

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 21 March 2024

PRESENT:

Simon Banks	Place Director (Wirral), NHS Cheshire and Merseyside, (Chair)
Simon White	Director of Children's Services, Wirral Council
Dr Abel Adegoke	Primary Care Representative
Dr David Jones	Primary Care Representative
Councillor Julie McManus	Wirral Council
Councillor Simon Mountney	Wirral Council
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
Matthew Swanborough	Wirral University Teaching Hospital NHS Foundation Trust
Mark Greatrex	Wirral Community Health Care NHS Foundation Trust
Jackie Davidson	Assistant Director, Public Health Consultant Wirral Council
Karen Prior	CEO, Healthwatch Wirral
Justine Williams	Voluntary, Community, Faith and Social Enterprise sector representative

ALSO PRESENT:

Julian Eyre	Wirral Improvement Team
James Barclay	Wirral Improvement Team
Iain Stewart	NHS Cheshire and Merseyside
Martin McDowell	NHS Cheshire and Merseyside
Vicky Shaw	Head of Legal Services, Wirral Council
Christine Morley	Secretary

132 **WELCOME AND APOLOGIES FOR ABSENCE**

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

The Chair thanked Simone White for her years of service in Wirral as Director of Childrens Services and also thanked Graham Hodgkinson, Director of Care and Health who was leaving the Council in May 2024.

It was explained that Carol Johnson Eyre would assume the role of Chair in May for the year of 2024-2025.

Apologies were received from:

Janelle Holmes, CEO Wirral University Teaching Hospital NHS Foundation Trust will be substituted by Matthew Swanborough,
Paul Satoor, Chief Executive Wirral Council
Dave Bradburn, Director of Public Health will be substituted by Jackie Davidson, Assistant Director – Public Health Consultant
Karen Howell, CEO WHCH will be substituted by Mark Greatrex,
Graham Hodgkinson, Director of Care and Health
Carol Johnson-Eyre, Voluntary, Community, Faith and Social Enterprise sector

133 **DECLARATIONS OF INTEREST**

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

134 **MINUTES OF PREVIOUS MEETING**

Resolved – That the minutes of the meeting held on 22 February 2024 be agreed.

135 **ACTION LOG**

There were no items on the Action Log.

136 **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 which was agreed in October 2023. This item was to be brought back on a quarterly basis.

It was reported that the service delivery risk rating had improved and the community and wellbeing score had also improved. There had been no change to the other scores. It was noted that the additional strategic risk around unscheduled care had been added as agreed in December 2023. The next review was scheduled to take place in April and May and this would also need to account for the proposed revisions to the risk management framework which were to go to the NHS Cheshire and Merseyside Board the following week. Work had commenced on the Place risk register but for a variety of reasons this was to be ready for the May or June meeting.

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.**

- **it be noted that an updated PDAF will be presented at the Board meeting scheduled for 20th June 2024, which will take into account proposed changes in the Risk Management Framework.**

137 **QUALITY AND PERFORMANCE REPORT**

The Chair presented the report of the Associate Director of Quality and Safety Improvement, NHS Cheshire and Merseyside 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 which included, Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities (SEND). The outcomes of the strategic leaders meeting from across the NHS in terms of SEND were to be brought to the next WPBPB meeting with recommendations for approval.

One of the items is the production of a standard quality impact assessment for the system. It was reported that there are duties under the Equalities Act and it would be good to have a standardised way of collecting the information required from health and care as business cases were progressed and decisions were made.

The mental health super multi agency discharge events and measles were also highlighted. It was reported that on the mental health side the whole system was heightened at the moment and there had been an exceptional amount of patients in the Arrowe Park Emergency Department earlier in the week. In terms of the improvement work the position was being held and this had been in part facilitated by the work that had been done to facilitate discharge. The greatest challenge was around those patients that required supported housing and a wider solution than just a Wirral focus was being looked at for a small number of patients who had a disproportionate impact. This was to play into the financial recovery process on Cheshire and Merseyside. Another challenge was the cycle around staff availability which was on a three month cycle and the peak flows of patients which is nearer to six weeks to two months.

