



Health and Wellbeing Board

Date: Thursday, 21 September 2023
Time: 2.00 p.m.
Venue: Committee Room 1 - Birkenhead Town Hall

Contact Officer: Mike Jones, Principal Democratic Services Officer
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Website: <http://www.wirral.gov.uk>

Please note that public seating is limited therefore members of the public are encouraged to arrive in good time.

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AGENDA

1. WELCOME AND INTRODUCTION
2. APOLOGIES FOR ABSENCE
3. DECLARATIONS OF INTERESTS

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any application on the agenda and, if so, to declare them and state the nature of the interest.

4. MINUTES (Pages 1 - 4)

To approve the accuracy of the minutes of the meeting held on 20 July 2023.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Monday 18 September 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Monday 18 September 2023 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

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

Petitions

Petitions may be presented to the Board 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 Chair. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

Questions by Members

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

6. BETTER CARE FUND (BCF) PLAN 2023/25 (Pages 5 - 38)

The Appendix to this item may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact bridgethollingsworth@wirral.gov.uk if you would like this document in an accessible format.

7. WIRRAL PLACE BASED PARTNERSHIP BOARD MINUTES (Pages 39 - 50)

8. HEALTHWATCH WIRRAL UPDATE SEPT 2023 (Pages 51 - 144)

The Appendix to this item may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact karen.prior@healthwatchwirral.co.uk if you would like this document in an accessible format.

9. CHESHIRE AND MERSEYSIDE JOINT FORWARD PLAN 2023-28 (Pages 145 - 188)

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

10. MEMBERSHIP OF HEALTH AND WELLBEING BOARD (Pages 189 - 200)

11. WORK PROGRAMME (Pages 201 - 206)

Terms of Reference

The terms of reference for this committee can be found at the end of this agenda.

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HEALTH AND WELLBEING BOARD

Thursday, 20 July 2023

PRESENT:

Councillor Jean Robinson	Chair
Abel Adegoke	Chair of Primary Care Council
Mark Armstrong	Magenta Living
Simon Banks Place Director	NHS Cheshire and Merseyside
Dave Bradburn	Director of Public Health, Wirral Council
Councillor Andrew Dawson	Wirral Council
Councillor Phil Gilchrist	Wirral Council
Graham Hodgkinson	Director of Adult's Care and Strategic Commissioning, Wirral Council
Ali Hughes	Wirral Community Health and Care NHS Foundation Trust
Councillor Amanda Onwuemene	Wirral Council
Councillor Sue Powell-Wilde	Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Matthew Swanborough	Wirral University Teaching Hospital
Mark Thomas	Merseyside Fire and Rescue
Simone White	Director of Children's Services, Wirral Council

1 **WELCOME AND INTRODUCTION**

The Chair welcomed everyone and read the webcast notice.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

David Bradburn, Director of Public Health, Wirral Council;
Prof Michael Brown for Wirral Community Health and Care;
Councillor Jeff Green, Wirral Council;
Louise Healey, Department for Work and Pensions
Janelle Holmes and Sir David Henshaw, Wirral University Teaching Hospital;
David Hughes, Director of Regeneration and Place;
Paul Satoor, Chief Executive, Wirral Council;
Councillor Janette Williamson, Wirral Council

3 **DECLARATIONS OF INTERESTS**

There were no declarations of interests.

4 **MINUTES**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board on 23 March 2023 be agreed as a correct record.

5 **PUBLIC AND MEMBER QUESTIONS**

No questions, statements or petitions were received.

6 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN UPDATE

The Assistant Director: Consultant in Public Health Wirral Council introduced the report of the Director of Public Health which provided an update on the implementation of the Health and Wellbeing Strategy 2022–2027 and summarised key areas of progress to date, along with proposed next steps. One workshop had been held and another was planned for September.

Members discussed the development of the Plan, the workshops, reporting back and the focus on particular conditions and areas.

Resolved - the progress update be noted and the next steps be approved.

7 WIRRAL COUNCIL FOR COMMUNITY VOLUNTARY AND FAITH SECTOR SERVICE

The Senior Public Health Manager presented the report of the Director of Public Health which provided an update on developments within the community, voluntary and faith sector (CVF), and a new commission by Public Health with Wirral Council for Community Voluntary and Faith Sector Service (Wirral CVS), to deliver a programme of activity to support collaboration between key system partners and the CVF sector. Through a series of workshops, a CVF working group and engagement with the wider sector, the first Wirral sector led plan, 'Community, Voluntary and Faith Sector Coming Together', was developed and was presented to Board in December 2021. Wirral CVS had been commissioned by Wirral Council to lead on the delivery of this Plan, and a 1-year contract was issued in May 2023, funded by the Public Health Grant. It was noted that there were about 1,800 groups involved in the CVF and a formal process to decide who represented them.

Resolved –

The Health and Wellbeing Board notes the information contained within this report and acknowledges and supports the work that Wirral CVS will be undertaking to support the CVF sector and deliver positive outcomes for Wirral residents.

8 HEALTH AND WELLBEING BOARD MEMBERSHIP AND TERMS OF REFERENCE

The Head of Legal Services presented the report of the Director of Law and Governance which provided an opportunity to review the membership and note the Terms of Reference. It was noted that any amendments would have to be referred to the Constitution and Standards Committee. It was also noted that there were changes in organisational structure within the NHS.

The Chair stated that she wished to review the terms of reference, the type of reports coming to the Board to avoid duplication, meeting dates and membership and suggested a workshop.

The Chair moved the motion that a workshop be held on how the Board will fulfil its statutory functions as well as the full membership of the Board before the September meeting. This was seconded by Councillor Amanda Onwuemene and agreed by assent.

Resolved – That a workshop be held on how the Board will fulfil its statutory functions as well as the full membership of the Board before the September meeting.

9 WIRRAL PLACE UPDATE REPORT

The Place Director (Wirral), NHS Cheshire and Merseyside presented his report which was an update on the development of Wirral as a “place” within the Integrated Care System (ICS) and of the working arrangements of NHS Cheshire and Merseyside in the borough.

Members queried the forecast overspend and requested more details. It was explained that it was not a pressure on local authority budgets but there was concern that it would impact patient care. A further report on the breakdown of the overspend and savings plan would be brought back to the Board. The Chair proposed a new recommendation to request such a report.

Resolved - That:

- (1) this report be noted and similar updates be received at future meetings.**
- (2) the minutes of the Wirral Place Based Partnership Board held on 9th February 2023 and 9th March 2023 be noted.**
- (3) the minutes of the Wirral Place Based Partnership Board from 22nd June 2023 be requested when approved.**
- (4) a report be brought to a future meeting with a breakdown of the forecast overspend.**

10 COMMUNITY VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE

Representatives of the Community, Voluntary and Faith sector Reference Group (CVF RG) presented the report of the Director of Law and Governance which provided the latest updates and proposals from the CVF RG, which had been established as a mechanism to promote the views of the CVF Sector to the Health and Wellbeing Board. Their update included a precis of the documents which were to inform the delivery of the prototypes, the formation of partnerships and the transformations at community level as required in legislation and guidance. Progress on the CVF RG areas of work on Community Hubs, Family Hubs, Green and Open Spaces, People Plan for Nature and Street Safety were presented.

Members discussed the application and links with Councillors in particular neighbourhoods and wished to ensure that consultation with elected members was carried out.

Resolved - That:

- (1) the continuing progress of the CVF Reference Groups work on Community Hubs, Family Hubs, Green and Open Spaces, People Plan for Nature and Street Safety be noted; and**
- (2) the contents of the attached reports, and the continuing involvement and support to the delivery of the Council’s approved**

Health and Wellbeing Strategy and to the continued development of work for engagement with communities and residents be noted.

11 WORK PROGRAMME

The Head of Legal Services presented the report of the Director of Law and Governance which gave the proposed work programme for the following Municipal Year.

The Chair noted that the workshop mentioned in Minute 8, above, would include a review of the remit of the Board and which reports would appear, to avoid duplication and focus on the Terms of Reference of the Board. Member organisations could be emailed to feed in their items into the reviewed work programme.

Resolved - That

- (1) the proposed Health and Wellbeing Board work programme for the remainder of the 2023/24 municipal year be noted; and**
- (2) a review of the work programme be undertaken.**



HEALTH AND WELLBEING BOARD

21 SEPTEMBER 2023

REPORT TITLE:	BETTER CARE FUND (BCF) PLAN 2023/25
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report provides a summary of the proposed content of the Better Care Fund (BCF) Plan for 2023/25 and asks the Health and Wellbeing Board to approve the plan. It describes how the plan will achieve the government's priorities for 2023/25 and support the ambitions of the Healthy Wirral Plan. It sets out the detail of the budget areas to be pooled in 2023/24 as part of the mandatory Section 75 agreement with the Integrated Care Board.

This is a key decision which affects all wards.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Approve and validate the content of the BCF Plan for 2023/25 (the BCF 2023/25 Plan was approved by the NHSE in August).
2. Be assured that the plan will achieve the government's priorities for 2023/25 and support the ambitions of the Healthy Wirral Plan
3. Note the detail of the budget areas to be pooled in 2023/24 as part of the mandatory Section 75 agreement with the Integrated Care Board.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 There is a mandatory requirement to develop a BCF Plan which sets out how the Council and the ICB will deploy BCF funding to achieve the government's priorities for 2023/25 and support the ambitions of place-based plans. The plan must be approved and validated by the Health and Wellbeing Board.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The BCF plan and pooled fund arrangements are contributing to ensuring people and carers remain as independent as possible for as long as possible and people are discharged from hospital to the right place at the right time. In the absence of a plan and a Section 75 agreement the Council and the Integrated Care Board will be unable to draw down funding and would be in breach of NHSE requirements. There have been significant pressures within the health system and the care market, the BCF has mitigated some of these pressures and should the plan not be approved these pressures would be likely to increase. It is therefore recommended that the BCF Plan for 2023/25 is approved. The plan and the Section 75 arrangements do not expose the Council to increased financial risk.

3.0 BACKGROUND INFORMATION

- 3.1 The BCF was established in 2013 to support integrated working across health and social care, housing and the community, voluntary and faith sector to support person-centred care, sustainability, and better outcomes for people. The Better Care Fund (BCF) represents a collaboration between:

- Department of Health and Social Care (DHSC)
- NHS England
- Department for Levelling Up, Housing and Communities (DLUHC)
- The Local Government Association (LGA)

- 3.2 The BCF plan articulates, at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

- 3.3 The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25. These include improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

- Enable people to stay well, safe, and independent at home for longer.
- The provision of care and support at the right time and in the right place.

- 3.4 The vision for the BCF over 2023-25:

- Is delivering the Right Care in the Right Place at the Right Time.

- Manages demand and reduces the cost of care.
- Has clear accountability and governance arrangements.
- Has resilience and flexibility to emerging issues in service delivery.

3.5 Wirral's well established commissioning arrangements have enabled us to focus on arranging and shaping services for 2023/25 which realise this vision and enable people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. Some examples are set out below:

- Enable people to stay at home for as long as possible, this is supported by our ongoing commitment to developing a high-quality, flexible, and responsive care market, the expansion of enabling technology and home adaptations.
- An improved offer to carers.
- Avoid admissions to hospital through the expansion of our crisis response services, falls prevention and virtual wards which support people who are frail and have respiratory problems.
- Assessments and reviews which focus on the persons strengths and assets in their communities enabling more of our citizens to feel in control of their care and support. This will be supported by the expansion of our new approach to assessments (3 Conversations) and easier access to direct payments (PA Register) and personal health budgets.
- Enhancing our offer to people with a learning disability and/or autism including step down services.
- Working in tandem with children and families' services to ensure a holistic approach to care and support is maintained.
- Optimise the role of the Community Voluntary and Faith sector in the achievement of our priorities supported by the development of a hospital based Single Point of Access.
- Ensure our system is equipped with services that support business continuity and resilience during periods of high pressure.
- Reduce inequalities and health inequalities by implementing the neighbourhood model.
- Maintain a multi-disciplinary approach with ongoing support for our integrated teams.
- Focus on prevention and reablement by mobilising the Reablement Service.

3.6 The 23/25 BCF plan reflects and helps to achieve the outcomes of the Healthy Wirral Plan:

- Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live.
- Through understanding our populations' health, we enable more people to remain healthier and independent for longer and live well.
- Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life.
- Wirral people and their families feel informed and involved in managing their health and in accessing their care seamlessly from organisations that talk to each other.

- 3.7 The management and implementation of the BCF plan currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG). Wirral's Place Director and the Director of Adult Care and Health seek local stakeholder endorsement of the Plan via the Wirral Place Based Partnership Board (WPBPB). It is validated by the Health and Wellbeing Board, where oversight of the plan is held. NHS Cheshire and Merseyside ICB Executive Committee also need to approve the NHS elements of the plan.
- 3.8 Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on joint commissioning and outcomes delivered. A review of the Terms of Reference for the monthly BCF Joint Oversight Group will be completed and a BCF Dashboard will be developed mapping schemes against core metrics and our wider Health and Care Plan deliverables. The review will ensure National Conditions are met and value for money outcomes against cost assessments are demonstrated. Reports will be provided, as required, to the above.
- 3.9 The Adult Social Care Discharge Fund was introduced in November 2022 (Adult Social Care Discharge Fund Guidance 19 November 2022) and has been extended into 2023/24. This is a national allocation of resources to Local Authorities and the NHS from the Government to support places to improve discharges from hospital. The funding was pooled into the BCF. The allocations are set out in section 4.2 of this report and the BCF plan sets out how the funding will be deployed to achieve this.

Governance

- 3.10 Wirral's 2023/25 Plan was approved by the NHSE in July 2023. It is permissible for the Board to validate the plan after approval.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The table below sets out the contributions from the ICB and Wirral Council. The additional ICB funding does not expose the Council to increased financial risk. The current risk share arrangements remain the same and Individual services will be reviewed to ensure National Conditions are met and value for money outcomes against cost assessments were demonstrated.

2023/24	ICB Contribution	Council Contribution	Total
BCF Schemes	£33,496,971	£25,962,517	£59,459,488
Non-BCF Schemes	£158,047,619	£50,369,000	£208,416,619
TOTAL	£191,544,590	£76,331,517	£267,876,107

- 4.2 The additional contribution from the government to support hospital discharge is set out below.

2023/24	Allocation
Wirral Council	£2,697,262
NHS Cheshire & Merseyside ICB – Wirral Place	£2,457,969
Total	£5,155,231

5.0 LEGAL IMPLICATIONS

- 5.1 The Local Authority has a duty under the Care Act 2014 to promote the well-being of its residents and ensure that adequate level of care and support is provided by integrating care and support provision with health provision. The Care Act 2014 also amended the National Service Act 2006 to provide the legislative basis for the Better Care Fund.
- 5.2 The Government through the Better Care Fund policy framework provides financial support for Councils and NHS organisations to jointly plan and deliver local services. It requires Integrated Care Boards and Local Authorities to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the National Health Service Act 2006.
- 5.3 Plans must be agreed by the Integrated Care Boards (in accordance with Integrated Care Boards' governance rules) and the Local Authority, prior to being signed off by the Health and Wellbeing Board. Better Care Fund partners will need to submit a narrative plan and a planning template, providing details of expenditure from Better Care Fund funding sources, capacity and demand, as well as ambitions and delivery plans for Better Care Fund metrics, signed off by the Health and Wellbeing Board.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no new resource implications because of this proposal, as it is a continuation of current arrangements.

7.0 RELEVANT RISKS

- 7.1 In the absence of a plan and a Section 75 agreement the Council and the Integrated Care Board would be unable to draw down funding and would be in breach of NHSE requirements. Given the size of the investment this vehicle is essential. There have been significant pressures within the health system and the care market, services commissioned through the BCF have mitigated some of these pressures and should the plan not be approved these pressures would be likely to increase. The plan and the Section 75 arrangements do not expose the Council to increased financial risk as the risk share arrangements remain the same.
- 7.2 Joint commissioners from the ICB and the Local Authority closely monitor BCF service and budget performance through the Joint Commissioning Executive Group. This enables risks to be managed and mitigated against through the year.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 A range of engagement and consultation processes related to the integration of services and commissioning functions have been undertaken in previous years. Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on collegiate commissioning and listening to service providers and people with lived experience.

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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Most BCF funded schemes are delivered by local providers, the emphasis is on providing support in the right place and avoiding the need for extensive out of area travel.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Most BCF funded schemes are delivered by local providers creating employment opportunities for Wirral citizens.

REPORT AUTHOR: **Bridget Hollingsworth**
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APPENDICES

Appendix 1 BCF Plan 2023/25 Narrative

BACKGROUND PAPERS

The BCF 2023/25 Plan.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Joint Strategic Commissioning Board	22 June 2023
Health and Wellbeing Board	23 March 2023
Health and Wellbeing Board	9 February 2022

BCF Wirral narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Cover

Health and Wellbeing Board(s).

Wirral **DRAFT PLAN**

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).

The following bodies whose services are partially or fully funded by the BCF have been involved in preparing this plan:

- Wirral Council
- The Cheshire and Merseyside ICB, Wirral Place
- Wirral University Hospitals NHS Foundation Trust (WUTH)
- Wirral Community Health and Care NHS Foundation Trust (CT)
- The Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- A range of social care providers including the voluntary sector
- A range of people with lived experience
- Primary Care
- Extra care housing developers and providers
- Liaison with the Place Based Partnership Board will be reinforced enabling partners, including providers, to contribute to in year BCF investment and reviews for all appropriate schemes.

How have you gone about involving these stakeholders?

The Wirral Place Based Partnership Board, chaired by Wirral's Place Director, and includes representatives from all key organisations has had oversight of this draft submission.

Involvement of people with lived experience in key projects, for example the development of a PA register and the reablement strategy.

The executive led discharge hub has given a system focus on escalations and removing obstacles between organisations and has influenced the design of several schemes.

Attendance from Trust colleagues at residential and care at home forums to build relationships, support discharge and inform and advise on the emerging Transfer of Care Hub.

Involvement of housing colleagues in the development of an escalation policy (further engagement with PCNs planned).

Extra care housing developers and providers.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The governance of the BCF currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board (JHCCEG).

Wirral's Place Director and the Director of Adult Social Care and Commissioning seeks local stakeholder endorsement of Wirral's Plan via the Wirral Place Based Partnership Board (WPBPB).

The plan will be validated by the Health and Wellbeing Board.

Overall approval of the plan will be via NHS Cheshire and Merseyside ICB Executive Committee.

Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

The BCF will be a key enabler in achieving the outcomes of the Healthy Wirral Plan and any other priorities identified by the Wirral Place Based Partnership Board (See principles below)

1. Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live.
2. Through understanding our populations health we enable more people to remain healthier and independent for longer and live well.
3. Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life.
4. Wirral people and their families feel informed and involved in managing their health and in accessing their care seamlessly from organisations that talk to each other.

Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on collegiate commissioning. A review of the Terms of Reference for the monthly BCF Joint Oversight Group will be completed and a BCF Dashboard will be developed mapping schemes against core metrics and our wider Health and Care Plan deliverables. The review will ensure National Conditions are met and value for money outcomes against cost assessments are demonstrated.



The plan describes our progress and ongoing investment into Home First Services. Our priority is to ensure all pathway 1 patients are assessed at home. This will reduce over-prescription of care and a risk averse approach to discharge. The discharge/transfer hub will curate a person's journey from admission and will ensure people are discharged onto the right pathway, adopting an asset-based approach, and optimising the CVFS offer.

A key priority is to offer sustainable ongoing support and reduce reliance on commissioned services. Our Reablement operating model will support admission avoidance and enable people to recover and thrive post-discharge.

The Wirral Health and Care system has had some of the highest levels of 'no criteria to reside' (NCTR) on our wards at Arrowe Park Hospital.

Our BCF plan aims to reduce the historical level of NCTR of 220 to below 80 before autumn.

Our other 23/25 priorities including some metrics are set out below:

- A. avoidable Admissions (ACS): Reduce below 22/23 rate of 190 per 100,000 population.
- B. Discharge to Normal Place of Residence: Increase above 22/23 rate of 93.02%.
- C. Falls Emergency Admissions (65 and over): Reduce below 22/23 baseline.
- D. Rate of Admissions to Permanent Long-Term Care: metrics will be defined following the full mobilisation of the discharge/transfer hub and the expansion of the Home First service.

Our plan aims to support people and cares to be independent and remain in their own homes for as long as possible. These services will increase admission avoidance, offer sustainable ongoing support, and reduce reliance on commissioned services. This will be achieved through:

- a) Mobilisation of the reablement service (partially mobilised in 2023 and fully in 2024):
- b) Continued investment to support the care market in line with the Market Sustainability Plan.
- c) Roll out of our new Home First Service building towards a monthly 170 referral capacity prior to winter 23/24
- d) Focus on improved LOS in D2A bed bases to 21 days and improved reablement and rehabilitation outcomes.
- e) Increase capacity in the Frailty and Respiratory Virtual Ward to above 22/23 baseline.
- f) Expansion of ACS Admission Avoidance and Same Day Emergency Care access with a focus on Respiratory and Cardiovascular Disease.
- g) Urgent Crises Response – Increase in capacity and enhanced links with other UEC services such as 111 and Falls Level 2 response.
- h) Provision of crisis beds, currently (4) for people with mental illness.
- i) Enable more people to die at home.

In year service reviews of the majority of BCF funded services will be undertaken to determine funding levels and returns on investment delivered. Business case and Implementation plans will then be considered for approval for 23-25.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

Joint Priorities for 2023/25

Wirral Place in 2023/25 will be building on the current governance arrangements and placing a greater emphasis on collegiate commissioning. A review of the Terms of Reference for the monthly BCF Joint Oversight Group will be completed and a BCF Dashboard will be developed mapping schemes against core metrics and our wider Health and Care Plan deliverables. The review will ensure National Conditions are met and value for money outcomes against cost assessments are demonstrated.

1) Liaison with the Place Based Partnership Board will be reinforced enabling partners, including providers, to contribute to in year BCF investment and reviews for all appropriate schemes.

2) Ensure the system is equipped with services that support business continuity and resilience during periods of high pressure.

3) There will be an improved focus on reducing inequalities, using the work at neighbourhood level and the Core20+5 principles both of which will form key metrics to measure the impact and define deliverables for new commissioning. Equality Impact Assessments of current schemes will be reviewed and completed for and any new schemes.

4) There will be greater collaboration to share learning and best practice across other Cheshire and Merseyside Places

5) Reablement is a system priority, and a model has been developed which will be partially mobilised in 2023 and fully in 2024/5 The model will better integrate a range of services at a place level and will support the aims of the Wirral Health and Well-being Strategy and the exponential increase of the Home First service.

6) Work in tandem with children and families' services to ensure a holistic approach to care and support is maintained.

7) Embed the 3 conversations asset-based approach to assessment ensuring conversations with individuals and their families begins on admission to hospital,

this approach is already embedded within community teams and will be a key enabler for the reablement strategy.

8) The integrated offer to carers and young carers will be enhanced

9) Increased investment into Frailty services aiming to provide a triangulated approach to care:

- Urgent Crises Response (2 hour) response to patients in the community
- Older Peoples Rapid Access Clinic for acute ambulatory care
- Step up/down care in Frailty Virtual Ward beds as an alternative to admission.

10) A review of the Discharge to Assess bed-based service will seek evidence that there is reduced length of stay and in line with the 21-day target.

11) Increase the number of crisis beds and develop a supported housing model for people with learning disabilities/mental illness and an increase in the number of step-down beds.

12) Capacity in the Urgent Crises Response service will be increased and link with other UEC services such as 111 and Falls Level 2 response. This will include a review of the Falls prevention services, and the equipment and enabling technology offer.

13) Ensure that system and provider estates reflect current and emerging health trends including bariatric care supported by DFGs in the community.

14) Implement recommendations following on from the review of The Community Intermediate Care Centre (CICC).

Joint Commissioning programmes in Wirral linked to BCF priorities include:

1. SEND
2. Neurodevelopment
3. SALT – Speech and Language Therapies
4. Mental Health Initiatives: Happy Minds, Alliance, Companearos
5. Home First
6. D2A
7. Reablement
8. Health and Wellbeing Plan
9. Ageing well
10. Frailty

National Condition 2

Use this section to describe how your area will meet BCF objective 1: Enabling people to stay well, safe and independent at home for longer.

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches.
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Wirral has very well established, collaborative commissioning relationships in place across Health and care which is a key enabler for delivery.

Wirral has developed a neighbourhood model which strives to support communities to think differently and focus on what is important to them. This asset-based approach is in its infancy in Wirral however it is anticipated that this approach, will lead to a reduction in inequalities and health inequalities. As the key priorities are identified by neighbourhood leaders, BCF schemes will be considered to assess how they can support these priority areas.

The 3 Conversations approach compliments the above model and delivers a person-centred strengths-based approach to assessments. This will be rolled out across the system equipping social care and clinical staff with the confidence to support people to design their own solutions to how their support needs will be met. See a story of difference below:

“A family member who works away contacted Social Care in relation to his 22-year-old brother living with his mother in her rented property. The young man has a diagnosis of dyslexia and ADHD. His mother passed away two weeks previously but as the rental agreement was in his mother’s name the landlord wanted to evict him. The young man does not have a bank account, benefits, or income. He was adopted and the only ID he had was a birth certificate in another name.

The Social Worker was unable to access Housing Options or open a bank account with him as the ID was not enough. ‘Connect Us Northwest’ were able to open a bank account in his name without ID and support him apply for a passport.

A one-off payment was paid for his Sky subscription to reconnect his landline and broadband, enabling him to remain in contact with his social worker and the other agencies supporting him. The Army welfare fund and Housing Options agreed to cover his rent for two months. He also received food parcels.

When his benefits started Housing Options found him a temporary place in a self-contained flat in Pembroke House with some support. The staff in Pembroke will support him access courses so he can find a job.

The difference

Due to using Conversation 1 the young man was able to access support that he may not have received previously unless he became homeless. The social worker was able to work more flexibly with him, taking him to appointments and remaining involved with the other agencies working together.”

The following BCF schemes contributing to this BCF objective are.

- a. WIS including Community Equipment Service, Falls Prevention & Assistive Technology
- b. Urgent Crisis Response Service – joint funding via BCF and Ageing Well – recent service expansion – established pathways with NHS 111, 999 and care homes to support admission avoidance.
- c. IV antibiotics – OPAT service provided collaboratively by WUTH, WCHC and Community Pharmacy – admission avoidance and ESD.
- d. UCAT – GP advice and support to paramedics to avoid conveyance / admission.
- e. Inception of the Discharge Hub.
- f. Home First
- g. Early onset dementia support and dementia local enhanced service
- g. Mental Health Crisis Response Service
- h. Third sector support: including an SPA in the hospital.
- i. Implementation of the Reablement Service.
- j. The PA Register

Wirral Place has MDTs embedded across the system. A few examples are provided below with a focus on promoting independence and support to remain at home for longer:

- a. Virtual wards – newly established in 22-23 operate an MDT approach with support from the BCF funded integrated response service.
- b. The Urgent Crisis Response Service was expanded in 22/23 utilising ageing well funding with the core service funded by BCF. The MDT includes Nurses, Therapists, Paramedics, Social Workers, HCA's
- c. Integrated teams based within neighbourhoods and within the hospital.
- d. A local ambition during 23-24 is to enhance our Single Point of Access offer to provide a more comprehensive clinical navigation service centred around the needs of the person.

