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NHS
Cheshire and Merseyside

Wirral Place Based Partnership Board

Date: **19 October 2023**
Time: **10.00 a.m.**
Venue: Committee Room 1 – Birkenhead Town Hall

Contact Officer: Mike Jones, Principal Democratic Services Officer
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No.	Item	Lead
1	Welcome and Apologies for Absence	Simon Banks
2	Declarations of Interest	Simon Banks
3	Minutes of Previous Meeting held on 28 September 2023. (Pages 1 - 6)	Simon Banks
4	Action Log	Simon Banks
Items for Oversight and Assurance		
5	**Board Assurance Reports**	
6	Place Quality and Performance Report including C-Difficile (Pages 7 - 12)	Lorna Quigley
7	Place Finance Report incorporating Pooled Fund Update (Pages 13 - 20)	Martin McDowell
8	Developing a Risk Management Framework for Wirral Place Partnership Arrangements (Pages 21 -60)	Simon Banks

No.	Item	Lead
	Programme Delivery Reports	
9	Wirral Health and Care Plan Programme Delivery Dashboard (Pages 61 -70)	Julian Eyre
10	Unscheduled Care Programme Delivery Update (Pages 71 - 90)	Janelle Holmes
Items for Discussion and Decision		
11	Primary Care Networks (Pages 91 - 100)	Iain Stewart
12	Mental Health Urgent Response Centre (Pages 101 - 208)	Suzanne Edwards
Items for Information		
	Supporting Group Chairs' Reports	
13	Finance and Investment Group (Pages 209 - 212)	Martin McDowell
14	Primary Care Group (Pages 213 - 216)	Iain Stewart
15	Strategy and Transformation Group (Pages 217 - 222)	Simon Banks
Closing Business		
	Questions from the Public Notice of questions to be given in writing or by email by Monday, 16 October 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	Simon Banks
16	Work Programme (Pages 223 - 228)	Mike Jones
17	Any Other Business	Simon Banks
18	Future Meetings: 10am on 23 November 2023	

No.	Item	Lead
	10am on 21 December 2023 10am on 25 January 2023	

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 28 September 2023

PRESENT

Simon Banks	Chair and Place Director
Councillor Julie McManus	Wirral Council
Councillor Kieran Murphy	Wirral Council
Councillor Simon Mountney	Wirral Council
Graham Hodkinson	Director of Adults, Health and Strategic Commissioning, Wirral Council
Jayne Marshall	Head of Community Care Market Commission, Wirral Council
James Barclay	Wirral Improvement team
Hayley Kendall	Wirral University Teaching Hospital NHS Foundation Trust
David McGovern	Wirral University Teaching Hospital NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Foundation Trust
Paul Satoor	CEO, Wirral Council
Martin McDowell	Associate Director of Finance & Performance, NHS Cheshire and Merseyside
Dr David Jones	Primary Care
Lorna Quigley	Associate Director Quality and Safety Improvement, NHS Cheshire and Merseyside
Carol Johnson Eyre	Citizen's Advice Wirral
Kirsteen Sheppard	Healthwatch Wirral
Andreia Ramos Silva	Healthwatch Wirral
Bev Morgan	Chair, VCFSE Senior Leaders Network
Gareth Prytherch	CEO, Wirral Community and Voluntary Services
Stephen Woods	Head of Strategy, NHS Cheshire and Merseyside
Jo Chwalko	Wirral Community Health and Care NHS Foundation Trust
Matthew Neal	Lead Principal Lawyer, Wirral Council
Mike Jones	Secretary

29 **WELCOME AND INTRODUCTION**

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

The Chair amended the order of items so that the Joint Forward Plan item (minute 43) was dealt with first. The minutes are in the order of the agenda.

30 **APOLOGIES**

Apologies for absence were received from:

Dave Bradburn	Director of Public Health, Wirral Council
Ian Cubbin	Primary Care (Community Pharmacy)
Janelle Holmes	Wirral University Teaching Hospital
Karen Howell	Wirral CHC
Justine Molyneux	Voluntary, Community, Faith and Social Enterprise sector (VCFSE)
Karen Prior	Healthwatch
Simone White	Director of Childrens Services, Wirral Council
Dr Stephen Wright	Primary Care (Community Dentistry)

31 **DECLARATIONS OF INTEREST**

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

32 **MINUTES**

Resolved – That the minutes of the meeting held on 27 July 2023 be approved as a correct record.

33 **PUBLIC AND MEMBER QUESTIONS**

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

34 **THE ROLE OF THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE (VCFSE) IN PLACE**

The Chief Executive Officer of Koala North West and the Chief Executive Officer of the Voluntary, Community, Faith and Social Enterprise Senior Leaders Network presented this report which detailed how the Voluntary, Community, Faith and Social Enterprise (VCFSE) contributed at Place to achieve better outcomes for Wirral residents. It was noted that there were over 300 registered charities and over 40 Community Interest Companies in the sector.

Members discussed the involvement of particular bodies in different initiatives and gave thanks for the work the sector undertook.

Resolved – That 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 be noted.

35 **UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE**

The Healthy Wirral Programme Manager presented the report of the Chief Executive Officer of Wirral University Teaching Hospital which detailed progress of the Unscheduled Care Improvement Programme across its 5 workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme success was 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. The NCTR number had reduced from 171 in July to 104 in August 2023, directly related to the establishment and ongoing development of the Transfer of Care Hub - Discharge.

Resolved – That the update be noted.

36 **UPDATE ON THE TRANSFER OF CARE HUB WORKSTREAM, UNSCHEDULED CARE IMPROVEMENT PROGRAMME**

The Chief Operating Officer, Wirral University Teaching Hospital NHS Foundation Trust presented this report which provided an update on the Unscheduled Care Improvement Programme work stream for the Transfer of Care Hub. Wirral had been an outlier because of a high number of Non-Criteria To Reside patients in acute beds so the Hub was developed and went live in July 2023, bringing together two teams under a single leadership structure to reduce the numbers and had been successful.

Members noted how other bodies including charities collaborated in the design and further development of the Hub.

Resolved – That

1. 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 be noted.

2. 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 be endorsed.

3. the interface working between the Hub and the other Unscheduled Care Improvement Programme workstreams and the requirement to streamline services be noted.

37 **UPDATE ON CARE MARKET SUFFICIENCY WORKSTREAM, HEALTHY WIRRAL PROGRAMME**

The Assistant Director, Commissioning and Integrated Services introduced the report of the Director of Care and Health which provided an update on the Healthy Wirral work stream for Care Market Sufficiency. The purpose of the workstream was to ensure sufficiency in community care market to respond to local needs, to increase capacity and responsiveness of the care homes market, support the Home First initiative and discharges.

Resolved – That

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

38 **2023/24 POOLED FUND FINANCE REPORT TO MONTH 04 JULY 2023**

The Associate Director of Finance, NHS Cheshire and Merseyside, presented this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set 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 had 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 provided 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 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.

Resolved – That

1. **it be noted that the forecast position for the Pool at Month 4 is currently a balanced planned budget position.**
2. **it be noted that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a planned balanced budget position.**
3. **it be noted that the 2023/24 Section 75 agreement has been sent for the final legal review from both parties before organisational sign off.**

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

The Associate Director of Quality and Safety Improvement for NHS Cheshire and Merseyside presented this report which identified key issues relating to Quality and Safety through the Wirral Quality and Performance Group and other relevant sources. Issues included notable numbers of C-Difficile cases, work with care homes regarding hydration and increased cases of influenza and covid.

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

40 **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. The work to develop the Urgent Health Response Centre was noted and the work with the Police on the 'Right Care Right Person' approach to dealing with incidents.

Resolved – That the work of the Strategy and Transformation Group be noted and updates continue to be received as a standing agenda item.

41 **PRIMARY CARE GROUP HIGHLIGHT REPORT**

The Place Director (Wirral), NHS Cheshire and Merseyside, presented this report which was a highlight report from the Primary Care Group, including detail on meetings held and topics discussed.

Resolved – That the work of the Primary Care Group be noted and updates continue to be received as a standing agenda item.

42 **HEALTHWATCH WIRRAL UPDATE SEPT 2023**

The Business Development & Volunteer Manager and the Research Officer for Healthwatch Wirral presented this report which shared the emerging trends and themes gathered from public views and personal experiences relating to health and care. It was noted that future reports would be given to the Health and Wellbeing Board as that was the more appropriate body to receive them. Research, developed training and common issues were noted. Common reasons for comments included communication with professionals and access to appointments.

Resolved – That the report be noted.

43 **CHESHIRE AND MERSEYSIDE JOINT FORWARD PLAN 2023-28**

The Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside presented this report which provided an update on the contents of the Cheshire and Merseyside Joint Forward Plan (2023-28) outlining the content and priorities for 2023/24. The report updated 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 provided an update on the proposed monitoring of the JFP and associated Annual Delivery Plan.

It was noted that the JFP had been published in July and that there were plans to align the Health and Care Partnership Strategy with All Together Fairer Strategy and develop a delivery plan.

Resolved – That

1. **the Cheshire and Merseyside Joint Forward Plan (2023-28) and the plans to monitor progress be noted.**
2. **feedback be noted 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**

44 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

The Lead Principal Lawyer introduced the report which presented 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 C Difficile being incorporated into the Place Quality and Safety report, and the addition of a report on the Right Care Right Person with Merseyside Police.

NHS
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WIRRAL PLACE BASED PARTNERSHIP BOARD

THURSDAY 19 OCTOBER 2023

REPORT TITLE:	**PLACE QUALITY AND PERFORMANCE REPORT**
REPORT OF:	**ASSOCIATE DIRECTOR OF QUALITY AND SAFETY**

REPORT SUMMARY

This report is intended to provide the Place Based Partnership Board oversight of Key Performance metrics relating to Wirral Place.

Work is being undertaken to ensure that all key performance metrics developed are discussed through the associated groups/committees to assure the board that there has been scrutiny and oversight.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

Note the performance in relation to Health Care Associated Infections and the actions being undertaken.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The impact that Health Care Associated Infections on the population both from a personal and organisational level leads to a prolonged inpatient stay, long term disability and increased resistance to microorganisms and antimicrobials, additional financial costs and excess deaths.

2.0 OTHER OPTIONS CONSIDERED

2.1 No others at this stage.

3.0 BACKGROUND INFORMATION

To reduce duplication and ensuring effectiveness of reporting Business Intelligence teams are working in partnership to ensure that key performance metrics are meaningful and reflect both national and local priorities.

It is acknowledged this report will continue to evolve as the metrics are defined and the process developed. The Wirral based reporting pack for July 2023 has identified Key lines of Enquiry in the following areas:

3.1 Health Care Associated Infections (HCAIs)

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a health or care setting.

The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

3.1.2 Clostridium difficile (C-Difficile)

The rate of C-Difficile within Wirral Health Care settings remains high. Based on several factors including population last year's infection rate. A system tolerance has been set 2023/23. Whilst September's figures have improved from 143% over the tolerance in July to 140% in September, this remains concerning.

A contributory factor of C-Difficile is antibiotic prescribing. Wirral has a history of high antibiotic prescribing and has previously been ranked nationally as the highest prescribing area. June's data demonstrates improvement from this position to Wirral being ranked as 86/106 for total prescribing in Primary Care. Several measures are in place to continue this improvement including.

- Implementation of the key findings from the system C-Difficile review
- Key specialist roles within the system to improve prescribing including- AMR pharmacist and GP.

- Working with partners to gain Insight and understanding to the population demand and prescribing habits of professionals.
- Alignment of prescribing guidelines across Cheshire and Merseyside to ensure consistency.

These key metrics and associated actions are being managed through the Wirral Place Quality and Performance Group.

3.2.1 E coli Infection

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. Despite the work that has been undertaken the E coli rates for Wirral have deteriorated from 140% above the annual tolerance in July to 144% September. This ranks Wirral 97/106 for E. coli Infections.

A review of the effectiveness of the current improvement plan is required, and oversight is managed through the Quality and Performance Group.

3.2.2 Influenza

Quarter 2's data has demonstrated an increase in the seasonal influenza vaccination uptake for the over 65years cohort to 81% against a national target of 85%. Eligible cohorts have been targeted across health and care settings to increase uptake.
An anti-viral pathway has been developed and approved to support community settings should an outbreak of influenza occur.

The Health Protection Board in October (chaired by the Director of Public Health) has a focus on Immunisations and Vaccinations.

3.2.3 Cervical Screening

The latest data available is Quarter 4 2022- 2023. This indicates an increase in cervical screening coverage for females aged 25-64yrs attending within the target period to 71%.

3.2.4. Talking Therapies

Access to talking therapies (previously known as improving access to psychological therapies- IAPT) is an ambition set out in the long-term plan. Significant progress has been made in June with access rate from 69% to 77% against a target of 100%. This has been achieved by increasing awareness of talking therapies through a population- based campaign, simplifying the referral process including self-referrals and awareness sessions with professionals.
Recruitment for trainee counsellors has been successful by the provider and it is expected that this will support the further demand required to meet the target in addition to a national talking therapies campaign due to launch in Quarter 4.

Progress is monitored through the Transformation and Partnership Group.

In addition to the NHS Constitutional Standards relating to planned care and waiting times data.
Partners are working and developing local metrics which include:
Urgent and Emergency- reporting on care market sufficiency, virtual wards
Primary/Community Care- reporting on access to primary care services including tele dermatology.
Frailty and Dementia- which will include diagnosis rates, admissions to Hospital and out of area placements.

4.0 FINANCIAL IMPLICATIONS

4.1 None identified.

5.0 LEGAL IMPLICATIONS

5.1 Legal implications have been considered within this report relating to NHS constitutional standards which have been referenced within the report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 None identified.

7.0 RELEVANT RISKS

7.1 Underperformance against trajectory are being scrutinised through improvement plans and oversight by relevant group/board.

8.0 ENGAGEMENT/CONSULTATION

8.1 Partnership working in the development of the metrics continues to be undertaken.

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.

REPORT AUTHOR: **Name Lorna Quigley**
Associate Director of Quality and Safety
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SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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NHS
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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 19 October 2023

REPORT TITLE:	**2023/24 PLACE FINANCE REPORT INCORPORATING POOLED UPDATE TO MONTH 05, AUGUST 2023**
REPORT OF:	**ASSOCIATE DIRECTOR OF FINANCE, CHESHIRE & MERSEYSIDE INTEGRATED CARE BOARD – WIRRAL PLACE**

REPORT SUMMARY

This paper provides a high-level update of the Month 5 financial position for the Wirral Place Partnership. Due to the timing of published reports, the financial position of Wirral MBC is taken as at the end of Quarter 1 of the 23/24 Financial Year.

The paper also provides an update in relation to 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 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 5 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 Wirral care and health system year-to-date variance from plan of £8.3m at Month 5 and that the forecast out-turn deficit is currently in line with plan of £25.6m although all system partners have acknowledged significant risks to this position.

2) Note the forecast position for the Pooled fund at Month 5 is currently a balanced planned budget position.
3)
4) Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a balanced budget position.

5) Note that the 2023/24 Section 75 agreement has been sent for legal review and is scheduled for sign off from both parties at upcoming committee meetings in line with their respective governance requirements.

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 The Wirral health and care system has developed an approach to ensure that all partners take account of decisions from a wider system perspective, having undertaken several planning workshops during Q3/Q4 of the last financial year to determine the approach to the 2023/24 Financial year. Following submission and approval of relevant plans, the Wirral system financial plan was set at £25.6m deficit for the year, with the acknowledgement that system partners faced several key challenges ahead of the financial year.

3.2 Within the system plan, the pooled fund plays a key part to support better integrated commissioning and service delivery to enable a focus on the best outcomes for the Wirral population.

3.3 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.

3.4 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.

3.5 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.

3.6 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 (CMICB) 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 and is scheduled for sign off from both parties at upcoming committee meetings in line with their respective governance requirements.

4.0 FINANCIAL POSITION AND IMPLICATIONS

4.1 The Wirral system financial performance is shown in the Table 1 below, and notes that the system had an actual reported deficit of £23.0m compared with a planned year-to-date deficit of £14.7m, which represents an adverse variance of £8.3m.

The reported out-turn position remains in line with the planned deficit of £25.6m although all partners acknowledged significant risks to the delivery of this position. The Wirral MBC financial position at Q1 is shown below and a further update to report the Q2 position is expected at the Policy and Resources Committee in early November.

Month 5	**Financial Performance £m**					
Organisation name	**YTD Plan £m**	**YTD Actual £m**	**YTD variance £m**	**Forecast Plan £m**	**Forecast outturn £m**	**Forecast variance £m**
Wirral Place (part of C&M ICB)	(3.0)	(10.7)	(7.7)	(7.2)	(7.2)	0.0
Wirral Community Health & Care NHS Foundation Trust	0.3	0.3	0.0	0.2	0.2	0.0
Wirral University Teaching Hospital NHS Foundation Trust	(11.8)	(11.3)	0.6	(18.6)	(18.6)	0.0
Cheshire & Wirral Partnership NHS Foundation Trust *	(0.2)	(1.3)	(1.1)	0.0	0.0	0.0
Total Wirral Health System	**(14.7)**	**(23.0)**	**(8.3)**	**(25.6)**	**(25.6)**	**0.0**
Wirral Borough Council **			0.0	0.0	(3.6)	3.6
Total Wirral System	**(14.7)**	**(23.0)**	**(8.3)**	**(25.6)**	**(29.2)**	**3.6**

* note CWP full position included as opposed to Wirral-only element

** note LA Q1 reported only

2023/24 Pooled Fund for Wirral Place

4.2 As at Month 4 the Pooled Fund budget for 2023/4 of £267.88m is set out in Table 2 below.

Table 2

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**

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

4.4 As at month 5 the reported forecast out-turn position of the pooled fund is a small underspend of £0.1m, and a summary position is provided below in Table 3 below,

Table 3

Summary	**2023 / 24 Budget**	**Forecast Outturn**	**Variance**
ICB Wirral Place Pool	£158.05m	£158.05m	£0.00m
Health & Care	£48.67m	£48.57m	-£0.10m
Children and Young People	£1.70m	£1.70m	£0.00m
Better Care Fund	£59.46m	£59.46m	£0.00m
Grand Total	**£267.88m**	**£267.78m**	**-£0.10m**

4.5 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.

4.6 Table 4 overleaf shows the forecast reported position on the discharge allocation.

Table 4

Discharge Funding	2023 / 24 Budget	Forecast	Variance
CMICB 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

4.7 The Home First scheme has been prioritised for funding from the CMICB 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 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 because 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 small underspend forecast position at month 5, 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 and Prescribing) 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.

REPORT AUTHOR: **Louise Morris**
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Sara Morris
Senior Finance Business Partner
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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.Morris@cheshireandmerseyside.nhs.uk if you would like this document in an accessible format.

BACKGROUND PAPERS

Draft Section 75 agreement 2023/24
JHCCEG Finance Report M5

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1 - Section 75 Pooled Budget 2023/24 – Wirral Place – Finance position M5

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**	**£158.0m**	**£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	-£0.16m	£0.0m	£0.0m	£0.0m
Learning Disabilities	£44.1m	£44.6m	£0.6m	£45.2m	£45.1m	-£0.1m
Mental Health	£14.4m	£13.9m	£1.1m	£15.0m	£15.4m	£0.4m
Children with Disabilities	£1.1m	£0.8m	£0.3m	£1.1m	£0.9m	-£0.2m
Client Charges	-£3.6m	-£3.4m	£0.0m	-£3.4m	-£3.6m	-£0.2m
Joint-Funded Income	-£7.9m	-£9.5m	£0.3m	-£9.2m	-£9.2m	£0.0m
Total	**£48.4m**	**£46.6m**	**£2.07m**	**£48.7m**	**£48.6m**	**-£0.1m**

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	£27.9m	-£0.2m
Adult Social Care Services	£24.0m	£24.0m	-£0.0m	£23.9m	£24.1m	£0.2m
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**	**£58.2m**	**£1.3m**	**£59.5m**	**£59.5m**	**£0.0m**

Title	Developing a Risk Management Framework for Wirral Place Partnership Arrangements
Authors	Simon Banks, Place Director (Wirral), NHS Cheshire and Merseyside Dawn Boyer, Head of Corporate Affairs and Governance, NHS Cheshire and Merseyside
Report for	Wirral Place Based Partnership Board
Date of Meeting	19th October 2023

Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with details on how NHS Cheshire and Merseyside's Risk Management Framework will be applied in Wirral. The paper sets out the key components of the Risk Management Framework and includes a draft Place Delivery Assurance Framework.

The Wirral Place Based Partnership Board is asked to:

- Note the work to apply NHS Cheshire and Merseyside's Risk Management Framework to the Wirral Place Partnership governance arrangements.
- Note that the application of the Risk Management Framework will be undertaken through engagement with partner organisations in Wirral.
- Endorse the work to develop a Place Delivery Assurance Framework and risk registers for the supporting groups to the Board.
- Request an update on the development of the Risk Management Framework and an updated PDAF at the December meeting of the Board.

Key Risks

This report sets out the Risk Management Framework and a Place Delivery Assurance Framework that is designed to support partners in managing key strategic risks. The key strategic risks identified so far in the draft Place Delivery Assurance Framework pertain to:

- Service Delivery
- Children and Young People
- Collaboration
- Workforce
- Finance
- Community Wealth Building

The documentation defines the initial, current and target risk score for each of these strategic risks.

Governance journey

Date	Forum	Report Title	Purpose/Decision
23rd February 2023	NHS Cheshire and Merseyside Board	Risk Management	Approved Risk Management Strategy and Framework

1	Narrative

1.1	**Background**
1.1.1	In February 2023 NHS Cheshire and Merseyside's Board approved the organisation's Risk Management Strategy. The Strategy reflects current best practice, considering a range of governance standards including those set out in: • UK Corporate Code of Governance (2018) • BS31100: The British Code of Practice for Risk Management & Guidance • NHS Controls Assurance, Risk Register Working Group 2002
1.1.2	The Strategy seeks to create an effective risk management framework to ensure that high quality services are delivered within available resources and to provide a safe working environment for staff. The framework that the Strategy creates incorporates Place Based Partnership Boards and their supporting groups as these are part of NHS Cheshire and Merseyside's governance arrangements in each of the nine Places. This paper sets out how the Risk Management Framework will be applied to the Wirral Place Based Partnership governance arrangements.
1.1.3	Appendix 1 defines the meaning of the terminology used in this paper.
1.2	**NHS Cheshire and Merseyside's Risk Management Framework**
1.2.1	NHS Cheshire and Merseyside (NHS C&M) is committed to the provision of high-quality commissioning, partnership and collaboration, and NHS system-wide working and oversight in the delivery of its objectives. This will be supported through the development and implementation of a robust system of internal control including processes for risk management and assurance that are understood and embedded at all levels of the organisation.
1.2.2	The establishment of effective risk management systems is vital to the successful management of the organisation and local NHS system and is recognised as being fundamental in ensuring good governance. NHS C&M's management needs to receive robust and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes. NHS C&M's leadership therefore has overall responsibility for ensuring they have assurance that the process of risk identification, evaluation and control are effective.
1.2.3	The Risk Management Framework supports the delivery of NHS Cheshire and Merseyside's strategic objectives, which are: • Improve population health and healthcare. • Tackling health inequality, improving outcomes and access to services. • Enhancing quality, productivity and value for money. • Helping the NHS to support broader social and economic development.
1.2.4	The aims of managing risk effectively are to: • Ensure the management of risk is consistent with and supports the achievement of NHS C&M strategic objectives. • Provide high quality services to patients. • Initiate action to prevent or reduce the adverse effects of risk. • Minimise the financial and other negative consequences of losses and claims, for example, poor publicity, loss of reputation.

	• Ensure the risks associated with new developments and activities remain within agreed tolerances determined by the relevant Executive Director in accordance with the Board's risk appetite. • Meet statutory and legal obligations and improve compliance with the ongoing requirements of best practice governance standards. • Protect visitors and staff from risks as far as is reasonably practicable.
1.2.5	Appendix 2 sets outs the key components of the risk management framework. This paper is concerned about the application of the framework to the Place Based Partnership Board and supporting groups.
1.3	**Applying the Risk Management Framework to Wirral Place Partnership Arrangements**
1.3.1	It is often at the interface between organisations that the highest risks exist and clarity about responsibilities and accountabilities for those risks can sometimes be difficult. Partnership risks in each Place need to be jointly owned by NHS Cheshire and Merseyside and its partners. They need to be influenced by the strategic objectives of Place as well as by those of NHS Cheshire and Merseyside. An approach to partnership risks needs to be developed in conjunction with partners in each Place.
1.3.2	Place risks are those that threaten the delivery of NHS Cheshire and Merseyside strategic objectives or statutory functions and duties in each of the nine Places. These are assessed with reference to the impact and likelihood for the Place. The same or similar risks may exist in more than one Place but would be assessed independently in the context of the environment and situation in each Place. Risks will be aggregated across the nine Places and assessed with reference to the impact and likelihood for NHS Cheshire and Merseyside as a whole for the purposes of inclusion on the Corporate Risk Register.
1.3.3	As set out in Appendix 2, the focus for Place is to develop a Place Delivery Assurance Framework (PDAF) and a Place Risk Register. The PDAF will focus on the principal risks to the delivery of Place strategic objectives. A Place Risk Register will focus on the delivery of functions delegated to Place, whether specific to a Place or across multiple Places. The Place Risk Register will be influenced by the risk registers of the five supporting groups, which are: • Finance and Investment • Primary Care • Quality and Performance • Strategy and Transformation • Workforce
1.3.4	Appendix 3 sets out the risk assessment matrix that is being used by NHS Cheshire and Merseyside across the whole organisation and the nine Places. This sets out the criteria used to define and measure impact and likelihood, resulting in the risk rating. This aims to ensure a consistent approach to the rating of risks. This matrix is used for the NHS Cheshire and Merseyside Board Assurance Framework and Risk Registers and is also applied to the PDAF, Place Risk Register and the risk registers of the four supporting groups.
1.4	**Developing the Place Delivery Assurance Framework (PDAF)**
1.4.1	NHS Cheshire and Merseyside have engaged with governance leads from partner organisations in Wirral to develop a draft PDAF, which can be found in Appendix 4. The draft PDAF identifies strategic risks in the following areas:

	• Service Delivery • Children and Young People • Collaboration • Workforce • Finance • Community Wealth Building The documentation defines the initial, current and target risk score for each of these strategic risks.
1.4.2	The PDAF sets out the controls, the systems and processes, that are currently in place to prevent a risk from occurring, or to reduce the potential consequences and likelihood. The PDAF also provides evidence on the assurances that controls are in place, operating effectively and objectives are being achieved.
1.4.3	The PDAF provides an assurance framework for the Wirral Place Based Partnership Board. The PDAF creates a structured means of identifying, mapping and assessing sources of assurance in relation to the strength and effectiveness of the controls that have been put in place to mitigate the risks to Place objectives. By receiving and reviewing the actual assurances and using findings, the adequacy of controls can be confirmed or modified.
1.4.4	Governance leads from partnership organisations reviewed the draft PDAF and risk summaries on 7th September 2023. Governance leads from partner organisations will continue to be engaged to develop the PDAF further, reviewing the PDAF against their own organisational strategic risk management arrangements. The PDAF is a "living" document that will be reviewed by the Wirral Place Based Partnership Board every quarter.

2	**Implications**
2.1	*Risk Mitigation and Assurance* The implementation of the Risk Management Framework will support the management of the key strategic risks for NHS Cheshire and Merseyside's partnership arrangements in Wirral.
2.2	*Financial* There are no direct financial implications arising from this report, although the ability of the Wirral system to achieve financial balance is a key strategic risk.
2.3	*Legal and regulatory* There are no direct legal or regulatory implications arising from this report, although the Risk Management Framework does follow the principles of good governance.
2.4	*Resources* There are no direct implications for other resources – staffing, IT and assets – arising from this report. The Risk Management Framework will be managed within existing NHS Cheshire and Merseyside partnership arrangements in Wirral. The PDAF does also identify workforce capacity, capability and availability as a key area of strategic risk.
2.5	*Engagement and consultation* Engagement with system partners has taken place in the development of the PDAF. This will continue as the Risk Management Framework is fully implemented in Wirral.

2.6	*Equality* Wirral Council and NHS Cheshire and Merseyside and statutory partners have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. No Equality Impact Assessment (EIA) is required for this report.
2.7	*Environment and Climate* Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner. There are no environment and climate implications arising from this report.
2.8	*Community Wealth Building* 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 and partner organisations 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 report concerns the establishment of effective risk management systems which, while not directly impacting on health inequalities, will create a framework for the consideration, identification, and mitigation of risks to health equality, and provide assurance regarding the effectiveness of mitigation strategies.

3	**Conclusion**
3.1	The next steps in developing NHS Cheshire and Merseyside's Risk Management Framework in Wirral are to: • Develop the PDAF and establish quarterly reporting to the Wirral Place Based Partnership Board. • Develop the risk registers for the supporting groups to the Wirral Place Based Partnership Board.
3.2	This work will be undertaken through engagement with the governance leads of partner organisations and members of the supporting groups. The Wirral Place Based Partnership Board will then receive the latest and most relevant documentation for oversight and assurance.

4	**Appendices**
	Appendix 1 – Definitions Appendix 2 – Key components of the Risk Management Framework Appendix 3 – Risk Management Matrix Appendix 4 – Draft Place Delivery Assurance Framework and Risk Summaries

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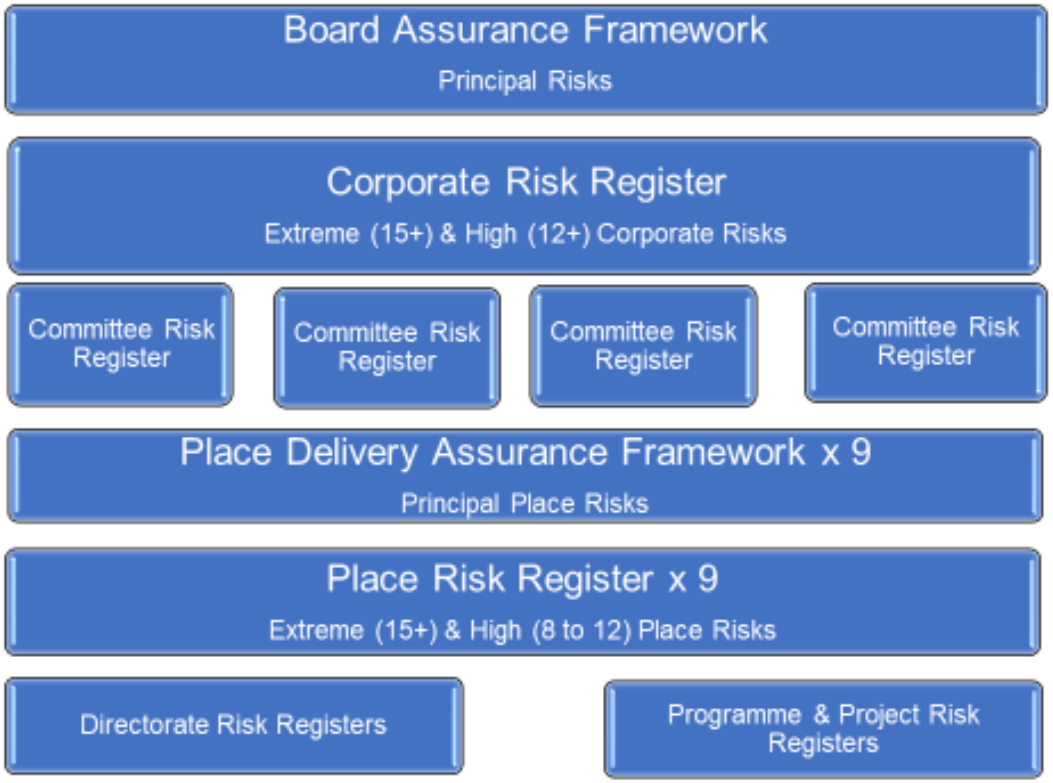
APPENDIX 1 DEFINITIONS

Risk	The effect of uncertainty on objectives. Risk is the combination of the probability of an event and its consequence. The chance of something happening that will have an impact on objectives. An uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives.
Issue	A relevant event that has happened or is certain to happen, was not planned, and requires specific management action. The distinction between an issue and a risk is that an issue is an event that has happened or will happen, and a risk is an event that may happen.
Risk Assessment	A systematic process of identifying, analysing and evaluating risks.
Impact	A measure of the anticipated effect on the achievement of NHS C&M's objectives if the event or set of events occurs.
Likelihood	A measure of the chance or probability of the event or set of events occurring.
Risk Rating	The severity assigned to a risk following assessment. This is determined by multiplying the impact of the risk by the likelihood of occurrence.
Risk Matrix	A matrix setting out the criteria used to define and measure the impact and likelihood, resulting in the risk rating. This aims to ensure a consistent approach to the rating of risks across NHS C&M. Impact may be measured in the context of each of the 9 places or for the ICB as a whole.
Risk Management	The culture, framework, processes and structures that are directed towards identifying, understanding and controlling exposure to risks which may threaten the achievement of NHS C&M's objectives.
Risk Register	A log of risks of all kinds that threaten the achievement of NHS C&M's objectives. It is a dynamic document, populated through the organisation's risk management process, enabling risk to be quantified and ranked. It provides a structure for collating information about risks that helps both in the analysis of risks and in decisions about whether or how these risks should be treated. The ICB will have a Corporate Risk Register and 9 Place Risk Registers.
Controls	The systems or processes we *currently* have in place to prevent a risk from occurring, or to reduce the potential consequences and likelihood. Examples of possible controls include: • Implementation of policies and guidance • Management structure and accountabilities • Corporate and clinical governance processes • Statutory frameworks e.g., Standing Orders, Standing Financial Instructions, Scheme of Delegation • Incident reporting, complaints, and patient and public feedback procedures • Staff recruitment, retention and training.

Assurance	Confidence, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved.
Assurance Framework	A structured means of identifying, mapping and assessing sources of assurance in relation to the strength and effectiveness of internal controls to mitigate the risks to the organisation's objectives. By receiving and reviewing actual assurances and using findings, the adequacy of internal control can be confirmed or modified.
Board Assurance Framework	The document used to capture and provide assurance to the ICB's board in relation to the control of the principal risks and delivery of the strategic objectives.
Principal Risks	The key risks, of such significance that should they be realised, would prevent NHS C&M from delivering its strategic objectives, continuing to operate and/or seriously affect its performance, future prospects or reputation. These include risks that would threaten the business model, future performance or financial sustainability of NHS C&M.
Corporate Risks	Risks that threaten the delivery of the ICB's operational plan, statutory functions and duties. These are assessed with reference to the impact and likelihood for the ICB as a whole and in some cases will be an aggregation of risks being managed in the 9 places.
Place Risks	Risks that threaten the delivery of the ICB Place objectives, operational plans, statutory functions and duties in each of the 9 places. These are assessed with reference to the impact and likelihood for the place. The same or similar risks may exist in more than one place but would be assessed independently in the context of the environment and situation in each place. Risks will be aggregated across the 9 places and assessed with reference to the impact and likelihood for the ICB as a whole for the purposes of inclusion on the Corporate Risk Register.
Risk Appetite	The amount of risk that NHS C&M is willing to seek or accept in the pursuit of its strategic objectives. This is determined by the Board in relation to each strategic objective and is reviewed annually. It is used by the leadership team to determine what potential options will / will not be considered in pursuing these objectives.
Risk Tolerance	The boundaries of risk taking outside of which NHS C&M is not prepared to venture in the pursuit of its strategic objectives. This is determined by the Board and reflected in this Risk and Assurance Strategy. It is used by leadership to determine where action is required to improve control and when risks require escalation.

APPENDIX 2 KEY COMPONENTS OF THE NHS CHESHIRE AND MERSEYSIDE RISK MANAGEMENT FRAMEWORK



Board and Audit Committee
Quarterly Reports

Board and Audit Committee
Quarterly Reports

NHS C&M Committees
Each meeting

Place Partnership Board
Quarterly Reports

Place Supporting Groups
Each meeting

Management Oversight
Monthly/quarterly review

APPENDIX 3 RISK ASSESSMENT MATRIX

LEVEL	DESCRIPTOR	DESCRIPTION – ICB LEVEL	DESCRIPTION – PLACE LEVEL
5	Catastrophic (>75%)	**Safety** - multiple deaths which is responsibility of ICB. Multiple permanent injuries or irreversible health effects. An event affecting >50 people. **Finance** - significant financial loss - >1% of ICB budget **Reputation** - failure to be authorised, sustained adverse national media (3 days+), significant adverse public reaction / loss of public confidence	**Safety** - multiple deaths which is responsibility of ICB. Multiple permanent injuries or irreversible health effects. An event affecting >50 people. **Finance** - significant financial loss - >1% of delegated Place budget **Reputation** – ICB delegation withheld / withdrawn, sustained adverse local media (3 days+), significant adverse public reaction / loss of public confidence
4	Major (50% > 75%)	**Safety** - individual death / permanent injury/ disability which is responsibility of ICB. 14 days off work - affects 16 – 50 **Finance** - major financial loss of 0.5-1% of ICB budget **Reputation** - criticism or intervention by NHSE/I, litigation, adverse national media, adverse public	**Safety** - individual death / permanent injury/ disability which is responsibility of ICB. 14 days off work - affects 16 **Finance** - major financial loss of 0.5-1% of delegated Place budget **Reputation** - criticism or intervention by ICB, litigation, adverse local media, adverse public reaction
3	Moderate (25% > - 50%)	**Safety** - moderate injury or illness, requiring medical treatment e.g. fracture which is responsibility of ICB. RIDDOR/Agency reportable incident (4-14 days lost). **Finance** - moderate financial loss - less than 0.5% of ICB budget **Reputation** - conditions imposed on authorisation by NHSE/I, litigation, local media coverage, patient and partner complaints & dissatisfaction	**Safety** - moderate injury or illness, requiring medical treatment e.g. fracture which is responsibility of ICB. RIDDOR/Agency reportable incident (4-14 days lost). **Finance** - moderate financial loss - less than 0.5% of delegated Place budget **Reputation** - conditions imposed on delegation by ICB, litigation, local media coverage, patient and partner complaints & dissatisfaction
2	Minor (<25%)	**Safety** - minor injury or illness requiring first aid treatment **Finance** - minor financial loss less than 0.2% of ICB budget **Reputation** - some criticism slight possibility of complaint or litigation but minimum impact on ICB	**Safety** - minor injury or illness requiring first aid treatment **Finance** - minor financial loss less than 0.2% of delegated Place budget **Reputation** - some criticism slight possibility of complaint or litigation but minimum impact on Place
1	Negligible (<5%)	**Safety** - none or insignificant injury due to fault of ICB **Finance** - no financial or very minor loss **Reputation** - no impact or loss of external reputation	**Safety** - none or insignificant injury due to fault of ICB **Finance** - no financial or very minor loss **Reputation** - no impact or loss of external reputation

1	2	3	4	5
Rare The event could only occur in exceptional circumstances (<5%)	**Unlikely** The event could occur at some time (<25%)	**Possible** The event may well occur at some time (25%> -50%)	**Likely** The event will occur in most circumstances (50% > 75%)	**Almost certain** The event is almost certain to occur (>75%)

LIKELIHOOD of risk being realised	**IMPACT (severity)** of risk being realised				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

APPENDIX 4 DRAFT PLACE DELIVERY ASSURANCE FRAMEWORK AND RISK SUMMARIES

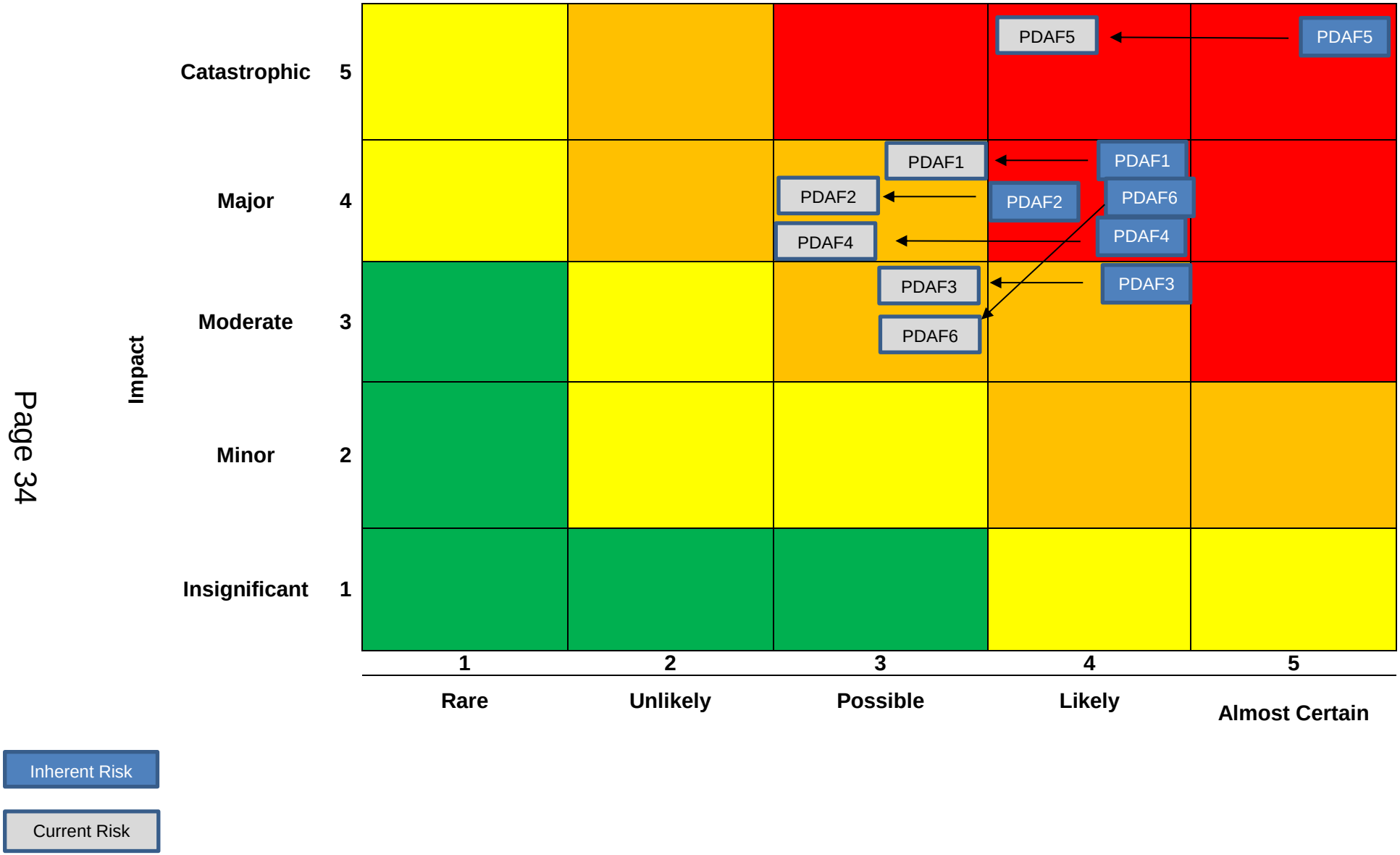
Wirral Place Based Partnership Board Delivery Assurance Framework 2023/24

Risk Identifier	Principal Risks	Responsible Group and SRO	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score	Priority Actions / Assurance Activities
	Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience						
PDAF 1	**Service Delivery:** Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.	Wirral Place Based Partnership Board, Place Director	**4x4=16**	**3x4=12**		**2x4=8**	Place Based Partnership Board has approved Wirral Health and Care Plan. Common approach to reporting on delivery using SmartSheets needs to be agreed by Place Based Partnership Board. Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board needs to be established.

