Public Document Pack

Wirral Place Based Partnership Board

Date:	**Thursday, 28 September 2023**
Time:	**10.00 a.m.**
Venue:	Committee Room 1 - Birkenhead Town Hall

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

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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 27 July 2023.

5. PUBLIC AND MEMBER QUESTIONS

5.1 Public Questions

Notice of question to be given in writing or by email by **12 noon on Monday 25 September 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, on Monday 25 September 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. THE ROLE OF THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE (VCFSE) IN PLACE (Pages 7 - 46)

7. UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE (Pages 47 - 68)

The PDF file below may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact James.barclay1@nhs.net if you would like this document in an accessible format.

8. UPDATE ON THE TRANSFER OF CARE HUB WORKSTREAM, UNSCHEDULED CARE IMPROVEMENT PROGRAMME (Pages 69 - 76)

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9. UPDATE ON CARE MARKET SUFFICIENCY WORKSTREAM, HEALTHY WIRRAL PROGRAMME (Pages 77 - 84)

10. 2023/24 POOLED FUND FINANCE REPORT TO MONTH 04 JULY 2023 (Pages 85 - 92)

11. KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP) (Pages 93 - 116)

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

12. STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT (Pages 117 - 124)

13. PRIMARY CARE GROUP HIGHLIGHT REPORT (Pages 125 - 130)

14. HEALTHWATCH WIRRAL UPDATE SEPT 2023 (Pages 131 - 150)

The PDF file below 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.

15. CHESHIRE AND MERSEYSIDE JOINT FORWARD PLAN 2023-28 (Pages 151 - 246)

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

16. WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME (Pages 247 - 254)

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 27 July 2023

PRESENT

Simon Banks	Chair and Place Director, NHS Cheshire and Merseyside
Elspeth Anwar	Assistant Director, Public Health Consultant, Wirral Council
Graham Hodkinson	Director of Adults, Health and Strategic Commissioning, Wirral Council
Janelle Holmes	Wirral University Teaching Hospital NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Foundation Trust
Ali Hughes	Wirral Community Health and Care NHS Foundation Trust
Carol Johnson-Eyre	Voluntary, Community, Faith and Social Enterprise sector
Dr David Jones	Primary Care
Councillor Julie McManus	Wirral Council
Martin McDowell	Associate Director of Finance & Performance, NHS Cheshire and Merseyside
Councillor Simon Mountney	Wirral Council
Councillor Ewan Tomeny	Wirral Council
Andy Styring	Cheshire and Wirral Partnership NHS Foundation Trust
Matthew Swanborough	Wirral University Teaching Hospital NHS Foundation Trust
Simone White	Director of Children, Family and Education, Wirral Council
Dr Stephen Wright	Primary Care
Vicki Shaw	Head of Law and Governance, Wirral Council
Mike Jones	Secretary

17 **WELCOME AND INTRODUCTION**

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

18 **APOLOGIES**

Apologies for absence were received from:

Abel Adegoke	Chair of the Primary Care Council
Dave Bradburn	Director of Public Health, Wirral Council (Elspeth Anwar substituting)
Councillor Kieran Murphy	(Councillor Ewan Tomeny substituting)

Karen Prior	Healthwatch Wirral
Paul Satoor	CEO, Wirral Council
Tim Welch	Cheshire and Wirral Partnership (Andy Styring substituting)

19 **DECLARATIONS OF INTEREST**

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

20 **MINUTES**

Resolved – That the minutes of the meeting held on 22 June 2023 be approved as a correct record.

21 **PUBLIC AND MEMBER QUESTIONS**

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

22 **KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP)**

The Place Director presented the report of the Associate Director of Quality And Safety on Behalf of Wirral Partners which identified key issues relating to Quality and Safety through the Wirral Quality and Performance Group and other relevant sources. In addition to identifying key issues, the report highlighted where appropriate the actions that had taken place and the timescale of completion. Issues included the Care and Quality Commission inspection and the C-Difficile review.

Members asked for more detail on some points.

Resolved – That the areas of concern contained within the report, and the actions that are being taken be noted.

23 **WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW AND GOVERNANCE MANUAL**

Alison Hughes Director of Corporate Affairs, Wirral Community Health & Care NHS Foundation Trust presented the report of the Place Director NHS Cheshire and Merseyside. Under the leadership of the Place Director, the Place Governance Group, including senior governance representation from provider organisations, had completed a review of current governance arrangements at Wirral Place including a refresh of the Terms of Reference of the Wirral Place Based Partnership Board and the creation of a Governance Manual for future use by all established fora. The report summarised the

action taken to date, a proposed future governance workplan and included the draft Wirral Place Governance Manual for approval. It was noted that Sub-Groups would be reviewed in September and that the agenda for this meeting would be revised to better reflect the NHS style.

Resolved – That the Wirral Place Governance Manual attached to the report be approved and the further workplan be noted to ensure arrangements are fit for purpose including a refresh and review of the Terms of Reference for the sub-groups supporting and reporting to the Wirral Place Based Partnership Board.

24 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

The Place Director (Wirral), NHS Cheshire And Merseyside presented this report which was a highlight report from the Strategy and Transformation Group.

Members questioned the progress on the neighbourhood programme.

Resolved – That the work of the Strategy and Transformation Group be noted and updates be received as a standing agenda item with a view to a specific report to a future meeting on the neighbourhood programme.

25 **FINANCE, INVESTMENT & RESOURCE GROUP HIGHLIGHT REPORT**

The Associate Director of Finance (Wirral Place), NHS Cheshire and Merseyside presented his report which represented the key issues from the Finance, Investment and Resource Group.

Members offered additional representation and contacts for the groups affected.

Resolved – That the content of the report from the Finance, Investment and Resources Group be noted.

26 **UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE**

The CEO for Wirral University Teaching Hospital presented this report which reported the positive progress on the Unscheduled Care Improvement Programme which aimed to improve urgent and emergency care services in Wirral. This included a sustained reduction in the No Criteria to Reside (NCTR) numbers where the Wirral system had been a national & regional outlier for a significant period but had been reduced from 217 in May to 136 in July. There had also been improvements in the length of Stay of stay KPI's for stays of both 14 & 21 days.

Resolved – That the update be noted.

27 **2023/24 POOLED FUND BUDGET REPORT**

The Associate Director of Finance, Cheshire & Merseyside Integrated Care Board – Wirral Place introduced his report which provided a summary of the proposed Pooled Fund budget for the financial year 2023/24 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 would be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB) and Adult Social Care Committee.

Members queried some of the figures in the report for clarification.

The Place Director provided an update on the extension of the contract intermediate care beds at Clatterbridge which had been recommended by the Joint Strategic Commissioning Board on 22 June 2023. The recommendation was presented on 27 June 2023 to the NHS Cheshire and Merseyside Integrated Care Board's Finance, Investment and Resources Committee. The contract had been due to cease in September 2023 and had been extended to Sep 2024 with a break clause at 22 months (1st July 2025).

Resolved – That
1) support for the proposed place pooled fund budget for 2023/24 be confirmed.
2) it be noted that Primary Care (GP Delegated Commissioning) elements of the pooled budget are supported by ring-fencing arrangements and may be subject to an increase in the budget allocation.
3) support be confirmed for the place-based commissioning vision if there are additional budgets that should be included within pooling arrangements either immediately or during 2023/24.
4) the proposed risk share arrangements be supported and it be noted that shared risk arrangements are limited to the Better Care Fund (BCF) only.

28 **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.

Amendments to the Programme were proposed.

Resolved - That the work programme be noted, subject to:

(1) the reports on Care Market Sufficiency, Transfer of Care Hubs and Virtual Wards being covered in the Unscheduled Care programme standing report so being removed as separate items.

(2) Tom Knight from NHS Cheshire and Merseyside coming to the November meeting to present a report on dentistry.

(3) Primary Care Networks being reported on in October concerning what they are, what they do, how they are organised and what are their funding streams.

(4) the social care self assessment, taken in preparation for the Care Quality Commission inspection, being presented to the Board.

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WIRRAL PLACE BASED PARTNERSHIP BOARD

28th SEPTEMBER 2023

REPORT TITLE:	**THE ROLE OF THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE (VCFSE) IN PLACE**
REPORT OF:	**CHAIR, VCFSE SENIOR LEADERS NETWORK AND CHIEF EXECUTIVE, WIRRAL CVS ON BEHALF OF THE VCFSE SECTOR**

REPORT SUMMARY

The Voluntary, Community, Faith and Social Enterprise (VCFSE) are a vibrant sector, who contribute significantly at Place to achieve better outcomes for Wirral residents.

There is more to do to help the system at Place understand the VCFSE sector's role about how better system outcomes can be achieved through greater partnership working.

This presentation in the appendix highlights some examples of the work that the sector already carries out at Place and the innovative ways the sector can help achieve better outcomes for residents. It also showcases the reach the sector has into a range of communities and how it can contribute strategically to help with planning and decision making.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board considers the information in the report and how the VCFSE can continue to contribute to making Wirral a better Place and deliver positive outcomes across the Wirral system.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector delivers significantly at Place but is sometimes considered as an additional rather than an integral part of the system in Wirral. The Place Based Board partners need a greater understanding of the contribution the sector do, and can make, and ensure the sector and involved in strategic planning and integrated into operational delivery.

2.0 OTHER OPTIONS CONSIDERED

2.1 The Wirral Place Based Partnership Board expressed their collective intention to enhance their understanding of the VCFSE sector's contribution to health and wellbeing in the borough. It was agreed that a presentation to the Board was the most appropriate option to support this.

3.0 BACKGROUND INFORMATION

3.1 The Humanitarian Cell established during the COVID-19 pandemic enabled a different way of working with the VCSFE sector and Wirral Council which was more open and transparent. This was recognised and appreciated by the sector and provided further opportunity to build upon this learning moving forward.

3.2 Through a series of workshops, a CVF (Community, Voluntary and Faith) working group and engagement with the wider sector, the first Wirral sector led plan, 'Community, Voluntary and Faith Sector Coming Together' was developed. The CVF Coming Together Plan focusses on the opportunities and challenges facing the sector and the borough.

3.3 Wirral Council for Voluntary Services (CVS) has been commissioned by Wirral Council earlier this year to lead on the delivery of the CVF Coming Together Plan. Wirral CVS support four pillars of activity:

- *Leadership and advocacy* - Mobilising and encouraging community action, strengthening the sector voice and influence on key decision-makers and funders. Supporting community leaders on their journey.
- *Partnerships & collaborations* - creating opportunities and driving effective joint working by building networks of local organisations and strategic partners – achieving more together.
- *Community development* - providing practical support and opportunities for people to develop skills in their local community, so that they can achieve their goals and aspirations. Anything from writing a constitution or setting up a bank account through to bid writing and strategic planning.
- *Volunteering* - building an environment in which volunteers and their communities thrive, by encouraging and nurturing volunteering opportunities.

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 There are no staffing implications arising out of the recommendations set out in this report.

7.0 RELEVANT RISKS

7.1 If the VCFSE are not engaged as system partners by health and care organisations there is a risk that the vision, objectives and ambition for improving the health and wellbeing of our population will not be realised.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place with the voluntary, community, faith, and social enterprise (VCFSE) sector to contribute to this report.

9.0 EQUALITY IMPLICATIONS

9.1 No Equality Impact Assessment (EIA) is required for this report, although greater Place working with the VCFSE sector will achieve greater inclusion and equality for Wirral residents.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The link between both internal and external environments and health is well evidenced. The VCFSE sector will continue to make positive contributions to the delivery of Wirral's Health and Wellbeing Strategy 2022-2027, which will support environmental and climate strategies, for example, the 'Cool Wirral 2' partnership strategy to tackle climate impacts.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The activities that will be led and delivered by Wirral CVS will improve the health and social outcomes of some of the borough's most vulnerable residents. This will allow trusted, third sector organisations to increase the capacity of their services and support those communities most in need.

REPORT AUTHOR: Bev Morgan,
Chair, VCFSE Senior Leaders Network and CEO - Koala NW
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Gareth Prytherch

Chief Executive, Wirral CVS
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APPENDICES

Appendix 1 - Presentation – Wirral VCSFE sector: Role in Place based system
Appendix 2 - CVF Coming Together Plan

BACKGROUND PAPERS

N/A

SUBJECT HISTORY (last 3 years)

N/A

Wirral's VCFSE sector
Role in the Place based system

Gareth Prytherch, CEO,
Wirral CVS
Bev Morgan, CEO,
Koala NW and Senior
Leaders Network Chair

Wirral
COUNCIL FOR
VOLUNTARY SERVICE

Who are the VCFSE sector

Voluntary

Community

Social Enterprise

Faith

Constituted

Unconstituted

Charity, CIO, Company Limited By Guarantee

Wirral COUNCIL FOR VOLUNTARY SERVICE

About Wirral CVS

Wirral CVS is a charitable incorporated organisation (CIO) established
by and **for**
Wirral's Voluntary, Community, Faith and Social Enterprise Sector (VCFSE).

Any VCFSE organisation in Wirral can become a member, at no cost, and help shape and drive what the organisation does.

Wirral Health and Wellbeing Strategy 2022-2027

WIRRAL PLAN 2021 – 2026

EQUITY FOR PEOPLE AND PLACE

To create equity for people and place and opportunities for all to secure best possible future for our residents, communities and businesses.

Brighter Futures	Inclusive Economy	Sustainable Environment	Safe & Pleasant Communities	Active & Healthy Lives
AIMS				
• Break the cycle of poor outcomes. • Reduce educational attainment inequalities. • Raise the aspirations of all our children and young people.	• Deliver regeneration, transport and growth ambitions. • Create Community Wealth/Social Value. • Create jobs and support local businesses. • Develop quality, affordable and sustainable homes. • Prevent and relieve homelessness	• Respond to the Climate Change emergency. • Protect our cherished local environment. • Improve street cleanliness. • Support and promote active travel networks.	• Work with partner agencies to reduce crime and tackle anti-social behaviour. • Tackle rough sleeping and homelessness. • Deliver everyday neighbourhoods services to the best possible standard.	• Work with partner agencies to improve mental wellbeing. • Encourage active living. • Support people to live independently. • Deliver public health services and actions to improve wider determinants of health. • Tackle health inequalities.
DELIVERABLES				
• Develop a prevention programme. • Deliver the Transformational Partnership Accommodation Strategy. • Build the 'early help and intervention' offer. • Deliver the School Asset and Sufficiency Strategy. • Deliver the SEND Strategy.	• Deliver the Local Plan. • Deliver the Economic Strategy 2026. • Deliver the Birkenhead 2040 Framework. • Deliver regeneration enabling strategies. • Deliver transport strategies and regen/ active travel projects. • Deliver the Community Wealth Building Strategy. • Deliver the Homelessness Strategy	• Deliver the Climate Emergency Action Plan and Cool Wirral 2 Strategy. • Progress the major LED replacement scheme. • Implementation of major capital infrastructure investment which supports Wirral Highways and Infrastructure. • Deliver the Cycling and Walking Programme.	• Deliver the DRIVE programme. • Begin design of new Neighbourhoods model. • Deliver the new libraries model and strategy. • Deliver new Sports and Physical Activities Strategy. • Deliver the Community Safety Strategy. • Ensure Culture and Learning is embedded in the heart of communities.	• Lead the strategic and operational Outbreak Management Plan. • Launch the Health Inequalities Strategy. • Develop a new leisure offer. • Develop a new adult social care model. • Deliver against the Prevention programme.
PERFORMANCE MEASURES				
• Increase in children making expected progress educationally. • A closing gap in educational achievement. • Increase in children ready for school. • Decrease in rate of looked after children in Wirral. • Children in Need rate per 10,000 0-17 population. • Increased success of the early intervention family programme.	• Value of investments secured • Hectares of Brownfield Land remediated/ regenerated. • Number of jobs created and safeguarded. • Claimant Count (reduction) • Business Count (increase) • No. of affordable homes delivered. • Reduction in those living in temporary accommodation.	• Increased recycling • Reduce the overall collected general waste (non-recycling) per household • Increase energy efficiency in Council owned buildings • Improved biodiversity, through tree planting, rewilding and natural regeneration. • Increase in active travel, including walking and cycling. • Improve ratings for our designated nature sites	• Decrease in anti-social behaviour • Reduction in the number of crimes reported to the police • Reduce first time entrants into the Youth Justice System • Reduce the incidents of repeat domestic abuse reporting. • Increased library usage.	• More people are supported to remain independent in their own homes. • Care, health and support services are joined up and responsive. • Fewer admissions to hospital or long term care. • Number of home adaptations completed. • Proportion of residents living in suitable housing. • Increase in people using Council leisure facilities.

CROSS-CUTTING STRATEGIES AND STRATEGIC PROGRAMMES

1. Wirral Local Plan 2020 – 2037
2. Health Inequalities Strategy
3. Healthy Wirral Plan
4. Prevention Programme
5. Community Wealth Building Strategy
6. Economic Strategy
7. Affordable Housing Plan
8. Homelessness Strategy and Rough Sleeping Plan
9. Active Travel Strategy
10. Neighbourhoods Model
11. Climate Emergency Plan
12. Digital Strategy
13. Community Safety Strategy

Wirral COUNCIL FOR VOLUNTARY SERVICE

What do the sector bring to Place?

- **Innovative solutions to urgent and long term health issues** e.g. **Koala NW** Sleep service – *reducing demand for medication*, **Wirral Multicultural Organisation and Wirral Change** and **other VCSFE orgs -** *engaging hard to reach people to take up vaccines or screening such as the Covid vaccines, smear tests, flu jabs.*
- **Solutions to reduce pressure on the system** e.g. **Age UK Wirral's** hospital discharge programme, **Citizens Advice Wirral's** Social Prescribers - *reduce the number of GP appointments taken for non medical issues*, **Ask Us Wirral** Information and advice service dealing with financial and debt issues – *reduce anxiety and depression*, **One Wirral CICs Staffbox –** software to support flexible working pools

Wirral COUNCIL FOR VOLUNTARY SERVICE

Sleep Support Service

Delivery organisation: Koala NW

Purpose: Sleep Management service for 200 parents of a child who is autistic and has a sleep disorder

Overview: Accredited Sleep Practitioners offer one to one support or through a 6 week course and take a behavioural approach to prevent children being put on melatonin prescriptions, or for those already prescribed the medication so the dose can be reduced or stopped altogether

Funded: Beyond Transformation fund

Sleep Support Service

Impact of the service:

- 93% of the child/ren sleep better
- 50% reduction in melatonin use or stopped (already using melatonin)
- 70% not using melatonin do not want/need to start melatonin
- 96% have improved wellbeing – attention, behaviours, school attendance
- 96% Improved parenting – confidence, positive behaviours, boundaries, routines

Cost of Melatonin prescriptions for children and young people in Wirral from April to August 2022 was £295,000

What do the sector bring to Place?

- **Delivering health services** e.g. NHS Talking Therapies Counselling services – **Wirral Cruse** and **Age UK Wirral**, Alcohol and Drug services – **Change, Grown, Live**, palliative care services - **Wirral Hospice St John and Claire House**, cancer pre-hab and diabetes pre-hab services – **One Wirral CIC**, HIV testing and health services – **Sahir House**, Compenaros mental health crisis café – **Spider,** Maternity discharge service – **Wirral Multicultural Organisation**
- **Preventative programmes** e.g. Little Lungs respiratory project – **Koala NW, s**upporting people with a learning disability access health services – **Wirral Mencap/One Wirral CIC/Together we are Able,** Community Connectors supporting people to live well in their communities - **Involve NW, and everything our sector does!**

Wirral COUNCIL FOR VOLUNTARY SERVICE

Spotlight on Maternal health

Ethnic Minority Hospital Advocacy Discharge service

Delivery organisation: Wirral Multi-Cultural Organisation (WMO)

Purpose: To support patients from Ethnic Minority Backgrounds – to have timely safe discharge from hospital back into the community and prevent unplanned readmission.

Overview: EMHADS staff refer to WMO's health and well-being team, Community Development Team, to ensure any needs patients have in the community can be support and other services can be facilitated via interpreters where this is needed.

Funded: NHS Cheshire and Mersey

Spotlight on Maternal health

Case study:
Social Care requested an advocate for a **mum with young daughter and has 28 weeks pregnant and has seeking asylum**.

WMO made urgent maternity appointment with Midwife and scan. Mum has 28 weeks pregnant but baby has in distress, so delivered by C-section.

WMO provided translation services, bought clothes for mum and a cool bag and other equipment to be able to express safely when travelling to the neo-natal ward to visit the baby.

Liaised with organisations on mum's behalf - Social Care, Alder Hey Hospital, Neo natal unit, GP and hotel staff.

Outcome: Mum and baby both **safe and accessing health services** they need and community services helping to maintain good health and preventing worsening health and hospital readmission

What do the sector bring to Place?

Partnership programme/delivery models including

- **Family Toolbox** organisations wrapping round the Children and families to deliver services that improve children's and families health and wellbeing
- **Ask Us Wirral** information and advice service
- **Women's Health Network** – facilitated by One Wirral
- **Mental Health Alliance** delivering innovative projects to improve people's mental health and wellbeing
- **Neighbourhood programme** development

Wirral COUNCIL FOR VOLUNTARY SERVICE

Flourish Wellbeing Hub

Delivery organisations: Citizens Advice Wirral, Change, Grow, Live, Age UK Wirral, Wirral Mind and Involve NW

Purpose: Social Prescribing Hub that provides a holistic approach to dealing with patients and residents non-medical needs

Overview: Hub offers a range of group and one-to-one services including welfare and debt advice, Community Connector and Social Prescribing support, Mums mental health groups, Dementia groups, Drugs and Alcohol services, Counselling and Talking Therapies, Employment support.

Funded:
Funding for the premises is from NHS Property services
over £1/2 million in kind support (rent or service charge)
Activities funded by a range of sources gained by the 5 organisations

What could the sector bring to Place?

- **Delivery of more preventative services to reduce pressures on the system** *e.g. prevent unnecessary hospital admissions, reduce the number of GP appointments made for non medical issues including loneliness and isolation, support people to overcome non medical issues that are preventing them for being discharged from hospital, helping prevent mental health crisis reducing pressure on the need for in-hospital admissions*
- **Reach into communities** and **people who are hard to reach**. *Range of organisations in our sector, and our position of trust with communities help us reach residents statutory organisations may struggle to reach*
- **Support strategic planning and decision making** *to make Place and Place organisations more relevant and impactful for Wirral*

Wirral COUNCIL FOR VOLUNTARY SERVICE

Sector successes to date

- Coming Together Strategy
- Wirral Mental Health Alliance development and work programme – *data workstream will help demonstrate the impact on the system such as on demand for mental health support*
- Partnership working to support the delivery of the **Neighbourhoods programme**
- Representation mechanism up and running – over 20 members elected to represent the sector to date across at around 15 meetings / committees / partnerships
- Reimbursement mechanism secured for ICS Place Representatives

Wirral COUNCIL FOR VOLUNTARY SERVICE

Future outcomes/asks for Place to consider

- Place partners involvement in the Neighbourhoods programme
- VCSFE involvement in Winter Pressures preparation and longer term Hospital Discharge planning
- Focus on Place and neighbourhoods programmes, as well as acute system issues

- Consider how much of your current work is delivered

(i) Directly and (ii) in partnership with the VCFSE

Can more be done with the VCFSE? Do you know what added value the sector offers? What would you like the sector to do to support the system

Wirral COUNCIL FOR VOLUNTARY SERVICE

Why communities need a strong VCFSE sector

- Well placed to respond to social challenges.
- Vehicle of powerful human endeavour.
- Potential to build bridges and unite people
- Trust - meeting high standards of conduct and behaviour
- Local roots (localism) - participating in local communities and able to connect with, and establish links between, local people
- Experts - expertise in how to deliver for the public
- Speaking out (voice) - providing a voice for the most vulnerable.

Figure 1 How the public benefits from charity

Source: Frontier Economics

Questions

Wirral
COUNCIL FOR
VOLUNTARY SERVICE

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CVF Coming Together Plan

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Introduction

This plan has been developed by Wirral's CVF sector, mainly through the Communities of Practice Group, Sector Leadership Network (formally Chief Officers Group), and Humanitarian, BAME and Faith cells. It is a high level plan that requires more coproduction work along with system partners to further refine; however the pillars and themes identified are based on the opportunities we see and want to shape for Wirral as well as the challenges we believe we face as a sector and Borough.

One of the many strengths of the CVF sector is its agility and therefore we recognise that this plan may adapt over time in harmony with how relationships and communities change; we are willing to review, learn and improve on our journey.

Infrastructure

What do we mean by infrastructure?

The role of local infrastructure organisations takes many shapes and forms, but they generally exist to serve a common purpose - to ensure that voluntary, community, faith and social enterprise organisations get the advice, support and representation they need to improve the circumstances of the people and communities they work with. They generally do this in a number of ways:

- they **identify and fill the gaps in existing provision** by monitoring the services provided by the third sector in its local area and **working with new and existing groups around health creation and address unmet needs** in their communities.
- they raise standards by providing access to **information, advice and support to local groups and organisations** in order that they have the knowledge, skills and resources they need **to support the local community**.
- they **enable communication and collaboration** by encouraging local groups and organisations to **share resources** and to work collaboratively and establish forums for networking where they can **share good practice and form partnerships** through which new activity can be developed.
- they provide a mechanism through which the **diverse views of local groups and organisations can be represented** to local public sector bodies. They also enable two-way communication so that the local sector is involved and can contribute to policy developments and decision-making.

- they **promote strategic involvement** in local policy making and planning, **ensuring that the sector is represented and involved in local decision-making bodies**, and actively work with representatives to ensure they keep on top of key local issues.

Local Architecture of the CVF Sector

Wirral has a number of forums and networks that have been pivotal to the development of this plan and the new coordinating body. These groups and forums serve a purpose in the architecture of infrastructure.

Mobilisation

Integral to a new way of working, is the requirement for an independent, trusted CVF led organisation to provide support, connect, facilitate and to enable the voice of the CVF sector in Wirral to be heard within Liverpool City Region and Cheshire & Merseyside. This new body would act as a flexible coordinating organisation as well as a vehicle for funds to flow through to create pace and agility for local organisations and communities to do more of what they do best.

The CVF sector have already united around this need and the new organisation Wirral CVS has been created.

Wirral CVS would also play an independent critical role in championing the values and benefits of a thriving collaborative CVF sector as an equal partner within the borough. These shared values include:

- a belief in collective action
- social justice and making a positive difference to people's lives
- taking a holistic approach to people's needs
- empowering people and making voices heard
- building social capital and reinvesting financial surpluses for community need
- putting communities first
- promoting health creation and tackling inequalities
- being open, honest, trustworthy and transparent in everything we do
- operating ethically and with the highest standards of integrity.

Threats to these shared values also jeopardise the independence of voluntary organisations and the sector as a whole. These include:

- the 'top-down' nature of the relationship between government and the voluntary sector
- funders preventing legitimate campaigning, lobbying and advocacy either directly or implicitly
- funders influencing the activity and direction of voluntary organisations
- voluntary organisations relying too heavily on one source of funding or contract
- perceived pressures to become more like a business, rather than more business-like.

Individual voluntary organisations, and the sector as a whole, must hold onto their values and continue to operate independently of state. This independence and these values give users and donors confidence in services and advocacy. They enable us to challenge government and speak up for individuals and communities who might not otherwise be heard. In short, the sector's independence and values are vital for democracy (NCVO, 2020).

Wirral CVS would be responsible for facilitation and delivery of the coproduced CVF and communities plan and would be required to provide support in line with the NAVCA performance standards of a local infrastructure organisation:

Development: Working with the local community to create and develop ways to meet the needs and aspirations of people in their area.

Liaison: Bringing people together from all kinds of voluntary and community groups, to make connections, share what they do and support each other.

Support: Encouraging local voluntary organisations and community groups with tools, information, and practical expertise, so they can be the best they can be.

Representation: Making the case for, and speaking as the trusted voice of, the local voluntary community with local councils, NHS, government and others.

Working in partnership: Connecting with local initiatives and partners, and working together on local projects, to share knowledge and resources or the benefit of the local community, voluntary organisations and community groups.

This organisation would be accountable to the CVF sector through its board of Trustees for the organisation, appointed from the membership, who set the strategy and direction. This new organisation would be a key strategic partner within the Borough, supporting with policy changes and translation into local action. It will actively look for and share best practice in Wirral and beyond.

The sector are united in wanting a local infrastructure organisation to ensure connectivity, facilitate collaboration to innovate and secure investment in Wirral; be that attracting new funds or getting the most out of funds already within the borough through the social value agenda.

The new organisation would:

- Work with partners to embed ABCD in the ways in which it designs and delivers
- Be as lean and efficient as possible, using digital technology where possible but not exclusively
- Use data and insight to drive innovation
- Be inclusive
- Champion the CVF Sector in Wirral locally, regionally and nationally
- Build trust in its character and competence
- Be CVF Sector designed, developed and led

CVF and Communities Plan

This plan delivers on four key pillars and four cross cutting themes that will improve CVS and community development:

Four Key Pillars

1. Influence and voice
2. Co-create and working together
3. Health Creation
4. Volunteering

Cross-cutting themes

1. Developing the right culture and conditions for collaboration
2. Improving focus on data and insight
3. Continual learning
4. Knowing our strengths and building capability

Influence and Voice

Wirral's CVF sector is diverse and vibrant; there are many organisations and citizen associations that work with local people and in neighbourhoods attributing to economic, environmental and social sustainability. However they cannot do this alone, they work with communities and with statutory organisations to gather and share insight as well as providing effective and efficient services. This valuable insight helps design local policy that works with communities not against so we must enable and support ways that this can happen and these voices to be heard.

Key areas for development	Why is this important?	How do we make this happen?	How can our partners support?
Creation and facilitation of the coproduced **representative mechanism**, ensuring the CVF sector have involvement at all levels in planning and policy across the system and wider partners.	It would be impossible to have the entire CVF sector involved in every discussion due to volume of organisations and capacity required. Therefore a mechanism is required to share these roles so the sector has a voice and conduit but without being overburdened. The sector needs to be confident that the mechanism works and communication flows freely to further develop trust and collaboration. The mechanism must be effective but without too much bureaucracy which could exclude smaller organisations. It must be a supportive mechanism to engage and involve organisations of all sizes. Organisations must use their beneficiary groups and networks to ensure citizen voice and reach,	• Agree and communicate new mechanism • Recruitment and ongoing support of representatives. Organisations must support each other smaller/larger • Develop robust and effective two-way communication channels • Regular review involving all and a commitment to quality improvement • A Co-ordinator role to support with coproduction, implementation, ongoing co-ordination and review/improvement • Be mindful of digital	• Work with the CVF to coproduce the mechanism and fully engage with it. • Be clear when it's an organisational representative or a CVF representative required and if the latter go via the mechanism so we can offer these roles to many rather than the few, this develops CVF leadership skills • Consider funding to enable representatives from all size groups to participate. Often only larger groups are able to find ways to spare some time away from their organisation to attend meetings/events.

	adding value and depth through lived experience to the role of representative. We also recognise that not all organisations will want to or have the capacity to represent but we must still ensure that they are connected and well informed of everything that is going on.	exclusion and ensure inclusive ways of working	
Creation of **communities of interest**, be that a neighbourhood or a thematic group to aid collaboration and gather wider community insight around specific topics.	Gaining a better understanding of who is doing what locally facilitates increased collaboration and better use of skills and resources. Additionally such networks provide peer support, sharing of good practice and relationship building.	• These communities of interest would provide additional CVF and community infrastructure in addition to the communities of practice groups (both ABCD champions and CVF senior leaders). • These communities of interest would grow over time and find the best way for them to connect such as email groups or virtual or face to face meetings. The format would be self-determined but support would be provided by the new organisation.	• Support to link people from across the system into these communities of interest groups. • Involvement and recognition in the role they can support with for engagement activities. • The opportunity to collaborate with partners on key initiatives and considerations to investment required within these networks.

Co-creation and Working Together

Co-design is an attempt to define a problem and then define a solution; co-production is the attempt to implement the proposed solution; co-creation is the process by which people do both.

By adopting a co-creation approach to how we work together we can help ensure that resources are used to develop the services that people really want. CVF organisations are able to reach into communities and support people with lived experience to participate in such activities. The CVF sector also play a key role in implementation and through co-production we can use our strengths as a collective and share the risks and successes.

*'Co-production is simultaneously **an activity, an approach and an ethos** which involves members of professionals and the public working together, sharing control and responsibility across the entirely of a project'*

We also need to develop ways in which the CVF can work together and with external partners; as we know we can achieve more if we work together. We need to work together to define how coproduction would work in practice.

Key areas for development	Why is this important?	How do we make this happen?	How can our partners support?
Develop innovative ways to help colleagues across the system **understand the CVF sector**, for example create an online induction module for all public sector staff and Cllrs explaining what the CVF sector is and does; what co-production is and why it's important; introduce volunteering and representation	The CVF sector is fluid as it shifts and moves with communities, this can be difficult to keep up with and understand. Plus partner organisations have a regular turnover of employees, elected members and/or other members/non-executive directors so it's important that we provide this introduction to the CVF sector regularly.	• Develop an online module for all Cllr, staff and volunteers to learn about the voluntary sector and vice versa • Make opportunities for partners to have volunteering days with CVF organisations mandatory as part of their	• Mandatory inclusion within induction training and at all levels within the organisation. • Support for volunteering • Feedback/work with us – what would help you understand the CVF sector?

		development	
Work with commissioners to develop **coproduced commissioning** which builds on trust, collaboration, openness and transparency rather than traditional methods that are competitive and divisive. Offer **grant funding** where appropriate. **Equally value our sector** by providing cost of living rises for contracts in line with statutory rises. **Support sustainability and ability to attract additional investment** through longer term contract and funding arrangements.	Current commissioning and procurement processes are divisive and have a detrimental effect on our desire to build relationships across the CVF. We have to modernise approaches; we too are very experienced around accountability in relation to public funds and we have to start from a position of trust and build on what's good and works. The CVF sector should be able to influence commissioning decisions by showcasing good practice and raising awareness of existing organisations as well as identifying gaps.	• Contribute to collaborative bids and provide our skills and strengths • Be open to efficiencies and sharing resources differently • Shift away from a 'look after yourself approach to commissioning' • Build smaller organisations into the supply chains of larger	• A commitment to finding ways to commission and procure differently in a way that is more sensitive to the CVF sector and that complements efforts to build relationships • Working/commissioning/providing grants in a more joined up way and being more fluid will focus effort on what's important and release efficiencies for both organisations and grant/contract managers.
Develop a **strategic funding group**, uniting system partners in identifying opportunities for investment and putting Wirral on the map using our local assets and skills. This group will lead on bids and applications for Wirral as a collective.	Let's be ambitious for Wirral and build on our skills, strengths and creativity as a whole system to maximise funds into Wirral. A more joined up approach would place us in a much stronger position but at present this lack coordination and happens more	• Provide leadership around this agenda • Build on the strengths within the borough • Proactively work on equity and wider distribution	• Participate and channel opportunities through this group • Provide tools, data/information and skills to help develop bids and plans

	by chance than design.		

Health Creation

Through enabling collaboration, reducing duplication of effort, maximising skills and value and sharing best practice we can achieve health creation and tackle health inequalities. Language is important therefore we would rather adopt the term health creation than tackling health inequalities.

Key areas for development	Why is this important?	How do we make this happen?	How can our partners support?
Using systems to **dynamically map new organisations and services** to understand health creation and share this with connectors and other signposting organisations.	There is a significant amount of activity within the borough looking at health inequalities but we haven't collated this into one place. Until we know what we have, how can we know where the gaps are or what we can build on? Info-bank would act as the starting point for this exercise.	• A specific piece of work would be required using connectors, networks and CVF organisations to contribute to our health creation map for Wirral ensuring it covers the wider determinants of health	• Share these messages • Support with skills to enable this piece of work
Have a **CVF catalogue** of organisations who wish to collaborate and their area of interest/specialist.	Services and initiatives change frequently and it's difficult to keep track. Infobank provides a useful resource to members of the public but it doesn't contain the relevant information that would support CVF collaborations.	• Manage and continually develop the catalogue based on CVF feedback • Link with the new Family Toolbox Website • Use this resource to identify partners and collaborators	• Identity a CVF lead/champion in each organisation/department (depending upon size) who can act as a link to enable collaboration across sectors

Ask our system to **adopt the same health creation priorities as their social value framework** when commissioning – will give extra support as part of existing expenditure/commitments	Social Value is now very much on the agenda and is a good way to make the most of procurement activities through asking bidders to help us with certain areas around environmental, economic or environmental impact. If system partners adopt the same social value framework we can create bigger impact in fewer areas. If we target areas for health creation then this extra activity also moves us in the right direction.	• Support and facilitate conversations to develop a shared social value framework • Support CVF organisations to help measure social value	• Adopt a system wide social value framework and consistent approach to monitoring • Work with the CVF to explore how partners can also deliver social value such as volunteering schemes, salary sacrifice
More and longer term investment is needed in prevention if we are ever to stop 'fire fighting' Agree some **consistent prevention messages** that the CVF can adopt. Together we can have greatest impact.	Let's start to think longer term and be braver in how we approach prevention. We have had strong messages in the past for example 5 ways to Wellbeing which many organisations continue to use. If we are included within system communication strategies then we can play our part in getting these messages to all parts of our community.	• A dedicated role to support communication within the CVF sector but also to support CVF organisations to share agreed messages across their communities and networks.	• The opportunity to be involved in communications planning around health and wellbeing and community activities. • Clear messaging and support to adopt these • Plain language and accessible to all

Volunteering

A central organisation to support volunteering is needed for Wirral to support individuals looking to volunteer and organisation to involve volunteers. Encouraging volunteering within Wirral will improve people's health and wellbeing, will enable more social action and increase community spirit and feelings of purpose and belonging.

Locally rooted community organisations play a unique role in tackling local unemployment. They are direct providers of jobs and volunteering opportunities in areas facing some of the greatest challenges; they provide tailored and sensitive employment support for their community; and they take a strategic role in supporting local economic development (Locality, communities work report). This is of particular importance in post-covid jobs recovery as neighbourhoods with existing employment problems are more than twice as likely to be at high risk of covid related job losses.

Volunteers are a huge asset to Wirral and they take on varying roles across the CVF sector, some informal that don't require training, could be one-off or more flexible; and formal where a regular role is taken and training provided.

Key areas for development	Why is this important?	How do we make this happen?	How can our partners support?
Make it everyone's business to **value Volunteers**	Volunteering is valuable to both those who volunteer and those who receive support from volunteers so we need ways in which we can recognise people's individual journey and celebrate this.	• Agree a consistent tool for measuring volunteer outcomes. This tool can help people to understand their journey • Organise a joined up awards ceremony using the categories from the tool above so everyone is recognised	• Open up training you have to staff and volunteers within CVF organisations Support the volunteering Recognition Event through venue, funds or event planning skills
Work smarter around **promotion of volunteering** in Wirral and enable access to all	CVF organisations can feel at a disadvantage as they cannot complete with larger organisations	• Have a brand for volunteering in Wirral, almost like an accreditation	• Sign up to and promote this brand

		'time to give Wirral', create a logo which every organisation that involves volunteers can use. The volume of organisations using it will mean it becomes a beacon for volunteering so people know volunteers are valued here and i	
Further develop '**the volunteer family'** approach which provides volunteers with the feeling of a safe family unit; a supportive environment that gets the most out of people in a personalised	Wirral needs a modernised support offer around volunteering that capitalises on the surge in volunteering seen during the pandemic and embraces new approaches that local organisations are taking.	• Provide practical support – DBS, training, an email group for volunteer managers to ask questions and share information • Developmental support – mobility across organisations, working with DWP and training their advisors	• Support mobility so volunteers can spend time with smaller organisations • Open up training opportunities • Share best practice
Encouraging **volunteering with public sector colleagues** and facilitate connections.	More local organisations are now encouraging their employees to give something back by volunteering however this can prove to be difficult to coordinate without knowing what's available and how to get the most out of people using their skills and strengths. Some organisations such as DWP	• Provide a one stop shop for people looking to volunteer and broker these discussions between the individual and the organisation based on strengths and impact. • Facilitate regular	• Senior leaders and Elected Members to spend a day with a local organisation to build understanding and 'get a feel' for what it's like on the ground

	have a key role in supporting people into volunteering but people in receipt of benefits are often worried about volunteering. How can we adopt a consistent message that truly encourages and facilitates.	conversations with key partners such as DWP around volunteering	

Cross Cutting Themes; our enablers

1. Developing the right culture and conditions for collaboration

Culture and behaviours are fundamental to success but also the most difficult to effect. If we are to truly work together there must be a real commitment to addressing cultural issues and behaviours that have a detrimental impact on relationships. **Trusting relationships are required** and will need to be built over time in a cognisant way. Transparency helps build trust; we may not always agree but at least we understand the rationale or pressures/constraints that people are working in.

System values also need to inform behaviours if we want to move in the same direction. Having a **standardised set of behaviours** will help people understand what is and isn't acceptable and we need to be able to **respectfully challenge behaviours** that sit outside of what has been agreed. This will require real buy in from all systems partners at all levels, through pledges and these pledges brought to life in how they work with CVF organisations both strategically and operationally.

Wirral's CVF sector would like to **lead the coproduction of a charter for the Wirral**, which will set out the necessary agreed behaviours to be adopted across the system and how we manage conflict. This will also be an important element of how we work within our place based partnership.

The CVF sector through the creation of this plan have agreed to work hard at building trusting relationships and 'leaving any cynicism at the door'. **We are committed to working in a way aligned to such a charter**, be brave and be challenged if behaviours are experienced not akin to what we have agreed.

CVF Champions within every department within the Council and wider partners would create new links and foster a better understanding of the CVF Sector and as a result, better working relationships.

2. Improving the focus on data and insight

Over recent years we have made improvements in feeding data collected by the CVF into the Wirral Observatory but there is still more than could be done. This will provide more depth to the Wirral picture and will help design local places and services.

Data and insight gathering collectively with CVF sector organisations can be **used to influence planning and commissioning**, improving the design process and in turn outcomes.

Implementing data collection methods and analysis is a specialist role that often CVF organisations are unable to embed within teams due to funding, the weekly amount of time required and time from the organisation. The only way to facilitate better data collection and analysis across the CVF would be to have **a role that supports across the sector**.

Integral to this plan would be a dedicated role, specialist in data gathering and analytics who can not only support organisations to improve impact measurement but can also collate and demonstrate collective value. This role would sit within the new coordinating organisation Wirral CVS, **working closely with BI colleagues across the system.**

Although the CVF sector are keen to develop ways of evidencing impact/change; this **information/data collection needs to be meaningful and relative**. More flexible approaches were adopted during covid which seems to work well for both commissioners and providers, therefore it would seem sensible to continue with this or be willing to look at new ways of working.

Individually we measure impact, sometimes this can be more focused on the requirements of funders or commissioners and not always based on what organisations actually achieve. We need to get better at measuring real impact and by combining our efforts we can highlight the role and importance of the CVF Sector in Wirral. As part of exploring new approaches the CVF sector are interested in **identifying a methodology for collective impact reporting** for the CVF sector.

3. Continual learning

Often it feels as though we have 'done this before' so it's important that we learn from the past, what worked well and what not so well. **Learning lessons means we don't make the same mistakes again**. By looking at what has been done in Wirral and other areas we can guide our work, for example Wirral Volunteering Standard was created but never fully rolled out/adopted. What can we take from this standard and experience in the next stage of our journey?

We also need to give **permission to fail**; this breeds creativity and shared responsibility; **if we fail, we fail together**.

4. Knowing our strengths and building capability

Wirral has a huge amount of **skills and experience within our combined workforce** across the sectors that we should make every **effort to understand, connect and utilise**. By having a better understanding of how we can work together and make the **best use of our skillsets**, we can be **more effective** at influencing and shaping local plans.

This approach needs to be built into **how we encourage and support volunteering** and other aspects of the plan through shared training and development opportunities such as **networking, mentoring and coaching**.

By providing **system multi-disciplinary training** opportunities some of which CVF organisations can deliver if funding was provided is one way in which we build on our strengths. Could preferential opportunity be given to **Wirral organisations to provide training** so we can retain funds within the borough and further **support our CVF sector and wider economy**.

Budget

It's important that we learn from the past and ensure we provide enough investment to the CVF sector to support delivery of this ambitious plan and that this is sustained. The amount requested has been benchmarked against the investment given by grant in aid from Sefton Council to Sefton CVS, £500k per annum, as well as inclusion of a fund to allow CVF colleagues to represent the sector without their own organisation being disadvantaged. Again, a model used in Greater Manchester with much success.

Recommendations

- Recognition and endorsement of Wirral CVS is requested of system partners from the CVF sector
- Endorsement of the CVF plan and to work together to identify and secure an appropriate level of funding to be allocated
- Commitment to meaningful codesign with the CVF Sector
- A named link/champion within every partner organisation to support the above points

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WIRRAL

WIRRAL PLACE BASED PARTNERSHIP BOARD

28th September 2023

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

REPORT SUMMARY

At July's meeting it was reported that the Unscheduled Care Improvement Programme continues to make significant progress in delivery of the key programme milestones. This progress has again continued across its 5 workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme success is a sustained reduction in the No Criteria to Reside (NCTR) numbers where the Wirral system has been a national and regional outlier for a significant period. This has brought with it national NHS and Local Authority leadership scrutiny and an expectation for improvement, which we are now seeing. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at the July meeting.

Analysis of data since the previous report, shows a 'statistically significant' reduction in the number of hospital inpatients with NCTR (sentinel measure). In direct correlation with the improvement of the NCTR position, statistically significant improvement is also being seen in the Length of Stay (LOS) of both 14 and 21 days. The NCTR number has reduced from 171 in July to 124 in August. The progress made is reflected in Wirral's improved position in the Cheshire & Mersey ICS with Wirral moving to 2nd position out of 7 areas, where Wirral consistently was in bottom position at the start of the programme.

This improvement is directly related to the establishment and ongoing development of the Transfer of Care Hub - Discharge. The new hospital led model which was in shadow form from the 1st April 2023 and went live on the 1st July, established a 'single hospital led' leadership team aligned to the transfer of adult social care responsibilities back to the Local Authority. The Hub has been further embedding standardised daily workflow processes as the SOP's are developed. The impact of this is demonstrated by the NCTR number reaching 104 in August from improved flows of patients across the sector. In addition, all other programme workstreams have met milestones this month with the anticipated benefits of Home First, Care Market Sufficiency and Reablement creating further improvements to the NCTR numbers as they further develop.

The improved Wirral performance has been recognised by NHSE with the NHSE Head of Urgent Care and Winter planned to visit the Transfer of Care Hub – Discharge in September.

RECOMMENDATION

It is recommended that the Wirral Place Based Partnership Board notes the update.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 This report is to provide the Board with information and assurance on the work of the Unscheduled Care Improvement Programme for Wirral.

2.0 OTHER OPTIONS CONSIDERED

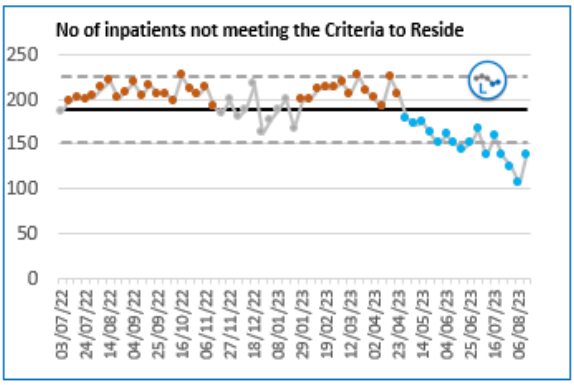
2.1 No other option has been considered as the report is at the request of the Board.

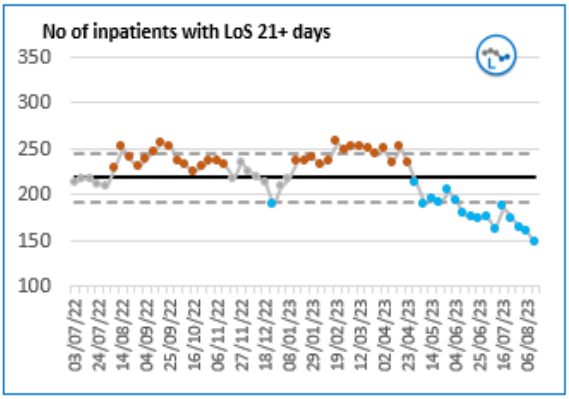
3.0 BACKGROUND INFORMATION

3.1 Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 27th July 2023, programme delivery has been progressing within the refreshed Unscheduled Care Improvement Programme.

3.2 The improved Wirral discharge performance has been recognised by NHSE with the NHSE Head of Urgent Care and Winter for Cheshire and Merseyside to visit the Transfer of Care Hub – Discharge in September.

3.3 Transfer of Care Hub - Discharge: Following the go-live of the new Transfer of Care Hub - Discharge on the 1st July, which coincided with Adult Social Care staff transferring back to the Council, there has been a significant amount of work undertaken. The focus has been on the delivery of the medium-term objectives, which include developing detailed Standard Operating Procedures for all processes, making changes to the Cerner system to enable the improved management of the patient discharge pathway, improved reporting and establishing an electronic transfer of care form to improve the assessment of patients and improving the time between the patient having no criteria to reside and discharge from hospital. In addition, work has started on staff development and the more practical elements of the Hub. Work is underway with the Wirral University Teaching Hospital (WUTH) Organisational Development team to develop a set of recommendations and development plan and with the Estates team to improve the workplace and Hub environment, developing the “control room” approach to the transfer of care. This activity will continue to contribute to a more effective way of working, improved performance and improved patient experience and outcomes along with improving Wirral’s performance against the NCTR metrics, given pre-April 2023 Wirral was a regional and national outlier in this area. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:





3.4 Transfer of Care Hub – Discharge shared governance arrangements will commence shortly with the monthly Quality Governance Meeting to meet for the first time in September.

3.5 The two enabling workstreams established, to support the implementation of the programme, which report into the Urgent and Emergency Care (UEC) Programme Board are well established and delivering their objectives.

3.6 Finance, Contracts and Commissioning Enabling Workstream Group (FCC Group): This group has been established to ensure that budget and commissioning intentions are aligned to well understood capacity and demand requirements and support the transformation work. The workstream is led by the Wirral Place Director and includes representatives from all partner organisations. The initial review of Unscheduled Care services is now complete and the output, the Wirral Service Development and Investment Plan Draft 23/24 and 24/25 now circulated with organisations for review and feedback.

3.7 Workforce Enabling Programme Group: The objective of this group is to develop a joined-up and sustainable workforce plan because many of the delivery projects include a strong reliance of having a robust and sustainable workforce. The group was established following the recognition that there is a potential for Wirral partners to work together smarter when planning and designing our unscheduled care workforce, especially during times of scaling up teams. The group is being led by one of the partner Directors of Human Resources and has input from all partner organisations. The group has now met twice, with all elements of all programme projects which relate to workforce deliverables and workforce related risks and issues identified, captured and discussed with the Group.

