



Health and Wellbeing Board

Date:	Thursday, 14 March 2024
Time:	2.00 p.m.
Venue:	Committee Room 1 - Birkenhead Town Hall

Contact Officer: Christine Morley
Tel: 0151 666 3820
e-mail: christinemorley@wirral.gov.uk
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.

Wirral Council is fully committed to equalities and our obligations under The Equality Act 2010 and Public Sector Equality Duty. If you have any adjustments that would help you attend or participate at this meeting, please let us know as soon as possible and we would be happy to facilitate where possible. Please contact committeeservices@wirral.gov.uk

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

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 - 6)

To approve the accuracy of the minutes of the meeting held on 7 December 2023.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by **12 noon, Monday 11 March 2024** 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 11 March 2024** 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. HEALTH AND WELLBEING STRATEGY UPDATE REPORT FOR PRIORITY AREA 2 (Pages 7 - 30)

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

7. INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY (Pages 31 - 40)

This PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact simon.banks@cheshireandmerseyside.nhs.uk if you would like this document in an accessible format.

8. BCF QUARTER 3 AND END OF YEAR REPORTS (Pages 41 - 54)

9. HEALTHWATCH WIRRAL UPDATE MARCH 2024 (Pages 55 - 78)

This PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact Kirsteen.Sheppard@healthwatchwirral.co.uk if you would like this document in an accessible format.

10. DELIVERY OF WIRRAL HEALTH AND CARE PLAN (Pages 79 - 92)

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

11. WORKWELL BID (Pages 93 - 128)

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

12. HEALTH AND WELLBEING BOARD MEMBERSHIP (Pages 129 - 138)

This PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact michaeljones1@wirral.gov.uk if you would like this document in an accessible format.

13. WORK PROGRAMME (Pages 139 - 144)

Terms of Reference

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

HEALTH AND WELLBEING BOARD

Thursday, 7 December 2023

PRESENT:

Councillor Jean Robinson	Chair
Abel Adegoke	Primary Care
Simon Banks	Director of Place (Wirral), NHS Cheshire and Merseyside
Dave Bradburn	Director of Public Health Wirral Council
Councillor Phil Gilchrist	Wirral Council
Councillor Jeff Green	Wirral Council
Elizabeth Hartley	Children's Services, Wirral Council
Louise Healey	Department for Work and Pensions
Graham Hodgkinson	Director of Adults and Care, Wirral Council
Mike McEvoy	Merseyside Police
David McGovern	Wirral University Teaching Hospital
Councillor Sue Powell-Wilde	Wirral Council
Kirsteen Sheppard	Healthwatch Wirral

23 **WELCOME AND INTRODUCTION**

The Chair welcomed everyone and read the webcast notice.

24 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- Councillor Janette Williamson, Wirral Council.
- David Hughes, Head of Regeneration and Place, Wirral Council.
- Janelle Holmes and Sir David Henshaw, Wirral University Teaching Hospital.
- Julie Gray, Clatterbridge Cancer Centre
- Karen Howell and Michael Brown, Wirral Community Health and Care.
- Superintendent Matthew Moscrop, Merseyside Police.
- Andy Lomas from Magenta Living.

25 **DECLARATIONS OF INTERESTS**

There were no declarations of interests.

26 **MINUTES**

Resolved:

That the minutes of the meeting of the Health and Wellbeing Board on 21 September 2023 be agreed as a correct record.

27 PUBLIC AND MEMBER QUESTIONS

Question

One question had been received from the Community, Voluntary and Faith sector Reference Group (CVF RG)

Who developed and what was and is the process and criteria for developing and delivering £86k of “green grants” as part of a recently awarded contract of £413k through the United Kingdom Shared Prosperity Fund (UKSPF) and why hasn't the CVF-RG proposal been incorporated into the planning?

The Chair promised a written answer to the question.

Statement

Kevin Sutton presented a statement on behalf of Community, Voluntary and Faith sector Reference Group, in respect of agenda item 13, Community, Voluntary and Faith Sector Reference Group update. The statement sought to inform the Board of the need to improve how communication, engagement, working together and representation needed to be improved and developed further to address health inequalities. More specifically, it stated that partnership working could be greatly enhanced with the focus on community-led programmes. It noted that CVF RG had been established as a volunteer group with aims to build and support the development of local infrastructure and work in full partnership to bring forward opportunities and benefits for communities arising from legislation, ongoing strategies, policies, and programmes, taking into account, existing and emerging best practice. It stated that the Community, Voluntary, Faith and Social Enterprise representative organisation, namely Wirral CVS, had insufficient funding to build a team, and that CVF RG were not full involved in working groups and funding bid opportunities, and that their experience was being overlooked. It stated that it was essential to engage proactively with communities and residents to ensure that we are doing things from a ‘bottom-up’ approach that involves people with lived experience.

The Chair thanked Kevin for the statement.

28 HEALTH AND WELLBEING STRATEGY UPDATE AND THEMATIC REPORT ON IMPLEMENTATION OF PRIORITY 1

The Director of Public Health introduced his report which set the Health & Wellbeing Strategy within the wider system context of related plans and strategies that were connected to the wellbeing of residents with a particular focus on employment. The report provided an overview of the implementation plan for the ‘game changers’ within each of the four priority areas and clarified the routes by which Board members would be kept informed of progress and involved in influencing the strategic direction. The employment topic included different elements including recruitment, worklessness, and training.

Members discussed specific aspects including how it related to care leavers, helping people with health conditions to stay in employment, jobs fairs and vacancies in the health sector.

Resolved: That

- 1. it be confirmed that this report represents an appropriate overview of the broader system context for the Health & Wellbeing Strategy.**
- 2. the proposed implementation plans for the priority areas be acknowledged.**
- 3. the proposals for future reporting, engagement, and involvement of the Board be agreed.**

29 **UPDATE RE NEIGHBOURHOOD MODEL**

The Associate Director Transformation and Partnerships at Cheshire and Merseyside NHS and the Chief Executive of Wirral Council for Voluntary Services presented this report which provided an update on the development and implementation of the Wirral Neighbourhood Model which was one of the guiding priorities within the Wirral Health and Care Plan for 2023/24. The Neighbourhood Model was about getting communities to improve health locally bringing together local organisations, primary care and health partners. There were nine neighbourhoods identified and the Model had been rolled out across two with the highest levels of deprivation.

Members queried who was in the Core Groups in each neighbourhood and particular issues such as obesity in children and social isolation.

Resolved:

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

30 **COST OF LIVING UPDATE**

The Policy and Strategy Lead presented the report of the Director of Public Health which provided an update on cost-of-living work being taken forward by Wirral Council and partner organisations of the Health and Wellbeing Board. The report offered an overview of the challenges residents and businesses were facing because of cost-of-living pressures and the mitigating actions that were in place to support them and help alleviate some of these pressures, including the Small Grants Scheme.

Members questioned the report and the support being offered by other organisations, the underspending on some grants as well as suggesting methods of reaching people not online and centralising the support so there was a common point of contact.

Resolved: That

- 1. the latest updates and activity that have/are being carried out by partner organisations be noted.**
- 2. appropriate joint arrangements and actions to help mitigate the impacts of the cost-of-living pressures on residents continue to be developed.**

31 CONTAIN OUTBREAK MANAGEMENT FUND CLOSURE REPORT

The Director of Public Health presented his report which provided a summary on Wirral's use of the Contain Outbreak Management Fund as the time limited, one-off funding has concluded. The Fund was given to help the borough's recovery from the Covid-19 pandemic and was approximately £14 million. It had been used in many creative ways, mainly on local outbreak management such as testing, surveillance and support of vulnerable residents.

Resolved:

That the contents of the report be noted.

32 DELIVERY OF WIRRAL HEALTH AND CARE PLAN

The Place Director (Wirral), NHS Cheshire and Merseyside presented his report which presented the delivery dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard was reviewed by the Strategy and Transformation Group and the Wirral Place Based Partnership Board on a monthly basis and provided an oversight of the whole programme portfolio, a monthly narrative update, and Red Amber Green (RAG) rating of overall programme delivery, benefits, risks, and issues. The Wirral 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 priorities and areas of work. These priorities were cognisant of, and support, the delivery of a number of key national and Wirral Place level strategic aims, including the Wirral Plan 2021-26 and Wirral Health and Wellbeing Strategy 2022-27.

Possible specific future reports were noted, and the outcomes of some issues, such as the rates and consequences of remaining in hospital rather than being discharged with a suitable care package.

Resolved:

That the report which provides assurance on the delivery and oversight of the Health and Care Plan programmes to the WPBPB be noted.

33 **AGEING POPULATION REPORT**

The Senior Manager for Strategy, Commissioning and support from the Wirral Intelligence Service presented the report of the Director of Public Health which informed the Board about some projected demographic changes for Wirral and highlighted some potential implications. It showed a significant increase in life expectancy and decrease in birth rate which increased the proportion of older people (33% increase in the next 20 years) and particularly a longer time per person in poor health. The variations between Wards was noted. Sufficient social care would depend upon national agreements on funding although changes such as the use of technology would aid the additional requirements.

Resolved:
That the report be noted.

34 **BETTER CARE FUND (BCF) QUARTER 2 RETURN**

The Director of Care and Health introduced his report which summarises the mandatory Quarter 2 (Q2) report submitted to National Health Service England (NHSE). It provided data to demonstrate that there have been no changes to the capacity and demand assumptions as set out in Wirral's 2023/25 Better Care Fund (BCF) Plan. It also demonstrated continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 were being met.

Resolved: That

- 1. the continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 are being met be noted.**
- 2. it be noted that there are no changes to the capacity and demand assumptions included in the 2023/25 Better Care Fund (BCF).**
- 3. it be noted that the information provided will enable the Health and Wellbeing Board to influence the deployment of BCF services within the lifespan of this plan (2023/25) and future plans.**
- 4. it be noted that the current position does not pose a risk to the Section 75 Agreement.**

35 **COMMUNITY, VOLUNTARY AND FAITH SECTOR REFERENCE GROUP UPDATE**

Representatives of the Community, Voluntary and Faith sector Reference Group presented the report of the Director of Law and Governance which provided the latest updates and proposals from the Group, including detail on the two Family Hubs which had been launched. They emphasised how empowering local communities can help projects develop.

Resolved:

That the content of the reports of the Community Voluntary and Faith Sector Reference Group as appended to this report be noted.

36 **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.

Additional items were discussed including a report on the Wirral Plan showing the links to the Health and Wellbeing Strategy.

It was noted that the membership of the group had been discussed to help the Board focus on commissioning reports from relevant bodies as work on the implementation of the Health and Wellbeing Strategy continues.

Resolved:

That, subject to an additional item on the Wirral Plan, the Health and Wellbeing Board work programme for the remainder of the 2023/24 municipal year be noted.



HEALTH AND WELLBEING BOARD

14th March 2024

REPORT TITLE:	HEALTH AND WELLBEING STRATEGY UPDATE REPORT FOR PRIORITY AREA 2: STRENGTHEN HEALTH AND CARE ACTION TO ADDRESS DIFFERENCES IN HEALTH OUTCOMES
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

As requested by members at the Health & Wellbeing Board this is the 2nd report in the rolling quarterly ‘deeper dive’ session for each of the priority areas. Priority 2 focuses on strengthening health and care action to address differences in health outcomes against the priority’s game changer ‘cardiovascular disease (CVD) prevention’.

The priorities of the Health and Wellbeing Strategy are aligned to the ambitions of the Wirral Plan.

This matter affects all wards within the borough. It is not a key decision.

RECOMMENDATION

The Health and Wellbeing Board is asked to:

1. Acknowledge the implementation plan for the Priority 2 and the associated ‘game changer’ CVD Prevention.
2. Support, influence and shape the strategic direction of this game changer.

SUPPORTING INFORMATION

1.0 BACKGROUND INFORMATION

- 1.1 Priority 2 of the Health and Wellbeing Strategy sets out the ambition to *systematically addressing health inequalities related to the health and care services we deliver is an integral to reducing the differences in health outcomes*. The ‘game changer’ that has been identified as the focus for this priority is ‘CVD Prevention’. This report provides a highlight of the key programmes of work that are currently operating in Wirral. It should be acknowledged that this is a dynamic and evolving programme and some of the work requires further development across the system.

Wherever possible, the activity is reinforced by evidence and local intelligence/insight.

2.0 ACTIVITY UPDATE FOR CVD PREVENTION ‘GAME CHANGER’

- 2.1 Attachment A provides a slide deck summary of the key activity that is currently operating and impacting on preventing CVD.
- 2.2 Slides 3-4 focuses on the Core20Plus5 and the outcome of the Core20Plus5 action group’s September workshop. The aim of the workshop was to identify the key actions required to make the biggest impact on earlier detection opportunities and better management of CVD.
- 2.3 Slides 6-7 provides information on the NHS Prevention Pledge, implemented by NHS Trusts and the ‘Blood Pressure at Home’ programme delivered by Primary Care.
- 2.4 Slides 8-11 give an update on community-based interventions designed to identify residents with high blood pressure.
- 2.5 Slides 12-28 describes Wirral Community Health and Care Trust’s approach to population health management (PHM) and the work they have developed to proactively recognise and support people in higher risk groups to benefit from evidence-based care and support, specific to their needs.
- 2.6 The final slide provides the next steps for the continued development of the game changer. These actions include the integration of Core20Plus5 programme into Wirral’s Health and Care Plan, further insight into people’s experiences of living with different conditions and a greater understanding of what is happening across primary care with regards to CVD prevention.

3.0 CHALLENGES

- 3.1 Wirral’s Core20Plus5 action group has been established to provide visible, and accountable system leadership for the health and care system in relation to tackling inequalities using the Core20Plus5 as the framework and to coalesce and coordinate the activities of individual health and care organisations. The delivery plan for CVD management will be established when the Core20Plus5 becomes an integrated programme within the Wirral Health and Care Plan during quarter 1 of 2024/2025. The group is co-chaired by Wirral ICB and third sector and has a broad tactical membership. With the imminent departure of the ICB lead, the health care leadership of the Core20Plus5 is currently under review.
- 3.2 Adopting the principles of population health management will enable our health and care services to systematically assess health inequalities related to our work programmes and collectively identify and implement actions to help reduce differences in health outcomes. There are opportunities to strategically develop this work across the system that will support services to focus on population health outcomes.

4.0 NEXT STEPS

4.1 Board members are invited influence and shape the strategic direction of this game changer.

5.0 FINANCIAL IMPLICATIONS

5.1 Implementation of the strategy will include aligning existing resources more appropriately and using the strategy to lever in and focus additional resources across the system.

6.0 LEGAL IMPLICATIONS

6.1 Development of a Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act 2012.

7.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

7.1 There is a need for ongoing commitment from council officers along with a wide range of partners to deliver Priority 2 within the Health and Wellbeing Strategy.

8.0 RELEVANT RISKS

8.1 Any risks related to the implementation of Priority 2 'game changer' will be identified via the Health and Wellbeing Implementation Group and reported to the Health and Wellbeing Board where necessary.

9.0 ENGAGEMENT/CONSULTATION

9.1 A programme of engagement with local people in order to ensure that this strategy remains relevant and impactful is ongoing. The strategy is being delivered in partnership with representatives across the Wirral system, including residents.

10.0 EQUALITY IMPLICATIONS

10.1 An Equality Impact Assessment for the Health and Wellbeing Strategy can be located at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

11.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

11.1 The link between both internal and external environments and health is well-evidenced. The delivery of the Health and Wellbeing Strategy will support and supplement the 'Cool Wirral 2' partnership strategy to tackle climate impacts. Work with partners to tackle indoor air pollution will also be important.

12.0 COMMUNITY WEALTH IMPLICATIONS

12.1 Priority 2 'game changer' will support the delivery of the concepts of community wealth building e.g. different approaches we can take to implement earlier detection

opportunities and better management of CVD (heart attacks and strokes) with a focus on our most vulnerable residents.

REPORT AUTHOR: Rebecca Mellor
Senior Manager in Public Health
Wirral Council
Email: rebeccamellor@wirral.gov.uk

APPENDIX

Attachment A: Components of Priority 2 implementation

BACKGROUND PAPERS

- <https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy-2022-27>

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Committee in accordance with Section B of its Terms of Reference: (b) To seek to meet those needs through leading on the ongoing development of a Health & Wellbeing Strategy.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	21 September 2023 20 July 2023 23 March 2023 5 December 2023

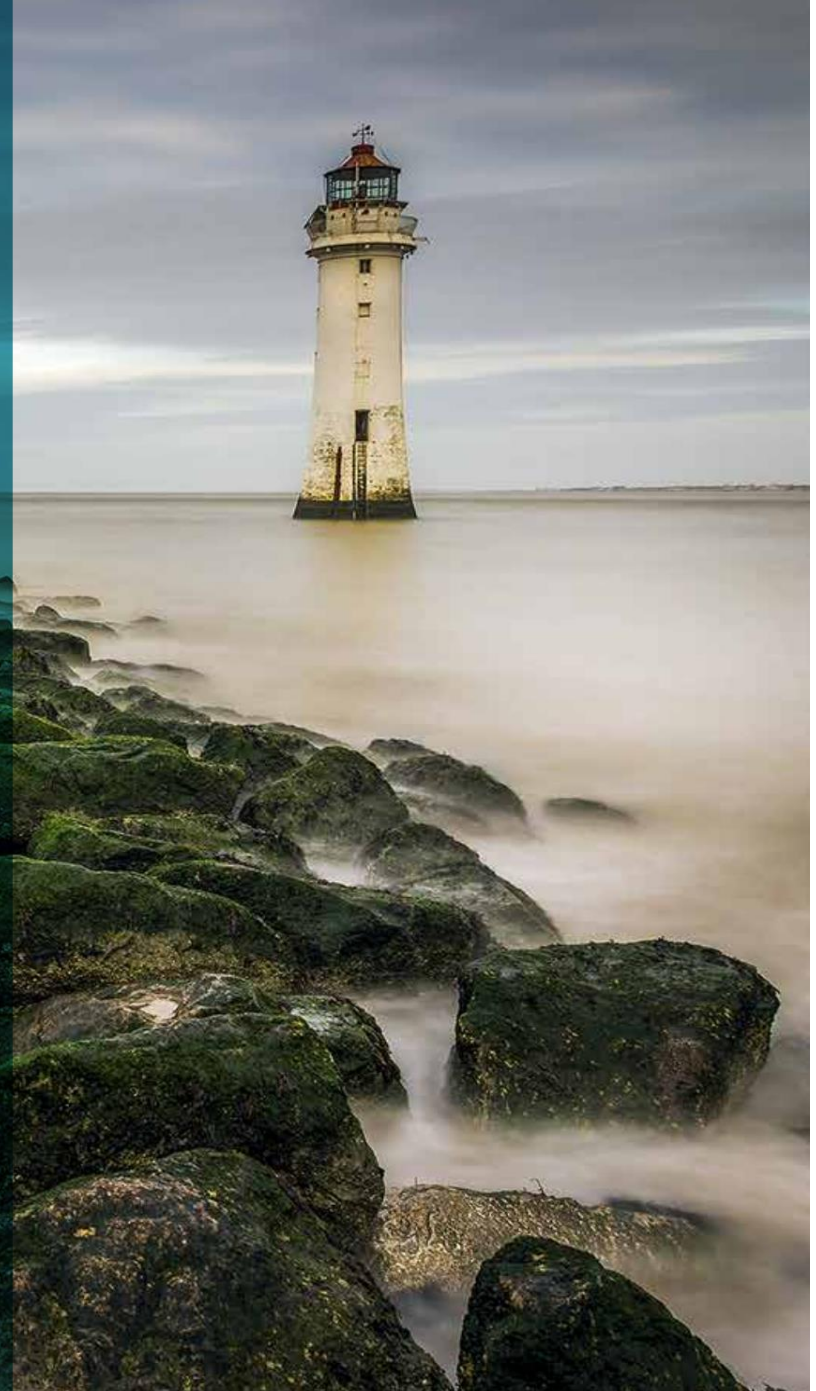
Wirral Health and Wellbeing Strategy 2022-2027

Starting Well. Living Well. Ageing Well.

Priority 2:
Strengthen health and care action to address
differences in health outcomes

CVD PREVENTION

Rebecca Mellor
Public Health Principal



Short to medium term actions:

- Develop a set of actions following the CVD Prevention workshop (held in September).
- Secure ongoing funding for Housebound Hypertension and BP@Home projects
- Evaluate the community health check pilot
- Explore options for closer integration of various 'Health check' programmes across Wirral
- Improve access and sharing of data/intelligence across partners to measure performance and outcomes relating to CVD
- Action plans to be developed across key Core20Plus5 Health & Care inequality areas

Page 12

Impact evidenced by:

- Increased identification of hypertension in most at-risk groups
- Increase in people from most at-risk groups having Healthchecks
- Case studies from Wirral residents evidencing greater awareness of blood pressure

P2 Implementation Plan Implementation of a CORE20Plus5 delivery plan, with initial focus on CVD

Longer-term actions:

- Integration with programmes of support that deal with underlying reasons behind levels of preventable hypertension and other long terms conditions that are largely preventable (e.g. type 2 diabetes, obesity) in the community.
- Local delivery of the national 'Major Conditions Strategy' (CVD is one of six major conditions groups).
- Implementation of the new 'WorkWell' Partnership Programme, with local systems providing support to disabled people and people with health conditions who want help to start, stay or succeed in work

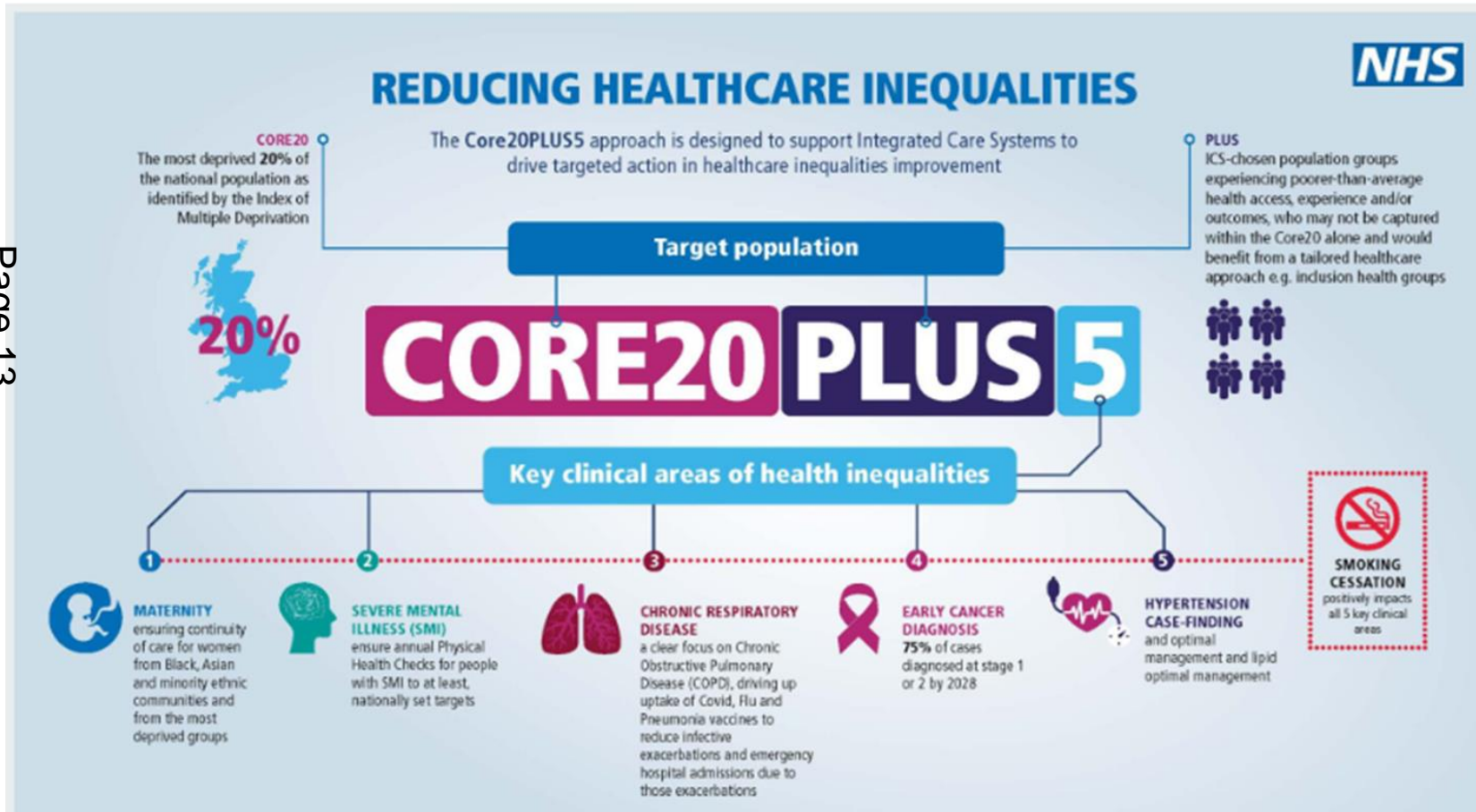
Impact evidenced by:

- Decrease in heart attacks and strokes amongst Wirral residents
- Decrease in inequality gap for heart attacks and strokes
- Decrease in obesity related diseases

Overseen by:

- Wirral Place-based Partnership Board
- COREPlus25 Group
- CVD Working Group.

Tackling inequalities in health and care service access, experience and outcome



Plus Groups in Wirral:

- Ethnic minority communities
- Those who misuse substances
- People with multi morbidities
- People with Learning disabilities

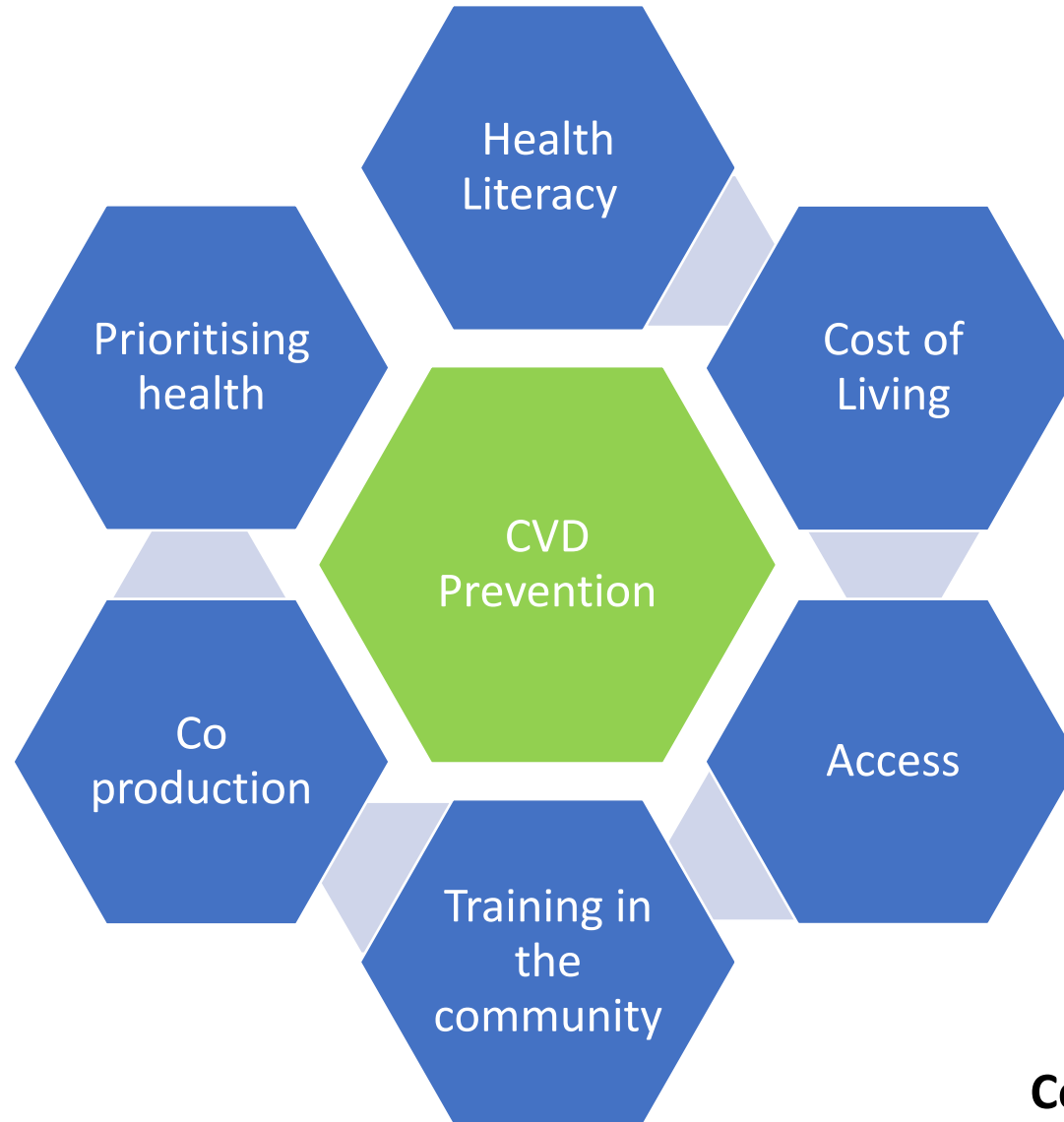
Vision and scope of CVD Prevention ('Game Changer')

To **reduce the number of preventable heart attacks and strokes** through improvement activity focused specifically on the 'ABC' conditions, targeting the communities and individuals in greatest need (Core20Plus..).