PDAF 2	**Children and Young People:** The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.	Wirral Place Based Partnership Board, Place Director	**4x4=16**	**3x4=12**		**2x4=8**	Development of a JSNA for children and young people. Implementation of actions to address SEND Written Statement of Action. Development of new pathways and services for children and young people with complex needs that provide alternatives to care, custody or inpatient admission through anticipatory care.
	Strategic Objective 2: Improving Population Health and Healthcare						
PDAF 3	**Collaboration:** Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.	Wirral Place Based Partnership Board, Place Director	**4x3=12**	**3x3=9**		**1x3=3**	Place Review Meetings Reporting systems in place.
	Strategic Objective 3: Enhancing Quality, Productivity and Value for Money						
PDAF 4	**Workforce:** The Wirral health and care system is unable to recruit, develop and retain staff to create a diverse health and care workforce with the skills and experience	Wirral Place Based Partnership Board, Place	**4x4=16**	**3x4=12**		**3x3=9**	Establish Workforce Strategy Group

	required to deliver the strategic objectives.	Director					Develop Workforce Strategy Establish reporting mechanisms to Place Based Partnership Board.
PDAF 5	**Finance:** Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.	Wirral Place Based Partnership Board, Place Director	**5x5=25**	**4x5=20**		**3x5=15**	Develop and implement Wirral Place Financial Recovery Plan. Establish reporting mechanisms to Place Based Partnership Board through Finance and Investment group.
	Strategic Objective 4: Helping the NHS to support broader social and economic development						
PDAF 6	**Community Wealth Building:** The focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in our strategies that support the broader social and economic development of the borough.	Wirral Place Based Partnership Board, Place Director	**4x4=16**	**3x3=9**		**2x3=6**	Approval of Joint Forward Plan by Wirral Health and Wellbeing Board. Establish delivery arrangements and governance for Health and Wellbeing Strategy.

Heat Map


Catastrophic
5
Major
4
Moderate
3
Minor
2
Insignificant
1
Impact
PDAF5
PDAF5
PDAF1
PDAF1
PDAF2
PDAF2
PDAF6
PDAF4
PDAF4
PDAF3
PDAF3
PDAF6
1
2
3
4
5
Rare
Unlikely
Possible
Likely
Almost Certain
Inherent Risk
Current Risk

Risk Assurance Map

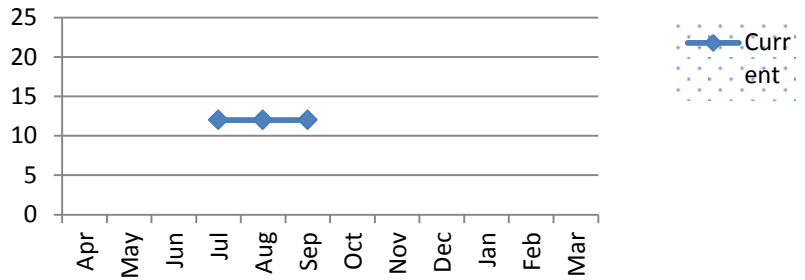
Risk Identifier	Principal Risks	Current Risk Score	Controls					1st line of defence	2nd line of defence	3rd line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
	Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience										
PDAF 1	**Service Delivery:** Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.	**12**	**G**	**G**	**A**	**G**	**A**	Senior Responsible Officer and management control of each priority programme – ***In place***.	Programme reporting to Strategy and Transformation Group (majority of programmes) - ***Planned***	Reporting to Place Based Partnership Board - ***Planned***	**Reasonable**
PDAF 2	**Children and Young People:** The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.	**12**	**G**	**A**	**A**	**G**	**G**	Day to day management oversight and leadership – ***In place.***	Escalation to senior leadership -***In place.***	Escalation to Wirral system CEOs and Place Director – ***In place.***	**Reasonable**
	Strategic Objective 2: Improving Population Health and Healthcare										
PDAF 3	**Collaboration:** Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health	**9**	**G**	**A**	**A**	**G**	**A**	Day to day management oversight and leadership – ***In place.***	Alignment of programmes of work around Wirral Health and Care Plan – ***In place.***	Place Director and Wirral System CEOs meeting – ***In***	**Reasonable**

Risk Identifier	Principal Risks	Current Risk Score	Controls					1st line of defence	2nd line of defence	3rd line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
	and healthcare.								Working groups to deliver system priorities – ***In place.*** Reporting to supporting groups – ***Planned.***	***place.*** Reporting to PBPB – ***Planned.*** Place Review Meetings – ***In place.***	
	Strategic Objective 3: Enhancing Quality, Productivity and Value for Money										
PDAF 4	**Workforce:** The Wirral health and care system is unable to recruit, develop and retain staff to create a diverse health and care workforce with the skills and experience required to deliver the strategic objectives.	**12**	**A**	**A**	**A**	**G**	**A**	Day to day management oversight and leadership – ***In place.***	Workforce Supporting Group and associated work programme **– *Planned.***	Reporting to PBPB – ***Planned.***	**Reasonable**
PDAF 5	**Finance:** Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.	**20**	**A**	**A**	**A**	**A**	**A**	Day to day management oversight and leadership – ***In place.***	Internal organisational controls – ***In place.*** Financial Recovery Plan – ***Planned.***	Reporting to PBPB – ***Planned.***	**Reasonable**

Risk Identifier	Principal Risks	Current Risk Score	Controls					1st line of defence	2nd line of defence	3rd line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
									Monitoring and interventions through Finance and Investment Group – ***In place.***		
	Strategic Objective 4: Helping the NHS to support broader social and economic development										
PDAF 6	**Community Wealth Building:** The focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in our strategies that support the broader social and economic development of the borough.	**9**	**G**	**G**	**A**	**G**	**A**	Day to day management oversight and leadership – ***In place.***	Reporting to Health and Wellbeing Board and Place Based Partnership Board - ***Planned***	Review and approval of Wirral Health and Wellbeing Strategy by Wirral Health and Wellbeing Board – ***In place.***	**Reasonable**

Risk Summaries

ID No: PDAF1	Risk Title: Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.

	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	4	**8**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Place Director, NHS Cheshire and Merseyside	Associate Director, Transformation and Partnerships, NHS Cheshire and Merseyside	NHS Cheshire and Merseyside, Wirral Place	Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience	Transformation	C - beyond financial year	Place	Manage

Date Raised	Last Updated	Next Update Due
12th July 2023	7th September 2023	31st October 2023

Risk Description
[Description of risk and rationale for score – think about the cause, what this might lead to (the risk) and the consequences if this happens] The Wirral Health and Care Plan 2023/24 has been agreed with system partners and approved by the Wirral Place Based Partnership Board. The Plan and the component programmes now need to be delivered. The Board needs oversight of these programmes to gain assurance on delivery and to intervene if there is deviation from or non-delivery of these programmes. This risk therefore concerns the potential consequences of deviation from the agreed Plan. It is the role of NHS Cheshire and Merseyside to hold providers to account for the delivery of the Plan through the Wirral Place Based Partnership Board.

Linked operational risks	The operational Risk Registers are to be developed.

Current Controls		Rating
Policies	NHS Operational Planning Guidance 2023/24	**Green**
Processes	Health and Care Plan developed collaboratively. Programme Management, Contract Management	**Green**
Plans	Wirral Health and Care Plan 2023/24 developed with and approved by partners.	**Amber**
Contracts	Wirral Health and Care Plan 2023/24 included in contracts with providers.	**Green**
Reporting	Governance and reporting routes agreed.	**Amber**

Gaps in control

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Individual programme delivery plans to be finalised.
Establish common approach to reporting on delivery using SmartSheets.

Actions planned	Owner	Timescale	Progress Update
Individual delivery plans to be finalised by programme Senior Responsible Officers and shared with relevant supporting group/ Place Based Partnership Board.	SROs	19th October 2023	In progress
Common approach to reporting on delivery using SmartSheets (will require Place Based Partnership Board agreement).	WIT	19th October 2023	In progress on agenda for October PBPB.

Assurances		
Planned	**Actual**	**Rating**
Place Based Partnership Board approval of Wirral Health and Care Plan.	Approved by Wirral Place Based Partnership Board in June 2023 (reasonable)	**Reasonable**
Common approach to reporting on delivery using SmartSheets to be agreed by Place Based Partnership Board (planned September)		
Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board (planned to commence September)		

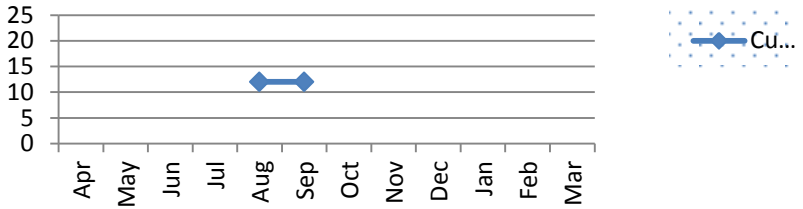
Gaps in assurance

[Areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Common approach to reporting on delivery using SmartSheets needs to be agreed by Place Based Partnership Board.
Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board needs to be established.

Actions planned	Owner	Timescale	Progress Update
Common approach to reporting on delivery using SmartSheets needs to be agreed by Place Based Partnership Board.	Place Director	28th September 2023	Work in progress with Programme Delivery Unit and Strategy and Transformation Group.
Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board needs to be established.	Place Director	28th September 2023	Work in progress with Programme Delivery Unit and Strategy and Transformation Group.

ID No: PDAF 2	Risk Title: The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.

	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	4	**8**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Place Director, NHS Cheshire and Merseyside	Joint Commissioning Lead for CYP, Wirral Council and NHS C&M	NHS Cheshire and Merseyside, Wirral Place	Wirral Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience	Quality, transformation and commissioning	C- Beyond financial year	Place	Manage

Date Raised	Last Updated	Next Update Due
25th August 2023	7th September 2023	31st October 2023

Risk Description

Increased demand and complexity of children and young people which has increased since the pandemic which is now compounded by cost of living crisis which is leading to more children living in poverty and neglect and a reduction in support to CYP.	
Linked operational risks	The operational Risk Registers are to be developed.

Current Controls		**Rating**
Policies	HR Policies. Operational policies and SEND. CHC national framework. Safeguarding. Mental Health Act. Children's Act.	**Green**
Processes	CYP mental health escalation framework. DSD data base. Neurodevelopmental pathway. AACHC Children's framework	**Amber**
Plans	SEND Written Statement of Action (WSOA) - Action Plan. CYP mental health transformation.	**Amber**
Contracts	NHS Standard Contract. Local Authority contract	**Green**
Reporting	Children, Young People and Education Committee. SEND Transformation Board. Health and Wellbeing Board. JHECCG. Wirral Place Based Partnership Board. Children Safeguarding Partnership. Quality and Performance Group. Contract meetings. Strategy and Transformation Group.	**Green**
Gaps in control		
Knowledge of future needs of population. Preparation for re-inspection of SEND with a view to removal of Written Statement of Action (WSOA). Pathways and services for CYP with complex needs that provide alternatives to care, custody or inpatient admission through anticipatory care.		

Actions planned	**Owner**	**Timescale**	**Progress Update**
Demand modelling – delivering Better Value for Send and review of JSNA	Assistant Director: Education (Wirral Council) Joint Commissioning Lead for CYP (Wirral Council and NHS C&M)	December 2023	In progress
Action planning for SEND reinspection and delivery of WSOA action plan.	Director, Children's Services (Wirral Council) and Associate Director,	January 2024	In progress

	Quality and Patient Safety (Wirral), NHS C&M		
Development of alternative care pathways and provision.	??	??	??

Assurances		
Planned	**Actual**	**Rating**
Joint Strategic Needs Assessment for CYP to be agreed by Wirral Health and Wellbeing Board.	On forward plan for Wirral Health and Wellbeing Board 2023/24 Work Programme.	**Reasonable**
Evidence of progress against WSOA to Wirral Council Children, Young People and Education Committee and other governance arrangements in Wirral Place.	Progress being reported regularly into local governance and needs to continue.	
Progress on CYP transformation agenda monitored through programme reporting to Strategy and Transformation Group and subsequently Place Based Partnership Board.	Programme reporting to Strategy and Transformation Group.	

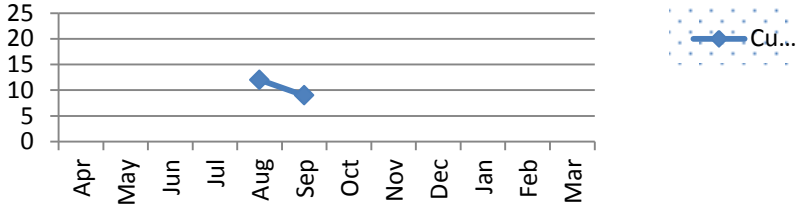
Gaps in assurance

Agreed JSNA. Removal of WSOA by Office for Standards in Education, Children's Services and Skills (OFSTED). Establish reporting on delivery of transformation programme.

Actions planned	Owner	Timescale	Progress Update
Health and Wellbeing Board agree JSNA.	Assistant Director: Education (Wirral Council) Joint Commissioning Lead for CYP (Wirral Council and NHS C&M)	February 2024	In progress, dependent on Health and Wellbeing Board scheduling.
System meeting requirements to enable OFSTED to remove WSOA.	Director, Children's Services	Timescale dependent on	Director, Children's Services (Wirral Council) liaising with OFSTED.

	(Wirral Council) and Associate Director, Quality and Patient Safety (Wirral), NHS C&M	OFSTED	
Quarterly programme reporting to Strategy and Transformation Group.	CYP Programme SRO	October 2023	In progress, first report due 19th October 2023.

ID No: PDAF 3	Risk Title: Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	3	**12**	
Current Risk Score	3	3	**9**	
Target Risk Score	1	3	**3**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Place Director, NHS Cheshire and Merseyside	Place Director, NHS Cheshire and Merseyside	NHS Cheshire and Merseyside, Wirral Place	Wirral Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 2: Improving Population Health and Healthcare	Quality, performance, transformation, commissioning, finance, workforce and governance.	**B –** within the financial year	Place	Manage

Date Raised	Last Updated	Next Update Due
22nd August 2023	7th September 2023	31st October 2023

Risk Description

Collaborative working across system partners in Wirral is essential to the successful provision of quality services and delivery within budget. Good working relationships improve communication, save time, reduce duplication of effort, and provide a better experience for people who use health and social care services. NHS Wirral Place has a strong relationship with partners across the borough and this has only been strengthened with the maturing Wirral Place Based Partnership Board and the reciprocal cross inclusion of senior staff at leadership forums at Wirral Council and NHS Wirral.	
Linked operational risks	The operational Risk Registers are to be developed.

Current Controls		**Rating**
Policies	Wirral Place Governance Manual. Target Operating Model.	**Green**
Processes	Place Based Partnership Board (PBPB) and supporting groups established with cross sector representation. Business meetings outside of these groups.	**Amber**
Plans	Wirral Health and Care Plan and supporting programme delivery.	**Amber**
Contracts	Contracts in place with providers in the system which include duty to collaborate.	**Green**
Reporting	Reporting to PBPB.	**Amber**

Gaps in control
Reporting that demonstrates impact of actions by Wirral partners – finance, quality, performance and programme delivery.

Actions planned	**Owner**	**Timescale**	**Progress Update**
Place Finance Report for PBPB	Associate Director – Finance and Performance	October 2023	In progress
Place Quality and Performance Report for PBPB	Associate Director – Quality and Safety	October 2023	In progress
Place Programme Delivery Report for PBPB	Programme Director, Wirral Improvement Team	October 2023	In progress

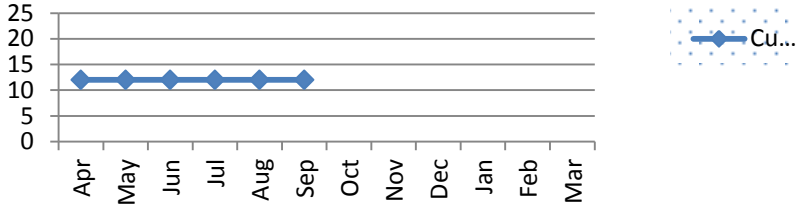
Assurances		
Planned	**Actual**	**Rating**
Place Review Meetings	Held quarterly, next meeting scheduled for 29th September 2023. Positive feedback from meeting held in May 2023.	**Reasonable**
PBPB receives regular reports on finance, quality, performance and risk.	Reports in these areas due to commence at October 2023 meeting.	
PBPB receives regular reports on programme delivery.	Reporting due to commence at October 2023 meeting.	

Gaps in assurance
Outcome of September Place Review Meeting. Reports received on finance, quality, performance, programme delivery and risk.

Actions planned	Owner	Timescale	Progress Update
Place Review Meeting	Place Director	29th September 2023	Preparations underway.
Finance report for PBPB.	Associate Director of Finance and Performance (Wirral)	19th October 2023	In progress.
Quality and Performance report for PBPB.	Associate Director of Quality and Patient Safety (Wirral)	19th October 2023	In progress.
Risk Management Framework for PBPB.	Place Director (Wirral)	19th October 2023	In progress.
Programme reporting for PBPB.	Programme Director, Wirral	19th October 2023	In progress.

	Improvement Team		

ID No: PDAF 4	Risk Title: The Wirral health and care system is unable to recruit, develop and retain staff to create a diverse health and care workforce with the skills and experience required to deliver the strategic objectives.

	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	3	3	**9**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Place Director, NHS Cheshire and Merseyside	Senior Responsible Officer, Workforce Programme	NHS Cheshire and Merseyside, Wirral Place	Wirral Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 3: Enhancing Quality, Productivity & Value for Money	Workforce	C- Beyond financial year	Place	Manage

Date Raised	Last Updated	Next Update Due
10th August 2023	7th September 2023	31st October 2023

Risk Description

Ensuring that we have a diverse workforce with the necessary skills and experience, is essential to the delivery of our strategic objectives. It is also essential in realising the benefits of increased employment across our population. The Wirral system has significant workforce challenges including recruitment, retention and sickness absence. Our health and care workforce includes providers of care in the voluntary, community, faith and social enterprise (VCFSE) sector and independent sector as well as the NHS and statutory social care. The potential impact of this risk includes provider inability to meet demand for care, leading to quality and safety impacts through delays in care provision, absence of specific clinical skills and financial impacts of mitigation through temporary workforce solutions.	
Linked operational risks	The operational Risk Registers are to be developed.

Current Controls		**Rating**
Policies	Provider Recruitment & Selection, Widening Participation, Wellbeing, Development, Retention Strategies.	**Amber**
Processes	Organisational development, workforce planning, PDR, training & development, communication & engagement, recruitment, demographic profiling, international recruitment, apprenticeship levy, Partnership approaches through Wirral Place Level Workforce Strategy Programme Group	**Amber**
Plans	C&M People Plan, NHS People Promise, provider workforce plans, care sector workforce recruitment and retention work plan	**Amber**
Contracts	Employment contracts, terms and conditions	**Green**
Reporting	Wirral Workforce Group reporting to Wirral Place Based Partnership Board	**Amber**

Gaps in control

No current System Workforce dashboard
Maturity of collaborative working at Place level
Inconsistent workforce planning process/methodology across Wirral Place
Links to educational institutions in place but require further development

Actions planned	**Owner**	**Timescale**	**Progress Update**
Mapping and engagement exercise with Wirral Health & Care Plan programme SROs and Workforce leads to identify key Wirral Place workforce issues	Senior Responsible Officer, Workforce Programme and Programme Director, Wirral Improvement Team (WIT)	September 2023	Date set for engagement workshop Mapping exercise under development as part of wider enabling programme mapping
Mapping of available data with Place Organisations	Senior	October	Engagement with system HR Directors and workforce leads

to understand current baseline workforce including • Vacancy profile • Demographics • Recruitment 'hotspots' This will lead to the creation of a workforce dashboard.	Responsible Officer, Workforce Programme and Programme Director, WIT	2023	underway
Establishment of Wirral Place workforce strategy group to oversee the development of Wirral Place Workforce Strategy and prioritised Work Programme	Senior Responsible Officer, Workforce Programme and Programme Director, WIT	October 2023	Draft Terms of Reference Produced, and group membership established

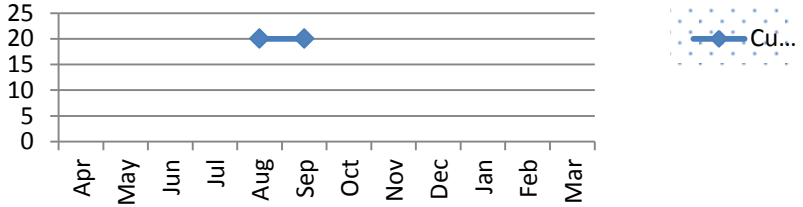
Assurances		
Planned	**Actual**	**Rating**
Wirral Place Workforce Strategy Group	Draft terms of Reference circulated 14/08/23 Governance manual incorporating assurance structures agreed at Wirral Place Based Partnership Board (PBPB) 27/07/23	**Reasonable**
Quarterly Assurance reviews on work plan at Wirral Place Based Partnership Board	Included in the PBPB Workplan	

Gaps in assurance
No current System Workforce dashboard

Actions planned	**Owner**	**Timescal**	**Progress Update**

		e	
Establish regular workforce reporting to PBPB.	Senior Responsible Officer, Workforce Programme and Programme Director, WIT	January 2024	Workforce dashboard in development.

ID No: PDAF 5	Risk Title: Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.

	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	4	5	**20**	
Target Risk Score	3	5	**15**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Group
Place Director, NHS Cheshire and Merseyside	Associate Director of Finance and Performance, NHS Cheshire and Merseyside	NHS Cheshire and Merseyside, Wirral Place	Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 3: Enhancing Quality, Productivity & Value for Money	Finance	B – within the financial year	Place	Manage

Date Raised	Last Updated	Next Update Due
25th August 2023	7th September 2023	31st October 2023

Risk Description

The Wirral Place is unable to deliver its financial target due to overspending against allocated budgets or non-delivery of its savings plan.	
Linked operational risks	Key system performance measures, (e.g. Non Criteria to Reside (NCtR), CHC assessments, Out of Area Mental Health Placements)

Current Controls		**Rating**
Policies	NHS Planning guidance 2023/24. Local CM ICB approach across key areas (e.g. All Age Continuing Care and Prescribing budget setting).	**Amber**
Processes	CMICB SORD governing approval limits for Place based leaders. Budget books published to Place for agreement. Further work to streamline approval processes underway. Total control environment.	**Amber**
Plans	Financial Plan approved by CM ICB, with commentary covering corresponding risks in system. Financial plans shared with all partner organisations in Wirral to ensure consistency in terms of approach to savings and avoid unintended consequences.	**Amber**
Contracts	Local contracts agreed with main NHS Providers. Further work to agree contracts in other key areas notably in relation to package of care related budgets. Total control environment.	**Amber**
Reporting	Financial Position reported monthly to CM ICB Board. Place based financial position reported monthly to Wirral Place Leadership Team. The overall financial report to the Wirral Place Based Partnership Board is in development.	**Amber**
Gaps in control		
Wirral Financial Recovery Plan.		

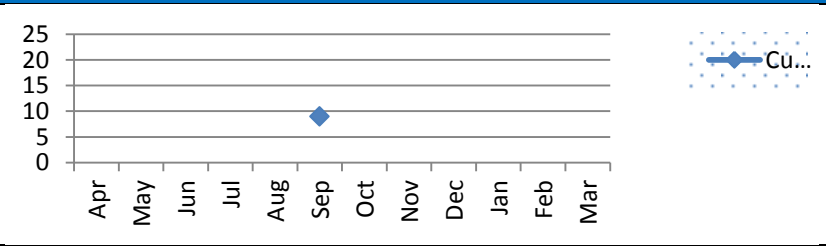
Actions planned	**Owner**	**Timescale**	**Progress Update**
Publish Wirral Place based financial recovery plan	Associate Director of Finance and Performance, NHS Cheshire and Merseyside	October 2023	Wirral Financial Recovery Plan under development with finance leads from partner organisations.
Review of all expenditure to determine whether any “discretionary” expenditure exists.	Associate Director of Finance and Performance, NHS	October 2023	All organisations reviewing this as part of total control environment,

	Cheshire and Merseyside		

Assurances		
Planned	**Actual**	**Rating**
Reporting arrangements to be established.	Overall Wirral system financial report in development and will be shared with Place Based Partnership Board in October.	**Reasonable**
Financial Recovery Plan agreed by system partners.	As above.	

Gaps in assurance
Further assurances required to understand the basis of reports generated from third party organisations and ICB central team.

Actions planned	Owner	Timescale	Progress Update
Report to be taken to Wirral Place Based Partnership Board	Associate Director of Finance and Performance, NHS Cheshire and Merseyside	October 2023	

ID No: PDAF 6	Risk Title: The focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in our strategies that support the broader social and economic development of the borough.			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	3	**9**	
Target Risk Score	2	3	**6**	
Risk Appetite	NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Place Director, NHS Cheshire and Merseyside	Associate Director, Transformation and Partnerships, NHS Cheshire and Merseyside	NHS Cheshire and Merseyside, Wirral Place	Place Based Partnership Board

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Strategic Objective 4: Helping the NHS to support broader social & economic development	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13th September 2023	13th September 2023	31st October 2023

Risk Description
Delivery of our shared aims, strategy and plans are dependent on collective ownership and collaborative effort by communities and organisations across Wirral. NHS Cheshire and Merseyside has a key role in system leadership and promoting greater collaboration across the NHS and with local partners. This risk relates to the potential that the NHS Cheshire and Merseyside and Wirral system partners are unable to build effective collaboration, shared ownership and delivery of strategies such as the Wirral Plan 2026, Cheshire and Merseyside Health and Care Partnership Interim Strategy, Wirral Health and Wellbeing Strategy and NHS Cheshire and Merseyside Joint Forward Plan on behalf of the population. This is in the context of the changing operating model of NHS England and NHS Cheshire and Merseyside, and current national and local quality, safety, performance and financial pressures.

Linked Operational Risks	The operational Risk Registers are to be developed.

Current Controls		Rating
Policies	NHS Operational Planning Guidance 2023/24. Wirral Place Governance Manual. Target Operating Model. Health and Wellbeing Board status as a statutory committee. Wirral Plan 2026.	G
Processes	Joint strategic and operational planning embedded for health and care in Wirral. Delivery mechanisms agreed for Wirral Health and Wellbeing Strategy.	G
Plans	Cheshire and Merseyside Health and Care Partnership Interim Strategy, Joint 5-year Forward Plan, Wirral Plan 2025, Wirral Health and Wellbeing Strategy, Wirral Health and Care Plan, CORE 20+5 work, Anchor Institution approaches.	A
Contracts	Duty to collaborate in NHS contracts. Commitments to social value procurement approaches contracts.	G
Reporting	Health and Wellbeing Board, Place Based Partnership Board.	A

Gaps in control

Work is still ongoing to finalise and secure agreement to the Joint Forward Plan from Wirral Health and Wellbeing Board.
Reporting on delivery of Wirral Health and Wellbeing Strategy to Wirral Health and Wellbeing Board and Place Based Partnership Board.

Actions planned	Owner	Timescale	Progress Update
Secure Wirral Health and Wellbeing Board approval for the Joint Forward Plan.	Place Director	21st September 2023	On agenda for 21st September 2023 meeting of Wirral Health and Wellbeing Board.
Reporting arrangements for delivery of Wirral Health and Wellbeing Strategy.	Director of Public Health, Wirral Council	December 2023	In progress

Assurances

Planned	Actual	Rating
Approval of C&M Interim HCP Strategy by Wirral Health and Wellbeing Board.	Approved July 2023.	**Reasonable**
Engagement of Wirral Health and Wellbeing Board in refresh of HCP Strategy.	Engagement being established through Health and Care Partnership mechanisms.	
Approval of Joint Forward Plan by Wirral Health and Wellbeing Board.	Paper prepared for meeting to be held on 21st September 2023.	

Gaps in assurance

Approval of Joint Forward Plan.

Actions planned	Owner	Timescale	Progress Update
Approval of JFP by Wirral HWBB.	Place Director	September 2023	Paper prepared and published.

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Title	Wirral Health and Care Plan Programme Delivery Dashboard
Authors	Julian Eyre Programme Director, Wirral Improvement Team
Report for	Wirral Place Based Partnership Board
Date of Meeting	19th October 2023

Report Purpose and Recommendations

The purpose of this report is to present to Place based partners the performance dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard structure has been developed and agreed with the Strategic Transformation Group (STG), and the live dashboard is reviewed by the STG on a monthly basis, where programme Senior Responsible Officers (SRO's) attend.

The report aims to provide the Board with information and assurance on the progress of the Programmes associated with the Wirral Health and Care plan 2023-24.

It is recommended that the Wirral Place Based Partnership Board note this report which provides assurance on the delivery and oversight of the Health and Care plan programmes.

Key Risks

This report relates to Place Delivery Assurance Framework (PDAF) and the associated high-level risks, namely:

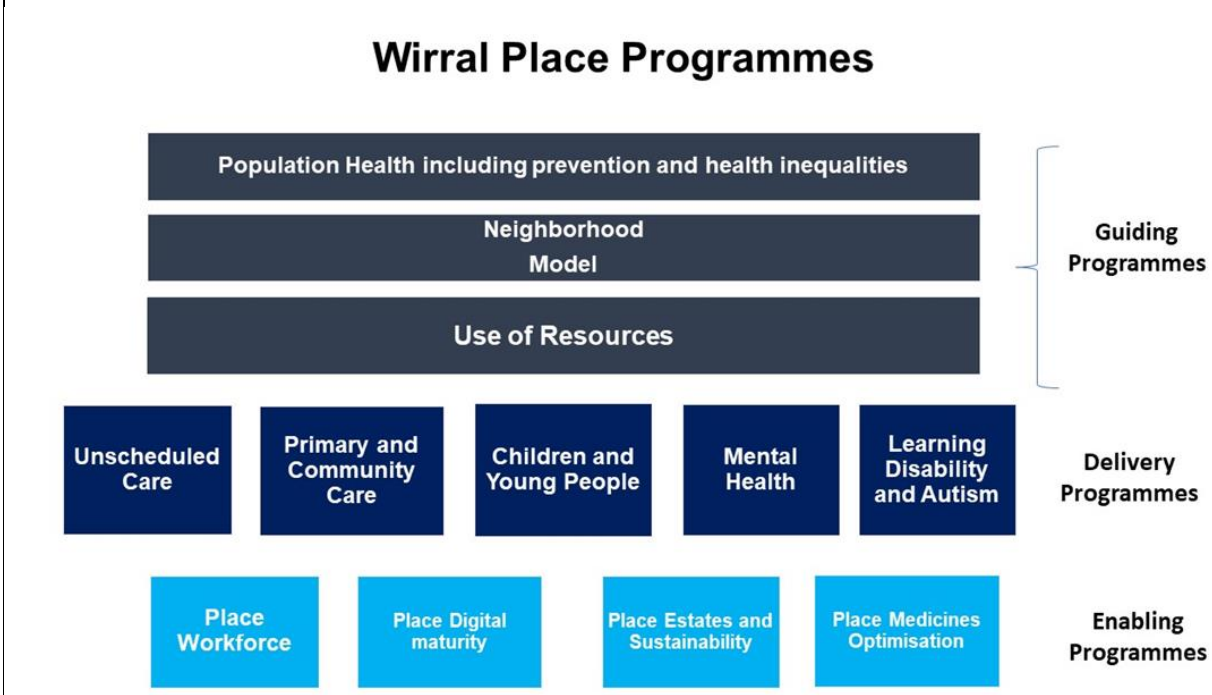
- Service Delivery
- Children and Young People
- Collaboration
- Workforce
- Finance
- Community Wealth Building

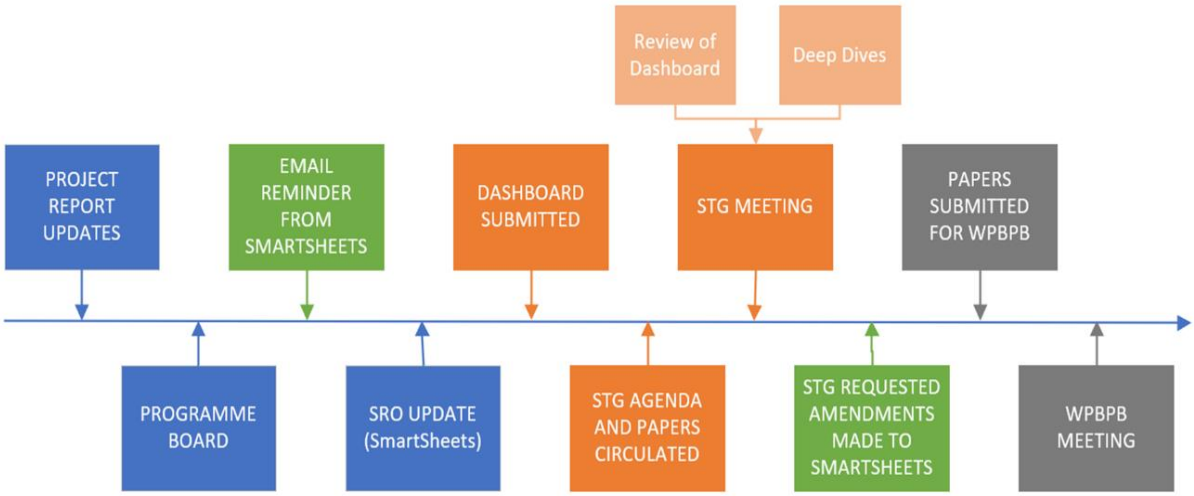
The Programme Delivery Dashboard presented in this paper forms part of the assurance framework that measures the strength and effectiveness of the controls that have been put in place to mitigate the risks to Place objectives.

Governance journey

Date	Forum	Report Title	Purpose/Decision
21st September 2023	Strategy and Transformation Group	Health and Care Plan progress update	To Update STG on progress on Health and Care plan

1	Narrative
1.1	**Background**
1.1.1	Following the publication of the Wirral Place Health and Care Plan 2023-24 and its endorsement by the Wirral Place Based Partnership Board (WPBPB) on 22nd June 2023 work has been undertaken by the Wirral Improvement Team, led by the Strategy and Transformation Group (STG) to build a performance dashboard providing oversight of the whole programme portfolio within the plan.

1.1.2	For the avoidance of doubt, the programmes that constitute the portfolio within the Health and Care Plan are summarised in the figure below: 
1.1.3	The data and narrative that constitutes the dashboard was built through consultation with the SRO's and Programme Leads for each constituent programme and the membership of the Wirral STG. An agreed process of recording and monitoring each programme allowed for the build of templates within the 'Smartsheets' Programme Management software, that allows for automatic uploading of information into the dashboard, ensuring that data only needs to be entered once.
1.1.4	Of the programme portfolio within the Health and Care plan; a number of the programmes are managed directly through the Wirral Improvement team, whilst others are managed by partner organisation Programme Management Office (PMO) functions. However, the Wirral Improvement team oversee the collation and reporting of the whole portfolio, working with the SRO's and programme leads.
1.1.5	The dashboard forms the information baseline for the monitoring and control of the suite of programmes within the plan. The monitoring process follows a clear timeline for report updating, review and adjustment. It also supports the detailed review of individual programme areas though a schedule of 'deep dives'. The monthly process is summarised in the figure below:

	
1.1.6	The 'Live' Dashboard is presented to STG monthly, who act as the programme board for the portfolio, with the exception of those programmes that it has been agreed should currently report directly to WPBPB. However the whole portfolio will be shared including these areas for the completeness of information, and to ensure that there is a full 'read across' within the portfolio and a consideration of interdependencies.
1.1.7	In order to build strong assurance into the oversight of the Health and Care Plan, the whole portfolio will be subject to a monitoring and control strategy which is under development with STG. The strategy will define how Wirral Place Health and Care Plan programmes will be monitored and controlled to ensure that they are: • Effectively managed in line with best practice project and programme management standards • Focussed on action and delivery • Focussed on achieving positive, demonstrable outcomes for the Wirral system including its residents, health and care organisations and employees The strategy will define clear tolerances, escalation governance and change authority.
1.1.8	The overall performance RAG rating for the Health and Care plan delivery in September was Green, with two programmes in the portfolio reporting Amber and the rest reporting Green. Based on the information within the September dashboard the board is directed to note the following highlights: Guiding Programmes • The **Neighbourhood programme** has now identified two trailblazer neighbourhoods, one in Wallasey and one in Birkenhead. Asset mapping has been completed to capture wider population priorities • A workshop is being organised by the **Population Health Programme** to explore approaches to improve early detection and better management of cardiovascular disease. • The **Use of Resources** programme has identified two key delivery priorities; the financial recovery plan and value for money, which will now be established as projects. Delivery Programmes • Following a workshop with senior leaders in Wirral Place, the **Children and Young People's** Programme have identified three key priorities for focus which will be taken to the Joint Health and Care Commissioning Executive Group for ratification • A **Learning Disabilities** all age review has taken place which has identified an

	initial priority around transition between children's and adult's services. • Within the **Mental Health** programme work has been undertaken around acute capacity and demand baseline data. This has highlighted some key challenges around the increased multi-factorial complexity of service users. • The **Primary and Community** programme has established its programme structure and have agreed to incorporate the Ageing Well agenda into the programme. • The **Urgent and Emergency Care** programme reports separately and directly to WPBPB Enabling Programmes • Within the **Digital Maturity** programme, the focus has ben on the migration work from the Wirral Care Record to CIPHA. A gap analysis is being undertaken by the provider. The Telederm offer has now raised over 1000 live cases. The phased implementation has been extended with a projected 100% roll out by the end of October 2023. • Work is underway to establish the key priorities within the **Estates and Sustainability** programme to align with the wider system requirements. • The **Medicines Optimisation** programme has worked with partners to rationalise approaches to establish a single oversight group which will aid the programme prioritisation and governance arrangements • The **Workforce** programme held a System Workshop 13 September with an enthusiastic membership, the outcome of this workshop will help to support the development of the programme and its priorities.

2	**Implications**
2.1	*Risk Mitigation and Assurance* Each programme within the Health and Care Plan has identified the relevant programme risks and mitigations. A summary risk report is available that identifies the red and amber rated risks across the portfolio of programmes.
2.2	*Financial* The potential financial implications arising from the Wirral Health and Care Plan are considered within the individual programme benefits, risk and issue logs, and any specific financial implications would be addressed through the appropriate processes. The Use of Resources programme will focus on identifying opportunities to deliver further efficiencies to spending on Wirral.
2.3	*Legal and regulatory* There are no legal or regulatory implications directly arising from this report.
2.4	*Resources* The Health and Care Plan programme structure includes enabling programmes for workforce, digital maturity, estates, and sustainability. Part of the remit of these programmes is to identify and support the specific resource implications of the delivery and guiding programmes.
2.5	*Engagement and consultation* The programmes presented within the dashboard are specific to the Wirral Health and Care Plan, which has been developed collaboratively across key stakeholders across the Place through place workshops and with system colleagues within Strategy and Transformation Group meetings.
2.6	*Equality* Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. Within the Health and Care Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact

	assessments to ensure any adverse impact is identified and mitigating actions put in place where possible.
2.7	*Environment and Climate* The enabling programmes within the Health and Care Plan include an estates and sustainability programme which has a specific aim to target investment to support net zero carbon ambitions. Furthermore, the plan is cognisant of and guided by a number of key national, regional and Wirral specific strategy and policy requirements that focus Wirral Place on environment and climate implications, including the Wirral Plan 2021-26, the Health and Wellbeing Strategy 2022-27 and Marmot Principles to build safe, sustainable and vibrant communities.
2.8	*Community Wealth Building* 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.

3	**Conclusion**
3.1	The dashboard presented within this report provides an oversight of the whole programme portfolio, provides a monthly narrative update and RAG rating of overall programme performance, benefits, risks, and issues. There is a requirement to demonstrate progress against the delivery of the priorities within the Plan to evidence the progress made to the Wirral Place Based Partnership Board. The programme dashboard provides that evidence. The dashboard will be updated on a monthly basis to provide assurance to this board.

4	**Appendices**
	Appendix 1 Wirral Health and Care Plan Dashboard The PDF file below may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact julian.eyre@nhs.net if you would like this document in an accessible format.

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Appendix 1

Wirral Health and Care Plan Dashboard

Date of Report

Sept 2023

About the Wirral Health and Care Plan

Wirral Place Health and Care plan 23.24.11.d…

Escalation Reports

Wirral Health and Care Plan Benefits Report

Wirral Health and Care Plan Risk Report

Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO	Programme RAG	Programme Plan
Graham Hodkinson		Neighbourhoods Model

Programme Commentary

Neighbourhood Steering Group signed off two trailblazer neighbourhoods (Birkenhead A and Wallasey C)
Stakeholder list drafted to support trailblazer neighbourhoods
Asset Mapping and Event Scoping complete to ensure wider population priorities are captured
Core Group Development meeting scheduled 14/09/23
Neighbourhood Workshops being arranged to consider core group membership/ priorities (workshop Sept/Oct)
Communications developed to brief stakeholders on the Neighbourhood model

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Neighbourhood Care Model	No Change						Neighbourhood Care Model - Highlight Report

Population Health Management Programme

Programme SRO	Programme Plan
Dave Bradburn	Population Health Management

Programme Commentary

• A focussed workshop is planned for Autumn to explore the different approaches that the system can implement to achieve earlier detection opportunities and better management of CVD (heart attacks and strokes), with a focus on our most 'vulnerable' residents. The C20P5 group will be key to developing and co-owning this. There is also a big opportunity here for the initial Neighbourhoods groups to be the delivery vehicle (if CVD is chosen as their priority).

• The 'additionality' model being pushed through the HWB strategy implementation has already yielded some useful connections between Priority Area 1 (focussing on Employment and Regeneration) and Priority Area 2. Examples of this include:

1. National Workwell Programme. The aim of this programme is to create an integrated work and health support for people with disabilities and/or health conditions who want help to start, stay or succeed in work. The programme will be locally led, bringing together the NHS, local authorities and other partners, in collaboration with jobcentres. Julian Eyre will support this from the Wirral Improvement Team linked to the H&C plan and has made contact with the National Team for this programme. Bev Staniford and Helen Carney will lead for the council in terms of Economic Growth.
2. C&M ICB Anchor Institutions framework will now include the LCR 'Fair Employment' Charter. This will support the requirement to support fair wages. Julian Eyre will liaise with the SRO for the Workforce Programme within the H&C Plan to encourage NHS partners to sign up to the Fair Employment Charter.

Use of Resources Model Programme

Programme SRO	Programme RAG	Programme Plan
Martin McDowell		Use of Resources Model

Programme Commentary

Summary: Finance, Investment and Resources Group (FIRG) will be utilised to support the delivery of the Use of Resources Model Programme. FIRG is place based and reports into the Finance, Investment and Resource Committee (FIRC) at a C&M level. Delivery of some elements of the programme will be determined by FIRC.