3.8 Progress against the programme and project metrics for the month of July:

- Programme Headline Metric NCTR - A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. This metric is captured as a snapshot on the first of every month. August's data shows a significant reduction from the previous month, from 171 on the 1st July to 121 on the 1st August meaning the revised target of 143 has been exceeded.
- As a direct consequence of the improvement of the NCTR position, improvement is being seen in other key indicators. Long length of stay (LLOS)

for patients who have resided in a bed for over 21 days has seen a notable reduction from 180 in July to 144 in August.

3.9 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.

3.10 Care Market Sufficiency - the care market sufficiency project aims to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. Both metrics cover all referral sources (e.g. community and acute). July's data shows that the target trajectory has been met for both the overall number of new hours picked up (3459 against a target of 3056) and the number of new packages accepted (281 against a target of 278).

3.11 Virtual Wards - the Virtual Ward project aims to double throughput on its 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. July's data shows a reduction in throughput on its frailty ward on the previous month, from 59 in June to 50 in July, therefore the target of 60 was not met. This was due to gap in the medical staff capacity with plans now in place to mitigate this. Throughput on the respiratory ward increased on the previous month, from 59 in June to 68 in July, however the target of 116 was not met. This trajectory is being reviewed given that the issue of not achieving the target is not a capacity issue it is demand driven, given the summer months see fewer patients admitted with respiratory illness.

3.12 The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred 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 July shows that, overall, there has been an increase in referrals accepted on the previous month from 91 in June to 95 in July, however the target of 101 for July was not met. July's data shows that referrals accepted from hospital have increased on the previous month however are under target (81 against a target of 91). July's data shows pick ups for CICC are above target (13 against a target of 10)

3.13 Wirral Reablement service are on track to agree the project level metrics. The Community Reablement Target Operating Model was endorsed at Adult Social Care and Public Health Committee on 13th June and the WPBPB meeting on the 22nd June 2023. This project has moved into implementation phase following the endorsement of the model and project plan is being developed.

4.0 FINANCIAL IMPLICATIONS

4.1 Patients who remain in hospital with NCTR have 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, at the right time, will bring about non-cashable efficiencies and improve quality and safety.

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 N/A

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.

7.2 All project risks are captured and monitored in a programme risk register within a single electronic programme management system. Risks are managed in line with the framework set out in the Wirral Place monitoring and control strategy. Risks are reviewed and updated on a weekly basis and where a risk is not able to be resolved within the project it will be escalated to the Unscheduled Care Programme Board.

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.

8.3 A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues.

8.4 A fortnightly SRO meeting is in place with the senior leads from each workstream.

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 environment and climate implications from the report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

REPORT AUTHOR: **James Barclay**
Healthy Wirral Programme Manager
email: james.barclay1@nhs.net

APPENDICES

Appendix 1 – Unscheduled care programme highlight report 29.08.23
Appendix 2 – C&M report for NCTR

BACKGROUND PAPERS

Cheshire and Merseyside long length of stay report

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Wirral Place Unscheduled Care Programme

Latest Narrative Update

Headline Metric (NCTR): A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. This metric is captured as a snapshot on the first of every month. August's data shows a significant reduction from the previous month, from 171 on the 1st July to 124 on the 1st August meaning the revised target of 143 has been exceeded.

Three out of five projects have now agreed their supporting metrics and are actively reporting (i.e. metrics that will lead to a reduction in the NCTR headline metric). The metrics for the Transfer of Care Hub (Discharge) have been agreed and continue to be progressed with build changes to Cerner now progressing to enable the capture and reporting of these metrics.

The care market sufficiency project aims to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. Both metrics cover all referral sources (e.g. community and acute). July's data shows that the target trajectory has been met for both the overall number of new hours picked up (3459 against a target of 3056) and the number of new packages accepted (281 against a target of 278).

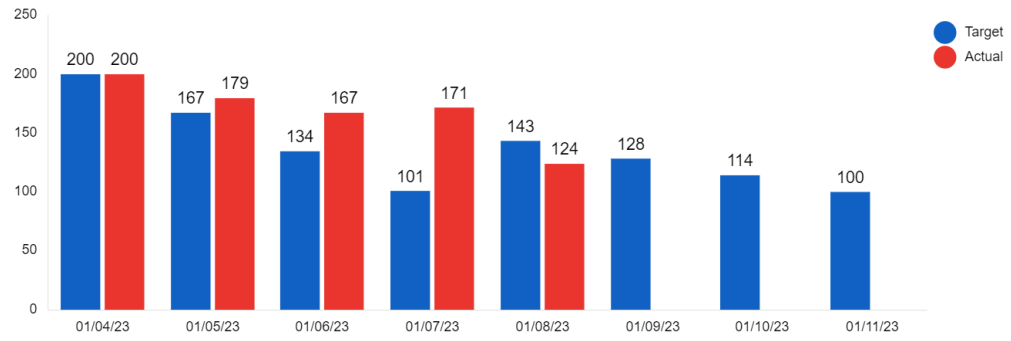
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. The trajectory for the respiratory virtual ward has been revised this month to reflect seasonal variation with throughput increasing from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. July's data shows a reduction in throughput on its frailty ward on the previous month, from 59 in June to 50 in July, the target of 60 was not met. Throughput on the respiratory ward increased on the previous month, from 59 in June to 68 in July, meeting the revised trajectory target of 60.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred 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 July shows that, overall, there has been an increase in referrals accepted on the previous month from 91 in June to 95 in July, however the target of 101 for July was not met. July's data shows that referrals accepted from hospital have increased on the previous month however are under target (81 against a target of 91). July's data shows pick ups for CICC are above target (13 against a target of 10)

Community Reablement are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SRO.

Progress against our headline metric

Acute Inpatients with NCTR



About our headline metric

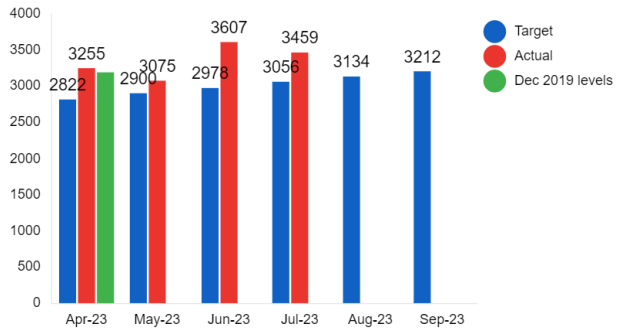
Our guiding measure of success is the number of acute inpatients with no criteria to reside (NCTR). People who remain in hospital without a criteria to reside are known to deteriorate faster than they would if they were in their normal home. It is for that reason that the system must work towards no more than 5% of acute beds being occupied by people with no criteria to reside.

At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

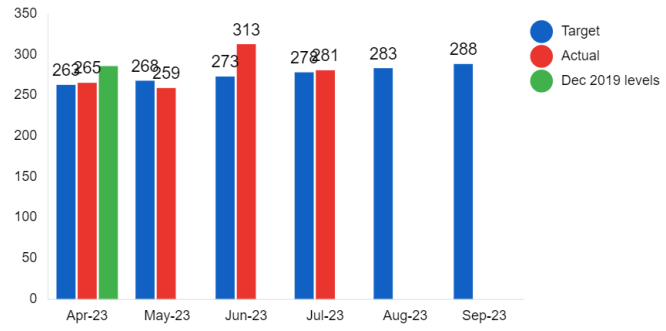
A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. The revised trajectory target is to reduce the number of beds occupied by people with NCTR to no more than 100 by 1st November.

Project-level targets: Care Market Sufficiency

Overall hours picked up

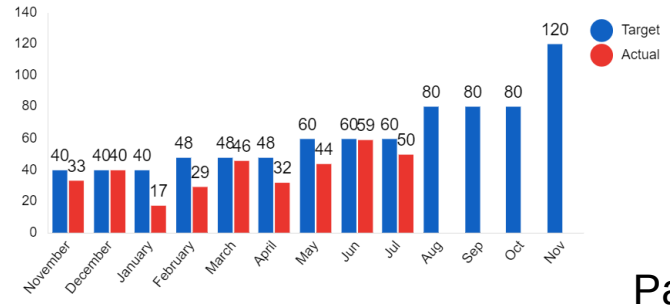


Number of packages accepted

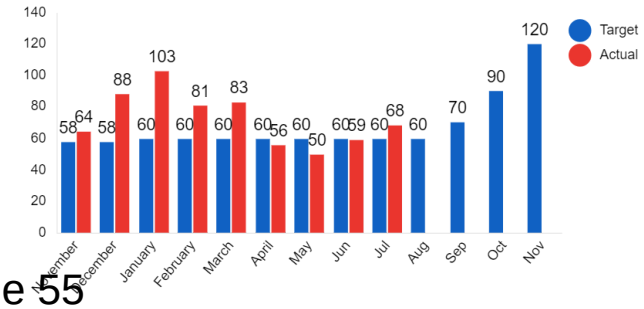


Project Level Targets: Virtual Wards

Frailty Virtual Ward - Patient Throughput

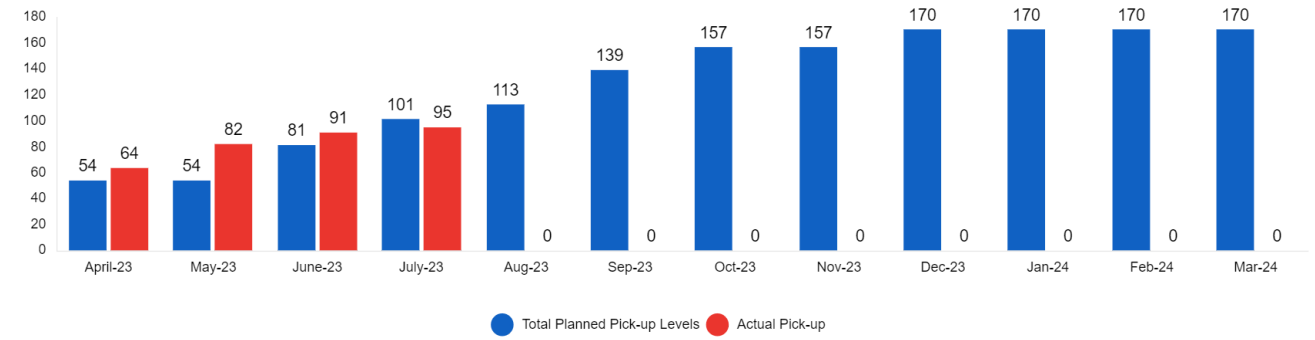


Respiratory Virtual Ward - Patient Throughput

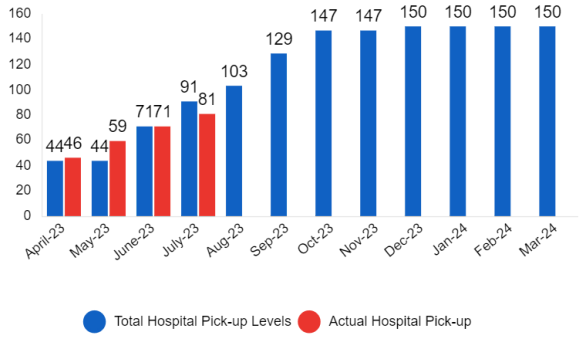


Project-level targets: Home First

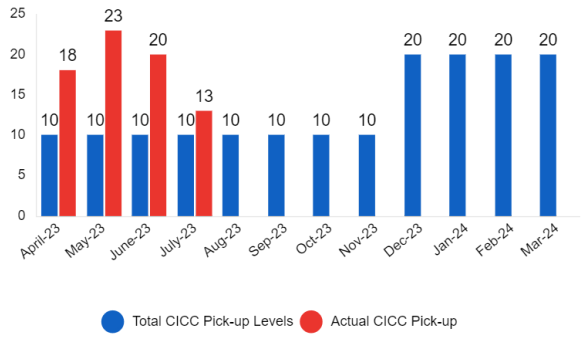
Overall Pick up target



Hospital pick-up targets



CICC Pick-Up Targets



Project level target: Transfer of Care Hub (Discharge)

Project level metrics not yet agreed

Project level target: Community Reablement

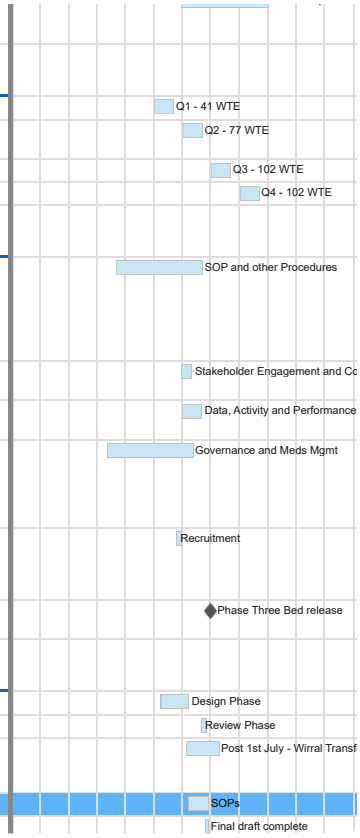
Project level metrics not yet agreed

Project Milestone Plans

Unscheduled Care Programme Plan

Primary	Milestone Progress	Start	Finish
Sheet Name **AbleMe - Project Plan (**			
Design Phase			
Implementation Phase		30/06/23	30/06/23
Sheet Name **CMS Plan V3**			
Brokerage Model / Capacity Tracker	Postcode Search now implemented	01/10/22	01/09/23
Social Work team to use Brokerage model for Care Home Placements.	Message to market to pick up placements using brokerage system only	23/09/22	31/08/23
Review of Brokerage system to include, targeted filtering (including geography) pre loading of Wirral rates/non Wirral rates and top up rates	Rebecca to review system to include targeted filtering/rates. Work underway with filters now in place and rates being updated. Workshop 22.8.23. Update next week.	18/07/23	31/08/23
MILESTONE: QIP Care Homes	Provider Improvement Policy underway which will go to Policy Board. Policy signed off at Board.	01/03/23	31/08/23
Care Home Contract and Policies	99% ready. Should be signed off early September and floated at the October provider forum.	23/09/22	04/09/23
Mental Health patient flow and capacity	JM met with DB some plans in place that are being worked through on a regional basis. Regional piece of work led by Darren. Strong links into Housing Market. Scheme in place in Hoyle Road to support MH Discharges . Further development of MH support including addition of 8 Bower Apartments in Birkenhead being used for step down, 5 new supported living providers and further discussions around the housing model, this will need some discussion around benefits. Escalation come in last week. 11 people. 8 vacancies available, but team not aware of. Availability shows on brokerage. Ongoing discussions with Darren Birks. Further work to be undertaken with MH teams. DL monitoring packages that are circulating across the board closely.	03/10/22	01/09/23
Recruitment Events	Increased recruitment numbers and positive feedback coming through. This will show in the April KPI's. The next joint NHS and WBC "Care across Wirral" recruitment event is scheduled in for 30th September 23. DG meeting 2.8.23, update to follow.	01/04/23	03/10/23
	* Awaiting review of Home First Service which is currently being reviewed by Jean Stephens		

Service Specification	Workshops to take place over next few weeks. Specification work can begin once this process has been done.	29/06/23	01/04/24
Sheet Name **HomeFirst Expansion I**			
Q1 - 41 WTE	Q1 recruitment underway and aiming to have 40 WTE in post by 31/05	01/04/23	31/05/23
Q2 - 77 WTE	Q2 recruitment will increase staffing levels from 40 to 59WTE by 31/05/23. Ahead of plan for Q2.	01/07/23	31/08/23
Q3 - 102 WTE	By 31/07/23 staff numbers will increase to 93 WTE	01/10/23	30/11/23
Q4 - 102 WTE	By 31/10/23 staff numbers will increase to 102	01/01/24	29/02/24
Sheet Name **Virtual Wards - Project**			
SOP and other Procedures	COPD SOP has been to divisional business group twice with updates made. SOP is being updated to include new pathways CAP & Bronchiectasis. Revised version to be approved by 31/08/2023. Frailty SOP - final version awaiting ratification with WCHC Clinical Assurance Group and WUTH Divisional of Medicine Quality Board	01/12/22	31/08/23
Stakeholder Engagement and Communication	ARI comms plan complete and commenced. New pathways launch 1st September. Comms plan for frailty being developed jointly with WCHC.	30/06/23	31/07/23
Data, Activity and Performance	Task and Finish Group established to focus on outstanding CERNER power forms and inpatient ward recording	30/06/23	31/08/23
Governance and Meds Mgmt	Clinical Governance structure approved at Medicine Quality Board in July 2023. Weekly governance huddles commenced. Monthly VFW Clinical Governance and Operational Meeting to commenced 27/07/2023. VFW team moved to St Caths 12/06/2023, move has resolved issues of meds storage a/w cabinet and shelves to be fitted.	31/10/22	31/07/23
Recruitment	Recruitment for Frailty VW Medical roles has been a challenge. New GP commencing beginning of September, but 6 sessions remain uncovered. Workforce Workshop 07/09/2023 planned to explore alternatives. Two new Clinical Fellows appointed unable to drive, exploring options to retain existing locums whilst new recruitment.	14/06/23	14/06/23
Phase Three Bed release	Plan in development to increase VFW beds to 30 once recruitment complete. Implementation of telehealth in planning stage to support increased bed numbers.	29/09/23	29/09/23
Sheet Name **Wirral Discharge Hub -**			
Design Phase	In Progress - the project is now in the detailed design phase where the team are developing n	25/04/23	21/07/23
Review Phase	Not started - in this phase we will review the changes and plan for sustaining improvements	01/09/23	01/09/23
Post 1st July - Wirral Transfer of Care Hub (Discharge)		12/07/23	23/10/23
SOPs		18/07/23	21/09/23
Final draft complete		14/09/23	20/09/23



Project Updates

Primary	Link to highlight report	Project RAG
Care Market Sufficiency	Care Market Sufficiency - Project Highlight Report	
Virtual Wards	Virtual Wards - Project Highlight Report	
Discharge Hub	Wirral Discharge Hub - Project Highlight Report	
HomeFirst	HomeFirst - Project Highlight Report	
Reablement	Reablement - Project Highlight Report	

The RAG statuses shown here are a high-level view, subjective view of the status of each project. They are updated fortnightly, as a minimum.

If you would like to see more information, please click the 'link to highlight report', which will show the latest narrative report, the project plan and the project risks and issues.

If you would like to discuss any of the projects, please contact the Healthy Wirral UEC Programme Manager: James Barclay on james.barclay1@nhs.net

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C&M Long Stay Report

Brief Description:
This report aims to provide a summary of the key metrics in relation to the following areas:

Page	Title	Content
1.	**Long Stay Summary**	Latest C&M position in relation to beds occupied by long stay patients (7+, 14+ and 21+ days).
2.	**Long Stay Trust Detail**	Comparison of number of long stay patients against local trajectory split by Trust
3.	**AED Performance**	Latest position in relation to AED 4 Hour performance at adult acute Trusts.
4.	**Ambulance Handover**	Latest position in relation to ambulance arrival to handover times at adult acute Trusts
5.	**Care Homes**	Latest position in relation to data integrity and care home closures
6.	**Non-Criteria to Reside**	Comparison of number of patients who meet criteria for discharge against local trajectory split by Trust.
7.	**Reasons why Patients Continue to Reside**	Reasons why patients with 7+, 14+ and 21+ length of stay continue to reside split by Trust.

Frequency: *Daily*
Author: *Jeanette Smart, Liverpool CCG*
Date: *09/08/2023*

Cheshire & Merseyside ICS

C&M Long Stay Summary

Latest Data: 07/08/2023 ...

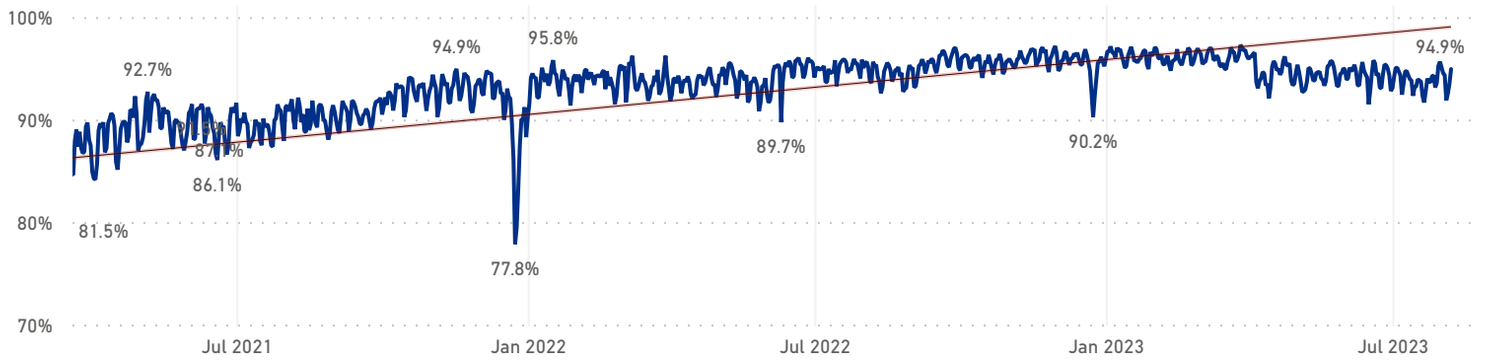
- Activity for patients staying 7+ and 21+ days has increased on the previous day, but those staying 14+ have decreased

- C&M bed occupancy rate has increased on the previous day; 94.9% of General and Acute beds currently occupied, although this is an decrease of 0.7% on this same time last week. **MaWL are reporting the highest rate with 98.3% of beds currently occupied.**

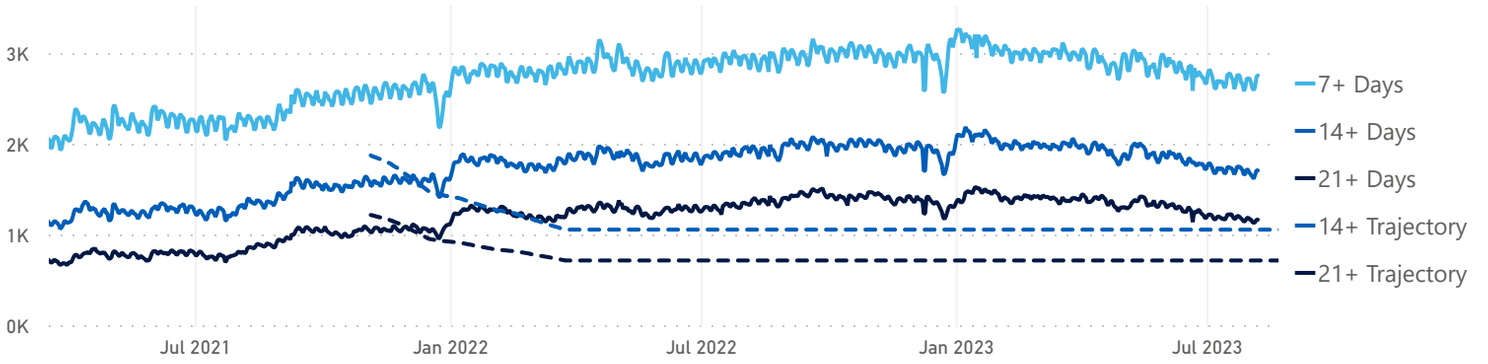
- 56% of all occupied beds are for patients staying 7+ days, 35% for 14+ days and 24% for 21+ days.

- The latest weekly % of beds occupied by 7+ day length of stay patient is 55.4% compared to the national figure of 49.6%

G&A Bed Occupancy - 2022/23



Adult Patients Occupying a Bed for 21+, 14+ and 7+ Days - 2022/23



Daily Number of Occupied Beds by Adult Long Stay Patients

LOS	Patients	Previous Day	Previous Week	% of Occ Beds
7+ Days	2753	▲ 15	▲ 35	55.9%
14+ Days	1705	▼ -2	▼ -3	34.6%
21+ Days	1163	▲ 1	▼ -23	23.6%
Bed Occupancy	94.9%	▲ 1.4%	▼ -0.7%	

C&M Long Stay Trust Detail

Latest Data: 07/08/2023 ...

Trust Level Comparison of Long Stay Patients Against Local Trajectory

	14+ Days			21+ Days		
Trust	Target	Actual	Variance	Target	Actual	Variance
Countess of Chester Hospital NHS Foundation Trust	76	150	+ 74	54	97	+ 43
East Cheshire NHS Trust	58	79	+ 21	39	52	+ 13
Liverpool University Hospitals NHS Foundation Trust	268	575	+ 307	179	427	+ 248
Mersey and West Lancashire Teaching Hospitals NHS Trust	354	341	- -13	242	208	- -34
Mid Cheshire Hospitals NHS Foundation Trust	91	156	+ 65	61	95	+ 34
Warrington and Halton Teaching Hospitals NHS Foundation Trust	88	178	+ 90	59	122	+ 63
Wirral University Teaching Hospital NHS Foundation Trust	118	226	+ 108	79	162	+ 83
Total	**1,053**	**1705**	**+ 652**	**713**	**1163**	**+ 450**

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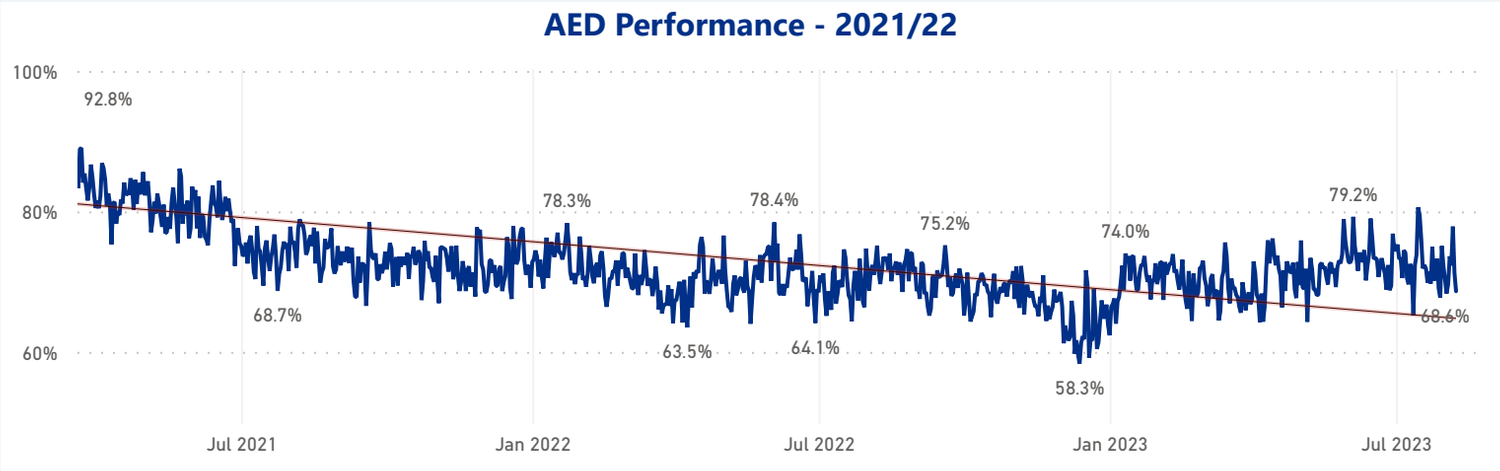
C&M AED Performance

Latest Data: 08/08/2023

AED Performance

▪ Wirral are reporting the highest AED Performance of 71.7%. Countess are reporting the lowest latest AED performance of 48.5%.

▪ Two of the seven C&M Trusts are reporting increased performance compared to the same day the previous week.



Trust Short Name	Current Date	Var	Previous Day	Var	Previous Week
Countess	48.5%	▼	-12.5%	▼	-6.9%
East Cheshire	46.0%	▼	-19.9%	▼	-21.2%
LUHFT	68.4%	▼	-7.1%	▼	-2.7%
MAWL	73.8%	▼	-0.2%	▲	1.3%
Mid Cheshire	56.4%	▼	-7.9%	▲	3.2%
W&H	69.1%	▼	-1.5%	▼	-0.9%
Wirral	71.7%	▼	-8.2%	▼	-1.7%

Number of Delays from Decision to Admit Over 12 Hours

Trust Short Name	Current Date	Var	Previous Day	Var	Previous Week
Countess	3	▲	1	▼	-3
East Cheshire	11	▲	5	▲	11
LUHFT	23	▼	-9	▼	-22
MAWL	14	--	0	▲	4
Mid Cheshire	12	▲	4	▼	-24
W&H	24	▲	6	▼	-10
Wirral	2	--	0	▼	-13

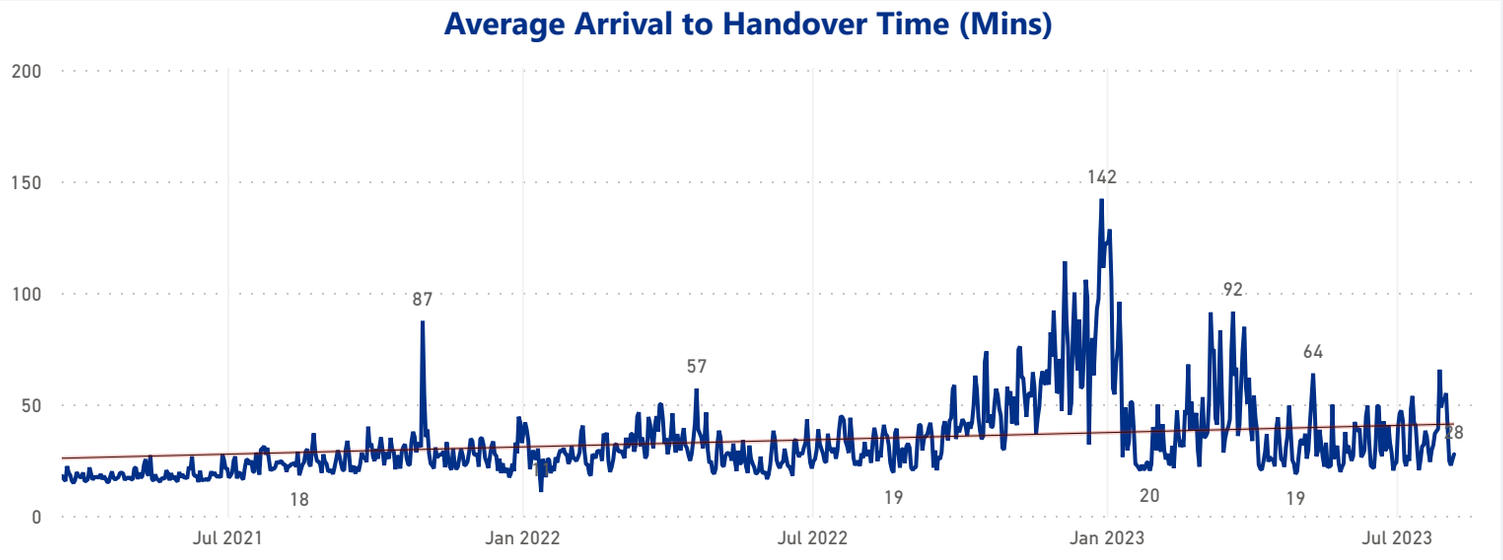
C&M Ambulance Handover

Latest Data: 06/08/2023

Arrival to Handover Time

▪ Countess of Chester are reporting the longest arrival to handover time of 01:25:42. East Cheshire are reporting the shortest arrival to handover time of 07:29.

▪ Two of the ten C&M hospital sites are currently achieving the 15-minute target.



Trust	Latest Date	+/-	Previous Day Var	+/-	Previous Week Var
⊞ Countess of Chester Hospital NHS Foundation Trust	01:25:42	+	00:27:39	-	00:02:46
⊞ East Cheshire NHS Trust	00:07:29	-	00:09:54	-	00:04:45
⊟ Liverpool University Hospitals NHS Foundation Trust	00:19:27	-	00:02:45	-	01:05:16
LUHFT (Aintree site)	00:16:10	-	00:01:56	-	01:56:56
LUHFT (Royal site)	00:23:47	-	00:03:24	-	00:06:30
⊞ Mersey and West Lancashire Teaching Hospitals NHS Trust	00:23:45	-	00:07:37	-	00:09:49
⊞ Mid Cheshire Hospitals NHS Foundation Trust	00:27:38	+	00:05:53	-	00:00:50
⊞ Warrington and Halton Teaching Hospitals NHS Foundation Trust	00:14:24	+	00:00:42	-	00:00:58
⊞ Wirral University Teaching Hospital NHS Foundation Trust	00:15:47	-	00:02:47	-	00:04:42
Total	**00:27:35**	**+**	**00:02:19**	**-**	**00:24:49**

Cheshire & Merseyside ICS

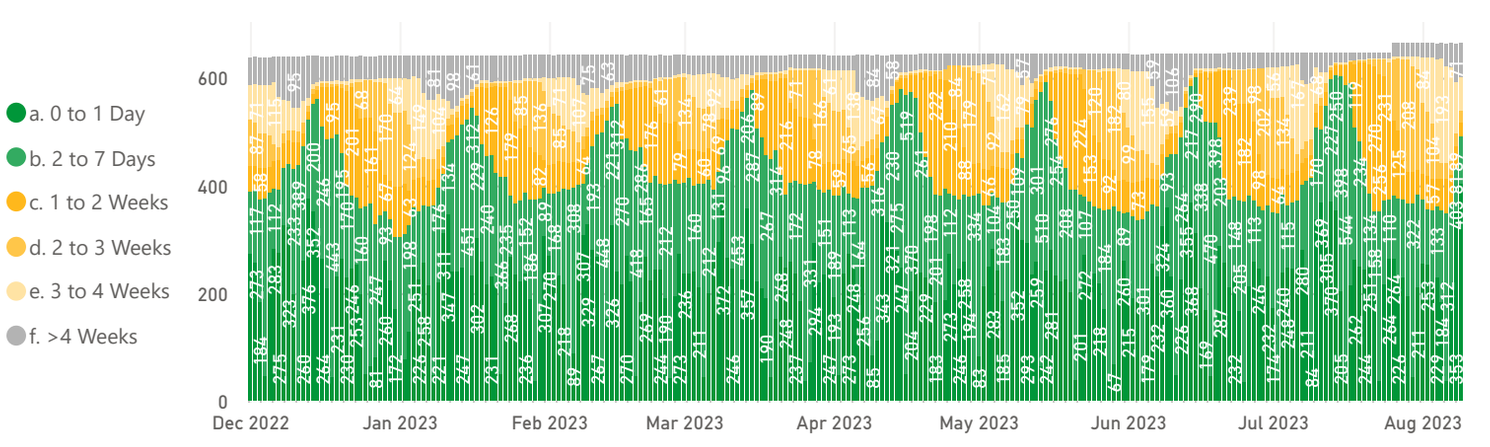
C&M Care Homes

Latest Data: 09/08/2023

Data Integrity: Time Since Last Submission

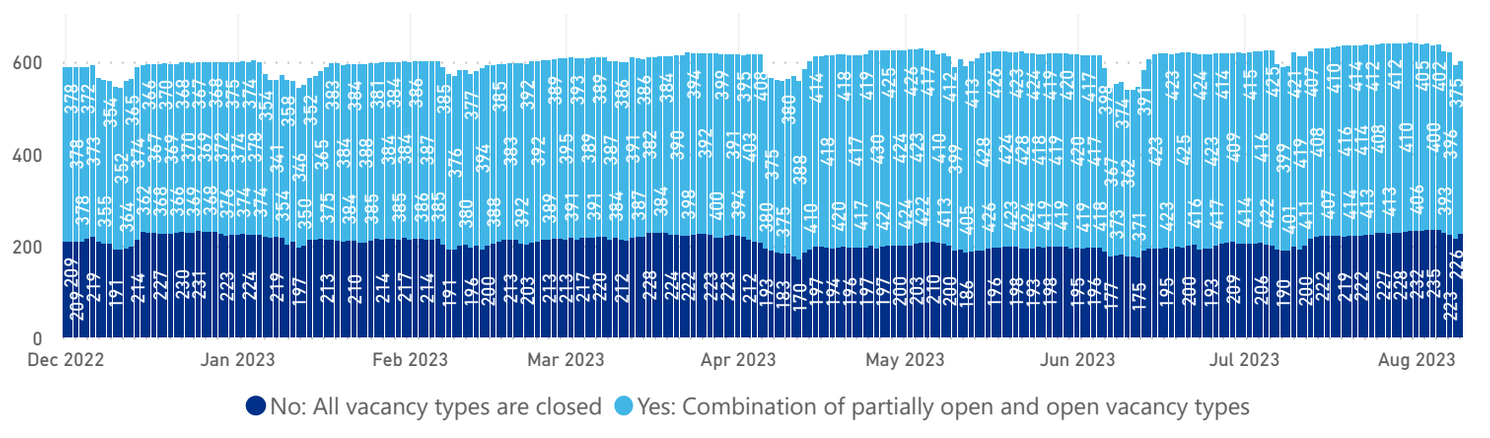
Latest data show of the 664 care homes with a submission recorded 403 submitted either today or yesterday and 89 have submitted within the past week. Of the remainder, 109 submitted within the last month and 63 care homes have not updated their status within the within the last month.

NB. All adult care homes are mandated to submit between the 8th and the 14th of each month, therefore the most comprehensive report would be on the 15th of each month. Care homes have been advised to continue to update as frequently as possible and to resubmit if bed occupancy changes between mandated submissions.



Care Home Status: Is Accepting Admissions? *Care homes who have submitted in the latest month only.*

Latest data show of the 601 care homes with a status recorded 375 are open or partially open to admissions and 226 are closed.



IsAccepting Admissions	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	**Total**
No	24	18	11	9	32	45	22	19	46	**226**
Yes	67	51	13	14	55	65	16	32	62	**375**
Total	**91**	**69**	**24**	**23**	**87**	**110**	**38**	**51**	**108**	**601**

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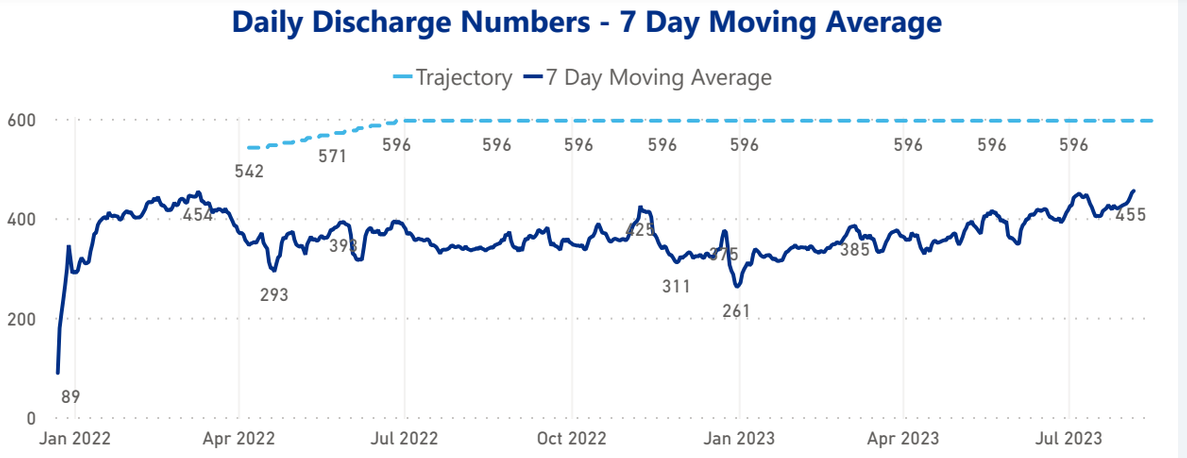
C&M Non-Criteria to Reside (Weekly)

Latest Data: 06/08/2023

Daily Discharge Numbers - 7 Day Moving Average

Target: 10% increase from w/c 18/4/22 to 27/6/22)

Latest data show a 7 day moving average of **455.0** patients discharged across C&M. This is against the current target of **596.0** .

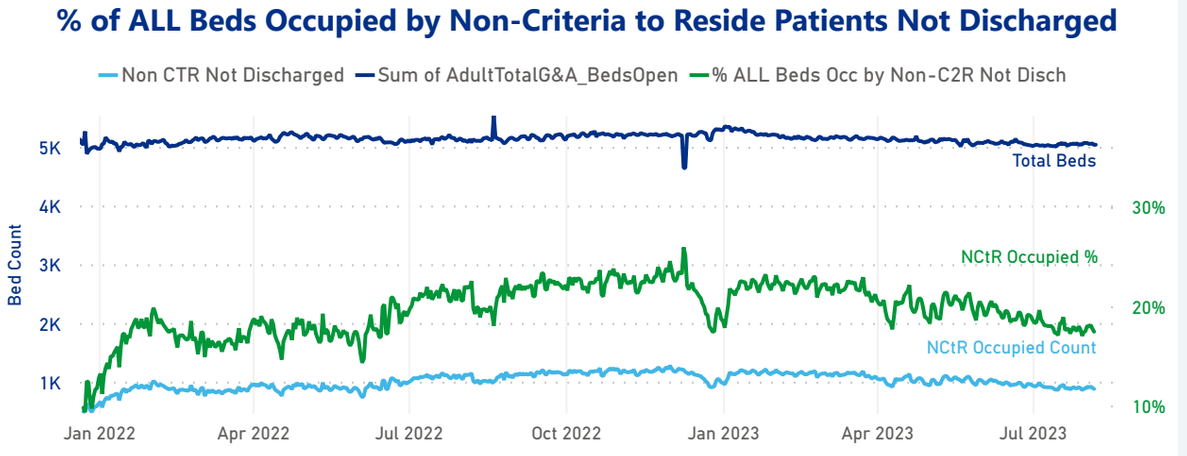


Latest Date: 06 August 2023

Trust	Target	Current	Var
Countess	15.8	43.4	27.7
East Cheshire	30.1	49.4	19.3
LUHFT	75.8	23.6	-52.2
MAWL	266.1	114.6	-151.6
Mid Cheshire	59.2	67.3	8.1
W&H	66.3	51.0	-15.3
Wirral	82.8	105.7	22.9
Total	**596.0**	**455.0**	**-141.0**

Daily Percentage of ALL Beds Occupied by Non-Criteria to Reside Patients Not Discharged

Latest data show across C&M **17.4%** of ALL beds are occupied by patients with no criteria to reside and have not been discharged. This is against the current target of **10.0%** .



Latest Date: 06 August 2023

Trust	Target	Current	PP Var
Countess	10.0%	15.0%	5.0%
East Cheshire	10.0%	12.7%	2.7%
LUHFT	10.0%	18.5%	8.5%
MAWL	10.0%	17.9%	7.9%
Mid Cheshire	10.0%	17.0%	7.0%
W&H	10.0%	22.4%	12.4%
Wirral	10.0%	14.6%	4.6%
Total	**10.0%**	**17.4%**	**7.4%**

C&M Non-Criteria to Reside (Weekly)

Latest Data: 06/08/2023

Latest data show across C&M 18.5% of ALL beds (occupied + unoccupied) are occupied by patients with no criteria to reside and have not been discharged. The table below shows the most recent weekly average for C&M Providers.

Percentage of ALL Beds Occupied by Non-Criteria to Reside Patients Not Discharged

Weekly Average

Trust	02/07/2023	09/07/2023	16/07/2023	23/07/2023	30/07/2023	06/08/2023
Countess	18.2%	17.8%	15.4%	16.5%	13.9%	14.9%
East Cheshire	9.6%	8.5%	11.7%	9.9%	12.9%	13.4%
LUHFT	19.4%	19.4%	18.4%	19.3%	18.8%	18.7%
MAWL	16.3%	18.1%	16.4%	17.3%	18.1%	18.6%
Mid Cheshire	18.9%	16.8%	15.4%	16.3%	15.2%	15.9%
W&H	23.8%	21.1%	21.0%	18.4%	20.2%	21.9%
Wirral	20.8%	21.3%	20.6%	20.8%	18.2%	15.9%
Total	**18.6%**	**18.5%**	**17.6%**	**18.0%**	**17.6%**	**17.7%**

Latest Count of Adult G&A Beds

Trust	
Countess	440
East Cheshire	290
LUHFT	1,553
MAWL	1,048
Mid Cheshire	494
W&H	511
Wirral	759
Total	**5,095**

Cheshire & Merseyside ICS

C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 06/08/2023

Reasons Why Patients Continue to Reside 7+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	MAWL	Mid Cheshire	W&H	Wirral	**Total**
Pathway 3	12	10	79	39	9	30	6	**185**
Awaiting confirmation from community	0	8	12	43	19	26	46	**154**
Pathway 1	24	3	28	12	5	16	20	**108**
Pathway 2	21	4	36	3	7	18	8	**97**
Awaiting referral to community	17	3	25	2	13	3	7	**70**
Awaiting therapy decision	0	6	45	2	0	4	2	**59**
Awaiting medical decision	0	4	15	0	3	3	6	**31**
Awaiting diagnostic	1	0	12	0	0	0	0	**13**
Awaiting community equipment	0	0	2	3	1	1	0	**7**
No Plan	0	0	0	0	0	0	7	**7**
Individual/family not in agreement	0	0	0	2	3	1	0	**6**
Repatriation for specialist treatment	0	0	2	0	3	1	0	**6**
Safeguarding	1	0	1	0	2	0	0	**4**
Avoid spread of (non-Covid 19) infectious disease	0	0	2	0	1	0	0	**3**
Declared as not meeting C2R	0	0	0	0	0	0	3	**3**
Homeless	0	0	2	1	0	0	0	**3**
Awaiting transport	0	0	0	0	2	0	0	**2**
Awaiting medicines	1	0	0	0	0	0	0	**1**
Total	**77**	**38**	**261**	**107**	**68**	**103**	**105**	**759**

Reasons Why Patients Continue to Reside 14+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	MAWL	Mid Cheshire	W&H	Wirral	**Total**
Pathway 3	12	10	77	31	8	24	6	**168**
Awaiting confirmation from community	0	7	9	25	13	21	41	**116**
Pathway 2	20	4	31	1	6	15	8	**85**
Pathway 1	21	3	20	8	4	11	11	**78**
Awaiting referral to community	17	3	18	1	10	1	4	**54**
Awaiting therapy decision	0	3	41	2	0	0	2	**48**
Awaiting medical decision	0	4	10	0	2	3	5	**24**
Awaiting diagnostic	0	0	9	0	0	0	0	**9**
Repatriation for specialist treatment	0	0	2	0	3	1	0	**6**
Awaiting community equipment	0	0	1	2	1	1	0	**5**
Individual/family not in agreement	0	0	0	2	2	1	0	**5**
Safeguarding	1	0	1	0	2	0	0	**4**
Avoid spread of (non-Covid 19) infectious disease	0	0	2	0	1	0	0	**3**
Declared as not meeting C2R	0	0	0	0	0	0	3	**3**
Homeless	0	0	1	1	0	0	0	**2**
No Plan	0	0	0	0	0	0	2	**2**
Awaiting medicines	1	0	0	0	0	0	0	**1**
Awaiting transport	0	0	0	0	0	0	0	**0**
Total	**72**	**34**	**222**	**73**	**52**	**78**	**82**	**613**

C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 06/08/2023

Reasons Why Patients Continue to Reside 21+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	MAWL	Mid Cheshire	W&H	Wirral	**Total**
Pathway 3	11	9	70	26	6	20	6	**148**
Awaiting confirmation from community	0	4	9	13	9	14	31	**80**
Pathway 2	15	3	27	1	4	11	8	**69**
Pathway 1	11	3	14	7	3	3	9	**50**
Awaiting referral to community	10	1	15	1	7	1	0	**35**
Awaiting therapy decision	0	2	28	0	0	0	2	**32**
Awaiting medical decision	0	3	9	0	2	2	5	**21**
Awaiting diagnostic	0	0	9	0	0	0	0	**9**
Repatriation for specialist treatment	0	0	2	0	3	1	0	**6**
Awaiting community equipment	0	0	1	2	1	1	0	**5**
Avoid spread of (non-Covid 19) infectious disease	0	0	2	0	1	0	0	**3**
Declared as not meeting C2R	0	0	0	0	0	0	3	**3**
Safeguarding	1	0	0	0	2	0	0	**3**
Homeless	0	0	1	1	0	0	0	**2**
Individual/family not in agreement	0	0	0	0	1	1	0	**2**
Awaiting medicines	1	0	0	0	0	0	0	**1**
No Plan	0	0	0	0	0	0	1	**1**
Awaiting transport	0	0	0	0	0	0	0	**0**
Total	**49**	**25**	**187**	**51**	**39**	**54**	**65**	**470**

WIRRAL PLACE BASED PARTNERSHIP BOARD

28 SEPTEMBER 2023

REPORT TITLE:	**UPDATE ON THE TRANSFER OF CARE HUB WORKSTREAM, UNSCHEDULED CARE IMPROVEMENT PROGRAMME**
REPORT OF:	**CHIEF OPERATING OFFICER WIRRAL UNIVERSITY TEACHING HOSPITAL**

REPORT SUMMARY

The report provides an update on the Unscheduled Care Improvement Programme work stream for the Transfer of Care Hub. The purpose of the workstream is to ensure a clear and robust process is in place to transfer patients to the most appropriate care setting once they no longer require acute care within an acute hospital setting, within the most effective time period. The workstream directly supports the community care market, care homes and domiciliary care, to increase capacity and to improve safe flow to services to meet demand from both a community and hospital setting.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

(1) Note the improvements to the statistically significant reduction in the number of patients with no Criteria to reside (NCTR) since the start of the transition into the Transfer of Care Hub from April 2023.
(2) Endorse the future work of the Hub to embed new ways of working to improve the timeliness of discharge for patients needing support out of hospital on pathways 1-3.
(3) Note the interface working between the Hub and the other Unscheduled Care Improvement Programme workstreams and the requirement to streamline services.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 It is recorded that from July 2022 (and earlier) until mid-April 2023 there were consistently 200 plus patients, up to a maximum of 255, at any one time with NCTR in Wirral University Teaching Hospital (WUTH). The introduction of the Transfer of Care Hub based at WUTH has made a significant reduction in these numbers and continues in a downward trend.

1.2 For the first time in a long period the Wirral has moved off the bottom of the regional league table for NCTR patients and at the time of reporting is in second position for its positive performance. In addition, NHSE scrutiny has shifted from the poor position to a curiosity to understand what has changed to enable the four-month downward trend with a planned visit from the Head of Urgent Care, in September 2023.

1.3 The partnership between Wirral Borough Council and WUTH in leading the Hub is working well and service leads are embracing a focus on avoidable waits in hospital and timely discharge through improved referral documentation, same day allocation and daily progress monitoring and effective escalation.

