration	£30,000
ASC	Packages of Care post hospital discharge	Home Care or Domiciliary Care	£424,056
ASC	Reablement post hospital discharge	Reablement in a Person's Own Home	£236,835
	Total		£4,309,381

Health NHS	£2,813,000
Social Care Local Authority	£1,496,381
Total	£4,309,381

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 22 June 2023

REPORT TITLE:	WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

The report details the annual work programme of items for consideration by the Wirral Place Based Partnership Board. The Board is comprised of members from multiple organisations and the report enables all partners to contribute items for consideration at future meetings.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note and comment on the proposed Wirral Place Based Partnership Board work programme for the remainder of the 2023/24 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Wirral Place Based Partnership Board have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by the Wirral Plan 2021-2026 as well as the priorities of partner organisations.
- 3.2 Once elected, the Chair of the Board will work with the Place Director and other members of the Board to set the agenda for the remainder of the 2023-24 Municipal Year.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implications arising. However, there may be financial implications arising as a result of work programme items.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no direct implications to Staffing, ICT or Assets.

7.0 RELEVANT RISKS

- 7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

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APPENDICES

Appendix 1: Wirral Place Based Partnership Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
Health and Care Act 2022

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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WIRRAL PLACE BASED PARTNERSHIP BOARD/JOINT STRATEGIC COMMISSIONING BOARD

WORK PROGRAMME 2023/2024

Suggested Agenda July 2023

Item	Lead Departmental Officer
Quality and Performance Group update	Lorna Quigley
Wirral Place governance update	Alison Hughes and David McGovern
Wirral Provider Partnership update	Karen Howell
Social Care Discharge Fund Impact (JSCB)	Martin Kent and Bridget Hollingsworth
Work Programme	Mike Jones

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
What CVFSE can deliver and what they can offer	Workshop June TBC	Carol
Health and Care Partnership Strategy Update (needs to go to HWB first)	TBC	Simon Banks
Financial Recovery Plan	TBC	Martin McDowell
Sustainability update	TBC	Paul Mason
Dentistry	TBC	Dr Stephen Wright
Primary Care Network	TBC	Dr David Jones
Estates team update	TBC	Paul Mason

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Work Programme Update	Each scheduled Committee	Daniel Sharples
Pooled Fund	Each scheduled Committee	Sara Morris / Martin McDowell, Louise Morris
Healthwatch Update	Quarterly	Karen Prior
Supporting Groups update	Each scheduled Committee	Report from the Chair of each of the supporting groups as follows: Strategy and Transformation Group - Simon Banks, Finance Information and Resources Group - Martin McDowell,

		Primary Care Group - Simon Banks, Quality and Performance Group - Lorna Quigley, Wirral Provider Partnership - Karen Howell.
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