Progress this month: Two priorities for delivery have been determined, Financial Recovery Plan - incorporating QIPP, and Value For Money. Work will now take place to establish these as projects and update FIRG to enable programme progress monitoring.

FRP expected to be submitted for review by the ICB in September

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Financial Recovery Plan	No Change						Financial Recovery Plan - Highlight Report
Value For Money	No Change						Value For Money - Highlight Report

Delivery Programmes

Children and Young People Programme

Programme SRO	Programme RAG	Programme Plan
Simone White		Children and Young People

Programme Commentary

WSoA progress - Performance meetings held monthly where progress against actions reported: 84.6% actions complete (green), 10.8% actions delays (amber) and 4.6% actions have not started (red). Mitigation plans in place.
EHWB transformation progress - Tender for SPA platform complete, Alliance tender underway. Slightly delayed Aug release now Sept but shouldn't impact overall timescales. My Happy Minds funding agreed 100% coverage of Primary Schools. Thorne Heys - Joint commissioned specialist/transitional provision project underway.
Work started on Complex Children's pathway. Joint Commissioning progress - Workshop held with senior leaders (Wirral Place & LA) agreed focus on 3 priorities: ND Pathway, SALT & Complex children. Paper confirming priorities will go to JHCCG in October for ratification.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report

Learning Disabilities and Autism Programme

Programme SRO	Programme RAG	Programme Plan
Graham Hodkinson		Mental Health

Programme Commentary

An All age review for Learning Disabilities and Autism has taken place and highlighted the initial priority of transitional services for service users who are moving from Children to Adult support.
A meeting is being held on 18 September to further review findings and develop the overarching strategy of the programme and associated projects

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
All Ages Disability						All Age Disability Revi - Project Highlight Report

Mental Health Programme

Programme SRO	Programme RAG	Programme Plan
Suzanne Edwards		Mental Health

Programme Commentary

Good progress being made on live projects and projects currently being established.

Data being reviewed as part of Acute capacity and demand project (establishment stage) has highlighted some key challenges and changes in the type of person that is using acute Mental Health services since 2019. These findings reflect the increased multifactorial complexity of service users, while facing workforce challenges within Mental Health services. A Clinical Network summit is being held on 27 September to review the data and identify some potential solutions to provide direction to the programme.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Community Mental Health Transformation	No Change						Community Mental Health Transformation - Highlight Report
First Response	No Change						First Response - Highlight Report
SuperMADE	No Change						SuperMADE - Highlight Report
Integrated Housing	No Change						Integrated Housing - Project Highlight Report
Acute Capacity, Demand and Flow	No Change						Acute Capacity, Demand - Project Highlight Report
Dementia Strategy	No Change						Dementia Strategy - Project Highlight Report

Primary and Community Care Programme

Programme SRO	Programme RAG	Programme Plan
Jo Chwalko		Primary and Community Care

Programme Commentary

Programme Structure agreed and will incorporate the Ageing Well Agenda in addition to Falls and Modern Practices projects. Key members of the board agreed and draft TOR completed.
A trial of the Falls risk stratification tool has been completed with an MDT reviewing and identifying any additional solutions for patients identified by the tool. The findings of this are being presented in the October falls meeting to support the role out of the tool.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Falls Prevention and Management	No Change						Falls Prevention and Management - Highlight Report

Urgent and Emergency Care Programme

Programme SRO	Programme RAG	Programme Plan
Janelle Holmes		Wirral Place Health and Care Plan

Programme Commentary

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.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Virtual Wards	Improving						Virtual Wards - Highlight Report
AbleMe	Improving						Community Reablement - Highlight Report
Transfer of Care Hub (Discharge)	No Change						Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	No Change						HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving						Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO	Programme RAG	Programme Plan
Chris Mason		Wirral Place Health and Care Plan

Programme Commentary

Summary/Progress this month:
ShCR / PHM
• CIPHA Migration - Migration from WCR to CIPHA is in initiation phase. Graphnet undertaking GAP analysis.
• HIE development - As part of discussions with C&M and suppliers re how we connect to Wirral HIE to Cheshire care record. Connection via API under review with Oracle.

Primary Care
• Diabetes - To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using Surgery Hero app. Project now Live.
• Asthma - Piloting BT attachment to patients' inhalers to effectively control usage. Pilot period now Live.
• Hypertension - PATCHs rollout commencing, 42/47 Practices Live. Housebound project near closure - aiming to facilitate Housebound Hypertensive patients in Wirral to engage with BP@Home and identify barriers. Discussions with C&M to see how we approach Hypertension P2 projects at scale including Florence, health literacy apps, health diagnostics etc.

C&M Programmes
• Telederm - 1000+ cases raised, 33/45 Practices Live. 9 Practices Ready for Go-Live, phased roll-out authorised to continue 09/23. Full rollout planned completion date: 10/23.

Escalations: Nil

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration						WCR / CIPHA Migration - Highlight Report
Health Information Exchange Enhancements						HIE Enhancements - Highlight Report
Telederm						Telederm - Highlight Report
Digital First Primary Care						DFPC - Highlight Report

Place Estates and Sustainability Programme

Programme SRO	Programme RAG	Programme Plan
Paul Mason		Wirral Place Health and Care Plan

Programme Commentary

Summary: The established Sustainability and Estates Group (SEG) will provide a supporting mechanism for programme delivery. SEG has hosted good examples of system wide working previously and baselining work has been developed. This has supported the completion of some key milestone achievements:

1. Wirral Place Estates Programme (Completed) - GB Partnership (attached)
2. Develop agreed RFI Register (Completed Q3 2022-23)
3. SEG Property Data Collection (Completed Q4 2022-23)
4. Green Plan and Associated actions plan oversight (Completed Q4 2022-23)
5. Wirral Place Sustainability Group established (Completed Q4 2022-23)

Progress this month: Wirral Place Sustainability Group has developed the scope of its delivery plan to support the Wirral Health Plan. Priority projects have been identified. We now need to pause and re-assess SEG scope and deliverables to align with Wirral Health Plan frameworks which establishes, the appropriate governance and seek funding to support the delivery overarching programme.

Additionally SEG have developed a high level overview of a proposed integrated approach to estates regional healthcare. (Case for Change)

Collated a reflective story board that understands and integrates the collective progress we have made to date and next steps required to delivery a sustainable programme. (attached)

Continue to build Stakeholder relations across Wirral, e.g Wirral Council that fosters collaborative working and opportunities for Estates and efficiencies.

Supporting the PCN pilot 'Wirral Neighbourhood Hood Model'

Escalations/ Barriers to Delivery:
Need to understand overarching programme governance for SEG to reform to align, allowing information flow and decision making to be understood to provide system assurance.

Group need sight of (PCN) GP developed clinical strategies.

Assessment of requirements needs to integrated with Wirral Health Plan / programme

Need to identify leads for transformational change programmes

Need funding to support systems and programme delivery

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Accommodation Requests and Move Managemen	No Change						Accommodation Requests and Move Management - Highlight Repor
Achieving Net Zero Carbon	No Change						Achieving Net Zero Carbon - Highlight Report
Capital Overview Prioritisation and Pipeline	No Change						Capital Overview Prioritisation and Pipeline - Highlight Report
Disposal and Void Management	No Change						Disposal and Void Management - Highlight Report
Estates Data Baselining	No Change						Estates Data Baselining - Highlight Report

Place Medicines Optimisation Programme

Programme SRO	Programme RAG	Programme Plan
Lucy Reid		Place Medicines Optimisation

Programme Commentary

Progress this month:
• Agreement has been reached to create a single oversight group for MO delivery in Wirral bringing together Medicines Management Committee and Wirral Pharmacy System Leads group. The terms of reference has been drafted and are to be agreed in October with the group to meet for the first time in November. This aligns with wider Wirral Place MO and ICS governance arrangements
• Engagement has continued between senior MO stakeholders which has enabled progress on programme governance arrangements
• Programme/project structure has been created in Smartsheets and continues to be developed
• Wirral place pharmacy leads continue to meet and collaborate on Wirral wide work. Work plans have been shared at the last next meeting
• Pharmacy leads meeting now includes safety as a focussed agenda item once a quarter to ensure wider system input, especially PCN, and shared learning.

Escalations: Providers have shared their CIP information in a written format or verbally apart from organisations who have not been in attendance at Wirral Place meetings

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Programme Mobilisation	No Change						Programme Mobilisation - Highlight Report
Care Homes and Social care	No Change						Care Homes and Social Care - Highlight Report
Patient awareness and engagement	No Change						Patient awareness and engagement - Highlight Report
Mental Health	No Change						Mental Health - Highlight Report
Community Pharmacy	No Change						Community Pharmacy - Highlight Report
Polypharmacy and Tackling Health Inequalities	No Change						Polypharmacy and Tackling health inequalities - Highlight I
Medicines Value	No Change						Medicines Value - Highlight Report
Medicines Safety	No Change						Medicines Safety - Highlight Report
Antimicrobial Resistance and Stewardship	No Change						Antimicrobial Resistance and Stewardship - Highlight Rep
Collaboration	No Change						Collaboration - Highlight Report

Place Workforce Programme

Programme SRO	Programme RAG	Programme Plan
Debs Smith		Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2023-4 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub groups, leadership and membership

Progress this month: The terms of reference for the group have been drafted and shared with the Wirral Place Governance Group to ensure they are congruent with the wider place governance framework. The Place Risk summary has been completed, identifying the principal risks, mitigations and assurances. A Wirral Place Workforce summit was held on 13/09/23 with the aim of supporting the priority setting process and aligning a work plan with the strategic aims. This was well attended by stakeholders who were enthusiastic in their support of the programme. The outputs from this workshop will support the immediate (2023-24) work plan priorities as well as identify the key 5 year workforce strategic aims.

Escalations: None

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Baseline Mapping for Wirral Workforce	No Change						Baseline Mapping for Wirral Workforce - Highlight Report
Wirral Workforce Strategy	No Change						Wirral Workforce Strategy - Highlight Report

At Scale Programme

Place Supported Programmes

Programme SRO	Programme RAG	Programme Plan	Performance Charts
Hayley Kendall		Wirral Place Health and Care Plan	At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE RECOVERY:
In July 2023, the Trust attained an overall performance of 96% against plan for outpatients and an overall performance of 84% against plan for elective admissions
The Trust was on plan to achieve the activity plan in July but was impacted by Industrial Action
REFERRAL TO TREATMENT:
The national standard is to have no patients waiting over 104 weeks from March 2023 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of July against these indicators was as follows:
• 104+ Week Wait Performance – zero
• 78+ Week Wait Performance - 2
• 65+ Week Wait Performance - 317
• 52+ Week Wait Performance - 1459 (0 by March '25)
• Waiting List Size - there were 42,632 patients on an active RTT pathway
WUTH have continue to support neighbouring Trusts by offering mutual aid to treat very long waiting patients through the Cheshire and Merseyside Surgical Centre and this will continue through the year.

CANCER: Quarter 2 to date: • 2 Week Waits – performance at the end of July was 89.2% • Faster Diagnosis Standard – was 79.12% • NSS Numbers – remains zero • 31 Day Treatment Numbers - Above trajectory and expected to continue. • 62 Day CA Performance - Target 188 vs Actual 203 • 104 Day CA Performance - Target 41 vs Actual 49 As with all Trusts across C&M delivery against the 31- and 62-day indicators remains a priority but given the increases in demand the recovery of performance against the targets remains a focus for 2023/24. The surgical working group, focussing on cancer pathways and long waiting patients, commenced in February and continues with its multi-disciplinary approach in the management of patient pathways at 104 and 62 days. Colorectal remains focussed in the workstreams to improve the patient pathway and positive results are beginning to yield, although remains a concern. Urology recovery performance is below plan and the Division are undertaking a full review complete with remedial actions.

DIAGNOSTICS:
In July 95.10% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95% and requirement for Trust's to achieve 95% by March 2025.
RISKS TO RECOVERY AND MITIGATIONS
The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity.The two major risks to the delivery of the elective recovery programme are the continually high bed occupancy levels and future impact of industrial action.
On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.
MATERNITY:
Vacancies at less than 1%

Title	Unscheduled Care Improvement Programme Update
Authors	Janelle Holmes, CEO Wirral University Teaching Hospital
Report for	Wirral Place Based Partnership Board
Date of Meeting	19th October 2023

Report Purpose and Recommendations

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

It is recommended that the Board: Note the update

Key Risks

This report relates to these key Risks:

Acute hospital beds are not available for people who meet the criteria to reside in hospital. This may result in the further risks of:

- Patient deconditioning and potential harm associated with long lengths of stay
- The inability to work through the elective recovery backlog
- Shared resources are not used in the most efficient and effective way possible, therefore not aiding financial recovery and sustainability
- Potential harm brought about by ambulance handover delays and corridor care.

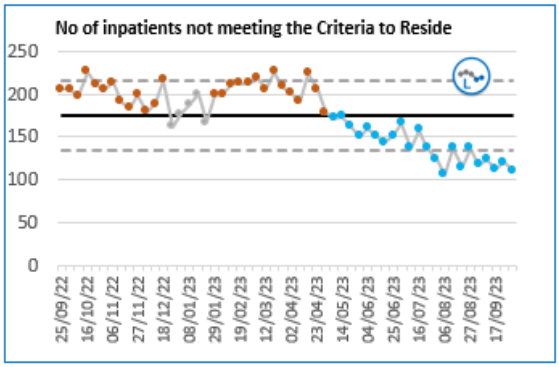
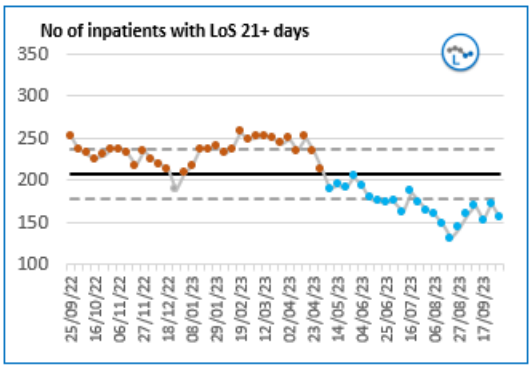
The main driver for the Unscheduled Care Improvement Programme is to mitigate the above risks.

Governance journey

Date	Forum	Report Title	Purpose/Decision
22 June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved – That the update be noted.
28 September 2023	Wirral Place Based Partnership Board	Update on the Transfer of Care Hub Workstream, Unscheduled Care Improvement Programme	Wirral Place Based Partnership Board

1	Narrative

1.1	**Background**
1.1.1	At September's meeting it was reported that the Unscheduled Care Improvement Programme continues to make significant progress in the 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 September's meeting.
1.1.2	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 124 in August to 117 in September. The progress made is reflected in Wirral's improved position in the Cheshire & Mersey ICS with Wirral remaining in 2nd position out of 7 areas, where Wirral consistently was in bottom position at the start of the programme.
1.1.3	It continues to be the case that the continued improvement is directly related to the new Transfer of Care Hub. The Hub is continuing to embed standardised daily workflow processes and developing the Standard Operating Procedures (SOP's) to ensure they are in place before winter. The impact of this is demonstrated by the NCTR number reaching 106 in September from improved flows of patients across the sector and on track to meet the programme trajectory target of no more than 100 by 1st November. The transfer of care hub is developing a command centre which will provide live demand and capacity information from across the system. This is enabled through the development of digital systems and improved reporting which enables patients to be tracked through any part of their discharge journey. In addition, all other programme workstreams have met milestones this month with the anticipated benefits of Home First, Care Market Sufficiency and AbleMe creating further improvements to the NCTR numbers as they further develop.
1.1.4	To further support programme progress, Wirral system leads have agreed for Sir John Bolton OBE, a Consultant in capacity planning to work with the Wirral system in order to help Wirral develop a medium-term system demand and capacity plan. Wirral system data has already been shared and the working group, which will support development of the plan is to meet for the first time on the 9th October. The Board will be kept up to date with progress of the plan development.
1.1.5	Work is in progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The final Winter Plan will be taken to October's Unscheduled Care programme Board on the 31st October for approval and then brought to November's Wirral Place Based Partnership Board.
1.1.6	The Board is asked to note the update.
1.2	**Background Information**
1.2.1	Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 28th September 2023, programme delivery has been progressing within the refreshed Unscheduled Care Improvement Programme.

1.2.2	To further support programme progress Wirral system leads have agreed for Sir John Bolton OBE, a consultant in capacity planning to work with the Wirral system for 5 days funded by the BCF National Team in order to help Wirral pull together a medium-term system demand and capacity plan. This will focus on having the right range and amount of support to continue to facilitate pathways out of hospital, avoiding hospital step up and step-down services. The development of the demand and capacity plan is underpinned by two stakeholder working groups. The group is due to meet for the first time on the 9th October. Wirral system data has already been shared. The Board will be kept up to date with progress of the plan development.
1.2.3	Work is in progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The final Winter Plan will be taken to October's Unscheduled Care Programme Board on the 31st October for approval and then brought to November's Wirral Place Based Partnership Board.
1.2.4	Transfer of Care Hub: Following the go-live of the new Transfer of Care Hub 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 SOP's for all processes, making changes to the Cerner system, with some now complete, 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. A proposal has been developed with the Wirral University Teaching Hospital (WUTH) Organisational Development team which includes a set of recommendations and development plan. Work continues 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:  
1.2.5	Transfer of Care Hub shared governance arrangements, between Wirral Borough Council and WUTH have commenced, with the Transfer of Care Hub Quality Board meeting for the first time in September. The terms of reference for the Board have been agreed and future meetings diarised. The Board will continue to meet on a monthly basis.
1.2.6	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 continue to deliver their objectives.
1.2.7	Finance, Contracts and Commissioning Enabling Workstream Group (FCC Group): This group was 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. A number of key milestones have now been completed, including the establishment of the financial envelope for unscheduled care for 2023/24 and agreement reached on how the financial resources for unscheduled care will be deployed. The Finance and Investment Group will monitor any slippage or overspend to enable remedial action to be taken and seek assurance on value for money, costs avoided and costs saved. Clarity has also been provided on the services that are commissioned for unscheduled care in Wirral, paying particular attention to those services from the "front door" through to the "back door" of Arrowe Park Hospital. This will continue to be updated and worked through with the Chief Operating Officers group. All actions that have arisen from this group have been assigned to executive level groups to be progressed, therefore it has been agreed that the FCC Group will be stood down until further notice.
1.2.8	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 met twice and provided ongoing opportunities to raise any workforce related issues. The group is scheduled to meet again in October.
1.2.9	Progress against the programme and project metrics for the month of August: • This metric is captured as a snapshot on the first of every month. August's data shows continued good progress with a reduction from the previous month, from 124 on the 1st August to 117 on the 1st September meaning the target of 128 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 144 in August to 127 in September.
1.2.10	Supporting Metrics - supporting metrics are managed at a project level. Each of the five supporting projects must be able to measure progress against one or more metrics which, if achieved, will result in an improvement to the headline metric.
1.2.11	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 3,212 hours 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). August's data shows both metrics are slightly under their trajectory target. The overall number of new hours picked up is 3052 against a target of 3134 and the number of new packages accepted remains the same as the previous month at 281 against a target of 283.
1.2.1	Virtual Wards - the Virtual Ward project aims to double throughput on its frailty ward

2	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. August's data shows a reduction in throughput on its frailty ward on the previous month, from 50 in July to 31 in August, the target of 80 was not met, due to challenges with medical staff cover over seven days Throughput on the respiratory ward decreased on the previous month, from 68 in July to 53 in August, not meeting the target of 60.
1.2.13	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 August shows that, overall, there has been a slight increase in referrals accepted on the previous month from 95 in July to 96 in August, however the target of 113 was not met. August's data shows that pick-ups from hospital have decreased on the previous month and have not met the target (72 against a target of 103). August's data shows pick-ups for CICC are above target (19 against a target of 10). Work has progressed between partners to increase pick up from the hospital bed base.
1.2.14	The AbleMe project board met for the first time in September and held the first of a series of co-production workshops with Adult Social care leads to design the AbleMe service. Activity is on track to recruit to key roles for both the Registered manager post and AbleMe practitioner role and the identification of the tasks and timeline for both the CQC registration and HR workstream has been completed. The project remains on track to agree the project level metrics.

2	**Implications**
2.1	*Risk Mitigation and Assurance* 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. 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.
2.2	*Financial* 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.
2.3	*Legal and regulatory*

	There are no legal implications directly arising from this report.
2.4	*Resources* N/A
2.5	*Engagement and consultation* Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged. A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects. A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues. A fortnightly SRO meeting is in place with the senior leads from each workstream.
2.6	*Equality* All projects will give due regard to equality implications and will complete an equality impact assessment where needed.
2.7	*Environment and Climate* There are no environment and climate implications from the report.
2.8	*Community Wealth Building* Recruitment programmes are actively seeking to recruit Wirral residents.

3	**Conclusion**
3.1	This report provides the Board with evidence and assurance that the Unscheduled Care Improvement Programme continues to make significant progress in delivery, improving patient experience for Wirral residents. This is clearly evidenced with the sentinel measure of the programme success, the sustained reduction in NCTR numbers where the Wirral system has been a national and regional outlier for a significant period.

4	**Appendices**
	Appendix 1 – Unscheduled care programme highlight report 26.09.23 Appendix 2 – Cheshire and Merseyside long length of stay report

Author	James Barclay
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Email	james.barclay1@nhs.net

Wirral Place Unscheduled Care Programme

Latest Narrative Update

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. August's data shows continued good progress with a reduction from the previous month, from 124 on the 1st August to 117 on the 1st September meaning the target of 128 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 have been agreed and the Cerner build change to enable the capture and reporting of these metrics is expected to go-live WC 18th September.

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). August's data shows both metrics are slightly under their trajectory target. The overall number of new hours picked up is 3052 against a target of 3134 and the number of new packages accepted remains the same as the previous month at 281 against a target of 283.

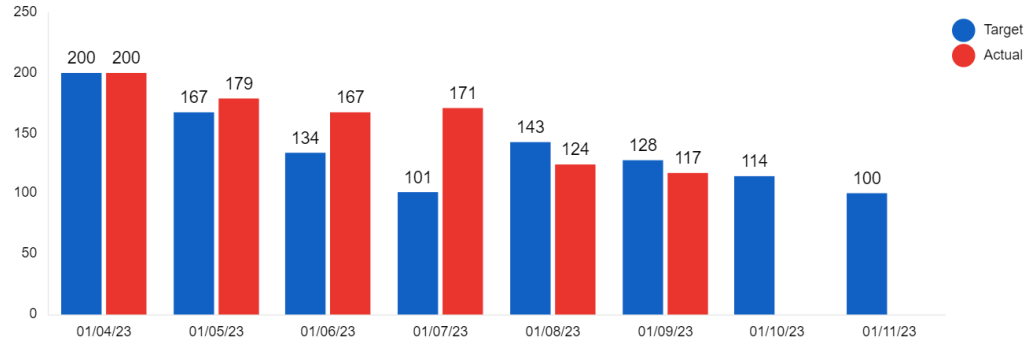
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. The trajectory for the respiratory virtual ward has been revised this month to reflect seasonal variation with throughput increasing from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. August's data shows a reduction in throughput on its frailty ward on the previous month, from 50 in July to 31 in August, the target of 80 was not met. Throughput on the respiratory ward decreased on the previous month, from 68 in July to 53 in August, not meeting the 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 August shows that, overall, there has been a slight increase in referrals accepted on the previous month from 95 in July to 96 in August, however the target of 113 was not met. August's data shows that pick-ups from hospital have decreased on the previous month and have not met the target (72 against a target of 103). August's data shows pick-ups for CICC are above target (19 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

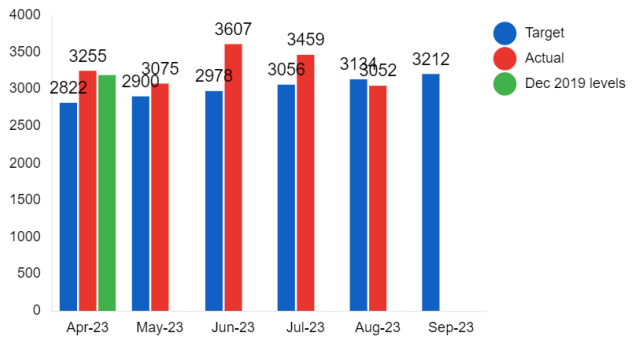
Our guiding measure of success is the number of acute inpatients with no criteria to reside (NCTR). People who remain in hospital without a criteria to reside are known to deteriorate faster than they would if they were in their normal home. It is for that reason that the system must work towards no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

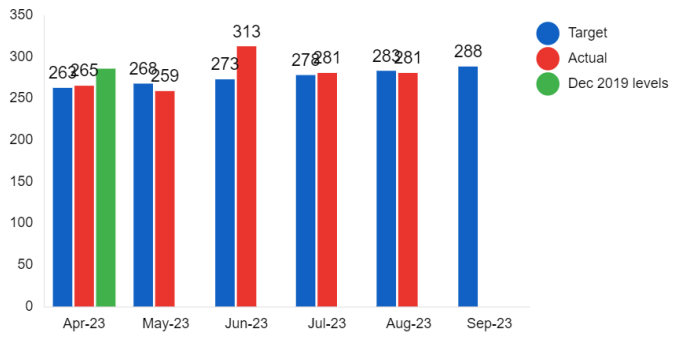
A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. The revised trajectory target is to reduce the number of beds occupied by people with NCTR to no more than 100 by 1st November.

Project-level targets: Care Market Sufficiency

Overall hours picked up

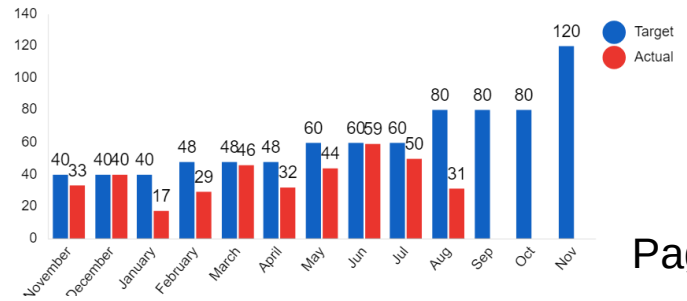


Number of packages accepted

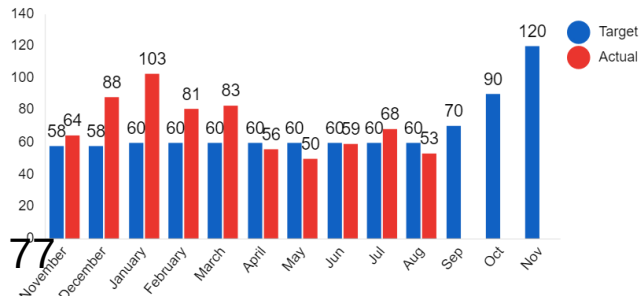


Project Level Targets: Virtual Wards

Frailty Virtual Ward - Patient Throughput

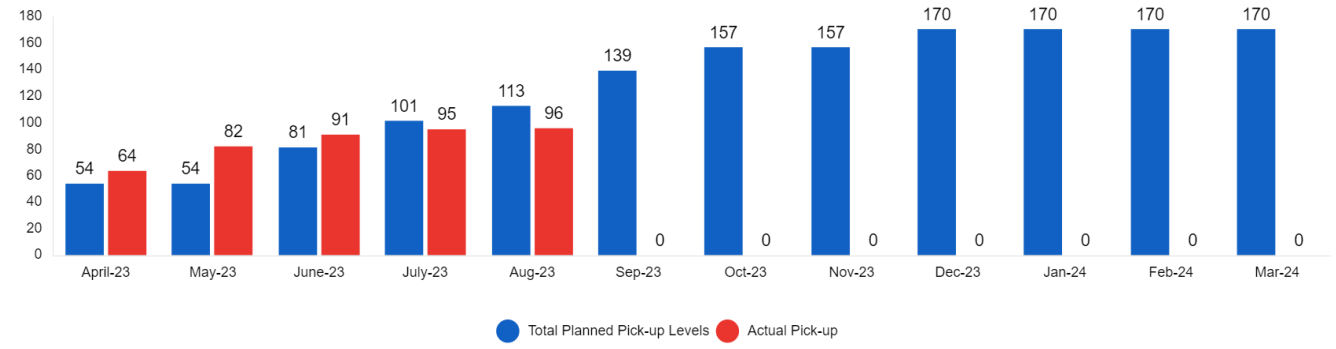


Respiratory Virtual Ward - Patient Throughput

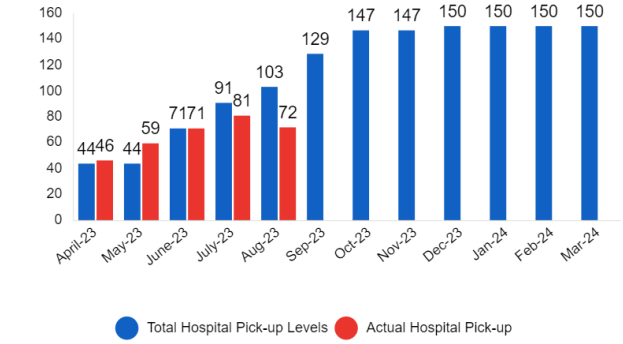


Project-level targets: Home First

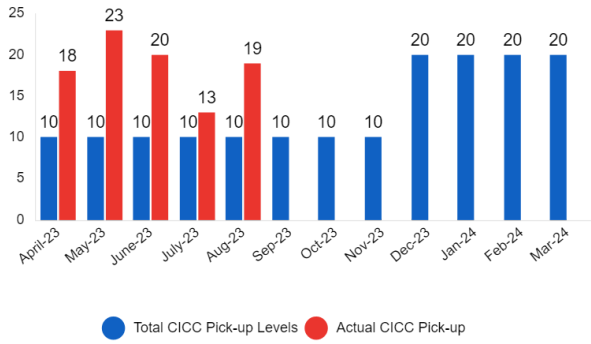
Overall Pick up target



Hospital pick-up targets



CICC Pick-Up Targets



Project level target: Transfer of Care Hub

Project level metrics not yet agreed

Project level target: Community Reablement

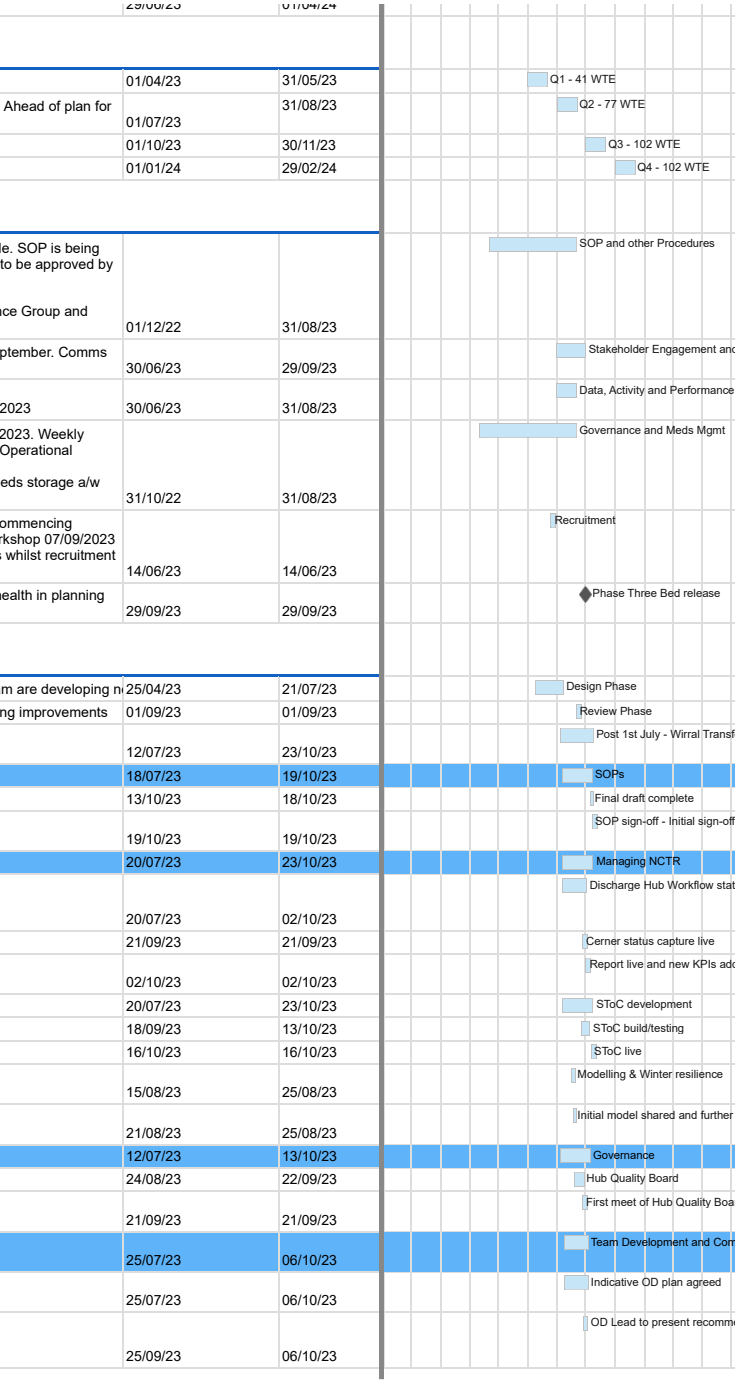
Project level metrics not yet agreed

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**			
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	31/10/23
MILESTONE: QIP Care Homes	Provider Improvement Policy underway which will go to Policy Board. Policy signed off at Board.	01/03/23	31/10/23
Care Home Contract and Policies	99% ready. Should be signed off early September and floated at the October provider forum.	23/09/22	29/04/24
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. DL to discuss with Jayne and share update. DB on paternity leave so update not available for a couple of weeks.	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 day is scheduled in for 30th September 23. DG meeting 2.8.23, update to follow. Event on 30th September has been postponed due to strikes. New date set for 11.11.23	01/04/23	14/11/23
	* Awaiting review of Home First Service which is currently being reviewed by Jean Stephens. Workshops to take place over next few weeks. Specification work can begin once this		

Service Specification	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 31/10/2023. 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	29/09/23
Data, Activity and Performance	CERNER power forms and inpatient ward build preparing to launch 02/10/2023	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 commence 28/09/2023. 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	31/08/23
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 mapped workforce requirements. FVW reliant on two locum clinical fellows whilst recruitment is complete.	14/06/23	14/06/23
Phase Three Bed release	Plan in development to increase VFW beds to 30 . 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		12/07/23	23/10/23
SOPs		18/07/23	19/10/23
Final draft complete		13/10/23	18/10/23
SOP sign-off - Initial sign-off at Hub Quality Board		19/10/23	19/10/23
Managing NCTR		20/07/23	23/10/23
Discharge Hub Workflow status capture (through Cerner)		20/07/23	02/10/23
Cerner status capture live		21/09/23	21/09/23
Report live and new KPIs added to dashboard		02/10/23	02/10/23
SToC development		20/07/23	23/10/23
SToC build/testing		18/09/23	13/10/23
SToC live		16/10/23	16/10/23
Modelling & Winter resilience		15/08/23	25/08/23
Initial model shared and further developed		21/08/23	25/08/23
Governance		12/07/23	13/10/23
Hub Quality Board		24/08/23	22/09/23
First meet of Hub Quality Board		21/09/23	21/09/23
Team Development and Comms		25/07/23	06/10/23
Indicative OD plan agreed		25/07/23	06/10/23
OD Lead to present recommendations and agree plan		25/09/23	06/10/23



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:

Frequency: *Daily*
Author: *Jeanette Smart*
Date: *03/10/2023*

Cheshire & Merseyside ICS

C&M Long Stay Summary

Latest Data: 01/10/2023 ...

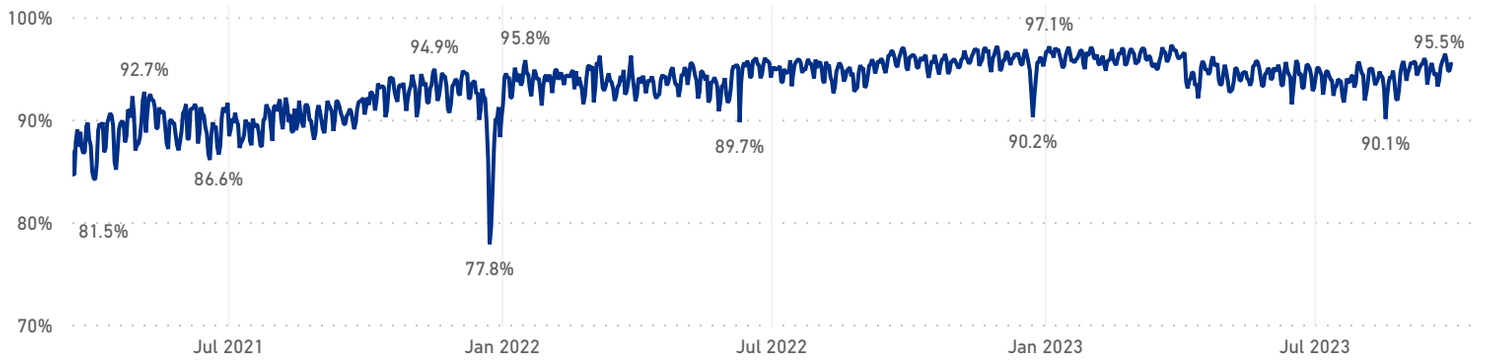
- Activity for patients staying 7+, 14+ and 21+ days have all increased on the previous day.

- C&M bed occupancy rate has increased on the previous day; 95.5% of General and Acute beds are currently occupied, this is an increase of 0.3% on this same time last week. **Countess of Chester are reporting the highest rate with 96.9% of beds currently occupied.**

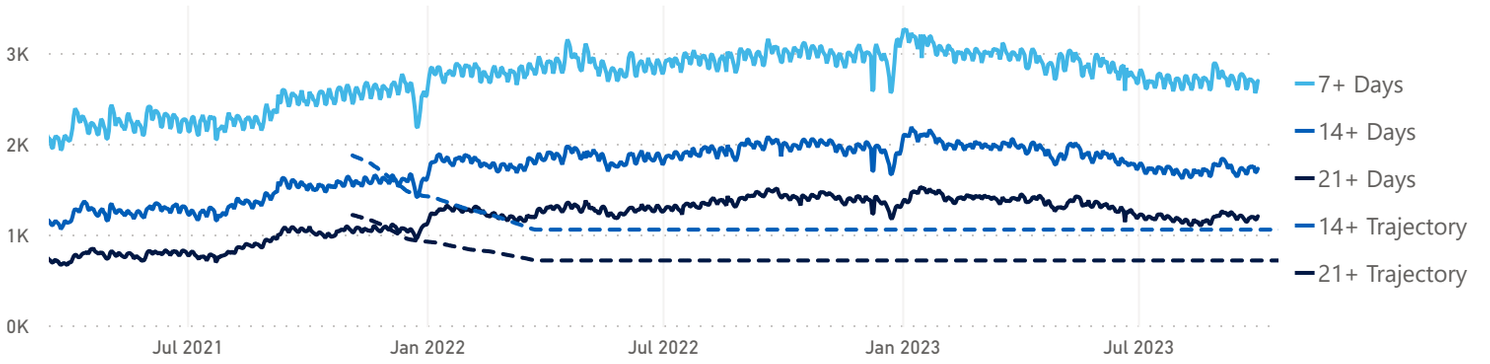
- 55% of all occupied beds are for patients staying 7+ days, 35% for 14+ days and 25% for 21+ days.

- The latest weekly % of beds occupied by 7+ day length of stay patient is 56.2% compared to the national figure of 50.9%

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	2693	▲ 89	▼ -19	55.3%
14+ Days	1725	▲ 35	▼ -16	35.4%
21+ Days	1201	▲ 34	▲ 24	24.7%
Bed Occupancy	95.5%	▲ 0.7%	▲ 0.3%	

C&M Long Stay Trust Detail

Latest Data: 01/10/2023 ...

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	140	+ 64	54	93	+ 39
East Cheshire NHS Trust	58	88	+ 30	39	58	+ 19
Liverpool University Hospitals NHS Foundation Trust	268	575	+ 307	179	424	+ 245
Mersey and West Lancashire Teaching Hospitals NHS Trust	354	366	+ 12	242	250	+ 8
Mid Cheshire Hospitals NHS Foundation Trust	91	159	+ 68	61	98	+ 37
Warrington and Halton Teaching Hospitals NHS Foundation Trust	88	179	+ 91	59	122	+ 63
Wirral University Teaching Hospital NHS Foundation Trust	118	218	+ 100	79	156	+ 77
Total	**1,053**	**1725**	**+ 672**	**713**	**1201**	**+ 488**

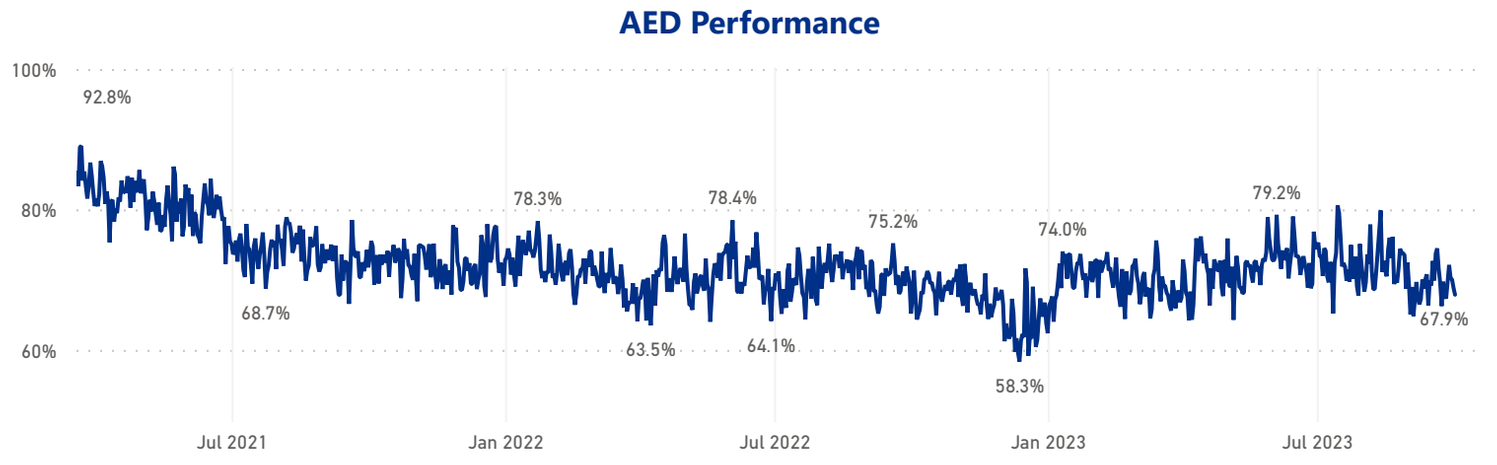
C&M AED Performance

Latest Data: 02/10/2023

AED Performance

▪ Wirral are reporting the highest AED Performance of 77.5%. East Cheshire are reporting the lowest latest AED performance of 55.6%.