The Assistant Director of Public Health explained that one confirmed case of measles was picked up which was a historic case that was picked up as part of surveillance but by the time it was identified no intervention was required. The national measles campaign was supported by local campaigns and there was a big drive for MMR vaccination through Primary Care and the Live Well bus to increase uptake in order to try and reach the WHO level for herd immunity of 95 percent. The Health Protection Committee had been stepped up to oversee and provide assurance across the board that they were doing everything they could in terms of the outbreaks.

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 around the robust improvement plans in place to manage specific areas for improvement be received.

138 **PLACE FINANCE REPORT INCORPORATING POOLED FUND UPDATE (MONTH 10, JANUARY 2024)**

The Associate Director of Finance (Wirral) presented this report which provided an update on the financial position for the Wirral Place health and care system partners as at the end of January 2024. It was reported that the Wirral Place overspend was forecast to be just under £19million. Wirral Community was on target to deliver a surplus which was being monitored by Cheshire and Merseyside ICB as part of the overall plan. Wirral University Teaching Hospital had a forecast variant of £4.5million which was predominantly linked into industrial action costs both in terms of backfill and missed opportunities to derive more income and Cheshire and Wirral Partnership were in a break even position. The pooled fund was operating within the budget in terms of the Better Care Fund (BCF) element. If there was an overspend on BCF there was a risk share but the fund was in a break even position. The pooled fund had a Wirral Place element of £15million variance which was largely driven by cost of care costs, prescribing costs and an increase in the children and young people costs.

Members asked for clarification of the costs of industrial action by the NHS workforce and the main bulk of the cost would be in the report from the Trust. It was explained that the costs related to lost income from the costs of not undertaking procedures and the additional costs of employing additional temporary staff and support staff.

Members asked about the CHC figures for Wirral which included the two aspects of continuing health care and mental health care packages aswell. There had been a significant increase in continuing health care which was around £10million which included a mix of inflation plus activity driven increases and one of the key things was a significant increase in 1 to 1 packages.

Members discussed the 2024-2025 Cheshire and Merseyside plan. It was reported that the aim was to deliver a break even plan. Work was to continue around a number of key areas particularly around the workforce and with a real focus around urgent care and admission avoidance, mental health services and the flow into continuing care. In addition, the optimum service levels were to be considered.

It was highlighted that there was an opportunity for PCN's to have more close working between primary and community services to help both admission avoidance and attendance avoidance. The focus was to turn reactive approaches, in terms of how money was spent, into more proactive

approaches. Members stated that in the most challenging of situations it was key to optimise the available infrastructure. It was reported that virtual wards were nowhere near optimal level and the whole system needed to be looked at.

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 10 2023/24.**
- **the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.**
- **the 2023/24 Section 75 agreement is signed and sealed.**

139 PRIMARY CARE ACCESS RECOVERY PLAN REPORT

The Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), NHS Cheshire and Merseyside (Wirral) presented the report which provided an update on the work specific to Primary Care Access Recovery (PCARP), overseen by the Primary Care Group. The access recovery plan was building on what Primary Care has been doing to enhance access with things like evening appointments and Saturday appointments. Digital transformation was being used to support access for patients which included the NHS app for repeat prescriptions and appointment booking and the digital pathways framework was looking at ways to improve access for patients. The national general practice improvement programme was available for practices and PCN's to help them to apply the digital infrastructure to improve access for patients. There was a focus on improvement around the primary care and secondary care interface and it was key to optimise working together. This included components such as enabling patients to see their records, expanding pharmacy to offer services direct to patients and there was a push on general practice access to provide a resolution when contacted. Push the wider access points. By the end of June there would be no analogue phones in general practice and it was key to provide care navigation training for the people who answer the calls to understand the wide breadth of care available. It was reported that the access hub which provided additional enhanced access during weekday evenings and weekends was to end at the end of March 2024 and funding for a two week extension was being explored.

The next actions with the PCN's were centred around patient surveys, how GP's managed their demand, the access recovery plan, patient experience of access and accuracy in recording appointments.