What **different approaches we can take to implement earlier detection opportunities and better management of CVD (heart attacks and strokes) with a focus on our most vulnerable residents.**

What is needed
to
make
the
biggest impact

Page 15



Core20Plus5 - CVD Workshop
20th September 2024

NHS Prevention Pledge


Page 16

- Disease prevention approach
- Supporting NHS organisations to become anchor institutions
- 14 pledge commitments
- Synergies with Core20Plus5

MECC
making every contact count



Housebound hypertension project 'BP at Home'

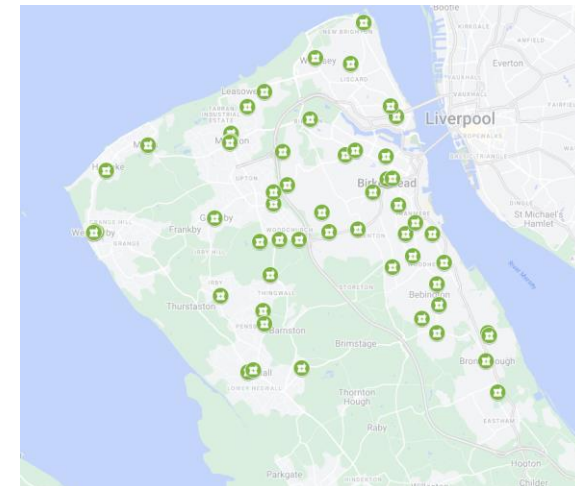
- **67%** of patients have a BP reading that is treated to target. This is a significant increase from the starting point in January 2022.
 - **63%** of the 39,000 hypertensive patients who have never submitted a home BP reading meet their BP target.
 - The introduction of Digital BP Messaging has had a significant positive effect on finding new cases of hypertension who are now being effectively managed.
 - Further expanded to include non –housebound frail residents
- 

NHS community pharmacy hypertension case-finding advanced service

- **Identify people aged 40 or older** –with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- **Undertake ad hoc clinic and ambulatory blood pressure measurements for adults of any age.** These requests can be in relation to people either with or without a diagnosis of hypertension.
- Promote healthy behaviours to patients.

Since the start in 2022, Wirral community pharmacies have conducted 8,523 consultations.

Of these **2,194** were found to have blood pressure above the norm, with 1907 having had no previous diagnosis or treatment for the condition.



Community Outreach

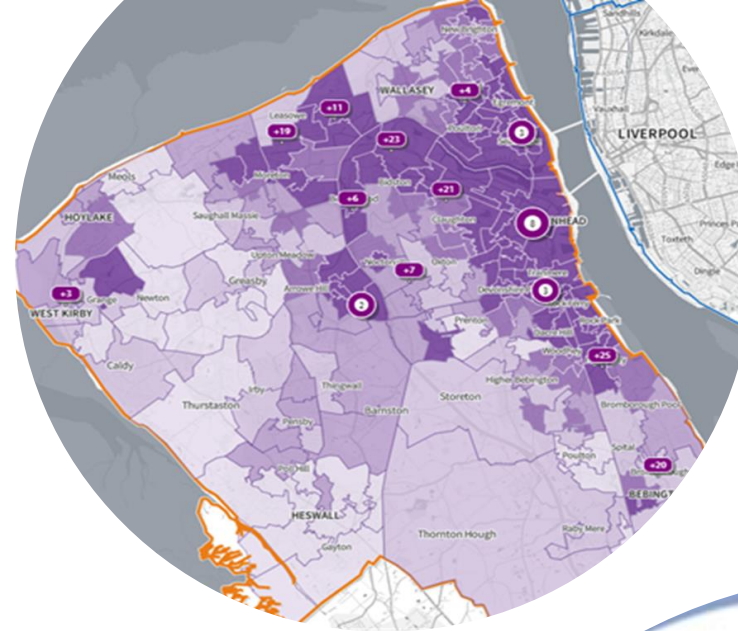
Living Well Bus (Cheshire and Wirral Partnership Trust)

- Roving / mobile service with **targeted approach** to geographical areas of lower take up
- Primary focus is **COVID-19 and flu vaccinations** plus addition offer of **full NHS Health Check**
- Onwards referral to other community support
- 1 day per week for Wirral (shared resource across C&M)

60 clinics held between 3rd April 2023 to 20th January 2024

337 blood pressure checks carried out

81 (24%) referrals to General Practice for further action



NHS Community Health Checks

208 (55%) of those who had a Health Check were men

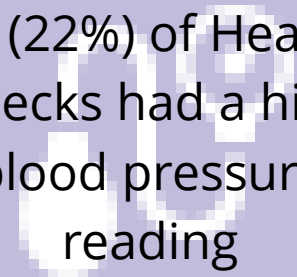


199 (53%) of people from ethnic communities had a Health Check

265 (70%) of Health Checks were on people in the most deprived areas

76 (20%) of Health Checks had a high cholesterol reading

85 (22%) of Health Checks had a high blood pressure reading



170 (45%) of Health Checks resulted in a moderate/high diabetes risk profile

HEALTH LITERACY APRIL 19th 2023

HYPERTENSION ≈ HIGH BLOOD PRESSURE



ISSUES

No Information
When it is given it's too late... GIVE IT AT DIAGNOSIS

Always told NHS is UNDER PRESSURE so stops us going to the DOCTOR when there is an ISSUE

DIGITAL INCLUSION
Do Patients have access ? ? ? ?

Send people...
JARGON FREE FACTUAL INFORMATION

Tailor Your info to me as an individual please

SOLUTIONS

EDUCATION SESSIONS
What is high blood pressure, what does it mean, what's the right thing to do, how do I manage it in my life, what is the right medication, how do I take my B.P.?

GP Surgery
DIDN'T KNOW WHAT HYPERTENSION WAS NO INFO GIVEN !!

ONE SIZE DOES NOT FIT ALL

NOT GIVEN
had to buy own from chemist THEN
People didn't know how to use blood pressure machines

Only see GP when symptoms interrupt our life style
Don't speak at me... let me ask questions
Ask me... "Can you tell me what we have just spoken about"
Ask me if I understand what you said

No Time slot Given for TELEPHONE APPOINTMENTS

What do the numbers mean ??

People didn't know what the numbers meant... or where to go or call if high G.P or A+E ???

I am so very anxious all the time about it!
I DO MINE TWICE A DAY!
It's a worry... I do my B.P every day!

WWW.self-help-hypertension...
PROVIDE MANY VARIED INFO RESOURCES ESPECIALLY VIDEOS

SEE THE PERSON IN THEIR LIFE & NOT JUST A PATIENT

John's story

John is mid 80's, living in Birkenhead, with moderate frailty

Bereaved, 2018

Insulin-dependent diabetic with multiple health issues

Living in filthy conditions

At least nine health and care services involved
including GP, community nursing, domiciliary care, adult social care, housing association

GP surgery three doors way

One year of missed appointment reminders

What mattered to John:

"getting back some control of my life"

Page 2



Population Health Management (PHM): why frailty?

People with moderate & severe frailty = likely 3-4% of C&M population (70-90k)

Hallmark = complexity and vulnerability, e.g. longest waits in A&E

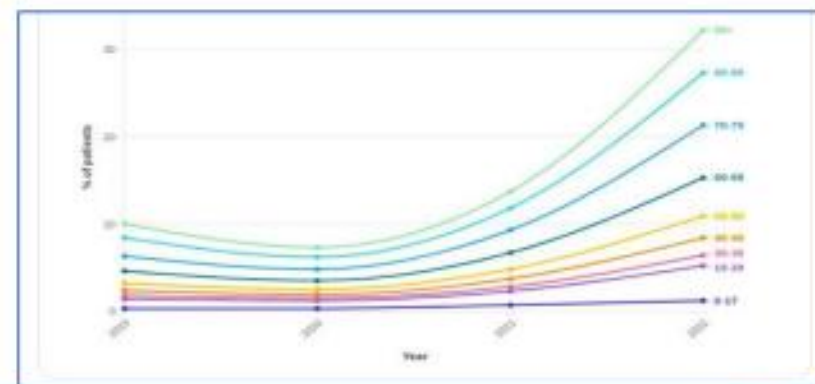
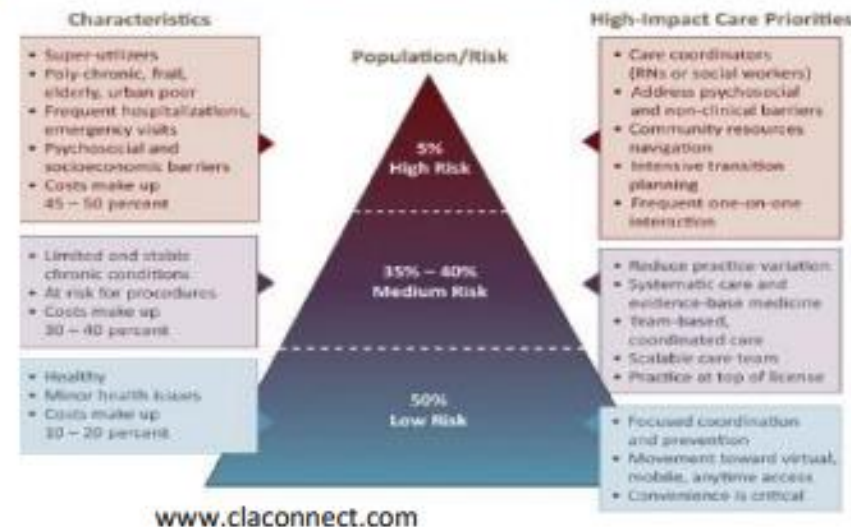
Already high contact with health and care services, often poorly coordinated

Evidence base for what works: we know what good looks like

Great benefits for patients *plus* very positive system impact

The PHM principles and model for people with frailty apply to any cohort who would benefit from proactive care planning

Population Health Pyramid

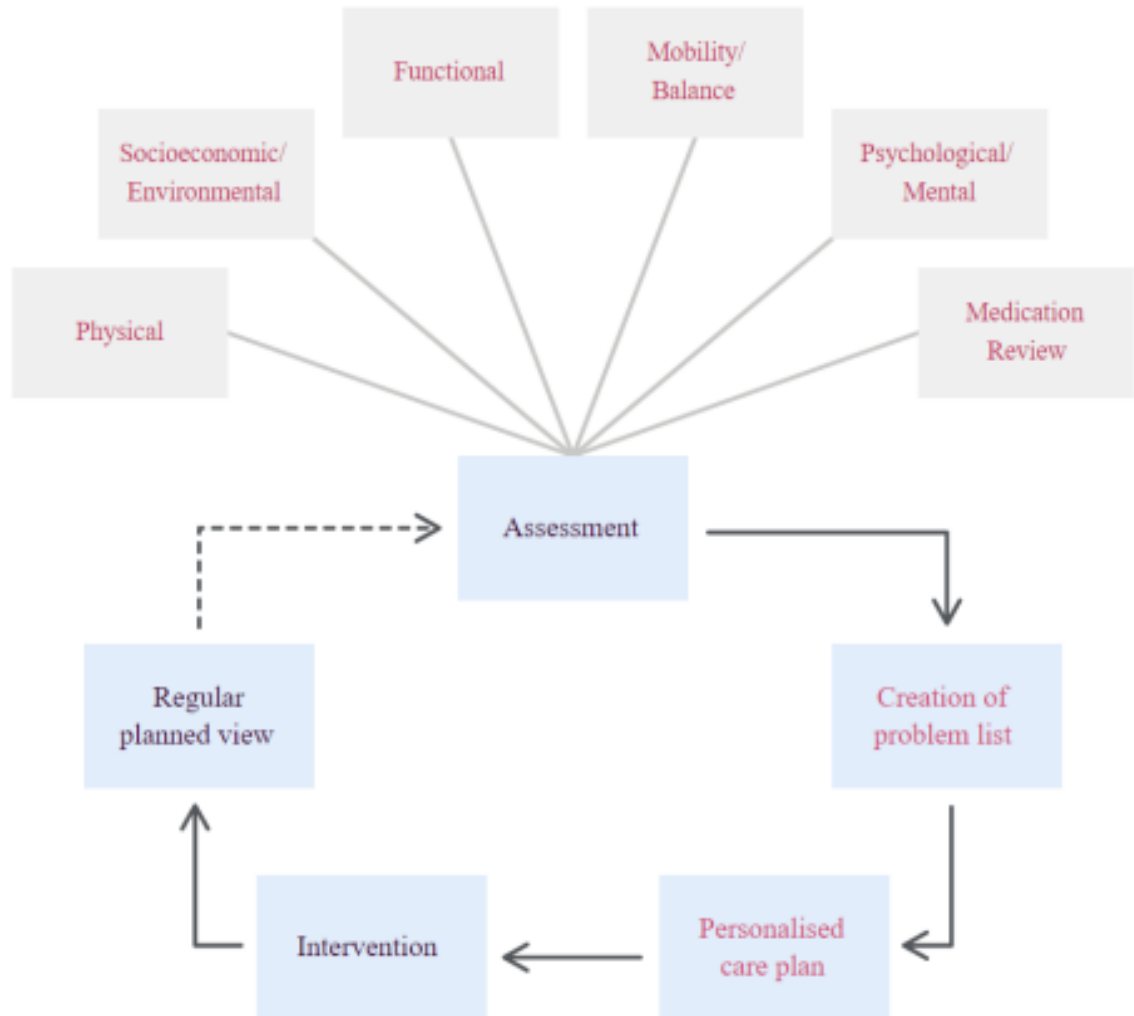


Comprehensive Geriatric Assessment

Evidence-based, holistic and person-centred assessment and care planning process.

Ensures people's needs and wishes are understood ("what matters to you?"), with nothing missed.

Many parts of the CGA are already done in silo by different professionals. This wastes time and opportunities for better coordinated care.



Harry and Joan's story

Harry and Joan live in north Wirral. They are in their 80's. Harry lives with moderate frailty.

Following Harry's discharge from Arrowe Park Hospital:

- Almost all info needed for CGA was available **but** much only in **non-searchable/non-coded fields and files**

The most important information ('**what matters to you?**') only known from a recent phone call with Age UK care coordinator

What mattered?

"Being able to get into the shower" - Harry

"Getting help with dressing him in the morning" – Joan

We need to be able to make **better use of existing information and coordinate care** more consistently. And be clear about clinical ownership for holistic assessment and care planning.



Population Health Management: what good looks like (for frailty)



Page 26

RECOGNISE AND REFER

Frailty training & prompts (GP, DNs, UCR, IMC...)
Defined proactive and reactive pathways



GATHER INFORMATION

Bringing together existing information - common data fields and coding



ASSESSMENT AND CARE PLANNING

Consistent CGA & care plan templates, knowledge, skills,
Clinical ownership,
Coordination of Frailty MDT



SHARE PLANS

Information sharing protocols and flags



TRACK AND FOLLOW UP

Tracking people post-CGA,
Doing planned reviews,
Responding to changes

**PCN-level 'Care Traffic Control' -
Working with consistent principles, outcomes, tools, capacity and capability**

Test & Learn in progress: Moreton & Meols PCN

Feb-July 2024, WCHC and Moreton & Meols PCN are testing an **integrated frailty team** approach:

1. PCN Paramedic and Pharmacist and WCHC Senior Matron, Nurse Practitioner for Older People (NPOP) and Early Intervention Assistant

Co-located team

3. Shared pathways – referrals from practices, district nurses, prompts via discharges and use of risk stratification
4. Shared CGA and care planning templates and patient record
5. PCN footprint 'care traffic control'



Postscript: John's story

A fall and hospital stay followed by time in Clatterbridge Intermediate Care Centre (CICC)


In this period, Nurse Practitioner for Older People worked with housing association and domiciliary care agency to clean the flat and replace the fridge

Referrals to social prescribers and other services

At CICC, John started to 'come out of himself' and before discharge was happily interacting with staff and other patients, looking forward to going home.



Next Steps

- **Core20Plus5** will become a programme in the Wirral Health and Care Plan - CVD prevention delivery plan
 - Develop **insight** into the experience of people living with different conditions
 - Use **data** to address the differences in health outcomes and help us to understand our communities needs.
 - **Identify what is happening across Primary Care** on CVD prevention
- 

This page is intentionally left blank



**HEALTH AND WELLBEING BOARD
14th MARCH 2024**

REPORT TITLE:	INTERIM CHESHIRE AND MERSEYSIDE HEALTH AND CARE PARTNERSHIP STRATEGY
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

This paper sets out the latest position on NHS Planning Guidance 2024/25 and the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan. It also sets out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24 for the 2024-25 operational planning year.

This report affects all wards and is a non-key decision for information.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

- (1) Notes the progress made on the refresh of Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan as set out in paragraphs 3.2.1 to 3.2.8 of this report.
- (2) Supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25, which is being overseen by the Wirral Place Based Partnership Board as set out in paragraphs 3.3.1 to 3.3.4 of this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Planning for the delivery of health and care services takes place at several levels – nationally, regionally, sub-regionally and at Place. Such planning is influenced by national guidance and local needs, the latter usually emerging from Wirral Council led Health and Wellbeing Strategies.
- 1.2 The Health and Wellbeing Board is aware of and engaged in the development of the planning at an Integrated Care System (ICS) and at a Place level. This report and the supporting recommendations support this.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The statutory nature of these arrangements means that no options other than to engage in the planning for health and care services and produce the requisite documentation.

3.0 BACKGROUND INFORMATION

3.1 NHS Planning Guidance

- 3.1.1 On 22nd December 2023 the Chief Executive, Chief Financial Officer and Chief Operating Officer (Interim) of NHS England wrote to NHS Integrated Care Boards (ICBs) and trusts to give an update on planning for 2024/25. Planning guidance for the forthcoming operating year is usually issued in the month of December for implementation in the following April. The letter set out that discussions with Government on agreeing expectation and priorities for 2024/25 remained active. The letter stated that NHS England would not be able to publish the 2024/25 priorities and planning guidance “until the new calendar year”.
- 3.1.2 The letter advised that, although national guidance was delayed, planning for 2024/25 should continue. The financial allocations for 2024/25 have already been published. The overall financial framework will remain consistent, including the payment approach to incentivise elective recovery. ICBs will be expected to work with partners to develop system plans that achieve and prioritise financial balance. The priorities and objectives set out in the 2023/24 Planning Guidance and published recovery plans on urgent and emergency care, primary care access and elective and cancer care will not fundamentally change.
- 3.1.3 The key requirements will be for the system to maintain the increase in core Urgent and Emergency Care capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients and maximise the gain from the investment in primary care in improving access for patients, including the new pharmacy first service. The final position and performance expectations will be confirmed in the 2024/25 Planning Guidance.
- 3.1.4 The letter also set out that, in 2024/25, there will be a continued focus on recovering core service delivery and productivity. Work to target a reduction in the cost of

temporary staffing will continue. NHS England will also be engaging ICBs and trusts to agree and deploy a standard set of metrics for all executive teams and board to use as a minimum to track productivity alongside service delivery.

3.1.5 Further correspondence is expected setting out details of the national planning process and timetable, with the aim that initial planning returns should be expected by the end of February 2024. The following documents, which would ordinarily accompany the Planning Guidance, were published alongside the letter on 22nd December 2023:

- Draft NHS Standard Contract for 2024/25 and associated documents;
- Proposed amendments to the NHS Payment Scheme for 2024/25;
- Updated Joint Forward Planning Guidance for 2024/25; and
- Guidance on developing 2024/25 Joint Capital Resource Use plans.

3.1.6 At the time of writing of this report the NHS Planning Guidance 2024/25 had not been released. A verbal update will be provided to the Board.

3.2 Cheshire and Merseyside Integrated Care System Planning

3.2.1 The NHS organisations and upper-tier Councils in each Integrated Care System (ICS) are required to form a joint committee called an Integrated Care Partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community, faith and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services. The ICP for the Cheshire and Merseyside ICS is the Cheshire and Merseyside Health and Care Partnership (HCP). The representative of Wirral Health and Wellbeing Board on the HCP is the Chair of the Health and Wellbeing Board.

3.2.2 Each ICP must develop a long-term strategy to improve health and social care service and people's health and wellbeing in their area. The Cheshire and Merseyside HCP developed an interim strategy between January and June 2023. The interim strategy was endorsed by the Wirral Health and Wellbeing Board on 23rd March 2023. The feedback on the interim HCP strategy across partners in Cheshire and Merseyside was positive, but it was highlighted that there was a health service bias in the content of the document. System partners also indicated that there is strong ownership and a sense of engagement in the All Together Fairer report, its recommendations and implementation.

3.2.3 The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare a plan setting out how they propose to exercise their functions in the next five years. This is the Joint Forward Plan (JFP). The JFP should be reviewed and/or revised before the start of each financial year. As shown in Appendix One, the JFP should take account of the NHS Long Term Plan and planning guidance as well as the ICP's strategy. The Wirral Health and Wellbeing Board endorsed NHS Cheshire and Merseyside's Joint Forward Plan 2023-28 at their meeting on 21st September 2023.

- 3.2.4 Between October and November 2023 all 9 Cheshire and Merseyside Councils, and the ICB, formally approved the HCP terms of reference and the formal establishment of the HCP as a Joint Committee of the 10 partners. In approving the terms of reference all 10 partners gave authority to the HCP to approve the Strategy on behalf of all 10 partners. This will take place during the spring of 2024 (subject to meeting dates being revised considering local elections). The Council approved the HCP terms of reference at its full council meeting on 9th October 2023 and approved that the Chair of the Health and Wellbeing Board would be their nominated member on the HCP.
- 3.2.5 The Cheshire and Merseyside HCP is working to refresh their Strategy and develop an updated delivery plan which will be a key part of the Cheshire and Merseyside Joint Forward Plan. At the January HCP meeting it was agreed to adopt the recommendations of the All Together Fairer report as the HCP strategic plan, providing a focus on the wider social determinants of health. This will be achieved by developing:
- A refreshed high-level strategy outlining principles, key themes and priorities fully aligned to All Together Fairer, and;
 - An associated Delivery Plan (As part of the Joint Forward Plan) that consolidates existing plans and focuses on delivery and implementation.
- 3.2.6 In bringing social determinants to the fore of the Health Care Partnership Strategy there is the potential to stretch the system scope and healthcare partnership remit, creating a much broader social determinants agenda. Three areas may help shape the discussion about the content of the HCP strategy that would better align the strategy to the social determinants focus of the Marmot principles focussing on:
- Transformational procedures.
 - Anti-Poverty work.
 - Equity in all policies.
- 3.2.7 The refreshed Joint Forward Plan for 2024-29 will be made up of:
- Cheshire and Merseyside HCP/All Together Fairer delivery plan. Which would be developed from the existing All Together Fairer areas of focus and plans, this would become the work programme for the HCP.
 - Nine Place Partnership plans, reflecting the existing Place plans focussed on delivering the Health and Wellbeing Strategies.
 - NHS Delivery plan. This would enable the Integrated Care Board and NHS Partners to describe the key work plans to deliver both local priorities and those nationally mandated in the national NHS planning guidance – this would largely reflect the 2023 published Joint Forward Plan.
- 3.2.7 The HCP and NHS Cheshire and Merseyside are using workshops and existing working groups to develop the refreshed HCP Strategy, JFP and to respond to the NHS Planning Guidance 2024/25 when it is published. Most of this activity will be taken forward in Place with system partners.

3.2.8 Board Members will receive draft copies of the Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy for comment as it develops, which may occur outside of Board meetings. The final draft of Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy is to be shared with the Health and Wellbeing Board for comments before approval by Cheshire and Merseyside HCP is sought during the spring of 2024.

3.3 Wirral Place Approach

3.3.1 Planning for health and care services is not only driven by NHS Planning Guidance. As set out in Appendix One it is also influenced by local priorities as set out in Joint Strategic Needs Assessments and Health and Wellbeing Strategies. NHS Cheshire and Merseyside has recognised the importance of Place in how we have established our governance and working relationships in Wirral with system partners. Planning for health and care services is influenced by and incorporates the Wirral Plan 2023-2027 and the Wirral Health and Wellbeing Strategy 2022-2027 as well as NHS planning guidance. This is demonstrated within the Wirral Health and Care Plan 2023-24, which was agreed by the Wirral Place Based Partnership Board on 22nd June 2023.

3.3.2 The Wirral Health and Care Plan will not be rewritten for 2024-25 but will be refreshed and updated. The programmes of work agreed by the Board in June 2023 will continue and each Senior Responsible Officer will be asked to review and update these for the 2024-25 planning year. A series of workshops have been put in place to support this. The production of a refreshed Wirral Health and Care Plan will be overseen through the Strategy and Transformation Group and will be supported by the Wirral Improvement Team. The Wirral Place Based Partnership Board will receive regular updates on the planning round 2024/25 and will be asked to approve the final Wirral Health and Care Plan 2024-25.

3.3.3 These workshops and the updated Wirral Health and Care Plan 2024-25 will contribute to the refreshed Cheshire and Merseyside HCP Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. The Wirral Health and Wellbeing Strategy will also influence the HCP Strategy.

3.3.4 It is recommended that the Board supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25, which is being overseen by the Wirral Place Based Partnership Board.

4.0 FINANCIAL IMPLICATIONS

4.1 The financial allocations for 2024/25 have already been published and there are no significant changes in the overall financial framework for health and care services. The expectation is that system plans will be delivered that achieve and prioritise financial balance.

5.0 LEGAL IMPLICATIONS

5.1 The Health and Care Act 2022 created a new framework for planning, based around the footprint of an Integrated Care System (ICS). As described in Appendix One, the Government's NHS Mandate is translated by NHS England into the NHS Long Term

Plan and planning guidance and then into Joint Forward Plans by each Integrated Care Board (ICB). The NHS Mandate also influences Integrated Care Strategies of Integrated Care Partnerships (ICPs), which relate to Place Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies, which then connect into ICB's Joint Forward Plans (JFP). The production of a five-year JFP is a legal requirement for ICBs and their partner trusts under the National Health Service Act 2006 (as amended by the Health and Care Act 2022).

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 It is recognised that the Integrated Care System will struggle to provide the capacity and resources to deliver the wide range of areas we have identified as priorities in the interim strategy and our 2024-28 Joint Forward Plan. During the refresh of these two documents, we are working with Programme Teams and our Place Partnerships to identify the greatest priorities in improving population health and reducing inequalities. This work is building on the work undertaken with the CHAMPS Public Health Collaborative during 2023 and being advanced through a programme, comprising of system partners, of intelligence analysis called "Data into Action".
- 6.2 This prioritisation will allow us to better determine where to focus our resources and how we can work most efficiently and effectively through assessing the right footprint for the work to take place e.g., Place based or at a subregional level.

7.0 RELEVANT RISKS

- 7.1 It is recognised that the financial resources to implement all aspects of the HCP and ICB strategy will not be available in a constrained financial environment. As a result, the prioritisation work described in section 6 will look to prioritise our work around our key strategic objectives and where there is greatest opportunity to improve population health outcomes and reduce inequalities.
- 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. The refreshed HCP strategy offers the opportunity for partners to play an active role in redefining the priorities and mutually understand how each member can contribute to its delivery.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with system partners will take place during the refresh of the Cheshire and Merseyside HCP Strategy, NHS Cheshire and Merseyside's JFP and Wirral Health and Care Plan. A series of Place workshops have been established in Wirral, which include voluntary, community, faith and social enterprise (VCFSE) sector representation. As the output of the workshops is reflected in plans copies of the draft documents will be shared with Health and Wellbeing Board members to allow the opportunity to provide feedback.