▪ Four 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	55.8%	▲	8.0%	▲	2.6%
East Cheshire	55.6%	▲	2.2%	▲	1.1%
LUHFT	70.0%	▼	-1.9%	▼	-2.7%
MAWL	74.7%	▲	5.1%	▲	1.4%
Mid Cheshire	57.9%	▼	-3.1%	▼	-8.0%
W&H	67.7%	▼	-2.4%	▼	-2.9%
Wirral	77.5%	▼	-1.8%	▲	4.1%

Number of Delays from Decision to Admit Over 12 Hours

Trust Short Name	Current Date	Var	Previous Day	Var	Previous Week
Countess	16	▲	5	▼	-9
East Cheshire	2	▲	2	▼	-12
LUHFT	37	▲	18	▲	9
MAWL	17	▲	6	▲	4
Mid Cheshire	32	▲	17	▲	15
W&H	30	▲	14	▼	-4
Wirral	11	▲	8	▲	8

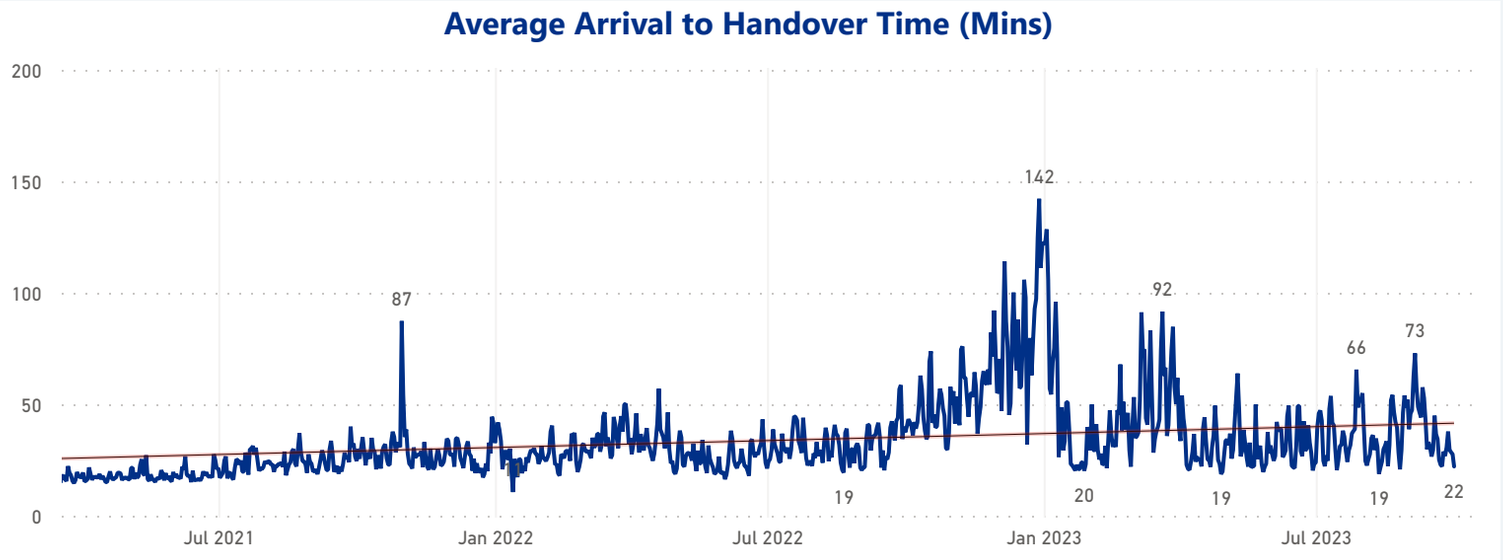
C&M Ambulance Handover

Latest Data: 01/10/2023

Arrival to Handover Time

▪ LUHFT (Royal Site) are reporting the longest arrival to handover time of 33:38. Warrington & Halton are reporting the shortest arrival to handover time of 12:08.

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



Trust	Latest Date	+/-	Previous Day Var	+/-	Previous Week Var
⊞ Countess of Chester Hospital NHS Foundation Trust	00:25:09	-	00:30:51	-	01:14:44
⊞ East Cheshire NHS Trust	00:25:32	+	00:12:34	-	00:00:00
⊟ Liverpool University Hospitals NHS Foundation Trust	00:26:12	+	00:02:03	+	00:06:19
LUHFT (Aintree site)	00:18:46	-	00:05:38	+	00:03:01
LUHFT (Royal site)	00:33:38	+	00:09:47	+	00:09:34
⊞ Mersey and West Lancashire Teaching Hospitals NHS Trust	00:19:14	-	00:16:07	-	00:13:18
⊞ Mid Cheshire Hospitals NHS Foundation Trust	00:23:17	-	00:03:05	+	00:03:00
⊞ Warrington and Halton Teaching Hospitals NHS Foundation Trust	00:12:08	-	00:03:06	-	00:02:23
⊞ Wirral University Teaching Hospital NHS Foundation Trust	00:17:43	-	00:03:41	-	00:05:01
Total	**00:22:05**	**-**	**00:05:30**	**-**	**00:06:39**

Cheshire & Merseyside ICS

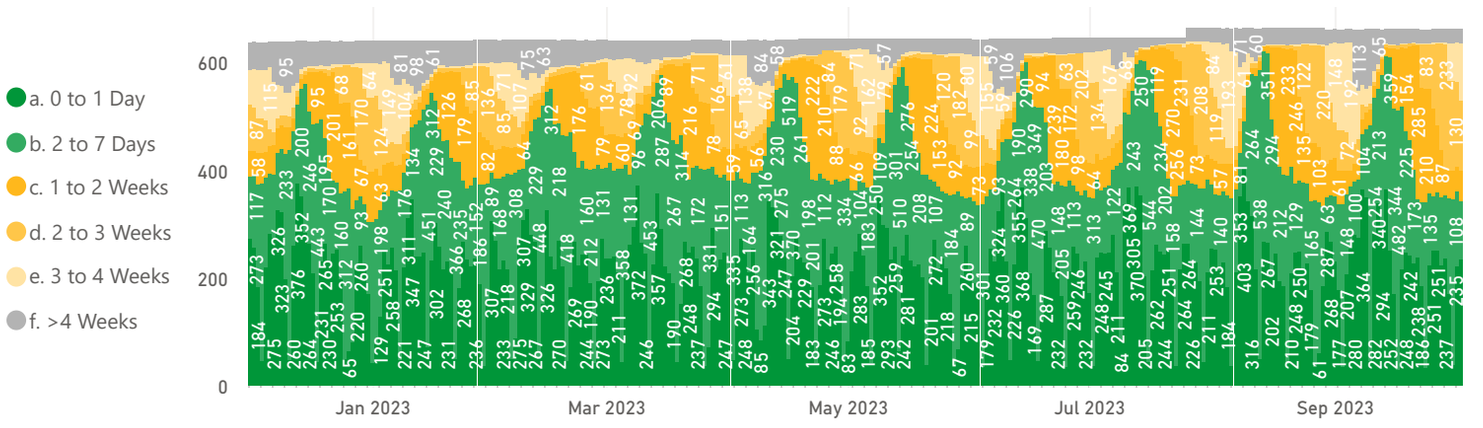
C&M Care Homes

Latest Data: 03/10/2023

Data Integrity: Time Since Last Submission

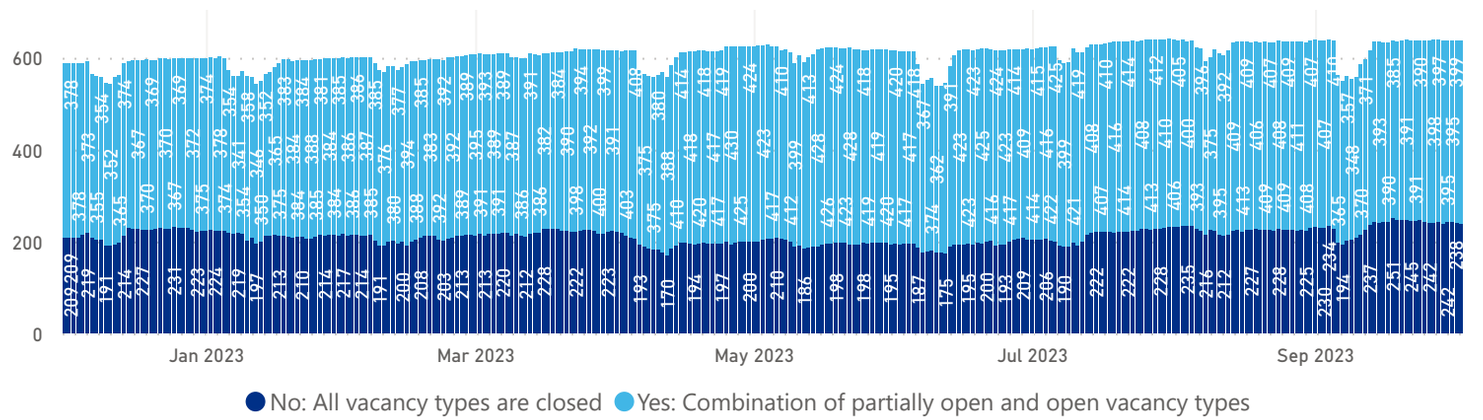
Latest data show of the 663 care homes with a submission recorded 235 submitted either today or yesterday and 108 have submitted within the past week. Of the remainder, 294 submitted within the last month and 26 care homes have not updated their status within the within the last month.

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 637 care homes with a status recorded 399 are open or partially open to admissions and 238 are closed.



IsAccepting Admissions	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	**Total**
No	26	23	15	9	30	50	17	17	51	**238**
Yes	71	58	11	15	55	68	22	36	63	**399**
Total	**97**	**81**	**26**	**24**	**85**	**118**	**39**	**53**	**114**	**637**

Cheshire & Merseyside ICS

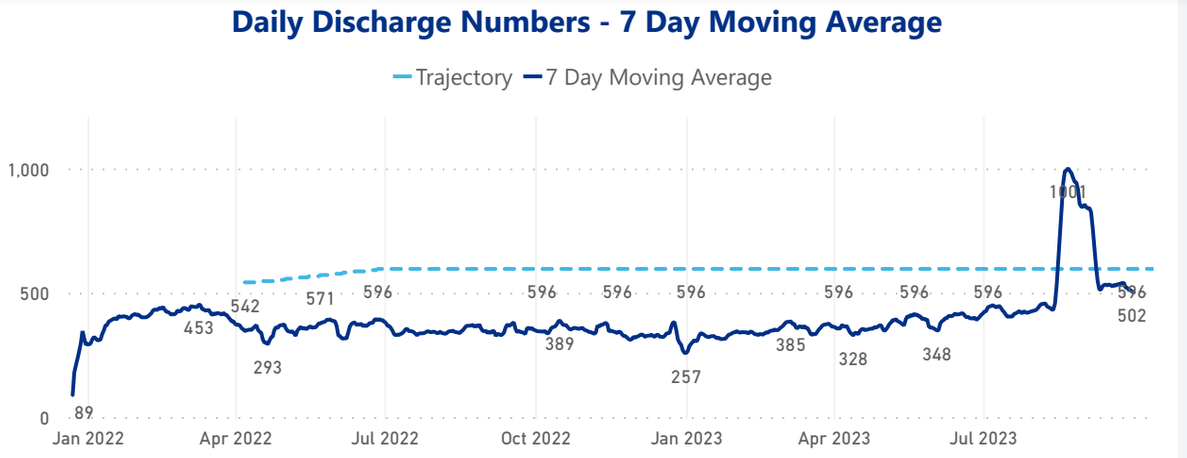
C&M Non-Criteria to Reside (Weekly)

Latest Data: 01/10/2023

Daily Discharge Numbers - 7 Day Moving Average

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

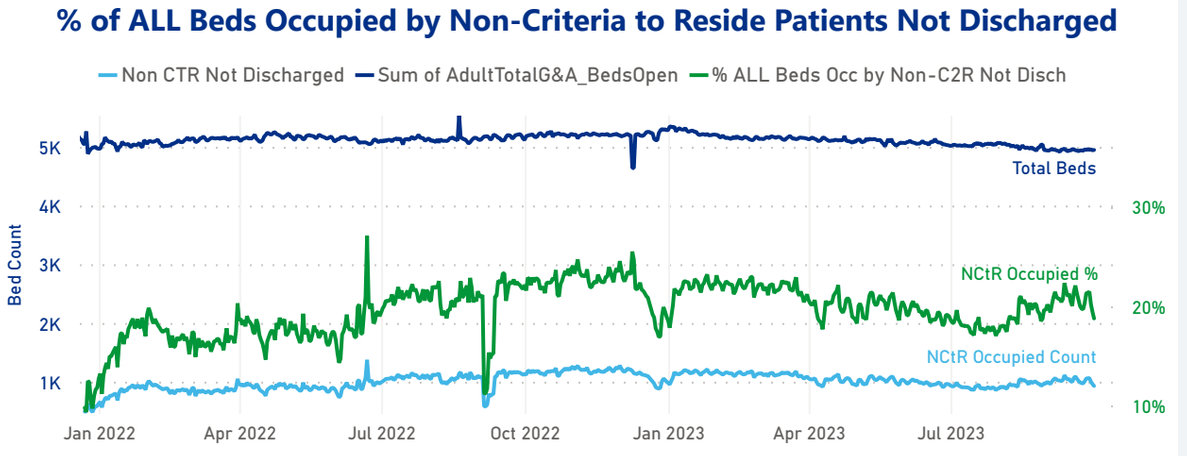
Latest data show a 7 day moving average of **502.4** patients discharged across C&M. This is against the current target of **596.0** .



Latest Date:	01 October 2023		
Trust	**Target**	**Current**	**Var**
Countess	15.8	41.0	25.2
East Cheshire	30.1	44.6	14.5
LUHFT	75.8	122.0	46.2
MAWL	266.1	113.7	-152.4
Mid Cheshire	59.2	57.9	-1.3
W&H	66.3	51.6	-14.7
Wirral	82.8	71.7	-11.1
Total	**596.0**	**502.4**	**-93.6**

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

Latest data show across C&M **18.8%** 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:	01 October 2023		
Trust	**Target**	**Current**	**PP Var**
Countess	10.0%	17.2%	7.2%
East Cheshire	10.0%	6.4%	-3.6%
LUHFT	10.0%	22.4%	12.4%
MAWL	10.0%	19.1%	9.1%
Mid Cheshire	10.0%	20.7%	10.7%
W&H	10.0%	18.4%	8.4%
Wirral	10.0%	15.6%	5.6%
Total	**10.0%**	**18.8%**	**8.8%**

C&M Non-Criteria to Reside (Weekly)

Latest Data: 01/10/2023

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	27/08/2023	03/09/2023	10/09/2023	17/09/2023	24/09/2023	01/10/2023
Countess	15.9%	16.6%	14.6%	16.6%	17.5%	17.1%
East Cheshire	11.5%	15.0%	12.3%	13.6%	13.4%	7.3%
LUHFT	24.4%	24.7%	27.4%	26.5%	25.4%	24.8%
MAWL	17.0%	16.6%	18.4%	19.2%	19.6%	20.9%
Mid Cheshire	15.7%	14.9%	18.4%	20.3%	20.3%	21.5%
W&H	26.1%	23.6%	22.0%	24.3%	22.0%	20.1%
Wirral	18.7%	16.1%	18.3%	16.6%	16.8%	17.4%
Total	**19.9%**	**19.4%**	**20.8%**	**21.1%**	**20.7%**	**20.4%**

Latest Count of Adult G&A Beds

Trust	
Countess	424
East Cheshire	296
LUHFT	1,477
MAWL	1,087
Mid Cheshire	455
W&H	506
Wirral	703
Total	**4,948**

Cheshire & Merseyside ICS

C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 01/10/2023

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	9	3	53	51	0	24	3	**143**
Awaiting confirmation from community	0	3	1	42	0	30	57	**133**
Pathway 1	24	1	34	21	0	11	28	**119**
Pathway 2	26	4	10	15	0	7	13	**75**
Awaiting medical decision	0	5	54	0	0	1	1	**61**
No Plan	0	0	44	1	0	2	7	**54**
Awaiting therapy decision	0	2	31	1	0	5	1	**40**
Awaiting diagnostic	1	0	35	0	0	0	0	**36**
Awaiting referral to community	7	0	2	1	0	4	0	**14**
Individual/family not in agreement	2	0	7	1	0	2	0	**12**
Homeless	2	0	6	1	0	2	0	**11**
Awaiting community equipment	1	1	2	3	0	1	0	**8**
Repatriation for specialist treatment	0	0	3	1	0	1	0	**5**
Safeguarding	1	0	3	1	0	0	0	**5**
Awaiting medicines	0	0	0	0	0	2	0	**2**
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	1	**1**
Declared as not meeting C2R	0	0	0	0	0	0	1	**1**
Awaiting transport	0	0	0	0	0	0	0	**0**
Total	**73**	**19**	**285**	**139**	**0**	**92**	**112**	**720**

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	9	3	50	47	0	21	3	**133**
Awaiting confirmation from community	0	3	1	29	0	25	51	**109**
Pathway 1	20	1	33	17	0	11	22	**104**
Pathway 2	22	2	10	12	0	5	11	**62**
Awaiting medical decision	0	5	43	0	0	0	1	**49**
No Plan	0	0	38	1	0	2	4	**45**
Awaiting diagnostic	1	0	31	0	0	0	0	**32**
Awaiting therapy decision	0	2	23	1	0	3	1	**30**
Individual/family not in agreement	1	0	7	1	0	2	0	**11**
Awaiting referral to community	6	0	1	1	0	2	0	**10**
Homeless	2	0	5	1	0	2	0	**10**
Awaiting community equipment	1	1	2	2	0	1	0	**7**
Repatriation for specialist treatment	0	0	2	1	0	1	0	**4**
Safeguarding	1	0	2	1	0	0	0	**4**
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	1	**1**
Declared as not meeting C2R	0	0	0	0	0	0	1	**1**
Awaiting medicines	0	0	0	0	0	0	0	**0**
Awaiting transport	0	0	0	0	0	0	0	**0**
Total	**63**	**19**	**248**	**114**	**0**	**75**	**95**	**612**

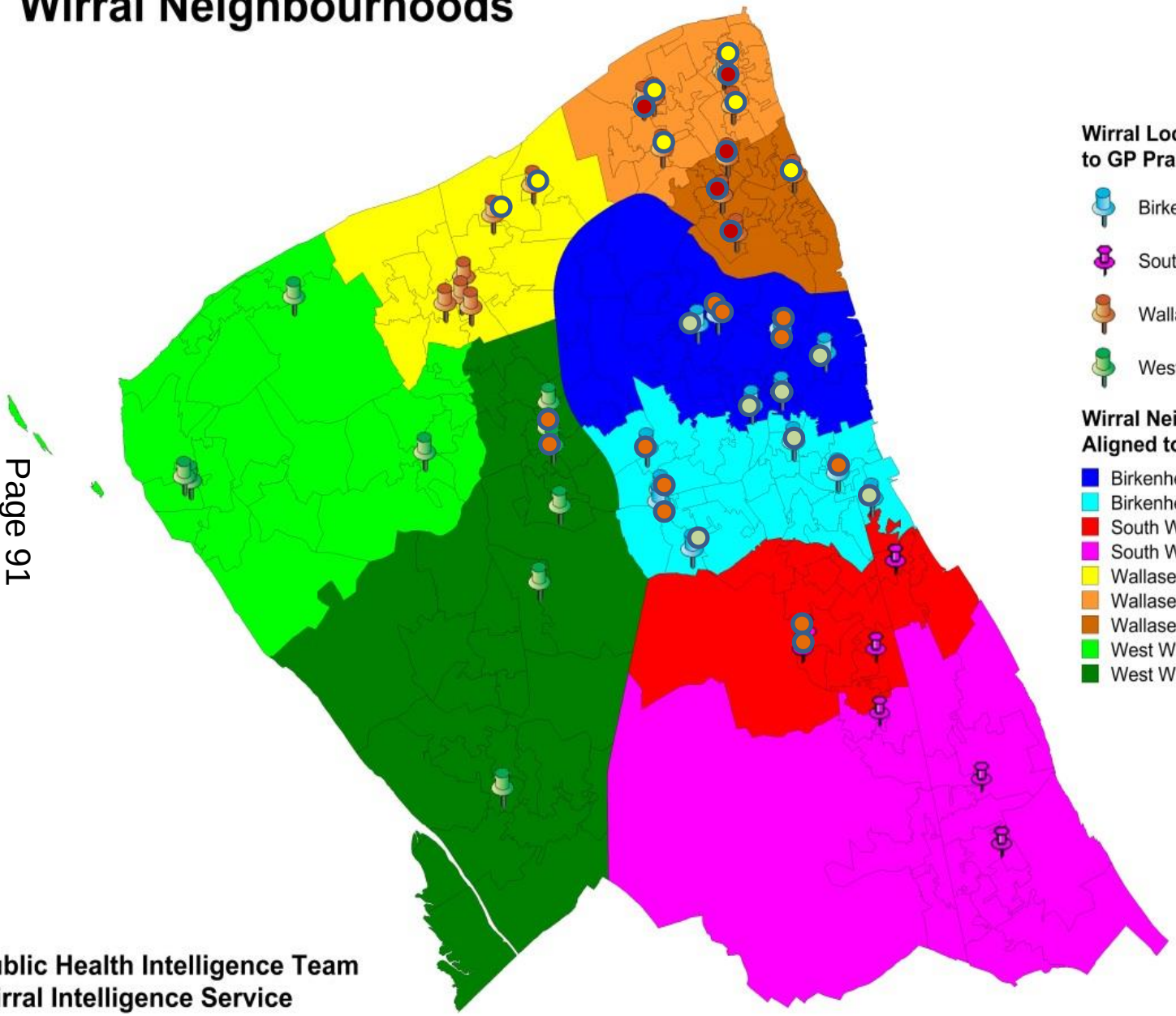
C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 01/10/2023

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	8	2	47	42	0	20	3	**122**
Pathway 1	18	1	28	11	0	10	18	**86**
Awaiting confirmation from community	0	2	1	23	0	17	34	**77**
Pathway 2	13	1	8	10	0	4	10	**46**
Awaiting medical decision	0	5	36	0	0	0	1	**42**
No Plan	0	0	33	0	0	2	2	**37**
Awaiting therapy decision	0	2	20	1	0	3	1	**27**
Awaiting diagnostic	1	0	22	0	0	0	0	**23**
Individual/family not in agreement	1	0	5	1	0	2	0	**9**
Awaiting referral to community	5	0	1	1	0	1	0	**8**
Homeless	1	0	5	1	0	1	0	**8**
Awaiting community equipment	1	1	2	2	0	0	0	**6**
Repatriation for specialist treatment	0	0	2	1	0	0	0	**3**
Safeguarding	0	0	2	1	0	0	0	**3**
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	1	**1**
Declared as not meeting C2R	0	0	0	0	0	0	1	**1**
Awaiting medicines	0	0	0	0	0	0	0	**0**
Awaiting transport	0	0	0	0	0	0	0	**0**
Total	**48**	**14**	**212**	**94**	**0**	**60**	**71**	**499**

Wirral Neighbourhoods



Public Health Intelligence Team
Wirral Intelligence Service

Primary Care Networks - background

NHS
Cheshire and Merseyside

Primary Care Networks (PCNs) form a key part of primary care. First developed within the NHS Five Year Forward View published in 2014, and formally established in July 2019, they are now part of a model of care in which commissioners and providers work together in different ways to achieve closer integration of services locally.

PCNs are a core component of the NHS Long Term Plan and as such are key to the delivery of digital services at scale. Developments since 2019 include online consultations; cloud-based telephony systems; SMS messaging to patients

PCNs provide services according to the Network Contract DES (Directed Enhanced Service) Specification which sets out their entitlements and requirements.

The range of services to be delivered under the DES include; Enhanced Access; Structured Medicines Reviews; Enhanced Health in Care Homes; Early Cancer diagnosis; Social Prescribing service;

NHS
Cheshire and Merseyside

Primary Care Networks – Overview

A PCN is a group of GP practices working closely together, aligned to other health and social care staff and organisations, providing integrated services to their local population.

A PCN covers a patient population, of 30,000 – 50,000 patients, although by approval of the commissioner, this may be lower in rural and remote areas, and higher where it is appropriate.

The ongoing aim is to offer a balance between effective and efficient care provision within the local population (at scale) whilst enabling the delivery of patient-centred care to meet the needs of individuals and the wider community.

There are around 1,250 PCNs in England, with over 99% of practices signed up to deliver the DES. Whilst practices are not mandated to join a PCN, they will lose out on significant extra funding if they do not. Those that do not sign up to a network need to be aware that 100% of their patients will still have access to network services via neighbouring PCNs.

NHS
Cheshire and Merseyside

Primary Care Networks – Wirral specific

5 PCNs covering the Wirral population;

- **Birkenhead PCN** – c123k population
- **Healthier West Wirral PCN** – c70k population
- **Healthier South Wirral PCN** – c49k population
- **Moreton & Meols PCN** – c30k population
- **Wallasey PCN** – c66k population

- Within Birkenhead and Wallasey PCNs there are locally agreed sub-divisions of practices working collectively in their respective geography;
- ICB hold the 5 PCNs to account for delivery of the Network DES requirements to their patient populations;
- Each PCN have Clinical Directors drawn from their network member practices to lead the networks;
- Wirral PCNs have formed **Wirral Primary Care Collaborative** to enable Wirral-wide collaboration between the PCNs and act as a unified entity to engage with Wirral partners

Primary Care Networks – Wirral specific – GP Access

NHS
Cheshire and Merseyside

PCNs have been commissioned to deliver further improvements on patient access to primary care services via the **Primary Care Access Recovery Plan (PCARP);**

PCARP seeks improvement in the following areas;
- Improving patient experience of contacting their practice and receiving a response;
- Accuracy of coding in GP appointment dataset;
- Improving overall patient experience;

There are payment incentives available to support PCARP - **Capacity & Access Support Payment** (CASP) and **Capacity & Access Improvement Payment** (CAIP);

CASP offers 70% of total funding in advance to PCNs to organise/plan/mobilise changes in delivery;

CAIP offers 30% of total funding as an achievement payment for improvements in the three areas referenced above;

Total Wirral PCN PCARP funding available: £452,670

Primary Care Networks – Wirral specific
– Additional Roles Reimbursement Scheme (ARRS)

NHS
Cheshire and Merseyside

Under the Network Contract DES, funding is made available to PCNs through a new Additional Roles Reimbursement Scheme;

The intention of the scheme is to grow additional capacity through new roles, and by doing so, help to solve the workforce shortage in general practice. It is not to fill existing vacancies or subsidise the costs of employing people who are already working in primary care;

Reimbursement through the new ARRS will only be for demonstrably additional people - additionality rule is also essential for demonstrating value for money for the taxpayer and reimbursement claims will be subject to validation

Primary Care Networks – Wirral specific
– Additional Roles Reimbursement Scheme (ARRS)

NHS
Cheshire and Merseyside

The Additional Roles Reimbursement Scheme entitles PCNs to access funding to support recruitment across a number of reimbursable roles;

The PCN workforce baselines are fixed for five years (up to 2024). PCN reimbursement claims under the Additional Roles Reimbursement Scheme will be assessed against the PCN baseline only;

PCN reimbursement claims must only be for staff additional to the PCN baseline.

2023/23 ARRS cumulative funding available for Wirral PCNs is £8.5m and is permanent

Primary Care Networks – Wirral specific
– Additional Roles Reimbursement Scheme (ARRS)

NHS
Cheshire and Merseyside

Range of roles available to recruit;

Advanced Clinical Practitioner Nurse
Advanced Paramedic Practitioner
Advanced Pharmacist Practitioner
Advanced Physiotherapist Practitioner
Advanced Practitioner
Care Coordinator
Clinical Pharmacist
Dietician
Digital and Transformation Lead
General Practice Assistant
Health and Wellbeing Coach
Mental Health Practitioner
Nursing associate
Occupational therapist
Paramedic
Pharmacy Technician
Physician Associate
Physiotherapist
Podiatrist
SPLW
Trainee nursing associate

Primary Care Networks – Wirral specific
– Additional Roles Reimbursement Scheme (ARRS)

Additional Roles

NHS
Cheshire and Merseyside

Current ARRS at Q2 23-24 and planned ARRS recruitment at Q4 23-24 WTE

	Birkenhead		Wallasey		HSW		HWW		Moreton & Meols		Total No. of roles	
	Current	Planned	Current	Planned	Current	Planned	Current	Planned	Current	Planned	Current	Planned
Pharmacy Technicians	2.8	2.8	1	2.8	1	1			1	1.5	**5.8**	**8.1**
Clinical Pharmacists	18.4	19.4	6.6	6.6	0	2	9.2	9.8	1	1	**35.2**	**38.8**
Clinical Pharmacists (Advanced)					1	1			1	1	**2**	**2**
First Contact Physiotherapists	7	9	1.7	2	0	2			1	1	**9.7**	**14**
Paramedics	4.5	5.5	5.67	5.87	2	3	2	2			**14.17**	**16.37**
Podiatrists	3	3	1.3	1.8							**4.3**	**4.8**
Clinical Practitioner Nurses	1	3					0	1	0	1	**1**	**5**
Physician Associates	0.5	1	0.93	0.93	1	3	7.6	8.6	3	2.5	**13.03**	**16.03**
Care Co-ordinators	9.6	12.6	1.2	2.1	4	5.5	2	3	3	3	**19.8**	**26.2**
Health & Wellbeing Coaches	3.7	4.7	1.87	2.77	3	3			2	2	**10.57**	**12.47**
Social Prescribers	6.65	5.65	6.68	3.8	1.6	1.6	8	8	2	2	**24.93**	**21.05**
Nursing Associates			1.86	1.73	2	0	1	1	1	1	**5.86**	**3.73**
Digital & Transformation Lead	1	1	1	1	1	1	1	1	0.5	0.5	**4.5**	**4.5**
Adult Mental Health Practitioner (Band 7)	1	1							1	2	**2**	**3**
GP Assistant					6	6					**6**	**6**
Adult Mental Health Practitioner (Band 6)					0	2	0	1			**0**	**3**
Apprentice PA					0	1					**0**	**1**

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WIRRAL

Wirral Place Based Partnership Board
Thursday, 19 October 2023

REPORT TITLE:	**STRATEGIC OUTLINE BUSINESS CASE FOR THE DEVELOPMENT OF A MENTAL HEALTH URGENT RESPONSE CENTRE**
REPORT OF:	**DIRECTOR OF OPERATIONS (CHESHIRE AND WIRRAL PARTNERSHIP TRUST)**

REPORT SUMMARY

This Strategic Outline Case (SOC) is to support the development and investment in a new Mental Health Urgent Response Centre (URC) on the Wirral on behalf of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the support of partner organisations. This project will enable the development of suitable and sustainable accommodation in order to deliver and support modern models of care in the most appropriate setting in terms of service users in mental health crisis.

The Strategic Outline Case identified the development of a new build facility as described above on the footprint of Arrow Park Hospital, Wirral as providing the great cost benefit for partners and the population of Wirral.

The Strategic Outline Case was presented to Wirral Place Based Strategy and Transformation Group and was supported by partners and recommended to the Wirral Place Based Partnership Board.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to approve:

1. the strategic fit within the context of Place, System and National Priorities;

2. the identification of the preferred way forward;

3. engagement with the ICB and NHSE to consider potential funding routes;

4. engagement with WUTH to progress the commercial case;

5. the governance as noted in the management case; and

6. undertaking further work to this Strategic Outline Business Case once a funding stream has been identified and subsequent progression to development of the Outline Business Case.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1. The Strategic Case articulates the case for change, setting it in both the national, regional, and local context. It articulates how the development of an Urgent Response Centre in Wirral to co-locate several urgent care teams both within Cheshire and Wirral Partnership NHS foundation Trust and external partners will enhance the collaborative approach to deliver person centred care to people in mental health crisis. Also confirming that the proposal is fully aligned with Wirral, partners, Integrated care System (ICS), Department of Health and Social Care (DHSC) and Government policies and plans.

1.2. The development of the URC is central to the development of a first response approach to delivering an urgent care mental health response for people in Crisis who do not require Emergency Department (ED) attendance. 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 will reduce footfall through local Emergency Departments as appropriate.

1.3. The URC will 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.

1.4. This function would also support Northwest 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.

1.5. 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.

2.0 OTHER OPTIONS CONSIDERED

2.1 A long list of options was identified using the Options Framework within the HM Treasury ‘Green Book’ (covering scope, solution, delivery, implementation and funding). The options framework provides a structured approach to identifying and filtering a broad range of options for delivering programmes of work or individual projects.

Options were generated from the initial scoping of the project and an appraisal workshop produced a shortlist of options as shown below (which includes the preferred option).

Short-List Options
Option 0 - Business as Usual
Option 1 – Do Minimum (Extension or Refurbishment on Arrowe Park co-located with ED)
Option 2 (Option A) – New-Build on a CWP Community of Partner Site within the Wirral Geographical Footprint
Option 3 (Option B) – New-Build on Arrowe Park

3.0 BACKGROUND INFORMATION

3.1 The national policy context against which this project has been developed consists primarily of the NHS Long Term Plan and the DHSC Five Year Forward View for Mental Health. The table below provides a summary of the broader national strategic direction.

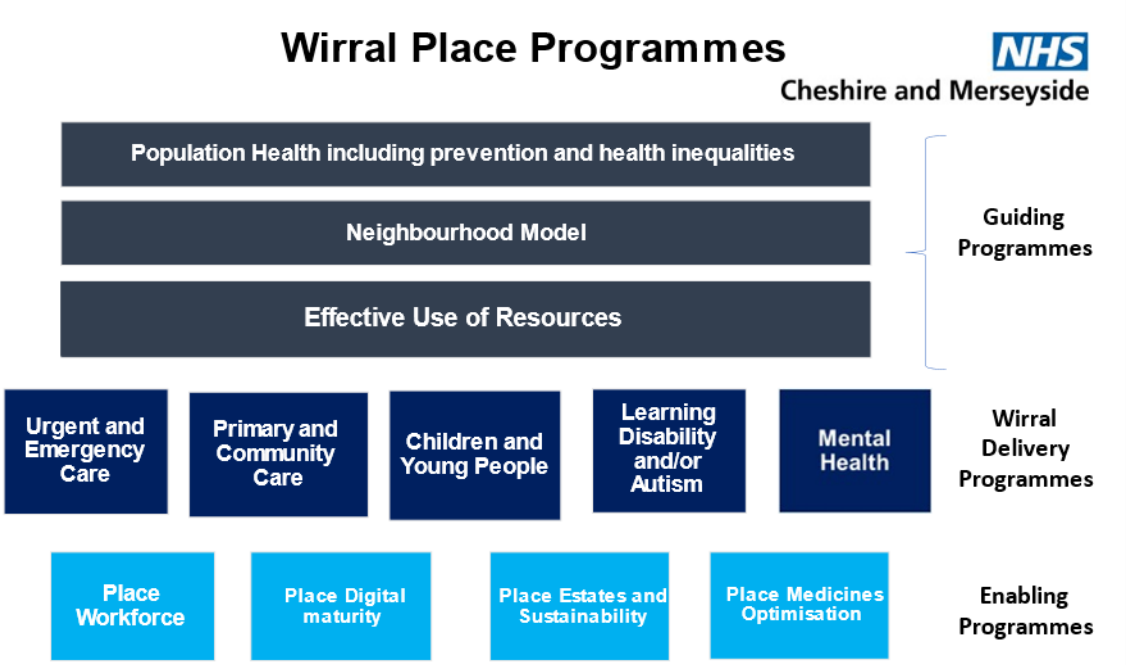
National Strategic Direction Alignment with SOC Proposals

Policy	Overview
NHS 'Long Term Plan' (2019)	The overriding aim of the NHS Long Term Plan (LTP) is to redesign patient care to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. The Long-Term Plan makes a renewed commitment to grow investment in mental health services faster than the overall NHS budget. It requires a more proactive and preventative approach to reduce the long-term impact of people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services. Leaders across the system are tasked to take decisive steps to break down the barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, drive down variations in the quality of care on offer and improve outcomes.
Mental Health Taskforce 'The Five Year Forward View for Mental Health' (2016)	'The Five Year Forward View for Mental Health' (FYFVMH) sets out the national vision for health and social care services, it was the start of a ten- year journey for NHS mental health transformation. It acknowledges the chronic underinvestment in mental health across the NHS in recent years and requires efficiencies made through achieving better value for money to be re-invested to meet the significant unmet mental health needs of people to improve their experiences and outcomes. The recommendations include the need to treat people in the least restrictive setting, as close to home as possible and, in doing so, seek to address existing fragmented pathways in care.

NHS England 'Mental Health Implementation Plan 2019/20 – 2023/24'	The 'NHS Mental Health Implementation Plan' summarises the FYFVMH and LTP ambitions to deliver against ICS-level plans to eliminate all inappropriate adult acute out of area placements by 2020-21 (FYFV) and to improve the therapeutic offer from inpatient mental health services through increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital by 2023/4 (in line with LTP ambition).
Royal College of Psychiatrists – Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983	The Multi-agency Mental Health Act Group have produced the following recommendation in regard to Section 136: The custody suite should be used in exceptional circumstances only. 1. A vehicle supplied by the ambulance provider should be able to attend promptly so that it is used for conveyance unless the person is too disturbed. 2. The AMHP and doctor approved under Section 12(2) of the Mental Health Act should attend within 3h in all cases where there are not good clinical grounds to delay assessment. 3. The first doctor to perform a Mental Health Act assessment should be approved under Section 12(2) of the Act. 4. A monitoring form should be agreed locally to meet all the national requirements and should be completed in all cases. Commissioners should ensure that there is a multi-agency group meeting to develop, implement and quality assure the agreed policy. This group should review the monitoring data. It should also consider how the need for use of Section 136 might be reduced.
Mental Health Act 1983 - Section 136	Section 136 allows the police to take you to (or keep you at) a place of safety. They can do this without a warrant if: • you appear to have a mental disorder, AND • you are in any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to, AND • you are "in need of immediate care or control" (meaning the police think it is necessary to keep you or others safe). Before using section 136 the police must consult a registered medical practitioner, a registered nurse, or an AMHP, occupational therapist or paramedic. The police can keep you at the place of safety for up to 24 hours, which can be extended for another 12 hours if it was not possible to assess you in that time. The time starts when you arrive at the place of safety, or whenever the police arrived if you are not taken somewhere else.
CQC Health and Social Care Act 2008: Regulation 15	The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located.
CQC: 'State of Care 2019/20'	This report is an annual assessment of health and social care in England. Key point of relevance to this case is the need to maintain a safe environment including managing the need to socially distance or isolate people
Cross-Government Suicide Prevention Workplan 2019	The Department of Health and Social Care (DHSC) announced the publication of its first cross-government suicide prevention workplan.

3.2 Wirral Place Based Priorities

Wirral Place is a national outlier in terms of offering alternative places of safety (section 136) outside of an emergency department. The Wirral Health and care plan has identified mental health as one of its key priorities.



A key priority for Wirral is to enable people to remain at home, with earlier prevention, identification, and intervention for people with emerging or escalating mental health needs.

Four areas of focus will enable this.

- The right support in the community at the right time and in the right place, ensuring that support and help is easily accessible for all Wirral residents (*community transformation programme and specialist long term provision*)
- The development of an integrated housing approach across partners to ensure that people do not lose any days in the community due to a lack of available accommodation (*strategic housing approach for mental health*)
- A review of current acute mental healthcare capacity and planning for the next 10 years to ensure that we provide high quality and safe care within the inpatient settings (linking to the national quality transformation programme for MH, LD and Autism inpatient)
- To support the unscheduled care priorities there is a further priority which is the development of a Mental Health Urgent Response Centre.

3.0 FINANCIAL IMPLICATIONS

4.1. On the basis of the benefit/cost ratios (BCR), and the appraisal of options generated, option 3 provides better value (for further detail please see the strategic outline case). This BCR is considerably higher than the 4:1 ratio which is typically seen in Commissioners Investment and Asset Management Strategy (CIAM's). This can largely be attributed to the gaps in cost data,

which means that the cost of option 3 is significantly lower than option's 1 and 2. We expect that this BCR will reduce when the CIAM is revisited at a later date, with fuller, more comprehensive cost data.

A summary of the capital costs of this option are shown following, with a planned outturn cost of £11,972,00.00 (rounded figures used).

Capital Cost Elements	Option 3
Departmental Works Costs	£2,928,010.00
On-Costs	£1,396,801.00
Location Adjustment	Inc
Fees	£948,424.00
Non-Works	£60,000.00
Equipment	£505,642.00
Planning Contingencies (20%)	£758,738.00
Optimism Bias (15%)	£1,327,765.00
Total Capital Cost excluding inflation	£11,187,958.00
Inflation (3% p.a.)	£784,243.00
Total Capital Cost	£11,972,200.00

4.0 LEGAL IMPLICATIONS

5.1. Other than the procurement process of contractor and advisors there are no legal implications in relation to this scheme.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The principles of the mental health integrated urgent response centre lies in the ability to bring existing workforce together, alongside partner colleagues across Wirral. Aside from the current national challenges around recruitment for mental health practitioners there are no workforce implications in relation to this proposal other than the relocation of staff bases which will remain in the Wirral geographical footprint so will not impact on excess travel.

Further analysis will be undertaken at the next stage to understand the digital requirements to support the centre.

6.0 RELEVANT RISKS

7.1 The main risk to the development of the Mental Health Urgent Response Centre is linked to access to capital, ideally Public Dividend Capital. Without access to capital the development cannot progress beyond the strategic outline case.

7.0 ENGAGEMENT/CONSULTATION

8.1 A Stakeholder Engagement and Communications Strategy will be produced at the next stage of the business planning process and prior to commencement of the Outline Business Case (OBC) process. It will set out the communication

and engagement objectives and describes how partners will work together to communicate and engage by identifying target audiences, key messages, and appropriate channels. It will also describe the resources required to deliver the strategy and how partners will manage the communications and engagement risks.

8.2 The development of the SOC invited a wide range of stakeholders to be involved in determining the options and benefit cost appraisal. Cheshire and Wirral Partnership Trust (CWP) also engaged with their lived experience advisors to contribute to the development of the case.

8.0 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.

Promoting equality and addressing health inequalities are at the heart of CWP's values and partners across Wirral. Throughout these early stages of the project, partners have given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it. Furthermore, this development will give regard to the need to reduce inequalities between patients with access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. An Equality Impact Assessment (EIA) will be undertaken at the next stage of the business planning process to ensure that are no needs or barriers which could affect people with protected characteristics, and the likely impact of the scheme is considered low. The EIA will then be reviewed monthly and reported to the Project Board. It is an iterative process and will be fully considered during the design phase to ensure any health inequalities and the 9 protected characteristics are fully considered.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 CWP and partners will ensure that going forward all capital developments comply with BREEAM 'Excellent' or above and will ensure that this development will focus on the reduction of building emissions from all sources. (*BREEAM is a science-based suite of validation and certification systems for a sustainable built environment).*

10.2 The Capital Development ambitions for the URC are:

- Building energy efficiency standards for new builds and refurbishments, such as BREEAM 'Excellent' and the Zero Carbon Hospital Standard and on-site renewables.
- Construction supplier alignment to net zero commitments, such as onsite contractor

measures on waste reduction, low emission construction plant etc.