Members mentioned the need to remember that not all patients would be digitally ready. Members discussed Pharmacy First in the light of recently closed pharmacies and there were issues around self referral. Members sought clarification of the interface between the WUTH patient portal and the

NHS app and this was given. The aim was to go live from April 2024. It was reported that some test results were to be delayed to allow a discussion with a clinician first.

The direction of travel towards one contact to get an outcome was welcomed by Members but it was highlighted that some practices with 250 patches per day would struggle and would need support. It was explained that a two percent uplift in primary care costs would not cover the increase in costs and some practices were struggling to survive.

Members discussed the national dental recovery plan where dentists had to effectively make a choice between the national plan and the local plan. The national plan was to address issues where there were dental deserts with no dentists and 240 dentists were to receive £20,000 to go and work in those areas. The system would be up and running on 7 April 2024. A dentistry report from Tom Knight would be added to the work programme.

An update report was to be brought back in the 2024-2025 year to monitor delivery.

Resolved – That the update on Primary Care Access Recovery Plans via the Primary Care Group be noted.

140 **PLANNING FOR 2024/2025**

The Chair presented this report which set out the latest position on NHS Planning Guidance 2024/25. It 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. The refresh of the Wirral Health and Care Plan contributed to the work to revise Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. It was noted that the planning guidance for 2024-2025 was not yet available but the planning was going on around it. Additional investment in maternity services and digital technology was welcomed. A refreshed narrative was to be circulated after the Easter break once the financial envelope was known. In particular, spending reactively in response to situations was to be looked at such as when there was a breakdown of care of a child or young person. There was a need to mitigate the risks to work better in terms of the community and crisis offers to enable patients to move quickly to a more appropriate setting for longer term care. Improved attendance avoidance at emergency departments through improved community services and also in terms of the mental health community and crisis offer would avoid patients needing inpatient beds. These areas would be focussed on in the coming year.

Resolved – That

- **the update provided by this paper be noted.**

- the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25 be supported.
- the Wirral Health and Care Plan 2024/25 be received for approval at a future meeting on 20 June 2024.

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

The Programme Director, Wirral Improvement Team presented this report which presented the performance dashboard for the programmes within the Wirral Place Health and Care Plan 2023-2024. The report provided information and assurance on the progress of the Programmes associated with the Wirral Health and Care Plan 2023-24. A monitoring and control strategy had been developed for the delivery of the programmes which contained a set of standards agreed as a system and any concerns or changes that needed to be made to the programme could be escalated. The overall RAG rating for the plan delivery in February 2024 was green. A key aspect was the neighbourhood programme which was led by the VCFSE sector and a population health dashboard was in development. Another key area was the focus in Children's on preparing for the upcoming SEND inspection. Within the All Age Disability programme the remote monitoring pilots had been completed and a business case was being put forward around that. The Community Programme Board had identified frailty as an area to work on. The focus continued on migration work from the Wirral Care Record to CIPHER and from a Wirral perspective this needed to align with the wider Cheshire & Merseyside approach. A key piece of work would explore a single Wirral asset system to give an overarching view of the whole system. Within medicines optimisation a number of programmes and leads had been identified. The workforce programme had been launched to build a clear view of the workforce across Wirral Place in order to support the strategy with a specific focus project supporting 18-24 year olds and had been further developed to look at care leavers. The supported delivery programmes were performing well in Wirral place considering the industrial action.

Members asked whether the medicines optimisation programme covered ADHD medication and it was clarified that there was a key programme to look at specific medicines where there were difficulties with supply.

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

142 **UPDATE ON WIRRAL CAPACITY AND DEMAND PLANNING**

The Programme Manager, Wirral Improvement Team presented the report of the Director of Adults' Care and Health, Wirral Council which provided a progress update on the capacity and demand work that has been completed across Wirral Place to date and proposed the key next steps to complete the

work. The report covered the work undertaken by Sir John Bolton OBE, a Consultant in Capacity Planning, the Unscheduled Care Programme workstreams and other funded Urgent and Emergency Care (UEC) schemes and provided a summary of activity undertaken to date, the current position of improvement work and proposes the next steps to complete the capacity and demand planning, bringing together an overarching review of all UEC schemes, to both understand and quantify the individual impact on the no criteria to reside (NCTR) UEC programme sentinel measure and all relevant data sources including care market, Home First, Transfer of Care Hub data and other sector data.