1.4 The Hub leadership team are proactively engaged with the wider programme workstreams recognising the interdependencies to make the overall timely discharge from hospital a reality for Wirral residents and work to date with system leaders has proved to be very beneficial.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options were considered as improvement was both a local system and national priority. WUTH owning responsibility for the discharge experience of its patients was deemed to be the right option supported by the ICB.

3.0 BACKGROUND INFORMATION

3.1 The workstream was established in April 2023 following a refresh of the Unscheduled Care Improvement Programme and the priorities of the workstream were agreed as:

- Reducing bed occupancy to a minimum 92% and the number of patients recorded with NCTR to be no more than 10% of the bed base progressing to no more than 5% in the next financial year.
- Minimise the need for escalation areas to be open, improving patient safety and experience.
- Prevent deconditioning and exposure to harm of patients delayed in discharge from hospital.
- Improve patient and carer/family experience of hospital discharge.

3.2 From 1st July 2023 Adult Social Care teams returned to the WBC.

3.3 From 1st April 2023 the Transfer of Care Hub workforce united under a single leadership and management structure, shadow form led by WUTH until it's formal development from the 1st July 2023. This was recognised as phase one of the development of a Wirral Transfer of Care Hub and the benefits are evidenced through the performance covered under item 3.9.

3.4 From 4th September 2023 there will be one daily patient discharge tracking list pulled from Cerner and validation of patients NCTR status will be undertaken each afternoon, post board rounds by the Hub workflow admin and nurse/ professional leads.

3.5 A simplified safe transfer of care referral process built in Cerner will replace notifications to assess and discharge. Only referrals that require a Local Authority commissioned service will be logged onto Liquid Logic by the Hub workflow admin, thus reducing significant duplication, and ensuring one version of the position is shared across the system, improving efficiency.

3.6 Cerner will be adapted to track the stages of the complex discharge pathway and the time patients spend in each stage, enabling daily progress reporting in the Hub and weekly at the Executive Discharge Cell. This will form a significant part of ensuring patients continue to progress through the complex discharge process safely and efficiently.

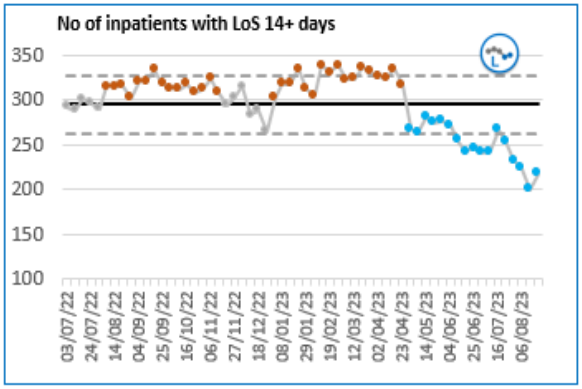
3.7 A Standard Operating Procedure (SOP) for the Transfer of Care Hub is in development that will include the Hub daily workflow framework; Wirral discharge pathway 1-3 processes and out of area processes for West; Mid and East Cheshire.

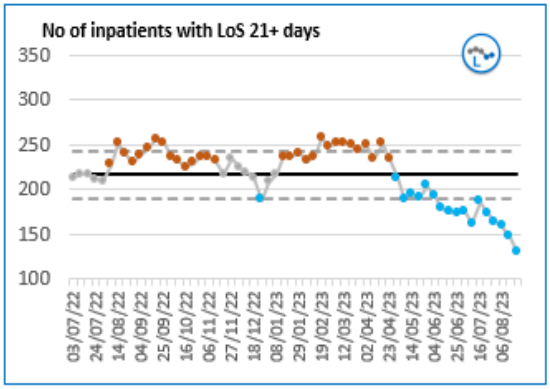
3.8 Daily Percentage of all beds occupied by NCTR - compared with other C&M Places, this is in comparison to Wirral being in last place prior to April 2023:

Latest Date: 20 August 2023

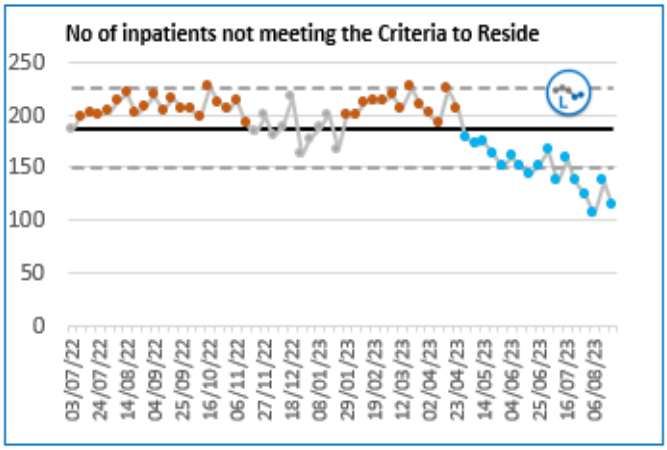
	Trust	Target	Current	PP Var
1	East Cheshire	10.0%	10.0%	0.0%
2	Countess	10.0%	14.8%	4.8%
3	Wirral	10.0%	15.7%	5.7%
4	MAWL	10.0%	16.3%	6.3%
5	Mid Cheshire	10.0%	17.6%	7.6%
6	LUHFT	10.0%	19.1%	9.1%
7	W&H	10.0%	24.0%	14.0%
	Total	10.0%	17.5%	7.5%

3.9 Long Length of Stay (14+ and 21+ Days) – significant reduction trend since May 2023:





3.10 Number of in patients with NCTR:



3.11 As phase one is complete and embedded into practice the focus now needs to move to implementing phase two which was agreed as a year two priority by the Wirral CEO's and Place Director earlier in the year as part of the Unscheduled Care work programme. The phase two development would see all services combined into the one Wirral Transfer of Care Hub including admission avoidance and all other elements of wrap around healthcare supporting the end-to-end urgent care pathway for Wirral.

3.12 The above graphs demonstrate the statistical and significant improvement that has been achieved through the newly formed Hub.

4.0 FINANCIAL IMPLICATIONS

4.1 The main financial benefits of reducing the number of patients with NCTR and a reduction in bed days will be a lowered cost of the whole episode of care, especially the portion when patients are medically optimised and do not require acute clinical intervention. The risk of patient deconditioning is much improved with a lower length of stay (LOS) once medically optimised.

4.2 The hub currently has a funding gap for 1.0 WTE band 3 workflow admin top scale costs £23,336. This post remains unfilled.

5.0 LEGAL IMPLICATIONS

5.1 The Transfer of Care Hub follows the *Hospital Discharge and Community Support Guidance.* From July 2022 section 91 of the Care Act 2014 came into force relating to the discharge of adult hospital patients considered to require care and support following discharge from hospital. The Hub must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve (a)the patient, and (b)any carer of the patient. Ward Board Rounds and early conversations (Social Care 3 conversations model) on admission are pivotal in this involvement and have been fully implemented across all medical wards at WUTH.

5.2 The Care Act 2014 sets out local authorities' duties when assessing people's care and support needs. This resource, updated December 2022, supports care practitioners and answers their questions about assessment and determination of eligibility under the Care Act 2014. It also provides practical guidance over what they should do when applying the letter and spirit of this law.

5.3 For patients requiring discharge via All Age CHC funded care, the Hub team enact the National Framework for NHS Continuing Healthcare and Funded Nursing Care revised May 2023.

5.4 Section 82 of the National Health Service Act 2006 requires NHS bodies and local authorities to co-operate with one another to secure and advance the health and welfare of their local population. NHS bodies and local authorities must also comply with duties in the Care Act 2014, which requires them to co-operate with each other in the exercise of their respective care and support functions.

5.5 Funding to support discharge can be pooled across health and social care via an agreement under section 75 of the National Health Service Act 2006 to minimise delays, ensure effective use of available resources and ensure the decisions about an individual's care needs are made in their own environment. The vehicle to fund roles across the system to support timely discharge is the Better Care Fund (BCF)

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Transfer of Care Hub has an overarching Director, funded and employed by WUTH, responsible for the daily workflow operations and escalation where there is delay, to enable timely transfer of patients out of hospital. The discharge nurses have professional leadership through the Matron for Patient Flow and the Divisional Director of Nursing, Division of Diagnostics and Clinical Support. The Social Care WBC team likewise have a professional line of accountability through the service manager. A triumvirate model will ensure that discharge decisions follow the care act where required and are clinically safe.

6.2 1.0 WTE Trusted Assessor transferred to WUTH from WCHC 1st July. This post is funded through the BCF for two further years 2023 -2025 (already funded 2017 – date). Funding is secured for a further 1.0 WTE post that is currently going through the recruitment process.

6.3 3.0 WTE Care Navigator posts have been funded through the BCF and post holders commenced in July 2023.

6.4 WUTH have funded a Business Support Manager post to lead the daily workflow admin processes. Post holder commenced end July 2023.

6.5 There remains an unfunded 1.0 workflow admin post that is required to enable a fully 7 day functioning workflow admin function.

7.0 RELEVANT RISKS

7.1 A risk log is in place for the project and mitigations are in place to minimise risks, these are shared in a weekly highlight report to system leaders.

7.2 The next phase of work, as agreed by Wirral Place Unscheduled Care Programme, is to align services from across Wirral into one Transfer of Care Hub. This work will be across multiple organisations and will be a complex piece of work with any potential risks being mitigated between providers.

8.0 ENGAGEMENT/CONSULTATION

8.1 The Transfer of Care Hub is actively involved in wider workstream meetings including the Care Market Sufficiency Group; Home First PDSA meetings; Virtual Ward and Workforce Enabling Group to ensure connectivity of benefits.

8.2 Hub attendance at two workshops held by the WBC contracts team with a further workshop planned for September 2023 for the domiciliary care market. These have proved very successful in encouraging improvements across the pathways from WUTH to out of hospital providers. These have been attended by director level personnel from WUTH along with Local Authority senior leaders.

8.3 The Hub Team welcomes the addition of the Care Home Placement Officer to support high quality care home placements and use of the brokerage system.

8.4 WBC Technology Enabled Care (TEC) team working with the Transfer of Care Hub to increase understanding of the role technology can play in helping people return home and enhance domiciliary care support. Workshop for front line teams across Wirral Place planned 21st September 2023.

8.5 WUTH service improvement lead has codesigned new safe transfer checklist for care homes with care homes and this is being implemented with wards and the Discharge Hospitality Centre at WUTH.

8.6 St Johns Hospice has offered free Dementia friendly training places for the Transfer of Care Hub team which has been very beneficial for staff.

8.7 St John’s Hospice has offered a free supply of continence products to support care home transfer.

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. As a key Hub partner, the Hub will ensure adoption of a non-discriminatory approach. An Equality Impact Assessment is a tool to help the Hub identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications from the report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

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APPENDICES

N/A

BACKGROUND PAPERS

Cheshire and Merseyside long length of stay report
Hospital discharge and community support guidance
Hospital discharge and community support guidance - GOV.UK (www.gov.uk)

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WIRRAL PLACE BASED PARTNERSHIP BOARD

28 SEPTEMBER 2023

REPORT TITLE:	**UPDATE ON CARE MARKET SUFFICIENCY WORKSTREAM, HEALTHY WIRRAL PROGRAMME**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

The report provides an update on the Healthy Wirral work stream for Care Market Sufficiency. The purpose of the workstream is to ensure sufficiency in community care market to respond to local needs. The workstream directly supports the community care market, care homes and domiciliary care, to increase capacity and to improve safe flow to services to meet demand from both a community and hospital setting.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

1) Note the improvements to the Care market capacity and flow for domiciliary care.
2) Note the work competed with care homes to improve safe transfers of care from a hospital setting.
3) Endorse the future work of the care market sufficiency group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Progress has been made to support the community care market to pre pandemic 2019 levels of domiciliary care cases actioned from the e-brokerage system and also the numbers of actual hours delivered and billed for by domiciliary care providers.

1.2 Care homes providers have worked proactively with the safe transfer of care hub to remove any barriers to safe discharges from hospital and to support hospital flow by ensuring people can be safely transferred to care home settings.

1.3 Work will continue with the community care market to set new targets for September 2023 to March 2024 to meet local demand and to support winter planning arrangements.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options were considered as improvement was both a local system priority demand and a requirement for the local authority as a statutory duty under the Care Act.

3.0 BACKGROUND INFORMATION

3.1 The workstream was established in April 2022 and the priorities of the workstream were agreed as:

- Increase capacity and responsiveness of Domiciliary Care Provision to support for pathway one discharges from hospital, "Home First" service and Clatterbridge Intermediate Care Centre (CICC), to meet requests for packages of support from people living at home in their communities.
- Review of Care Home market responsiveness to support pathway two discharges from hospital to care homes and admissions, planned and unplanned, for people who can no longer remain living in their own home.
- Identification and removal of barriers to community care market responsiveness.
- Identification of enabling activities to support community care market.
- Responsiveness.
- Review of input other sectors (e.g. Supported Living Outreach) and roles.
- Domiciliary care pick-up levels returned to 2019 levels.

3.2 The workstream focussed primarily on domiciliary care services to improve capacity within the sector to return to pre pandemic levels of delivery. A baseline was set from April 2019, which was the point at which the new care and support at home commission went live.

3.3 Progress on domiciliary care Actual Hours delivered has been evidence based as follows:

April 2019 Baseline Hours delivered	Actual Hours Delivered April 2023	Actual Hours Delivered June 2023	September 2023 Target
58,571	60,326	64,816	58,567

3.4 Progress on hours picked up via e-brokerage system are as follows:

April 2019 Baseline Hours picked up	Hours picked up April 2023	Hours picked up June 2023	September 2023 Target
3194	3255	3607	3212

3.5 Progress on packages accepted via e-brokerage system is as follows:

April 2019 baseline packages accepted	April 2023 packages accepted	June 2023 packages accepted	September 2023 target
286	265	313	288

3.6 Progress in the numbers of people in receipt of a domiciliary care service has been evidence based as follows:

April 2019 Numbers of people in receipt of a service	April 2023 Numbers of people in receipt of a service	June 2023 numbers of people in receipt of a service	September 2023 Target
1648	1376	1482	1608

It must be noted that since 2019, Continuing Health Care packages have also been included in the number for domiciliary care and can account for the larger package sizes currently being delivered to meet complex needs.

3.7 Since 2019, the Council has also opened a further 3 extra care schemes for older people which has increased capacity to a total of 329 apartments in Wirral, which means that in addition to increased capacity to people living in their own homes in the community, capacity has also been increased to meet the needs of 348 people who live in Extra care. The total hours commissioned in Extra Care in June 2023 was 11,008.

3.8 In January 2022, the Council commissioned 7 block sets of mobile night services per night, which in July 2020 increased to 9 block sets of mobile nights, totalling 4536 staff hours. Plans are in place and have been agreed to increase with a further block set of hours in August 2023, which will take the total to 5040 hours per month.

3.9 Therefore the total number of hours for domiciliary community support for people in their own homes, for day and night-time domiciliary care and people in Extra Care in June is 80,360 per month.

3.10 The care market sufficiency group has been tracking numbers of staff working in the domiciliary sector with a target to increase staff numbers by September 2023. Progress to date is as follows:

Numbers of staff April 2022	Actual staff numbers April 2023	Actual staff numbers June 2023	Target numbers of staff September 2023
1234	1252	1260	1270

3.11 Numbers of people waiting for domiciliary care have reduced from have reduced overall from 250 in January 2023 to 105 in July 2023

3.12 The brokerage system has been refined to include postcode data which enables domiciliary care providers to match capacity on rounds to people on the waiting list more effectively.

3.13 The care arranging team (CAT) has returned to working for the Council from 1 July 2023, and is now line managed within the commissioning and contracts function of Adult Social Care. This move has enabled closer working with functions to support the community care market alongside a review of business processes that has supported improvements for both domiciliary are and care home placements.

3.14 Four new domiciliary care providers have been assessed and undergone due diligence process to increase the number of domiciliary care framework providers to 26 in total.

3.15 The care market sufficiency group has been working closely with the safe transfer of care hub to improve flow in to care homes and has held workshops in June and July to understand any barriers to discharges and to remove those barriers to ensure people can be safely discharged. Key outcomes of the workshops are:

- A new discharge checklist to be implemented in July 2023 in the hospital discharge centre, with checks in place for both the discharge centre and care homes for admissions.
- A named worker to be put in place in the safe transfer of care hub to work closely with patients and their families at point of key decision making to facilitate discharges.
- System changes to e-brokerage for care home placements with a mandate to use for all practitioners and care home providers.
- Video tours of care homes to be progressed and uploaded to Wirral info bank for each care home to support individual and their supporters with decision making on discharge destination.

3.16 A further workshop will be held in September 2023 with the domiciliary care sector and the safe transfer of care hub to identify and remove any barriers and improve business systems and processes.

3.17 The care market sufficiency group is working closely with the safe transfer of care hub to introduce a technology enabled care offer to support discharges, with a stakeholder group to meet in August 2023.

3.18 Targets for care homes and domiciliary care will be revised during September weekly meetings, with new targets to run up to March 2024.

3.19 Work is underway with mental health services to develop a new housing support model and is linked with Mental Health Commissioner from ICB.

3.20 A new 8-apartment scheme to support mental health discharges from hospital and to prevent hospital admissions is now operational in Birkenhead.

3.21 A new contract for care homes will be deployed in September 2023 and will include new requirements to support 7-day discharges, work proactively with e-brokerage systems, support falls prevention initiatives and introduce electronic care planning.

4.0 FINANCIAL IMPLICATIONS

4.1 The workstream has provided and supported the domiciliary care market with a range of initiatives funded through workforce recruitment and retention, adult social care discharge fund and other grants including:

- Skills for Care “Finders Keepers” value-based recruitment programme
- “Care Friends” recruitment support application
- The purchase of 39 e-bikes
- Funds for support with fuel costs
- Additional training
- Use of pool cars for staff
- Driving lessons
- Winter retention payments of £300
- Increased hourly incentive payments for staff.

These initiatives totalled £283,000 and were managed with a sustainability grant approach.

4.2 The Council allocated £1m of the market sustainability fair cost of care funds for 2022/2023 to increase frontline staff wages in domiciliary care to £11ph from 1 August 2022, in advance of the Real Living Wage announcement in Autumn 2022 of an increase to £10.90ph.

4.3 In March 2023 the Council agreed further funds to increase staff wages to £12ph for front line domiciliary care staff, which were implemented from April 2023.

4.4 In total for financial year 2023/2024, the Council allocated funds to improve rates and fees for all care sectors of £14.2m.

5.0 LEGAL IMPLICATIONS

5.1 The Care Act 2014 places a duty on the Local Authority to promote diversity and quality in provision of services, including the efficient and effective operation of a market in services for meeting care and support needs. The Local Authority must have regard to market sustainability, fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided; also, to encourage innovation in service provision. The work undertaken with the care market sufficiency group supports the Local Authority to meet its statutory obligation to meet needs for care and support within the market environment required by the Act.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The representation on the care market sufficiency group is inclusive of people from the Council's commissioning and contracts team, the safe transfer of care hub and the ICB continuing health care lead.

6.2 A new post will be introduced in August 2023 of a Care Home Co-ordinator post to support the safe discharge hub and named workers with transfers of care to Care Homes. It is envisaged this post will work closely with the Care Home trusted assessor based in the safe transfer of care hub.

7.0 RELEVANT RISKS

7.1 Had the Council not agreed support for the Community Care Market sufficiency group, the impact of this would have meant that targets as part of the Healthy Wirral Programme would not have been met, capacity would not have increased and recruitment for frontline community care market staff would not have progressed.

7.2 The Council could have held the fee rates at existing levels for 2023/2024, but this was not an option given the national requirements in relation to wages, the impact of inflation and the requirement to increase capacity within the sector.

7.3 A risk log is in place for the project and mitigations are in place to minimise risks, these are shared in a weekly highlight report to system leaders. The key risks are in relation to recruitment for the domiciliary care sector and sufficient capacity to meet demand, and safe transfer arrangements from acute settings to commute care settings.

8.0 ENGAGEMENT/CONSULTATION

8.1 Two workshops have been held with the safe transfer of care hub for care home, with a further workshop planned for September 2023 for the domiciliary care market.

8.2 Representation and presentations have been made at the care provider forums on the requirements of the market to support capacity increases.

8.3 The new safe transfer checklist for care homes has been briefed to the care market and will be presented formally at both the Registered Manager forum and Care Home Provider forum in August 2023.

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. The Equality Impact assessment can be found here: https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The domiciliary care market is working to introduce electric vehicles and also e-bikes have been purchased to support reductions in carbon emissions.

10.2 Many domiciliary care staff walk to work in their local area.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Many of the services provided on Wirral are delivered by Local Businesses with offices, services and staff based in Wirral.

11.2 The investment by the Council of £14.2m for financial year 2023/2024 for the Community Care Market staff being paid the Real Living Wage of £10.90ph, and £12ph for frontline staff for providers who choose to take it up, has had a positive impact on recruitment to the sector.

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APPENDICES
N/A

BACKGROUND PAPERS

Market Sustainability plan
https://www.wirral.gov.uk/health-and-social-care/fair-cost-care/market-sustainability-plan

Market Position Statement
https://www.merseysidemarketpositionstatement.co.uk/intro/

Project Initiation Document and Highlight Reports, Health Wirral Programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee (Outcome of Engagement on Rates and Fees)	06.03.2023

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 28 September 2023

REPORT TITLE:	**2023/24 POOLED FUND FINANCE REPORT TO MONTH 04 JULY 2023**
REPORT OF:	**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 2023/24 shared "pooled" fund; and
b. risk and gain share arrangements.

In 2023/24 Wirral Health and Care partners have chosen to currently jointly pool £267.88m 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 4 to 31st March 2024 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 and Local Authority Adult Services Committee.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

1) Note the forecast position for the Pool at Month 4 is currently a balanced planned budget position.

2) Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a planned balanced budget position.

3) Note that the 2023/24 Section 75 agreement has been sent for the final legal review from both parties before organisational sign off.

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.

1.2 To support Wirral Place effective integrated commissioning, approval of the 2023/24 Wirral pooled fund budget was given at the Joint Health and Care Committee on 4th July 2023.

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 2023/24 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 is updated to set out the detail of budget areas that are being pooled in 2023/24 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 before final sign off.

4.0 FINANCIAL POSITION AND IMPLICATIONS

2023/24 Pooled Fund for Wirral Place

4.1 As at Month 4 the Pooled Fund budget for 2023/4 of £267.88m is set out in Table 1 below.

Table 1

Summary	2023 / 24 Budget	Wirral Place £m	WBC £m	Total £m
ICB Wirral Place Pool	£158.05m	158.05		158.05
Health & Care	£48.67m		48.67	48.67
Children and Young People	£1.70m		1.7	1.7
Better Care Fund	£59.46m	33.5	25.96	59.46
Grand Total	**£267.88m**	**191.54**	**76.33**	**267.88**

4.2 A full breakdown of the 2023/24 Pooled Fund budget and finance position is illustrated in Appendix 1 of this report.

4.3 As at month 4 the reported forecast of the pooled fund is a balanced plan position, and a summary is provided in Table 2 below.

Table 2

	Summary	2023 / 24 Budget	Forecast Outturn	Variance
A	ICB Wirral Place Pool	£158.05m	£158.05m	£0.00m
B	Health & Care	£48.67m	£48.67m	£0.00m
C	Children and Young People	£1.70m	£1.70m	£0.00m
D	Better Care Fund	£59.46m	£59.46m	£0.00m
	Grand Total	£267.88m	£267.88m	£0.00m

4.4 This year's national discharge fund for Wirral is £5.15m. The allocation received was split £2.46m ICB - Wirral Place and £2.69m Local Authority.

4.5 Table 3 below shows the forecast reported position on the discharge allocation.

Table 3

Discharge Funding	2023 / 24 Budget	Forecast	Variance
ICB Wirral Place Pool	£2.46m	£2.46m	£0.00m
Adult Social Care	£2.69m	£2.69m	£0.00m
Grand Total	**£5.15m**	**£5.15m**	**£0.00m**

NB pre pay award notification

4.6 Home First is the scheme that utilises the funding from the ICB allocation to Wirral Place.

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 2022/23 reporting arrangements will continue into 2023/4, and as such there will be three main financial risks identified to impact the pooled budget: -

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

7.2 It is proposed to retain the more focused risk-sharing arrangements. 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.

7.3 The Better Care Fund shows a breakeven forecast position at month 4, so there is no risk share impact to report.

7.4 It must be noted that there are some substantial financial risks emerging in the first part of the year for Wirral place pooled commissioned services (All Age Continuing Healthcare - Packages of Care and Prescribing mainly) and these risks are being evaluated along with the identification of potential mitigation strategies where possible.

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 EIAs 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.

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APPENDICES

Appendix 1 – Section 75 Pooled Fund Budget 2023/24

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

BACKGROUND PAPERS

Draft Section 75 agreement 2023/24
JHCCEG Finance Report M3

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1 - Section 75 Pooled Budget 2023/24 – Wirral Place – Finance position M4

A

ICB - Wirral Place	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget	Forecast Outturn	Variance
Commissioned out of Hospital	£66.7m	£75.5m	£5.9m	£81.3m	£81.3m	£0.0m
Prescribing	£73.5m	£76.2m	£0.8m	£77.1m	£77.1m	£0.0m
Primary Care	£8.3m	£7.6m	-£0.2m	£7.4m	£7.4m	£0.0m
QIPP	-£6.1m	-£6.1m	-£1.7m	-£7.8m	-£7.8m	£0.0m
Total	**£142.5m**	**£153.4m**	**£4.8m**	**£158.05m**	**£158.0m**	**£0.0m**

B

Health & Care	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget	Forecast Outturn	Variance
Public Health	£0.2m	£0.2m	-£0.2m	£0.0m	£0.0m	£0.0m
Learning Disabilities	£44.1m	£44.6m	£0.6m	£45.2m	£45.2m	£0.0m
Mental Health	£14.4m	£13.9m	£1.1m	£15.0m	£15.0m	£0.0m
Children with Disabilities	£1.1m	£0.8m	£0.3m	£1.1m	£1.1m	£0.0m
Client Charges	-£3.6m	-£3.4m	£0.0m	-£3.4m	-£3.4m	£0.0m
Joint-Funded Income	-£7.9m	-£9.5m	£0.3m	-£9.2m	-£9.2m	£0.0m
Total	**£48.4m**	**£46.6m**	**£2.07m**	**£48.7m**	**£48.7m**	**£0.0m**

C

Children and Young People	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget	Forecast Outturn	Variance
Care Packages	£1.7m	£1.7m	£0.0m	£1.7m	£1.7m	£0.0m
Total	**£1.7m**	**£1.7m**	**£0.0m**	**£1.7m**	**£1.7m**	**£0.0m**

D

Better Care Fund	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget	Forecast Outturn	Variance
Integrated Services	£27.0m	£26.9m	£1.1m	£28.1m	£28.1m	£0.0m
Adult Social Care Services	£24.0m	£24.0m	-£0.0m	£23.9m	£23.9m	£0.0m
CCG Services	£2.0m	£2.0m	£0.1m	£2.1m	£2.1m	£0.0m
DFG	£4.7m	£4.7m	£0.0m	£4.7m	£4.7m	£0.0m
Other	£0.6m	£0.6m	£0.0m	£0.6m	£0.6m	£0.0m
Total	**£58.3m**	**£58.18m**	**£1.28m**	**£59.46m**	**£59.46m**	**£0.00m**

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WIRRAL PLACE BASED PARTNERSHIP BOARD

28 SEPTEMBER 2023

REPORT TITLE:	**KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP)**
REPORT OF:	**ASSOCIATE DIRECTOR OF QUALITY AND SAFETY ON BEHALF OF WIRRAL PARTNERS**

REPORT SUMMARY

The aim of this report is to identify key issues identified relating to Quality and Safety through the Wirral Quality and Performance Group and other relevant sources. The report includes Issues of concern Alert, issues of a general update, which will include those where updates have been requested Advise and issues for assurance Assure. In addition to identifying key issues, the report highlights where appropriate the actions that have taken place and the timescale of completion:

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the areas of concern contained within the report, and the actions that are being taken.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This report will continue to evolve as the process develops. This includes the addition of Key Performance Indicators relevant to the system and quality issues relating to all providers.

2.0 OTHER OPTIONS CONSIDERED

2.1 No others at this stage.

3.0 BACKGROUND INFORMATION

3.1 **Items for Alert**

3.1.1 **Health Care Acquired Infections**

3.1.2 In view of the existing high prevalence of infection, environmental and patient flow pressures, and the high bioburden of spores in the environment Wirral place expects to exceed its trajectory for *C. difficile* infection. However, cases have reduced, and work continues to target this as a priority for the forthcoming year (appendix 1 slide 9).

3.1.3 E-coli Blood stream Infection rate (appendix 1 slide 10). Work has been undertaken with care homes to reduce the amount of community urinary tract infections (UTI) which lead to Blood stream infections. This has included delivery of training in UTI improvement and hydration to care homes and primary care nursing teams with support from the Health Protection Service Team to educate and empower patients and carers to improve hydration on older residents.

3.1.4 This has led to a reduction in admissions for patients with a UTI.

	Q3'22	Q4'22	Q1'23	Q2'23	Q3'23
UTI Admissions	308	302	283	265	259

3.1.5 **Influenza**

3.1.6 The seasonal flu vaccination commences 11th September previous achievement for the over 65yrs can is in appendix 1 slide12. The antiviral pathway has been commissioned and will be tested as part of the system's winter plan. The Health Protection Board has a focus on immunisations and vaccinations at the September meeting.

3.1.7 **SEND** (progress against the Written Statement of Action (WSoA)

3.1.8 Monitoring meetings continue with the Department for Education (DfE) and NHS England (NHSE) continue, progress against the SEND WSoA continues, however several actions are behind planned trajectory.

3.1.9 A Rapid Improvement Plan is in place and progress has been made, and support sought by system leaders. There is an expectation from regulators (Dfe and NHSE) that by October 2023 there will be:

- evidence that delivery is making a difference (e.g., through the KPIs or lived experience)
- that the delivery plan is back on track against the agreed timescales
- that the data dashboard is showing an improvement and
- examples of how the analysis is leading to an issue being raised strategically, direction being given, action completed and then reporting over time showing a change to the initial issue.

3.2 items to Advise

3.2.1 **Regulatory Activity**

3.2.2 Cheshire and Wirral Partnership (CWP) had an unannounced CQC inspection commencing on 4th July 2023. This has included the acute Psychiatry inpatient beds across the 3 sites and Psychiatric Intensive Care (PICU). The final report is still awaited.

3.2.3 Wirral Community Health and Care Trust have had a CQC inspection of all adult services and inpatient facility commencing 17th July 2023. The well led inspection commenced on 30th August 2023.

3.2.4 Wirral University Teaching Hospital- The published report for Maternity services has been published. These were rated good;

RBL18 Wirral University Teaching Hospital NHS Foundation Trust (cqc.org.uk)

Performance

3.2.5 A core performance pack has been developed for each place (appendix 1) containing key performance/quality metrics as an interim measure. Work is being undertaken locally to identify sentinel indicators based on the priorities within the Wirral plan.

3.2.6 Oversight remains on the number of Wirral people who have are in Acute Mental Health facilities out of the Borough, this includes the length of stay (Appendix 1 page 18) . To support the repatriation of people and to support the discharge of patients within CWP NHS Cheshire and Merseyside with the Respective Local Authorities have instigated Super Multi Agency Discharge Events (Super MADE) events.

3.2.7 The aim is to bring together a range of senior leads across (including lived experience advisors) across the local health and care system to identify and unblock any delays to discharge.

3.2.8 The first event was held on 3rd August and will be held 6 weekly thereafter

Patient Safety Incident Reporting Framework

3.2.9 A significant change to how Incidents is reported within NHS commissioned services is being implemented nationally. This is known as the Patient Safety Incident Reporting Framework (PSIRF). Work has been ongoing within NHS Trusts to ensure readiness for the change, which has included, Education and training of staff, identification of safety priorities and development of policies and procedures. Wirral Community Health and Care Trust and Wirral University Teaching Hospitals will implement the new framework from 1st September. Cheshire Wirral Partnership will commence in October. Roll out to Primary and other Community Care services will commence in the Autumn.

Review of Intermediate Care Services

3.2.10 This has commenced, scope has been established and Key Lines of Enquiry developed.

3.3 **Items to Assure**

3.3.1 **Quality and Performance Group**

3.3.2 The Quality and Performance group met on 10th August 2023. The agenda included:

- SEND (this remains a standing agenda item)
- Performance report- action to have an extended Q&P meeting to develop "Wirral" specific metrics.
- Care Home Collaborative paper- action to ensure that Wirral represented.
- Patient Safety Incident Response Framework- NHS providers discussed srate of readiness.
- Governance manual- for noting.
- Anti-microbial resistance (AMR) paper – for presentation at Cheshire and Merseyside AMR board)

4.0 FINANCIAL IMPLICATIONS

4.1 None identified.

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 None identified.

7.0 RELEVANT RISKS

7.1 Risks relating to All Age Continuing Care contained within NHS Cheshire and Merseyside risk register. System risks identified are included within the Wirral Place's risk register (Health Care Acquired Infection rates). Risks relating to the specific organisation are within contained within organisations risk registers.

8.0 ENGAGEMENT/CONSULTATION

8.1 Partnership working in the development of the paper. Specific programmes contained within are subject to engagement and co-production.

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. Any service changes will be subject to an Equality Impact Assessment.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications identified that would result from the proposal.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implications identified within this paper.

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SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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NHS
Cheshire and Merseyside

Wirral Performance Report

Report Published: 29/08/2023

Report Context:

NHS
Cheshire and Merseyside

- This report in intended to provide oversight of Key (Strategic Oversight Framework) SOF and constitutional measures at Sub ICB (Place) level
- The report is an ***interim*** measure whilst the official Cheshire & Merseyside ICB performance reporting measures are defined
- The data used is all nationally published data, unless otherwise stated
- NHS England are in the process of moving from 22/23 to 23/24 metrics. This will result in periodic changes to the list of metrics available to use to be presented here.
- There are some differences in published date between the SOF Measures and the new performance slide. This is due to the differing data sources, the metrics reported in this pack may change in subsequent months dependent on discussion with executive and place leads
- Performance Reporting based on Month 3 (June), 2023-24. SOF is latest available data on publication of this report
- Any queries about the pack should be directed to your Business Intelligence Networked Intelligence Leadership team

Updated

Key lines of enquiry – Wirral (sub-ICB)

Where provider performance is below the National average/Target with latest trend (red indicates deteriorating trend in performance)

Below National Average / Target	Latest Trend / (* National Average)
Clostridium difficile infection rate	Slight improvement from previous snapshot (July): 144%, compared to 100% target
E coli bloodstream infection rate	Slight improvement from previous snapshot (July): 140%, compared to 100% target
Antimicrobial resistance total prescribing of antibiotics in primary care	Minimal improvement from previous snapshot (July): 115%, compared to target of 87.1%
Proportion of People over 65 receiving a seasonal flu vaccination	Improving: 81.1% compared to target of 85%
Cervical Screening Coverage - % Females ages 25 – 64 Attending Screening Within the Target Period	Improving: 71.7% compared to target of 75%
Hypertension patients treated to NICE guidance targets	Improving: 57.7% compared to target of 80%
Access rate for IAPT services	Improving: 77.1% compared to Target of 100%

Key lines of enquiry – Provider

Updated

Where provider performance is below the National average/Target with latest trend (red indicates performance is below national average/target and worsening)

Below National Average / Target	Latest Trend
Cancer 62 Day Backlog	133.8% compared to National average of 114%
Clostridium difficile infection rate	194.4% Wirral Hospital (WUTH) performance against the 100% target, and is above the national Average (132%)
E. Coli bloodstream infection rate	164.2% Wirral Hospital (WUTH) against the 100% target, and performance is deteriorating
Sickness absence rate	Wirral Hospital (WUTH) is showing a rate of 5.76%, a (small improvement from July 6.5%) but higher than compared to National average of 5.5%
Percentage of beds occupied by patients who no longer meet criteria to reside	Wirral Hospital (WUTH) performance is currently 21.8% a (deterioration trend) compared to National Average of 13.3%

New

Summary

Aristotle Xi

NHS System Oversight Framework

Metrics on a Page

NHS Midlands and Lancashire Commissioning Support Unit

Region	Organisation Type	Organisation	Categories	Apply colour coding for National Averages
North West	SubICB	Wirral (Sub Icb)	All	Yes

	Indicator	Aggregation Source	Latest Period	Previous	Latest		Good Is	Target / Nat Ave*	National Value	Rank
S012a	Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 06	76.2%	78.0%	↗	High	75%		23/106
S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2023 06	4	4		Low	0	812	36/106
S041a	Clostridium difficile infection rate	SubICB	2023 06	145.0%	144.3%	↘	Low	100%	119.0%	87/106
S042a	E. coli bloodstream infection rate	SubICB	2023 06	143.3%	140.4%	↘	Low	100%	116.9%	99/106
S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	2023 05	115.9%	115.4%	↘	Low	87.1%	98.6%	86/106
S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2023 05	9.4%	9.3%	↘	Low	10%	7.7%	96/106
S047a	Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2023 02	81.0%	81.1%	↗	High	85%	79.9%	54/106
S050a	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	22-23 Q4	70.9%	71.7%	↗	High	75%	69.7%	59/106
S053b	% of hypertension patients who are treated to target as per NICE guidance (S053b)	SubICB	2022-23	57.7%	65.5%	↗	High	80%	68.2%	85/106
S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (S053c)	SubICB	22-23 Q4	60.7%	61.6%	↗	High	45%	60.0%	33/106
S081a	Access rate for IAPT services	SubICB	2023 03	69.3%	77.1%	↗	High	100%		32/106
S086a	Inappropriate adult acute mental health placement out -of-area placement bed days	SubICB	2023 05	1,040	1,460	↗	Low	0		94/106
S129a	GP appointments - percentage of regular appointments within 14 days.	SubICB	2023 06	87.1%	87.5%	↗		86.1%*		30/106
S130a	Dementia diagnosis rate	SubICB	2023 06	63.6%	64.2%	↗		63.5%*		57/106
S131a	Women accessing specialist community perinatal mental health services	SubICB	2023 04	81.9%	224.1%	↗		215.6%*		66/106

Provider Summary

New

RBL	Wirral University Teaching Hospital NHS Foundation Trust
RBN	St Helens And Knowsley Teaching Hospitals NHS Trust
RBQ	Liverpool Heart And Chest Hospital NHS Foundation Trust
RBS	Alder Hey Children's NHS Foundation Trust
RBT	Mid Cheshire Hospitals NHS Foundation Trust
REM	Liverpool University Hospitals NHS Foundation Trust
REN	The Clatterbridge Cancer Centre NHS Foundation Trust
REP	Liverpool Women's NHS Foundation Trust
RET	The Walton Centre NHS Foundation Trust
RJN	East Cheshire NHS Trust
RJR	Countess Of Chester Hospital NHS Foundation Trust
RVY	Southport And Ormskirk Hospital NHS Trust
RWW	Warrington And Halton Hospitals NHS Foundation Trust

Aristotle Xi

NHS System Oversight Framework
ICB Benchmarking

NHS Midlands and Lancashire Commissioning Support Unit

Region: North West | ICB: Cheshire & Merseyside ICB | Indicators: All | Organisation Types: PRV | Apply colour coding to National Average* metrics: Yes | Select Organisations: All | Org code reference

	Indicator	Period	ICB data Source	National Value	Target / Nat Ave*		PRV RBL	RBN	RBQ	RBS	RBT	REM	REN	REP	RET	RJN	RJR	RWW
S009d	Total patients waiting more than 65 weeks to start consultant-led treatment	2023 05	ICB	93,442	2,224.8*	↘	374	473	24	97	600	1,162	1	434	6	42	675	471
			Provider	93,504	2,226.3*	↗	374	473	24	97	600	1,162	1	434	6	42	675	471
S011a	Cancer: 62 day backlog	w/e 06/08/2023	Provider	114.%	114.%*		133.8%	149.9%	768.8%		183.7%	117.0%	0.0%	643.5%	0.0%	105.7%	78.1%	92.9%
S012a	Proportion of patients meeting the faster cancer diagnosis standard	2023 06	ICB		75%	↗	79.1%	71.4%	52.9%	100.0%	69.3%	68.0%	80.0%	40.0%	100.0%	73.2%	59.8%	75.5%
S022a	Stillbirths per 1,000 total births	2021	ICB	3.5	3.5*	↗	3.24	1.55			4.56			4.49			2.89	2.3
S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	2023 06	Provider	301	0		2	2	0	0	1	3	1	0	0	1	1	1
S041a	Clostridium difficile infection rate	2023 06	Provider	132.%	100%	↘	194.4%	119.6%	200.0%	200.0%	116.1%	130.8%	107.7%	0.0%	83.3%	283.3%	142.9%	138.9%
S042a	E. coli bloodstream infection rate	2023 06	Provider	123.5%	100%	↗	164.2%	131.5%	100.0%	287.5%	195.8%	157.0%	280.0%	140.0%	110.0%	129.6%	105.7%	133.3%
S063a	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from a) managers	2022	ICB			↘	11.6%	7.9%	5.7%	9.7%	9.7%	13.5%	7.1%	9.7%	8.5%	11.8%	11.7%	10.9%
S063b	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from b) other colleague	2022	ICB			↗	16.7%	15.1%	14.6%	14.8%	19.9%	21.2%	11.1%	16.7%	16.1%	20.7%	21.0%	19.2%
S063c	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from c) patients / service users, their relatives or other membe...	2022	ICB			↗	24.2%	26.8%	12.8%	22.7%	25.8%	29.5%	16.3%	18.9%	24.4%	30.0%	29.2%	24.1%
S067a	Leaver rate	2023 05	ICB	8.2%	8.2%*	↘	7.56%	7.16%	7.39%	7.49%	7.43%	7.58%	7.13%	5.62%	7.22%	7.64%	10.27%	7.57%
S068a	Sickness absence rate	2023 03	ICB	5.%	5.%*	↗	5.76%	3.62%	4.94%	6.1%	4.9%	6.3%	4.72%	6.95%	6.2%	5.68%	5.39%	5.48%
S069a	Staff survey engagement theme score	2022	ICB			↘	6.69	7.22	7.62	7.13	7.01	6.37	7.24	7.08	7.41	6.89	6.35	6.77
S072a	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	2022	ICB			↗	56.8%	63.5%	67.0%	58.9%	61.6%	49.6%	64.7%	61.9%	61.2%	58.0%	48.1%	59.2%
S104a	Neonatal deaths per 1,000 total live births	2021	ICB	1.6	1.6*	↗	1.3	0.77			1.83			3.99			1.24	0.77
S121a	NHS Staff Survey compassionate culture people promise element sub-score	2022	ICB			↘	6.9	7.6	8.2	7.6	7.2	6.5	7.7	7.3	7.8	7.1	6.3	6.9
S121b	NHS Staff Survey raising concerns people promise element sub-score	2022	ICB			↘	6.3	7	7.3	6.9	6.7	6.1	7.1	6.8	7	6.5	5.9	6.5
S123a	Adult general and acute type 1 bed occupancy (adjusted for void beds)	2023 06	Provider	94.5%	94.5%*	↗	93.1%	98.5%		0.0%	92.2%	93.7%				97.3%	98.0%	96.8%
S124a	Percentage of beds occupied by patients who no longer meet the criteria to reside	2023 07	Provider	13.3%	13.3%*	↘	21.8%	17.5%	0.0%		16.8%	19.9%	0.0%	0.0%	0.0%	11.2%	15.8%	20.5%
S133a	Staff survey - compassionate and inclusive theme score.	2022	ICB			↗	7.2	7.6	7.9	7.5	7.4	6.8	7.7	7.5	7.7	7.3	6.9	7.3

System Performance Reporting – Wirral

No Change

Aristotle xi

System Performance Reporting
Metrics on a Page

NHS Midlands and Lancashire Commissioning Support Unit

Region: NHS England North West | Organisation Type: Sub ICB | Organisation: Wirral - 12F | Metric Categories: All | Colour Code against: Targets (default) | Show: All

Category	Metric	Latest Period	Previous Value	Latest Value	Rank	Target	National Average	ICB Value	Region Value	National Value	Source
Cancer Waits	% receiving 1st definitive treatment within 2 mths (62 days) Urgent Referral	Jun 2023	73.9%	74.6%	6/106	85%	59.3%	62.4%	59.4%	59.3%	
Cancer Waits	% receiving definitive treatment within 1 mth of diagnosis	Jun 2023	93.8%	97.2%	4/106	96%	91.4%	94.5%	91.3%	91.4%	
Cancer Waits	% receiving subsequent treatment within 31 days (Drug)	Jun 2023	98.6%	100%	1/106	98%	98%	99%	98.5%	98%	
Cancer Waits	% receiving subsequent treatment within 31 days (Radiotherapy)	Jun 2023	98.6%	98.7%	25/106	94%	86.6%	99.8%	96%	86.6%	
Cancer Waits	% receiving subsequent treatment within 31 days (Surgery)	Jun 2023	93.3%	90.7%	16/106	94%	78.9%	87.4%	82.2%	78.9%	
Cancer Waits	% receiving treatment within 62 days - NHS CSS	Jun 2023	66.7%	72.7%	31/105	90%	62.2%	55.3%	55.8%	62.2%	
Cancer Waits	% receiving treatment within 62 days - Upgrade Priority	Jun 2023	77.8%	75%	37/106		72.8%	79.1%	75%	72.8%	
Cancer Waits	% seen within 2 wks - Urgent GP Referral - Suspected Cancer	Jun 2023	93.1%	88.4%	35/106	93%	80.6%	86.3%	84.5%	80.5%	
Cancer Waits	% seen within 2 wks - Urgent Referral - Breast symptoms	Jun 2023	83.3%	80%	66/105	93%	74.7%	85.6%	80.7%	74.7%	
Cancer Waits	No. of patients receiving first definitive treatment (62 Days) - Urgent GP referral	Jun 2023	102	94	42/106		90	463	1,174	9,553	
Cancer Waits	Number urgently referred with suspected Cancer (2wk Waits Numerator)	Jun 2023	1,773	1,708	42/106		1,974.5	11,751	31,107	209,564	
Diagnostics	% of patients waiting >6 wks for a diagnostic test	Jun 2023	5.7%	4.8%	2/106	5%	25.2%	21.2%	25.5%	25.2%	
Diagnostics	Diagnostic Test Activity - Colonoscopy	Jun 2023	361	315	62/106		510.7	2,499	8,202	54,344	
Diagnostics	Diagnostic Test Activity - Computed Tomography	Jun 2023	3,528	3,751	64/106		6,314.3	30,711	83,448	674,738	
Diagnostics	Diagnostic Test Activity - Flexi Sigmoidoscopy	Jun 2023	109	93	63/106		166.2	956	2,648	17,686	
Diagnostics	Diagnostic Test Activity - Gastroscopy	Jun 2023	569	555	39/106		582.2	3,546	9,907	61,834	
Diagnostics	Diagnostic Test Activity - Magnetic Resonance Imaging	Jun 2023	1,575	1,764	68/106		3,330.1	16,320	46,514	355,943	
Diagnostics	Diagnostic Test Activity - Non-Obstetric Ultrasound	Jun 2023	4,913	4,446	53/106		6,586.9	31,709	96,120	699,593	
Diagnostics	Number of Diagnostic Tests/Procedures (excluding Endoscopy)	Jun 2023	11,849	11,976	57/106		19,448.5	95,143	273,213	2,075,113	
Diagnostics	Total number of Diagnostic Tests/Procedures	Jun 2023	13,218	13,184	56/106		20,976.2	103,435	298,227	2,237,516	
Diagnostics	Total number of Endoscopy Diagnostic Tests/Procedures	Jun 2023	1,369	1,208	50/106		1,527.7	8,292	25,014	162,403	
MRR Referrals	Total GP Referrals (Written) - 1st OP appointment	Jun 2023	4,094	4,030	86/106		10,542.7	33,360	121,695	1,154,012	
MRR Referrals	Total Other Referrals - 1st OP appointment	Jun 2023	4,937	4,519	58/106		7,174.1	31,600	90,469	799,102	
MRR Referrals	Total Referrals (Written & Other) - 1st OP appointment	Jun 2023	9,023	8,544	69/106		17,075.8	64,514	207,338	1,884,905	
MSA	Number of MSA Breaches	Jun 2023	3	2	13/93		39.1	19	192	3,641	
RTT	% all Incomplete RTT pathways within 18 wks	Jun 2023	60.3%	59.9%	49/106	92%	59.2%	56.6%	55%	59.2%	
RTT	% of Completed Admitted pathways within 18 wks	Jun 2023	61.2%	60.5%	49/106		60.8%	60.9%	61.2%	60.7%	
RTT	% of Completed Non-Admitted pathways within 18 wks	Jun 2023	72.7%	71.9%	40/106		69%	67.5%	66%	68.9%	
RTT	% of patients with a DTA on Incomplete Pathways waiting 0-18 wks	Jun 2023	38%	38.5%	98/106		45.8%	45.5%	45.5%	45.8%	

No Change

System Performance Reporting – Wirral (Continued)

Aristotle Xi

System Performance Reporting

Metrics on a Page

NHS Midlands and Lancashire Commissioning Support Unit

Region: NHS England North West | Organisation Type: Sub ICB | Organisation: Wirral Sub-ICB | Metric Categories: All | Colour Code against: Targets (default)

Category	MetricName	Latest Period	Previous Value	Latest Value	i	Rank	Target	National Average	ICB Value	Region Value	National Value	Source
RTT	Number of all Incomplete RTT pathways within 18 wks	Jun 2023	27,677	27,034	↘	57/106		41,329.9	205,155	592,672	4,483,361	
RTT	Number of Completed Admitted RTT Pathways	Jun 2023	2,045	2,181	↗	47/106		2,748.3	14,529	37,962	302,760	
RTT	Number of Completed Non-Admitted RTT Pathways	Jun 2023	7,003	7,356	↗	55/106		11,126.4	61,513	153,527	1,217,525	
RTT	Number of Incomplete RTT Pathways Waiting > 104 wks	Jun 2023	1	0	↘	1/106		2.7	6	27	314	
RTT	Number of Incomplete RTT Pathways Waiting > 78 wks	Jun 2023	13	21	↗	43/106		64.8	204	848	7,177	
RTT	Number of Incomplete RTT Pathways Waiting >52 wks	Jun 2023	1,675	1,686	↗	39/106	0	3,511.6	19,780	73,056	383,083	
RTT	Number of Incomplete RTT Pathways Waiting >65 wks	Jun 2023	420	407	↘	38/106		889.2	4,528	18,973	97,275	
RTT	Number of New RTT Pathways (Clock Starts)	Jun 2023	11,118	11,429	↗	55/106		16,954	86,100	235,456	1,833,668	
RTT	Total Number of Incomplete RTT Pathways	Jun 2023	45,863	45,146	↘	52/106		69,815.4	362,417	1,076,641	7,574,649	
SMI	% People with a SMI receiving a full Physical Annual Health Check & follow-up interventions	Q1 2023-24	47.2%	41%	↘	92/106		51.9%	45%	40.1%	51.9%	

