



Wirral Place Based Partnership Board

Date:	Thursday, 27 July 2023
Time:	10.00 a.m.
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Mike Jones, Principal Democratic Services Officer
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Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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AGENDA

- 1. WELCOME AND INTRODUCTION**
- 2. APOLOGIES**
- 3. DECLARATIONS OF INTEREST**

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

- 4. MINUTES (Pages 1 - 6)**

To approve the accuracy on the minutes of the meeting held on 22 June 2023.

5. PUBLIC AND MEMBER QUESTIONS

5.1 Public Questions

Notice of question to be given in writing or by email by Monday 24 July 2023 to the Council's Monitoring Officer (via the online form here: [Public Question Form](#)) and to be dealt with in accordance with Standing Order 10.

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

5.2 Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Monday 24 July 2023 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

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

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

5.3 Questions by Members

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

6. KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP) (Pages 7 - 12)

7. WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW AND GOVERNANCE MANUAL (Pages 13 - 70)

- 8. STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT (Pages 71 - 74)**
- 9. FINANCE, INVESTMENT & RESOURCE GROUP HIGHLIGHT REPORT (Pages 75 - 78)**
- 10. UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE (Pages 79 - 98)**

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

- 11. 2023/24 POOLED FUND BUDGET REPORT (Pages 99 - 106)**
- 12. WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME (Pages 107 - 112)**

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 22 June 2023

1 WELCOME AND INTRODUCTION

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

2 APOLOGIES

Apologies for absence were received from:

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

PRESENT:

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

Mike Jones

Secretary

3 **DECLARATIONS OF INTEREST**

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

4 **MINUTES**

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

5 **PUBLIC AND MEMBER QUESTIONS**

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

6 **UNSCHEDULED CARE PROGRAMME**

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

Resolved – That:

(1) the update be noted

(2) the programme approach be endorsed.

7 **HOME FIRST UPDATE**

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

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

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

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

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

8 REABLEMENT SERVICE DESIGN MODEL

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

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

9 WIRRAL HEALTH AND CARE PLAN 2023-2024

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

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

10 HEALTHWATCH WIRRAL UPDATE JUN 2023

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

Resolved – That the report be noted.

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

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

Resolved – That the content of the report be noted.

12 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

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

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

13 **PRIMARY CARE GROUP HIGHLIGHT REPORT**

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

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

14 **FINANCE INVESTMENT & RESOURCES GROUP**

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

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

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

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

Resolved – That it be noted that

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

16 WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME

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

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

Resolved: That the work programme be noted.



Cheshire and Merseyside

**WIRRAL PLACE BASED PARTNERSHIP BOARD
27 JULY 2023**

REPORT TITLE:	KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP)
REPORT OF:	LORNA QUIGLEY ASSOCIATE DIRECTOR OF QUALITY AND SAFETY ON BEHALF OF WIRRAL PARTNERS

REPORT SUMMARY

The aim of this report is to identify key issues identified relating to Quality and Safety through the Wirral Quality and Performance Group and other relevant sources. The report includes: Issues of concern Alert, issues of a general update, which will include those where updates have been requested Advise and issues for assurance Assure. In addition to identifying key issues, the report highlights where appropriate the actions that have taken place and the timescale of completion.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the areas of concern contained within the report, and the actions that are being taken.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report will continue to evolve as the process develops. This includes the addition of Key Performance Indicators relevant to the system and quality issues relating to all providers.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No others at this stage.

3.0 BACKGROUND INFORMATION

3.1 Items for Alert

3.2 Mental Health

- 3.3 Cheshire and Wirral Partnership (CWP) had an unannounced CQC inspection commencing on 4th July 2023. This has included the acute Psychiatry in patient beds across the 3 sites and Psychiatric Intensive Care (PICU).