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 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.

- 9.2 This report provides an update on the development of the strategy for the Cheshire and Mersey HCP. The strategy is a high-level strategy and therefore does not contain sufficient information to enable an effective Equality Impact Assessment. Impacts would be considered as decisions for implementation are made that would impact on residents.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner. These principles guide the development of the Cheshire and Merseyside HCP Strategy, NHS Cheshire and Merseyside's Joint Forward Plan and Wirral Health and Care Plan.

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.
- 11.2 The key focus of the HCP strategy will be to reduce health inequalities. It supports the Cheshire and Merseyside All Together Fairer recommendations and Beacon Indicators. The refreshed All Together Fairer priority workstreams are planned to focus on a range of areas which have been developed by the HCP membership during 2023 where the membership felt the partnership could make the greatest impact on our communities, for example Work Well and Housing and Health.

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

APPENDICES

Appendix One - Alignment of Integrated Care System Planning

BACKGROUND PAPERS

- [NHS England » 2023/24 priorities and operational planning guidance](#)
- [all-together-fairer.pdf \(cheshireandmerseyside.nhs.uk\)](#)
- [cheshire-and-merseyside-health-and-care-partnership-strategy-summary.pdf \(cheshireandmerseyside.nhs.uk\)](#)
- [Cheshire and Merseyside Joint Forward Plan - NHS Cheshire and Merseyside](#)
- [NHS England » Update on planning for 2024/25](#)

TERMS OF REFERENCE

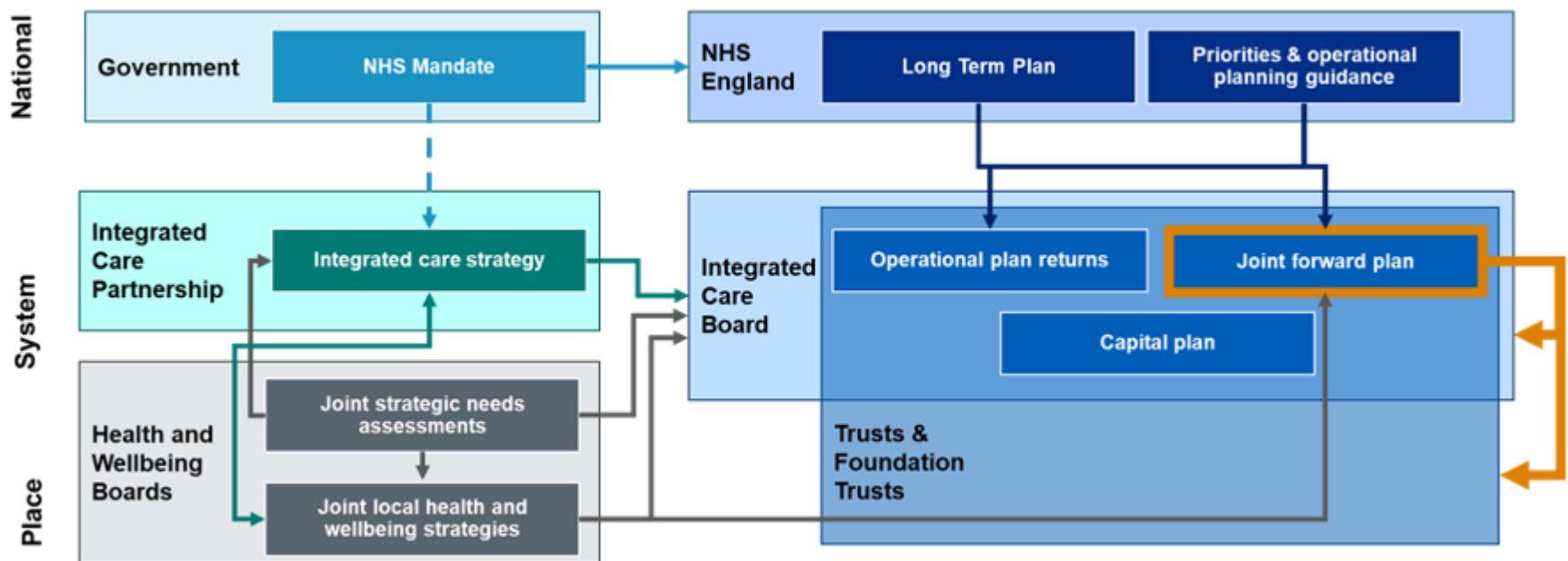
This report supports term of reference (g):

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.

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 Cheshire and Merseyside Health and Care Partnership Strategy	23 rd March 2023
Cheshire and Merseyside Joint Forward Plan 2023-28	21 st September 2023

APPENDIX ONE ALIGNMENT OF INTEGRATED CARE SYSTEM PLANNING



This page is intentionally left blank



HEALTH AND WELLBEING BOARD

14 MARCH 2024

REPORT TITLE:	BCF QUARTER 3 AND END OF YEAR REPORTS
REPORT OF:	DIRECTOR OF ADULT CARE AND HEALTH

REPORT SUMMARY

This report summarises the mandatory Quarter 3 (Q3) report submitted to National Health Service England (NHSE) on 7 February 2024. It provides data to demonstrate that there have been no changes to the capacity and demand assumptions as set out in Wirral's 2023/25 Better Care Fund (BCF) plan. It demonstrates continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 have been met and recommends, based on the financial forecast position for 2024/2025, that the mandatory year-end report is also approved.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the 'promoting independence and healthier lives' theme.

This is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 have been met.
2. Note there are no changes to the capacity and demand assumptions included in the 2023/25 BCF plan.
3. Approve the mandatory joint (with NHS Wirral Integrated Care Board (ICB)) Q3 BCF submission.
4. Approve this report as the year-end BCF report based on the forecast position for 2023/24.
5. Note the information provided will enable the Health and Wellbeing Board to influence the deployment of BCF services within the lifespan of this plan (2023/25) and future plans.
6. Note that the current position does not pose a risk to the Section 75 Agreement.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Approval of quarterly and end of year reports by Health and Wellbeing Boards is mandatory prior to submission to the National Health Service England (NHSE). In 2023/24 a Q1 report was not required and the Q2 report was approved by the Health and Wellbeing Board on 7 December 2023. Each report must provide evidence that systems have sufficiency within the care market, the NHS, and the Voluntary Community and Faith Sector (VCFS) to avoid admissions, maintain flow and provide intermediate care and reablement services. The Quarter 3 report must demonstrate the capacity and demand assumptions, as set out in the 2023/25 BCF Plan, have been met. The end of year report must set out actual expenditure and performance. The intention of the report is to provide assurance of the continued compliance with the principles (vision) of the BCF and demonstrate that performance against the (NHSE) outcomes for 2023/25 have been achieved within the allocated BCF budget.
- 1.2 The municipal year and recurrence of this Board make it difficult to submit for approval, the NHSE mandated year-end report in a timely way. It is therefore recommended that this is accepted as the Q3 report, and the end of year report and approved at this meeting. The forecast for the end of year budget, based on the spending profile for quarters 1, 2 and 3, suggests a balanced budget will be achieved.

2 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as the submission of a Q3, and year-end report are mandatory.
- 2.2 Submit the end of year report to the Health and Wellbeing Board on 18 July 2024. Whilst this approach has been considered, delaying approval until the July Board would not be recommended as it would coincide with approval from the Health and Wellbeing Board of the Q1 return for 2024/25.

3 BACKGROUND INFORMATION

- 3.1 The BCF was established in 2014 to support integrated working across health and social care, housing and the voluntary community and faith sector to support person-centred care, sustainability, and better outcomes for people. The 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)
 - 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. 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.

- 3.2 The BCF Policy Framework sets out the Government's priorities for 2023-25. These include improving hospital discharges, reducing the pressure on Urgent and Emergency Care health and social care, supporting intermediate care, supporting unpaid carers, and housing adaptations.
- 3.3 The vision for the BCF over 2023-25:
- Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reduces the cost of care.
 - Has clear accountability and governance arrangements.
 - Has resilience and flexibility to emerging issues in service delivery.
- 3.4 Quarterly reports must be submitted to the NHSE and Health and Wellbeing Boards. There was no requirement in 2023 to submit a Q1 report. Each report has a specific function.
- Quarter 1 - not required, data included in Q2.
 - Quarter 2 - summary of any changes to the capacity and demand plans between April and October 2023 as set out in the 2023/25 BCF Plan (approved by H&WB on 7 December 2023).
 - Quarter 3 - confirm activity to date.
 - Quarter 4 - an end of year report on actual income and expenditure in BCF plans.
- 3.5 Analysis of the last 9 months suggests that whilst capacity across place has increased, more work is needed to ensure there is sufficient capacity within the system to ensure more people are discharged from hospital and assessed at home (this is referred to as Pathway 1 (P1)).
- 3.6 The Integrated Care Board and the Council are developing a model, which will include an analysis of core NHS and Local Authority provision, BCF commissioned services and services funded by the Adult Social care Discharge Fund. The model will help us to understand if current services meet demand, that there is no duplication, and opportunities for people to receive the right care at the right time and in the right place are optimised. The intelligence will inform commissioning and enable us to populate the NHSE required data sets (background papers).
- 3.7 In May 2023, there were over 200 people with no criteria to reside (NCTR) in hospital beds. In January 2023, and since the inception of the hospital based Rapid Discharge Hub, that number has reduced to 99. This position has been maintained with a slight adverse variation during the winter months. More people have been discharged onto the right pathway, avoiding unnecessary discharges to residential care where there is a risk of deconditioning. Set out below are some examples that have contributed to this or have reduced hospital admissions enabling more people to stay at home. More detail is included in the Quarter 3 return (background papers).

- 3.8 Between 1 August 2023 and 31 January 2024, the discharge hub made 400 referrals to the Care Home Placement Officer. The interventions have led to increased support for families when choosing a care home, a reduction in long length of stay and numbers of people who do not meet the National Criteria to Reside (NCTR). Liaison with NHS and community-based providers and direct contact with patients and their families has led to an improved lived experience and a seamless transition from hospital to residential services.
- 3.9 Trusted Assessors undertake assessments of people on P2 (residential and intermediate care) and P3 (nursing care) to ensure expedited discharges and provide support to the homes to ensure the placement is sustainable. The discharge Hub made 19 referrals in July 2023. Due to unavoidable absence, this figure remained static in December 2023. This number is projected to double from January onwards when the full complement of staff is in place.
- 3.10 The NHS Community Foundation Trust's Home First service, offers a multi-disciplinary team approach to assessment of people in their own homes post hospital discharge. The Home First service has supported reductions in community packages with an evidence base of fewer people needing ongoing care post assessment at home, and people also requiring smaller ongoing packages of care. The target was 150 referrals per month in 23/24, from December, the target was revised as it performed above the anticipated trajectory, accepting 180 referrals in December. It is expected as the service matures, the level of referrals will be maintained if not exceeded. Performance is monitored at the Home First Board Meeting.
- 3.11 The hospital based Single Point of Access (Age UK) became operational in Q3. There is a direct referral route from the discharge hub which connects people to services in the Community Voluntary and Faith Sector before discharge, as an alternative to commissioned services. Once home, practical support with, as examples, benefits and home maintenance are provided to prevent future admissions. This is complemented by the Going Home Service which provides transport from hospital and ensures readmissions are avoided and people are supported to return home safely.
- 3.12 In 2023, 102 intermediate beds were commissioned, 71 ward based at Clatterbridge Intermediate Care Centre (CICC) and 31 in the community care market. Following a review of these services and increased capacity in other parts of the system, the community care market beds will be decommissioned at the end of March 2024. An integrated review of the ward-based beds has been completed with recommendations to follow.
- 3.13 10 beds were commissioned within a residential home at the height of system pressures, providing interim support whilst a package of care was sourced. Demand for the beds reduced because of increased capacity in at home services and the Home First service. Following a review, the beds were decommissioned on 9 January 2024.

- 3.14 There is sufficiency of supply for standard residential and nursing care. There is, however, a high demand for people with dementia (residential and nursing EMI) beds. Assumptions in 2023 indicated a deficit in provision however, due to an increase in capacity in other services, the bed vacancy rate has increased circa 12.39% with circa 8.9% of beds immediately available.
- 3.15 Increased capacity in the care at home market has seen the numbers of people with no criteria to reside (NCTR) or a long length of stay (LLOS) in hospital reduce from circa 70 people in February 2022, to between 0 and 3 in January 2024.
- 3.16 Since April 2023, BCF investment has enabled an additional 1,260 hours of care and support at home during the night. This has enabled more people with higher acuity needs to remain at home or their discharges expedited. It also provides an essential support to carers.
- 3.17 Wirral MIND supports people with mental health conditions and those at risk of suicide to reduce the demand for mental health beds and placements. 339 hours of early intervention support were delivered to between June and August 2023 and 608.5 hours between September 2023 and 31 December 2023.
- 3.18 The Council is developing a Reablement service (AbleMe) to support increased independence in the community. AbleMe will support people before they reach a crisis and potential admission to a hospital or care home setting. This service will provide personal care and connect people to their communities and the voluntary community and faith sector. It will reduce demand for domiciliary care in the community. Capacity within the new service offer will be accurately calculated when the service is fully mobilised, from Spring 2024.
- 3.19 Due to vacancies, the number of Disabled Facilities Grant funded adaptations saw a slight overall negative variance in Q2. The recent recruitment of staff has seen increases in Q3, with a notable increase in minor works. Based on the increase in capacity, it can be assumed based on the current profile, that this improved position will be maintained if not improved in Q4 and Q1 (2024/25). The performance report for Disabled Facilities Grant (DFG) can be seen in Appendix 1.
- 3.20 The Council has a statutory duty (Care Act 2014), to provide equipment and Technology Enabled Care to support people to live independently in their own homes, reduce readmissions and support timely discharges. The service is performing well, and the contract has recently been retendered and extended for a further 5 years with options for a 3 year, plus a 2-year extension.
- 3.21 Service Reviews
Reviews of some BCF services have been completed. The reviews have focused on performance against BCF outcomes only and do not interrupt the commissioning cycle. Outcome reviews to date are:
- NCompass (providers of the statutory advocacy services) contract have raised no concerns.
 - The review of the mobile nights service has resulted in increased investment.
 - The review of the 10 temporary step down beds resulted in a de-commission from 9 January 2024.

- The CICC 71 bed based intermediate care service delivered from the hospital have been more complex and have greater implications for how capacity is increased as a system. The recommendations, following the review, will inform the capacity and demand model currently being developed.
- The summary return for BCF Quarter 3 can be seen in Appendix 2.

3.22 Governance

- All reviews are completed jointly with the ICB and the Council as equal partners, others are led by the Lead Commissioner.
- Recommendations following reviews of smaller services are approved at the Joint Health and Care Commissioning Executive Group (JHCCEG).
- Recommendations from reviews of larger services are considered by JHCCEG and recommendations are ratified at the Wirral Place Based Partnership Board (WPBPB).
- The Health and Wellbeing Board are advised of any adjustments via the quarterly and end of year reports and assured that the realisation of the BCF 2023/25 plan objectives have not been compromised.
- The Section 75 financial arrangements are ratified by the Adult Social Care and Public Health Committee.

4 FINANCIAL IMPLICATIONS

4.1 A risk share arrangement is in place, as part of the Section 75 agreement.

4.2 The NHS financial return for 2023/2024 quarter 3 BCF was as follows:

Better Care Fund	2023/24 Budget	Forecast Outturn	Variance
Integrated Services	£28.1m	£28.5m	£0.4m
Adult Social Care Services	£23.9m	£23.7m	-£0.3m
CCG Services	£2.1m	£2.1m	£0.0m
DFG	£5.1m	£5.1m	£0.0m
Other	£0.6m	£0.5m	-£0.1m
Total	£59.9m	£59.9m	0.0m

5 LEGAL IMPLICATIONS

5.1 A Section 75 agreement is in place between the Council and NHS Cheshire and Merseyside ICB.

6 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Can be managed within existing resources.

7 RELEVANT RISKS

7.1 A risk share arrangement is in place, as part of the Section 75 agreement.

- 7.2 There is a risk of overspend in year that has been mitigated by careful monitoring and confirmation of committed expenditure up to the end of the financial year 2023/2024.
- 7.3 There is a risk that performance of BCF schemes may drop. This is kept under review by the commissioning team, and decisions taken by Lead Commissioners mitigate these risks and decommission where appropriate inefficient services.
- 7.4 There is a risk that the BCF schemes are not reviewed for performance and efficiency. This is mitigated by an established review framework and the outcomes of the review are monitored via JHCCEG.

8 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with a range of stakeholders and service providers is ongoing.

9 EQUALITY IMPLICATIONS

- 9.1 There are no direct equality impacts from this report.

10 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Funded services are delivered locally, and community care providers are currently deploying a range of initiatives to support the Council with the climate emergency response.

11 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Funded services primarily recruit local people, and community care providers are offered an enhanced rate to pay the Real Living Wage which becomes a contractual obligation if accepted. NHS and Community Care Market providers are both large employers of people who work in Health and Care in Wirral.

REPORT AUTHOR: **Bridget Hollingsworth**
Head of Integrated Services
telephone: 0151 666 3609
email: bridgethollingsworth@wirral.gov.uk

BACKGROUND PAPERS

BCF Q2 Return Capacity and Demand Guidance Assumptions

APPENDICES

Appendix 1 Disabled Facilities Grant Performance Report
Appendix 2 BCF Return Quarter 3 Financial Year 2023/2024

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Section 'J' of its Terms of Reference: 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.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board (S75 Agreement)	29 September 2021
Adult Social Care and Public Health Committee (Pooled Fund Arrangements)	13 October 2021
Health and Wellbeing Board (Better Care Fund)	9 February 2022
Health and Wellbeing Board	23 March 2023
Health and Wellbeing Board	7 December 2023

Appendix 1: Key Performance Indicators (KPIs) for Disabled Facility Grants (DFG)

Adaptation Service BCF KPI					
Major Adaptations (Q3 (Q2) (Q1))					
1	Grants Completed by age (combined)				Comments
	Child cases (Under 18yrs)	7	(6)	(11)	National Dataset Q3 figure
	18-65	67	(76)	(45)	National Dataset Q3figure
	>66	92	(127)	(77)	National Dataset Q3figure
2	Grants completed by tenure				
	o/o	98	(130)	(89)	National Dataset Q3 figure
	RP	53	(62)	(34)	National Dataset Q3 figure
	private l/l	15	(17)	(10)	National Dataset Q3 figure
3	Time to receive OT Assessment Stage 1				
	average no. of working days from presentation to OT assessment Housing				Housing OT Q1- 38 Q2. - 60 Q3- 54
	average no. of days from presentation to OT assessment ASC				ASC/Health Trust OT Service - Source Q1 -127.45 Q2 – 113.23 Q3 – 118.99 –
	average no. of days from presentation to OT assessment Children's				Health Trust Children OT Service - Source Q1 – 31.5 weeks Q2 & Q3 Data not available at time of report compilation.
	Average no. of days from identification of relevant works to submission of the formal application (Stage 2)				
4	DFG –102	102	80	57	Q3
	TCAG- 16	16	10	30	Q3
	HAG --15	15	16	17	

				Q3
5	average no. of days from receipt of application to approval (Stage3)			
	DFG	4 (4.2) (6)		
	TCAG	1 (2.1) (4)		Q3
	HAG	1 (1) (0.5)		Q3
6	average no of days from approval to completion of works (stage 4)			
	DFG	86 (58) (72)		Q3
	TCAG	52 (46) (63)		Q3
	HAG	30 (24) (26.5)		Q3
7	no. of grant applications submitted			
	DFG	86 (64) (44)		Q3
	TCAG	8 (14) (18)		Q3
	HAG	63 (76) (120)		Q3
8	no. of grant applications approved			
	DFG	88 (59) (44)		Q3
	TCAG	9 (16) (18)		Q3
	HAG	63(76) (120)		Q3
9	no of grants completed			
	DFG	56 (75) (46)		Q3
	TCAG	5 (15) (9)		Q3
	HAG	113(96) (77)		Q3
10	Customer Satisfaction			
	DFG – 100% rated performance as Good			Q3
	TCAG- 100% rated performance as Good			Q3
	HAG – 100% rated performance as Excellent or good (82% excellent & 18% Good)			Q3
Minor Adaptations				
11	No. of referrals received – 844 - (643 minor & 201 Major/Minor)			Q3

12	No. of minor works completed	Q3	Q2	
	Hospital Discharge	34	(28)	Q3
	Minor Works	375	(604)	Q3
	Minor works requiring fabrication (M/M)	103	(109)	Q3
13	No. of minor adaptations completed %			
	Hospital Discharge (within 48hrs)	89%	(75%)	Q3
	Minor Works (within 7 working days)	58%	(92%)	Q3
	Minor works requiring fabrication (M/M) (within 50 working days)	75%	(76%)	Q3
BCF Spend				
14	Spend Major Adaptations	£3,595,887		Quarterly
	Spend Minor Adaptations	£298,847		Quarterly
	Spend other	£422,855		Quarterly
	Total Spend	£4,317,589		Quarterly

This page is intentionally left blank

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Wirral

Checklist						Yes	Yes	
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?
1	Wirral Independence Service	Assistive Technologies and Equipment	Community based equipment	iBCF	46,869	9038	Number of beneficiaries	No
3	Teletriage	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	2,458	3735	Number of beneficiaries	No
3	Teletriage	Assistive Technologies and Equipment	Assistive technologies including telecare	iBCF	142	216	Number of beneficiaries	No
5	Home first - MDT (CIRT)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Minimum NHS Contribution	2,400	1842	Number of placements	Yes
7	Transfer to Assess - Primary Care & Therapies	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	-	NA	Number of placements	No
8	D2A - clatterbridge - CICC	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	1,178	549	Number of placements	No
9	D2A - additional beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	139	123	Number of placements	No
14	Re-ablement - Commissioned Care	Home-based intermediate care services	Reablement at home (to support discharge)	iBCF	160	665	Packages	No
15	Dom Care (stabilising the Market - 15 min & 7 day retainer)	Home Care or Domiciliary Care	Domiciliary care packages	Additional LA Contribution	18,969	14,227	Hours of care (Unless short-term in which case it is packages)	No
21	Carers Service	Carers Services	Respite services	Additional LA Contribution	163	35	Beneficiaries	No
22	Mobile Nights Service	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	713	30,067	Hours of care (Unless short-term in which case it is packages)	No
25	Winter Funding - Supporting Dom Care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	iBCF	23,000	17,250	Hours of care (Unless short-term in which case it is packages)	No
28	IV Antibiotics	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Other	Minimum NHS Contribution	588	317	Number of placements	No
35	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	2,750	835	Number of adaptations funded/people supported	No
40	Park House	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	87	12	Number of placements	No
42	Additional Social Worker	Workforce recruitment and retention		Local Authority Discharge Funding		0	WTE's gained	Yes
14	Re-ablement - Commissioned Care	Workforce recruitment and retention		Local Authority Discharge Funding		1	WTE's gained	Yes
22	Mobile Nights Service	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	421	15,877	Hours of care (Unless short-term in which case it is packages)	No
23	Home First	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	1,020	1,170	Number of placements	Yes
45	Care Home Placement Officer	Workforce recruitment and retention		Local Authority Discharge Funding		1	WTE's gained	No
46	Melrose House	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Local Authority Discharge Funding	26	21	Number of placements	Yes

This page is intentionally left blank



HEALTH AND WELLBEING BOARD

Date: 14 MARCH 2024

REPORT TITLE:	HEALTHWATCH WIRRAL UPDATE MARCH 2024
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, as per the council plan 2023-2027

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 services. It is imperative that lessons are learned.

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 Healthwatch Wirral our communities are reached through our outreach work. Healthwatch Wirral 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 as part of the work programming for the Health and Wellbeing Board. Appendix 1 features a report provided from public feedback received between November 2023 & end of January 2024.

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 and would be a breach of the statutory functions mentioned on page 1 of the accompanying report.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 A key source of the feedback used to collate the information within the report was from Healthwatch's Feedback Centre and 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: Karen Prior,CEO, Healthwatch Wirral.

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

APPENDICES

Appendix 1 - features the Quarterly report providing an overview of public feedback received and key demographics and themes.

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
Health and Wellbeing Board	29 September 2021
Health and Wellbeing Board	15 December 2021
Health and Wellbeing Board	15 June 2022
Health and Wellbeing Board	28 July 2022
Health and Wellbeing Board	21 September 2023

HEALTHWATCH WIRRAL QUARTERLY REPORT MARCH 2024

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.

REPORT DATA

Background

The Health & Wellbeing Board should be assured that the data within this report is retrospective. All contacts with Healthwatch Wirral (HWW) have been responded to and actioned. The information highlights the trends and themes that the residents of Wirral are experiencing.

Our programmes of work aim to reduce attendances at hospitals A&E and help staff and patients navigate our health and care system by providing up-to-date information and signposting to the most appropriate care.

HWW have an outreach programme, via our Inclusion Manager, who ensures those who find it harder to share their experiences are heard and are actively encouraged to share their views and opinions.

Public Feedback

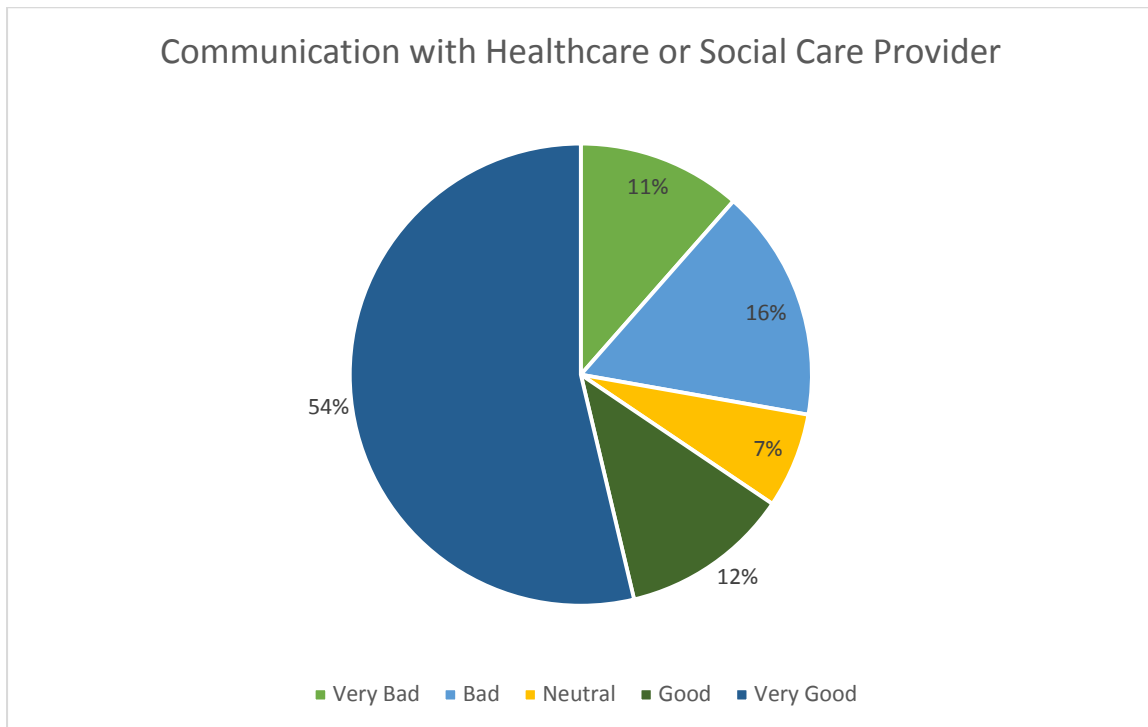
The Healthwatch Wirral Feedback Centre serves as a crucial channel for the public to voice their experiences and opinions on the various healthcare and social services in Wirral. In this part of the report we describe the feedback from the service users provided on our Feedback Centre platform. Over the three months from November 2023 to February 2024, a total of 101 reviews were received. It's key to recognise that while sample sizes may vary, the essence lies in the valuable content shared by the public. The content is the central point of our analysis, highlighting the importance of the feedback itself rather than the quantity.