Updated

SOF: S041a – Clostridium difficile infection rate

Aristotle Xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region	Org Type	Focus Organisation	Focus Indicator	Aggregation Source	Benchmark Group	Show/Hide Peers
North West	SubICB	Wirral (Sub Icb)	S041a: Clostridium difficil...	SubICB	SubICB	All

Reset Peers

Wirral (Sub Icb)

S041a: Clostridium difficile infection rate

2023 06

Latest Value
144.3%

Rank
87/106

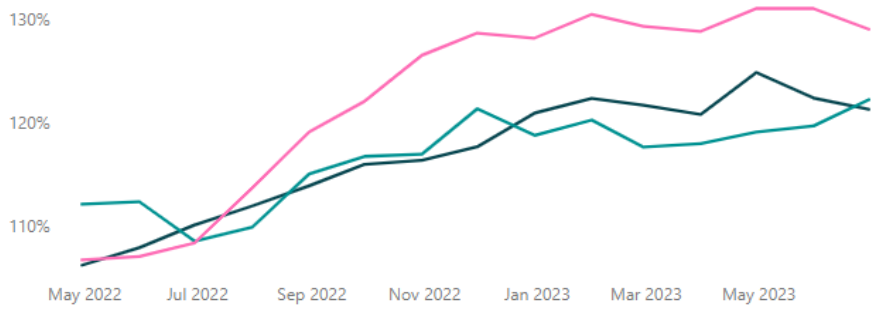
Target / National Average*
100%

National Value
119.0%

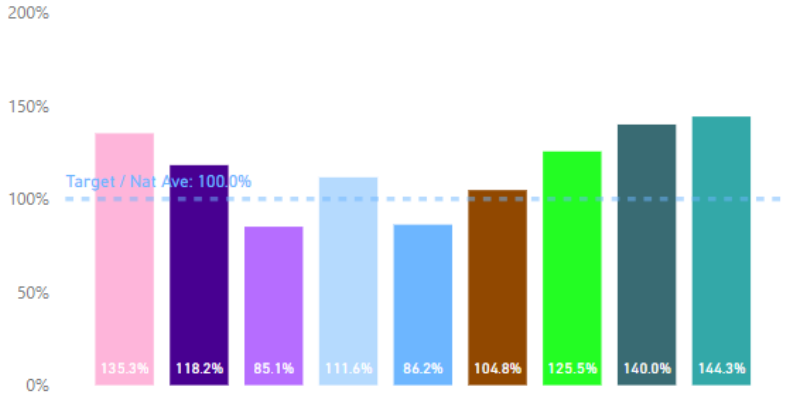
ICS Benchmark Group Data - Latest Period

OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	133.3%	135.3%	↗	100%	81/106
Halton (Sub ICB)	SubICB	127.3%	118.2%	↘	100%	53/106
Knowsley (Sub ICB)	SubICB	78.7%	85.1%	↗	100%	2/106
Liverpool (Sub ICB)	SubICB	112.8%	111.6%	↘	100%	39/106
South Sefton (Sub ICB)	SubICB	94.8%	86.2%	↘	100%	3/106
Southport & Formby (Sub ICB)	SubICB	111.9%	104.8%	↘	100%	24/106
St Helens (Sub ICB)	SubICB	125.5%	125.5%		100%	69/106
Warrington (Sub ICB)	SubICB	140.0%	140.0%		100%	85/106
Wirral (Sub ICB)	SubICB	145.0%	144.3%	↘	100%	87/106

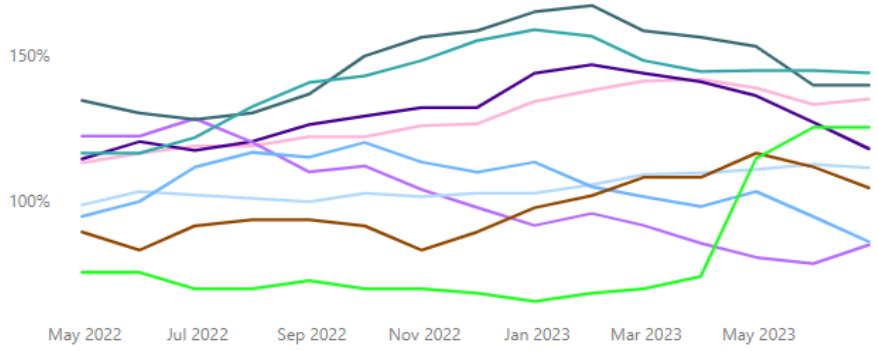
ICB Peer Group



Benchmark Group - Latest Period



Benchmark Group Trends



Cheshire (Sub I... Halton (Sub ICB) Knowsley (Sub I... Liverpool (Sub I... South Sefton (S... Southport & Fo... St Helens (Sub I... Warrington (Su... Wirral (Sub ICB)

Updated

SOF: S042a – E. Coli bloodstream infection rate

Aristotle Xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region: North West | Org Type: SubICB | Focus Organisation: Wirral (Sub Icb) | Focus Indicator: S042a: E. coli bloodstrea... | Aggregation Source: SubICB | Benchmark Group: SubICB | Show/Hide Peers: All | Reset Peers

Wirral (Sub Icb)

S042a: E. coli bloodstream infection rate

2023 06

Latest Value: 140.4%

Rank: 99/106

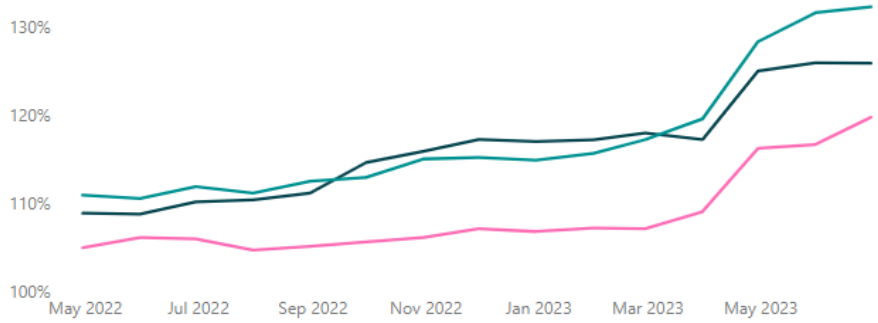
Target / National Average*: 100%

National Value: 116.9%

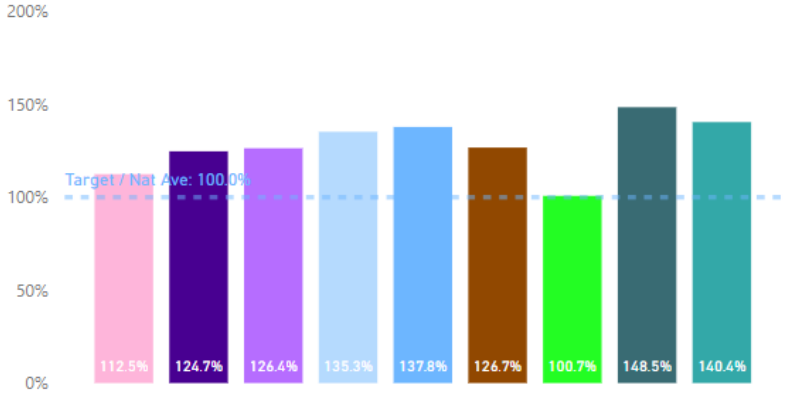
ICS Benchmark Group Data - Latest Period

OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	113.9%	112.5%	↘	100%	32/106
Halton (Sub ICB)	SubICB	122.5%	124.7%	↗	100%	73/106
Knowsley (Sub ICB)	SubICB	128.2%	126.4%	↘	100%	78/106
Liverpool (Sub ICB)	SubICB	135.5%	135.3%	↘	100%	93/106
South Sefton (Sub ICB)	SubICB	133.3%	137.8%	↗	100%	95/106
Southport & Formby (Sub ICB)	SubICB	127.7%	126.7%	↘	100%	80/106
St Helens (Sub ICB)	SubICB	98.5%	100.7%	↗	100%	6/106
Warrington (Sub ICB)	SubICB	144.6%	148.5%	↗	100%	103/106
Wirral (Sub ICB)	SubICB	143.3%	140.4%	↘	100%	99/106

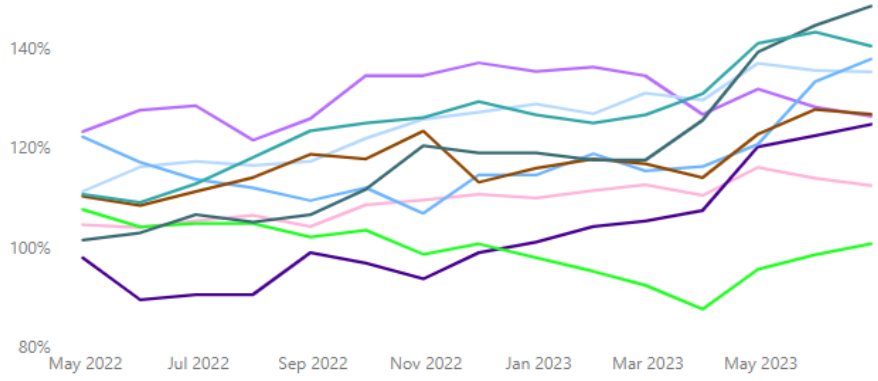
ICB Peer Group



Benchmark Group - Latest Period



Benchmark Group Trends



Cheshire (Sub I... | Halton (Sub ICB) | Knowsley (Sub I... | Liverpool (Sub I... | South Sefton (S... | Southport & Fo... | St Helens (Sub I... | Warrington (Su... | Wirral (Sub ICB)

Updated

SOF: S044a – Antimicrobial Resistance: Total antibiotic prescribing in Primary Care

Aristotle Xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region	Org Type	Focus Organisation	Focus Indicator	Aggregation Source	Benchmark Group	Show/Hide Peers
North West	SubICB	Wirral (Sub Icb)	S044a: Antimicrobial resis...	SubICB	SubICB	All

Reset Peers

Wirral (Sub Icb)

S044a: Antimicrobial resistance: total prescribing of antibiotics...

2023 05

Latest Value
115.4%

Rank
86/106

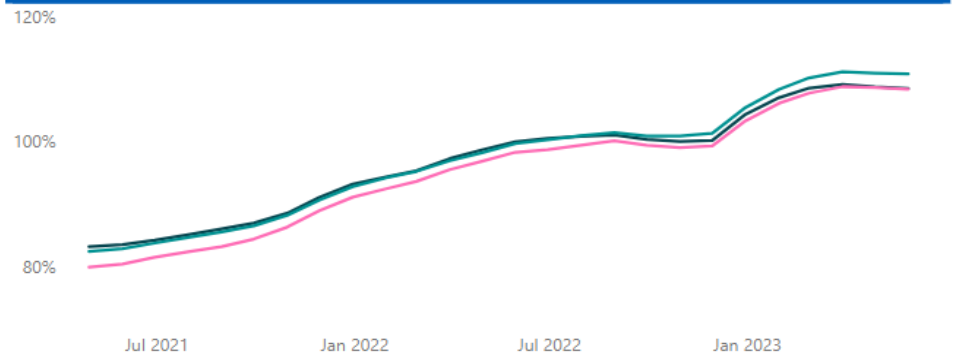
Target / National Average*
87.1%

National Value
98.6%

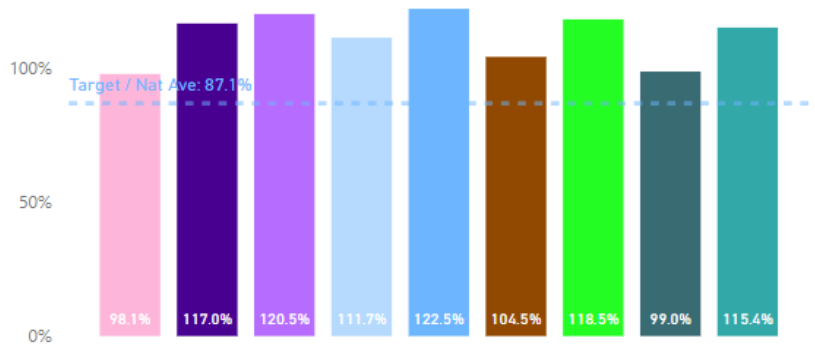
ICS Benchmark Group Data - Latest Period

OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	98.1%	98.1%	↘	87.1%	30/106
Halton (Sub ICB)	SubICB	117.6%	117.0%	↘	87.1%	91/106
Knowsley (Sub ICB)	SubICB	119.8%	120.5%	↗	87.1%	100/106
Liverpool (Sub ICB)	SubICB	112.2%	111.7%	↘	87.1%	72/106
South Sefton (Sub ICB)	SubICB	123.1%	122.5%	↘	87.1%	102/106
Southport & Formby (Sub ICB)	SubICB	104.8%	104.5%	↘	87.1%	49/106
St Helens (Sub ICB)	SubICB	118.7%	118.5%	↘	87.1%	95/106
Warrington (Sub ICB)	SubICB	99.3%	99.0%	↘	87.1%	33/106
Wirral (Sub ICB)	SubICB	115.9%	115.4%	↘	87.1%	86/106

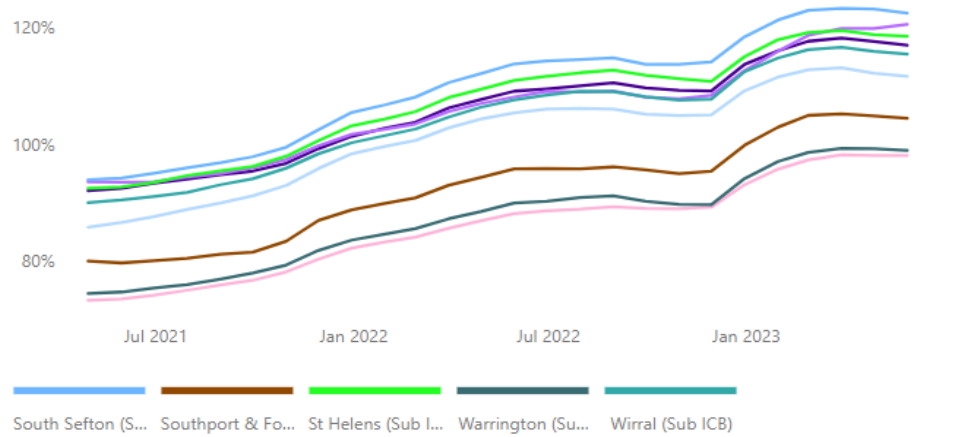
ICB Peer Group



Benchmark Group - Latest Period



Benchmark Group Trends



Page 109

Updated

SOF: S047a – Proportion of People over 65 Receiving a Seasonal Flu Vaccination

Aristotle xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region: North West | Org Type: SubICB | Focus Organisation: Wirral (Sub Icb) | Focus Indicator: S047a: Proportion of peo... | Aggregation Source: SubICB | Benchmark Group: SubICB | Show/Hide Peers: All | Reset Peers

Wirral (Sub Icb)

S047a: Proportion of people over 65 receiving a seasonal fl...

2023 02

Latest Value: 81.1%

Rank: 54/106

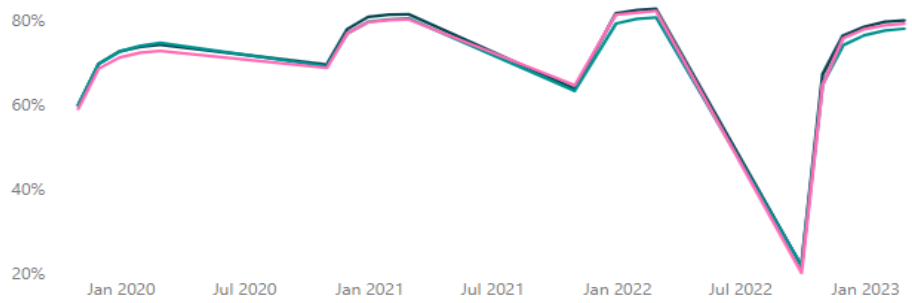
Target / National Average*: 85%

National Value: 79.9%

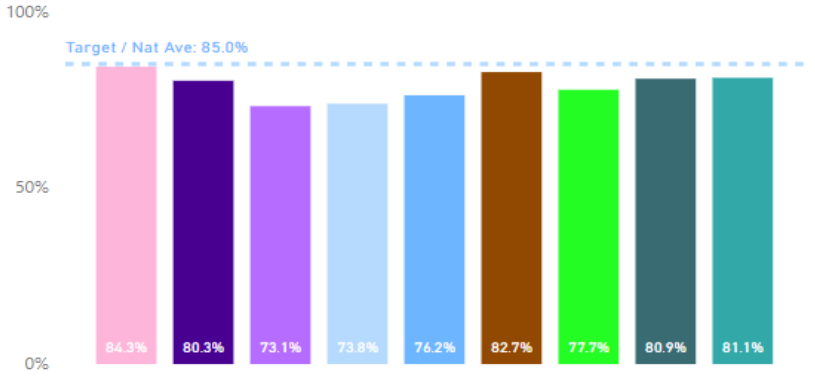
ICS Benchmark Group Data - Latest Period

OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	83.9%	84.3%	↗	85%	10/106
Halton (Sub ICB)	SubICB	79.8%	80.3%	↗	85%	65/106
Knowsley (Sub ICB)	SubICB	73.2%	73.1%	↘	85%	98/106
Liverpool (Sub ICB)	SubICB	73.2%	73.8%	↗	85%	94/106
South Sefton (Sub ICB)	SubICB	75.5%	76.2%	↗	85%	88/106
Southport & Formby (Sub ICB)	SubICB	82.2%	82.7%	↗	85%	32/106
St Helens (Sub ICB)	SubICB	77.3%	77.7%	↗	85%	83/106
Warrington (Sub ICB)	SubICB	80.5%	80.9%	↗	85%	62/106
Wirral (Sub ICB)	SubICB	81.0%	81.1%	↗	85%	54/106

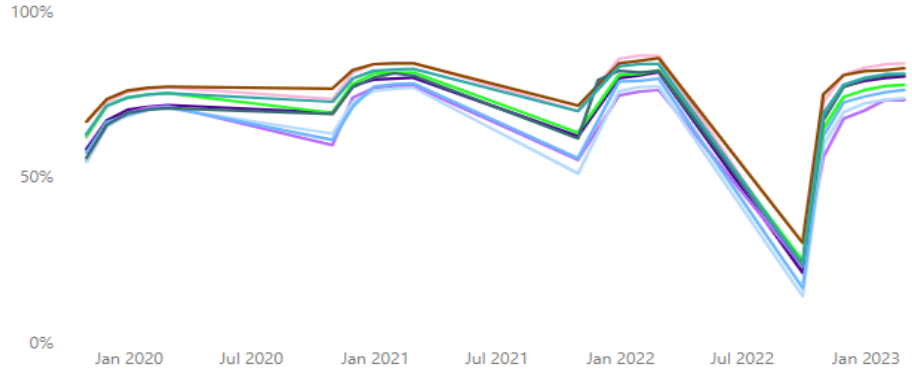
ICB Peer Group



Benchmark Group - Latest Period



Benchmark Group Trends

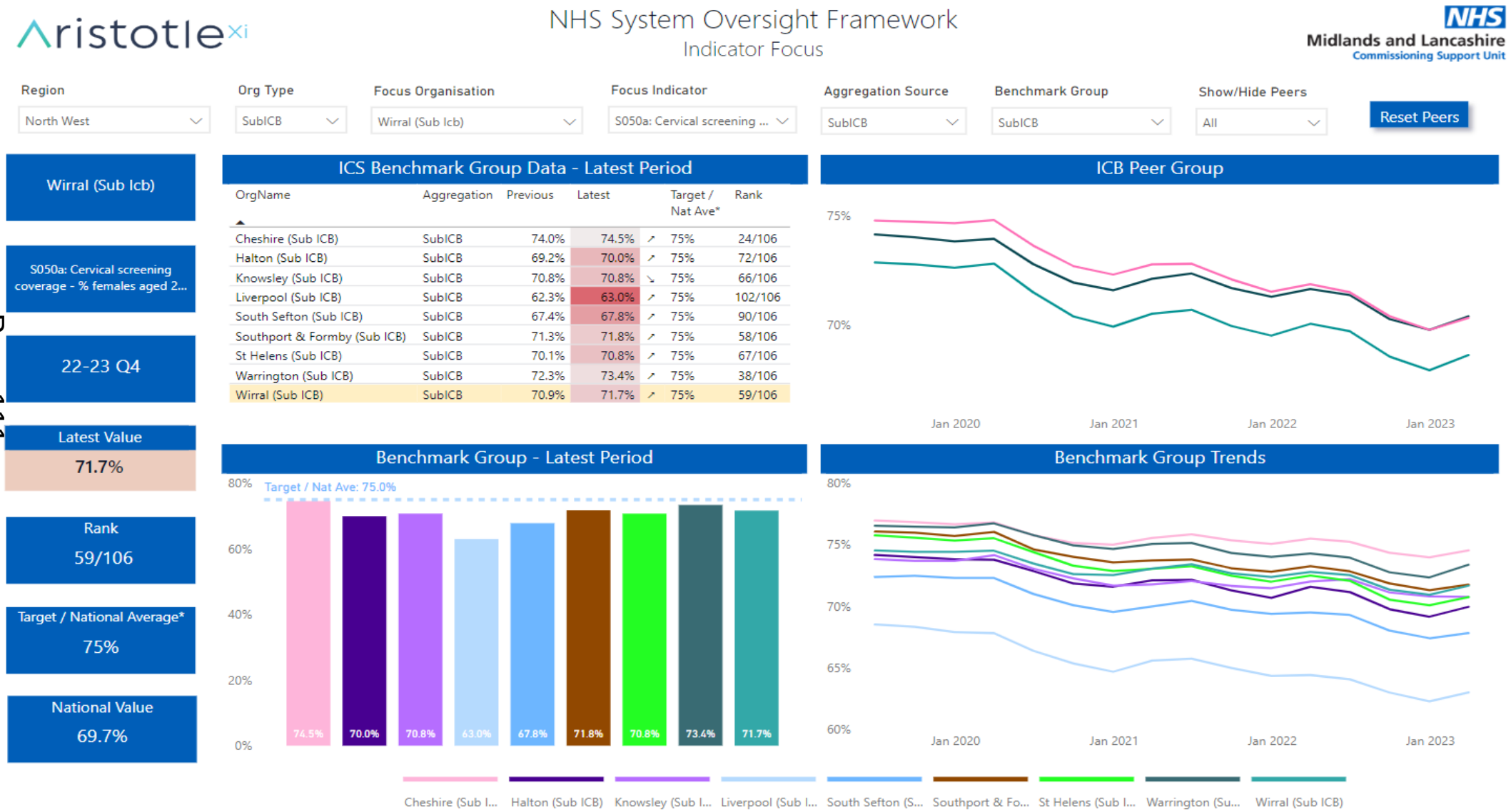


Cheshire (Sub I... | Halton (Sub ICB) | Knowsley (Sub I... | Liverpool (Sub I... | South Sefton (S... | Southport & Fo... | St Helens (Sub I... | Warrington (Su... | Wirral (Sub ICB)

Page 110

SOF: S050a – Cervical Screening Coverage - % Females ages 25 – 64 Attending Screening Within the Target Period

Updated



Updated

SOF: S053b – Hypertension patients treated to NICE guidance targets

Aristotle xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region: North West | Org Type: SubICB | Focus Organisation: Wirral (Sub Icb) | Focus Indicator: S053b: % of hypertension... | Aggregation Source: SubICB | Benchmark Group: SubICB | Show/Hide Peers: All | Reset Peers

Wirral (Sub Icb)

S053b: % of hypertension patients who are treated to ta...

2022-23

Latest Value
65.5%

Rank
85/106

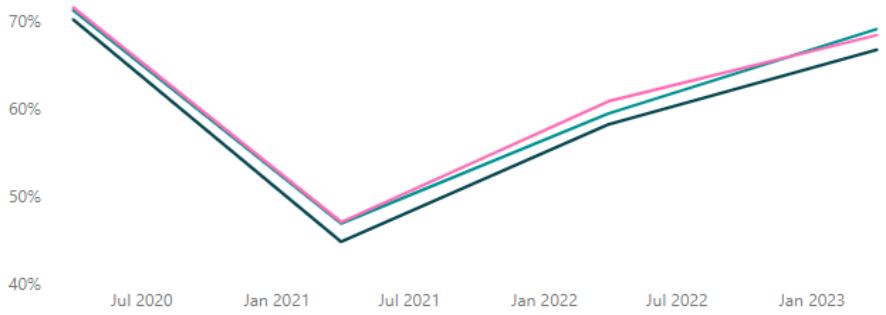
Target / National Average*
80%

National Value
68.2%

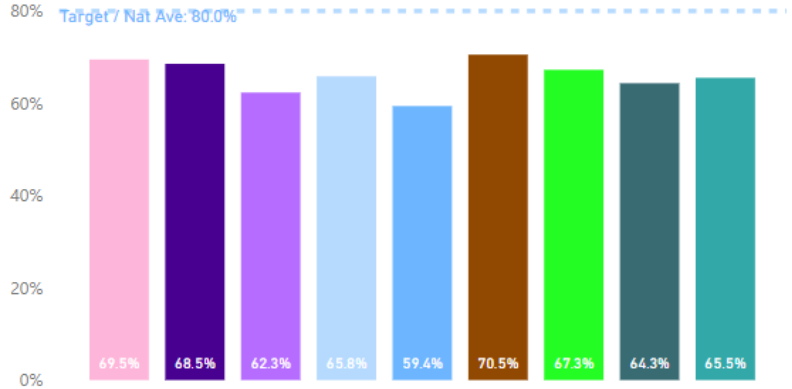
ICS Benchmark Group Data - Latest Period

OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	60.7%	69.5%	↗	80%	34/106
Halton (Sub ICB)	SubICB	57.1%	68.5%	↗	80%	55/106
Knowsley (Sub ICB)	SubICB	53.6%	62.3%	↗	80%	103/106
Liverpool (Sub ICB)	SubICB	57.3%	65.8%	↗	80%	84/106
South Sefton (Sub ICB)	SubICB	52.3%	59.4%	↗	80%	105/106
Southport & Formby (Sub ICB)	SubICB	62.8%	70.5%	↗	80%	24/106
St Helens (Sub ICB)	SubICB	58.1%	67.3%	↗	80%	67/106
Warrington (Sub ICB)	SubICB	58.0%	64.3%	↗	80%	96/106
Wirral (Sub ICB)	SubICB	57.7%	65.5%	↗	80%	85/106

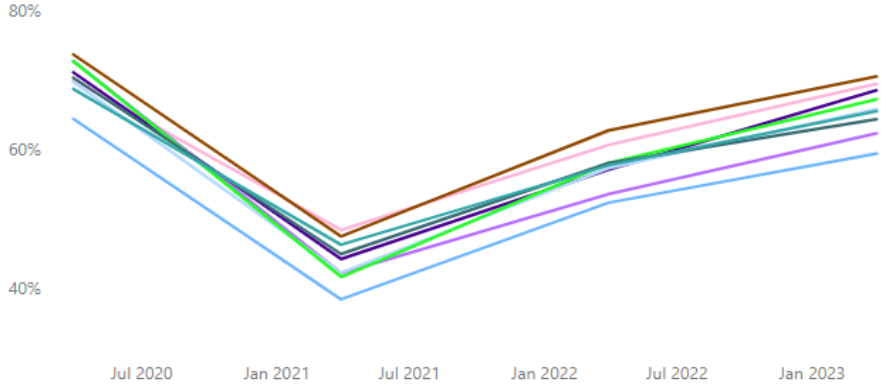
ICB Peer Group



Benchmark Group - Latest Period



Benchmark Group Trends



Cheshire (Sub I... | Halton (Sub ICB) | Knowsley (Sub I... | Liverpool (Sub I... | South Sefton (S... | Southport & Fo... | St Helens (Sub I... | Warrington (Su... | Wirral (Sub ICB)

No Change

SOF: S081a – Access rate for IAPT services

Aristotle Xi

NHS System Oversight Framework
Indicator Focus

NHS Midlands and Lancashire Commissioning Support Unit

Region	Org Type	Focus Organisation	Focus Indicator	Aggregation Source	Benchmark Group	Show/Hide Peers
North West	SubICB	Wirral (Sub Icb)	S081a: Access rate for IAP...	SubICB	SubICB	All

Reset Peers

Wirral (Sub Icb)

S081a: Access rate for IAPT services

2023 03

Latest Value
77.1%

Rank
32/106

Target / National Average*
100%

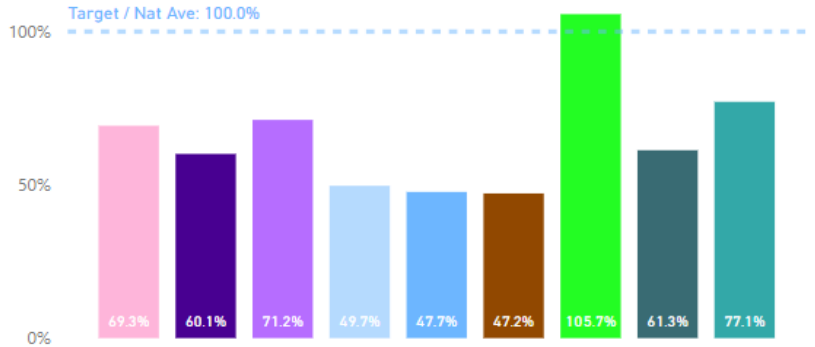
National Value
(Blank)

ICS Benchmark Group Data - Latest Period

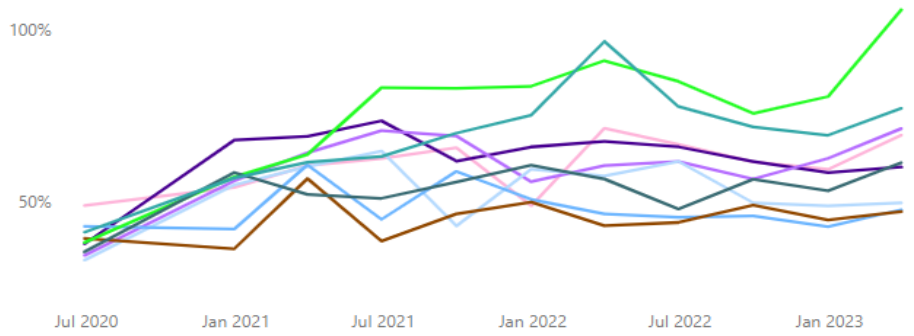
OrgName	Aggregation	Previous	Latest		Target / Nat Ave*	Rank
Cheshire (Sub ICB)	SubICB	59.4%	69.3%	↗	100%	48/106
Halton (Sub ICB)	SubICB	58.5%	60.1%	↗	100%	76/106
Knowsley (Sub ICB)	SubICB	62.6%	71.2%	↗	100%	44/106
Liverpool (Sub ICB)	SubICB	48.8%	49.7%	↗	100%	97/106
South Sefton (Sub ICB)	SubICB	42.8%	47.7%	↗	100%	98/106
Southport & Formby (Sub ICB)	SubICB	44.7%	47.2%	↗	100%	99/106
St Helens (Sub ICB)	SubICB	80.5%	105.7%	↗	100%	2/106
Warrington (Sub ICB)	SubICB	53.2%	61.3%	↗	100%	74/106
Wirral (Sub ICB)	SubICB	69.3%	77.1%	↗	100%	32/106

ICB Peer Group

Benchmark Group - Latest Period



Benchmark Group Trends



Cheshire (Sub I... | Halton (Sub ICB) | Knowsley (Sub I... | Liverpool (Sub I... | South Sefton (S... | Southport & Fo... | St Helens (Sub I... | Warrington (Su... | Wirral (Sub ICB)

GP Appointments Summary – June 2023 (GPAD)

Place Summary

Cheshire and Merseyside Health and Care Partnership

Filters Clear all filters

Reporting Month: Jun 23

National Category: All

Health Care Professional Type: All

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Total
Appointments	191,566	176,622	56,156	75,305	255,812	120,953	85,579	100,436	199,310	1,261,739
Appt per 1,000 Pop	454.57	457.50	413.87	440.50	441.96	424.02	426.03	442.78	583.03	459.19
Mode % Face-to-Face Appts	64.0%	63.5%	74.6%	71.9%	60.7%	61.5%	65.5%	80.8%	72.7%	66.8%
Mode % Telephone Appts	30.1%	32.1%	23.6%	26.7%	37.8%	28.7%	26.7%	16.4%	23.3%	28.9%
Mode % Home Appts	2.2%	2.9%	1.7%	1.4%	1.2%	1.6%	1.8%	0.6%	2.5%	1.9%
Time % Same Day Appts	42.3%	44.0%	47.5%	42.4%	53.8%	50.8%	46.2%	48.2%	42.5%	46.7%
Time % 1 Day Appts	6.9%	7.7%	7.1%	10.3%	9.7%	8.4%	9.6%	9.2%	8.4%	8.5%
Time % 2 to 7 Day Appts	18.4%	19.4%	14.5%	21.0%	17.9%	18.0%	18.3%	17.1%	18.6%	18.3%
Time % 8 to 14 Day Appts	14.3%	13.7%	11.4%	12.0%	8.8%	10.2%	11.4%	11.1%	14.4%	12.0%
Time % 15 to 21 Day Appts	8.1%	6.8%	8.5%	7.2%	4.6%	6.5%	6.9%	6.6%	8.0%	6.8%
Time % 22 to 28 Day Appts	6.0%	4.7%	6.4%	4.1%	3.1%	3.4%	4.4%	4.0%	4.8%	4.4%
Time % > 28 Day Appts	4.0%	3.6%	4.4%	3.0%	2.0%	2.7%	3.1%	3.8%	3.3%	3.2%
Time % Unknown/Data Issues	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%
HCP % GP Appointments	51.1%	48.2%	48.4%	47.0%	53.2%	56.3%	48.0%	50.4%	45.8%	50.2%
HCP % Other Appointments	47.5%	51.4%	48.9%	52.3%	42.1%	39.4%	51.1%	48.0%	46.9%	46.7%
HCP % Unknown Appointments	1.4%	0.4%	2.7%	0.7%	4.7%	4.3%	0.9%	1.6%	7.2%	3.1%

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Total
Total Appointments Over Time										
Mode % Face-to-Face Appts by Over Time										
Time % Same Day Appts Over Time										
HCP % GP Appointments by Date of Appt.										

CHC Summary – Wirral

Wirral CCG

Everything | Headlines | Board | Peers

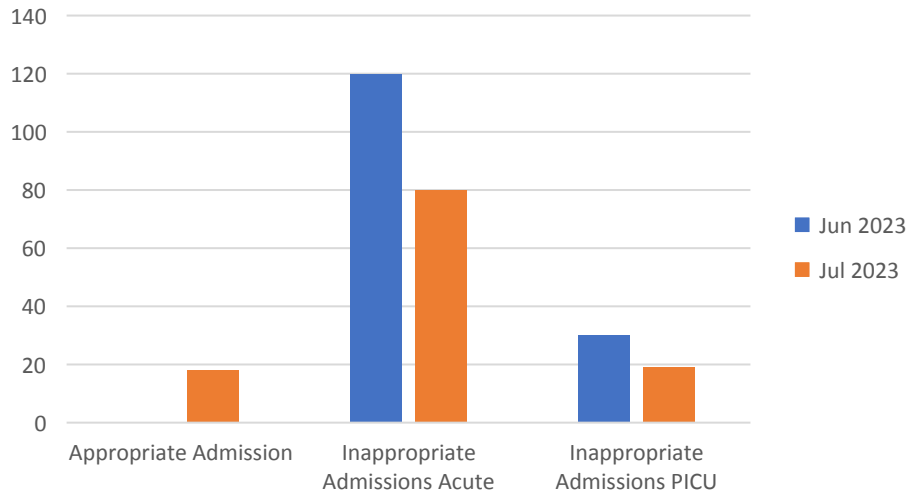
Default | Filters | Aug 23

	Key Performance Indicator	Period	Target		SPC	Last 12 Months	Centile
985	CHC Local Resolution per 50k	Q1 23/24	0.60	1.6			4
972	CHC New Standard Referrals per 50k	Q1 23/24	14.00	29.8			7
982	CHC Standard Assessed as No Longer Eligible per 50k	Q1 23/24	3.00	6.2			9
971	CHC New Referrals per 50k	Q1 23/24	40.00	68.1			15
981	CHC Assessed as No Longer Eligible per 50k	Q1 23/24	26.00	42.1			16
979	CHC Standard Assessed as Eligible per 50k	Q1 23/24	3.00	5.5			17
983	CHC Fast Track Assessed as No Longer Eligible per 50k	Q1 23/24	23.00	36.0			17
978	CHC Assessed as Eligible per 50k	Q1 23/24	28.00	44.0			21
980	CHC Fast Track Assessed as Eligible per 50k	Q1 23/24	25.00	38.5			22
975	CHC % Assessed as Eligible	Q1 23/24	75.0%	70.3%			31
973	CHC New Fast Track Referrals per 50k	Q1 23/24	26.00	38.3			31
974	CHC % Referrals Completed Within 28 Days	Q1 23/24	75.0%	76.8%			44
987	CHC Std Assessment Conversion Rate	Q1 23/24	22.0%	22.7%			48
976	CHC % Standard Assessed as Eligible	Q1 23/24	25.0%	22.7%			48
988	CHC Std Referral Conversation Rate	Q1 23/24	17.0%	18.3%			49
984	CHC DSTs Completed per 50k	Q1 23/24	12.00	22.0			88
986	CHC Local Resolution % Eligible	Q1 23/24	23.00%	0.0%			100
977	CHC % Fast Track Assessed as Eligible	Q1 23/24	95.0%	100%			100

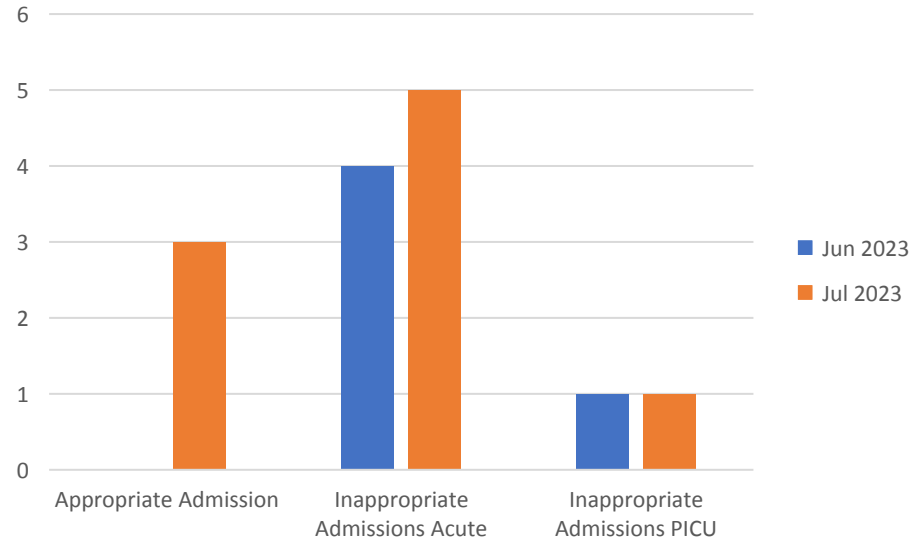
Source : public view

Mental Health out of area placement report – Wirral

Total Number of Bed Days



Total Number of Patients



Source : CWP

WIRRAL PLACE BASED PARTNERSHIP BOARD

28th SEPTEMBER 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 This report covers the meeting of the Strategy and Transformation Group (STG) held on 20th July 2023 and 17th August 2023. There is a STG meeting scheduled for 21st September 2023, a report from this meeting will be submitted to the Wirral Place Based Partnership Board in October 2023.

3.2 The meeting held on 20th July 2023 considered the following items of business.

3.2.1 **Governance Update:** The Group received an update on the outcomes of the Wirral Place Based Partnership Board held on 22nd June 2023, at which the Governance Manual was approved. The Group was updated on the next steps in developing Place governance, including a review of the Terms of Reference of supporting groups such as the STG. There will also be work on a risk register for the Group.

3.2.2 **Moderation Exercise:** The Group received a presentation from the Associate Director of Finance and Performance (Wirral), NHS Cheshire and Merseyside on the outcomes of the moderation exercise to prioritise the 2023/24 financial allocations for the urgent and emergency care system. This has enabled the Unscheduled Care Programme to prioritise delivery activities in 2023/24.

3.2.3 **Wirral Mental Health Urgent Response Centre – Strategic Outline Case:** The Group discussed a strategic outline case for the development of a mental health Urgent Response Centre (URC) in Wirral. The proposal is to co-locate several urgent care teams both within Cheshire and Wirral Partnership NHS Foundation Trust and external partners to enhance the collaborative approach to deliver person centred care to people in mental health crisis. The development of the URC would enhance a first response approach to delivering an urgent care mental health response for people in crisis who do not require Emergency Department attendance.

3.2.4 There are opportunities for a system wide response which is deployed from the First Response Service, Children and Young People, Urgent Support Teams and other partners will support effective triage and divert from ED into the community assets which will include Crisis Cafes and peoples' own homes. This would reduce footfall

through local Emergency Departments. The URC would create a centralised point within Wirral footprint for all urgent mental health work requests and distribute the need and demand across existing services in a co-ordinated way, utilising all the different skills within the teams. Staff would work across community and Emergency Department as part of the urgent mental health response. This would reduce the peaks and troughs of individual service demand and level the overall response. This function would also support North West Ambulance Service and Police forces, and therefore ensure people with mental health needs are not being conveyed to ED unless they required physical health interventions (e.g. those who have self-harmed). The proposal would also support ED pressures and reduce the risk of vulnerable people with mental health needs being unnecessarily conveyed to ED with the ethos of the centre being home/community first.

3.2.5 The Group supported the proposal and agreed that it needed further discussion at the Wirral Place Based Partnership Board.

3.2.6 **Wirral Place Dementia Strategy 2022-2025 Update:** The Group reviewed the Quarter 1 update on the Wirral Dementia Strategy 2022-2025. The Wirral Dementia Strategy 2022-2025 is a joint strategy across the health and social care system which aims to improve the quality of dementia care across the borough. The Wirral Place Dementia Strategy 2022-20255 aims to bring greater alignment of services and more creative responses to people's needs. It focuses on improving the quality of dementia care across Wirral Place by:

- Improving diagnosis.
- Support and care after diagnosis.
- Enabling people to live well in their homes for longer.
- End of life care.
- Education training and workforce.

The Group noted the work underway to deliver the aims of the strategy.

3.2.7 **Programme Reporting and Work Programme**: The STG discussed proposals for programme reporting, to ensure that there is oversight and assurance of the work streams that will be delivered as part of the Wirral Health and Care Plan. Once programme reporting had been agreed a work programme for the STG would be developed. It was agreed that a proposal for programme reporting should be brought to the July meeting.

3.3 The meeting held on 17th August 2023 considered the following items of business.

3.3.1 **Winter Planning 2023/24:** The Group received an update on the requirements for Winter Planning. NHS Cheshire and Merseyside will be coordinating a response across all nine Places. The Wirral Place response will be supported by the Unscheduled Care Programme.

3.3.2 **Right Care, Right Person:** Right Care, Right Person (RCRP) is a national programme aimed at ending the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs. It has the support of the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England.

3.3.3 Police forces are the lead organisations for the implementation of RCRP. Detailed guidance will support the implementation of RCRP by strong partnerships between police forces, health bodies and local authorities in a way that best meets the needs of the local population and the shared aims of the agencies involved.

3.3.4 The RCRP approach creates a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring by or towards the person; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

3.3.5 The threshold should be used in a way that is responsive to dynamic and changeable situations and may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally.

3.3.6 When the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to mental health or other suitable services. Under RCRP local areas will be working towards handovers taking place within one hour, which will require a coordinated approach with NHS acute trusts, mental health providers and the police.

3.3.7 Cheshire Police and Merseyside Police have established strategic and operational groups to support a phased implementation of RCRP. They are both committed to work collaboratively with partners across the Integrated Care System (ICS). NHS Cheshire and Merseyside has also engaged with British Transport Police.

3.3.8 There is a significant amount of activity underway through the Cheshire and Merseyside Mental Health Programme, specifically through the Crisis Care work stream, that complements RCRP implementation. This includes developments such as crisis cafés, the development of Mental Health Urgent Response Centres, crisis line improvements and expansion including First Response Incident Support Service (FRISS) and access to specialist ambulances. There are also specific actions being taken to improve s136 processes and responses.

3.3.9 The Group discussed the impact RCRP on the Wirral system. Merseyside Police are the responsible service for the implementation of RCRP in Wirral and will be working with NHS Cheshire and Merseyside, Cheshire and Wirral Partnership NHS Foundation Trust, Wirral Council and Wirral University Teaching Hospitals NHS Foundation Trust over the coming months.

3.3.10 **Intermediate Care Beds Review:** In June 2021, NHS Wirral Clinical Commissioning Group (CCG) agreed to commission a new Discharge to Assess (D2A) bed-based model for “people who are clinically optimised and do not require an acute bed but may still require care services provided with short term, funded support”. The main component of this model was to consolidate existing intermediate care beds provided across five existing sites into three wards comprising of 71 beds at the Clatterbridge Hospital site. These are referred to as the “CICC beds”.

3.3.11 NHS Cheshire and Merseyside and Wirral Council are undertaking a review of the existing service provision, delivery of expected outcomes and return on investment. The review is taking place alongside a longer-term place-based capacity and demand modelling exercise to inform future commitments to intermediate care provision in Wirral. The procurement of future requirements and contract award to a preferred provider will follow the outcomes of the second phase of the review.

3.3.12 The Group received an update on the progress being made in this review. The review is expected to conclude in December 2023 to inform decision making in early 2024.

3.3.13 **Programme Reporting and Work Programme**: The Group approved the reporting arrangements for key work programmes. Each programme Senior Responsible Officer (SRO) will provide a monthly progress update using SmartSheets. Each Month a Deep Dive will be presented by a Programme SRO, or person nominated by the SRO, as part of the STG agenda. The order of these Deep Dives was agreed by the Group as below:

- Phase 1: Cancer, Elective Care and Diagnostics
- Phase 2: Digital Maturity, Children and Young People and Neighbourhoods
- Phase 3: Maternity, Mental Health and Learning Disabilities and Autism
- Phase 4: Population Health Management, Primary and Community Care and Medicines Optimisation

3.3.14 The Group also discussed whether there should be Executive Sponsors for each work stream. It was also suggested that Estates and Sustainability could report to the STG rather than the Place Based Partnership 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 be applied to the organisation's business in each Place. This will be considered by the Place Based Partnership Board in October 2023.

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**
Place Director (Wirral), NHS Cheshire and Merseyside
email: simon.banks@cheshireandmerseyside.nhs.uk

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	13th October 2022 8th December 2022 9th February 2023 9th March 2023 22nd June 2023 27th July 2023

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WIRRAL PLACE BASED PARTNERSHIP BOARD

28th SEPTEMBER 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 the exercise of 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 two occasions. This report covers the meetings held on 27th June 2023 and 25th July 2023.

3.2 The meeting held on 27th June 2023 considered the following items of business.

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

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

3.2.3 **Primary Care Report**: The Group received updates on the following;

3.2.4 **Progress against Fuller Stocktake Review**: The Group considered an update on the progress to-date against the recommendations within the Fuller Stocktake Review. It was noted that some of the recommendations are outside of local level control and are awaiting more guidance from NHS England (NHS E). It was agreed this would be a standing agenda item for the Group.

3.2.5 **Primary Care Transformation Fund**: The Group received an update on two bids submitted by Wirral Primary Care Networks (PCNs). Bid 1, - Wirral Acute Hub, was for the development and expansion of the Acute Respiratory Infection (ARI) Hubs established during Winter 2022. The proposal is for Wirral wide hub(s) to provide comprehensive care enabling the management of urgent, same-day, and long-term conditions for all PCN registered patients. Bid 2 was for a collaboration between Healthier South Wirral PCN and Wirral University Teaching Hospital to enhance integration delivering a new clinical model for Women's Health. Decisions on these bids were expected by early August 2023.

3.2.6 **Primary Care Capacity Access Recovery Plans**: The Group were updated on PCN plans for improving capacity and access recovery - The three areas of focus being (i) patient experience of contact (ii) ease of access and demand management and (iii) accuracy of appointment recording. The plans outline the baseline starting position and there will be actions to progress and develop.

3.2.7 **Primary Care Dashboard development**: The Group reviewed an initial proposed dashboard detailing a wide range of indicators. The Group agreed that the dashboard is beneficial while the NHS Cheshire and Merseyside wide dashboard is being developed. It was suggested to add in narrative around the data and the period covered by the data collected.

3.2.8 **Primary Care Finance**: The Group received a report that detailed the base budget for Wirral Place Delegated Primary Care Commissioning for the financial year 2023/24 which is £63.469m which is the 3rd largest in Cheshire and Merseyside. There is an anticipated £1m overspend and the Group noted the inherited legacy overspend from the previous CCG.

3.3 The meeting held on 25th July 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 reviewed progress against the work plan for 2023/24.

3.3.3 **Neighbourhoods**: The two trailblazers neighbourhoods are Birkenhead A and Wallasey C and now moving into mobilisation of the model and undertaking asset mapping and engagement with the population. Alongside this there is a co-production piece of work being done on the population health dashboard for these neighbourhoods.

3.3.4 **Asylum Seeker support:** The Group were informed that a meeting had recently taken place between Halton Place and the Home Office regarding asylum seekers and a general update had been provided for NHS Cheshire and Merseyside Executives. It was felt that more funding is a definite requirement as there is often more expenditure than reimbursement for this level of support.

3.3.5 **Primary Care Update**: The Group considered a paper on the non-core funding for locally commissioned services which accounts for approximately £1.284m of the Primary Care budget. This includes schemes and services across General Practice, Opticians and Community Pharmacy.

3.3.6 **Other contractor updates**: The Group discussed an update from NHS England about a dental provider who has five contracts (two on Wirral) where there was an under-performance issue against contract. Formal action is being taken by NHS England to resolve the situation.

3.3.7 **Primary Care Quality Scheme 2022/23**: The Group received a paper on the achievement metrics for each general practice and proposed payments to conclude last year's scheme.

3.3.8 **Primary Care Finance**: Members were asked to note:

- the year-to-date position as at Month 3 is an adverse variance to plan of £0.348m against a budget of £15.867m.
- The forecast year-end position as at Month 3 to 31st March 2024, is an adverse variance to plan of £1.349m and the risk and mitigations to delivery against the budget of £63.469m.

