



Wirral Place Based Partnership Board

Date:	Thursday, 25 January 2024
Time:	10.00 a.m.
Venue:	Committee Room 1 - Birkenhead Town Hall

Contact Officer: Christine Morley
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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 - 6)**

To approve the accuracy on the minutes of the meeting held on 21 December 2023.

4. ACTION LOG

Items for Oversight and Assurance

Board Assurance Reports

5. PLANNING 2024/25 UPDATE (Pages 7 - 14)

6. WIRRAL HEALTH AND CARE PLAN PROGRAMME DELIVERY DASHBOARD (Pages 15 - 26)

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7. IMPACT OF ADDITIONAL ROLES IN PRIMARY CARE NETWORKS VIA THE PLACE PRIMARY CARE GROUP (Pages 27 - 34)

8. PLACE FINANCE REPORT INCORPORATING POOLED FUND UPDATE (MONTH 8, NOVEMBER 2023) (Pages 35 - 40)

Programme Delivery Reports

9. UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE (Pages 41 - 62)

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

Items for Discussion and Decision

Items for Information

Supporting Group Chairs' Reports

Closing Business

10. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

10.1 Public Questions

Notice of question to be given in writing or by email by **12 noon, Monday 22 January 2024** 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.

10.2 Statements and Petitions

Statements

Notice of representations to be given in writing or by email by **12 noon, Monday 22 January 2024** to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

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

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

**11. WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME
(Pages 63 - 68)**

12. ANY OTHER BUSINESS

13. FUTURE MEETINGS:

10am on 22 February 2024

10am on 21 March 2024

10am on 9 May 2024

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 21 December 2023

BOARD MEMBERS PRESENT:

Simon Banks	Place Director (Wirral), NHS Cheshire and Merseyside (Chair)
Dr Abel Adegoke	Primary Care representative
Graham Hodgkinson	Director of Care and Health, Wirral Council
Carol Johnson-Eyre	Voluntary, community, faith and social enterprise sector representative
Dr David Jones	Primary Care representative
David McGovern	Wirral University Teaching Hospital
Justine Molyneux	Voluntary, community, faith and social enterprise sector representative
Councillor Simon Mountney	Wirral Council
Councillor Kieran Murphy	Wirral Council
Lorna Quigley	Associate Director Quality and Safety Improvement (Wirral), NHS Cheshire and Merseyside
Paula Simpson	Chief Nurse and Director of Infection Prevention and Control , Wirral Community Health and Care NHS Foundation Trust
Tim Welch	Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust
Simone White	Director of Childrens Services, Wirral Council
Dr Stephen Wright	Primary Care representative

ALSO PRESENT:

Nesta Hawker	Associate Director of Transformation and Partnerships (Wirral), NHS Cheshire and Merseyside
Rachel Daley	Chief Executive, The Positivitree
Natalie Kevitt	Programme Manager, Wirral Improvement Team
Vicki Shaw	Head of Legal Services, Wirral Council
Mike Jones	Secretary, Wirral Council

82 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:

Janelle Holmes	Wirral University Teaching Hospital
Karen Howell	Wirral Community Health and Care Trust
Ali Hughes	Wirral Community Health and Care Trust
Councillor Julie McManus	Wirral Council

The Chair proposed moving item 10 (Neighbourhood Model Update Report) to be heard first. This was agreed. The minutes are in the order of the agenda.

83 **DECLARATIONS OF INTEREST**

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

84 **MINUTES OF PREVIOUS MEETING**

Resolved – That the minutes of the meeting held on 23 November 2023 be agreed.

85 **ACTION LOG**

There were no items on the Action Log.

86 **QUALITY AND PERFORMANCE REPORT**

The Associate Director Quality and Safety Improvement of NHS Cheshire and Merseyside presented this report which provided oversight of the Quality and Performance across Wirral Place since the last reporting period. The report focussed on some key areas of improvement including, Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities. The new guiding principles for the safety of patients in Accident and Emergency Departments was noted.

Members questioned the numbers of patients being treated out of Wirral and those outside of Wirral being treated within Wirral. These were clarified though it was noted that the most appropriate treatment may not be limited by geographical boundaries. Members also discussed housing provision and dentistry.

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 noted around the robust improvement plans in place to manage specific areas for improvement.**

87 **PLACE FINANCE REPORT INCORPORATING POOLED FUND UPDATE (MONTH 7, OCTOBER 2023)**

The Chair introduced this report which provided an update on the financial position for the Wirral Place health and care system partners as at the end of October 2023.

Members questioned the deficit and were given the reasons for it and assurance that it was limited to NHS and recovery targets and plans were being developed.

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 7 2023/24.
- the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.
- the sign off and approval process of the 2023/24 Section 75 agreement.

88 **PLACE DELIVERY ASSURANCE FRAMEWORK**

The Chair introduced this report which provided an update on the system management of key strategic risks as identified in the Place Delivery Assurance Framework. Almost all risk scores had been maintained and a Place Risk Register was being developed for presentation to the Board in the future.

Resolved – That

- the work to apply NHS Cheshire and Merseyside's Risk Management Framework to the Wirral Place Partnership governance arrangements be noted.
- the updated Place Delivery Assurance Framework be approved.
- the inclusion of an additional strategic risk pertaining to Unscheduled Care in the PDAF be endorsed.
- an updated PDAF and a draft Risk Register be presented at the Board meeting scheduled for 21st March 2024.

89 **WIRRAL HEALTH AND CARE PLAN PROGRAMME DELIVERY DASHBOARD**

The Programme Manager, Wirral improvement Team introduced this report which presented the performance dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard structure had been developed with the Strategy and Transformation Group (STG), and the live dashboard was reviewed by the STG on a monthly basis, where programme Senior Responsible Officers (SRO's) attended. The report aimed to provide

the Board with information and assurance on the progress of the Programmes associated with the Wirral Health and Care plan 2023-24. The Dashboard demonstrated that neighbourhood working was developing, along with Cardio Vascular Disease work and a Children's pathway. There had been a change of scope from learning disabilities to all age disability and autism. Other projects had progressed to - integrated housing, estates and sustainability, workforce.

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

90 **UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE**

The Programme Manager, Wirral improvement Team presented this report which provided information and assurance on the work of the Unscheduled Care Improvement Programme for Wirral. The significant reduction in patients with No Criteria to Reside in hospitals was noted, which was partially down to the development of Home First as an alternative to hospital treatment, but there was still concern at ambulance turnaround times. It was noted that the acuity of ailments had increased in the previous few years, and that Sir John Bolton was reviewing Intermediate Care and the results would be presented to a future Board meeting.

Resolved – That this update be noted.

91 **NEIGHBOURHOOD MODEL UPDATE REPORT**

The Associate Director of Transformation and Partnerships (Wirral), NHS Cheshire and Merseyside and the Chief Executive, The Positivitree presented this report which provided an update on the development and implementation of the Wirral Neighbourhood Model which is one of the guiding priorities within the Wirral Health and Care Plan for 2023/24. It was emphasised how community led it was and was intended to tackle the wider determinants of health. There were two Trailblazer neighbourhoods as a pilot with intention to roll it out to the remaining 7 neighbourhoods by the end of 2024 but development would be at the speed of the neighbourhoods. There was funding but the partnership bodies involved had not yet defined the programmes. The scope was kept broad but realistic and was not proscribed by wider strategies.

Resolved – That the update given on the progress to date of the development and implementation of the Wirral Neighbourhood Model be noted.

92 **FINANCE & INVESTMENT GROUP HIGHLIGHT REPORT**

The Chair introduced this report which provided an update on the work of the Finance and Investment Group.

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

93 **PRIMARY CARE GROUP REPORT**

The Chair introduced this report which provided an update on the work of the Primary Care Group (PCG).

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

94 **QUALITY AND PERFORMANCE GROUP REPORT**

The Associate Director Quality and Safety Improvement, NHS Cheshire and Merseyside introduced this report which detailed the agenda and discussion at the meeting of the Quality and Performance Group held on 30th November 2023. It was noted that Terms of Reference had been reviewed and would be brought to a future meeting.

Resolved – That:

- **the work underway across the system to monitor quality and performance, identifying areas for improvement, be noted.**
- **the assurance around the robust plans in place to manage specific areas for improvement be noted.**

95 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

The Chair introduced this report which provided an update on the work of the Strategy and Transformation Group.

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

96 **PUBLIC AND MEMBER QUESTIONS**

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

97 **WIRRAL PLACE BASED PARTNERSHIP BOARD WORK PROGRAMME**

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

Additional items were suggested including:

- A 'state of the sector' report concerning the Wirral Community, Voluntary and Faith sector, including topics such as staff, volunteers, localities, assets and partnerships.
- Planning for 2024/25
- The normal journey of a patient to identify potential improvements and efficiencies.

Resolved – That, subject to changes noted above, the work programme for the Wirral Place Based Partnership Board for the remainder of the 2023/24 municipal year be noted.

98 **ANY OTHER BUSINESS**

There was no other business.

99 **FUTURE MEETINGS:**

10am on 25 January 2024
10am on 22 February 2024
10am on 21 March 2024

Title	Planning 2024/25 Update
Authors	Simon Banks, Place Director (Wirral), NHS Cheshire and Merseyside
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 th January 2024

Report Purpose and Recommendations
<p>This paper sets out the latest position on NHS Planning Guidance 2024/25 and the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. It also sets out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24.</p> <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • Notes the work underway in Place that will contribute to the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. • Supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25. • Receives the Wirral Health and Care Plan 2024/25 for approval at a future meeting.

Key Risks
<p>The Place Delivery Assurance Framework agreed by the Wirral Place Based Partnership Board on 21st December 2023 has identified the key strategic risks for Wirral Place in the following areas:</p> <ul style="list-style-type: none"> • Service Delivery • Children and Young People • Collaboration • Workforce • Finance • Community Wealth Building • Unscheduled Care <p>The planning process and an agreed Wirral Health and Care Plan, supported by an agreed implementation framework provide controls that mitigate these key risks.</p>

Governance journey			
Date	Forum	Report Title	Purpose/Decision
23 rd March 2023	Health and Wellbeing Board	Interim Cheshire and Merseyside Health and Care Partnership Strategy	For approval. Approved.
22 nd June 2023	Place Based Partnership Board	Wirral Health and Care Plan 2023-24	For agreement. Agreed.

21 st September 2023	Health and Wellbeing Board	Cheshire and Merseyside Joint Forward Plan 2023-28	For approval. Approved.
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1	Narrative
1.1	Background
1.1.1	Planning for the delivery of health and care services takes place at several levels – nationally, regionally, sub-regionally and at Place. Planning is influenced by national guidance and local needs, the latter usually emerging from local authority led Health and Wellbeing Strategies.
1.1.2	The Health and Care Act 2022 created a new framework for planning, based around the footprint of an Integrated Care System (ICS). As described in Appendix One, the Government’s NHS Mandate is translated by NHS England into the NHS Long Term Plan and planning guidance and then into Joint Forward Plans by each Integrated Care Board (ICB). The NHS Mandate also influences Integrated Care Strategies of Integrated Care Partnerships (ICPs), which relate to Place Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies, which then connect into ICB’s Joint Forward Plans (JFP).
1.1.3	This paper sets out the latest position on NHS Planning Guidance 2024/25 and the refresh of the Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. It also sets out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan.
1.2	NHS Planning Guidance 2024/25
1.2.1	On 22 nd December 2023 the Chief Executive, Chief Financial Officer and Chief Operating Officer (Interim) of NHS England wrote to NHS Integrated Care Boards (ICBs) and trusts to give an update on planning for 2024/25. Planning guidance for the forthcoming operating year is usually issued in the month of December for implementation in the following April. The letter set out that discussions with Government on agreeing expectation and priorities for 2024/25 remained active. The letter stated that NHS England would not be able to publish the 2024/25 priorities and planning guidance “until the new calendar year”.
1.2.2	The letter advised that, although national guidance was delayed, planning for 2024/25 should continue. The financial allocations for 2024/25 have already been published. The overall financial framework will remain consistent, including the payment approach to incentivise elective recovery. ICBs will be expected to work with partners to develop system plans that achieve and prioritise financial balance. The priorities and objectives set out in the 2023/24 Planning Guidance and published recovery plans on urgent and emergency care, primary care access and elective and cancer care will not fundamentally change.
1.2.3	The key requirements will be for system to maintain the increase in core Urgent and Emergency Care (UEC) capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients and maximise the gain from the investment in primary care in improving

	access for patients, including the new pharmacy first service. The final position and performance expectations will be confirmed in the 2024/25 Planning Guidance.
1.2.4	The letter also set out that, in 2024/25, there will be a continued focus on recovering core service delivery and productivity. Work to target a reduction in the cost of temporary staffing will continue. NHS England will also be engaging ICBs and trusts to agree and deploy a standard set of metrics for all executive teams and board to use as a minimum to track productivity alongside service delivery.
1.2.5	<p>Further correspondence is expected setting out details of the national planning process and timetable, with the aim that initial planning returns should be expected by the end of February 2024. The following documents, which would ordinarily accompany the Planning Guidance, were published alongside the letter on 22nd December 2023:</p> <ul style="list-style-type: none"> • Draft NHS Standard Contract for 2024/25 and associate documents. • Proposed amendments to the NHS Payment Scheme for 2024/25. • Updated Joint Forward Planning Guidance for 2024/25. • Guidance on developing 2024/25 Joint Capital Resource Use plans.
1.2.6	At the time of writing of this report the NHS Planning Guidance 2024/25 had not been released. If the guidance is released prior to the January meeting of the Wirral Place Based Partnership Board a verbal update will be provided. A report on the NHS Planning Guidance 2024/25 will be provided to the February meeting of the Wirral Place Based Partnership Board.
1.3	Cheshire and Merseyside Integrated Care System Planning
1.3.1	The NHS organisations and upper-tier local authorities in each Integrated Care System (ICS) are required to form a joint committee called an Integrated Care Partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community, faith and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services. The ICP for the Cheshire and Merseyside ICS is the Cheshire and Merseyside Health and Care Partnership (HCP).
1.3.2	Each ICP must develop a long-term strategy to improve health and social care service and people's health and wellbeing in their area. The Cheshire and Merseyside HCP developed an interim strategy between January and June 2023. The interim strategy was endorsed by the Wirral Health and Wellbeing Board on 23 rd March 2023. The feedback on the interim HCP strategy across partners Cheshire and Merseyside was positive, but it was highlighted that there was a health service bias in the content of the document. System partners also indicated that there is strong ownership and a sense of engagement in the All Together Fairer report, its recommendations and implementation.
1.3.3	The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare a plan setting out how they propose to exercise their functions in the next five years. This is the Joint Forward Plan (JFP). The JFP should be reviewed and/or revised before the start of each financial year. As shown in Appendix One, the JFP should take account of the NHS Long Term Plan and planning guidance as well as the ICP's strategy. The Wirral Health and Wellbeing Board endorsed NHS Cheshire and Merseyside's Joint Forward Plan 2023-28 at their meeting on 21 st September 2023.