It's worth noting that the data presented in this report comes from service users who actively engaged with the Feedback Centre during this period. It is important to acknowledge that the number of reviews might be influenced by providers advocating for the Feedback Centre and encouraging their service users to share their experiences.

Service users provided feedback on communication from their healthcare providers. 54% of the respondents were happy about the communication with their health professional providing a rating of 'Very Good', 12% mentioned the communication with their healthcare provider was 'Good', 7% provided 'Neutral' feedback in relation to the communication from their health professional, 16% rated it as 'Bad', and 11% of the public were unhappy about their communication with their health professional rating the communication as 'Very Bad' (refer to Graph 1).

These findings highlight the importance of effective communication between healthcare providers and service users, emphasising the need for constant improvements in communication to ensure delivery of good health care.

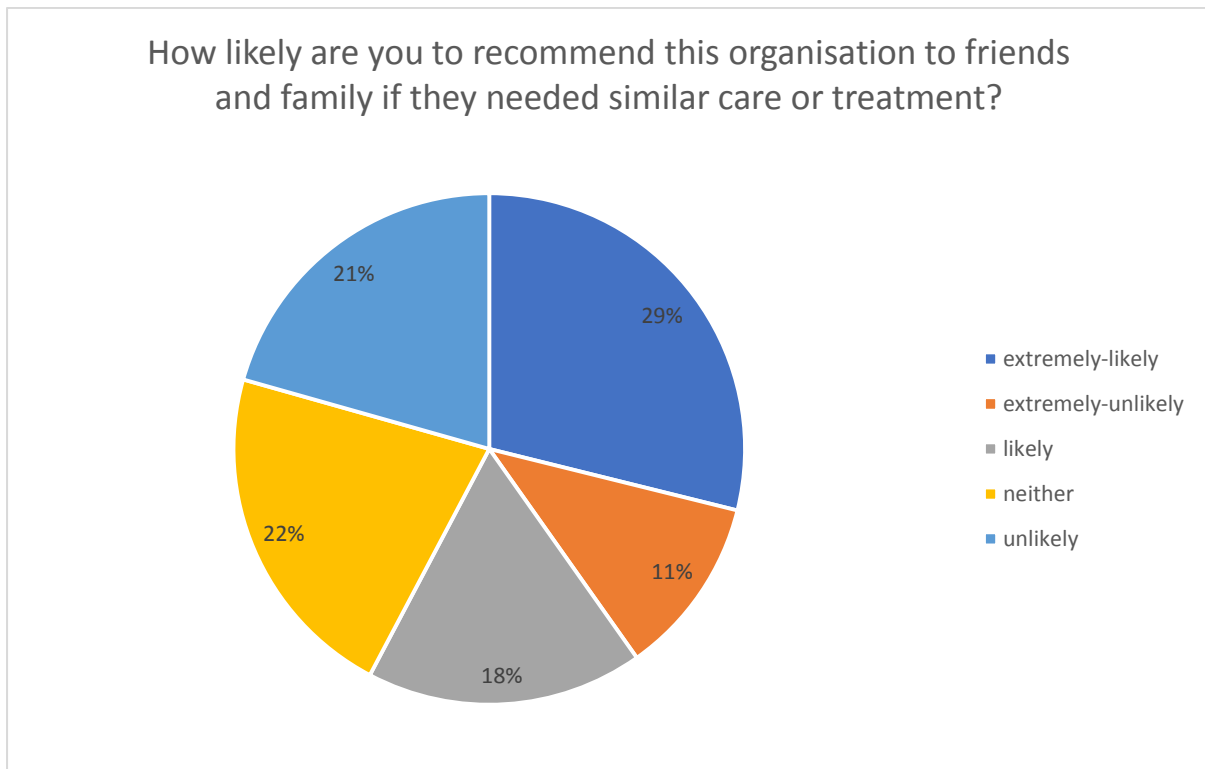
Graph 1: Public Satisfaction with Communication with Service Provider



From the services that received public feedback, a majority of people expressed satisfaction with the service. A significant portion, 29%, were extremely likely to recommend the service to friends or family in need of similar care. However, it's important to note that 11% of the public expressed being extremely unlikely to recommend the same service to their family and friends.

For more detailed information, please refer to the chart below (Graph 2).

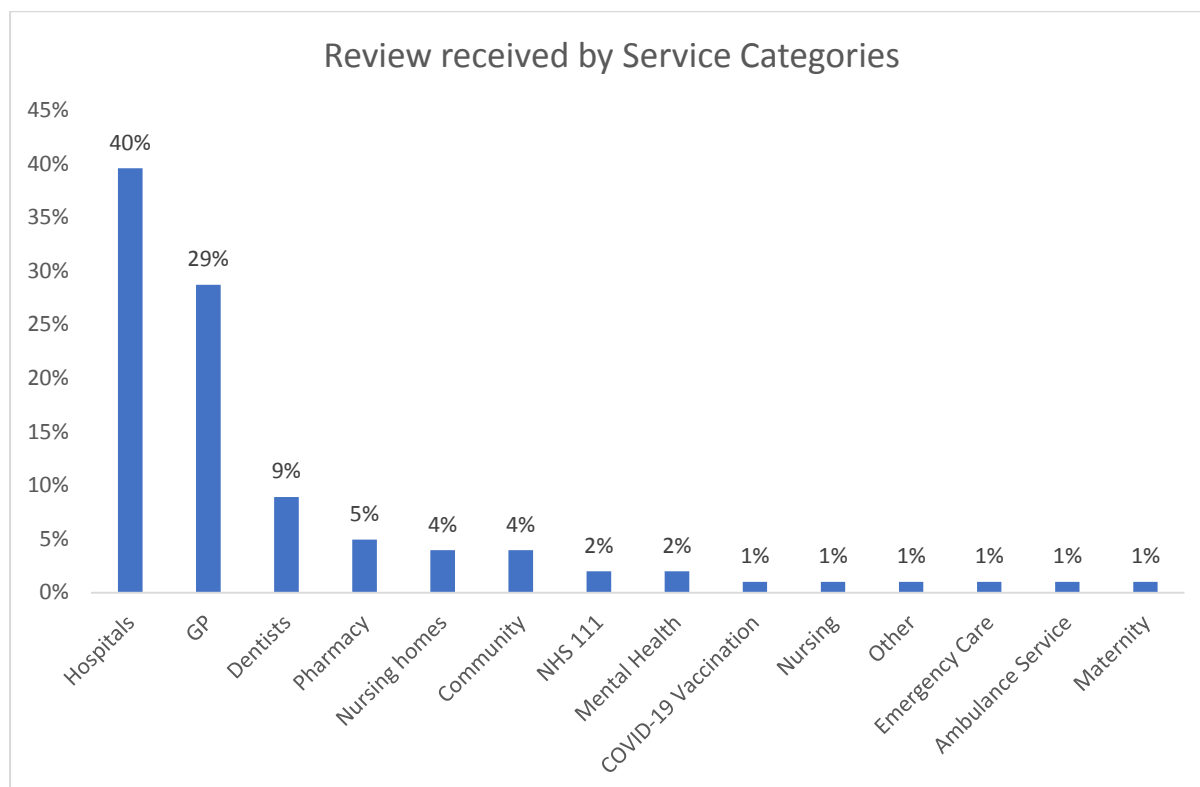
Graph 2: Percentage of public opinion in recommending the service to family or friends



Moreover, the public has offered feedback regarding various service providers.

The graph below (Graph 3) illustrates the distribution of a diverse range of healthcare and social services that service users engaged with during this period. The substantial percentage of reviews for hospitals and GP services underscores their significance in the community.

Graph 3: Distribution of Feedback received per Service Category



There was positive feedback received during this period, including:

Hospital

- Arrived before appointment time and was seen early. all went smoothly and professionally. Excellent service.
- I would like to express my sincere thanks for the care given to my husband and the rest of the family while he was in hospital. From domestic and nursing staff through to top medical specialists, they could not have been more caring or supportive.
- I was very happy with my experience during my recent appointment at the Ultrasound Department at Clatterbridge - staff were very pleasant and efficient. All in all, very good indeed.

Pharmacy

- Wanted to ask some advice about a skin complaint, the staff member was very helpful.

Healthwatch Wirral

- I want to express my thanks for such an enjoyable informative training session. It was interactive, engaging and I learnt so much. The training session felt safe and everybody got involved which was so lovely to see.

GP

- My visit for my covid booster jab went as well as can be expected. I have a phobia about injections, but the staff made me feel at ease and the person who administered the jab made it painless. Parking is easy.
- Attended Dr with a joint problem, they ended up giving me a full MOT, excellent care, Dr takes time to listen.
- Wanted some advice about an upcoming bone density scan so rang to ask my questions. The person I spoke to was very helpful and found out the info that I needed.

Care Home

- I am a resident and overall I like living here.

Dentist

- Following an initial visit, for an emergency extraction, I attended for a clean, done by S. S is very professional yet friendly and reassuring.

Some service providers received less favourable feedback from the public regarding the services they provided. Please refer to bullet points below: -

Hospital

- Tried to phone to rearrange appointment was passed to several depts and then cut off 3 times, resulting in a DNA which was not correct.
- Waited 13.5 hours in A & E with only one co-codamol given.

GP

- Rang for my very young son who has asthma and was struggling to breathe, I was told by surgery there were no appointments and to call an ambulance if I thought necessary. I did this and was told there was a 4-hour wait.
- I felt that I had been spoken to disrespectfully by the GP concerned. When I expressed my feelings, the Doctor continued to talk to me in a

disrespectful way. I raised this with Healthwatch who advised me to contact PALS. PALS told me to contact Healthwatch to make a complaint.

- Serious difficulty accessing support and advice for my husband's sudden hip deterioration, reduced mobility and loss of stability and strength in his leg. We used PATCHS to access help as it is very difficult to get through on the phone or to access an appointment.
- Lengthy waits in urgent care centre. I've also noticed the GP doesn't know us or follow-up. My daughter had a chest x-ray and bloods and I've had to push to be seen again to discuss the results. Ideally the GP should have been able to book a follow-up appt.
- I've been asking for mental health support for months now to be told the same; 'there's nothing we can do for you' or just 'wait for therapy'. My mental health is currently debilitating and I'm unable to work, eat, shower or even get out of bed most days.
- A scan had been arranged by my GP for a very old injury - I was annoyed that this had been made without my knowledge.
- At my GP's practice, first of all you have to have a telephone consultation, if they have any available. Eventually, if you get one, the GP then decides if you need a face-to-face appointment. If so, an appointment is made for you but usually with another GP.
- Patients are being pushed towards the new digital systems even when they have serious sensory / age limitations severe anxiety and depression.
- In excruciating pain and still waiting for Rheumatology appointment that was requested by my doctor in June 2023.
- GP appointments are virtually impossible to get. This means lengthy waits in urgent care centres. I've also noticed the GP doesn't know us.
- GP practice does not seem to contact and make an effort to keep the care for elderly people. My client relationship has broken-down and they now do not want to go to the doctor anymore regarding their health issues.

Dentist

- Called few times the last two years and they never have spaces for new patients.
- I have been trying this dentist for my family in the last years and there are never spaces for NHS patients. Our family needs now urgent care and nothing is available in the community ,and GP practice cannot advise. Where should we get this information from?

Community Nursing

- The nurses are ok but the office staff coordinating the nurses were rude and unhelpful and discriminatory to disabled.

Covid Vaccination

- I had Moderna earlier in the year and had a reaction which raised my heart rate and other issues. I raised this with my GP and was ignored and given Moderna again, and when the same thing happened I was told to ring a company abroad but I couldn't get through.

Mental Health

- When I eventually got through (to the Crisis Line) I felt like the person I was speaking with was talking to me from a script, didn't feel they understood or got what I was trying to say.
- I had a mental health nurse come to my house I received the report she has wrote today and she has told so many lies missed out major important things I told her about my trauma and just feel really let down when it has took so much for me to finally see someone.

GP PALS

- I was referred to PALS by Healthwatch Wirral - I tried 10 times and couldn't get through - kept going to answerphone. I went back to Healthwatch who helped - my GP called me back.

Walk In Centre

- arrived at 2pm waited until 5.30 when a senior nurse came into waiting room and asked any non-urgent cases to leave as the walk in was over capacity and patients who had not already been triaged would not be seen.

NHS 111

- Called 111 at 12:30pm re elderly Mum - was told to expect a call back shortly, 2 hours before a call back came.

Ambulance

- Chest pain, needed an ambulance for my partner. I was asked if I was able to get them to hospital myself which I couldn't. Ambulance didn't arrive for 3 hours so I asked a neighbour who took us to Arrowe Park.

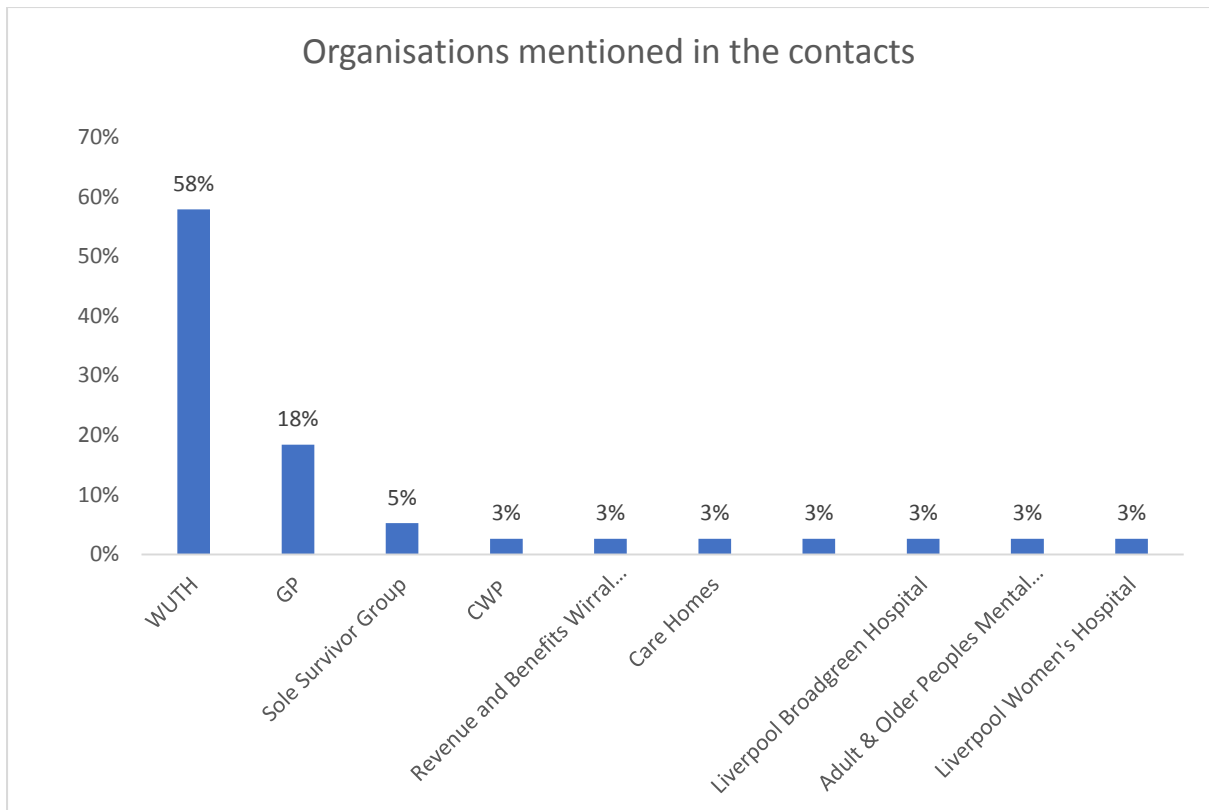
Phone calls, emails and face-to-face conversations

This section provides information regarding more detailed interactions, where members of the public made contact with Healthwatch for support between November 2023 to February 2024, comprising a total of 90 interactions. It is important to note that phone, emails and face-to-face interactions are sometimes complex in nature and difficult to resolve. The analysis aims to pinpoint the primary reasons for service users' contacts, helping us identify areas for improvement in aligning services with community needs.

Among the organisations mentioned by service users, WUTH accounted for 58% of contacts. GP practices followed with 19%. Other organisations mentioned include Sole Survivor Group (5%), Adult and Older People's Community Mental Health Teams (3%), Revenue and Benefits Wirral Council (3%), Care Homes (3%), CWP (3%), Wirral Council Adult Social Services (3%), Liverpool Broadgreen Hospital (3%), and Liverpool Women's Hospital (3%) (see Graph 4).

Service users mainly reached out to us for support with complaints, communication challenges between health providers and patients, assistance in contacting PALS, information about medical appointments, and concerns about the ADHD medication shortage, the full breakdown of the reasons for contact can be seen in graph 5 on page 13.

Graph 4: Distribution of Organisation mentioned in the contacts made with Healthwatch Wirral



Listed below are some of the reasons why service users have contacted Healthwatch:

1. Complaint Information and Self-Help Information Pack

Service users contact Healthwatch Wirral for more information on how to file a complaint. Healthwatch Wirral provides information and complaint packs to guide people through the process of raising a complaint. Healthwatch Wirral can also offer independent advice/support (which includes accompanying the person to meetings).

2. Communication Problems Patient-Health Provider

Service users have contacted us reporting breakdowns in communication between patients and healthcare providers leading to misunderstandings or delays in care.

3. Support contacting WUTH Patient Experience Team

Individuals seeking assistance in reaching out to Wirral University Teaching Hospital's Patient Experience Service regarding concerns they have with appointments and their (or a family members) care.

4. Calling for Information about Appointments

Service users call Healthwatch Wirral to have more information about upcoming appointments, some service users expressed frustration with the difficulty in obtaining information about upcoming healthcare appointments.

5. ADHD Medication Shortage

Service users reported challenges in obtaining ADHD medications due to a shortage in the local pharmacy.

6. Information or Contact Provided

Individuals asking Healthwatch Wirral for details or contact information about healthcare or social services.

7. Sourcing support to contact a service provider on behalf of the person.

Service users have contacted us seeking support to communicate with their GP on their behalf.

8. Support with Complaints

Service users have received support from Healthwatch Wirral in the process of submitting a formal complaint.

9. Raising a Complaint with NHS

Service users expressing challenges when attempting to raise a complaint directly with the National Health Service (NHS).

10. Support contacting PALS & WUTH Patient Experience Team

Individuals sought assistance from Healthwatch Wirral in reaching out to their GP Patient Advice and Liaison Service (PALS) and WUTH Patient Experience Team.

11. Issues with Communication about Appointment Time and Date

Service users facing problems due to unclear communication regarding appointment schedules.

12. Poor Mental Health Care Services

Service users have reported being unsatisfied with the quality of mental health care services provided.

13. Learning Disability Support

Service users have reported not having the required support related to learning disabilities at WUTH.

14. Waiting for Appointments

Service users expressed concerns and frustrations while waiting for medical appointments to be arranged.

15. Obstacles for Carers

Individuals acting as caregivers face challenges in coordinating and accessing healthcare services for their dependents.

16. Dental Care Issues

Service users reporting difficulties accessing dental care services.

17. Medication Challenges - Pharmacy

Service users have reported challenges in obtaining prescribed medications from local pharmacies.

18. Communication Issues with Care Home

Service users and families have reported to Healthwatch Wirral communication challenges between healthcare providers and the Care homes affecting the quality of care.

19. Negative Experience at A&E

Service users expressing dissatisfaction or negative experiences with Accident & Emergency (A&E) services.

20. Waiting for Test Results

Service users reported waiting too long for the results of medical tests experiencing anxiety.

21. Difficulties Accessing Mental Health Services

Reports of challenges faced by service users in accessing mental health services.

22. Dementia

Service users or their families expressing concerns or seeking support related to dementia care.

23. Issues Nursing Home

Reports of challenges or concerns related to the quality of care in nursing homes.

24. Waiting for Surgery

Service users expressing concerns due to waiting longer for surgical procedures.

25. Difficulties with GP Appointments

Reports of challenges in securing and accessing appointments with General Practitioners (GPs).

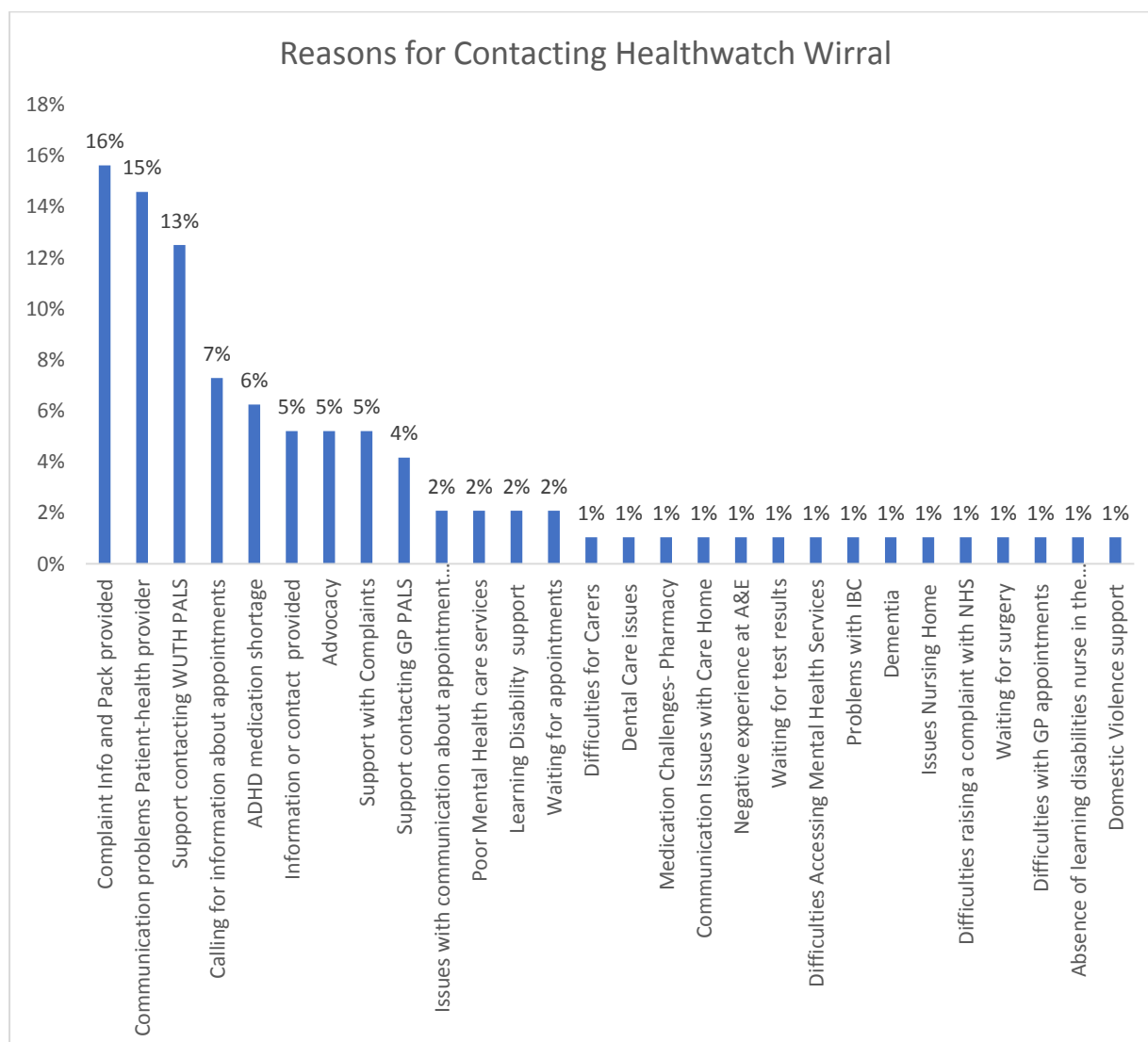
26. Absence of Learning Disabilities Nurse in the Hospital

Service users noting the absence of dedicated learning disabilities nursing support within WUTH

27. Domestic Violence Support

Individuals seeking support related to domestic violence and its impact on health and well-being.

Graph 5: Reasons for Contacting Healthwatch Wirral

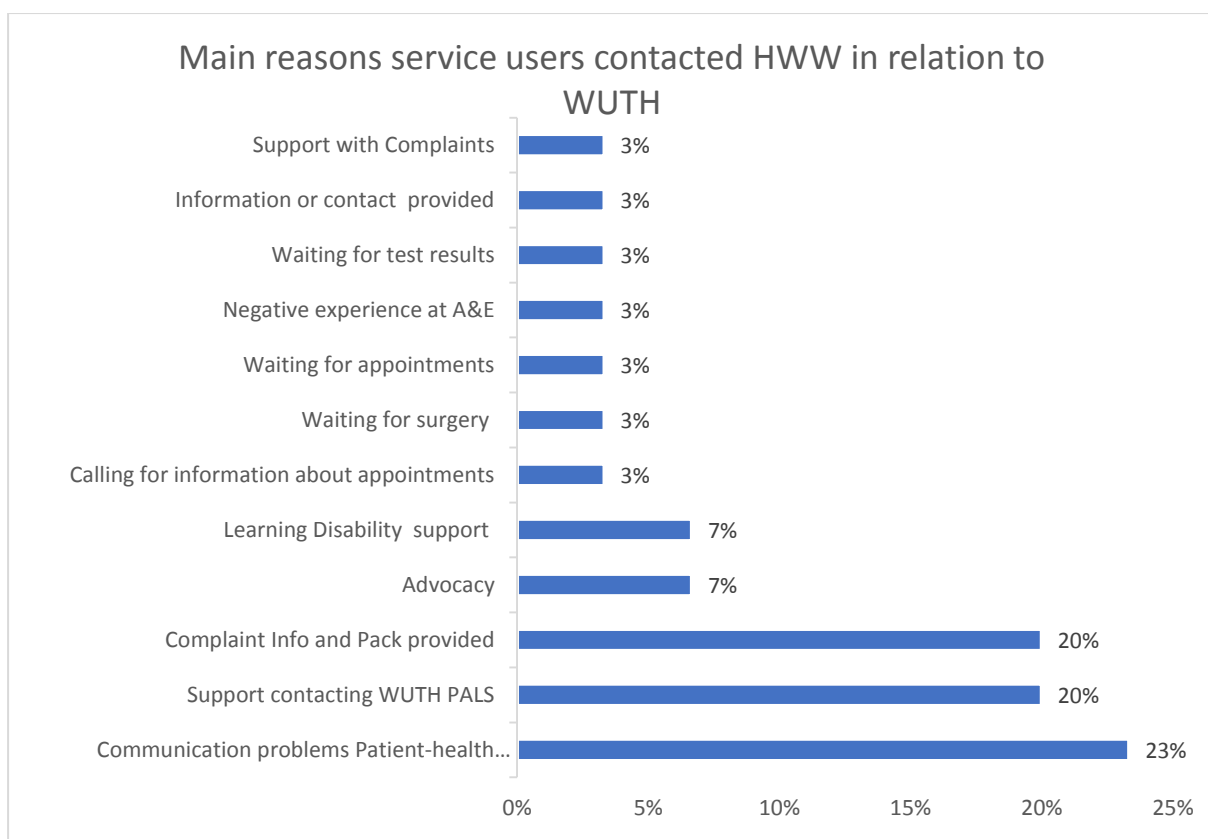


Service users have reached out to Healthwatch Wirral regarding WUTH primarily due to various reasons, with the most common being communication issues between patients and healthcare providers (23%).

Other notable reasons include seeking information and self-help packs for lodging complaints (20%), assistance in contacting WUTH PALS (20%), advocacy needs (7%), support for learning disabilities (7%), inquiries about appointments (3%), provision of information or contacts (3%), sharing negative experiences at A&E (3%), expressing concerns about waiting times for appointments (3%), test results, and surgeries (3%), and seeking support with formal complaints (3%).

(see Graph 6 below). This diverse range of concerns highlights the multifaceted nature of service users' interactions with Healthwatch Wirral in relation to WUTH.