- Low carbon substitutions and product innovation, such as lower embodied carbon construction materials

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The development of a Wirral Urgent Response Centre represents the coming together of several key stakeholders from blue light services and NHS provider organisations, who are currently considered anchor institutions, to provide the opportunity of a new model of care for the population of the Wirral. The well-established Wirral community mental health alliance (Wirral voluntary, community, social enterprise and faith organisations) will be pivotal to supporting people in their communities and offering alternative support at a time of crisis. Added to this the capital investment within the Wirral boundaries and employment opportunities that this proposal would create meet the key principles of Community Wealth building on the Wirral.

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APPENDICES

Appendix 1 - Strategic Outline Case (full) v3.0
Appendix 2 - Slides

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Wirral Urgent Response Centre

Strategic Outline Case

14th April 2023

Version 3.0

Version Control

Version	Date Issued	Notes
1-0	03/04/2023	Final draft for review.
2-0	14/04/2023	Updated following review by Justin Pidcock

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Appendix A	Options Appraisal Framework
Appendix B	CIAM
Appendix C	CIAM Support Information
Appendix D	Capital Cost Report
Appendix E	OB Forms
Appendix F	Capacity Modelling
Appendix G	Architectural Feasibility Report
Appendix H	Schedule of Accommodation
Appendix I	Design Brief

1.0 EXECUTIVE SUMMARY

1.1 Introduction

This Strategic Outline Case (SOC) is in support of investment in a new Urgent Response Centre (URC) on the Wirral on behalf of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with the support of partner organisations. This project will enable the development of suitable and sustainable accommodation in order to deliver and support modern models of care in the most appropriate setting in terms of service users in mental health crisis.

The OBC is based on the Five Case Model, which is the format recommended as best practice by HM Treasury.

Whilst based on the five Case Model this SOC is currently not compliant with NHS England (NHSE) fundamental assessment criteria, once a funding stream has been identified and commercial strategy agreed this document can be updated accordingly.

1.2 Strategic Case

The Strategic Case articulates the case for change, setting it in both the national, regional and local context. It articulates how the development of an Urgent Response Centre in Wirral to co-locate several urgent care teams both within Cheshire and Wirral Partnership NHS foundation Trust and external partners will enhance the collaborative approach to deliver person centred care to people in mental health crisis. Also confirming that the proposal is fully aligned with Trust, partners, ICS, DHSC and Government policies and plans.

The development of the URC is central to the development of a first response approach to delivering an urgent care mental health response for people in Crisis who do not require Emergency Department attendance. 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 will reduce footfall through local Emergency Departments as appropriate.

The URC will 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.

In response to the drivers for change the following project objectives have been agreed:

Investment Objective 1	Location of the Wirral URC
Definition	• Bolstering existing service provision, both acute and community • Optimising co-location of resources • Parity of access • Supporting people in crisis in the best possible location

Investment Objective 2	To provide a therapeutic environment for service users in crisis.
Definition	• Ensuring care is delivered in a calm, therapeutic and secure space • Supporting the varying needs of service users e.g. autism and dementia friendly • Enabling delivery of high-quality care in appropriate accommodation • Improving service user experience

Investment Objective 3	Patient and staff experience
Definition	• Fit for purpose for both staff and service users • Enabling co-location for colleagues whilst ensuring separate access for service users • Considering access to the facility in conjunction with wider acute and community offering

Investment Objective 4	Demand and future proof
Definition	• Reducing pressure on existing emergency department • Reducing pressure on existing place of safety facilities • Enabling appropriate deflections away from the ED • Supporting improved mental health capacity in the Wirral and management of future demand

Investment Objective 5	Partnership working – enabling the model of care
Definition	• Ensuring the facility acts as a key enabler for the delivery of the model of care for mental health services in the Wirral • Ensuring parity of access for all • Enabling better partnership working between primary, secondary, third sector, social care and other key partners.

1.3 Economic Case

Based on the case for change and the agreed project objectives, the critical success factors (CSFs) for the project are shown in the figure following. The CSFs that have been developed for this scheme are in line with the CSFs suggested by the HM Treasury guidance.

The options considered in this case were considered against these CSFs.

CSF	Description
Strategic fit and business needs	How well the option: • meets the agreed spending objectives, related business needs and service requirements, • provides holistic fit and synergy with other strategies, programmes and projects
Potential value for money	How well the option: • Maximises the return on the required spend (benefits optimisation) in terms of economy, efficiency and effectiveness from both the perspective of the organisation and wider society. • Minimises associated risks.
Potential achievability	How well the option: • Is likely to be delivered in view of the organisation's ability to assimilate, adapt and respond to the required level of change, and • matches the level of available skills required for successful delivery.
Supplier capacity and capability	How well the option: • Matches the ability of the service providers to deliver the required level of services and business functionality, and • is likely to be attractive to the supply side.
Potential affordability	How well the option: • Meets the sourcing policy of the organisation and likely availability of funding, and • Matches other funding constraints.

A long list of options was identified using the Options Framework within the HM Treasury 'Green Book' (covering scope, solution, delivery, implementation and funding). The options framework provides a structured approach to identifying and filtering a broad range of options for delivering programmes of work or individual projects.

The outcome of the options generation and appraisal workshop was a shortlist of options as shown below.

Short-List Options
Option 0 - Business as Usual
Option 1 – Do Minimum (Extension or Refurbishment on Arrowe Park co-located with ED)
Option 2 (Option A) – New-Build on a CWP Community of Partner Site within the Wirral Geographical Footprint
Option 3 (Option B) – New-Build on Arrowe Park

The figure following summarises the planned benefits, categorised as cash-releasing, non-cash-releasing, societal and non-monetisable. The benefits shown following link with the benefits realisation plan, included in the Management Case.

Ref.	Benefit Name	Benefit Description
NCRB1	Reduction in ED Attendances	Reduction in ED attendances through delivery of the scheme and provision of alternative pathway for people in mental health crisis. If they do attend the ED this will only be instances when they have an acute problem that needs medical attention.
NCRB2	Reduction in incidents	Reduction in number of incidents reported in the Trust's incident recording system through improved throughput, increased capacity and treatment of patients in the most appropriate setting.
NCRB3	Reduction in incidents of physical aggression and/or harm	Reduction in incidents; patient on patient, patient on staff, self-harm and patient behaviour, incidents of damage to property.
NCRB4	Improvement against 4 hour quality standard	Improved Trust performance against the 4 Hour Quality Standard through management of service users in the most appropriate setting. Reduced attendance at ED and therefore reduced wait times.
NCRB5	Reduced wait times for people in Mental Health Crisis	Reduction in overall wait time for those in MH crisis.
NCRB6	Improved Staff Wellbeing	Reduction in staff sickness due to reduced pressure on ED staff due to disruptive patients presenting at the URC instead of ED. Reduction in sickness, absence, associated with the environment and burnout.
NCRB7	Reduced agency/bank spend	Reduced agency/bank spend – directly employed NHS staff will be more interested in working in new builds because they will have a therapeutic environment designed to give the patients the best care
NCRB8	Improved Staff Retention	Reduced costs associated with recruitment, and issues with retention
NCRB9	Out of Area Placements	Reduction in out of area placements through collective use of resources, alternative admissions pathways.
NCRB10	Delays in transfer of care	Reduced service user Length of Stay through reduced delays in transfer of care by managing patients in the most appropriate setting.
NCRB11	Wider benefit linked to the other sites in the model	Improved system performance in regard to management of mental health crisis with the project acting as an enabler to the wider model of care and supporting the URCs across the patch.
SB1	Reduced Time for patient attainment of Improvement in Quality Adjusted Life Year	Increased speed of attainment of improved QALY scores through improved quality of care, additional space for wider ranges of interventions and better flow through the system.

Key:
CRB – Cash Releasing Benefit
NCRB – Non- Cash Releasing Benefit
SB – Societal Benefit
UB – Unquantifiable Benefit

The figures following present the key economic appraisal outputs based on the assumptions and inputs described above, expressed as Benefit / Cost Ratios.

Option	0	1	2	3
Incremental Capital (Cost)	-	£8,643,915.87	£9,024,973.39	£9,024,973.39
Incremental Revenue Cost	-	-	£12,038,087.28	-
Incremental Opportunity Cost		£9,591,152.94	-	-
Incremental Risk	-	£292,740.00	£485,830.00	£482,080.00
Incremental Costs – Total	-	£18,257,808.81	£21,548,890.66	£9,507,053.39
Incremental Benefit NPV	-	£105,288,338.18	£88,867,443.58	£108,417,986.01

Net Present Social Value (NPSV)	-	**£86,760,529.37**	**£67,318,552.92**	**£98,910,932.62**
Benefit/Cost Ratio	-	5.68	4.12	11.40
Economic Ranking of Options	4th	2nd	3rd	1st

This economic analysis indicates that:

- All options have the potential to show a positive Benefit / Cost Ratio (BCR) compared to BAU; and
- **Option 3 is the preferred option**, with a BCR of 11.40.

On the basis of the BCR the Option 3 provides better value. This BCR is considerably higher than the 4:1 ratio which is typically seen in CIAM's. This can largely be attributed to the gaps in cost data, which means that the cost of option 3 is significantly lower than option's 1 and 2. We expect that this BCR will reduce when the CIAM is revisited at a later date, with fuller, more comprehensive cost data.

A summary of the capital costs of this option are shown following, with a planned outturn cost of £11,972,00.00 (rounded figures used).

Capital Cost Elements	Option 3
Departmental Works Costs	£2,928,010.00
On-Costs	£1,396,801.00
Location Adjustment	Inc
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Non-Works	£60,000.00
Equipment	£505,642.00
Planning Contingencies (20%)	£758,738.00
Optimism Bias (15%)	£1,327,765.00
Total Capital Cost excluding inflation	£11,187,958.00
Inflation (3% p.a.)	£784,243.00
Total Capital Cost	£11,972,200.00

1.4 Commercial Case

The preferred direction of travel is a new build facility on the Arrowe Park Hospital site adjacent to the Emergency Department. The accommodation requirements for the project reflect the capacity modelling undertaken and the need to deliver therapeutic, safe, high quality and fit for purpose facilities as emphasised in the investment objectives. The figure below summarises the estimated accommodation requirement for the project:

URC SoA Summary Sheet		
Departments		Departmental Gross (sqm)
Entrance Zone		168.7
Assessment Zone		174.7
Administration Zone		379.0
Support Zone		123.0
		845.4
Communication Space	*8%*	68
Plant	*8%*	68
Total Gross Area (sqm)		980.80

The development of the optimum estate's solution, based on the agreed model of care has had the consistent and integral input from clinical leaders and frontline clinical and non-clinical staff, with a detailed design brief being developed which includes the following functional content:

- **Entrance Zone**
    - Joint entrance for adults and children and young people
    - Joint waiting area with sections to accommodate adults, children and quite spaces
    - Interview/quiet room
    - Reception (ideally positioned centrally with clear visual of the whole area)
    - Visitor WCs
- **Assessment Zone**
    - Consult/assessment rooms
    - Interview room
    - Physical health treatment room
    - Section 136 suite with assessment room, quiet room / de-escalation room and dedicated entrance
    - Clinical Support - clean utility, dirty utility, store, disposal hold.
- **Administration Zone**
    - Open plan office and desks for various teams
    - General Hot Desks and touchdown space
    - Collaboration space
    - None face2face rooms, 121 meeting rooms, meeting rooms
- **Staff and Support Zone**
    - Staff room/kitchen
    - Staff change, showers, WC's
    - Cleaners room
    - IT/Server room

The designs for the development primarily follow the HBN guidance and currently assume no derogations. The Trust is targeting a BREEAM rating of 'Excellent' (based on BREEAM 2018).

At this stage in the business planning process for the Wirral URC a number of options have been considered for the methodology of delivering the preferred direction of travel which is on the Arrowe Park hospital Site owned by WUTH and the preferred delivery will be intrinsically linked to the funding strategy for the project.

There are currently two main options which have been considered:

- **Option 1** – CWP would enter into a long lease for a suitable freehold site on Arrowe Park Hospital for a peppercorn ground rent. CWP would then undertake the construction of the URC and ultimate ownership of the asset.
- **Option 2** – CWP would enter into a development agreement with WUTH who would agree to construct on CWP's behalf the URC on the Arrowe Park Hospital site in return for the capital to construct the new facility . CWP would then into a lease agreement with WUTH for a 25-30 year period for a peppercorn rent.

Both of these options for the preferred direction of travel will require further discussion between the two Trusts and will also be linked to the funding stream identified for the project.

The current staffing model will not change with the development of the URC, however the colocation of staff across multi organisations should generate increased efficiency and will support the model of care.

1.5 Financial Case

The capital requirement for the scheme is **£11,972,200** (including VAT at 20%). The summary OB Capital Cost forms and associated report for the scheme showing the costs and contingencies included in the capital cost calculations and showing the overall capital costs of the scheme is included as an appendices to the main body of the SOC.

Once the source of potential funds has been identified and the commercial strategy for the delivery of the URC has been confirmed this SOC will be updated with revenue costs for the preferred direction of travel.

In order to fund any additional schemes, CWP will need to lobby the ICB and NHSE for additional CDEL. Given the potential scale of the Wirral URC project, ideally this would need to be cash backed by securing additional Public Dividend Capital (PDC). Ordinarily, additional capital resources are not accompanied by revenue support for day-to-day costs. Working on that assumption, aside from ensuring that the accounting treatment is correct, any subsequent Financial Case would have to clearly demonstrate the full capital and revenue consequences of any scheme, the impact on CWP's balance sheet and income & expenditure statement, the overall affordability and fundability of the scheme and confirmation of support from the relevant stakeholders.

1.6 Management Case

A clear and robust governance structure has been agreed for the delivery of the Wirral URC project and will be implemented as part of the approval of this business case. The programme is overseen by the Urgent Response Centre Project Board, which is accountable to the CWP Executive. Reporting to the Project Board is the Wirral URC Delivery Group and relevant workstream groups as required.

The structure of the project will be developed to follow the principles set out in the NHS Capital Investment Manual and the HM Treasury Green Book, supported by PRINCE2 project management principles.

The Senior Responsible Owner (SRO) and Programme Sponsor is Suzanne Edwards Chief Operating Officer, CWP.

The table below summarises the key milestones for the successful planning and delivery for the Wirral URC. This shows that construction could potentially commences in January 2025 with a completion in 12 months and the facility operational by Early Spring 2026.

Programme Stage	Completion Date
SOC approval (internal)	April 2023
OBC approval (external)	December 2023
FBC approval (external)	October 2024
Start on site	January 2025
Construction completion	January 2026
Operational date	April 2026

The Trust's approach to risk management in accordance with its internal assurance framework is designed to ensure that the risks associated with the project are systemically identified, appraised and action plans developed for effective reduction, elimination and mitigation.

A planning contingency of £758,738 including VAT has been included within the OB capital cost forms and as such form part of the capital budget for the project. A sum of £1,327,765 including VAT has been included for optimism bias, which equates to 15%. At this time the Trust does not intend to undertake an external assurance review but will keep this decision under review.

CWP and its partners are committed to a process of meaningful stakeholder engagement and communication. It already has established formal and informal channels adapting its communications and engagement as far as possible to the methods and frequency preferred by stakeholders. The intention is to develop a Stakeholder Engagement and Communications Strategy which will be produced at the next stage of the business planning process and prior to commencement of the OBC process. It will set out the communication and engagement objectives and describes how the Trust will work together to communicate and engage by identifying target audiences, key messages, and appropriate channels. It will also describe the resources required to deliver the strategy and how the Trust will manage the communications and engagement risks.

A benefits realisation plan (BRP) will also be developed with the aim of providing an evidence base to support the intended health, quality and other identified benefits, where that evidence exists, and to quantify the benefits, wherever possible, to ensure that they can be measured and demonstrated over time.

1.7 Conclusion and Recommendations

This Strategic Outline Business Case document provides a case for investment in the development of a Wirral Urgent Response Centre. This SOC demonstrates:

- The strategic need for change in line with national, local and organisational drivers;
- The proposed delivery model and scope of the project;
- The preferred direction of travel to develop a URC on the Arrowe Park Hospital site;
- The capital consequences of the options set in the context that engagement with the ICB and NHSE will be required to consider funding routes; and
- Detailed plans for the governance and management of the implementation of the project in order to update the SOC and progress to the next stages business planning process.

The Strategic Outline Business Case is being presented to the Board in April 2023 with a request to:

- APPROVE the strategic fit within the context of CWP;
- APPROVE the identification of the preferred way forward;
- APPROVE engagement with the ICB and NHSE to consider potential funding routes;
- APPROVE engagement with WUTH to progress the commercial case;
- APPROVE the governance as noted in the management case and
- APPROVE undertaking further work to this Strategic Outline Business Case once a funding stream has been identified and subsequent progression to development of the Outline Business Case.

2.0 STRATEGIC CASE

2.1 Introduction

The Strategic Case articulates the case for change, setting it in both the national, regional and local context. It articulates how the development of an Urgent Response Centre (URC) in Wirral to co-locate several urgent care teams both within Cheshire and Wirral Partnership NHS foundation Trust (CWP) and external partners will enhance the collaborative approach to deliver person centred care to people in mental health crisis. Also confirming that the proposal is fully aligned with Trust, partners, ICS, DHSC and Government policies and plans.

This section of the Strategic Outline Case (SOC) also sets out the scope of the project, investment objectives plus the associated high-level benefits, risks, constraints and dependencies which have been identified at this stage.

The structure of this Chapter follows the guidance set out in the HM Treasury Green Book.

PART A: Strategic Context

2.2 National Context

The national policy context against which this project has been developed consists primarily of the NHS Long Term Plan and the DHSC Five Year Forward View for Mental Health. Figure 1 provides a summary of the broader national strategic direction.

Figure 1 - National Strategic Direction Alignment with SOC Proposals

Policy	Overview
NHS 'Long Term Plan' (2019)	The overriding aim of the NHS Long Term Plan (LTP) is to redesign patient care to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. The Long Term Plan makes a renewed commitment to grow investment in mental health services faster than the overall NHS budget. It requires a more proactive and preventative approach to reduce the long term impact of people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services. Leaders across the system are tasked to take decisive steps to break down the barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, drive down variations in the quality of care on offer and improve outcomes.
Mental Health Taskforce 'The Five Year Forward View for Mental Health' (2016)	'The Five Year Forward View for Mental Health' (FYFVMH) sets out the national vision for health and social care services, it was the start of a ten-year journey for NHS mental health transformation. It acknowledges the chronic underinvestment in mental health across the NHS in recent years and requires efficiencies made through achieving better value for money to be re-invested to meet the significant unmet mental health needs of people to improve their experiences and outcomes. The recommendations include the need to treat people in the least restrictive setting, as close to home as possible and, in doing so, seek to address existing fragmented pathways in care.

NHS England 'Mental Health Implementation Plan 2019/20 – 2023/24'	The 'NHS Mental Health Implementation Plan' summarises the FYFVMH and LTP ambitions to deliver against ICS-level plans to eliminate all inappropriate adult acute out of area placements by 2020-21 (FYFV) and to improve the therapeutic offer from inpatient mental health services through increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital by 2023/4 (in line with LTP ambition).
Royal College of Psychiatrists – Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983	The Multi-agency Mental Health Act Group have produced the following recommendation in regard to Section 136: The custody suite should be used in exceptional circumstances only. 1. A vehicle supplied by the ambulance provider should be able to attend promptly so that it is used for conveyance unless the person is too disturbed. 2. The AMHP and doctor approved under Section 12(2) of the Mental Health Act should attend within 3h in all cases where there are not good clinical grounds to delay assessment. 3. The first doctor to perform a Mental Health Act assessment should be approved under Section 12(2) of the Act. 4. A monitoring form should be agreed locally to meet all the national requirements and should be completed in all cases. Commissioners should ensure that there is a multi-agency group meeting to develop, implement and quality assure the agreed policy. This group should review the monitoring data. It should also consider how the need for use of Section 136 might be reduced.
Mental Health Act 1983 - Section 136	Section 136 allows the police to take you to (or keep you at) a place of safety. They can do this without a warrant if: • you appear to have a mental disorder, AND • you are in any place other than a house, flat or room where a person is living, or garden or garage that only one household has access to, AND • you are "in need of immediate care or control" (meaning the police think it is necessary to keep you or others safe). Before using section 136 the police must consult a registered medical practitioner, a registered nurse, or an AMHP, occupational therapist or paramedic. The police can keep you at the place of safety for up to 24 hours, which can be extended for another 12 hours if it was not possible to assess you in that time. The time starts when you arrive at the place of safety, or whenever the police arrived if you are not taken somewhere else.
CQC Health and Social Care Act 2008: Regulation 15	The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located.
CQC: 'State of Care 2019/20'	This report is an annual assessment of health and social care in England. Key point of relevance to this case is the need to maintain a safe environment including managing the need to socially distance or isolate people
Cross-Government Suicide Prevention Workplan 2019	The Department of Health and Social Care (DHSC) announced the publication of its first cross-government suicide prevention workplan.

	This was created in response to the Suicide prevention inquiry led by the Health Select Committee, which called for a clearer implementation strategy for the overall Suicide Prevention Strategy for England (2012).
National Disability Strategy 2021	In July 2021, the Government published its strategy to improve the lives of disabled people in the UK. Part one of the strategy sets out the immediate actions needed to improve the everyday lives of disabled people. Part two covers longer-term changes that will put disabled people "at the heart of government policymaking and service delivery." Part three sets out the actions that will be taken by each Government department.
Major Conditions Strategy	In January 2023, the Government announced it will publish a Major Conditions Strategy that will include mental health. The Government has said a joined-up strategy will ensure that mental health conditions are considered alongside physical health conditions. The responses to the consultation for the 10-year strategy will be used to inform the Major Conditions Strategy and to develop a new Suicide Prevention Strategy.

The proposal set out in this SOC is in line with the ambitions of the NHS Long Term plan to develop crisis services including:

- The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21.
- In the next ten years there is commitment to ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone.
- The will also be increased alternative forms of provision for those in crisis.
- Ambulance staff will be trained and equipped to respond effectively to people in a crisis.
- Clinical decision units can also prevent admission.
- Trust to work hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers, and families.

The NHS Long Term Plan also makes a commitment that by 2023/4 all children and young people experiencing a mental health crisis will be able to access age-appropriate crisis care 24 hours a day, 7 days a week. This will include crisis assessment, brief response, and intensive home treatment.

2.3 Regional Context

Cheshire and Merseyside Healthcare Partnership

The Cheshire and Merseyside Healthcare Partnership Integrated Care Systems (ICS) is a collaboration of public NHS and council social care commissioners and providers across Cheshire and Merseyside working together with partners in the voluntary, community and independent sectors to manage the health and care needs of the population and provide high quality, sustainable care for the future. The Healthcare Partnership services a population of 2.7 million population across nine boroughs.

Both Cheshire and Merseyside have areas of substantial wealth and substantial deprivation contributing to significant health inequalities across the region. A third (33%) of the population of Cheshire and Merseyside reside in the poorest 20% of neighbourhoods in England, with 15% of children living in

absolute poverty households whilst 18% live in relative poverty. Six local authorities in Cheshire and Merseyside have alcohol-related mortality rates that are higher than the national average, and six also have above average drug-related mortality rates. In Wirral, more specifically, there are significant mental health inequalities with 16% of adults suffering from depression compared to an estimated 4.5% in the UK more widely. This impacts women more negatively, with 24% of women having experienced depression at some point in their life, compared to 13% of men. Additionally, the ageing population in Wirral poses a further challenge for the ICS. Figure 2 highlights the footprint of the ICS.

Figure 2 - ICS Footprint

Cheshire and Merseyside's shared vision is highlighted below[1]:

"Everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer".

The ICS have identified that this will be accomplished by working together, as equal partners, to tackle health inequalities and improve the lives of the poorest fastest.

Cheshire and Merseyside have been working towards this for some years and want to continue building on the work. This includes further strengthening the joint working throughout the Covid-19 pandemic, which made a significant difference to the lives of local people and their families.

Cheshire and Merseyside have four key strategic objectives.

- Improve population health and healthcare
- Tackle health inequality, improving outcomes and access to services
- Enhancing quality, productivity and value for money

[1] Healthwatch Cheshire west

- Helping the NHS to support broader social and economic development

The Health and Care Bill set out legislative changes required to change to enable health and care to work more closely together. In Cheshire and Merseyside, there has long been an ambition to improve the way services work together, but bureaucracy has often made this challenging. The reforms therefore support the ICS locally by removing some of the legal rules that can inhibit truly joined up care.

The Cheshire and Merseyside ICS governance structure includes:

- **Integrated Care Board (ICB)** - Integrated Care Board (ICB) has been established as a statutory organisations to lead integration within the NHS. The Cheshire and Merseyside ICB have a unitary board and minimum requirements for board membership will be set in legislation.
- **Integrated Care Partnership (ICP)** - The Integrated Care Partnership provides a forum for NHS leaders and local authorities (LAs) to come together, as equal partners, alongside important stakeholders from across Cheshire and Merseyside.
- **Place-Based Partnerships** - The Cheshire and Merseyside ICB has arranged for some of its functions to be delivered, and decisions about NHS funding to be made, in the region's 9 borough places – through Place-Based Partnerships. The ICB remains accountable for NHS resources deployed at borough place-level. The ICB has set out the role of designated Place-based leaders within its governance arrangements. Health and Wellbeing Boards (HWBs) will continue to develop the joint strategic needs assessment and joint health and wellbeing strategy, which both the ICP and ICB will give due regard.

There are ten principles that underpin how the Cheshire and Merseyside ICS will work with people and communities:

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 feedback to people and inform communities about 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.

2.4 Cheshire and Wirral Partnership NHS Foundation Trust Organisational Overview

Overview

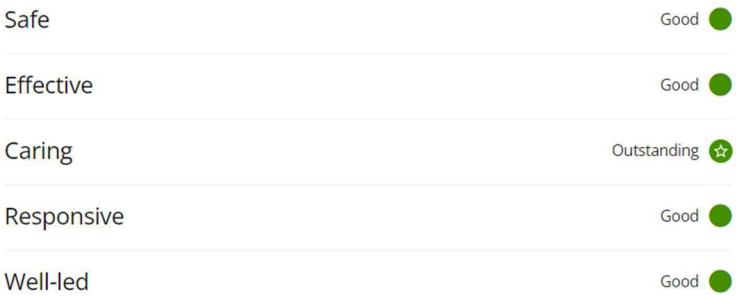
CWP provides a comprehensive mental healthcare service to residents of Cheshire and the Wirral and a range of specialist mental health services to communities in the Northwest and beyond. The Trust operates from 70 sites, serves a culturally and socially diverse population of over 1 million people and provides highly specialist services for 2 million. The Trust has an income of around £200m and a dedicated workforce of more than 4000 staff. It covers a range of local and regional services and partnerships covering inpatient, community and specialist mental healthcare.

The Trust provides a range of inpatient, community and specialist mental health services for service users. These services are split into four key areas:

- **Mental Health Core Services**
    - Forensic inpatient/secure wards
    - Child and adolescent mental health wards
    - Wards for older people with mental health problems
    - Acute wards for adults of working age and psychiatric intensive care units (PICU's)
    - Community-based mental health services for adults of working age
    - Wards for people with a learning disability or autism
    - Mental health crisis services and health-based places of safety
    - Specialist community mental health services for children and young people
    - Community-based mental health services for older people, people with a learning disability or autism
- **Mental Health non-core and specialist services**
    - Community eating disorder services
    - Inpatient eating disorder services
    - Community perinatal services
- **Acute – Community health core services**
    - Community health services – adults' community, children, young people and families and end of life care
- **Primary Care Services**
    - GP practices
    - Out of hours GP service

The most recent CQC assessment of the Trust (undertaken in 2020) rated it as 'Good overall, with it being regarded as outstanding in one category. (Figure 3).

Figure 3 - CQC Assessment



Vision and Strategic Direction

The Trust's Five-Year Strategy outlines how the Trust will provide the best care in the right way in the right place at the right time, with joined up care across health and social care.

The Trust's Strategic vision is to

"Work in partnership to improve health and well-being by providing high quality, person-centred care."

There are 8 strategic ambitions that directly relate to how the Trust will achieve its vision, as shown below. These strategic ambitions have driven the specific investment objectives that have been identified for the project (See section 2.10).

1. We will serve the people of Cheshire and Wirral (and beyond) through identifying need, reducing inequalities, and improving outcomes for all.
2. We will support the development of capability, resilience, and social value within communities.
3. We will serve the communities by working in partnership with others and providing care that influences advocates and support.
4. We will support the provision of integrated services that are outstanding, evidence based, and enable equitable access for all.
5. We will make the best use of the resources available to us and will allocate them according to need and best value outcomes.
6. We will use our influence, physical presence, and assets to reduce inequalities and improve the environment.
7. We will be person-centred and value-based and make CWP a place which enables people to be the best that they can be.
8. We will continuously improve, innovate and share our learning across communities.

Each objective has been defined through working with partners and people with lived experience in order to clearly set out what the Trust needs to achieve.

Figure 4 - Objectives

Objective	Requirement
Improving health, care and wellbeing	• Working within communities in partnership with the people who access our services, third sector and other health and care partners • Ensuring our service delivery emphasises health promotion and prevention • Contributing to the Cheshire and Merseyside No More Suicide partnership with the ambition of zero suicide
Working with communities	• Delivering person-centred services focused on care communities and dedicated to whole-person wellbeing. • Focusing on areas of local deprivation and working in partnership with communities to develop services to meet local needs. • Developing and providing access to education and training opportunities with and for stakeholders
Working in partnership	• Supporting the carers and families of those who access our services. • Being influential in Integrated Care Partnerships and working with Local Authorities and community partners to meet local needs. • By ensuring that all people who access CWP services are also supported by partners who support wider determinants of health
Delivering, Planning and commissioning services	• Commissioning services through other partners and leading in Provider Collaboratives • Ensuring delivery of services that are outstanding, evidence-based and enable equitable access and outcomes for all. • Ensuring provision of integrated physical and mental health services centred on care communities. • Ensuring that all care pathways focus on what matters most by being co-produced with those accessing or affected by services
Making best value	• Delivering high quality care that reduces unwarranted variation in outcomes and cost. • Supporting the provision of sustainable care within the limits of financial, social and environmental resources • Enhancing social value within our communities • Using benchmarking and continuous improvement to ensure our services provide value for money
Reducing inequalities	• Tackling social injustice • Being an Anchor Institution in our communities • Being good citizens with a social conscience. • Contributing to improving environmental sustainability • Collaborating with partners to address economic poverty and eliminate digital poverty within our population
Enabling our people	• Ensuring that everyone within CWP knows they belong and has the confidence to make their own unique contribution. • Providing opportunities to develop knowledge and skills and to fulfil our potential. • Creating a place of positive health and wellbeing and, through our policies and practices, treating colleagues equitably and fairly. • Being a community of people which is representative of the communities we serve.
Improving and innovating	• Building Quality Improvement Capability (capacity, competence and confidence) in our people, volunteers and peer support workers. • Conducting research and implementing research findings consistently and at scale to benefit the public and increase knowledge. • Using national and international evidence to develop learning and innovation • Supporting and encouraging innovation. • Developing our digital capability

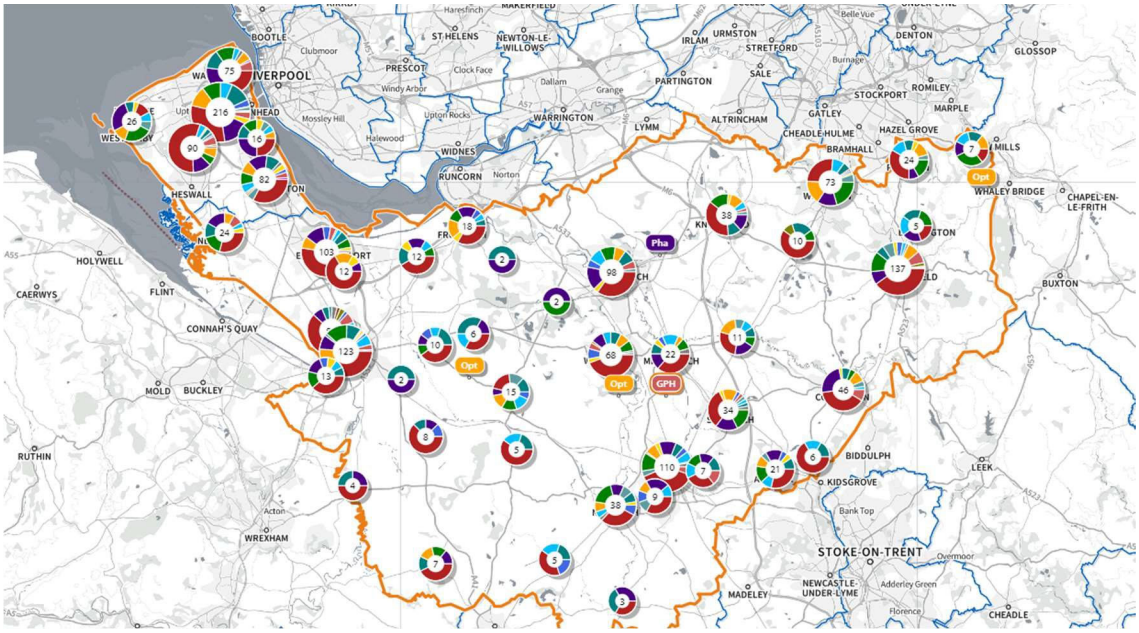
The Trust also commits to reducing inequalities and improving the overall wellbeing of the local people they serve. This means that, alongside their core business, they will play a significant role in making a strategic contribution to the local economy. As such, seek to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental wellbeing of the local population. As a result of this, The Trust will:

Figure 5 - The 6 C's

- Focus on tackling health inequalities, removing the barriers to enhancing wellbeing for all
- Maximise local investment, recognising the social, economic and environmental benefits of doing so
- Increase local employment and training opportunities for local people, especially from areas of High deprivation and unemployment
- Be recognised as a good employer, provide outstanding careers, ensuring our employees have a positive and fulfilling experience and empowering our staff to deliver outstanding services every day
- Champion equality, diversity and inclusion, recognising people from different backgrounds and experience make a valuable contribution to the way in which we work
- Be greener and sustainable, recognising the impact we have and could have on the environment

The map at Figure 6 shows the geographical location between the Trust and its ICS health partners.

Figure 6 - Geographical Location between Trust and ICS



This map includes a wide range of partner organisations including:

- Primary care
- Secondary care
- Care Homes
- Children's Centres
- Mental Health Facilities
- NHS Trusts
- NHS Property Services & LIFT
- Urgent & Emergency Services

CWP Clinical Strategic Direction

The Trust has an ambition to transform clinical services in order to provide the best care in the right way in the right place at the right time, with joined up care across health and social care. This ambition, as it aligns with the services detailed in this SOC, focuses on the 6C's:

- **Care**
    - To be more than just a support service. To work in partnership with clinicians, and to share the responsibility in delivering person-centred care.
- **Competence**
    - To ensure the department has the right combination of skills, training and knowledge to assure the board that the build environment is safe, fit for purpose and compliant to all standards.
- **Courage**
    - To establish a culture of learning from our mistakes and building on our successors.
- **Communication**
    - To acknowledge that talking, learning and listening to colleagues, patients and carers is the most effective way of improving our service.
- **Commitment**
    - To collaborate and work in partnership in order to achieve our goals.
- **Compassion**
    - To do our best to improve the lives and opportunities of our patients.

Estates Profile and Strategic Direction

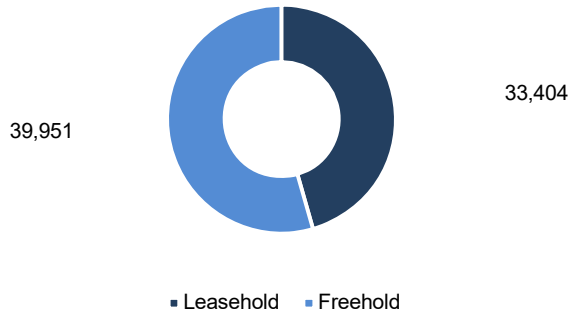
The Trust has a Board-approved Estates and Facilities Strategy 2022-2027. The priorities for estate investment and development have been based on the Trust's Clinical Services Strategy.

The priorities for 2022-2027 are:

1. The Quality of the Estate
2. Demand and Capacity
3. Rationalisation of the Estate
4. Adaptability and Flexibility of the Estate
5. Inpatients Transformation
6. Outpatients Transformation
7. Community Care
8. Digital Empowerment
9. Environmental Performance
10. Surplus Land and Estate for Disposal
11. Prioritised Capital Programme Planning
12. Workforce and Work Environment

The Trust currently deliver their services from a varied portfolio made up of freehold and leasehold assets, which are constantly evolving as services are delivered from different locations. The split between freehold and leasehold properties, in terms of their square meterage is shown below:

Figure 7 - Tenure



Green Plan

An integral part of the Estates Strategy is the planned reduction of carbon usage. The overall NHS commitment is to be Carbon Net Zero by 2040 with interim targets in 2030. The Trust's Green Plan vision is:

"We will work through our Green Plan to achieve a net zero NHS, reduce harm to the environment and to improve health outcomes and wellbeing for the people of Cheshire and the Wirral, now and for future generations. Drawing on our people, our values, and position as an anchor institution, we will incorporate sustainable development into everything we do. "

The Trust highlights their ambition to help the NHS become the first health service in the world with net zero greenhouse gas emissions. The focuses of the Green Plan are:

- Incorporating net zero actions, such as improving the energy efficiency of the built estate, decarbonising heating systems and strengthening sustainable procurement practices
- Developing a robust climate change adaptation plan
- Enhancing net zero awareness and skill bases across clinical and non-clinical areas of the Trust
- Strengthening our data collection processes to allow, refined target-setting, monitoring and action planning
- Developing green travel plans for staff, patients and visitors and purchasing/leasing ultra-low emissions or zero emission fleet vehicles

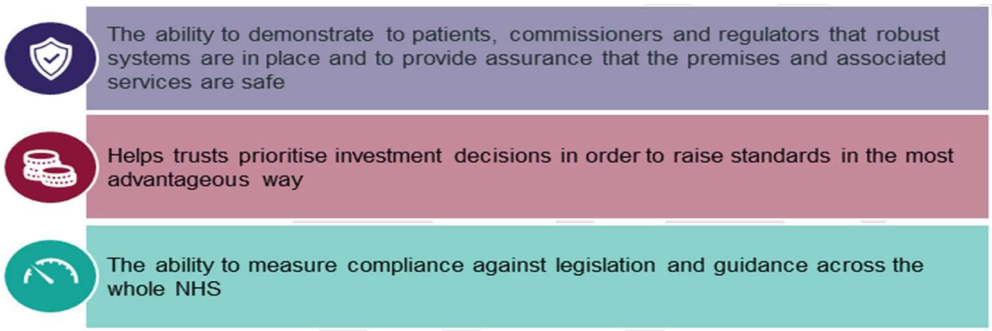
Operational Estates Performance – NHS Premises Assurance Model 2021

The Trust has undertaken a self-assessment of operational and strategic estate management and completed the NHS mandated Premises Assurance Model. This model supports boards, directors of finance and estates and clinical leaders to make more informed decisions about the development of our estate and facilities services and provides assurances that the estate is safe, efficient, effective and of high quality.

In 2013, the first NHS Premises Assurance Model (NHS PAM) was published. Since then, the model has been regularly updated by the Department of Health and Social Care and the NHS.
The latest version has been updated to reflect feedback from users and the working group, the NHS Constitution and changes in policy, strategy, technology and regulation. These updates ensure the model is as useful and effective as possible for Trusts.

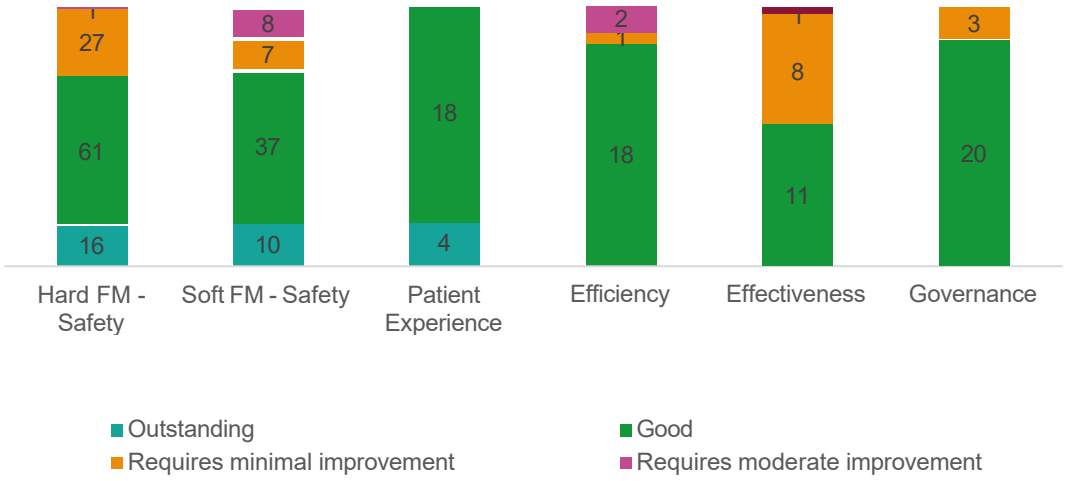
Functions and benefits of the model are included in Figure 8:

Figure 8 - Functions and Benefits



The results of the 2021 PAM assessment (Figure 9) report a high level of compliance with the expectations of NHS Estates and highlights areas where further improvements required.

Figure 9 - 2021 PAM Assessment



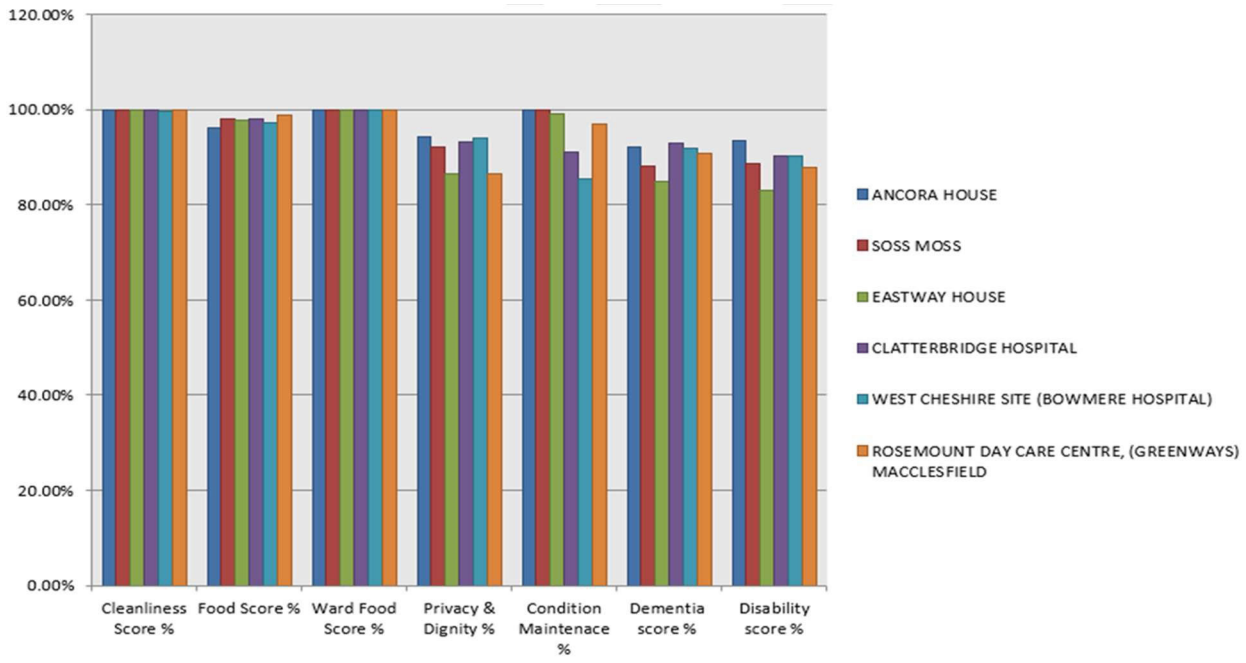
Patient Led Assessments of the Care Environment (PLACE)

Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

April 2013 saw the introduction of PLACE, which is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors, but others are also encouraged and helped to participate in the programme.