- 3.4 There are several patients with mental health needs who are receiving care out of area- particularly Psychiatric Intensive care. This leads to a poor patient experience and outcomes for patients. NHS Cheshire and Merseyside are working with Cheshire Wirral Partnership to reduce the number of patients receiving care out of area by facilitating prompt discharges from local inpatient facilities using the Multi-Agency Discharge Event methodology (MADE).

- 3.5 **SEND** (progress against the Written Statement of Action (WSOA))

- 3.6 Monitoring meetings with the Department for Education (DfE) and NHS England (NHSE) continue, progress against the SEND WSoA continues, however several actions are behind planned trajectory.

- 3.7 A Rapid Improvement Plan is in place and progress has been made, and support sought by system leaders. There is an expectation from regulators (Dfe and NHSE) that by October 2023 there will be:

- evidence that delivery is making a difference (e.g., through the KPIs or lived experience)
- that the delivery plan is back on track against the agreed timescales
- that the data dashboard is showing an improvement and
- examples of how the analysis is leading to an issue being raised strategically, direction being given, action completed and then reporting over time showing a change to the initial issue.

3.8 Items to Advise

3.9 C-Difficile Review

- 3.10 A 3-day system review was undertaken by NHS England between 18th -20th April of the causes of C difficile infections within Wirral.
- 3.11 Clostridium difficile (C-Difficile) is a bacterium found in the intestine. It can be present in healthy people and cause no symptoms, however C-Difficile can cause imbalance in the bacteria within the gut and this can occur when people are taking antibiotics. Clostridium Difficile infection (CDI) is highly infectious and will spread through contact with a contaminated environment or person, it also causes severe harm to vulnerable people within the Borough.
- 3.12 Wirral PLACE rate of C-Difficile infection cases has been significantly higher than the national average since 2014. Rates increased dramatically in 2019 however the start of the pandemic in 2020 saw a huge reduction. However, since January 2021 the rates have been increasing and has reached a similar level as it was in 2011. At year end (2022/2023), the Wirral system has reported the highest case rate per 100,000 population across Cheshire and Merseyside.
- 3.13 The review focused on the Wirral system and followed the patient pathway from primary care, community (including dental services), acute and specialist providers and include the transfer of care between health and social care aspects of the system.
- 3.14 Terms of reference (ToR) were agreed between region and PLACE leads and fell under the key headings. These were used to guide conversations.
- Leadership and Culture
 - Governance and Assurance
 - Incident reviews and learning
 - Transfer of care
 - Education and training
 - Antimicrobial Stewardship
 - Sampling and processing
 - Clinical procedures and processes
- 3.15 Stakeholders including GP's, Public Health, Health Protection, Pharmacists, Laboratory Staff and Dentists were invited to contribute and participate as part of focus groups or as part of visits to health providers.
- 3.16 During the 3 days the escalating picture for CDI and the wider infection agenda within the Wirral system was explored. Recognition that to improve the situation an understanding where and how the break in the chain of infection can be achieved is required.
- 3.17 An acknowledgement that the entire patient pathway needs to be considered from a primary care level where interventions to improve diagnosis and management of a

primary infection may support a reduction in cases. Additionally, a recognition of the impact of health inequalities was having and the difficulties in getting full patient public engagement in a post pandemic landscape.

3.18 Comprehensive improvement plans designed by the acute trust the challenges faced by them strongly relate to their issues with capacity and flow. These are such, that ensuring patients are isolated promptly, that the areas have full deep cleans to reduce bioburden afterwards are often compromised.

3.19 However as a system there is clear evidence of strong relationships and collaboration between provider services, primary care, health protection teams, public health and there is strong Infection Prevention and Control leadership in most areas. The governance and assurance processes, although very complex, are in place although there is an over reliance on key individuals and in certain elements there is a lack of clarity.

