



## Wirral Place Based Partnership Board

<b>Date:</b>	<b>Thursday, 21 December 2023</b>
<b>Time:</b>	<b>10.00 a.m.</b>
<b>Venue:</b>	<b>Committee Room 1 - Birkenhead Town Hall</b>

**Contact Officer:** Mike Jones  
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**e-mail:** Michaeljones1@wirral.gov.uk  
**Website:** www.wirral.gov.uk

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

## AGENDA

- 1. WELCOME AND APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST**

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

- 3. MINUTES OF PREVIOUS MEETING (Pages 1 - 10)**

To approve the accuracy of the minutes of the meeting held on 23 November 2023.

- 4. ACTION LOG**

## Items for Oversight and Assurance

### Board Assurance Reports

#### 5. **QUALITY AND PERFORMANCE REPORT (Pages 11 - 18)**

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#### 6. **PLACE FINANCE REPORT INCORPORATING POOLED FUND UPDATE (MONTH 7, OCTOBER 2023) (Pages 19 - 24)**

#### 7. **PLACE DELIVERY ASSURANCE FRAMEWORK (Pages 25 - 72)**

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#### 8. **WIRRAL HEALTH AND CARE PLAN PROGRAMME DELIVERY DASHBOARD (Pages 73 - 82)**

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### Programme Delivery Reports

#### 9. **UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE (Pages 83 - 104)**

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### Items for Discussion and Decision

#### 10. **NEIGHBOURHOOD MODEL UPDATE REPORT (Pages 105 - 116)**

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### Items for Information

### Supporting Group Chairs' Reports

11. **FINANCE & INVESTMENT GROUP HIGHLIGHT REPORT (Pages 117 - 120)**
12. **PRIMARY CARE GROUP REPORT (Pages 121 - 124)**
13. **QUALITY AND PERFORMANCE GROUP REPORT (Pages 125 - 130)**
14. **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT (Pages 131 - 138)**

### **Closing Business**

## **15. PUBLIC AND MEMBER QUESTIONS**

### **15.1 Public Questions**

Notice of question to be given in writing or by email by **Monday 18 December 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.

### **15.2 Statements and Petitions**

#### Statements

Notice of representations to be given in writing or by email by 12 noon, **Monday 18 December 2023** to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.1.

#### Petitions

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

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

### **15.3 Questions by Members**

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

### **16. WIRRAL PLACE BASED PARTNERSHIP BOARD WORK PROGRAMME (Pages 139 - 146)**

### **17. ANY OTHER BUSINESS**

### **18. FUTURE MEETINGS:**

10am on 25 January 2024

10am on 22 February 2024

10am on 21 March 2024

## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 23 November 2023

### PRESENT:

Simon Banks	Chair and Place Director, NHS Cheshire and Merseyside
James Barclay	Wirral Improvement Team
Dave Bradburn	Director of Public Health, Wirral Council
Julian Eyre	Wirral Improvement Team
Graham Hodkinson	Director of Adults, Health and Strategic Commissioning, Wirral Council
Karen Howell	CEO, Wirral Community Health and Care NHS Foundation Trust
Tom Knight	Head of Primary Care, NHS Cheshire and Merseyside
Paul Mason	Wirral University Teaching Hospital NHS Foundation Trust
Martin McDowell	NHS Cheshire and Merseyside
David McGovern	Wirral University Teaching Hospital NHS Foundation Trust
Councillor Julie McManus	Wirral Council
Justine Molyneux	Voluntary, Community, Faith and Social Enterprise sector
Councillor Simon Mountney	Wirral Council
Councillor Kieran Murphy	Wirral Council
Karen Prior	CEO, Healthwatch Wirral
Lorna Quigley	Associate Director Quality and Safety Improvement, NHS Cheshire and Merseyside
Paul Satoor	CEO, Wirral Council
Vicki Shaw	Head of Legal Services, Wirral Council
Matthew Swanborough	Chief Strategy Officer, Wirral University Teaching Hospital
Tim Welch	Cheshire and Wirral Partnership NHS Foundation Trust
Simone White	Director of Children's Services, Wirral Council
Dr Stephen Wright	Primary Care
Christine Morley	Secretary

### 64 WELCOME AND APOLOGIES FOR ABSENCE

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

Apologies for absence were received from:  
Dr Abel Adegoke, Primary Care Provider

Carol Johnson-Eyre, Voluntary, Community, Faith and Social Enterprise sector will be substituted by Justine Molyneux.  
Janelle Holmes, WUTH who will be substituted by Mr David McGovern and Mr James Barclay.  
Dr David H Jones, Primary Care Provider

65 **DECLARATIONS OF INTEREST**

The Chair invited members to declare any interests they had in any items on the agenda. No interests were declared.

66 **MINUTES OF PREVIOUS MEETING**

**Resolved - That the minutes of the meeting held on 19 October 2023 be agreed.**

67 **ACTION LOG**

This was the second meeting under the new agenda structure and there were no items on the Action Log.

68 **QUALITY AND PERFORMANCE REPORT**

The Associate Director of Quality and Safety presented this report which provided oversight of Key Performance metrics relating to Wirral Place. Two priorities were noted. Firstly, healthcare associated infection was still a priority within the Borough. The rates of C-Difficile and Gram Negative Blood Stream Infections remained high and focussed work was continuing around this to look at the improvement plans and improve the trajectory. It was noted that the Health Protection Team with the support of the Infection Prevention and Control Team won a Gold Award for their work which reduced urinary tract infections. and admissions to hospital. Secondly, it was reported that work continued on a written statement of action for SEND with the majority of actions completed. Focussed work was to continue around the priority area of the neurodevelopmental pathway and this work was to be expedited to put the pathway in place for Quarter 1 of next year. The number one priority was to focus on people that transitioned between Childrens and Adults Social Care and improve those services by looking at planning and making appropriate provision in terms of housing and specialist services.

**Resolved that –**

- **The work underway across the system to monitor quality and performance, identifying areas for improvement be noted.**
- **The further work underway to strengthen the governance around quality and safety across health and social care be noted and endorsed.**

- Assurance be received around the robust improvement plans in place to manage specific areas for improvement and particularly C-Difficile and SEND.
- The implementation of a revised neurodevelopmental pathway for children and young people by Quarter 1 of 2024/2025 be supported.

## 69 PLACE FINANCE REPORT INCORPORATING POOLED FUND UPDATE

The Associate Director of Finance, NHS Cheshire and Merseyside presented this report which provided a high level update of the Month 6 2023/24 financial position for the Wirral Health Care System and the second part of the report focussed on the Pooled Fund Budget arrangements between the ICB and Wirral Borough Council.

It was noted that the Council's legal requirements meant that they would have to deliver a balanced plan overall and further work would be done around mitigating that. Members were informed that final NHS funding was announced early November and revisions to the plan were to be considered so the numbers may change by December and the risk in the latter part of the financial year will be demonstrated.

In terms of the risk share the Better Care Fund was at break even and members were assured that there were no implications around flowing money between the two partners at this point. It was noted that the sign-off of the Section 75 Agreement was to be delayed until January 2024 as it did not make the agenda of the last Finance Committee at the ICB.

The Chair noted that two areas were to be protected in the NHS with regard to savings which were Patient Safety to maintain the viability of the Healthcare system through winter and the second area was mental health investment standard. The drivers of the costs in the NHS were industrial action and the pressures of inflation.

### Resolved that –

- The report and the specific recommendations in relation to the Pooled Budget listed below be noted.
- The forecast reported position for the Pool and the discharge fund as at Month 6 2023/24 be noted.
- The shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position be noted.
- The sign off and approval process and progress of the 2023/24 Section 75 agreement which is scheduled to complete in November 2023 be noted.

## 70 WIRRAL HEALTH AND CARE PLAN DASHBOARD

The Programme Director, Wirral Improvement Team introduced this report which presented the dashboard for the programmes within the Wirral Health and Care Plan. It was reported that the overall RAG rating was at green as three programmes in the portfolio were reporting ratings of amber and the rest were reporting green. Scoping meetings have taken place with two of the trailblazer Neighbourhoods. Further work took place around the population health programme and there were workshops around how earlier detection could be improved and better management of cardiovascular disease. There has been work around children and young people and SEND and for people with learning disabilities there were co-produced strategies around autism and supported employment which were on a trajectory to be delivered in March 2024. A data review in the Mental Health programme has been completed including a patient profile of acute beds. The Dementia Strategy and Community Transformation Programme were well in progress although Work Force remained a significant challenge. Within the Primary and Community Programme work has progressed in the Cause Prevention and Ageing Well and this programme would be refreshed in early 2024.

It was reported that a lot of work around the CIPHER system has been completed and work would continue to connect up the population reports that stem from that to ensure an effective population reporting system.

It was reported that in terms of Medicines Optimisation a single oversight group was due to meet for the first time at the beginning of December 2023.

The Work Force supporting programme September workshop outcomes were being integrated into the wider priorities and supporting the employment element of Health and Wellbeing Strategy.

Industrial action continued to be a risk to delivery of an elective recovery and in October WUTH achieved an overall performance of 95 percent against plan for outpatients.

**Resolved – That this report which provides assurance on the delivery and oversight of the Health and Care Plan programmes be noted.**

## 71 **UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE**

The Programme Manager for Wirral Improvement Team introduced this report which provided information and assurance on the work of the Unscheduled Care Improvement Programme for Wirral and its component workstreams. It was highlighted that this was currently the largest Place Based Transformation Programme with partners which then reports to this Board. The sentinel measure for success was on No Criteria to Reside patients who required ongoing care but are in hospital waiting for a placement and there had been a statistically significant reduction in these patients from 117 in



September 2023 to 111 in October 2023. Wirral was in second position in Cheshire and Merseyside out of seven areas where it had previously been an outlier at the start of the programme.

It was reported that Wirral had exceeded its 100 milestone target and reached 97 on the 6 November 2023. The continued improvement was directly related to the new Transfer of Care Hub and the Development of the Transfer of Care Hub Command Centre was continuing will provide live demand and capacity information with digital systems and improved reporting enabled patients to be tracked through their discharge journey.

Additionally, there was a focus on patient length of stay in hospital.

The Home First service supported 123 people home in October 2023 which is more than in any previous month and more than a ten percent increase on September 2023 at 110. This reflected increasing capacity and a focus on filling available spots. Success was credited to the close working between the hospital and community teams.

An intermediate care review on Cheshire and Merseyside showed that Wirral had the highest percentage of patients going home from hospital with support and not needing long term care.

It was reported that Sir John Bolton OBE would work with the Wirral System to develop a medium term demand and capacity plan. Wirral Place Working Group has met twice to progress this work which was expected to be completed at the end of November 2023. In addition, the Winter Plan was being finalised and was to be brought to the WPBPB at the earliest opportunity.

Members commented that it was a credit to partnership working that Wirral has improved and moved from the bottom of the pack to the top and that the focus is on good outcomes for people that do not involve long term care as the only option. The risk of deconditioning was reduced when alternative care was available.

**Resolved – That this update be noted.**

## 72 **ESTATES AND SUSTAINABILITY PROGRAMME DELIVERY**

The Chief Strategy Officer for Wirral University Teaching Hospital and Executive Lead for Estates introduced the report. The Director of Estates, Facilities and Capital Planning for Wirral University Teaching Hospital, Chair of the Strategic Estates Group across Wirral and Chair of Cheshire and Merseyside Estates Group presented this report.

It was reported that the first thing the Strategic Estates Group wanted to do was to understand their assets in terms of what assets were owned and leased across the Wirral. The key priorities were information about assets and sustainability.

A high level piece of work with Wirral Council looked at opportunities around regeneration and considered how to create a pathway to control system wide thinking around the Wirral. This was to ensure that the right services were placed in the right location in the right assets around Wirral.

The Wirral Place Partnership Programme looked at the outcomes and key priorities to drive the way assets were used in the future. One area to focus on in the next stage was to look at the condition of the assets. There were over 250 buildings in the Wirral and there was an opportunity to consider where buildings were needed in the future. There was quite a lot of void space that was not being used. There was an opportunity working collaboratively across the partners to develop a plan and a programme as to how to best utilise the assets to the utmost across voluntary sectors as well as across the other partners.

Pharmacies were dotted across Wirral and there was an opportunity to consider how best to utilise these assets. High costs were associated with Third Party Landlords and there could be opportunities to amalgamate services so that people were not tied to 25 year leases.

More analysis was required to understand the true picture of backlog maintenance and condition of assets. Population growth was considered in relation to where assets were needed and travel opportunities to get to Primary Care were looked at across the Wirral. It was reported that where assets were located in deprived areas there was an opportunity to work in collaboration with Wirral Council on regeneration. Future opportunities for development at Clatterbridge were also highlighted.

Governance for the next steps in the optimisation of assets was to be worked on with the Strategic Transformation Group. The aim was to control and understand people's demand of assets and requirements for space which provided an opportunity to combine services together and a phased approach was proposed.

Members commented that the work was a great starting point and was an excellent piece of work.

**Resolved - That this report be noted.**

73 **DEVELOPING OUR WIRRAL HEALTH AND CARE PLAN FOR 2024/25**

The Chair presented this report which provided an update on the proposed approach to the planning round the 2023/24 contract year. This was to result in the refresh of the Wirral Health and Care Plan 2023/24 for 2024/25 to align the NHS, local authority and wider Place priorities.

**Resolved - That the proposed approach for the 2024/25 planning round be noted and the production of the Wirral Health and Care Plan 2024/25 be supported.**

## 74 DENTISTRY

The Head of Primary Care NHS Cheshire and Merseyside presented the report which provided an update on the commissioning of primary care dental services, described the national contract management process and the development of the NHS Cheshire and Merseyside Integrated Care Board (ICB) Dental Improvement Plan 2023-25. The Plan identified key strategic aims including recovering dental activity and improving delivery of units of dental activity (UDAs) towards pre-pandemic levels. Access for vulnerable and deprived populations was to be prioritised and the ambition was that no patient will wait longer than the nationally defined period for an urgent appointment. The plan to support greater workforce resilience was highlighted. There were challenges around recruitment and retention of dentists and a lack of national contract flexibility. Post pandemic the presentation of oral health of patients has changed significantly which impacts on the throughput capacity of practices.

In order to deliver these aims it was important to develop access sessions for new patients across 60 practices in the ICB. Commissioners were seeking to provide an additional 30,000 appointments across Cheshire and Merseyside and work with local authorities to identify organisations who work with vulnerable populations. Additionally, a number of Foundation Dentists were to commence work across Cheshire and Merseyside later this year to improve access.

The ICB Executive Team was developing a dashboard by place to provide detailed information for each of the nine places. This dashboard was to be finalised in the next couple of weeks. Overall activity was increasing across Cheshire and Merseyside but some patients were unable to find an NHS dentist. Overperforming practices were to be rewarded and encouraged to do more activity if possible.

Members discussed the difficulties of finding an NHS dentist as well as the difficulties of retention of NHS dentists. Dentistry had always had a fee but the challenge was that practices were flipping to offer private care as the NHS contract was not financially viable in terms of the increased costs of items used in dental treatment, X-ray costs and laboratory treatment. The dental funding package had not increased since 2006. The Oral Health Improvement

Plan included prevention activities such as teaching children to brush their teeth properly and highlighted the importance of healthy eating. A response to the ICB regarding dental primary care quality was being looked at. It was reported that the ringfence for NHS dental services was to be removed.

**Resolved – That**

- 1. the content of the report and the Dental Improvement Plan 2023-25 be noted.**
- 2. the national contract management process be noted.**

75 **FINANCE AND INVESTMENT GROUP HIGHLIGHT REPORT**

The Chair introduced this report which presented the key issues from the Finance, Investment and Resource Group which was one of the four key governance and assurance groups supported the Wirral Place Based Partnership Board.

**Resolved – That the work of the Finance and Investment Group be noted and the Wirral Place Based Partnership Board continues to receive updates as a standing agenda item.**

76 **PRIMARY CARE GROUP REPORT**

The Chair introduced the highlight report from the Primary Care Group which was one of the four key governance assurance groups supported the Wirral Place Based Partnership Board.

**Resolved – That the work of the Primary Care Group be noted and that the Board continues to receive updates as a standing agenda item.**

77 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

The Chair introduced the highlight report from the Strategy and Transformation Group which was one of the four key governance assurance groups supported the Wirral Place Based Partnership Board.

The 22 December 2023 meeting of the Strategy and Transformation Group had been stood down due to operational pressures.

**Resolved – That the work of the Strategy and Transformation Group be noted.**

78 **PUBLIC AND MEMBER QUESTIONS**

There were no questions from the public or members and no petitions or statements.

79 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

The Head of Legal introduced this report which presented the future work programme of the Board.

**Resolved – That the work programme for the Wirral Place Based Partnership Board for the remainder of the 2023/24 municipal year be noted.**

80 **ANY OTHER BUSINESS**

There was no other business.

81 **FUTURE MEETINGS:**

**10am on 21 December 2023**

**10am on 25 January 2024**

**10am on 22 February 2024**

**10am on 21 March 2024**

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<b>Title</b>	Quality and Performance Report
<b>Authors</b>	Lorna Quigley, Associate Director of Quality and Safety Improvement, NHS Cheshire and Merseyside Julia Bryant, Head of Quality and Safety Improvement, NHS Cheshire and Merseyside
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

## Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with oversight of the Quality and Performance across Wirral Place since the last reporting period. The report focusses on some key areas of improvement including, Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities (SEND).

The Wirral Place Based Partnership Board is asked to:

- Note the work underway across the system to monitor quality and performance, identifying areas for improvement.
- Note and endorse the further work underway to strengthen the governance around quality and safety across Health and Social Care.
- Receive assurance around the robust improvement plans in place to manage specific areas for improvement.

## Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:

- *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.
- *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.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are operational risks arising from healthcare-associated infections (HCAIs) such as methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. difficile). These risks will need to be defined in the Risk Register for the Quality and Performance Group.

There are also operational risks connected with the Written Statement of Action (WSOA) and the new SEND inspection framework. These will also need to be defined in the Quality and Performance Group's Risk Register.

1	<b>Narrative</b>
1.1	<b>HCAI rates</b>
1.1.1	<p><b>Background</b></p> <p>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 <i>Staphylococcus aureus</i> (MRSA) and <i>Clostridium difficile</i> (C-difficile).</p> <p>The rate of C-Difficile within Wirral health care settings remains high. Based on several factors including the infection rate in the population for last year, a system tolerance has been set 2023/23. Whilst the figures for September 2023 have improved from 143% over the tolerance in July 2023 to 140% in September 2023, this remains concerning.</p> <p>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. The data for June 2023 demonstrates improvement from this position to Wirral being ranked as 86/106 for total prescribing in Primary Care.</p> <p>Currently across NHS Cheshire and Merseyside rates of C. Diff and <i>Escherichia coli</i> (E-coli) are above the year to date (YTD) trajectory as set out by NHS England in <i>Minimising Clostridioides difficile and Gram-negative Bloodstream Infections</i>. Whilst improvement has been made to reduce the number of infections, Wirral remains an outlier.</p>
1.1.2	<p><b>Management &amp; Mitigations to date</b></p> <ul style="list-style-type: none"> <li>• Trusts action plans have been scrutinised within the relevant fora and include actions which address priorities.</li> <li>• Review of the actions/outputs following the system Cdifficile review re effectiveness.</li> <li>• Focus session for the system coordinated by the Director of Public Health</li> <li>• Monitor vaccination uptake across Health &amp; Social Care (Staff and patients).</li> <li>• Development communications plan with a focus on inclusion.</li> </ul>
1.1.3	<p><b>On-going plans</b></p> <p>To continue working in partnership at Place. Oversight of progress against priority areas will be monitored through Health Protection Board.</p> <p>Support including tips and advice to Primary Care has been circulated and discussed at meetings regarding back up prescriptions for antibiotics.</p>
1.2	<b>Super Made Event November 2023</b>
1.2.1	<p>The first Super Multi-Agency Discharge Event (SuperMADE) event was held in August 2023 and covered the Cheshire and Wirral footprint. The aim of this meeting is:</p> <ul style="list-style-type: none"> <li>• To support discharges of very long stayers (60 days+ for adult acute mental health wards, 90 days+ for older adult acute mental health wards).</li> <li>• To unblock delayed discharges via the weekly MADE and local escalation.</li> <li>• Regularly review the top ten cases by Length of Stay (LOS).</li> <li>• To deliver quick wins and rapid decisions through the senior multi-disciplinary team (MDT) presence, whilst being sensitive and respectful of service users' needs.</li> <li>• Gain an understanding of strategic themes and issues which require further</li> </ul>



discussion and work.

1.2.2 **Monthly Performance report – November 2023**

On 20<sup>th</sup> November 2023 there were the following number of patients who are Clinical Ready for Discharge (CRFD) patients per locality

CRFD patients							
		patients	Delay reason			Period Delayed	longest delay
East Cheshire	2		Awaiting Nursing home			104	56
	2		Supported housing			281	172
	1		Care package			99	99
West Cheshire	2		Awaiting Nursing home			140	71
	8		Supported Housing			1,350	471
	1		Care package at home			229	574
Wirral	3		Supported housing			330	147
	1		Care Package at Home			27	27
		20				2,560	

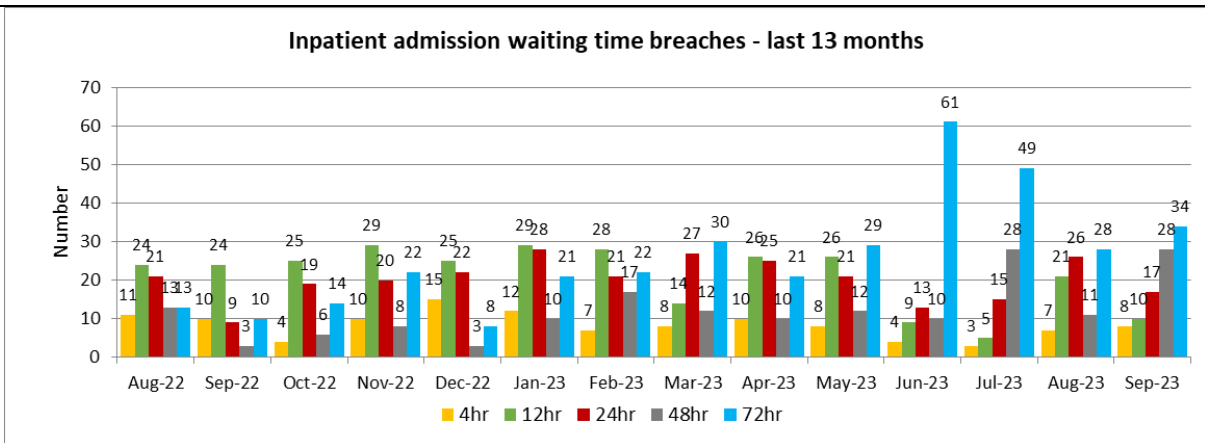
Note - period delayed in this financial year

There were 32 patients currently on inpatients wards that are identified as red under the Trust red to green policy. This means that the patient is no longer gaining any benefit of residing on an inpatient ward. These patients will eventually either be discharged or become the next cohort of CRFD. Lack of appropriate supported housing is the biggest factor specifically for patient with multiple complex needs.

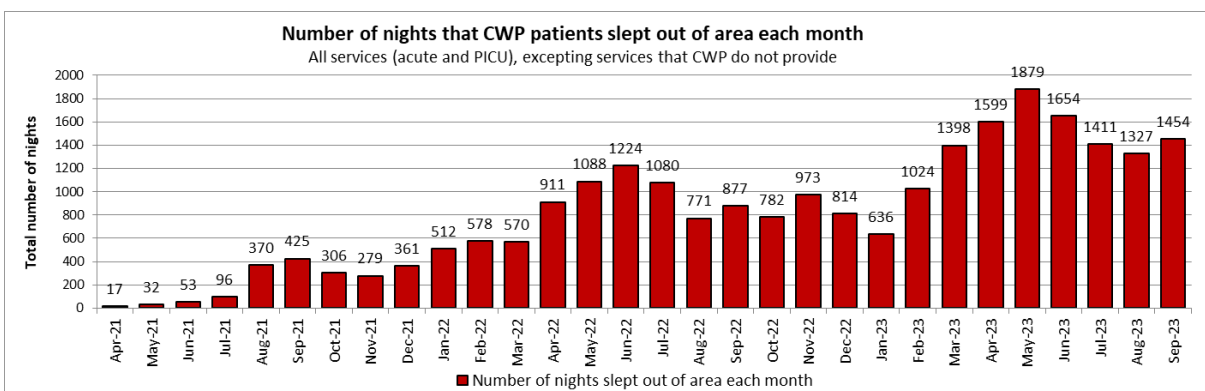
Red patients (red2green)

	East	West	Wirral	Total
Housing	6	5	8	19
Nursing Home		2	2	4
Assessment		1	2	3
Rehabilitation		3	1	4
On leave		5		5
<b>Total</b>	<b>6</b>	<b>16</b>	<b>13</b>	<b>35</b>

The graph below highlights the increase in the breach of 4hr and 12hr targets from decision to admit (DTA). There are high numbers of patients waiting longer than 72hrs in emergency departments and acute wards and within community settings. There are significant clinical risks in ensuring that patients are kept safe whilst waiting for admission and there is a negative impact on patient safety and experience. Although the number of 72 hour delays has reduced over the last three months overall there remain significant delays >4 hours and 12 hours.



Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had their first out of area (OOA) patient admitted in January 2021 and this number has increased over the last two years peaking in May 2023. However, since June this has been reducing and October and November have seen lower levels of OOA placements.



On 20<sup>th</sup> November 2023 there were 24 patients out of area which was a reduction of 18 since the last report:

West	3
Wirral	13
East	8

1.2.3

### On-going plans

- Fully established Discharge flow team with lead consultant - focus discharging OOA patients
- Bowmere accepting more admissions – bed occupancy increased due to improved staffing.
- Increase in discharges from CWP beds.
- Improvements from “side by side” triage in emergency departments and gatekeeping impacting the number of overall admissions and provision of alternatives to admission.
- Joint strategic meetings to continue with housing providers to support safe discharge to community settings with the aim of stimulating the market across Cheshire and Merseyside.