3.3.9 Members were also asked to note the amendments to the 2023/24 budget which were set out in the paper. Premises costs reimbursements are reporting a forecast overspend and there is one budget mitigation relating to GP Access that was not included in the delegated budget due to the timing of GP delegated commissioning to NSH Wirral CCG back in April 2020.

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**
Place Director (Wirral), NHS Cheshire and Merseyside
email: simon.banks@cheshireandmerseyside.nhs.uk

APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Date: 28 September 2023

REPORT TITLE:	**HEALTHWATCH WIRRAL UPDATE SEPT 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. There are no direct legal implications arising from this report.

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 the experiences that local people have in relation to health and social care services. It is crucial to listen and properly engage with the local population to ensure that services reflect their needs. Quality reporting of gathered data provides good representation essential for improving services and 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 Sept 2023

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	22 June 2023 9 February 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, provision 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 observations and findings.

OUR UNIQUENESS:

We are uniquely placed to have conversations with patients about their lived experience with health and social care. We listen, observe, gather, interpret and report on the lived experience of local people to provide knowledge to help inform decisions about the planning and provision of both health and social care.

Healthwatch is independent and the way we work is designed to give local people a powerful voice.

We gather inequalities data and we have aligned our priorities again this year to the Core20Plus5 focussing on the Plus5 element and to include Carers, Language & Translation, Sensory Impairment and Interpretation support, ensuring that HWW priorities are in tune with the local system.

Since our last report at Place:

We were kindly invited to attend the Wirral Local Dental Council. This allowed a direct flow of up-to-date feedback and information to help us keep the public up-to-date. One of the dentists offered to come and talk at our BRIDGE Forum about the initiative Mouth Care Matters. as we were keen to explore the availability of dental care to those in care homes.

We are promoting the use of our online Feedback Centre. It is free and easy for the public to use and provides data in real time identifying successes and highlighting potential areas of concern. Our Feedback Centre can be found here: https://speakout.healthwatchwirral.co.uk/

All services in Wirral can make use of this and the data we receive generates some of the information that we present here. It is an ideal opportunity for longer term feedback. We can capture an overall rating of the service

provider, a summary and details about the user's experience, user's location, ratings for: cleanliness, staff attitude, waiting time, treatment explanation & quality of care; we can also find out whether people would recommend the service, or not – which can support the Friends & Family Testing.

Space for special praise for staff, help regarding making a complaint about the NHS and the details from the person leaving feedback (unless they wish to remain anonymous).

We moderate all reviews and collate valuable data. We routinely check and refresh providers details and encourage everyone who delivers, as well as those who are in receipt of care, to use it.

WIDER WORK

GP Enhanced Access Review

We are evaluating, reviewing and feeding back on plans, delivery and the impact of the GP Enhanced Service across Wirral. We are encouraging the sharing of best practice across the PCNs, such as community engagement events, and we are helping to raise the profile, of the GP Enhanced Access offer, through public engagement and our outreach work.

We have already started to see the impact of this work with two PCN's developing bespoke Care Navigation Training for non-clinical staff & three more engaging in creative ways to engage with patients.

We are utilising our duties of Enter & View within this process so that we can observe the environment, speak to staff about their challenges and talk to patients about any problems or praise, whilst we are on site.

We are conducting an online survey and been meeting with a wide range of community groups to ensure we are hearing the views of a diverse range of Wirral residents. We are offering the opportunity for people to gain support to

complete paper versions of the survey as not all are able to access it online or just simply prefer face-to-face.

With over 700 survey responses from members of the public about GP appointments we will have a rich source of data relating to people's experiences with appointments via General Practices. Data will be compared, where possible with the national picture to provide a local focus. We look forward to sharing the results with you.

Evaluation of Family Therapy

We completed an independent evaluation focusing on improving the wellbeing of carers from families living with a severe mental illness (SMI) and/or neurodevelopmental disorder (ND). To understand whether wellbeing, in its broadest sense, improved through a flexible and creative approach to providing therapy. We used online, face-to-face and telephone interviews and a survey.

Results from this independent evaluation highlight overwhelmingly that providing tailor-made support to families and carers of those living with mental health and/or neurodevelopmental issues via Space 2B You's flexible family intervention (FFI) was extremely effective in improving general wellbeing for carers.

We are also evaluating a similar, but larger piece of work in another area.

Microsoft Word - Healthwatch Wirral's Independent Evaluation of Space 2B You's Flexible Family Intervention Wirral.docx

BRIDGE Forum

This monthly Forum is well attended & offers opportunities for the sharing of information. At the last meeting we had speakers from Statutory and community groups.

https://healthwatchwirral.co.uk/report/bridge-forum-notes-26th-july-2023/

Current work also includes:

1. Care Navigation Training (Bronze, Silver & Gold levels) for Brighter Birkenhead and Meols & Moreton PCNs

2. Enter & View Programme is ongoing with plans to visit a range of services.

3. The Healthwatch Wirral Independent NHS Complaints Advocacy Service currently has an active caseload of 25. We have noticed that cases are becoming increasingly complex.

4. Pathway Zero and Wellbeing Calls to patients recently discharged from hospital. This is a support project to reduce the number of people being readmitted into WUTH, reduce the attendances at A&E and ongoing and contributing to Winter Planning.

E-bulletin

We have over 400 people receiving our monthly bulletin and almost 2,000 following our social media.

Meetings

Our Team ensure that we are speaking to the public and representing them at a wide range of meetings, including:

1. Strategy & Transformation – Place
2. Quality & Performance – Place and ICS
3. Primary Care Committee – Place

4. Core20Plus5 Group – Place
5. Wirral Place Based Partnership Board – Place
6. Wirral Digital Accelerator Group - Place
7. Health &Wellbeing Board – Place
8. Mental Health System Board – Place
9. Crisis Care Concordat (Adults/children's) Place
10. Wirral Adult Safeguarding Partnership Board (+ subgroups) Place & ICS
11. Treat Me Well- Mencap Learning Developments & Mencap Information, Advice, Advocacy Steering Group - Place
12. Connecting Health Communities Wirral - Place
13. C&M Transformation Group – ICS
14. Primary Care Board – ICS
15. System Quality Group – ICS
16. Health Care Partnership – ICP C&M
17. Community Mental Health Transformation Prog Board – Place & ICS
18. Clinical Effectiveness Group (+ subgroups – Bariatric Surgery, Hydration and UTIs, Comms) - ICS
19. Primary Care Board – ICS
20. Patient & Family Experience Group – WUTH
21. Discharge Cell – WUTH
22. Inclusive Promise Groups x 2 (Care, Safe)- WUTH
23. Welcome Promise Ward folders group - WUTH
24. Promise Group - Trans & non-binary sub-group WUTH
25. UECUP Communications and Engagement Workstream - WUTH
26. Active Wirral - working with LJMU – Wirral Council
27. Coproduction Strategy for Wirral – Wirral Council
28. Neuro Developmental Pathway Model development Group/Diagnostic Pathway
29. Keep Wirral Well Comms Collaborative
30. Dementia Strategy Board Cheshire & Merseyside & ICS
31. EDS23 work across C&M and Wirral Trusts

32. 'Joy'- HWW specifically involved in the Inclusion work.
33. All Age Disability Partnership - Place
34. Flu Steering Group - Place
35. C&M System work/learning sets- Population Health Management- PH
36. Community Of Practice
37. C&M Care Home Collaborative - ICS
38. Wirral Residential/supported Living Forums
39. CQC inspection / Wirral Social Care
40. Supported Carers strategy – Wirral Council
41. Coadaptation of ERS Framework
42. Carers Partnership Committee
43. Urgent Community 2 Hour Response Service - CT
44. Community Advisory Group

Author : - **Kirsteen Sheppard** - Business Development & Volunteer Manager
kirsteen.sheppard@healthwatchwirral.org.uk

QUARTERLY REPORT DATA

This report covers public feedback about health and social care services received during the period May-Aug 2023 and gathered through a range of different channels including our online Feedback Centre, phone calls, emails and face-to-face work (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 services).

HIGHLIGHTS from this report

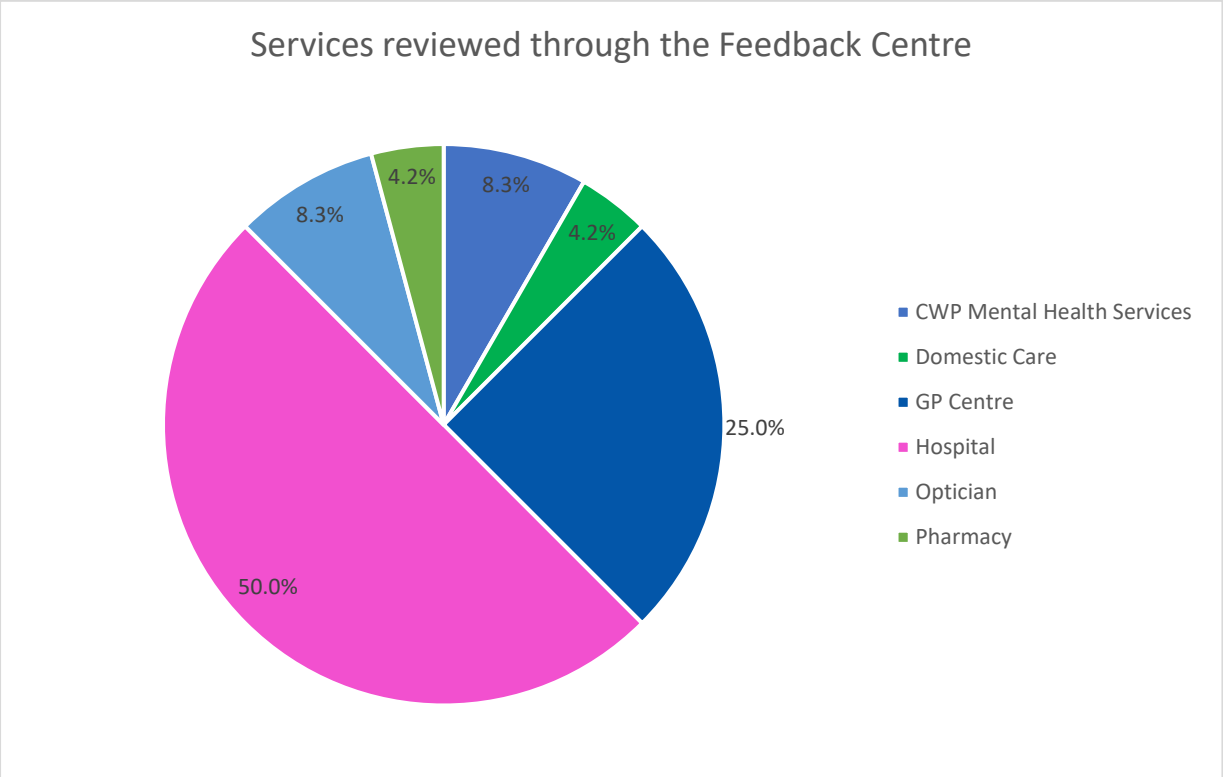
- The majority of feedback received in this period is about Hospitals and GP Practices
- The other services we heard about most frequently during this period were Mental Health Services
- We heard from more women than men (66% female, 34% male)

- 80% (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 65 to 79 years old followed by people aged 80 years or more.
- We have identified the following main themes based on the most frequently mentioned concerns by service users:
    - Communication between health professional and patient
    - Access to dental care
    - Access to GP appointments

Public Feedback

Online Feedback Centre – May 2023 to August 2023 data

Chart 1



- **50%** of all online feedback related to **hospitals** (down from **58%** in June)

The vast majority of the feedback related to Arrowe Park Wirral University Teaching Hospital.

- **25%** of all online feedback was about **GPs** (up from with **15%** in Jun)

- Mental Health Services and Opticians also received 8.3% of feedback on our online platform

- We received limited online feedback on other services including Pharmacies and Domestic Care

Phone calls, emails and face-to-face conversations

Some contacts shared their experience about more than one service (e.g. GP and hospital).

**Please refer to Chart 2*

- **19.8%** of all contacts logged on IMS (HWW's Integrated Management System) relate to **hospitals** (down from **28%** in June)

- **12.6%** of contacts were about **GPs** (down from with **16%** in June)

- **10.8%** of contacts related to Advocacy which relates to patients experiences and supporting patients in accessing health and social care services

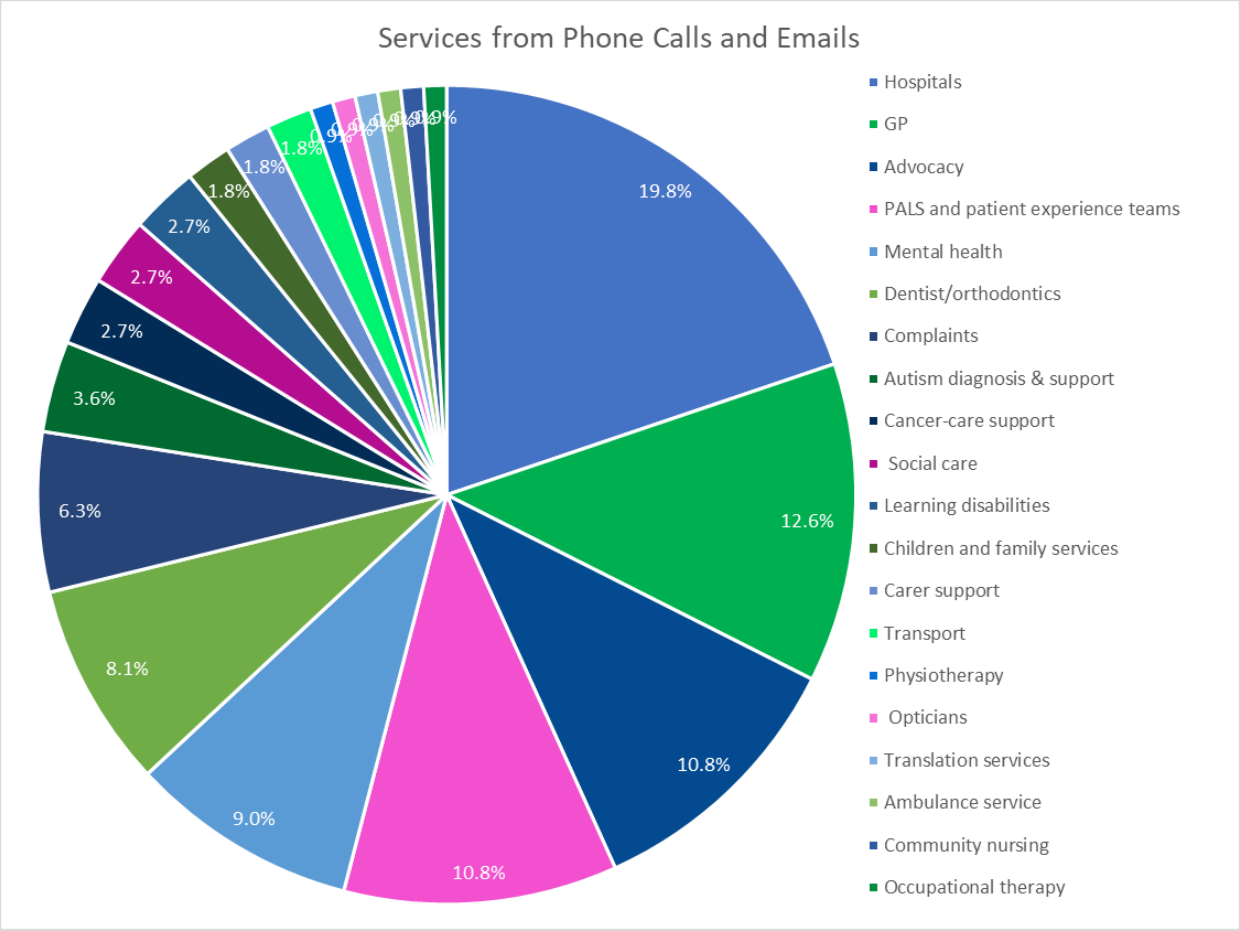
- **10.8%** of contacts were about **GP PALS and Patient Experience** This includes cases where Healthwatch Wirral has worked with the Patient Experience Team at Arrowe Park to swiftly resolve any issues

- **9%** of contacts related to Mental Health Services including Cheshire & Wirral Partnership services

- **8.1%** of contacts related to dental services

- We also received feedback on other services including Autism diagnosis, Cancer Care and Learning disabilities.

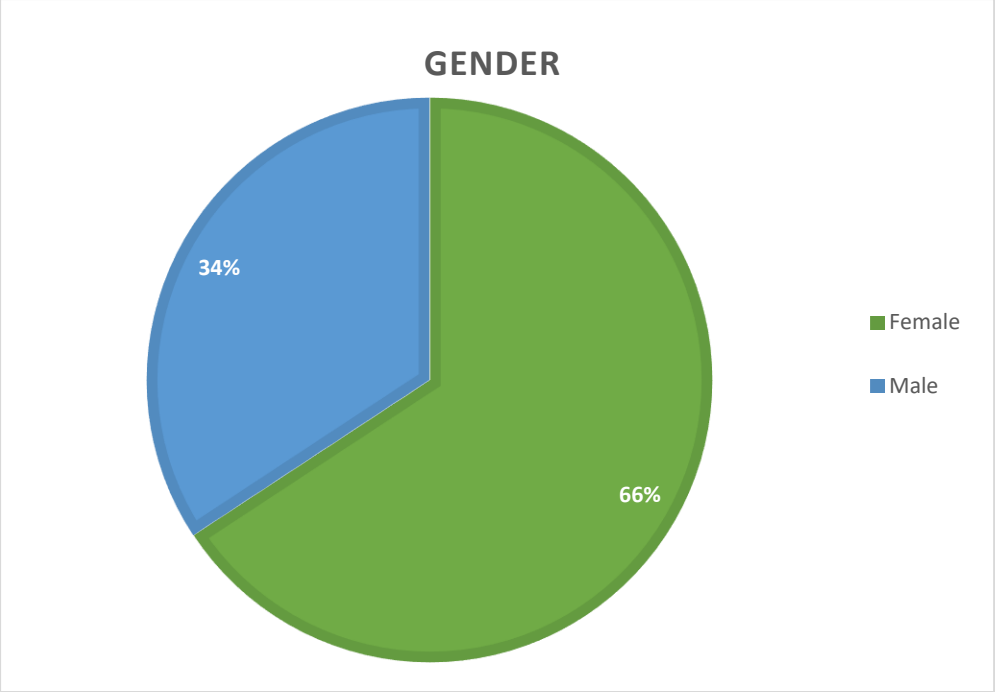
Chart 2



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 consistent with **20%** in June.
- Of those who answered the monitoring questions:
  - **66% female, 34% male**



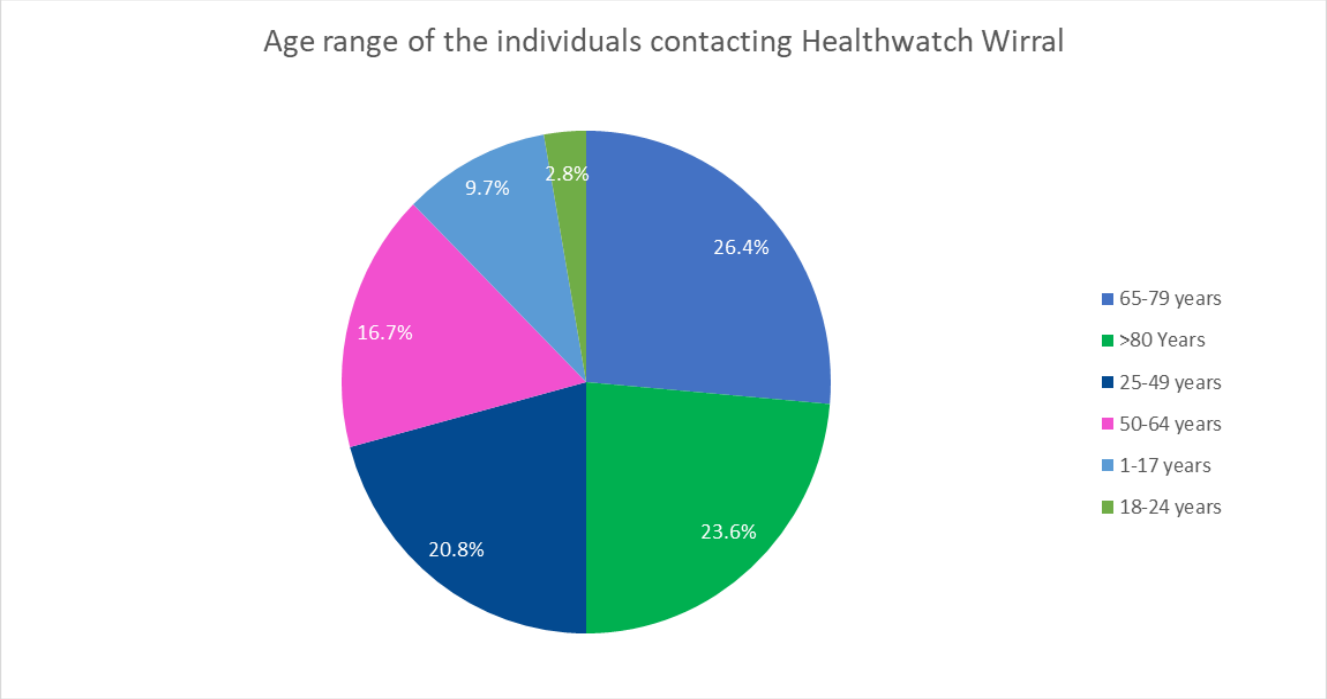
- **75% White British, 17% Other White and 2%** were **Black British, Bangladeshi** and **Other Asian.**

- **80%** identified themselves as **carers** (up from 43% in the June report)

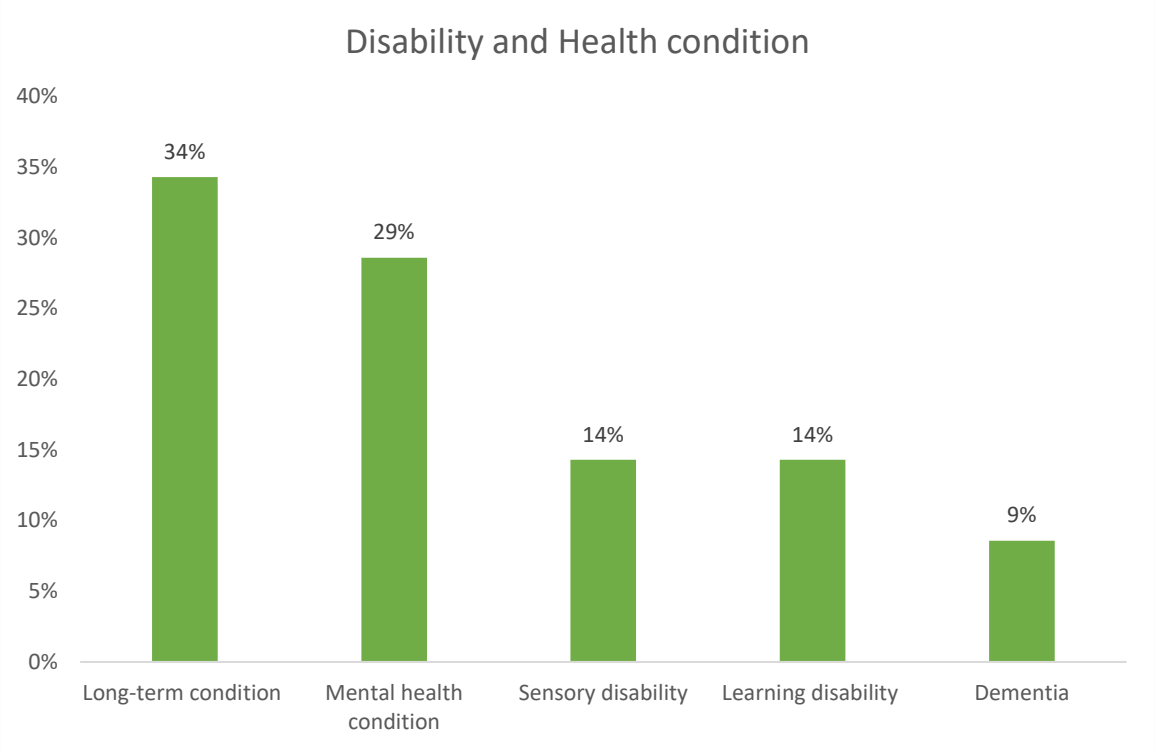
The majority of feedback and calls came from (or related to the experience of) people aged **65 to 79** (26.4%) followed by people aged **80 years or more (23.6%).**

During this time period 9.7% of contacts who answered the monitoring questions were **under 18 years** (Chart 3).

Chart 3

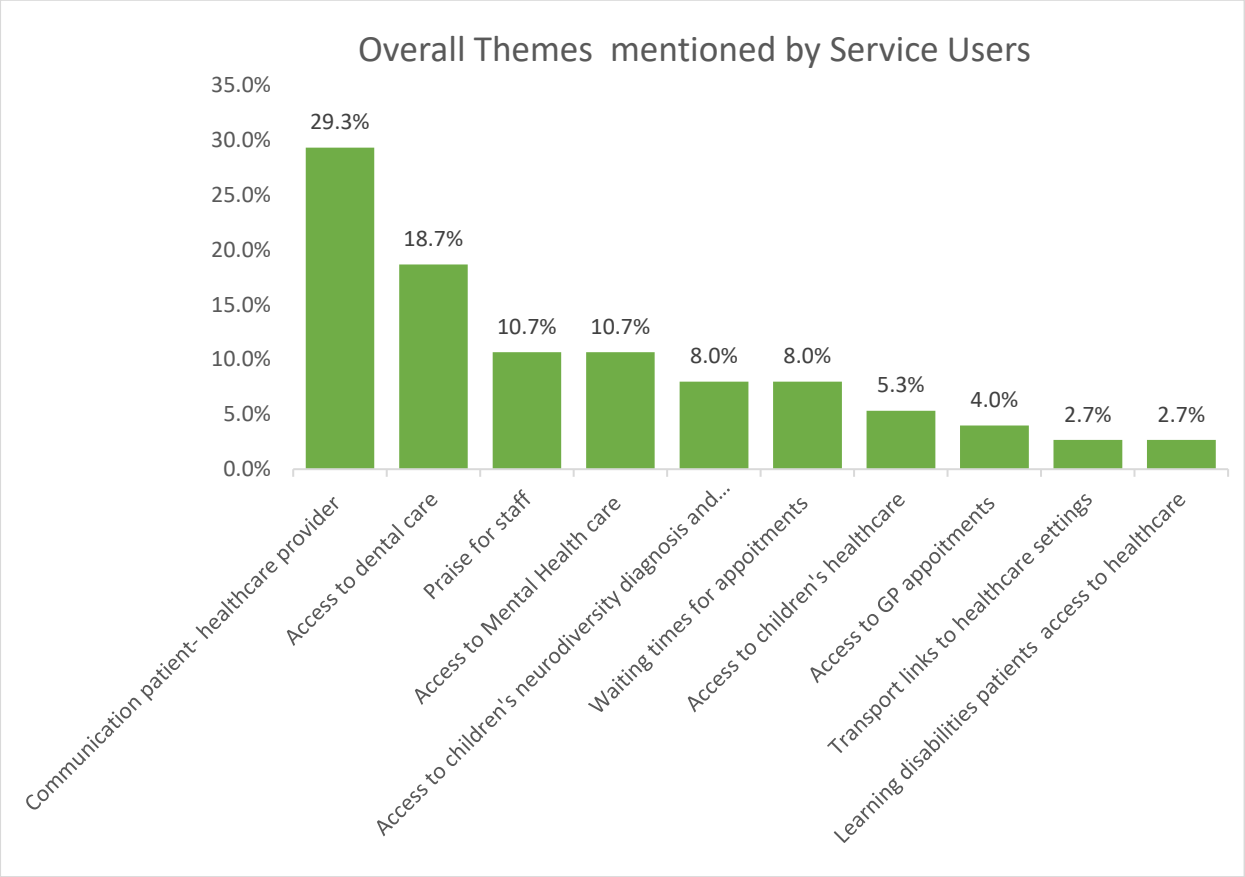


Among service users that mentioned having a disability or health condition **34%** related to **a long-term condition**, **29%** to a **mental health condition**, **14%** to a **sensory disability**, **14%** to a **learning disability** and **9%** to **dementia** (see Chart 4). **Chart 4**



OVERALL THEMES

Overall themes remain largely consistent with our last quarterly report however there are some newly emerging themes (see the graph below):



- Communication between patient and healthcare provider was a topic of concern for most of the people that contacted Healthwatch Wirral.

  We have heard about times when patients have felt unheard and dismissed across different services, however we also heard from patients that appreciated clear communication that they had experienced from healthcare professionals about procedures, treatments, and options.

- **Access to appointments** remains a topic of concern for many people who contact Healthwatch Wirral, especially **Dental care** and **Mental Health Care**. We continue to receive multiple calls from those who cannot access a dentist, including difficulties accessing emergency dentistry.

- This quarter's main theme regarding **Mental Health access** has been specifically relating to barriers to receiving suitable care. People using these services report facing inadequate support due to limited treatment options, gaps in care continuity and a lack of clear information on finding help. Additionally, service users noted the absence of suitable acute mental health support for times of crises.

- **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).**

WIRRAL UNIVERSITY TEACHING HOSPITAL – ARROWE PARK

Positive themes:

- **Waiting Times at A&E and triage**
  'She was triaged quickly (within 15 mins). The doctor saw her as quickly as possible (within about 2 hours)'

- **Praise for staff**
  'The doctor was kind, gentle, professional and followed all the correct protocols'
  'staff followed best practice for an immunocompromised patient and let us wait in a side bay rather than in the waiting room.'
  'I was treated very kindly by staff in the MRI department'.

Negative themes:

- **Waiting for appointments**
  'Been waiting for the relief that an operation will provide for 5 months, only to find that, instead of getting closer, it is moving further away.'

  'found out that the procedure is delayed,'

- **Poor communication between health and social care professionals and patients**
  'Unfortunately, this did not happen and despite me asking to be kept informed I received no communication.'

  'Why is the little information given so contradictory?'

- **Car parking issues**
  'general shortage - nearly missed appointment.'

- **Challenges in access additional care for learning disabilities patients at Arrowe Park**
  Issues relating to not having learning disabilities formal diagnosis

GPs

Positive themes:

- None mentioned

Negative themes:

- **Shortage of Mental Health Support**
  'PTSD and failure of GP services to help'
- **Poor communication**
  'GP Practice is being unhelpful, I have not been unable to get any response via GP PALS'

- **Long waiting times**

  'my client has been waiting for 6 weeks for results from GP Practice'
- **Patients not feeling supported**

  'over some time now I have had numerous bad experiences with my practice but recently it has become unbearable - I was told that there are procedures that are no longer done at GP practice [..]…not 1 doctor in this practice has even tried to help with the issue'

  'Nurse advised me to get an appointment with the GP[...] Took 6 weeks to get phone appointment.'

  ' GP Practice is being unhelpful and the person I am supporting has been unable to get any response via GP PALS'

Cheshire and Wirral Partnership - Crisis Line

Positive themes:

- None Mentioned

Negative themes:

- **Long wait on phone line**

  'we waited for 25 mins to get to number 1 in the queue and then the line cut.'

Clatterbridge Cancer Centre

Positive themes:

- None mentioned

Negative themes:

- **Long waiting times**

  'been waiting over 7 weeks for results of Scan'

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Research and Data Officer

WIRRAL

WIRRAL PLACE BASED PARTNERSHIP BOARD

28th September 2023

REPORT TITLE:	**CHESHIRE AND MERSEYSIDE JOINT FORWARD PLAN 2023-28**
REPORT OF:	**PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE**

REPORT SUMMARY

The purpose of this report is to update the Wirral Place Based Partnership board on the contents of the Cheshire and Merseyside Joint Forward Plan (2023-28) outlining the content and priorities for 2023/24. This report builds on the report to the March 2023 Health and Wellbeing Board that described the Cheshire and Merseyside Health and Care Partnership Interim Draft Strategy, and the approach being taken to publish this Joint Forward Plan by June 2023 and the report to the September Health and Wellbeing Board regarding the Joint Forward Plan

This report will also update the Board in relation to the proposed approach to updating the Cheshire and Merseyside Health and Care Partnership Strategy and republishing the Joint Forward Plan (JFP) by March 2024.

This report also provides an update on the proposed monitoring of the JFP and associated Annual Delivery Plan.

RECOMMENDATION/S

The Wirral Place Based Partnership board is recommended to:

1. Note and comment upon the Cheshire and Merseyside Joint Forward Plan (2023-28) and the plans to monitor progress.

2. Provide any feedback in relation to the proposals for:

    - Cheshire and Merseyside Interim Draft Health and Care Partnership Strategy to be updated to align with the All Together Fairer recommendations and plans even more closely
    - For the Cheshire and Merseyside Joint Forward Plan to be produced as a system delivery plan focussing on the updated contents of the Health and Care Partnership Strategy with the additional mandated NHS content produced as an appendix to this Joint Forward Plan

3. Provide feedback on how we might best keep Place Based Partnerships engaged in the ongoing development of both the Health and Care Partnership (HCP) Strategy and subsequent revision of the JFP.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Place Based Partnerships Boards of Cheshire and Merseyside are key stakeholders in informing and influencing the contents of Health and Care Partnership (HCP) and Integrated Care Board (ICB) strategies and plans. This report builds on the previous reports including the report to March Board and outlines the content of the 2023-28 Joint Forward Plan (published July 2023). The report also outlines how the feedback from both HCP and Cheshire and Merseyside Health and Wellbeing Boards is influencing the development of our future HCP Strategy and the associated delivery plans in Cheshire and Merseyside, including the updated version of the Joint Forward Plan (March 2024).

2.0 OTHER OPTIONS CONSIDERED

2.1 Statutory guidance was issued by the Department of Health and Social Care on 29th July 2022 requiring each Integrated Care Partnership (ours locally is called Cheshire and Merseyside Health and Care Partnership) to produce and publish a strategy by December 2022 which was then to be followed by ICBs to produce a Joint Forward Plan describing the delivery plan. In further detail published by NHS England on 24th December 2022, for ICBs, the mandated content of a Joint Forward Plan was communicated with a deadline for publication of 30th June 2023.

2.2 Noting these short time frames were set nationally and had to be met. As is outlined in 3.16 following discussion with Health and Care Partnership members and Health and Wellbeing Boards refined approaches are planned in updating both the Health and Care Partnership Strategy and Joint Forward Plan by March 2024 to better reflect our local system preferences and priorities.

3.0 BACKGROUND INFORMATION

3.1 It is now statutory responsibility of Integrated Care Boards (ICB) and NHS Trusts to produce a Joint Forward Plan (referred to as “JFP” going forwards in this report). The plan had to be published by June 2023.

3.2 The national guidance defines that the plan should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services, including the delivery of the universal NHS commitments and the NHS ICBs statutory duties and should reflect the local Health and Wellbeing Board strategies and the Cheshire and Merseyside Health and Care Partnership Strategy (currently still draft in Cheshire and Merseyside).

3.3 The duration of the plan is required to be for five years, however, these plans should be updated and be republished annually (next publication due in March 2024).

3.4 As was outlined in the paper brought to the March Health and Wellbeing Board the plan was developed through a collaborative approach and drawing on the areas and plans which had been outlined in the Health and Care Partnership Draft Interim Strategy including a wide range of expertise, knowledge, and experience of our health and care professional leaders and partners. This included sharing drafts and iteratively refining the content with our Place Partnerships and wherever possible Health and Wellbeing Boards, noting the bulk of the work producing the plan content coincided with the 2023 local council elections taking place in a number of our council areas.

3.5 The national requirements of a JFP include confirming how the statutory duties of an ICB are to be delivered, but additionally the JFP outlines how we will work together as partners it also includes content on the following:

3.5.1 Workforce (plans align with operational and financial plans)
3.5.2 Performance (trajectories/milestones aligned to NHS operational planning requirements and NHS Long Term Plan)
3.5.3 Digital/data (steps to increase digital maturity and reduce digital inequality in an integrated health and care system)
3.5.4 Estates (plans for improved health and care infrastructure aligned with financial and capital plan)
3.5.5 Procurement/supply chain (plans to deliver more efficient procurement and best value; can describe governance and supporting technology & infrastructure)
3.5.6 Population health management (prevention and personalised care models through data, address inequalities and model future demand and service/financial impacts to support redesign and integrated models
3.5.7 System development (How the system will operate e.g., governance, emphasising the importance of Place partnerships, provider collaboratives, clinical and care professional leadership, system OD)
3.5.8 Supporting wider social and economic development (approach to social, environmental and economic factors impacting health and wellbeing e.g., Anchor Institute plans within communities)

The JFP also includes:

3.5.9 A summary and link to a copy of each “Place Plans” reflecting the priorities agreed within each Place and aligned to the Place Health and Wellbeing Strategy (more detail around the alignment to Wirral Health and Care Plan is provided below).
3.5.10 Plans in relation to a wider range of local programmes that are described in the interim draft Cheshire and Merseyside Health and Care Partnership Strategy e.g., existing C&M transformational programmes such as elective recovery, disease / condition specific programmes or priorities e.g., diabetes, cardiovascular disease, mental health, or carers.
3.5.11 Key ICB organisational programmes for example the NHS England delegation of Specialised Services to the ICB

3.5.12 Links to partner strategic documents / sections on NHS provider and local authority websites

3.6 The JFP content has been used to develop an Annual Delivery Plan which we had anticipated would allow us to track progress in delivering the programmes of work and associated benefits. There are already existing governance structures and reporting routes, with progress in delivery being reported through the relevant Board sub-committees and Quality and Performance updates reporting to the ICB Board.

3.7 This was also signed off by the ICB board and considered by provider NHS Trusts in June 2023. The plan also outlines the key reporting routes for both the programmes and enablers. In reporting progress against the JFP further consideration is being given to how we avoid multiple reporting routes and duplication of effort.

3.8 With the above in mind the expectation is that the existing ICB Board sub-committees are supported to ensure that their current reporting adequately describes progress against the JFP/Annual Delivery Plan.

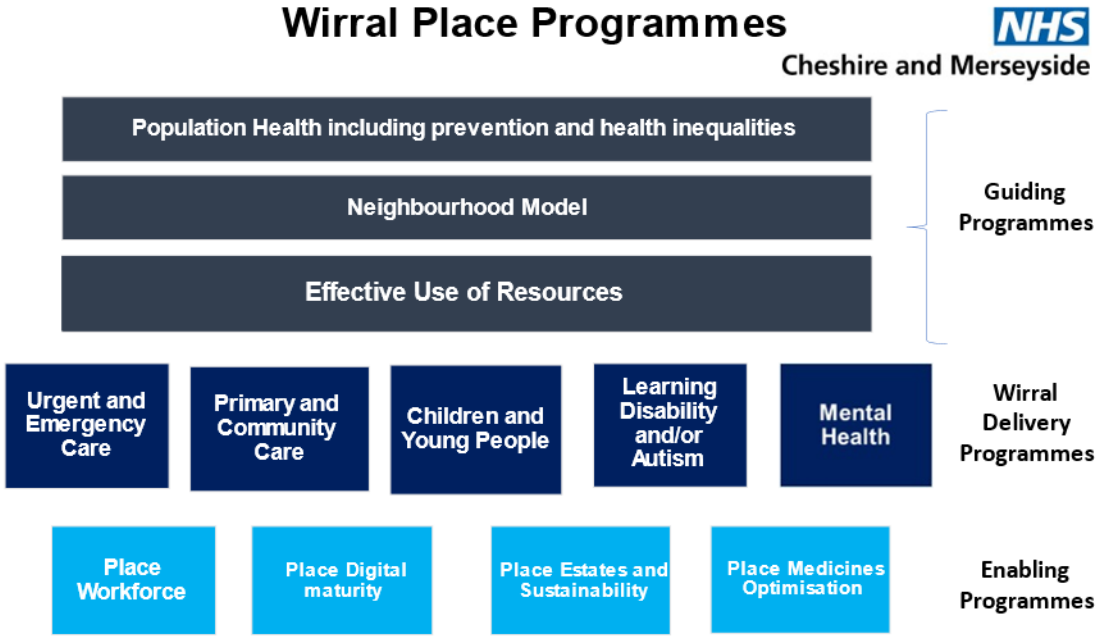
3.9 As outlined, learning from the production of this first JFP it is intended to align future iterations more closely with the final HCP Strategy, the proposed timescale for this will be January 2024 which will allow time to complete the production of the JFP by March 2024. Feedback has been that the current JFP and HCP strategy have a health bias. The intention is to align the document with All Together Fairer which would make the document more reflective of the system, providing a much more balanced plan that supports whole system ownership of a JFP.

3.10 Initial work is underway to outline proposals to align and reframe the current HCP strategy to the All Together Fairer report. A small task and finish group supported by the Institute of Health Equity is looking at the production of an initial paper which will be shared with the Health Care Partnership. The plan would be to socialise this with wider system partners including Place Based Partnerships. The intention would be to facilitate a series of development workshops over the winter period ahead of a final draft in early January 2024.

3.11 With the potential development of a single overarching system document that would be a higher-level document any NHS specific plans would be outlined as part of an Annual Delivery Plan that would sit alongside the JFP. This approach would be implemented for the 2024-29 JFP to be published in March 2024.

3.12 The creation of a high-level single system document would allow us to focus on the development of a System Annual Delivery Plan providing an opportunity to make sure that the constituent plans provide the stretch and detail to assess impact with the added potential to support programmes/enablers to better plan, enabling the creation of a clearer set of outcomes and measures.

3.13 In addition to the broad range of content that covers the collective work across Cheshire and Merseyside Wirral Place Partnership provided specific local content which is found in section 8 of the document. This summarises the Wirral Health and Care Plan 2023-24 which had been endorsed at the June Partnership Board and includes the three guiding programmes, five delivery programmes and four enabling programmes, which are described below:



3.14 The priorities in the Wirral Health and Care Plan were developed through a series of workshops held between December 2022 and April 2023.

3.15 Within the Guiding Programmes the contents are: -

3.15.1 Population Health including prevention and health inequalities – which encompasses the work to implement the Wirral Health and Wellbeing Strategy

3.15.2 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.

3.15.3 Effective Use of Resources - this programme of work will to ensure that every Wirral pound for health and care is used to its maximum.

3.15.4 The figure above also 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 ICS 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.

3.10 In line with the requirement to publish the plan by June 2023 the 2023-28 Joint Forward Plan has been published on the NHS Cheshire and Merseyside ICB website building on the draft Interim HCP Strategy. It focuses on how we will work as partners for the benefit of our population and includes how we plan to:

- Tackle inequalities in outcomes, experience, and access
- Improve population health and healthcare
- Enhance productivity and value for money
- Support wider social and economic development.

3.11 Recognising the “draft interim” status of the HCP Strategy a set of key priorities have been included in the plan which maps to these strategic objectives and where we would intend to make early progress in 2023-24. This aims to show the commitment towards making an immediate contribution to delivering the strategic objectives above.

3.12 In addition, we outline a timeline for the development of a number of enabling plans such as a Cheshire and Merseyside system financial and workforce strategies.

3.13 The national requirements of a Joint Forward Plan include confirming how the statutory duties of an ICB are to be delivered as well as those areas included in the national NHS Planning Guidance. The volume of mandated content has led to the document being published as a shorter summary document with links to much more detailed content describing the plans in some detail.

3.14 The plan also includes a wide range of local Cheshire and Merseyside programmes of work which correspond with Wirral Health and Wellbeing Board priorities. To help demonstrate this some examples are:

3.14.1 **Create opportunities to get the best health outcomes from the economy and regeneration programmes.**

Section 2 of the plan includes work on Social and Economic Development including approach to Anchor Institutions. In addition this section talks about how we will work as partners with our communities.

Section 6 goes onto talk about how our approach to subsidiarity and the importance of our nine Places in delivering our strategies and plans.

3.14.2 **Strengthen health and care action to address differences in health outcomes.**

Section 3 – Population Health focuses on prevention initiatives and our approach to impacting on health inequalities including All Together Fairer and Core20PLUS5, Making Every Contact Count in influencing behaviour change to areas such as smoking, exercise and alcohol, and screening, vaccination and immunisation programmes.

Section 4 describes our programmes aiming to improve services and outcomes including reducing inequality as a golden thread including a wide range of programmes including:

- *Cancer prevention and treatment*
- *Cardiovascular disease*
- *Mental Health*
- *Access to services which have been impacted by the Covid Pandemic*

3.14.3 **Ensure the best start in life for all children and young people.**

Section 4 describes our Beyond Children and Young People programme.

Section 5 focuses on developing our workforce strategy which includes how we can develop our own future workforce and work across our system to create new employment and career opportunities for our residents.

3.14.4 **Create safe and healthy places for people to live that protect health and promote a good standard of living**.

Section 2 describes our approach to sustainability and climate change as well as Social and Economic Development.

Section 3 includes our work encouraging healthy lifestyles including All Together Active Programme

In Section 7 work to develop a financial strategy is outlined which will help us shape how we can better direct our resources to deliver our stated priorities on improving health outcomes and wellbeing and reducing inequality.

3.14.5 **Create a culture of health and wellbeing, listening to residents and working together**

Section 2 outlines our approach to working with communities. Much of the Joint Forward Plan is built from existing programmes and developed through wide stakeholder engagement and co-production which can be seen in the detailed plans sat behind Section 4 particularly.

Section 6 describes how we intend working as a system including the importance we attach to subsidiarity and our Places and communities, including Voluntary, Community, Faith and Social Enterprise Sector. This also includes enabling work such as our digital strategy and work to address digital exclusion.

3.15 This plan content has then been used to develop a delivery plan which will allow us to track progress in delivering the programmes of work and associated benefits.

3.16 It is recognised that the supporting guidance outlined minimum content to be included in a Joint Forward Plan that included significant NHS specific requirements, this included how the ICS would implement the national NHS priorities and the ICB discharge its statutory duties. Feedback from the Health and Wellbeing Boards and the Health and Care Partnership have suggested that we should look to reduce focus on these NHS requirements and instead look for future plans to more closely mirror the content and priorities of the HCP Strategy.

3.17 In finalising the HCP Strategy in the coming months this feedback is also being reflected in how we update the current draft document. As outlined above at the June meeting of the HCP it was agreed to work to align the strategy more closely with the recommendations and subsequent plans within the All Together Fairer Report. The

Joint Forward Plan would then be used as a delivery plan for this final HCP strategy and the additional mandatory NHS content reflected in an appendix.

4.0 FINANCIAL IMPLICATIONS

4.1 As is outlined on Section 7 of the JFP developing a financial strategy that complements this work will happen during 2023 in reflection of the budgetary projections and in support of prioritising our investments across Cheshire and Merseyside.

4.2 This is supported by work within Wirral to ensure best value from the “Wirral pound”.

5.0 LEGAL IMPLICATIONS

5.1 The Health and Care Act 2022 established new NHS bodies known as Integrated Care Boards and required the creation of Integrated Care Partnerships (Cheshire and Merseyside Health and Care Partnership) in each local area.

5.2 As part of the 2022 Act there was a requirement for Integrated Care Partnerships to produce a strategy. At present the strategy is draft and will be updated before March 2024.

5.3 There is an additional requirement from the 2022 Act for ICBs, and NHS Provider members, to produce a Joint Forward Plan and on Health and Wellbeing Boards to provide a statement of opinion as to whether this Joint Forward Plan reflects the local Joint Health and Wellbeing Board Strategy. Due to the final production of the Joint Forward Plan coinciding with local elections it was not possible to attend Wirral HWB with the final document prior to publishing in June, but in future as the Joint Forward Plan is updated this will be the case.

6.0 RESOURE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 It is recognised that the JFP is extensive and that delivering the scale of ambition is stretching. Work on prioritising the JFP has commenced but it is recognised this will continue to need to be progressed to reflect the resources we have available alongside emerging pressures.

7.0 RELEVANT RISKS

7.1 There is a risk that the financial resources to implement the JFP will not be available or may be directed at short term pressures being seen through increased immediate need for services, and inflationary pressures.

7.2 There is a risk that it will take time to develop and mature the HCP membership and relationships to maximise the full benefits of system working.

7.3 There is a risk that a lack of resources to implement the breadth of priorities identified in the strategy could lead to a more limited scale of improvement in the health of our population.

7.4 Risks are logged as overarching concerns that reflect potential system wide challenges to the overall delivery against the JFP – individual risks are logged via the sub-committees responsible for the delivery of the themes and functions within the plan.

8.0 ENGAGEMENT/CONSULTATION

8.1 In developing our HCP Strategy and JFP, we have engaged with our nine Places, including a summary of the plans developed locally by each, in order to reflect the Joint Health and Wellbeing Strategy and other identified local priorities.

8.2 During March and April we ran an online survey to enquire about priorities within the draft interim HCP Strategy and this process was supported by voluntary community faith and social enterprise (VCFSE) representatives.

8.2 The Strategy and JFP has been largely developed building from existing documents and programmes who have established stakeholder engagement approaches. The content has also reflected engagement with a range of stakeholders including, Champs Public Health Collaborative, Directors of Public Health, Population Health Board, Health and Wellbeing Boards and subject matter experts related to specific areas such as Healthwatch, ICS programme leads and voluntary community faith and social enterprise (VCFSE) representatives.

8.3 The Cheshire and Merseyside Joint Health Scrutiny Committee have also received a and discussed the JFP at their July meeting.

8.4 Much of the content of the JFP/and HCP has been developed through existing programmes, which have established mechanisms for engagement in developing the plans.

8.5 A public survey was undertaken in March/April 2024 to look at the content of the draft Interim Cheshire and Merseyside HCP Strategy with the results assessed as part of developing the JFP. The guidance indicates that where JFP's are built on existing plans and strategies there is not a requirement to formally consult.

8.6 Further work may be required however, this will depend on the agreed nature, process and format of the revised HCP strategy and accompanying Delivery plan. As detailed plans are produced individual EIA's will be produced to assess the impact of the plans.

9.0 EQUALITY IMPLICATIONS

9.1 In developing the document the Cheshire and Merseyside commitment to reducing inequalities is a central theme through the content. As referenced it is the intention to further focus this commitment in future versions of the HCP Strategy and Joint Forward Plan.

9.2 The HCP Strategy and JFP document content has been reviewed by Equality and Diversity Officers and an Equality Impact Assessment was undertaken. It is however recognised that more detailed Equality Impact Assessments will be undertaken to reflect the more detailed plans contained within the documents.

9.3 Following the review by Equality and Diversity Officers it was agreed that a full EIA was not required at this stage. The expectation is that as detailed plans are produced individual EIA's will be produced to assess the impact of the plans. This report describes the JFP planning process communicated with guidance from NHS England.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The JFP includes our approach (section 2 of the Joint Forward Plan) which builds on the content in the HCP Strategy on sustainability and outlines further details around the work taking place across Cheshire and Merseyside.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 NHS Cheshire and Merseyside will support our partners in community wealth building by ensuring health and care organisations have a focus on reducing health inequalities and improving the health of our communities, to support a health workforce.