The PLACE collection underwent a national review, which started in 2018 and concluded in summer 2019. The Trust estates team facilitated the 2019 PLACE inspection based on the new guidelines the results of which are illustrated in Figure 10. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. The results of the PLACE inspection directly inform the Trust capital programme for targeted investment in patient environments. An example of this, as a result of the 2019 PLACE inspections, the board approved capital programme has included a cyclical programme of ward refurbishments.

Figure 10 - NHS Patient-Led Assessment of the Care Environment Collection, NHS Digital



Statutory Compliance

Estate compliance is co-ordinated, managed and reported by the Compliance Support Officer (CSO) for Infrastructure Services. Systems in place include a central dashboard for management of outsourced maintenance, a separate dashboard for in-house certificated maintenance, planned preventative maintenance software program licensed from Micad and water management software programme

licensed from Zetasafe. Systems were reviewed by MIAA during September to November 2020 and given a substantial level of assurance. The systems and reports introduced by the CSO enhanced those already in place and were critical in reaching this level of assurance.

As of 20 December 2021, overall compliance position was at 95% covering 1,908 assets over 36 compliance elements. This covers compliance disciplines outsourced to external service providers and services provided by the in-house trade team.

2.5 Key Partner Organisations Overview

Wirral University Teaching Hospital

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) serves a population of about 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider Northwest area.

The Trust operates from two main sites:

- Arrowe Park Hospital, Upton – Delivering a full range of emergency (adults and children) and acute services for adults in the main hospital building. The Wirral Women's and Children's Hospital provides maternity, neonatal, gynaecology, children's inpatient, day case and outpatient units.
- Clatterbridge Hospital, Bebington – Delivers planned surgical services, dermatology services, breast care and specialist stroke and neuro rehabilitation services.

Outpatient services are provided from community locations including:

- St Catherine's Health Centre, Birkenhead – providing x-ray, community paediatric services, paediatric audiology and a range of outpatient clinics.
- Victoria Central Health Centre, Wallasey – providing x-ray, some outpatient services and antenatal clinic.
- GP practices, schools, and children's

centres. The Trust provides a full range of services

including:

- Accident & emergency services for adults and children
- Diverse range of acute and non-acute specialties
- Outpatient services
- Day surgery services
- Maternity including a midwifery led unit
- Diagnostic and clinical support services
- Specialist services including renal medicine, dermatology, orthopaedics (hip & knee revisions), ophthalmology (retinal), urology (cancer centre), stroke (hyper-acute unit), gynaecology (advanced laparoscopic endometriosis centre), neonatal level 3 unit and Ronald McDonald House a charity home providing accommodation for parents of sick children and premature babies.

WUTH is one of the largest hospitals in the North West and their vision, values, foundations and strategic objectives are highlighted below (Figure 11):

Figure 11 - WUTH Visions, Values, Foundations and Strategic Objectives

Wirral Metropolitan Borough Council

Wirral Metropolitan Borough Council, or simply Wirral Council, is the local authority of the Metropolitan Borough of Wirral in Merseyside, England. It is a metropolitan district council, one of five in Merseyside and one of 36 in the metropolitan counties of England and provides the majority of local government services in Wirral. It is a constituent council of Liverpool City Region Combined Authority.

The council delivers a wide range of services broken down into the following departments:

- Children, Families and Education including:
    - Early Help and Prevention
    - Education
    - Children and Families
    - Modernisation and Support
- Resources
    - Early Help and Prevention
    - Education
    - Children and Families
    - Modernisation and Support
- Neighbourhood Services
    - Highways

    - Transport
    - Parks, Environment and Climate Change
    - Libraries, Leisure and Customer Engagement
    - Neighbourhood Safety and Transport
- Regeneration and Place
    - Regeneration
    - Asset Management and Investment
    - Housing
    - Planning and Building Control
    - Special Projects
    - Culture and Visitor Economy

Local Plan Vision for 2037 is that Wirral offers a high quality of life to all and is an attractive place to live. It provides an active, productive, safe and healthy lifestyle in vibrant culturally rich communities across the Borough. It is an environmentally sustainable and prosperous Borough with a strong sense of place and identity, a place that people are proud to call home and want to invest in. Its success complements the attractiveness of, and makes a significant contribution to, the economic competitiveness and international standing of the Liverpool City Region.

2.6 Population and Demography (CWP Catchment)

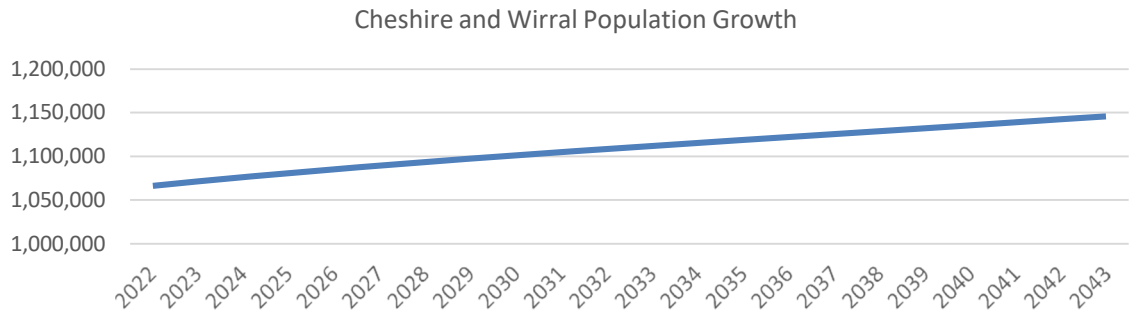
The catchment of CWP is ethnically diverse and characterised by economic inequality. As a result, there is a higher need for access to health services, including mental health. Figure 12 summarises key demographic statistics for the Trust's population.

Figure 12 - Trust Demographics

Category	Demographic Profile
Age	• Cheshire has an ageing population, with 23.9% of people being over 65 years old. • **The average age of the population in Wirral is 38.06 which is below the regional and national averages.**
Ethnicity	• 10.12% of those living in Cheshire identify with a non-white ethnic group. • **7.1% of those living in Wirral identify with a non-white ethnic group.**
Deprivation	• Wirral is one of the 20% most deprived boroughs in England, with a quarter of children living in low-income families.
Life expectancy	• The life expectancy for those living in Wirral is 81.6 years. • **The life expectancy for those living in Cheshire East is 80.3 years.**
Unemployment	• Over 9,000 people claim unemployment benefits in the Wirral. • **The unemployment rate in Cheshire West and Cheshire and Halton is 3.4% and 4.4% respectively. This is lower than the national average of 4.8%.**

ONS data (Figure 13) highlights that the population of Cheshire and Wirral is set to increase by 7.2 % from 2022 (1,066,265) – 2043 (1,145,609).

Figure 13 - Cheshire and Wirral Population Growth



ONS data (Figure 14) highlights that the population of Wirral is set to increase by 3.2 % from 2022 (325,816) – 2043 (336,348).

Figure 14: Wirral Population Growth 2022 - 2043

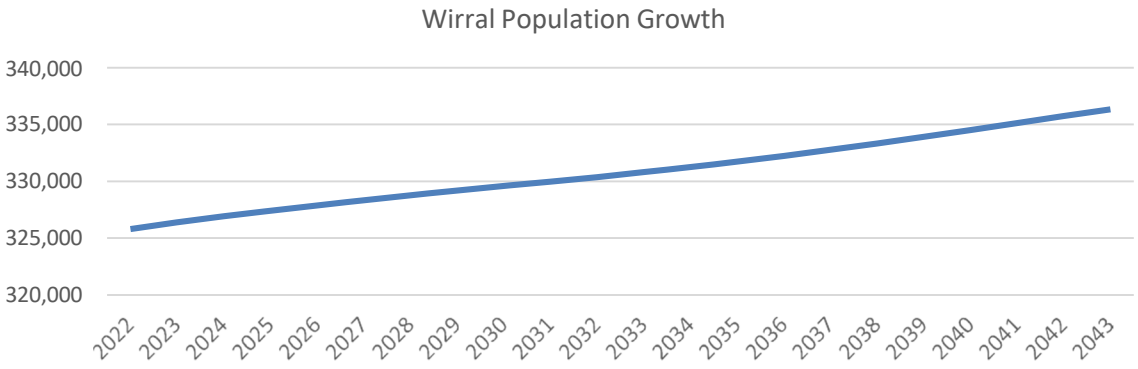


Figure 15 shows that the 0-19 population is set to decrease by 6.6%, as well as the 20-64 population which is set to decrease by 2.4%, however the 65+ is set to increase substantially by 23.5%.

Figure 15: Wirral Population Growth 2022 – 2043 by Age Group

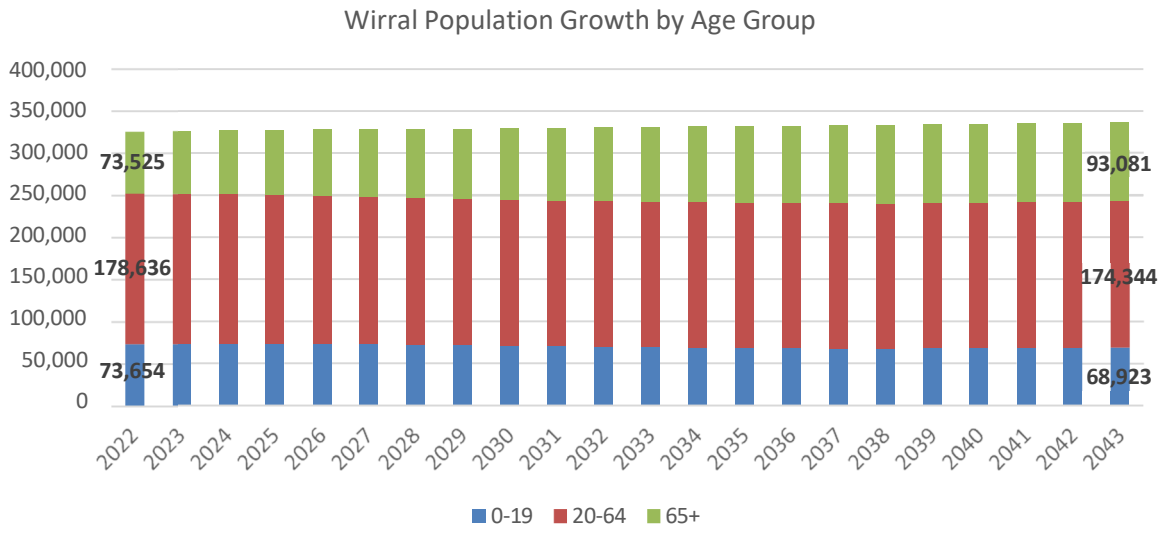


Figure 16 highlights the wider determinants of health for Cheshire and Wirral:

Figure 16: Wider Determinants of Health - PHE

Indicator	Period	England	Cheshire East	Cheshire West and Chester	Wirral
Life expectancy at birth (Female)New data	2018 - 20	83.1	83.8	83.4	81.6
Life expectancy at birth (Male)New data	2018 - 20	79.4	80.3	79.7	77.8
Inequality in life expectancy at birth (Female)	2018 - 20	7.9	7.2	7.8	11.5
Inequality in life expectancy at birth (Male)	2018 - 20	9.7	9.5	9.8	13.7
Mortality rate from causes considered preventable (2016 definition)	2016 - 18	180.8	164	179.6	214.7
Under 75 mortality rate from causes considered preventable	2021	183.2	142.5	174.2	218.4
Under 75 mortality rate from all cardiovascular diseases	2021	76	64.8	75.1	77
Under 75 mortality rate from cancer	2021	121.5	109.5	116.6	140
Under 75 mortality rate from liver disease	2021	21.2	20.5	24.7	25.5
Under 75 mortality rate from respiratory disease	2021	26.5	20.2	22.8	40.6
Health related quality of life for older people	2016/17	0.735	0.764	0.737	0.718

Part B: The Case for Change

2.7 Existing Arrangements

Current Wirral Crisis Response Services

CWP are in the process of developing an adult First Response Service that will bring together the different teams and functions that provide support to people experiencing a self-defined crisis. The following functions make-up the First Response Team (FRS):

- Home Treatment
- Liaison Psychiatry
- Street Triage
- 24/7 Crisis Line
- Criminal Justice Liaison
- CWP enhanced transport

The FRS is also working closely with Children Young People and Families (CYP&F), Learning Disability (LD) Neurodevelopment Disorder (NDD) and Acquired Brain Injury (ABI) teams and their urgent response services to provide an integrated approach to people in mental health crisis across all ages.

In addition, the following partners also work closely with the FRS:

- Northwest Ambulance Service (NWAS)
- Police
- Local Authority Emergency Duty Team
- Crisis Café Providers
- ISL (Organisation who provide tailored services at home and in the community to enable people to reach their potential and achieve their goals)
- Red Cross

These multiple providers and teams however are currently accommodated at multiple sites across the Wirral geographical footprint.

The primary focus for services users currently accessing crisis response services is the emergency department (ED) at Arrowe Park Hospital and the ED is also the current designated “place of Safety” under section 136 of the Mental Health Act 1983.

The current delivery model increases the risk of fragmented care pathways, limited system oversight and poorer experience of services for both those that access care and those that provide care and support.

The current service issues include:

- Poor experience of Emergency Departments for service users in mental health crisis, especially in section 136 suites.
- The quality of environments varied, with some not being fit for purpose.
- Cheshire and Wirral are a national outlier on section 136 provision.
- Increasing demand within acute care especially in emergency medicine.
- Service users do not think of “NHS 111 First” pathways for mental health.
- Unwarranted variation in acute care pathways and multiple hand offs and transitions across the pathway of care.
- Physical health and mental health not integrated within urgent care pathways.
- Multiple assessment from multiple providers.

Estate

As noted in the section above urgent care in mental health services are focused on the Arrowe Park Hospital site in terms of service users in crisis who attend the ED on the site. However, the teams which deliver these services are based on different sites including:

- Crisis Resolution Home Treatment Team – Springview, Clatterbridge Health Park
- Liaison Psychiatry Team and Street Triage – Arrowe Park Hospital.
- Local Authority Emergency Duty Team - Stein Centre, St Catherine's

Hospital Figure 17 shows the current site plan for Arrowe Park Hospital.

Figure 17 - Site Plan

The ED at Arrowe Park Hospital is currently undergoing extensive refurbishment as part of a £28.8m upgrade due to be completed in Spring 2023. This upgrade will provide better accommodation for patients who have parallel physical and mental health needs, with an area which has four consulting rooms where patients presenting with a mental health condition can be cared for. Each room will be fully anti-ligature and compliant for escape if required. Whilst the area does not have a true defined 136 suite, it will be a suitable environment for a patient to be detained under sections 135 / 136 of the Mental Health Act whilst also receiving care for physical health.

Specific areas for improvement across Wirral in terms of supporting people in metal health crisis include:

- Requirements for dedicated alternative place of safety on the Wirral with suitable accommodation for patients in mental health crisis who do not necessarily require physical health interventions.
- De-escalation/quiet room to be provided as part of a dedicated 136/place of safety suite.

- Delivery of crisis response services from a building that delivers a calming and therapeutic environment, providing a non-clinical experience.
- Facilities which enable teams and services to work together in a more integrated way.

2.8 Crisis and Urgent Care Transformation Programme

The Crisis and Urgent Care Transformation Programme highlights the following key objectives:

- To provide an open, accessible mental health crisis line for people in self-defined crisis. Demonstrating the Crisis Lines achievements, targets, demand, accessibility and outcomes from contacts and calls etc.
- To develop and implement Assessment Suites in each locality and demonstrate the impacts on contacts, ED and diversion including provision of 136 facilities where required.
- Demonstrate improved patient experience, including reduction in waiting times, alternatives to section 136 and access to alternative support within the community. Demonstrate a seamless all age approach for patients in self-defined crisis.
- Transform the response culture; reduce silos through an inclusive approach to engagement by developing the Trust wide First Response Service.
- Development of Integrated Urgent Care Centre's Trust wide.

2.9 Urgent Response Model of Care

Service Model

The purpose of crisis and urgent Care Transformation as set out in the NHS Long Term Plan is to support multidisciplinary working and enable a more effective response to patients, by providing fast and efficient care closer to home, improving patient care and experience, whilst reducing unnecessary ED attendances. The Trust are working on transforming service delivery, by bringing services together, with an aim to ensure that patients get the right care, in the right place, whenever it is needed.

As well as increasing capacity and improving models of traditional NHS crisis care services, implementation of these ambitions will include a central role for NHS-funded voluntary sector services in providing complementary and alternative models of crisis care. It is expected that NHS services will work alongside other system partners to deliver comprehensive and accessible local crisis care pathways.

The creation of integrated URC's across the Trust is an innovative and ambitious response to support those with emergency mental health needs that don't require acute medical intervention. The Trust is keen to provide a 'one stop shop' to be able to cater to emergency primary mental health crisis and minor health complaints.

The multi-agency model of care has the potential to deliver the following benefits:

- Benefits to service users:
  - Great experience of integrated, joined up care and support when experiencing a crisis.
  - Right place, right time, right person principle reducing transitions, hand-offs and multiple assessments.

- Benefits to people supporting and providing care and support:
    - Peer support, improved morale
    - Clear standards and operational guidelines
    - Better value from resources through a shared approach of skills, knowledge and assets

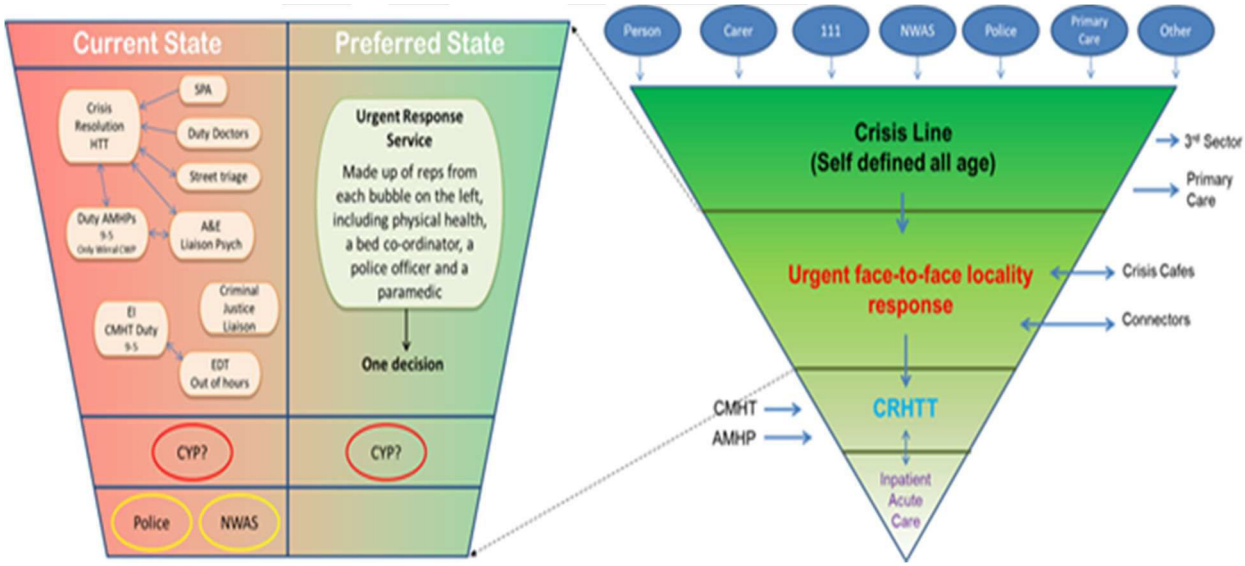
- Benefits to system:
    - Opportunity for greater collaboration
    - Escalation of strategic issues for resolution
    - Strategic problem solving
    - Better value from resources

The Trusts multi-agency model of care reduces waste, provides a better experience for all, is person centred and enables those accessing the integrated urgent care offer to define their own crisis, through a one front door approach, servicing all age and care groups.

The ambition is to provide a thorough therapeutic and holistic psychiatric evaluation, by a multi skilled mental health workforce, in a site that has been designed to offer the up most compassion and care.

The Trust have developed this model which highlights their current state and desired state for the pathway (Figure 18):

Figure 18 – The Trust's Urgent Care Model



This model shows that the Crisis Line can be accessed through numerous means, such as, individual, Carer, NHS 111, NWAS, Police, Primary Care and can be dealt with in several ways, including linking in with the 3rd Sector and Primary care provision.

The development of the URC is central to the development of a First response approach to delivering an urgent care mental health response for people of all ages in crisis who do not require ED attendance.

Opportunities for a system wide response which is deployed from the FRS, including CYP&F and urgent support teams along with other partners will support effective triage and divert from ED into the community assets which will include Crisis Cafes and peoples' own homes. This should reduce footfall through the Wirral ED as appropriate.

The URC will create a centralised point within the Wirral footprint for all urgent 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 ED 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 NWAS and Police forces, and therefore ensure people with mental health needs are not being conveyed to ED unless they require more acute physical health interventions.

The next stage in the implementation of the model highlights the urgent face-to-face locality response, as noted previously this is currently disjointed, with multiple services trying to support the service users in an isolated matter. The preferred state highlights the desire to bring these services together with the need for improved collaboration, to ensure the needs of the patients are met in the right place at the right time. This will also allow for improved efficiencies and better-quality outcomes.

If a face-to-face assessment is required, and this cannot be completed within the individuals' home, crisis café or other community setting the URC will have available assessment rooms where people can be seen by the most appropriate practitioner in a suitable environment. The facilities will be provided to support all ages along an alternative place of safety for individuals who have been detained on section 136 of the mental health act. If more acute services are required, the service user may be referred to crisis resolution home treatment teams or inpatient acute care.

Environment to Deliver Service Model

The URC will have a multi-disciplinary team (MDT) approach. This will require close working across the different organisations which can only be achieved when there is a clear direction, focus and goal which every individual is working towards. The centre will be led by a team with many years' experiences and a special understanding for the diverse service user cohort. The staffing model also includes the ambition to provide minor physical health care within the centre.

The suggested services and teams based at or visiting the unit are highlighted below:

- Learning Disability
- Adults Mental Health Team
- Police
- Ambulance Service
- Local Authority– Emergency Duty Team
- CYP&F
- Neighbourhood Teams
- Home Treatment Teams

- Liaison Psychiatry
- Older Peoples Team
- Safeguarding Team
- Drug and Alcohol Team

2.10 Project Investment Objectives

The project investment objectives associated with this SOC are shown below. The measures associated with the project objectives have been used as the basis of the economic appraisal in the Economic Case, and the benefits realisation plan identified in the Management Case. The project investment objectives are based on the need for the Wirral URC to support the delivery of a joined up integrated model of care for service users in crisis, commissioning requirements and organisational objectives.

Figure 19 - Investment Objectives

Investment Objective 1	Location of the Wirral URC
Definition	• Bolstering existing service provision, both acute and community • Optimising co-location of resources • Parity of access • Supporting people in crisis in the best possible location

Investment Objective 2	To provide a therapeutic environment for service users in crisis.
Definition	• Ensuring care is delivered in a calm, therapeutic and secure space • Supporting the varying needs of service users e.g. autism and dementia friendly • Enabling delivery of high-quality care in appropriate accommodation • Improving service user experience

Investment Objective 3	Patient and staff experience
Definition	• Fit for purpose for both staff and service users • Enabling co-location for colleagues whilst ensuring separate access for service users • Considering access to the facility in conjunction with wider acute and community offering

Investment Objective 4	Demand and future proof
Definition	• Reducing pressure on existing emergency department • Reducing pressure on existing place of safety facilities • Enabling appropriate deflections away from the ED • Supporting improved mental health capacity in the Wirral and management of future demand

Investment Objective 5	Partnership working – enabling the model of care
Definition	• Ensuring the facility acts as a key enabler for the delivery of the model of care for mental health services in the Wirral • Ensuring parity of access for all • Enabling better partnership working between primary, secondary, third sector, social care and other key partners.

2.11 Business Needs

This section identifies the 'business gap' in relation to overall existing arrangements i.e. the difference between 'where we want to be' (as suggested by the proposed model of care and the investment objectives) and 'where we are now' (in terms of existing arrangements for the service). This highlights the problems, difficulties and inadequacies associated with the status quo. The table below (Figure 20) outlines the existing arrangements and describes the problems with these existing arrangements in order to identify business need.

Figure 20 - Business Needs

Investment Objective 1	Location
Existing Arrangements	Urgent care in mental health services are focused on the Arrowe Park Hospital site in terms of service users in crisis who attend the ED on the site or in the community, however the teams which deliver these services are based on different sites across the Wirral Geography.
Business Need	Development of a centralised URC where teams can be collocated in order to: • Bolster and improve existing service provision, both acute and community. • Colocation of physical and mental health services on one site. • Optimising co-location of resources and the associated improvements in patient outcomes. • Parity of access. • Supporting people in crisis in the best possible location.

Investment Objective 2	Therapeutic Environment
Existing Arrangements	Currently services are delivered in a variety of locations including the ED at Arrowe Park, although the facility is undergoing significant investment and will have some assessment rooms it will not have a dedicated 136 area and still be part of a more clinical feeling acute hospital department.
Business Need	A new URC will provide dedicated accommodation for people in mental health crisis but who do not need the acute physical support of an ED department, a specifically designed facility will: • Ensure care is delivered in a calm, therapeutic and secure space. • The facility can **be non-clinical and non-institutional**. • Support the varying needs of service users e.g., autism and dementia friendly. • Enabling delivery of high-quality care in appropriate accommodation. • Improving service user experience.

Investment Objective 3	Patient and staff experience
Existing Arrangements	Currently services are delivered in a variety of locations including the ED at Arrowe Park, although the facility is undergoing significant investment and have some assessment rooms it will not have a dedicated 136 area and be part of a more clinical feeling acute hospital department.. The teams which deliver these services are based on different sites across the Wirral Geography and this leads to a number of issues as noted previously in the SOC.
Business Need	A URC which will provide dedicated therapeutic accommodation for people in mental health crisis but who do not need the acute physical support of an ED department, whilst still being collocated with the ED on Arrowe Park Hospital, should patients' acuity in terms of physical health deteriorate. Also enable co-location for colleagues and provide dedicated staff welfare facilities.

Investment Objective 4	Demand and Future Proofing
Existing Arrangements	The lack of dedicated alternative facilities for people in mental health crisis along with dedicated place of safety/136 provision adds to the pressure on the ED at Arrowe Park. Also, the dispersed nature of the various teams does not promote integrated or coordinated pathways for people in mental health crisis.
Business Need	Development of a dedicated URC collocated with the ED at Arrowe Park Hospital which can support with: • Reducing pressure on existing emergency department • Reducing pressure on existing place of safety facility within the ED. • Enabling appropriate deflections away from the ED and support care in the right place at the right time for patients. • Supporting improved mental health capacity in the Wirral and management of future demand. Supporting integrated and coordinated care by all partners for people in crisis.

Investment Objective 5	Partnership Working - Enabling the Model of Care
Existing Arrangements	The teams which deliver mental health crisis response services are based on different sites across the Wirral Geography, which can lead to disjointed working, multiple assessments and handoffs for people in crisis.
Business Need	A dedicated URC with space for all the associated teams and partners to come together in an MDT approach which will: • Ensure the facility acts as a key enabler for the delivery of the model of care for mental health services in the Wirral. • Ensure parity of access for all. • Enable better partnership working between primary, secondary, third sector, social care and other key partners.

2.12 Potential Scope

The potential scope for the project has been developed based on the investment objectives and business needs identified in the previous section. The scope has been assessed against a continuum of need ranging from minimum to maximum (Figure 21).

Figure 21 - Potential Scope

	Minimum	Intermediate 1	Intermediate 2	Intermediate 3	Maximum
Potential Scope	Improved UR assessments co-ordinated by the crisis line to support ED but teams not collocated	Urgent Response assessments all undertaken in people's homes or the community, with teams collocated but	Provision of co-ordinated UR assessments to support ED with teams collocated in a URC but with	Provision of co-ordinated UR assessments, with teams co-located and new 136 provision within a URC - BUT not collocated with	Provision of additional suitable assessment space to support ED with teams collocated and new 136

	Minimum	Intermediate 1	Intermediate 2	Intermediate 3	Maximum
	and no new 136 provision	with no new 136 provision	no new 136 provision	ED but with a service user transport service in place.	provision within a URC collocated with ED on Arrowe Park

This business case will take forward the maximum scope which is to provide fit for assessment space to support ED with teams collocated and alternative 136 provision.

2.13 Benefits Planning

Based on the investment objectives and the agreed scope of works, benefits have been identified as categorised as follows:

- CRB – cash-releasing benefits (e.g., avoided costs)
- Non CRB – non-cash-releasing benefits (e.g. staff time saved)
- SB – societal benefits (e.g., achievement of targets)
- UB – unmonetisable benefits (e.g., improvement in staff morale)

Figure 22 shows the main categorised benefits.

Figure 22 - Benefit Log

	Benefit	Description
NCRB	**Reduction in ED Attendances**	Reduction in ED attendances through delivery of the scheme and provision of alternative pathway for people in mental health crisis.
NCRB	**Reduction in incidents**	Reduction in the number of incidents reported in the Trust's incident recording system through improved throughput, increased capacity and treatment of patients in the most appropriate setting
NCRB	**Reduction in incidents of physical aggression and/or harm**	Reduction in incidents against different categorisation to B2 above. Reduction in incidents; Patient on Patient, Patient on Staff, self-harm and patient behaviour, incidents of damage to property,
NCRB	**Improvement against 4-hour quality standard - Patient Flow**	Improved Trust performance against the 4 Hour Quality Standard through management of service users in the most appropriate setting. Reduced attendance at ED and therefore reduced wait times
NCRB	**Reduced Wait times for people in Mental Health Crisis**	As per B4 with specific reference to people attending in mental health crisis. Reduction in overall wait time through being seen at the URC.
UB	**Improved patient/staff experience**	Improved patient/staff experience measured through performance against surveys etc.

NCRB	**Improves staff wellbeing**	Reduction in staff sickness. Reduced pressure on ED staff. Taking away disruptive patients. Reduction in sickness absence associated with the environment, and burnout.
NCRB	**Reduced Agency/Bank Spend**	"Reduced agency/bank spend through improved environment, retention etc.
NCRB	**Improved staff retention**	"Reduced costs associated with recruitment, and issues with retention
NCRB	**Out of Area Placements**	Reduction in Out of Area Placements through collective use of resources, alternative admissions pathways etc Further work is needed to understand the full scope of this benefit to understand where the cost sits, how the scheme might reduce the initial need for OOA, what level of potential repatriation can be achieved (if any) and what costs are currently being born by stakeholders in relation to OOA that the project may alleviate.
NCRB	**Delays in transfer of care**	Reduced service user Length of Stay through reduced delays in transfer of care by managing patients in the most appropriate setting
NCRB	**Wider benefit linked to the other sites in the model.**	"Improved system performance in regard to management of mental health crisis with the project acting as an enabler to the wider model of care and supporting other URCs across the patch.
SB	**Reduced Time for patient attainment of Improvement in Quality Adjusted Life Year (QALY) score**	Increased speed of attainment of improved QALY scores through improved quality of care, additional space for wider ranges of interventions and better flow through the system

2.14 Strategic Project Risks

The indicative strategic risks associated with the planned investment, plus the management actions to assist in their mitigation, are shown at Figure 23.

Figure 23 - Risk Log

Risk Heading (there is a risk of)	Description and Consequence	Management Action
Project Management		
Insufficient resources in CWP/System to properly manage the project, contractors and design team caused by limited resource	Potential delay to programme caused by lack of resources	• Ensure adequate internal resource with the required skill set and experience to manage a capital project of this nature. • Allow for funding in the capital costs for internal or external project support.
Approvals		
Failure or delay to obtain relevant approvals (Business Case, planning approvals etc.)	Delay or termination of the programme.	• Early engagement with ICS and NHSE to discuss potential funding routes. • Early engagement with the local planning authority. • Ensure adequate internal resource

Risk Heading (there is a risk of)	Description and Consequence	Management Action
		with the required skill set and experience to manage a capital project of this nature.
Financial		
Potential cost overrun	Cost overrun meaning that the project becomes unaffordable	• Ongoing cost planning with cost advisor • Appropriate calculation of optimism bias and planning contingency
Failure to achieve capital funding for the project.		Ongoing liaison with ICS and NHSE
External		
External policy changes (e.g., Government removes funding on offer.)	No alternative funding source identified. Programme delays or termination.	Ongoing liaison with ICS and NHSE

2.15 Project Constraints, Dependencies and Interdependencies

As with all planned capital investments the programme is subject to potential constraints which have been identified and reviewed throughout the development of the proposals. The constraints and dependencies of the proposed development are laid out in Figure 24.

Figure 24 - Constraints and Dependencies

Element	How this is being managed	Constraint	Dependency	Assumption
Capital funding availability	• Early engagement with NHSE • Early engagement with the ICS.	✓		
Timescales and expectations around business case approvals	• Early engagement with ICS and NHSE	✓		
Site constraints	• Engagement with WUTH and CWP. • Engagement of healthcare planner to appraise future accommodation requirements		✓	
The project is reliant on planning permission in order to progress the scheme.	• Early discussions to take place with local authority planners.	✓		
Revenue costs to demonstrate financial viability to progress the project.	• Engagement with Trust finance team			✓
Success of the project is dependent on the budget being adequate to support the design and build of the new development and the project being delivered within the agreed cost envelope.	• Establish of workstream groups which report to the Programme Board			✓
The project is reliant on the capacity to deliver a capital scheme and will need to manage clinical, management, estates and facilities and corporate support services availability.	• Identification of resource capacity requirements for OBC and FBC		✓	

Element	How this is being managed	Constraint	Dependency	Assumption
The project will require the support of key stakeholders, including partners and the ICS.	• Ongoing liaison with ICS. • Ongoing engagement with partners.	✓		
The project will align to the Trust Strategy and four strategic priorities.	• Development of robust business cases aligning the scheme with national, regional and local priorities			✓

2.16 Equality Impact Assessment

Promoting equality and addressing health inequalities are at the heart of Trust values. Throughout these early stages of the project, the Trust has given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

Furthermore, the Trust will give regard to the need to reduce inequalities between patients with access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

An Equality Impact Assessment (EIA) will be undertaken at the next stage of the business planning process to ensure that are no needs or barriers which could affect people with protected characteristics, and the likely impact of the scheme is considered low. The EIA will then be reviewed monthly and reported to the Project Board. It is an iterative process and will be fully considered during the design phase to ensure any health inequalities and the 9 protected characteristics are fully considered.

3.0 ECONOMIC CASE

3.1 Critical Success Factors

Based on the case for change and the agreed project objectives as outlined in the Strategic Case, the critical success factors (CSFs) for the project are shown at Figure 25. The options considered in this case have been considered against these CSFs.

Figure 25 - Critical Success Factors

CSF	Description
Strategic fit and business needs	How well the option: • meets the agreed spending objectives, related business needs and service requirements, • provides holistic fit and synergy with other strategies, programmes and projects
Potential value for money	How well the option: • Maximisers the return on the required spend (benefits optimisation) in terms of economy, efficiency and effectiveness from both the perspective of the organisation and wider society. • Minimise associated risks.
Potential achievability	How well the option: • Is likely to be delivered in view of the organisation's ability to assimilate, adapt and respond to the required level of change, and • matches the level of available skills required for successful delivery.
Supplier capacity and capability	How well the option: • Matches the ability of the service providers to deliver the required level of services and business functionality, and • is likely to be attractive to the supply side.
Potential affordability	How well the option: • Meets the sourcing policy of the organisation and likely availability of funding, and • Matches other funding constraints.

3.2 Options Development Framework

An options development session took place with key management, estates and clinical stakeholders at the Trust and partners. The session focused on development of the long-List of scheme options. The session was carried out in line with HM Treasury guidance in developing the long list of potential options for the SOC in line with the key dimensions of the HM Treasury Options Framework, as outlined at Figure 26.

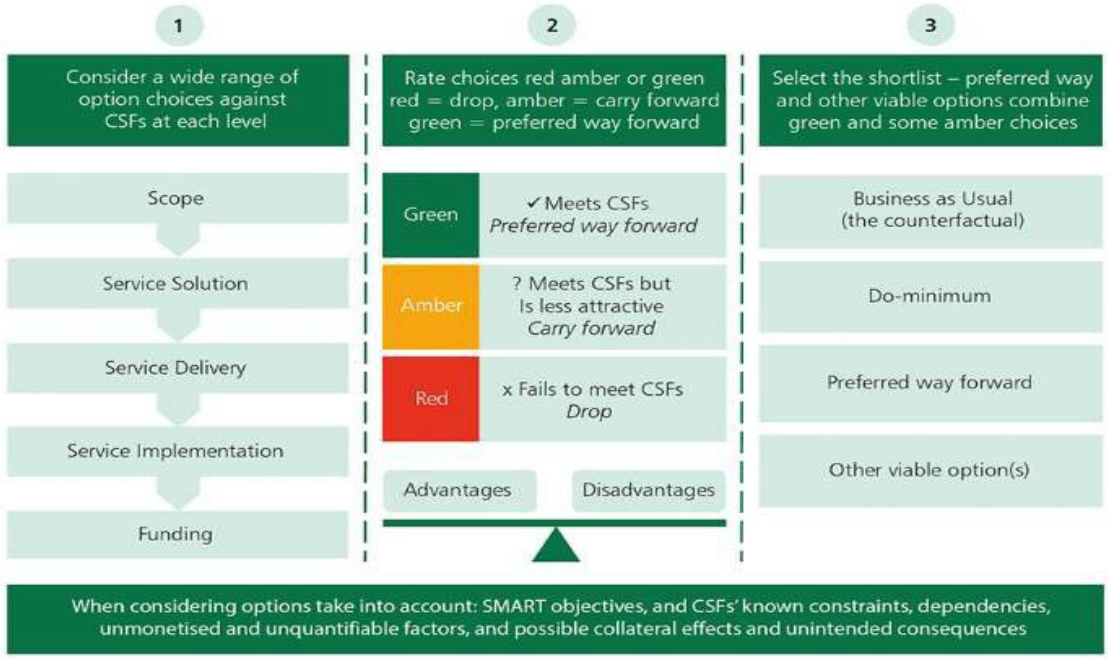
Figure 26 - HM Treasury Key dimensions of the Options Development Framework

Key Dimensions	Brief Description
Scoping Options	The "**what**", in terms of the potential coverage of the project. Potential scopes are driven by business needs, service requirements and the scale of organisational change required to improve service capabilities. Examples include coverage in terms of business functions, levels of service, geography, population, user base and other parts of the business.
Service Solution	The "**how**" in terms of delivering the "preferred" scope for the project. Potential service solutions are driven by available technologies, recognised best practice and what the marketplace can deliver. These solutions provide the potential "**products"** (inputs and outputs) and as such the enabling work streams and key activities required.

Service Delivery	The "**who**" in terms of delivering the "preferred" scope and service solution for the project. Potential options for service delivery are driven by available resources, competencies and capabilities - both internal and external to the organisation. Examples include in-house provision, outsourcing, alliances and strategic partners.
Implementation	The "**when**" in terms of delivering the "preferred" scope, solution and service delivery arrangements for the project. Potential implementation options are driven by deadlines, milestones, dependencies (between outputs), economies of scale, benefit realisation and risk management. The optimal option provides the critical path for delivery of the agreed products and activities and the basis for the project plan. Options for implementation include piloting, modular delivery, big bang and phasing (tranches).
Funding	The "**funding**" required for delivering the "preferred" scope, solution, service delivery and implementation path for the project. Potential funding options are driven by the availability and opportunity cost of public funding, value for money and the characteristics of the project. Potential funding options include the public or private capital, the generation of alternative revenue streams, operating and financial leases, and mixed market arrangements.

Use of the options framework-filter is considered best practice for consideration of a longlist of possible options. The method disaggregates the design of viable options into its basic components, breaking down the choices to be made into a sequence of logical steps. When constructing the longlist, a predetermined or complete final option should be avoided. Instead, the method supports the building of a number of alternative viable options by considering the logical sequence of option choices. This is an iterative process and in the initial pass through the framework minima, maxima and a provisional preferred way forward are identified. Variations around the preferred way forward, which at this stage is not a preferred option, are considered in the light of the choices made at the preceding levels of choice. Option choices that do not at least meet the "Do Minimum" requirement of meeting the core objectives must therefore be rejected at this stage. Figure 27 below shows the process in diagram form.

Figure 27 - HM Treasury Options Framework



Longlist consideration begins with the choice of service scope. The maximum and minimum potential scope should be identified. The minimum must, by definition be, the scope required to just meet the business needs, so it therefore meets the strategic objectives. The maximum may or may not be viable. Between these two extremes, examination in a workshop setting will generate valuable insights into viable possibilities. Several alternative option choices for scope between the maximum and minimum should be examined to test the effect on viability through considering the CSFs. Each choice should either be rejected or carried forward as possible.

The next choice concerns the service solution choice which is about how the required changes will be realised. On this first iteration of the framework filter this choice is made assuming that the preferred scope identified above is used. This approach continues until all option choices have been considered (see below - scope, solution, delivery, implementation, funding).

The focus of the options development session was the development of the service scope element, and was successful in generating four options, in addition to Business as Usual and Do Minimum benchmarking options. The options developed are outlined in Figure 28. The long list of options is detailed against the five options dimensions in Figure 29.

Figure 28 - Options Scope

Option	Scope
BAU	Fragmented service delivery model coordinated by the crisis line remotely.
Do Minimum	Improved UR assessments co-ordinated by the crisis line to support ED but teams not collocated and no new 136 provision
Option 1.0	Urgent Response assessments all undertaken in people's homes or the community, with teams collocated but with no new 136 provision
Option 2.0	Provision of co-ordinated urgent response assessments to support ED with teams collocated in a URC but with no new 136 provision
Option 3.0	Provision of co-ordinated urgent response assessments, with teams co-located and new 136 provision within a URC - BUT not collocated with ED but with a service user transport service in place.
Option 4.0	Provision of additional suitable assessment space to support ED with teams collocated and new 136 provision within a URC collocated with ED on Arrowe Park.

3.3 Options Appraisal Analysis

The options appraisal framework is set out in Appendix A.