1.3

SEND

1.3.1	<p><b>Background</b></p> <p>Special Educational Needs and Disabilities (SEND) provision in Wirral was last inspected in 2021. The joint inspection team included representation from the Care Quality Commission (CQC) and the Office for Standards in Education, Children's Services and Skills (OFSTED). Following the inspection, the system was provided with a Written Statement of Action (WSOA). Work is underway to manage the improvements required within a transformation governance framework. Progress against improving waiting times against the neurodevelopmental pathway is underway.</p> <p>From January 2024, Wirral could be inspected on a new SEND inspection framework. Work is also underway to ensure strategic oversight against the new standards.</p> <p>Specialist provision for children with SEND has risen by 63% in the last 6 years. This is impacting the capacity across services, resulting in long waits or difficulties accessing provision.</p> <p>The focus of the WSoA is on the following priorities:</p> <ul style="list-style-type: none"> <li>• Speech and Language</li> <li>• Neurodevelopment (ND) Pathway</li> <li>• Emotional Health &amp; Wellbeing Transformation</li> </ul>
1.3.2	<p><b>Management and Mitigations to date</b></p> <p>Around 75% of the actions within the WSoA have been achieved. Discussions will be taking place in the new year with the Department for Education (DfE) regarding how the residual actions should be managed.</p> <p>A Quality Improvement Project is to be commenced to test an MDT approach for children and young people being referred to services to ensure that they are directed to the correct service. While being tested a long-term solution by undertaking transformational work and identifying some new ways of working.</p> <p>A health group has also been established to focus attention on the ND pathway and performance against current metrics.</p>
1.3.3	<p><b>On-going plans</b></p> <ul style="list-style-type: none"> <li>• Monitoring of improvements, impact and outcomes through both SEND transformation and Strategic Boards.</li> <li>• Improvement around engagement and coproduction with people with lived experience.</li> <li>• Further strengthening of the data within the SEND dashboard.</li> <li>• Focused work at Place around SEND inspection readiness.</li> <li>• Regular reporting to the Wirral Place Partnership Board.</li> <li>• SEND to be a focus during the 204/25 planning round.</li> </ul>
1.4	<p><b>Guiding Principles for people residing in Non-Emergency Department (ED) areas</b></p>
1.4.1	<p><b>Background</b></p> <p>The Cheshire and Merseyside Acute and Specialised Trusts Provider Collaborative (CMAST) organised a round table event for Chief Nurses to attend to discuss patient safety and comfort whilst waiting in Emergency Departments (EDs) during times of escalation. Following this event a number of guiding principles were drafted and discussed with wider partners at a recent Cheshire and Merseyside Quality and Safety Oversight Group.</p>
1.4.2	<p><b>Draft Principles</b></p> <p>It is acknowledged that Trusts will have their own systems processes and documentation in place to assess and review safety in place. The principles are aimed to bring consistency across Cheshire and Merseyside and support clinical decision makers. The principles fall into 4 categories:</p>

	<p><i>Escalation</i></p> <ul style="list-style-type: none"> <li>• Visible leadership in ED Medical and Nursing Staff</li> <li>• Safety Huddles for all the patients within the ED.</li> <li>• Regular Board Rounds.</li> <li>• Patient boarding, accelerated transfers based upon risk assessments.</li> </ul> <p><i>Care and Comfort</i></p> <ul style="list-style-type: none"> <li>• Intentional rounding, comfort rounds (Hydration and Nutrition).</li> <li>• Privacy screens and call bells.</li> <li>• Staff advocates.</li> <li>• Gaining patient experience.</li> </ul> <p><i>Evidence Care is being delivered</i></p> <ul style="list-style-type: none"> <li>• ED safety checklist.</li> <li>• How do we know we are making a difference?</li> </ul> <p><i>De-escalation</i></p> <ul style="list-style-type: none"> <li>• Visible leadership and strong decision making.</li> <li>• Governance.</li> </ul>
1.4.3	<p><b>Next steps</b></p> <p>Further work will be undertaken to harness and agree the principles across Cheshire and Merseyside, it is likely that once agreed these will be included with the quality schedule of the NHS standard contract for 2024/25</p>

2	Implications
2.1	<p><b>Risk Mitigation and Assurance</b></p> <p>The report relates to key strategic risks PDAF 1 Service Delivery, PDAF 2 Children and Young People and PDAF 3 Collaboration. The work of the system in regard to Quality and Safety seeks to provide controls and assurances around these risks.</p>
2.2	<p><b>Financial</b></p> <p>There are financial implications relating to SEND and Mental Health patients who have an extended length of stay. These will form part of the 2024/25 planning for consideration and prioritisation.</p>
2.3	<p><b>Legal and regulatory</b></p> <p>Legal implications have been considered within this report relating to NHS constitutional standards and the Care Act, which have been referenced within the report.</p>
2.4	<p><b>Resources</b></p> <p>There are no resource implications arising directly from this report.</p>
2.5	<p><b>Engagement and consultation</b></p> <p>Partnership working remains a strength of the assurance and improvement plans. Engagement with all key stakeholders has been included within the governance components.</p>
2.6	<p><b>Equality</b></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they deliver their work, do not discriminate against</p>

	anyone. In line with the Health and Wellbeing strategy, the focus of quality and safety improvement is to strengthen health and care action aiming to reduce inequalities and address differences in health outcomes. All workstreams consider equality and protected characteristics. No Equality Impact Assessment (EIA) is required for this report.
2.7	<b><i>Environment and Climate</i></b>  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 our work in the area of quality, safety and performance.
2.8	<b><i>Community Wealth Building</i></b>  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.

<b>3</b>	<b>Conclusion</b>
3.1	There are detailed project plans in place for all the above areas with identified timescales and responsible leads, however scale of pace is critical. All project plans and the delivery of those plans will continue to be monitored closely, through strategic oversight groups.

<b>4</b>	<b>Appendices</b>
	There are no appendices to the report.

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<b>Title</b>	Place Finance Report incorporating Pooled Fund Update (Month 7, October 2023)
<b>Authors</b>	Martin McDowell, Associate Director of Finance and Performance (Wirral), NHS Cheshire and Merseyside
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

## Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the financial position for the Wirral Place health and care system partners as at the end of October 2023.

It is recommended that the Wirral Place Based Partnership Board notes the report and the specific recommendations in relation to the Pooled Budget, listed below,

- Note the forecast reported position for the Pool and the discharge fund as at Month 7 2023/24.
- Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.
- Note the sign off and approval process of the 2023/24 Section 75 agreement.

## Key Risks

The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:

- *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.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.
- *PDAF 5 Finance:* Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.
- *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.

## Governance journey

Date	Forum	Report Title	Purpose/Decision
23 <sup>rd</sup> November 2023	Wirral Place Based Partnership Board	Place Finance Report incorporating Pooled Fund Update (Month 6, September 2023)	Report highlighted previous month financial position

<b>1</b>	<b>Narrative</b>																																																															
<b>1.1</b>	<b>Background</b>																																																															
1.1.1	<p>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.</p> <p>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.</p>																																																															
1.1.2	The Place Finance Report incorporating Pooled Fund Update has been developed to update the WPBPB on progress in terms of delivering the financial plan during the year and will advise upon risks and mitigations as required.																																																															
<b>1.2</b>	<b>Wirral Place System Financial Update (Month 7, November 2023)</b>																																																															
1.2.1	<p>The Wirral system financial performance is shown in the table below, and notes that the system had an actual reported deficit of £32.2m compared with a planned year-to-date deficit of £18.1m, which represents an adverse variance of £14.1m.</p> <p>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 Council financial position at Q2 has been reported to the Policy and Resources Committee held on 8<sup>th</sup> November 2023.</p> <table border="1"> <thead> <tr> <th><b>2023/24 at Month 7</b></th> <th colspan="6"><b>Financial Performance £m</b></th> </tr> <tr> <th><b>Organisation name</b></th> <th><b>YTD Plan £m</b></th> <th><b>YTD Actual £m</b></th> <th><b>YTD variance £m</b></th> <th><b>Forecast Plan £m</b></th> <th><b>Forecast outturn £m</b></th> <th><b>Forecast variance £m</b></th> </tr> </thead> <tbody> <tr> <td>Wirral Place (part of C&amp;M ICB)</td> <td>(4.2)</td> <td>(15.2)</td> <td>(11.0)</td> <td>(7.2)</td> <td>(7.2)</td> <td>0.0</td> </tr> <tr> <td>Wirral Community Health &amp; Care NHS Foundation Trust</td> <td>0.3</td> <td>0.3</td> <td>0.0</td> <td>0.2</td> <td>0.2</td> <td>0.0</td> </tr> <tr> <td>Wirral University Teaching Hospital NHS Foundation Trust</td> <td>(14.0)</td> <td>(16.1)</td> <td>(2.1)</td> <td>(18.6)</td> <td>(18.6)</td> <td>0.0</td> </tr> <tr> <td>Cheshire &amp; Wirral Partnership NHS Foundation Trust *</td> <td>(0.2)</td> <td>(1.2)</td> <td>(1.0)</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td><b>Total Wirral Health System</b></td> <td><b>(18.1)</b></td> <td><b>(32.2)</b></td> <td><b>(14.1)</b></td> <td><b>(25.6)</b></td> <td><b>(25.6)</b></td> <td><b>0.0</b></td> </tr> <tr> <td>Wirral Borough Council **</td> <td></td> <td></td> <td>0.0</td> <td>0.0</td> <td>(0.9)</td> <td>(0.9)</td> </tr> <tr> <td><b>Total Wirral System</b></td> <td><b>(18.1)</b></td> <td><b>(32.2)</b></td> <td><b>(14.1)</b></td> <td><b>(25.6)</b></td> <td><b>(26.5)</b></td> <td><b>(0.9)</b></td> </tr> </tbody> </table> <p>* note CWP part of Wirral and Cheshire places but performance shown in full</p>	<b>2023/24 at Month 7</b>	<b>Financial Performance £m</b>						<b>Organisation name</b>	<b>YTD Plan £m</b>	<b>YTD Actual £m</b>	<b>YTD variance £m</b>	<b>Forecast Plan £m</b>	<b>Forecast outturn £m</b>	<b>Forecast variance £m</b>	Wirral Place (part of C&M ICB)	(4.2)	(15.2)	(11.0)	(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	(14.0)	(16.1)	(2.1)	(18.6)	(18.6)	0.0	Cheshire & Wirral Partnership NHS Foundation Trust *	(0.2)	(1.2)	(1.0)	0.0	0.0	0.0	<b>Total Wirral Health System</b>	<b>(18.1)</b>	<b>(32.2)</b>	<b>(14.1)</b>	<b>(25.6)</b>	<b>(25.6)</b>	<b>0.0</b>	Wirral Borough Council **			0.0	0.0	(0.9)	(0.9)	<b>Total Wirral System</b>	<b>(18.1)</b>	<b>(32.2)</b>	<b>(14.1)</b>	<b>(25.6)</b>	<b>(26.5)</b>	<b>(0.9)</b>
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\*\* note LA Q2 reported only

### 1.3 2023/24 Pooled Fund Update

1.3.1 The pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.

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.

The pooled fund arrangements are already well established in Wirral and enable a range of responsive services to support vulnerable Wirral residents as well as a significant component of Better Care Fund (BCF) funding to protect frontline social care delivery.

Working in Integrated Care Systems, the importance of Pooled Budgets as an enabler of commissioner integration is understood from both National policy and Local operational perspectives. Continuing to expand the scope and scale of pooled arrangements for 2023/24 will be an important statement, that Wirral has a strong foundation and appetite for integrated commissioning at place level.

#### *The Current Pooled fund Budget*

1.3.2 The current Pooled Fund budget for 2023/24 of £268.83m is set out in Table 1 with a comparator to 2022/23.

Table 1

Summary	2023 / 24 Budget	Wirral Place £m	WBC £m	Total £m
ICB Wirral Place Pool	£158.05m	£158.05		£158.05
Health & Care	£48.89m		£48.89	£48.89
Children and Young People	£2.43m		£2.43	£2.43
Better Care Fund	£59.46m	£33.50	£25.96	£59.46
<b>Grand Total</b>	<b>£268.83m</b>	<b>£191.55</b>	<b>£77.28</b>	<b>£268.83</b>

### 1.4 The Pooled Fund – Month 6 Position

1.4.1 As at month 7 the reported forecast of the pooled fund is an overspend of £0.99m, and a summary position is provided below in Table 2.

Table 2

Summary	2023 / 24 Budget	Forecast Outturn	Variance
ICB Wirral Place Pool	£158.05m	£158.05m	£0.00m
Health & Care	£48.89m	£48.83m	-£0.06m

Children and Young People	£2.43m	£3.48m	£1.05m
Better Care Fund	£59.46m	£59.46m	£0.00m
<b>Grand Total</b>	<b>£268.83m</b>	<b>£268.04m</b>	<b>£0.99m</b>

Table 3 below shows the forecast position on this year's discharge fund.

Table 3

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

The Home First scheme has been prioritised for funding from the ICB allocation to Wirral Place.

## 1.5 Financial Risk and Risk Share Arrangements

1.5.1 The risks identified at the outset of the agreement for the year have been outlined as follows;

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

It was proposed and agreed to retain the more focused risk-sharing arrangements into 2023/24. This approach removed the generic approach, by targeting the 50% risk share arrangement onto the Better Care Fund, with host organisations retaining full financial risk on other areas pooled.

The Better Care Fund is currently showing a forecast breakeven position, so there is no risk share impact to report.

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

## 2 Implications

### 2.1 Risk Mitigation and Assurance

This report is also considered in detail by the Finance and Investment Group which provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 3, PDAF 5 and PDAF 6. Specific financial risks relating to the delivery of organisational and wider system plans are evaluated and reported to the group.

### 2.2 Financial

There are no direct financial implications arising from this report.

### 2.3 Legal and regulatory

A section 75 agreement for the pooled fund is the contractual agreement which sets

	out the terms of the arrangement. 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. Legal services are fully engaged in the development of the Section 75 agreement which is scheduled to complete sign-off in January 2024.
2.4	<i>Resources</i> 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.
2.5	<i>Engagement and consultation</i> Engagement with system partners has taken place in the development of the Better Care Fund and Pooled Budget during the process to sign-off the overall financial plan.
2.6	<i>Equality</i> 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.
2.7	<i>Environment and Climate</i> Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner. There are no specific environmental or climate issues identified in this report.
2.8	<i>Community Wealth Building</i> 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.

<b>3</b>	<b>Conclusion</b>
3.1	<p>The WPBPB is asked to:</p> <ul style="list-style-type: none"> <li>• Note the forecast reported position for the Pool and the discharge fund as at Month 7 2023/24.</li> <li>• Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.</li> <li>• Note the sign off and approval process and progress of the 2023/24 Section 75 agreement which is scheduled to complete in January 2024.</li> </ul>

<b>4</b>	<b>Appendices</b>
	There are no appendices to this report.

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# Agenda Item 7

<b>Title</b>	Place Delivery Assurance Framework
<b>Authors</b>	Simon Banks, Place Director (Wirral), NHS Cheshire and Merseyside
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

## Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the system management of key strategic risks as identified in the 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.
- Approve the updated Place Delivery Assurance Framework.
- Endorse the inclusion of an additional strategic risk pertaining to Unscheduled Care in the PDAF.
- Note that an updated PDAF and a draft Risk Register will be presented at the Board meeting scheduled for 21<sup>st</sup> March 2024.

## Key Risks

The Place Delivery Assurance Framework has identified the key strategic risks for Wirral Place in the following areas:

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

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

The report also suggests the addition of a strategic risk pertaining to Unscheduled Care.

## Governance journey

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

19 <sup>th</sup> October 2023	Wirral Place Based Partnership Board	Developing a Risk Management Framework for Wirral Place Partnership Arrangements	Approved
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<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	In February 2023 NHS Cheshire and Merseyside’s Board approved the organisation’s Risk Management Strategy. 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.
1.1.2	The Wirral Place Based Partnership Board approved a paper on 19 <sup>th</sup> October 2023 that set out how the Risk Management Framework will be applied to NHS Cheshire and Merseyside’s governance arrangements in and with Wirral Place. The Board approved the Place Delivery Assurance Framework at this meeting.
1.1.3	Appendix 1 defines the meaning of the terminology used in this paper. Appendix 2 sets out the key components of the risk management framework. 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.
<b>1.2</b>	<b>Applying the Risk Management Framework to Wirral Place Partnership Arrangements</b>
1.2.1	The Place Delivery Assurance Framework (PDAF) in Appendix 4 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. 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. The PDAF is a “living” document that will be reviewed by the Wirral Place Based Partnership Board every quarter, the next review will be the meeting schedule for 21 <sup>st</sup> March 2024.

1.2.2	<p>The PDAF was reviewed in November 2023 by the Senior Responsible Officers for the delivery programmes most relevant to the identified strategic risks. It was also reviewed by the Governance leads from partnership organisations, reviewing the PDAF against their own organisational strategic risk management arrangements. Appendix 4 sets out the outcomes of this review process. The PDAF Risk Summaries have been adapted to link Integrated Care System (ICS) strategic objectives to the strategic objectives of the Wirral Plan 2026, as requested by the Wirral PBPB at the meeting on 19<sup>th</sup> October 2023.</p> <p>There has been no movement since the meeting on 19<sup>th</sup> October 2023 in the current risk scores for:</p> <ul style="list-style-type: none"> <li>• PDAF 1: Service Delivery</li> <li>• PDAF 2: Children and Young People</li> <li>• PDAF 4: Workforce</li> <li>• PDAF 5: Finance</li> <li>• PDAF 6: Community Wealth Building</li> </ul> <p>PDAF 3: Collaboration has moved from 9 to 6, lowering the current risk score.</p> <p>The Wirral Place Based Partnership Board is asked to approve the updated PDAF.</p>
1.2.3	<p>The Wirral Place risk management arrangements were reviewed alongside those of other Places at NHS Cheshire and Merseyside’s Risk Management Committee on 9<sup>th</sup> November 2023. The work that has been undertaken in Wirral Place was commended as an exemplar for other Places to follow in terms of both process and product. It was recommended at the Committee that all Places should have a strategic system risk pertaining to Unscheduled Care, Appendix 5 sets out a proposed Risk Summary for an additional strategic risk for Wirral Place. It is recommended that the Wirral Place Based Partnership Board endorses the inclusion of an additional strategic risk pertaining to Unscheduled Care in the PDAF.</p>
1.2.4	<p>Work has commenced to develop a Place Risk Register. 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:</p> <ul style="list-style-type: none"> <li>• Finance and Investment</li> <li>• Primary Care</li> <li>• Quality and Performance</li> <li>• Strategy and Transformation</li> <li>• Workforce</li> </ul> <p>It is anticipated that the Place Risk Register will be included in the papers for the Wirral Place Based Partnership Board that is scheduled for 21<sup>st</sup> March 2024.</p>

<b>2</b>	<b>Implications</b>
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2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>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.</p>
2.2	<p><i>Financial</i></p> <p>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.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal or regulatory implications arising from this report, although the Risk Management Framework does follow the principles of good governance.</p>
2.4	<p><i>Resources</i></p> <p>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.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>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.</p>
2.6	<p><i>Equality</i></p> <p>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.</p>
2.7	<p><i>Environment and Climate</i></p> <p>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.</p>
2.8	<p><i>Community Wealth Building</i></p> <p>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.</p>

### 3

### Conclusion



3.1	<p>The next steps in developing NHS Cheshire and Merseyside’s Risk Management Framework in Wirral are to:</p> <ul style="list-style-type: none"> <li>• Undertake the next quarterly review of the PDAF and report to the Wirral Place Based Partnership Board on 21<sup>st</sup> March 2023.</li> <li>• Develop the risk registers for the supporting groups to the Wirral Place Based Partnership Board.</li> </ul>
3.2	<p>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.</p>

<b>4</b>	<b>Appendices</b>
	<p>Appendix 1 – Definitions  Appendix 2 – Key components of the Risk Management Framework  Appendix 3 – Risk Management Matrix  Appendix 4 – Place Delivery Assurance Framework and Risk Summaries  Appendix 5 – Draft Risk Summary Unscheduled Care</p>

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## APPENDIX 1

## DEFINITIONS

<b>Risk</b>	<p>The effect of uncertainty on objectives.</p> <p>Risk is the combination of the probability of an event and its consequence.</p> <p>The chance of something happening that will have an impact on objectives.</p> <p>An uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives.</p>
<b>Issue</b>	<p>A relevant event that has happened or is certain to happen, was not planned, and requires specific management action.</p> <p>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.</p>
<b>Risk Assessment</b>	A systematic process of identifying, analysing and evaluating risks.
<b>Impact</b>	A measure of the anticipated effect on the achievement of NHS C&M's objectives if the event or set of events occurs.
<b>Likelihood</b>	A measure of the chance or probability of the event or set of events occurring.
<b>Risk Rating</b>	The severity assigned to a risk following assessment. This is determined by multiplying the impact of the risk by the likelihood of occurrence.
<b>Risk Matrix</b>	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.
<b>Risk Management</b>	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.
<b>Risk Register</b>	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.
<b>Controls</b>	<p>The systems or processes we <i>currently</i> have in place to prevent a risk from occurring, or to reduce the potential consequences and likelihood. Examples of possible controls include:</p> <ul style="list-style-type: none"> <li>• Implementation of policies and guidance</li> <li>• Management structure and accountabilities</li> <li>• Corporate and clinical governance processes</li> <li>• Statutory frameworks e.g., Standing Orders, Standing Financial</li> </ul>

	<p>Instructions, Scheme of Delegation</p> <ul style="list-style-type: none"> <li>• Incident reporting, complaints, and patient and public feedback procedures</li> <li>• Staff recruitment, retention and training.</li> </ul>
<b>Assurance</b>	Confidence, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved.
<b>Assurance Framework</b>	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.
<b>Board Assurance Framework</b>	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.
<b>Principal Risks</b>	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.
<b>Corporate Risks</b>	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.
<b>Place Risks</b>	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.
<b>Risk Appetite</b>	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.
<b>Risk Tolerance</b>	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.



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## APPENDIX 3 RISK ASSESSMENT MATRIX

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Rare</b> The event could only occur in exceptional circumstances (<5%)	<b>Unlikely</b> The event could occur at some time (<25%)	<b>Possible</b> The event may well occur at some time (25%> -50%)	<b>Likely</b> The event will occur in most circumstances (50% > 75%)	<b>Almost certain</b> 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)
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Rare (1)	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
Unlikely (2)	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
Possible (3)	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
Likely (4)	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
Almost Certain (5)					



APPENDIX 4 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
<b>Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience</b>							
<b>PDAF 1</b>	<b>Service Delivery:</b> 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	<b>4x4=16</b>	<b>3x4=12</b>	<b>No change</b>	<b>2x4=8</b>	<p>Outstanding individual delivery plans to be finalised by programme Senior Responsible Officers and shared with relevant supporting group/ Place Based Partnership Board.</p> <p>Completion of full reporting cycle to relevant supporting group and/or</p>

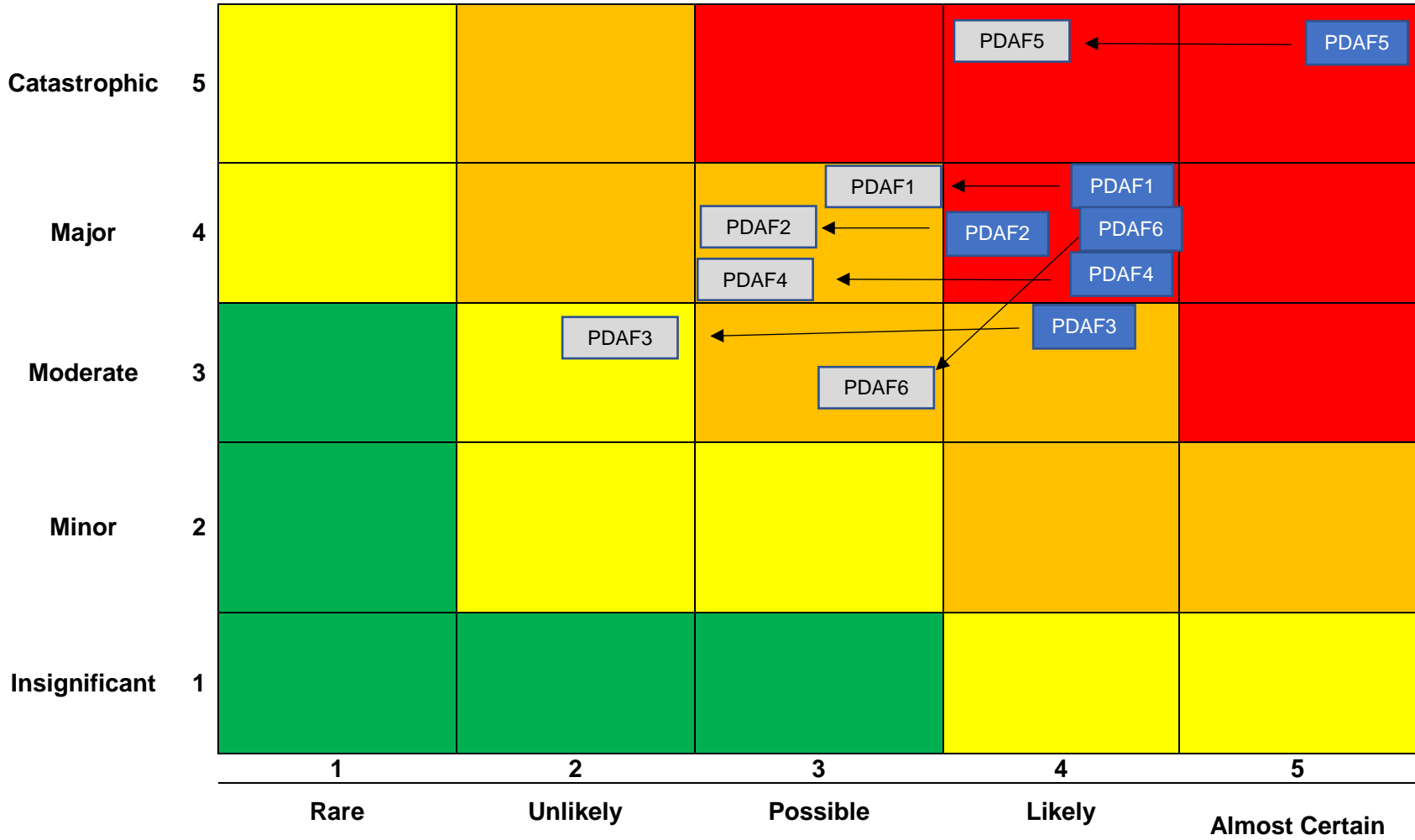
							Wirral Place Based Partnership Board.
<b>PDAF 2</b>	<b>Children and Young People:</b> The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.	Wirral Place Based Partnership Board, Place Director	4x4=16	3x4=12	No change	2x4=8	<p>Development of a JSNA for children and young people.</p> <p>Implementation of actions to address SEND Written Statement of Action.</p> <p>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.</p>

Strategic Objective 2: Improving Population Health and Healthcare							
<b>PDAF 3</b>	<b>Collaboration:</b> 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	2x3=6	Improved	1x3=3	Continued development of reporting frameworks.
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money							
<b>PDAF 4</b>	<b>Workforce:</b> 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.	Wirral Place Based Partnership Board, Place Director	4x4=16	3x4=12	No change	3x3=9	Develop Workforce Strategy  Establish reporting mechanisms to Place Based Partnership Board.
<b>PDAF 5</b>	<b>Finance:</b> 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	No change	3x5=15	Review of all expenditure to determine whether any "discretionary" expenditure exists.  Publish Wirral Place based financial recovery plan.  Reflect above

							in 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							
<b>PDAF 6</b>	<b>Community Wealth Building:</b> 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	<b>4x4=16</b>	<b>3x3=9</b>	<b>No change</b>	<b>2x3=6</b>	Establish delivery arrangements and governance for Health and Wellbeing Strategy.