1.3.4	<p>The Cheshire and Merseyside HCP is working to refresh their Strategy and develop an updated Joint Forward Plan. The intention is that the Strategy will align more closely to the All Together Fairer report, providing a focus on the wider social determinants of health. This will be achieved by developing:</p> <ul style="list-style-type: none"> • A refreshed high-level strategy outlining principles, key themes and priorities fully aligned to All Together Fairer and • An associated Delivery Plan (Joint Forward Plan) that consolidates existing plans and focuses on delivery and implementation.
1.3.5	<p>In bringing social determinants to the fore of the Health Care Partnership Strategy there is the potential to stretch the system scope and healthcare partnership remit, creating a much broader social determinants agenda. Three areas may help shape the discussion about the content of the HCP strategy that would better align the strategy to the social determinants focus of the Marmot principles focussing on:</p> <ul style="list-style-type: none"> • Transformational procedures. • Anti-Poverty work. • Equity in all policies.
1.3.6	<p>The refreshed Joint Forward Plan for 2024-29 will be made up of:</p> <ul style="list-style-type: none"> • Cheshire and Merseyside HCP/All Together Fairer delivery plan. Which would be developed from the existing All Together Fairer areas of focus and plans, this would become the work programme for the HCP. • Nine Place plans, reflecting the existing place plans focussed on delivering the Health and Wellbeing Strategies. • NHS Delivery plan. This would enable the Integrated Care Board and NHS Partners to describe the key work plans to deliver both local priorities and those nationally mandated in the national NHS planning guidance – this would largely reflect the 2023 published Joint Forward Plan.
1.3.7	<p>NHS Cheshire and Merseyside is arranging several workshops and working groups to develop the refreshed HCP Strategy, JFP and to respond to the NHS Planning Guidance 2024/25 when it is published. Most of this activity will be taken forward in Place with system partners in the coming weeks.</p>
1.4	Wirral Place Approach
1.4.1	<p>Planning for health and care services is not only driven by NHS Planning Guidance. As set out in Appendix One it is also influenced by local priorities as set out in Joint Strategic Needs Assessments and Health and Wellbeing Strategies. NHS Cheshire and Merseyside has recognised the importance of Place in how we have established our governance and working relationships in Wirral with system partners. Our planning for health and care services is influenced by and incorporates the Wirral Plan 2026 and the Wirral Health and Wellbeing Strategy 2022-2027 as well as NHS planning guidance. This is demonstrated within the Wirral Health and Care Plan 2023-24, which was agreed by the Wirral Place Based Partnership Board on 22nd June 2023.</p>
1.4.2	<p>The Wirral Health and Care Plan will not be rewritten for 2024-25 but will be refreshed and updated. The programmes of work agreed by the Board in June 2023 will continue and each Senior Responsible Officer will be asked to review and update</p>

	these for the 2024-25 planning year. A series of workshops have been put in place to support this. The production of a refreshed Wirral Health and Care Plan will be overseen through the Strategy and Transformation Group and will be supported by the Wirral Improvement Team. The Board will receive regular updates on the planning round 2024/25 and will be asked to approve the final Wirral Health and Care Plan 2024-25.
1.4.3	These workshops and the updated Wirral Health and Care Plan 2024-25 will contribute to the refreshed Cheshire and Merseyside HCP Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. The Wirral Health and Wellbeing Strategy will also influence the HCP Strategy.

2 Implications	
2.1	<i>Risk Mitigation and Assurance</i> The planning process and an agreed Wirral Health and Care Plan, supported by an agreed implementation framework provide controls that mitigate the key strategic risks identified in the Place Delivery Assurance Framework (PDAF).
2.2	<i>Financial</i> The financial allocations for 2024/25 have already been published and there are no significant changes in the overall financial framework for health and care services. The expectation is that system plans will be delivered that achieve and prioritise financial balance.
2.3	<i>Legal and regulatory</i> There is a legislative framework within which the NHS is required to undertake planning with partner organisations.
2.4	<i>Resources</i> There are no additional resource implications arising from this report.
2.5	<i>Engagement and consultation</i> Engagement with system partners will take place during the refresh of the Cheshire and Merseyside HCP Strategy, JFP and Wirral Health and Care Plan. A series of Place workshops have been established in Wirral, which include voluntary, community, faith and social enterprise (VCFSE) sector representation.
2.6	<i>Equality</i> 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 but EIAs will be required for any changes to services arising from the implementation of the Wirral Health and Care Plan.
2.7	<i>Environment and Climate</i> Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner. There are no environment and climate implications arising from this report.
2.8	<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 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 Wirral Health and Care Plan will contribute towards this shared goal.
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3	Conclusion
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3.1	This paper has set out the latest position on NHS Planning Guidance 2024/25 and the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. It has also set out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24.
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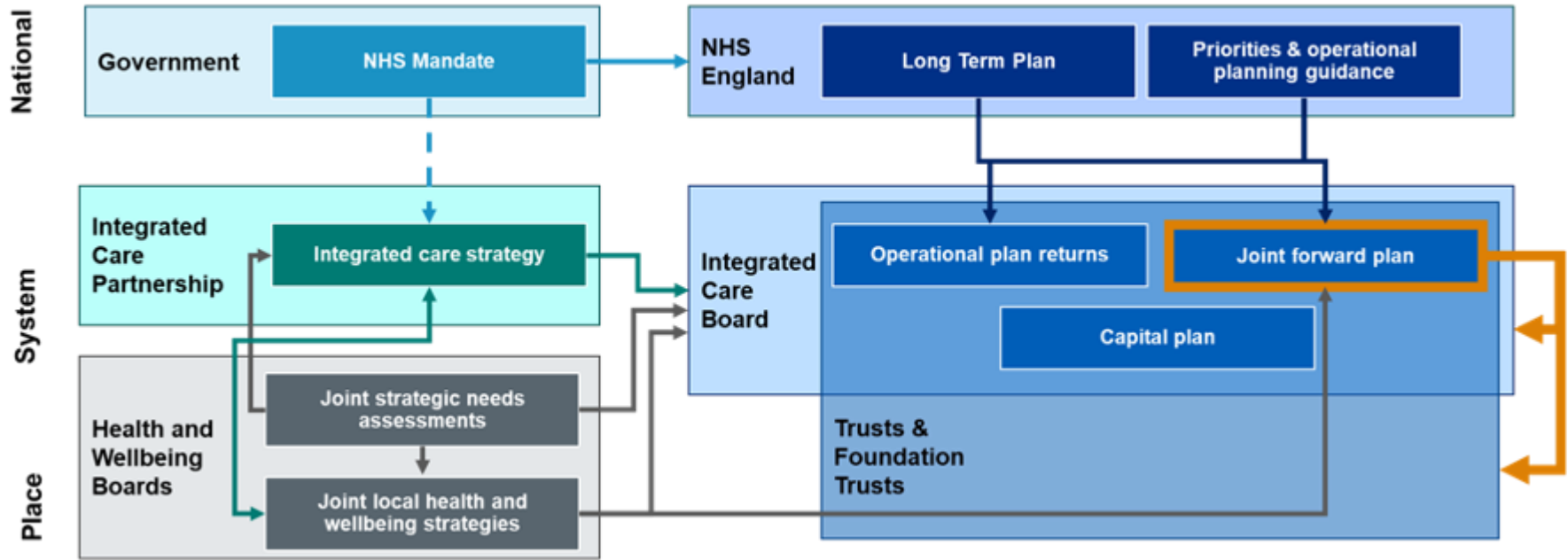
3.2	The Board is asked to note the work underway in Place that will contribute to the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. It is also requested that the Board supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25. The Wirral Health and Care Plan 2024/25 will be brought to the Board for approval at a future meeting.
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4	Appendices
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	Appendix One Alignment of Integrated Care System Planning
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APPENDIX ONE ALIGNMENT OF INTEGRATED CARE SYSTEM PLANNING



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Title	Wirral Health and Care Plan Programme Delivery Dashboard
Authors	Julian Eyre Programme Director, Wirral Improvement Team
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 January 2024

Report Purpose and Recommendations
<p>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.</p> <p>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.</p> <p>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.</p>

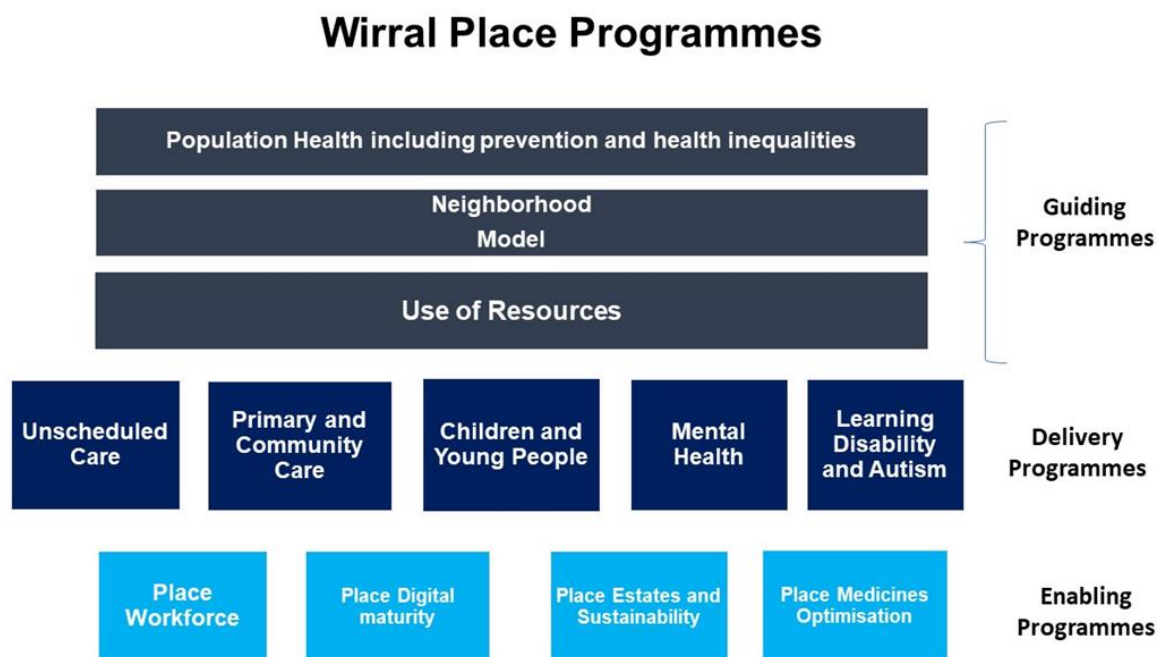
Key Risks
<p>This report relates to the Place Delivery Assurance Framework (PDAF) and the associated high-level risks, namely:</p> <ul style="list-style-type: none"> • Service Delivery • Children and Young People • Collaboration • Workforce • Finance • Community Wealth Building • Unscheduled Care <p>The 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.</p>

Governance journey			
Date	Forum	Report Title	Purpose/Decision
December STG meeting stood down	Health and Care Plan Dashboard - Live	Health and Care Plan Dashboard	To Update STG members 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 nd 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** is currently completing qualitative insights report on the work to date with two neighbourhoods.
- The **Population Health Programme** has supported improved local recruitment into Local Authority vacancies through targeting priority groups in Wirral. The first Family Hub (Seacombe) and Midwifery continuity of care model have not been implemented.
- The **Use of Resources programme** has embedded monthly Expenditure Control Meetings to review high levels of spend in addition to working with provider partners to identify areas of savings to reduce the current forecast overspend for 2023/24.

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** it was agreed at the November Strategy and Transformation Group to increase the scope of the programme to include All Age disabilities.
- Within the **Mental Health programme** work continues on all projects with some delays being experienced within the Community Mental Health work due to data flows, which are currently being addressed.
- Within the **Primary and Community programme** initial meetings have taken place to plan a workshop in January to enable system partners to comment on

their priorities.

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

Enabling Programmes

- Within the **Digital Maturity programme**, a gap analysis has been initiated as part of the CIPHA migration. Telederm is now live in 45 practices and proposals are being sought for phase 2 of the Hypertension project.
- The **Estates and Sustainability programme** presented at the November PBPB meeting, receiving positive feedback. Work continues to finalise Sustainability and Estates Group (SEG) Governance arrangements and validate asset data.
- In supporting the **Medicines Optimisation programme**, indicative project leads have been identified for each of the nine MO projects. Terms of reference were agreed for the MO Group.
- The **Workforce programme** team have identified the key priorities that need to take place to support the work of phase one of the programme, including a workforce baseline profile and a collaborative employment pilot for those aged 18-24.

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%, this National standard has now been stood down. 31 day treatment numbers are above trajectory with this 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 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.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no legal or regulatory implications directly arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>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</p>

	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.

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

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

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Wirral Health and Care Plan Dashboard

Date of Report

December
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						Neighbourhood Care Model - Highlight Report

Population Health Management Programme

Programme SRO

Dave Bradburn

Programme RAG



About the Programme



Population Health Management

Programme Commentary

The Health and Wellbeing Strategy is dynamic and evolving and will flex and respond to changes in local circumstances as appropriate. As a system partnership, we have agreed to take a different approach to tackling the root causes of poor health and wellbeing in an attempt to make a meaningful impact with a smaller group of core issues. The agreed overarching partnership focus is employment, however the content below will provide some highlights (but not an exclusive list) of the system activities that are currently taking place across the whole of the strategy.