Figure 29 sets out the Options Appraisal Analysis in accordance with the HM Treasury described process, designed to id
Carried Forward elements.

Figure 29 - Options Development Framework

Key Dimensions	BAU	Do Minimum	Option 1	Option 2	Option
1. Scope	Fragmented service delivery model coordinated by the crisis line remotely.	Improved UR assessments co-ordinated by the crisis line to support ED but teams not collocated and no new 136 provision	Urgent Response assessments all undertaken in people's homes or the community, with teams collocated but with no new 136 provision	Provision of co-ordinated UR assessments to support ED with teams collocated in a URC but with no new 136 provision	Provisi ordina assess teams new 13 within not col but wit transp place.
	Carry Forward	Discount	Discount	Discount	Carry F
2. Service Solution	Do nothing	Extension or refurbishment on Arrowe Park collocated with ED.	New build or refurbishment on a CWP site within the Wirral geographical footprint.	New build on the WUTH site at Clatterbridge.	New b Arrowe site co ED in a 52appr
	Carry Forward	Carry Forward	Carry Forward	Carry Forward	Preferr
3. Service Delivery	No Delivery	Traditional tender	Design and Build / P23 Framework		
	Carry Forward	Carry Forward	Preferred		

4. Service Implementation	No implementation required	Phased Approach	Single phase "big bang"			
	N/A	Carry Forward	Preferred			
5. Funding	None Required	ICS capital / potential capital slippage	HM Treasury Capital			
	N/A	Carry Forward	Preferred			

3.4 Identification of Short List Options

The preferred way forward, and those options which have been carried forward, are shown at Figure 30.

Figure 30 - Short List Options

	Business As Usual	Option 1 Do Minimum	Option 2	Option 3 Preferred Way Forward
Service Scope	Fragmented service delivery model coordinated by the crisis line remotely.	Provision of additional suitable assessment space to support ED with teams collocated and new 136 provision within a URC collocated with ED on Arrowe Park.	Provision of co-ordinated UR assessments, with teams co-located and new 136 provision within a URC – **BUT** not collocated with ED but with a service user transport service in place.	Provision of additional suitable assessment space to support ED with teams collocated and new 136 provision within a URC collocated with ED on Arrowe Park.
Service Solution	Do nothing	Extension or refurbishment on Arrowe Park collocated with ED.	New build on a CWP community or partner site within the Wirral geographical footprint.	New build on the Arrowe Park site collocated with ED in a campus approach.
Service Delivery	Not required	D&B/P23 Framework	D&B/P23 Framework	D&B/P23 Framework
Implementation	Not required	Phased Approach	Phased Approach	Single phase "big bang"
Funding	Not required	HM Treasury / ICS capital / potential capital slippage.	ICS / HM Treasury Capital	ICS / HM Treasury Capital

3.5 Economic Assessment Summary

Process

The economic appraisal of the short-listed options follows HM Treasury Green Book guidance and is underpinned by the Comprehensive Investment Appraisal (CIA) model. Key assumptions are:

- Covers an appraisal period of 60 years and uses a discount rate of 3.5%;
- Costs, benefits and risks are expressed in real prices at 2020/21 levels;
- VAT, planning contingency and transfer payments are excluded from cash flows.

CIA model inputs are described in the sections that follow.

An electronic version of the CIA model is available at Appendix B, and the CIAM support information is available at Appendix C.

Capital Costs

The capital costs have been developed by the Trust's advisors and are summarised at Figure 31 (may not fully calculate due to rounding) (full OB capital cost forms are at Appendix E). Figure 31 provides a summary of the cost breakdown, at the required PUBSEC reporting index of 300, but total costs at outturn prices (assessed at mid-contract PUBSEC index levels) and includes a percentage increase for inflation.

Figure 31 - Capital Cost of Schemes including VAT

Capital Cost Elements	Do Minimum	Option 2	Option 3
Departmental Works Costs	£2,509,942.00	£2,928,010.00	£2,928,010.00
On-Costs	£1,657,949.00	£1,396,801.00	£1,396,801.00
Location Adjustment	Inc	Inc	Inc
Fees	£914,011.00	£948,424.00	£948,424.00
Non-Works	£60,000.00	£60,000.00	£60,000.00
Equipment	£433,445.00	£505,642.00	£505,642.00
Planning Contingencies (20%)	£731,209.00	£758,738.00	£758,738.00
Optimism Bias (15%)	£1,271,512.00	£1,327,765.00	£1,327,765.00
Total Capital Cost excluding inflation	£10,722,263.00	£11,187,958.00	£11,187,958.00
Inflation (3% p.a.)	£751,423.00	£784,243.00	£784,243.00
Total Capital Cost	£11,473,686.00	£11,972,200.00	£11,972,200.00

Key assumptions are:

- For the development options, Departmental Works Costs are based on the Healthcare Premises Cost Guides (HPCGs) applied to the areas derived from the 1:200 drawings prepared by the Architect;
- On-costs are based on the site layout drawings and any known conditions such as site levels, plant/services age and capacity, and other constraints;
- Non-works costs are included;
- Equipment costs are included;
- Optimism Bias has been assessed in line with HM Treasury requirements. Optimism bias calculations for each option are included in Appendix E;
- Planning contingencies are included in the OB forms and the Financial Case but are excluded from the Economic Appraisal in the CIAM. This means that the capital costs in the CIAM are exclusive of VAT and Planning Contingencies.

Lifecycle Costs

Lifecycle costs for building and engineering works have been assessed and are based on standard NHS replacement profiles, those being:

- All structural components - 60 years
- General fabric - 50 years
- Mechanical and electrical services – 25 years
- Internal finishes – 10 years

At this stage, assumptions regarding life cycling were made and a baseline figure from a comparable mental health scheme was applied. Life cycling should be revisited at a later stage.

Opportunity Costs

Opportunity costs are assumed to be zero under all the short-listed options except the BAU and Option 1 position.

Assessment Financial Benefits

The proposed development of the Wirral URC is expected to deliver a wide range of benefits. Figure 32 summarises the planned benefits, categorised as cash-releasing, non-cash-releasing, societal and non-monetisable. Also see Section 6.7 for the benefits realisation plan.

Figure 32 - Benefits Plan

Ref.	Benefit Name	Benefit Description
NCRB1	Reduction in ED Attendances	Reduction in ED attendances through delivery of the scheme and provision of alternative pathway for people in mental health crisis. If they do attend the ED this will only be instances when they have an acute problem that needs medical attention.
NCRB2	Reduction in incidents	Reduction in number of incidents reported in the Trust's incident recording system through improved throughput, increased capacity and treatment of patients in the most appropriate setting.
NCRB3	Reduction in incidents of physical aggression and/or harm	Reduction in incidents; patient on patient, patient on staff, self-harm and patient behaviour, incidents of damage to property.
NCRB4	Improvement against 4-hour quality standard	Improved Trust performance against the 4 Hour Quality Standard through management of service users in the most appropriate setting. Reduced attendance at ED and therefore reduced wait times.
NCRB5	Reduced wait times for people in Mental Health Crisis	Reduction in overall wait time for those in MH crisis.
NCRB6	Improved Staff Wellbeing	Reduction in staff sickness due to reduced pressure on ED staff due to disruptive patients presenting at the URC instead of ED. Reduction in sickness, absence, associated with the environment and burnout.
NCRB7	Reduced agency/bank spend	Reduced agency/bank spend – directly employed NHS staff will be more interested in working in new builds because they will have a therapeutic environment designed to give the patients the best care
NCRB8	Improved Staff Retention	Reduced costs associated with recruitment, and issues with retention
NCRB9	Out of Area Placements	Reduction in out of area placements through collective use of resources, alternative admissions pathways.

Ref.	Benefit Name	Benefit Description
NCRB10	Delays in transfer of care	Reduced service user Length of Stay through reduced delays in transfer of care by managing patients in the most appropriate setting.
NCRB11	Wider benefit linked to the other sites in the model	Improved system performance in regard to management of mental health crisis with the project acting as an enabler to the wider model of care and supporting the URCs across the patch.
SB1	Reduced Time for patient attainment of Improvement in Quality Adjusted Life Year	Increased speed of attainment of improved QALY scores through improved quality of care, additional space for wider ranges of interventions and better flow through the system.

Key:
CRB – Cash Releasing Benefit
NCRB – Non- Cash Releasing Benefit
SB – Societal Benefit
UB – Unquantifiable Benefit

Summary Impact of Benefits

Figure 33 summarises the financial impact of the benefits for each option over the same 60-year period as the costs (see the CIAM at Appendix B).

Figure 33 - Summary Impact of Benefits

Summary (Discounted) - £000	Business as Usual	Do-Minimum	Option 2	Option 3
Cash releasing benefits	£0.00	£0.00	£0.00	£0.00
Non-cash releasing benefits	£0.00	£102,339,635.33	£85,942,668.92	£102,786,022.59
Societal benefits	£0.00	£0.00	£0.00	£0.00
Total benefits	£0.00	£102,339,635.33	£85,942,668.92	£102,786,022.59
Rank	**4th**	**2nd**	**3rd**	**1st**

Risks

An analysis of risk has been undertaken including design, construction, performance, operating, revenue and technology and other costs. At this stage, a number of assumptions had to be made based on a comparable MH scheme. This can be revisited at a later date.

3.6 Economic Appraisal

Figure 34 presents a summary of the key outputs of the economic appraisal based on the assumptions and inputs described above, expressed as Net Present Values (NPV) (see Appendix B).

This economic analysis indicates that:

- All options have the potential to show a positive Benefit / Cost Ratio (BCR) compared to BAU and;
- Option 3 is the preferred direction of travel, with a BCR of 11.40.

On the basis of the BCR the Option 3 provides better value. This BCR for all options is higher than the 4:1 ratio we usually expect in CIAM's. This can be attributed to the significant gaps in cost data, which skew the findings slightly towards benefits. We expect the BCR's to reduce when the CIAM is revisited at a later date with more comprehensive cost data. This is evidenced in figure 34.

The outputs of the CIA model are included at Appendix B.

Figure 34 - Economic Appraisal of Options

Option	0	1	2	3
Incremental Capital (Cost)	-	£8,643,915.87	£9,024,973.39	£9,024,973.39
Incremental Revenue Cost	-	-	£12,038,087.28	-
Incremental Opportunity Cost		£9,591,152.94	-	-
Incremental Risk	-	£292,740.00	£485,830.00	£482,080.00
Incremental Costs – Total	-	£18,257,808.81	£21,548,890.66	£9,507,053.39
Incremental Benefit NPV	-	£105,288,338.18	£88,867,443.58	£108,417,986.01
Net Present Social Value (NPSV)	-	**£86,760,529.37**	**£67,318,552.92**	**£98,910,932.62**
Benefit/Cost Ratio	-	5.68	4.12	11.40
Economic Ranking of Options	4th	2nd	3rd	1st

3.7 Economic Sensitivity Testing

Economic sensitivity testing will be undertaken at a later date when the data is more complete.

3.8 Preferred Option

The outputs of the qualitative and economic appraisals confirms that **Option 3** which provides suitable clinical assessment space to support ED collocated with the teams and new 136 provision on the Arrowe Park site is the preferred direction of travel at this stage.

3.9 Chapter Appendices

Appendix Number	Appendix Title
A	Options Appraisal Framework
B	CIAM
C	CIAM Support Information
D	Capital Cost Report
E	OB Forms

4.0 COMMERCIAL CASE

4.1 Clinical Quality

Since the inception of the projects to deliver URC's across the CWP geographical footprint, improvements in clinical quality have been a key driving factor supporting the delivery of the development of a first response approach to delivering an urgent care mental health response for people in Crisis who do not require ED attendance.

The development of the optimum estate's solution, based on the agreed model of care has had the consistent and integral input from organisation and clinical leaders along with frontline clinical and non-clinical staff. This will continue throughout the further development of this SOC and the subsequent OBC and FBC and will increasingly incorporate feedback and input from service users and groups.

Clinical quality aspects have informed and been integral to the project through the following means:

- **Processes:**
    - Appointment of a healthcare planner to lead on the development of the high-level design brief from the model of care and high level capacity planning.
    - A schedule of accommodation has been developed based on the agreed model of care.
    - Various workshops including an operational workshop which included mental health and emergency medicine clinicians.
    - Alignment with key estates guidance e.g. HBNs and HTMs.
- **Design:**
    - Clear evidence and future plans for sustained stakeholder involvement in design development.
    - Outline designs based on established service user need, as defined in the design brief.
- **Suitability for purpose:**
    - Supporting delivery of the identified service user and service efficiency benefits.
    - Proposed facility which will support with the integration of various teams who deliver the urgent response model of care.
    - Affordability of the estate's solution.

4.2 Future Capacity Modelling

Overview

The capacity modelling exercise provides the Trust with an insight into a high-level perspective into the potential activity that could be delivered by the service and suggests the way in which the services and departments could be configured for optimum performance and efficiency of the Urgent Response Centre.

Methodology

The following parameters were used to calculate possible patient contacts per Consult / Assessment, Interview / Counselling rooms and Physical Treatment Rooms for mental health urgent response services based on the number of potential rooms available.

The following parameters were used to calculate possible patient contacts per room:

- 45-minute appointments
- 60-minute appointments
- 120-minute appointments

The modelling assumes the centre will run 24 hours, 7 days a week for 52 weeks per year based on 85% and 90% utilisation allowance. See Appendix F for workings.

Assessment Zone

The following outputs in Figure 35 highlight the number of sessions that could be accommodated per day:

Figure 35 – Capacity Modelling Outputs

Assessment Zone		Minutes		
At 24 hours per day 1 consult/exam room delivers (minutes)	1440	45	60	120
Room / Space	Quantity of rooms	Number of Sessions		
Contact/Clinical Space				
Consult assessment	2.0	64	48	24
Interview rooms	1.0	32	24	12
Treatment Rooms	1.0	32	24	12
Total number of sessions		128	96	48
Total number of sessions at 85%		109	82	41
Total number of sessions at 90%		115	86	43

4.3 Scope of Project

Functional Content

The preferred direction of travel is a new build facility on the Arrowe Park Hospital site which would comprise of the following functional content:

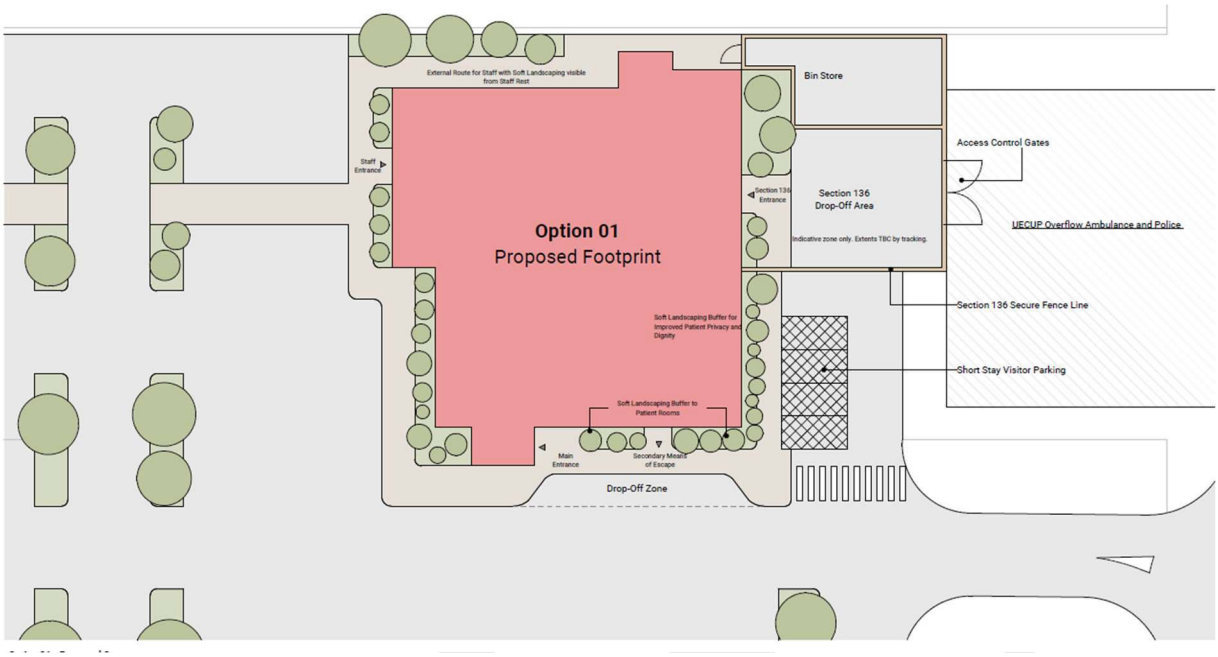
- **Entrance Zone**
    - Joint entrance for adults and children and young people
    - Joint waiting area with sections to accommodate adults, children and quite spaces
    - Interview/quiet room
    - Reception (ideally positioned centrally with clear visual of the whole area)
    - Visitor WCs
- **Assessment Zone**
    - Consult/assessment rooms
    - Interview room
    - Physical health treatment room
    - Section 136 suite with assessment room, quiet room / de-escalation room and dedicated entrance
    - Clinical Support - clean utility, dirty utility, store, disposal hold.
- **Administration Zone**
    - Open plan office and desks for various teams
    - General Hot Desks and touchdown space
    - Collaboration space
    - None face2face rooms, 121 meeting rooms, meeting rooms
- **Staff and Support Zone**
    - Staff room/kitchen
    - Staff change, showers, WC's
    - Cleaners room
    - IT/Server room

4.4 Scheme Description – Preferred Site

Site Description

The proposed site (Figure 36) is adjacent to the existing emergency department on the Arrowe Park Hospital site. The proposals indicate that the site will be developed as a single-phase project. The financial cost estimates and project timescales are based on this assumption. (Appendix G provides a feasibility report prepared by DAY Architecture which details the various options on Arrowe Park Hospital site).

Figure 36: Proposed Site



Accommodation Requirements

The accommodation requirements for the project reflect the capacity modelling work outlined at Section 4.2 and the need to deliver therapeutic, safe, high quality and fit for purpose facilities as emphasised in the investment objectives. Figure 37 summarises the estimated accommodation requirement for the project (Appendix H provides detailed accommodation schedule).

Figure 37 - Accommodation Requirements

URC SoA Summary Sheet		
Departments		Departmental Gross (sqm)
Entrance Zone		168.7
Assessment Zone		174.7
Administration Zone		379.0
Support Zone		123.0
		845.4
Communication Space	*8%*	68
Plant	*8%*	68
Total Gross Area (sqm)		980.80

Design, Design Principles, and Design Standards

The designs standards that have been used as the baseline for the development of the plans are shown at Figure 38.

Figure 38 - Design Standards

HBN / HTM Reference	Title
HBN 00-01	General Design Guidance for Healthcare Buildings
HBN 03-01	Adults Acute Mental Health Units
HBN 11-01	Primary and Community Care for Healthcare Buildings
HTM 00	Policies and Principles of Healthcare Engineering

At this stage no derogations from HBN / HTM guidance are anticipated. However, should this be necessary as the design develops, this will be documented and appraised using the new NHSE guidance, with an aim of assessing the derogations reported, the reasons behind these and the risk and mitigation that the Trust's advisors (in-house and external) consider appropriate to ensure user safety.

Day Architecture has developed a series of site plans and indicative layout drawing, based on the agreed model of care, schedule of accommodation and capacity requirements as set out in the Strategic Case. The plan for the URC at Arrowe Park is included at Figure 38 (Appendix G provides further detail).

Figure 39 - Drawings Ground Floor

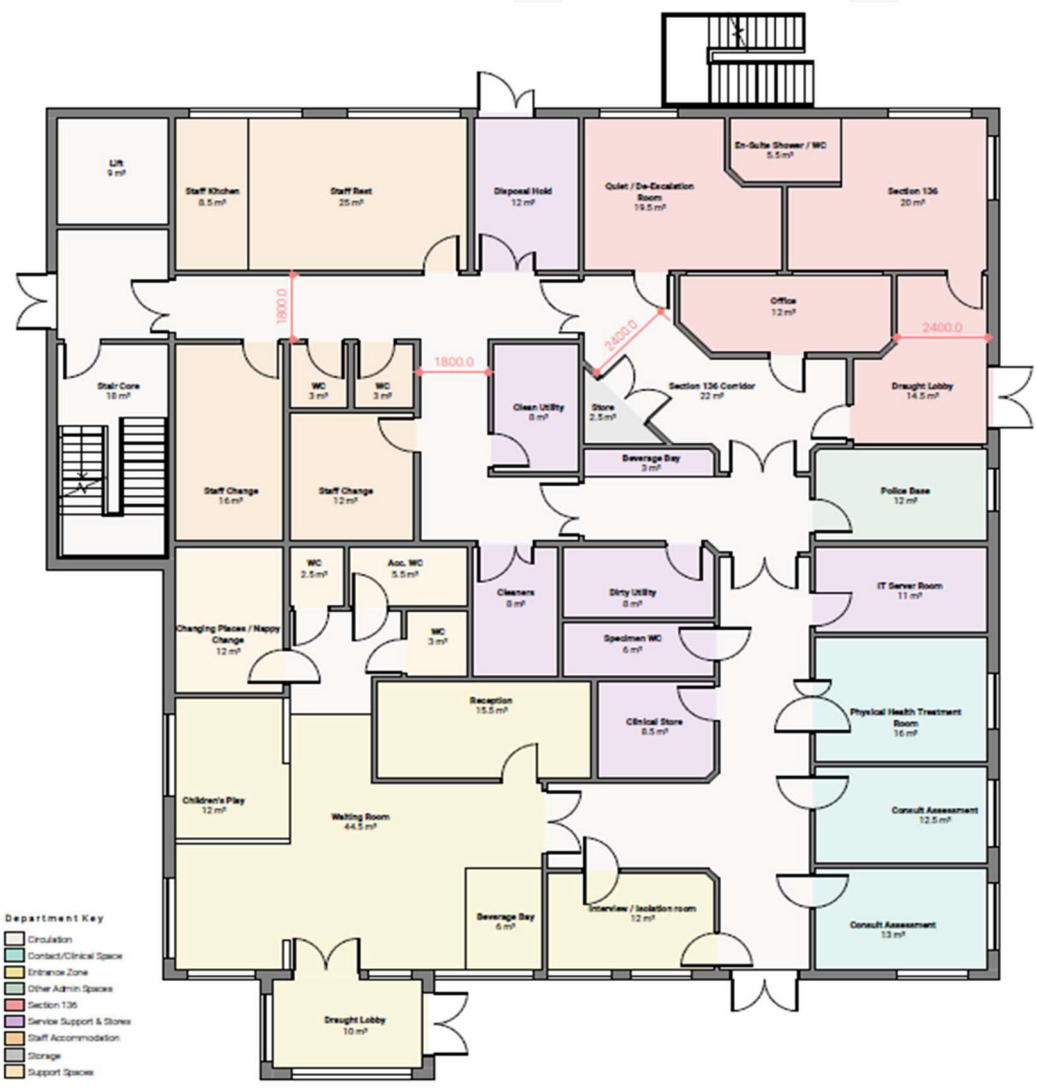


Figure 40 - Drawings First Floor

Layout Acceptance

The Feasibility Report and plans for the scheme have been developed in conjunction with key stakeholders involved in the project with the aim of establishing:

- Footprint works on site available
- Indicative overall area for the project. Key because capital costs and Estates and Facilities revenue costs have been established from this value
- Shows all stakeholders including the Trust, Clinicians, Staff, Service Users, etc. and other members of the Project Team the development direction of the project
- Formulates the strategic approach to the premises development including a site plan

The layouts will be further developed and sign off against relationships of rooms, size, location, shape, etc at OBC stage. This will be achieved through detailed design workshops with the appointed Architects and Engineers, key Clinicians, Trust advisors (Risk Management, Infection Control, Fire Safety, Security, etc).

Design Quality

The Trust is keen to ensure that the "Design Quality" and "Quality Agenda" is addressed to inform the design and ultimately demonstrate how:

- Design solutions will reflect service user, visitor and staff needs in terms of "sense of place and space".
- Design solutions will be sensitive to the physical, emotional and well-being needs of service users, visitors and staff.
- Design solutions will include and respond to the requirements of the "human senses" and the opportunities that art and the performing arts can offer.
- Design solutions will take on board environmental needs and be sensitive to the characteristics of the local and immediate surrounding area.

As the design is developed it will need to reflect some of the key areas from the design quality wheel shown in Figure 40 below:

Figure 41 - Design Quality Wheel

For the URC this will be centred around the key areas shown in Figure 41 below:

Figure 41 - URC Design Quality

Design Quality		
Responding to 5 senses	Smells, Aromas, Touch, Hear	This has the potential to positively stimulate the services user's feelings, memories and experience.
	Daylight, views and lighting	• **Daylight** – The optimisation of natural light within a space has the ability to provide health benefits. • **Views** – Views to outdoor spaces have shown to be therapeutic, reduce stress and boost productivity. • **Lighting** – Has the potential to improve visual condition and comfort for patients and staff.
	Sense of space and awareness	Individuals are aware of their body in relation to other objects and people, so it is key to ensure service users and staff feel comfortable in the centre.
Built Environment	Maintainability	Maintainability is key to the building system design, ensuring the comfort, accuracy, security, and economy of maintenance tasks within that system.
	Acoustic control	Good acoustic control is key to ensure good sound quality and privacy.
	Built use and form	Built use and form is key to ensure the environment is fit for purpose and supports the needs of the service.
	Safety	The design should be driven by safety considerations for all, site to be secure with good visibility and anti-ligature considerations within the publicly accessible areas of the building. Staff safety features such as panic call and CCTV to be discreet (considerations of how modern technology could assist in this).
Patient Environment	Privacy and Dignity	Privacy and dignity are person centred values which ensure there, views, choices and decisions are respected.
	Right spaces	It is key to offer the right space for the right care that is accessible to service users in the right place.
	Patient Choice and control	This offers the service user control of their health and a choice in how they would like to receive services.
	Patient and staff security	This provides the support in which care, and treatment can safely be provided by staff for service users and is a fundamental baseline requirement.
	Wayfinding and movement	This is a purposeful, intended, and self-regulated movement that guides and individual from one space to another and is key when navigating new space.
Creating Value	Adaptability, flexibility and growth	This is a key form of a systems growth and success in a space where needs and expectations are constantly changing.
	Effective value; released value	The creation of effective and released value can only be co-created by the health provider and service user and will be unique in every case.

4.5 Sustainable Development

CWP has a Board-approved **Sustainable Development – Environmental Strategy (2021 - 2024)** in which the Trust commits to the principles of Sustainable Development and will progressively integrate these principles into its daily activities. It is the Trust's vision to set the national standard for leadership in healthcare, staff wellbeing, engagement and community. To achieve this, it is important to not only look at the services the Trust offer and how they can improve but also the three pillars of sustainability, covering environmental, economic and social performance.

The Trust already incorporates sustainability in many aspects of its activities. However, recognise that more can be done. The huge challenge presented by COVID-19 is also an opportunity to rethink the way care is delivered. Realising the potential for sustainable development will help the Trust meet the objectives of its Clinical Strategy. The financial benefits accruing from increasingly sustainable activities will also allow the Trust to invest further in its clinical services.

CWP ensure that going forwards all capital developments comply with BREEAM 'Excellent' or above, ensures that the Trusts plans will focus on the reduction of building emissions from all sources.

The Trusts Capital Project ambitions are:

- Building energy efficiency standards for new builds and refurbishments, such as BREEAM 'Excellent' and the Zero Carbon Hospital Standard and on-site renewables
- Construction supplier alignment to net zero commitments, such as onsite contractor measures on waste reduction, low emission construction plant etc.
- Low carbon substitutions and product innovation, such as lower embodied carbon construction materials

4.6 Modern Methods of Construction

The Trust is committed to maximising the application of Modern Methods of Construction on its project and to complying with Government policy in this respect. At the next stage of the business planning process the Design Team will consider the use of modular build / off-site construction methods as part of the alternative construction methodologies, as a means to deliver time and cost savings as well as whole life cost benefits and in use costs.

4.7 Procurement and Contract Strategy

Delivery Methodology

At this stage in the business planning process for the Wirral URC a number of options have been considered for the methodology of delivering the preferred direction of travel which is on the Arrowe Park hospital Site owned by WUTH and the preferred delivery will be intrinsically linked to the funding strategy for the project.

There are currently two main options which have been considered:

- **Option 1** – CWP would enter into a long lease for a suitable freehold site on Arrowe Park Hospital for a peppercorn ground rent. CWP would then undertake the construction of the URC and ultimate ownership of the asset.

- **Option 2** – CWP would enter into a development agreement with WUTH who would agree to construct on CWP's behalf the URC on the Arrowe Park Hospital site in return for the capital to construct the new facility. CWP would then into a lease agreement with WUTH for a 25–30-year period for a peppercorn rent.

Both of these options for the preferred direction of travel will require further discussion between the two Trusts and will also be linked to the funding stream identified for the project.

Construction

Once the preferred delivery methodology is confirmed then consideration will need to be given to the construction procurement method, these could potentially include:

- Traditional Tender
- Design and Build/ ProCure 23 Framework.

The traditional method tends to be used where the client has knowledge and experience of delivering such projects. A Design & Build/ProCure 23 Framework is considered to be for clients who may not have the experience, capacity and capability to manage the project. A Design and Build procurement approach assumes that the contractor is experienced in delivering the construction and can use this experience to improve the project delivery.

The Procurement Route will be aligned to the Contract Strategy with the appropriate forms of contract. The type of contract will be agreed with the design team and appropriate amendments to the standard form will be made to consider; contract terms, insurances, payment processes, retention, defects liability periods, treatment of latent defects, etc if required.

Advisors

CWP propose to utilise the NHS Shared Business Services (SBS) 'Construction Consultancy Services' procurement framework agreement, which provides Estates, Facilities and Capital teams a compliant route to market for the provision of Consultancy Services from a wide-range of specialisms, utilising both Small & Medium Enterprises (SMEs) and national providers, to deliver either a single service or provide a 'one-stop shop' for a range of services. Through this route providers will be asked to commit to developing projects utilising Building Information Modelling (BIM) Level 2 across the range of Consultancy Services, dovetailing with the Government's Soft Landings (GSL) agenda to help deliver added value and meet the Government's target of BIM being used in all public sector construction contracts.

The Trust anticipates procuring a range of specialist advisors to support the development of the OBC, including:

- Architect;
- MEP Engineer;
- Structural & Civil Engineer;

- Principal Designer;
- Landscape Designer;
- BREEAM Assessor
- Sustainability Advisor;
- Fire Engineer;
- Healthcare Planner;
- Cost Advisor;
- Project/Programme Manager(s); and
- Business Case Author.

4.8 Town Planning

Once a preferred funding route has been identified and as the business planning process progresses the Trust supported by the design team will engage with the Local Authority town planners.

4.9 Legal Implications

Other than the procurement process of contractor and advisors as described at Section 4.4, there are no legal implications in relation to this scheme.

4.10 Workforce Planning

Staffing Implications of New Unit

There are no workforce implications in relation to this proposal other than the relocation of staff bases which will remain in the Wirral geographical footprint so will not impact on excess travel.

TUPE and Consultation

There are no TUPE or formal consultation processes required. In accordance with Trust workforce principles and guidance the Trust will consult with staff regarding the planned change. A Stakeholder Communications and Engagement Strategy will be developed following the sourcing of capital and the update of this SOC.

4.11 Equipment Strategy

An Equipment Strategy will be developed as part of the OBC and FBC development to understand the levels of new equipment required for the facility and a capital figure has been allowed for in the OB Forms and is included in the overall capital envelope.

4.12 Risk Allocation Matrix

Figure 42 includes the indicative risk allocation matrix identifying key risk categories and their allocation to the Trust or the contractor / supplier, or if it is a shared risk. This risk category apportionment will be reviewed as part of the risk management process and will be reflected in the risk register.

Figure 42 - Risk Allocation Matrix

Risk Category	Trust Risk	Contractor Risk	Shared Risk
Design	✓		
Brief	✓		
Financial	✓		
Logistics		✓	
M&E			✓
Management			✓
Operational	✓		
Planning	✓		
Programme			✓
Quality		✓	

4.13 Chapter Appendices

Appendix Number	Appendix Title
F	Capacity Modelling
G	Architectural Feasibility Report
H	Schedule of Accommodation
I	Design Brief

5.0 FINANCIAL CASE

5.1 Financial Overview

The Department of Health and Social Care (DHSC) capital budget (referred to as the capital departmental expenditure limit - CDEL), covers all capital spending by the DHSC and the NHS. Both the DHSC and the NHS are legally obliged not to spend above this limit. A major part of CDEL is allocated to NHS Trusts and NHS foundation Trusts (i.e. NHSTs) in each existing Integrated Care System (ICS), via a system-wide envelope. The ICB (Integrated Care Board) and its constituent NHSTs, have a joint responsibility to prepare a plan setting out their planned capital resources in line with that allocation.

Each Trust is allocated an individual allocation (i.e., control total) for each financial year. Indicative control totals for 2023/24 and 2024/25 have been provided to CWP, which includes a recognition of two major projects due to be completed in 2024/25. There is no capacity within either of these existing control totals for either year to absorb any additional other material capital schemes.

In order to fund any additional schemes, CWP will need to lobby the ICB and NHSE for additional CDEL. Given the potential scale of the Wirral URC project, ideally this would need to be cash backed by securing additional Public Dividend Capital (PDC). Ordinarily, additional capital resources are not accompanied by revenue support for day-to-day costs. Working on that assumption, aside from ensuring that the accounting treatment is correct, any subsequent Financial Case would have to clearly demonstrate the full capital and revenue consequences of any scheme, the impact on CWP's balance sheet and income & expenditure statement, the overall affordability and fundability of the scheme and confirmation of support from the relevant stakeholders.

5.2 Capital Requirements

The capital requirement for the preferred direction of travel scheme is **£11,972,200 (including VAT at 20%)**. The summary OB Capital Cost forms and associated report for the scheme showing the costs and contingencies included in the capital cost calculations and showing the overall capital costs of the scheme is included in Appendix D. The potential funding sources to meet this capital requirement are discussed below in section 5.3.

The makeup of the capital cost is as per Figure 43 with planning contingency included at 10% and optimism bias calculations are at 15%.

Figure 43 - Capital Costs

Cost Summary	Cost £	VAT (20%) £	Cost (incl VAT) £
Construction costs Total (OB2 and OB3)	6,332,823	1,264,565	7,587,388
Fees (15%)	948,424	-	-
Non-Works costs (OB4)	50,000	10,000	60,000
Equipment costs	421,368	84,274	505,642
Planning risk contingency	632,282	26,456	758,738

Sub total	**8,374,897**	**1,485,295**	**9,860,192**
Optimism Bias	1,106471	221,294	1,327,765
Inflation adjustment (Assumed start on site January 2025 and completion January 2026)	664,676	119,567	784,243
Forecast outturn capital cost	**10,146,044**	**1,826,156**	**11,972,200**

The profile of indicative capital spend is shown at Figure 44.

Figure 44 - Capital Cashflow

	2024/25	2025/26	2026/27	Total
Spend Profile	£1,000,000	£10,466,558	£505,642	**£11,972,200**

5.3 Sources and Application of Funds

The total capital value of the preferred option is £11,972,200 allowing for VAT at 20%. It is assumed that CWP will need to lobby the ICB and NHSE for additional CDEL and this would need to be cash backed by securing additional PDC.

5.4 Procurement Costs

Procurement costs associated with both the construction and equipping elements of the scheme are included in the overall fees structure and shown at OB4 of the capital cost forms (Appendix E).

5.5 VAT Treatment

No VAT recovery has been assumed at this stage with the exception of professional fees. This assumption will be tested further at OBC stage.

5.6 Revenue Costs

Once the source of potential funds has been identified and the commercial strategy for the delivery of the URC has been confirmed this SOC will be updated with revenue costs for the preferred direction of travel.

5.7 Financial Risks

Some indicative financial risks have been identified and are summarised in Figure 45, together with mitigating actions.

Figure 45 – Risks and Mitigating Actions

Financial Risks	Mitigating Actions
Failure to translate design could lead to facilities not being fit for purpose	Detailed design drawings to be developed in conjunction with CWP and WUTH clinical/management/estates colleagues to minimise the risk to design and will be completed at OBC stage. Multiple engagement sessions planned to mitigate the risk further.
Continuing development of design could lead to facilities not being fit for purpose	Sign-off of by clinical/management staff of key spaces, SoA, 1:50 and detailed drawings to be agreed at key milestones to mitigate risk. Multiple engagement sessions planned with key stakeholders.

Failure to build to brief could cause delays, additional cost and design not supported by users.	Full Trust and partners involvement in design and early consideration of procurement process.
Incorrect cost estimates leading to increase in capital costs	Project Team and estates work stream group (once set up under the project governance) to ensure designs are cost led to ensure budgets are achieved. Rigorous cost planning required throughout the healthcare planning/design planning period. Work in regard to capital costs and affordability will be managed through the estates work stream group with clear accountability to the Project Board. Capital costing work is started early in the process in order to identify any potential issues.
Legislative / regulatory change e.g. Brexit impact, Covid impact, market suitability	Early market testing and quantity surveyor to give regular updates on current market demand, pricing and any potential legislative change.

5.8 Chapter Appendices

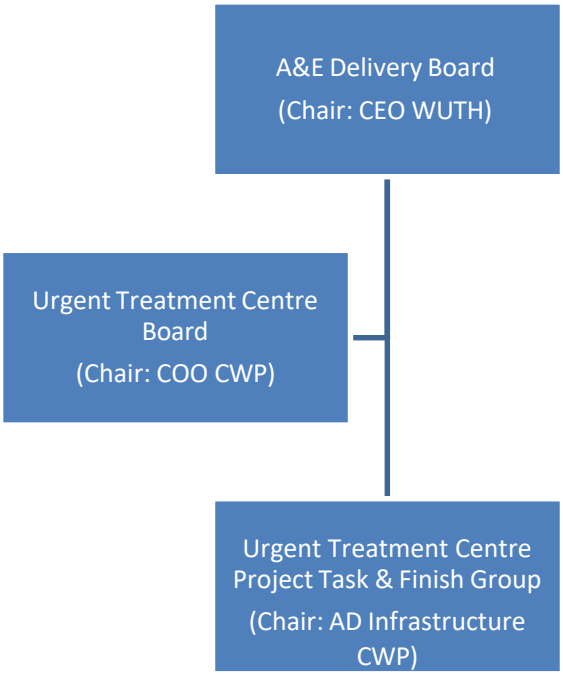
Appendix Number	Appendix Title
D	Capital Cost Report
E	OB Forms

6.0 MANAGEMENT CASE

6.1 Project Governance Structure

A clear and robust governance structure has been agreed for the delivery of the Wirral URC project and will be implemented once the SOC and key principles have been agreed. The programme is overseen by the Urgent Response Project Board, which is accountable to the CWP Executive. Reporting to the Project Board is the Task and Finish Working Group and relevant workstream groups. Figure 46 shows the governance structure of the Project.

Figure 46: Project Governance Structure



Wirral Urgent Response Project Board

The Project Board has decision-making and programme assurance responsibility and is accountable to the CWP Executive and is subject to regular scrutiny and review through reporting. It is responsible for the successful delivery of the Urgent Response Centre's across the Cheshire and Wirral geographical footprint. The other urgent response center's within East and West Cheshire are outside of the scope of this SOC. The Project Board will be informed of ongoing strategic guidance from the CWP Executive. The Project Board represents the higher-level interests of the Trust, users and suppliers within the project and has overall responsibility for strategic planning, service quality and the operational and financial performance of the programme. It is therefore responsible for the investment of financial and human resources.

The Project Board's responsibilities are to:

1. To review, approve and monitor the project brief, Project Initiation Document and Business Case
2. To review and approve project health checks at each stage of the project
3. To review and approve any major deviation from agreed plans via Exception Reports and or Business Change Requests
4. To ensure that necessary resources are committed to the project.
5. To arbitrate on any conflicts within the project
6. To review and monitor risks and issues that are escalated for attention ensuring risks are effectively mitigated and the planned actions are having the desired effect
7. To negotiate a solution to any problems between the project and external bodies
8. To judge whether constraints of time, budget and resources are reasonable

The Project Board is chaired by Suzanne Edwards, Director of Operations/Deputy Chief Executive for CWP. The full membership of the Project Board is shown at Figure 47.

Figure 47: Project Board Membership

Name	Role / Department	Organisation
Suzanne Edwards (SRO)	Director of Operations/Deputy Chief Executive	CWP
Emma Danton	Programme Manager	WCHT
Mark Buchanan	Consultant	WUTH
Paul Mason	Director of Capital Planning	WUTH
Stephen Bailey	Deputy Chief Operating Officer	WUTH
Craig Hayden		NWAS
Darren Birks	Head of Mental Health Commissioning	C&M ICB
Justin Pidcock	Associate Director of Infrastructure	CWP
Sean Boyle	Lead Mental Health Practitioner	CWP
Hayley Sherwen	Mental Health Liaison Officer	Merseyside Police

Wirral URC Task and Finish Group

The Wirral URC Task and Finish Group is responsible for the successful delivery of the Wirral URC project and reports directly to the Project Board. The Task and Finish Group is chaired by Justin Pidcock and its responsibilities are to:

- Ensure the scheme delivery to meet all critical delivery objectives including time, cost and quality
- Manage the Procurement Structure and Contract Strategies
- Agree the Project Plans and key critical path milestone dates and ensure the project stays within the agreed delivery timeline
- Agree key activity sign-off and delivery
- Ensure capital costs remain within the agreed parameters in this SOC
- Oversee the risk register and issues log and escalate where advised.

Membership of the Task and Finish Group is detailed at Figure 48.

Figure 48: Task and Finish Group Membership

Name	Role	Organsation
Dave Appleton	Head of Clinical Services	CWP
Kathryn McDermott	Head of Capital Planning and Portfolio	CWP
Justin Pidcock	Associate Director of Infrastructure (Group chair)	CWP
Sean Boyle	Lead Mental Health Practitioner	CWP
Mark Buchanan	ED Consultant	WUTH
Louise Fitzpatrick	Operational Lead for the Integrated Front Door and Emergency Duty Team (EDT)	Wirral Council
Paul Mason	Director of Capital Planning	WUTH
Jacqui Hale	Project Manager	WCHT
Jonathan Turner	Director (Business Case Writing Support and Health Planning)	AA Projects

Workstream Groups

As the business planning process develops towards Outline Business Case (OBC) a variety of delivery groups will be set up including The Delivery Group is responsible for implementing the work stream group packages:

- Built Environment Group – focus on design and build of the project including ensuring project build adherence to current standards (fire regulations and security requirements), ordering equipment, signing off plans and delivery of model plans that support the delivery of the building.

- Clinical Reference Group – tasked with reviewing current clinical model to ensure that it is fit for purpose for the new building. Review operational policies to ensure fidelity to the model.
- Stakeholder Group – ensure that those affected by the changes are communicated with (internally within the Trust, External partners, local community).
- Financial Group – oversee the project spend, confirm capital and revenue implications, and provide due diligence and financial assurance.
- Expert By Experience Group – establish consistent patient and carer representation at meetings. Ensure there is an engagement plan for the wider patient and carer group affected by the project. Identify appropriate engagement with the built environment group and the Clinical Reference group.
- Staff Group - establish consistent staff representation at meetings. Ensure there is an engagement plan for the wider staff group affected by the project. Identify appropriate engagement with the built environment group and the Clinical Reference group.