# Heat Map

Impact



Inherent Risk  
Current Risk

## Risk Assurance Map

Risk Identifier	Principal Risks	Current Risk Score	Controls					1 <sup>st</sup> line of defence	2 <sup>nd</sup> line of defence	3 <sup>rd</sup> line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
<b>Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience</b>											
<b>PDAF 1</b>	<b>Service Delivery:</b> 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	G	G	A	Senior Responsible Officer and management control of each priority programme – <b><i>In place.</i></b>	Programme reporting to Strategy and Transformation Group (majority of programmes) – <b><i>In progress.</i></b>	Reporting to Place Based Partnership Board – <b><i>In progress.</i></b>	<b>Reasonable</b>
<b>PDAF 2</b>	<b>Children and Young People:</b> 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 – <b><i>In place.</i></b>	Escalation to senior leadership - <b><i>In place.</i></b>	Escalation to Wirral system CEOs and Place Director – <b><i>In place.</i></b>	<b>Reasonable</b>

Risk Identifier	Principal Risks	Current Risk Score	Controls					1 <sup>st</sup> line of defence	2 <sup>nd</sup> line of defence	3 <sup>rd</sup> line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
Strategic Objective 2: Improving Population Health and Healthcare											
<b>PDAF 3</b>	<b>Collaboration:</b> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.	6	G	G	A	G	A	Day to day management oversight and leadership – <b><i>In place.</i></b>	Alignment of programmes of work around Wirral Health and Care Plan – <b><i>In place.</i></b>  Working groups to deliver system priorities – <b><i>In place.</i></b>  Reporting to supporting groups – <b><i>In progress.</i></b>	Place Director and Wirral System CEOs meeting – <b><i>In place.</i></b>  Reporting to PBPB – <b><i>In progress.</i></b>  Place Review Meetings – <b><i>In place.</i></b>	<b>Reasonable</b>
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money											
<b>PDAF 4</b>	<b>Workforce:</b> The Wirral health and care system is unable to recruit, develop and	12	A	A	A	G	A	Day to day management oversight and	Workforce Supporting Group and associated	Reporting to PBPB – <b><i>Planned.</i></b>	<b>Reasonable</b>

Risk Identifier	Principal Risks	Current Risk Score	Controls					1 <sup>st</sup> line of defence	2 <sup>nd</sup> line of defence	3 <sup>rd</sup> line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
	retain staff to create a diverse health and care workforce with the skills and experience required to deliver the strategic objectives.							leadership – <b><i>In place.</i></b>	work programme – <b><i>In progress.</i></b>		
<b>PDAF 5</b>	<b>Finance:</b> Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.	<b>20</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	Day to day management oversight and leadership – <b><i>In place.</i></b>	Internal organisational controls – <b><i>In place.</i></b>  Financial Recovery Plan – <b><i>Planned.</i></b>  Monitoring and interventions through Finance and Investment Group – <b><i>In place.</i></b>	Reporting to PBPB – <b><i>In progress.</i></b>	<b>Reasonable</b>
<b>Strategic Objective 4: Helping the NHS to support broader social and economic development</b>											
<b>PDAF 6</b>	<b>Community Wealth Building:</b> The focus on responding to	<b>9</b>						Day to day management oversight	Reporting to Health and Wellbeing	Review and approval of	<b>Reasonable</b>



Risk Identifier	Principal Risks	Current Risk Score	Controls					1 <sup>st</sup> line of defence	2 <sup>nd</sup> line of defence	3 <sup>rd</sup> line of defence	Assurance Rating
			Policies	Processes	Plans	Contracts	Reporting				
	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.		G	G	G	G	A	and leadership – <b><i>In place.</i></b>	Board and Place Based Partnership Board - <b><i>Planned</i></b>	Wirral Health and Wellbeing Strategy by Wirral Health and Wellbeing Board – <b><i>In place.</i></b>	

## Risk Summaries

<b>ID No: PDAF1</b>	<b>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.</b>
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	Likelihood	Impact	Risk Score	Trend	
Inherent Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	4	<b>16</b>		
Current Risk Score	3	4	<b>12</b>		
Target Risk Score	2	4	<b>8</b>		
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: Reducing Health Inequalities in Outcomes, Access and Experience	Transformation	C - beyond financial year	Place	Manage

Raised	Last Updated	Next Update Due
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12<sup>th</sup> July 2023

13<sup>th</sup> November 2023

14<sup>th</sup> February 2024

**Linked Wirral Plan  
2026 objective(s)**

**Sustainable environment:** Working towards a clean-energy, *sustainable borough* that leads the way in its response to the climate emergency and is environmentally friendly.

**Brighter Futures:** Working together for *brighter futures* for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.

**Inclusive economy:** Working for a prosperous, *inclusive economy* - helping businesses to thrive and creating jobs and opportunities for all.

**Safe and pleasant communities:** Working for *safe and pleasant communities* where our residents feel safe and are proud to live and raise their families.

**Active and healthy lives:** Working to provide happy, *active and healthy lives* for all, with the right care, at the right time to enable residents to live longer and healthier lives.

**Risk Description**

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 being developed.

Current Controls			Rating
<b>Policies</b>	NHS Operational Planning Guidance 2023/24		<b>Green</b>
<b>Processes</b>	Health and Care Plan developed collaboratively. Programme Management, Contract Management		<b>Green</b>
<b>Plans</b>	Wirral Health and Care Plan 2023/24 developed with and approved by partners.		<b>Green</b>
<b>Contracts</b>	Wirral Health and Care Plan 2023/24 included in contracts with providers.		<b>Green</b>
<b>Reporting</b>	Governance and reporting routes agreed.		<b>Amber</b>
Gaps in control			
Outstanding individual programme delivery plans. Full cycle of reporting to appropriate supporting group or Place Based Partnership Board needs to be completed.			
Actions planned	Owner	Timescale	Progress Update
Outstanding individual delivery plans to be finalised by programme Senior Responsible Officers and shared with relevant supporting group/ Place Based Partnership Board.	SROs	5 <sup>th</sup> January 2024	In progress
Complete full reporting cycle.	Place Director/Wirral Improvement Team (WIT)	26 <sup>th</sup> January 2024	In progress.

Assurances		
Planned	Actual	Rating
Completion of full reporting cycle to relevant supporting group and/or Wirral Place Based Partnership Board.	Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board commenced in October 2023	<b>Reasonable</b>
Gaps in assurance		
Regular reporting to relevant supporting group and/or Wirral Place Based Partnership Board needs to be completed.		

Actions planned	Owner	Timescale	Progress Update
Regular reporting cycle planned and delivered.	Place Director/WIT	26 <sup>th</sup> January 2024	Work in progress with Wirral Improvement Team 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 <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	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

Raised	Last Updated	Next Update Due
August 2023	13 <sup>th</sup> November 2023	14 <sup>th</sup> February 2024

<b>Linked Wirral Plan 2026 objective(s)</b>	<p><b>Brighter Futures:</b> Working together for <i>brighter futures</i> for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.</p> <p><b>Safe and pleasant communities:</b> Working for <i>safe and pleasant communities</i> where our residents feel safe and are proud to live and raise their families.</p>
---------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Active and healthy lives:** Working to provide happy, *active and healthy lives* for all, with the right care, at the right time to enable residents to live longer and healthier lives.

**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 being developed.

**Current Controls**

		Rating
<b>Policies</b>	HR Policies. Operational policies and SEND. CHC national framework. Safeguarding. Mental Health Act. Children's Act.	<b>Green</b>
<b>Processes</b>	CYP mental health escalation framework. DSD data base. Neurodevelopmental pathway. AACHC Children's framework	<b>Amber</b>
<b>Plans</b>	SEND Written Statement of Action (WSOA) - Action Plan. CYP mental health transformation.	<b>Amber</b>
<b>Contracts</b>	NHS Standard Contract. Local Authority contract	<b>Green</b>
<b>Reporting</b>	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.	<b>Green</b>

**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. DBV Programme nearing completion – data analysis, case studies and deep dives complete. Wide numbers of stakeholders across partnership engaged.
Action planning for SEND reinspection and delivery of WSOA action plan.	Director, Children's Services (Wirral Council) and Associate Director, Quality and Patient Safety (Wirral), NHS C&M	January 2024	In progress. 65 measures in WSoA – 84.6% complete. Workstream leads meetings held monthly and Ofsted preparation meetings underway.
Development of care pathways and provision. <ul style="list-style-type: none"> <li>• Creation of single point of access (SPA) for emotional health &amp; wellbeing needs CYP</li> <li>• Neuro-Development pathway review and redesign</li> <li>• Establishment of balanced system model for speech and language</li> </ul>	Joint Commissioning Lead for CYP	April 2024	In progress. Action plans in place with timescales for all areas.

## 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.	<b>Reasonable</b>
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).

<b>Actions planned</b>	<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>
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 (Wirral Council) and Associate Director, Quality and Patient Safety (Wirral), NHS C&M	Timescale dependent on OFSTED	Director, Children’s Services (Wirral Council) liaising with OFSTED.

**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 <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	3	12	
Current Risk Score	2	3	6	
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

Raised	Last Updated	Next Update Due
August 2023	13 <sup>th</sup> November 2023	14 <sup>th</sup> February 2024

<b>Linked Wirral Plan 2026 objective(s)</b>	<p><b>Sustainable environment:</b> Working towards a clean-energy, <i>sustainable borough</i> that leads the way in its response to the climate emergency and is environmentally friendly.</p> <p><b>Brighter Futures:</b> Working together for <i>brighter futures</i> for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.</p> <p><b>Inclusive economy:</b> Working for a prosperous, <i>inclusive economy</i> - helping businesses to thrive and creating jobs and opportunities for all.</p> <p><b>Safe and pleasant communities:</b> Working for <i>safe and pleasant communities</i> where our residents feel safe and are proud to live and raise their families.</p> <p><b>Active and healthy lives:</b> Working to provide happy, <i>active and healthy lives</i> for all, with the right care, at the right time to enable residents to live longer and healthier lives.</p>
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Risk Description	
<p>Collaborative working across system partners in Wirral is essential to the successful provision of quality services and delivery within budget.</p> <p>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.</p> <p>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.</p>	
Linked operational risks	The operational Risk Registers are being 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.	Green
Plans	Wirral Health and Care Plan and supporting programme delivery.	Amber

<b>Contracts</b>	Contracts in place with providers in the system which include duty to collaborate.			<b>Green</b>
<b>Reporting</b>	Reporting to PBPB.			<b>Amber</b>
<b>Gaps in control</b>				
Reporting that demonstrates impact of actions by Wirral partners – finance, quality, performance and programme delivery.				
<b>Actions planned</b>	<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>	
Continued development of Place Finance Report for PBPB	Associate Director – Finance and Performance	January 2024	In progress	
Continued development of Place Quality and Performance Report for PBPB	Associate Director – Quality and Safety	January 2024	In progress	
Continued development of Place Programme Delivery Report for PBPB	Programme Director, Wirral Improvement Team	January 2024	In progress	

<b>Assurances</b>		
<b>Planned</b>	<b>Actual</b>	<b>Rating</b>
Place Review Meetings	Held quarterly, last meeting held on 29 <sup>th</sup> September 2023.	<b>Reasonable</b>
PBPB receives regular reports on finance, quality, performance and risk.	Reports in these areas due to commenced at October 2023 meeting, require further work.	
PBPB receives regular reports on programme delivery.	Reporting commenced at October 2023 meeting, needs further development.	
<b>Gaps in assurance</b>		
Outcome of September Place Review Meeting.		

Reports on finance, quality, performance and programme delivery amended and enhanced in response to partner feedback.

Actions planned	Owner	Timescale	Progress Update
Place Review Meeting	Place Director	November 2023	Feedback awaited.
Finance report for PBPB.	Associate Director of Finance and Performance (Wirral)	January 2024	In progress.
Quality and Performance report for PBPB.	Associate Director of Quality and Patient Safety (Wirral)	January 2024	In progress.
Programme reporting for PBPB.	Programme Director, Wirral Improvement Team	January 2024	In progress.

**57** 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 <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	4	<b>16</b>	
Current Risk Score	3	4	<b>12</b>	
Target Risk Score	3	3	<b>9</b>	
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
10 <sup>th</sup> August 2023	13 <sup>th</sup> November 2023	14 <sup>th</sup> February 2024

Linked Wirral Plan 2026 Objective(s)	<b>Inclusive economy:</b> Working for a prosperous, <i>inclusive economy</i> - helping businesses to thrive and creating jobs and opportunities for all.
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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 being developed.
Current Controls	
Policies	Provider Recruitment & Selection, Widening Participation, Wellbeing, Development, Retention Strategies. <b>Amber</b>
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 <b>Amber</b>
Plans	C&M People Plan, NHS People Promise, provider workforce plans, care sector workforce recruitment and retention work plan <b>Amber</b>

<b>Contracts</b>	Employment contracts, terms and conditions	<b>Green</b>
<b>Reporting</b>	Wirral Workforce Group reporting to Wirral Place Based Partnership Board	<b>Amber</b>
<b>Gaps in control</b>		
<p>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.</p>		
<b>Actions planned</b>	<b>Owner</b>	<b>Timescale</b>
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, WIT	January 2024
Mapping of available data with Place Organisations to understand current baseline workforce including: <ul style="list-style-type: none"> <li>Vacancy profile</li> <li>Demographics</li> <li>Recruitment 'hotspots'</li> </ul> This will lead to the creation of a workforce dashboard.	Senior Responsible Officer, Workforce Programme and Programme Director, WIT	December 2023

<b>Assurances</b>		
<b>Planned</b>	<b>Actual</b>	<b>Rating</b>
Wirral Place Workforce Strategy Group	Terms of Reference produced, group membership and meetings established.	<b>Reasonable</b>
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	Timescale	Progress Update
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 <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	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.			

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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: Improving Quality, Productivity and Value for Money	Finance	B – within the financial year	Place	Manage

Raised	Last Updated	Next Update Due
August 2023	13 <sup>th</sup> November 2023	14 <sup>th</sup> February 2024

<b>Linked Wirral Plan 2026 objective(s)</b>	<p><b>Brighter Futures:</b> Working together for <i>brighter futures</i> for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.</p> <p><b>Safe and pleasant communities:</b> Working for <i>safe and pleasant communities</i> where our residents feel safe and</p>
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	<p>are proud to live and raise their families.</p> <p><b>Active and healthy lives:</b> Working to provide happy, <i>active and healthy lives</i> for all, with the right care, at the right time to enable residents to live longer and healthier lives.</p>
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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 and placements, Out of Area Mental Health Placements), inflationary pressures still impacting upon the cost of delivering services.
Current Controls	
Policies	NHS Planning guidance 2023/24. Local CM ICB approach across key areas (e.g. CHC and Prescribing budget setting).
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.
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.
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.
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.
Gaps in control	
Wirral Financial Recovery Plan.	

Rating

Amber

Amber

Amber

Amber

Amber

Actions planned	Owner	Timescale	Progress Update
Review of all expenditure to determine whether any “discretionary” expenditure exists.	Associate Director of Finance and Performance, NHS Cheshire and Merseyside	November 2023	All organisations reviewing this as part of total control environment,
Publish Wirral Place based financial recovery plan.	Associate Director of Finance and Performance, NHS Cheshire and Merseyside	March 2024	Wirral Financial Recovery Plan to be developed as part of the 24/25 operational planning round

### Assurances

Planned	Actual	Rating
Reporting arrangements to be established.	Overall Wirral system financial report in development and is a standing agenda item for discussion at the Wirral Place Based Partnership Board (WPBPB).	<b>Reasonable</b>
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	Monthly Reporting	Initial report taken to the WPBPB and further reports will be received as now a standing item.



<b>ID No: PDAF 6</b>					<b>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.</b>					
			<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>				
Inherent Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>			4	4	<b>16</b>					
Current Risk Score			3	3	<b>9</b>					
Target Risk Score			2	3	<b>6</b>					
Risk Appetite			NHS Cheshire and Merseyside are still working on guidance on Risk Appetite.							

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>			
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			
<b>Strategic Objective</b>			<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Strategic Objective 4: Helping the NHS to support broader social & economic development			Transformation		C – beyond financial year		Principal		Manage
<b>Date Raised</b>				<b>Last Updated</b>				<b>Next Update Due</b>	
13 <sup>th</sup> September 2023				13 <sup>th</sup> November 2023				14 <sup>th</sup> February 2023	

<b>Linked Wirral Plan 2026 objective(s)</b>	<b>Sustainable environment:</b> Working towards a clean-energy, <i>sustainable borough</i> that leads the way in its response to the climate emergency and is environmentally friendly.
	<b>Brighter Futures:</b> Working together for <i>brighter futures</i> for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.

	<p><b>Inclusive economy:</b> Working for a prosperous, <i>inclusive economy</i> - helping businesses to thrive and creating jobs and opportunities for all.</p> <p><b>Safe and pleasant communities:</b> Working for <i>safe and pleasant communities</i> where our residents feel safe and are proud to live and raise their families.</p> <p><b>Active and healthy lives:</b> Working to provide happy, <i>active and healthy lives</i> for all, with the right care, at the right time to enable residents to live longer and healthier lives.</p>
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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.

<b>Linked Operational Risks</b>	The operational Risk Registers are in development.
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Current Controls	Rating
<b>Policies</b>	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. <span style="background-color: #00B050; color: white; padding: 2px;">Green</span>
<b>Processes</b>	Joint strategic and operational planning embedded for health and care in Wirral. Delivery mechanisms agreed for Wirral Health and Wellbeing Strategy. <span style="background-color: #00B050; color: white; padding: 2px;">Green</span>
<b>Plans</b>	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. <span style="background-color: #00B050; color: white; padding: 2px;">Green</span>
<b>Contracts</b>	Duty to collaborate in NHS contracts. Commitments to social value procurement approaches contracts. <span style="background-color: #00B050; color: white; padding: 2px;">Green</span>

<b>Reporting</b>	Health and Wellbeing Board, Place Based Partnership Board.			<b>Amber</b>
<b>Gaps in control</b>				
Reporting on delivery of Wirral Health and Wellbeing Strategy to Wirral Health and Wellbeing Board and Place Based Partnership Board.				
<b>Actions planned</b>		<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>
Reporting arrangements for delivery of Wirral Health and Wellbeing Strategy.		Director of Public Health, Wirral Council	December 2023	In progress
<b>Assurances</b>				
<b>Planned</b>			<b>Actual</b>	<b>Rating</b>
Approval of C&M Interim HCP Strategy by Wirral Health and Wellbeing Board.			Approved July 2023.	<b>Reasonable</b>
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.			Approved at meeting to be held on 21 <sup>st</sup> September 2023.	
<b>Gaps in assurance</b>				
Reporting arrangements for delivery of Wirral Health and Wellbeing Strategy.				
<b>Actions planned</b>		<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>
Reporting arrangements for delivery of Wirral Health and Wellbeing Strategy.		Director of Public Health, Wirral Council	December 2023	In progress.

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APPENDIX 5

DRAFT RISK SUMMARY UNSCHEDULED CARE

ID No: PDAF X	Risk Title: There is a risk that a lack of Urgent and Emergency Care capacity and restricted flow across all sectors in Wirral (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience.			
	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	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 Committee
Place Director (Wirral), NHS Cheshire and Merseyside	Senior Responsible Officer, Unscheduled Care Programme	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	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
9 <sup>th</sup> November 2023	29 <sup>th</sup> November 2023	14 <sup>th</sup> February 2024

Linked Wirral Plan 2026 objective(s)	<b>Active and healthy lives:</b> Working to provide happy, <i>active and healthy lives</i> for all, with the right care, at the right time to enable residents to live longer and healthier lives.
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## Risk Description

The wider urgent and emergency care system, spanning primary care, community and mental health care and social care is under significant pressure with similar demand, capacity and flow challenges impacting on the ability of patients to access the right urgent or emergency care at the right time in the right place. Wirral, as a Place, is experiencing the same pressures. Within the acute sector, high bed occupancy, driven by excess bed days due to no criteria to reside patients and higher levels of acuity is resulting in reduced flow from emergency departments into the acute bed base, and is in turn impacting on waiting times in the Emergency Department (ED), ambulance handover delays and failure to meet ambulance response time standards. Delays in ambulance response times and delays in ED are associated with patient harm and poor patient experience, and increased health inequalities as people living in more deprived areas are more likely to present at EDs.

## Linked Operational Risks

Place operational risk registers are being developed. A bespoke Risk Register may be required for the Unscheduled Care Programme.

Current Controls		Rating
<b>Policies</b>	NHS Delivery plan for recovering urgent and emergency care services (“the recovery plan”) January 2023, Urgent and Emergency Care (UEC) Tiering, Winter Planning Guidance (Annex A ten high impact interventions and Annex B System Roles and Responsibilities) (August 2023), System Control Centre (SCC) Review of Standards (August 2023), revised OPEL framework (July 2023)	<b>G</b>
<b>Processes</b>	System Control Centre (SCC), Cheshire and Merseyside (C&M) level operational plans, provider and Place level plans, performance monitoring, contract management, NHS Oversight Framework, national Urgent and Emergency Care (UEC) Tiering and associated support, 2023/24 Winter Planning process. Wirral Place – Unscheduled Care Programme.	<b>A</b>
<b>Plans</b>	C&M Operational Plan, Place Delivery Plans – 2023/24 operational planning round concluded, and plans signed off 04/05/2023. The overall UEC recovery programme of work is in development and includes the 10 high impact interventions running through provider, place and reports into the new UEC Recovery and Improvement Group across C&M. Winter plans developed for 2023/24, including a Wirral Place plan.	<b>A</b>
<b>Contracts</b>	NHS Standard Contract – contracting round for 2023/24 concluded.	<b>G</b>
<b>Reporting</b>	SCC reporting; Winter Plan reporting; UEC Recovery Programme level reporting via UEC Recovery and improvement Group (sitting under Transformation Committee) at C&M level. UEC operational performance reported via Quality & Performance Committee, NHS C&M Board; regular touch points with regional/national NHSE teams. Wirral Place – Unscheduled Care Programme Board reporting to Wirral PBPB.	<b>A</b>

## Gaps in control

Industrial Action. IA to date has had significant impact thus far primarily on elective care, as resource has been redirected to support the UEC pathway. The scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts seek to mitigate impact overall.

Demand exceeds planned capacity levels in a range of sectors, and fuller understanding of demand and capacity across all sectors is required.

Actions planned	Owner	Timescale	Progress Update
EPRR processes to mitigate impact of industrial action.	NHS Cheshire and Merseyside	Completed	Systems in place.
Demand and capacity plan for Wirral Place.	Director of Adults' Care and Health, Wirral Council	December 2023	Work in progress.

### Assurances

Planned	Actual	Rating
Unscheduled Care Programme reports to Wirral Place Based Partnership Board.	Monthly reports to Wirral Place Based Partnership Board in place.	<b>Reasonable</b>

### Steps in assurance

Wirral Place Winter Plan 2023/24 to be agreed by Wirral PBPB.

Actions planned	Owner	Timescale	Progress Update
Wirral Place Winter Plan 2023/24 to be agreed by Wirral PBPB.	SRO, Unscheduled Care Programme	November 2023	To be included as an agenda item for December Board.

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# Agenda Item 8

<b>Title</b>	Wirral Health and Care Plan Programme Delivery Dashboard
<b>Authors</b>	Julian Eyre Programme Director, Wirral Improvement Team
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 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 the 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
16 <sup>th</sup> November 2023	Strategy and Transformation Group	Health and Care Plan progress update	To Update STG on progress on Health and Care plan

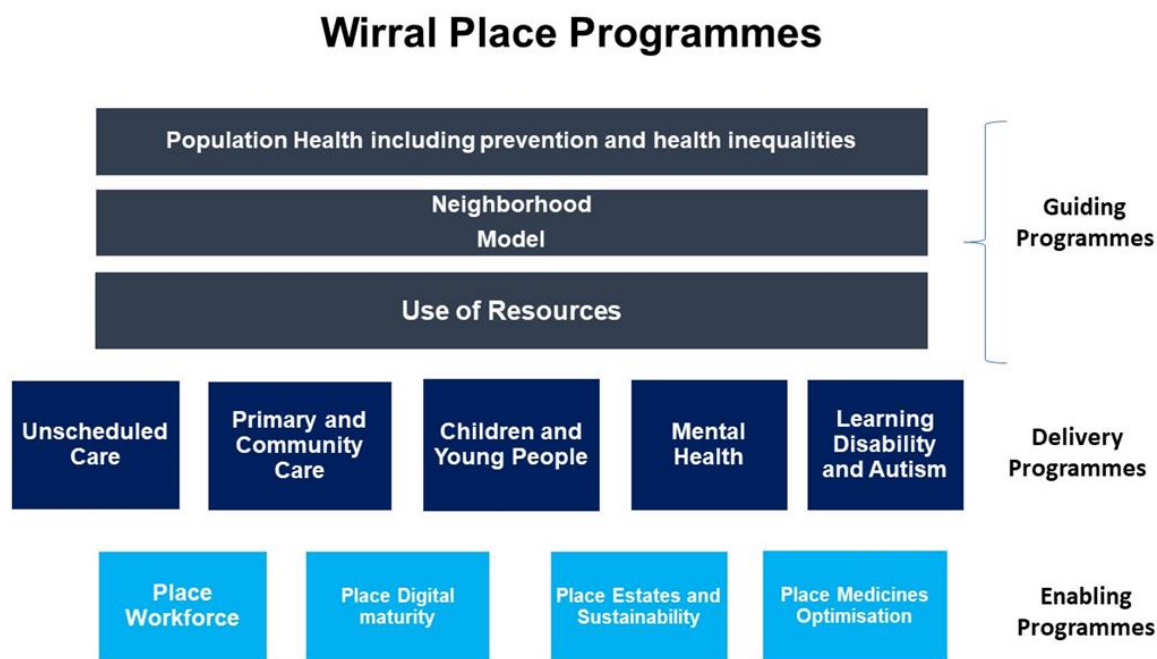
## 1 Narrative

### 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 22<sup>nd</sup> June 2023 the Wirral Improvement Team have developed a programme delivery 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 overall delivery Red Amber Green (RAG) rating for the Health and Care plan delivery in November was Green, with three programmes in the portfolio reporting Amber and the rest reporting Green. Based on the information within the November dashboard the board is directed to note the following highlights:

#### Guiding Programmes

- The **Neighbourhood programme** has held scoping meetings with the two trailblazer neighbourhoods, and core group workshops are scheduled to take place. Qualitative insight work has commenced with these neighbourhoods.
- The **Population Health Programme** held a workshop on 20<sup>th</sup> September 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

- The **Children and Young People's Programme** have continued to progress against the SEND Statement of Action. Further work has been achieved in relation to Educational Health and Wellbeing, and the Complex Children's Pathway.
- Within the **Learning Disabilities programme** a request to change the scope of the programme to include All Age Disabilities was proposed in the November Strategy and Transformation Group. This will not see any increase to the current project portfolio as the strategies under development support this, with Learning Disabilities and Autism representing approximately 80% of the cohort.
- Within the **Mental Health programme** acute patient flow work has made good progress in reducing out of area beds. The Integrated Housing project has also progressed this month, with partners having a common understanding and appreciation of pressures and goals. This will help to support the project's aim of developing an Integrated approach across sector.
- Within the **Primary and Community programme** Karen Howell, Chief

Executive Officer – Wirral Community Health and Care NHST Trust has been appointed as the Senior Responsible Officer. Karen will be leading a workshop, currently under development, to establish the programme priorities for 2024/25.