National Condition 2 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
 - where number of referrals did and did not meet expectations
 - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
 - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?

how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

NCTR rate has been consistently averaging 220 this too has now reduced to 160. The capacity constraints across home based intermediate care combined with our system ambition to ensure all patients on Pathway 1 has promoted the development of Home First over the last 12 months, and the planned expansion during 23-24.

In terms of community step up to intermediate care bed bases, there hasn't been an unexpected increase in demand, as such it is not believed there is unmet need in this area. This cohort of patients continue to take priority for discharge to assess capacity if a hospital admission would otherwise be required.

Capacity and demand modelling has been undertaken for Home First leading to the creation of 104 WTE equivalent staff leading to an anticipated exponential increase of 170 referrals per month. We will continue to invest in the care market and enabling technology. The LGA will support Wirral place with capacity and demand modelling in 23-24 to support recovery against and support the reduction of risks to key areas of challenge, most notably our non-criteria to reside numbers.

Whilst the provision of domiciliary care hours has returned to broadly the same level of hours provided pre-covid the number of packages of support has not. This has caused an over reliance on nursing and residential placements. This does not meet system demand and is not a good lived experience for people being discharged from hospital or their families. Several initiatives have been implemented and whilst they have had some impact this has not been sufficient to meet need. Discharge funding has been allocated to support the market to provide additional support during known peak periods of demand. More work is needed in this area, and the Market Sufficiency Project Group will continue to explore new approaches. The 3 Conversations model to assessment has, theoretically, reduced demand and it is anticipated, the mobilisation of the Reablement Service will have the same impact. Work needs to be undertaken to develop metrics which clearly articulate demand avoidance.

National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

Wirral in 23-25 will further invest in a range of services to reduce Ambulatory Care Sensitive Conditions including.

1. Community and Acute Heart Failure Services
2. OPAT
3. Integrated Respiratory Service
4. Dementia Nurse / Early Onset Services
5. New SDEC service offering from WUTH
6. Virtual Wards for Frailty and Home First

The increased investment into CVD and Respiratory ACS services aims to further reduce admissions below the 22/23 baseline of 925 per 1,000. This includes greater capacity for early supported discharge/front door admissions avoidance components of the pathway.

A Falls Group leads Wirral's strategic approach to improving the care of those who have fallen or at risk of falls. The recent year on trend of reduced hospital conveyances will be further improved by interventions including Falls Level 2 prevention/pick up, equipment to care homes & poly pharmacy reviews.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.

Wirral place has accelerated its work around 'right care, right place, right time' over the last 12 months with further expansions planned for 23-24. Respiratory and Frailty virtual wards are in place supporting both admission avoidance and accelerated discharge. Whilst it is acknowledged that, with our non-criteria to reside numbers consistently high, we are falling short of achieving this objective, our system focus is on recovering this position.

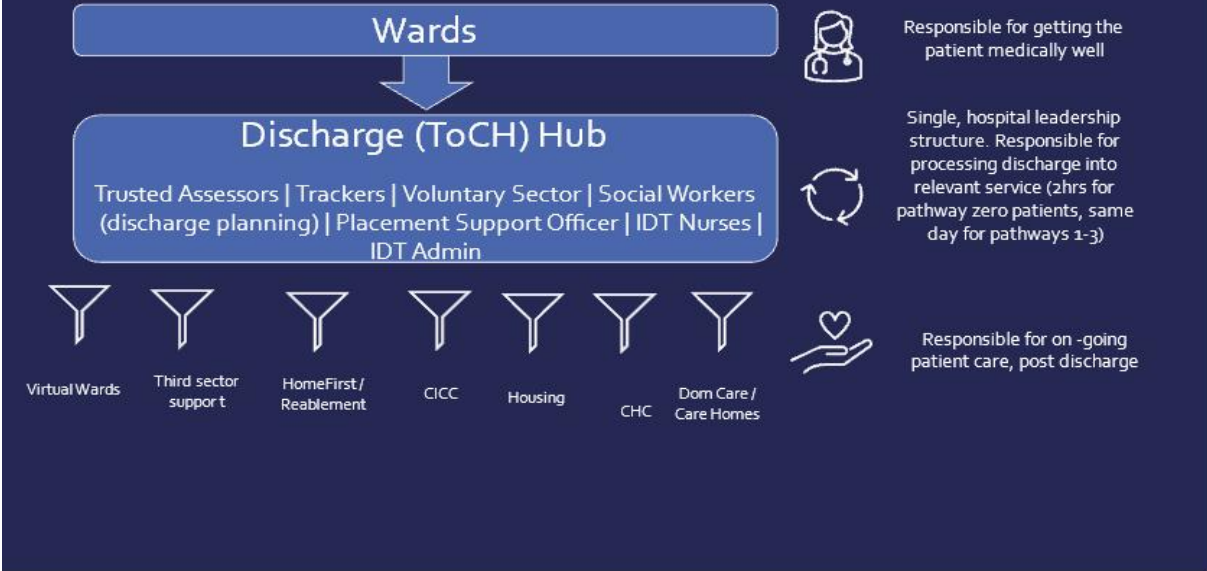
The discharge hub (see model below) will curate a person's journey from admission to discharge and provide full visibility of patient flow. Initial outputs are demonstrating improvement in this area with increased utilisation of support services available, including those commissioned via BCF e.g., IV Antibiotics and the Age UK Going Home Service.

The acute discharge policy has been updated and re-launched across the trust with an emphasis on home first and early identification of additional support needs via the 'notification to assess' function. This will enable the integrated discharge team to provide early, proactive support and assessment ahead of discharge.

The Home First service (see model below) supports acute discharge and is reducing non criteria to reside numbers and supporting patients to return home and be assessed at home with the appropriate wrap around support. The expansion of home first will utilise discharge funding and will invest in the workforce (additional 104 WTE staff).

Both services will be supported by the adoption of the 3 Conversations asset-based approach to assessment and with support from the CVFS. The Community Intermediate Care Centre (CICC) supports earlier discharges out of our D2A base to ensure the average length of stay of 21 days or less is achieved allowing flow through the service.

SERVICE SCOPE



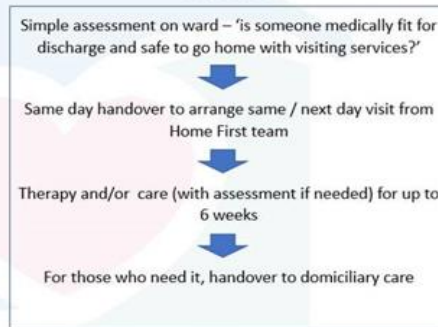
In partnership:
 Wirral Community Health and Care NHS Foundation Trust
 Wirral University Teaching Hospital NHS Foundation Trust
 Wirral Council



Current



Future



Hospital may be where you get treated, but home is where you get well.



National Condition 3 (cont)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
 - o where number of referrals did and did not meet expectations
 - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
 - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person’s own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
 - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
 - o how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Our Intermediate Care System includes the following key components:

1. CICC - 71 Beds (Pathway 2)
2. Leighton Court - 22 beds (Pathway 2)
3. Elderholme - 9 beds (Pathway 2)
4. Park House - 10 beds (Pathway 1)

Typically, from a community perspective re-admission rates from D2A services to hospital average around 17%. Overall occupancy of D2A services has exceeded 85% for 22/23 with continued ongoing waiting lists to access services although this is reducing.

As referenced in the section above, in relation to intermediate care in the community, previous capacity and demand modelling has been undertaken. It was anticipated at the time, based on current and pre-pandemic activity, that the CICC discharge to assess facility would be sufficient to meet our demand for intermediate bed-based care. Length of stay within the service failed to meet the required 21 days and as such capacity was insufficient to meet demand.

This led to the need to extend transitional D2A capacity in Leighton Court Nursing home (x22) and commission additional beds from Elderholme nursing home (x9). MDT provision was provided by the Community Trust ensuring social work and therapy input.

Despite this additional provision, there has remained a reliance on wider spot purchases to manage the demand on the system, (this is exponentially reducing at pace), several residential beds have been commissioned utilising ASC monies. These beds are utilised by patients who no longer require acute care but are awaiting a package of care. Over the period of the contract, there have been periods of underutilisation. This is in part due to failure to identify suitable patients. As a result of this, the commissioned beds have been incrementally reduced with the initial 25 beds reduced to 15 and then 10.

This imbalance of capacity and demand has also impacted intermediate care provision at home and care at home. The latter is demonstrating a significantly improved position.

These factors have led partners to work together to develop the new home first service which supports patients to return home following a hospital admission. If a patient does require a short period of bed based intermediate care, the home first service and the integrated community teams will ensure the time spent in a bed is minimised as far as possible.

Wirral currently discharges 64.06% of patients on pathway 0. Pathway 1 is 26.52%. Pathway 2 is 7.25% and pathway 3 is 2.17%. It is anticipated that through the developments and additional investment in home first and virtual wards, at least 95% of patients will be able to return home.

The total Wirral population is 324,336 (Office for National Statistics (ONS) mid-2020 data). The 65+ population is 71,289. ONS projections indicate that the population is estimated to increase by 4.1% to 336,300 between 2018 and 2043. This hides large variations when looking at specific age groups, with the population of children and young people (0-14) decreasing by 8.2%, while the population of older people (90+) is projected to increase by 96.3%.

There are 71 care homes for people 65+ in Wirral, with a maximum capacity of 2,766. The average occupancy level for all homes is 88%. Engagement with the discharge/transfer hub and the care home market is underway to optimise the use of these beds.

Whilst there is sufficiency of supply for standard residential and nursing care, there is a shortage of dementia provision (residential and nursing EMI); there is a risk that Wirral could be oversubscribed by winter 2023. Commissioners are working with Integrated Care Board colleagues and the market to improve capacity in this area. The ongoing development of Older Peoples extra care units, growth of the domiciliary care market, (3 new providers were mobilised in May 2023) and the strategic direction to provide added support for independence through new technologies, is intended to mitigate this risk.

There are 28 contracted care at home providers in Wirral which is an insufficient supply to meet local demand. South and West Wirral are the most challenged areas for delivery. Most providers in Wirral are small, local organisations and there are challenges around recruitment and retention for domiciliary care staff. The Council has been working with providers to attract people to the sector and to retain existing staff.

Discharge funding has been used to fund incentives such as increased hourly rates during periods of high pressure and support initiatives such as the 'Care Friends' App, E-bikes have been made available and the Skills for Care 'Finders Keepers' approach to finding and keeping the right people with the right values. Recruitment events have been held in local areas in partnership with the university and Local NHS providers.

In March 2023, Wirral Council approved funding to continue to support all community care market providers to take up the Real Living Wage (RLW) increasing rates to enable care at home providers to pay front line staff a wage above the Real Living Wage ; £12 per hour.

This allocation of funds has supported recruitment and retention in the care at home market and will support the maintenance and expansion of the market to meet local demand. Personal assistants employed by direct payment recipients have had their hourly rate aligned with the rest of the sector. The Council has considered the cost-of-living challenges when allocating financial resources.

The number of hours support offered is returning to pre-covid levels, but the number of packages is smaller due to the complexity of need. In April 2023, 3 new providers joined our framework and the combination of the extra support and using off framework providers is having a positive impact on flow.

National Condition 3 (cont)

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

The following initiatives will support this objective:

- 1) The Discharge Hub currently under development coupled with the expansion of the Home First service.
- 2) The 10 step down beds at Park House care home will support people waiting for care at home services in a more appropriate environment reducing the risk of de-conditioning.
- 3) The exponential increase of care at home services to pre-Covid levels of support
- 4) The realisation of the DFG targets supported by an increase in enabling technology.
- 5) The rollout of the 3Conversations model will reduce reliance or supplement commissioned packages of support
- 6) Additional BCF funded social work posts to ensure reviews are undertaken in a timely manner and discharge legacy packages are appropriately adjusted.

National Condition 3 (cont)

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

The discharge hub and the Home First Service will be the model for managing transfers of care, supported by a responsive care market please see above.

Wirral is applying the High Impact Change Model for managing transfers of care throughout our priority areas of development for 2023/24. Specifically, this includes the following key improvement initiatives.

- Enhance our system focus on early discharge planning, a discharge hub is in the process of being developed. It will be led by the hospital, with be an MDT approach and will ensure people are discharged onto the right pathways. The hub will ensure the system has oversight of system flow.
- Scale up of Home First D2A model throughout 2023/24 to achieve 170 referrals per month (in line with capacity and demand analysis)
- Continued scale up of Virtual Wards for frailty and respiratory further supporting Home First ethos and MDT working.
- Scaled up UCR in place to deliver MDT working.
- Continued focus of Trusted Assessor model (hospital and community) to support rapid discharge, an additional post has been created.
- Ongoing engagement with care sector including a series of 'Care Home Safe Transfer of Care' workshops with system partners, supporting improved transitions from hospital to care homes. The targets set by care market sufficiency targets will be monitored.
- UEC programme in development within Cheshire and Merseyside ICB which aims to deliver greater consistency across the ICB footprint e.g., in hospital processes and discharge policies which will further support delivery of overarching HICM principles.

As further capacity and demand analysis is completed, plans will be re-visited to ensure any anticipated gaps in capacity are addressed.

National Condition 3 (cont)

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

A large proportion of the ASC monies were invested in the care at home and care home services to further support market sustainability, but the short-term nature of the funding did prove to be an impediment to recruitment although the incentives to encourage staff to work additional hours during periods of high demand were effective. The availability of early intervention and prevention services have supported people and carers to remain independent at home and expedite discharge.

Community based Trusted Assessors will continue to ensure packages of support are adjusted appropriately and improve flow.

Additional mobile night runs will continue to be funded as this has previously been an area of high demand.

IBCF funded equipment and enabling technology enabled 604 people to be supported home. This included an additional 42 deliveries during Dec & Jan. Moving with dignity principles were applied leading to packages being right sized, reducing reliance on the care market.

Funding will continue to support flexible working patterns (7 days for social care staff sitting within NHS Trust)

The Personal Assistants register will enable more people and families to access a direct payment.

The focus on recruitment of social workers and apprentice social workers will continue.

The alliance of voluntary sector providers will continue to be funded, to support early intervention and prevention, they will be a key pillar of the reablement strategy.

Funding to support carers will continue, be increased, and reflect the outcomes of the Carers' Strategy.

Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The Carers' co-produced strategy has identified a range of priorities including the provision of

- 1) Information, Advice and Training
- 2) Improve the health and wellbeing of carers
- 3) Support with finances and benefits
- 4) A PA register
- 5) Increased carer breaks (additional respite beds will be commissioned)
- 6) Support young carers (Current offer will be reviewed)
- 7) Improve identification of carers including at point of admission to hospital.

We will support these priorities and continue to work with all health and social care sector organisations to improve support for carers. We will optimise use of the shared lives scheme and increase the number of respite beds available. The PA Register will enable carers to access appropriate and flexible support.

We will support and promote the Primary Care Carers Quality Standards to include:

- Carers Health Checks
- Carers vaccinations
- Flexible appointments
- Mental Health support
- Contingency and emergency planning
- We will promote improved ways to support Carers in Primary Care and other health settings.
- Support people to access Carers Support Groups and networks for specific health conditions.
- Improve the Primary Care role in identifying Carers whose health and wellbeing would benefit from Short Breaks
- We will promote improved ways to support Carers in Primary Care and other health settings.
- Support people to access Carers Support Groups and networks for specific health conditions.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

Wirral Council's Home Adaptations Team will continue to evolve its person centred approach through the expansion of the rapid Home Adaptation Grants (none means tested adaptations with a target of installation within 50 days) to prevent falls, enable independence and reduce readmission into hospital. The service will look to review the Handyperson Service in line with recent government guidance but will continue its focus on minor adaptations (within 48hrs of referral for priority cases such as those awaiting hospital discharge).

More complex DFG's will be closely monitored to ensure delivery is as efficient as possible and the role of Client Liaison Officers will be developed further to improve the customer journey. Efficient use of OT resources and the use of trusted assessors (currently used for Assisted bathing assessments) will ensure resources are targeted where they are needed most.

New performance measures will strategically align to the living well strategy and will be implemented from 1st April 2023 onwards. The new measures reflect the customer journey through the various stages of the DFG process. As well as minor works and adaptations to support hospital discharge. The current drive is to reduce waiting times whilst managing increasing demand for the service and over the next 2 years improving transparency and clarity of the process for the customer.

This will be closely monitored over the next 2 years. The Council's financial assistance policy complements this activity by addressing dangerous, cold, and damp housing conditions and dovetails where required with home adaptations to ensure the most vulnerable can remain living independently in their homes for longer. The DFG element of BCF has been used flexibly to support the wider strategic priorities around assistive technology and an investment programme is underway.

The use of technology enabled care (TEC) will be embedded into day-to-day assessment and reviews, shifting towards a "Digital First" philosophy to support the 3Conversations approach, understanding how to support people to live more independently, make more use of the technology they already use in and around their homes and what a good life could look like for them as they consider their futures.

From July, a project to introduce more TEC options to individuals in receipt of Supported Living services will commence. This will be part of an NHS Digital programme called Strengthening Independence Through Technology (SITT). This will provide an opportunity for the proposed TEC Champions across social care to discover more about the technologies available and the impact they can have on an individual's ability to live more independently.

The number of adaptations completed.

The target for the total number of adaptations was 2550 for 2022/23 although the service achieved 3198 in total. This performance is 25% higher than previous years and although there has been a smaller, but steady increase in referrals in previous years, it is not known whether this level of demand is likely to be sustained. It is therefore suggested that a realistic but improved target of 2750 adaptations be introduced for 2023/24 and this be reviewed at year end.

DFG Allocation for 2023/24 and 2024/25

23-24 confirmed allocation of DFG grant for Housing is £4,723,627, which is the same as the 2022-23 allocation, with an additional amount due to be announced later this year providing an increase in the total allocation nationally from £573m - £623m.

Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Funding flexibilities under the RRO has enabled more adaptations to be fast tracked without the need for means tests that slows down the process. The discretionary element is now a substantial element of adaptations assistance and includes Time Critical Adaptations Grants (fast tracked adaptations to provide dignity and flexible assistance for patients needing end of life care) and the Home Adaptation Grant (50-day target for completion of grant).

These products provide for greater support for carers, helping to prevent carer breakdown through a faster process (target of 50 days) and aligning to the national priority to ensure people stay well, safe, and independent at home for longer. This has been aligned with additional grant funding such as the Public Health funded Healthy Homes assistance to tackle wider determinants of health and the Energy Saving Trust funded programme of energy advice and assistance for those receiving adaptations.

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

£2.83m

Equality and health inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these.
- Any actions moving forward that can contribute to reducing these differences in outcomes.
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

Our BCF and overall, Health and Care Plan for Wirral now has equality and health inequalities as core delivery priorities. In Wirral life expectancy can differ as much as 12 years depending on where you live. Although social economic determinants of health are the principal factor, we recognise the health and care system design also plays a very important role. The BCF plan supports the outcomes as defined by the health and Wellbeing Plan, neighbourhood strategy (Core 20+5). An Equality Impact assessment will be completed for all new commissions and will be included as part of service reviews. There will be a focus on services provided locally, to increase social value. We expect all schemes to have identified key metrics to determine their impact on inequalities.

For example, for respiratory conditions our BCF investment aims to provide better access to services in areas of higher prevalence and corresponding poorer health outcomes. Our Neighbourhood Model, which will be co-produced with our communities, will form the foundation for how we on Wirral and our health and care system will tackle health inequalities together and improve the health outcomes of our population. Each of our 9 neighbourhoods, which are defined geographical areas, will have a core group which will be led by community leaders to improve health outcomes.

The aim of the Model is to link population health data with local intelligence and a focus on deep local insight. Each neighbourhood will use this combined information to identify a priority area for improving health outcomes. When a priority area has been identified, the Model will be to enable change that will be co-produced with communities and health and care services. The focus of changes will be on prevention of ill health, both in terms of the wider determinants impacting negatively on health and on clinical prevention that can help to promote good health. The plan for 2023/24 is to begin with two neighbourhoods initially and utilise improvement methodology to test out new ways of tackling health inequalities.

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HEALTH AND WELLBEING BOARD 21st SEPTEMBER 2023

REPORT TITLE:	WIRRAL PLACE BASED PARTNERSHIP BOARD MINUTES
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with the latest ratified minutes of the Wirral Place Based Partnership Board.

This report affects all wards and is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the minutes of the Wirral Place Based Partnership Board held on 22nd June 2023 and request the approved minutes of the meeting held on 27th July 2023 when available.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Health and Wellbeing Board provides strategic oversight of all matters pertaining to the health and wellbeing of the borough, including activities in the health and care sector. The Place Based Partnership Board will receive more detailed reports pertaining to health and care strategy and delivery. This report and attached minutes support the Health and Wellbeing Board in their strategic oversight role.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The arrangements to establish Integrated Care Systems (ICSs) are statutory under the provisions of the Health and Social Care Act 2022. Place partnerships are part of ICS arrangements.

3.0 BACKGROUND INFORMATION

- 3.1 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.
- 3.2 The Health and Wellbeing Board has asked that it should receive minutes from the WPBPB. Appendix 1 contains the approved minutes from the meeting of the WPBPB held on 22nd June 2023. The Health and Wellbeing Board is asked to note these minutes.
- 3.3 The WPBPB also met on 27th July 2023, these minutes will be ratified at the meeting on 28th September 2023. The papers and agenda for the July meeting can be found on the Wirral Council website. The papers and agenda for the September meeting will also be published on the Wirral Council website. The Health and Wellbeing Board will receive the minutes of these meetings once approved by the WPBPB.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.
- 4.2 NHS Cheshire and Merseyside is accountable for NHS expenditure and performance within the ICS and in each place.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 NHS Cheshire and Merseyside will continue to work with each place to develop local teams and ensure the appropriate deployment of resources to support borough-based delivery.

7.0 RELEVANT RISKS

- 7.1 NHS Cheshire and Merseyside has a risk management strategy and framework in place that is supported by transparency around resource availability and allocation within the place. The NHS Cheshire and Merseyside Board receives updates on key system risks and mitigations.
- 7.2 NHS Cheshire and Merseyside is extending this risk management and assurance framework into each Place. This will enable the WPBPB to manage risks identified in their work directly or through supporting governance arrangements. The October meeting of the WPBPB will consider this framework in more detail.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 NHS Cheshire and Merseyside will continue work with system partners to continue to develop ensure that all key stakeholders are engaged as place arrangements develop.
- 8.2 The Wirral Place Based Partnership Board has voluntary, community, faith, and social enterprise (VCFSE) sector representation, which will be embedded in all elements of population planning, decision making and delivery. VCFSE sector intelligence and insight will be collated, including wider community feedback, to ensure the Wirral Place Based Partnership Board can hear from critical voices within different communities, escalate priority issues, and act on these issues.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The Council and NHS Cheshire and Merseyside will work in partnership with local and regional partners to develop Place-based Partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. No Equality Impact Assessment is required for this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environmental or climate implications as a result of this report.
- 10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Simon Banks**

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

APPENDICES

Appendix 1 Wirral Place Based Partnership Board Approved Minutes 22 June 2023

BACKGROUND PAPERS

- Health and Care Act, 2022 - <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- NHS England website, integrated care section - <https://www.cheshireandmerseyside.nhs.uk/>
- NHS Cheshire and Merseyside website - [Home - NHS Cheshire and Merseyside](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Previous reports presented to Health and Wellbeing Board:	
Integrated Care System Project Update	16 th June 2021
Integrated Care System and Integrated Care Partnership Developments	20 th July 2021
Integrated Care System Developments	29 th September 2021
Integrated Care System Project Update	3 rd November 2021
Integrated Care System Update	15 th December 2021
Integrated Care System Update	9 th February 2022
Integrated Care System Update	23 rd March 2022
Integrated Care System Update	28 th July 2022
Integrated Care System	29 th September 2022
Wirral Place Update Report	2 nd November 2022
Wirral Place Update Report	21 st December 2022
Wirral Place Update Report	23 rd March 2023
Wirral Place Update Report	20 th July 2023
Previous reports presented to Adult Social Care and	

<p>Public Health Committee:</p> <p>Strategic Developments in the NHS Proposals for Integrated Care Partnership Integrated Care System and Integrated Care Partnership Developments Integrated Care Partnerships Update Integrated Care System Integrated Care System Wirral Place Update Wirral Place Update Wirral Place Update</p> <p>Previous reports presented to Partnerships Committee</p> <p>Strategic Developments in the NHS Strategic Developments in the NHS Strategic Developments in the NHS Integrated Care System Integrated Care System Update Integrated Care System</p>	<p>2nd March 2021 7th June 2021</p> <p>29th July 2021 13th October 2021 3rd March 2022 25th July 2022 29th September 2022 21st December 2022 23rd March 2023 20th July 2023</p> <p>9th November 2020 13th January 2021 29th June 2021 28th September 2021 2nd February 2022 1st March 2022</p>
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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 22 June 2023

1 WELCOME AND INTRODUCTION

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

2 APOLOGIES

Apologies for absence were received from:

Councillor Kieran Murphy	Wirral Council
Carol Johnson-Eyre	Voluntary, community, faith and social enterprise sector
Dave Bradburn	Director of Public Health, Wirral Council

PRESENT:

Simon Banks	Chair and Place Director, NHS Cheshire and Merseyside
Abel Adegoke	Primary Care
Mark Chidgey	Wirral University Teaching Hospital
Tracy Flute	Public Health, Wirral Council
David Hammond	Wirral Community Health and Care NHS Foundation Trust
Liz Hartley	Childrens Services, Wirral Council
Janelle Holmes	Wirral University Teaching Hospital
Tony Bennett	Wirral Community Health and Care NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Foundation Trust
David Jones	Primary Care
Martin McDowell	NHS Cheshire and Merseyside
David McGovern	Wirral University Teaching Hospital
Justine Molyneux	Voluntary, community, faith and social enterprise sector
Cllr Simon Mountney	Wirral Council
Cllr Tony Murphy	Wirral Council
Jason Oxley	Adults Services, Wirral Council
Lorna Quigley	NHS Cheshire and Merseyside
Paul Satoor	Chief Executive, Wirral Council
Kirsteen Sheppard	Healthwatch Wirral
Jean Stephens	Adult Social Care, Wirral Council
Tim Welch	NHS Cheshire and Merseyside
Dr Stephen Wright	Primary Care
Vicki Shaw	Head of Law and Governance, Wirral Council

Mike Jones

Secretary

3 **DECLARATIONS OF INTEREST**

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

4 **MINUTES**

Resolved – That the minutes of the meeting held on 9 March 2023 be approved as a correct record.