- Development and mobilisation (led by Wirral Council, OD/HR directorate) of an Early Opportunities Pipeline, designed to target sustainable employment opportunities to those furthest from the jobs market and attract this potential talent into the organisation. The approach is to pilot a number of vacancies with local employment support programmes and offer these jobs directly to a number of priority groups before going out to the wider market. In the first month, two Council vacancies have been successfully filled following this approach and there are a number of conversations with system partners in train. It is anticipated that this approach will be adopted by all our anchor organisations.
- CVD Prevention is key to reducing early deaths. 1 in 5 people in Wirral have circulatory problems such as heart disease. Health checks are a key enabler to early detection, prevention and treatment. Wirral ICB leads on health checks for those with a serious mental health illness and people with a learning disability. Public Health leads the universal health checks offer currently delivered via primary care networks (health checks in GP practices, targeting those that live in the most deprived areas) and One Wirral CIC who have trained local providers to deliver health checks in community locations targeting people who do not traditionally come forward or who find it difficult to access primary care.
- Wirral has its first Family Hub (Seacombe) and Midwifery Continuity of Care model being implemented.
- Cradle to Career (C2C) programme well-established in North Birkenhead.
- Healthy Homes community outreach has been set up to address poor housing and inequalities, operating drop-in support to residents having issues with private landlords.
- Fuel poverty service commissioned to support residents and household support fund distributed to local communities.

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



About the Programme



Use of Resources Model

Programme Commentary

Wirral Financial Recovery plan complete and submitted to the ICB and NHSE. Wirral is forecast to achieve a deficit for 2023/24 of £19.5m, against a target of £19m. As of November, the deficit is £12.3m
While the recovery plan has been accepted by the ICB, the level of risk associated with Wirral achieving the target is not, the risk rating for this currently sits at a Red.
Work continues to identify how to deliver the £500k gap through monthly Expenditure Control Meetings, where all spend over a set amount must be approved, and Peer Reviews, with positive results to date.

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

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Graham Hodgkinson

Programme RAG



Approval was sought and given at the November STG meeting to change the scope of LD & Autism project to now include All Age Disabilities. The change of scope will not currently impact on the range of projects which already incorporated All Age disabilities as an element of their work. Work continues on a number of strategies which will form an understanding of the projects required in 2024/25 to deliver the findings

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
All Ages Disability	●	●	●	●	●	All Age Disability Revi - Project Highlight Report
Remote Monitoring for LD	●	●	●	●	●	Remote Monitoring for L - Project Highlight Report
Education, Health and Care Plan Review	●	●	●	●	●	Education, Health and C - Project Highlight Report
LD&A Housing Options Strategy	●	●	●	●	●	LD&A Housing Options St - Project Highlight Report
Supported Employment Strategy	●	●	●	●	●	Supported Employment St - Project Highlight Report

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. Thorne Heys - Joint commissioned specialist/transitional provision project underway.
 Work started on Complex Children's pathway. Joint Commissioning progress - Workshop held with senior leaders (Wirral Place & LA) agreed focus on 3 priorities: ND Pathway, SALT & Complex children. Paper confirming priorities will go to JHCCG in October for ratification.

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

Mental Health Programme

Programme SRO

Suzanne Edwards

Programme RAG



About the Programme



Mental Health

Programme Commentary

Project plans have now been finalised on two projects with progress now being tracked against these, First Response and Integrated Housing. Delay on one element of the Community Mental Health Transformation project due to access to data and data flows. This is being addressed as part of the project work to being the project back in line with projected deadlines.

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

Primary and Community Care Programme

Programme SRO

Karen Howell

Programme RAG



About the Programme



Primary and Community Care

Programme Commentary

Initial meetings have taken place with the new SRO to discuss moving forward and planning for the workshop to determine future priorities of the programme

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

Urgent and Emergency Care Programme

Programme SRO

Janelle Holmes

Programme RAG



Programme Commentary

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

It remains three out of five projects have agreed their supporting metrics and are actively reporting the metrics that will lead to a reduction in the WCR's income metrics. 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 report 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.

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

Enabling Programmes

Place Digital Maturity Programme

Programme SRO

Chris Mason

Programme RAG



Programme Commentary

Summary/Progress this month:

- We've initiated conversations with Wirral stakeholders with a focus on consolidating our digital programme portfolios and aligning them to create a Place-level portfolio. This will establish a baseline for assessing our current Digital Maturity scores at Place level, helping identify areas that require improvement and prioritisation for 2023-4 and beyond.
- Additionally, we're initiating discussions with Wirral Senior Responsible Officers (SROs) to gain deeper insights into how the Digital Maturity programme can act as an enabler for other initiatives within the Wirral Health and Care plan, assisting in accomplishing their specific programme objectives.

Project updates:

- CIPHA Migration - Migration from WCR to CIPHA is in initiation phase. We've engaged with system stakeholders to conduct a comprehensive gap analysis, which has enabled 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).
- Shared Care Record 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 Wirral's plans are in alignment.
- Digital Diabetes - To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using the Surgery Hero app. Project Live in pilot phase: (<https://www.youtube.com/watch?v=-kJN56TgKlw>)
- Digital 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 - 1600+ cases raised, 45/45 Practices Live.

Escalations: Nil

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

Place Estates and Sustainability Programme

Programme SRO

Paul Mason

Programme RAG



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 Nov 23:

- Estates & Sustainability SRO submitted papers to support Strategic Transformation Group update on progress so far.
- Estates & Sustainability SRO presented at Wirral Place Based Partnership Board receiving positive consensus and acknowledgement of work concluded today.
- Feedback from Board to be reviewed at SEG scheduled for 18.12.23

Areas of Focus for delivery via SEG:

- Finalise through SEG Governance arrangements and work packages for delivery.
- Continue to collate and validate asset data across all Partners of Place
- Advance the data and understanding of backlog condition and costs
- Understand and control demand for space and requirements
- Optimising Assets through void space management / leased cost opportunities and maximising utilisation across all Partners
- Understand the future need of assets by aligning Assets to Clinical priorities/deprivation via the development of Neighbourhood strategies

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	●				●	Accommodation Requests and Move Management - Highlight Report
Achieving Net Zero Carbon	No Change	●				●	Achieving Net Zero Carbon - Highlight Report
Capital Overview Prioritisation and Pipeline	No Change	●				●	Capital Overview Prioritisation and Pipeline - Highlight Report
Disposal and Void Management	No Change	●				●	Disposal and Void Management - Highlight Report
Estates Data Baselineing	No Change	●				●	Estates Data Baselineing - Highlight Report

Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



About the Programme



Place Medicines Optimisation

Programme Commentary

Progress this month:

- A significant milestone has been met with the Wirral Place Medicines Optimisation Group meeting for the first time on the 6th December. This follows the agreement to create a single oversight group for MO delivery in Wirral, bringing together Medicines Management Committee and Wirral Pharmacy System Leads group, which aligns with wider Wirral Place MO and ICS governance arrangements. The group agreed their terms of reference.
- Indicative project leads have been identified for each of the 9 component MO projects but further discussions to take place to finalise these prior to next joint MO meeting in January

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

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: The Workforce Programme steering group met on 5th December and agreed the key priorities to take forward in phase 1 of the programme. This includes a baseline workforce profile for Wirral Place for which work has commenced, and a collaborative piece of work around entry into employment to pilot targeted support for a proposed cohort. of people aged 18-24yrs. Work will now commence to scope this.

Escalations: None

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

At Scale Programme

Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



Performance Charts



At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

In October 2023, the Trust attained an overall performance of 97% 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 October against these indicators was as follows:

- 104+ Week Wait Performance – 0
- 78+ Week Wait Performance – 4
- 65+ Week Wait Performance - 355
- 52+ Week Wait Performance - 1908

• Waiting List Size - there were 43,236 patients on an active RTT pathway which is higher than the Trust's trajectory of 38,916.

An in-depth analysis of waiting list size has been undertaken and key actions to address are underway across the divisions, including early escalation to clinical teams and proactively managing patient pathways ahead of breach dates.

CANCER

- 2 Week Waits – This National standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the FDS. At the end

of October 2WW performance was 84.3%.

- Faster Diagnosis Standard (FDS) – was 72.09% in September (latest available data) against a National target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WW standard.
- 31 day treatment numbers - above trajectory and expected to continue.
- 62 day performance is currently below trajectory with 173 patients against a plan of 176.
- 104 day long waiters – performance is above trajectory at 50 against a plan of 33 for September:

As with all Trusts across C&M delivery of the 31 and 62 day indicators remains a priority but given the increases in demand the recovery of performance against the targets remains a focus for 2023/24. The Trust is performing well when compared to other units but remains focussed on improving waiting times further for patient experience.

There continues to be a multi-disciplinary approach to improving the efficiency of cancer pathways and as expected is supporting decreased waiting times for Colorectal with a similar workstream commencing in Gynaecology

DIAGNOSTICS

In October 93.65% 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. ECHO and CT remain challenged, however have recovery plans in place.

MATERNITY

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Agenda Item 7

Title	Impact of Additional Roles in Primary Care Networks via the Place Primary Care Group
Authors	Iain Stewart, Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), NHS Cheshire and Merseyside (Wirral)
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 th January 2024

Report Purpose and Recommendations
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the impact of Additional Roles recruited by Primary Care Networks to support increased demand for services.</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the report.</p>

Key Risks
<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 19th October 2023:</p> <ul style="list-style-type: none"> • <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. • <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.

Governance journey			
Date	Forum	Report Title	Purpose/Decision

1	Narrative
1.1	Background
1.1.1	<p>The Additional Roles Reimbursement Scheme was introduced in England in 2019 as part of Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan, as a key part of the government’s manifesto commitment to improve access to general practice.</p> <p>Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of 18 new roles within the multidisciplinary team, selected to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.</p> <p>The intention of the scheme is to grow additional capacity through new roles, and by doing so, help to solve the workforce shortage in general practice. It is not to fill existing vacancies or subsidise the costs of employing people who are already working in primary care.</p>

	Each PCN determines which roles to recruit based upon their knowledge and understanding of their populations' needs.
1.1.2	ARRS roles have a positive impact for patients and practices. The roles help alleviate some of the pressures off general practice, offering umbrella services that practices would not be able to independently. ARRS roles/teams manage both acute and preventative care helping with chronic disease management, lifestyle advice, acute clinics, homes visits, supporting care homes, mental health support, social support etc. They support patient access and capacity for our patients and offer a holistic, joined up approach via care co-ordinators.
1.2	Summary of impact by each role recruited by Wirral PCNs
1.2.1	Podiatrists Work as part of a PCN multi-disciplinary team to clinically assess, treat and manage a caseload of patients of all ages with foot pathologies. Provide specialist treatment, support and education for high-risk patient groups. Lower lever interventions provided also. Supports wider system by reduced demand upon Community Podiatry Service.
1.2.2	Physiotherapists Work independently and as an MDT. Key elements the role has brought is the development of integrated and tailored programmes in partnership with the patient. All F2F appointments. Short waiting time (currently 2-3 weeks). Supports ongoing referral pathways such as minor surgery or back to practice for joint injections. Manage diagnostics i.e. x-rays and blood tests. Liaise with secondary and community care services, including Musculoskeletal services where required. Supports wider system by reduced demand upon Musculoskeletal Service.
1.2.3	Digital Transformation Lead Maximises the utilisation of the software and digital tools available to practices such as QOF, Ardens, website accessibility, data and reporting (inc population health management, Family Friends Test, Investment and Impact Fund (IIF) etc), improving online access. The role links practices enabling consistent approaches with a view to improving patient access, staff and patient satisfaction, and the efficiency and sustainability of general practice services. The role is part of Wirral Digital Group so informs and implements local, ICB and national developments. This role continues to evolve.
1.2.4	Clinical Pharmacists This role plays a substantial role in supporting both practices and patients with: medication queries, DOAC reviews and monitoring of high-risk medication, antibiotic prescribing audits, high dose opiate prescribing, HF and depression reviews, nursing home queries and reviews, housebound vaccinations, polypharmacy reviews, IIF, QOF etc. Patient facing role also supports patient access. The role enables targeted pieces of work such as MDTs for both nursing homes and opiate medication reduction of which the pharmacists as well as other ARRS will play an integral role.
1.2.5	Social Prescribing Link Workers (SPLW) Empowering people to take control of their health and wellbeing. Reduce health inequalities by supporting people to dissect complex issues affecting wellbeing. Deal with the social/wider determinants of health - helping patients to make improvements to their situation which impacts on their physical health and wellbeing. Supporting people to make healthy choices and behaviours that can help prevent health issues e.g. exercise and nutrition. Multi-agency working providing proactive support. Can target patients who have not accessed a particular service/appointment and understanding the barriers patients may face and working through solutions. Also support the wellbeing of staff. SPLW have a positive impact on a wide range of outcome, including mental health, loneliness, social connections and overall patient wellbeing.

	Resilient, confident patients will be better equipped to manage challenges and change in the future and therefore less likely to return to primary care for social, emotional or practical issues.
1.2.6	<p>Mental Health Practitioners</p> <p>The role would certainly be much more challenging without the input they provide such as, greater dialogue and understanding between general practice services and secondary mental health services, specifically the community mental health teams. Discussion and advice accessed from Single Point of Access – secondary level mental health expertise. Increased knowledge and links with VCFSE. Involvement in case consultations and advice on low level care formulations are now available to that would not have been previously. More timely interventions with patients. Improved outcomes for patient with targeted holistic care and monitoring of physical health when appropriate. The freeing up of GP time by MH leads reviewing and supporting more complex patients and their mental health needs.</p>
1.2.7	<p>Health and Wellbeing coaches</p> <p>Dedicated time to deliver improved personalised care and support and greater self-management. Provide people with improved choice and control over. Management of long-term conditions. Lifestyle and behaviour change and recovery and rehabilitation.</p>
1.2.8	<p>Physician Associates –</p> <p>Support care homes and delivery of the enhanced health in care home service (ward rounds), providing proactive care to residents providing access to enhanced primary care and specialist services to maintain their independence as far as possible by reducing, delaying, or preventing the need for additional health and social care services. GP time is freed up to see those patients with acute/complex needs.</p> <p>PCN example: In April 2022, in line with the EHCH Framework 89% of residents in Healthier West Wirral PCN had a personalised care plan in place, all of which were created by a PA and care coordinator.</p>
1.2.9	<p>Paramedics – provide care delivery such as acute visiting services, frailty and support to care homes (as above).</p>
1.3.0	<p>In summary, the Additional Roles have an overall impact through;</p> <ul style="list-style-type: none"> - Reduce demand upon general practice services. - Reduce inappropriate referrals from general practice. - Facilitate inter-referral working amongst partners and signposting in timely/accessible manner. - Increased working and understanding between providers. - Increased patient access (and hopefully patient satisfaction). - Focused, timely and more holistic patient care. <p>Historically, the issues around how system partners communicate have been problematic with disjointed ways of working, resulting in patients finding it difficult to navigate the system. New collaborations via the PCNs are enabling improved communication and engagement which fundamentally improves patient care and streamlines services across Wirral.</p>
1.3.1	<p>There are some challenges and development opportunities with increasing the primary care workforce;</p> <p>Challenges:</p> <ul style="list-style-type: none"> - Estates capacity continues to be a challenge to house the additional ARRS staff with practices/PCNs. - Additional IT provision for the roles. - Differences in recruitment approaches especially on salaries offered (each role is defined by a banding on Agenda for Change so there is a salary range

	<p>available which can create challenges when staff move between PCNs).</p> <ul style="list-style-type: none"> - Many of the roles require a substantial amount of support when they start in primary care which must be drawn from existing practice/PCN resources. <p>Developments:</p> <ul style="list-style-type: none"> - Birkenhead PCN - intention to explore paediatric physiotherapy. - Intention to explore joint injections as part of the service offer. - Moreton & Meols PCN - about to embark on national Cardiovascular Disease/VD prevention programme and a Frailty project with Wirral Health & Care Community NHS Foundation Trust made possible through the use of ARRS roles.