- The **Urgent and Emergency Care** programme reports separately and directly to WPBPB

Enabling Programmes

- Within the **Digital Maturity programme**, Migration from the Wirral Care Record to CIPHA is in initiation phase. Engagement with system stakeholders to conduct a comprehensive gap analysis is underway, which will enable us to determine which data flows need to be established as a pre-requisite. We are also engaging our clinical stakeholders to facilitate in design of new tools.
- The Wirral Strategic Estates Group have endorsed a reform of the strategic pillars of the **Estates and Sustainability programme** to better align to the Health and Care Plan.
- In supporting the **Medicines Optimisation programme**, merging of the Medicines Management Committee and the Pharmacy Leads/ Programme Board Functions has been completed which aligns with wider Wirral Place Medicines Optimisation and Integrated Care Board governance arrangements. Promotional material has been developed for Wirral to support the antibiotic amnesty as part of World antibiotic awareness week, supported by the Wirral Improvement Team
- The **Workforce programme** team are undertaking a thematic analysis of the outputs from the workforce workshop held in September and integrating these with identified programme priorities and wider workshop feedback. Work is also underway to ensure programme congruence with the Health and Wellbeing strategy.

Place Supported Delivery Programmes at Scale focus on the following priorities:

- **Elective Care:** Industrial action continues to be a risk to the delivery of elective recovery. Wirral University Teaching Hospital NHS Foundation Trust (WUTH) continue to manage risk on an individual patient basis to ensure patient safety and in October attained an overall performance of 95% against plan for outpatients and an overall performance of 87% against plan for elective admissions.
- **Cancer:** Two week waits performance at the end of October was 84.3%, the Faster Diagnosis Standard (FDS) was 73.37% in August against a National target of 75% by March 2024 and the 31-day treatment numbers are above trajectory and expected to continue.
- **Diagnostics:** In September 93.94% of patients waited 6 weeks or less for their diagnostic procedure against the national standard of 95% and requirement for Trust's to achieve 90% by March 2024.
- **Maternity:** Vacancies remain at less than 1%.

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>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.</p>
2.2	<p><i>Financial</i></p> <p>The potential financial implications arising from the Wirral Health and Care Plan are</p>

	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	<i>Legal and regulatory</i> There are no legal or regulatory implications directly arising from this report.
2.4	<i>Resources</i> 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	<i>Engagement and consultation</i> 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	<i>Equality</i> 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	<i>Environment and Climate</i> 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	<i>Community Wealth Building</i> 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.

<b>3</b>	<b>Conclusion</b>
3.1	<p>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.</p> <p>The dashboard is updated on a monthly basis to provide assurance to this board.</p>

<b>4</b>	<b>Appendices</b>
	<p>Appendix 1 Wirral Health and Care Plan Dashboard</p> <p>The PDF file below may not be suitable for people with disabilities, users of</p>



assistive technology or mobile phone devices. Please contact [julian.eyre@nhs.net](mailto:julian.eyre@nhs.net) if you would like this document in an accessible format.

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# Wirral Health and Care Plan Dashboard

Date of Report

November  
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

Graham Hodgkinson

Programme RAG



About the Programme



Neighbourhoods Model

#### Programme Commentary

Core Group Workshops held 31 October (Birkenhead A) and 7 November (Wallasey C)  
Gaps in stakeholder involvement identified for future core group meetings / workshops  
Qualitative Insights work in the neighbourhoods nearing completion with final report due 30 November

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Neighbourhood Care Model	No Change						<a href="#">Neighbourhood Care Model - Highlight Report</a>

### Population Health Management Programme

Programme SRO

Dave Bradburn

About the Programme



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

Martin McDowell

Programme RAG



About the Programme



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						<a href="#">Financial Recovery Plan - Highlight Report</a>
Value For Money	No Change						<a href="#">Value For Money - Highlight Report</a>

## Delivery Programmes

### Children and Young People Programme

Programme SRO

Simone White

Programme RAG



About the Programme



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. I Home 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

Graham Hodgkinson



### Programme Commentary

Development of a number of strategies remain on track. The strategies will help support the development of projects to deliver the programme. A request to change the scope of the programme to include All Age Disabilities is to be proposed in the November Strategy and Transformation Group. This will not see any increase to the current project portfolio as the strategies under development support this, with LD&A representing approximately 80% of the cohort.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
All Ages Disability						<a href="#">All Age Disability Revi - Project Highlight Report</a>
Remote Monitoring for LD						<a href="#">Remote Monitoring for L - Project Highlight Report</a>
Education, Health and Care Plan Review						<a href="#">Education, Health and C - Project Highlight Report</a>
LD&A Housing Options Strategy						<a href="#">LD&amp;A Housing Options St - Project Highlight Report</a>
Supported Employment Strategy						<a href="#">Supported Employment St - Project Highlight Report</a>

## Mental Health Programme

Programme SRO

Programme RAG

About the Programme

Suzanne Edwards



Mental Health

### Programme Commentary

The Strategic Outline Case was presented at Octobers Place Based Partnership Board. The paper was well received and supported by the membership. A meeting was held with the C&M Associate Director for Transformation and Partnerships to discuss Acute patient flow. They were impressed by the progress that has been made with reducing OOA beds and development of a business case. Good progress has been with the Integrated Housing project, with partners having a common understanding and appreciation of pressures and goals. This will help to support the project's aim of developing an Integrated approach across sector.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Community Mental Health Transformation	No Change						<a href="#">Community Mental Health Transformation - Highlight Report</a>
First Response	No Change						<a href="#">First Response - Highlight Report</a>
SuperMADE	No Change						<a href="#">SuperMADE - Highlight Report</a>
Integrated Housing	No Change						<a href="#">Integrated Housing - Project Highlight Report</a>
Acute Capacity, Demand and Flow	No Change						<a href="#">Acute Capacity, Demand - Project Highlight Report</a>
Dementia Strategy	No Change						<a href="#">Dementia Strategy - Project Highlight Report</a>

## Primary and Community Care Programme

Programme SRO

Programme RAG

About the Programme

Jo Chwalko



Primary and Community Care

### Programme Commentary

Karen Howell, CEO – WCHC has been appointed as the SRO for the Primary and Community Care Programme. Karen will be leading a workshop, currently under development, to establish the programme priorities for 2024/25.

Work continues to establish the agreed project groups to deliver the programme, with the opportunity to introduce population health as part of this programme being further investigated.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Falls Prevention and Management	No Change						<a href="#">Falls Prevention and Management - Highlight Report</a>

## Urgent and Emergency Care Programme

Programme SRO

Programme RAG

About the Programme

Janelle Holmes



Wirral Place Health and Care Plan

### Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. October's data shows continued good progress with a reduction from the previous month, from 117 on the 1st September to 111 on the 1st October meaning October's target of 114 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 went live WC 18th September to enable the reporting of these metrics. There is BI development work required to produce these report, which, as soon as complete, these reports will be available.

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 288 packages per month in April to 288 packages per month in September. Both metrics cover all referral sources (e.g. community and acute). September's data shows both metrics are under their trajectory target. The overall number of new hours picked up is 2922 against a target of 3212 and the number of new packages accepted is 273 against a target of 288.

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. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. September's data shows an increase in throughput on its frailty ward on the previous month, from 31 in August to 55 in September, the target of 80 was not met. Throughput on the respiratory ward decreased slightly on the previous month, from 53 in August to 51 in September, not meeting the target of 70.

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. The project trajectory has been revised this month. Performance for September shows that, overall, there has been an increase in referrals accepted on the previous month from 96 in August to 111 in September, however the target of 130 was not met. September's data shows that pick-ups from hospital have increased on the previous month from 72 in August to 83 in September, however the target of 129 was not met. September'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	●	●	●	●	●	<a href="#">Virtual Wards - Highlight Report</a>
AbleMe	Improving	●	●	●	●	●	<a href="#">Community Reablement - Highlight Report</a>
Transfer of Care Hub	No Change	●	●	●	●	●	<a href="#">Wirral Discharge Hub - Highlight Report</a>
HomeFirst Expansion Project	No Change	●	●	●	●	●	<a href="#">HomeFirst Expansion - Highlight Report</a>
Care Market Sufficiency	Improving	●	●	●	●	●	<a href="#">Care Market Sufficiency - Highlight Report</a>

## Enabling Programmes

### Place Digital Maturity Programme

**Programme SRO**  
Chris Mason

**Programme RAG**  
●

**About the Programme**



Wirral Place Health and Care Plan

#### Programme Commentary

Summary/Progress this month:

Healthy Populations:

- CIPHA Migration - Migration from WCR to CIPHA is in initiation phase. We are engaging with system stakeholders to conduct a comprehensive gap analysis, which will enable us to determine which data flows need to be established as a pre-requisite. We are also engaging our clinical stakeholders to facilitate in design of new tools. Key milestones are as follows: Complete gap analysis and confirm work plans with stakeholders (Jan24), Establish any outstanding data flows (Apr24), Replicate PHM tools within CIPHA (Jun-Dec24).
- HIE development - Preparing scope and pre-requisites for project to connect Wirral Shared Care Record (HIE) to Cheshire Care Record. We plan to also determine wider C&M ShCR strategy to ensure we are in alignment.

Improve Care:

- Diabetes - To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using Surgery Hero app. Project now Live in pilot phase. (<https://www.youtube.com/watch?v=-kJN56TgKlW>)
- Asthma - Piloting BT attachment to patients' salbutamol inhalers to effectively control usage. Pilot period now Live in pilot phase.
- Hypertension - Housebound project now closed - this aimed to facilitate Housebound Hypertensive patients in Wirral to engage with BP@Home and identify barriers. Key benefits have been recognised including provision of infrastructure for a significant proportion of this cohort to continue to engage with BP@home concept. We have subsequently proposed that this project is adopted and expanded across the rest of C&M. Further proposals have also been submitted to C&M to explore how we approach Hypertension P2 projects including Florence (automated SMS), health literacy apps, health checks etc.
- Telederm - 1200+ cases raised, 42/45 Practices Live. Full rollout planned completion date: 11/23.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration	●	●	●	●	●	<a href="#">WCR / CIPHA Migration - Highlight Report</a>
Health Information Exchange Enhancements	●	●	●	●	●	<a href="#">HIE Enhancements - Highlight Report</a>
Teledermatology	●	●	●	●	●	<a href="#">Telederm - Highlight Report</a>
Strategic Development Fund - Primary Care	●	●	●	●	●	<a href="#">DFPC - Highlight Report</a>

## Place Estates and Sustainability Programme

**Programme SRO**  
Paul Mason

**Programme RAG**  
●

**About the Programme**



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 Oct 23:

- Utilising GP Partnership Estates Place Programme there was a workshop to develop a set of strategic pillars to inform SEG leadership priorities.
- The Wirral SEG was held on 2nd November 23, that saw a reform to ensure that strategic objectives were aligned to the Wirral Place Plan.
- SEG Members endorsed the strategic pillars and will now form the baseline of delivery for this programme.
- SEG Members were requested to provide overall leadership for each strategic pillar to ensure its delivery of this programme. Nominations to lead each pillar and develop appropriate workstreams have been requested by 17.11.23.
- Developed presentation for STG and Place Board to demonstrate the development work to date from Wirral Estates & Sustainability Programme

Escalations/ Barriers to Delivery:

- Need a good understanding of Clinical Drivers that will inform the Estates requirements and use of physical assets
- 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 be integrated with Wirral Health Plan / programme
- Need to identify leads for transformational change programmes and work packages through the SEG forum. - awaiting nominations
- 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 Management	No Change	●	●	●	●	●	<a href="#">Accommodation Requests and Move Management - Highlight Report</a>
Achieving Net Zero Carbon	No Change	●	●	●	●	●	<a href="#">Achieving Net Zero Carbon - Highlight Report</a>
Capital Overview Prioritisation and Pipeline	No Change	●	●	●	●	●	<a href="#">Capital Overview Prioritisation and Pipeline - Highlight Report</a>

Disposal and Void Management	No Change					<a href="#">Disposal and Void Management - Highlight Report</a>
Estates Data Baselineing	No Change					<a href="#">Estates Data Baselineing - Highlight Report</a>

## Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



About the Programme



Place Medicines Optimisation

### Programme Commentary

Progress this month:

- Following agreement 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 for the group have been circulated, feedback received and are now finalised. The group is to meet for the first time on the 6th December. This aligns with wider Wirral Place MO and ICS governance arrangements.
- Really good engagement has continued between senior MO stakeholders which has enabled progress on programme governance arrangements
- The 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.
- Pharmacy leads meeting now includes safety as a focussed agenda item once a quarter to ensure wider system input, especially PCN, and shared learning.
- Promotional material has been developed for Wirral to support the antibiotic amnesty as part of World antibiotic awareness week, supported by the Wirral Improvement Team

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

## Place Workforce Programme

Programme SRO

Debs Smith

Programme RAG



About the Programme



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: There has been a key focus on programme governance this month with the establishment of the programme steering group and terms of reference. The programme team have undertaken a thematic analysis based on the priorities identified at the recent workforce workshop held in September. Cross mapping of emergent work plans with Public Health colleagues is being undertaken to ensure there is congruence with the Health and Wellbeing strategy employment themes.

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						<a href="#">Baseline Mapping for Wirral Workforce - Highlight Report</a>
Wirral Workforce Strategy	No Change						<a href="#">Wirral Workforce Strategy - Highlight Report</a>

## At Scale Programme

### Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



About the Programme



Wirral Place Health and Care Plan

Performance Charts



At Scale - Trajectories v Actual

### Programme Commentary

#### ELECTIVE ACTIVITY

In October 2023, the Trust attained an overall performance of 95% against plan for outpatients and an overall performance of 87% against plan for elective admissions. Industrial action continues to impact activity delivered.

#### 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 September against these indicators was as follows:

- 104+ Week Wait Performance - 0
- 78+ Week Wait Performance - 3
- 65+ Week Wait Performance - 347
- 52+ Week Wait Performance - 1781
- Waiting List Size - there were 44,147 patients on an active RTT pathway.

#### CANCER

Quarter 2 to date:

- 2 Week Waits - performance at the end of October was 84.3%.
- Faster Diagnosis Standard (FDS) - was 73.37% in August (latest available data) against a National target of 75% by March 2024,
- 31 day treatment numbers - above trajectory and expected to continue.

As with all Trusts across C&M delivery of the 31and 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.

#### DIAGNOSTICS

In September 93.94% (October submission due 17.11.23) 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 90% by March 2024.

The Trust has commenced providing mutual aid for neighbouring Trusts for patients waiting longer than 6 weeks for diagnostic tests.

#### MATERNITY

# Agenda Item 9

<b>Title</b>	Unscheduled Care Improvement Programme Update
<b>Authors</b>	Janelle Holmes, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 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 notes this update.

## Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:

- *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.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are also associated operational risks for the system when acute hospital beds are not available for people who meet the criteria to reside in hospital. This may result in the further risks of:

- Potential harm brought about by ambulance handover delays and corridor care
- 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.

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

## Governance journey

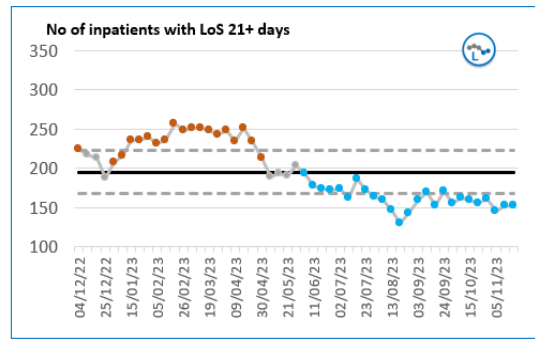
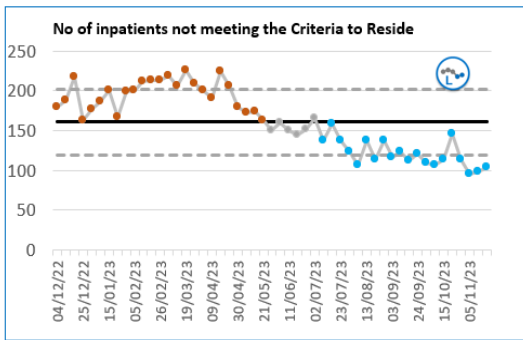
Date	Forum	Report Title	Purpose/Decision
22 <sup>nd</sup> June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 <sup>th</sup> July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement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

19 <sup>th</sup> October 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
23 <sup>rd</sup> November 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.

1	Narrative
1.1	<b>Overview</b>
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 23 <sup>rd</sup> November 2023, 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's 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 continuing to see. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at November'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 111 in October 2023 to 108 on the 1 <sup>st</sup> November 2023, then exceeding the significant milestone of the 100 target, reaching 97 on the 6 <sup>th</sup> November. The NCTR number has been maintained under the 100 level for several consecutive days in November. The progress made is reflected in Wirral's improved position in the Cheshire and Merseyside Integrated Care System (ICS), with Wirral reaching 1st position out of 7 areas, where Wirral consistently was in bottom position at the start of the programme. The programme trajectory has been agreed beyond November, which sets out to maintain the 100 position given the pressures forecast for Winter. The trajectory will then focus to reduce the percentage of all beds occupied by NCTR patients to 10% starting in Q1 of 24/25.
1.1.3	It continues to be the case that the improvement is directly related to the newly formed Wirral Transfer of Care Hub (previously discharge hub). The improved position has enabled the Transfer of Care hub and wider system to focus on the development of additional new pathways of care to further improve non elective flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patient pathways.
1.1.4	In November 2023, <b>Home First</b> discharges increased again, to ca. 130 therapy + care, plus additional therapy-only discharges, as detailed at section 1.2.4, below. Closer alignment of WBC Assessment & Rehabilitation Officers to Home First enabled



	<p>an expanded discharge slot capacity to 8 per weekday mid-November. Home First discharges are now possible from any ward at Arrowe Park Hospital, plus bedded assessment units. Working with hospital and council colleagues, the Home First model is being further enhanced to enable earlier involvement of domiciliary care for those people expected to have long term care needs. This is possible due to a very significant increase in care package availability, with Home First having played a large role in this easing of pressure on the care market (from 250+ POCs in circulation on any day 12 months ago, to ca. 10 in November 2023), meaning more people are able to get the support they need, sooner.</p>
1.1.5	<p>At the PBPB meeting in October 2023 it was reported that Wirral system leads had agreed for Sir John Bolton OBE, an expert in capacity planning to work with the Wirral system to help Wirral develop a medium-term system demand and capacity plan. The 5 days that Sir John is providing to the system have been funded by the national Better Care Fund (BCF) team. A Wirral Place working group has met several times now however there have been some constraints with progressing the work, which are now resolved. An action plan is in place to complete the work with a first iteration of the medium-term system demand and capacity plan expected to be completed in December.</p>
1.1.6	<p>Work is continuing to progress to finalise the Winter Plan which is being overseen by the Wirral Chief Officers Operational Management Group. The Winter Plan was taken to Unscheduled Care Programme Board on 31<sup>st</sup> October 2023 and was well received. The Board set out actions to undertake further due diligence before the report is finalised and is scheduled to go back to Decembers Unscheduled Care Programme Board to be endorsed. The Plan will then be brought to the Wirral Place Based Partnership Board at the earliest opportunity.</p>
1.1.7	<p>The Board is asked to note the update.</p>
<b>1.2</b>	<b>Programme Delivery Detail</b>
1.2.1	<i>Transfer of Care Hub</i>
	<p>Following the go-live of the new Transfer of Care Hub on 1<sup>st</sup> July 2023, which coincided with Adult Social Care staff transferring back to Wirral Council, there has been a significant amount of work undertaken. The focus continues to be on the delivery of the medium-term objectives, which include developing detailed SOPs 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. Transfer of Care Hub Teams are now co-located as teams from 13<sup>th</sup> November, in line with the establishment of the control centre and 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 improved position has also enabled the Transfer of Care hub and wider system focus on the development of new pathways to further improve flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patients. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:</p>



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 third time in November. The Board will continue to meet monthly. The next phase of improvement work to further augment the hub development is to include Wirral 'admission avoidance' workstreams in line with the agreed Phase 2 work plan for 24/25

1.2.2 *Enabling Workstreams*

The Workforce Enabling Programme Group remains well established and continues to deliver its objectives. 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 three times and provided ongoing opportunities to raise any workforce related issues. The group is scheduled to meet again in December 2023.

1.2.3 *Headline Metrics*

Progress against the programme and project metrics set out in Appendix 1. The NCTR metric is captured as a snapshot on the first of every month. November's data shows continued good progress with a reduction from the previous month, from 111 on the 1st October to 108 on the 1st November, however the target of 100 was not achieved. Interim data shows the milestone target of 100 was exceeded on the 6th November, with the NCTR number reaching 97.

The 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.

1.2.4 *Supporting Projects*

**Care Market Sufficiency** - the care market sufficiency project aimed 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. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). October's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3248 against a target of 3086 and the number of new packages accepted is 328 against a target of 287.

**Virtual Wards** - the Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. October's data shows an increase in throughput on its frailty ward on the previous month, from 55 in September to 57 in

	<p>October, the target of 80 was not met. Throughput on the respiratory ward increased on the previous month, from 51 in September to 58 in October, however not meeting the target of 90. It is important to note that access to these services is demand driven and so it is important to capture the data for any patients waiting so that capacity for the service remains dynamic</p>
	<p>In November 2023, <b>Home First</b> discharges increased again, to ca. 130 therapy + care discharges, with ca. 120 of those from WUTH and others from CICC and admissions avoidance services such as Virtual Frailty Ward. (This is against an overall target of 130 WUTH discharges for November 2023, and none from other pathways.)</p> <p>Also, Home First therapists delivered over 40 therapy-only discharges. These discharges ensure therapy needs are met at home to facilitate discharges when support with personal care is not required. (As a pre-existing pathway, this activity is additional to the Home First therapy + care figures and the end of year target of 170 Home First discharges per month.)</p> <p>Closer alignment of WBC Assessment &amp; Reablement Officers to Home First enabled an expanded discharge slot capacity to 8 per weekday mid-November. This gives a theoretical capacity, assuming slots are filled and planned discharges take place, of ca. 170 people / month. Home First discharges (that meet Home First criteria) are now possible from any ward at Arrowse Park Hospital, plus bedded assessment units.</p> <p>A third joint hospital-community Home First took place on 29 November, following previous sessions in August and September, to support the ongoing development and embedding of the Home First model and discharge pathways.</p> <p>At the same time, working with hospital and council colleagues, the Home First model is being further enhanced to enable earlier involvement of domiciliary care for those people expected to have long term care needs. This will improve continuity of care without losing the benefits of the Home First approach and increase capacity available to support people with higher level care needs to go home more quickly.</p> <p>This is possible due to a very significant increase in care package availability, with Home First having played a large role in this easing of pressure on the care market (from 250+ POCs in circulation on any day 12 months ago, to ca. 10 in November 2023).</p>
	<p>The <b>AbleMe</b> project board has met twice now and continues to make good progress meeting a number of key milestones this month. This includes the submission of the business case for an electronic care management solution and the completion of workshops to capture the current "as is" operational and future "to be" mapping for AbleMe Service Delivery. All recruitment and staffing activity is progressing well with the AbleMe registered manager post now recruited to and both the senior practitioner and data analyst posts agreed. There is significant key activity planned to take place in December. The project remains on track to agree the project level metrics.</p>

<b>2</b>	<b>Implications</b>
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>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 bring more people into the professions.</p>

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

<b>3</b>	<b>Conclusion</b>
3.1	<p>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</p>

	numbers where the Wirral system has been a national and regional outlier for a significant period.
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<b>4</b>	<b>Appendices</b>
	Appendix 1 – Unscheduled Care Programme highlight report 28.11.23. Appendix 2 – Cheshire and Merseyside long length of stay report.

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# Wirral Place Unscheduled Care Programme

## Latest Narrative Update

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. November's data shows continued good progress with a reduction from the previous month, from 111 on the 1st October to 108 on the 1st November, however the target of 100 was not achieved. Interim data shows the milestone target of 100 was exceeded on the 6th November, with the NCTR number reaching 97.

The programme trajectory post 1st November has been developed which aims to maintain the 100 position given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% starting in Q1 of 24/25.

It remains three out of five projects have 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 went live WC 18th September to enable the reporting of these metrics. The BI development work required to produce these reports is continuing with the ambition to have in place at the earliest opportunity.

The care market sufficiency project aimed 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. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). October's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3248 against a target of 3086 and the number of new packages accepted is 328 against a target of 287.

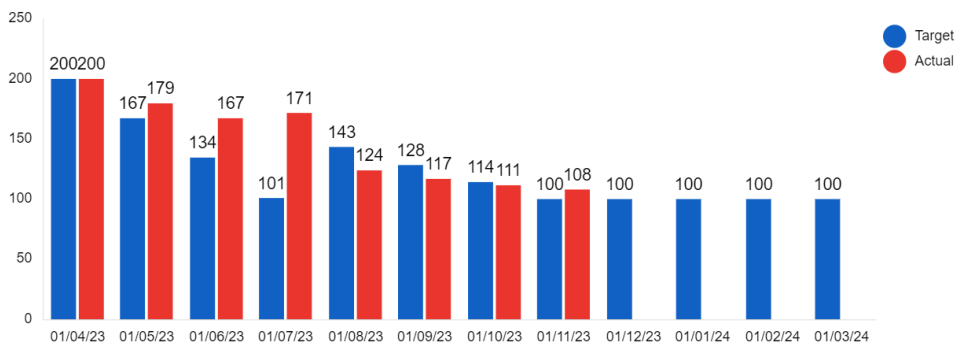
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. October's data shows an increase in throughput on its frailty ward on the previous month, from 55 in September to 57 in October, the target of 80 was not met. Throughput on the respiratory ward increased on the previous month, from 51 in September to 58 in October, however not meeting the target of 90.