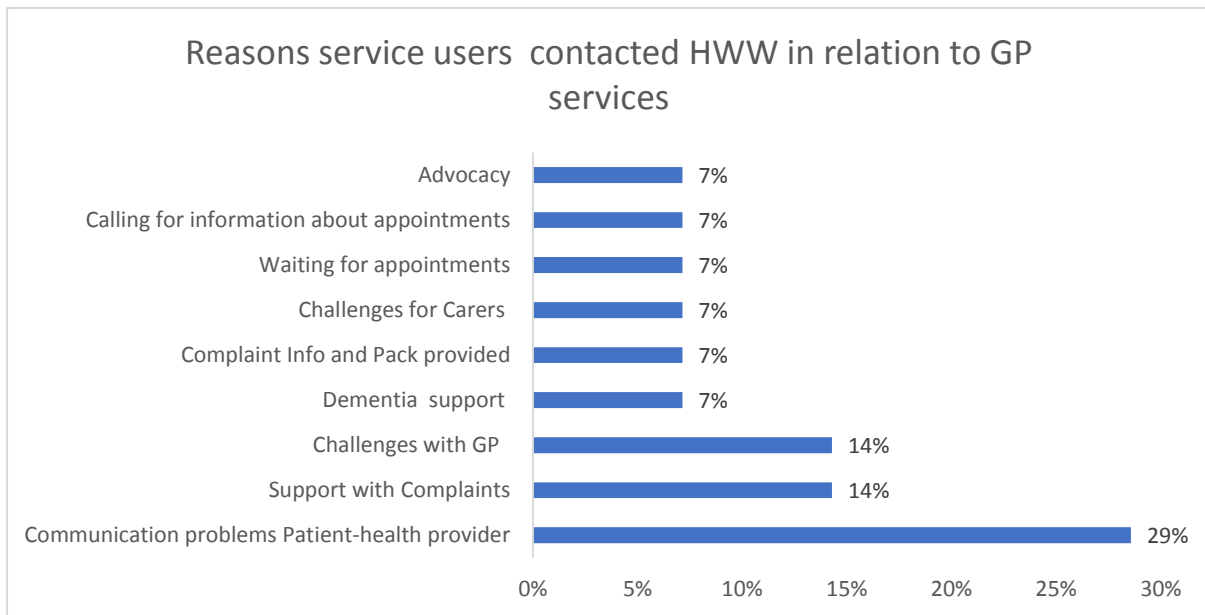
Graph 6: Main reasons for public contact with Healthwatch Wirral about WUTH



Other Services that received a substantial number of contacts into HWW was GP practices. This information provides valuable insights into the concerns and experiences of individuals, highlighting areas that may require attention or improvement.

The primary reasons for service users to contact Healthwatch Wirral about GP practices include communication problems between patients and healthcare providers (29%), seeking support with complaints (14%), facing challenges with GP services (14%), requiring dementia support (7%), obtaining information and packs for lodging complaints (7%), experiencing difficulties for caregivers (7%), expressing concerns about waiting times for appointments (7%), inquiring about appointments (7%), and seeking advocacy type support (7%) (see graph 7 below). This breakdown sheds light on the key issues and needs identified by service users in their interactions with GP practices.

Graph 7: Reasons for Public contact with Healthwatch Wirral about GP services



Conclusion

The report highlights significant feedback about Wirral University Teaching Hospital (WUTH) and GP practices, comprising 78% of all contacts. Primary concerns include communication breakdowns, appointment-related challenges, and advocacy-type needs. WUTH accounted for 59% of interactions, with GP practices at 19%. The findings underscore the importance of addressing communication gaps, optimising appointment processes, and enhancing advocacy services to better meet community needs. In conclusion, the report offers valuable insights for social care and healthcare providers to address concerns, enhance services, and ensure effective communication and accessibility.

CLOSER FOCUS BY HEALTHWATCH WIRRAL TO SUPPORT OUR LOCAL SYSTEM:

1. **GP ENHANCED ACCESS & RECOVERY PLANS** We are currently producing a final report for the Place Lead for Transformation & Partnerships which includes making recommendations based upon public feedback, meetings with Primary Care Network Leads and GP Practice Reception staff.

As part of this work, we have also carried out Enter & View visits and bespoke Bronze, Silver & Gold Care Navigation Training, also we are helping to raise the profile of the GP Enhanced Access offer and Recovery Plan through public engagement and our outreach work. via our Lived Experience Lead.

Final report published March, 2024.

2. **ENTER & VIEW** We have carried out E&V visits in the last few months to all Primary Care delivery sites. During these visits we observe health & social care environments, speak to staff about challenges and listen to patients & their families regarding any compliments or concerns.
3. **CARE NAVIGATION TRAINING** (Bronze, Silver & Gold levels) for Brighter Birkenhead and Meols & Moreton PCNs. As part of our work to improve patient flow, and ensure people receive the right care when they need it, we have developed a unique, award-winning training package to support care navigators and anyone working with the public in a health setting. The training is designed to provide delegates with knowledge and skills to help improve patient's navigation of various healthcare options as soon as they contact a Practice. The training, delivered by our Business Development & Volunteer Manager, has the Health Education England's Care Navigation Competency Framework at its heart is ideal for anyone working in General Practice especially reception staff, non-clinical staff and care navigators involved in triaging patients to the correct healthcare professional or service for the patient.
5. **WIRRAL CARERS FORUM** Healthwatch Wirral has been working closely with organisations and the community to raise awareness around carers support and highlighting carer's voices. We are presently working with The Positivitree, WIRED and other partners to help identify Carer representatives to ensure lived experiences are helping to influence positive change. In December we hosted a Christmas Fayre for Carers who look after an adult. We had a great turn out by partners from across Wirral. The Mayor and Mayoress joined to support.

This year we have begun developing a new Wirral Carers Forum. We are recruiting volunteer Carer Representatives who have past or current caring responsibilities for an adult. These volunteers will receive training and support from Healthwatch to provide representation at the Council's Carers Partnership Board (bi-monthly) and feeding back to the Carers Forum (bi-monthly) regarding issues raised about Health or Social Care relating to carers or the person they care for. This provides an opportunity for carers to have input at decision-making level and feedback their experiences, views and opinions. This will help with the development of future carer services. Healthwatch are keen for there to be diverse representation of carers.

Please contact us for further information.

- 6. BRIDGE FORUM** This monthly Forum is well attended by front line staff such as Community Connectors and Social Prescribers and also Patient Participation Group representatives (PPGs) and offers opportunities for the sharing of information.

BRIDGE Forum Notes –

[BRIDGE Forum Notes – January 2024 | Healthwatch Wirral](#)

- 7. 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: [Have Your Say | Healthwatch Wirral](#) Please promote the Feedback Centre to families, friends & colleagues.
- 8. HEALTHWATCH WIRRAL INDEPENDENT NHS COMPLAINTS ADVOCACY** service currently has an active caseload of 30 Tier 2 complaints. Complaints are varied and are becoming increasingly complex in relation to general NHS provision, primary care and mental health.
- 9. PATHWAY ZERO AND WELLBEING CALLS** We are continuing to contact patients recently discharged from hospital. The reduction in A&E attendances and the increase in quality patient discharge continue to be key factors and requirements for the health and care system for Wirral, and Cheshire & Merseyside.
- 10. HIGH INTENSITY USERS** Discussions are in place with the Lead for Transformation & Partnerships at Place for supporting patients who are deemed as 'High Intensity Users' of Urgent care.
- 11. ADHD MEDICATION SHORTAGES IN WIRRAL** ADHD medication has been out of stock for many since the NHS issued a Patient Safety Alert on the 27th of September 2023. Healthwatch Wirral were contacted by residents and organisations in relation to the impact this is having on them. We worked closely with Sole Survivor PTSD Support CIC to understand more about people's experiences and the challenges. Sole Survivor facilitate ADHD Peer Support Groups in the community on a weekly basis.

What we did

Healthwatch liaised with Wirral Medicines Management and local Mental Health Leaders to highlight concerns, seek assurances, and request the latest advice. Local guidance, developed by CWP has been issued to primary care and this is being used here on Wirral to support patients.

<https://www.sps.nhs.uk/articles/prescribing-available-medicines-to-treat-adhd/>

Healthwatch Wirral are continuing to speak with commissioners and senior leaders to try to ensure that everything possible is being done to support the issue.

Many thanks to Matt Shepley & Sole Survivor and members for sharing personal & important experiences. <https://ptsdsupport.co.uk/>

12. EXPERIENCES OF PTSD AND ADHD SUPPORT ON WIRRAL The purpose of this short report is to provide a unique snapshot of how people who access Sole Survivor PTSD Support CIC Peer Support Groups feel around access to services, quality of care and treatment in relation to Post Traumatic Stress Disorder (PTSD) & Attention Deficit Hyperactivity Disorder (ADHD); Through sharing real lived experiences, perspectives and perceived barriers to clinical support.

[Experiences of PTSD and ADHD support on Wirral | Healthwatch Wirral](#)

13. E-BULLETIN We have over 400 subscribers (individuals & organisations) receiving our monthly bulletin and almost 2,000 following our social media accounts. info@healthwatchwirral.co.uk



HEALTH AND WELLBEING BOARD

14th March 2024

REPORT TITLE:	DELIVERY OF WIRRAL HEALTH AND CARE PLAN
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The Wirral Health and Care Plan is a collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with agreed priorities and areas of work. These priorities are cognisant of, and support, the delivery of a number of key national and Wirral Place level strategic aims, including the Wirral Council Plan 2023-27 and Wirral Health and Wellbeing Strategy 2022-27

This report presents to the Board the delivery dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard structure has been developed and agreed with the Strategy and Transformation Group (STG), which is a supporting group to the Wirral Place Based Partnership Board (WPBPB). The dashboard is reviewed by the STG and the WPBPB on a monthly basis. The dashboard provides an oversight of the whole programme portfolio, provides a monthly narrative update and Red Amber Green rating of overall programme delivery, benefits, risks, and issues.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note overview of the delivery and oversight of the Health and Care Plan programmes to the Wirral Place Based Partnership Board as set out in this report.

SUPPORTING INFORMATION

1. REASON/S FOR RECOMMENDATION/S

1.1 The purpose of this report is to provide the Board with information and assurance on the progress of the programmes associated with the Wirral Health and Care Plan 2023-24. There is a requirement to demonstrate progress against the delivery of the priorities within the Plan to evidence the progress made to the Wirral Place Based Partnership Board. The programme dashboard provides that evidence.

2. OTHER OPTIONS CONSIDERED

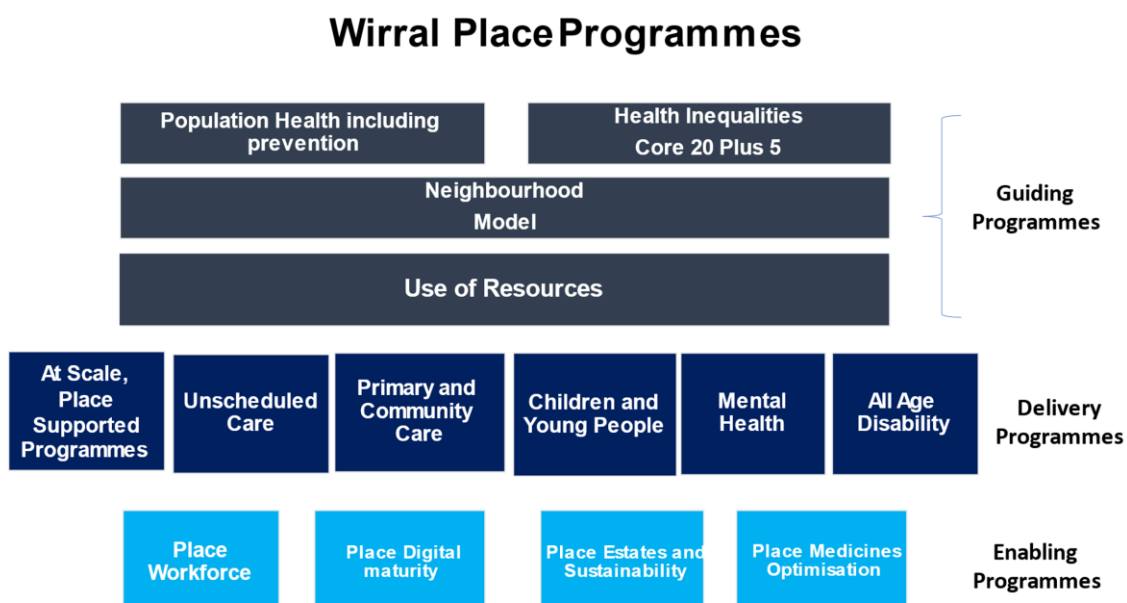
2.1 No other options have been considered as the report is at the request of the Board.

3. BACKGROUND INFORMATION

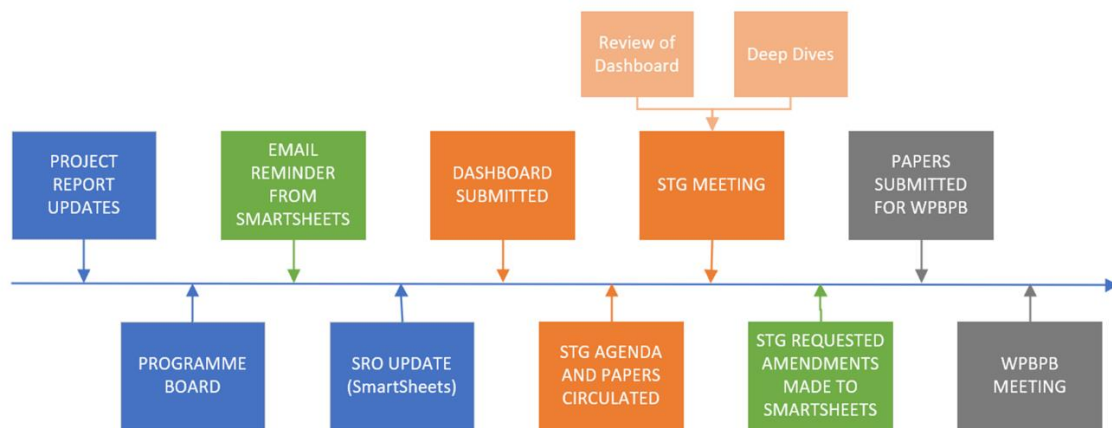
3.1. Following the publication of the Wirral Place Health and Care Plan 2023-24 and its endorsement by the Wirral Place Based Partnership Board (WPBPB) on 22nd June 2023 work has been continued led by the Wirral Improvement Team (WIT), with the Strategy and Transformation Group (STG) to develop the delivery dashboard providing oversight of the whole programme portfolio within the plan, and to ensure that strong governance, monitoring and control processes are in place.

3.2. Following review of the programme portfolio of the plan, several changes have been proposed which it is believed will support the delivery of improved outcomes. These specifically are the expansion of the Learning Disabilities and Autism Programme to encompass all age disability, and the establishment of a clear programme plan and oversight board for the Core20+5 approach to driving targeted action for health improvement.

3.3. For the avoidance of doubt, the programmes that constitute the portfolio within the Health and Care Plan, including the above changes are summarised in the figure below:



- 3.4. The data and narrative that constitutes the dashboard is agreed with the Senior Responsible Officers (SROs) and Programme Leads for each constituent programme and the membership of the STG.
- 3.5. Of the programme portfolio within the Health and Care plan; several of the programmes are managed directly through the WIT, whilst others are managed by partner organisation Programme Management Office functions. However, the WIT oversee the collation and reporting of the whole portfolio, working with the SROs and programme leads.
- 3.6. The dashboard forms the information baseline for the monitoring and control of the suite of programmes within the plan. The monitoring process follows a clear timeline for report updating, review and adjustment. It also supports the detailed review of individual programme areas through a schedule of 'deep dives.' The monthly process is summarised in the figure below:



- 3.7. The 'Live' Dashboard is presented to the STG monthly, who act as the programme board for the portfolio, except for those programmes that it has been agreed should currently report directly to WPBPB. However, the whole portfolio will be shared including these areas for the completeness of information, and to ensure that there is a full 'read across' within the portfolio and a consideration of interdependencies.
- 3.8. To build strong assurance into the oversight of the Health and Care Plan, the whole portfolio will be subject to a monitoring and control strategy which is under development with the STG. The strategy will define how Wirral Place Health and Care Plan programmes will be monitored and controlled to ensure that they are:
- Effectively managed in line with best practice project and programme management standards;
 - Focussed on action and delivery; and
 - Focussed on achieving positive, demonstrable outcomes for the Wirral system including its residents, health and care organisations and employees

The strategy will define clear tolerances, escalation governance and change authority.

- 3.9. A delivery Red Amber Green rating is established by the Programme Lead and/or Senior Responsible Officer for each of the programmes. The criteria for these

ratings is set out within the programme monitoring and control strategy, providing tolerances and escalation points for the purposes of programme assurance.

3.10. The overall delivery Red Amber Green rating for the Health and Care plan delivery in January was Green, with one programme in the portfolio reporting Red, one reporting Amber and the rest reporting Green. Based on the information within the November dashboard the board is directed to note the following highlights

3.10.1. Guiding Programmes

- Following the autumn workshops the Neighbourhood programme is currently with the Council for Voluntary Services (CVS) to identify the key actions for the two trailblazer neighbourhoods.
- It was agreed that, aligned with the Health and Wellbeing Strategy, the Population Health Programme would take a different approach to tackling the root causes of poor health and wellbeing in an attempt to make a meaningful impact with a smaller group of core issues. The agreed overarching partnership focus is employment, with progress achieved on the development and mobilisation (led by Wirral Council, OD/HR directorate) of an Early Opportunities Pipeline, designed to target sustainable employment opportunities to those furthest from the jobs market and attract this potential talent into the organisation.
- The Use of Resources programme has embedded monthly Expenditure Control Meetings to review high levels of spend in addition to working with provider partners to identify areas of savings to reduce the current forecast overspend for 2023/24 which stands at a £16.4M variance against plan at Month 9. This programme is therefore reporting a Red RAG rating. A detailed Place Delivery Assurance Framework (PDAF) is in place which describes the risks associated with this programme and their mitigations in detail.

3.10.2. Delivery Programmes

- The Children and Young People's Programme has continued to progress against the SEND Statement of Action and in populating required evidence in preparation for an expected SEND inspection. The Educational Health and Wellbeing single point of access tender has been awarded and mobilisation is underway. Mental Health Support Teams in schools has been extended to secondary schools supporting Whole School Approach to Mental Health.
- Within the All-Age Disabilities programme the Autism strategy document has been reviewed and is currently under redesign. An All-Age Learning Disability Officer has been appointed, due to commence in January. Working groups have now been established for the review and coproduction of transitions protocols.
- Within the Mental Health programme Focused work on inpatient flow has seen a reduction in the number of inappropriate out of area placements. Four 'SuperMADE' events have taken place to date with success in supporting discharge for patients where difficulties have been experienced previously. Improvements in communication and information flows have been identified as part of the Integrated Housing Project.
- The Primary and Community programme development workshop took place on 30/01/2024. Updates were presented by each sector on their priorities and challenges. Invitees worked on the development of three top priorities for Wirral for delivery to start 2024/25. This work will later be shared wider to

ensure that there is synergy with other programmes such as Neighbourhoods and Urgent and Emergency Care programmes.

- The Urgent and Emergency Care Improvement Programme continues to make significant progress in the delivery of the key programme milestones. This progress has again continued across its five workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme's success is a sustained reduction in the No Criteria to Reside (NCTR) numbers, where the Wirral system has been a national and regional outlier for a significant period. Analysis of data since the previous report, shows an increase in the number of hospital inpatients with NCTR (sentinel measure). The NCTR number has increased from 98 in December 2023 to 121 on the 1st January 2024. The fall in NCTR performance reflects the national picture of winter pressures. A recovery plan is in place with the aim of returning the NCTR number to pre-Christmas levels of 100. The increase in numbers is reflected across the whole Cheshire and Merseyside Integrated Care System (ICS), however Wirral has continued to perform strongly compared to other Places within Cheshire and Merseyside ICS. Wirral has consistently been in 2nd position out of 7 areas over the winter period to date, and was the top performing area, week ending the 28th January 2024. For context Wirral consistently was in bottom position at the start of the programme. Improvement is also being seen in the Patient Length of Stay (LOS) of both 14 and 21 days. The performance against trajectory for the Care Market Sufficiency and HomeFirst workstreams have also continued to improve which has contributed to overall good performance despite significant winter pressures and industrial action.

3.10.3. Enabling Programmes

- Within the Digital Maturity programme, conversations with Wirral stakeholders have been undertaken with a focus on consolidating digital programme portfolios and aligning them to create a Place-level portfolio. Further work on CIPHA and Electronic Health Record migration is on trajectory and work underway to ensure alignment with wider Cheshire & Merseyside ICS plans. A digital support programme is being piloted for people with diabetes utilising CIPHA diabetic elective care patient lists and targeting a cohort with 'prehabilitation' offer using the Surgery Hero app.
- The Estates and Sustainability programme. Work continues to finalise programme Governance arrangements and work packages for delivery. A key focus will be the collation and validation of asset data across all Partners of Place to better understand place backlog condition and costs, and understand and control demand for space and requirements.
- The Medicines Optimisation programme, Programme SRO, Midlands and Lancashire Commissioning Support Unit Head of Medicines Support for Cheshire & Merseyside and Wirral Improvement Team Programme Manager are meeting to propose the final programme delivery structure and reporting/assurance processes for endorsement by the Wirral Place Medicines Optimisation Group
- Within the Workforce programme work has commenced with place partners on building the baseline workforce dataset. Partners will look to identify a specific project to progress the collaborative piece of work around entry into employment targeted toward people aged 18-24yrs. Wirral Place have completed and submitted a 'WorkWell' collaborative bid to provide support for

people at risk of falling out of employment. This is in partnership with Cheshire and Merseyside ICB and colleagues in Knowsley Place.

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

- Elective Care: The major risk to the delivery of the elective recovery programme is medical staff industrial action, given the significant volumes of patients cancelled during this action. The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. Wirral University Teaching Hospitals attained an overall performance of 105% against plan for outpatients and an overall performance of 98% against plan for elective admissions.
- Cancer: Whilst the national standard for two week waits performance has been stood down the trust continues to monitor this internally and achieved 78.1%, at the end of November. 31-day treatment numbers remain above trajectory with this expected to continue.
- Diagnostics: In November 94.68% of patients waited 6 weeks or less for their diagnostic procedure against the national standard of 95%.
- Maternity: Vacancies remain at less than 1%

4. FINANCIAL IMPLICATIONS

4.1 The potential financial implications arising from the Wirral Health and Care Plan are considered within the individual programme benefits, risk and issue logs, and any specific financial implications would be addressed through the appropriate processes. The Use of Resources programme will focus on identifying opportunities to deliver further efficiencies to spending on Wirral.

5. LEGAL IMPLICATIONS

5.1 There are no legal implications directly arising from this report.

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Health and Care Plan programme structure includes enabling programmes for workforce, digital maturity, estates, and sustainability. Part of the remit of these programmes is to identify and support the specific resource implications of the delivery and guiding programmes.

7. RELEVANT RISKS

7.1 Each programme within the Health and Care Plan has identified the relevant programme risks and mitigations. A summary risk report is available within the 'Live' dashboard that identifies the red and amber rated risks across the portfolio of programmes. This dashboard is a standing agenda item at the Wirral STG as the Programme Board, and any key risk escalations are highlighted to the STG by the Programme Director for Wirral Improvement Team.

8. ENGAGEMENT/CONSULTATION

8.1 The programmes presented within the dashboard are specific to the Wirral Health and Care Plan, which has been developed collaboratively across key stakeholders across the Place through place workshops and with system colleagues within Strategy and Transformation Group meetings.

9. 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. Within the Health and Care Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact assessments to ensure any adverse impact is identified and mitigating actions put in place where possible.

9.2 This report is for information and an EIA is not required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The enabling programmes within the Health and Care Plan include an estates and sustainability programme which has a specific aim to target investment to support net zero carbon ambitions. Furthermore, the plan is cognisant of and guided by a number of key national, regional and Wirral specific strategy and policy requirements that focus Wirral Place on environment and climate implications. These include the Wirral Council Plan 2023-27, the Health and Wellbeing Strategy 2022-27 and Marmot Principles to build safe, sustainable and vibrant communities.

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 AUTHORS:

Julian Eyre

Programme Director, Wirral Improvement Team

telephone: 07796 444827

email: julian.eyre@nhs.net

APPENDICES

Appendix 1 Wirral Health and Care Plan Dashboard

BACKGROUND PAPERS

TERMS OF REFERENCE

This report is being considered by the Wirral Health and Wellbeing Board in accordance with parts (d) and 9e0 of its Terms of Reference:

- (d) To drive a collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people

- (e) To consider and take advantage of opportunities to more closely integrate health and social care services in commissioning and provision

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	19th October 2023 23rd November 2023 21st December 2023 25th January 2024 22nd February 2024

Wirral Health and Care Plan Dashboard

Date of Report

January 2024

About the Wirral Health and Care Plan



Wirral Place Health and Care plan 23.24.11.d...

Escalation Reports



Wirral Health and Care Plan Benefits Report



Wirral Health and Care Plan Risk Report



Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Graham Hodgkinson

Programme RAG



Date of Update

02/01/24

About the Programme



Neighbourhoods Model

Programme Commentary

Core Group Workshops held 31 October (Birkenhead A) and 7 November (Wallasey C) and feedback collated
 Planning meeting held 06.12.23 with Wirral CVS and the CVFSE reps to agree next steps
 Dates for next core group meetings to be set with membership initially EOI collaborators, primary care, CVS and ICB/LA.
 Funding to be transferred to CVS to manage allocations to specific schemes
 Meeting held with JMU with offer of PHD student available, further discussions with core group and qualitative insights team needed
 Papers presented to Health and Wellbeing Board and Place Partnerships Board

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

Population Health Management Programme

Programme SRO

Dave Bradburn

Programme RAG



Date of Update

05/12/23

About the Programme



Population Health Management

Programme Commentary

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

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

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



Date of Update

08/01/24

About the Programme



Use of Resources Model

Programme Commentary

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

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

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Graham Hodgkinson

Programme RAG



Date of Update

08/01/23

A feedback form has been produced to be shared with contributors to the All Age Disability Strategy to support signoff. The Autism strategy document has been reviewed and is currently under redesign. All Age Learning Disability Officer has been appointed and with start date in January, pending pre-employment checks. Working groups have now been established for the review and coproduction of transitions protocols.

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

Children and Young People Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Simone White	●	15/09/23	Children and Young People

Programme Commentary

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

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

Mental Health Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Suzanne Edwards	●	08/01/24	Mental Health

Programme Commentary

Focused work throughout December on inpatient flow has seen a reduction in the number of inappropriate out of area placements. Work continues to sustain the improvements and move towards reducing appropriate out of area usage to support financial recovery. Approximately four SuperMADE events have taken place to date with success in supporting discharge for patients where difficulties have been experienced previously. A review is to take place, post meeting 5, to understand trends and any learning from UEC Discharge Hub events. Improvements in communication and information flows have been identified as part of the Integrated Housing Project. Analysis of costs known to date has provided some insight on the current high levels of spend per individual. Terms of Reference is currently underdevelopment for side-by-side acute working groups for First Response, in addition to Lessons learnt being undertaken for current crisis solutions with acute partners.

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

Primary and Community Care Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Karen Howell	●	08/01/24	Primary and Community Care

Programme Commentary

Workshop to take place on 30/01/2024. Invitations have been sent to providers across the sector with a request for updates from each on their priorities and challenges. Invitees will then be asked to support work on the development of three top priorities for Wirral for delivery to start 2024/25. This work will later be shared wider to ensure that there is synergy with other programmes such as Neighbourhoods and UEC.

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

Urgent and Emergency Care Programme

Programme SRO	Programme RAG	Date of Update
Janelle Holmes	●	08/01/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. December's data shows continued good progress with a reduction from the previous month, from 108 on the 1st November to 98 on the 1st December, exceeding the target of 100.

It remains three out of five projects have agreed their supporting metrics and are actively reporting (i.e. metrics that will lead to a reduction in the NCTR headline metric). The metrics for the Transfer of Care Hub have been agreed and the Cerner build change are now live to enable the reporting of these metrics. The BI development work required to produce

these report is continuing with the ambition to have in place at the earliest opportunity.

The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). November's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3154 against a target of 3120 and the number of new packages accepted is 299 against a target of 293.

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

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. Performance for November shows that, overall, there has been an increase in referrals accepted on the previous month from 121 in October to 133 in November, however the target of 150 was not met. November's data shows that pick-ups from hospital have increased on the previous month from 106 in October to 124 in November, however the target of 150 was not met. November's data shows pick-ups for CICC were 5 recognising there is no target set for November due to the focus on pick-ups from hospital.