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>There are no 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>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	<p><i>Environment and Climate</i></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 Primary Care Group.</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 will support the Council in community wealth building by ensuring that all health and care organisations in the borough</p>

	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.
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3	Conclusion
3.1	It is recommended that the Wirral Place Based Partnership Board notes the report.

4	Appendices
	Examples of patient stories impacted by ARRS roles.

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ARRS Impact January 2024 – Patient stories

Patient stories

Clinical Pharmacist a):

A patient with multiple co-morbidities and uncontrolled Diabetes was referred to the pharmacist. She presented with many medication side effects and raised HbA1c and BP. The pharmacist over multiple appointments trialled varying medication and significantly reduced her side effects but was unable to control her diabetes to an appropriate level. She was referred into the diabetic clinic who altered medication and caused the return of these side effects with significant distress to the patient (who then did not wish to return). The pharmacist in consultation with secondary care and with the aid of the PCN lead diabetic nurse, initiated insulin and monitored the patient's titration. This would not have been possible at this surgery without the ARRs. This particular patient has adverse reactions to many anti-hypertensives and hypoglycaemics and it has been invaluable to have the pharmacist's medication knowledge. The patient also felt she had better individual care at the surgery and the pharmacist prevented many GP appointments.

Clinical Pharmacist b)

I have recently been asked by a GP to review a patient's medication with respect to her kidney function. She is a 76-year-old double amputee patient (since 1995) with CKD 'stage 3b' from last eGFR (35ml/min in September 2023 and 35ml/min in October 2023). We do not have a recent weight, so unable to calculate creatinine clearance.

I was concerned that eGFR (and CrCl) are not accurate in amputee patients. I discussed this with her GP and we decided to use eGFR as a guide to how kidney function is progressing. It has shown a gradual reduction over the past 5 years (average decrease by 5 ml/min every year). I contacted a renal specialist pharmacist in secondary care and agreed a suitable plan.

I reviewed her meds and made several changes to both doses and drug treatment, with patient's consent, using BNF, Renal Handbook 5th edition and SPCs as resources (implying her eGFR to be accurate). As part of a UTI prophylaxis audit, her cefalexin treatment for the past 10 years was stopped as a trial, and to monitor symptoms and contact practice if any sign of UTI.

Bloods were taken after 4 weeks and her eGFR seems to have improved slightly to 44ml/min. Blood monitoring agreed to test every 12 weeks ongoing. (BP, lipids, LFT and HbA1c also to be monitored)

The additional role has enabled this patient to have better care of her medication and kidney function possibly avoiding hospital admissions while relieving the pressure otherwise put on other practice clinicians. During this review antibiotic prescribing was reduced and a polypharmacy review undertaken to reduce unnecessary medication prescribing.

SPLW Referrer - ABL Smoking Cessation Service.

Patient was feeling **panic** when trying to leave their home, **becoming housebound**. They had lost their usual social activities and were **struggling at home with personal care**, forgetting to take medication, struggling with **weight management** and with changing their GP surgery. Patient also disclosed concerns with **debt and financial difficulty**. Through a person-centred approach, the patient was supported to explore the multiple, competing **stressors** that were impacting on daily life. Support was requested with gradually building a good **routine** again, so a variety of local groups and activities were identified together. These services needed to be close to home as the patient struggled with **mobility**. The patient was enabled to attend groups at Wirral Mind, and this became a core part of a weekly routine.

Weight management options were discussed, and the patient was referred, with consent to the **PCN health coach**. This resulted in the development of a food diary and exercise plan.

Contact was made with **adult social care** and an appropriate **care package** was put in place to

ensure the patient was **safe in their home**, to support with the morning bath and breakfast preparation and able to administer medication appropriately.

A specialist **Advisor from AskUsWirral** was able to put a plan in place to **resolve their debt** and manage finances.

The client was also signposted to her closest GP as her previous practice was too far away for them to travel to comfortably. They are now able to walk to their GP.

Impact of actions

- Reduced likelihood of hospital admission due to inappropriate administration of medicine
- Reduced likelihood of GP appts or hospital admission due to poor diet and lack of exercise
- Reduced likelihood of hospital admission due to lack of income/poor financial health

Feedback from the patient

I no longer feel housebound and have managed to regain my old routine which I had lost. They felt that the support at home would start their day right and gave them the confidence to head out in the morning to attend their usual activities.

The patient also felt that a weight was lifted after receiving support with finances. They felt motivated to monitor their food intake, and to incorporate healthier foods into their diet. They also incorporated the walk to their new GP into their routine, increasing the frequency of exercise.

SPLW



Healthier South
Wirral PCN - Case stu

Mental Health Practitioner

Patient having trouble in accessing support and treatment as a result of the symptoms of his mental illness. Liaised with Secondary services and provided a rationale for the transfer of care directly to the CMHT meaning the often-lengthy referral to the access team could be avoided. The patient was accepted by the CMHT and a care coordinator appointed to manage his access to treatment and provide any required support. The patient is now in receipt of an appropriate level of care and is responding well to same.

Patient experiencing depression, anxiety and intrusive thoughts, suicidal ideation, and poor self-esteem. Through a process of elimination via diary keeping and psychosocial and physical intervention determined symptoms were consistent with PMDD. Pt is also peri menopausal. Pt commenced appropriate HRT and Antidepressant. MH symptoms have reduced, and patient feels supported.

Patient from out of area was staying with relatives. He was stable in the community, but his medication needed reviewing in line with current physical symptoms. I was able to liaise with out of area GP to obtain full history, obtain specialist consultant level medication advise around changes. I was able to complete a succinct and comprehensive mental health review within his GP practice/primary care setting.

Agenda Item 8

Title	Place Finance Report incorporating Pooled Fund Update (Month 8, November 2023)
Authors	Martin McDowell, Associate Director of Finance (Place)
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 th January 2024

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 November 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 8 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 and progress of the 2023/24 Section 75 agreement which is scheduled to complete in January 2024.

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 21st December 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
21 st December 2023	Wirral Place Based Partnership Board	Place Finance Report incorporating Pooled Fund Update (Month 7, October 2023)	Report highlighted previous month financial position

1.1	Background																																																															
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 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.																																																															
1.2	Wirral Place System Financial Update (Month 8, November 2023)																																																															
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 £33.8m compared with a planned year-to-date deficit of £19.4m, which represents an adverse variance of £14.4m.</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.</p> <p>The Wirral MBC financial position at Q2 has been reported to the Policy and Resources Committee in its November meeting.</p> <table border="1"> <thead> <tr> <th>2023/24 at Month 8</th> <th colspan="6">Financial Performance £m</th> </tr> <tr> <th>Organisation name</th> <th>YTD Plan £m</th> <th>YTD Actual £m</th> <th>YTD var £m</th> <th>Forecast Plan £m</th> <th>Forecast outturn £m</th> <th>Forecast variance £m</th> </tr> </thead> <tbody> <tr> <td>Wirral Place (part of C&M ICB)</td> <td>(4.8)</td> <td>(17.1)</td> <td>(12.3)</td> <td>(7.2)</td> <td>(7.2)</td> <td>0.0</td> </tr> <tr> <td>Wirral Community Health & 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>(14.8)</td> <td>(16.2)</td> <td>(1.4)</td> <td>(18.6)</td> <td>(18.6)</td> <td>0.0</td> </tr> <tr> <td>Cheshire & Wirral Partnership NHS Foundation Trust *</td> <td>(0.1)</td> <td>(0.9)</td> <td>(0.7)</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>Total Wirral Health System</td> <td>(19.4)</td> <td>(33.8)</td> <td>(14.4)</td> <td>(25.6)</td> <td>(25.6)</td> <td>0.0</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>Total Wirral System</td> <td>(19.4)</td> <td>(33.8)</td> <td>(14.4)</td> <td>(25.6)</td> <td>(26.5)</td> <td>(0.9)</td> </tr> </tbody> </table> <p>* note CWP part of Wirral and Cheshire places but full performance shown ** note LA Q2 reported only</p>	2023/24 at Month 8	Financial Performance £m						Organisation name	YTD Plan £m	YTD Actual £m	YTD var £m	Forecast Plan £m	Forecast outturn £m	Forecast variance £m	Wirral Place (part of C&M ICB)	(4.8)	(17.1)	(12.3)	(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	(14.8)	(16.2)	(1.4)	(18.6)	(18.6)	0.0	Cheshire & Wirral Partnership NHS Foundation Trust *	(0.1)	(0.9)	(0.7)	0.0	0.0	0.0	Total Wirral Health System	(19.4)	(33.8)	(14.4)	(25.6)	(25.6)	0.0	Wirral Borough Council **			0.0	0.0	(0.9)	(0.9)	Total Wirral System	(19.4)	(33.8)	(14.4)	(25.6)	(26.5)	(0.9)
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1.3	2023/24 Pooled Fund Update																																																															
1.3.1	<p>The pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.</p> <p>The following key features of integration have been outlined as essential to success:</p>																																																															

- 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 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 £271.46m is set out in Table 1 with a comparator to 2022/23.

Table 1

	Final (S75) 22/23 £m	Current 23/24 £m	2023/24		
			Wirral Place £m	WBC £m	Total £m
Wirral Place Pool	£137.88	£160.68	£160.68		£160.68
Health & Care	£50.70	£48.89		£48.89	£48.89
Children and Young People	£1.70	£2.43		£2.43	£2.43
Better Care Fund	£58.04	£59.46	£33.50	£25.96	£59.46
Grand Total	£248.32	£271.46	£194.18	£77.28	£271.46

There is a change to the pooled fund this month for variations to the Wirral Place pool that have been actioned locally:

- £0.51m Prescribing – national framework for direct acting oral anticoagulants (DOAC) procurement
- £1.64m Primary Care – Central System Development Funding (SDF) for transformation
- £0.48m Continuing Care - budget alignment

1.4 The Pooled Fund – Month 8 Position

1.4.1 As at month 8 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	£160.68m	£160.68m	£0.00m
Health & Care	£88.83m	£48.83m	£0.06m

Children and Young People	£2.43m	£3.48m	-£1.05m
Better Care Fund	£59.46m	£59.46m	£0.00m
Grand Total	£271.46m	£272.45m	-£0.99m

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
Grand Total	£5.15m	£5.15m	£0.00m

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 and stretch target efficiencies where possible. Wirral Place has submitted a revised plan for 23/24 as part of the overall Cheshire and Merseyside plan and is awaiting confirmation regarding whether this plan has been accepted by NHSE.

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 from this report.

2.3	<p><i>Legal and regulatory</i></p> <p>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 and seal in January 2024.</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 Better Care Fund and Pooled Budget during the process to sign-off the overall financial plan.</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.</p>
2.7	<p><i>Environment and Climate</i></p> <p>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.</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 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.</p>

3	Conclusion
3.1	<p>The WPBPB is asked to:</p> <ul style="list-style-type: none"> • Note the forecast reported position for the Pool and the discharge fund as at Month 8 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 final sign off and seal of the 2023/24 Section 75 agreement which is scheduled to complete in January 2024.

4	Appendices
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	There are no appendices to this report.
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Agenda Item 9

Title	Unscheduled Care Improvement Programme Update
Authors	Janelle Holmes, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust
Report for	Wirral Place Based Partnership Board
Date of Meeting	25 th January 2024

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 19th 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 nd June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 th July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved – That the update be noted.
28 th September 2023	Wirral Place Based Partnership Board	Update on the Transfer of Care Hub Workstream,	Resolved – That the update be noted.

19 th October 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
23 rd November 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 st December 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.

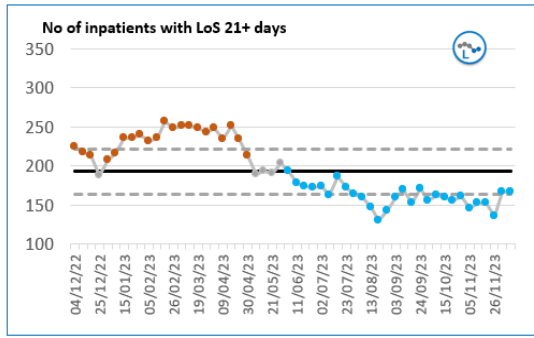
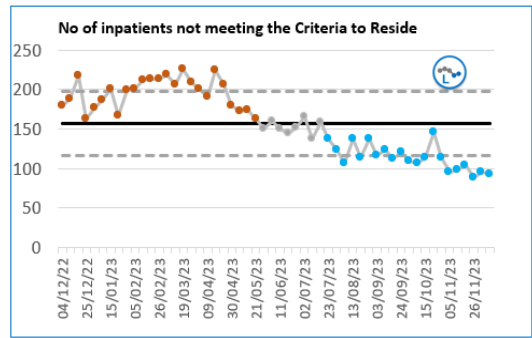
1 Narrative	
1.1	Overview
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 21 st December 2023, it was reported that the Unscheduled Care Improvement Programme continues to make progress in the delivery of the key programme milestones. This progress has again continued across 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 December'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 108 in November 2023 to 98 on the 1 st December 2023. The NCTR number has been maintained under the 100 level for several consecutive days in December. 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.
1.1.3	It continues to be the case that the improvement is directly related to the newly formed hospital based 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, which continue to be progressed.