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 January 24. 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 October shows that, overall, there has been an increase in referrals accepted on the previous month from 111 in September to 121 in October, however the target of 130 was not met. October's data shows that pick-ups from hospital have increased on the previous month from 83 in September to 106 in October, however the target of 130 was not met. October's data shows pick-ups for CICC were 7 recognising there is no target set for October due to the focus on pick-ups from hospital.

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.

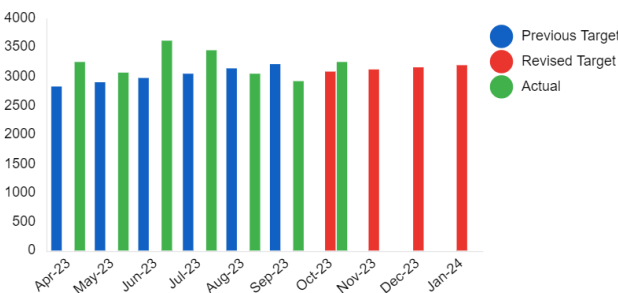
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

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.

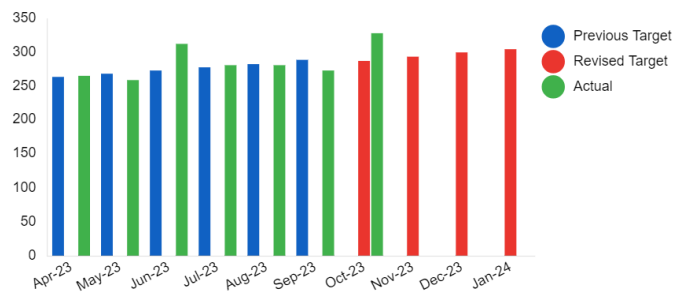
The programme trajectory post 1st November has been developed, which aims to maintain the number of beds occupied by people with NCTR to no more than 100 given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% in Q1 of 24/25.

## Project-level targets: Care Market Sufficiency

### Overall hours picked up

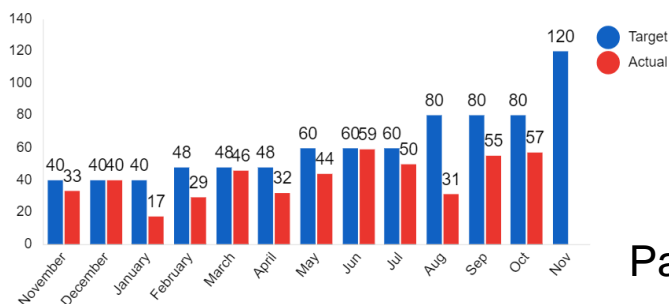


### Number of packages accepted

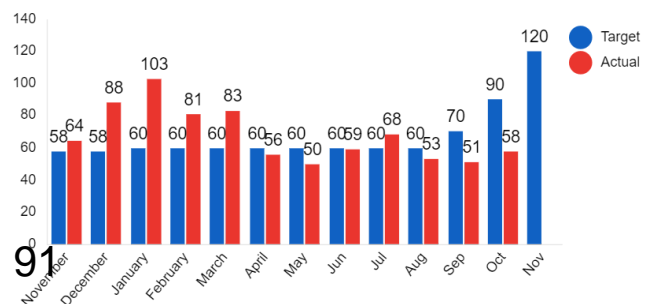


## Project Level Targets: Virtual Wards

### Frailty Virtual Ward - Patient Throughput

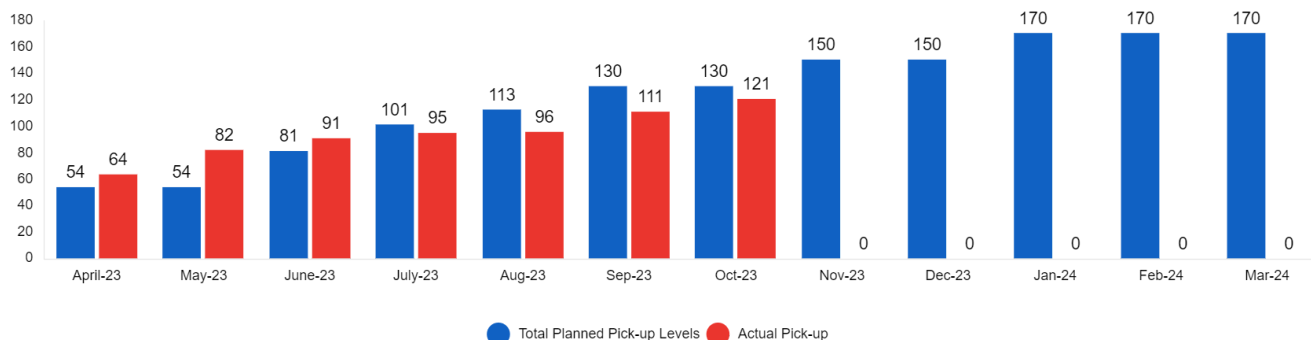


### Respiratory Virtual Ward - Patient Throughput

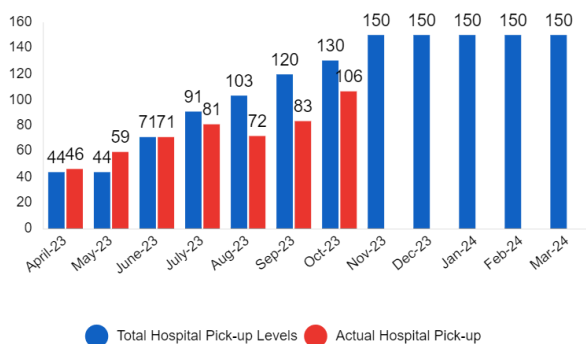


## Project-level targets: Home First

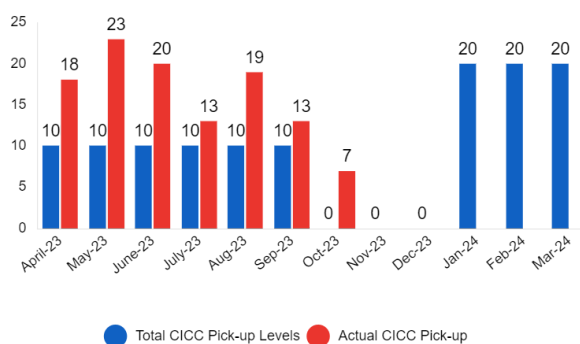
### Overall Pick up target



### Hospital pick-up targets



### CICC Pick-Up Targets



## Project level target: Transfer of Care Hub

Project level metrics not yet agreed

## Project level target: AbleMe

Project level metrics not yet agreed

## Project Milestone Plans

### USC draft

Primary	Milestone Progress	Start	Finish	2022			2023				2024							
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Sheet Name <b>AbleMe - Projec</b>																		
AbleMe		11/10/22	15/06/23															
<b>Initiation Phase</b>		03/03/23	15/06/23															
Vision workshops with WCHCF to set out guiding principles	Workshops completed 27.3.23 & 3.4.23	27/03/23	15/06/23															
<b>Target Operating</b>		22/05/23	22/06/23															
TOM sign off by A	Approved at committee 13.6.23	22/05/23	13/06/23															
Update to Wirral P		22/06/23	22/06/23															
<b>Implementation F</b>		01/09/23	29/03/24															
Mapping of STAR to AbleMe pathway completed	Scoping out meeting	01/09/23	29/12/23															
AbleMe Register		01/10/23	29/12/23															
Recruitment of Da		01/11/23	31/01/24															
Service Mapping c		01/11/23	31/01/24															
CQC Registration		01/12/23	31/01/24															
Senior AbleMe Pra		01/12/23	31/01/24															
AbleMe Service Development completed (Training/Sops)		01/01/24	29/03/24															
Sheet Name <b>CMS Plan V3</b>																		



<b>Brokerage Model / Capacity Tracker</b>	Postcode Search now implemented	01/10/22	13/09/23	Brokerage Model / Capacity Tracker
Social Work team to use Brokerage model for Care Home Placements.	Message to market to pick up placements using brokerage system only. All placements into care homes now being monitored. Target work with Ops teams to be done on reporting.	23/09/22	31/10/23	Social Work team to use Brokerage model for Care Home Placements.
Review of Brokerage system to include, targeted filtering (including geography) pre loading of Wirral rates/non Wirral rates and top up rates	Rebecca to review system to include targeted filtering/rates. Work underway with filters now in place and rates being updated. Workshop 22.8.23. Update next week. Plan in place for work to be done with options. Work to be completed by 12.9.23	18/07/23	19/09/23	Review of Brokerage system to include, targeted filtering
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	MILESTONE: QIP Care Homes
<b>Care Home Contract and Policies</b>	99% ready. Should be signed off early September and floated at the October provider forum. DL to follow up.	23/09/22	29/02/24	Care Home Contract and Policies
<b>MDT check and challenge</b>	Escalation Policy now approved and comms to be shared with the Market.	03/10/22	03/07/23	MDT check and challenge
<b>Mental Health patient flow and capacity</b>	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. JM has planned meeting in the diary with Darren. 7.11.23 Meetings have taken place with providers.MH beds are available. Rate proposals are being discussed currently.	03/10/22	29/02/24	Mental Health patient flow and capacity
<b>Recruitment Events</b>	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. Nicky is working on this currently, not enough space provided and poor access to tickets, general feedback is poor pick up from these joint events. Update to come following event.	01/04/23	14/11/23	Recruitment Events
<b>Service Specification</b>	* 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 process has been done.	29/06/23	01/04/24	Service Specification
Sheet Name <b>Virtual Wards - f</b>				
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.	01/12/22	31/08/23	SOP and other Procedures
Stakeholder Engagement and Communication	Frailty SOP - final version awaiting ratification with WCHC Clinical Assurance Group and WUTH Divisional of Medicine Quality Board	30/06/23	29/09/23	Stakeholder Engagement and Communication
Data, Activity and Performance	ARI comms plan complete and commenced. New pathways launch 1st September. Comms plan for frailty being developed jointly with WCHC.	30/06/23	31/08/23	Data, Activity and Performance
Governance and Meds Mgmt	CERNER power forms and inpatient ward build preparing to launch 02/10/2023	31/10/22	31/08/23	Governance and Meds Mgmt
Recruitment	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.	14/06/23	14/06/23	Recruitment
Estates and Equipment	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.	31/10/22	31/07/23	Estates and Equipment
Phase Two Bed release	Move to St Catherine's Health Centre complete for Frailty Virtual Ward team 12/07/2023	02/01/23	30/06/23	Phase Two Bed release
Phase Three Bed release	Respiratory Beds released - 20 beds Frailty Beds released - 15 beds	29/09/23	29/09/23	Phase Three Bed release
Plan in development to increase VFW beds to 30. Implementation of telehealth in planning stage to support increased bed numbers.				
Sheet Name <b>Wirral Discharge</b>				
<b>Post 1st July - Wirral Transfer of Care Hub</b>		12/07/23	21/12/23	Post 1st July - Wirral Transfer of Care Hub
<b>SOPs</b>		13/10/23	21/12/23	SOPs
Share first iteration with Viva PR		13/10/23	13/10/23	Share first iteration with Viva PR
Final draft complete		07/12/23	07/12/23	Final draft complete
SOP sign-off - ToCH Quality Board		21/12/23	21/12/23	SOP sign-off - ToCH Quality Board
<b>Managing NCTR</b>		20/07/23	14/12/23	Managing NCTR
Full go-live of managing NCTR process		28/07/23	28/07/23	Full go-live of managing NCTR process
Initial Discharge Dashboard live		02/08/23	02/08/23	Initial Discharge Dashboard live
Discharge Hub Workflow status capture (through Cerner)		20/07/23	04/12/23	Discharge Hub Workflow status capture (through Cerner)
Cerner status capture live		21/09/23	21/09/23	Cerner status capture live
Report live and new KPIs added to dashboard		04/12/23	04/12/23	Report live and new KPIs added to dashboard
SToC live		14/12/23	14/12/23	SToC live
<b>Governance</b>		12/07/23	30/11/23	Governance
Hub Operational Leads meeting established		12/07/23	13/07/23	Hub Operational Leads meeting established
First meet of Hub Quality Board		21/09/23	21/09/23	First meet of Hub Quality Board





## C&M Long Stay Report

### **Brief Description:**

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

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

**Frequency:** Daily

**Author:** Jeanette Smart

**Date:** 07/11/2023

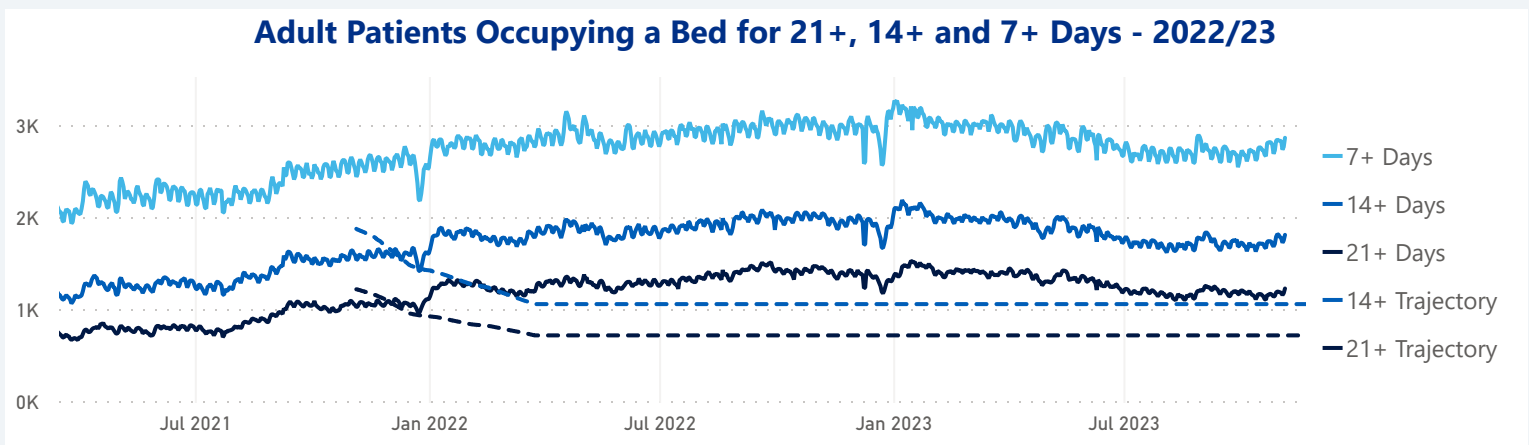
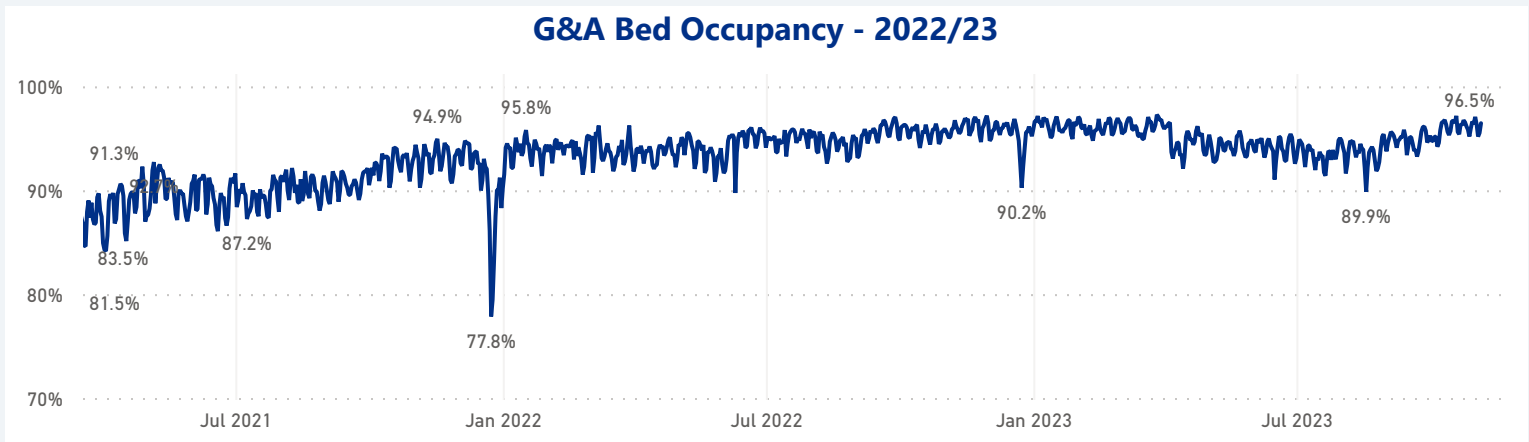


## C&M Long Stay Summary

Latest Data:

05/11/2023 ... ▾

- Activity for patients staying 7+, 14+ and 21+ days have all increased on the previous day.
- C&M bed occupancy rate has also increased on the previous day; 96.5% of General and Acute beds are currently occupied, this is an increase of 0.5% on this same time last week. **MaWL are reporting the highest rate with 99.8% of beds currently occupied.**
- 57% of all occupied beds are for patients staying 7+ days, 36% for 14+ days and 24% for 21+ days.
- The latest weekly % of beds occupied by 7+ day length of stay patient is 56.5% compared to the national figure of 50.8%



### Daily Number of Occupied Beds by Adult Long Stay Patients

	Actual	Previous Day	Previous Week	% of Occupied Beds
7+ Days	2861	↑ 99	↑ 34	57.2%
14+ Days	1806	↑ 61	↑ 21	36.1%
21+ Days	1223	↑ 51	↑ 44	24.4%
Bed Occupancy	96.5%	↑ 0.9%	↑ 0.5%	



## C&M Long Stay Trust Detail

Latest Data:

05/11/2023 ... ▾

### Trust Level Comparison of Long Stay Patients Against Local Trajectory

Trust	14+ Days			21+ Days		
	Target	Actual	Variance	Target	Actual	Variance
Countess of Chester Hospital NHS Foundation Trust	76	147	+ 71	54	89	+ 35
East Cheshire NHS Trust	58	86	+ 28	39	52	+ 13
Liverpool University Hospitals NHS Foundation Trust	268	597	+ 329	179	435	+ 256
Mersey and West Lancashire Teaching Hospitals NHS Trust	354	385	+ 31	242	253	+ 11
Mid Cheshire Hospitals NHS Foundation Trust	91	181	+ 90	61	124	+ 63
Warrington and Halton Teaching Hospitals NHS Foundation Trust	88	187	+ 99	59	124	+ 65
Wirral University Teaching Hospital NHS Foundation Trust	118	223	+ 105	79	146	+ 67
<b>Total</b>	<b>1,053</b>	<b>1806</b>	<b>+ 753</b>	<b>713</b>	<b>1223</b>	<b>+ 510</b>

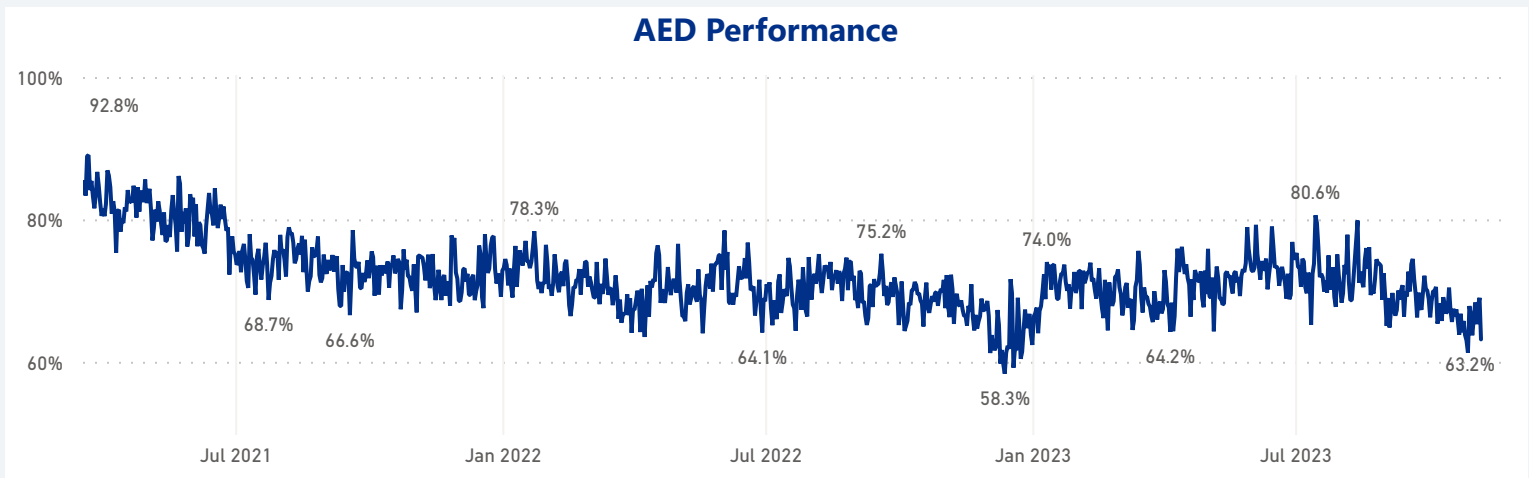


## C&M AED Performance

Latest Data: 06/11/2023

### AED Performance

- MaWL are reporting the highest AED Performance of 74.3%. East Cheshire are reporting the lowest latest AED performance of 41.6%.
- Three 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	51.6%	▲	2.1%	▲	5.6%
East Cheshire	41.6%	▼	-15.5%	▼	-5.1%
LUHFT	69.8%	▼	-1.9%	▼	-4.9%
MAWL	74.3%	▲	3.5%	▼	-1.5%
Mid Cheshire	58.6%	▲	7.2%	▲	4.8%
W&H	63.4%	▼	-2.8%	▲	4.9%
Wirral	70.8%	▲	2.4%	▼	-0.9%

### Number of Delays from Decision to Admit Over 12 Hours

Trust Short Name	Current Date	Var	Previous Day	Var	Previous Week
Countess	19	▼	-5	▼	-3
East Cheshire	20	▲	9	▼	-6
LUHFT	70	▲	12	▲	28
MAWL	18	▲	7	▲	1
Mid Cheshire	25	▲	11	▲	2
W&H	51	▲	29	▲	17
Wirral	27	▲	11	▼	-16



## C&M Ambulance Handover

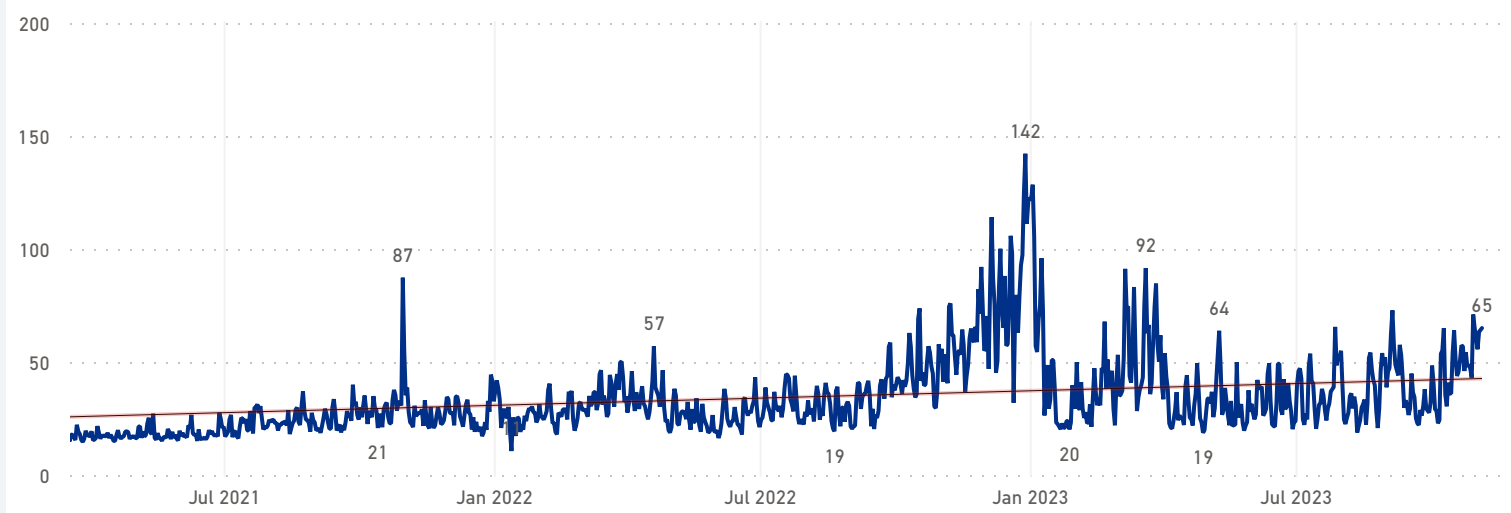
Latest Data:

05/11/2023

### Arrival to Handover Time

- East Cheshire are reporting the longest arrival to handover time of 02:04:30. Mid Cheshire are reporting the shortest arrival to handover time of 23:49.
- None of the ten C&M hospital sites are currently achieving the 15-minute target.