Community Reablement are yet to agree project level metrics. However, action plans are in place and being actively tracked and managed by the project SRO.

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

Enabling Programmes

Place Digital Maturity Programme

Programme SRO	Programme RAG	Date of Update
Chris Mason	●	03/01/24

Programme Commentary

Summary/Progress this month:

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

Project updates:

- CIPHA Migration - Migration from WCR to CIPHA is in initiation phase. We've engaged with system stakeholders to conduct a comprehensive gap analysis, which has enabled us to determine which data flows need to be established as a pre-requisite. We are also engaging our clinical stakeholders to facilitate in design of new tools. Key milestones are as follows: Complete gap analysis' and confirm work plans with stakeholders (Jan24), Establish any outstanding data flows (Apr24), Replicate PHM tools within CIPHA (Jun-Dec24).
- Shared Care Record development - Preparing scope and pre-requisites for project to connect Wirral Shared Care Record (HIE) to Cheshire Care Record. We plan to also determine wider C&M ShCR strategy to ensure Wirral's plans are in alignment.
- Digital Diabetes - To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using the Surgery Hero app. Project Live in pilot phase: (<https://www.youtube.com/watch?v=-kJN56TgKlw>)
- Digital Hypertension - Housebound project now closed - this aimed to facilitate Housebound Hypertensive patients in Wirral to engage with BP@Home and identify barriers. Key benefits have been recognised including provision of infrastructure for a significant proportion of this cohort to continue to engage with BP@home concept. We have subsequently proposed that this project is adopted and expanded across the rest of C&M. Further proposals have also been submitted to C&M to explore how we approach Hypertension P2 projects including Florence (automated SMS), health literacy apps, health checks etc.
- Telederm - 1600+ cases raised, 45/45 Practices Live.

Escalations: Nil

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

Place Estates and Sustainability Programme

Programme SRO	Programme RAG	Date of Update
Paul Mason	●	08/01/24

Programme Commentary

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

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

Progress this month Nov 23:

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

Areas of Focus for delivery via SEG:

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

Escalations/ Barriers to Delivery:

- Need a good understanding of Clinical Drivers that will inform the Estates requirements and use of physical assets
- Allowing information flow and decision making to be understood to provide system assurance.
- Group need sight of (PCN) GP developed clinical strategies.
- Assessment of requirements needs to be integrated with Wirral Health Plan / programme
- Need to identify leads for transformational change programmes and work packages through the SEG forum. - awaiting nominations
- Need funding to support systems and programme delivery

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

Place Medicines Optimisation Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Lucy Reid	●	08/01/24	Place Medicines Optimisation

Programme Commentary

Progress this month:

- A significant milestone has been met with the Wirral Place Medicines Optimisation Group meeting for the first time on the 6th December. This follows the agreement to create a single oversight group for MO delivery in Wirral, bringing together Medicines Management Committee and Wirral Pharmacy System Leads group, which aligns with wider Wirral Place MO and ICS governance arrangements. The group agreed their terms of reference.
- Indicative project leads have been identified for each of the 9 component MO projects but further discussions to take place to finalise these prior to next joint MO meeting in January
- The Programme SRO, MLCSU Head of Medicines Support for C&M and Programme Manager are meeting to propose the final programme delivery structure and reporting/assurance processes on 9th January, to be endorsed by the Wirral Place Medicines Optimisation Group
- The Wirral Place Medicines Optimisation Group is meeting for the second time on the 17th January
- As part of the Polypharmacy and tackling health inequalities workstream, the Wirral Place Opioids/Chronic Pain Community of Practice has restarted with a very positive initial meeting on 20th December 2023
- Community Pharmacy representative to attend the January Core 20 Plus 5 group to discuss how we can improve access to the new pharmacy services.

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

Place Workforce Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Debs Smith	●	21/12/23	Place Workforce

Programme Commentary

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

Progress this month: The Workforce Programme steering group met on 5th December and agreed the key priorities to take forward in phase 1 of the programme. This includes a baseline workforce profile for Wirral Place for which work has commenced, and a collaborative piece of work around entry into employment to pilot targeted support for a proposed cohort. of people aged 18-24yrs. Work will now commence to scope this.
Escalations: None

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

At Scale Programme

Place Supported Programmes

Programme SRO	Programme RAG	Date of Update	Performance Charts
Hayley Kendall	●	03/01/24	At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

In November 2023, the Trust attained an overall performance of 105% against plan for outpatients and an overall performance of 98% against plan for elective admissions. Underperformance against plan continues for Inpatients, predominantly due to the impact of large-scale cancellations for industrial action.

REFERRAL TO TREATMENT

The national standard is to have no patients waiting over 104 weeks from March 2022 and to eliminate routine elective waits of over 78 weeks by April 2023 and 65 week waits by March 2024. The Trust's performance at the end of November against these indicators was as follows:

- 104+ Week Wait Performance – 0

- 78+ Week Wait Performance – 0
- 65+ Week Wait Performance - 286
- 52+ Week Wait Performance - 1880

• Waiting List Size - there were 42,552 patients on an active RTT pathway against the Trust's trajectory of 37,718.

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

CANCER

• 2 Week Waits – This national standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the Faster Diagnosis Standard. At the end of November 2WW performance was 78.1%.

• FDS – was 69.81% (freeze date 4.1.24) in November (latest available data) against a national target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WW standard.

• 31 day treatment numbers - above trajectory and expected to continue.

• 62 day performance is currently below trajectory with 149 patients against a plan of 170 for November.

• 104 day long waiters – performance is above trajectory at 39 against a plan of 28 for November.

DIAGNOSTICS

In November 94.68% of patients waited 6 weeks or less for their diagnostic procedure for those modalities included within the DM01. This is against the national standard of 95% and requirement for Trust's to achieve 90% by March 2024. ECHO, CT and Urodynamics remain challenged, however have recovery plans in place.

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

MATERNITY

RISKS TO RECOVERY AND MITIGATIONS

The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity to ensure reductions in elective waiting times continue.

The major risk to the delivery of the elective recovery programme is medical staff industrial action, given the significant volumes of patients cancelled during this action. On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.

This page is intentionally left blank



HEALTH AND WELLBEING BOARD

14th March 2024

REPORT TITLE:	WORKWELL BID
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The WorkWell programme is an early-intervention work and health support and assessment service, providing holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services. WorkWell services will involve a genuine understanding of local needs. They will draw on new and existing support in local areas, joining up health services, local organisations, and job centres.

Wirral Place has been supported by Cheshire and Merseyside Integrated Care Board (ICB) to submit a bid in partnership with Knowsley Place. This is in recognition of the specific economic and population challenges faced by each borough, but also of their work in creating effective partnerships across all sectors. The Workwell Partnership would support Wirral Place level strategic aims, including the Wirral Plan 2021-26 and Wirral Health and Wellbeing Strategy 2022-27

The outcome of the grant application will be known in early April 2024. Successful partnerships will be required to provide a fully costed delivery plan by 31st June 2024 and aim to have mobilised the service by October 2024.

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

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note this report.

SUPPORTING INFORMATION

1. REASON/S FOR RECOMMENDATION/S

- 1.1 This report is to provide the Board with information and assurance on the work undertaken locally to attract resources into the borough to enhance employment support and to positively influence the wellbeing of Wirral citizens through their remaining in employment through the establishment of new services to support people and to integrate strategic effort around health and employment.

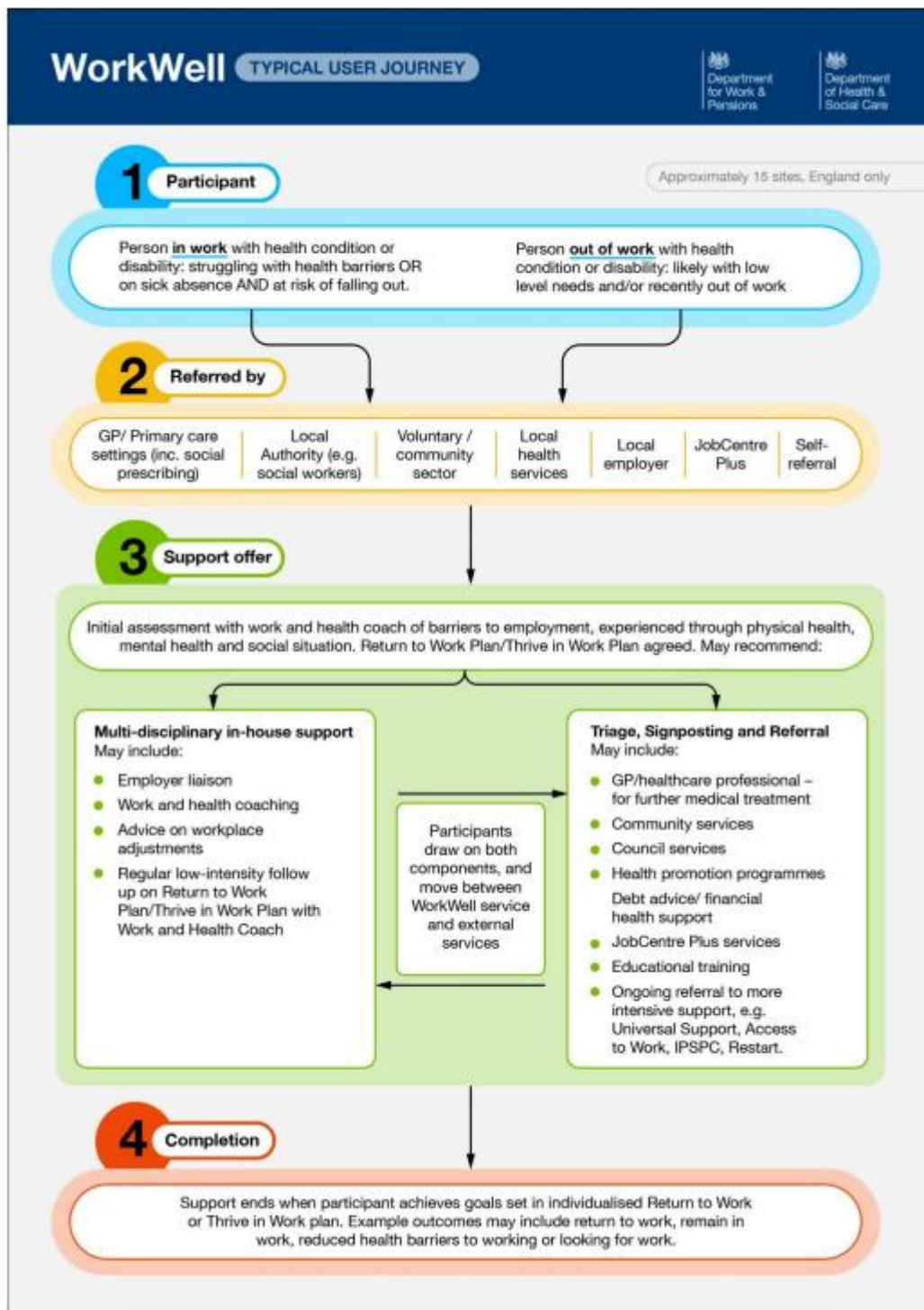
2. OTHER OPTIONS CONSIDERED

- 2.1 No other option has been considered as the Wirral WorkWell vanguard proposal is a bid for funding against a national programme with a defined application process.

3. BACKGROUND INFORMATION

- 3.1. There is significant documentary evidence that work and health are inextricably linked. Being in work raises living standards and pulls people out of poverty, and a prolonged absence from work can lead to a deterioration in health and wellbeing, both due to financial strains and the absence of positive psychological and social support.
- 3.2. The government announced a support package at the Spring Budget 2023 of over £2 billion to support disabled people and people with health conditions to start, stay and succeed in work. Building on this, the Autumn Statement 2023 set out plans to expand the employment support and treatment available, and reform the ways disabled people and people with health conditions interact with the state.
- 3.3. The WorkWell Vanguard Service will be expected provide evidence-based, low intensity work and health assessments that support individuals with their low-level occupational health needs and to overcome barriers to work. The service will be expected to prioritise intervening at the earliest possible point. It is expected that the majority of people who will benefit from the WorkWell service are those in work with health barriers putting their work at risk, and those recently unemployed with health conditions. The service will also, crucially, sit at the heart of the local work and health system, connecting together the wider support and services available to meet participants' needs.
- 3.4. In practice, there is an expectation that Vanguard Partnerships will deliver across three broad objectives:

- Deliver a holistic work and health service which includes an initial assessment of barriers to employment, return-to-work/thrive-in-work planning that address physical, psychological and social needs, employer liaison and advice on workplace adjustments, personalised work and health support with follow-up as required. The service will also serve as a triage function, connecting participants into the rest of the local work and health infrastructure. A typical user journey through the service is summarised in the diagram below:



- Take forward an integrated work and health strategy that understands the extent of cross-system working already in place in the local geography and builds on existing work and health services to support greater integration between health and care, employment and wider community place-based services.
 - Be part of a national learning programme through participation in national and local evaluation in order to provide a bank of delivery experience and expertise that ensures all areas will benefit from the pilot site experience and learning.
- 3.5. The launch of the WorkWell programme was part of delivering those plans. Across 2024/25 and 2025/26, around £57 million is planned to be made available through a grants competition for approximately 15 areas to design and deliver WorkWell Vanguard Services across both financial years.
- 3.6. The pathway to approve and submit bids for this scheme was via the requisite area Integrated Care Board (ICB). The funding will be awarded to the ICB and distributed to the successful partnerships. Cheshire and Merseyside ICB have supported an integrated partnership bid between Wirral and Knowsley Boroughs.
- 3.7. Wirral place is a potentially strong candidate for inclusion in this scheme which could attract circa £2.6 million in support of the programme, due to the high numbers of people in the borough experiencing worklessness due to long term illness or disability. Details of the relevant data around employment, sickness and disability for the borough have been included in the grant application which can be read in full at appendix 1.
- 3.8. A key factor in the decision of the ICB to support this bid was the effectiveness of local partnership working, which has resulted in the establishment and mobilisation of multi-agency targeted services, for example integrated discharge and reablement services, and digital inclusion schemes. The ability to quickly establish and mobilise such partnerships has been further evidenced in the development of this bid within very challenging timescales.
- 3.9. If the application is successful, the ensuing WorkWell programme will significantly support Wirral Place level strategic ambition in terms of economic development, employability and the health and wellbeing benefits of employment. Work and Health is a fundamental component of the Wirral's Health and Wellbeing Strategy, which brings together existing work and health initiatives and assets under one coherent place-based strategy. The Wirral Place Health and Care Plan also recognises that to help enable Wirral to be a thriving, inclusive borough, there is an ambition to establish an effective workforce strategy, recognising the health and wellbeing benefits of employment, promoting understanding of our people needs and responding to the workforce challenges. The Workforce programme within this plan will champion the WorkWell partnership as a key enabler of workforce health in Wirral.

- 3.10. The completion of the grant application involved a strong place level partnership which included health and care commissioning and provider organisations, public health, council employment services, local sector department of work and pensions (DWP) and Job Centre Plus teams, and a very well-coordinated collaborative of Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) partners. This partnership connected fully with a similar partnership within Knowsley Place and with corporate colleagues at the ICB to curate and complete a well integrated bid, which was submitted to the national DWP team on 22nd January 2024.
- 3.11. The outcome of the grant application will be known in early April 2024. Successful partnerships will be required to provide a fully costed delivery plan by 31st June 2024 and aim to have mobilised the service by October 2024.

4. FINANCIAL IMPLICATIONS

- 4.1 The grant application is for £3.9 million to fund the WorkWell schemes for Wirral and Knowsley and to cover leadership and evaluation for the entire scheme. The grant is expected to fund the service for a period of 18-months from October 2024 until March 2026. No funding is guaranteed beyond this period, however DWP at a national level aim to use the learning from the scheme to build a business case for sustainable service funding beyond this period.

5. LEGAL IMPLICATIONS

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

6. RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 In addition to the establishment of a small core team, the WorkWell programme is based on the creation of clear and seamless pathways into existing health and work, and employment support programmes. In order to build on the integration of services it is expected that the WorkWell service would be connected into existing ICT and assets as appropriate.

7. RELEVANT RISKS

- 7.1 The partnership tasked with establishing the application have considered the risks of the establishment and mobilisation of this programme. These include recruitment, case finding and financial sustainability. If the Wirral proposal is accepted and funding provided, a detailed programme plan for mobilisation will be developed, including a comprehensive risk and mitigation plan.
- 7.2 The Wirral system has identified a significant workforce risk including recruitment, retention and sickness absence. The potential impact of this risk includes provider

inability to meet demand for care, leading to quality and safety impacts through delays in care provision, absence of specific clinical skills and financial impacts of mitigation through temporary workforce solutions. It is envisaged that the WorkWell vanguard proposal would support the mitigation for this risk.

The risks of an unsuccessful application has been considered by the partners involved in developing the Wirral elements of the bid. Whilst clearly the absence of a funded service would result in an inability to deliver the desired level of service, partners have already identified that the effectiveness and efficacy of existing funded services to support employment and employability would be enhanced through the connections made and the opportunities to streamline referral and support pathways for people. There is an ambition to develop and further integrate service effort whether or not Wirral receives the additional funding.

8. ENGAGEMENT/CONSULTATION

- 8.1 The WorkWell bid was developed at pace following the publication of the opportunity by DWP in late November 2023. Despite the challenging timescales significant engagement was undertaken with key stakeholders across the Place and in particular with the Wirral VCFSE community.

9. 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 WorkWell ethos and approach in Wirral will focus on tackling health inequalities and the important health and wellbeing benefits of employment. If the grant application is successful a key part of the mobilisation programme of work will include the completion of impact assessments to ensure any adverse impact is identified and mitigating actions put in place where possible. This report is for information and an EIA is not required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no specific environment or climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

will complement and enhance the existing partnerships for community wealth building and economic regeneration through the support of a vibrant employment economy and a healthy workforce in Wirral.

REPORT AUTHOR:

Julian Eyre

Programme Director, Wirral Improvement Team

telephone: 07796 444827

email: julian.eyre@nhs.net

APPENDICES

Appendix 1 WorkWell Grant Application Cheshire and Merseyside ICB

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

BACKGROUND PAPERS

WorkWell Prospectus (DWP and NHS England 2023)

TERMS OF REFERENCE

This report is being considered by the Wirral Health and Wellbeing Board in accordance with its Terms of Reference.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	22 nd February 2024
Wirral Health and Wellbeing Board	7 th December 2023 (Verbal update)

This page is intentionally left blank



Department
for Work &
Pensions



Department
of Health &
Social Care

WorkWell Prospectus Appendix B

Grant Application Form

November 2023

This form should be used to submit a Grant Application for funding as a Vanguard delivering a pilot WorkWell service.

This form should be completed with reference to the following documents:

1. *WorkWell Prospectus*
2. *Appendix A - Grant Instructions*
3. *Appendix C - Grant Guidance*

Section 1 – Contact Information

The following information is to identify you as a Grant Applicant, and to support correspondence during this Grant Application process:

Name and address of lead ICB member or representative:	Cheshire and Merseyside ICB
Contact name and telephone number:	Prof. Ian Ashworth Director of Population Health 07917791460
Email address:	ian.Ashworth@cheshireandmerseyside.nhs.uk

Section 2 – WorkWell Vanguard footprint

2.1 Outline your proposed Vanguard footprint, i.e., the area/areas where you propose to deliver your WorkWell service.

Explain what area or areas you propose to cover with your WorkWell service (your Vanguard Footprint). This could be across the entire ICB area or a smaller section or sections of the region such as within specific Local Authorities or towns. Where the whole ICB area is not covered please be as specific as possible about which areas will and will not be served. You may wish to provide a map or similar illustration.

Please enter your response in the box below. No word limit is set for this response.

This response is not scored

Cheshire and Merseyside is a large ICB with a population of 2.7million people and covering nine Local Authority areas. Across the region there are two Local Enterprise Partnerships with Liverpool City Region Combined Authority covering 6 Local Authority areas and Cheshire and Warrington Local Enterprise Partnership cover 3 Local Authority areas.

Given the scale and complexity of stakeholder relationships we have decided to focus WorkWell services in two distinct areas, Knowsley and Wirral. This will allow a quick

mobilisation of services and to learn from pilot sites which will inform further development of services into other areas of the ICB over time.



2.2 Is your proposed Vanguard footprint for the WorkWell service Predominantly Urban or Significantly Rural?

The UK Government is keen to see WorkWell Vanguard Services operate in settings of varying population density. You should make your determination of Predominantly Urban/Significantly Rural classification in line with the method (and worked example) set out in section 3.4 of *Appendix A WorkWell Grant Instructions*.

Please enter your response in the box below. No word limit set for this response.

This response is not scored

Cheshire and Merseyside ICB's vanguard WorkWell services would be delivered in predominantly urban areas. Both Knowsley and Wirral are classified as being urban with major conurbations. Wirral also adds the significant challenges that are associated with coastal inequalities.

2.3 Justify with evidence the proposed Vanguard Footprint for your WorkWell service.

As outlined within objective 2 of the *WorkWell Prospectus*, Vanguards will be expected to support and drive a strategic approach to integrating work and health services at a Place level. Doing so will require a strong understanding of the geography and demography of the Vanguard Footprint.

A Grant Applicant should demonstrate, with evidence, their current understanding of both the geographic and demographic context within which they propose to deliver a WorkWell service.

A Grant Applicant should offer a rationale for the coverage area proposed, whether that's the entire ICB area or a subsection of it. This should include reference to the demography of the area and the specific level of need there for work and health support, for those in work as well as out of work. In terms of providing evidence, a Grant Applicant should consider providing information such as data relating to the area's:

- Working age population
- Levels of inactivity
- Known measures of deprivation
- Local healthy life expectancy
- Employment rates

Max. word count – **800 words** (Scoring: Max. 6 points)

Please indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

Due to the size of Cheshire and Merseyside ICB in terms of population and providers and given the complexity of economic inactivity the ICB will be taking a phased approach to WorkWell. Services will be introduced in Knowsley and Wirral through this initial vanguard opportunity, with a view to developing and sharing the learning across the ICB for further expansion where possible.

Areas have been selected following careful consideration of the data on economic activity, health inequalities and deprivation, alongside the ability and appetite of local Place Partnerships to mobilise WorkWell services. In addition to this, how well-developed stakeholder relationships are, and the existing joint working arrangements have been considered (see section 3.1).

Data on the selected pilot areas can be found below:

Knowsley is the second most deprived local authority area in the country according to the Index of Multiple Deprivation (2019). It has significant health inequalities, with a high proportion of individuals with long-term conditions and co-morbidities and high levels of individuals with poor mental health.

Based on nationally-reported ONS data, over the past five available years (2017/18 to 2021/22), Knowsley had the third-highest unemployment rate in Cheshire & Merseyside. Knowsley's rate of residents in employment has fallen from a peak of 78% in 2022 to 69.6% in 2023, whereas North West and national rates have stayed stable. The proportion of people with long-term conditions in employment is lower than the rest of the population; the same is true for those with learning disabilities.

Over one in four (27.9%) working aged people in Knowsley are economically inactive, this is significantly higher than North West (23.2%) and England (21.4%).

Knowsley has 9,800 working age people who are economically inactive due to "long-term sickness", this equates to 38.0% of economically inactive working age population, this is higher than North West (31.2%) and England (25.6%).

Knowsley also has a significantly higher percentage of the population reporting a MSK problem (24%) than North West (19.7%) and England (17.6%).

In the past twelve months, 58,335 fit notes were issued to 17,012 people in Knowsley. Four GP practices are responsible for 35% of all notes issued in Knowsley; three of these are in the Kirkby area. Five further practices are responsible for another 26% (meaning that 36% of practices issued 61% of notes), see table 1. The data on the average number of fit notes shows that most individuals who were issued a fit note were issued an average of 3.4 notes each.

Table 1: Knowsley Sick Notes Issued Per Practice, 2023

Practice	Patients Issued Note	Proportion of notes issued	Notes issued	Notes issued per patient	Total population	As proportion of population	Population issued note	
Aston Healthcare Limited	1,951	35%	7,204	3.69	22,325	40%	9%	
Dr Maassarani & Partners	1,508		5,280	3.50			16,158	9%
Wingate Medical Centre	1,233		3,845	3.12			12,094	10%
Millbrook Medical Centre	1,204		4,137	3.44			12,016	10%
Dinas Lane Medical Centre	1,049	26%	3,685	3.51	10,735	28%	10%	
Cornerways Medical Centre	927		2,815	3.04			9,424	10%
Stockbridge Village Health Centre	873		3,013	3.45			8,868	10%
The Macmillan Surgery	848		2,496	2.94			7,100	12%
Park House Medical Centre	710		2,334	3.29			8,059	9%
Other practices (16 in total)	6,709	39%	23,526	3.51	48,896	31%	14%	
Total	17,012		58,335		155,675		11%	

For **Wirral**, the Indices of Multiple Deprivation (IMD, 2019) shows that 114,900 people (35.6%, more than 1 in 3 people) lived in the 20% most deprived areas in England. The gap in average life expectancy between Wirral and England is the widest it has ever been: 1.6 years for males and 1.5 years for females. The gap in life expectancy and healthy life expectancy between the least and most deprived areas of the borough is particularly stark with a life expectancy in Rock Ferry of 72 for males and 78 for females compared with 84 and 87 respectively in Heswall.

Whilst **Wirral** has a rate of inactive workers close to the national average, based on nationally-reported ONS data, over the past ten available years (2012/13 to 2021/22), Wirral had the highest level of unemployment in Cheshire and Merseyside, with the exception of Liverpool. The rate in Birkenhead is, on average, more than 50% higher than Wirral as a whole. In Wirral, 76.9% of the working age population is in employment. Within the Borough 21.2% (40,800) are economically inactive which is broadly in line with the national average. However, 35.9% (14,700) of this group are economically inactive due to long-term sickness and claim Employment Support Allowance, which is significantly above the North West (31.2%) and national average (26.6%). Wirral's gap in the employment rate (16.1%) between people with a long-term health condition and the overall population is the second worst in the North West (12.2%) and significantly worse than England (9.9%). Wirral also has a significantly higher percentage of the population reporting a MSK problem (22.1%) than North West (19.7%) and England (17.6%).

Analysis of fit notes has identified that in the past twelve months, Wirral issued 27,808 fit notes. Analysis by GP practice has identified that four practices were responsible for 23% of notes issued (three of these are in Birkenhead), and five further practices were responsible for another 17% (meaning that 20% of practices issued 40% of notes); see table 2. The data on the average number of fit notes shows that most individuals who were issued a note were issued an average of 3.2 each.

Table 2, Wirral Fit Notes Issued Per Practice, 2023

Practice	Patients Issued Note	Proportion of notes issued	Notes issued	Notes issued per patient	Total population	As proportion of population	Population issued note
St Catherine's Surgery	1,339	23%	4,319	3.23	14,152	18%	9%
Paxton Medical Group	1,887		6,081	3.22	13,935		14%
Sunlight Group Practice	1,546		5,273	3.41	11,475		13%
Miriam Primary Care Group	1,605	17%	5,424	3.38	14,735	16%	11%
Marine Lake Medical Practice	850		2,674	3.15	17,286		5%
Whetstone Lane Medical Centre	830		2,951	3.56	8,021		10%
Somerville Medical Centre	946		2,893	3.06	8,302		11%
Central Park Medical Centre	887		4,149	4.68	8,838		10%
Moreton Group Practice	1,164		4,113	3.53	6,542		18%
Other practices (35 in total)	16,628	60%	59,491	3.58	202,480	66%	8%
Total	27,682		97,368		305,766		9%

The proportion of adults with a learning disability in paid employment in Wirral is 3% compared with a national figure of 4.8% (*Adult Social Care Outcomes Framework England 2022*).

(795 words)

Section 3 – WorkWell service proposal

Section 3.A – Your local delivery partnership

3.1 Please list your expected key delivery partners below.

To deliver a WorkWell service, Grant Applicants will work alongside Local Authorities and Jobcentres, as well as in close partnership with various local organisations, including but not be limited to NHS service providers and primary care networks, local employers, Local Authority economic development and public health services, and voluntary and community sector organisations. Use this response to outline who you expect your key partners to be.

Please enter your response in the box below. No word limit set for this response.