The conclusion of the John Bolton review was highlighted which stated that this should not be a challenge system as the numbers were felt to be manageable.

In conclusion, it was reported that when all systems were considered together capacity had been increased to meet demand, however further assurance was needed that capacity was being optimised at the right time and in the right place to enable any gaps in provision to be mapped out. The proposed next steps were to map capacity based on demand and to ensure that people were discharged on the right pathway and identify any gaps. The Unscheduled Care Programme Board was to oversee the development of a capacity and demand plan inclusive of recommendations which would be brought to this Board in a report.

The Chair outlined the need to consider some more bespoke provision for the elderly and mentally infirm people who are not amenable to rehabilitation and need a better high quality level of support. The transfer of care hub had made strides in reducing the percentage of the bed base which was NCTR down to 18 percent.

Members asked about the total number of Clatterbridge intermediate care beds which was 71 and the Bolton review suggested 71 to 85 might be needed.

The increasing numbers of people accessing Primary Care and the reasons for this were discussed by Members. The Chair said there was a need for a piece of work around why this was happening. It was reported that from a population health perspective we know what drives poor health and there is an increase in complex conditions and multiple morbidities. A key factor was to consider the wider determinants of health and take a whole system approach to health. Targeted work would be needed with the people who were using the services most.

Resolved - That

1) the outcomes of the John Bolton review, and the progress made be accepted.

2) the workstream and other UEC funded scheme evaluations inclusive of performance to-date, quality and outcomes and future benefits and focus be accepted.

3) the proposal for the further report be accepted.

143 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. It was reported that the Unscheduled Care Programme continued to make good progress across its component workstreams. There was an increase in patients with No Criteria to Reside (NCTR) in hospital from 121 in January 2024 to 135 in February 2024 and this reflected the national picture of winter pressures. A recovery plan was in place to return the figures to the pre-Christmas level of 100 and interim data showed that the NCTR figure reached 98 in February 2024. Wirral continued to perform well against other areas in Cheshire and Merseyside ICB and was consistently in position one or two out of seven areas.

Resolved – That this update be noted.

144 PRIMARY CARE GROUP REPORT

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

Members discussed the LEAP clinics for ADHD which were set up through the Primary Care Network to review patients with a diagnosis of ADHD discharged from CWP to allow new referrals. Another problem that was not being addressed in the system was the large number of patients that had been diagnosed with ADHD, commenced on medication by CWP or private providers commissioned by the NHS or private providers commissioned by the patients themselves. Patients who were on these medications should have had a shared care agreement and should have had a review with a GP with a specialist interest every year. This was not happening due to the scatter gun approach to the diagnosis of this condition. Members thought that the most appropriate place for these reviews was the LEAP clinics as these were powerful controlled drugs being initiated by a number of different providers. There was a need to develop the LEAP clinics to take pressure off CWP and support those patients within Primary Care.

The Chair would welcome the development of the LEAP clinics and highlighted that there were at least 12,900 people waiting for a diagnosis across Cheshire and Merseyside. It was noted that ADHD did not sit in any programme. Wirral Mind had good support groups.

On Cheshire and Merseyside there was some work about the standardisation of pathways and approaches. Members highlighted that after the age of 18 the LEAP service needs to be extended. Members discussed the Neurodiversity Partnership Board in Liverpool which could be considered for Wirral. The Director for Children's Services stated that this was a key area for development as it was a major concern for children and young people and their families. where ironically, it was not the diagnosis they needed, it was the help and support services. If we got the model right that model had to go forward and take up adults 18 plus. If we explained how to manage those issues earlier that would help.

Resolved – That the work of the Primary Care Group be noted.

145 **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.

146 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

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

147 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

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

Additional items were suggested including:

- Update on the Primary Care Access Recovery Plan
- Dentistry
- Update on the Wirral Capacity and Demand Planning.
- Wirral Health and Care Plan 2024/25

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

148 **ANY OTHER BUSINESS**

There was no other business.

149 **FUTURE MEETINGS:**

10am on 7 May 2024

10am on 20 June 2024
10am on 25 July 2024