Average Arrival to Handover Time (Mins)



Trust	Latest Date	+/-	Previous Day Var	+/-	Previous Week Var
⊕ Countess of Chester Hospital NHS Foundation Trust	01:23:31	-	00:26:47	-	01:01:42
⊕ East Cheshire NHS Trust	02:04:30	+	01:26:44	+	01:42:31
⊖ Liverpool University Hospitals NHS Foundation Trust	01:31:39	-	00:09:47	+	01:03:51
LUHFT (Aintree site)	01:58:36	+	00:46:05	+	01:24:28
LUHFT (Royal site)	01:01:46	-	01:11:19	+	00:38:50
⊕ Mersey and West Lancashire Teaching Hospitals NHS Trust	00:57:04	-	00:07:20	+	00:22:18
⊕ Mid Cheshire Hospitals NHS Foundation Trust	00:23:49	-	00:01:54	-	00:10:55
⊕ Warrington and Halton Teaching Hospitals NHS Foundation Trust	00:26:20	+	00:11:45	+	00:14:48
⊕ Wirral University Teaching Hospital NHS Foundation Trust	00:50:28	+	00:28:03	-	00:30:01
<b>Total</b>	<b>01:05:01</b>	<b>+</b>	<b>00:00:51</b>	<b>+</b>	<b>00:22:08</b>



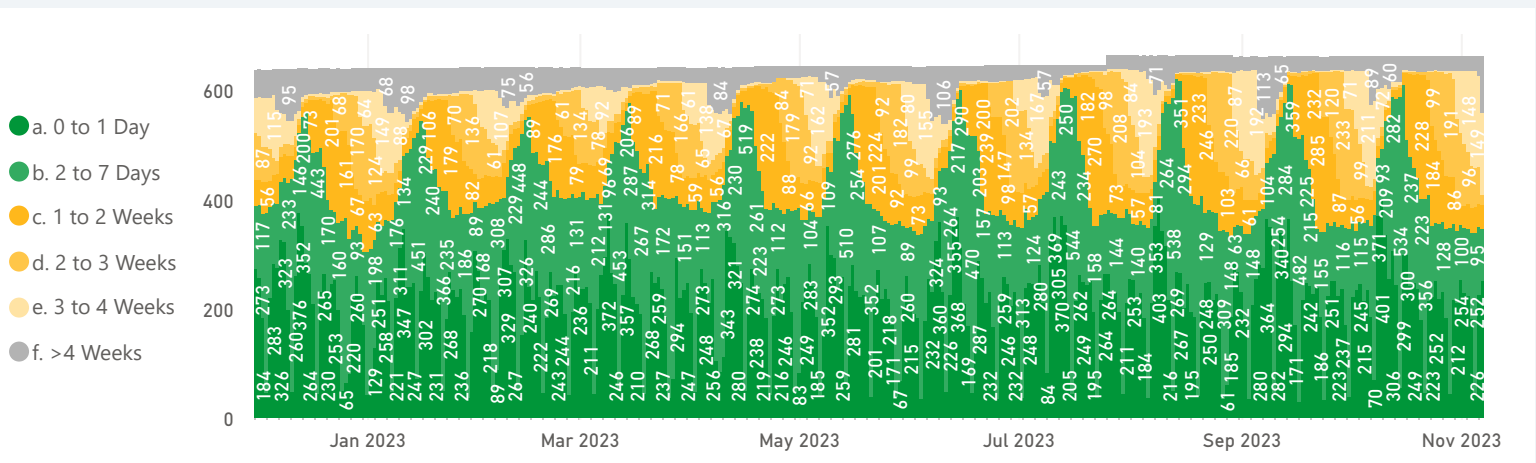
## C&M Care Homes

Latest Data: 07/11/2023

### Data Integrity: Time Since Last Submission

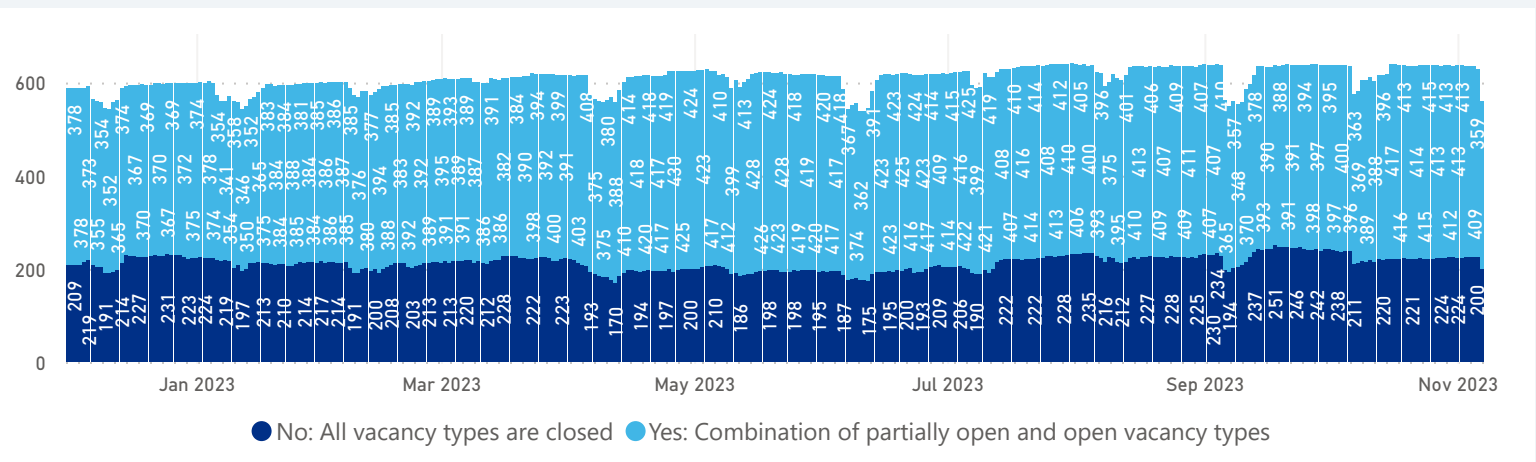
Latest data show of the 663 care homes with a submission recorded 252 submitted either today or yesterday and 95 have submitted within the past week. Of the remainder, 212 submitted within the last month and 104 care homes have not updated their status within the within the last month.

*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 559 care homes with a status recorded 359 are open or partially open to admissions and 200 are closed.



IsAccepting Admissions	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Total
No	21	14	9	7	32	48	12	11	46	200
Yes	62	52	9	15	50	60	23	28	60	359
<b>Total</b>	<b>83</b>	<b>66</b>	<b>18</b>	<b>22</b>	<b>82</b>	<b>108</b>	<b>35</b>	<b>39</b>	<b>106</b>	<b>559</b>





## C&M Non-Criteria to Reside (Weekly)

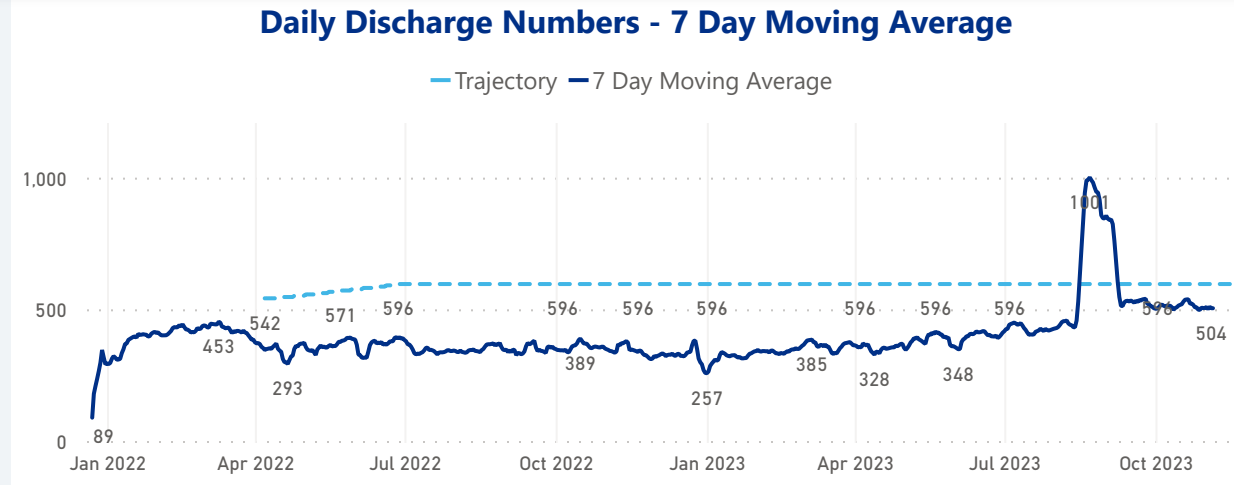
Latest Data: 05/11/2023

### 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 **504.1** patients discharged across C&M. This is against the current target of **596.0**.

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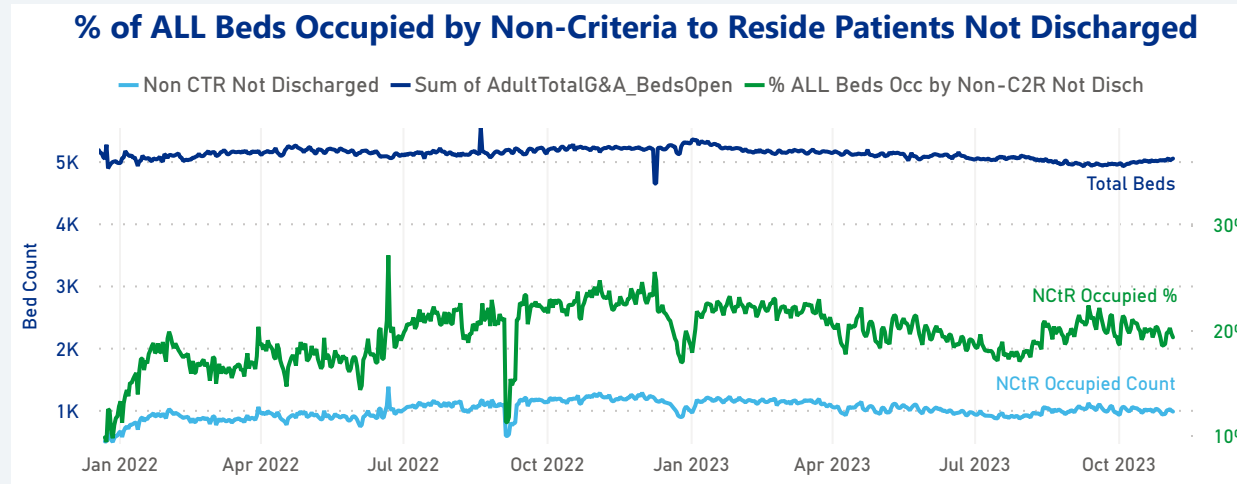


Latest Date: 05 November 2023

Trust	Target	Current	Var
Countess	15.8	36.7	21.0
East Cheshire	30.1	56.1	26.1
LUHFT	75.8	114.3	38.5
MAWL	266.1	100.4	-165.7
Mid Cheshire	59.2	63.4	4.3
W&H	66.3	51.9	-14.5
Wirral	82.8	81.3	-1.5
<b>Total</b>	<b>596.0</b>	<b>504.1</b>	<b>-91.9</b>

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

Latest data show across C&M **1.8%** 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: 05 November 2023

Trust	Target	Current	PP Var
Countess	10.0%	16.7%	6.7%
East Cheshire	10.0%	14.7%	4.7%
LUHFT	10.0%	25.2%	15.2%
MAWL	10.0%	17.8%	7.8%
Mid Cheshire	10.0%	16.7%	6.7%
W&H	10.0%	20.4%	10.4%
Wirral	10.0%	13.4%	3.4%
<b>Total</b>	<b>10.0%</b>	<b>19.3%</b>	<b>9.3%</b>



## C&M Non-Criteria to Reside (Weekly)

Latest Data: 05/11/2023

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

### Latest Count of Adult G&A Beds

Trust	01/10/2023	08/10/2023	15/10/2023	22/10/2023	29/10/2023	05/11/2023
Countess	17.1%	19.0%	16.2%	19.8%	20.6%	18.2%
East Cheshire	7.3%	6.2%	10.7%	10.6%	11.8%	12.6%
LUHFT	24.8%	25.5%	26.5%	24.1%	22.8%	24.5%
MAWL	20.9%	19.7%	19.3%	18.1%	19.6%	18.1%
Mid Cheshire	18.0%	20.4%	18.9%	19.0%	19.6%	17.8%
W&H	20.1%	20.4%	20.9%	19.4%	19.5%	20.6%
Wirral	17.4%	16.4%	16.7%	17.8%	15.3%	14.3%
<b>Total</b>	<b>20.1%</b>	<b>20.2%</b>	<b>20.4%</b>	<b>19.8%</b>	<b>19.6%</b>	<b>19.4%</b>

Trust	
Countess	430
East Cheshire	306
LUHFT	1,510
MAWL	1,104
Mid Cheshire	466
W&H	510
Wirral	715
<b>Total</b>	<b>5,041</b>



## C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 05/11/2023

### 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	7	4	58	58	9	21	8	165
Awaiting confirmation from community	0	4	4	38	21	29	36	132
Pathway 1	28	5	26	14	12	15	27	127
Awaiting medical decision	0	1	74	0	3	5	3	86
Pathway 2	20	2	10	9	8	11	17	77
Awaiting therapy decision	0	13	36	0	2	6	1	58
No Plan	0	0	40	0	0	5	5	50
Awaiting referral to community	16	1	1	5	14	3	0	40
Awaiting diagnostic	1	0	30	0	0	0	0	31
Individual/family not in agreement	1	0	8	0	8	1	1	19
Awaiting community equipment	0	1	10	3	0	0	0	14
Homeless	1	0	5	0	0	0	0	6
Safeguarding	0	0	4	0	1	0	0	5
Awaiting transport	1	0	0	0	1	1	0	3
Repatriation for specialist treatment	1	0	1	0	1	0	0	3
Awaiting medicines	0	0	0	0	0	1	0	1
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	0	0
Declared as not meeting C2R	0	0	0	0	0	0	0	0
<b>Total</b>	<b>76</b>	<b>31</b>	<b>307</b>	<b>127</b>	<b>80</b>	<b>98</b>	<b>98</b>	<b>817</b>

### 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	6	3	56	52	7	19	4	147
Awaiting confirmation from community	0	3	2	26	19	24	25	99
Pathway 1	22	5	21	10	11	7	14	90
Awaiting medical decision	0	1	56	0	3	2	3	65
Pathway 2	17	2	8	6	6	8	10	57
Awaiting therapy decision	0	8	29	0	2	3	0	42
No Plan	0	0	34	0	0	1	4	39
Awaiting referral to community	11	1	1	5	11	1	0	30
Awaiting diagnostic	1	0	27	0	0	0	0	28
Individual/family not in agreement	1	0	8	0	8	1	1	19
Awaiting community equipment	0	1	8	2	0	0	0	11
Homeless	1	0	5	0	0	0	0	6
Safeguarding	0	0	4	0	1	0	0	5
Awaiting transport	1	0	0	0	0	1	0	2
Repatriation for specialist treatment	1	0	0	0	1	0	0	2
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	0	0
Awaiting medicines	0	0	0	0	0	0	0	0
Declared as not meeting C2R	0	0	0	0	0	0	0	0
<b>Total</b>	<b>61</b>	<b>24</b>	<b>259</b>	<b>101</b>	<b>69</b>	<b>67</b>	<b>61</b>	<b>642</b>



## C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 05/11/2023

### 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	4	1	50	35	6	16	2	<b>114</b>
Awaiting confirmation from community	0	3	1	15	13	17	16	<b>65</b>
Pathway 1	18	5	11	5	6	4	9	<b>58</b>
Pathway 2	13	1	8	3	6	6	8	<b>45</b>
Awaiting medical decision	0	1	37	0	2	1	3	<b>44</b>
No Plan	0	0	31	0	0	1	3	<b>35</b>
Awaiting therapy decision	0	4	22	0	2	1	0	<b>29</b>
Awaiting referral to community	9	1	0	4	8	0	0	<b>22</b>
Awaiting diagnostic	0	0	17	0	0	0	0	<b>17</b>
Individual/family not in agreement	1	0	7	0	7	1	1	<b>17</b>
Awaiting community equipment	0	1	7	1	0	0	0	<b>9</b>
Homeless	1	0	4	0	0	0	0	<b>5</b>
Safeguarding	0	0	4	0	1	0	0	<b>5</b>
Repatriation for specialist treatment	1	0	0	0	1	0	0	<b>2</b>
Awaiting transport	0	0	0	0	0	1	0	<b>1</b>
Avoid spread of (non-Covid 19) infectious disease	0	0	0	0	0	0	0	<b>0</b>
Awaiting medicines	0	0	0	0	0	0	0	<b>0</b>
Declared as not meeting C2R	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>47</b>	<b>17</b>	<b>199</b>	<b>63</b>	<b>52</b>	<b>48</b>	<b>42</b>	<b>468</b>

<b>Title</b>	Neighbourhood Model Update Report
<b>Authors</b>	Nesta Hawker Associate Director of Transformation and Partnership, NHS Cheshire and Merseyside Graham Hodgkinson, Director of Adults' Care and Health, Wirral Council
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

## Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Board with an update on the development and implementation of the Wirral Neighbourhood Model which is one of our guiding priorities within the Wirral Health and Care Plan for 2023/24.

The neighbourhood model also supports the delivery of the Wirral Health and Wellbeing Plan as outlined in this report.

It is recommended that the Wirral Place Based Partnership Board notes the update given on the progress to date of the development and implementation of the Wirral Neighbourhood Model.

## Key Risks

The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 23<sup>rd</sup> November 2023:

- *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.
- *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.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

## Governance journey

Date	Forum	Report Title	Purpose/Decision
7 <sup>th</sup> December 2023	Wirral Health and Wellbeing Board	Neighbourhood Model Update report	To update on progress made.

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	Wirral is a Borough of contrasts, of incredible community spirit and strong local partnerships. Wirral is as diverse as it is distinctive. Named one of the happiest places to live in the UK according to a recent survey, Wirral has 50 miles of rural walking routes, cycle areas and beaches, 24 miles of coastline and some of the best

parks and green spaces in the Country – boasting 30 Green Flags. An untapped built, industrial, maritime and social heritage that is internationally significant whilst also being a very connected and accessible destination – A place to live, work, and to do business.

Wirral is nonetheless a place of inequalities, with some of the most affluent and deprived wards in the United Kingdom on opposite sides of the motorway, which runs through the middle of the Borough. Some groups have been, and will be, much more affected through issues such as unemployment, redundancy, loss of income, debt and hardship, with children, families, and young people living in poverty. Even in the more affluent areas issues such as, an ageing population, dementia, cost of heating and social isolation are having a significant impact. Health outcomes in Wirral have also subsequently deteriorated. 35% of the population in Wirral live in the 20% most deprived wards in England and we have poorer than expected health outcomes for several national benchmarks. People, from our most deprived communities, are not just dying earlier, but they also spend more of their life in ill health before they die.

The refreshed Model commenced early 2023 and is a guiding priority within the Wirral Health and Care Plan. Whilst we have a different approach, the geographic boundaries of our 9 neighbourhoods remains the same. Our aim in the early stages is to build community capacity through Voluntary Community Faith and Social Enterprise (VCFSE) partners. The map of the neighbourhoods is shown in Appendix 1.

To achieve the Wirral Neighbourhood Model we want to support communities that are ‘connected, confident and in control’.

We believe that **Connected** communities:

- Are people who connect with each other, VCFSE groups and statutory services.
- Have increased social and emotional wellbeing opportunities to form meaningful relationships and reduce social isolation.
- Have accessible services and activities that promote equal opportunities across our diverse community and allow for resident’s voices to be heard and understood.

We believe that **Confident** communities:

- Have the resource and confidence to ‘do’ rather than feeling ‘done to.’
- Are supported to build capacity within neighbourhoods to create sustainable engagement that improves wellbeing and drives health outcomes.

We believe that communities that are in **Control**:

- Are empowered to have their voices included and heard in decisions that are made, ensuring that the process is meaningful and open.
- Promote increased community engagement and motivation for all residents to ‘get involved’. Allowing community leaders and residents to take ownership of their neighbourhoods.

1.1.2

The neighbourhood model also supports the delivery of the priorities in the Wirral Health and Wellbeing Strategy.

The Health and Wellbeing strategy has five priorities, these are:

- Priority 1: Create opportunities to get the best health outcomes from the

- economy and regeneration programmes.
- Priority 2: Strengthen health and care action to address differences in health outcomes.
- Priority 3: Ensure the best start in life for all children and young people.
- Priority 4: Create safe and healthy places for people to live that protect health and promote a good standard of living.
- Priority 5: Create a culture of health and wellbeing, listening to residents and working together.

As the Neighbourhoods programme develops this way of working will become a key enabler for making progress in Priorities 2, 3, 4 and 5 as set out below:

#### Key Links to Priority 2

- Address differences in health outcomes by changing the way we deliver health and care services focusing on population health outcomes, with an understanding of needs within our communities and an emphasis on those who can benefit most.
- Increase interventions that prevent health problems and offer support at an early stage focusing on people and communities at greatest risk of poor health outcomes. For example, through joint efforts to provide opportunities for all Wirral residents to be more active, increasing vaccination uptake, tobacco control and fuel poverty.
- Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.
- Developing integrated, seamless support services within local areas, delivering health and care services with local people as equal partners.
- Using the Core20PLUS5 approach to guide and drive local action. Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.
- Systematically assess health inequalities related to our work programmes and collectively identify and implement actions to help reduce differences in health outcomes.

#### Key Links to Priority 3

- Work together to support parents and carers to help their children to achieve a good level of development in their early years, and to prepare them for the school years (i.e., School Readiness). To have the biggest impact, we will focus most of our efforts in communities that need it the most, to reduce the unfair differences that too many of our children experience.
- Redesign and improve our support and prevention services so that wherever possible, they are based in the heart of local communities and are easily accessible, integrated, modern and adaptable to the changing needs of children, young people and families.
- Consulting with partners and local communities to produce ‘Family Hubs’ model for our future, where the local system will come together to provide high-quality, “whole family”, joined up family support services.
- Identifying the elements of ‘Cradle to Career’, ‘Breaking the Cycle’ and ‘1001 Days’ programmes that are making the biggest difference to local families, through evaluation and ongoing discussions with local people.
- Agreeing, together with young people, families and other partners, what is needed to properly help our young people to deal (at an early enough stage) with the variety of issues that can cause them problems (e.g., mental health, substance misuse, sexual exploitation).

#### Key Links to Priority 4

- Enable people to connect with other people in their communities, feel safe and love where they live.
- Developing a partnership approach to the current cost-of-living crisis to ease the impact on people already experiencing financial hardship, prevent people becoming financially insecure and to help people when they need it.
- Implementing the new Local Plan in a way that improves health through the design of places and new homes, alongside existing homes, and access to services through co-location.
- Work together with partners to deliver the priorities of the Wirral Community Safety Strategy 2021-25, supporting residents to feel “safe” where they live, work and visit.

#### Key Links to Priority 5

- Build on the strengths and assets of individuals and communities to protect and build health into all that we do.
- Continue listening to, and working with, local people and community groups to deliver this plan, feeding back what we have done together.
- Working with the Health and Wellbeing Insight Group to establish an ongoing programme of community insight with local people linked to the Strategy priorities, to measure impact, and influence ongoing action and Strategy delivery.
- Connecting the work of the Community, Voluntary and Faith Network (formerly known as the Humanitarian Cell) and the Health and Wellbeing Board to make sure we are working together to support the delivery of this Strategy whilst reflecting the real time priorities of local people.
- Engaging proactively with communities to ensure that our actions are meeting the needs of local people and that we are doing things in a way that involves people with lived experience in the design of places and services.
- Equipping our workforce with the skills and tools to support people to improve health based on the things that matter to you and which builds on your strengths.

## 1.2 Implementation Progress

1.2.1 We recognise that this is a new approach within Wirral and that to give it the best chance of transforming how the Local Authority and the NHS work alongside our community we will need to listen and learn throughout. Building positive relationships and trust within neighbourhoods will be key.

As a result of this we will be using a ‘phased approach’ test this out. We are going to trial this new way of working in two neighbourhoods that the data tells us have the greatest levels of health inequalities. We have called them our ‘trailblazers’ and we will learn as we support these two neighbourhoods in establishing this new community led approach. Engagement with the residents will be key and the trailblazers will also test out ways of encouraging residents to get involved, to feel connected, build in confidence and feel more empowered.

These two trailblazer neighbourhoods were identified using a ‘tartan rug’ of health outcomes. The tartan rug is shown in Appendix 2. The tartan rug was utilised to identify four neighbourhoods with the most challenged health outcomes and then an Expression of Interest from the VCFSE sector identified two neighbourhoods where there was a collation of VCFSE organisations keen to test out the new model. These two collations of VCFSE organisations will lead on the development of the new community approach and on the engagement with local residents.



Active listening to residents will be key. Qualitative Insight team from the Public Health team are undertaking research with the residents and the output from this is due at the end of November. A neighbourhood engagement event is being planned for early 2024 which will be targeted specifically for residents and the community. This will be an asset-based event for that particular neighbourhood and look to build on existing strengths and identify more opportunities.

Our trailblazer neighbourhoods are Birkenhead A and Wallasey C. Interim chairs from the VCFSE have been agreed and a workshop in each neighbourhood has now taken place to launch the model in each neighbourhood. These workshops had representation from across key stakeholders and the feedback from the workshops will be discussed in the first Neighbourhood Core Group. Each neighbourhood has a Core Group which will act as the engine room for encouraging more community led involvement and initiatives. Although many of these initiatives will not require additional funding, there is some funding available to support the testing of new community led initiatives. In other areas where a similar community approach is more established, several of the initiatives were for social or interest groups such as a community choir or table tennis club which have resulted in increased social and emotional wellbeing opportunities to form meaningful relationships and reduce social isolation.

We will be closely monitoring the work of the two trailblazers and will use this learning to help us roll this out across the Borough. A learning workshop is taking place early 2024.

It is planned that the next two neighbourhoods will be mobilised before the end of March 2024 and how these will be identified and initiated will follow from the learning event. All nine neighbourhoods will be established by March 2025.

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The neighbourhood model sits within the governance framework of Wirral Place and progress against its development is monitored within the Steering Group and reported to the Wirral Strategy and Transformation group. The risks are identified and managed in the Project Group monthly and from here risks that require escalation are reported to the Steering Group. Risks of the model are concerning lack of engagement to the model and that the model may not address health outcomes as planned.</p>
2.2	<p><i>Financial</i></p> <p>There are potential financial implications arising from this report which are required to support the development of the model. The Cheshire and Merseyside Integrated Care Board are funding the leadership input from the VCFSE sector and some additional funding has been allocated to support the testing of the community trying out new ways to build on the assets already in their neighbourhood.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>The neighbourhood model is integral to the priorities of both the ICB and Wirral Council and is therefore supported by both organisations. Additional resource has been secured from the VCFSE.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>The development of the neighbourhood model has been collaborative with key</p>

	stakeholders, in particular the VCFSE who have led on the rollout of the model. The model is community led and therefore the priorities in each neighbourhood will be agreed by the Core Group which will be led by a community leader. The Wirral Council Qualitative Insight team are also undertaking engagement in the neighbourhoods with residents to gain their input for the neighbourhood model.
2.6	<i>Equality</i> 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 initiatives to be piloted in the neighbourhoods.
2.7	<i>Environment and Climate</i> 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 neighbourhood model.
2.8	<i>Community Wealth Building</i> 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.

<b>3</b>	<b>Conclusion</b>
3.1	It is recommended that the Wirral Place Based Partnership Board notes the update given on the progress to date of the development and implementation of the Wirral Neighbourhood Model.