This response is not scored

Cheshire and Merseyside

The **Liverpool City Region Combined Authority (LCRCA)** is a key delivery partner to each of the boroughs within the vanguard proposal. The proposed WorkWell programme would establish strong and seamless links to the relevant employment support services, such as the LCRCA Ways to Work programme, which commenced in April 2016 and delivers a personalised route-way to support eligible workless residents into employment and training via a suite of flexible, tailored employment support services. Since the programme commenced the service has engaged 10,264 workless residents and supported 6,134 into employment or training. Shared delivery standards, paperwork, data sharing protocols, and participant cross boundary portability arrangements are in place across all LCRCA Ways to Work delivery partners.

The programme works closely with residents, employers and other key stakeholders to identify the challenges often faced by unemployed residents with a health

condition who are seeking employment and the challenges faced by employed residents with a health condition who want to remain in employment.

Whilst **Cheshire and Warrington Local Economic Partnership** will not directly be involved in service delivery, they have been involved in the development of the WorkWell bid and the ICB will look to utilise their experience and knowledge in this area going forward through our developing governance structures covering WorkWell (see section 4.1).

NHS Cheshire and Merseyside will work closely with the mental health programme and providers ensuring the **Employment Advisors in Talking Therapies** work is connected and informs WorkWell services. All Talking Therapy Services in Cheshire and Merseyside have employment advisors available to provide support where required.

Similarly, developments in **MSK services** for employment advisors to be embedded in services via new DWP pilot funding will be connected to WorkWell through our proposed governance.

Section 4.1 provides further detail on our system partners supporting this work and how they will work together.

Knowsley

Knowsley Place have identified a range of delivery partners who are committed to work collaboratively to support the delivery of an effective WorkWell service:

Knowsley Council – this includes the Director of Public Health and their team and the economic growth department as key supporters for the WorkWell programme. Within the economic growth department sits Knowsley Works, the Council's well-developed employment and skills team, which supports residents and employers.

Knowsley Chamber of Commerce – linked to the WorkWell programme via the Chief Executive who holds a joint role as Head of Business Growth in the Council and also sits on the Health and Wellbeing Board. The Chamber provide a key service in linking the health agenda to the workforce and workplace. The Chamber also delivered a Working Well programme, commissioned by Public Health, which aims to promote and support healthy workplaces.

One Knowsley – VCFSE leader organisation and social prescriber organisation. There are several community-based organisations who work with local residents around employment opportunities. VCSFE organisations will have a role in identifying, targeting and engaging client groups as part of the WorkWell programme. The VCFSE includes our two social prescribing delivery partners: One Knowsley and Care Merseyside.

JobCentre / DWP – DWP will be a fundamental partner to deliver the Workwell programme locally within Knowsley and we will build on our established working relationship.

NHS Providers – Knowsley's Place based partnership includes the following NHS Community and Acute providers, examples being:

- MerseyCare NHS Foundation Trust (provider of mental health and community provider including MSK and Talking Therapy services)

- Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust (MWLFT)
- Liverpool University Hospital Foundation Trust (LUHFT)
- Liverpool Heart and Chest Hospital (LHCH), Knowsley's specialist community provider

PCNs – Our Primary Care Networks and member GP practices will be a key partner in helping to support the Programme as part of the wider preventive offer.

Knowsley has a well-established **social prescribing** model that connects PCNs, our local Council and VCSFE sector. This is a respected model firmly embedded within all of our 3 PCNs with robust referral pathways to over 100 organisations within the Borough. **Elemental** is the social prescribing software that allows health and social care professionals to connect patients to social prescribing link workers. It is a cloud-based platform that fully integrates with primary care, secondary care and social care systems so that users can make, manage, and report on referrals to social prescribing.

We intend to widen the impact of our existing model providing individuals at risk of falling out of work/ recently out of work with timely, responsive, and targeted support. We will deliver this through an integrated population health management approach which will target our population based upon need and will further support the overall aims and objectives of the WorkWell bid.

Northwood and addressing Health Inequalities: We have established a targeted work programme focussed on Northwood ward in Kirkby which has the biggest health inequalities and lowest life expectancy in the borough. This programme is managed and hosted by the ICB, with the funding provided via the Local Authority Public Health grant. Over the last 10 months we have made extensive in-roads into the community itself, to understand the area from a community perspective. This has included setting up monthly community meetings with a newly formed residents' group and also bringing in partners from across a number of sectors to support this, including Local Authority colleagues focusing on green spaces, Leisure services, Housing and Health providers, Education and Youth Provision and linking closely with a Liverpool City Region funded programme led by Right to Succeed.

We have also linked in with locally based businesses such as Amazon, Liverpool Football Club (LFC) and Knowsley Works to explore work we can undertake to encourage employment opportunities.

Local people have received job offers through practical activities such as leafleting properties with employment opportunities. Knowsley Works are also supporting this programme by providing insight on the challenges and barriers facing people wanting to move into employment and by connecting local people with local businesses. Knowsley Works also have a focus on apprenticeships, mentoring and helping businesses to create job carved roles for people with physical or mental health issues.

Wirral

Wirral Place have identified a range of delivery partners who are committed to work collaboratively to support the delivery of an effective WorkWell service.

- **Wirral Borough Council** colleagues have provided key support for this proposal from several strategic and delivery perspectives, including Public

Health and Economic Development colleagues. Through collaboration with Wirral Council colleagues, pathways into commissioned employment support services will be further strengthened to ensure seamless support for clients.

- **DWP/Job Centre Plus** colleagues have worked in collaboration with Wirral Place partners on a range of support into employment schemes for people with both physical and learning disabilities. They have been supportive of and significant contributors to this Expression of Interest and are committed to support of the proposal as delivery partners.
- NHS including **Wirral University Hospitals NHS Trust** who provide local Musculoskeletal services and are keen to work with us, particularly around supporting people on chronic pain pathways.
- **Everyturn Mental Health**, our local Talking Therapies provider, who have established a team of employment advisors to support the employment aspirations of clients triaged as suitable for talking therapies. Everyturn are keen to work with a WorkWell provider to establish pathways to and from the service.

We have connected with a wide range of **Voluntary, Community, Faith and Social Enterprise organisations** who have agreed to be delivery partners for both core delivery and supporting specific needs. These include:

- One Wirral CIC,
 - WEB Mersey,
 - Opendoor
 - The Spider Project (Mental Health Crisis Support and Recovery)
 - Resilient
 - GROW Wellbeing
 - Make It Happen Birkenhead
 - The Lighthouse Centre
 - Positivitree
 - MenToo
 - Caritas
 - Family Toolbox
 - Wirral Change
 - Health Junction
- **Wirral Chamber of Commerce**, who have formally endorsed this EOI and have pledged to support the further joining up of business, health and employment services.
 - **Wirral Ways to Work**: The Council's Ways to Work service currently delivered by Involve Northwest 'Reach Out' and Wirral Change service will be an integral partnership providing a suite of flexible and tailored employment support services from accessible community-based locations to help and support economically inactive participants to overcome a range of barriers that are preventing them from gaining employment. The service also provides a waged subsidy scheme to support employers to recruit those furthest from the labour market with multiple barriers to employment. Recent successes have been with SEND young people.

The WorkWell pilot will provide a vital opportunity to test an approach to further link health and employment services by providing a referral pathway to Ways to Work to engage economically inactive residents, the majority of which are likely to have a health condition or disability and are likely to already

be engaged in the 'health' system. Evaluation of this element of the programme would provide learning and insight on a national level.

- **Career Connect:** support with raising aspirations and careers coaching and guidance via face to face, telephone and online access to meet the participants needs/requirements.
- **Primary Care Networks:** who are keen to link in their practice and PCN based services including Social Prescribing Link Workers, physiotherapy and health coaches into the scheme.

3.2 Provide a list of the letters of support from key partners you will attach to this application.

As described in the *WorkWell Prospectus*, local delivery partnerships are essential to successful work and health service integration. Applicants are **required** to provide letters of support for their Grant Application from all Local Authorities and Job Centre networks relevant to their proposed Vanguard Footprint. Letters of support must:

- 1) Be signed by a relevant individual within the partner organisation.
- 2) Confirm that the partner is in support of the ICB's Grant Application.
- 3) Identify the name and role of a lead contact from the partner organisation to work alongside the ICB Grant Applicant.

Additional letters of support from partners besides Local Authorities and Jobcentre networks may be included to show strong consultation with potential partners but are not required.

Letters of support should be listed below and included in PDF format as separate attachments accompanying the submitted application form. **Failure to supply the required letters from all Local Authorities and Job Centre networks will result in a rejected application.**

Please enter your response in the box below. No word limit is set for this response.
This response is not scored

The following letters of support are provided for NHS Cheshire and Merseyside's application:

1. Department for Work and Pensions and Job Centre Plus Networks
2. Liverpool City Region Combined Authority
3. Knowsley Council – Chair of HWBB
4. Knowsley Council – Director of Public Health
5. Knowsley Chamber of Commerce
6. One Knowsley- VCFSE organisation
7. Merseycare NHS FT
8. Wirral Council – Chair of HWBB
9. Wirral Council – Director of Public Health
10. Wirral Council – Director of Care and Health
11. Wirral Chamber of Commerce
12. Wirral Council for Voluntary Service
13. Wirral Primary Care Collaborative
14. Wirral Local Medical Committee

Section 3.B – WorkWell Work and Health Strategy Integration and WorkWell Service Delivery

3.3 Explain your approach to developing an integrated Work and Health Strategy with WorkWell at its centre.

As explained in the *WorkWell Prospectus*, Grant Funding will give Vanguard's the capacity to join up their work and health landscape at a local level, bringing together existing work and health initiatives and assets under one coherent place-based strategy. Expectations for this are outlined in more detail under objective 2 within the *WorkWell Prospectus*.

This response should set out your planned approach to offering an integrated work and health strategy for your Vanguard Footprint focused on supporting Disabled People and people with health conditions to start, stay and succeed in work.

Explain how you intend to develop an integrated strategy as part of your WorkWell pilot. If existing partnerships, for example under section 75 arrangements, are in place which you will build on, reference these. Describe how the WorkWell service being designed will drive greater integration between health, employment and wider community place-based services.

Also describe how you will ensure that you work effectively with your partners within the Vanguard Footprint in developing and delivering your integrated work and health strategy.

1500 max. word count (max. 12 points)

Indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

At a Cheshire and Merseyside level, work is starting on the development of an integrated work and health strategy across our sub region and at a Place level to strengthen and articulate our vision for work and health, supported through our governance arrangements (see section 4.1).

This strategic work will build upon our innovative All Together Fairer (ATF)¹ programme, where one of its eight themes is focused on improving work and employment. This framework has been adopted by all nine of our Local Authorities and our Health and Care Partnership. As part of developing our new ICS wide integrated work and health strategy, we would maximise the strategic relationships we have as part of that partnership which includes working with our economic leaders and regional DWP leads as who are formal members of the partnership.

The ICS has endorsed the analysis and recommendations, making clear that the implementation of All Together Fairer is the Health and Care Partnership's strategy. Councils, the key bodies in tackling the social determinants of health, also endorsed the ATF approach and are progressing with implementation. Integration with health, care, housing, voluntary sector and business is at the heart of delivery for this.

The ATF programme functions through the provision of an overarching framework, the eight Marmot themes and system recommendations, which is evidence-based

and draws on a thorough analysis of the data on health inequalities. This framework has broad and strong support across the system.

The strategy will be based on three guiding principles:

Principle 1: *Prevention* is better than cure by focusing on prevention as part of the WorkWell programme, we can make sure we use our resources most efficiently and improve people's overall health and wellbeing. We can target our resources effectively so that we are proactively working with business as part of our guiding Make Every Contact Count principles in order to support both the organisation and those staff employed.

Principle 2: *Equity* in everything. This principle recognises that not all people have equal health and care access, experience or outcomes. This strategy sets out that for some people and communities more support and resource might be required to achieve similar outcomes to others. We would seek to target those areas with the highest levels of sickness and fit notes issued, this will be a multidisciplinary approach.

Principle 3: *Integration*. Local people want joined up and seamless services. By making collaboration between all the workforce and teams the normal way of working, and by harnessing our resource and ingenuity, we can re-shape services to become more integrated, treating the 'whole person' and not just focusing on individual organisation areas of work.

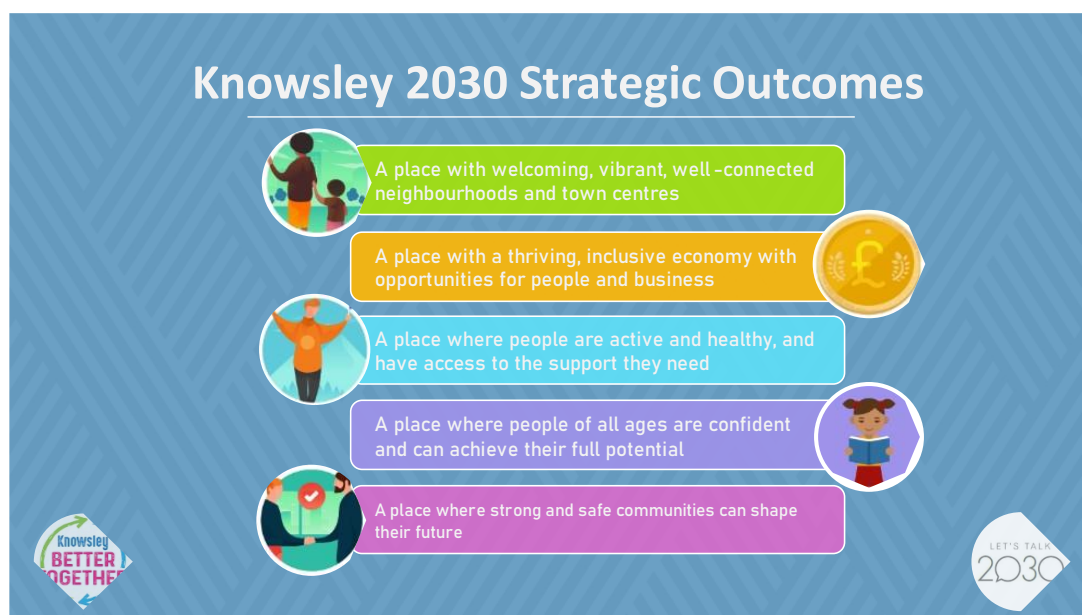
The system wide integrated work and health strategy will be developed as part of the established ICS Population Health Programme. The Places proposing to lead WorkWell services have their own integrated strategies which will support delivery of work and health initiatives including WorkWell. This reflects the importance of Place in leading work and health initiatives and the vital role Local Authorities have:

Knowsley

Knowsley 2030 – this is the long-term over-arching strategy for how Knowsley will look in 2030 and how the Council and wider partners will work together to achieve this. The strategy underpins and strengthens the place-based work under ATF. Work is already underway through the consistent and aligned governance of the Health and Wellbeing Board, Knowsley Better Together Board (key stakeholders and businesses) and Healthier Together Board (our Place Based Partnership Board). All five strategic outcomes (see figure 1 below) are relevant to proposed WorkWell activities.

The Knowsley 2030 Strategy was co-produced by agencies on the above Boards as well as residents, businesses and wider stakeholders.

Figure 1: Knowsley 2030 Strategic Outcomes



It is proposed that Knowsley's Health and Wellbeing Board will have oversight of WorkWell. The Board includes representatives from partner organisations including police, leisure provider, Citizens Advice, social landlord and the Chamber of Commerce. The Chamber advocate for connecting with and utilising the 4,500 businesses in Knowsley in reducing health inequalities and improving overall health and wellbeing. Also on the Board are leaders from the local NHS Trusts, primary care and voluntary sector. This provides a foundation of strategic links between key partners in the WorkWell programme through health, employment, and community-based services.

The Health and Wellbeing Board recently held a focussed session on employment and mental health. This resulted in fruitful discussions on linking employment services together, wider promotion of community-based services and additional public information on service availability. Key links were made between Knowsley Works and NHS Trusts to secure higher rates of local employment. It was noted that Knowsley has a plethora of community-based activities that operate within the world of health, wellbeing and employment. The WorkWell programme will utilise and strengthen this network.

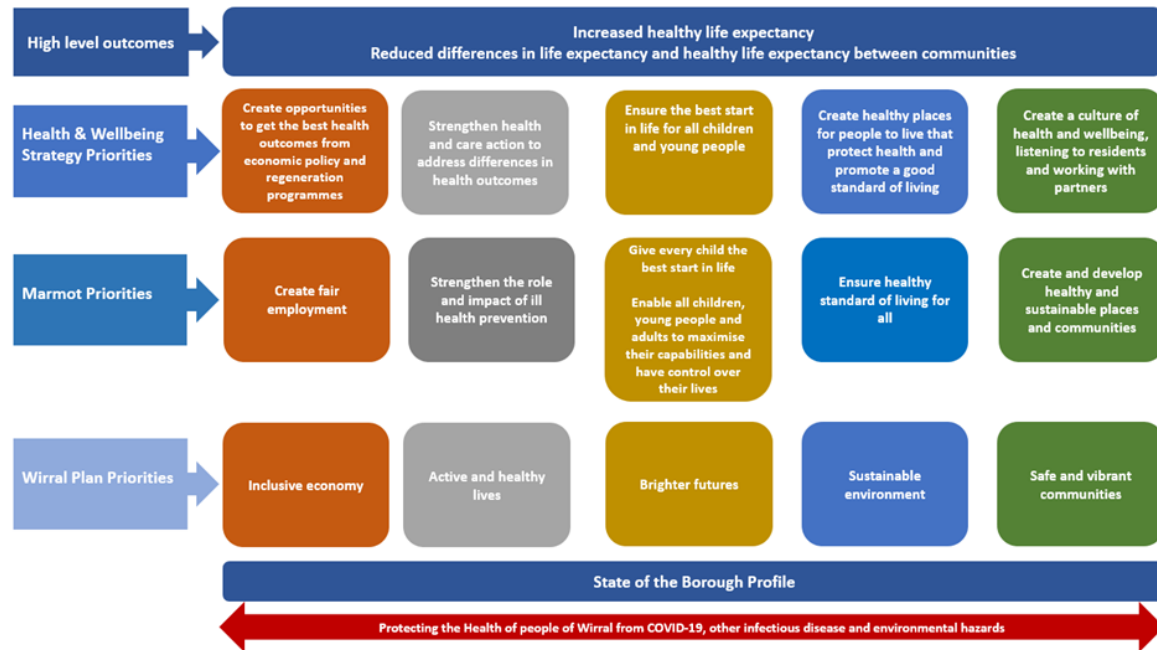
The overarching Health and Wellbeing section 75 partnership agreement in Knowsley commits the ICB and Council to a shared vision and strategic objectives to improve the health and wellbeing of the borough's residents. This is overseen by the Health and Wellbeing Board.

Wirral

Work and Health is a fundamental component of the key strategies guiding Wirral Place. Wirral's Health and Wellbeing Strategy brings together existing work and health initiatives and assets under one coherent place-based strategy. It is a system partnership strategy designed to take a different approach to tackling the root causes of poor health and wellbeing, focusing on areas of joint system effort that have the greatest impact on health inequalities and population health outcomes. The strategy aims to identify and share the good practice that already exists in Wirral, with a view to strengthening and joining that practice together more strongly in order to make 'greater' gains.

The themes and priorities of the Strategy were developed by the partners that made up the Health and Wellbeing Strategy Working Group, which has now evolved into the Implementation Group, and were closely informed by Wirral’s Joint Strategic Needs Assessment and the “All Together Fairer” Report. Resident input was obtained via a programme of qualitative insight to inform the themes and priorities. The Strategy is being delivered in partnership with representatives across the Wirral system. The voice of Wirral’s residents and communities will continue to be reflected in the implementation through an ongoing programme of engagement, to ensure the Strategy remains relevant and impactful.

Figure 2: Wirral’s Health and Care Plan Priorities



The Wirral Health and Care Plan is a collaborative plan driven by the Health and Wellbeing Strategy and describes how organisations across Wirral will work together to progress agreed priorities and address inequalities. To enable Wirral to be a thriving, inclusive borough, there is an ambition to establish an effective workforce strategy, recognising the health and wellbeing benefits of employment, promoting understanding of our people needs and responding to the workforce challenges.

Our key strategic outcome is the establishment and implementation of a People Strategy and Delivery Plan, that addresses the role and contribution of the formal and informal workforce, volunteers and carers, and ensures Wirral Place has the right people to provide the right support and care in the right place at the right time.

Wirral have a mature approach to the use and oversight of pooled funds which would support the establishment of a WorkWell Partnership, for example, in the use of Section 75 arrangements and the Better Care Fund to support a range of adult and children’s health and social care.

(1227 words)

3.4 Outline your proposed integrated service delivery model for WorkWell and how you will work with key partners to deliver this.

Objective one for WorkWell as outlined in the *WorkWell Prospectus* is for the Vanguard Partnership to deliver a holistic work and health service. This response is asking Grant Applicants to explain what their service will look like to Participants, who they will work with to deliver it and how they will develop the local workforce to provide the service.

The Grant Applicant is being assessed on their demonstration of a clear plan for turning their vision for WorkWell into an impactful service in their local area. They are not expected to be able to address every challenge at this early stage of planning but should demonstrate a clear understanding of the work required to take their strategy through to a live service offer. The Grant Applicant should include reference to:

- How they have involved Local Authorities and local Jobcentre networks in producing their Grant Application.
- How they will ensure that they work effectively in partnership with Local Authorities, local Jobcentre networks, and wider partners within the Vanguard Footprint to design and deliver their service.
- Details of the Participant journey (this should also demonstrate an understanding of data sharing / governance requirements for partnership working).
- How they will encourage referrals through the variety of applicable pathways outlined in the prospectus, including by engaging with primary care and employers.
- How their approach to triaging referrals will ensure priority is given to referrals from individuals most likely to benefit from the service they intend to offer.
- Proposals for workforce development to provide a multidisciplinary team (MDT) of professionals who are suitably skilled in delivering biopsychosocial work and health services. Include what roles they would envisage as part of the MDT.
- Details on how workforce will engage with Participants.
- How, overall, they can demonstrate confidence in the feasibility of their plans.

1500 max. word count (max 12 points)

Indicate the number of words used for this section in *italics* at the end of your response.

Please enter your response in the box below:

While there will be two distinct pilot sites for WorkWell within Cheshire and Merseyside, the following key principles for the development and delivery of WorkWell will be adopted consistently:

1. Co-Production as a core principle:

- Co-production will be central to our service design and review as we know this works.
- Engagement with partners and communities will be a practiced approach to leverage local expertise.
- Learning from existing strengths and experiences will guide our programme.

2. Community-Led design for Health and Wellbeing:

- Service will be led by the needs of communities.
- Health improvement advice and information will be co-designed through community collaboration.

3. Access to Community Assets and Partnership Support:

- Supporting access to community assets will be a priority for improving health and wellbeing.
- Confidence, work readiness and health literacy will be developed through strategic partnerships.

4. Collaboration for Comprehensive Programme Development:

- Stakeholder collaboration will ensure a comprehensive programme that meets the needs of the target cohort.
- Existing health and work initiatives will be woven together, avoiding duplication and enhancing delivery.

5. Referral System for Inclusive Identification:

- Referrals will be from both traditional and non-traditional sources, with clear and simple referral criteria.
- Identification will involve NHS Services, employment services, self-identification through VCFSE partners, and proactive use of multiple partner data. A comprehensive engagement/communication plan will be developed.

6. Effective Triage and Person-Centric Support Planning:

- Triage and support planning will be consistent and effective. There will be clear criteria to support triage and pathway navigation.
- Motivational interviewing and coaching techniques will ensure person-led interventions.

7. MDT Workforce for Biopsychosocial interventions:

- A multidisciplinary team (MDT) will be deployed for biopsychosocial interventions.
- The workforce will follow the enhanced primary care role structure, with additional specialised short interventions. This is a known existing workforce that will be easier to promote/embed and may provide opportunities for sustainability.

8. Sustainability and Value for Money:

- An asset and strengths-based approach will ensure sustainability.
- Plans for continued support, community engagement, and reduced dependency will enhance resilience.
- A commitment to understanding the social value delivered by the programme through agreeing themes, outcomes and measures (TOMs) that support place and system social value priorities.
- Regular assessment and evaluation of social impact to inform ongoing adjustments.

The specific delivery model for each pilot site is described below:

Knowsley:

Through the Council's existing employment and skills team, (Knowsley Works), there is a strong, established working partnership between the local authority and the local Job Centre Plus (JCP) network. Knowsley Works holds daily workshops in the local JCP network and receives, on average, over 1,000 referrals a year from JCPs for a number of supportive interventions.

The programme will receive referrals from GPs, JCPs, the voluntary sector, local employers and through the existing Knowsley Works provision which equates to over 60 frontline employment advisors based across the borough of Knowsley. Upon referral the participant would be invited to an assessment within 5 days of receiving the referral. The appointment would be held in a suitable, accessible setting based on the participants requirements. The participant would be assessed for barriers that are stopping them from fully participating in the labour market and from this assessment an action plan to address these barriers would be agreed with any suitable referrals identified and made. The adviser that's allocated the participant would then hold regular reviews with the participant to assess progress and discuss any issues that have arisen since their last appointment.

Employer engagement will be supported by Knowsley Works who have worked with local employers for over 15 years. The Employer engagement team has provided local employers with support for recruitment, response to redundancy, employing apprentices and retention and progression of existing employees. During these 15 years the Knowsley Works employer network has grown to over 1000 local businesses of all sizes. These working relationships will be vital in supporting the referral of employees who require the services of the WorkWell programme. The Knowsley Chamber of Commerce, through its network of members will also support the promotion of WorkWell provision.

The employment advisors are qualified to Level 5 NVQ in careers advice and Knowsley Works has been awarded Matrix Standard for the past 10 years which offers comprehensive quality assurance for the delivery of information, advice, and guidance. The team would consist of one Team Leader and 5 advisors with caseloads of 40 current participants who would be receiving support for three months. This would equate to 800 participants per year on the programme (1,200 over 18 months)

Knowsley Local Delivery Model

- Targeted approach with those identified at risk of leaving employment.
- Referred to Social Prescribing team to complete holistic assessment. A Personalised care plan will be co-produced based on what matters to the participant and focusing on the wider determinants of health and five ways to wellbeing. Our social prescribing organisations are accredited to deliver health improvement training by the Royal College of Public Health. We will build on this to develop a health coaching model with personalised plan enabling people to stay in or return to work.
- Sign posting and referrals will be made to a wide range of community-based and statutory services. The small grants aspect of the programme allows pathways and services to be developed by the VCSFE sector based on needs and gaps in local provision.
- Social Prescribing Link Workers have knowledge and access to both clinical and non-clinical services.

- Existing services will be supplemented to specialised short interventions (likely to include support around managing neurodiversity, and pain management).
- A wide variety of impact measurement tools are firmly embedded within the process.

Wirral:

Wirral has a proven track record of partnership working with organisations across sectors to improve the lives of our residents. Our partnership will build on the learning of previous programmes and forge ever stronger links through primary care networks, DWP, employment support programmes, local employers, voluntary sector collaboratives and the wider VCFSE sector. We will utilise partners expertise to develop a robust engagement plan which will include promoting referrals into the service, employer engagement and participant engagement. The WorkWell Collaborative will coordinate with Wirral Council, DWP and Chamber of Commerce to ensure local employers have a clear understanding of the programme, its referral pathways and the potential benefits of increasing local productivity and economic growth.

Our key enabler is our rich VCFSE collaborative, we will use a strengths-based approach to understanding needs to promote participant engagement and involvement in the programme and encourage the achievement of co-produced plans and outcomes.

Wirral Local Delivery Model

Co-produced with One Wirral CIC, Wirral Council Public Health and Employment & Skills teams and VCSFE Sector Collaborative.

We have established a local partnership which will be key to WorkWell delivery to promote referrals into the programme, it includes but is not limited to:

- Primary care (including social prescribers) through our local Primary Care Collaborative and the Local Medical Committee
- Wirral Council, particularly Economic Growth, Public Health and Lifelong Learning
- VCFSE WorkWell Collaborative and the wider sector
- Wirral Community Health & Care Foundation Trust
- Cheshire & Wirral Partnership Mental Health Trust
- Wirral University Teaching Hospital (particularly the MSK Service)
- Everyturn Talking Therapies Wirral
- Local Employers
- Wirral Chamber of Commerce
- DWP – particularly Job Centre Plus, the Disability Employment Advisor Team, Employer Engagement Team, and Work & Health Programme

The participant journey will be coordinated and supported from referral through to achievement of an individual's Thrive in work/Return to work plan. Each participant will have a named coordinator who will act as their point of contact and case manager who will undertake an initial assessment and triage to identify barriers to employment.