1.1.4	In December 2023, Home First discharges totalled 131 therapy + care against a target of 150. The Home First therapists also supported 86 therapy-only discharges. The triage, decision-making and coordination process has now been revised to involve the Care Arranging Team at an earlier daily. This enables those people who will benefit from earlier domiciliary care involvement to support continuity of care after Home First to receive it sooner and make best use of collective care market and Home First service capacity.
1.1.5	The development of the medium-term system demand and capacity plan is continuing, which is being overseen by Sir John Bolton OBE. This piece of work is being led by the LA in partnership with the NHS and is expected to be presented to Wirral Partners at a future meeting yet to be agreed. To support this piece the unscheduled care program is undertaking a review of each of its workstream to both understand and quantify the individual impact on the NCTR sentinel measure.
1.1.6	The Winter Plan was taken to Unscheduled Care Programme Board on 31 st October 2023 and was well received. The Board set out actions to undertake further due diligence before the report is finalised, which were to be overseen by the Wirral Chief Officers Operational Management Group. These actions have now been completed and the plan has been agreed by Wirral Partners.
1.1.7	The Board is asked to note the update.

1.2 Programme Delivery Detail

1.2.1 Transfer of Care Hub

Following the go-live of the new Transfer of Care Hub on 1st 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 13th 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, where development is continuing to make good progress. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:



	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 fourth time in December. 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	<i>Enabling Workstreams</i>
	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 January 2024.
1.2.3	<i>Headline Metrics</i>
	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. December's data shows continued good progress with a reduction from the previous month, from 108 on the 1st November to 98 on the 1st December, exceeding the target of 100.
	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	<i>Supporting Projects</i>
	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). November's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3154 against a target of 3120 and the number of new packages accepted is 299 against a target of 293.
	Virtual Wards – In November the frailty virtual ward had a plan of achieving throughput of 120 patients but due to medical staffing constraints this was reduced to 40 patients, to ensure a safe 24/7 service was provided. The service will be back up to full capacity by the end of January as the medical staffing arrangements are strengthened. There is a waiting list of patients ready for referral into the service. The respiratory virtual ward is well established and saw 85 patients through the service in November, slightly behind the full capacity of 120. The respiratory virtual ward has expanded the conditions accepted and there is still capacity available each month. A review of the capacity and resource will be undertaken to understand if there are any further conditions to be added to increase throughput or review capacity.
	In December 2023, Home First discharges totalled 131 therapy + care discharges, with 125 from WUTH and 6 from CICC or admission avoidance services. The Home First therapists also supported 86 therapy-only discharges. These discharges ensure therapy needs are met at home to facilitate discharges when support with personal care is not required. The focus of the hospital and community teams has been ensuring effective decision-making ahead of discharge slot confirmation, and ensuring available slots are filled and reduce the number of planned discharge slots that are not used due to delays or patients being withdrawn. A series of weekly

	Quality Improvement meetings is in place to support this work. The triage, decision-making and coordination process has now been revised to involve Care Arranging Team at an early stage and via daily contact. This enables people who will benefit from earlier domiciliary care involvement, e.g. as having previous care needs, or being almost certain to need long term care, to have this put in place, making use of domiciliary care capacity and freeing Home First HCA capacity.
	The AbleMe project board has met three times now and has made significant progress across all workstream, meeting a number of key milestones this month. The AbleMe Registered Manager is now in post and other recruitment activity is progressing well, with the Data Analyst interviews taken place this month. There is significant key activity planned to take place in January. The project remains on track to agree the project level metrics.

2 Implications	
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 attract 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>

	A fortnightly SRO meeting is in place with the senior leads from each workstream.
2.6	<i>Equality</i> All projects will give due regard to equality implications and will complete an equality impact assessment where needed.
2.7	<i>Environment and Climate</i> There are no environment and climate implications from the report.
2.8	<i>Community Wealth Building</i> Recruitment programmes are actively seeking to recruit Wirral residents.

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

4	Appendices
	Appendix 1 – Unscheduled Care Programme highlight report 19.12.23. Appendix 2 – Discharge Dashboard 13.12.23

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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. December's data shows continued good progress with a reduction from the previous month, from 108 on the 1st November to 98 on the 1st December, exceeding the target of 100.

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 are now live to enable the reporting of these metrics. The BI development work required to produce these report 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). November's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3154 against a target of 3120 and the number of new packages accepted is 299 against a target of 293.

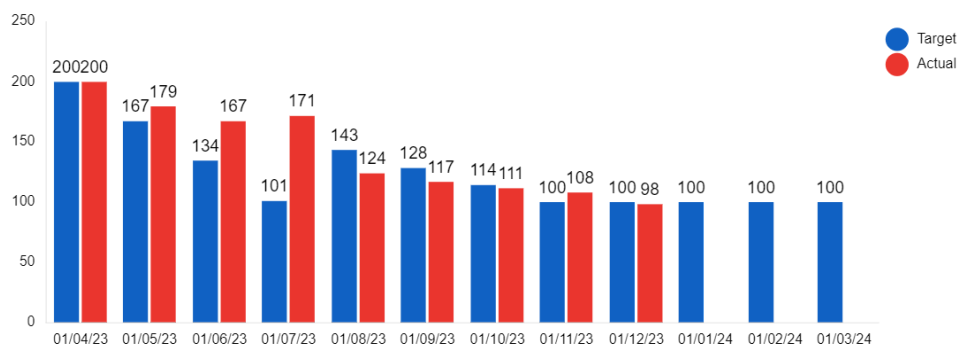
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. November's data shows a decrease in throughput on its frailty ward on the previous month, from 57 in October to 40 in November, the target of 120 was not met. Throughput on the respiratory ward increased on the previous month, from 58 in October to 85 in November, however not meeting the target of 120.

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 November shows that, overall, there has been an increase in referrals accepted on the previous month from 121 in October to 133 in November, however the target of 150 was not met. November's data shows that pick-ups from hospital have increased on the previous month from 106 in October to 124 in November, however the target of 150 was not met. November's data shows pick-ups for CICC were 5 recognising there is no target set for November 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.

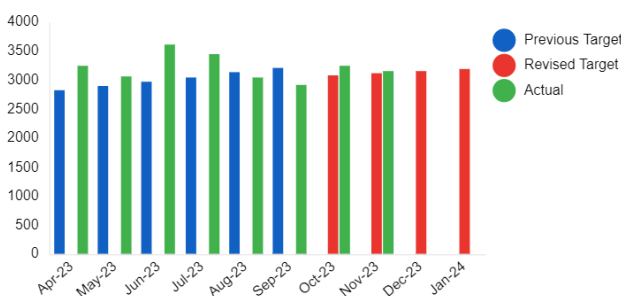
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

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.

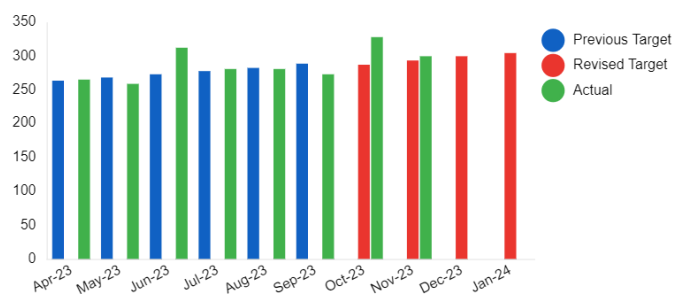
The programme trajectory post 1st November has been developed, which aims to maintain the number of beds occupied by people with NCTR to no more than 100 given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% in Q1 of 24/25.

Project-level targets: Care Market Sufficiency

Overall hours picked up

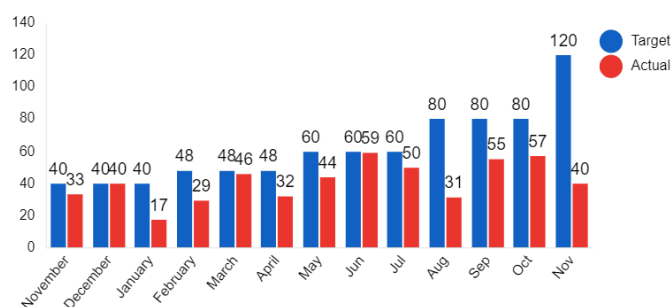


Number of packages accepted

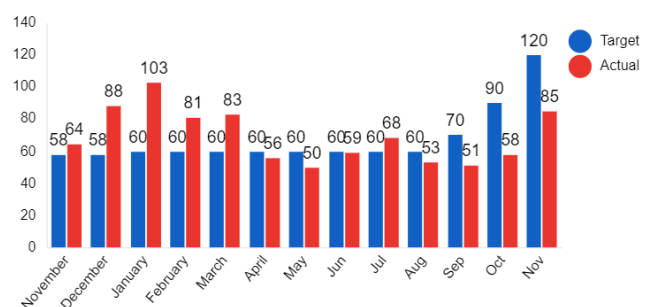


Project Level Targets: Virtual Wards

Frailty Virtual Ward - Patient Throughput

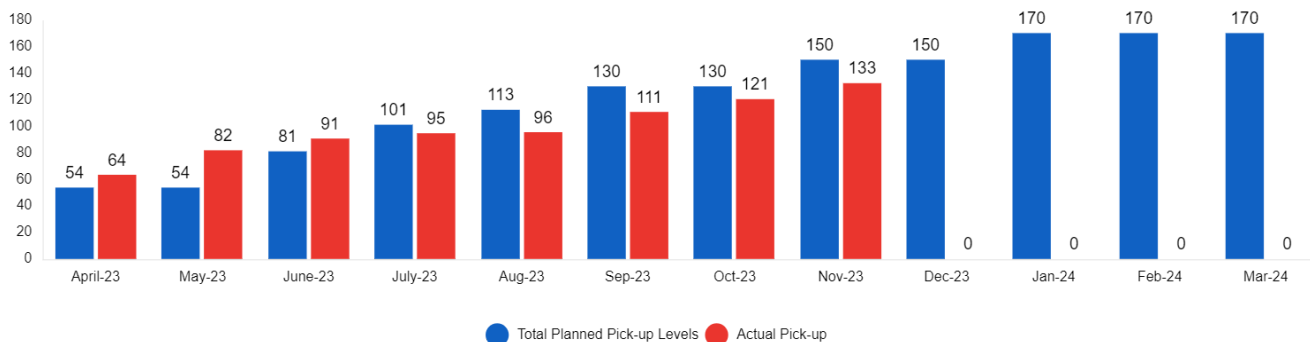


Respiratory Virtual Ward - Patient Throughput

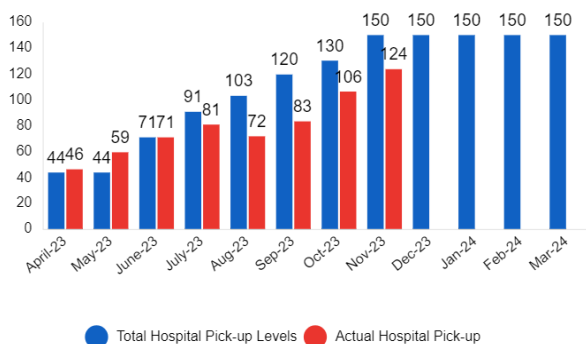


Project-level targets: Home First

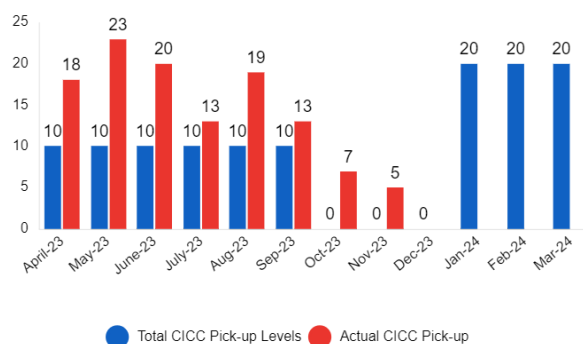
Overall Pick up target



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				2022			2023			2024				
Primary	Milestone Progress	Start	Finish	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Sheet Name AbleMe - Projec														
AbleMe		11/10/22	15/06/23											
Initiation Phase		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											
Target Operating		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											
Implementation F		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 CMS Plan V3														
Brokerage Model / Capacity Tracker	Postcode Search now implemented	01/10/22	13/09/23											
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											
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						
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
Care Home Contract and Policies	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
MDT check and challenge	Escalation Policy now approved and comms to be shared with the Market.	03/10/22	03/07/23						MDT check and challenge
Mental Health patient flow and capacity	JM met with DB some plans in place that are being worked through on a regional basis. Regional piece of work led by Darren. Strong links into Housing Market. Scheme in place in Hoyle Road to support MH Discharges. Further development of MH support including addition of 8 Bower Apartments in Birkenhead being used for step down, 5 new supported living providers and further discussions around the housing model, this will need some discussion around benefits. Escalation come in last week. 11 people. 8 vacancies available, but team not aware of. Availability shows on brokerage. Ongoing discussions with Darren Birks. Further work to be undertaken with MH teams. DL monitoring packages that are circulating across the board closely. DL to discuss with Jayne and share update. DB on paternity leave so update not available for a couple of weeks. 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
Recruitment Events	Increased recruitment numbers and positive feedback coming through. This will show in the April KPI's. The next joint NHS and WBC "Care across Wirral" recruitment day is scheduled in for 30th September 23. DG meeting 2.8.23, update to follow. Event on 30th September has been postponed due to strikes. New date set for 11.11.23. 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
Service Specification	* 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 Virtual Wards - f									
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.								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	01/12/22	31/08/23						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	29/09/23						Data, Activity and Performance
Governance and Meds Mgmt	CERNER power forms and inpatient ward build preparing to launch 02/10/2023	30/06/23	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.	31/10/22	31/08/23						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.	14/06/23	14/06/23						Estates and Equipment
Phase Two Bed release	Move to St Catherine's Health Centre complete for Frailty Virtual Ward team 12/07/2023	31/10/22	31/07/23						Phase Two Bed release
Phase Three Bed release	Respiratory Beds released - 20 beds Frailty Beds released - 15 beds	02/01/23	30/06/23						Phase Three Bed release
	Plan in development to increase VFW beds to 30. Implementation of telehealth in planning stage to support increased bed numbers.	29/09/23	29/09/23						
Sheet Name Wirral Discharge									
Post 1st July - Wirral Transfer of Care Hub		12/07/23	21/12/23						Post 1st July - Wirral Transfer of Care Hub
SOPs		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
Managing NCTR		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 Ce
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
Governance		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
Team Development and Comms		25/07/23	10/11/23						Team Development and Comms
Indicative OD plan agreed		25/07/23	31/10/23						Indicative OD plan agreed
First OD all day development session with Hub Managers		31/10/23	31/10/23						First OD all day development session with Hub Manag
Transfer of Care Hub Teams co-location									Transfer of Care Hub Teams co-location