<b>4</b>	<b>Appendices</b>
	Appendix 1 – Wirral Neighbourhood map Appendix 2 – Tartan Rug

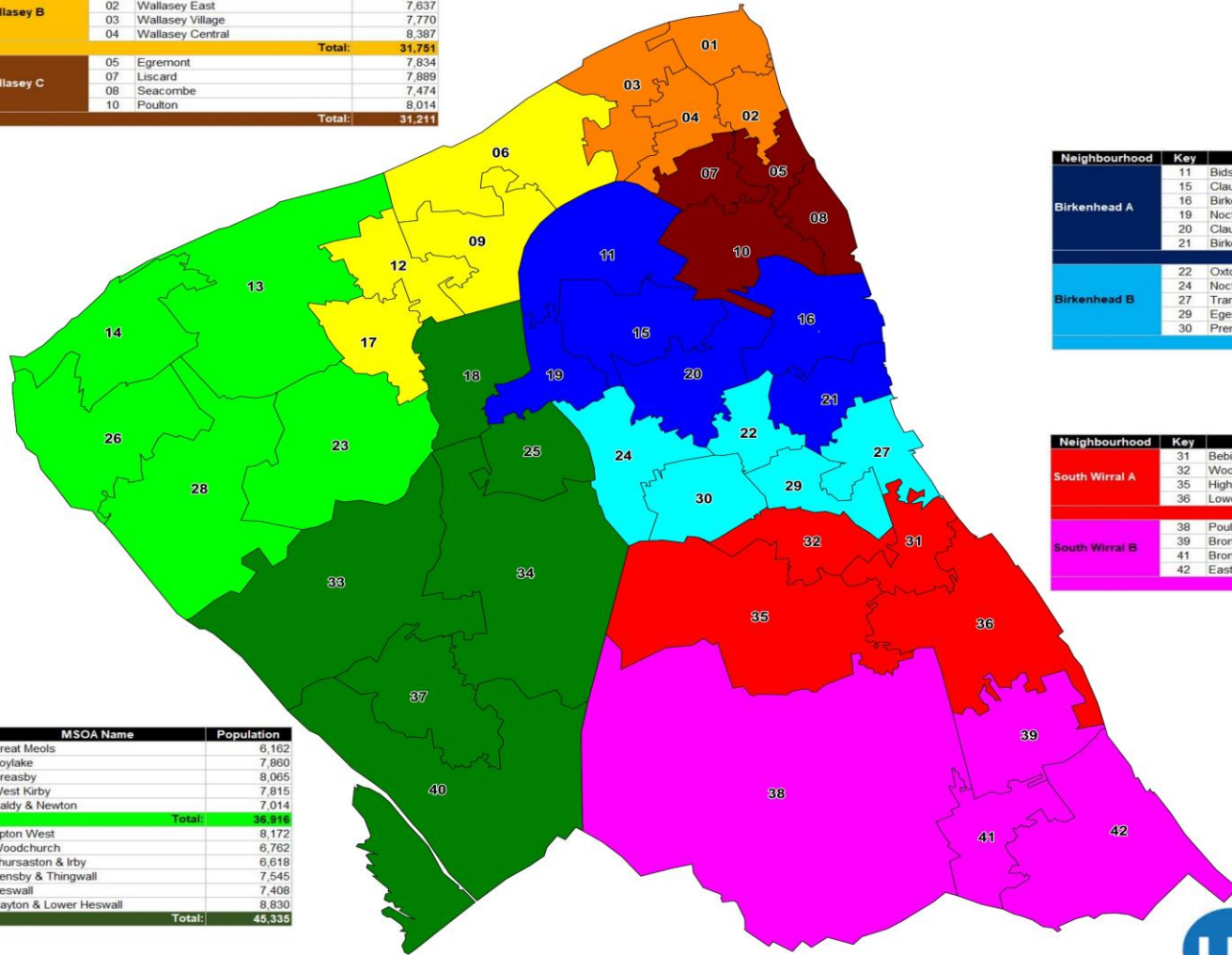
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Neighbourhood	Key	MSOA Name	Population
Wallasey A	06	Leasowe	7,021
	09	Leasowe South & Moreton East	6,416
	12	Moreton West	8,089
	17	Saughall Massie	7,268
<b>Total:</b>			<b>28,794</b>
Wallasey B	01	New Brighton	7,957
	02	Wallasey East	7,637
	03	Wallasey Village	7,770
	04	Wallasey Central	8,387
<b>Total:</b>			<b>31,751</b>
Wallasey C	05	Egremont	7,834
	07	Liscard	7,889
	08	Seacombe	7,474
	10	Poulton	8,014
<b>Total:</b>			<b>31,211</b>

**Neighbourhood**

- Birkenhead A
- Birkenhead B
- South Wirral A
- South Wirral B
- Wallasey A
- Wallasey B
- Wallasey C
- West Wirral A
- West Wirral B

Neighbourhood	Key	MSOA Name	Population
West Wirral A	13	Great Meols	6,162
	14	Hoylake	7,860
	23	Greasby	8,065
	26	West Kirby	7,815
	28	Caldy & Newton	7,014
<b>Total:</b>			<b>36,916</b>
West Wirral B	18	Upton West	8,172
	25	Woodchurch	6,762
	33	Thursaston & Irby	6,818
	34	Pensby & Thingwall	7,545
	37	Heswall	7,408
40	Gayton & Lower Heswall	8,830	
<b>Total:</b>			<b>45,335</b>



Neighbourhood	Key	MSOA Name	Population
Birkenhead A	11	Bidston Hill	7,709
	15	Clughton North	8,073
	16	Birkenhead Central	8,262
	19	Noctorum North & Upton East	6,879
	20	Clughton South & Oxtion North	7,957
	21	Birkenhead South	9,731
<b>Total:</b>			<b>48,611</b>
Birkenhead B	22	Oxtion South	8,487
	24	Noctorum South	8,231
	27	Tranmere	8,416
	29	Egerton Park	8,006
	30	Prenton	6,267
<b>Total:</b>			<b>39,407</b>

Neighbourhood	Key	MSOA Name	Population
South Wirral A	31	Bebington New Ferry	8,222
	32	Woodhey	7,418
	35	Higher Bebington	7,928
	36	Lower Bebington & Bromborough Pool	9,760
<b>Total:</b>			<b>33,328</b>
South Wirral B	38	Poulton, Raby Mere & Thornton Hough	7,133
	39	Bromborough North	6,357
	41	Bromborough South	7,153
	42	Eastham	8,340
<b>Total:</b>			<b>28,983</b>



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Theme	Indicator	Birkenhead A					Birkenhead B					South Wirral A				South Wirral B				Wallasey A				Wallasey B				Wallasey C					West Wirral A					West Wirral B					
		Bidston Hill	Birkenhead Central	Clayton North	Clayton South & Oxton North	Noctorum North & Upton East	Birkenhead South	Egerton Park	Noctorum South	Oxton South	Prenton	Tranmere	Bebington New Ferry	Higher Bebington	Lower Bebington & Bromborough Pool	Woodhey	Bromborough North	Bromborough South	Eastham	Poulton, Raby Mere & Thornton Hough	Leasowe	Leasowe South & Moreton East	Moreton West	Saughall Massie	New Brighton	Wallasey Central	Wallasey East	Wallasey Village	Egremont	Liscard	Poulton	Seacombe	Great Meols	Cady & Newton	Greasby	Hoylake	West Kirby	Gayton & Lower Heswall	Heswall	Pensby & Thingwall	Thurstaston & Irby	Upton West	Woodchurch
High Level H&W Strategy Outcomes	Life Expectancy at Birth (Males)	71	70	80	77	77	74	79	80	77	81	71	76	78	77	82	81	82	78	82	80	77	78	82	79	81	77	80	75	78	73	72	83	82	83	79	82	84	81	83	82	80	73
	Life Expectancy at Birth (Females)	77	76	82	80	79	80	81	87	82	84	76	79	84	80	84	81	87	83	84	84	80	80	84	83	85	79	87	80	81	79	77	86	87	86	81	84	87	82	87	86	82	79
	Healthy Life Expectancy (HLE) at Birth (Males)	48	48	64	62	66	53	60	58	59	65	50	55	65	61	65	62	71	63	68	64	54	59	66	59	66	58	65	55	60	53	50	68	70	69	66	64	73	66	66	69	64	54
	Healthy Life Expectancy (HLE) at Birth (Females)	50	52	64	64	58	56	61	68	64	67	52	57	68	63	70	64	72	64	69	64	55	60	66	62	69	61	66	57	61	56	53	69	73	71	67	67	75	68	68	70	64	55
	% of Life Spent in Good Health (Males)	67.6%	68.6%	80.0%	80.5%	85.7%	71.6%	75.9%	72.5%	76.6%	80.2%	70.4%	72.4%	83.3%	79.2%	79.3%	76.5%	86.6%	80.8%	82.9%	80.0%	70.1%	75.6%	80.5%	74.7%	81.5%	75.3%	81.3%	73.3%	76.9%	72.6%	69.4%	81.9%	85.4%	83.1%	83.5%	78.0%	86.9%	81.5%	79.5%	84.1%	80.0%	74.0%
	% of Life Spent in Good Health (Females)	64.9%	68.4%	78.0%	80.0%	73.4%	70.0%	75.3%	78.2%	78.0%	79.8%	68.4%	72.2%	81.0%	78.8%	83.3%	79.0%	82.8%	77.1%	82.1%	76.2%	68.8%	75.0%	78.6%	74.7%	81.2%	77.2%	75.9%	71.3%	75.3%	70.9%	68.8%	80.2%	83.9%	82.6%	82.7%	79.8%	86.2%	82.9%	78.2%	81.4%	78.0%	69.6%
Population	Age 65+ (%)	12.5%	14.0%	22.5%	28.5%	16.7%	11.1%	19.0%	22.2%	16.9%	23.6%	14.4%	16.4%	20.7%	20.2%	20.4%	22.8%	28.9%	20.8%	34.1%	18.0%	17.5%	24.1%	25.8%	24.6%	22.2%	17.9%	24.9%	16.5%	20.1%	12.4%	12.9%	23.5%	30.4%	31.6%	25.7%	27.1%	34.3%	30.2%	27.6%	30.5%	26.8%	18.5%
	Age <25 (%)	38.6%	31.4%	26.3%	20.0%	35.7%	37.2%	31.2%	28.3%	30.0%	28.5%	34.6%	31.5%	28.2%	28.7%	29.2%	27.7%	25.3%	28.7%	22.3%	30.9%	34.5%	28.4%	25.0%	23.8%	27.5%	29.3%	25.5%	33.6%	29.4%	36.0%	37.5%	26.5%	24.9%	22.2%	25.3%	26.3%	23.2%	24.2%	25.2%	24.0%	27.3%	32.3%
	Non-White British People (%)	8.4%	16.9%	9.0%	11.0%	6.1%	17.1%	7.1%	7.2%	8.5%	7.7%	13.4%	8.3%	6.4%	7.5%	6.5%	5.8%	4.2%	4.7%	5.6%	6.2%	6.6%	5.9%	4.5%	8.3%	4.5%	6.8%	6.0%	7.7%	6.2%	9.4%	10.1%	5.4%	8.2%	4.8%	7.4%	8.4%	6.5%	6.5%	5.5%	4.4%	6.8%	5.4%
	Indices of Multiple Deprivation Score	69.4	75.8	26.7	28.8	41.8	58.9	32.7	16.1	35.2	23.9	62.3	46.6	14.7	21.5	16.9	23.7	7.2	24.4	9.0	29.0	51.6	34.8	15.0	32.8	17.1	35.0	16.7	52.2	30.7	56.2	67.6	12.2	7.6	8.7	14.2	17.2	4.3	13.5	13.5	11.3	19.1	47.8
Ensure the best start in life for children and young people	Children (under 16) in absolute low income (%)	23.7%	23.8%	10.5%	7.8%	12.2%	20.3%	11.1%	8.8%	11.6%	10.8%	19.8%	12.7%	6.8%	7.7%	7.2%	14.1%	6.0%	9.5%	2.6%	10.2%	18.5%	10.8%	10.4%	12.8%	9.4%	12.1%	8.7%	15.5%	13.2%	17.8%	21.1%	6.9%	5.6%	6.0%	6.1%	7.4%	3.6%	4.6%	7.9%	5.7%	8.2%	13.9%
	Children (under 16) in relative low income (%)	32.5%	31.9%	13.4%	9.9%	16.7%	27.5%	15.6%	10.9%	16.9%	14.5%	26.8%	17.7%	7.9%	10.8%	9.2%	17.4%	6.2%	12.4%	3.4%	12.4%	22.7%	14.6%	13.7%	16.5%	13.6%	16.2%	10.9%	21.2%	16.3%	24.2%	28.8%	7.6%	5.6%	6.5%	7.2%	7.8%	3.6%	7.5%	9.7%	9.2%	10.3%	19.2%
	School readiness - good level of development at 2-2.5 yrs (%)	51.7	37.2	61.7	60.8	55.6	52.2	67.4	69.1	68.4	68.7	57.5	65.5	81.6	75.7	64.3	59.5	71.9	63.8	79.2	67.3	49.9	52.2	53.5	61.1	70.2	72.0	78.8	51.4	65.2	53.1	45.4	78.2	69.0	68.0	79.3	62.1	81.7	67.0	72.4	74.6	56.9	63.2
	Average Attainment 8 Score	21.9	19.5	32.0	32.2	25.2	25.8	30.3	31.2	28.4	41.1	25.5	26.3	36.7	25.9	38.1	30.7	39.4	31.1	45.7	24.5	23.4	24.8	34.3	23.9	37.6	32.6	38.4	26.1	30.9	19.1	22.9	33.8	42.7	41.3	36.4	38.4	45.5	41.9	38.2	32.7	33.1	32.5
Strengthen health and care action to address differences in health outcomes	Emergency hospital admissions (rate)	468.0	581.1	389.9	480.1	496.5	443.1	451.0	394.5	384.2	483.4	507.9	425.4	321.1	387.3	329.9	402.8	312.5	368.7	346.6	363.9	498.3	460.6	357.8	393.6	318.5	412.3	347.9	427.3	367.4	460.9	453.0	327.3	319.9	358.2	382.7	357.7	296.9	419.6	349.9	372.8	374.8	496.5
	Hospital admissions mental/behavioural (per 100k)	713.5	1859.9	503.7	1101.8	697.8	1024.2	545.4	421.2	663.8	340.4	950.6	823.0	399.4	587.4	462.8	477.2	181.7	459.6	355.2	451.0	618.2	432.7	302.7	666.1	262.3	733.3	411.8	693.6	473.2	528.2	807.2	281.3	323.2	314.1	441.1	396.7	234.1	378.0	216.5	347.5	465.0	754.2
	Depression prevalence	23.9%	22.5%	21.2%	19.3%	19.8%	21.3%	21.4%	18.4%	19.2%	16.6%	23.2%	21.5%	16.2%	16.9%	17.8%	15.7%	15.9%	17.4%	13.4%	20.8%	21.3%	19.2%	16.9%	19.7%	17.3%	20.4%	16.8%	20.5%	19.3%	22.0%	21.3%	15.2%	13.1%	15.2%	13.5%	13.5%	12.2%	13.1%	13.9%	13.7%	14.9%	21.8%
	Cancer prevalence	3.2%	3.1%	3.3%	3.6%	3.5%	3.2%	3.5%	3.5%	3.4%	3.9%	3.3%	3.8%	4.0%	4.2%	3.7%	4.4%	4.3%	4.5%	4.6%	3.4%	3.7%	4.2%	4.2%	3.2%	3.3%	3.2%	3.6%	4.2%	4.6%	4.8%	4.7%	4.8%	5.1%	5.3%	5.4%	5.5%	4.3%	3.2%				
	Childhood obesity (Yr 6)	27.7%	28.3%	24.5%	12.5%	25.0%	29.3%	21.2%	17.3%	24.0%	15.2%	27.4%	23.7%	16.7%	19.3%	14.0%	21.1%	18.2%	19.4%	10.8%	22.9%	23.2%	24.4%	16.2%	21.1%	17.9%	23.3%	20.9%	21.4%	17.0%	25.8%	26.7%	12.5%	11.1%	11.1%	11.6%	10.0%	8.3%	15.2%	18.4%	17.1%	20.8%	29.8%
	Smoking (18+)	20.0%	23.1%	13.9%	14.2%	17.2%	22.1%	15.7%	12.1%	16.6%	10.5%	20.0%	18.3%	10.2%	13.6%	11.5%	14.3%	9.3%	13.8%	9.2%	14.6%	17.6%	14.7%	10.2%	16.4%	11.4%	16.9%	11.8%	18.4%	15.2%	21.1%	19.9%	9.9%	8.9%	9.3%	12.4%	12.1%	8.8%	11.0%	9.4%	9.2%	11.7%	18.9%
	Diabetes prevalence	7.9%	8.4%	7.3%	7.4%	7.8%	7.9%	7.8%	7.1%	7.3%	7.4%	8.2%	8.0%	6.9%	7.3%	7.0%	7.4%	6.7%	7.2%	6.6%	7.6%	8.3%	8.5%	7.7%	8.0%	7.2%	7.9%	7.4%	7.8%	7.6%	7.8%	7.9%	6.8%	6.4%	6.8%	6.5%	6.7%	6.3%	6.7%	6.8%	6.8%	8.2%	8.5%
	Cardiovascular disease prevalence	1.4%	1.0%	1.4%	1.1%	1.3%	1.1%	1.2%	1.3%	1.1%	1.2%	1.2%	1.2%	1.2%	1.3%	1.2%	1.3%	1.4%	1.5%	1.2%	1.1%	1.1%	1.2%	1.3%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.3%	1.2%	1.1%	1.2%	1.6%	1.2%	1.2%	1.5%	1.6%	1.4%	1.4%	1.3%	1.2%
Limiting long-term illness	28.2%	33.0%	21.6%	25.8%	25.1%	27.6%	24.4%	18.3%	24.0%	19.1%	31.7%	26.2%	19.1%	20.4%	18.4%	22.6%	16.9%	21.2%	17.3%	23.2%	29.8%	25.6%	20.8%	27.6%	18.3%	25.6%	20.2%	28.2%	23.6%	28.1%	28.7%	18.3%	15.3%	18.6%	21.2%	20.2%	14.5%	20.5%	18.9%	19.9%	20.6%	27.5%	
COPD prevalence	3.3%	3.7%	2.9%	2.8%	2.8%	3.1%	3.0%	2.6%	2.8%	2.7%	3.5%	3.0%	2.1%	2.4%	2.3%	2.5%	2.3%	2.5%	2.0%	2.7%	3.1%	3.1%	2.6%	2.8%	2.5%	2.9%	2.6%	2.8%	2.7%	3.1%	2.9%	2.2%	1.9%	2.0%	1.8%	2.0%	1.7%	1.8%	1.9%	1.8%	2.4%	3.3%	
Wider determinants	Food vulnerability index score	347.9	345.3	239.4	365.6	218.4	266.3	160.6	96.2	168.8	195.7	306.4	296.2	220.3	310.3	86.1	161.5	120.5	173.1	339.6	161.8	254.6	244.7	117.2	210.1	80.9	247.7	128.3	230.1	174.7	209.0	251.7	81.3	177.3	126.3	233.9	302.4	172.0	244.3	150.3	131.9	259.8	308.6
	People living alone	35.5%	55.7%	31.6%	53.6%	29.8%	42.3%	34.7%	24.7%	39.2%	28.1%	41.9%	36.6%	27.4%	32.6%	27.6%	31.5%	27.4%	29.2%	26.8%	26.9%	36.8%	33.8%	29.9%	46.9%	25.8%	37.4%	35.5%	41.0%	34.2%	36.9%	39.8%	27.6%	26.3%	29.9%	35.8%	38.0%	24.8%	36.8%	29.1%	28.8%	34.1%	39.6%
	Unpaid carers	10.6%	9.9%	10.2%	9.2%	10.7%	10.0%	10.7%	10.6%	9.8%	10.9%	10.3%	10.0%	10.9%	9.4%	10.3%	11.0%	10.3%	11.2%	10.1%	11.5%	11.3%	11.6%	11.4%	11.3%	10.5%	10.2%	11.1%	11.0%	10.2%	10.4%	9.7%	11.0%	10.2%	11.2%	10.6%	9.9%	9.3%	10.1%	11.2%	10.8%	10.2%	9.6%
	ISA and UC Claimants (%)	7.3%	11.1%	3.3%	3.7%	4.1%	7.6%	4.2%	2.0%	4.5%	2.9%	6.9%	4.8%	2.0%	2.1%	2.2%	2.5%	1.2%	2.2%	0.9%	4.0%	5.9%	3.2%	2.2%	4.0%	2.4%	3.4%	2.3%	7.2%	3.8%	7.3%	8.8%	2.0%	1.2%	1.3%	1.9%	2.1%	1.0%	1.5%	1.4%	1.4%	2.3%	4.5%
	Economically Active (16+)	53.0%	48.3%	59.0%	53.1%	55.9%	56.1%	58.8%	61.7%	59.9%	58.4%	52.5%	56.5%	60.1%	62.2%	60.8%	57.8%	55.5%	60.4%	50.1%	59.9%	53.2%	54.4%	57.8%	54.0%	60.4%	57.5%	57.3%	54.0%	58.6%	56.9%	52.9%	59.7%	53.6%	52.3%	54.8%	54.7%	50.6%	52.4%	55.6%	53.9%	56.2%	54.4%
	Total annual household income (thousands)	£30.3	£26.0	£40.2	£37.8	£35.0	£29.7	£34.5	£44.5	£36.9	£43.1	£29.0	£35.2	£43.8	£40.0	£45.5	£37.3	£47.1	£39.2	£51.0	£40.8	£31.9	£35.2	£38.5	£36.9	£44.4	£35.8	£40.9	£33.3	£36.3	£31.1	£28.3	£48.3	£53.2	£45.2	£44.3	£40.2	£56.9	£40.7	£43.5	£4		

Theme	Indicator	Source
High Level H&W Strategy Outcomes	Life Expectancy at Birth (Males)	<a href="#">Local Insight</a>
	Life Expectancy at Birth (Females)	<a href="#">Local Insight</a>
	Healthy Life Expectancy (HLEx) at Birth (Males)	<a href="#">Local Insight</a>
	Healthy Life Expectancy (HLEx) at Birth (Females)	<a href="#">Local Insight</a>
	% of Life Spent in Good Health (Males)	Calculation of previous 2 indicators
	% of Life Spent in Good Health (Females)	Calculation of previous 2 indicators
Population	Age 65+ (%)	<a href="#">Local Insight</a>
	Age <25 (%)	<a href="#">Local Insight</a>
	Non-White British People (%)	<a href="#">Local Insight</a>
	Indices of Multiple Deprivation Score	<a href="#">Local Insight</a>
Ensure the best start in life for children and young people	Children (under 16) in absolute low income (%)	<a href="#">Local Insight</a>
	Children (under 16) in relative low income (%)	<a href="#">Local Insight</a>
	School readiness - good level of development at 2-2.5 yrs (%)	<a href="#">Local Insight</a>
	Average Attainment 8 Score	<a href="#">Local Insight</a>



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<b>Title</b>	Finance & Investment Group Highlight Report
<b>Authors</b>	Martin McDowell, Associate Director of Finance (Place)
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Finance and Investment Group (FIG).</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the work of the Finance and Investment Group and continues to receive updates as a standing agenda item.</p>

<b>Key Risks</b>
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:</p> <ul style="list-style-type: none"> <li>• <i>PDAF 1 Service Delivery:</i> 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.</li> <li>• <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.</li> <li>• <i>PDAF 5 Finance:</i> Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.</li> <li>• <i>PDAF 6 Community Wealth Building:</i> 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.</li> </ul>

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>
25 <sup>th</sup> October 2023 22 <sup>nd</sup> November 2023	Finance and Investment Group	Agenda and papers for meeting	Meetings held and work progressed.

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	<p>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.</p>

1.1.2	The Finance and Investment Group (FIG) 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 financial plans and associated work programmes to ensure that they are aligned with strategic and operational plans to enable their delivery.
<b>1.2</b>	<b>Finance and Investment Group Meeting, 23<sup>rd</sup> November 2023</b>
1.2.2	<i>Pooled Fund Report – Month 6 (to end September 2023)</i>  The Finance and Investment Group (FIG) received an update on the Pooled Fund, which had also been discussed at the Wirral Place Based Partnership Board (WPBPB) on 23 <sup>rd</sup> November. The FIG noted the position presented to the WPBPB and agreed that the main risks identified in the report.
1.2.3	<i>Wirral Place System Financial Position – Month 7 (to end October 2023)</i>  The FIG discussed the system financial position – month 7, which had also been previously discussed by the WPBPB on 23 <sup>rd</sup> November. The members of the group discussed the financial position for the year to date and identified the key assumptions, risks, and mitigations in relation to the forecast positions for the remainder of the financial year.
1.2.4	<i>Wirral Place Financial Recovery Plan</i>  The FIG received an update on the Wirral Place Financial Recovery Plan and discussed a recent meeting held with WUTH, WCT and the ICB Place to review further opportunities to improve plan following a peer-review of assumptions relating to the forecast out-turn position for 2023/24.
1.2.5	<i>Wirral System Investment Plan 2023/24</i>  The FIG noted that the 2024/25 planning round will commence shortly including an approach to repeat the workshops which are due to start in December. The ideas shared in the last meeting had been considered when developing the agenda and programme.
1.2.6	<i>Workplan</i>  The revised workplan was discussed and agreed for the remainder of the financial year.

<b>2</b>	<b>Implications</b>
2.1	<i>Risk Mitigation and Assurance</i> The work taken through the Finance and Investment Group provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 3, PDAF 5 and PDAF 6. Specific financial risks relating to the delivery of organizational and wider system plans are evaluated and reported to the group.

2.2	<i>Financial</i> There are no direct financial implications arising from this report.
2.3	<i>Legal and regulatory</i> There are no direct financial implications arising from this report.
2.4	<i>Resources</i> 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.
2.5	<i>Engagement and consultation</i> Engagement with system partners has taken place in the development of the Terms of Reference for the Finance and Investment 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 partner organisations and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.
2.6	<i>Equality</i> 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 discussed through the Finance and Investment Group.
2.7	<i>Environment and Climate</i> 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 and Investment Group.
2.8	<i>Community Wealth Building</i> 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 and Investment Group will ensure that these principles are incorporated into its operations.

<b>3</b>	<b>Conclusion</b>
3.1	It is recommended that the Wirral Place Based Partnership Board notes the work of the Finance and Investment Group and continues to receive updates as a standing agenda item.

<b>4</b>	<b>Appendices</b>
	There are no appendices to this report.

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<b>Title</b>	Primary Care Group Report
<b>Authors</b>	Iain Stewart, Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), NHS Cheshire and Merseyside (Wirral)
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Primary Care Group (PCG).</p> <p>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.</p>

<b>Key Risks</b>
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:</p> <ul style="list-style-type: none"> <li>• <i>PDAF 1 Service Delivery:</i> 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.</li> <li>• <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.</li> </ul>

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>
28 <sup>th</sup> November 2023	Primary Care Group	Agenda and papers for meeting	Meeting held and work progressed.