By utilising the strengths and assets of the partner organisations, the programme will provide holistic and tailored support to the individual which will be co-designed in the initial stages but will include personalised support planning, multidisciplinary

team support, signposting, and onward referral. As a partnership we have significant expertise in supporting people who have not flourished with main-stream support.

The team will comprise a combination of Health and Wellbeing Coaches and Care Coordinators with administrative support and will be modelled on our successful prehabilitation services for Cancer and Diabetes, which aims to optimise physical and emotional wellbeing for surgery readiness which optimises outcomes. This core service will be augmented with access to specialised short interventions including:

- Long term health condition management
- Low level mental health condition management
- Specific support for people with learning disabilities, physical disabilities and neurodiversity
- Support with education, training and volunteering
- Debt advice & financial health support
- Creative solutions to other barriers to employment (e.g. transport, childcare)

The programme will build a consistent approach to case management and outcome recording by using established case management software for information sharing and data capture. How we measure and record outcomes will be a priority to facilitate learning and improvement; consistency can be challenging for a large group of collaborating organisations so one system will be adopted to enable inter-referrals and comprehensive reporting.

Figure 3 provides the proposed user journey through WorkWell Services in Cheshire and Merseyside.

Figure 3: Proposed WorkWell Participant Journey



3.5 Provide your Expected Participant Volumes and estimated costs.

As outlined in *Appendix C – Grant Guidance*, successful Grant Applicants will submit a fully-costed delivery plan to DWP at the end of Q1 of the 2024/2025 financial year. As a precursor to this, Grant Applicants are asked as part of their application to provide the following information:

Element 1: The estimated number of Participants they plan to support during the 2024-2025 and 2025-2026 financial years respectively.

Note:

- The total estimate must exceed the set minimum volume level of 1000 referrals across the grant Funding Period (i.e., be more than 1000 total across both financial years).
- When determining estimated numbers of Participants that Grant Applicants are committing to support with the WorkWell service, the applicant should ensure they provide a clear rationale. The rationale should reflect on their ability to set up and operate a successful programme for the Funding Period. This should include staff recruitment, required integration within the local work and health systems, managing referrals, location (rural or urban), Participant demographics and any other relevant internal or external factors, which might impact the number of Participants they can successfully recruit to the programme and effectively support.

Element 2: The estimated Maximum Sum to fund your local WorkWell service to be covered by Grant Funding.

A Grant Funding envelope has been allocated for WorkWell pilot services that allows the DWP to fund 59,000 places on WorkWell support at a unit cost of £800 per participant. Further to this, an additional amount of £320,000 and £220,000 for additional leadership and management costs in Financial Years 2024-25 and 2025-26 respectively will be available to each Vanguard. The Grant Funding envelope will be shared across the approximately 15 Vanguards.

To estimate the Maximum Sum, the Grant Applicant should:

1. Multiply the unit cost (£800) by their total estimated number of participants (from their element 1 response).
2. Add to that figure the additional leadership and management costs of £320,000 and £220,000 (£540,000 total)

For example, a Grant Applicant who has estimated volumes of 3750 participants users over the course of the overall two-year Grant Funding period would estimate their costs by multiplying 3750 by the £800 unit cost, which equals £3 million. Next, they would add £540,000 to that figure. Meaning their response to this element would = £3,540,000.

Proposing a response to element 1 which does not meet required minimum volumes, or to element 2 which does not follow the methodology outlined above, will result in the Grant Application being rejected.

Please provide your response for element 1 in the box below. No word limit set for this response.

This response is not scored

Total number of participants across the two pilot sites is **4,200** (1,200 for Knowsley and 3,000 for Wirral)

In order to estimate the likely number of participants this vanguard would support, colleagues at both ICB and Place Level have reviewed population, demographic and employment data. Much of this data is summarised in section 2.3 of this document. However, this has been further triangulated with data from analysis of fit notes by PCN, and by quantitative and qualitative data from our talking therapies and MSK providers. We know, for example, that there are cohorts of economically inactive people who for various reasons are not eligible for talking therapies, yet their underlying conditions are creating barriers to seeking employment. Our WorkWell scheme would provide opportunities for these people to access the support they need. More detailed analysis of our Primary Care data is also yielding detailed and stratified population data which will support not just the estimates of how many participants there are likely to be, but also where the service can best focus its activity.

Please provide your response for element 2 in the box below. No word limit set for this response.

This response is not scored

Service delivery costs: 4200 x £800 = £3.360m

Additional leadership costs: £540,000

Total: £3.9m

Section 4 – Governance and Protecting Participant Data

Section 4.A – Governance

4.1 – Outline your approach to governance and any relevant experience

Outline any experience the Grant Applicant's organisation has of convening cross system partnerships around complex issues which should be considered relevant to the delivery of a WorkWell service.

Please then indicate how your organisation will establish the service in a way that ensures key partners are included appropriately in governing and co-designing the WorkWell service. The Grant Applicant is expected to develop an explicit role for partners into the governance of the WorkWell service and should outline plans to do so.

Finally, provide information regarding your organisation plans to:

- i) Put governance in place to demonstrate accountability for continuously improving the quality of your services, safe-guarding high standards of care and creating an environment in which excellence will flourish.
- ii) Enshrine effective safeguarding of service users and ongoing compliance with the public sector equality duty into the design and operation of your service e.g., through appropriate ongoing equality impact analyses.

1200 maximum word count (max 9 points)

Indicate the number of words used for this section in *italics* at the end of your response.

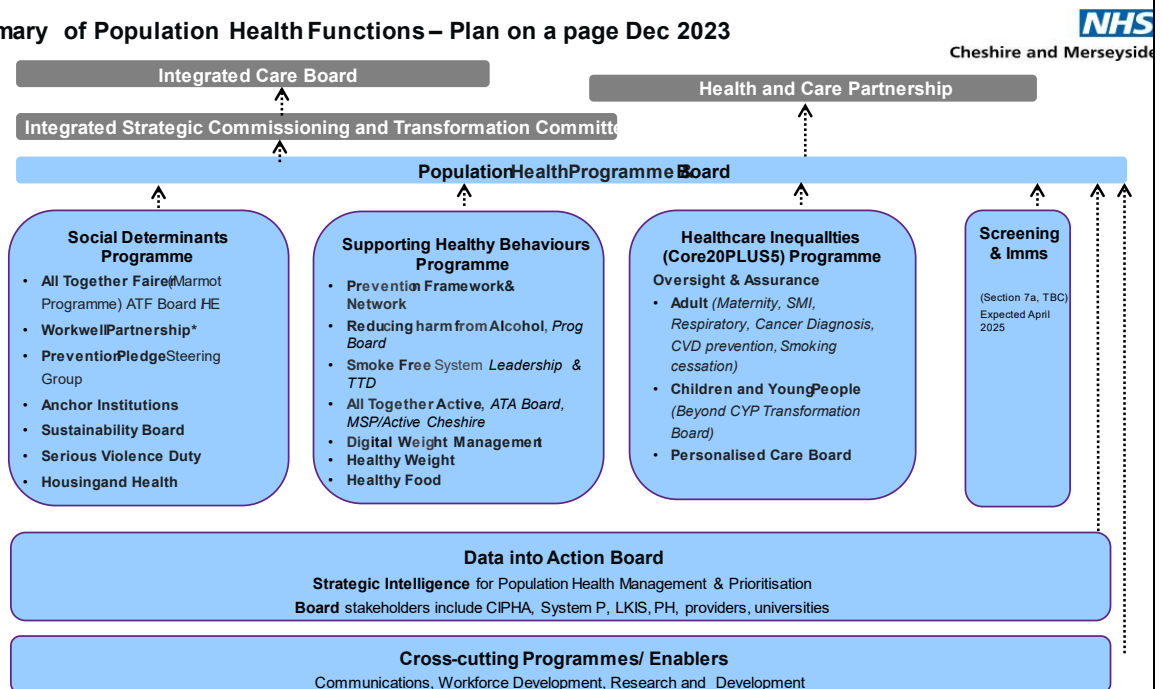
Please enter your response in the box below:

NHS Cheshire and Merseyside has considerable experience of convening cross system partnerships to address complex issues. These include convening work around housing and children and young people’s mental health at a Cheshire and Merseyside level. Our Health and Care Partnership has an extensive collaborative membership that includes regional DWP leadership, NHS, community and voluntary sector, Council and Economic representation from across all nine areas of our sub region. At a local level, partnerships have been convened around issues such as mental health and work and improving the outcome of respiratory services.

Work and health will be a key feature of the social determinants programme and a reference group is planned to bring together the work and health leads from across the nine Places within Cheshire and Merseyside Integrated Care System to share plans and lessons learnt; WorkWell Services will be part of this and local arrangements will report into it.

Figure 4: Cheshire and Merseyside Population Health Governance Structure

Summary of Population Health Functions – Plan on a page Dec 2023



In addition, local governance structures exist at a Place level where our WorkWell Services will be delivered ensuring local oversight and that all stakeholders are involved.

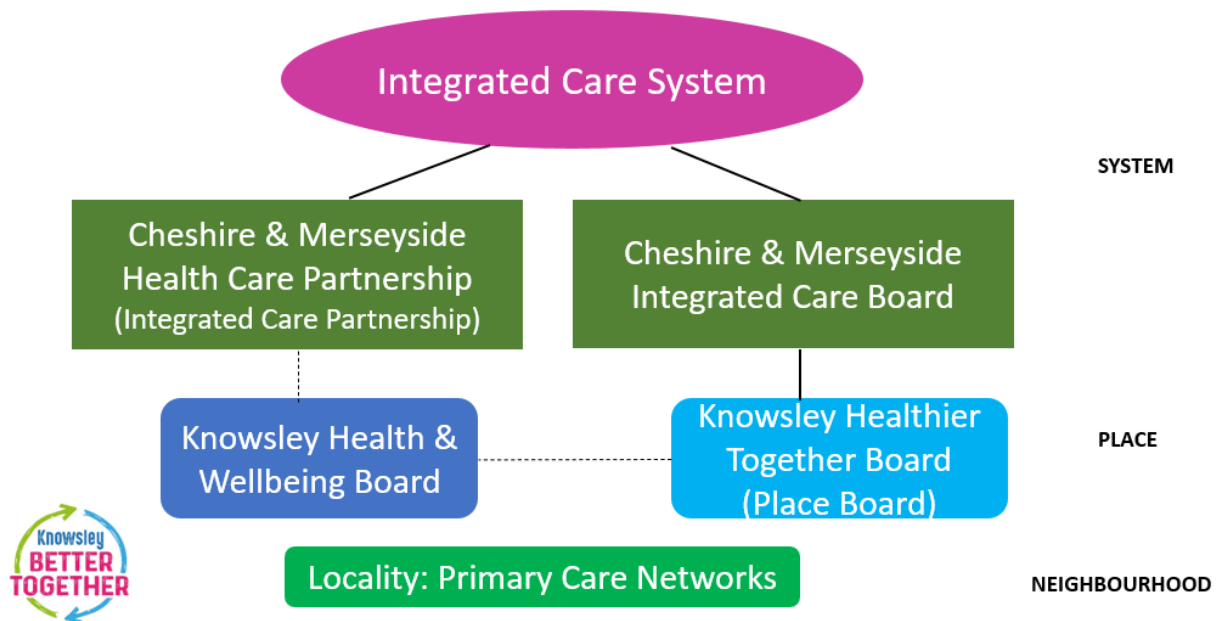
Knowsley

Knowsley has a well-established and robust governance framework. The recently introduced ICB and Place framework has strengthened links between the LA and the Place-based NHS governance.

The Health and Wellbeing Board already have oversight and ownership of both the ATF and Knowsley 2030 strategies. Both have achieved significant progress since their implementation in 2022 and 2020 respectively. This demonstrates the commitment of partners to the wider health and wellbeing agenda and the ability to work in partnership both in the implementation of programmes but also the governance.

Given its focus on the social determinants of health and the representation of its members it is proposed that the Health and Wellbeing Board will provide the overall governance for WorkWell. This will ensure key input to the programme as well as strategic accountability and robust governance. The Healthier Together Board reports formally to the Health and Wellbeing Board. A number of partners sit on both boards with well-developed communication networks. All members of the Healthier Together Board will receive regular updates on the programme and will input where necessary.

Figure 5: Knowsley Health and Wellbeing Governance Structure



To ensure oversight and delivery of the WorkWell programme we will convene a steering group including the ICB, Council, Job Centre Plus, DWP, NHS providers (of mental health and MSK services), GP’s and our two social prescribing organisations (both from the voluntary sector) to provide guidance on the design and delivery of the programme. We will also seek representation from residents who use the service to ensure that the service is co-produced.

Knowsley has a Section 75 agreement in place which in part, helps to support delivery of the BCF plan for 2023/2025 within Knowsley. Operational and Performance Management, is via the Monthly Section 75 meetings which is attended by Health and Social Care Partners.

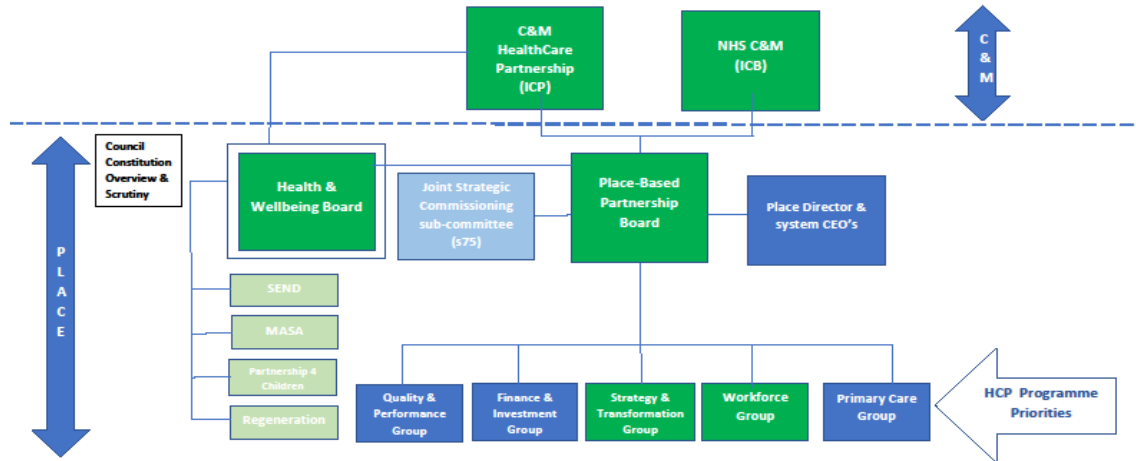
Wirral

Delivery will be stitched into established Wirral place level structures, including ICB Information Governance protocols and Provider Partnership Collaboratives. Robust governance will be developed through the utilisation of Partnership Agreements, programme management structures and communication networks for effective collaboration.

Wirral has a strong track record of establishing and delivering complex cross organisational programmes as part of the Place Transformation Programme. This has included multi-agency programmes around health and wellbeing and community cohesion. This has resulted in the development of a robust system accountability and governance framework to ensure effective oversight, escalation and leadership of cross system programme delivery. It is envisaged that the WorkWell partnership will be

integrated into this accountability structure which ensures a clear governance pathway at both Place and ICB Level. Wirral's governance structure is shown in figure (6) below:

Figure 6: Wirral Health and Wellbeing Governance Structure



Accountability for delivery and continuous quality improvement would be enshrined within this governance structure, with the establishment of a WorkWell programme oversight group with direct accountability to the Wirral Strategy and Transformation Group. This is chaired by the Wirral Place Director and includes senior provider and commissioning leads within the membership, ensuring accountability to the ICB and to the Place Based Partnership was maintained.

Commissioning oversight will be established and maintained by the ICB (Wirral) through the Joint Strategic Commissioning Sub-Committee, which manages all partnership commissions within the Wirral Section 75 agreement, including Better Care Fund Schemes.

We will use the skills, experience and governance arrangements of our quality and safety teams at both Place and ICB Level to review and improve the quality of the services we deliver. We will carry out both quality and equality impact assessments of services. We will also draw on the continuous improvement skills in both Local Authority and voluntary partners.

(786 words)

Section 4.B – Data Protection

4.2 – Declaration on data protection.

Sensitive information including participant data must be collected, stored and used appropriately and securely at all times. In running a WorkWell service Vanguard's will be legally required to ensure they meet established standards for data security, including UK GDPR and other applicable data protection legislation.

Vanguards must embed Data Protection by design principles into the design and delivery of their WorkWell service. This will include establishing appropriate procedures for information sharing between delivery partners and with the DWP (e.g., for monitoring and evaluation purposes). Further information regarding data security and protection requirements can be found in *Appendix C – Grant Guidance*.

By marking **Y** in the shaded box below the Grant Applicant confirms that:

- Should they be chosen as a Grant Recipient, they will develop and adhere to appropriate data handling practices to comply with applicable legal duties. Details of this approach will be required during Q1 of the 2024/2025 financial year.
- They furthermore confirm their understanding that failure to properly handle data may lead to legal penalties and/or breach the conditions of the Grant Agreement to be entered into with the DWP. Such a violation may lead to termination of their Vanguard status and access to Grant Funding.

Please enter your response in the grey box below.

Please note failure to mark Y in the box below will result in a rejected application.

Applicant confirmation (Y)

Y

Section 5 - Applicant Declaration.

By submitting its Grant Application signed by an authorised representative, the Grant Applicant confirms that:

- The information set out in the Grant Application is accurate and true at the time of application.
- The Grant Applicant is an Integrated Care Board applying on behalf of a Local System Partnership, Local Authority and Jobcentre network. As such, the Grant Applicant confirms that they are, if selected, appropriately empowered to deliver the WorkWell service proposed in the Grant Application. This includes due consideration of the mechanisms available to them to deliver the specific suite of services offered through their proposed WorkWell service. An ICB should for example consider using Section 75 arrangements to deliver WorkWell in partnership with Local Authorities where this may be required.
- They are confident and content to collect management information (MI) as part of delivering a WorkWell service, see *Appendix C - Grant Guidance* for further details.
- They are committed to conducting local impact evaluation of the WorkWell service delivered. See *Appendix C - Grant Guidance* for further details.
- They are committed to participating in complementary national evaluation to be codesigned by successful WorkWell Grant Applicants and the UK Government. See *Appendix C - Grant Guidance* for further details.
- They are committed to participating in a regional/national network to share good practice between other areas offering a WorkWell service.

- They are committed to delivering a WorkWell service in accordance with the final Grant Funding Agreement between the DWP and selected successful Grant Applicants.
- They are committed to handling all personal data securely and in full accordance with applicable Data Protection legislation including the UK GDPR.
- They are committed to ensuring compliance with the Public Sector Equality Duty in the design and delivery of their WorkWell service.

Signature: Name
and position of
authorised
representative

Prof. Ian Ashworth, Director of Population Health



Date:	22.01.24
-------	----------

For and on behalf of the Grant Recipient

This page is intentionally left blank



HEALTH AND WELLBEING BOARD

Thursday, 14 March 2024

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 update of the review of 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 themes of the Council Plan 2023-2027 is to promote independence 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 that theme. 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 amendments to the Constitution detailed in Appendix 2 to the report, subject to any amendments made at the meeting.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To review the membership as listed in the Council's Constitution based upon work carried out by officers to establish which organisations needed to be involved and wished to be involved, following a report on 21 September 2023.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 An alternative option was to not update the membership. However, the Board and officers had felt that a review would help the Board meetings to focus more on specific areas of work by having advisory groups of organisations providing reports on request which will help manage the focus and length of meetings and would also update the membership in the Constitution to reflect changes in organisations and job titles.

3.0 BACKGROUND INFORMATION

- 3.1 In the report to Board on 21 September 2023, the responsibility for establishing a Health and Wellbeing Board along with the statutory membership was detailed.
- 3.2 That report was forwarded to Constitution and Standards Committee with a renewal of the membership list which updated titles of organisations and individuals which had changed and removed organisations which no longer existed. Constitution and Standards Committee has not yet considered the changes.
- 3.3 At the Board meeting on 21 September 2023, the chair suggested a workshop take place to consider whether the correct people and organisations were included in the membership list.
- 3.4 A small workshop took place on 30 November 2023 and further changes were suggested that could make the Board more effective. There were some minor changes to the wording of some existing roles but there were more fundamental changes suggested. These were:
- To review the attendance of member organisations and write to those who had not attended half of the meetings in the last Municipal Year to see if they wished to be removed from the membership.
 - To set up 'Advisory Groups' which would be groupings of types of member organisations such as clinical (such as health providers) and CVSFE (Community, Voluntary, Faith and Social Enterprise sector) who could be asked to provide reports on matters which would be under discussion at a particular meeting. This would help the focus of the meetings which were intended to be themed around aspects of the Health and Wellbeing Strategy (e.g. employment, early years etc) at each meeting. The details of the Advisory Groups, including membership and terms of reference, are still being developed by the Director of Care and Health and the Head of Legal Services

and are intended to be brought to a future meeting at the start of the new Municipal Year.

- 3.5 The organisations to be written to were identified by an examination of attendance to identify those who had attended less than half of the meetings, and they were written to on 25 January 2024 using the email addresses previously used. Replies were varied – 10 organisations were contacted. 8 have replied with answers, of which one wishes to be removed, four have new contacts and three wish to remain. Any who do not respond will be removed but can be co-opted in the future. There were several instances of our single contact no longer being part of the organisation so a support contact email is now held as a backup. The results of the exercise are detailed in Appendix 1 which include co-opted membership which are not listed in the Constitution.
- 3.6 The changes to the membership listed in the Council's Constitution resulting from the report from 21 September 2023, the workshop and the review exercise are all combined into Appendix 2. It should be noted that this does not include changes to Co-opted member organisations.
- 3.7 The timescales and intention is to:
- refer any suggested changes to the Constitution and Standards Committee for their meeting on 10 June 2024, then
 - refer them to Council on 8 July 2024, then
 - implement any resulting changes at Health and Wellbeing Board's first meeting of the 24/25 Municipal Year on 18 July 2024.
- 3.8 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.

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.
- 5.4 The power to set up Advisory Groups is in Part 3, section B of the Council's Constitution as follows:

Working Groups Involving Members

Working groups, review teams and advisory groups may be established by a Committee from time to time to develop recommendations or investigate issues of interest or concern alongside formal Sub-Committees. They shall be for specific purposes and shall be time limited. They will only be established when the matter cannot be undertaken by a relevant Committee and each committee is limited to establishing [two] such committees at any one time.

They usually fall into one of the following categories:

a. Panels or groups relating to policy development or service functions Usually established to advise about an issue or subject area. The relevant Committee shall specify terms of reference and membership, which may include invited persons holding relevant expertise or knowledge and Members who are not members of the parent Committee.

b. Task & Finish Groups

Small groups of Members appointed by a Committee or Sub-Committee for the purpose of advising the parent committee about either:

1. an in-depth policy review;
2. performance monitoring; or
3. responding to a major policy consultation.

The terms of reference and purpose are to be specified by the relevant Committee. A specific standing order is set out at Part 4(4)B of this Constitution in respect of a Policy and Services Committee establishing a panel or working group to undertake its overview and scrutiny review functions.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications.

7.0 RELEVANT RISKS

7.1 Having an outdated or unsuitable membership risks decision making not being taken in accordance with the defined Terms of Reference. This could lead to decisions being taken which had not included input from involved organisations which could affect their implementation and cause reputational damage to the Council and partner organisations.

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 - Organisations Contacted and Responses
Appendix 2 – Suggested Changes to the Council’s Constitution

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
Health and Wellbeing Board	21 September 2023

This page is intentionally left blank

Membership of Health and Wellbeing Board report. Appendix 1

Organisations contacted and responses

	Representing	Name	reply
14	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	Would like to remain with Dr Faouzi Alam and his PA as contacts
15	Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust	Liz Bishop	Remove
16	Representative from Merseyside Police	Matthew Moscrop	Would like to remain
19	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	Willing but finds it difficult to attend meetings. Will prioritise Replace with Matthew Swanborough and his PA Wrong email. Now has a deputy too
20	Chair of the Primary Care Council (co-opted 160621)	Dr Abel Adegoke, Chair Primary Care Council	Would like to remain and be able to send substitutes
21	Principal of Wirral Met College (co-opted 160621)	Sue Higginson	New contact – Gill Banks, Principal
22	Magenta Living (co-opted 290922)	Rachel Bennett	New PA checking 23.02.24
23	Wirral Chamber of Commerce (co-opted 211222)	Patsy Crocker	Written to 23.02.24

This page is intentionally left blank

Membership of Health and Wellbeing Board report.

Appendix 2

Suggested changes to the Council's Constitution

13.2 Composition:

The Wirral Health and Well Being Board will consist of the following

(a) 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 Health Committee;
 - (3) The Chair (or Vice Chair) of the Children, Young People and Education Committee; and
 - (4) The leaders (or nominee) of the second and third ~~two~~-largest ~~opposition~~ Political Groups;
- (ii) the Chief Executive of Wirral Borough Council;
- (iii) the Director of Adults, Health and Strategic Commissioning at Wirral Borough Council~~Director of Adult Social Services of Wirral Borough Council~~;
- (iv) Director of Children, Families and Education at Wirral Borough Council~~the Director of Children's Services of Wirral Borough Council~~;
- (v) the Director of Public Health ~~of at~~ Wirral Borough Council;
- (vi) Place Director for Cheshire and Merseyside Integrated Care Board~~the Chair of Wirral NHS Clinical Commissioning Group~~;
- ~~(vii) the Accountable Officer of Wirral Clinical Commissioning Group;~~
- (viii) a representative of HealthWatch; and
- ~~(ix) a Representative from the Local Area Team: Cheshire, Warrington and Wirral, NHS England~~

(b) Appointed Membership

- (i) A senior officer of Wirral Borough Council responsible for housing policy and services;
- ~~(ii) Chief Executive, Voluntary & Community Action Wirral;~~
- (iii) Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust;
- (iv) Chief Executive, Wirral Community Health and Care NHS Foundation Trust;
- (v) Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust;
- ~~(vi) Chief Executive, Clatterbridge Cancer Centre NHS Foundation Trust;~~
- (vii) Representatives Chairs from the ~~three divisions of the NHS Clinical Commissioning Group to present annual commissioning plan~~ NHS Foundation Trusts in Wirral;
- (viii) Representative from Merseyside Police;

- (ix) Representative from Merseyside Fire & Rescue Service; and
- (x) Representative from Jobcentre Plus



HEALTH AND WELLBEING BOARD

THURSDAY 14 MARCH 2024

REPORT TITLE:	HEALTH AND WELLBEING BOARD WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW AND CORPORATE SERVICES

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.

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

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 WORK PROGRAMME 2023-24

18 July 2024

Report Title	Report Author
Thematic report on the implementation of the Health and Wellbeing Strategy (inc annual delivery plans from partners for work linked to Health and Wellbeing Strategy)	Dave Bradburn
Joint Strategic Need Assessment (JSNA) update including annual report	Dave Bradburn
WPBPB performance reporting on delivery of the Place Plan	Simon Banks
Better Care Fund 24/25 Plan	Bridget Hollingsworth
Public Health Grant Investment	Dave Bradburn
All Together Fairer – link between Health and Wellbeing Strategy	Ian Ashworth and Alan Higgins
Healthwatch Wirral Update	Kirsteen Sheppard and Andreia Ramos Silva
Work Programme	Christine Morley

OTHER MEETINGS

19 September 2024

12 December 2024

FUTURE ITEMS

Standing items	Timescale	Lead officer
Thematic reports on the implementation of the Health and Wellbeing Strategy (inc annual delivery plans from partners for work linked to Health and Wellbeing Strategy)	Each meeting	Dave Bradburn
WPBPB performance reporting on delivery of the Place Plan		Simon Banks
Wirral Plan (from Board	TBC	

December 2023) Circulate to Board for information.		
Other items	Timescale	Lead Officer
Healthwatch	Each meeting	Kirsteen Sheppard and Andreia Ramos Silva
Wirral CVS		

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Membership	Workshop	30 November 2023	Mike Jones	Completed

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.

This page is intentionally left blank