Project Updates

Primary	Highlight Report	Overall Project RAG
Virtual Wards	Virtual Wards - Highlight Report	●
AbleMe	Community Reablement - Highlight Report	●
Transfer of Care Hub	Wirral Discharge Hub - Highlight Report	●
HomeFirst Expansion Project	HomeFirst Expansion - Highlight Report	●
Care Market Sufficiency	Care Market Sufficiency - Highlight Report	●

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

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

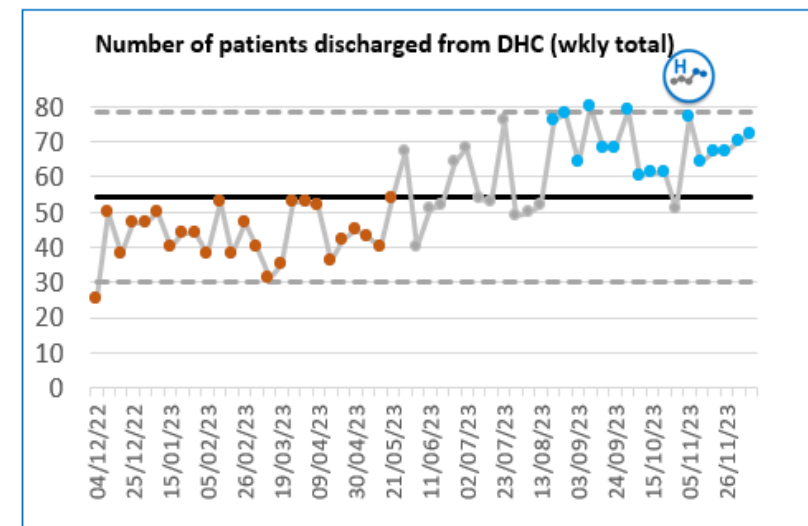
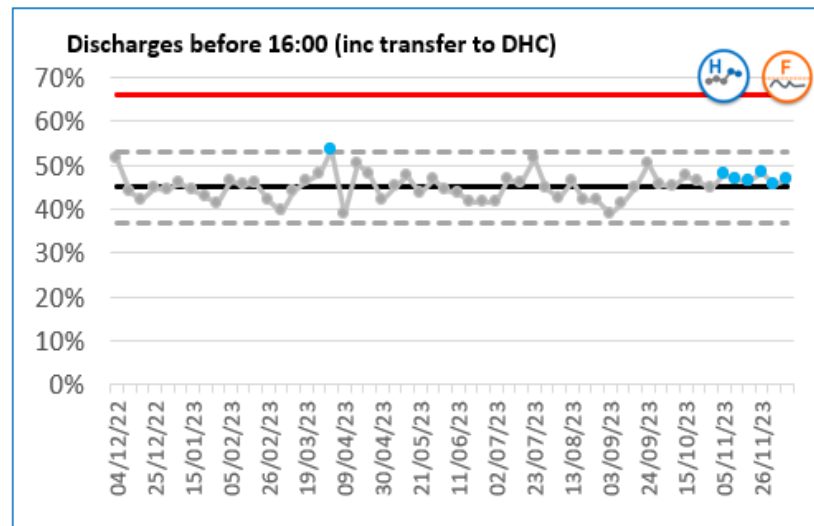
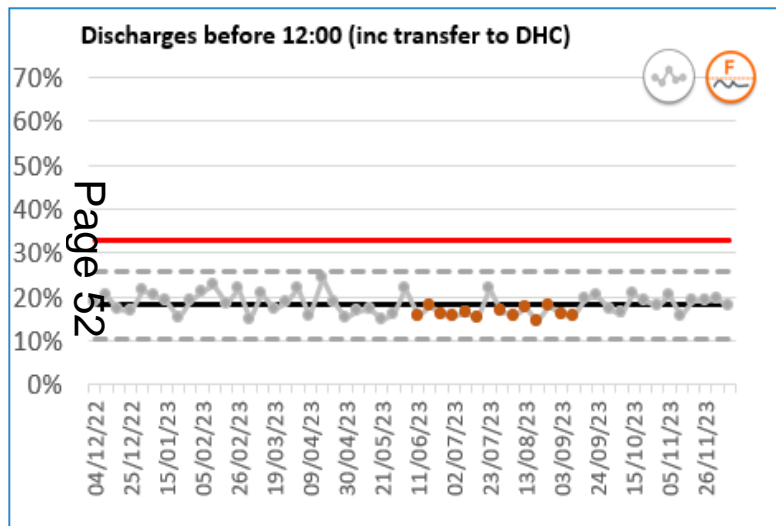
If you would like to discuss any of the projects, please contact the Healthy Wirral UEC Programme Manager: James Barclay on james.barclay1@nhs.net

DISCHARGE DASHBOARD

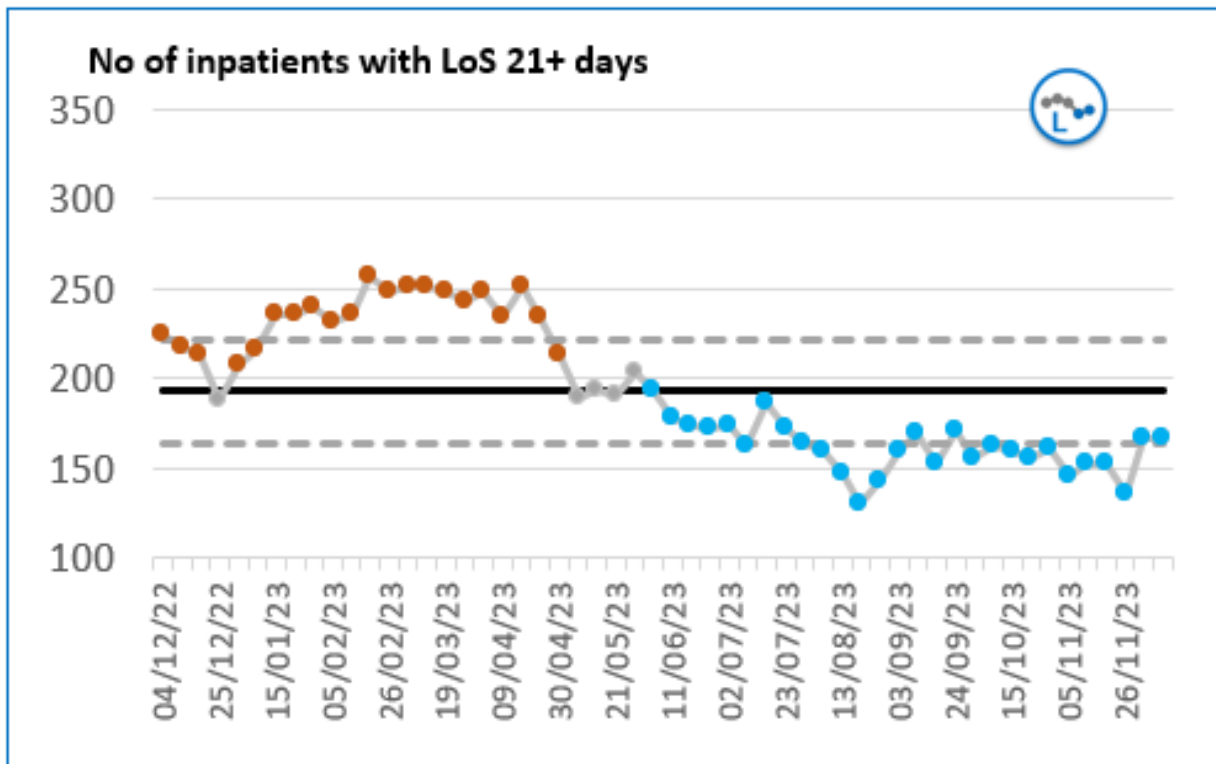
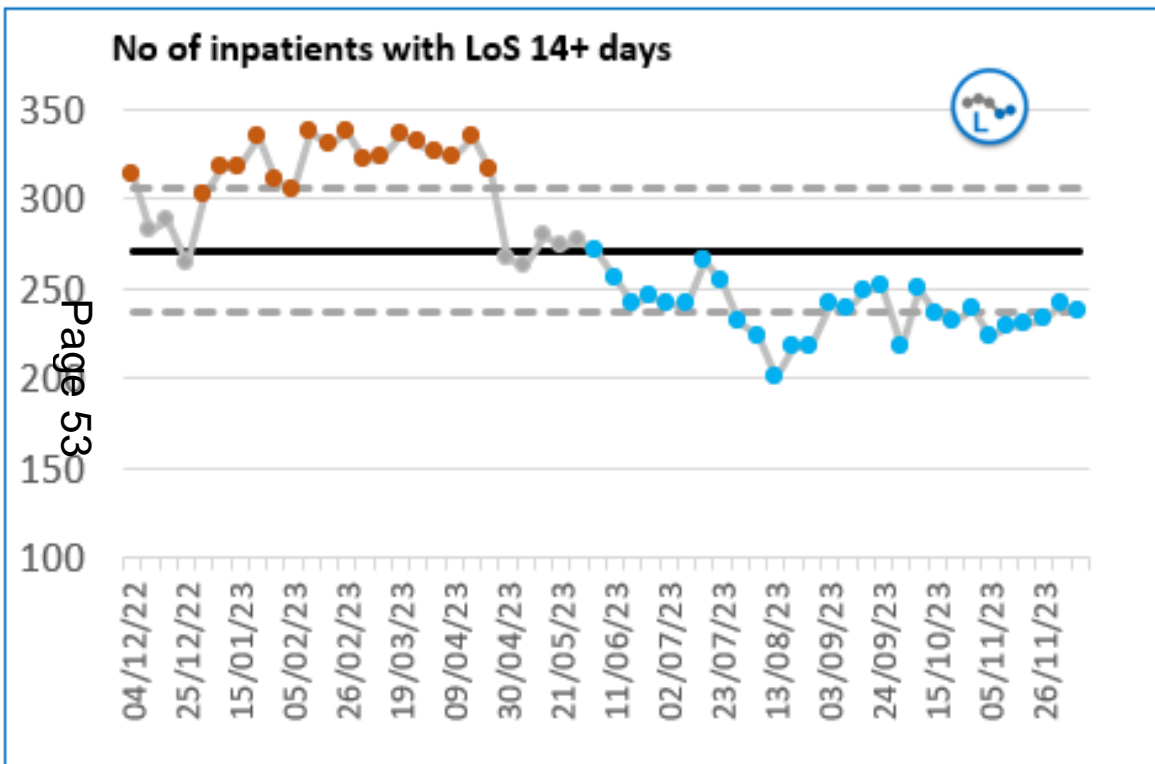
Weekly Performance to 10th December 2023

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Discharge Performance – to 10/12/23



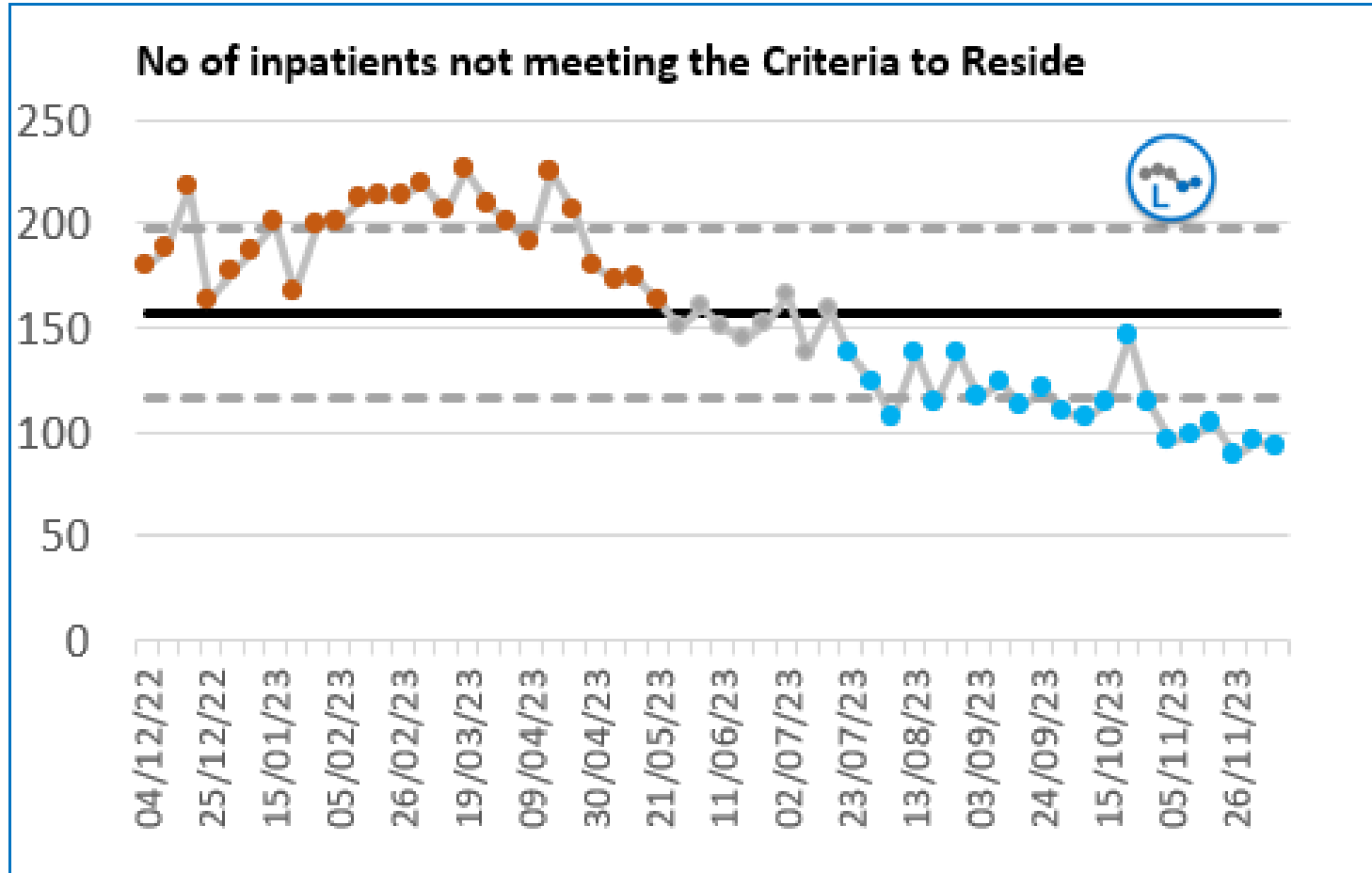
Long LoS – to 10/12/23



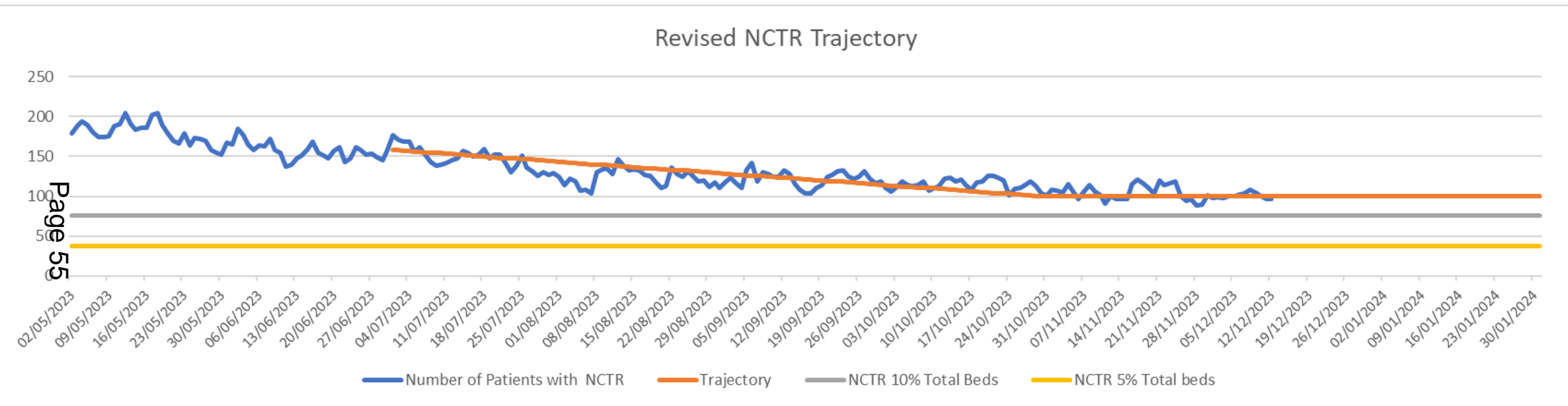
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Criteria to Reside – to 10/12/23