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	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.
1.1.2	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 Health 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.
<b>1.2</b>	<b>Primary Care Group Meeting, 28<sup>th</sup> November 2023</b>
1.2.1	<b>Risk Register:</b> The Group reviewed the risk register that pertains to primary care services in the borough. The register will be amalgamated into the new Cheshire and Merseyside format. No changes to previous risk scores were proposed.
1.2.2	<b>Work Plan:</b> The Group reviewed progress against the work plan for 2023/24.
1.2.3	<b>Neighbourhood development:</b> The Group were updated on the wider health inequalities areas incorporating the neighbourhood trail-blazer areas and lead commissioners.
1.2.4	<p><b>Primary Care Update:</b> The Group were updated on the Primary Care Access Recovery Plan encompassing cloud-based telephony at general practices; care navigation training; promotion of the NHS App for mobile devices; patients' access to medical records.</p> <p>The Group were also updated on digital developments and associated funding; estates matters pertaining to leases; progress with COVID vaccination programme and management of the Special Allocation Scheme which involves maintaining care to difficult to doctor patients.</p>
1.2.5	<p><b>Draft Primary Care Strategic Framework:</b> The Group received the draft Cheshire &amp; Merseyside Integrated Care Board Primary Care Strategic Framework.</p> <p>The Framework encompasses all primary care contractors, not just General Practice. All NHS services need to be working well together to deal with the challenges being faced.</p> <p>Significance engagement has taken place in the development of this framework. This has included Local Representative Committees (covering all contractor groups), Healthwatch organisations, the Primary Care Providers Leadership Forum, Primary Care Network Clinical Directors, Place Directors and Place Clinical Directors. Responses from questionnaires sent to all GPs and Community Pharmacists has also been incorporated. The framework will enable each Place to create their own strategy able to address the individual needs they will have.</p> <p>A specific Place Primary Care strategy will be available to the Board at a future meeting.</p>
1.2.6	<p><b>PCN Review:</b> The Group received a draft confidential report following the completion of an extensive and lengthy review process of Birkenhead PCN (and its sub-division of practices known as Arno Primary Care Alliance Service Delivery Unit).</p> <p>The review considered eight Key Lines of Enquiry (KLOE) and concluded with a series of recommendations covering the KLOEs.</p> <p>The Group recommended the review outcome is submitted to NHS Cheshire and Merseyside ICB System Primary Care Committee for consideration of the recommendations to be actioned.</p>

1.2.7	<p><b>Primary Care Finance:</b> The Group received the report, with the following headlines:</p> <ul style="list-style-type: none"> <li>• Note the year-to-date position as at M7 is an adverse variance to plan of £0.291m against a budget of £39.010m.</li> <li>• Note the forecast yearend position as at M7, to 31st March 2024 is an adverse variance to plan of £0.485m, (M6 £0.428m) and the risk and mitigations to delivery against the budget of £64.843m.</li> <li>• Note the in-year allocation and virements to the 2023/24 budget;</li> </ul>
1.2.8	<p><b>Other contractor updates:</b> The Group received a verbal summary update from the dental advisor representative on current dentistry contracting matters.</p>
1.2.9	<p><b>NHS Talking Therapies update:</b> No update was available.</p>
1.3.0	<p><b>Quality update:</b> No update was available.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Primary Care Group provides controls for and support assurance of the management of the strategic risks PDAF 1 and PDAF 3. The Primary Care Group also has a Risk Register, which will into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>The financial implications arising from this report are articulated in 1.2.6 above.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>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.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Engagement with system partners has taken place in the development of the Terms of Reference for the Primary Care Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Primary Care Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. The PCG is co-chaired by representatives from the VCFSE.</p>
2.6	<p><i>Equality</i></p> <p>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 Primary Care Group.</p>

2.7	<i>Environment and Climate</i> 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.
2.8	<i>Community Wealth Building</i> 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.

<b>3</b>	<b>Conclusion</b>
3.1	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.

<b>4</b>	<b>Appendices</b>
	There are no appendices to this report.

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<b>Title</b>	Quality and Performance Group Report
<b>Authors</b>	Julia Bryant, Head of Quality & Safety Improvement
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to update Wirral Place Based Partnership Board of the agenda and discussion at the meeting of the Quality and Performance Group held on 30<sup>th</sup> November 2023.</p> <p>The Wirral Place Based Partnership Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the work underway across the system to monitor quality and performance, identifying areas for improvement.</li> <li>• Receive assurance around the robust plans in place to manage specific areas for improvement.</li> </ul>

<b>Key Risks</b>
<p>The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:</p> <ul style="list-style-type: none"> <li>• <i>PDAF 1 Service Delivery</i>: 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.</li> <li>• <i>PDAF 2 Children and Young People</i>: 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.</li> <li>• <i>PDAF 3 Collaboration</i>: Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.</li> </ul> <p>The Risk Register for the Quality and Performance Group is under development. It is likely that will be risks highlighted pertaining to Children &amp; Young People’s Services - Special Educational Needs and Disabilities (SEND) and the improvement work required following the Written Statement of Action (WSOA) issued in 2021.</p> <p>From January 2024, Wirral could be inspected on a new SEND inspection framework. Preparedness work is underway to ensure strategic oversight against the new standards.</p>

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>
31st November 2023	Quality and Performance Group	Quality & Performance Group Report	For Noting
Page 125			

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Standing Agenda Items</b>
1.1.1	Previous minutes were approved by members.
1.1.2	<p><b>Performance</b></p> <p>The Wirral place-based performance had been shared with the Group. Comments were received in relation to:</p> <ul style="list-style-type: none"> <li>• Good performance in relation to Cancer services, specifically the excellent performance on breast services, noting comparison with national averages and recent difficulties elsewhere in ensuring service provision and delivery of the target.</li> <li>• Improvements required for Children and Young People’s (CYP) Mental Health Services and are focusing upon some of the key issues.</li> <li>• Headline performance in diagnostics within 6 weeks remains strong in comparison to national averages. However, there is no correlation with delivering the Referral to Treatment Time (RTT) performance. Wirral are ranked just above the national average. It was recommended to review other parts of the RTT pathway to understand what issues are affecting performance, the constraints the plans to rectify them.</li> </ul> <p>Performance in relation to children’s Education Health and Care (EHC) Advice remains a challenge. The Group recognised the improvements made around the quality of the advice received based on the training and QA processes implemented. The challenges remain with the right services being approached for advice based on the child’s needs and understanding when a referral is needed rather than a request for information. This work is being led by the Designated Children’s Officer (DCO).</p> <p>The Group received a presentation from the Head of Quality and Safety Improvement, which included proposed quality indicators which include:</p> <ul style="list-style-type: none"> <li>• Access &amp; Waiting times</li> <li>• Healthcare Acquired Infections</li> <li>• Vaccinations &amp; Immunisations</li> <li>• Mortality rates</li> <li>• SEND</li> </ul> <p>These indicators were agreed to take forward.</p> <p>Discussion took place regarding the need to understand the lived experience. It was agreed that this would be a regular agenda item.</p>
1.1.3	<p><b>Quality Assurance</b></p> <p>Following an action from the previous meeting the Head of Quality and Safety Improvement presented a quality assurance proposal within the Wirral governance structure. This will be refined following discussion for the next meeting.</p>
1.1.4	<p><b>Safety</b></p> <p>Implementation of the new National Patient Safety Incident Response Framework (PSIRF) is well underway in Wirral. We are awaiting guidance around how PSIRF will be monitored locally.</p> <p>It was agreed by the group that Wirral System Biannual Patient Safety and Learning Events.</p>
<b>1.2</b>	<b>Focused agenda</b>

1.2.1	<p><b>SEND</b> The 'focus on' for the November meeting was SEND.</p>
1.2.2	<p><b>Voluntary, Community, Faith and Social Enterprise (VCFSE)</b>The group received a presentation on the SEND provision available from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This included a range of feedback from children, young people, families and providers. Feedback was consistent with feedback from other services around long waiting times, lack of communication and coordination. The Group felt that there may be more support available for families using the voluntary sector but requires joining together under the wider SEND offer.</p> <p>Discussion around improved use of the SEND Local Offer (SENDLO) platform to promote as well as improved partner communication. This work will be repeated in 2024, to assess the improvements made and impact.</p>
1.2.3	<p><b>Designated Clinical Officer (DCO) Role</b> The group received a presentation from the DCO, which included overview of the role and the statutory requirements in relation to SEND. There was discussion around the SEND reform and the legal duties of SENDLO, Parent Carer Forum (PCPW) and the SEND Independent Advocacy Service (SENDIAS)</p>
1.2.4	<p><b>Neurodevelopmental pathway</b> The DCO shared the 'plan on a page' on behalf of the Transformation and Partnerships team. Work is underway to manage the issues around the existing pathways as well as looking to commission a new pathway 2024/25. There is currently some significant challenge around the pre diagnostic element and gaps in commissioning.</p>
1.2.5	<p><b>SEND Health Partnership Group</b> The SEND Health Partnership Group has been reinstated and is being chaired by the Head of Quality &amp; Safety Improvement. The first meeting was held ahead of the Quality &amp; Performance Group. The meeting was successful and well attended by health partners, as well as representation from LA, SENDIASS, PCPW and SENDLO. The purpose of the group is to strengthen partnerships and collaborative working. Focusing initially on gathering evidence against the required WSoA feeding into the SEND Transformation Board as well as embed the new SEND Framework, focusing on the statutory requirements, feeding into the SEND Strategic Board. Terms of Reference for this group will be approved at the next SEND Strategic Group. It was agreed that HealthWatch would be invited to future meetings.</p>
1.2.6	<p><b>Focused Agenda Planning</b> A proposed Plan for this agenda is being developed by the Quality Manager. Consideration to priority areas will be considered.</p>

<b>2</b>	<b>Implications</b>
2.1	<p><b>Risk Mitigation and Assurance</b> The work taken through the Quality and Performance Group provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 2 and</p>

	PDAF 3. The Group is also developing a Risk Register that would feed into the PDAF and discussions at the Place Based Partnership Board around risk.
2.2	<p><b>Financial</b></p> <p>If gaps are identified following the transformational work being undertaken within the neuro developmental pathway. These will be raised as considered as part of the 2024/25 planning round.</p>
2.3	<p><b>Legal and regulatory</b></p> <p>Legal implications have been considered within this report relating to NHS constitutional standards, and the SEND Code of Practice which have been referenced within the report.</p>
2.4	<p><b>Resources</b></p> <p>None identified at this stage, a change in working practices (human resources) will be required to implement the neurodevelopmental (ND) pathway.</p>
2.5	<p><b>Engagement and consultation</b></p> <p>Engagement with system partners has taken place in the development of the Terms of Reference for the Quality and Performance Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. Partnership working remains a strength of the assurance and improvement plans.</p>
2.6	<p><b>Equality</b></p> <p>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 the Quality and Performance Group is conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report.</p>
2.7	<p><b>Environment and Climate</b></p> <p>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 Quality and Performance Group.</p>
2.8	<p><b>Community Wealth Building</b></p> <p>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 Quality and Performance Group supports this work in Wirral.</p>

<b>3</b>	<b>Conclusion</b>
3.1	The Group feel more confident around the performance, quality assurance and quality

	<p>improvement oversight across Wirral Place.</p> <p>The membership of the Group feels more robust and inclusive.</p> <p>Reports will continue to be shared with Place Based Partnership Board.</p> <p>The Board is asked to note this report.</p>
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<b>4</b>	<b>Appendices</b>
	No appendices included within the report.

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<b>Title</b>	Strategy and Transformation Group Highlight Report
<b>Authors</b>	Simon Banks, Place Director
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	21 <sup>st</sup> December 2023

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Strategy and Transformation Group (STG).</p> <p>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.</p>

<b>Key Risks</b>
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 23<sup>rd</sup> November 2023:</p> <ul style="list-style-type: none"> <li>• <i>PDAF 1 Service Delivery:</i> 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.</li> <li>• <i>PDAF 2 Children and Young People:</i> 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.</li> <li>• <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.</li> </ul>

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>
16 <sup>th</sup> November 2023	Strategy and Transformation Group	Agenda and papers for meeting	Meeting held and work progressed.

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	<p>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.</p>

1.1.2	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.
1.2	<b>Strategy and Transformation Group Meeting, 16<sup>th</sup> November 2023</b>
1.2.1	<p><i>Mental Health Programme Deep Dive</i></p> <p>The Group undertook a Deep Dive into the work of the Mental Health Programme within the Wirral Health and Care Plan 2023/24. The Senior Responsible Officer for the Mental Health Programme is Suzanne Edwards, Chief Operating Officer, Cheshire and Wirral Partnership NHS Foundation Trust (CWP). The vision for the Mental Health Programme is to enable people to remain at home, with earlier prevention, identification, and intervention for people with emerging or escalating mental health needs. The defined outcomes for the programme are to achieve:</p> <ul style="list-style-type: none"> <li>• Zero Out of Area Placements</li> <li>• Enhanced Acute Capacity</li> <li>• Reduced number of Patients Clinically Ready for Discharge in acute beds</li> <li>• No days lost in the Community due to Admission.</li> </ul> <p>The programme is seeking to achieve these outcomes by:</p> <ul style="list-style-type: none"> <li>• Understanding Population Health and service data.</li> <li>• Ensuring engagement in the programme including by people with Lived Experience.</li> <li>• Improving our understanding of the reasons for admission.</li> <li>• Developing a Wirral Place Mental Health Strategy.</li> <li>• Increasing opportunities for early intervention.</li> </ul> <p>The data presented at the Group highlighted that length of stay in CWP acute mental health beds has increased from 28 days in 2019 to 53 days in 2023, with bed occupancy remaining at 100%, against a national target of 85%. There has been an increase in people being sectioned who were previously unknown to mental health services, from 8% pre-2019 to 27% in 2023. The level of homeless patients increased in inpatient beds increased from 1% to 8% of occupancy during the same period. There has also been an increase in reported physical violence and self-harm, with patients presenting due to multiple factors with increased complexity.</p> <p>The Programme is being supported by the Wirral Mental Health Forum and will take 3 to 5 years to deliver. The projects that are supporting the programme are being delivered against the backdrop of significantly increased demand, staffing shortages and a lack of clarity for on-going level of financial investment in mental health services. The key areas of work, which the STG received more detail on, are:</p> <ul style="list-style-type: none"> <li>• <i>Community Mental Health Transformation:</i> A new, inclusive community-based offer centred on redesigning mental health services around Primary Care Networks that integrates primary and secondary care, VCFSE (voluntary, community, faith and social enterprise) and local authority services.</li> <li>• <i>Dementia:</i> For Wirral to be a borough which supports and is inclusive of people with dementia and their carers so they can enjoy the best possible</li> </ul>



	<p>quality of life and remain independent for longer. When people do need care, this will be high quality, person centred and delivered seamlessly across the health and social care system.</p> <ul style="list-style-type: none"> <li>• <i>First Response</i>: To provide those in crisis with the best care in the right way and the right place.</li> <li>• <i>Improving inpatient flow</i>: To deliver zero patients placed out of area and reduce length of stay.</li> <li>• <i>Integrated strategic housing</i>: Working with partners in Wirral, particularly housing providers, to develop a strategic approach to housing, integrated support and community rehabilitation.</li> </ul>
1.2.2	<p><i>Learning Disability and Autism Programme Deep Dive</i></p> <p>The Group undertook a Deep Dive into the work of the Learning Disabilities and Autism Programme within the Wirral Health and Care Plan 2023/24. The Senior Responsible Officer for the Learning Disabilities and Autism Programme is Graham Hodgkinson, Director for Care Health and Strategic Commissioning, Wirral Council. The Programme is also aligned to the Wirral All Age Disability Strategic Framework. The purpose of the Programme is to maximise the “personal potential of people of all ages with disabilities” so they can “live a full and active life”. The vision is that the Programme will “enable people of all ages with disabilities to have choice and exercise control over their own lives”. This will be achieved by “working together to realise aspirations and remove barriers and enable access to opportunities for people of all ages with disabilities.”</p> <p>The Programme has four thematic action areas:</p> <ul style="list-style-type: none"> <li>• <b>Lives Enriched</b>: Happiness, Feel Good, Friendships, Confidence, Choice, Exercise Control, Resilience, Life Skills, Communications, Self Esteem, Enjoyment.</li> <li>• <b>Health and Wellbeing Improved</b>: Mental and Physical Health, Self- Awareness, what good support looks like.</li> <li>• <b>Independent Lives Fulfilled</b>: Access to good public transport, accessibility to services and good information, reablement services, prevention.</li> <li>• <b>Employment and Economic Wellbeing Enhanced</b>: Removing barriers to employment, living well and aging well economically, volunteering, supported employment, education and training.</li> </ul> <p>It was proposed that, for 2024/25, the Programme is renamed All Age Disability including people with learning disability and/or autism. This was supported by the Group.</p> <p>It was noted that the Programme will take a minimum of three years to implement. The Programme is focusing on:</p> <p><i>Preparing for adulthood</i>: To achieve greater alignment, joined up planning and collaboration of between Childrens Social Care Services and Adults Social Care Services for Children and Young People aged 14-25 by March 2024.</p> <p><i>Housing</i>: To have a greater understanding of the needs and demands of housing options for people with learning disabilities and/or autism across Cheshire and Merseyside by January 2024.</p> <p><i>Training, volunteering and supported employment</i>: To coproduce a supported employment strategy to enable greater opportunities, maximising personal potential, for people with disabilities to live a full and active life by March 2024.</p> <p><i>Coherent strategy</i>: To coproduce an All-Age Disability Strategy enabling people of all</p>

ages with disabilities to have choice and exercise control over their own lives across Wirral by 2024.

*Health inequalities:* Support those with Disabilities to have access to health and care services by addressing inequalities.

There was a focus on remote monitoring for people with learning disabilities in Wirral. People with learning disabilities experience far worse outcomes than the general population and may be unable to communicate or understand the impact of changes in their health. The Remote Monitoring Project seeks to increase uptake of remote consultations in care homes and supported living settings to reduce disturbance and distress to patients. This will contribute to reduced attendance/admission to hospital for avoidable health conditions. The Project will also provide improved information to enable better decision making and diagnosis by Primary Care professionals and will begin to tackle entrenched health inequalities for this community of people.

The Project involves two Wirral Primary Care Networks (PCNs) - Moreton & Meols and Healthier South Wirral. It has engaged eight Care Providers and 154 people with Learning Disabilities. Each Care Provider has a stock of digital equipment to take readings such as temperature, weight, blood pressure. Readings are taken for each person on a regular basis and entered into a clinical portal supplied by Docobo. Any readings that are outside of a normal range create an alert; the Care Provider then contacts the clinically appointed person in their PCN for a clinical triage. Based on the outcome of the triage, Care Provider will be advised of next actions.

Since November 2022 there have been 418 episodes of intervention. The North West Ambulance Service NHS Trust (NWS) NWS are reporting reduced numbers of escalations to their crews and to the Emergency Department (ED). The Project has reduced the need for paper records for Care Providers, improved the quality of information for Primary Care to take a clinical decision and provided peace of mind for carers and families.

The Deep Dive concluded with a short video on the work of Wirral Day Services.

### 1.2.3 *Neighbourhood Programme Deep Dive*

The Group undertook a Deep Dive into the work of the Neighbourhood Programme within the Wirral Health and Care Plan 2023/24. The Senior Responsible Officer for the Programme is Graham Hodgkinson, Director for Care Health and Strategic Commissioning, Wirral Council. The vision of the Programme is to improve “Wirral residents health and wellbeing through a community led approach”.

There are 9 neighbourhood areas, and a ‘Core Group’ will be formed in each neighbourhood, led by a community leader with representation from across stakeholders and local people. These Core Groups will be the Core groups will work together to agree the things that matter most to local residents in relation to health and will test out new ways of improving health within the neighbourhoods. This will work by using local lived experiences and listening to residents who know the area they live in best. NHS Cheshire and Merseyside and Wirral Council are going to trial this new way of working in two neighbourhoods that the data tells us have the greatest levels of health inequalities. We have called them our ‘trailblazers’.

The core groups for the two trailblazers, one in Birkenhead and one in Wallasey, have been established with representatives from the VCFSE, Wirral Council officers and elected members and other local partners. Both are chaired by the VCFSE. Asset Mapping has been undertaken across the trailblazer neighbourhoods and

research is also underway, by Qualitative Insights team, to ask the neighbourhood communities what priority areas they wish to focus on.

#### 1.2.4 *Super Multi Agency Discharge Event (SuperMADE)*

The Group received a paper on the outcomes of a SuperMADE event held with Cheshire Wirral and Partnerships NHS Foundation Trust (CWP) on 12<sup>th</sup> October 2023. In line with national guidance for Multi Agency Discharge Events (MADE) Cheshire and Wirral partners including NHS Cheshire and Merseyside (Cheshire East, Cheshire West and Wirral Places), CWP and Cheshire East, Cheshire West and Chester and Wirral Councils have collaboratively developed SuperMADE meetings to be held bi-monthly to deliver the following outcomes through escalations from the three Place MADE meetings:

- To support discharges of very long stayers (60 days+ for adult acute mental health wards, 90 days+ for older adult acute mental health wards and for Learning Disability wards).
- To unblock delayed discharges via the weekly MADE and local escalation.
- Regularly review the top ten cases by Length of Stay.

In 2023/24, mental health patients cared for by CWP have had their discharge delayed for 4,757 days. There are on average 20 patients delayed in a mental health inpatient setting every day. There has been an increase in the numbers of people who are Clinically Ready For Discharge (CRFD). CWP has the 8th highest number of CRFD delayed bed days according to the first draft of national benchmarking compared with 80 other mental health trusts. The SuperMADE event reviewed the cases of the people with the longest waits by Place.

The following actions were agreed at the SuperMADE event on 12<sup>th</sup> October 2023:

- Develop a set of improvement targets for reducing the numbers of patients who are delayed discharge across our inpatient settings.
- Further strengthen the SuperMADE Terms of Reference to include a) Lived Experience voice of our patients to be captured at each meeting, b) Inclusion of representative from each Place MADE meeting to attend SuperMADE meetings and c) Develop Place Partnership Chairs report and engagement/feedback mechanism to Place Partnership Boards.
- Set a standard of 7-day commencement of Care Act assessments and begin to collate data to understand performance and required improvements.
- Further explore alternatives to admission and the opportunities to enhance this offer for those requiring a bed and waiting.
- Understand the baseline of people awaiting Care and Treatment Reviews (CTR) for patients with an Autism diagnosis in mental health settings and agree improvement actions.

The Group:

- noted the outline position identified within this report alongside the actions agreed.
- committed to ensure that there is the right representation at weekly MADE meetings to support timely decisions and discharges.
- agreed to promote attendance at Place MADE meetings from people with the right level of autonomy and authority to make decisions on behalf of NHS Cheshire and Merseyside and Wirral Council.

1.2.5	<p><i>Wirral Health and Care Plan 2024/25</i></p> <p>The Group received an update on the establishment of system workshops through December 2023 to March 2024 to refresh the Wirral Health and Care Plan in response to the NHS planning round 2024/25.</p>
1.2.6	<p><i>Health and Care Plan Dashboard</i></p> <p>The Group received an update on the delivery of all programmes within the Wirral Health and Care Plan 2023/24 via a link to SmartSheets. It was noted that for some programmes the Senior Responsible Officer had not provided an update. It was agreed that a programme control approach was needed to support escalation in such circumstances.</p>
1.2.7	<p><i>Next meeting</i></p> <p>It was agreed to stand down the meeting scheduled for 22<sup>nd</sup> December 2023 due to the focus that would be needed on supporting operational delivery in the Wirral system. The STG will meet again on 18<sup>th</sup> January 2024. A report from this meeting will be provided for the February meeting of the Wirral Place Based Partnership Board.</p>

2 Implications	
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Strategy and Transformation Group provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 2 and PDAF 3. The Strategy and Transformation Group is also developing a Risk Register that would feed into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>There are no direct financial implications arising from this report.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>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.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>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.</p>
2.6	<p><i>Equality</i></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they Page 136 their work, do not discriminate against</p>

	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.
2.7	<i>Environment and Climate</i> 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.
2.8	<i>Community Wealth Building</i> 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.

<b>3</b>	<b>Conclusion</b>
3.1	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.

<b>4</b>	<b>Appendices</b>
	There are no appendices to this report.

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Cheshire and Merseyside

## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 21 December 2023

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

### REPORT SUMMARY

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

### RECOMMENDATION/S

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

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

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

### **2.0 OTHER OPTIONS CONSIDERED**

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

### **3.0 BACKGROUND INFORMATION**

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

### **4.0 FINANCIAL IMPLICATIONS**

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

### **5.0 LEGAL IMPLICATIONS**

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

### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

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

### **7.0 RELEVANT RISKS**

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

### **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Not applicable.



## 9.0 EQUALITY IMPLICATIONS

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

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

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

## 11.0 COMMUNITY WEALTH IMPLICATIONS

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

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## APPENDICES

Appendix 1: Wirral Place Based Partnership Board Work Programme

## BACKGROUND PAPERS

Wirral Council Constitution  
Health and Care Act 2022

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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## WIRRAL PLACE BASED PARTNERSHIP BOARD

### WORK PROGRAMME 2023/2024

January 2024

Item	Purpose	Lead Officer
Place Quality and Performance Report	Oversight and Assurance	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Martin McDowell
Wirral Health and Care Plan Dashboard	Oversight and Assurance	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Janelle Holmes
Impact of Additional Roles in PCNs.	Oversight and Assurance	Iain Stewart
Medium Term System Capacity Plan	Oversight and Assurance	Graham Hodgkinson
Finance and Investment Group	Information	Martin McDowell
Primary Care Group	Information	Iain Stewart
Quality and Performance Group	Information	Lorna Quigley
Intermediate Care Beds Review (JSCB, non-Key)	Discussion and Decision	Lorna Quigley
Work Programme	Information	Mike Jones

### ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Purpose	Approximate Timescale	Lead Officer
Place Governance Manual refresh	Oversight and assurance	February	Simon Banks (with Place Governance Group)
Talking Therapies	Information	February	Iain Stewart
Population Health	Discussion and	February	Dave Bradburn/Mark

<b>Item</b>	<b>Purpose</b>	<b>Approximate Timescale</b>	<b>Lead Officer</b>
Management	Decision		Chidgey/ Jo Chwalko/Dave Hammond
Primary Care Access and Recovery Plans	Oversight and Assurance	March	Iain Stewart
Impact of Additional Roles in PCNs.	Oversight and Assurance	March	Iain Stewart

## **STANDING ITEMS AND MONITORING REPORTS**

<b>Item</b>	<b>Purpose</b>	<b>Reporting Frequency</b>	<b>Lead Officer</b>
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 from November	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
Place Delivery Assurance	Information	Quarterly December, March, June,	Simon Banks

Item	Purpose	Reporting Frequency	Lead Officer
		September	
Framework and Risk Registers	Information	Quarterly December, March, June, September	Simon Banks

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