5 **PUBLIC AND MEMBER QUESTIONS**

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

6 **UNSCHEDULED CARE PROGRAMME**

The Chief Executive Office of Wirral University Teaching Hospital introduced this report which detailed the review and refreshing of the unscheduled care improvement programme after Wirral was identified as an outlier in national statistics. The programme had been organised into five supporting projects, each with senior responsible owners. The overall objective of the programme was to reduce the number of hospital inpatients with no criteria to reside (NCTR). The NCTR number did show an improvement from April to May but had deteriorated since. The five supporting projects were established and had agreed supporting metrics, which measured their contribution to the reduction in the overall NCTR numbers. The Care Market Sufficiency and Home First projects were on track against their first month target. The target for increasing throughput in virtual wards was not on track against the first month target.

Resolved – That:

(1) the update be noted

(2) the programme approach be endorsed.

7 **HOME FIRST UPDATE**

The System Project Lead for Home First and the Deputy Chief Strategy Officer for Wirral Community Health & Care NHS Foundation Trust introduced this report which provided an update on progress of full-system implementation of Home First.

Home First was an approach that ensured people could leave hospital or intermediate care wards with support as soon as medically fit to leave, with assessments of long term need happening at home. Wirral had delivered a

successful Home First pilot between September 2022 and March 2023, with a planned expansion for all discharges by the end of 2023.

Members asked for reassurance that there continued to be assessments where proposed relatives acting as carers may be frail themselves.

Resolved – That the report and progress made be noted, and the roll out of the Home First approach as part of wider efforts to improve health and care services and long term quality of life and independence for people in Wirral be supported.

8 REABLEMENT SERVICE DESIGN MODEL

The Assistant Director of All Age Independence & Provider Services introduced this report which sought approval of the Adult Social Care Community Reablement Model. The model was a shared vision and shared purpose, caring for people in the right place with support. The focus was on prevention, identifying people struggling to manage and being less independent. It would enable people to self-care more, minimising hospital stays.

Resolved – That the report and attached target operating model, which was tabled for approval at the Adult Social Care and Public Health Committee on the 13 June 2023, be noted.

9 WIRRAL HEALTH AND CARE PLAN 2023-2024

The Chair presented this report which provided an update on the Wirral Health and Care Plan 2023-2024 which developed from the partnership that brought NHS services together with local authorities and other local partners to collectively plan health and care services to meet the needs of the local population. The Health and Care Plan was the collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with agreed priority areas of work, blending NHS and Wirral Council priorities.

Resolved – That the Wirral Health and Care Plan be endorsed.

10 HEALTHWATCH WIRRAL UPDATE JUN 2023

Representatives of Healthwatch Wirral presented their report which shared the emerging trends and themes gathered from public views and personal experiences relating to health and care. The information collected was sourced from the people who had contacted Healthwatch via email, phone or by using the Feedback Centre, or during community engagement work. Common themes including difficulty arranging GP and dentist appointments, but positive feedback on staff interactions.

Resolved – That the report be noted.

11 **TRANSFER OF THE ADULT SOCIAL CARE CONTRACT FROM WCHC TO WIRRAL COUNCIL**

The representative of the Wirral Community Health and Care NHS Trust introduced this report which provided evidence of the impact and improved position that the Trust made whilst delivering services via the Adult Social Care (ASOC) contract and how it has added value having adult social care services provided alongside NHS Healthcare. It also provided evidence that ASOC services had performed well and beyond contract, up to the point of transfer, delivering person-centred, safe support whilst delivering all care on budget and making the required financial efficiencies. In addition it described the joint approach with Wirral Council and specific actions taken to ensure the safe and seamless transfer of the service by 30 June 2023.

Resolved – That the content of the report be noted.

12 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

The Chair presented this report which was a highlight report from the Strategy and Transformation Group which was one of the governance and assurance groups which supported the Place Based Partnership Board. It was noted that the Group supported the delivery of plans and ensured that they were focussed on improvement.

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

13 **PRIMARY CARE GROUP HIGHLIGHT REPORT**

The Chair presented this report which was a highlight report from the Primary Care Group which was one of the governance and assurance groups which supported the Place Based Partnership Board.

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

14 **FINANCE INVESTMENT & RESOURCES GROUP**

The Associate Director of Finance, NHS Cheshire and Merseyside Introduced this report which was a highlight report from the Finance, Investment and Resource Group which was one of the governance and assurance groups which supported the Place Based Partnership Board. It was noted that the intention was to collate plans into one overall plan to understand and monitor savings and cost improvement plans.

Resolved – That the key issues report of the Finance, Investment and Resource Group be noted.

15 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 12 MARCH 2023**

The Associate Director of Finance, NHS Cheshire and Merseyside Introduced this report which provided a description of the arrangements that had been put in place to support effective integrated commissioning. It set out the key issues in respect of budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 shared “pooled” fund; and risk and gain share arrangements. In 2022/23 Wirral Health and Care partners had chosen to currently jointly pool £249.10m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery. This paper provided an update to the pooled fund budget, a summary forecast position as at Month 12 to 31st March 2023 and the financial risk exposure of each partner organisation. The report also provided an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which were subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB) Health and Wellbeing Board. It was noted that there was an overspend on the ICB part of the Fund around continuing health care and subscribing costs.

Resolved – That it be noted that

- (1) the forecast position for the Pool at Month 12 is currently a £9.0m overspend position.**
- (2) the shared risk arrangements are limited to the Better Care Fund only, which is reporting a small underspend position.**
- (3) the 2022/23 section 75 agreement has been reviewed for sign off. Following the legal review by both parties, the next steps will be at the Cheshire and Merseyside ICB Finance committee and the Adult, Social Care and Public Health Committee for sign off.**
- (4) the summary of expenditure of £4.31m on the National Discharge Fund submitted for 2022/23 be noted.**

16 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

The Head of Legal Services introduced the report of the Director of Law and Governance which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board.

It was suggested that an update on children with Special Education Needs and Disabilities be provided, as part of a future highlight report of the Quality and Performance Group.

Resolved: That the work programme be noted.



HEALTH AND WELLBEING BOARD

Date: 21 September 2023

REPORT TITLE:	HEALTHWATCH WIRRAL UPDATE SEPT 2023
REPORT OF:	CHIEF EXECUTIVE OFFICER, HEALTHWATCH

REPORT SUMMARY

The purpose of the report is to share with the Health and Wellbeing Board the emerging trends and themes gathered from public views and personal experiences relating to health and care. The information collected, to form this update, is sourced from the people who have contacted Healthwatch via email, phone or by using the Feedback Centre, or during community engagement work.

RECOMMENDATION

The Health and Wellbeing Board is recommended to note and comment on the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The report submitted to Health and Wellbeing Board is compiled from the users and frontline deliverers of service. It is imperative that we learn from them and take them on the journey as change evolves.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options included not reporting into the Health and Wellbeing Board, however it is felt that reports provide information for the Board to meet one of their terms of reference, which is 'To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place'.

3.0 BACKGROUND INFORMATION

- 3.1 Healthwatch Wirral exist to ensure the views of local people on health and social care services are heard. Every voice counts and we reach deep into our communities through our outreach work. We have good knowledge of our Borough and strong relationships with all partners including local authority, NHS and third sector and have the flexibility within our remit to be unbiased, open and honest.
- 3.2 The report provides a summary of the feedback provided to Healthwatch Wirral on local health and care services. The report was requested on a as part of the work programming for the Health and Wellbeing Board. Appendix 1 contains PowerPoint slides, Appendix 2 features the Quarterly report that provides an overview of public feedback received and Appendix 3 the Annual report.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The report is for information purposes only and there are no financial implications.

5.0 LEGAL IMPLICATIONS

- 5.1 Health and Wellbeing Board is charged to work with Healthwatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The report is for information purposes only and there are no resource implications.

7.0 RELEVANT RISKS

- 7.1 The Health and Wellbeing Board is keen to work with its partners to improve health outcomes for local people. The feedback provided within the report provides an insight into how people feel about local health and care services and failure to consider the feedback would increase the risks of not being able to improve health outcomes.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 A key source of the feedback used to collate the information within the report was from Healthwatch's Community Engagement work.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 This report is for information purposes only and the content will be supplied by a partner agency. The Health and Wellbeing Board is committed to ensure that the work it does has equality at its heart and does not discriminate against anyone. Any associated actions may need an Equality Impact Assessment.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environment or climate implications as result of this report. However, Wirral Council and its Committees will consider the Climate Emergency Declaration within all the work it does and will continue to incorporate this into their work programme and hold all partnerships to account.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The report is for information purposes only and there are no community wealth implications.

REPORT AUTHOR: Name: Jenny Baines and Kirsteen Sheppard on behalf of Karen Prior, for Healthwatch Wirral.

Karen Prior, CEO Healthwatch Wirral
email: karen.prior@healthwatchwirral.co.uk

APPENDICES

Appendix 1 - Healthwatch Wirral PowerPoint providing an Introduction to Healthwatch Wirral

Appendix 2 - features the Quarterly report providing an overview of public feedback received and key demographics and themes
Appendix 3 includes Healthwatch Wirral's Annual report.

BACKGROUND PAPERS

This report is based on data drawn from the Healthwatch Wirral Feedback Centre as well as internal records of calls, emails and conversations between members of the public and Healthwatch Wirral.

TERMS OF REFERENCE

The report fulfils the following part of the terms of reference:

- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

healthwatch wirral

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WHAT IS HEALTHWATCH?

- Healthwatch is a statutory service that influences how Health & Social Care services work
- Healthwatch Wirral listens to & supports people who live in this area
- Healthwatch was established under the Health & Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

HOW DOES IT WORK?

- We have the power to make sure health and social care leaders listen to people's feedback & improve standards of care
- Each area of England has its own Healthwatch & each offers different services
- Feedback from everyone using local health & social care services is essential to us as we use this information to represent people's views and experiences.

IN A NUTSHELL

- Our job at Healthwatch Wirral is simple: we are here to help make health and social care work better for everyone. Healthwatch is independent and the way we work is designed to give local people a powerful voice to help them get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

EVERYONE'S EXPERIENCE WITH HEALTH & SOCIAL CARE IS IMPORTANT.

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Health care:

- Hospitals
- GPs
- Dentist
- Pharmacies etc.

Social Care:

- Care Homes
- Domiciliary Care
- Personal assistant
- Social worker

STATUTORY FUNCTIONS INCLUDE

1. Obtaining people's views about their needs and experiences of local health and social care services and sharing these views with those involved in the commissioning and scrutiny of care services
2. Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local health and social care services
3. Providing information and advice to the public about accessing health and social care services and options available to them
4. Conducting 'Enter and View' visits to health and social care services and reporting our findings.

SHARING EXPERIENCES

Page 61

We are uniquely placed to have conversations with everyone about their lived experience with health and social care.

We interpret and report on the patient experience to provide knowledge to commissioners and providers, helping to inform decisions about planning and delivering care.

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

ENTER & VIEW



WHAT IS ENTER & VIEW

- Healthwatch has a legal duty to visit health & social care providers to see what is working well and identify any areas for improvement. The evidence collected is used to make people's experiences better.
- Authorised representatives then compile a report which is shared with the provider for their comments and with their service regulators & also on our website for anyone to access.

FEEDBACK CENTRE



WHAT DOES HEALTHWATCH WIRRAL OFFER?

FEEDBACK CENTRE - This is available face-to-face, over the phone and online. People can tell us about their experiences of health & social care. This helps us to see what is working well or where changes may be needed.

It is free and easy for the public to use and provides reports in real time identifying successes and highlighting potential areas of concern.

[Feedback Centre \(healthwatchwirral.co.uk\)](http://healthwatchwirral.co.uk)


A large, stylized pink shape is located in the top left corner of the slide, partially overlapping the dark teal background. It has a curved, organic form.

WHAT DOES HEALTHWATCH WIRRAL OFFER?

Page 66
FEEDBACK CENTRE - On it we can capture experiences with specific service providers, a summary & details about their experience, user's location, ratings for: cleanliness, staff attitude, waiting time, treatment explanation & quality of care.

Special praise for staff, help regarding making a complaint, details from person leaving feedback (unless they wish to remain anonymous) also feature.

We moderate all reviews and collate valuable data, which is shared with key stakeholders.

A large, stylized green shape is located in the bottom right corner of the slide, partially overlapping the dark teal background. It has a curved, organic form.

FEEDBACK CENTRE

- Our feedback centre is a great place to pass on your experiences
- Allows us to find themes and trends from people's experiences and compile reports, which are passed onto providers
- People can call us on 0151 230 8957 & visit the accessible website <https://speakout.healthwatchwirral.co.uk/>
- We also provide a QR code on our leaflets that can be scanned.

FEEDBACK CENTRE

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Feedback Centre

Leave your feedback



NHS 111



Community



Social Care



Palliative Care



Children/Family



Nursing



Emergency Care



COVID-19 Testing



COVID-19 Vaccination

Wirral 0-19 Health and Wellbeing Service

Address: St Catherine's Health Centre, Derby Rd, Birkenhead, Wirral, CH42 0LQ

Telephone: **Website:**
<https://www.wchc.nhs.uk/services/wirral-0-19-health-and-wellbeing-service/>

Rate this service

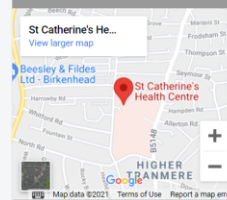
- Q.1** How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?
- Extremely likely
 - Likely
 - Neither likely nor unlikely
 - Unlikely
 - Extremely unlikely
 - Don't know

Q.2 How do you rate your overall experience of this service?*



Leave your feedback

Location



The screenshot shows a web browser window with the URL <https://speakout.healthwatchwirral.co.uk/services/residential-homes>. The page features a search bar with the text "Find your service by name or location:" and a dropdown menu. Below the search bar, there is a "Find a service" section with a search icon and instructions: "You can search all of the health and social care service providers from here. Try searching by service name, service type, postcode or street name." A "Sort by: Name" dropdown is also present. The main content area displays two service cards: "Woodland Grove" (14 Woodland Grove, Birkenhead, CH42 4NU, 01513347510, www.autismtogether.co.uk) and "Wirral Christian Centre Trust Limited" (Woodchurch Road, Birkenhead, Wirral, CH41 2UE, 01516538307). On the right side, there is a "Browse" section with a "View all" link and a list of service categories: NHS 111, Community, Social Care, Palliative Care, Children/Family, Nursing, Emergency Care, and COVID-19 Testing. The browser's taskbar at the bottom shows the time as 15:26 on 05/09/2023, with a temperature of 26°C and a sunny weather forecast.

Find your service by name or location:

Woodchurch Medical Centre

Address: 33-35 Poolwood Road, Woodchurch, Wirral, CH49 9BP
Telephone: 0151 606 1908
Website: <http://www.woodchurchmedical.co.uk/>

Leave your feedback

Rate this service

Q.1 How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

Q.2 How do you rate your overall experience of this service?*

☆☆☆☆☆

Location

33 Poolwood Rd
[View larger map](#)

herlands Pharmacy
Cat Community
33 Poolwood Rd, Birkenhead, Wirral...
Ganneys Me...
Nursery School
Google Food...
Map data © 2023 Terms of Use Report a map error

26°C Sunny 15:21 05/09/2023

ADVOCACY COMPLAINTS SUPPORT



HOW DOES IT WORK?

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- Healthwatch Wirral supports local residents to resolve issues directly with providers of health & social care
- You can raise a concern about your own or someone's else's care (with their permission).
- To help people through the process, there is a self-help pack that provides useful contacts and templates.


HOW DOES IT WORK?

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- If an issue cannot be resolved; we can refer to the NHS Independent Complaints Advocacy Service that works with us at Healthwatch.
- The independent advocate works within the NHS Complaints procedure and offers a free, independent and confidential service. The advocate offers support and explores the different options available.

WHAT ELSE DOES HEALTHWATCH WIRRAL OFFER?


- **TRAINING & ENGAGEMENT** - We develop and provide a range of training about Healthwatch and our duties.
- **#Spare5** - Is a project to encourage everyone to take action to help others.
- **SERVICE & PROJECT EVALUATION - GP Enhanced Access Review** - We are currently evaluating, reviewing and feeding back on plans, delivery and the impact of the GP Enhanced Access Service. We are starting to see the impact of this work with two PCN's developing Care Navigation Training (Bronze, Silver & Gold levels) for non-clinical staff & three more using creative ways to engage with patients.

A large, stylized pink shape in the top-left corner of the slide.


GP Enhanced Access Review - We are using a four-strand approach to this evaluation.

1. Public survey
2. Calls to reception staff
3. Enter & View
4. Qualitative interviews with PCN Leads.

With almost 800 survey responses from members of the public about GP appointments we will have a rich source of data relating to people's experiences. Data will be compared, where possible with the national picture to provide a local focus. We look forward to sharing the results with you.

A large, stylized green shape in the bottom-right corner of the slide.

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



Page 77 **Evaluation of Family Therapy - Results** highlighted overwhelmingly that providing tailor-made support to families and carers of those living with mental health and/or neurodevelopmental issues via Space 2B You's flexible family intervention (FFI) was extremely effective in improving general wellbeing for carers

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

[Microsoft Word - Healthwatch Wirral's Independent Evaluation of Space 2B You's Flexible Family Intervention Wirral.docx](#)

WHAT ELSE DOES HEALTHWATCH WIRRAL OFFER?

- **BRIDGE** - A monthly forum for anyone working in the health, social care & charitable sectors - offers opportunities for the sharing of information

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

- **Hospital Discharge support** - Community focused support for patients following discharge from Hospital to reduce A&E attendances, people being readmitted into WUTH and contributing to Winter Planning.

HOW DO PEOPLE FIND OUT ABOUT HEALTHWATCH?

- Health fairs, events, GP surgeries, hospitals and anywhere else where we can attend.
- Face-to-face and online using social media
- The Healthwatch Van (Resource Vehicle RV)
- At various forums & networking events
- And from you!

HOW DO WE USE THE FEEDBACK?

- We collate feedback gathered from various sources
- Face-to-face, emails, telephone calls, online Feedback Centre, the Patient Experience Hub at WUTH & events
- We use the feedback to inform services, service providers and organisations of both compliments and concerns so they can take action.

HIGHLIGHTS FROM OUR QUARTERLY REPORT

- The following data is taken from feedback about health and social care services received during the period May-August 2023
- We received the feedback from our online Feedback Centre, phone calls, emails and face-to-face work.

(Any individual cases mentioned have already been followed up (where requested) by Healthwatch staff and/or referred to the relevant patient experience teams within the services).

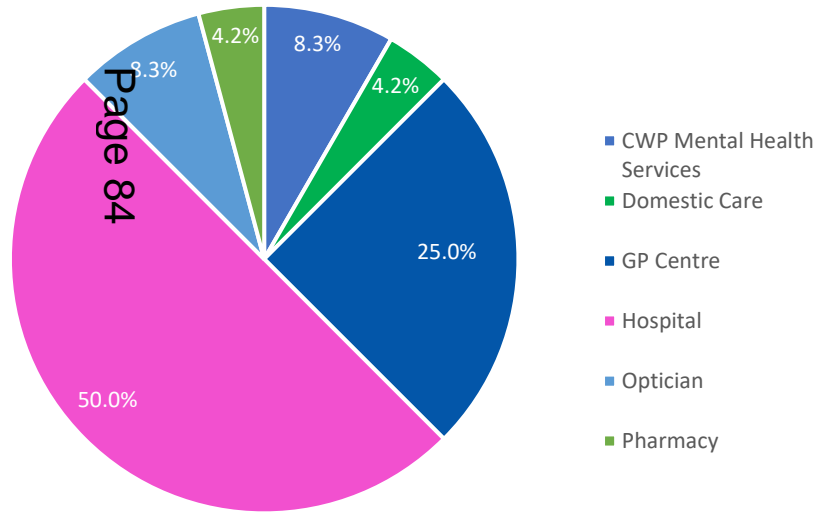
HIGHLIGHTS FROM OUR QUARTERLY REPORT

- The majority of feedback received in this period is about Hospitals and GP Practices
- The other services we heard about most frequently during this period were Mental Health Services
- We heard from more women than men (66% female, 34% male)
- 80% (of those who answered monitoring questions) identified themselves as carers.

HIGHLIGHTS FROM OUR QUARTERLY REPORT

- The majority of feedback and calls came from (or related to the experience of) people **aged 65 to 79 years** followed by people aged **80 years +**
- We have identified the following main themes based on the most frequently mentioned concerns by service users:
 - Communication between health professionals & patients
 - Access to dental care
 - Access to GP appointments.

Online Feedback Centre - May 2023 to August 2023 data



- **50%** of all online feedback related to **hospitals**
- **25%** of all online feedback was about **GPs**

25%

20%

15%

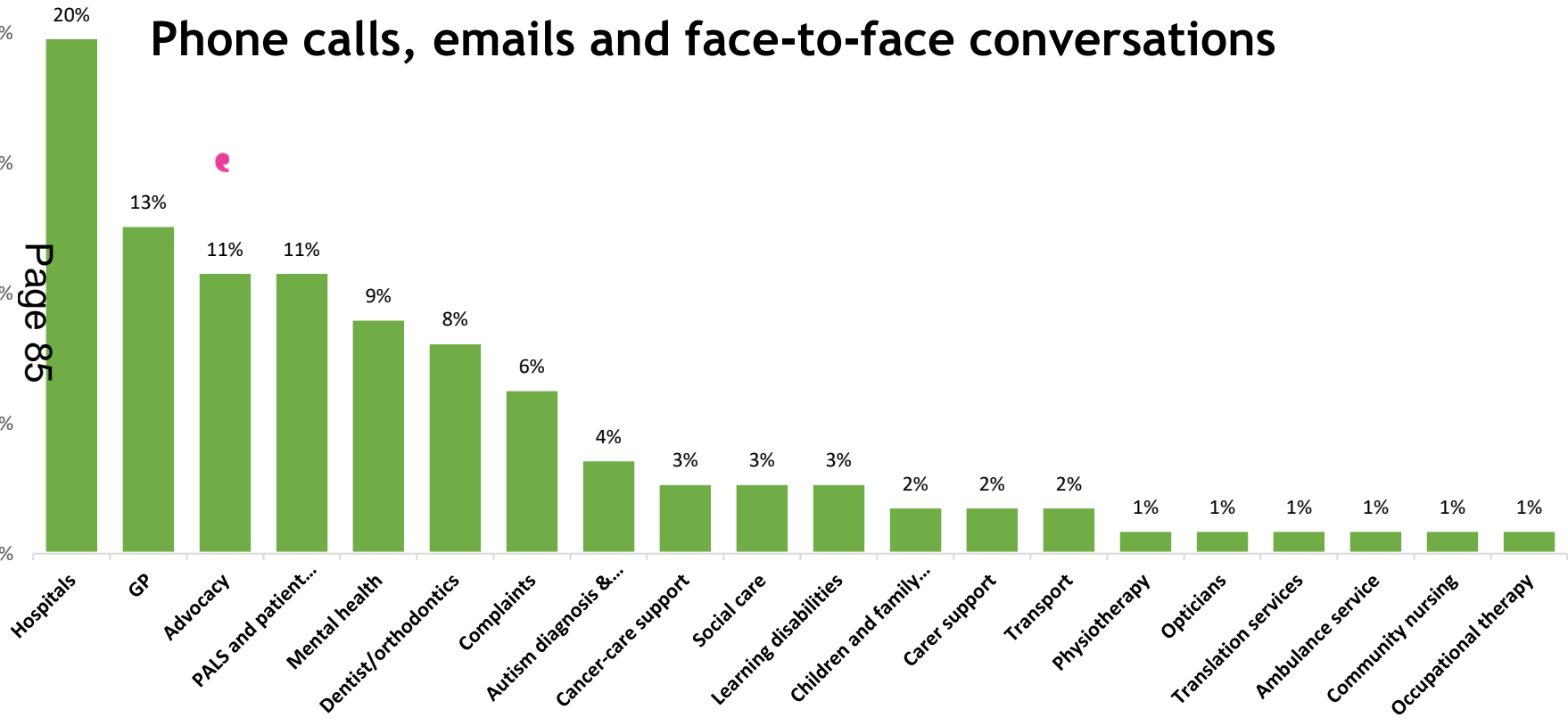
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5%

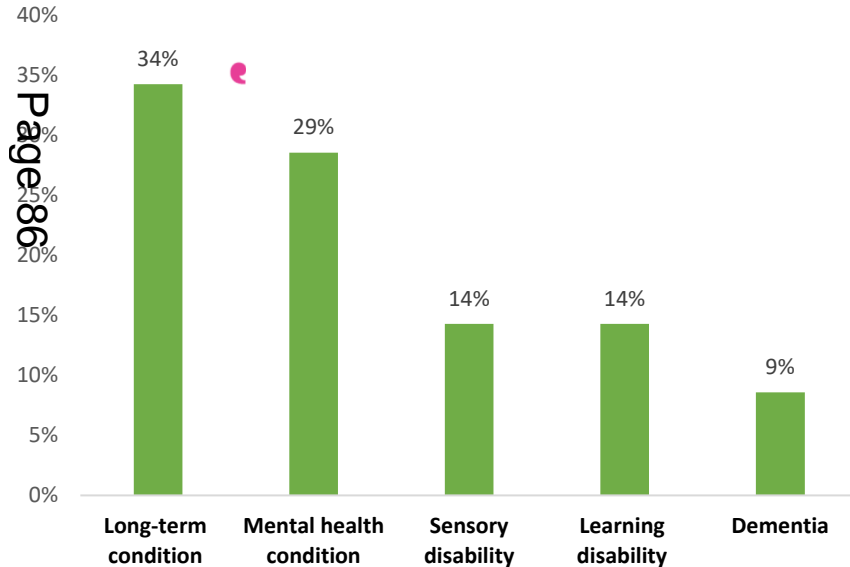
0%

Phone calls, emails and face-to-face conversations

Page 85



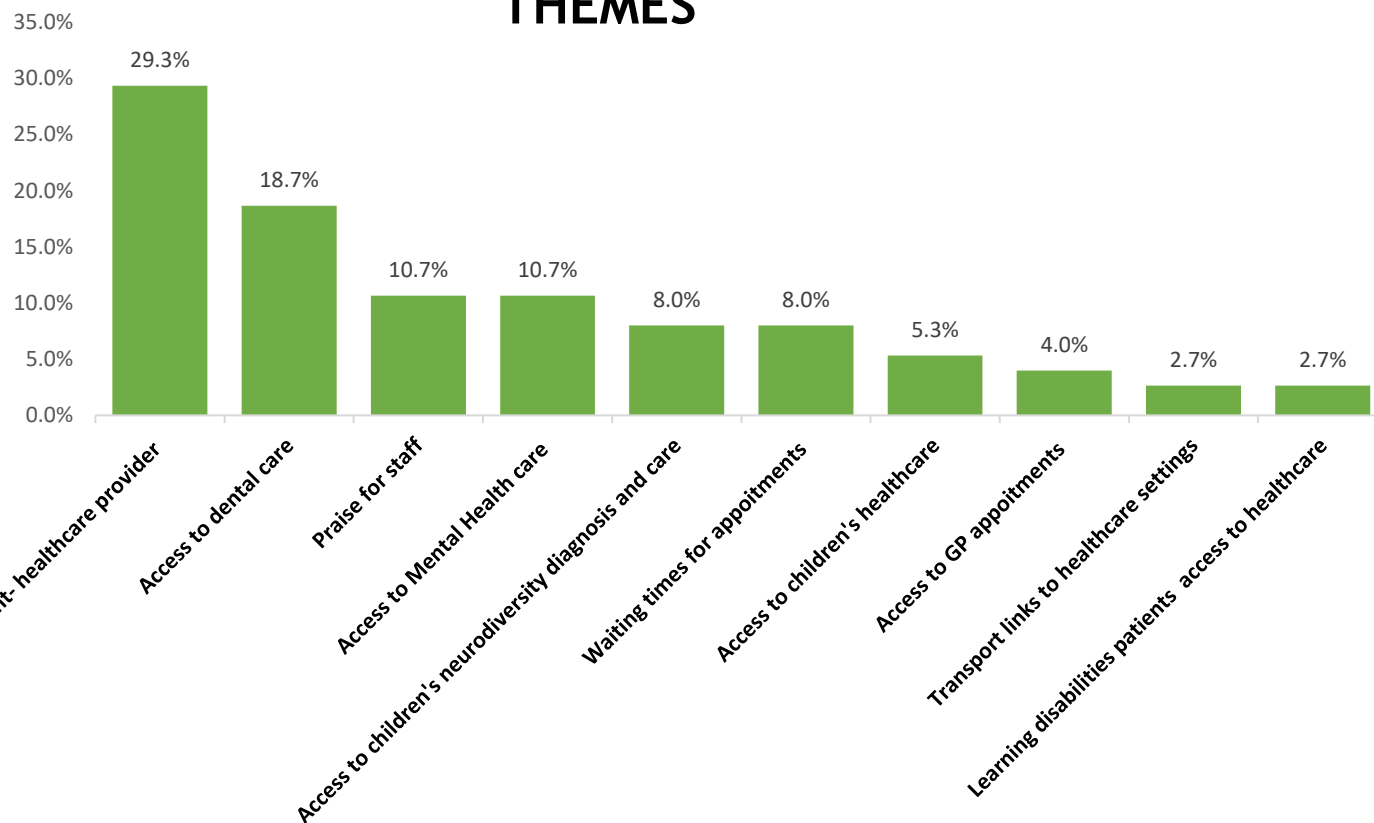
Disability and Health condition



Among service users that mentioned having a disability or health condition:

- **34%** related to a **long-term condition**
- **29%** to a **mental health condition**
- **14%** to a **sensory disability**
- **14%** to a **learning disability &**
- **9%** to **dementia**

THEMES



THEMES

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

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

THEMES

Access to appointments, especially **Dental Care** and **Mental Health Care**.