No Criteria to Reside (NCTR) trajectory – to 12/12/23



Performance compared with other C&M Places – to 10/12/23

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

Latest Date: 10 December 2023

	Trust	Trajectory	Current	PP Var
1 IP 2 3 4 5 6 7	East Cheshire	26%	13%	-12%
	Wirral	24%	13%	-12%
	Countess of Chester	18%	15%	-3%
	Mersey and West Lancs	20%	16%	-4%
	Warrington & Halton	23%	23%	0%
	Mid Cheshire	17%	24%	6%
	LUHFT	26%	24%	-2%
	Total	23%	19%	-4%

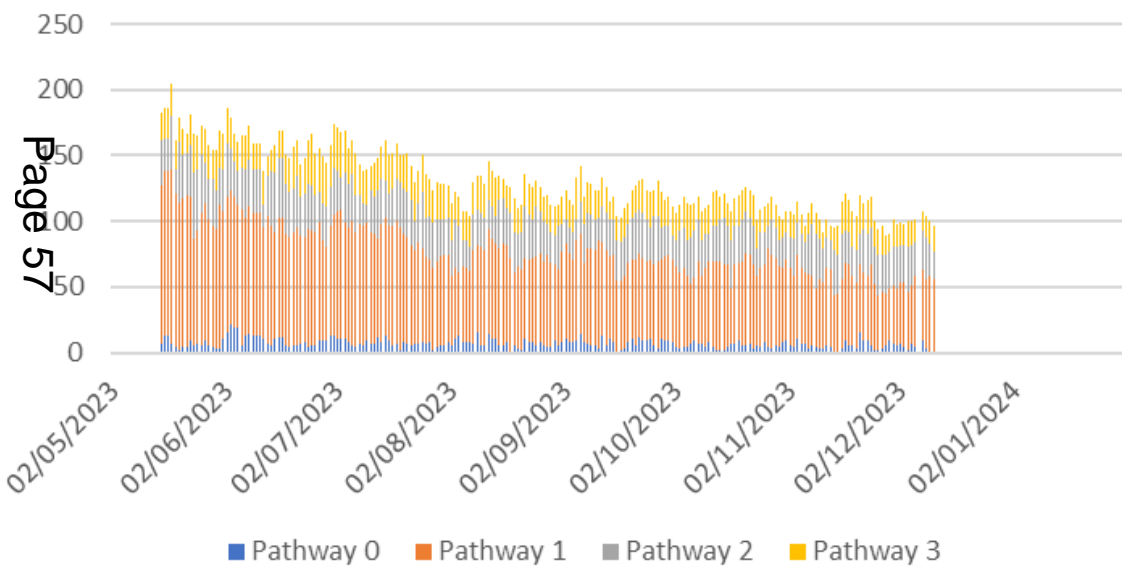
Provider	Trajectory	Current	Var
Countess of Chester	18%	15%	-3%
East Cheshire	26%	13%	-12%
LUHFT	26%	24%	-2%
Mersey and West Lancs	20%	16%	-4%
Mid Cheshire	17%	24%	6%
Warrington & Halton	23%	23%	-0%
Wirral	24%	13%	-12%
Total	23%	19%	-4%

Discharge SITREP: 10/12/2023

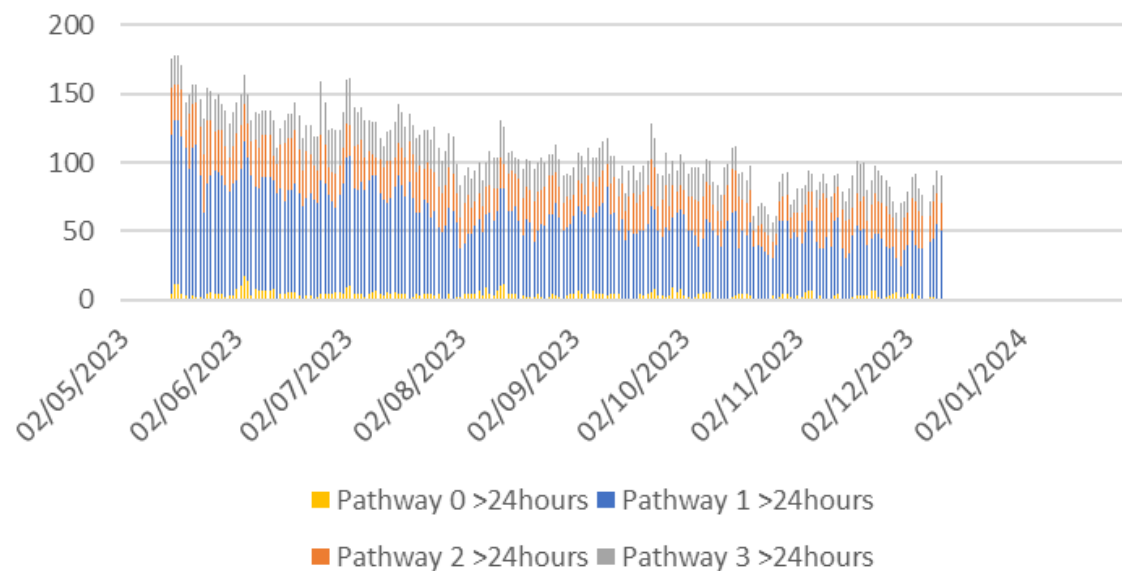
Please note: The old 10% target has been replaced by trajectories from the individual Provider Operational plans

NCTR by pathway & NCTR by pathway less than 24hrs – to 11/12/23

Pathway Breakdown (Total)

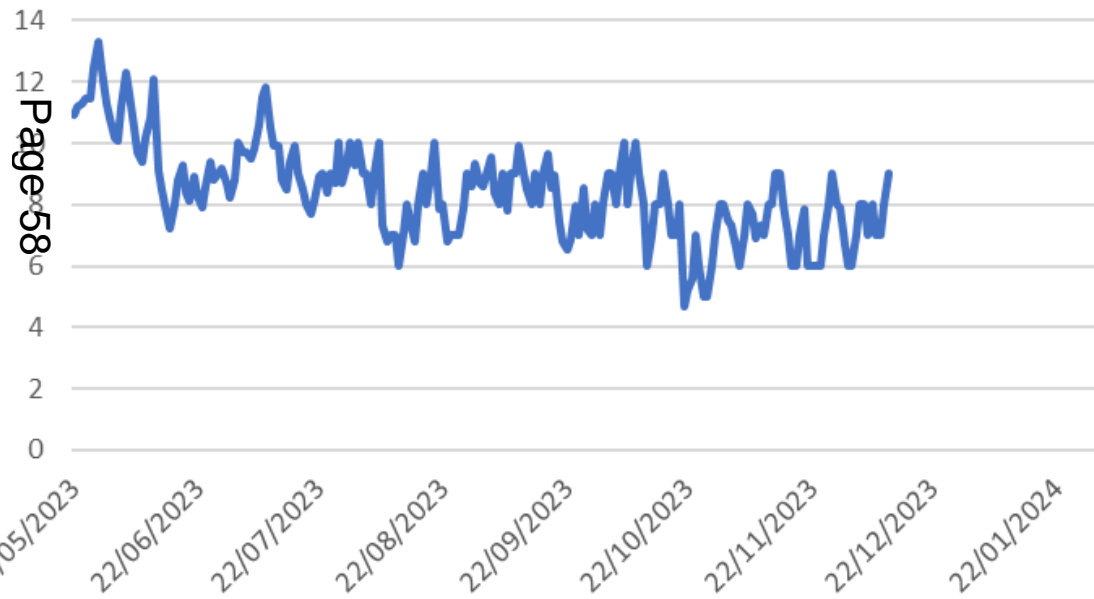


Pathway Breakdown NCTR >24hours

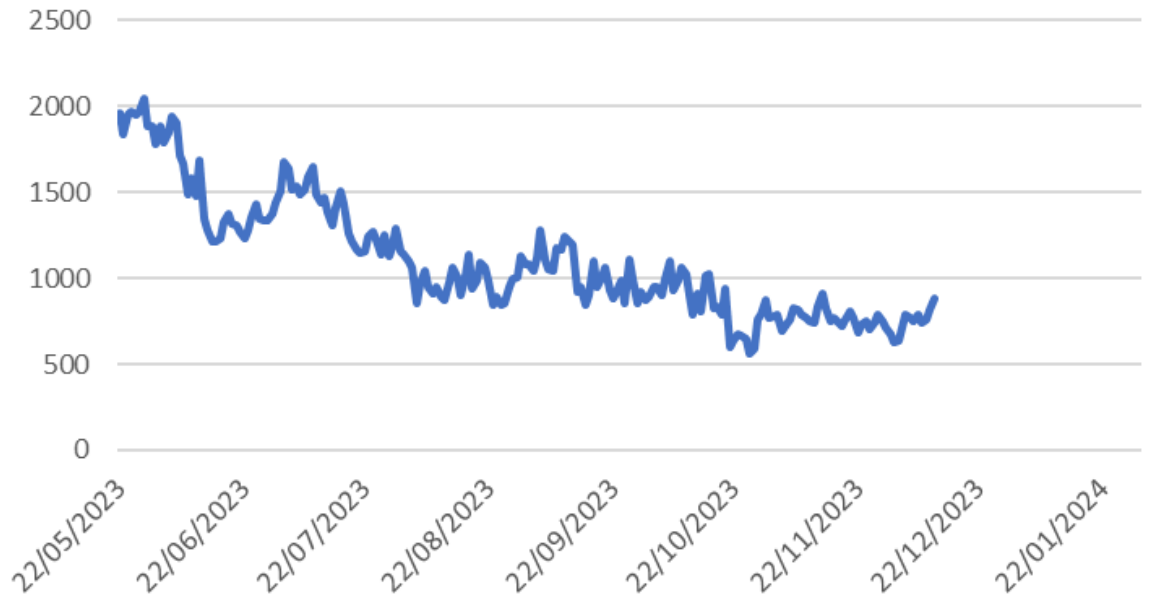


Average Duration NCTR & Additional Bed Days (NCTR) – to 11/12/23

Average Duration NCTR

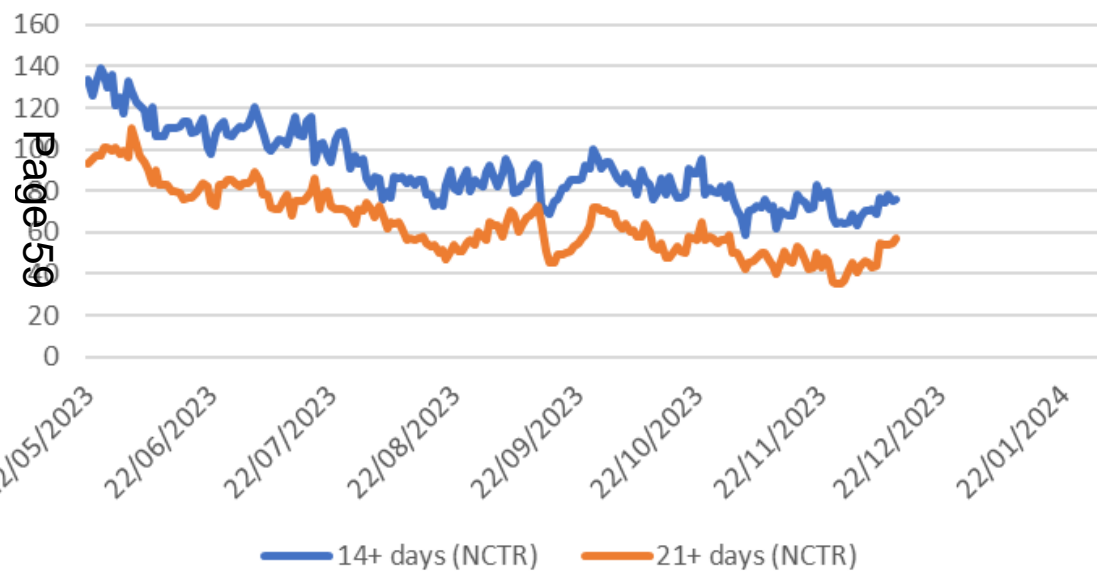


Total Duration of Continuous NCTR (Sum)