6.2 Project Management Methodology and Arrangements

Robust project management arrangements are in place to drive programme and project delivery.

The structure of the programme has been developed to follow the principles set out in the NHS Capital Investment Manual and the HM Treasury Green Book, supported by PRINCE2 project management principles.

All project management and consultancy services, and project management methodology are as set out in the NHS Shared Business Services framework - Construction Consultancy Services upon which all delivery services have been secured.

6.3 Project Team Roles & Responsibilities

Key Project Roles

The **Senior Responsible Owner (SRO)** and Programme Sponsor is Suzanne Edwards, Director of Operations/Deputy Chief Executive, CWP.

The project SRO is accountable for the success of the programme ensuring that the outcomes meet declared objectives and deliver benefits. The SRO will ensure that the programme maintains business focus in a changing healthcare context and that risks are managed effectively. The key roles and responsibilities of the SRO are to:

- Provide input into the development of the Project Brief, business case and Project Initiation Document (P.I.D)
- Secure funding from the appropriate Trust committee for the project

- Present the business case/Project Brief at meetings to committees and boards as appropriate
- Ensure that there is a coherent project team structure and logical set of plans
- Authorise expenditure and proposed tolerances
- Ensure that risks and issues are validated
- Approve the Project Plans and Reports
- Take responsibility for use of resources and authorise corrective action where necessary
- Liaise with the PMO Lead to assure the overall direction and integrity of the project
- Liaise with the finance lead to ensure costs and savings are captured and monitored accordingly
- Ensure that the benefits have been realised by holding a review and forward the results of the review to the Project Board
- To actively participate and input in the formal project closure process, as directed by the PMO lead

6.4 Use of External Advisors

External Project Roles

Delivery of the preferred direction of travel will require the appointment of direct external appointments to support the internal Project Team. The key appointments include the external Project Manager, Cost Advisor, Architect, Health Planner, and other Construction / Engineering disciplines.

Current appointments are as shown at Figure 49.

Figure 49 - SOC External Advisors

Name	Project Role
AA Projects	Business Case Consultant Healthcare Planner Cost Manager
Day Architecture	Architect

Costs of Project Implementation

The costs associated with fees and contractor fees are included in the OB forms.

The total fees are calculated at £948,424.00 or 15% and include the following:

- Contractor management

- Architectural, interior design, healthcare planning, M&E, structural design fees
- BREEAM Consultant fees
- Business case author fees
- Project management fees
- Cost management fees
- CDM Co-ordinator fees
- Survey fees
- Internal fees

6.5 Project Delivery Programme Milestones

Figure 50 summarises the key milestones for the successful planning and delivery for the Wirral URC project. This shows a potential operational date subject to funding of August 2026.

Figure 50 - Summary Key Milestones

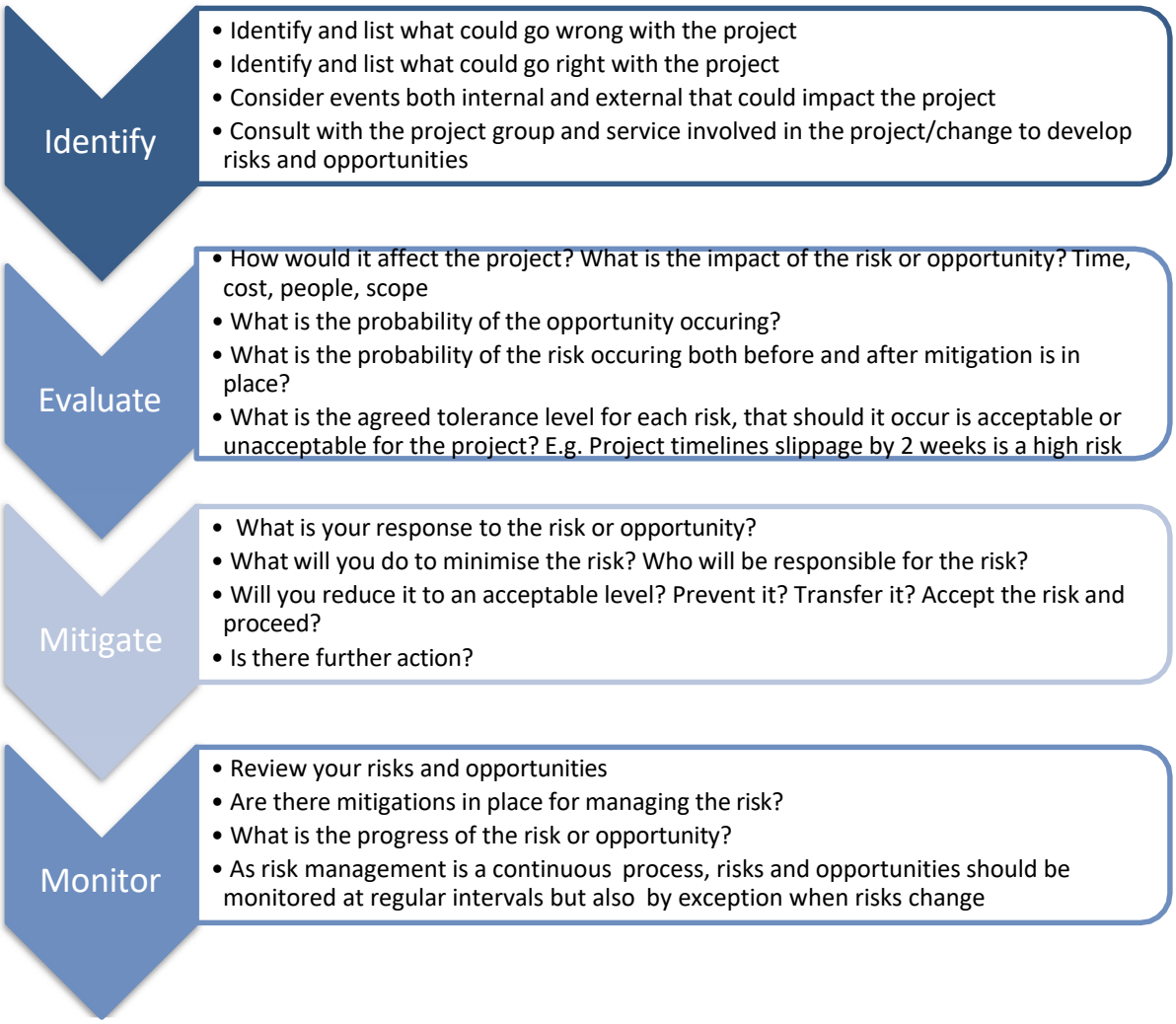
Programme Stage	Completion Date
SOC approval (internal)	April 2023
OBC approval (external)	December 2023
FBC approval (external)	October 2024
Start on site	January 2025
Construction completion	January 2026
Operational date	April 2026

6.6 Risk Management Strategy

Risk management for the project will enable the identification, assessment, and prioritisation of risks followed by coordinated and economical application of resources to minimise, monitor, and control the probability and/or impact of negative effects or to maximize the realization of opportunities. For risk management to be effective risks need to be identified, assessed, and controlled and the process needs to be visible, repeatable, and consistent. It is the role and responsibility of the project board to ensure that risks and issues are highlighted and raised through to the project lead and Senior Responsible Owner. The process for identifying and managing a risk or opportunity is illustrated at Figure 51.

Once the full project governance structure is implemented following identification of a clear funding route, a project specific risk register will be developed and then managed by the project board.

Figure 51- Risk Identification Process



6.7 Benefits Realisation Planning

Benefits Planning

Benefits planning and realisation will be developed in accordance with NHSE requirements.

The Benefits Realisation Strategy will provide an evidence base to support the intended health, quality, financial and other identified benefits, where that evidence exists, and to quantify the benefits, wherever possible, to ensure that they can be measured and demonstrated over time. The Benefits Realisation Plan (BRP) will include detailed benefits. The BRP will detail:

- Key deliverables required to secure the benefit
- Performance measure
- Baseline and Baseline date
- Target outcome
- Data source

- Officer responsible for ensuring benefits are realised
- Benefits measurement timescale
- Risks to benefit delivery
- Benefit dependency

The communication and use of this strategy will help ensure that there is a shared understanding across the project team, workstreams and stakeholders of the process of benefits management and realisation in relation to:

- The approach to benefits planning, which includes how benefits are identified, defined, measured, recorded and prioritised
- The functions, roles and responsibilities of those involved in benefits planning and benefit realisation
- When and how reviews and assessments concerned with measuring benefit realisation will be carried out, and who is to be involved
- Measurement methods and steps that will be used to monitor and assess the realisation of benefits
- The tool(s), system(s) and source(s) of information that may be used to enable benefit measurement
- The use and definition of any benefits management terminology that is specific to the Project.

The realisation of benefits will in most cases continue beyond project closure and into benefits realisation. The management activities for outstanding/incomplete benefits will transfer from the PMO to the Benefit Owner and be accountable to the Director or appropriate manager of the service area where the benefit will be delivered.

The benefit owner will remain with the benefit and be responsible for the continual reporting of benefit performance information for the purpose of monthly Business Plan Return reports and service area quarterly planning and performance reviews.

A summary of the high level benefits that have currently be identified as a consequence of this development project are set out in Figure 52, note these are the benefits which have been utilised within the draft CIAM within the economic case, which can be found at Appendix B.

Figure 52 - Benefits Summary

Ref.	Benefit Name	Benefit Description	Calculation of benefit
NCRB 1	Reduction in ED Attendances	Reduction in ED attendances through delivery of the scheme and provision of alternative pathway for people in mental health crisis. If they do attend the ED this will only be instances when they have an acute problem that needs medical attention.	See draft CIAM for assumptions.
NCRB 2	Reduction in incidents	Reduction in number of incidents reported in the Trust's incident recording system through improved throughput, increased capacity and treatment of patients in the most appropriate setting.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
NCRB 3	Reduction in incidents of physical aggression and/or harm	Reduction in incidents; patient on patient, patient on staff, self-harm and patient behaviour, incidents of damage to property.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
NCRB 4	Improvement against 4 hour quality standard	Improved Trust performance against the 4 Hour Quality Standard through management of service users in the most appropriate setting. Reduced attendance at ED and therefore reduced wait times.	See draft CIAM for assumptions.
NCRB 5	Reduced wait times for people in Mental Health Crisis	Reduction in overall wait time for those in MH crisis.	See draft CIAM for assumptions.
NCRB 6	Improved Staff Wellbeing	Reduction in staff sickness due to reduced pressure on ED staff due to disruptive patients presenting at the URC instead of ED. Reduction in sickness, absence, associated with the environment and burnout.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
NCRB 7	Reduced agency/bank spend	Reduced agency/bank spend – directly employed NHS staff will be more interested in working in new builds because they will have a therapeutic environment designed to give the patients the best care	See draft CIAM for assumptions.
NCRB 8	Improved Staff Retention	Reduced costs associated with recruitment, and issues with retention	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
NCRB 9	Out of Area Placements	Reduction in out of area placements through collective use of resources, alternative admissions pathways.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
NCRB 10	Delays in transfer of care	Reduced service user Length of Stay through reduced delays in transfer of care by managing patients in the most appropriate setting.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.

Ref.	Benefit Name	Benefit Description	Calculation of benefit
NCRB 11	Wider benefit linked to the other sites in the model	Improved system performance in regard to management of mental health crisis with the project acting as an enabler to the wider model of care and supporting the URCs across the patch.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.
SB1	Reduced Time for patient attainment of Improvement in Quality Adjusted Life Year	Increased speed of attainment of improved QALY scores through improved quality of care, additional space for wider ranges of interventions and better flow through the system.	At this stage, there is not enough data to sufficiently calculate this benefit. However, this can be revisited at a later date.

6.8 Stakeholder Engagement and Communications Strategy

A Stakeholder Engagement and Communications Strategy will be produced at the next stage of the business planning process and prior to commencement of the OBC process. It will set out the communication and engagement objectives and describes how the Trust will work together to communicate and engage by identifying target audiences, key messages, and appropriate channels. It will also describe the resources required to deliver the strategy and how the Trust will manage the communications and engagement risks.

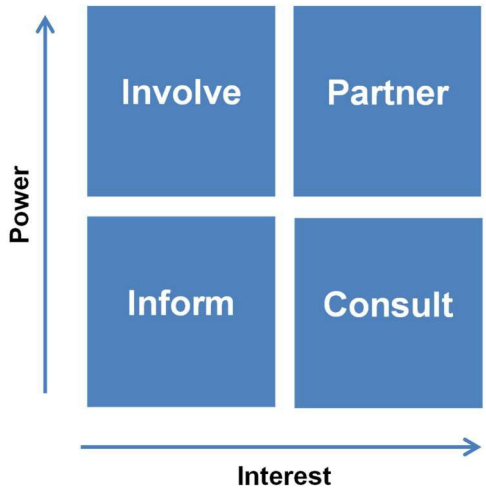
Communications and Engagement Objectives

It is anticipated the Trust's communications and engagement objectives are:

- To provide a realistic timeline and reassurance of the Trust's commitment to this development.
- To inform all Trust staff about key developments and benefits.
- To ensure that all stakeholders are appropriately and regularly involved, engaged and informed about the work we are doing, the case for change and the benefits that will be realised through the development of Wirral URC. This will work on the principle of 'no surprises'.
- To work with patient engagement team and Trust management to build meaningful and two-way communication and engagement with service users, carers to ensure that they have a genuine opportunity to influence the planning, development, design, production and evaluation of services.
- To ensure that equality, diversity, and inclusion is considered and promoted in all communications and engagement activities.
- To ensure that the public, particularly residents and communities, are informed and engaged about the development and have opportunities to provide feedback.

Stakeholder mapping will allow the Trust to determine the appropriate messages, timing, channels and resources to communicate and engage with each audience, broadly segmented as shown at Figure 53.

Figure 53 - Stakeholder Influence Mapping



- Partner – high power, interested: requires individually tailored communications. It is important that their involvement is encouraged throughout the programme as a good relationship with them is essential to the successful recognition and positioning of the programme.
- Involve – high power, less interested: It will be beneficial to provide this group with general information on a regular basis as it is possible that the interest of stakeholders within the group could grow as the programme progresses.
- Consult – low power, interested: whilst not considered high power, without involvement from this group the successful delivery of the project is at risk. It is therefore important that this group feel their opinions, concerns and ideas are heard and understood.
- Inform – low power, less interested: Whilst not essential to the success of the programme, this group will be extremely valuable in enabling access to a wide range of further stakeholders. They should therefore be kept informed, and use of existing mass communications channels is often the best method to update this group on key developments.

6.9 Business Continuity Planning

The Trust recognises the need to adequately plan to ensure business continuity during the development and delivery processes for the new facility. A business continuity plan will be developed during OBC and FBC stages.

6.10 Post Completion Review / Project Evaluation Planning

The Trust is committed to the full evaluation of capital schemes and projects through a formal evaluation methodology in line with the requirements of NHSE's Post Project Evaluation (PPE) guidance.

The Programme Team intend to complete an NHSE-format PPE report c. 12 months of scheme completion. The evaluation will also encompass the evaluation of the scheme whilst in construction.

The objective is to prepare a report which assesses how well and effectively the scheme was managed during the initial operation of the new facility.

In line with the guidance the programme will be evaluated against the investment objectives set out in this SOC and the processes involved in the programme delivery. In summary:

- Lessons will be captured throughout a project lifecycle and published and declared at project completion (to inform subsequent projects on a rolling basis);
- Formal evaluation of alignment with business case and user expectations will be completed within twelve months of project completion;
- An annual declaration of cumulative activity and evaluations will be declared to the Programme Board; and
- A final consolidated PPE will be produced and published at Programme Closure.

The aim of the PPE is to:

- Improve the design, organisation, implementation, and strategic management of other projects.
- Ascertain whether the project has been running smoothly so that corrective action can be taken if necessary.
- Promote organisational learning to improve current and future performance.
- Avoid repeating costly mistakes.
- Improve decision-making and resource allocation (e.g., by adopting more effective project management arrangements).
- Improve accountability by demonstrating to internal and external parties that resources have been used efficiently and effectively.
- Demonstrate acceptable outcomes and/or management action, thus making it easier to obtain extra resources to develop healthcare services.

In addition, a Post Completion Report will be completed, using NHSE format, within 6 months of practical completion of the new facility. The process will be over seen by the Project Management Team.

The lessons learnt will be of benefit to:

- The Trust – in using this knowledge for future projects including capital schemes.
- Other key local stakeholders – to inform their approaches to future major projects.

6.11 Chapter Appendices

Appendix Number	Appendix Title
A	CIAM

7.0 CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

This Business Case document provides a case for investment in the development of a Wirral Urgent Response Centre. The SOC demonstrates:

- The strategic need for change in line with national, local and organisational drivers;
- The proposed delivery model and scope of the project;
- The preferred direction of travel to develop a URC on the Arrowe Park Hospital site;
- The capital consequences of the options set in the context that engagement with the ICB and NHSE will be required to consider funding routes; and
- Detailed plans for the governance and management of the implementation of the project in order to update the SOC and progress to the next stages business planning process.

7.2 Recommendations

The Strategic Outline Business Case is being presented to the Board in April 2023 with a request to:

- APPROVE the strategic fit within the context of CWP;
- APPROVE the identification of the preferred way forward;
- APPROVE engagement with the ICB and NHSE to consider potential funding routes;
- APPROVE engagement with WUTH to progress the commercial case;
- APPROVE the governance as noted in the management case and
- APPROVE undertaking further work to this Strategic Outline Business Case once a funding stream has been identified and subsequent progression to development of the Outline Business Case.

8.0 GLOSSARY OF TERMS

Acronym	Full Title
BAU	Business as usual
BCR	Benefit Cost Ratio
BRP	Benefits Realisation Plan
BSMHFT	Birmingham and Solihull Mental Health NHS Foundation Trust
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CIAM	Comprehensive Investment Appraisal Model
CQC	Care Quality Commission
CRB	Cash Releasing Benefit
CSF	Critical Success Factor
CWP	Cheshire and Wirral Partnership NHS Foundation Trust
DHSC	Department of Health and Social Care
DQIfH2	Design Quality Indicator for Health 2
EIA	Equality Impact Assessment
FBC	Full Business Case
FM	Facilities Management
FT	Foundation Trust
FY	Financial Year
HBN	Health Building Notes
HTM	Health Technical Memorandum
HWB	Health and Wellbeing Board
ICS	Integrated Care System
LOS	Length of Stay
LTP	Long Term Plan
MMC	Modern Methods of Construction
NCRB	Non Cash Releasing Benefit
NHS	National Health Service
NHSE	National Health Service England
NPV	Net Present Value
NZC	Net Zero Carbon
OBC	Outline Business Case
ONS	Office for National Statistics
PD	Programme Director
PMO	Programme Management Office
PPE	Post Project Evaluation
QIPP	Quality, innovation, productivity and prevention
SOC	Strategic Outline Case
SRO	Senior Responsible Owner
SWOT	Strengths, Weaknesses, Opportunities, Threats

Acronym	Full Title
URC	Urgent Response Centre
VFM	Value for Money
WUTH	Wirral University Teaching Hospital NHS Foundation Trust

WIRRAL
HEALTH AND CARE PLAN

Wirral Urgent Response Centre Strategic Outline Case

The Purpose of the Strategic Case

WIRRAL
HEALTH AND CARE PLAN

- The purpose of the Strategic Case is to:
  - Make the **case for change**
  - Demonstrate how it provides **strategic fit** with key drivers for the sponsoring organisations and partners.
- To do this we need to demonstrate a clear understanding of:
  - The rationale, drivers and objectives
  - Existing arrangements – *The current situation*
  - Business Needs – *The opportunities and problems associated with the current situation*
  - Potential Benefits, Risks, Constraints and Dependencies
- The aim is to explain how further intervention and spend on key “inputs” will deliver “outputs” that improve the organisation's capability to deliver better outcomes and benefits to stakeholders and the population of Wirral, while recognising the associated risks

Current Situation and Context

WIRRAL
HEALTH AND CARE PLAN

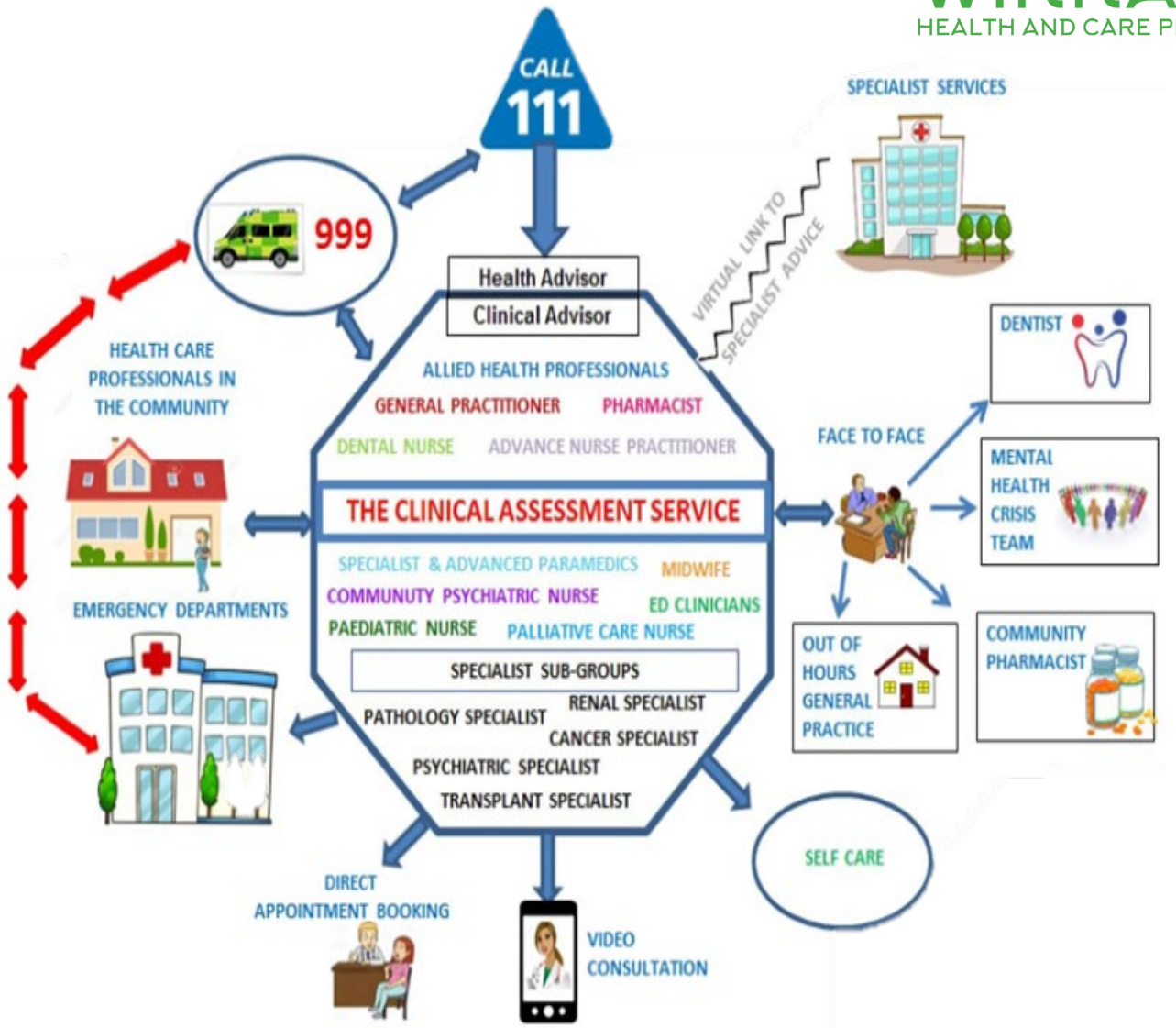
Across Cheshire and Wirral there are multiple providers, multiple teams and multiple process for the provision of urgent care in mental health, increasing the risk of fragmented care pathways, limited system oversight and poorer experience of services for both those that access care and those that provide care and support.

The current service issues include:

- Poor experience in some Emergency Departments
- Quality of environments varied, some not fit for purpose
- Increasing demand within acute care
- Service users do not think of “NHS 111 First” pathways for mental health
- Unwarranted variation in acute care pathway
- Multiple hand offs and transitions across the pathway of care
- Physical health and mental health not integrated within urgent care pathway
- Multiple assessment from multiple providers
- No health-based place of safety outside of WUTH Emergency Department (section 136)

Strategic Context
National and Regional Drivers

- The NHS Long Term Plan sets an ambition of transforming urgent care and delivering more comprehensive crisis pathways in every area that are able to meet the continuum of needs and preferences for accessing crisis care,
- The purpose of Crisis and Urgent Care Transformation is to support multidisciplinary working and enable a more effective response to patients. The aim is to ensure that patients get the right care, in the right place, whenever it is needed.



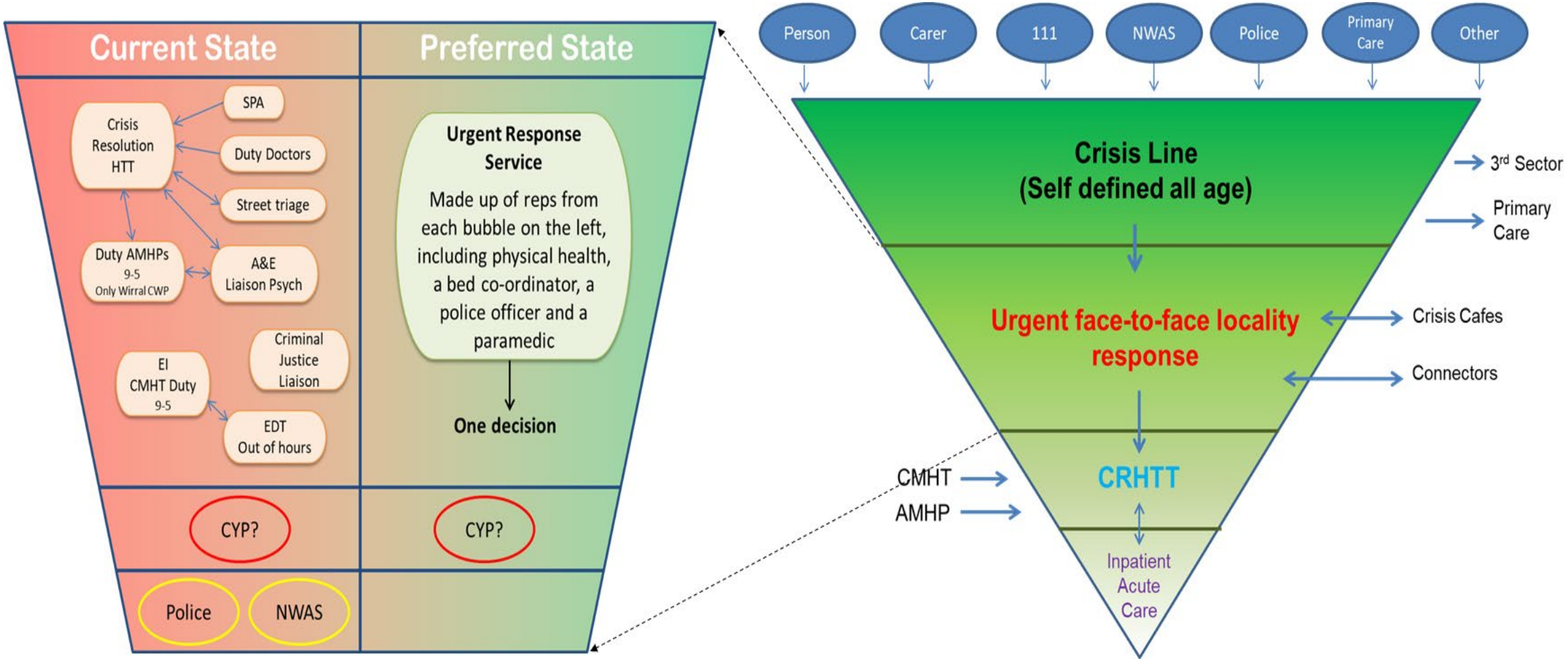
Strategic Context and Vision
Crisis and Urgent Care Transformation
Programme Objectives

WIRRAL
HEALTH AND CARE PLAN

- To provide an open, accessible mental health crisis line for people in self defined crisis. Demonstrating the Crisis Lines achievements, targets, demand, accessibility and outcomes from contacts and calls etc.
- To develop and implement Assessment Suites in each locality and demonstrate the impacts on contacts, ED and diversion (We are now going to explore the provision of 136).
- Demonstrate improved patient experience, including reduction in waiting times, alternatives to section 136 and access to alternative support within the community. Demonstrate a seamless all age approach for patients in self defined crisis.
- Transform the response culture; reduce silos through an inclusive approach to engagement by developing the Trust wide First Response Service (FRS).
- Integrated Urgent Care Centres

Strategic Context and Vision
Cheshire and Mersey Model of Care

WIRRAL
HEALTH AND CARE PLAN



Urgent Response Centre Key Principles

WIRRAL HEALTH AND CARE PLAN

The focus of the URC will be around collaborative working allowing services to work from the buildin local community. Most assessments will take place in the community with the minority attending the URC

Service User Cohort

- Full age services - Children to older adults
- Individuals with learning disabilities and autism
- Individuals who require an A&E attendance will be directed via the crisis line to A&E and the URC will aid with people who don't require that level of support.

Design Principles

- Provision of a safe, therapeutic, and secure environment for service users and staff.
- Ensure the space makes the services user feel at ease and not restricted, to get the most productive outcome.
- Ensure the build is designed to promote recovery.
- Develop an environment that is not clinical in nature and different to a traditional health build.
- Ensure the design is autism and dementia friendly.
- Section 136 provision on site

Services/Teams operating from the URC

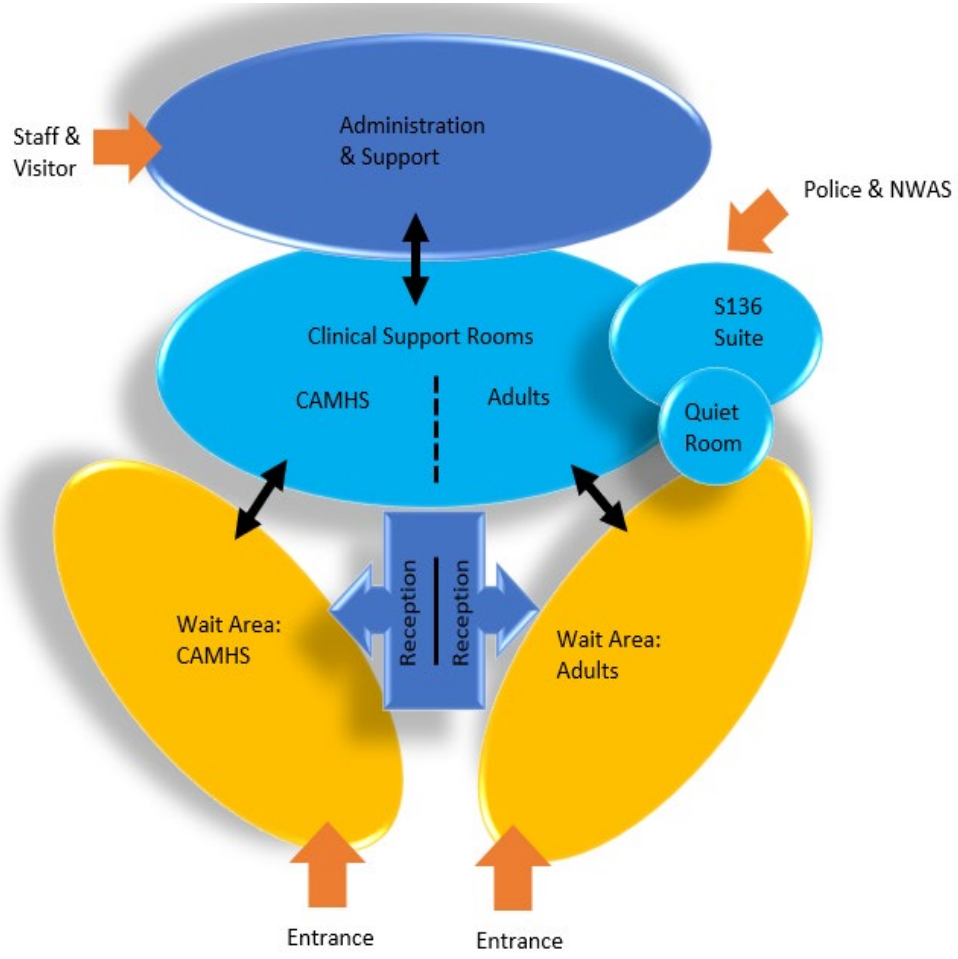
- Learning Disability Team – Visit (hot desk)
- Adult MH Team – Base
- Ambulance Service – Visit (Hot desk)
- Police – Use as a base (Dedicated desks)
- LA emergency Duty Team - Use as a base (Dedicated desks)
- Children and Young People – Base
- Neighborhood Teams - Visit (Hot desk)
- Home Treatment Team – Base
- Liaison Psychiatry – Base
- Crisis Line – The base remains at Chester

Urgent Response Centre Design Vision

WIRRAL
HEALTH AND CARE PLAN

What are the key facility themes?

- Separate entrances – CAMHS/ Adults/ S136, Police & NWAS/ Staff & Visitor
- Separate wait areas for both adults and children and young
- Reception - centrally located but with visual separation between the two separate waiting zones, whilst allowing staff to operate across both reception points for flexibility and staff safety.
- Consult/Assessment rooms - Adults
- Consult/Assessment rooms - CAMHS
- Interview Room - confidential interviews, discussion and counselling
- Physical health treatment room
- Section 136 suite with assessment room, quiet room / de-escalation room and dedicated entrance
- Open plan office and desks for various teams
- Crisis line command Centre



Recommendations

WIRRAL
HEALTH AND CARE PLAN

The Strategic Outline Business Case is being presented to WPBPB with a request to:

- APPROVE the strategic fit within the context of CWP;
- APPROVE the identification of the preferred way forward;
- APPROVE engagement with the ICB and NHSE to consider potential funding routes;
- APPROVE engagement with WUTH to progress the commercial case;
- APPROVE the governance as noted in the management case and
- APPROVE undertaking further work to this Strategic Outline Business Case once a funding stream has been identified and subsequent progression to development of the Outline Business Case.

Next Steps and Discussion

WIRRAL
HEALTH AND CARE PLAN

- Support for the development of a Mental Health Urgent Response Centre co-located on Arrow Park site?
- Agree the recommendations?
- Access to capital – indicative costs circa £12m (new build)
- Influence at Cheshire and Mersey through to National forums?
- Link to Right Care Right Person

Questions?

NHS
Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

THURSDAY, 19th OCTOBER 2023

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

REPORT SUMMARY

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

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

This matter affects all Wards within the Borough.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the content of the report from the Finance, Investment and Resources Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

3.1 Since the last report to the Place Based Partnership Board the Finance, Investment and Resource Group has met twice, meeting on 26th July and 27th September.

3.2 The meeting held in July received covered the following issues:

3.2.1 An update on the financial performance of the Pooled Fund at Month 3, noting that the Better Care Fund element remained in line with plan and that other pressures were emerging in relation to all age continuing care and prescribing budgets.

3.2.2 The financial framework supporting the 23/24 Wirral Investment Plan was discussed and agreed. This followed on from the conclusion of the prioritisation workshops across the borough and partners confirmed agreement for the plan.

3.2.3 The Wirral Place financial recovery plan was discussed noting that the ICB had asked for submission of a plan before the end of September.

3.2.4 The Wirral system financial position covering NHS partners was reported for Q1 noting that the system had a year-to-date planned deficit of £10.3m compared to an actual deficit of £16.1m, an adverse variance of £5.8m. The forecast out-turn position remains in line with the planned deficit of £25.6m although all partners acknowledged significant risks to the delivery of this position. The system savings / cost improvement plan reported that £8m had been delivered in Q1 compared to a plan of £9m, an adverse variance of £1m.

3.3 The meeting held in September covered the following issues (subject to agreement of minutes of the meeting):

3.3.1 An update on the financial performance of the Pooled Fund at Month 5, noting that the Better Care Fund element remained in line with plan and that other pressures were emerging in relation to all age continuing care and prescribing budgets.

3.3.2 The Wirral system financial position covering all partners was reported for Month 5 (Local Authority report to Month 3) noting that the system had a year-to-date planned

deficit of £14.7m compared to an actual deficit of £23.0m, an adverse variance of £8.3m. The forecast out-turn position remains in line with the planned deficit of £25.6m although all partners acknowledged significant risks to the delivery of this position. The system savings / cost improvement plan reported that £16.2m had been delivered at Month 5 compared to a plan of £17.6m, an adverse variance of £1.4m.

3.3.3 The workplan for Finance, Contracting and Commissioning group of the unscheduled care board was discussed noting that the Finance and Investment Group will now take over responsibility for the financial management of the Wirral Investment Plan for the remainder of the financial year.

3.3.4 The Terms of Reference for the group were reviewed in line with planned date. The inclusion of a primary medical services representative within the group was noted.

3.3.5 The group reviewed and updated its workplan.

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 reporting the financial position and managing the associated risks through its Board Assurance Framework. This includes the risks identified with the delivery of the financial plan.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Finance, Investment and Resources Group.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Martin McDowell**
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APPENDICES

None

BACKGROUND PAPERS

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

SUBJECT HISTORY (last 3 years)

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

NHS
Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

THURSDAY, 19th OCTOBER 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 one occasion. This report covers the meeting held on 26th September 2023 (no scheduled meeting in August 2023).

3.2 The meeting held on 26th September 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 and agreed to remove the risk associated with floating accommodation for asylum seekers. It was also agreed to re-format the register to align with the new Cheshire and Merseyside ICB risk register template.

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

3.2.3 **Review of Terms of Reference**: The Group received updated terms of reference to account for changes in meetings frequency, quoracy accuracy and updated job titles for members.

3.2.4 **Medicines Management reporting**: The Group considered an illustrative example of the medicines management summary report which is part of the Medicines Management Group agenda. It was agreed the level of detail is sufficient for Primary Care Group to be informed on progress for medicines optimisation.

3.2.5 **Primary Care Access Plans**: The Group received an update on developing plans prepared by the Primary Care Networks in response to the national Primary Care Access Recovery Plan. There are five access improvement plans (one for each PCN) with a focus on modernising general practice and improving patient experience. Wirral is coming out as high overall on the baseline metrics, although there are some individual practices within PCNs that some improvement is needed. SBS advised there is lots of support and funding available to practices/PCNs. The first update report is due in November 2023

3.2.6 **New guidance on NHS Talking Therapies**: The Group received updated guidance on joint working between NHS Talking Therapies (previously known as Improving Access to Psychological Therapies) services and Community Mental Health services.

3.2.7 **Primary Care Finance**: The Group received a report that detailed the month 5 position - there is an 177k overspend against a budget of £26. 635m. This is predicted to be 651k by year end.

The Group were asked to note the 2023/24 budget changes presented and note that the budget was set with standardised inflation rates, but actual inflation is higher.

Place Finance advised they are working with the ICB to bring this to the national team's attention.

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

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

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 19th OCTOBER 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.

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 21st September 2023. The meeting was chaired by the Chief Strategy Officer, Wirral University Teaching Hospital NHS Foundation Trust (WUTH) in the absence of the Place Director. The meeting considered the following items of business.

3.2 **Wirral Health and Care Plan:** The Group received an update on the reporting arrangements to oversee the delivery programmes agreed in the Wirral Health and Care Plan. The Wirral Improvement Team have developed a common approach to programme reporting using the SmartSheets tool. The Group agreed the monitoring and control strategy to support programme delivery.

3.3 **Programme Reporting:** The STG has agreed to receive delivery updates from the delivery programmes agreed in the Wirral Health and Care Plan. A reporting cycle has been agreed with the Senior Responsible Officer for each programme. The reports considered at the meeting on 21st September 2023 addressed the implementation of three Cheshire and Merseyside "at scale" programmes in Wirral - Cancer, Diagnostics and Elective Care.

3.3.1 Cancer services are still recovering from the impact of the COVID-19 pandemic. WUTH is performing well against the performance benchmarks for cancer services. As Table One shows, the faster diagnosis standard (national operational standard 75%) is being delivered ahead of this being a mandated target from April 2024. The 31 day first definitive treatment position is better than the Cheshire and Merseyside position and is nearing the national operational standard of 96%. The 62 day performance position remains a key area of focus with longer waiting times in urology and colorectal services due to an increase in referrals of around 50%. The prehabilitation programme is working well, supporting people before treatment. WUTH has also scored highly in the national cancer patient experience survey and is placed second in the region.

Operational Standard	Cheshire and Merseyside	Wirral University Teaching Hospital NHS Foundation Trust
28 day diagnosis/ruling out of cancer (75%)	67%	76.4%
62 day first definitive treatment (85%)	65.3%	73.1%
31 day first definitive treatment (96%)	93.9%	95.6%

Table One: Cancer Operational Standards – 12 months rolling July 2022-June 2023

3.3.2 WUTH is the top performing acute trust in Cheshire and Merseyside for diagnostic services. The Trust is providing support to other acute trusts in Cheshire and Merseyside in areas such as endoscopy and sleep studies. The Trust is also providing a Community Diagnostic Centre (CDC), this service is expanding from April 2024. The national operational standard for diagnostics is that 90% of patients will be seen in 6 weeks by March 2024, WUTH are already meeting this target.

3.3.3 The Trust is also performing well in terms of elective care recovery. There are no patients waiting over 104 weeks and the Trust is on track to achieve zero 65 week breaches by the end of March 2024. Continuing Industrial Action is putting the elective recovery plan at significant risk. Performance against 52 weeks remains a challenge, particularly non admitted target of zero by the end of March 2024. Outpatient waiting times remain a challenge in Gastroenterology, Dermatology, Foot and Ankle and Pain with recovery plans in place across these areas. Operative waiting times in Colorectal and Gynaecology are below where expected and both services have recovery plans in place.

3.4 **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".

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.

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.

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, 9th February 2023 and 27th July 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 28th September 2023

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NHS
Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 19 October 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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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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NHS
Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

WORK PROGRAMME 2023/2024

Suggested Agenda November 2023

Item	Purpose	Lead Officer
Dentistry	Discussion and Decision	Tom Knight
Place Quality and Performance Report	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
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**
Neighbourhood programme	Information	December	Nesta Hawker
Intermediate Care Beds Review	Discussion and Decision (JSCB)	December	Lorna Quigley
Medium Term	Oversight and	December	Graham Hodkinson

Item	Purpose	Approximate Timescale	Lead Officer
System Capacity Plan	Assurance		

STANDING ITEMS AND MONITORING REPORTS

Item	Purpose	Reporting Frequency	Lead Officer
Place Quality and Performance Report	Oversight and Assurance	Each scheduled meeting	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Each scheduled meeting	Martin McDowell
Place Delivery Assurance Framework	Oversight and Assurance	Quarterly from December 2023	Simon Banks
Wirral Health and Care Plan Dashboard	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 from February 2024	Deborah Smith
Finance and Investment Group	Information	Each scheduled meeting	Martin McDowell
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