- Public finding it hard to access a **dentist**, including difficulties accessing emergency dentistry.
- Barriers to **Mental Health Care**. People report inadequate support, limited treatment options, gaps in care continuity. Also, absence of suitable acute mental health support for times of crises.

THEMES

- **Praise for staff:** many people have reported positive experiences with staff even when there have been other issues (e.g. difficulties contacting services).
- We have heard positive feedback about staff across multiple departments at Wirral University Teaching Hospital (Arrowe Park).

HOW DO I GET INVOLVED?

- We are looking to recruit volunteers to support us with Enter & View & in other areas of work
- We offer free training for volunteers, this year I have recruited and trained 18 volunteers
- We have 8 members of staff, only three of whom are full time.

Thanks for Listening. Any questions?

Contact Healthwatch Wirral on:

Office: 0151 230 8957

Mobile: 07940 163 935

Kirsteen Sheppard Email:

kirsteen.sheppard@healthwatchwirral.co.uk



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HEALTHWATCH WIRRAL

LISTEN. SHARE. INFLUENCE

'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

Our job at Healthwatch Wirral is simple: we are here to help make health and social care work better for everyone. Healthwatch is independent and the way we work is designed to give local people a powerful voice to help them get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Our statutory functions include:

- Obtaining people's views about their needs and experiences of local health and social care services and sharing these views with those involved in the commissioning, provision and scrutiny of care services.
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local health and social care services
- Providing information and advice to the public about accessing health and social care services and options available to them
- Conducting 'Enter and View' visits to health and social care services and reporting our observations and findings.

OUR UNIQUENESS:

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

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

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

Since our last report at Place:

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

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

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

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

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

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

WIDER WORK

GP Enhanced Access Review

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

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

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

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

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

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

Evaluation of Family Therapy

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

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

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

[Microsoft Word - Healthwatch Wirral's Independent Evaluation of Space 2B You's Flexible Family Intervention Wirral.docx](#)

BRIDGE Forum

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

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

Current work also includes:

1. Care Navigation Training (Bronze, Silver & Gold levels) for Brighter Birkenhead and Meols & Moreton PCNs
2. Enter & View Programme is ongoing with plans to visit a range of services.
3. The Healthwatch Wirral Independent NHS Complaints Advocacy Service currently has an active caseload of 25. We have noticed that cases are becoming increasingly complex.
4. Pathway Zero and Wellbeing Calls to patients recently discharged from hospital. This is a support project to reduce the number of people being readmitted into WUTH, reduce the attendances at A&E and ongoing and contributing to Winter Planning.

E-bulletin

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

Meetings

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

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

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

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

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

QUARTERLY REPORT DATA

This report covers public feedback about health and social care services received during the period May-Aug 2023 and gathered through a range of different channels including our online Feedback Centre, phone calls, emails and face-to-face work (Any individual cases mentioned have already been followed up (where requested) by Healthwatch staff and/or referred to the relevant patient experience teams within the services).

HIGHLIGHTS from this report

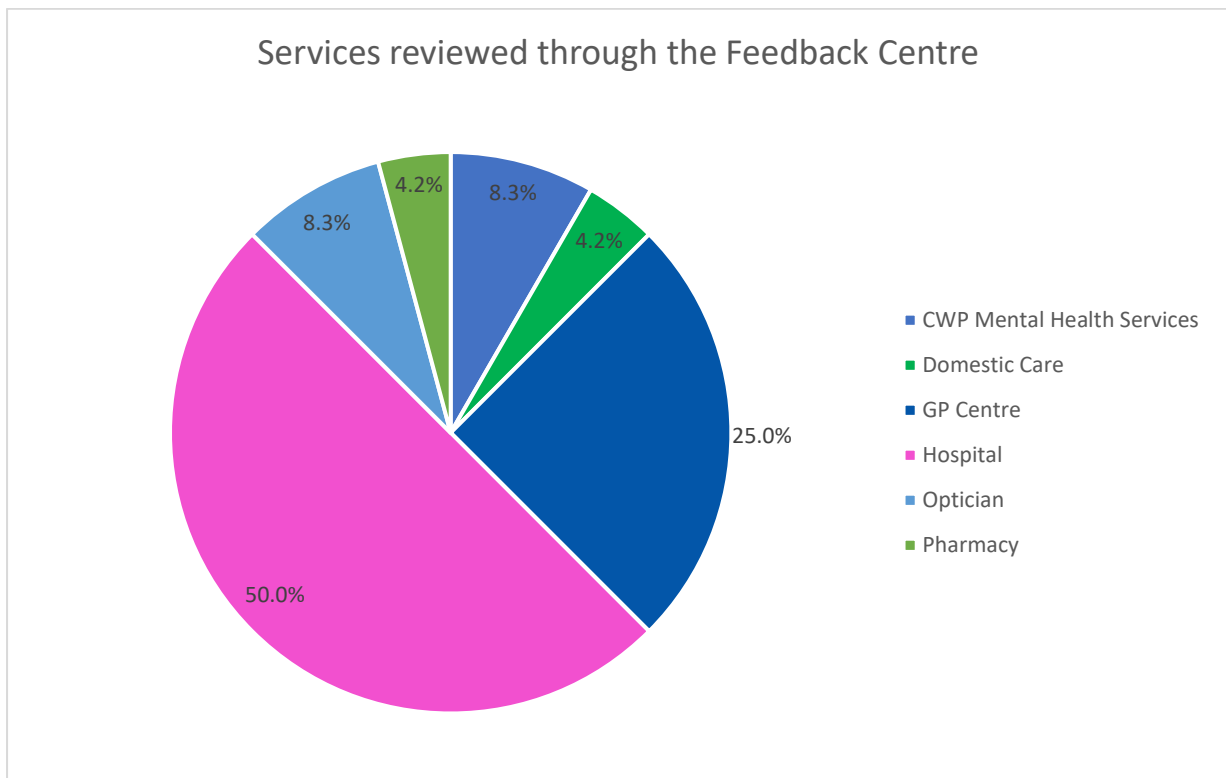
- The majority of feedback received in this period is about Hospitals and GP Practices
- The other services we heard about most frequently during this period were Mental Health Services
- We heard from more women than men (66% female, 34% male)

- 80% (of those who answered monitoring questions) identified themselves as carers
- The majority of feedback and calls came from (or related to the experience of) people aged 65 to 79 years old followed by people aged 80 years or more.
- We have identified the following main themes based on the most frequently mentioned concerns by service users:
 - Communication between health professional and patient
 - Access to dental care
 - Access to GP appointments

Public Feedback

Online Feedback Centre – May 2023 to August 2023 data

Chart 1



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

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

- **25%** of all online feedback was about **GPs** (up from with **15%** in Jun)
- Mental Health Services and Opticians also received 8.3% of feedback on our online platform
- We received limited online feedback on other services including Pharmacies and Domestic Care

Phone calls, emails and face-to-face conversations

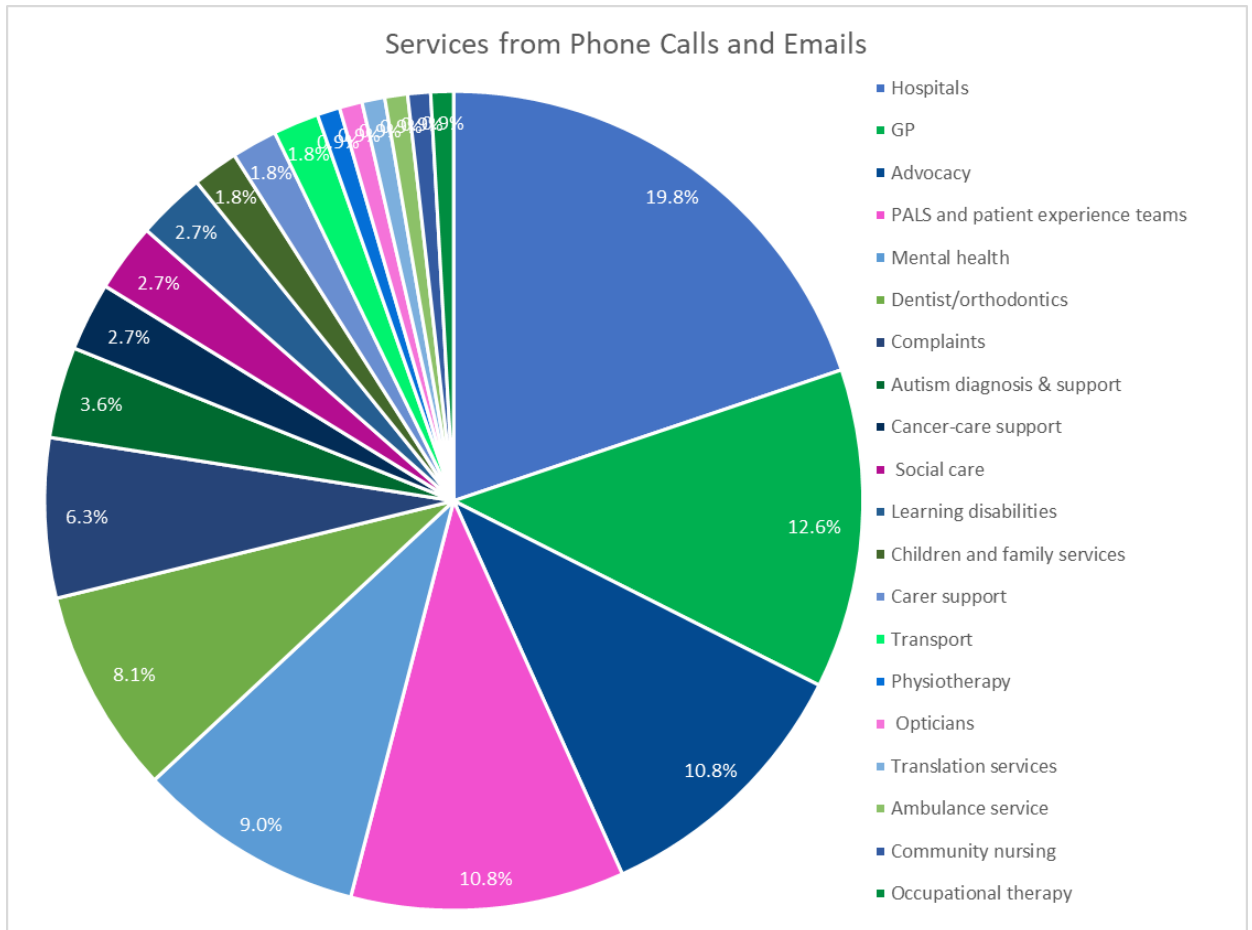
Some contacts shared their experience about more than one service (e.g. GP and hospital).

**Please refer to Chart 2*

- **19.8%** of all contacts logged on IMS (HWW's Integrated Management System) relate to **hospitals** (down from **28%** in June)
- **12.6%** of contacts were about **GPs** (down from with **16%** in June)
- **10.8%** of contacts related to Advocacy which relates to patients experiences and supporting patients in accessing health and social care services
- **10.8%** of contacts were about **GP PALS and Patient Experience**
This includes cases where Healthwatch Wirral has worked with the Patient Experience Team at Arrowe Park to swiftly resolve any issues
- **9%** of contacts related to Mental Health Services including Cheshire & Wirral Partnership services
- **8.1%** of contacts related to dental services

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

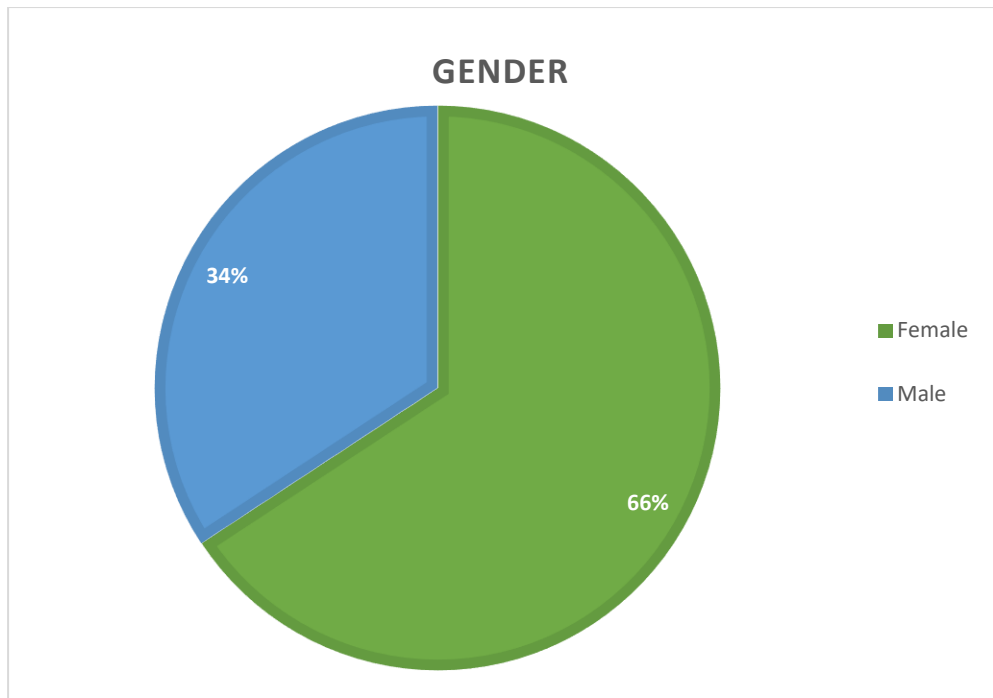
Chart 2



Demographics

The **Age**, **Ethnicity** and **Gender** categories below incorporate available data from phone calls, emails and face-to-face conversations as well as the Feedback Centre.

- **20%** of all respondents using the Feedback Centre answered one or more monitoring questions – this is consistent with **20%** in June.
- Of those who answered the monitoring questions:
 - **66% female, 34% male**

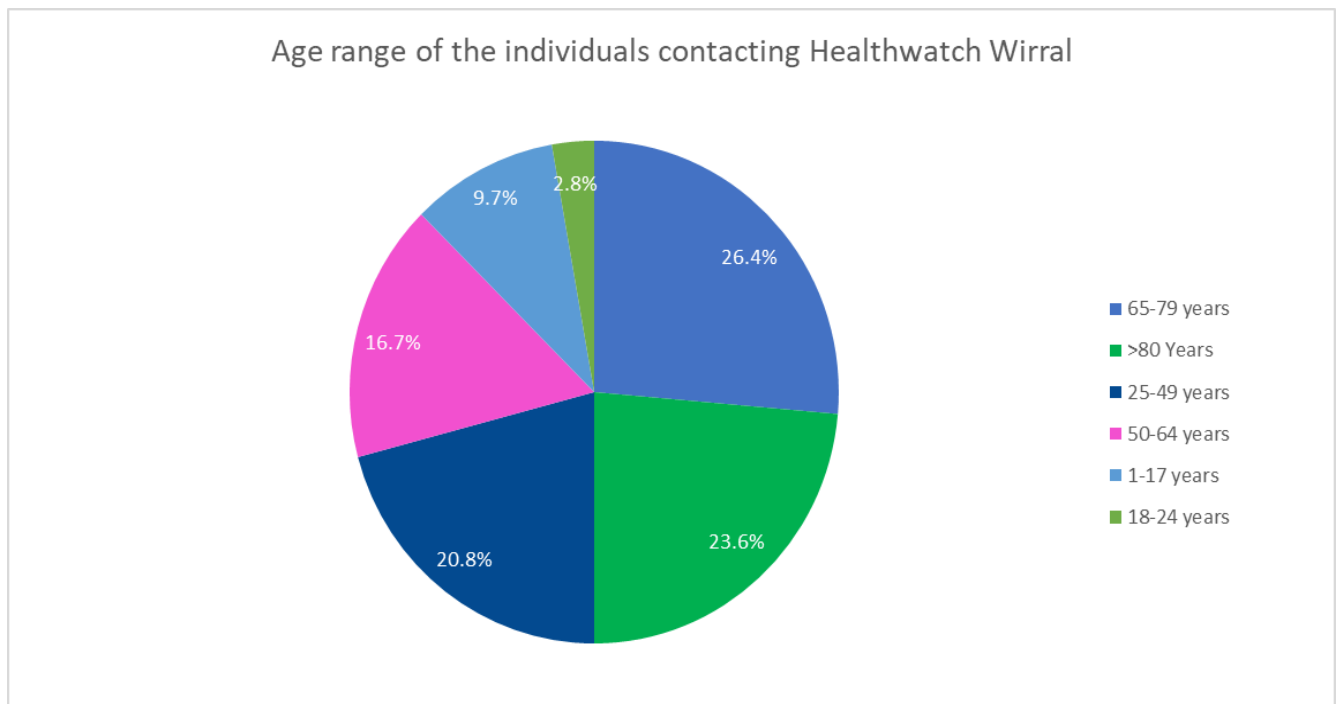


- **75% White British, 17% Other White and 2% were Black British, Bangladeshi and Other Asian.**
- **80%** identified themselves as **carers** (up from 43% in the June report)

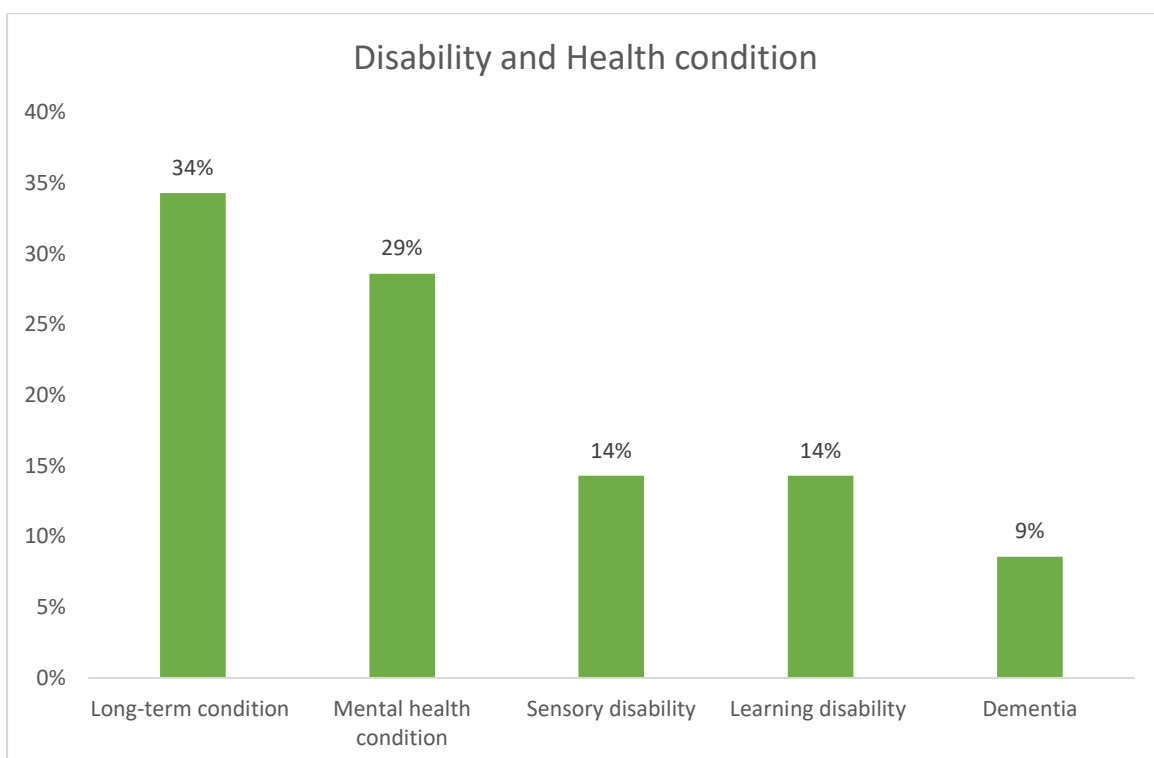
The majority of feedback and calls came from (or related to the experience of) people aged **65 to 79** (26.4%) followed by people aged **80 years or more** (**23.6%**).

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

Chart 3

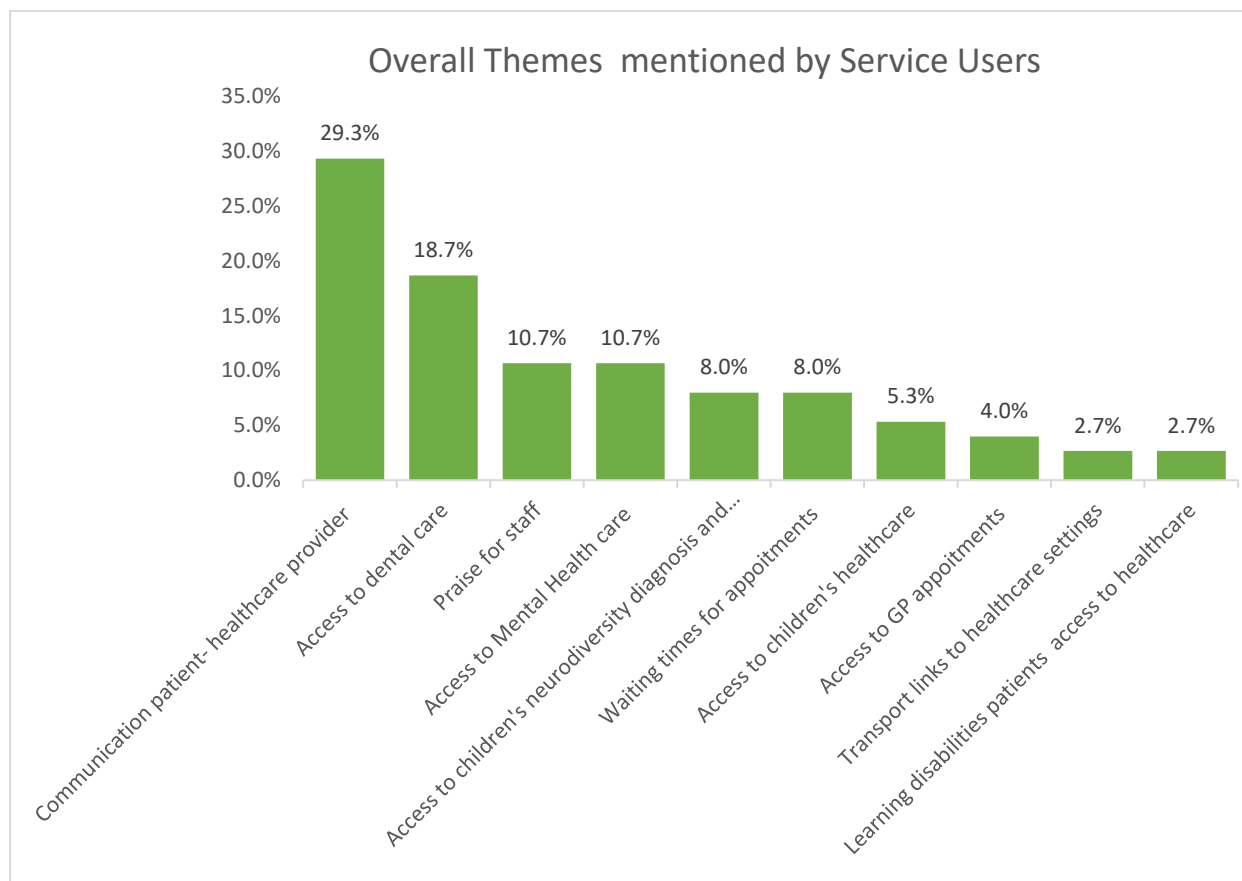


Among service users that mentioned having a disability or health condition **34%** related to a **long-term condition**, **29%** to a **mental health condition**, **14%** to a **sensory disability**, **14%** to a **learning disability** and **9%** to **dementia** (see Chart 4). **Chart 4**



OVERALL THEMES

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



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

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

- **Access to appointments** remains a topic of concern for many people who contact Healthwatch Wirral, especially **Dental care** and **Mental Health Care**. We continue to receive multiple calls from those who cannot access a dentist, including difficulties accessing emergency dentistry.
- This quarter's main theme regarding **Mental Health access** has been specifically relating to barriers to receiving suitable care. People using these services report facing inadequate support due to limited treatment options, gaps in care continuity and a lack of clear information on finding help. Additionally, service users noted the absence of suitable acute mental health support for times of crises.
- **Praise for staff** remains the most consistent positive theme: many people have reported positive experiences with staff even when there have been other issues (e.g. difficulties contacting services). We have heard positive feedback about staff across multiple departments at **Wirral University Teaching Hospital (Arrowe Park)**.