11.2 The JFP also outlines a number of initiatives designed to develop our workforce (section 5) and commitment to social value (section 2)

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APPENDICES

Appendix 1 – Cheshire and Merseyside Joint Forward Plan
Appendix 2 - Interim Draft Health and Care Partnership Strategy

BACKGROUND PAPERS

NHS England Guidance on developing a Joint Forward Plan. 23 December 2022
NHS England » Guidance on developing the joint forward plan

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Previous reports presented to Health and Wellbeing Board:	
Integrated Care System	29th September 2022
Wirral Place Update Report	2nd November 2022
Wirral Place Update Report	21st December 2022
Interim Health and Care Partnership Strategy	23rd March 2023
Joint Forward Plan	21st March 2023

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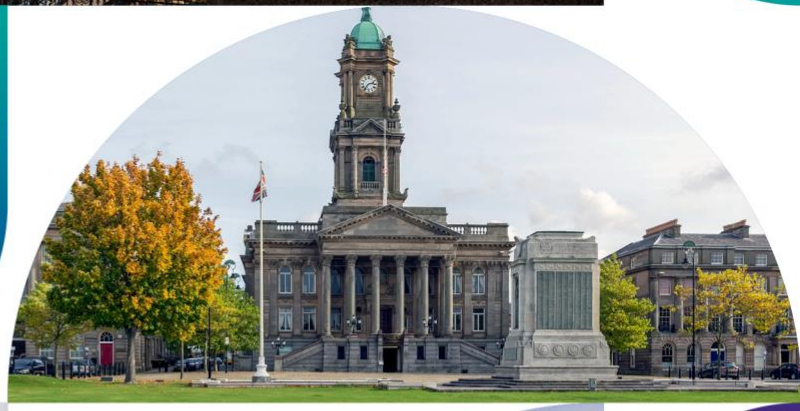
NHS
Cheshire and Merseyside

Cheshire and Merseyside

Joint Forward Plan

2023-28

SUMMARY



Foreword

Joining up health and care is nothing new - we have been working towards this for many years. There is much that has been excellent. But there is so much more that the health and care system must do together to play its full part in enabling citizens, patients and service users to thrive and achieve their full potential.

The creation of our Health and Care Partnership (HCP) provides a platform on which all partners can challenge their mindsets, share learning and work differently to optimise our collective contribution to people's lives.

This Joint Forward Plan is driven by the ambitions of the Cheshire and Merseyside Interim HCP Strategy, which is built around four core strategic objectives:

- Tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)
- Improving population health and healthcare
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

The challenges faced by our citizens and communities are immense, but so is their passion to overcome them. The Integrated Care Board and our partners are committed to working with all communities to support them to improve their health and wellbeing, reduce inequalities, agree what constitutes good experience and deliver on this and improving health and wellbeing outcomes in targeted areas. Intrinsic to our ambition is to optimise the opportunities for supporting social and economic development.

A core principle is to treat every pound of funding as a precious asset, driving out waste and doing the things that matter to people so that we maximise the value that our communities gain from our plans and delivery.

We also strongly believe that it is our local communities and front-line teams are best at knowing what matters most and to determine the best way to make improvements. We will support this by encouraging decisions are made as locally as possible and ensuring that our plans are co-produced to ensure they truly meet the needs of our population. It will be the case that learning, spreading best practice and innovation will be core to all we do.

Sometimes, operating at scale or standardisation will be the best solution. Our commitment is that the communities we serve will be provided with the opportunity to question these options and seek the relevant assurances.

We know we need to be different and work differently; our plans describe our ambitions in a range of areas and based on what our population has said matters to them, including:

- Supporting all our children to have a good start to life both in terms of their health and wellbeing and educational attainment to enable them to go on to live long and happy lives
- Raising the number of years people live in good health whilst narrowing the gap we see between those in the most and least deprived communities
- Ensure that our care communities transform how services work for residents to offer world leading primary and community care
- Working with our provider collaboratives to build a strong and sustainable NHS provider sector that delivers services which offer consistently high levels of access and quality
- Making sure we maximise the positive role we play as employers and as anchor institutions in contributing to our local communities.

We have some of the best organisations in the country who have committed to work together with common purpose. The variety of organisations, local authorities, VSCE, NHS and private sector, have huge talent and passion to make a difference. We have a once in a generation opportunity to make significant and lasting difference to people's lives. Let's not waste this opportunity and we urge you to join us our mission.

Graham Urwin, Chief Executive

Raj Jain, Chair

1. About this document

We know that people's lives are better when organisations that provide health and care work together, particularly at the times when people need care most.

This document – our Joint Forward Plan (JFP) – describes how Cheshire and Merseyside Integrated Care Board (ICB), our partner NHS Trusts and our wider system partners will work together to arrange and provide services to meet our population's physical and mental health needs.

This Joint Forward Plan contains the actions we will take as an Integrated Care System (ICS) to deliver the priorities identified in:

- The Cheshire and Merseyside draft interim Health and Care Partnership Strategy
- The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards
- The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24 (Appendix 1)

Our Joint Forward Plan aims to:

- improve the health and wellbeing of our population.
- improve the quality of services.
- make efficient and sustainable use of our resources.

We are committed to working on all three of these aims simultaneously to best meet our population's needs and to reduce inequalities in access and outcomes.

These aims also align to our statutory duties as an ICB. The details of these statutory duties can be found here.

Our Joint Forward Plan aligns with the recently published Hewitt Review (April 2023), which considers the future development of Integrated Care Systems in England. The review supports taking a 'whole system approach' to addressing wider determinants of health, and a shift of focus away from treating problems towards maintaining good health. These two themes align with our statutory duty and also our local commitment to integrate services to benefit our population.

Our approach to developing this Joint Forward Plan

The Cheshire and Merseyside Integrated Care Board was formally established in July 2022. We have already made significant progress, but we are still in a developmental phase and we have considerable work to do to further develop our plans and priorities. This Joint Forward Plan should be read in this context.

Whilst the responsibility to develop this plan sits with NHS Cheshire and Merseyside, and our NHS Providers, we have adopted a collaborative approach to developing this plan. We drew on the wide range of expertise, knowledge, and experience of our health and care professional leaders and partners to help us identify ways to improve integration and innovation. This will help us to deliver better outcomes for our population.

This 2023-2028 Cheshire and Merseyside Joint Forward Plan describes at a summary level the approach we are taking to tackle the current challenges we face in recovering access to services following the COVID-19 pandemic.

It also outlines a programme of radical transformation across our health and care system to address longstanding issues of inequalities in outcomes and financial sustainability.

This JFP builds on our draft interim Health Care Partnership Strategy. The strategy is built around four core strategic objectives:

- Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).
- Improving population health and healthcare.
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

These objectives support us to work towards achieving our vision and mission. The draft interim Health Care Partnership Strategy is broadly focused and contains many priorities. The HCP recognise the need to decide what to prioritise to enable progress to be made. Our residents provided feedback on the draft interim strategy during March and April 2023 which supported this view.

Figure 1: Cheshire and Merseyside Health Care Partnership Vision and Mission

The HCP Strategy is currently in draft form and will be finalised later in 2023, in recognition of this ongoing work we have identified a number of priorities which contribute to making early progress against the ambitions outlined in the draft interim Strategy.

When the priorities in the HCP Strategy are finalised, we will refresh these priorities in our updated Joint Forward Plan, which will be published in March 2024.

Figure 2: Cheshire and Merseyside Priorities

HCP Strategic Objectives	Cross reference to the HCP areas of focus	Priorities	Core plans *	Metric
Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)	• Give every child the best start in life • Enable all children, young people and adults to maximise their capabilities and have control over their lives • Ensure a healthy standard of living for all • Tackle racism, discrimination and their outcomes • Pursue environmental sustainability and health equity together.	All our Places are actively engaged in the All Together Fairer Programme	**2**	Increase % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage Reduce hospital admissions as a result of self-harm (15-19 years)
		Supporting the safety of vulnerable Women and Children	**2**	Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing violence against women and girls
Improve population health and healthcare	• Improve early diagnosis, treatment and outcome rates for cancer • Improve satisfaction levels with access to primary care services • Provide high quality, accessible safe services • Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.	In relation to preventing ill Health we will focus on: • Increase rates of early detection of cancer • Work towards MECC (Making Every Contact Count) • Encourage *'Healthy Behaviours'* with a focus on smoking/alcohol/ physical activity • Ensure access to safe, secure, and affordable housing	**1,2,3**	Core20PLUS5 priorities including cancer, cardiovascular disease and children and young people's mental health services
			2,3	Increased sign up to the NHS prevention pledge
			2,3 **2**	Reduction in smoking prevalence. Reduction in the % drinking above recommended levels. Increase the % who are physically active. Improved access to safe Housing (metric to be agreed)
Enhancing productivity and value for money	• Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	**1**	Financial strategy and recovery plan in place by Sept 2023
Helping to support broader social and economic development	• Embed, and expand, our commitment to social value in all partner organisations • Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people • Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care	Develop as key Anchor Institutions and progress advancing at pace the associated initiatives.	**2**	Grow the number of anchor framework signatories to 25
		Embed and expand our commitment to Social Value	**2**	Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)
		• Developed focused work in schools around encouraging careers in health and social care • Ensure a health and care workforce that is fit for the future.	**2**	To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024
		Achieve Net Zero for the NHS carbon Footprint by 2040	**2**	For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

***1. Delivery against NHS Operational Plan and Long Term Plan (See appendix 1)**

***2. Delivery against the Marmot Beacon Indicators / All Together Fairer (See appendix 2)**

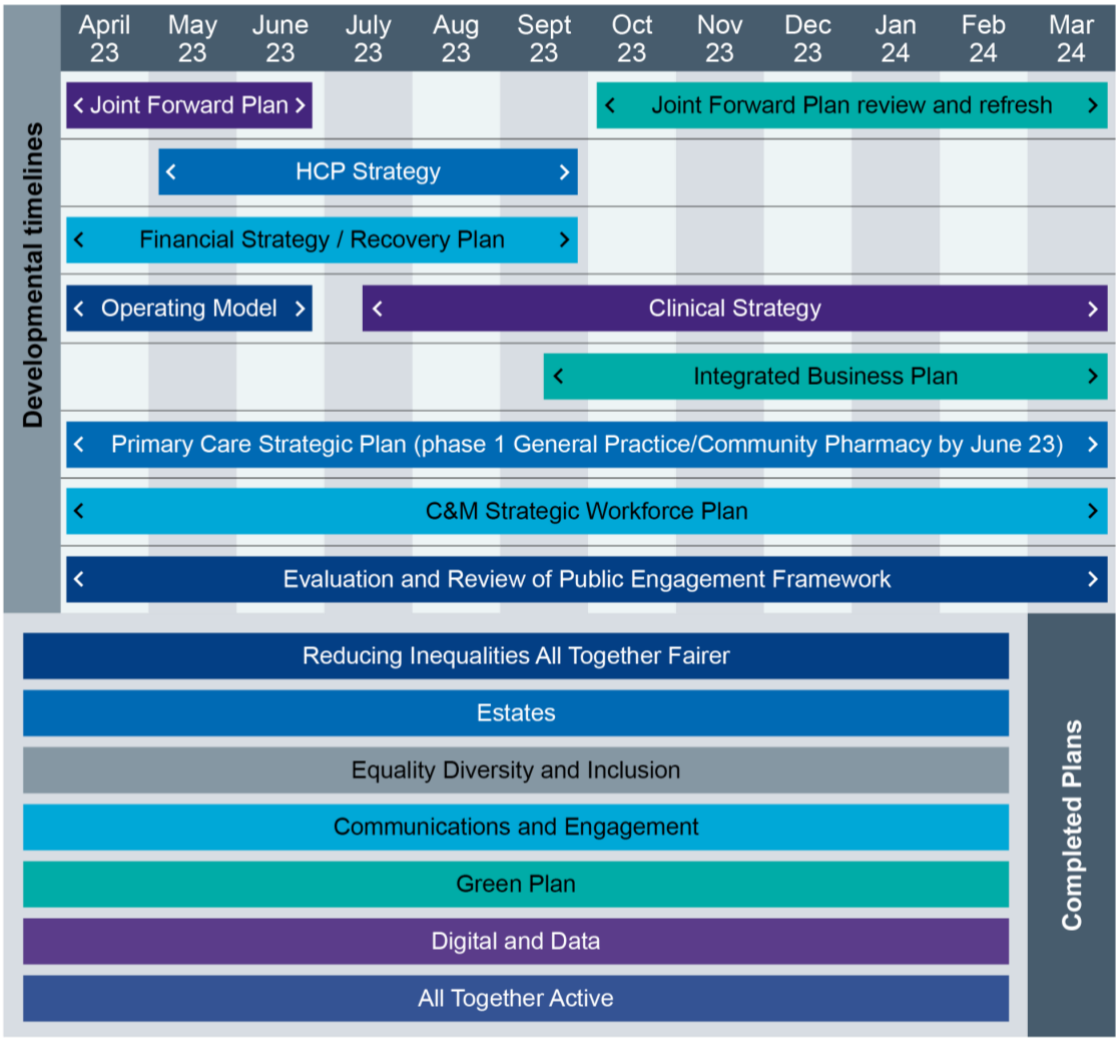
***3. Core20PLUS5 (See appendix 3)**

Whilst this summary document is relatively short, it is underpinned by significant activity across all of the priorities included in the table above. There are various links within this document which provide access to more detail about specific work programmes.

In developing this Joint Forward Plan, we recognise that we are in a developmental phase as an Integrated Care System and that there are some key pieces of planning and strategy work which we will need to align.

Alongside this we have developed an Annual Delivery Plan including a summary version.

We intend to develop a fully integrated business plan during 2023/24 that will incorporate the key strategic plans we have either already developed or intend to develop during this year. These will be reflected in the next iteration of this Joint Forward Plan in March 2024.The table below shows our completed plans and outlines our developmental timeline for 2023/24.



2. How we work as partners for the benefit of our population

Cheshire and Merseyside is one of the largest Integrated Care Systems in England, with a large number of stakeholders working together to improve the health and care of our population.

The figure below illustrates how we are configured at a Cheshire and Merseyside level. Some of the ways we come together in the Cheshire and Merseyside system are:

- The Cheshire and Merseyside Health and Care Partnership (HCP). This is a statutory joint committee between NHS Cheshire and Merseyside Integrated Care Board and our nine local authorities which also includes a wide range of partners from across the health and care system. This Board works together to support partnership working and is responsible for producing our Health and Care Partnership Strategy
- The NHS Cheshire and Merseyside Integrated Care Board. This is a statutory NHS organisation responsible for managing the NHS budget and arranging for the provision of health services whilst supporting the integration of NHS services with our partners.
- Our nine Place Based Partnerships. These work locally to support the integration of health and care services in support of local Joint Health and Wellbeing Strategies
- In 2023-24 we will work with Healthwatch to establish a Cheshire and Merseyside wide forum to ensure engagement with each of the nine teams.

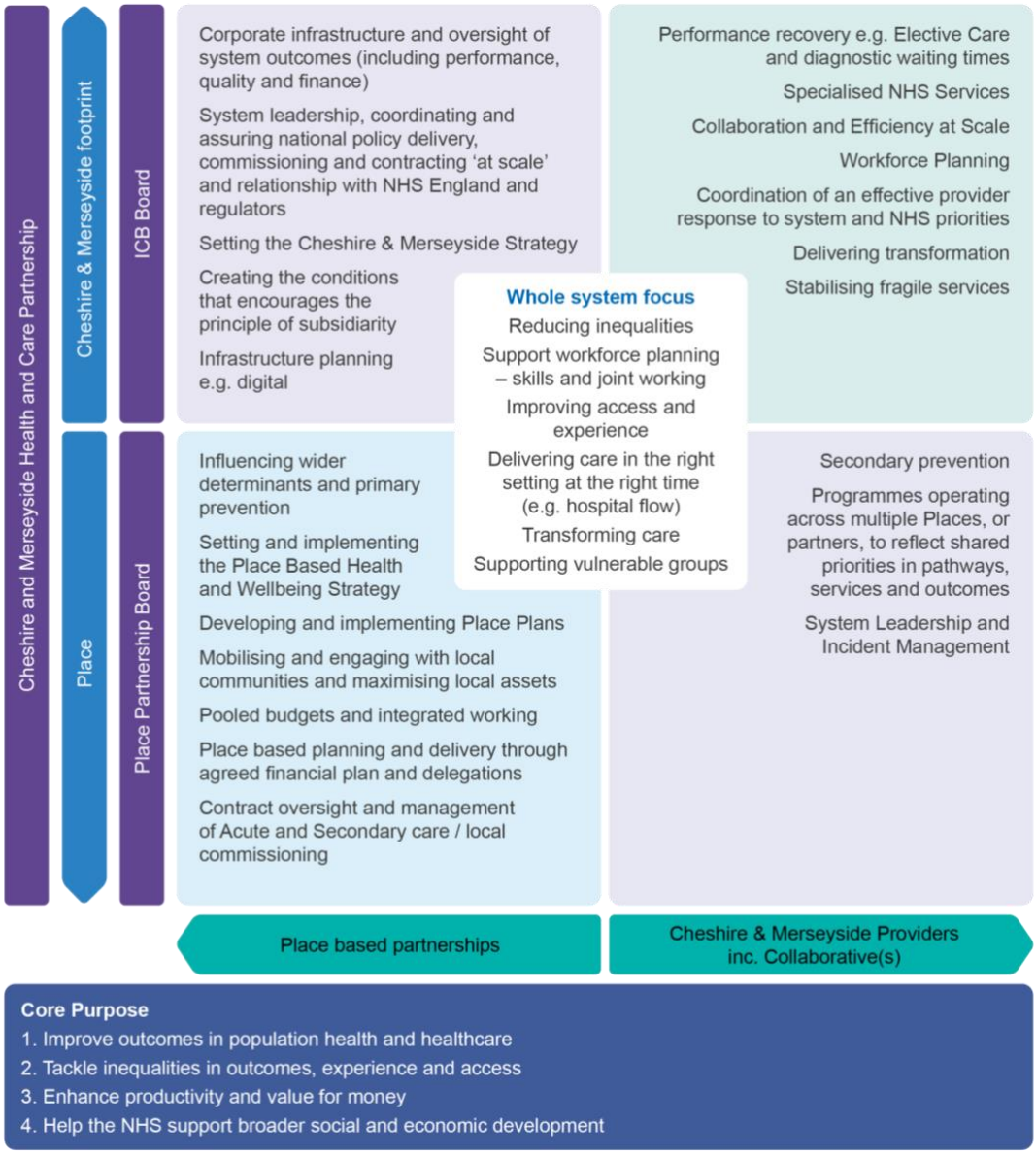
Figure 3: Cheshire and Merseyside Integrated Care System

Through our Place based partnerships and the communities within them we are committed to the principle of subsidiarity. This means that we want to make decisions as locally as possible. Our Places and communities are the 'engine room' which drive change by designing and delivering services around the needs of the local population.

Complementary to this principle of subsidiarity, our large ICS provides opportunities to work at scale where appropriate. This enables us to share best practice and to work collectively to deliver efficiencies and manage change. As an example, our two NHS Provider Collaboratives support our NHS providers to work together to deliver service improvement and enhance sustainability.

The picture below shows how we apply the principle of subsidiarity to decision making in our Places and the communities within them, whilst realising the benefits of working at scale in certain areas through our Health and Care Partnership, or ICS wide programmes or through our two Provider Collaboratives.

Figure 4: Decision making and subsidiarity in Cheshire and Merseyside



Communications and engagement

As system partners we are committed to engaging with people and communities. We know that harnessing the knowledge and experience of those who use and depend on the local health and care system can help improve outcomes and develop better, more effective services including removing or reducing existing barriers to access.

We are committed to working with those with lived experience to understand the impact of health inequalities and to support us in designing and implementing solutions to address these. For example, supporting unpaid carers is an essential contribution to narrow health inequalities in access, outcomes & experiences. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

Our Green Plan

Climate change poses a threat to our health as well as our planet. Across Cheshire and Merseyside, we are committed to achieving net zero by 2040 (or earlier). The ICB and NHS Trusts and many Local authority partners have well established plans to achieve this.

Complementary to these local plans, NHS Cheshire and Merseyside has a strong system level Green Plan, and we work collaboratively as system partners to maximise the impact of our initiatives.

Our planet will continue to warm until circa 2060 we will continue climate adaptation / mitigation work to ensure we can continue to provide access to quality health and care for our population even as the climate changes. Including work to tackle air pollution, increased access to mental health services, coastal and other flooding, vector-borne diseases / prep for changing patterns of disease / sustained heat and high temperatures / impact on patients and on workforce etc.

We will:

Reduce the emissions we control directly (the NHS Carbon Footprint), achieving net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

Supporting wider social and economic development

Supporting social and economic development is one of our strategic objectives. We are working together on a plan for improving health including addressing wider determinants. Wider determinants, also known as social determinants, are a diverse range of social, economic, and environmental factors which impact on people's health.

We can ensure we contribute both in terms of the services that are delivered but also as employers and as part of our local communities.

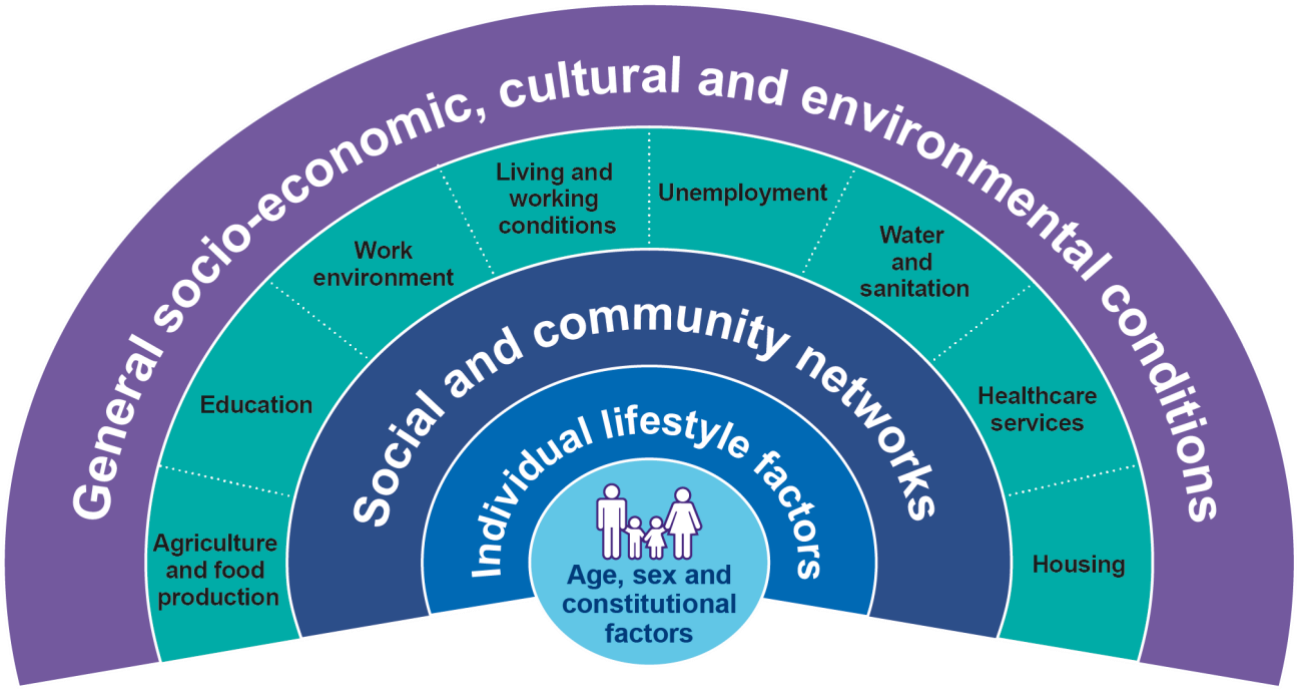
We will:

Increase the number of Anchor Framework signatories to 25 by the end of March 2024.

And:

- **Embed, and expand, our commitment to social value**
- **Develop as key Anchor Institutions within Cheshire and Merseyside**
- **Use an asset and strengths-based approach to planning**
- **Share data and insights, so resource can be targeted**
- **Ensure service, pathway and care model redesign is undertaken in collaboration**
- **Develop outcomes-focused funding models and contracts**
- **Support health and care professionals to think about care and support holistically**
- **Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)**
- **We will maximise our efforts in relation to regeneration and planning including work to support the levelling up agenda.**

Figure 5: Wider social determinants of health and health inequalities, Dahlgren and Whitehead 1991



Safeguarding our population

Safeguarding is a shared responsibility across the health and care economy. Our teams work with colleagues from across the NHS, local authorities, the police, and other partner agencies to drive improvements through local and regional partnership working to embed responsive safeguarding practice. This enables us to address national and local priorities and influence safe and effective care and commissioning.

Effective safeguarding at both system and organisational levels relies on systems that ensure safeguarding is integral to daily business.

We are committed to:

- Strengthening collaboration and communication
- Improving training and awareness
- Early identification and intervention
- Strengthening partnership working
- Enhancing monitoring and evaluation
- Empowering service users
- Promoting a culture of safeguarding.

We will:

Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing violence against women and girls.

Want to know more?

Read the full version in Section 2 of our Joint Forward Plan Supporting Content

3. Our approach to improving Population Health

Our established Population Health Board oversees our Population Health programme of work. The aims of this are to improve health outcomes and reduce health inequalities by embedding a sustainable system-wide shift towards focusing on prevention and reducing health inequality. Our newly appointed Director of Population Health plays a key leadership role in this work.

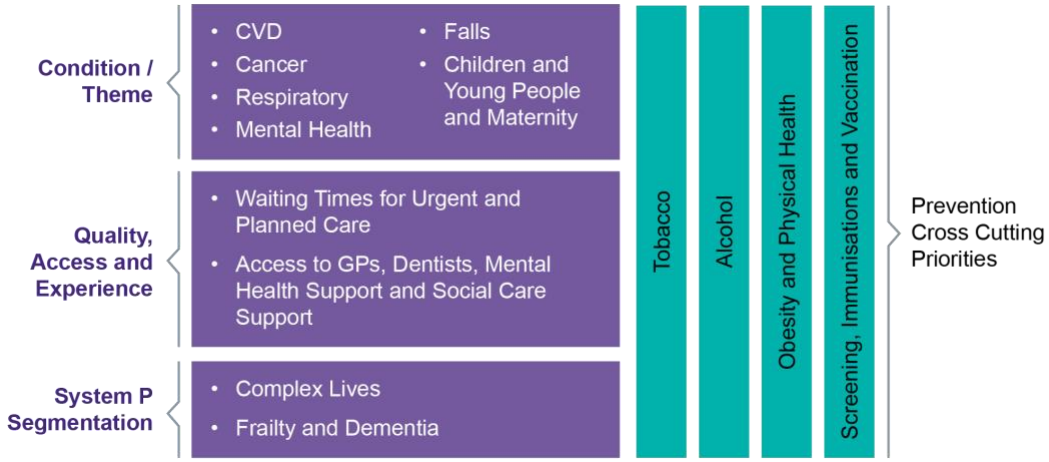
Figure 6 provides a summary of the areas which our analysis tells us that our population experience worse outcomes when compared to the "England average", and where our people have told us their experience of accessing care does not meet their expectations.

We know that it is often the wider social determinants of health which are the cause of these poorer outcomes and this is why we are committed to addressing these wider determinants and to promote good health.

In line with the Hewitt Review recommendations, as an ICB we intend to increase year on year the proportion of our budget being spent on prevention. Over time we expect that this will improve the health of our population, whilst helping to address the variation and inequality in access and outcomes we see across Cheshire and Merseyside.

The following programmes describe how we are approaching this.

Figure 6: Population Health needs and cross cutting prevention themes in Cheshire and Merseyside



Strategic intelligence

Strategic business intelligence is vital to underpin, inform and drive a coordinated and sustainable population health management approach across ICS programmes.

As outlined in our Digital and Data Strategy, we will build on our CIPHA and System P Programmes to enhance our strategic intelligence functionality. This will enable us to better identify areas for targeted interventions and monitor progress.

All Together Fairer

The primary objective of the draft interim Health Care Partnership Strategy is to reduce health inequalities, this commitment is at the heart of all of our programmes of work. This includes through our established All Together Fairer programme where we aim to improve population health and reduce population level inequalities in health, by focussing on the social determinants of health across Cheshire and Merseyside and supporting action at Place level. The All Together Fairer programme supports the eight Marmot principles, which are to:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

An example is how we will work together to support our population to access safe, secure, and affordable housing.

> We know that access to safe, secure, and affordable housing has a huge impact on the health of our population, and also that providing the right accommodation in the community supports people with a mental health condition or learning disability to access services in a more appropriate environment. A number of partners across our Health and Care Partnership provide excellent services which support our population to meet their housing needs.
>
> Within the NHS many of our services such as community nursing services often involve visiting people at home. We can 'Make Every Contact Count' by using these interactions as opportunities to sign-post people to other local services which can help improve the environment they live in, impacting positively on their overall health and wellbeing.

We will measure the success of the All Together Fairer programme in the 2023-28 period against the 22 beacon indicators in the Marmot indicator set *(Appendix 2)*.

We will:

- **Increase the % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage**
- **Reduce hospital admissions as a result of self-harm (15-19 years).**

Core20PLUS5: System-wide action on healthcare inequalities

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities. It identifies focused clinical areas requiring accelerated improvement. Making progress against these areas is a cross-cutting, system-wide responsibility, and delivery against priority clinical area objectives sits with respective ICS programmes and workstreams.

Our Population Health Programme strategic intelligence and system leadership will strengthen the oversight and monitoring of progress against the Core20PLUS5 clinical priorities *(Appendix 3)*.

We will:

Focus on delivery of the CORE20PLUS5 clinical priorities with an emphasis on:

- **Increasing the proportion of cancers diagnosed at an early stage (stage 1 or 2)**
- **Increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024**
- **Improving access, and equity of access, to Children and Young Peoples Mental Health services (0-17).**

System-wide action on prevention and Making Every Contact Count

We are committed to working collaboratively as a system. As part of this commitment, we are embedding the philosophy of Making Every Contact Count. This is an approach to behaviour change that maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing factors. This can support people in making positive changes to their physical and mental health and wellbeing.

We are also focusing on evidence-based and high impact interventions which include:

- Reducing smoking prevalence
- Reducing harm from alcohol
- All Together Active Physical Activity Strategy
- Promoting healthy weight
- Increasing health checks
- Mental wellbeing.

We will monitor our progress against key system objectives using an integrated framework that is currently being co-produced by system partners, and will incorporate key metrics in ICS, ICB and Marmot (All Together Fairer) dashboards.

We will:

- **Reduce smoking prevalence**
- **Reduce the % drinking above recommended levels**
- **Increase in the % who are physically active.**

NHS Prevention Pledge

Our providers are delivering against the 14 core commitments in the NHS Prevention Pledge. We are strengthening our focus on prevention, social value, and inequalities, embedding Making Every Contact Count (MECC) at scale, and supporting participating Trusts to achieve Anchor Institution charter status.

We are also exploring how we interpret the Pledge in a primary care setting, which involves considering how it may apply to colleagues such as GPs, dentists, optometrists, and pharmacists. This may provide further opportunities for partners to take early action to support health and wellbeing across a broader range of health and care settings.

We will:

Increase sign up to the NHS Prevention Pledge.

Screening, immunisation and vaccination

We plan to work with NHS England, UK Health Security Agency (UKHSA) and Place based commissioning teams to strengthen screening, vaccination and immunisation uptake, and to reduce inequalities.

We will:

Work with partners to strengthen screening, vaccination and Immunisation uptake and reduce inequalities.

Want to know more?

Read the full version in Section 3 of our Joint Forward Plan Supporting Content

4. How we will improve our services and outcomes

We have adopted a life course (starting well, living well, ageing well) approach to improving services and outcomes.

We are working hard to improve services and outcomes for our residents through a wide range of programmes. We want world leading services across our system, from GPs to highly specialised hospital care.

The table below summarises our core areas of focus.

Want to know more?

Further details of our work can be accessed in Section 4 of our Joint Forward Plan Supporting Content

Theme	Heading	Focus	Drivers	Cross Cutting
Starting Well	Maternity and Women's Health	• Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. • Deliver the actions from the Ockenden report • Workforce development • All women have personalised and safe care • Reduce inequalities in access and outcomes • Women's Health and Maternity (WHaM) programme • Gynaecology Network • Estates - Family Hubs	Core20PLUS5 All Together Fairer Long Term Plan	Prersonalised Care and supporting Self Care Supporting Our Carers and Vulnerable Groups Improving Population Health Programmes Smoking/Alcohol/Healthy Weight) i.e All Together Active Workforce Development
	Children and Young People Beyond Programme	• Emotional wellbeing and mental health • Learning difficulties, disabilities and autism • Diabetes • Epilepsy • Respiratory / asthma • Healthy weight and obesity • Oral health • Estates - Women's Health Hubs	Core20PLUS5 All Together Fairer Long Term Plan	
Living Well / Ageing Well	Physical Health	• Cancer • Cardiovascular Disease (CVD) • Community health services • Diabetes • Elective Recovery • Neurosciences • Respiratory • Stroke • Urgent and Emergency Care	Core20PLUS5 NHS Operational Plan Long Term Plan	
	Mental Health	• Improving Mental health access and outcomes • Continued investment in Mental Health • Improved choice • A new community-based Mental Health offer • PCNs to have Mental Health Practitioners • More comprehensive crisis pathways • Improved access for children and young people • Suicide Prevention • Dementia	Core20PLUS5 NHS Operational Plan Long Term Plan	
	Neuro-diversity	• Learning Difficulties, Disability and Autism (LDDA) • Attention Deficit Hyperactivity Disorder (ADHD)		
	End of Life Care (EOLC)	• Access to information to support EOLC • Access and sustainability palliative /EOLC services • Specialist Workforce development • Engaging with people	Long Term Plan	
Cross Cutting	Primary Care - General Practice / Dental / Optometry /Community Pharmacy			
	Diagnostics - Priority supporting Recovery and Restoration			

5. Our workforce

Our plans recognise the importance of investing in our workforce.

We recognise the skills, abilities and dedication that our staff show each day and the importance of maintaining their Health and Wellbeing.

To achieve Cheshire and Merseyside Health and Care Partnership's strategic priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and Places.

In 2022/23 the Cheshire and Merseyside People Board, which has a broad membership across Cheshire and Merseyside stakeholders, agreed a set of ambitious Workforce Priorities for 2022-25 (see below).

Our system Workforce Strategy and the programme to support delivery of these priorities will be further developed during 2023/24.

Systemwide Strategic Workforce Planning to:	Creating New Opportunities across C&M to:	Promoting Health and Wellbeing to:	Maximising and valuing the skills of our staff to:	Creating a positive and inclusive culture to:
• Ensure a health and care workforce that is fit for the future • Smarter workforce planning linked to population health need • Creation of a 5-, 10- and 15-year integrated workforce plan • Developing a greater triangulation and monitoring between workforce / productivity / activity / finance.	• Grow our own future workforce • Increased focus on apprenticeships • Embed New Roles • Review barriers to recruitment • Work with the further and higher education sector • PCN Development • Greater links with social care and primary care • Ensuring an effective student experience.	• Ensure appropriate health and wellbeing support for all staff • Ensure good working environment • Focus on retention. • Preventing burnout • Ensuring appropriate supervision and preceptorship is available.	• Understand the impact of 5 generations working together/ changing expectation of the workforce • Developing career options at different stages of our lives and across health and social care • Responding to reviews / staff surveys and recommendations in a positive manner.	• Ensure proactive support of inclusion and diversity as a priority • Collaborative and inclusive system leadership • Understanding the barriers for staff / future employees • Development of learning and restorative practice.

Developing our culture and leadership

We plan to adopt, apply, and invest in the following areas to develop our culture, workforce, and ways of working as a system.

We will:

Ensure a Health and Care workforce that is fit for the future.

And:

- **Publish a Strategic Workforce Plan by March 2024**
- **Create new opportunities across health and care providers**
- **Promote health and wellbeing of all our workforce**
- **Maximise and value the skills of our workforce**
- **Create a positive and inclusive culture**
- **Ensure digital upskilling for the whole workforce**
- **Further develop our partnerships with Health Education Institutes (HEI's), further education providers and school.**

Cultural transformation

- Organisational and system redesign necessary for integration
- Competence and capability development to deliver integrated ways of working.
- Team cohesion to drive resource optimisation through sustainable collaboration.
- Growth mindset to stimulate systems leadership thinking and practice.
- A shared cultural identity values and behaviours premised on the principles of public service founded by the NHS Constitution, Equality Act and Nolan Principles

Talent management

- Talent management for effective capacity, demand and supply planning mapped to population health / market trends.
- Robust succession planning strategies for business-critical roles and hard to fill roles specifically.
- Reward and recognition strategies to ensure that success is rewarded and celebrated and improve staff engagement and retention.

Leadership development

- Resilient collective (systems) leadership evidenced in the continual enablement of integration for improved health and care integration.
- Compassionate and inclusive leadership cultures towards improving health inequalities.
- Culturally competent leadership to drive cultural competence in decision making for integration.
- Clinical leadership for integration towards health creation models of care

Want to know more?

Read the full version in Section 5 of our Joint Forward Plan Supporting Content

6. System development

Our Integrated Care System is geographically large and comprises a wide range of partners. This is reflected in how we apply our intention to distribute leadership to the most appropriate point in the system, which in many cases is as locally as possible.

In line with the concept of a "self-improving system" described in the Hewitt Review we intend to develop our capabilities and be ambitious in developing our leadership, workforce and improvement approaches alongside the plans already outlined in this document.

In early 2023/24 we will be delivering work to develop and embed an agreed operating model for our system, working alongside system partners. Part of this will involve considering how we can work more efficiently as a system to enable the integration of services across health, care and our wider partners and communities, within our Places and our communities to prosper whilst working collectively at a Cheshire and Merseyside level when it makes most sense to do so.

Clinical and Care Professional leadership

We have developed a Clinical and Care Constitution which describes a set of principles that underpin all we do. It has been written by clinicians with input from clinical and care colleagues to support Cheshire and Merseyside ICS develop with our partners, an overarching population health approach, driven by the needs of our communities with a clear focus on addressing Health Inequalities.

It will:

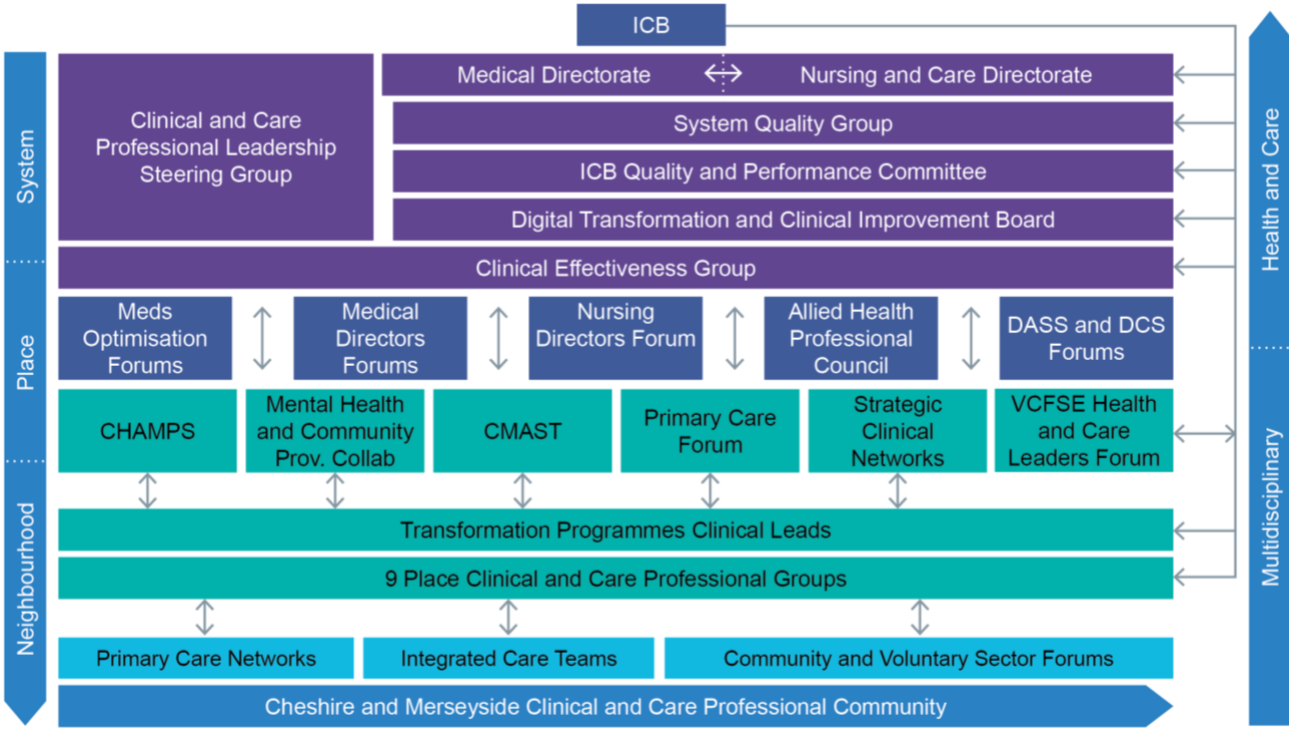
- shift the paradigm from reactive to proactive healthcare
- integrate clinical and care professionals in decision-making at every level of the ICS, creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities
- provide a return on our investment in improving health will be evidenced through measures of both quality and effectiveness
- influence the wider determinants of health through collaboration, education and modernisation.

Our Constitution sits alongside our established Clinical and Care Leadership Framework (see figure 7) which outlines how clinical and care leaders across Cheshire and Merseyside will be involved in the key aspects of ICS decision making.

We will:

Implement the commitments and pledges within our Constitution.

Figure 7: Clinical and Care Leadership in Cheshire and Merseyside



Quality improvement

The government and public rightly expect Integrated Care Boards and their respective systems to ensure that the services we commission provide the highest standards of care. The development of our system quality strategy is being informed by the National Quality Board (NQB) guidance. The NQB publication 'Shared Commitment to Quality' provides a nationally agreed definition of quality and a vision for how quality can be effectively delivered through ICSs.

Quality principles

We will work together as a system to improve quality and use the key principles for Quality Management, as set out by the NQB, in developing our approach to deliver care that is:

- Safe
- Effective
- A positive experience
- Responsive and personalised
- Caring
- Well-led
- Sustainably resourced
- Equitable.

Our provider collaboratives

Effective collaboration and system working provides us with an opportunity to continually evolve, develop, improve and partner to further embed progress and capacity within the ICS and ultimately to provide extended and better care to our residents and patients.

In Cheshire and Merseyside, we have two provider collaboratives:

- Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST)
- Mental Health, Community and Learning Disability and Community Provider Collaborative (MHLDC).

Our collaboratives are leading a range of work programmes which support delivery of the Cheshire and Merseyside HCP strategic priorities.

Our Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST) programmes and key areas of focus are listed below:

- Elective recovery and transformation
- Clinical pathways
- Diagnostics
- Finance, efficiency and value
- Workforce.

Our Mental Health Learning Disabilities and Community Provider Collaborative (MHLDC) is a joint working arrangement between the nine providers of community, mental health and learning disabilities services. The work programme priorities for 2023/24 are:

- Community urgent care:
- Urgent community response teams
- Intermediate care
- Roll out of Urgent Treatment Centre specification
- Virtual wards
- Community services for children and young people
- Access to care, fragile services and community waiting times
- Population health and prevention
- Mental health transformation
- Workforce transformation.

We will:

Work with our collaboratives on a range of work programmes which support delivery of the HCP strategic priorities.

Adult Social Care Collaborative (ASC)

We recognise, in line with the national picture that the pressures being seen in adult social care have been increased since the COVID Pandemic adult social care and we need to work collectively to find ways to mitigate these pressures. ASC plans are currently in development and these will be published on the Cheshire and Merseyside Website.

As a Cheshire and Merseyside system, working across our nine Places we are focussed on how we can work collectively to identify innovative approaches to:

- Workforce recruitment, development and retention
- Digital transformation and technology enabled care
- Supporting people to live well at home (Home First)
- Market shaping and reform to build the social care market
- Care Home improvement and sustainability
- Supporting Carers
- Mental Health support
- Learning Disability and Autism support
- Housing and estates solutions.

Our VCFSE Transformation Programme

In Cheshire and Merseyside we are fortunate to have a strong and engaged Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector across our nine Places. This is supported by established local infrastructure organisations providing skills, knowledge, and capacity to enable two-way communications and engagement between local neighbourhoods and the health and care system.

The new health and care structures which have recently been established provide an opportunity to transform services and make a lasting difference to patients and communities. VCFSE partners will play a vital role in transformation programmes.

NHS Cheshire and Merseyside's draft Public Engagement Framework was co-produced with Healthwatch and the Voluntary, Community, Faith and Social Enterprise Sector and published in July 2022.

We will:

Focus on embedding the VCFSE as a key delivery partner.

And

- **Supporting investment in the VCFSE both financially and organisationally**
- **Building on VCFSE infrastructure and assets.**

Our places

Our nine Cheshire and Merseyside Places have been working collectively since before the formation of ICS in 2022, working through local partnership arrangements to deliver against the priorities in their local joint health and wellbeing strategies.

We have used a 'Place Development Assessment Framework' to support our Place Partnerships in their development, applying learning from other geographies. There are 4 key domains:

- Ambition and Vision
- Leadership and Culture
- Design and Delivery
- Governance

Place Partnerships have developed detailed plans to improve local services and outcomes.

We will:

As part of our Operating Model, we will enable our nine places to most effectively deliver functions and decision making at a local level.

Evolving our commissioning and corporate services

We are developing a single suite of commissioning policies across Cheshire and Merseyside by March 2024, and we will publish new policies as soon as these are completed and have been through the relevant engagement and governance processes required.

The Health and Care (2022) Act has created provisions for NHS England to delegate functions relating to the planning/commissioning of certain services to Integrated Care Boards. In April 2023 the ICB took on responsibility for dental, ophthalmic and pharmacy services, and we are planning for future delegation of Specialised Services from April 2024.

We have a number of programmes of work designed to support our system to improve consistency and value for money as its functions evolve. These include:

- Corporate infrastructure: we are reviewing the licenses and applications in use across our nine places, to improve consistency and realise operational and financial efficiencies
- Commissioning support functions: we are reviewing all services currently provided to the ICB by Midlands and Lancashire Commissioning Support unit for consistency and value for money.

Research and innovation

As described in our draft interim Health Care Partnership Strategy we have an ambitious vision for research in Cheshire and Merseyside. Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research to work closely with our stakeholders to develop the best performing research network in the country.

We are working closely as a system involving the CHAMPS public health collaborative, our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

We will:

- **Establish a Cheshire and Merseyside Research Development Hub**
- **Create a network of research champions across our system**
- **Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects**
- **Contribute to the development of a North West Secure Data Environment for research.**

Digital and data

Cheshire and Merseyside ICS published its three year Digital and Data Strategy in November 2022 following endorsement from the NHS Cheshire and Merseyside Board. We are committed to using digital and data to improve outcomes and services for our residents.

The strategy describes an ambition to improve the health and well-being of our region now and into the future by incorporating digital and data infrastructure, systems, and services throughout the pathways of care we provide.

This requires 'levelling up' our digital and data infrastructure to help address the significant inequalities so clearly faced by parts of our population and to ensure we successfully support all we serve.

We are committed to turning 'intelligence into action' by using increasingly sophisticated ways of understanding the health and care needs of our population, and then finding and intervening for those in greatest need to improve their health and care outcomes in an equitable way.

We will:

Work in partnerships to deliver the goals outlined in the Digital and Data Strategy, including making the Share2Care (shared care record) platform available in all NHS and Local Authority Adult Social Care providers, by March 2024.

Want to know more?

Read the full version in Section 6 of our Joint Forward Plan Supporting Content

7. Effective use of resources

In line with many other systems Cheshire and Merseyside faces significant financial challenges. As a system, we are spending more money on health and care services then we receive in income. We must take action to improve the long-term sustainability of the Cheshire and Merseyside health and care system by managing demand and transforming the way we use services, staff, and buildings.

As part of the Cheshire and Merseyside draft interim Health Care Partnership Strategy there is a commitment to developing a system-wide financial strategy during the first half of 2023-24 to:

- Determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Support health and care integration
- Identify key productivity and efficiency opportunities at both a Place and ICS footprint
- Outline system-wide estates and capital requirements and plans.

As recommended in the Hewitt Review, we are focussed on ensuring we are getting best value from our investments and increasing the proportion of our ICB budgets allocated to prevention of ill health.

We will:

Agree a financial strategy and recovery plan by September 2023 which details how we will move to a sustainable system-wide financial position in Cheshire and Merseyside.

Finance efficiency and value plans

As part of our wider development of a system financial strategy, we have established an Efficiency at Scale programme. One of our provider collaboratives, CMAST, is hosting the programme on behalf of the ICB. The programme works across the NHS and links with partners from the wider system as appropriate.

The key areas of focus for the Efficiency at Scale programme are:

- Consolidating financial systems, approaches and capacity across organisations where appropriate, including financial ledgers.
- Delivering a structured procurement workplan to reduce influenceable spend across all providers.
- Building on existing medicines optimisation projects to deliver a more sustainable approach to pharmacy capacity and resourcing across Cheshire and Merseyside.
- Specific discrete workforce projects, for example a collaborative staff bank for Health Care Assistants.

This complements wider work on our financial strategy and recovery plan where system partners work to reduce costs, through ICB, Place, provider and partner led plans.

Capital plans

We have developed a Capital Plan which describes how we will use available capital funding to invest in our buildings and infrastructure. The dedicated page is publicly available to view at: Capital Plan

Our capital plans will be routinely shared with members of the Cheshire and Merseyside Health and Care Partnership and the nine Health and Wellbeing Boards in Cheshire and Merseyside.

We will:

Continue working in partnership to deliver against our Capital plans.

Estates

Cheshire and Merseyside Health and Care Partnership's Estates Strategy sets out our system commitment for the next five years. We are committed to the NHS, local government and other agencies working together to deliver our Estates Plan and take steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them.

Our focus for delivery will primarily be in eight key areas:

- Fit for purpose
- Maximising utilisation
- Environmentally sustainable
- Value for money and social value
- Services and buildings in the right place
- Flexibility
- Technology
- Working in partnership.

We will:

Support our nine place partnerships and Primary Care Networks to ensure our focus areas translate into deliverable local plans.

All Age Continuing Health Care

The ICB is accountable for the fair and equitable commissioning of NHS All Age Continuing Health Care (AACC) to support the assessed needs of our residents. We are accountable for the quality, safety and financial assurance of the continuing care provided.