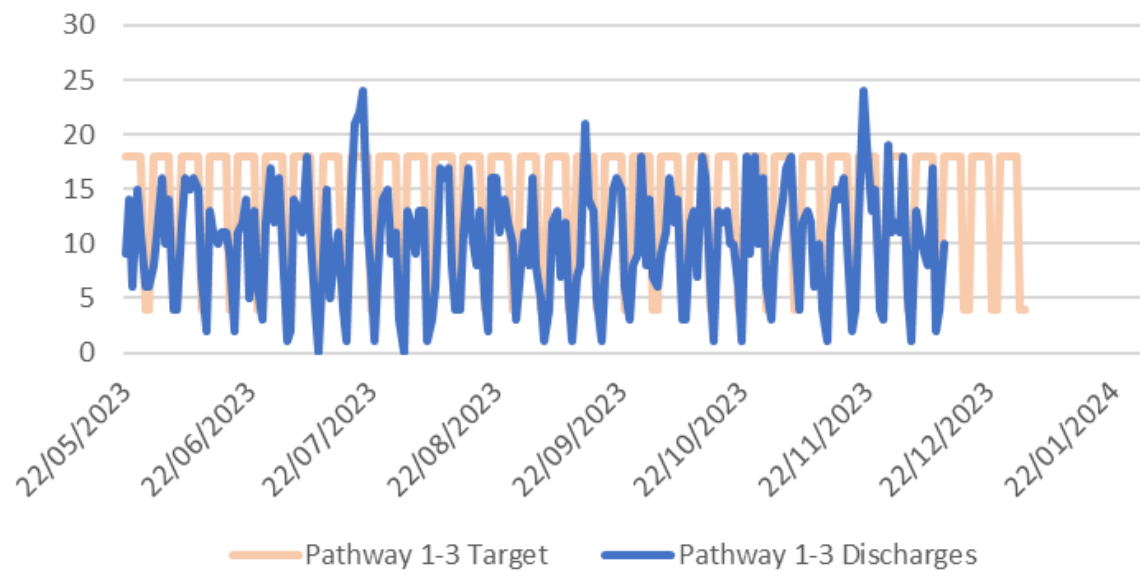


LloS with NCTR & Hub daily discharges– to 11/12/23

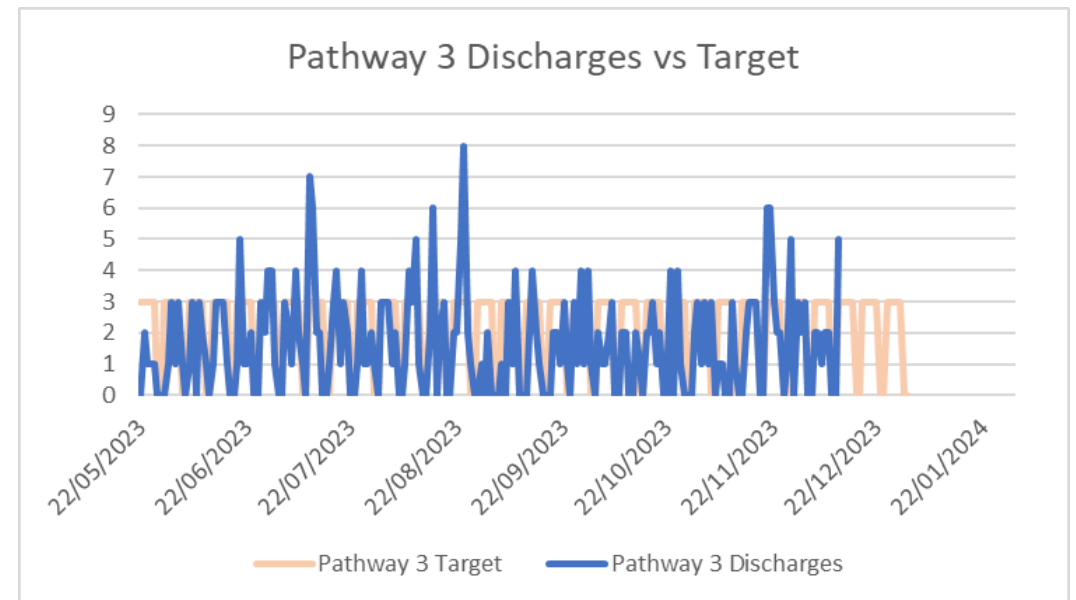
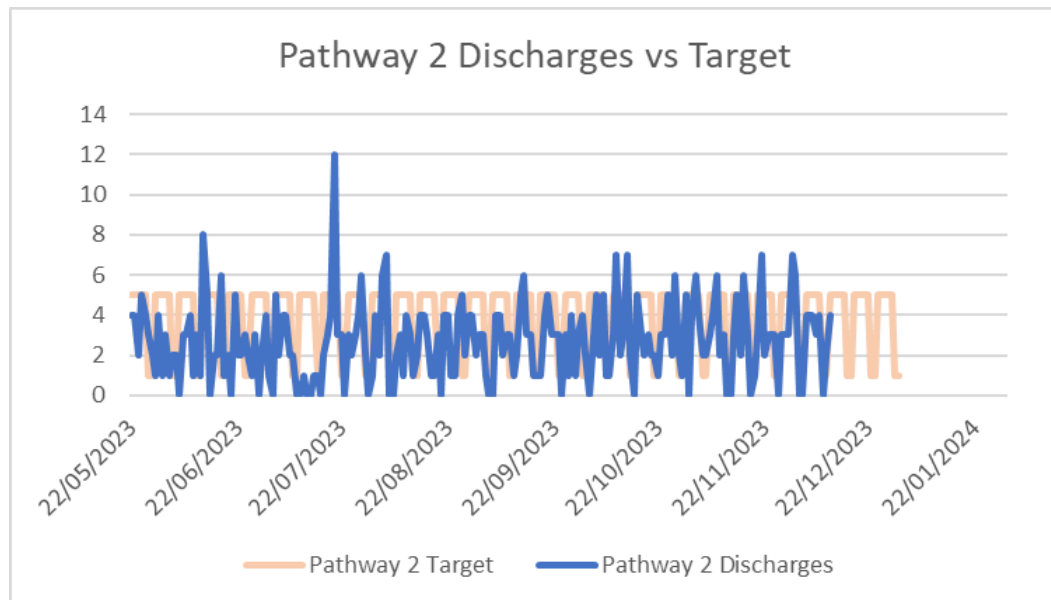
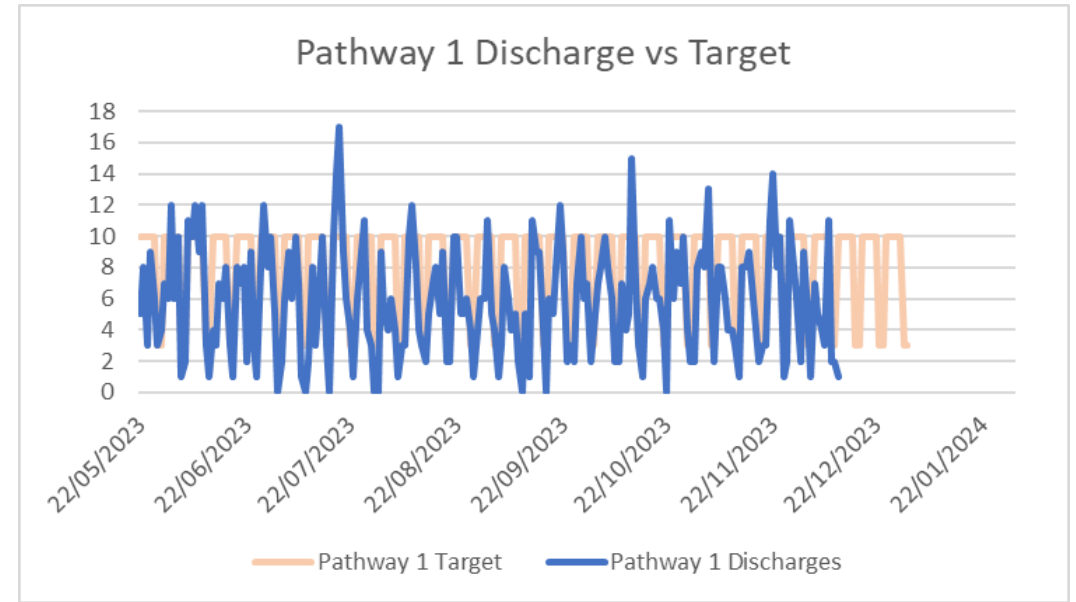
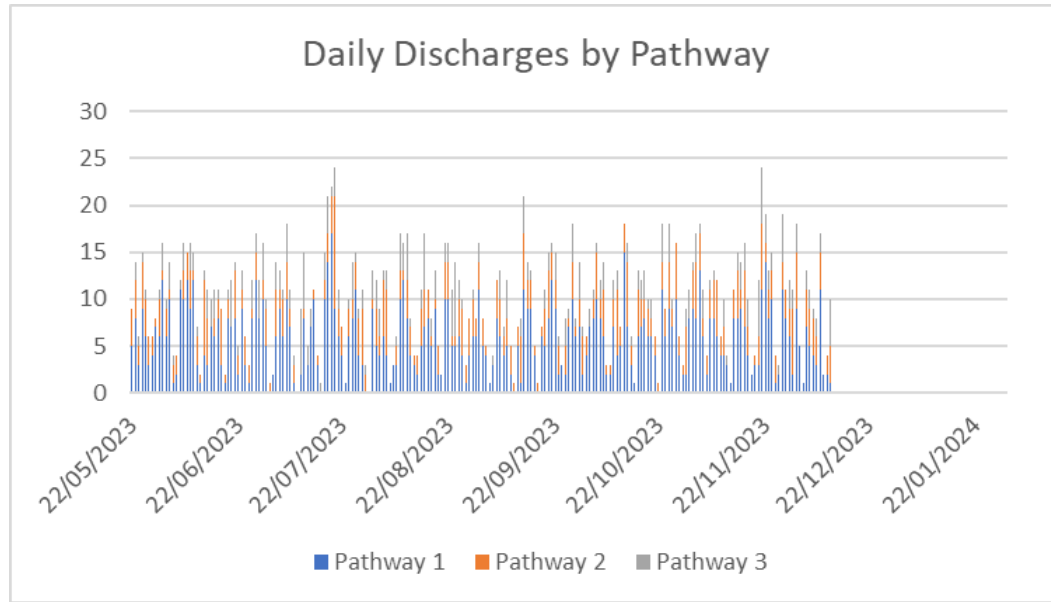
LLOS - NCTR Patients



Pathway 1-3 Discharges vs Target



Daily discharges by pathway & breakdown by pathway - to 11/12/23



Figures for POC's waiting in the Acute and D2A beds:12th December 23

Dom Care / Re-ablement

Figures for people waiting a POC from HCA today are:

	POC Hosp	Reablement Hosp	CHC HOSP	CMHT HOSP	OOA HOSP	CHC HOSPICE	TOTAL WAITING	PICK UP PREVIOUS DAY
Less than 48 hrs	0	0	0	0	0	0	1	POC 3 = POC Framework 0 = Off Framework
48 hrs to 1 week	0	1	0	0	0	0		
1-2 weeks	0	0	0	0	0	0		
2-3 weeks	0	0	0	0	0	0		
Over 3 weeks	0	0	0	0	0	0		
TOTAL Waiting	0	1	0	0	0	0		

	HCA	Package & hours pick up previous day
Less than 48 hrs	0	2 POC = 23 HRS
48 hrs to 1 week	1	
1-2 weeks	0	
2-3 weeks	0	
Over 3 weeks	0	
TOTAL	1	

Figures for people waiting a POC from Park House today are:

Figures for people waiting a POC in D2A today are:

	PARK HOUSE	Package & hour pick up previous day
Less than 48 hrs	0	0 POC = 0 HRS
48 hrs to 1 week	0	
1-2 weeks	0	
2-3 weeks	0	
Over 3 weeks	0	
TOTAL	0	

	D2A POC	D2A Reablement	TOTAL WAITING	Package & hour pick up previous day
Less than 48 hrs	0	0	0	3 POC = 35 HRS
48 hrs to 1 week	0	0		
1-2 weeks	0	0		
2-3 weeks	0	0		
Over 3 weeks	0	0		
TOTAL	0	0		

Total Packages circulating = 12 (including Community)

Total packages picked up previous day including above community and Mobile nights = 15 POC's – 175 total hours

Areas to be included

- 1) Social Work - no. waiting allocation and average wait
- 2) HomeFirst
- 3) CICC
- 4) Out of area
- 5) Patient choice delays



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 25 January 2024

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.

REPORT AUTHOR: **Christine Morley**
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email: christinemorley@wirral.gov.uk

APPENDICES

Appendix 1: Wirral Place Based Partnership Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
Health and Care Act 2022

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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WIRRAL PLACE BASED PARTNERSHIP BOARD

WORK PROGRAMME 2023/2024

February 2024

Item	Purpose	Lead Officer
Intermediate Care Service Review Phase 1	Oversight and Assurance	Lorna Quigley
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
Planning for 2024/25	Oversight and Assurance	Simon Banks
Workforce Programme Delivery	Oversight and Assurance	Deborah Smith
Place Governance Manual refresh	Oversight and assurance	Simon Banks/Alison Hughes and David McGovern
Medium Term System Capacity Plan	Oversight and Assurance	Graham Hodgkinson
Community, Voluntary and Faith sector	Oversight and Assurance	Carol Johnson-Eyre
Population Health Management	Discussion and Decision	Dave Bradburn/Mark Chidgey/Jo Chwalko/Dave Hammond
Finance and Investment Group	Information	Martin McDowell
Primary Care Group	Information	Iain Stewart
Quality and Performance Group	Information	Lorna Quigley
Talking Therapies	Discussion and Decision	Iain Stewart
Work Programme	Information	Christine Morley

ADDITIONAL AGENDA ITEMS

Item	Purpose	Approximate Timescale	Lead Officer
Planning for 2024/25	Oversight and Assurance	February and March	Simon Banks
Intermediate Care Service Review Phase 2	JSCB	March	Lorna Quigley
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

Item	Purpose	Reporting Frequency	Lead Officer
Place Quality and Performance Report	Oversight and Assurance	Each scheduled meeting	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Each scheduled meeting	Martin McDowell
Place Delivery Assurance Framework	Oversight and Assurance	Quarterly from December 2023	Simon Banks
Wirral Health and Care Plan Dashboard	Oversight and Assurance	Each scheduled meeting	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Each scheduled meeting	Janelle Holmes
Estates and Sustainability Programme Delivery	Oversight and Assurance	Quarterly 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 Framework and Risk Registers	Oversight and Assurance	Quarterly December, March, June, September	Simon Banks