WIRRAL UNIVERSITY TEACHING HOSPITAL – ARROWE PARK

Positive themes:

- **Waiting Times at A&E and triage**
'She was triaged quickly (within 15 mins). The doctor saw her as quickly as possible (within about 2 hours)'
- **Praise for staff**
'The doctor was kind, gentle, professional and followed all the correct protocols'
'staff followed best practice for an immunocompromised patient and let us wait in a side bay rather than in the waiting room.'
'I was treated very kindly by staff in the MRI department'.

Negative themes:

- **Waiting for appointments**

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

'found out that the procedure is delayed,'

- **Poor communication between health and social care professionals and patients**

'Unfortunately, this did not happen and despite me asking to be kept informed I received no communication.'

'Why is the little information given so contradictory?'

- **Car parking issues**

'general shortage - nearly missed appointment.'

- **Challenges in access additional care for learning disabilities patients at Arrowe Park**

Issues relating to not having learning disabilities formal diagnosis

GPs

Positive themes:

- None mentioned

Negative themes:

- **Shortage of Mental Health Support**

'PTSD and failure of GP services to help'

- **Poor communication**

'GP Practice is being unhelpful, I have not been able to get any response via GP PALS'

- **Long waiting times**

'my client has been waiting for 6 weeks for results from GP Practice'

- **Patients not feeling supported**

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

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

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

Cheshire and Wirral Partnership - Crisis Line

Positive themes:

- None Mentioned

Negative themes:

- **Long wait on phone line**

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

Clatterbridge Cancer Centre

Positive themes:

- None mentioned

Negative themes:

- **Long waiting times**

'been waiting over 7 weeks for results of Scan'

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Research and Data Officer

Together

we're making health
and social care better

healthwatch
Wirral

Annual Report 2022–23



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“

“In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn’t. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better.”

Louise Ansari, Healthwatch National Director

Message from our Chair

Our society's health and social care sector is at a time of great pressure, which stems from many factors – not least the aftermath of Covid and financial pressures on all sectors of the community. In this environment, individuals often find it difficult to navigate the best pathways to seeking medical or social care, or to understand the ways in which they can communicate with, and influence, those providing that care.

The staff and volunteers at Healthwatch Wirral have an extensive knowledge of the complexities of the health and care system and are tireless in working to ensure that routes to care are accessible, clearly understood and effective. They have created excellent working relationships with professionals across the sector and are highly respected for their input. The result is a team of patient champions who work tirelessly to bring together the users and providers of health and care in our area.

This report is a testament to the ongoing achievements of Healthwatch Wirral and will tell you in detail of the outstanding work that they do on behalf of the Wirral community. Please do read it and see what is being done on your behalf, day in and day out; and if you are inspired to be part of this work, do contact the Healthwatch office and offer to join the wonderful team of volunteers who are so central to all that we achieve.

I congratulate the Chief Executive Officer, staff and volunteers of Healthwatch Wirral on all that they do and thank them on behalf of the Wirral Community.

Bill Wyllie
Chair, Healthwatch Wirral

Message from our CEO

It is a pleasure to once again be writing the annual report 2022/23 for Healthwatch Wirral (HWW).

I would firstly like to acknowledge and thank our staff and volunteers for their commitment and spirit during the last 12 months. There are mounting pressures all around us and the enthusiasm within our team has been remarkable. Our team live, work and use the care services on Wirral and so, when listening to the experiences of others, things often resonate and help us stay grounded and focussed. HWW use the views and experiences that are shared to influence Wirral's health and care commissioners and providers to strive for good for everyone.



Karen Prior
Chief Executive Officer,
Healthwatch Wirral CIC

It is so important for HWW to hear the issues facing the public and also to understand how our health and care system is coping with the demand for care and treatment; whilst everyone recovers from the pressures that Covid inflicted. To that end, within Healthwatch, we have:

- Adapted how we gather lived experiences.
- Improved our communication & engagement.
- Reviewed and improved our Enter & View process.
- Aligned outreach work with our priorities.
- Aligned our staff & volunteer roles to our priorities and our Quality Standards Framework.

HWW is a popular organisation with the public. We can evidence care and compassion, effective advice, support and signposting for Wirral residents. We are approachable and we take time for people when they need it most.

Commissioners & Providers have regularly sought insight from HWW to ensure health and care services can be designed, or adapted, to be person-centred. Our challenge is always about driving quality and seeking assurances that services have our residents at the heart of both design and delivery.

As part of a Marmot Community (see Glossary) we have proactively aligned our priorities to the Core20Plus5 (see Glossary) focussing on the Plus5 element to include Carers, Language & Translation, Sensory Impairment and Interpretation support. This ensures that HWW priorities are synchronised with local system plans and allow us to be reactive if the

Message from our CEO

need arises.

We have also adapted our plans to the Health & Wellbeing Strategy for Wirral and especially aligned with Priority 5 which cuts across all of the Priorities.

- Priority 1: Create opportunities to get the best health outcomes from the [economy and regeneration](#) programmes
- Priority 2: Strengthen health and care action to address differences in [health outcomes](#)
- Priority 3: Ensure the best start in life for all [children and young people](#)
- Priority 4: Create safe and healthy places for people to live that [protect health](#) and promote a [good standard of living](#)
- Priority 5: Create a culture of health and wellbeing, [listening to residents and working together](#)

Nationally, there has been a change to health and care arrangements/systems. Although there had been lots of preparatory work in the previous years, the integration of health and care commissioning and provision stepped up in July 2022.

The nine Cheshire & Merseyside (C&M) Healthwatch Organisations are members of committees and sub-groups at the C&M Integrated Care Board. We continue to work together to ensure public voice is represented, and heard, at a Cheshire & Merseyside level and, most importantly, at local *Place (*see Glossary).

We have built trusted and effective relationship of over ten years with the public and health and care system partners. The processes, which we designed ourselves, combined with our local knowledge, has allowed us to gather feedback much quicker than other sources. The data we share is primarily based on lived experience and is a driver for improvements e.g Discharge from Hospital, Mental Health and more recently Dentistry. We are also committed, and able, to support and signpost, or refer, people at a time when they are at their most vulnerable and may not know about the non-clinical support they can access.

We are perfectly placed, and coordinated, to respond where there are health and care service issues that relate to a provider which may cover the Cheshire & Merseyside patch. For example, Care Home Owners and large organisations like The Walton Centre, Clatterbridge Cancer Centre and Alder Hey.

A Memorandum of Understanding (MoU) has been written, and endorsed, by all nine Healthwatch Organisations and it promotes openness, honesty and flexibility to allow the gathering and sharing of information between

Message from our CEO

the public and the decision makers both locally and at a regional level; to ensure services are provided at the right time and in the right place.

HWW records the real lived experiences of individuals and family/unpaid carers including the impact of how life has changed and what could have been done better or differently.

We look forward with enthusiasm to providing information and representation so that the recovery plans for our health and care systems can be truly fit-for-purpose.

We wish everyone every good health, energy and success for 2023/24.

Karen Prior
Chief Executive Officer, Healthwatch Wirral CIC

About us

Healthwatch Wirral is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



We:

- **Listen** to people and making sure their voices are heard.
- **Include** everyone in the conversation – especially those who don't always have their voice heard.
- **Analyse** different people's experiences to learn how to improve care.
- **Act** on feedback and driving change.
- **Partner** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

About us

Healthwatch Wirral is your local health and social care champion.

Our Uniqueness

We are uniquely placed to have conversations with patients about their lived experience with health and social care. We interpret and report on the patient experience to provide knowledge to commissioners and providers, helping to inform decisions about planning and delivering care.

Healthwatch Wirral are experts in consultation and engagement. Our mission is to continue to be an independent & trusted organisation with people who are real agents of positive change across health and social care.



Purpose of Intent

We believe everyone has the right to access high quality health and social care when they need it.



Our values are:

- **Approachable** our service should be accessible to the community; we listen with empathy and provide accurate information
- **Collaborative** we connect with the public, Wirral Council, health and social care services and community organisations to improve care
- **Compassionate** we care about everyone's experiences of health and social care and creating better services
- **Credible** we act on what you tell us and tell you about what we've done and the difference it has made – 'You Said, We Did'
- **Inclusive** we believe everyone needs to be included in the conversation, especially those whose voices often go unheard
- **Influential** we tell services what could be better and make recommendations

About us

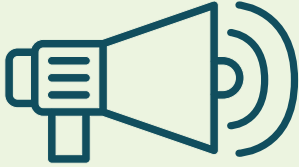


How we uphold our Values:

- **Approachable** we are available by phone, email, online via the Feedback Centre and face-to-face
- **Collaborative** we visit and inspect health and social care services, work closely with a wide range of partners and hold a monthly forum called the BRIDGE Forum to share information
- **Compassionate** we take time to listen and what you tell us shapes our work
- **Credible** we provide information that is easy to understand and gather evidence so that we can share what we find out with everyone
- **Inclusive** we involve as wide a range of people as possible by working with local services who represent those who are hardest to reach
- **Influential** we help services improve by checking what they do and suggest or advise them on how to make things better. We send out a monthly bulletin to share news about our work, local events and updates

Year in review

Reaching out



7,857 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

5,000 people

who have recently been discharged from hospital – to offer advice, support and signposting, where appropriate

28,456 people

people came to us for advice via email, phone or face-to-face

Making a difference to care

We published

8 reports

(Enter & View, H&WBB, Place Based Partnership Board) Our most popular report was

Place Based Partnership Board Quarterly Reports

and the disaggregated data which is shared with the Commissioners and Providers



Year in review

Health and care that works for you



We're lucky to have

19

outstanding volunteers who gave up **257 days** totalling **1,799 hours**, which equates to a value of

£44,975

We currently employ

9 staff

6.1 full time equivalent who help us carry out our work.

How we've made a difference this year

Spring

We supported the work to reduce over-prescribing of Antibiotics and reducing Urinary Tract Infections by promoting the 'To Dip or Not to Dip' training in Care Homes.

We asked about Oral assessments on admission to Care Homes and what happens if dental care is needed (Mouth Care Matters).

We worked with Rethink to set up a Community Mental Health Alliance.

We visited local vaccine centres to gather people's experiences of their COVID-19 vaccinations and boosters.

Summer

Held Bridge Forums, inviting speakers, to update us on Covid Vaccinations, PATCHs, Dentistry, Lower My Drinking App, changes from Clinical Commissioning Groups to Integrated Care Systems. We asked about Oral assessments on admission to Care Homes and what happens if dental care is needed (Mouth Care Matters).

We supported the HWE #BecauseWeAllCare campaign which saw 54,000 people nationally come forward to tell Healthwatch about issues they faced with services.

We hosted a Working Carers' Forum to ensure carers' voices became a key part of the new Wirral Carers' Strategy (Focus groups with social workers, IAPT and groups who are often seen as 'hard to reach') and continued our partnership with Barnardo's, we met with young carers to hear their views about health and social care.

Our staff team supported Wirral System planning and development by attending groups, committees & workshops such as: Strategy & Transformation, Core20Plus5, Place Partnership Board, Health & Wellbeing Board, Primary Care Committee, Patient Safety Incident Reporting, Neighbourhood Group, Mental Health Alliance, Promise Groups at WUTHFT, Home First, Discharge Planning, Wirral Planning & Investment and Maternity Services Transformation etc.

How we've made a difference this year

Autumn

Improved our data system - we can produce quick reports with trends & themes and be reactive to requests for information.

We made contact with approx. 5,000 patients who were discharged on Pathway 0 to help prevent re-admissions and reduce attendances at A&E.

Our new staff member recruited and trained a new team of volunteers to support Enter and View visits, community engagement, advice & information and administration in our office.

We returned to the Patient Experience Hub at Arrowe Park Hospital to gather patient and family views and help to resolve any issues quickly.

Winter

The public feedback we gathered, earlier in the year, about over-prescribing Antibiotics in Care Homes is forming part of the work programme on Wirral.

We began evaluating the PCN plans for GP Enhanced Access. We were able to share good practice and to improve the communication of the enhanced offer to patients. The outcomes were good in that we contributed to some GPs having a better understanding of Social Value and how this could be put into practice. We launched an online survey to gather residents' views of Enhanced Access at GP surgeries, which has already had over 600 responses.

We participated in two national research projects through Healthwatch England, focusing on Maternal Mental Health and Unmet Social Care Needs.

We were commissioned to provide an Independent Evaluation of a flexible family intervention for carers. A report on this work is due out in Summer 2023

Who we work with

HWW has strong relationships throughout our local health and care system, and we would like to thank all of our colleagues across the NHS and Local Authority who continue to face challenges providing, and commissioning, our day-to-day care, and who are now faced with designing robust recovery plans, whilst ensuring quality care at the right time and in the right place for Wirral residents.

This year HWW have seen a huge increase in queries, questions and complex concerns from the public about their care, or the care of someone they love. The trusted relationships within Wirral Place have meant that HWW has been able to support individuals and find resolutions to their concerns or complaints, quickly.

To that end, we would like to thank Iain Stewart, Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism) at Wirral Place – ICB, Sarah Boyd-Short, Senior Partnerships & Transformation Manager – Primary Care, at Wirral Place ICB and Johanna Ashworth-Jones, Programme Developer, Patient Experience & Nurse Quality Indicators at Wirral University Teaching Hospital NHS Foundation Trust (WUTH) for their continued support to HWW.



During the first year of NHS Cheshire & Merseyside, our Healthwatch partners have engaged and supported the work of the Integrated Care System. They have worked with us and provided the right level of scrutiny and challenge on behalf of the population of C&M, asking probing questions and seeking assurance to ensure that C&M ICB and wider system partners always put the resident at the centre of our strategic and operational priorities. The nine Healthwatch organisations are active at a C&M wide level, and particularly working within our nine Places, which means they are able to ensure the voice of the public is heard at all levels of the ICS. I'm very grateful for their contribution and advice and look forward to continuing our close working in the future'.

Clare Watson

Deputy Chief Executive, Cheshire & Merseyside Integrated Care Board



Listening to your experiences

Communication & Engagement

Our job at Healthwatch Wirral is simple: we are here to help make health and social care work better for everyone. Healthwatch is independent and the way we work is designed to give local people a powerful voice to help them get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Our statutory functions include



- Obtaining people's views about their needs and experiences of local health and social care services and sharing these views with those involved in the commissioning and scrutiny of care services.
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Providing information and advice to the public about accessing health and social care services and options available to them.
- Conducting 'Enter and View' visits to health and social care services and reporting our observations and findings.

WUTHFT PATIENT EXPERIENCE HUB

Partners: Tony Probbing, Associate Director of Allied Health Professionals, Directorate Manager for Critical Care, EBME, OPAT & Resus, Trust Lead: Nutrition & Hydration, Carers and Frailty Wirral University Teaching Hospital NHS Foundation Trust

Synopsis: Healthwatch Wirral have a regular front-facing presence at Arrowe Park's Patient Experience Hub used to engage with patients, visitors and all those who attend the hospital and to offer guidance and signposting.

BRIDGE FORUM – BRIDGING RESOURCES INFORMATION DIRECTION GUIDANCE for EVERYONE

Partners: All sectors

Synopsis: The purpose of this monthly meeting is to share regular information across all sectors, identify issues encountered and discuss how we can work collaboratively in a connected and integrated way to help improve the pathways into services for Wirral residents.

Communication & Engagement

YOUNG CARERS

Partners: Barnardo's Action with Young Carers Wirral

Synopsis: We meet regularly with young carers supported by Barnardo's to talk to them about our work and hear their viewpoints about health and social care in Wirral, as well as learning about their experiences as young carers.

We publish a report, after each meeting detailing the young carers' experiences. This is shared with stakeholders across health and social care to highlight the challenges faced by young carers so that improvements in an individual's circumstances is recognised in order that reasonable adjustments can be made.

COMMUNICATION

We provide a wide range of opportunities for people to share their views and experiences, which includes the promotion of our on-line Feedback Centre, meeting face- to-face, electronic surveys, phone, email and social media. We strive to communicate in plain English. Our users have an inclusive online experience with customisable options, allowing them to choose how they navigate and use our information.

Through analysing all data we are able to spot gaps and emerging trends and themes such as discharge from hospital, maternity, mental health, dentistry, access to GP appointments; and the workforce issues facing all Providers, including Domiciliary Care and Care Homes.

We believe that the principle of Making Every Contact Count (MECC) is under-utilised and we have made a Pledge to Cheshire & Merseyside Integrated Care Partnership to promote MECC within our organisation and externally across all of our health and care services.



'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life



It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems people face.

We shared the experiences of those who are deaf and whose first language is not English. We identified that there were separate meetings taking place within our health and care system with the aim of improving experiences of people who are deaf. We encouraged a more collaborative approach and meetings are now attended by a wider audience.

Getting services to involve the public



Services need to understand the benefits of involving local people to help improve care for everyone.

There is a need to survey the public but HWW understand the need to accompany surveys with a campaign designed to get deep within our communities to people who do not know where to access support.

We have encouraged staff from the wider health and care system to join us on our outreach programme. This has resulted in a better understanding of the challenges when gathering public feedback and in the improvements in the design of the surveys.

Improving care over time



Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

We have worked with the Discharge Teams on Wirral to raise the experiences of patients when they are leaving hospital. We made wellbeing checks to over 5,000 patients who left hospital on Pathway 0. The experiences we have gathered are shared with the commissioner and it is also shared with the Discharge teams within WUTHFT and we have contributed to the new design of the Discharge Pack for patients.



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voices are heard and services meet their needs.

Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voices are heard and services meet their needs.

Using our Resource Vehicle we have been able to access our communities more widely and work deeper into our communities speaking to as many people as possible who live, work and use health and care services on Wirral. The aim is to put the value deserved on the experiences of individuals who are rarely known to community groups, or organisations, and whose voices often go unheard.

We have visited Care Homes and Domiciliary Care Agencies to gain a better understanding of the challenges and barriers they face; both in providing care and supporting and retaining their workforce.

We have set up our Resource Vehicle and gazebo in supermarket car parks and visited organisations like the Belvidere Centre and Mencap to gather their views and we were also able to provide advice and information and signpost to useful services, where appropriate.

We have a planned outreach programme and we also take a reactive approach to community engagement and support partners such as the Cheshire & Wirral Partnership Living Well Bus, InvolveNW door knocks, Community Fayres such as Primary Care Networks and our local Rehabilitation Centre at Clatterbridge Hospital.

We also multi-task, for example – we carried out some engagement activity at the Clatterbridge Covid Vaccination Site and, whilst there, we visited the Outpatients Department (based on patient feedback) and also the Discharge To Assess (D2A) Ward (Iris) to talk to patients & staff. We provided the D2A commissioner with some information which supported future delivery plans.



Advice and information

Advice and Information

Anyone in Wirral can contact us to find out what help and support is available in our area. From yoga classes to support groups, adaptations at home to coping with life following serious illness; we are happy to point you in the right direction. Whether it's finding mental health support, how to make a complaint or choosing a care home for a loved one – you can count on us. We provide information to help you understand your options and get the help you need.

This year we have helped people by:



- Providing information and supporting people trying to contact a dentist for an appointment.
- Making sure we referred people to the right service based on what they told us.
- Being accessible face-to-face in local hospitals, public places and, of course, our Headquarters, plus online and phone services.
- Encouraging people to look after their physical and mental health & wellbeing.
- Calling them after they've been in hospital to prevent their re-admission.
- Providing reports on services to help inform patients, carers and families.
- Keeping up-to-date with factors affecting health and shared our knowledge with others at our BRIDGE Forum.



Volunteering

Volunteers are at the very heart of what we do at Healthwatch Wirral!

Each volunteer brings with them a unique mix of skills and experience as well as passion and enthusiasm.

They each play an important role in helping us to gather information about local health and social care services and looking at ways we can help them to be the best they can be.

This year our volunteers:

- Interviewed people about their experiences.
- Helped people find what they are looking for.
- Helped develop reports about health and social care services.
- Visited a range of health and social care settings to see what they are like from a patient perspective.
- Collected information about changes to service provision.
- Carried out the Enter & Viewing of a range of health and social care services

Finance and future priorities

Income		Expenditure	
Funding Received from LA to deliver Healthwatch statutory activities	£188,516	Operational Costs	£22,670
		Staffing Costs	£149,030
		Office Costs	£16,798
Total income	£188,516	Total expenditure	£188,498
		Surplus	£18

2023/24 Priorities

Continuing to challenge inequalities We understand that factors like culture, employment, education, access to computers, transport, discrimination and where you live can have a huge impact on your health. We will do all that we can to make sure we are amplifying the voices of those people, and communities, who go unheard and to help reduce barriers and to improve health outcomes.

Quality Standards We have aligned our Quality Standards with individual roles so that we can measure how we fulfil our statutory powers, duties and activities; and where we may need to step up.

Topic Areas We will continue to prioritise the Core20Plus5 clinical areas. We will focus on the Plus5 element and include Carers, Learning Disabilities, Language & Translation and ethnic minorities communities in relation to planned, unplanned, primary and social care.

Special Educational Needs (SEND) This year we intend to support the work of Wirral's SEND Service. It provides a range of support to children and young people with special educational needs and disabilities (SEND) and their families and carers from 0-25 years.

We will aim to ensure that we make a special effort to work in partnership with parents, carers, children, practitioners and health, social care and voluntary, community, faith and social enterprise agencies to ensure that the needs of these young people, families and carers is reflected in service provision.

Prevention We are committed to promote the Prevention agenda and support the Health & Wellbeing Strategy for Wirral; the fifth priority of the Strategy "create a culture of health & wellbeing by 'listening' to residents and working together" runs throughout the other four. We will ensure that we align our work plans and priorities, where we can, to the Wirral Plans around Neighbourhoods, integration and the wider determinants of health and wellbeing at Place and at a Cheshire & Merseyside level.

We will work with HW England on the 'Levelling up white paper' to address regional disparities, improve wellbeing in every area of the UK and narrow the gap of healthy life expectancy between areas of where it is lowest and highest.

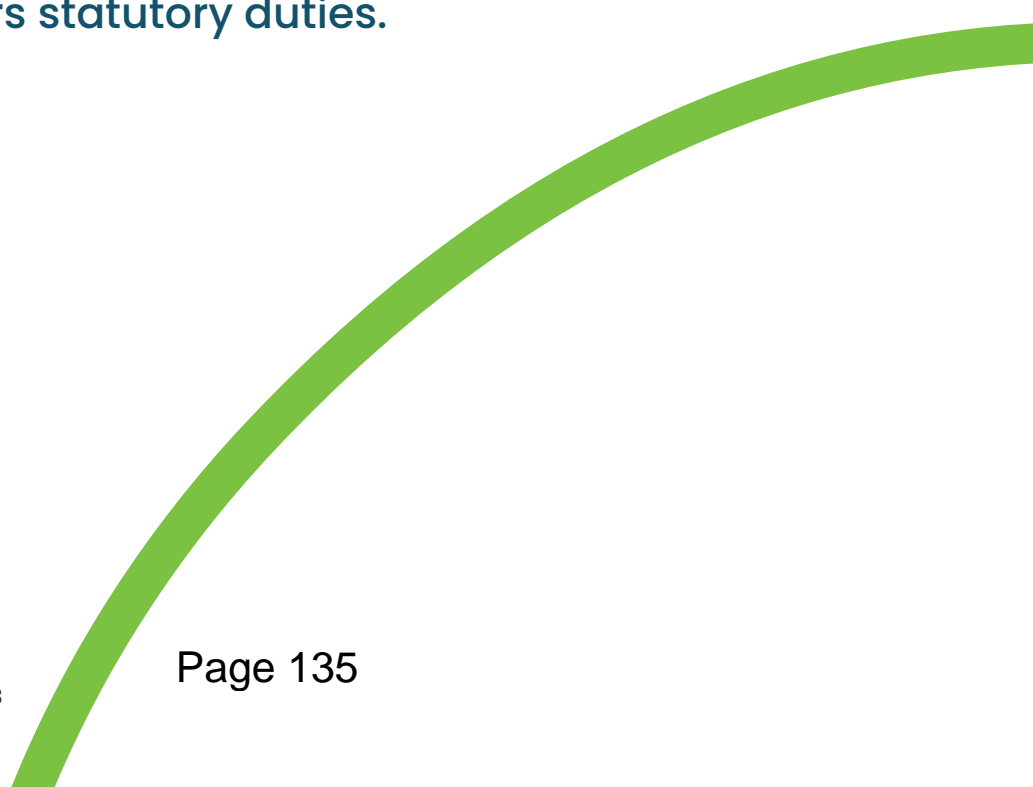
Statutory statements

A decorative graphic element consisting of two thick, curved pink lines that meet at a point, forming a shape similar to a stylized 'V' or a partial diamond, positioned on the right side of the page.

Healthwatch Wirral, Liscard Business Centre, The Old School, 188 Liscard Road, Liscard, CH44 5TN

Healthwatch Wirral uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

Healthwatch is set apart from the statutory structures, voluntary and community sector, as it performs public functions and delivers statutory duties.

A decorative graphic element consisting of a thick, curved green line that starts from the bottom left and curves upwards and to the right, ending near the bottom right corner of the page.

The way we work

Our core purpose of making sure the views of the public shape the health and care services they need, requires us to be:

Independent in purpose – amplifying the voice and experiences of the most difficult issues in health and social care.

Independent in voice – speaking up on behalf of sometimes unpopular causes or groups who are marginalised and/or face disadvantage or discrimination.

Independent in action – if Healthwatch holds others to account then we must operate with integrity, accountability and transparency to have credibility with our communities.

The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch.