We have recently reviewed the services we provide to people who receive Statutory funded continuing care. This review will have a range of benefits. It will improve the appropriateness of the care provided, meaning care is of higher quality. By providing more appropriate solutions, we also expect to improve the value for money of the services we provide meaning our funding can go further.

We will:

Complete the review and work with partners to establish an equitable model for delivery of services across Cheshire and Merseyside.

Want to know more?

Read the full version in Section 7 of our Joint Forward Plan Supporting Content

8. Our place plans

Further detail on the plans is available in Section 8 of our Joint Forward Plan Supporting Content.

Health and Wellbeing Boards were asked to provide a statement outlining whether the Joint Forward Plan includes the relevant priorities within the Joint Local Health and Wellbeing Strategy. These will be published on the Cheshire and Merseyside Website.

9. Glossary

An online glossary of terms has been developed by NHS Cheshire and Merseyside and can be accessed through this link:

cheshireandmerseyside.nhs.uk/get-involved/glossary/

10. Summary of outcomes

In addition to the priorities outlined in Section 1 there are a range of additional outcomes the plans outlined in this document will deliver and can be accessed in Appendix A on page 185 of our Joint Forward Plan Supporting Content

11. Links to our partners plans

Links to the strategic plans of our NHS Provider and Local Authority Partners will be published on the Cheshire and Merseyside Website.

Appendix 1 NHS Operational Plan and Long Term Plan

NHS Operational Plan and Long Term Plan Objectives and Metrics				
Area	**2023/24 Planning Objective**	**Metric**	**Target Value**	**Cheshire and Merseyside position**
Urgent and emergency care*	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	Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours	76%	76.9%
	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 (NWAS target set at 33 mins)	Ambulance Response Times - Category 2	National 00:30:00 NWAS 00:33:00	N/A
	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Average number of overnight G&A bed occupancy - adult	92%	94.3%
		Average number of overnight G&A bed occupancy - Total (Adult & Paediatrics)		92.8%
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	70%	2022/23 YTD = 74%. 14,985 UCR Contacts planned, 36% increase compared to 2022/23 FOT
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	No specific metric defined		
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	% Appointments booked same day		Total GP Appoints 14.98m. Increase of 4.9% compared to 2021/22
		% Appointments booked within 1-14 days		
		% Appointments booked over 14 days		
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Current gap to local ambition (down arrow indicates closing the gap)		
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Direct Patient Care (DPC) Roles in General Practice and PCNs (NB - manifesto commitment changed from ARRS to DPC roles, trajectory only available at region level)		57.9%
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	2019/20 Baseline scheduled monthly % of usual annual contracted UDAs		83% below 19/20
		2022/23 scheduled monthly % of usual annual contracted UDAs		

Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Total waiting over 65 weeks	0	0
	Deliver the system- specific activity target (agreed through the operational planning process)	2022/23 Value Weighted Activity including adjustment for advice and guidance (NB - this measure will change for 2023/24)	105%	108.5%
Cancer	Continue to reduce the number of patients waiting over 62 days	The number of cancer 62-day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral excluding non-site-specific symptoms		1,095
	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	% Patients with diagnosis communicated within 28 days	75%	75.1%
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Percentage of stageable cancers diagnosed at stage 1 and 2 (NB - data are Cancer Alliance not ICB footprint)	75%	80.0%
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	% Patients receiving diagnostic test within 6 weeks	95%	89.5%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Trust Diagnostic activity as % of baseline (current month v baseline month for 15 tests in DM01)	120%	116.4%
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	Stillbirths per 1,000 total births		
		Neonatal deaths per 1,000 total live births		
	Increase fill rates against funded establishment for maternity staff	Workforce data		
Use of Resources	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	Financial strategy and recovery plan in place by Sept 2023		
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Total workforce	Publish a Strategic Workforce Plan by March 2024	
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact		23/24 = 135,601 Q4 = 37,590
	Increase the number of adults and older adults accessing IAPT treatment	Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period.		23/24 = 72724. 100% of target

	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses	5%	Q4 23/24 = 20,600 Target achieved
	Work towards eliminating inappropriate adult acute out of area placements	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider		Q4 23/24 = 900
	Recover the dementia diagnosis rate to 66.7%	Dementia Diagnosis Rate	66.7%	66.7%
	Improve access to perinatal mental health services	Number of women accessing specialist community PMH and MMHS services in the reporting period		Q4 23/24 = 2,357
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	% of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	75%	75.0%
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit	Learning Disability Inpatient Rate per Million ONS Resident Population.	<30	36.5
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit		12 to 15	14.0
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024		77%	
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%		60%	
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	No specific metric defined		
Activity	Elective day case spells	Planned Activity Volumes 23/24		363,244
	Elective ordinary spells	Planned Activity Volumes 23/24		54,466
	RTT Clock Stops (admitted and non-admitted)	Planned Activity Volumes 23/24		879,054
	Number of requests for A&G	Planned Activity Volumes 23/24		417,246
	Outpatient attendances (all TFC; consultant and non-consultant led) - First attendance	Planned Activity Volumes 23/24		1,330,322
	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	Planned Activity Volumes 23/24		3,357,568

	Follow Up Outpatient Attendances without procedure	Planned Activity Volumes 23/24	Reduce by 25%	2,487,559
	Number of episodes moved or discharged to PIFU pathway	Planned Activity Volumes 23/24		171,366
	Number of attendances at all type A&E departments.	Planned Activity Volumes 23/24		1,181,165
	Non-elective spells	Planned Activity Volumes 23/24		398,629

Appendix 2 Marmot 8 principles and 22 Beacon indicators

The tables below highlight the principles describing how we intend reducing inequalities and the indicators we will use to measure progress.

Marmot 8 principles	
1	Give every child the best start in life.
2	Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3	Create fair employment and good work for all.
4	Ensure a healthy standard of living for all.
5	Create and develop healthy and sustainable places and communities.
6	Strengthen the role and impact of ill-health prevention.
7	Tackle racism, discrimination, and their outcomes.
8	Pursue environmental sustainability and health equity together.

22 Beacon Indicators

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)~	Yearly	LA	IMD	Active lives survey

** Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.*

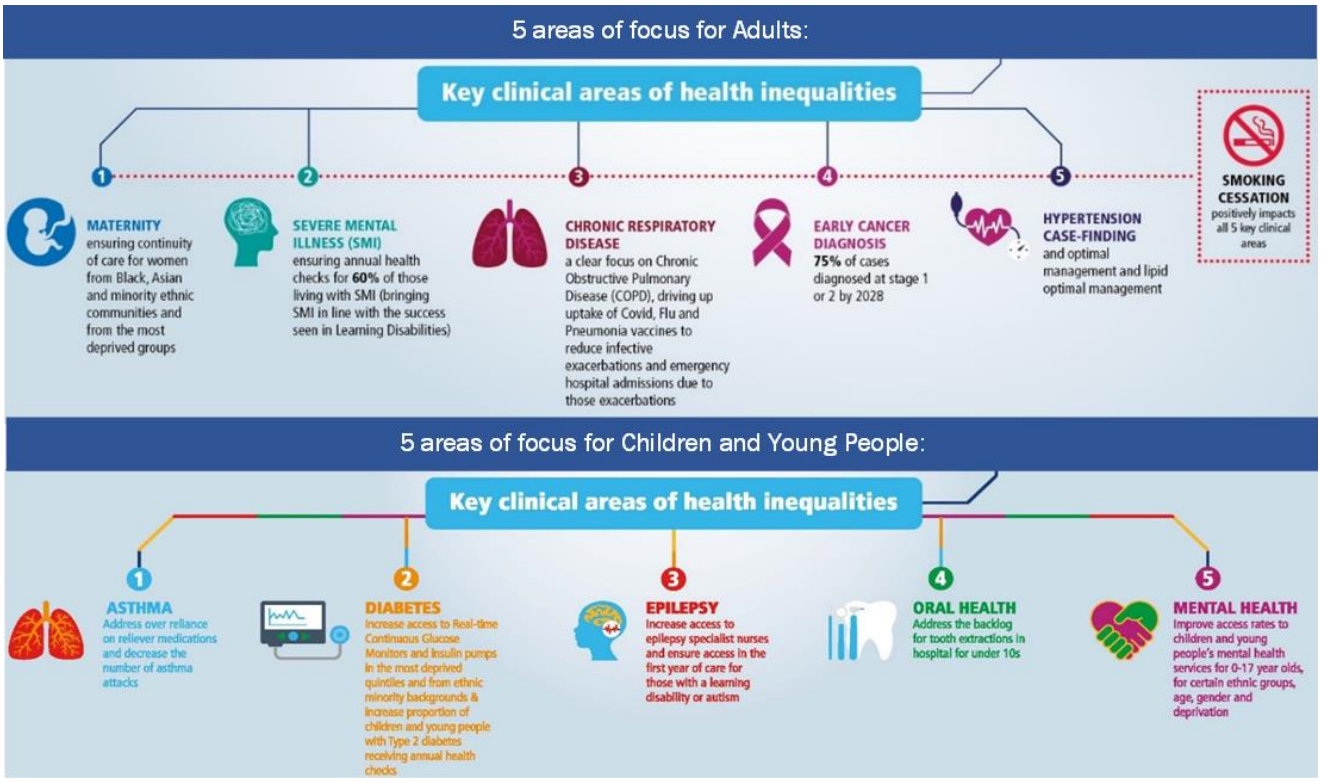
*** Both the Progress 8 and Attainment 8 scores are proposed for inclusion. Progress 8 scores at local authority level demonstrate that schools with a neg ative average score require systematic intervention. Attainment 8 shows the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.*

**** These indicators will require the NHS and local authorities to establish new data recording and collection methods. We have factored the social value indicators into the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. It will also require definitions of "local" in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.*

***** To be used to demonstrate annual changes, interpretation to factor in population changes.*

~ Active Lives Survey states the length of continuous activity is at least 10 minutes.

Appendix 3 Core20PLUS5



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Cheshire and Merseyside
Health and Care Partnership

Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy

2023-2028

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Section 1 - Foreword

For too long health and care organisations across Cheshire and Merseyside have struggled to bridge the gap between health and social care, ill-health prevention and treatment – despite much well-meaning effort.

The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership – provides a once-in-a-lifetime opportunity to combine our efforts and collective resources to make tangible improvements across our communities.

Consisting of representatives from across our communities, the NHS, local authorities, voluntary sector, housing, police, education and fire and rescue, and local businesses our Partnership Board provides a multi-agency forum to assess the health, public health and social care needs of people across Cheshire and Merseyside – and develop a combined strategy to address them.

Joining up health and care is nothing new – we have been working towards this for years and will continue to build on this excellent work by supporting innovation and learning from examples of best practice across Cheshire and Merseyside and beyond.

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.

We are already well-placed to not only understand what the key issues are across Cheshire and Merseyside – but how to measure our collective progress in tackling them.

Published in May 2022, the landmark report All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside features 22 Beacon Indicators to help measure our progress against the key themes.

This strategy sets out how we will work together to address the key challenges facing people across Cheshire and Merseyside. Over the coming year we will work to develop this strategy, and the detailed plans sitting behind it, and as part of this ensure the voice of our communities is at the heart of everything we do.

Cllr Louise Gittins
Chair

Raj Jain
Vice Chair

XXX
Vice Chair (TBC)

Section 2 - About the Health and Care Partnership

Our health is affected by many things outside of our genetic make-up – such as housing, unemployment, socio-economic disadvantage, financial stress, experiences in childhood, domestic abuse, poverty and lifestyle choices. This can only truly be addressed via a partnership between our communities, the NHS, local government, the voluntary sector and others.

For years health services, such as GP practices and hospitals, and care services were run by separate organisations with different objectives. Now, building on ever-closer collaboration, not least in response to the Coronavirus (COVID-19) pandemic, the health service and local authorities have come together with system partners to form Cheshire and Merseyside Health and Care Partnership – our Integrated Care Partnership.

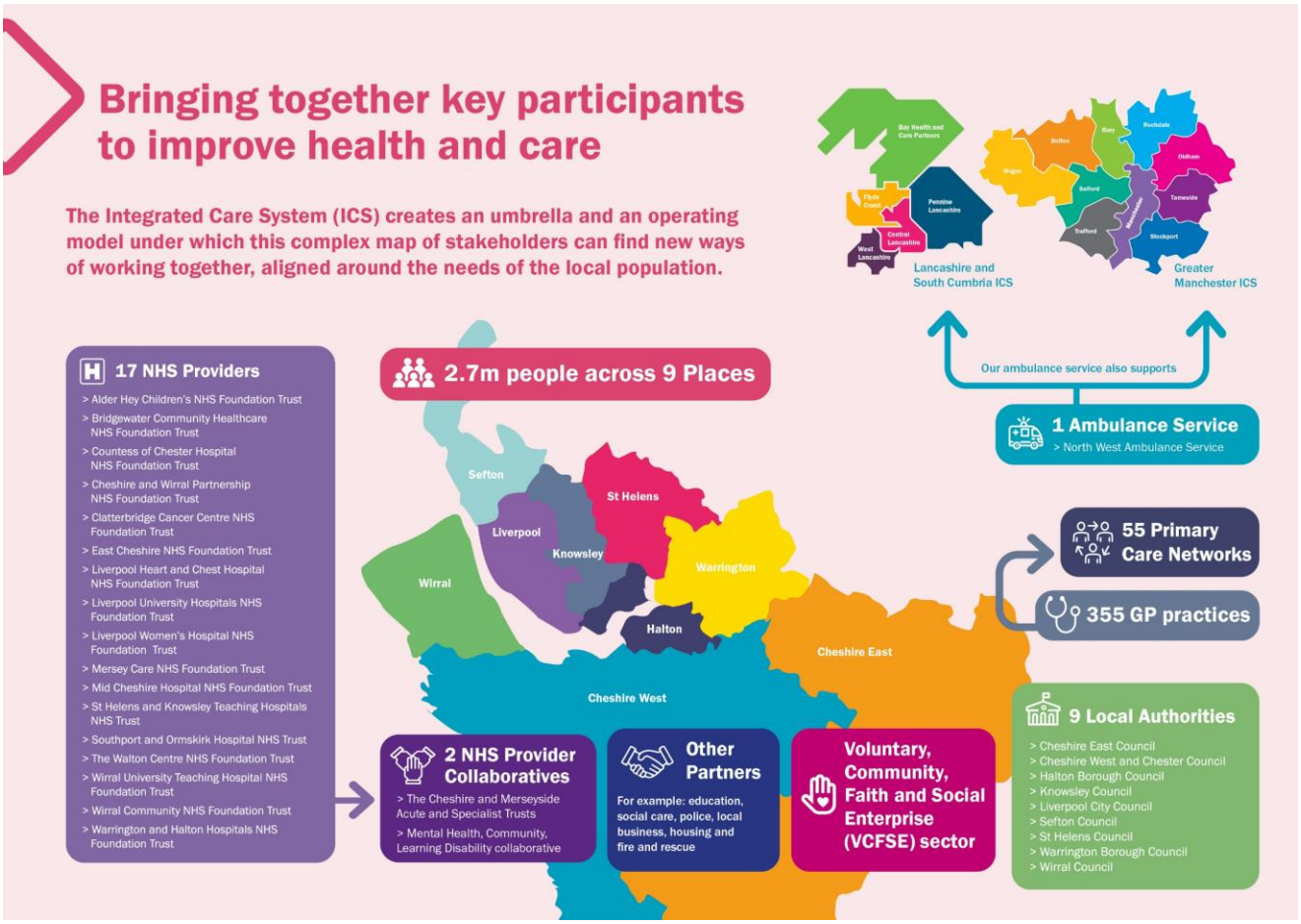
The Health and Care Partnership is currently moving towards operating as a statutory committee consisting of health and care partners from across the region and provides a forum for NHS leaders, local authorities and other key organisations to come together, as equal partners, and take collective action.

A vital role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences and ensuring we reduce variation across our communities. In making our decisions on where to invest our resources we will prioritise based on evidence.

By working in partnership, health and care organisations across Cheshire and Merseyside will be better supported to combine our assets to improve efficiency and reduce duplication. By working across Cheshire and Merseyside we can ensure that we learn from each other and adopt what's working well to collectively improve.

The core membership of Cheshire and Merseyside Health and Care Partnership includes:

- NHS Cheshire and Merseyside Integrated Care Board
- Local authority partners
- Ambulance Service
- Police
- Fire and Rescue Service
- Voluntary, community and faith sector
- Local Enterprise Partnership
- Primary care
- Provider collaboratives
- Social care provider
- Adult social care
- Children's services
- Public health
- Carers
- Housing
- Healthwatch
- Education.



Working together as Partners

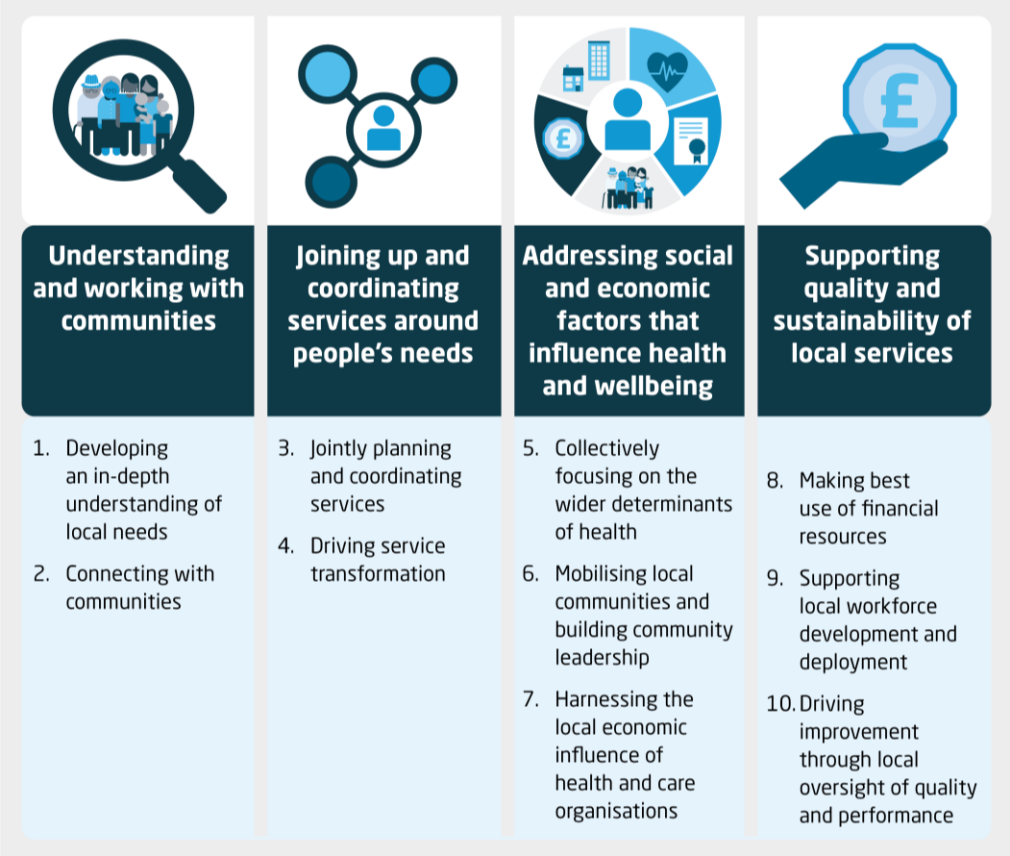
As a Partnership we will apply a set of principles to our relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is inclusive and collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities.

This strategy builds on local joint strategic needs assessments and health and wellbeing strategies and will be further developed with the involvement of local communities and independent health and care consumer champion Healthwatch. We will ensure that the voice of our population will be central to our planning and decision making. Whilst the document doesn't aim to describe all the work happening across our nine Places in Cheshire and Merseyside it is intended to describe many of the key areas of work being undertaken collectively and which complement existing Health and Wellbeing Board Strategies and Place Plans - hence the inclusion of summaries of Cheshire and Merseyside's nine Place Plans in Section 10.

Much of the work outlined in this document will be delivered in localised Place-based partnerships. The infographic below - courtesy of the King's Fund - sets out the key functions of Place-based partnerships:

Figure 1 Key functions of place-based partnerships



Charles A, Ewbank L, Naylor C, Walsh N, Murray R (2021). Developing place-based partnerships: the foundation of effective integrated care systems. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems

Working with people and communities

Across Cheshire and Merseyside, partners are committed to involving people and communities to harness the knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

Healthwatch, the community, voluntary and faith sector, local authorities, NHS organisations and other partners already have well-established ways of engaging with people and communities, and we need to build on these strengths and assets, and recognising the vital role played in both creating and delivering solutions to local challenges.

If we are to help reduce inequalities and close the gap on the disparities in access to, experience of and outcomes for health and care, we must collaborate, cocreate and coproduce solutions to the design, development and delivery of local services.

Developed by NHS England, the Local Government Association, Healthwatch England and the National Association for Voluntary and Community Action, the 10 key principles that will guide how we work with people and communities in Cheshire and Merseyside are:

10 key principles	
1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	**2.** Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	**4.** Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	**6.** Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities , making connections to social action.	**8.** Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.	**10.** Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

These principles have recently been the subject of national public consultation and published in statutory guidance.

Now Cheshire and Merseyside Health and Care Partnership has been established on a new statutory footing, partners have been asked to endorse and collectively 'sign up' to these principles - as a first step in co-producing a coherent and connected approach to public involvement in Cheshire and Merseyside.

We recognise the incredible contribution made by our communities, with hundreds of thousands of people providing unpaid care to support others, and who freely give their time and skills through volunteering and contributing to developing their local community.

The Voluntary Community, Faith and Social Enterprise Sector

Across Cheshire & Merseyside there are over 15,000 voluntary, community, faith and social enterprise (VCFSE) organisations, ranging from national charities and social enterprises employing a large workforce to informal grassroots and volunteer-led groups supporting people in their local community.

We recognise the key role which the VCFSE sector plays in contributing to the delivery of a population-based model of care in Cheshire and Merseyside, focused on the needs and wishes of individuals. VCFSE help us by working closely with us to shape local services that support both health and wellbeing for local people and deliver choice and person-centred care. Through this document you will see examples of this.

VCFSE are important members of our HCP Board, including holding a Board Vice Chair role, and we will continue to build trusting relationships with VCFSE leadership and providers building our understanding of VCFSE capacity, potential barriers and enablers and opportunities for co-designing population health-based solutions which are embedded in communities.

Building on community assets we will work with VCFSE to identify and explore known and emergent gaps in provision, recognising and harnessing the reach of VCFSE to voices seldom heard and to provide us with the rich insight of VCFSE as a cornerstone of our communities.

In line with our commitment to achieve value for money we see growing investment in VCFSE as an important way of delivering our priorities described in this document. We will support VCFSE to maximise opportunities for non-financial support that builds sector resilience and organisational sustainability including enabling access to VCFSE workforce development at scale.

The HCP will support overarching principles when working with VCFSE:

- Embedding VCFSE as key partners in our processes of planning, service delivery and re-design, co-designing outcomes to maximise the knowledge, data and expertise contained within the sector to deliver evidence-based solutions
- Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners
- Build on existing infrastructure and VCFSE assets through Place Based sector partnership Infrastructure, VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington).

Section 3 – About this document and our approach to developing this strategy

This document describes our current strategic priorities endorsed as an interim draft strategy by the Cheshire and Merseyside Health and Care Partnership. Whilst many of the partner organisations within our HCP have worked collectively for some years we are now evolving in recognition of the Health and Care Act 2022.

During 2023 we will move the Health and Care Partnership onto a more formal footing by forming a Statutory Joint Committee, and at this point look to formally approve a final version of this strategy.

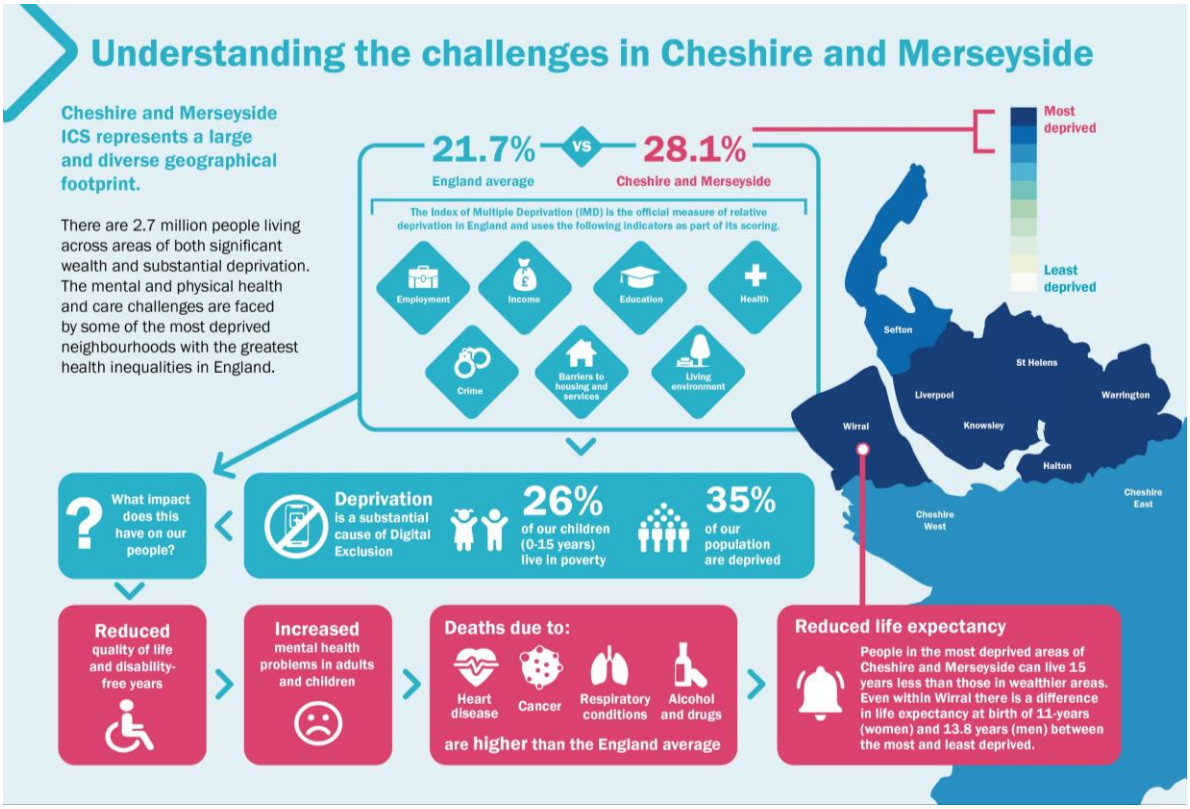
We have developed this interim draft strategy as the start of our journey and it describes the shared areas of focus, we have already been working together on over recent years, as well as reflecting some of the current challenges we face. We recognise that as we develop, in the coming months and years, we will wish to develop and refine the content of our strategy in terms of working with our communities to reassess our priorities and as our relationships as partners mature to identify increasingly integrated innovative solutions to deliver our key shared objectives.

During 2023 we will focus on a number of key activities to further develop this strategy;

- Connect more effectively with our communities to ensure our Place and HCP plans accurately continue to reflect a shared view of our priorities
- Developing a Prioritisation Framework that helps us to ensure our annual plans will deliver the greatest benefit to our population
- Co-producing detailed work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives
- Agreeing how we measure and report on these outcomes in order that we have trajectories that allow us to assure ourselves as to the progress we are making as an HCP and effectively communicate progress to our population
- Producing a summary version of our strategy, and annual plan, for our citizens, which provides a clear and concise description of our strategic priorities
- Formalising the arrangements of the HCP as a Statutory Joint Committee to oversee finalising this strategy and the associated delivery
- Develop a system financial strategy that supports delivery of this HCP strategy.

Section 4 – Our population profile and challenges

There are long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average. There are pockets of deprivation across every one of the nine Places across Cheshire and Merseyside. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health outcomes:



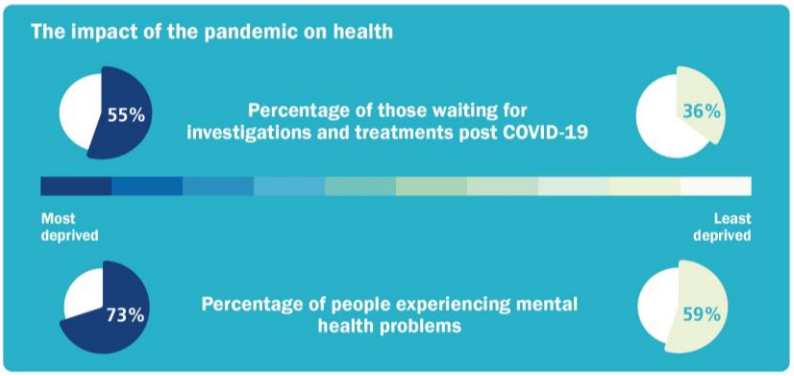
- Life expectancy for women living in most deprived areas across Cheshire and Merseyside is 9.5 years lower than those living in the least deprived
- For women with a learning disability, life expectancy is 18 years lower than those without
- Of the 7% population from ethnic minority population groups, 1/5 experience disproportionate access to services based on language barriers
- Liverpool has comparatively high numbers of asylum seeking and refugee families and who are disproportionately impacted by poverty
- The number of Looked After Children is 47% higher than the England average
- The geography of Cheshire and Merseyside is diverse with a mix of urban but also rural areas which present different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

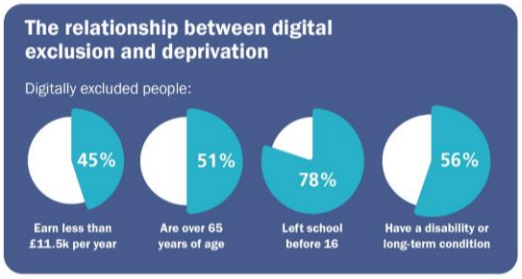
Deprivation has a direct impact on mental health and socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. One in four people experiencing a mental health problem is in significant debt, and people with mental health problems are three times more likely to be in financial difficulty.[1]

The pandemic has damaged the health of the nation over and above the immediate impact of COVID-19 itself and the numbers awaiting investigations and treatments has increased significantly.

Digital exclusion is another facet of deprivation and socioeconomic inequalities. If the ICS is to drive digital and data enabled improvement to health outcomes, then it is essential to ensure digital skills and access to technologies is in reach for those most in need.

In this complex backdrop digital and data are key enablers to supporting aligned provision and ensure that the public experience maximum benefit from addressing the many factors that impact physical and mental health, wellbeing and independence.





In responding to these challenges, we are faced with increasing need and demand for services both resulting from the impacts of COVID-19, cost of living crisis and an ageing population at the same time as budgetary and workforce pressures. The challenge of sustaining health and care services in parallel to delivering our strategic intent to reduce inequalities and prevent ill health is a real challenge and we recognise the need to innovate and do things differently is key to responding to this.

Listening to you - the Healthwatch perspective

The COVID-19 pandemic combined with cost-of-living pressures have exacerbated inequity in access to health and care services across Cheshire and Merseyside.

Many people struggle to get GP appointments, find it difficult to get through on the phone and – when they do – often complain about the difficulty accessing an appointment. While the introduction of telephone and online consultations during the COVID-19 response was entirely appropriate, they do not work for all – for example people with hearing loss, non-English speakers, people without access to online options, and people who may struggle to communicate without face-to-face contact.

There is inconsistency in arrangements from practice-to-practice. More work is required to raise awareness and understanding of the different roles in general practice – and what they can and can't help people with.

Even greater issues around access are noted in NHS dentistry, with a huge number of people unable to register with an NHS dentist and access appointments.

Those living in areas of deprivation or with more difficult lives are more likely to suffer as a result because people who are either not registered with a dentist or who have missed a legacy appointment find it harder to get dental care. Find there are no appointments left and some are faced with the only availability being to look out of their local area, an option which is not viable for many due to the related time and cost implications. For some, there is also a danger that long waits for treatment mean slower diagnosis of serious conditions, such as throat cancers.

More people have been waiting for elective/planned care and this can have a serious impact on people's mental health and pain management, with a lack of communication often leading to an impact on other health and care services.

Accessing social care is often difficult too, with many care packages offered during the COVID-19 response now being reassessed, and the impact of the significant problems with recruiting and retaining social care workforce.

The impact of COVID-19 and repeated lockdowns on people's mental health was profound – both for those with existing mental health conditions and those without. There are pockets of excellent work across Cheshire and Merseyside to help support people, but do not address the variation and inconsistency that exists, with more isolated communities typically less well-served. Waiting lists for diagnosis and access to mental health support remain long.

The impact of Covid-19 on our children and young people has been highlighted with factors such as missed schooling, delays accessing services and the consequent impact on mental health and future life opportunities.

Cost of living pressures are impacting people's ability to travel to care appointments, while there is anecdotal evidence of people being forced to choose which medications to proceed with on their prescriptions. There are also hidden costs for people who either receive care or care for themselves at home – for example, the cost of charging medical equipment or calling their local GP practice or hospital.

Person-centred hospital discharge processes are not consistently embedded. Too many patients stay on wards for too long, not just because of the lack of packages of care outside of hospital but because of inconsistent discharge processes. Every person who arrives on the ward should know when they are due to leave and what the criteria for discharge is. Lack of communication with patients and their families can lead to an over-reliance on services and a deterioration in people's physical and mental health.

It is concerning when access to urgent care support is not easy, whether through primary care, social care, ambulances, accident and emergency departments or the various other services.

As a result of health and care integration, opportunities to learn from good and less good practice and from patient feedback must be seized and shared – for example patient complaints, concerns, and compliments.

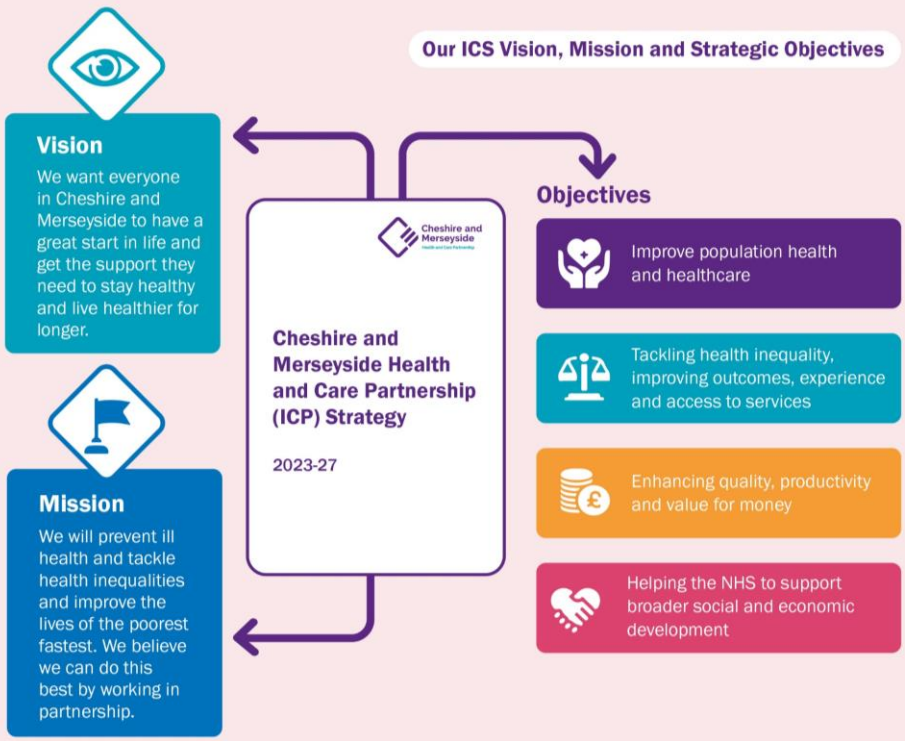
We are committed to working with our public, VCFSE, Healthwatch and system partners recognising that the knowledge of how services are, and should, work is best understood in local communities.

Section 5 - Our Vision, Mission and Objectives

Cheshire and Merseyside Health and Care Partnership (ICP) is focussed on tackling the big issues that need to be addressed to improve health and reverse the widening gaps in life expectancy between the poorest and wealthiest in our population.

Particular emphasis will be placed on tackling the impact of the COVID-19 pandemic to ensure that there is not an irreversible deepening of poverty and health inequity across Cheshire and Merseyside.

The ICS footprint is broken down into nine places, which are made up of local stakeholders in the health and care system.



Our Strategic Objectives

Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles)

We will:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together.

We have also developed a set of "Beacon Indicators" to support measurement of our progress. We are developing improvement trajectories to measure progress in our delivery plans.

Improve population health and healthcare

We will:

Focus on prevention of ill health and improved quality of life by:

- Delivering the Core20plus5 clinical priorities for adults and children and young people
- Reduce deaths from cardiovascular disease, suicide and domestic abuse
- Reduce levels of obesity, respiratory illness and smoking as well as harm from alcohol
- Improve early diagnosis, treatment and outcome rates for cancer
- Reduce maternal, neonatal and infant mortality rates
- Improve satisfaction levels with access to primary care services
- Improve waiting times for elective and emergency care services
- Improve diagnosis and support for people with dementia
- Provide high quality, accessible safe services
- Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.

Enhancing productivity and value for money

We will:

- Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and well-being services
- Plan, design and deliver services at scale (where appropriate) to drive better quality, improved effectiveness and efficiency
- Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale
- Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities
- Develop a whole system estates strategy
- Develop a thriving approach to research and innovation across our Health and Care Partnership.

Helping to support broader social and economic development

We will:

- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care
- Work with Local Enterprise Partnerships to connect partners with business and enterprise.

During 2023 a comprehensive set of measurable indicators and improvement trajectories will be developed to enable us to demonstrate progress against our priorities.

Section 6 – All Together Fairer - Tackling health inequality, improving outcomes, experiences and access to services

In 2019, health and care leaders across Cheshire and Merseyside outlined their collective commitment to tackling health inequalities by agreeing to become a "Marmot Community". Following unavoidable delays due to the COVID-19 pandemic, nine Place-based workshops were held across Cheshire and Merseyside in November and December 2021, attended by a wide-range of health, care and voluntary sector leaders.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. The All Together Fairer programme deliberately and specifically focuses on social determinants of health as our health is largely shaped by the social, economic and environmental conditions in which we are born, grow, live and work in.

Shifting to a social determinants of health approach means acting on the drivers of ill-health as well as treating it. The prevention agenda must focus on improving living and working conditions and reducing poverty, as well as promoting healthy behaviours. It is almost impossible to live healthily when in poverty.

Social determinants of health are encompassed by the eight Marmot principles, which Cheshire and Merseyside Health and Care Partnership has adopted in full.

Local authorities and the NHS cannot take on the required actions to reduce health inequalities alone, however. Partnership working with the voluntary, community, faith and social enterprise sector and other public services and businesses to influence wider conditions is required. In addition to the eight Marmot principles, Cheshire and Merseyside

A learning framework including social and cultural factors, capability and skills development will be used to drive social value-based approaches to health improvement. Capability will be developed to support delivery of the ambitions in 'Place-based All Together Fairer' programmes, linked with other local government activity and complement Cheshire and Merseyside-wide work.

There is already a strong theme of working the programme through local Health and Wellbeing Boards and into wider local government strategy.

Health and Care Partnership has taken on board the following system-wide recommendations for action:

We will:

1. Increase and make equitable funding for social determinants of health and prevention
2. Strengthen partnership for health equity
3. Create stronger leadership and workforce for health equity
4. Co-create interventions and actions with communities
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. Extend social value and anchor organisations across the NHS, public service and local authorities
7. Develop social determinants of health in all policies.

And:

- Use our agreed set of local Marmot "Beacon Indicators", developed in partnership with hundreds of local stakeholders, to help Cheshire and Merseyside Health and Care Partnership to monitor delivery or our actions on the social determinants of health.
- Take action required across **all** the areas to help reduce health inequalities.

Prevention pledge

The NHS Prevention Pledge – aims to improve the health of our population and is already adopted by a number of NHS Trusts across Cheshire and Merseyside – is aimed at embedding ill-health prevention within core service delivery and Trust environments. It comprises **14 core commitments** on cross-cutting prevention themes including:

- Reduction of preventable risk factors e.g., healthier catering offer, smokefree sites
- Workforce development, staff health and wellbeing
- Increasing social value and working towards Anchor Institution principles
- Working with partners at Place to build community capacity e.g., social prescribing
- Addressing health inequalities and strengthening diversity and inclusion.

The Prevention Pledge takes a system-wide approach to promoting wellbeing and tackling health inequalities. Working in tandem with the Cheshire and Merseyside Marmot Community Programme, the Prevention Pledge supports NHS Trusts to address findings from the Public Health England 'Disparities Review' published in 2020 and NHS England's Core20PLUS5 initiative.

Many of the Pledge commitments align with the themes set out in the review including the impact of obesity, diabetes, cardiovascular disease, COVID-19, mental wellbeing, increased alcohol consumption, poor diet, increased deconditioning and the impact on unemployment and inequalities.

We will:

- Work to ensure all NHS Trusts across Cheshire and Merseyside have adopted the NHS Prevention Pledge in full
- Ensure prevention and reduction of health inequalities features as a key priority across all Cheshire and Merseyside NHS Trust corporate strategies
- Expand the Pledge to providers across our wider system.

Responding to cost-of-living pressures

There is strong evidence that living in cold homes exacerbates a wide range of physical and mental health conditions, with prevalence expected to increase throughout winter 2022-23.

Data from 2020 shows that a higher percentage of homes in Cheshire and Merseyside are estimated to have experienced fuel poverty than in England as a whole.

Worrying about having enough money to pay bills or buy food can lead to stress, anxiety and depression. Being unable to afford sufficient food leaves people malnourished. Being unable to keep a home warm leaves people at risk of developing respiratory diseases at a time of year when respiratory admissions to hospital typically surge. As respiratory admissions rise, A&E performance typically declines, leading to reduced flow through hospital and ambulance teams less able to reach acutely ill patients at home.

Taking action:

Each Place, alongside NHS Providers, has carried out an assessment to benchmark current activity on tackling fuel poverty against National Institute for Health and Care Excellence (NICE) guidance.

Examples of good practice at Place-level in responding to fuel poverty include:

- Adding “vulnerability to cold” to assessments prior to discharge from health or social care settings to home
- Supporting eligible people to access fuel grants and benefits
- Triangulation of data to help identify those most at risk
- Promotion of optimised care for people with Chronic Obstructive Pulmonary Disease (COPD)
- Inclusion of cold home risk assessment in Fire and Rescue Service “safe and well” checks.

We will:

- Take action to help address the impact of cost-of-living pressures; sharing good practice across our Places
- Work to reduce deprivation and income inequality
- Work to improve housing quality and energy efficiency
- Address health needs via NHS interventions.

Section 7 - Improve population health and healthcare

We are committed to improving the health of our population with our key focus of reducing inequalities and increasingly prevention of ill health and poor outcomes described earlier.

The Cheshire and Merseyside system is diverse, and this section of our strategy describes some of the collective programmes we are working on. There is a wide range of other priorities which aren't described here but are equally important to us, including long term conditions, life limiting illnesses and a range of other vital services which our population relies upon, and which work takes place at either a regional or Place based level.

Our approach to population health builds on the existing successful joint working and progress made with our Population Health Board coordinating this activity and linking our programmes together, under the leadership of our Directors of Public Health and Champs Public Health Collaborative.

Core 20 Plus 5:

Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

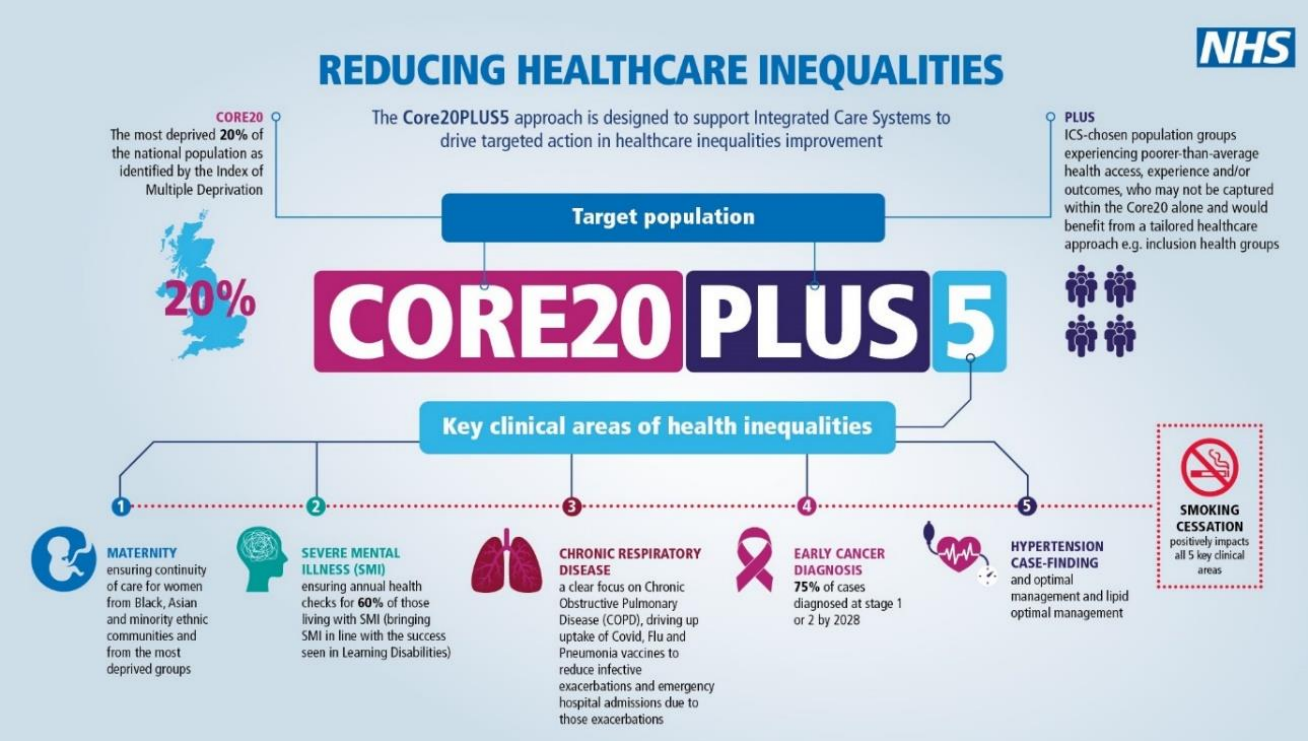
Core20

The most deprived 20% of the national population. For Cheshire and Merseyside this is more than 900,000 of our 2.7m population.

PLUS

PLUS population groups are groups who may be excluded in society, often referred to as "groups". In Cheshire and Merseyside, we do this in our Places where the variations in our population make up can be best reflected.

Inclusion health groups include: 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 wider socially excluded groups.



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There are five clinical areas of focus which require accelerated improvement.

Maternity

We will ensure continuity of care is the default model of care for all women most at risk in pregnancy including those from ethnic minority population groups and from the most deprived groups.

Severe mental illness

We will ensure annual health checks for 60% of those living with severe mental illness. This sits as part of our wider Mental Health programme of work described later.

Chronic respiratory disease

The Cheshire and Merseyside Respiratory Network – which consists of clinicians, commissioners and patient representatives – has agreed a number of key priorities.

We will:

- Implement four key pathways to improve the speed and accuracy of diagnosis and quality of care in relation to breathlessness, obstructive sleep apnoea, asthma and chronic obstructive pulmonary disease (COPD)
- Continue to support greener prescribing of asthma inhalers and expand smoking cessation services – including the CURE programme - to all NHS Trusts across Cheshire and Merseyside
- Intensify efforts to reduce maternal smoking

- Improve access to pulmonary rehabilitation including the short-term reduction in waiting times and developing and implement a Cheshire and Merseyside-wide pulmonary rehabilitation programme which offers services closer to home, harnesses new ways of working and adopts a population health approach
- Drive up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

Early cancer diagnosis

The Cheshire and Merseyside Cancer Alliance – accountable to NHS England – leads on cancer on behalf of the Integrated Care System. It is an NHS organisation that brings together healthcare professionals, providers, commissioners, patients, cancer research institutions and voluntary sector partners to improve cancer outcomes.

The Cancer Alliance supports innovation and strategic commissioning to ensure the long-term sustainability of modern and effective cancer services and has six core workstreams:

- Prevention and early detection
- Primary care
- Faster diagnosis
- Personalised care
- Workforce
- Health inequalities and patient experience.

Further details here.

We will:

- Work collaboratively across Cheshire and Merseyside to build on best practice and implement new initiatives to prevent cancer and reduce inequalities
- Support Primary Care with the implementation of the early cancer diagnosis agenda, including initiatives to increase cancer screening
- Reduce waiting times for diagnosis and treatment
- Work with healthcare professionals to provide improved, personalised, and faster treatments and care
- Invest in the skills and education of cancer professionals and support workers
- Reduce unwarranted variation in care, access, experience, and outcomes
- Reduce health inequalities for vulnerable communities, who have been affected by cancer.

The Cancer Alliance's Health Inequalities and Patient Experience Team has been nominated for a number of high-profile awards, for our targeted work to reduce inequalities. As an example of this we undertook a successful campaign to increase awareness of the heightened risk of prostate cancer in Black men, compared to the rest of the population.

Cardiovascular disease (CVD)

Cheshire and Merseyside's cardiovascular disease (CVD) programme seeks to support our communities to have the best possible cardiovascular health.

The programme is supporting recovery from the impact of the COVID-19 pandemic on key CVD risk factors and, as a minimum, will achieve the national ambitions for their detection and management by 2029 – with year-on-year progress being made towards that goal.

In the short-term, a CVD, stroke and respiratory dashboard will be further developed to enable greater understanding of CVD inequalities across Cheshire and Merseyside to support targeted interventions – particularly among underserved communities.

A range of approaches in different health and community settings will make every contact count and improve the systematic and targeted detection, diagnosis, management and control of conditions, while flagship digital innovations and programmes will facilitate widespread adoption of new delivery models and quality improvement work e.g. BP@home, Digital First in Primary Care, Virtual Wards and apps.

Happy Hearts

Visit the happy hearts website for more information.

By 2024 we will:

- Have diagnosed and optimally treated 25% of those with familial hypercholesterolaemia.

By 2029 we will:

- Have detected at least 85% of those with Atrial Fibrillation & anticoagulated 90% of those at high risk of stroke
- Have diagnosed at least 80% of those with high blood pressure & be treating 80% of them to target
- Have provided at least 75% of the people aged 40 to 74 with a validated CVD risk assessment and cholesterol reading and 45% of those at highest risk of CVD will be treated with statins
- Have reduced the numbers of strokes and heart attacks.

Smoking

In addition to the "5" clinical focus areas we recognise that smoking impacts across all the five, and our population more generally.