Healthwatch has a responsibility to:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local services.
- Obtain the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services – and to HW England.
- Make reports and recommendations about how local care services could, or ought to be, improved. This information goes to Commissioners, Providers, CQC and HW England and published in the public domain.
- Provide advice & information about access to local care services so that people have a choice.

HWW also holds the contract for Independent Health Complaints Advocacy which allows Healthwatch to utilise the trends and themes from complaints/concerns to be embedded within our reports and recommendations. The data held by the Complaints Advocacy service is maintained in password protected files and follows the GDPR legislation. No personal information is shared with any third party, unless with the consent or direct wishes of the complainant.

Governance arrangements are transparent within our Quality Management System which includes our accountability, our decision-making processes, reporting and managing conflicts of interest. We adhere to the Nolan Principles of selflessness, integrity, objectivity, accountability, openness, honesty and good leadership. Every local Healthwatch should publish their annual report by 30 June each year.

Enter and view

Location	Reason for visit	What you did as a result
Leighton Court Care Home	Local intelligence	Some of the recommendations were carried out which improved the environment and some health & safety concerns.
Clatterbridge Vaccination Centre/ D2A Wards/ Outpatients	Local intelligence and information received on our Feedback Centre.	Engaged with staff and patients. A short list of recommendations, based on our observations, was shared with the commissioner which included:- Accessible Parking at the Vacc Site Clinical Roles within the D2A at C/ Bridge site could include more ANPs Staff attitudes when greeting patients.
Perfect Ward WUTH visit regarding hydration and nutrition.	Invitation from WUTH to engage with staff and patients regarding fluids and food quality	Informed Quality Improvement team of our observations.
A&E - WUTHFT	General Observation from HWW Feedback Centre	Engaged with patients waiting to be seen in waiting area. Our observations regarding the environment and overall experience of patients were welcomed at the Patient & Family Experience Group
Sandrock Nursing Home	Local Intelligence	A short list of recommendations was shared which included seeking some clarification on the availability of dental care for residents. A follow up visit is planned for assurances and to follow up on the recommendations.
Safe Harbour Nursing Home	Local intelligence	A short list of practical environmental recommendations were made as well as some suggestions for more family involvement. Following the visit HWW were informed of some improvements in both areas (although we have not, at the time of writing, revisited.)

Enter and view

Location	Reason for visit	What you did as a result
Leighton Court Care Home	Local intelligence	Some of the recommendations were carried out which improved the environment and some health & safety concerns.
Moreton/Meols Familiarisation visits to GP Practices	Introductions, raising awareness of HWW and observations of waiting areas	Informed Practice staff/managers of engagement with patients about Enhanced Access
PLACE – Patient Led Assessment of the Care Environment	Invited by WUTH to observe wards/engage with staff and patients and to experience hospital food	HWW recommendations were included in the improvements in relation to: <ul style="list-style-type: none"> • quality of food • patients being able to access snacks in the evening • décor • general environment
Park House Care Home	Local Intelligence and to support LA commissioning of D2A beds (Step Down Beds)	Decoration and training issues were highlighted during the visit. Most of the issues have been overseen, and addressed, by regular meetings with the Contract Lead D2A Our observations were reported to the LA to support the planning and commissioning D2A provision
Lighthouse Lodge Residential Home	Local intelligence	A short list of recommendations was shared and a follow up visit in six months is planned.
Daleside Nursing Home	Local intelligence	We wrote, and shared, a report and we will conduct a follow up visit in 6 months with the aim of checking on the recommendations that we made.
Birkenhead GP Practices	Introductions, raising awareness of HWW and observations of waiting areas	Promotion of GP Enhanced Access with patients & staff

Health & Wellbeing Board

We have a place at Wirral's Health and Wellbeing Board, which is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. This allows us to keep up-to-date on what is happening locally and share any concerns that we may have or examples of best practise.

Attendance at this meeting allows us to ensure that we are concentrating efforts into the areas of most need and provides us with an ideal forum to share the outcomes of our work and the lived experiences of the people with whom we work.

Commissioners and service leads will often take direct action as a result of what we tell them and cascade our findings to colleagues. For example, as a result of attending Place we have been invited to Wirral GPs Primary Care Council and Wirral Local Dental Council to talk about our work and to gain information for people about services. The report that we submit to the meeting has caught the interest of local media and provided a platform to promote best practice and partnership working.

Below are examples of recent work where improvements to services were achieved as a result of Healthwatch Wirral working closely with individuals, local community organisations and services to make sure everyones voice is gathered.

DISCHARGE FROM HOSPITAL – PATHWAY 0

Partners: Martyn Kent, NHS Cheshire & Merseyside ICB, Head of Transformation, Planned & Unplanned Care, Heather Harrington, NHS Cheshire & Merseyside ICB, Head of Urgent Care Commissioning, Tony Probbing, Wirral University Teaching Hospital NHS Foundation Trust

Synopsis: Healthwatch Wirral's Discharge Community Coordinator (DCC) makes follow-up calls to WUTH hospital patients discharged on Pathway 0 with the aim of reducing inappropriate or unnecessary attendances at A&E (Emergency Department), re-admissions to Hospital and to evaluate and improve access to GP Primary Care.

Outcome: 5,000 patients were called over a nine-month period. Through quarterly monitoring, there is evidence that our calls prevented re-admissions and unnecessary attendances at A&E – we also supported people to take action and to seek help to prevent deterioration in their health.

QUALITATIVE EVALUATION OF PSYCHOLOGICAL THERAPIES FOR CARERS

Partners: Norma Currie, Head of Commissioning for Learning Disabilities and or Autism & Cheshire and Merseyside, NHS England and Improvement Northwest Senior Strategic Lead (NHSEI) for Transforming Care Programme (TCP)

Synopsis: Pilot Programme launched April 2022 to explore whether a flexible and creative psychological service provided to families in Wirral helps to improve overall wellbeing for carers. HWW are carrying out qualitative evaluation of the project.

This work is currently ongoing and a report will be due later in the year.

Health & Wellbeing Board

MATERNAL MENTAL HEALTH PROJECT

Partners: Healthwatch England, Wirral Maternity Voices, Koala North West, Wirral Mind (Mums Matter), Wirral Deen Centre, Heart for Refugees, Silver Birch Hub

Synopsis: As part of a nationwide project we are conducting qualitative interviews to capture lived experiences of women, birthing parents and their families with an overall aim to improve mental health support in maternity care, capturing the impact of a lack of proper support and highlighting the disparities in maternity care for people that are often missing from the narrative around maternity services, such as people from ethnic minority groups and LGBTQ+ people.

Outcome: A report can be found on this work on this link: [Continuity of carer is crucial to addressing perinatal mental health | Healthwatch](#)

GP ENHANCED ACCESS

Partners: Iain Stewart NHS Cheshire & Merseyside ICB, Head of Transformation, Primary Care & Partnerships, Sarah Boyd-Short, Senior Commissioning Lead, Wirral Health and Care Commissioning

Synopsis: Healthwatch Wirral have been tasked with evaluating, reviewing and feeding back on plans, delivery and impact of GP Enhanced Access service. We will use a variety of methods to engage with providers and public.

Outcome: Good practice was shared across the PCNs in relation to health fayres, answerphone messages and Care Navigation training. More Health Fayres were held and Healthwatch Wirral are in discussions with PCNs to provide the NOCN accredited, Award Winning training, designed (in collaboration) and delivered by Healthwatch Wirral.

REVIEW OF ACCESS TO IAPT SERVICES FOR BY BLACK, ASIAN AND MINORITY ETHNIC MEMBERS OF THE COMMUNITY

Partners: Insight Healthcare, Wirral Deen Centre, Wirral Metropolitan College, Wirral Change

Synopsis: HWW consult with people from a wide range of ethnic minorities to improve service delivery and assist in the creation of evidence-based, marketing materials that help break down barriers to accessing psychological therapies.

Outcome: There has been an increase in appropriate referrals to Talking Together Wirral.

Health & Wellbeing Board

NEURO DEVELOPMENTAL PATHWAY MODEL – DEVELOPMENT GROUP/ DIAGNOSTIC PATHWAY PROJECT

Partners: The System

Synopsis: Responding to a review of the neurodevelopmental diagnostic pathways and to feedback from parents, carers, children and young people (CYP) during the SEND inspection. Focused on improving the pathway for CYP and their families, by enhancing our support offer, improving communications, improving our data quality and working towards a reduction in waiting times and co-producing a new Wirral model with children and families.

Outcome: HWW will be working to promote the work of SEND, improve the knowledge of the service and with the aim to collaborate on an event later in 2023.

COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME BOARD

Partners: CWP, Rethink Mental Illness and other key stakeholders across the voluntary, community, faith and social enterprise sector

Synopsis: Assist in the development of better integration of primary and secondary MH care supporting adults and older people with serious mental health issues.

Outcome: HWW worked with Rethink Mental Illness & Cheshire and Wirral Partnership NHS Foundation Trust (CWP) for the Wirral Alliance involving NHS partners, local authorities and organisations from the voluntary, community, faith and social enterprise sector to deliver a new, joined-up plan to support people with complex mental health needs.

NHS ADVOCACY SERVICE

Partners: Anyone who wishes to make an NHS complain

Synopsis: Our Independent Complaints Advocate offers help and support for anyone who is unhappy about any aspect of NHS care or treatment that they have received.

#SPARE5

Partners: Public Health Wirral and & Involve Northwest

Synopsis: Development & delivery of initiative & training across Wirral. #Spare5 has been developed to encourage people to make time for each other! Optimising access to information relating to health and wellbeing, #Spare5 provides access to information that links people to Wirral services, groups and agencies.

Health & Wellbeing Board

ENTER & VIEW

Partners: All services including CQC and Commissioners

Synopsis: We have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of our statutory functions to identify what is working well and what could be improved from a patient and carer perspective. We use this evidence to make recommendations and inform changes both for individual services as well as system-wide. We:

- Observe how people experience the service plus the nature and quality of the service.
- Speak to people to find out more about their experiences and views.
- Publish Reports of our observations, findings and recommendations.

Outcome: We have promoted the work of Healthwatch in Care Homes & Domiciliary Care services and assessed the knowledge, and take up, of the Dip or Not to Dip training and Mouth Care Matters campaign. This is ensuring information relating to the overprescribing of antibiotics in Care Homes forms part of the Meds Optimisation & Overprescribing workstreams across Place at Primary Care level.

COMMUNITY SOCIAL WORK EVALUATION

Partners: Wirral Local Authority, Wirral Community Health & Care NHS Foundation Trust and Cheshire & Wirral Partnership NHS Foundation Trust

Synopsis: HWW held workshops to Independently review Community Social Care teams across Wirral to inform future planning and commissioning decisions, by Local Authority.

Outcome: From 2023 the Social Care Teams are managed within the Local Authority.

Glossary

MARMOT COMMUNITY

Becoming a Marmot City means working with colleagues from the Institute of Health Equity (IHE) to be part of a Marmot programme of work with the aim of reducing health inequalities. (11 Jan 2022)

Marmot Principles - eight policy areas include early years development, employment, living standards, communities, ill-health prevention, discrimination and environmental sustainability.

<https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

CORE20PLUS5

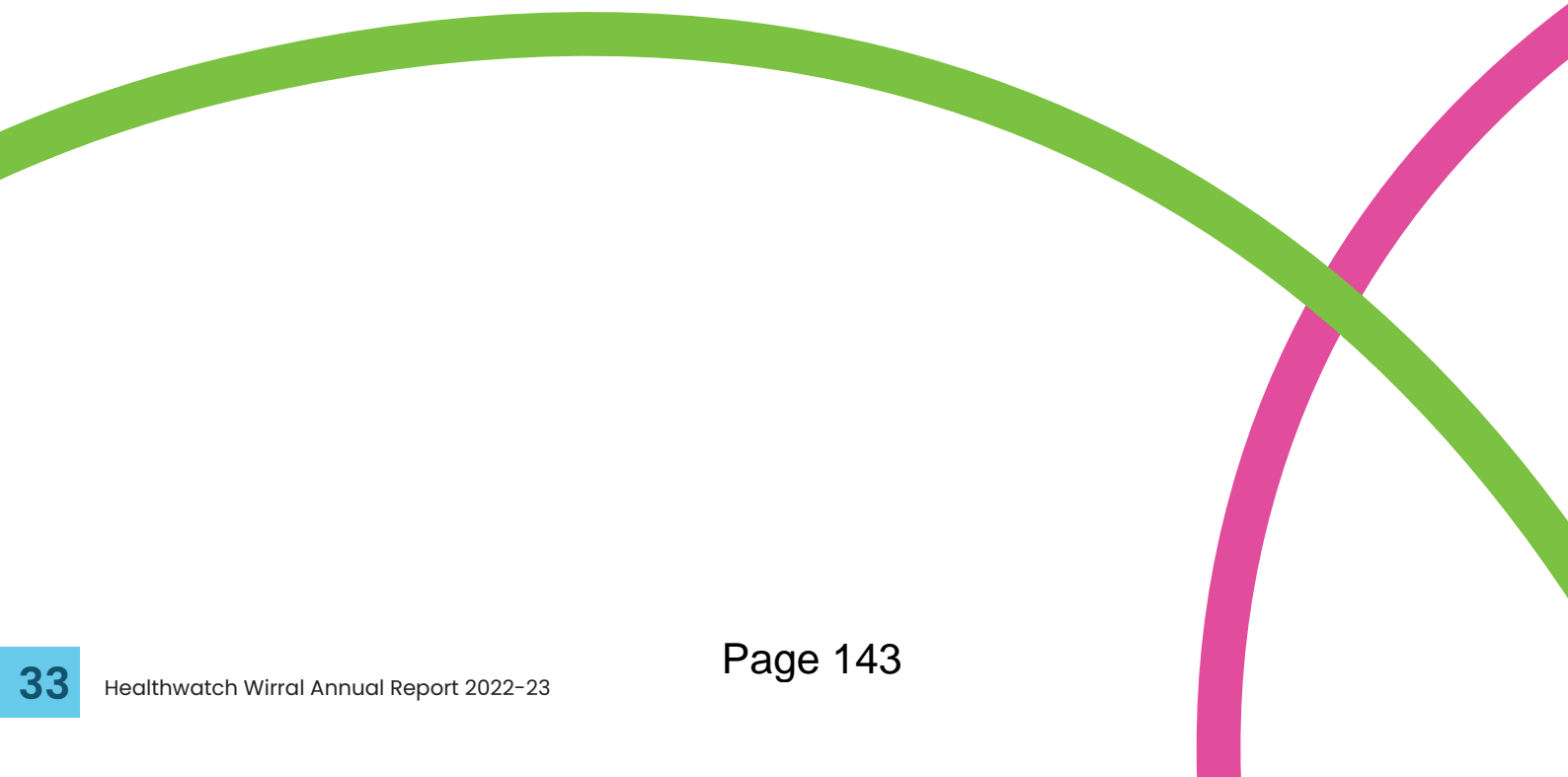
Is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

Place

Place Based Systems of Care bring local organisations together around the population they service. This includes Local Authorities, NHS and Voluntary, Community & Faith Sector.

Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.



healthwatch

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HEALTH AND WELLBEING BOARD

21 September 2023

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

REPORT SUMMARY

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

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

This report affects all wards and is a non-key decision but highlights that Integrated Care Boards (ICBs) are required to publish a statement from the Health and Wellbeing Board advising whether the Board believes the plan has taken account of the local Joint Health and Wellbeing Strategy.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note and comment upon the Cheshire and Merseyside Joint Forward Plan (2023-28) and to confirm whether the Joint Forward Plan includes the relevant local priorities contained within the Wirral Health and Wellbeing Strategy.
2. Provide any feedback in relation to the proposals for:
 - Cheshire and Merseyside Interim Draft Health and Care Partnership Strategy to be updated to align with the All Together Fairer recommendations and plans even more closely
 - For the Cheshire and Merseyside Joint Forward Plan to be produced as a system delivery plan focussing on the updated contents of the Health and Care Partnership Strategy with the additional mandated NHS content produced as an appendix to this Joint Forward Plan

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

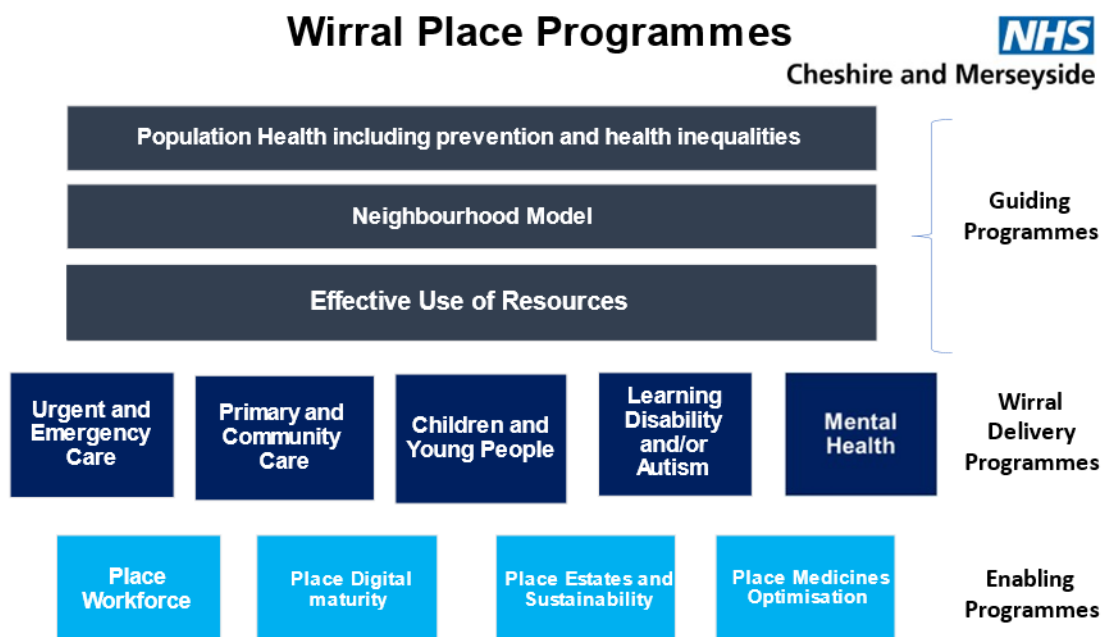
2.0 OTHER OPTIONS CONSIDERED

- 2.1 Statutory guidance was issued by the Department of Health and Social Care on 29th July 2022 requiring each Integrated Care Partnership (ours locally is called Cheshire and Merseyside Health and Care Partnership) to produce and publish a strategy by December 2022 which was then to be followed by ICBs to produce a Joint Forward Plan describing the delivery plan. In further detail published by NHS England on 24th December 2022, for ICBs, the mandated content of a Joint Forward Plan was communicated with a deadline for publication of 30th June 2023.
- 2.2 Noting these short time frames were set nationally and had to be met. As is outlined in 3.16 following discussion with Health and Care Partnership members and Health and Wellbeing Boards refined approaches are planned in updating both the Health and Care Partnership Strategy and Joint Forward Plan by March 2024 to better reflect our local system preferences and priorities.

3.0 BACKGROUND INFORMATION

- 3.1 It is now statutory responsibility of Integrated Care Boards and NHS Trusts to produce a Joint Forward Plan (referred to as “the plan” going forwards in this report). The plan had to be published by June 2023.
- 3.2 The national guidance defines that the plan should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services, including the delivery of the universal NHS commitments and the NHS ICBs statutory duties and should reflect the local Health and Wellbeing Board strategies and the Cheshire and Merseyside Health and Care Partnership Strategy (currently still draft in Cheshire and Merseyside).
- 3.3 Health and Wellbeing Boards are required to provide a statement confirming to what extent the final plan reflects the Health and Wellbeing Board Strategy. This is outlined in the [guidance to Health and Wellbeing Boards published on November 22nd 2022](#) These statements are to be published. The statements from the other Health and Wellbeing Boards in Cheshire and Merseyside can be found [here](#).
- 3.4 The duration of the plan is required to be for five years. However these plans should be updated and be republished annually (next publication due in March 2024).

- 3.5 As was outlined in the paper brought to the March Health and Wellbeing Board the plan was developed through a collaborative approach and drawing on the areas and plans which had been outlined in the Health and Care Partnership Draft Interim Strategy including a wide range of expertise, knowledge, and experience of our health and care professional leaders and partners. This included sharing drafts and iteratively refining the content with our Place Partnerships and wherever possible Health and Wellbeing Boards, noting the bulk of the work producing the plan content coincided with the 2023 local council elections taking place in a number of our council areas.
- 3.6 In addition to the broad range of content that covers the collective work across Cheshire and Merseyside Wirral Place Partnership provided specific local content which is [found in section 8 of the document](#). This summarises the Wirral Health and Care Plan 2023-24 which had been endorsed at the June Partnership Board and includes the three guiding programmes, five delivery programmes and four enabling programmes, which are described below:



- 3.7 The priorities in the Wirral Health and Care Plan were developed through a series of workshops held between December 2022 and April 2023.
- 3.8 Within the Guiding Programmes the contents are:-
- Population Health including prevention and health inequalities – which encompasses the work to implement the Wirral Health and Wellbeing Strategy
 - Neighbourhood Model – a refreshed approach to this programme which is now a community led initiative to reduce increasing health inequalities across Wirral, moving from focusing on ill health to promoting wellbeing.
 - Effective Use of Resources - this programme of work will to ensure that every Wirral pound for health and care is used to its maximum.
- 3.9 The figure above also shows the 5 Wirral Delivery programmes which are our key priority areas for delivering change in 2023/24. These 5 programmes have key

actions required to deliver improvements to health and care services in Wirral and require specific actions by Wirral. Alongside these there are also programmes that are led by Cheshire and Merseyside ICS but Wirral Place will support the implementation of the outputs from these programmes in Wirral. These are all key NHS national programmes:-

- Elective recovery
- Diagnostics
- Maternity
- Cancer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 4 describes our Beyond Children and Young People programme.

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

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

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

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

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

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

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

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

- 3.15 This plan content has then been used to develop a delivery plan which will allow us to track progress in delivering the programmes of work and associated benefits.
- 3.16 It is recognised that the supporting guidance outlined minimum content to be included in a Joint Forward Plan that included significant NHS specific requirements, this included how the ICS would implement the national NHS priorities and the ICB discharge its statutory duties. Feedback from the Health and Wellbeing Boards and the Health and Care Partnership have suggested that we should look to reduce focus on these NHS requirements and instead look for future plans to more closely mirror the content and priorities of the HCP Strategy.
- 3.17 In finalising the HCP Strategy in the coming months this feedback is also being reflected in how we update the current draft document. At the June meeting of the HCP it was agreed to work to more closely align the strategy with the recommendations and subsequent plans within the All Together Fairer Report. The Joint Forward Plan would then be used as a delivery plan for this final HCP strategy and the additional mandatory NHS content reflected in an appendix.

4.0 FINANCIAL IMPLICATIONS

- 4.1 As is outlined on Page 7 of the Joint Forward Plan developing a financial strategy that complements this work will happen during 2023 in reflection of the budgetary projections and in support of prioritising our investments across Cheshire and Merseyside.
- 4.2 This is supported by work within Wirral and as referenced about in 3.8 to ensure best value from the “Wirral pound”.

5.0 LEGAL IMPLICATIONS

- 5.1 The Health and Care Act 2022 established new NHS bodies known as Integrated Care Boards and required the creation of Integrated Care Partnerships (Cheshire and Merseyside Health and Care Partnership) in each local area.
- 5.2 As part of the 2022 Act there was a requirement for Integrated Care Partnerships to produce a strategy. At present the strategy is draft and will be updated before March 2024.
- 5.3 There is an additional requirement from the 2022 Act for ICBs, and NHS Provider members, to produce a Joint Forward Plan and on Health and Wellbeing Boards to provide a statement of opinion as to whether this plan reflects the local Joint Health and Wellbeing Board Strategy.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 There is a risk that the financial resources to implement the plan will not be available or may be directed at short term pressures being seen through increased immediate need for services, and inflationary pressures.
- 7.2 There is a risk that it will take time to develop and mature the HCP membership and relationships to maximise the full benefits of system working.
- 7.3 There is a risk that a lack of resources to implement the breadth of priorities identified in the strategy could lead to a more limited scale of improvement in the health of our population.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 In developing our plan, we have engaged with our nine Places, including a summary of the plans developed locally by each, in order to reflect the Joint Health and Wellbeing Strategy and other identified local priorities.
- 8.2 During March and April we ran an online survey to enquire about priorities draft interim HCP Strategy and this process was supported by voluntary community faith and social enterprise (VCFSE) representatives.
- 8.3 The plan has been largely developed building from existing documents and programmes who have established stakeholder engagement approaches. The content has also reflected engagement with a range of stakeholders including, Champs Public Health Collaborative, Directors of Public Health, Population Health Board, Health and Wellbeing Boards and subject matter experts related to specific areas such as Healthwatch, ICS programme leads and voluntary community faith and social enterprise (VCFSE) representatives.
- 8.4 The Cheshire and Merseyside Joint Health Scrutiny Committee have also received a and discussed the plan at their July meeting.

9.0 EQUALITY IMPLICATIONS

- 9.1 In developing the document the Cheshire and Merseyside commitment to reducing inequalities is a central theme through the content. As referenced in 3.9 it is the intention to further focus this commitment in future version of the HCP Strategy and Joint Forward Plan.
- 9.2 The Joint Forward Plan document content has been reviewed by Equality and Diversity Officers and an Equality Impact Assessment was undertaken. It is however recognised that more detailed Equality Impact Assessments will be undertaken to reflect the more detailed plans contained within the document.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The plan includes our approach (section 2) on sustainability and outlines further details around the work taking place across Cheshire and Merseyside.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 NHS Cheshire and Merseyside will support our partners in community wealth building by ensuring health and care organisations have a focus on reducing health inequalities and improving the health of our communities, to support a health workforce.
- 11.2 The plan also outlines a number of initiatives designed to develop our workforce (section 5) and commitment to social value (section 2)

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APPENDICES

Appendix 1 [Interim Cheshire and Merseyside Health and Care Partnership Joint Forward Plan](#)

BACKGROUND PAPERS

NHS England Guidance on developing a Joint Forward Plan. 23 December 2022
[NHS England » Guidance on developing the joint forward plan](#)

NHS England, 2023/24 Priorities and Operational Planning Guidance, 23rd December 2022, [NHS England » 2023/24 priorities and operational planning guidance](#)

Department of Health and Social Care, Guidance for Health and Wellbeing Boards. 22nd November 2022 <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>

SUBJECT HISTORY (last 3 years)

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

Cheshire and Merseyside Joint Forward Plan

2023-28

SUMMARY



Foreword

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

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

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

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

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

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

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

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



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

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

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



Graham Urwin, Chief Executive



Raj Jain, Chair

1. About this document

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

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

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

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

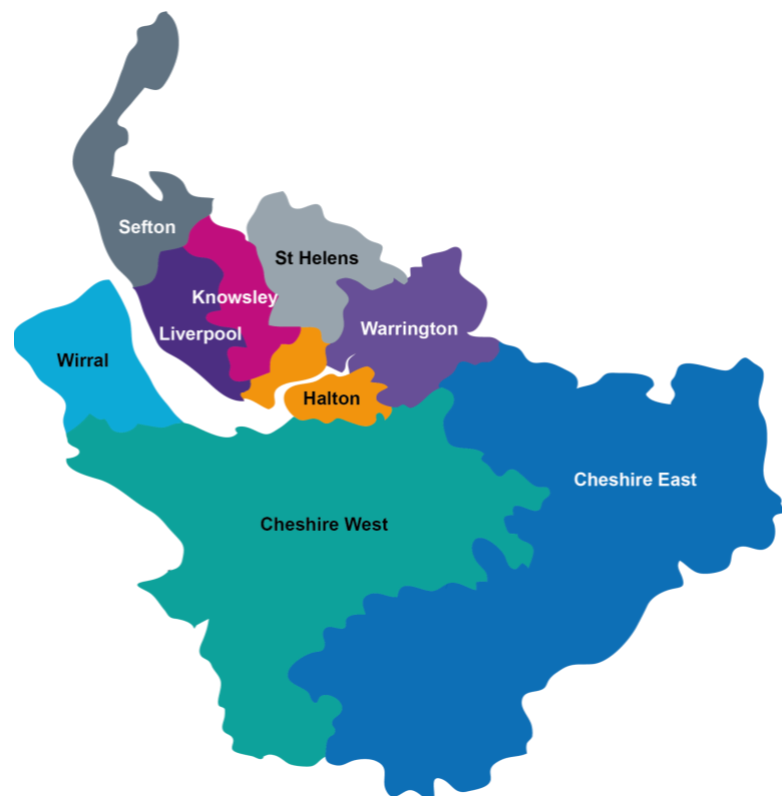
Our Joint Forward Plan aims to:

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

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

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

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



Our approach to developing this Joint Forward Plan

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

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

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

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

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

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

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

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

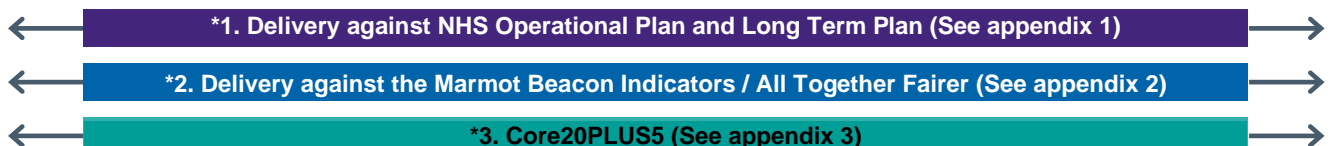


The HCP Strategy is currently in draft form and will be finalised later in 2023, in recognition of this ongoing work we have identified a number of priorities which contribute to making early progress against the ambitions outlined in the draft interim Strategy.

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

Figure 2: Cheshire and Merseyside Priorities

HCP Strategic Objectives	Cross reference to the HCP areas of focus	Priorities	Core plans *	Metric
Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)	<ul style="list-style-type: none"> Give every child the best start in life Enable all children, young people and adults to maximise their capabilities and have control over their lives Ensure a healthy standard of living for all Tackle racism, discrimination and their outcomes Pursue environmental sustainability and health equity together. 	All our Places are actively engaged in the All Together Fairer Programme	2	Increase % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage Reduce hospital admissions as a result of self-harm (15-19 years)
		Supporting the safety of vulnerable Women and Children	2	Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing violence against women and girls
Improve population health and healthcare	<ul style="list-style-type: none"> Improve early diagnosis, treatment and outcome rates for cancer Improve satisfaction levels with access to primary care services Provide high quality, accessible safe services Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support. 	In relation to preventing ill Health we will focus on: <ul style="list-style-type: none"> Increase rates of early detection of cancer Work towards MECC (Making Every Contact Count) Encourage 'Healthy Behaviours' with a focus on smoking/alcohol/physical activity Ensure access to safe, secure, and affordable housing 	1,2,3	Core20PLUS5 priorities including cancer, cardiovascular disease and children and young people's mental health services
			2,3	Increased sign up to the NHS prevention pledge
			2,3	Reduction in smoking prevalence. Reduction in the % drinking above recommended levels. Increase the % who are physically active.
			2	Improved access to safe Housing (metric to be agreed)
Enhancing productivity and value for money	<ul style="list-style-type: none"> Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services 	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	1	Financial strategy and recovery plan in place by Sept 2023
Helping to support broader social and economic development	<ul style="list-style-type: none"> Embed, and expand, our commitment to social value in all partner organisations Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care 	Develop as key Anchor Institutions and progress advancing at pace the associated initiatives.	2	Grow the number of anchor framework signatories to 25
		Embed and expand our commitment to Social Value	2	Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)
		<ul style="list-style-type: none"> Developed focused work in schools around encouraging careers in health and social care Ensure a health and care workforce that is fit for the future. 	2	To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024
		Achieve Net Zero for the NHS carbon Footprint by 2040	2	For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

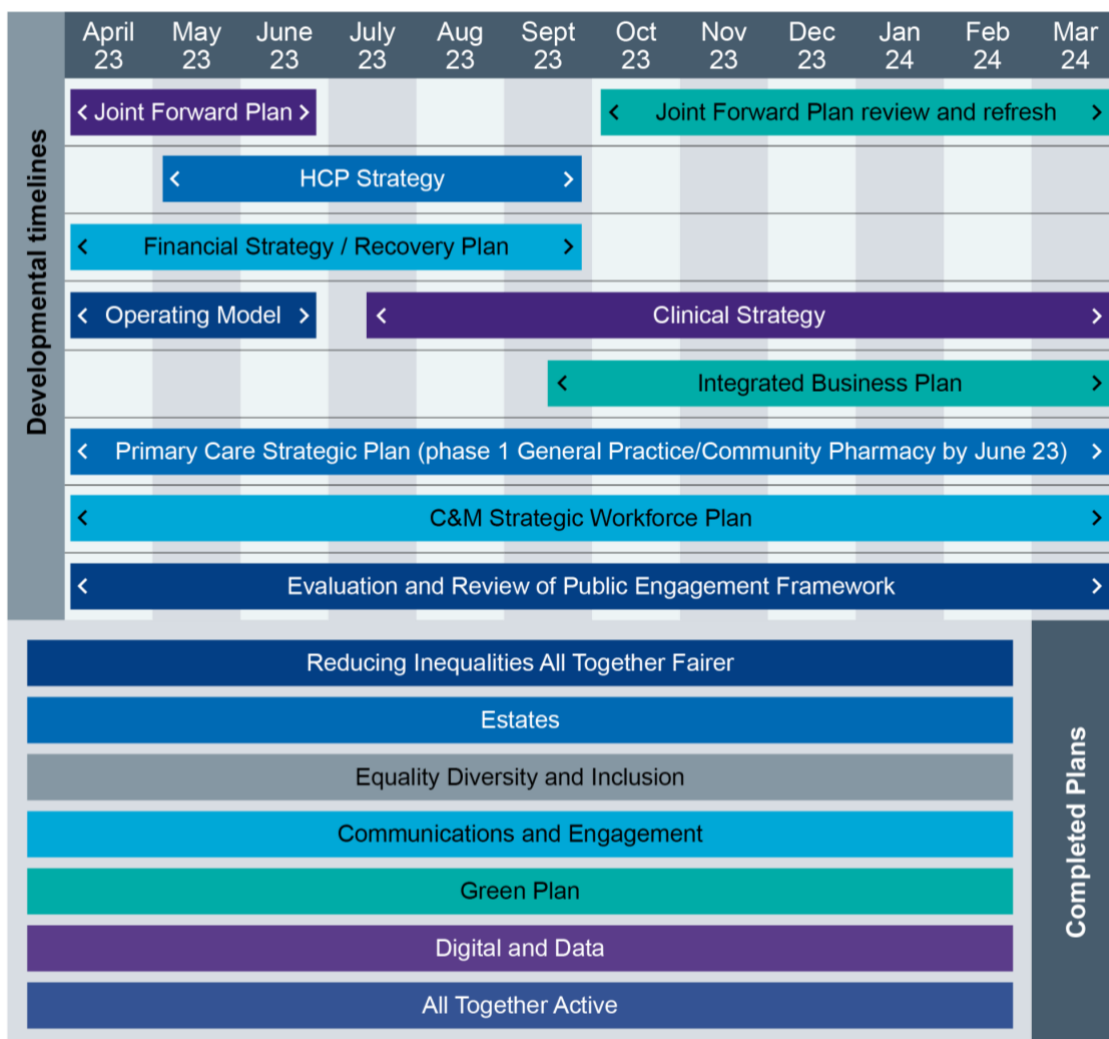


Whilst this summary document is relatively short, it is underpinned by significant activity across all of the priorities included in the table above. There are various links within this document which provide access to more detail about specific work programmes.

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

Alongside this we have developed an Annual Delivery Plan including a [summary version](#).

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



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

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

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

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

Figure 3: Cheshire and Merseyside Integrated Care System



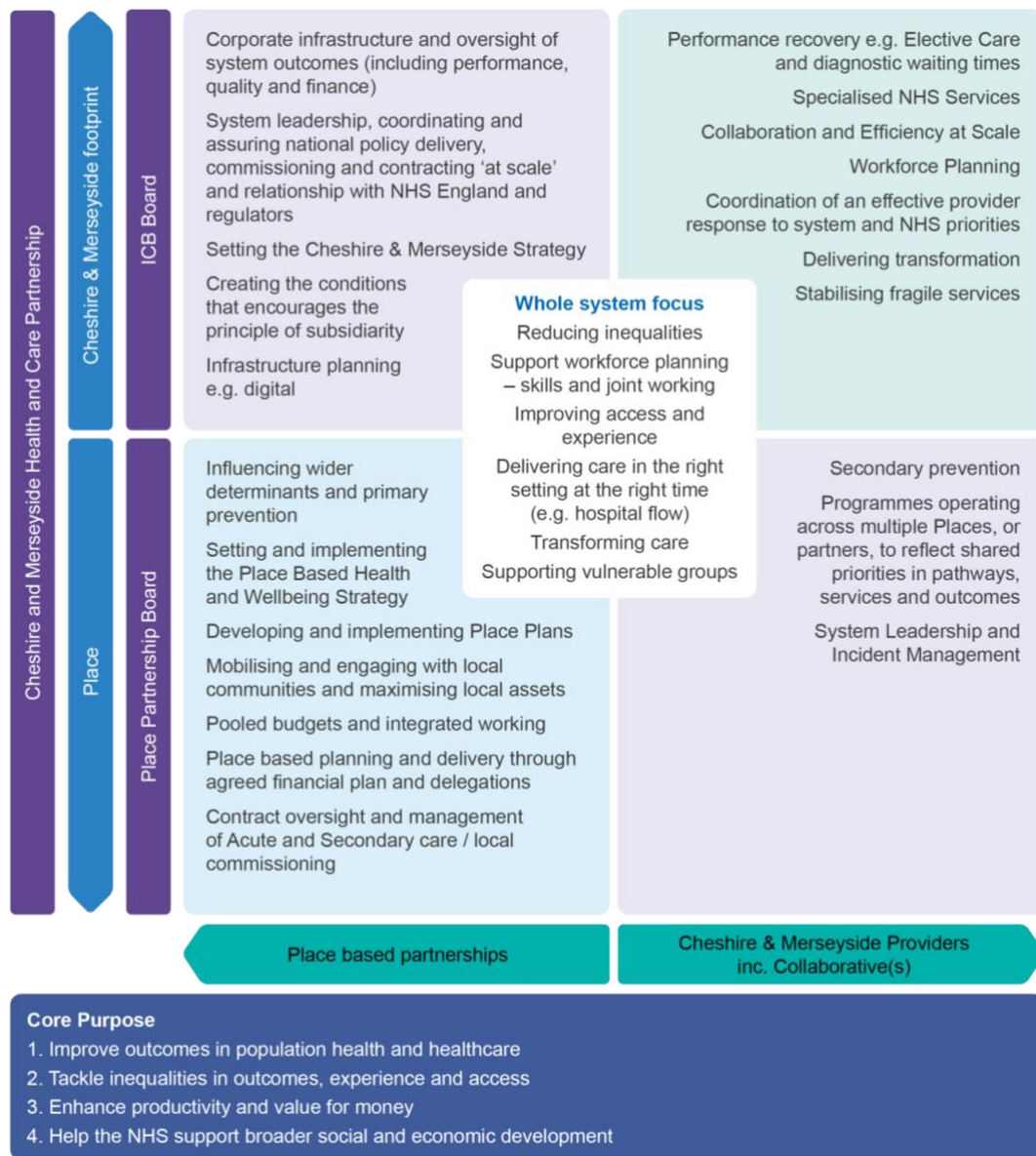
Through our Place based partnerships and the communities within them we are committed to the principle of subsidiarity. This means that we want to make decisions as locally as possible. Our Places and communities are the 'engine room' which drive change by designing and delivering services around the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

Complementary to this principle of subsidiarity, our large ICS provides opportunities to work at scale where appropriate. This enables us to share best practice and to work collectively to deliver

efficiencies and manage change. As an example, our two NHS Provider Collaboratives support our NHS providers to work together to deliver service improvement and enhance sustainability.

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

Figure 4: Decision making and subsidiarity in Cheshire and Merseyside



Communications and engagement

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

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

Our Green Plan

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

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

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

We will:

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

Supporting wider social and economic development

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

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

We will:

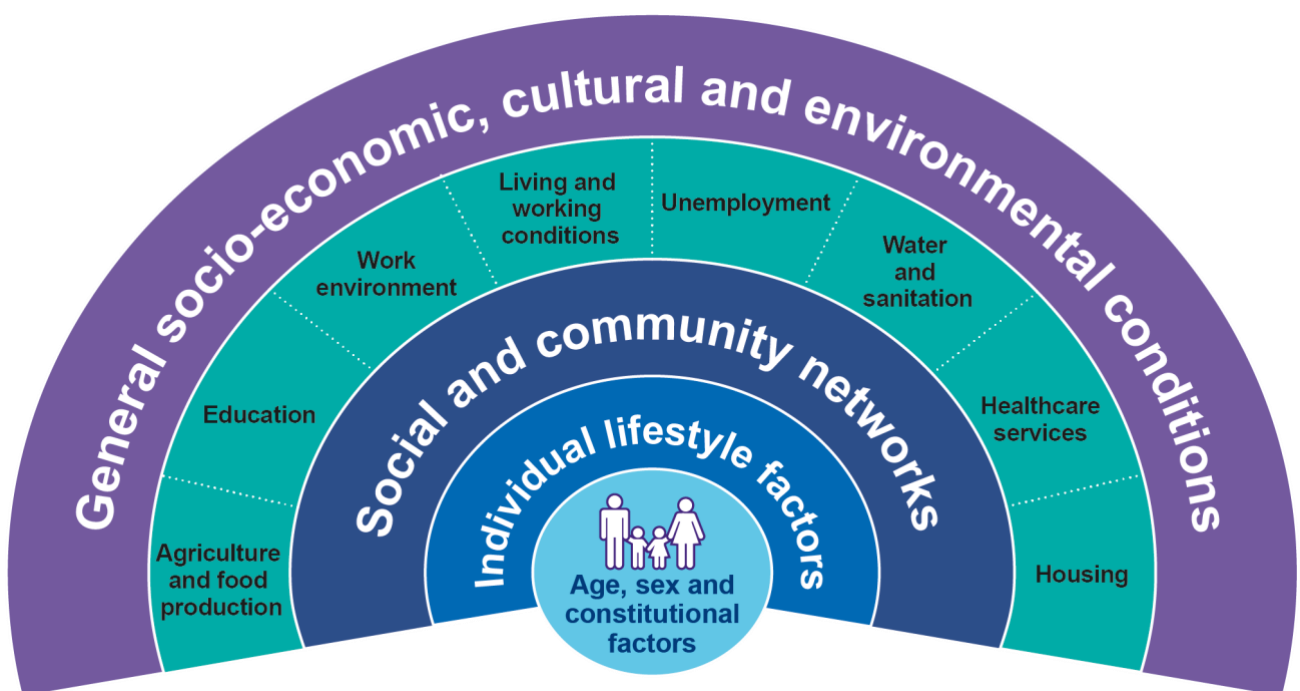
Increase the number of Anchor Framework signatories to 25 by the end of March 2024.

And:

- **Embed, and expand, our commitment to social value**

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

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



Safeguarding our population

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

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

We are committed to:

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

We will:

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

Want to know more?

Read the full version in [Section 2 of our Joint Forward Plan Supporting Content](#)

3. Our approach to improving Population Health

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

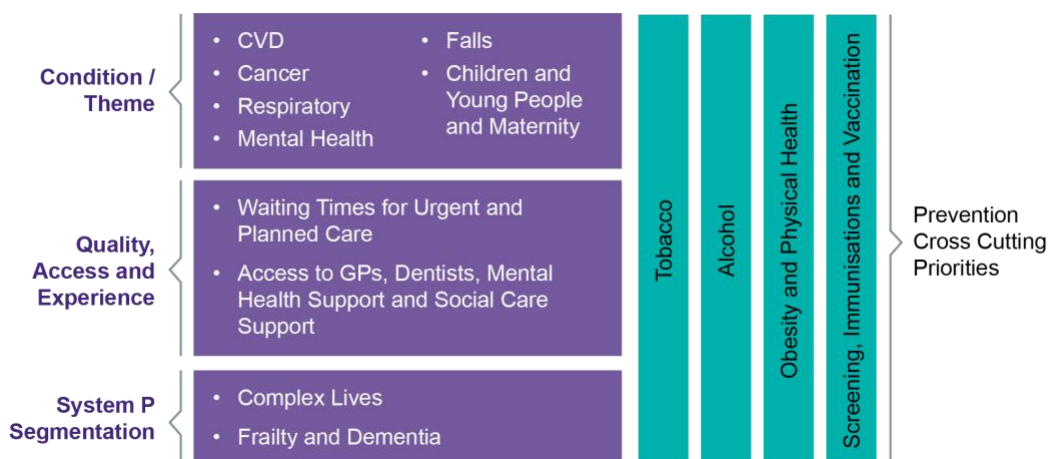
Figure 6 provides a summary of the areas which our analysis tells us that our population experience worse outcomes when compared to the “England average”, and where our people have told us their experience of accessing care does not meet their expectations.

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

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

The following programmes describe how we are approaching this.

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



Strategic intelligence

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

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

All Together Fairer

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

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

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

We know that access to safe, secure, and affordable housing has a huge impact on the health of our population, and also that providing the right accommodation in the community supports people with a mental health condition or learning disability to access services in a more appropriate environment. A number of partners across our Health and Care Partnership provide excellent services which support our population to meet their housing needs.

Within the NHS many of our services such as community nursing services often involve visiting people at home. We can 'Make Every Contact Count' by using these interactions as opportunities to sign-post people to other local services which can help improve the environment they live in, impacting positively on their overall health and wellbeing.

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

We will:

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

Core20PLUS5: System-wide action on healthcare inequalities

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

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

We will:

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

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

System-wide action on prevention and Making Every Contact Count

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

We are also focusing on [evidence-based and high impact interventions](#) which include:

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

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

We will:

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



NHS Prevention Pledge

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

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

We will:

Increase sign up to the NHS Prevention Pledge.

Want to know more?

Read the full version in [Section 3 of our Joint Forward Plan Supporting Content](#)

Screening, immunisation and vaccination

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

We will:

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

4. How we will improve our services and outcomes

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

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

The table below summarises our core areas of focus.

Want to know more?

Further details of our work can be accessed in [Section 4 of our Joint Forward Plan Supporting Content](#)

Theme	Heading	Focus	Drivers	Cross Cutting
Starting Well	Maternity and Women's Health	<ul style="list-style-type: none"> Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. Deliver the actions from the Ockenden report Workforce development All women have personalised and safe care Reduce inequalities in access and outcomes Women's Health and Maternity (WHaM) programme Gynaecology Network Estates - Family Hubs 	Core20PLUS5 All Together Fairer Long Term Plan	Personalised Care and supporting Self Care Supporting Our Carers and Vulnerable Groups Improving Population Health Programmes Smoking/Alcohol/Healthy Weight) i.e All Together Active Workforce Development
	Children and Young People Beyond Programme	<ul style="list-style-type: none"> Emotional wellbeing and mental health Learning difficulties, disabilities and autism Diabetes Epilepsy Respiratory / asthma Healthy weight and obesity Oral health Estates - Women's Health Hubs 	Core20PLUS5 All Together Fairer Long Term Plan	
Living Well / Ageing Well	Physical Health	<ul style="list-style-type: none"> Cancer Cardiovascular Disease (CVD) Community health services Diabetes Elective Recovery Neurosciences Respiratory Stroke Urgent and Emergency Care 	Core20PLUS5 NHS Operational Plan Long Term Plan	
	Mental Health	<ul style="list-style-type: none"> Improving Mental health access and outcomes Continued investment in Mental Health Improved choice A new community-based Mental Health offer PCNs to have Mental Health Practitioners More comprehensive crisis pathways Improved access for children and young people Suicide Prevention Dementia 	Core20PLUS5 NHS Operational Plan Long Term Plan	
	Neuro-diversity	<ul style="list-style-type: none"> Learning Difficulties, Disability and Autism (LDDA) Attention Deficit Hyperactivity Disorder (ADHD) 	Core20PLUS5 NHS Operational Plan Long Term Plan	
	End of Life Care (EOLC)	<ul style="list-style-type: none"> Access to information to support EOLC Access and sustainability palliative /EOLC services Specialist Workforce development Engaging with people 	Long Term Plan	
Cross Cutting	Primary Care - General Practice / Dental / Optometry /Community Pharmacy			
	Diagnostics - Priority supporting Recovery and Restoration			

5. Our workforce

Our plans recognise the importance of investing in our workforce.

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

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

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

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

Systemwide Strategic Workforce Planning to:	Creating New Opportunities across C&M to:	Promoting Health and Wellbeing to:	Maximising and valuing the skills of our staff to:	Creating a positive and inclusive culture to:
<ul style="list-style-type: none"> • Ensure a health and care workforce that is fit for the future • Smarter workforce planning linked to population health need • Creation of a 5-, 10- and 15-year integrated workforce plan • Developing a greater triangulation and monitoring between workforce / productivity / activity / finance. 	<ul style="list-style-type: none"> • Grow our own future workforce • Increased focus on apprenticeships • Embed New Roles • Review barriers to recruitment • Work with the further and higher education sector • PCN Development • Greater links with social care and primary care • Ensuring an effective student experience. 	<ul style="list-style-type: none"> • Ensure appropriate health and wellbeing support for all staff • Ensure good working environment • Focus on retention. • Preventing burnout • Ensuring appropriate supervision and preceptorship is available. 	<ul style="list-style-type: none"> • Understand the impact of 5 generations working together/ changing expectation of the workforce • Developing career options at different stages of our lives and across health and social care • Responding to reviews / staff surveys and recommendations in a positive manner. 	<ul style="list-style-type: none"> • Ensure proactive support of inclusion and diversity as a priority • Collaborative and inclusive system leadership • Understanding the barriers for staff / future employees • Development of learning and restorative practice.



Developing our culture and leadership

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

We will:

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

And:

- **Publish a Strategic Workforce Plan by March 2024**

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

<p>Cultural transformation</p> <ul style="list-style-type: none"> • Organisational and system redesign necessary for integration • Competence and capability development to deliver integrated ways of working. • Team cohesion to drive resource optimisation through sustainable collaboration. • Growth mindset to stimulate systems leadership thinking and practice. • A shared cultural identity values and behaviours premised on the principles of public service founded by the NHS Constitution, Equality Act and Nolan Principles 	<p>Talent management</p> <ul style="list-style-type: none"> • Talent management for effective capacity, demand and supply planning mapped to population health / market trends. • Robust succession planning strategies for business-critical roles and hard to fill roles specifically. • Reward and recognition strategies to ensure that success is rewarded and celebrated and improve staff engagement and retention. 	<p>Leadership development</p> <ul style="list-style-type: none"> • Resilient collective (systems) leadership evidenced in the continual enablement of integration for improved health and care integration. • Compassionate and inclusive leadership cultures towards improving health inequalities. • Culturally competent leadership to drive cultural competence in decision making for integration. • Clinical leadership for integration towards health creation models of care
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Want to know more?

Read the full version in [Section 5 of our Joint Forward Plan Supporting Content](#)



6. System development

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

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

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

Clinical and Care Professional leadership

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

It will:

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

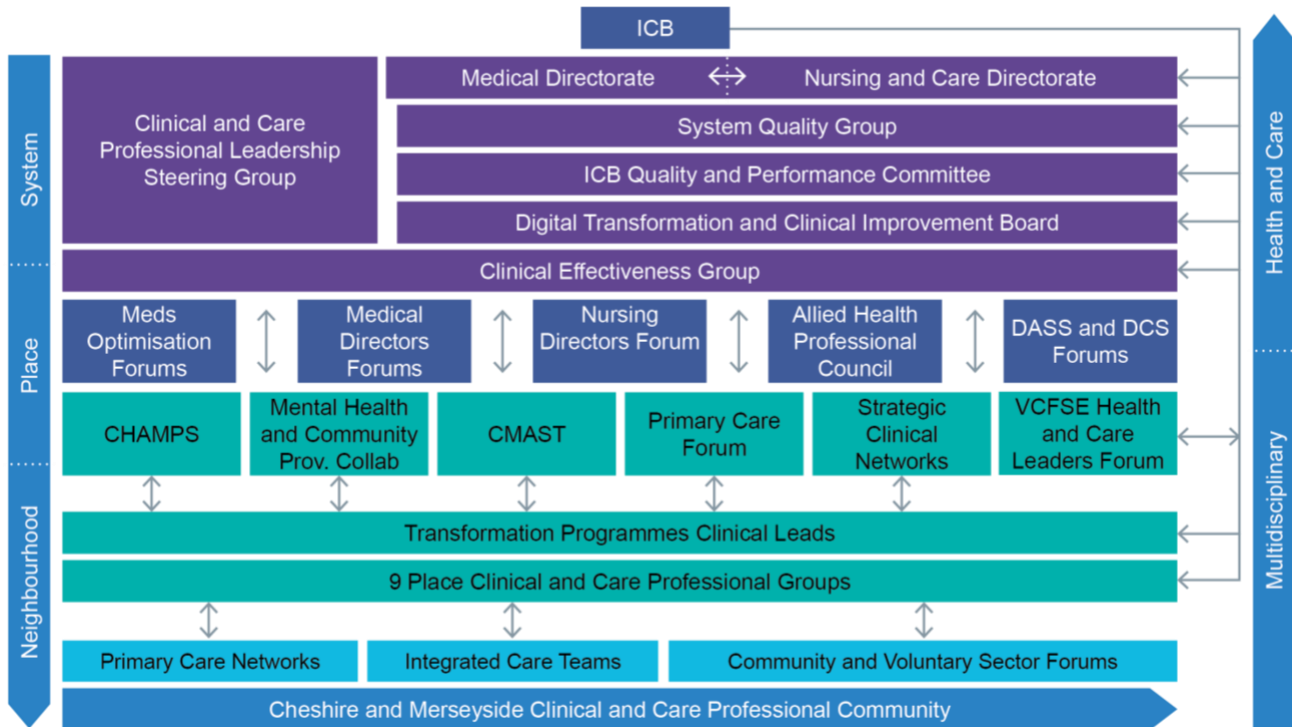
Our Constitution sits alongside our established Clinical and Care Leadership Framework (see figure 7) which outlines how clinical and care leaders across Cheshire and Merseyside will be involved in the key aspects of ICS decision making.