We will:

- Focus on reducing smoking prevalence through not only existing Place-based community smoking cessation activities but we will prioritise implementation of the NHS tobacco dependency treatment pathways in maternity, mental health and acute inpatient services
- Aim to reduce smoking prevalence rates from 12.5% to 5% by 2030.

Children and Young People

As a partnership we have an established Cheshire and Merseyside's children and young people's transformation programme (Beyond). This works collegiately with the Cheshire and Merseyside Directors of Children's Services (DCS) Forum to ensure there is an agreed set of priorities and objectives.

With its multi-agency focus on prevention and early intervention, Beyond supports our key strategic objective to give every child the best start in life, with programme priorities explicitly designed to tackle local challenges in innovative ways.

The voices of children and young people and their families / carers are key to delivery and links are establishing with Place participation partners to inform ongoing design and delivery of our approach through co-production.

We are planning to create a joint three-year strategy and a Children and Young People Partnership Board for Cheshire and Merseyside which is accountable to NHS Cheshire and Merseyside and brings together the work of the Beyond Transformation Programme, the Directors of Children's Services Forum and the range of work across the whole system which contributes to better outcomes for children and young people.

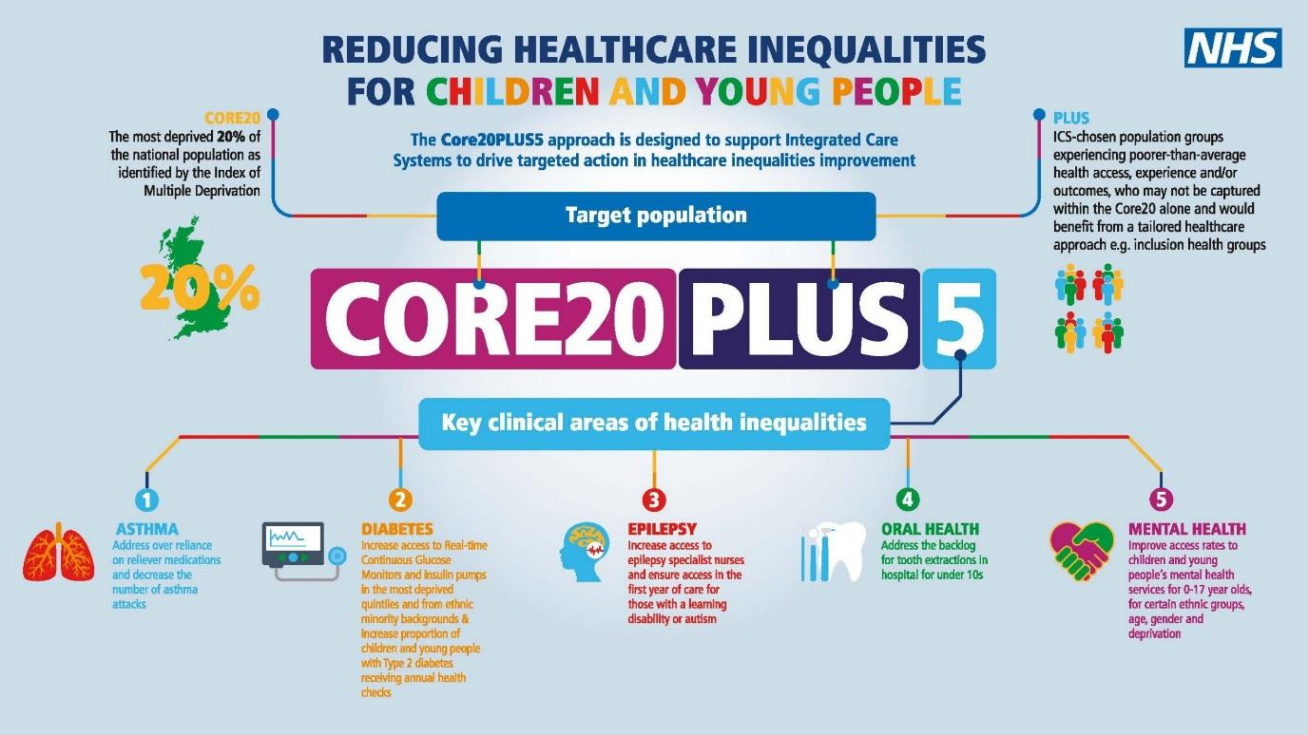
All priorities are linked to the crosscutting Starting Well themes, **CORE 20+5 for CYP** and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

We will:

- Listen to children, young people and their families to co-create solutions that work for them
- Establish a single line of sight of the outcomes for CYP, driving improvements in health and social care to address the impact of health inequalities
- Deliver programmes of work in line with CORE 20+5 for CYP
- Work in partnership between Social Care, Health and the Third Sector. support preventative work, spreading examples of good practice
- Implement targeted interventions around alternatives to hospital care, reducing variation in diabetes and epilepsy care and early intervention around healthy weight and obesity
- Implement the recommendations of the Asthma Bundle
- Deliver the ambition of the national Family Hubs and Start for Life programme (2022-2025), including strengthening the work of Children's Centres

- Establish multi-agency "gateway" meetings in all nine Places to support children in crisis
- Develop a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs
- Implement a health and care workforce strategy and plan for Cheshire and Merseyside that supports integration and collaboration.

The national approach to Core20PLUS5 has identified a range of priorities to improve the health of children and young people and which we will deliver through our Beyond Programme



We will:

- Address over-reliance on reliever medications and decrease the number of asthma attacks
- Increase access to real-time glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of CYP with type 2 diabetes receiving annual health checks
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- Address the dental backlog by increasing the number of tooth extractions, in hospital, for children aged 10 years and under
- Improve access rates to CYP mental health services for 0–17-year-olds, certain ethnic groups, age, gender and deprivation.

PLUS

In delivering our objectives we have a focus on ensuring we prioritise our PLUS population groups. With specific consideration being taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

Maternity Neonatology and Women's Health

The recently published Women's Health Strategy for England has highlighted the significant inequalities that women face in accessing and receiving health care compared to men. We are committed to addressing the issues outlined in this report and reducing gender and intersectional gender health inequality.

This includes working closely with our communities to co-design solutions and overcome barriers to accessing services such as language barriers, poor experience of care and the impacts of poverty and exclusion.

In addition to the collective work happening across Cheshire and Merseyside our Places work on a range of complementary priorities; e.g. increasing rates of breast feeding.

We will:

- Develop a co-produced women's health strategy for Cheshire and Merseyside
- Accelerate preventative programmes to reduce the risks to women, birthing people, and their babies from ethnic minority population groups, socially deprived, under-represented and protected characteristic groups

- Continue to co-produce interventions and services with all women and birthing people across Cheshire and Merseyside and implement recommendations from the National Maternity Transformation Programme to improve the safety and outcomes for maternity and Neonatal services
- Continue to prioritise the restoration of gynaecological services, surgery and screening, post-pandemic
- Deliver actions identified in the national women's health strategy and continue to deliver key priority and preventative programmes in response to population need
- Support maternity providers to deliver the priorities outlined in national reviews of services and strategies, e.g. Ockenden and East Kent, and the new single delivery plan to improve the safety and care of maternity and neonatal services, and digital strategy
- Further develop community hubs for maternity and women's health across Cheshire and Merseyside.

Learning Disability and Autism

On average people with a learning disability and / or autism die 22-26 years earlier than the general population. This makes it crucial that, as a Health Care Partnership, we tackle the long waits people can experience accessing a diagnosis and treatment for their learning disability or autism and take specific action to tackle health inequalities in access to physical health care.

We have established processes to ensure we codesign improvements to services, working with service users, experts by experience and self-advocates.

We will:

- Ensure people receive services in appropriate environments by reducing

the number of people in specialist in-patient services to no more than 70 adults and 11 people under 18 per million of the population by March 2024

- Reduce unnecessary emergency admissions to hospital and support increased discharges through ongoing development of community services and collaborative working by March 2025
- Reduce the gap in life expectancy for people with a learning disability and / or autism compared to the general population by at least 20% by 2028
- Increase the percentage of people with a learning disability and/or autism or who receive an annual health-check and a health care plan to at least 85% by 2028
- Implement the new learning from death reviews (LeDeR) policy to review the deaths of people with a learning disability and identify learning, opportunities to improve and promote good practice
- Work with partners to redesign pathways to reduce waiting times for autism assessment and diagnosis
- Continue to develop services to support schools, children and young people in crisis and their families, children and young people with autism, eating disorders and issues relating to transgender
- Develop a digital single point of access for emotional health and wellbeing. In support of the Transforming Care programme – for children and young people with learning disabilities and / or autism – ensure key workers are in place across Cheshire and Merseyside and that young people aged 14+ have access to annual health checks and personalised care short breaks.

Mental Wellbeing

The Government's Prevention Concordat for Better Mental Health is underpinned by a prevention-focused approach to improving people's mental health and helping to achieve a fairer and more equitable society.

In Cheshire and Merseyside our CHAMPS public health collaborative is leading delivering on the Consensus statement by addressing the following factors:

1. **Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion.
2. **Risk factors** – poverty, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination of any kind.

We will:

- Using population health intelligence, research and engagement to better understand local needs, performance and identify gaps
- Work collaboratively to ensure all parts of the system are working effectively to deliver on mental health inequalities, linking work areas to the population health board and mental health oversight group
- Take action on prevention / promotion of positive mental health to help reduce mental health inequalities
- Use innovation through commissioning community-based schemes e.g. arts, culture and creative health interventions
- Define performance indicators and outcome measures and report on progress quarterly
- Follow the leadership of the lead Director of Public Health for Suicide Prevention and Mental Health and governance by the Mental Health Oversight Group and the Population Health Board.

Mental health

We have established a Mental Health Programme, with oversight of the implementation of the NHS Long Term Plan ambitions for mental health and drives delivery of whole system all age mental health transformation.

The programme leads on priorities deemed best undertaken 'at scale' – as agreed by commissioners, public health representatives, North West Ambulance Service, Police, local authorities and voluntary sector representatives.

We will:

- Continue to roll out school / college-based Mental Health Support Teams
- Work with the ambulance service, Police, hospitals and local authorities to address delays in Mental Health Act assessment processes
- Continue to recruit Mental Health Practitioner roles for primary care
- Implement a First Response Incident Support Service to enable an appropriate health response to mental health crisis
- Continue to increase the range of alternative crisis services to A&E and hospital admission

- Develop a specialist Perinatal Mother and Baby Unit
- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places
- Reduce care variation by standardising care pathways through strong Place-based partnerships
- Use artificial intelligence and modelling to support better anticipatory care models in mental health services, risk management in inpatient services and earlier intervention in community-based services.

Suicide Prevention

Our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future. Our mission is to build individual and community resilience to help improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

The focus for the system's suicide prevention, suicide bereavement and mental wellbeing work programmes are aligned to the key priorities within the new No More Suicide Strategy:

a. **Leadership and Governance.** Ensuring an effective partnership and collaborative approach taking account of lived experience

b. **Prevention.** Focusing on awareness, skills, and knowledge, supporting suicide prevention in other strategies and work programmes, and through communication and engagement

c. **Intervention.** Focusing on training and safety planning across the organisations working to improve self-harm support and pathways, improving access to mental health support, and ensuring implementation of safe care

d. **Postvention.** Focusing on bereavement services, including postvention support and working with the media

e. **Data, Intelligence, Evidence, Research.** Focusing on better data capture. Evidence on interventions that work and supporting research where there are known gaps.

We will:

- Develop a system action plan to follow the new Suicide Prevention strategy
- Increase awareness of suicide risks, promote suicide prevention messaging and promote suicide bereavement support services
- Build capability and capacity of the wider workforce within the suicide prevention network
- Work with Mental Health Trusts to implement safer care standards across Cheshire and Merseyside
- Ensure data and research on suicide prevention and suicide bereavement is fed into all areas of suicide prevention and bereavement work
- Maintain and strengthen the Real Time Surveillance systems in Cheshire and Merseyside
- Implement a commissioned 'postvention' service offering resources and support to people bereaved and affected by suicide
- Create more peer-to-peer support groups.

Dementia

In parts of Cheshire and Merseyside the rates of dementia are higher than the national average, reflecting the age profiles in our communities, and improving dementia care is important for our population across our nine Places.

We will:

- Consistently, across our Places, exceed the national standard of 66% of expected dementia diagnosis rates
- Offer personalised care through the use of innovative digital technology and our integrated community multidisciplinary teams support to help more people live independently for longer
- Provide support to carers.

Reduction of harm from alcohol

Our strategic aim across Cheshire and Merseyside is to deliver preventative and treatment interventions that reduce alcohol harm and drug dependency through proactive co-production and delivery. This complements a range of local activity being delivered in our Places.

We will:

- Support prevention, detection and early intervention – for example through expansion of projects with the Police and homeless charities
- Work with the Cheshire and Merseyside Pathology Network to develop an intelligent liver function test (iLFT) programme which all GPs across Cheshire and Merseyside are able to access
- Ensure that, by 2028, people transitioning from hospital to community on an alcohol pathway will wait no more than seven days to be seen - improving the care people receive and reducing the risk of readmission including expansion of alcohol care teams.

Addressing Overweight and Obesity

Overweight and obesity is a significant problem across Cheshire and Merseyside affecting populations across the life-course. National Childhood Measurement Programme data for Year 6 overweight and obesity figures in C&M shows that five of the nine local authorities perform worse than the England average. Over 60% of the adult population within C&M are overweight or obese, with 59% of GP practices in the sub-region having an obesity prevalence higher than the national average.

We are supporting local authorities to address overweight and obesity through the Food Active programme, and delivering a new system-wide Strategic Overweight and Obesity Programme with the aim of addressing the social, environmental, economic and legislative factors that influence healthy weight, with a specific focus on areas of higher deprivation.

All Together Active – Physical Activity

We want a Cheshire and Merseyside in which far fewer people suffer health inequalities resulting from physical inactivity by encouraging and supporting people to move more, removing barriers to participation in physical activity and increasing opportunities to be physically active and get involved in sport.

We will:

- Support each of Cheshire and Merseyside's nine Places to further develop opportunities to use physical activity as a way of improving population health
- Work to embed movement, physical activity and sport across the Cheshire and Merseyside health and care system
- Have empowered 150,000 inactive people to become more active by 2026, while delivering measurable reductions in health inequalities.

www.champspublichealth.com/all-together-active

Case studies and good practice can and will be found in the ATA Resource Hub.

ALL TOGETHER ACTIVE
Working as one to build a more active, fairer and healthier Cheshire and Merseyside

Carers

Scoping work across Cheshire and Merseyside in July 2022 estimated that there are around 60,000 adult carers registered with commissioned carer support organisations, while more than 3,500 young carers are registered with local commissioned young carer services. [1]

A new strategic system-wide Carers Partnership Group for Cheshire and Merseyside has been established with representation from local authorities, voluntary sector organisations, NHS England, providers and carers with lived experience. Supported by the NHS England national / regional carers team, it reports into the Health and Care Partnership Board. Our mission is to work in partnership with carers and carer support organisations to develop and implement a Carers Strategic Framework for Cheshire and Merseyside. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

In line with the NHS Long Term Plan, we will:

- Identify and support carers, particularly those from vulnerable communities
- Adopt carers passports / introduce best practice quality markers in primary and secondary care
- Share caring status with healthcare professionals wherever they present via electronic health record
- Ensure carers understand the out-of-hours options available to them via 'contingency planning' conversations

[1] Carers on the Frontline – A strategic framework for carers in Cheshire & Merseyside

and have appropriate back-up support in place for when they need it. Electronic health records will enable professionals to know when and how to call those plans into action when they are needed

- Implement young carer "top tips" for general practice to include preventative health approaches, social prescribing and timely referral to local support services.

End of Life Care

We are committed to ensuring that when a person reaches the end of their life that they will be supported to die well, with peace and dignity, in the place where they would like to die, supported by the people important to them. End of life care will be personalised to the person who needs it and wants it, available regardless of where they live in Cheshire and Merseyside, or what their illness is and whether an adult or a child.

We will raise public awareness of death and dying so the people of Cheshire & Merseyside are confident enough, and willing to support each other in times of crisis and loss so that at the end of their life people are:

- Treated with compassion and respect
- Helped to remain as independent as possible with a sense of control throughout the course of their illness, supported by skilled, knowledgeable, health and care professionals
- Supported by staff trained to help them to think and plan ahead, if they want to, so they are able to discuss their wishes and preferences of care
- Assured that the needs of their family and those identified as important to them are respected and met, as far as possible during their illness and after their death
- Reviewing and developing services to support end of life care for children and young people in line with the national service specification.

Personalised care

- Personalising health and care is the practice of enabling people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

Our key guiding principle will be 'what matters to me', enabling service users to have greater control. We will work with our communities to embed personalised care approaches (Shared Decision Making, Personalised Care and Support Planning, Supported Self-Management, Personal Health Budgets, Choice, Community based support) in all our programmes of work and pathways developed across our partnership.

We Will:

- Use MECC (making every contact count) to embed conversations about health and healthy behaviours into day-today conversations and signpost people to support if needed
- Using social prescribing to ensure people have access to available options to support their self-management such as peer support, health coaching, and support groups in the wider community
- Expanding the knowledge, skills, and confidence of those providing services by training in personalised care approaches such as health coaching, personalised care and support planning, and motivational interviewing
- Extend the offer, support, and use of Personal Budgets for locally agreed priorities such as Children and Young People short breaks.

Adult Social Care

The pressures being seen in adult social care have been increased since the Covid 19 Pandemic adult social care is experiencing significant pressure from:

- Increased referrals for support and increasing levels of need from our population
- Challenges supporting people who need to be discharged from Hospital
- Challenges in sustaining capacity in both the residential and nursing home sector and for home care provision including recruiting and retaining sufficient workforce and maintaining independent sector provider sustainability
- We are seeing a growth in our older population, who in turn are the main users of services leading to increased demand
- The financial and consequent physical and mental health and wellbeing issues being faced as a result of the cost-of-living challenges.

As partners we are committed to innovating to ensure people have access to the services, they need including ensuring we maximise access to technology and support, whilst also delivering a wider prevention offer that enables people to live as long as possible independently with good health and wellbeing.

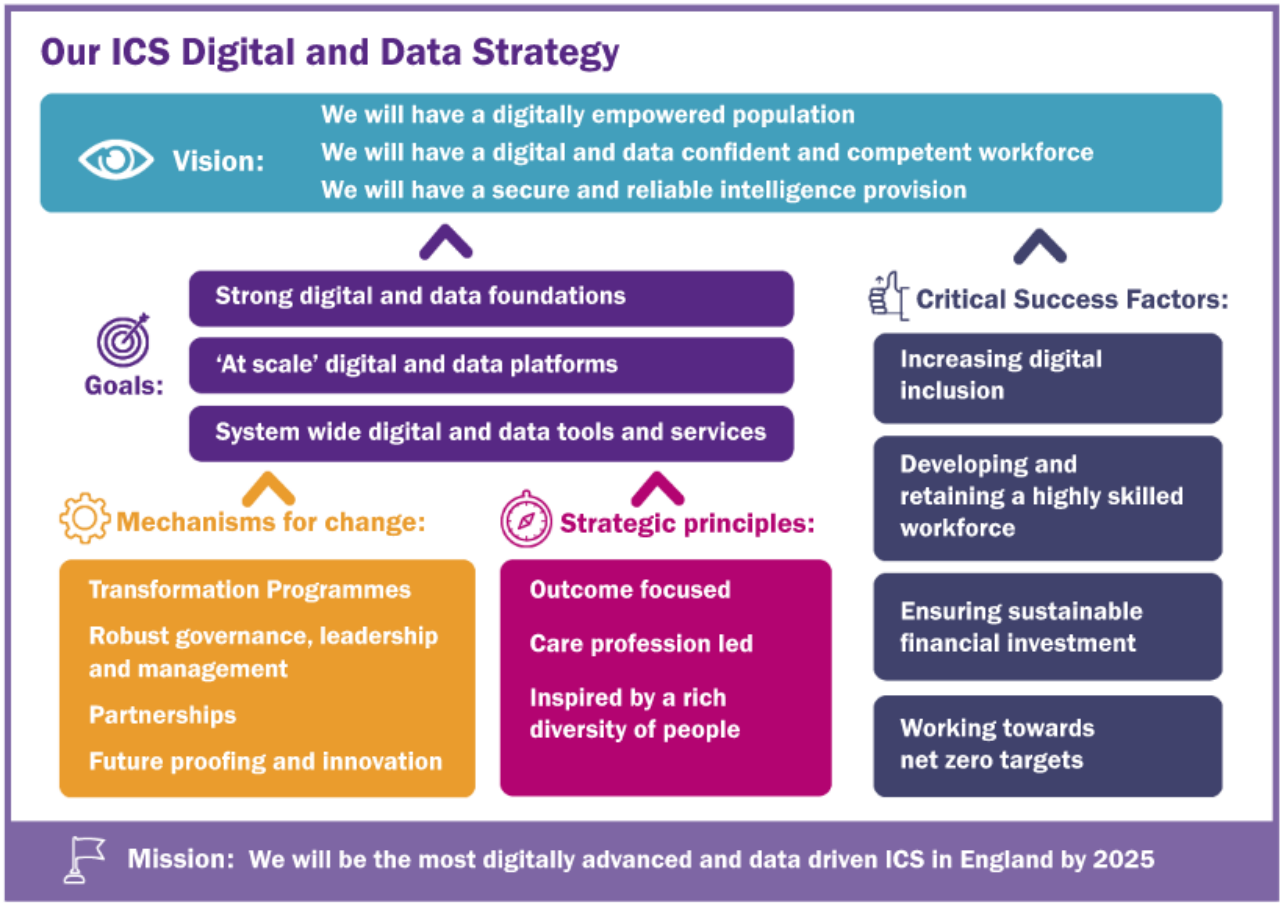
We will:

- Improve access to Home Care and Extra Care Housing, in order to reduce the number of people needing to rely on Residential and Nursing Homes
- We will work with the care market and increase capacity and sustainability
- We will reduce the time spent in hospital by people awaiting access to social care
- We will expand the adult social care workforce by making it an attractive place to work and aligned with our social values and wider workforce plans described elsewhere in this document
- We will build on shared solutions across organisations and communities to maximise expand access to digital and technology that supports our residents.

Digital and Data

Cheshire and Merseyside have ambitious, and highly innovative, plans to be a system where we use data and digital to turn intelligence into action. Our digital and data strategy is the key driver for investment in key IT systems and underpinning IT infrastructure to support health and care delivery.

The data generated supports health and care professionals to better target care and, therefore, better meet the health and care needs of the population. There has been rapid adoption of digital tools such as team collaboration software, video consultations, remote monitoring and the adoption of digital diagnostics, which has changed the way health and care staff work. We have recently updated our digital strategy.



We will:

- Build strong digital and data foundations, including a levelling up of digital infrastructure
- Deliver 'at scale' digital platforms such as shared care records, patient empowerment portals, person-held records, remote care and digital diagnostics
- Develop system-wide population health and business intelligence services.

We are already seeing the benefits of our approach into infrastructure, such as Combined Intelligence in Population Health Action (CIPHA) which supports a range of innovative programmes in Cheshire and Merseyside. System P is a whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working. It aims to take

a predictive, preventative and precise approach to population, patient, and person health outcomes, supported by joined up data and intelligence.

Research and Innovation

Cheshire and Merseyside Integrated Care System has as an ambitious vision for research in our region. Our population is recognised to have been poorly served by research opportunities in the past. That, when coupled with significant health need, highlights the need to work differently. As we have moved to an Integrated *Care* System, we are now creating an Integrated *Research* System as well.

Steps towards this include the ICS's contribution to the North West Region development of a Secure Data Environment (SDE) for research and clinical trials, using funding from NHS England.

We are working closer between our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research (reporting to the Medical Director) to work closely with our stakeholders to develop the best performing research network in the country.

Furthermore, in our initial months as an ICS, we have already won competitive grant funding securing £100k to work on winter fuel poverty and interventions, as well as a community research development programme as lead in collaboration with Lancashire and South Cumbria ICS. Such awards recognise the significant ambition and high-quality research partnerships that our system will further develop on behalf of our patients.

Mersey Care NHS Foundation Trust and the University of Liverpool are leading the development of a Mental Health Research for Innovation Centre (M-RIC) funded through the Office of Life Sciences as part of the UK Governments 'Health Missions' that aims to bring translational research to those areas currently least well served by research awards yet with the greatest need.

Alongside this, work by the CHAMPS public health collaborative is already underway to strengthen research capacity and capability between the nine local authorities in Cheshire and Merseyside and regional academic partners.

This is an emerging and developing programme of work with a network of research champions and academic partners. It is strongly recommended that partners across Cheshire and Merseyside adopt evidence-based approaches informed by best practice and research in relation to our shared goal to tackle health inequalities.

We will:

- Establish a Cheshire and Merseyside Research Development Hub
- Create a network of research champions across our system
- Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects
- Contribute to the development of a North West Secure Data Environment (SDE) for research.

Health Protection

Cheshire and Merseyside ICS works closely as partners, including Local Authorities, ICB, UK Health Security Agency (UKHSA), Office of Health Improvement and Disparities (OHID) NHS England and across the local NHS Providers and other stakeholders in each of our nine Places.

Key relationships are with Directors of Public Health who have a statutory duty, as directed by the Secretary of State for Health, to ensure there are robust health protection arrangements in place in our local areas. Directors of Public Health are supported by Consultants in Public Health who often have a lead responsibility for health protection amongst other areas of public health.

As Category 1 emergency responders the ICS partners are members of our two Local Resilience Forums (Cheshire Resilience Forum and Merseyside Resilience Forum). We are also a key member of the Local Health Resilience Partnership through which we ensure there are robust arrangements in place to protect the health of the population and to give assurances to Directors of Public Health. Through effective planning we are ready for any future health protection risks, and we do this across local and sub-regional footprints, in order to prevent health protection risks where possible, but are ready to deal with consequence management when necessary to save lives and reduce harm.

We ensure that we learn and improve together, collaborating where it makes sense do things together.

Using the assets and strengths we have available, we will:

- Critically assure the effectiveness of our approach and clarify any catch-up activity that is required, including from our experiences responding to COVID-19
- Develop a view of common health protection risks and shared mitigation plans, and ensure we have robust clinical pathways in place to deal with issues such as tuberculosis (TB), dispensing of antivirals
- Implement scenario planning activities to maximise our system readiness and ensure that contingency arrangements are known and understood and deliverable, including supporting UKHSA in response to outbreaks and threats if required, and supporting NHS preventative work – especially in respect of transfer of screening and immunisation commissioning
- Continue to develop health protection data, intelligence, surveillance and analytics as part of our early warning system to provide timely communication and access to accurate data to enable effective health protection advice and action
- Further develop our workforce training and development plans including Continued Professional Development
- Undertake a review of local Health Protection arrangements, on behalf of the nine Directors of Public Health, to develop a thematic analysis and identify opportunities to strengthen clinical pathways for TB prevention, management and treatment; dispensing antivirals; deploying resources in workplaces, schools and other settings in the event of an outbreak of infectious notifiable diseases including measles, TB and other infections. This builds on the successful pathway that has been developed for offering vaccination support to prevent the spread of monkeypox

- To work with UKHSA and local authority commissioned community infection prevention and community infection control teams to better utilise this resource in order to prevent as well as manage infections within care homes and other settings
- Contribute to local Health Protection Boards to strengthen our networked arrangements between local authorities, primary care, the NHS and UKHSA to ensure good understanding of roles and responsibilities, especially in respect to planned changes to screening and immunisations and the role of primary care in delivery.

Doing things differently.

We understand that knowing how to access the right services isn't easy and that it is our role to find ways to work our communities to improve this. We have lots of examples of things we've done, and will continue to do so, but to illustrate a very small number of these:

Our approach to:

- Bringing COVID-19 Vaccinations and a physical health check programme to our communities through our "living well bus"
- Providing a community eyecare service for homeless communities
- Improving Maternal Mental Health with VCSE small grants
- The use and impact of arts, culture and creative health interventions as a powerful tool in public health approaches which is backed up by a strong evidence base, we have a range of examples here are a couple;
  - Liv Care
  - Theatre Porto.

Section 8 - Enhancing quality, productivity and value for money

As was described in section 2 we know that sometimes the experiences and outcomes our population experience could be improved. This section outlines some of our work to ensure we continuously improve.

Quality assurance and improvement

Strengthening collaboration and partnership-working across health and social care provides a significant opportunity to improve the quality of health and care across Cheshire and Merseyside.

The Integrated Care System supports and aligns with the key requirements of quality oversight, as set out by the National Quality Board (NQB) in its 2021 'Shared Commitment to Quality' guidance.

We will:

- Ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation
- Continually improve the quality of services, in a way that makes a real difference to the people using them
- Work with all of care providers and statutory partnerships in achieving the highest regulatory standards
- Develop and agree a single understanding of quality across the partnership, working together to deliver shared quality improvement priorities, based upon the needs of our population - as well as having collective ownership and management of quality challenges
- Further develop and strengthen our approach to reciprocal and meaningful engagement with service users, working together in an open way with clear accountabilities for quality decisions
- Develop and agree quality assurance and improvement actions across partners through the evolution of the Cheshire and Merseyside System Quality Group (SQG), Quality and Performance Committee and Place-based partnerships, ensuring we are responsive to the lived experience of our diverse population
- Work with our Health and Care Scrutiny Committees to ensure local oversight and assurance around the actions the Partnership is taking to deliver our plans.

Access to Dentistry

A number of factors have led to challenges accessing NHS Dentistry, including a backlog of care needs following the COVID-19 pandemic, workforce recruitment and retention issues and a national NHS dental contract structured more towards treatment than prevention.

On July 19th, 2022, an initial package of reforms to the NHS Dental Contract were announced. Changes include:

- Revised terms to incentivise more effectively treating patient's needs, including supporting higher needs patients
- A focus on adherence to appropriate personalised appointment intervals
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable
- Improve information about service availability for patients.

Additional investment has been committed within Cheshire and Merseyside, through to March 2024 to focus on prioritising three key cohorts of patients:

- Urgent Dental Care
- Care Required following an Urgent Treatment
- Routine care where the patient is part of a nationally recognised priority group.

We will:

- Invest in an Advice Triage Helpline service
- Continue to work with partners to develop an oral health strategy to implement sustainable improvements in access to dentistry; including with Health Education England and Cheshire and Merseyside Local Professional Network.

Access to General Practice

In line with national standard operating procedures, face-to-face access to General Practice was limited during the early stages of the pandemic with a move to telephone and online consultations.

Whilst in 2022 the total number of patient appointments is now higher than in 2019, the proportion of in-person appointments remains lower. Variation in appointment availability is being analysed to support local improvement planning and sharing of good practice to improve access where patients need it.

We will:

- Support our Primary Care Networks in addressing the workforce challenges they are experiencing. As part of the national Additional Roles Scheme our Primary Care Networks will continue to grow their broader clinical teams, whilst also working as part of local care community teams to reduce duplication. A number of key programmes to help retain and recruit to General Practice workforce are underway
- Support Primary Care Networks to develop in line with the Fuller Stocktake in relation to the future development for primary care within integrated systems.

All of our Places have developed plans, based on key priorities in reducing inequalities, for their local populations - with sharing of good practice to expand schemes that are shown to work.

Common service plans already developed include acute visiting services, use of additional roles, switching of routine capacity

to different parts of the day/week, integration with existing services to maximise capacity and access for patients e.g., tele-dermatology, spirometry clinics, ear irrigation, chronic disease reviews and ensuring we maximise the skills and capacity available in other key services such as our community pharmacies and optometrists.

Community Pharmacy

Community Pharmacy has demonstrated its ability to provide improved access to services for our population.

We will:

- Develop new commissioning models that will expand the range of services and capacity available in Community Pharmacy, in order to improve access to a clinical care and improved health outcomes taking pressure of other parts of the system to improve wider, and more local, access to services
- Enable our population to have access to services directly by integrating systems between providers and sectors and encourage providers to make maximum use of national services
- Integrate Community Pharmacy fully into our local workforce and digital programmes to ensure services are integrated into our local models and pathways with a commitment to support community pharmacy contribute to local structures.

Elective Care Recovery Programme

The COVID-19 impact led to closed wards and beds, and staff diversions to service intensive care departments and urgent care wards during peak times. This unprecedented pressure, and inability to ring fence staff and beds, led to cancellations and cessation of elective services, particularly among “non-urgent” patient groups.

The Cheshire and Merseyside elective waiting lists grew from having no patients waiting more than 52 weeks before the pandemic, to more than 2,200 patients waiting more than 104 weeks by January 2022.

The Elective Recovery and Transformation Programme:

The Elective Recovery and Transformation Programme (ERTP) was established in January 2021 by the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative.

The ERTP programme has been working with Trusts to support recovery of activity levels back to pre-COVID levels and reduce in the waiting list backlog as well as a range of transformation schemes to improve outcomes and reduce health inequalities.

The three immediate system-wide priorities are waiting list management, use of system resources and reducing variation.

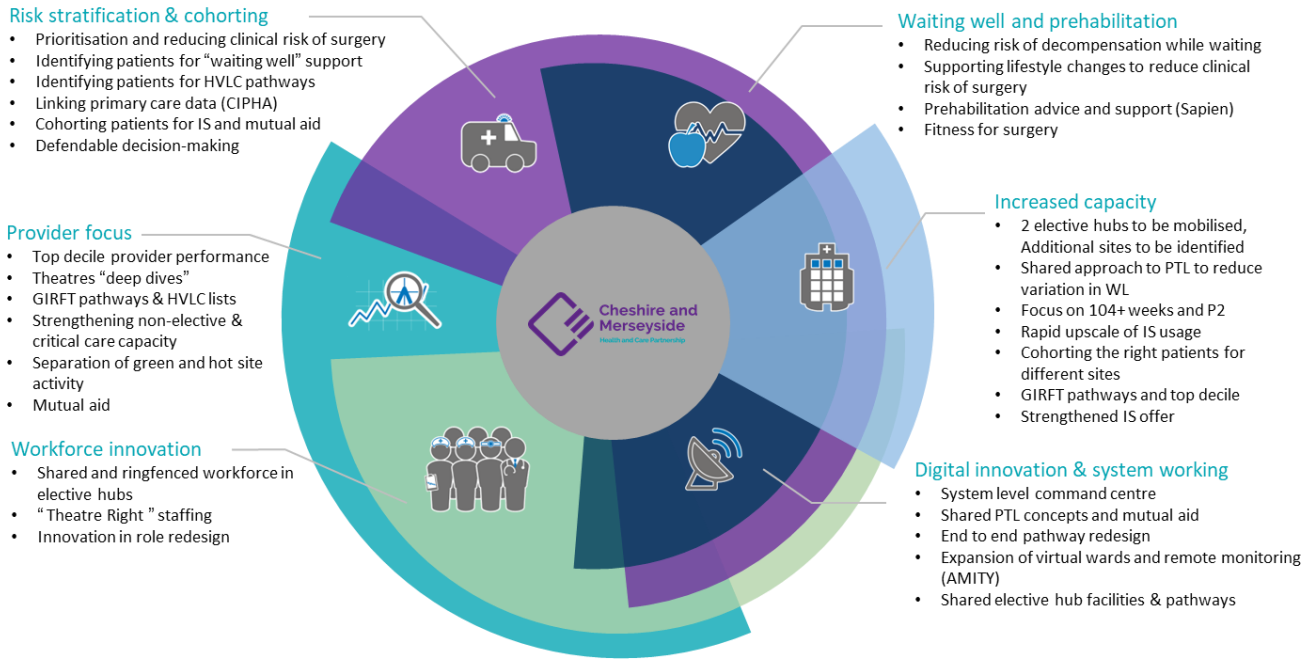
We will:

- Complete potential for harm reviews of those who have been waiting a long period and waiting well initiatives
- Eliminate waits of 104+ weeks whilst reducing waits of 78 weeks and 52 weeks through 2023 and 2024
- Establish more elective hubs, separating elective and emergency care to ringfence elective surgery, moving towards a system-level waiting list and maximise use of independent sector capacity
- Aim for top decile performance across all Trusts by implementing Getting it Right First Time and best practice pathways,

individual Trust-level efficiency plans and sharing good practice.

To support these aims the following programmes have been developed:

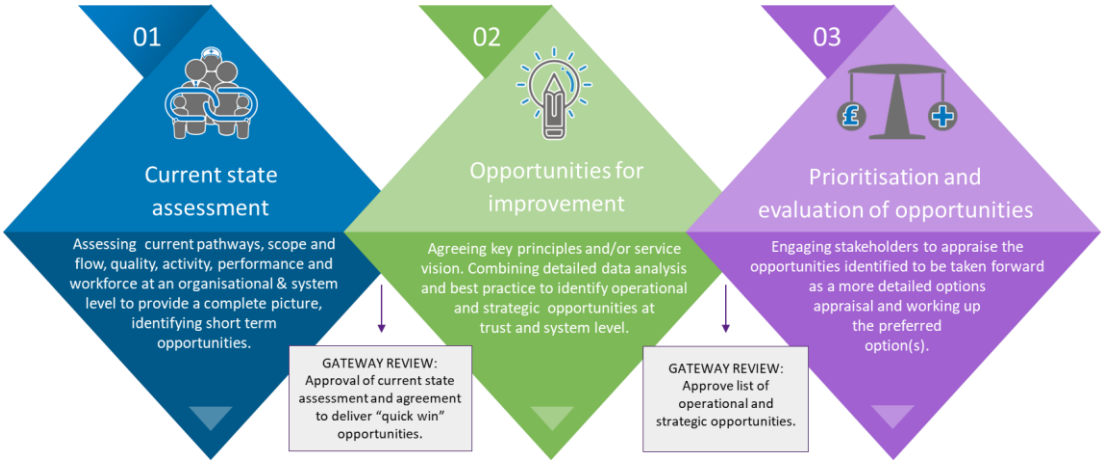
ERTP Programme Workstreams



The Clinical Pathways Programme

The Clinical Pathways Programme (CPP) is focused on transformation of clinical pathways for the long term, improving resilience in smaller NHS Trusts and ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

Cheshire and Merseyside Clinical Pathways Programme Approach



A range of criteria have been used to agree priority specialities for the CPP reviews, including the current waiting list positions, ability to recover activity levels, and services that were considered "fragile" (i.e. where services had closed / limited access).

Access to NHS Diagnostic Tests

More than 80% of patient pathways include a test and so this programme of work is vital to support delivery of almost every other aspect of work in Cheshire and Merseyside.

We will:

- Achieve the six-week waiting time target for routine NHS diagnostic tests by March 2025 (with no over 13 weeks during 2023)
- Deliver 120% of pre-pandemic levels of diagnostic activity by March 2023
- Reduce clinically inappropriate demand
- Use innovation, new technology and digital solutions
- Implement standardised test bundles for key symptomatic pathways so that patients receive the same high quality and timely diagnostics regardless of their location.

Ensuring we have the right services to avoid the need for avoidable hospital admissions

We know that we have higher rates of hospital admissions than our peers. Much of the focus of responding to the causes of this happens within our Place based plans (see Section 10), for example we know that in many of our Places we have high rates of admissions following a fall, and helping our residents prevent falls is a priority for that Place.

As an ICS we are focussed on ensuring that the right personalised services are there to support our population when they need increased support. Our Mental Health, Learning Disability and Community Services Provider Collaborative is working with partners to consistently implement these models, and build the capacity and capability across our system. We have three key areas of work we are focussing on:

Urgent Community Response provides rapid access (within 2 hours) to patients in their own home who, with clinical intervention, can be treated without the requirement of a hospital admission or attendance at A&E, for example following a fall. Whilst the service has been established across all areas of Cheshire and Merseyside, we are developing the model to achieve consistency of referral sources, availability of workforce, communication and engagement with stakeholders and approach to service delivery.

As part of this programme, we will:

- Review how we currently work and share the different ways of working across Cheshire and Merseyside, allowing us to learn from each other and develop plans to apply best practice
- Develop a dynamic business intelligence model that will allow us to track capacity and demand for intermediate care. This will support further development of service delivery, either at place, a collaboration of places, or indeed across Cheshire and Merseyside
- Develop shared workforce development plans.

Workforce

In Cheshire and Merseyside, we work to ensure health and care careers are attractive and encourage people from all backgrounds to consider working in health and care. We aim to retain the highly skilled and committed staff we already have, by enabling flexible and new ways of working, having supportive employment models and ensuring that we have the right skills, competencies and equipment to enable staff to work to their potential.

All staff across the health and care system are important to us and we recognise that we are also supported by a huge number of unpaid volunteers and carers. Our plans will help to ensure that they too are appropriately developed and trained.

To achieve the Health and Care Partnership's priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and places.

Many staff will work, and want to work, in communities - where they live, and we can offer careers to support this. This strategy does not replace the need for individual organisations to have in place their own strategies and plans but rather focuses on those areas that we can and should do better by working collectively together.

We will:

- Create the conditions for staff to work in the health and care system to end our reliance on agencies
- Up-skill and re-skill staff to work in an integrated system with different competencies / new roles
- Promote staff health and wellbeing and optimise the time staff are in work
- Embed new culturally competent ways of working
- Enable multiple models of employment and engagement
- Develop leadership and talent management
- Work as system partners to develop a social care academy to show the equal priority with clinical training.
- Deliver our public sector equality duty (2010 Act) to be an employer of choice for all staff, investing in positive action to attract, recruit, develop and retain staff from unrepresented groups

Specialised NHS Services

From 2024 NHS Cheshire and Merseyside – an Integrated Care Board (ICB) – will take responsibility (currently with NHS England) for commissioning a range of specialised services. This change will more effectively enable us to integrate the national / regional priorities within our wider Cheshire and Merseyside plans

Our approach is not being developed in isolation and we will work closely with colleagues from across neighbouring ICBs whilst integrating pathways with our local partners and building on our priorities to reduce inequalities and improve population health.

Finance

Cheshire and Merseyside Health and Care partners have combined budgets of £4.4bn meaning we are a significant part of the local economy, in terms of employment and procurement of services.

Whilst all HCP partners are facing significant financial pressures; driven by the levels of funding allocated to us and income raised, alongside the increasing needs of our population, taking an integrated approach presents us with the best way to respond to this challenge and to deliver the priorities described in this document. By working together to spend the limited resources available in the most efficient and effective way we can gain the best value and outcomes for our population.

This will be delivered through integration of budgets and plans at a Place level (see section 10), as well as working on the shared objectives and plans described through this document.

Cheshire and Merseyside ICS will develop its system-wide financial strategy in the first half of 2023, and this will both underpin and support our ambitious system plans alongside long-term financial sustainability.

We will:

Include in our financial strategy:

- An allocation strategy to determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Financial mechanisms to support health and care integration and a system wide financial regime and funding flow including how we use pooling of budgets across partners and sectors
- Identify key productivity and efficiency opportunities maximised through effective incentives
- System-wide estates and capital requirements and plans
- Supports transformation which will deliver efficiency through integrated working at both a Cheshire and Merseyside and Place level across health and care partners as well as focus on structural instability in services.

Section 9 - Helping to support broader social and economic development

Social Value and Anchor Institutions

The term anchor institutions refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. .As partners we are a significant part of our local economy, including in terms of as employers, purchasers from the local supply chain as well as being embedded in our communities.

As one of a group of Social Value Accelerator Sites across the UK, we're dedicated to exploring and learning more about how social value can practically and effectively be embedded at scale across Cheshire and Merseyside, within the NHS, Local Authorities and Voluntary, Community, Faith and Social Enterprise sector (VCFSE) and business organisations.

We have co-produced "The Social Value Award" with all sectors which also encourages organisations from the Voluntary Community Faith and Social Enterprise as well as business sectors to embed social value.

Our definition of Social Value is: The good that we can achieve within our communities, related to environmental, economic and social factors;

- Our approach to building capabilities, strengths and assets and enabling people to live a 'valued and dignified life'
- An enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles (see Section 5)
- A requirement of 'Anchor Organisations' to use our purchasing power to build capabilities, strengths and assets within our communities, ensuring that Cheshire and Merseyside is a great place to live and work.

We will:

- Work together across sectors to achieve social value outcomes, foster innovation and reduce avoidable inequalities
- Protect health and social care services for future generations
- Give a voice to local communities
- Embed social value across the entire commissioning cycle including procurement
- Make every penny count, growing local wealth, health and our environment
- Create opportunities for social innovation
- Facilitate shared learning, encouraging innovation and best practice in exploring social value.

As an Anchor System we will:

- Sign up to the fair employment charter for Liverpool City Region and Cheshire and Warrington and commit to the real living wage and creating equality within our local job sector
- Pledge to employ and purchase locally, in the first instance
- Pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets
- Measure and evidence the progress made as a result of becoming an Anchor Institution
- Expand the roll-out of the Prevention Pledge
- Develop an Anchor Network Progression Framework to help organisations self-assess / progress ambitions.

Our Green Plan

Climate change poses a threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and our partners.

Across our organisations, we are committed to achieving net zero by 2040 (or earlier). All our NHS and local authority partners have well established plans too.

We are:

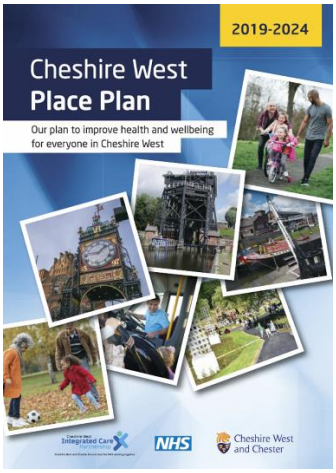
- Transforming the way we use technology to provide health and care
- Decarbonising estates and enhancing sustainable food in hospitals
- Reducing the environmental impact of products we use, including medicines
- Phasing out single use plastics and improving the way both staff and patients travel when accessing health services.

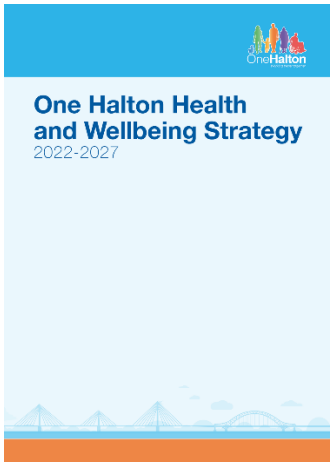
In order to achieve our commitments, we are working with partners in new and innovative ways, including local councils, the NHS Innovation Agency and Liverpool John Moores University.

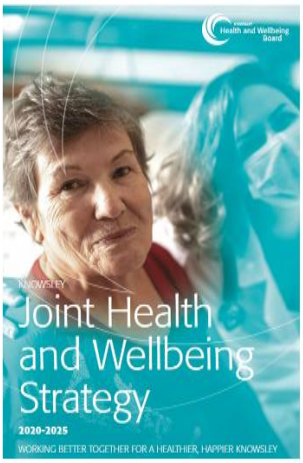
Examples of improvements already achieved include:

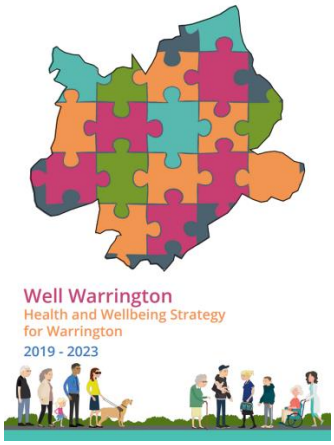
- The installation of more than 300 solar panels at Wirral Community Health and Care NHS FT, St Catherine's site Phasing out the use of the anaesthetic gas desflurane - most NHS Trusts across Cheshire and Merseyside have now phased it out completely
- Reducing the use of nitrous oxide by the equivalent of 443 tonnes of CO_2 – the same as charging more than 50 million smartphones!
- Introducing more cycle to work schemes
- Liverpool Health and Chest Hospital NHS Foundation Trust has introduced reusable theatre gowns, saving more than 23 tonnes of carbon dioxide emissions each year and £22,000 **which was reinvested into patient care**.

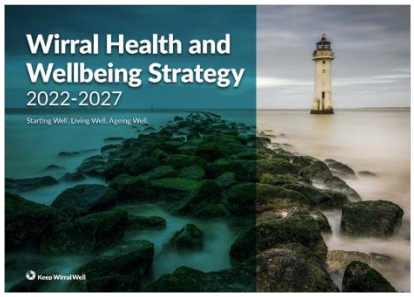
Section 10 - Health and Wellbeing Board Strategies and Place Plans (links to docs to be provided)











Section 11 - Glossary

A Glossary of terms is available here.

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 28 September 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.

REPORT AUTHOR: **Mike Jones**
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email: michaeljones1@wirral.gov.uk

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 October 2023

Item	Purpose	Lead Officer
Place Quality and Performance Report including C-Dificile	Oversight and Assurance	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Martin McDowell
Place Delivery Assurance Framework	Oversight and Assurance	Simon Banks
Wirral Health and Care Plan Dashboard	Oversight and Assurance	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Janelle Holmes
Estates and Sustainability Programme Delivery	Oversight and Assurance	Paul Mason
Primary Care Networks	Discussion and Decision	Iain Stewart
Mental Health Urgent Response Centre	Discussion and Decision	Suzanne Edwards
Finance and Investment Group	Information	Martin McDowell
Primary Care Group	Information	Iain Stewart
Quality and Performance Group	Information	Lorna Quigley
Strategy and Transformation Group	Information	Simon Banks

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Purpose	Approximate Timescale	Lead Officer
Dentistry	Discussion and Decision	November 2023	Tom Knight
Neighbourhood programme	Information	December	Nesta Hawker
Intermediate Care Beds Review	Discussion and Decision (JSCB)	December	Lorna Quigley

STANDING ITEMS AND MONITORING REPORTS

Item	Purpose	Reporting Frequency	Lead Officer
Place Quality and Performance Report (anticipated from October 2023)	Oversight and Assurance	Each scheduled meeting	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update (anticipated from October 2023)	Oversight and Assurance	Each scheduled meeting	Martin McDowell
Place Delivery Assurance Framework (anticipated from October 2023)	Oversight and Assurance	Each scheduled meeting	Simon Banks
Wirral Health and Care Plan Dashboard (anticipated from October 2023)	Oversight and Assurance	Each scheduled meeting	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Each scheduled meeting	Janelle Holmes
Estates and Sustainability Programme Delivery	Oversight and Assurance	Quarterly	Paul Mason
Workforce Programme Delivery	Oversight and Assurance	Quarterly	Deborah Smith
Healthwatch Wirral Update	Oversight and Assurance	Quarterly	Karen Prior
Finance and	Information	Each scheduled	Martin McDowell

Item	Purpose	Reporting Frequency	Lead Officer
Investment Group		meeting	
Primary Care Group	Information	Each scheduled meeting	Iain Stewart
Quality and Performance Group	Information	Each scheduled meeting	Lorna Quigley
Strategy and Transformation Group	Information	Each scheduled meeting	Simon Banks
Wirral Provider Partnership	Information	Each scheduled meeting	Karen Howell

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