We will:

Implement the commitments and pledges within our Constitution.



Figure 7: Clinical and Care Leadership in Cheshire and Merseyside



Quality improvement

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

Quality principles

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

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

Our provider collaboratives

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

In Cheshire and Merseyside, we have two provider collaboratives:

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

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

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

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

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

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

We will:

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

Adult Social Care Collaborative (ASC)

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

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

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

Our VCFSE Transformation Programme

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

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

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

We will:

Focus on embedding the VCFSE as a key delivery partner.

And

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



Our places

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

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

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

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

We will:

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

Evolving our commissioning and corporate services

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

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

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

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

Research and innovation

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

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

We will:

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

Digital and data

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

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

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

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

We will:

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

Want to know more?

Read the full version in [Section 6 of our Joint Forward Plan Supporting Content](#)

7. Effective use of resources

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

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

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

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

We will:

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

Finance efficiency and value plans

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

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

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

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



Capital plans

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

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

We will:

Continue working in partnership to deliver against our Capital plans.

Estates

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

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

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

We will:

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

All Age Continuing Health Care

The ICB is accountable for the fair and equitable commissioning of NHS All Age Continuing Health Care (AACC) to support the assessed needs of our residents. We are accountable for the quality, safety and financial assurance of the continuing care provided.

We have recently reviewed the services we provide to people who receive Statutory funded continuing care. This review will have a range of benefits. It will improve the appropriateness of the care provided, meaning care is of higher quality. By providing more appropriate solutions, we also expect to improve the value for money of the services we provide meaning our funding can go further.

We will:

Complete the review and work with partners to establish an equitable model for delivery of services across Cheshire and Merseyside.

Want to know more?

Read the full version in [Section 7 of our Joint Forward Plan Supporting Content](#)

8. Our place plans

Further detail on the plans is available in [Section 8 of our Joint Forward Plan Supporting Content](#).

Health and Wellbeing Boards were asked to provide a statement outlining whether the Joint Forward Plan includes the relevant priorities within the Joint Local Health and Wellbeing Strategy. These will be published on the [Cheshire and Merseyside Website](#).

9. Glossary

An online glossary of terms has been developed by NHS Cheshire and Merseyside and can be accessed through this link:

cheshireandmerseyside.nhs.uk/get-involved/glossary/

10. Summary of outcomes

In addition to the priorities outlined in Section 1 there are a range of additional outcomes the plans outlined in this document will deliver and can be accessed in [Appendix A on page 185 of our Joint Forward Plan Supporting Content](#)

11. Links to our partners plans

Links to the strategic plans of our NHS Provider and Local Authority Partners will be published on the [Cheshire and Merseyside Website](#).



Appendix 1 NHS Operational Plan and Long Term Plan

NHS Operational Plan and Long Term Plan Objectives and Metrics				
Area	2023/24 Planning Objective	Metric	Target Value	Cheshire and Merseyside position
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours	76%	76.9%
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 (NWS target set at 33 mins)	Ambulance Response Times - Category 2	National 00:30:00 NWS 00:33:00	N/A
	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Average number of overnight G&A bed occupancy - adult	92%	94.3%
		Average number of overnight G&A bed occupancy - Total (Adult & Paediatrics)		92.8%
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	70%	2022/23 YTD = 74%. 14,985 UCR Contacts planned, 36% increase compared to 2022/23 FOT
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	No specific metric defined		
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	% Appointments booked same day		Total GP Appoints 14.98m. Increase of 4.9% compared to 2021/22
		% Appointments booked within 1-14 days		
		% Appointments booked over 14 days		
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Current gap to local ambition (down arrow indicates closing the gap)		
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Direct Patient Care (DPC) Roles in General Practice and PCNs (NB - manifesto commitment changed from ARRS to DPC roles, trajectory only available at region level)		57.9%
Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels		2019/20 Baseline scheduled monthly % of usual annual contracted UDAs		83% below 19/20
		2022/23 scheduled monthly % of usual annual contracted UDAs		



Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Total waiting over 65 weeks	0	0
	Deliver the system- specific activity target (agreed through the operational planning process)	2022/23 Value Weighted Activity including adjustment for advice and guidance (NB - this measure will change for 2023/24)	105%	108.5%
Cancer	Continue to reduce the number of patients waiting over 62 days	The number of cancer 62-day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral excluding non-site-specific symptoms		1,095
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	% Patients with diagnosis communicated within 28 days	75%	75.1%
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Percentage of stageable cancers diagnosed at stage 1 and 2 (NB - data are Cancer Alliance not ICB footprint)	75%	80.0%
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	% Patients receiving diagnostic test within 6 weeks	95%	89.5%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Trust Diagnostic activity as % of baseline (current month v baseline month for 15 tests in DM01)	120%	116.4%
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	Stillbirths per 1,000 total births Neonatal deaths per 1,000 total live births		
	Increase fill rates against funded establishment for maternity staff	Workforce data		
Use of Resources	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	Financial strategy and recovery plan in place by Sept 2023		
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Total workforce	Publish a Strategic Workforce Plan by March 2024	
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact		23/24 = 135,601 Q4 = 37,590
	Increase the number of adults and older adults accessing IAPT treatment	Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period.		23/24 = 72724. 100% of target



	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses	5%	Q4 23/24 = 20,600 Target achieved
	Work towards eliminating inappropriate adult acute out of area placements	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider		Q4 23/24 = 900
	Recover the dementia diagnosis rate to 66.7%	Dementia Diagnosis Rate	66.7%	66.7%
	Improve access to perinatal mental health services	Number of women accessing specialist community PMH and MMHS services in the reporting period		Q4 23/24 = 2,357
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	% of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	75%	75.0%
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit	Learning Disability Inpatient Rate per Million ONS Resident Population.	<30	36.5
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit		12 to 15	14.0
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024		77%	
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%		60%	
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	No specific metric defined		
Activity	Elective day case spells	Planned Activity Volumes 23/24		363,244
	Elective ordinary spells	Planned Activity Volumes 23/24		54,466
	RTT Clock Stops (admitted and non-admitted)	Planned Activity Volumes 23/24		879,054
	Number of requests for A&G	Planned Activity Volumes 23/24		417,246
	Outpatient attendances (all TFC; consultant and non-consultant led) - First attendance	Planned Activity Volumes 23/24		1,330,322
	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	Planned Activity Volumes 23/24		3,357,568



	Follow Up Outpatient Attendances without procedure	Planned Activity Volumes 23/24	Reduce by 25%	2,487,559
	Number of episodes moved or discharged to PIFU pathway	Planned Activity Volumes 23/24		171,366
	Number of attendances at all type A&E departments.	Planned Activity Volumes 23/24		1,181,165
	Non-elective spells	Planned Activity Volumes 23/24		398,629



Appendix 2 Marmot 8 principles and 22 Beacon indicators

The tables below highlight the principles describing how we intend reducing inequalities and the indicators we will use to measure progress.

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



22 Beacon Indicators

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)~	Yearly	LA	IMD	Active lives survey

* Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

** Both the Progress 8 and Attainment 8 scores are proposed for inclusion. Progress 8 scores at local authority level demonstrate that schools with a negative average score require systematic intervention. Attainment 8 shows the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.

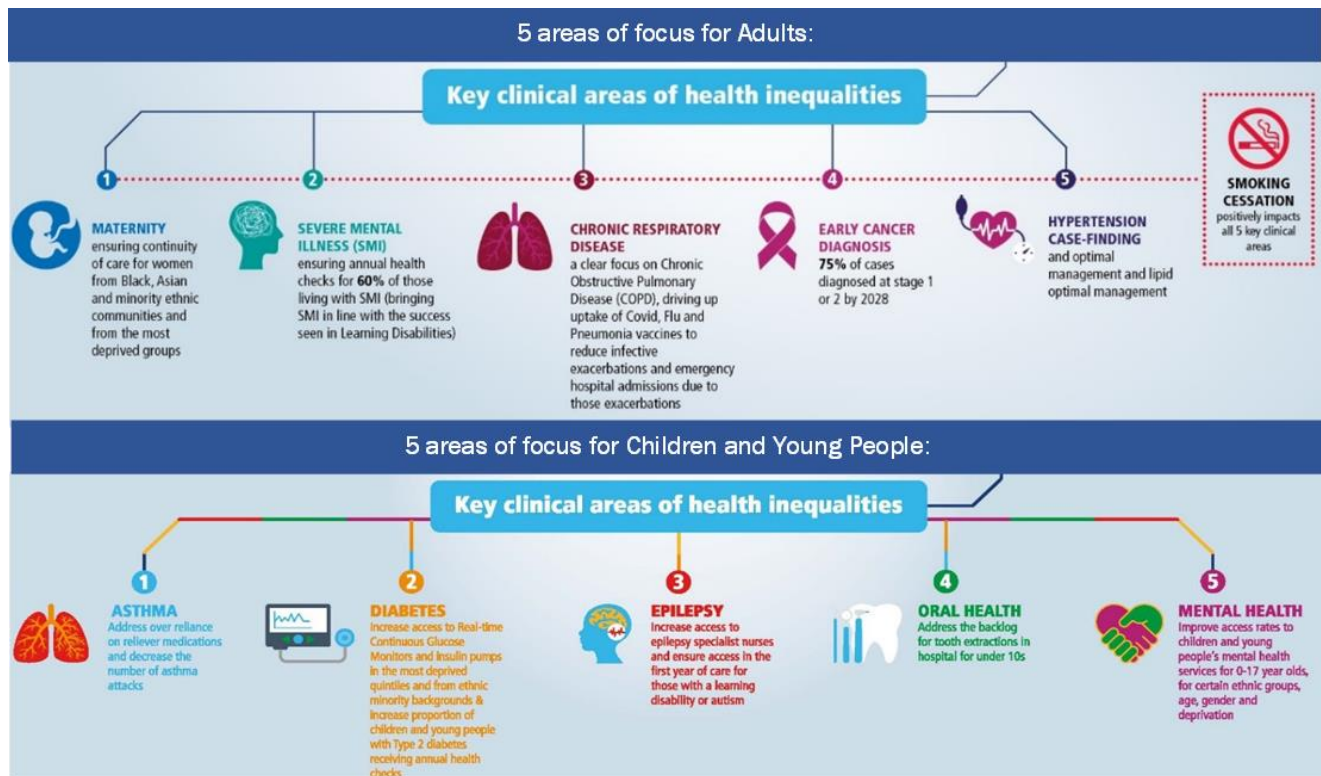
*** These indicators will require the NHS and local authorities to establish new data recording and collection methods. We have factored the social value indicators into the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. It will also require definitions of "local" in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.

**** To be used to demonstrate annual changes, interpretation to factor in population changes.

~ Active Lives Survey states the length of continuous activity is at least 10 minutes.



Appendix 3 Core20PLUS5



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HEALTH AND WELLBEING BOARD

Thursday, 21 September 2023

REPORT TITLE:	HEALTH AND WELLBEING BOARD MEMBERSHIP
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

This report provides the Health and Wellbeing Board with an opportunity to review its formal membership as contained within the Wirral Council Constitution and propose any amendments to Wirral Council's Constitution and Standards Committee.

One of the key themes in the Wirral Plan 2021-2026 is to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives. By having active, effective partnerships on the Board and developing strategies in partnership to combat health inequalities and enable more effective working, the Board will contribute to the key priorities set out within the current Wirral Plan. Reviewing the membership can help facilitate this.

This matter relates to all Wards within the Borough and is not a key decision.

RECOMMENDATION

The Health and Wellbeing Board is recommended to recommend to Constitution and Standards Committee the adoption of a revised membership list as provided in Appendix 2 to the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To make the Board aware of its membership and to clarify which members have voting rights.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 An alternative option was to not update the Board on its membership. However, updating the Board on its current membership assists in the effective management of its meetings and ensures the Board are utilising its ability to co-opt additional members and removing any co-optees no longer as relevant, and allows the list to be updated following changes such as the cessation of the Clinical Commissioning Group and the changing of some job titles or organisations.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 sets out that a local authority must establish a Health and Wellbeing Board for its area and prescribes the membership must contain a minimum of that outlined at 3.2.
- 3.2
- a. at least one councillor of the local authority
 - b. the director of adult social services for the local authority
 - c. the director of children's services for the local authority
 - d. the director of public health for the local authority
 - e. a representative of the Local Healthwatch organisation for the area of the local authority
 - f. a representative of each relevant clinical commissioning group (n.b. It should be noted that CCGs no longer exist within the NHS infrastructure)
 - g. such other persons, or representatives of such other persons, as the local authority thinks appropriate.
- 3.3 Health and Wellbeing Boards (HWBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.
- 3.4 The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).
- 3.5 In this new landscape, HWBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.
- 3.6 It is important that Wirral's Health and Wellbeing Board reflects the Council's operating Executive arrangements, and those of other partners.
- 3.7 At its meeting on 25 May 2022, the Council adopted a revised Constitution within which contained the Terms of Reference and membership of the Health and Wellbeing Board. The membership is included below.

3.8 Current Core Membership

- (i) Five (5) elected Members of Wirral Borough Council, being the:
 - (1) Leader (or Deputy Leader) of the Council.
 - (2) The Chair (or Vice Chair) of the Adult Social Care and Public Health Committee.
 - (3) The Chair (or Vice Chair) of the Children, Young People and Education Committee; and
 - (4) The leaders (or nominee) of the two largest opposition Political Groups.
- (i) the Chief Executive of Wirral Borough Council.
- (ii) the Director of Adult Social Services of Wirral Borough Council.
- (iii) the Director of Children's Services of Wirral Borough Council.
- (iv) the Director of Public Health of Wirral Borough Council.
- (v) the Chair of Wirral NHS Clinical Commissioning Group.
- (vi) the Accountable Officer of Wirral Clinical Commissioning Group.
- (vii) a representative of HealthWatch; and
- (viii) a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England

Current Appointed Membership

- a. A senior officer of Wirral Borough Council responsible for housing policy and services.
 - b. Chief Executive, Voluntary & Community Action Wirral.
 - c. Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust.
 - d. Chief Executive, Wirral Community NHS Foundation Trust.
 - e. Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust.
 - f. Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust.
 - g. Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan.
 - h. Representative from Merseyside Police.
 - i. Representative from Merseyside Fire & Rescue Service; and
 - j. Representative from Jobcentre Plus.
 - k. Chairs of the local NHS Trusts (co-opted).
 - l. Chair of the Primary Care Council (co-opted).
 - m. Principal of Wirral Metropolitan College (co-opted).
 - n. Magenta Living (co-opted).
 - o. Wirral Chamber of Commerce (co-opted).
- 3.6 The Health and Wellbeing Board is a partnership body and has historically invited attendees from various organisations to participate in meetings or be co-opted to the Board to support effective decision-making.
- 3.7 This report also provides an opportunity to review the number and range of co-opted individuals and organisations for the remainder of the 2023/2024 Municipal Year. Attendance by appointed organisations has been very low.

- 3.8 This report also gives the Board an opportunity to make recommendations for amendments to its core membership to the Constitution and Standards Committee.

Suggested membership changes

- 3.9 Suggested amendments to be recommended to Constitution and Standards Committee include removal of reference to the Clinical Commissioning Group and Local Area Teams as they no longer exist, and the correcting of several job titles which have been changed since the previous list was written. The current list with suggested changes is at **Appendix 1** and the potential new list is at **Appendix 2**.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

- 5.1 Any individual co-opted to the Health and Wellbeing Board will be a non-voting member.
- 5.2 Changes to the formal membership as defined in the Constitution would require endorsement by the Constitution and Standards Committee and approval by Council.
- 5.3 The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications.

7.0 RELEVANT RISKS

- 7.1 Having an unclear membership risks decision making not being taken in accordance with the defined Terms of Reference.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 No additional consultation has been undertaken.

9.0 EQUALITY IMPLICATIONS

- 9.1 There are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no environmental and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 There are no direct implications for community wealth as a result of this report.

REPORT AUTHOR: Mike Jones
Principal Democratic Services Officer
michaeljones1@wirral.gov.uk

APPENDICES

Appendix 1 – Membership of Health and Wellbeing Board with suggested amendments
Appendix 2 – Membership of Health and Wellbeing Board for approval

BACKGROUND PAPERS

The Health and Social Care Act 2012
Council Constitution
Guidance on Health and Wellbeing Boards
(<https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>)

TERMS OF REFERENCE

By ensuring its membership is effective and representative, the report aims to enable the Board to meet the following term of reference:

- i. To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	16 June 2021

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Appendix 1 - Membership of Health and Wellbeing Board with suggested amendments

	Representing	Name	Deputies
1	Leader (or deputy leader) of Council	Cllr Jean Robinson	Cllr Paul Stuart
2	The Chair (or Vice Chair) of the Adult Social Care and Public Health Committee	Cllr Phil Gilchrist (as Vice Chair)	Chair of Adults Cllr Janette Williamson
3	The Chair or Vice Chair of the Children, Young People and Education Committee	Cllr Sue Powell-Wilde	Vice-Chair of Childrens (Cllr Chris Carubia)
4	The leaders (or nominee) of the <u>second and third</u> two -largest opposition Political Groups	Cllr Jeff Green (Con) <u>and</u> Cllr Amanda Onwuemene ((as nominee not leader) Green)	chosen nominee from their political group. Cllr Kieran Murphy (Green)
5	Chief Executive of Wirral Borough Council	Paul Satoor	
6	Director of Adults, <u>Health and Strategic Commissioning-Social Services of at</u> Wirral Borough Council	Graham Hodkinson	
7	Director of Child, <u>Family and Education ren's Services of at</u> Wirral Borough Council	Simone White	Liz Hartley
8	Director of Public Health <u>of at</u> Wirral Borough Council	David Bradburn	
9	Chair of Wirral NHS Clinical Commissioning Group <u>Place Director for Cheshire and Merseyside Integrated Care Board</u>	Simon Banks, Director of Place, NHS Cheshire and Merseyside	
10	Accountable Officer of Wirral Clinical Commissioning Group; <u>WCHG</u>	Karen Howell	
11	Representative of HealthWatch	Karen Prior	Kirsteen Sheppard, Micha Woodworth
12	Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England		
13	Senior officer of Wirral Borough Council	David Hughes, Director of regeneration and Place	

	responsible for housing policy and services		
14	Chief Executive, Voluntary & Community Action Wirral	CAW are no longer a separate organisation – they are part of the Wirral Chamber who will represent both	
15	Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust (WUTH)	Janelle Holmes or Mike Gibbs	Matthew Swanborough
16	Chief Executive, Wirral Community Health and Care NHS Foundation Trust (WCHC)	Karen Howell or Tony Bennett	David Hammond; Alison Hughes, Director of Corporate Affairs
17	Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust (CWP)	Dr Anushta Sivananthan, Medical Director, Compliance, Quality & Regulation Or Dr Faouzi Alam, Medical Director, Effectiveness, Medical Education and Medical Workforce Or Tim Welch, Interim CEO	Suzanne Edwards
18	Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust	Liz Bishop	Julie Gray
19	Representatives from the three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan		
20	Representative from Merseyside Police	Matthew Moscrop	
21	Representative from Merseyside Fire & Rescue Service	Mark Thomas	Nick McCormack, Lauren Woodward Chief Inspector Col Rooney
22	Representative from Jobcentre Plus	Louise Healey_Helen West, Dept for Work and Pensions?	
23	Chairs of the local NHS Health Foundation Trusts (co-opted 160621)	Michael Brown, Chair Wirral CHC; Sir David Henshaw, Chair, WUTH; Isla Wilson, Chair, CWP,	

24	Chair of the Primary Care Council (co-opted 160621)	Dr Abel Adegoke, Chair Primary Care Council	
25	Principal of Wirral Met College (co-opted 160621)	Sue Higginson Gill Banks (not starting until 1 st Aug)	Michael Norton, Deputy Principal
26	Magenta Living (co-opted 290922)	Rachel Bennett	
27	Wirral Chamber of Commerce (co-opted 211222)	Patsy Crocker	

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Appendix 2 - Membership of Health and Wellbeing Board for approval

	Representing	Name	Deputies
1	Leader (or deputy leader) of Council	Cllr Jean Robinson	Cllr Paul Stuart
2	The Chair (or Vice Chair) of the Adult Social Care and Public Health Committee	Cllr Phil Gilchrist (as Vice Chair)	Chair of Adults Cllr Janette Williamson
3	The Chair or Vice Chair of the Children, Young People and Education Committee	Cllr Sue Powell-Wilde	Vice-Chair of Childrens (Cllr Chris Carubia)
4	The leaders (or nominee) of the two largest opposition Political Groups	Cllr Jeff Green (Con) and Cllr Amanda Onwuemene ((as nominee not leader) Green)	chosen nominee from their political group. Cllr Kieran Murphy (Green)
5	Chief Executive of Wirral Borough Council	Paul Sator	
6	Director of Adults, Health and Strategic Commissioning at Wirral Borough Council	Graham Hodgkinson	
7	Director of Child, Family and Education at Wirral Borough Council	Simone White	Elizabeth Hartley
8	Director of Public Health at Wirral Borough Council	David Bradburn	
9	Place Director for Cheshire and Merseyside Integrated Care Board	Simon Banks, Director of Place, NHS Cheshire and Merseyside	
10	Representative of HealthWatch	Karen Prior	Kirsteen Sheppard, Micha Woodworth
11	Senior officer of Wirral Borough Council responsible for housing policy and services	David Hughes, Director of regeneration and Place	
12	Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust (WUTH)	Janelle Holmes or Mike Gibbs	Matthew Swanborough
13	Chief Executive, Wirral Community Health and Care NHS Foundation Trust (WCHC)	Karen Howell Or Tony Bennett	David Hammond; Alison Hughes, Director of Corporate Affairs
14	Chief Executive,	Dr Anushta Sivananthan,	Suzanne Edwards

	Cheshire & Wirral Partnership NHS Foundation Trust (CWP)	Medical Director, Compliance, Quality & Regulation Or Dr Faouzi Alam, Medical Director, Effectiveness, Medical Education and Medical Workforce Or Tim Welch, Interim CEO	
15	Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust	Liz Bishop	Julie Gray
16	Representative from Merseyside Police	Matthew Moscrop	
17	Representative from Merseyside Fire & Rescue Service	Mark Thomas	Nick McCormack, Lauren Woodward Chief Inspector Col Rooney
18	Representative from Jobcentre Plus	Louise Healey Helen West, Dept for Work and Pensions	
19	Chairs of the local NHS Health Foundation Trusts (co-opted 160621)	Michael Brown, Chair WCHC Sir David Henshaw, Chair, WUTH; Isla Wilson, Chair, CWP	
20	Chair of the Primary Care Council (co-opted 16.06.21)	Dr Abel Adegoke, Chair Primary Care Council	
21	Principal of Wirral Met College (co-opted 16.06.21)	Sue Higginson Gill Banks	Michael Norton, Deputy Principal
22	Magenta Living (co-opted 29.09.22)	Rachel Bennett	
23	Wirral Chamber of Commerce (co-opted 21.12.22)	Patsy Crocker	



HEALTH AND WELLBEING BOARD

THURSDAY 21 SEPTEMBER 2023

REPORT TITLE:	HEALTH AND WELLBEING BOARD WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

The Health and Wellbeing Board, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual Committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee. It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Health and Wellbeing Committee is attached as Appendix 1 to this report.

Following the adoption of a revised Constitution by Council on 25 May 2022, the Terms of Reference for Committees were updated so that the agenda of any Committee or Sub-Committee shall only include those items of business that require a decision, relate to budget or performance monitoring or which are necessary to discharge their overview and scrutiny function. The Committee is therefore asked to consider whether any items for future consideration on its work programme need to be reviewed to comply with the revised Constitution. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops.

RECOMMENDATION

The Health and Wellbeing Board is recommended to note the proposed Health and Wellbeing 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 Health and Wellbeing 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 Board.

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 Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

Terms of Reference

- 3.2 The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place

- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication 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 Board'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.

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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APPENDICES

Appendix 1: Health and Wellbeing Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

HEALTH AND WELLBEING BOARD

AGENDA PLANNING 2023-24

Meeting Dates	Report Title	Lead(s)
7 December 2023	Role of Anchor Institutions	Public Health – TBC
Deadline for Reports: 27 November 2023	Cost of Living Report and Holiday Support Fund	Rose/Dave Bradburn and Michael
	Neighbourhood Working Developments	Nesta Hawker
	Ageing Population report	Graham Hodgkinson and Dave Bradburn
	Household Support Fund update	Michael Fisher

OTHER MEETINGS

14 March 2024

FUTURE ITEMS

Future items will be scheduled according to the agreed purpose and priorities of the Health and Wellbeing Board established at the workshop of 12th September 2023.

A proposed schedule of items will be circulated, after consideration by the Chair, during October.

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Health and Wellbeing Board – Terms of Reference

The principal role of the Health and Wellbeing Board is to discharge functions pursuant to sections 195 and 196 of the Health and Social Care Act 2012.

The Health and Wellbeing Board will not be responsible for directly commissioning services, but will provide oversight, strategic direction and coordination of the following activities:

- (a) To develop a shared understanding of the needs of the local community through the development of an agreed Joint Strategic Needs Assessment
- (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy
- (c) To provide a local governance structure for local planning and accountability of health and wellbeing related outcomes
- (d) To work with HealthWatch in Wirral to ensure appropriate engagement and involvement within existing patient and service user involvement groups takes place
- (e) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people
- (f) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision
- (g) To review the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards of health and social care services are met, and represent value for money across the whole system
- (h) To establish a key forum for local democratic accountability relating to commissioning against agreed health outcomes
- (i) To develop and update the Pharmaceutical Needs Assessment (PNA)
- (j) To ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

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