3.20 Throughout the review, there were recommendations for individual organisations which will be addressed through organisational improvement plans were appropriate. In addition to this system themes were identified including:

- Governance structures, whilst in place were complicated and messages identified in reports at risk of being diluted through being escalated through multiple layers.
- Sampling and the management of samples impacted on all parts of the system and therefore patient outcomes whether in primary or acute care there were difficulties in ensuring a quality sample was taken and received by the lab in a prompt timespan. Patient and staff education needed to ensure samples taken and managed correctly.
- The populations health within the system appears to have become more challenged since the pandemic as delays in accessing healthcare has increased many already vulnerable groups risk factors and behaviours. It was reported that there were suspicious/ conspiracy theories about wider aspects of health than vaccination since the pandemic in certain groups.
- Transfer of care between organisations is often complicated by multiple care record platforms being used within the locality, with no interface between them to ensure safe transfer of information. In all parts of the system reports that delays in information transfer such as sample results has impacted on individual patient management.
- Training and education at all levels of the service has been challenged over the past 3 years with a heavy reliance on electronic learning platforms. Whilst effective at imparting information.
- The incidence and admission for urine infections is being collected and collaborative work between WUTH and public health has been happening, however due to a reduction in the continence team previous proactive work in the community is no longer possible and may be impacting on prescribing and admissions.
- Learning from incidents –throughout the system the infection incidents are being reviewed by their respective teams and the local learning is identified within those areas however this locality would benefit from learning becoming systemwide, not for the purposes of assigning blame, but to delve deeper to understand demographics and identify other risk factors.

3.21 Following the review, a number of recommendations have been made for the system and work is underway to develop a system improvement plan to tackle the themes identified. These recommendations will be managed through the Health Protection Board chaired by the Director of Public Health.

3.22 **Items to Assure**

3.23 **Quality and Performance Group**

3.24 The Quality and Performance Group met on 15 June 2023. The agenda included:

- The outcome of the C-Difficile review (contained within this report)
- Feedback from the NHS Cheshire and Merseyside Quality and Performance Committee.
- Out of Area Mental Health patients (contained within this report)
- Special Educational needs and Disabilities (SEND)- it was agreed that as this is a system priority, this would remain a standing agenda item for the group.

4.0 **FINANCIAL IMPLICATIONS**

4.1 None identified.

5.0 **LEGAL IMPLICATIONS**

5.1 Legal implications have been considered within this report relating to safeguarding and All Age Continuing care which are included within the report.

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

6.1 None identified.

7.0 **RELEVANT RISKS**

7.1 Risks relating to All Age Continuing Care contained within NHS Cheshire and Merseyside risk register. System risks identified are included within the Wirral Place's risk register (C-Difficile, Safeguarding). Risks relating to organisations are within contained within organisations risk registers.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 Partnership working in the development of the paper. Specific programmes contained within are subject to engagement and co-production.

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. Any service changes will be subject to an Equality Impact Assessment,

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications identified that would result from the proposal.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 there are no community wealth implications identified within this paper.

REPORT AUTHOR: Name Lorna Quigley
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SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

27th July 2023

REPORT TITLE:	WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW AND GOVERNANCE MANUAL
REPORT OF:	PLACE DIRECTOR. NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

Under the leadership of the Place Director, the Place Governance Group including senior governance representation from provider organisations, has completed a review of current governance arrangements at Wirral Place including a refresh of the Terms of Reference of the Wirral Place Based Partnership Board (WPBPB) and the creation of a Governance Manual for future use by all established fora.

This report summarises the action taken to date, a proposed future governance workplan and includes the draft Wirral Place Governance Manual for approval.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board (WPBPB) approves the Wirral Place Governance Manual attached to the report and notes the further workplan to ensure arrangements are fit for purpose including a refresh and review of the Terms of Reference for the sub-groups supporting and reporting to the WPBPB.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 As agreed at previous meetings of the WPBPB, the Place Governance Group was established to conduct a review of the Terms of Reference (TOR) of the WPBPB and to consider the operation of all governance arrangements at Place to ensure clarity, and consistency in approach and to establish appropriate information and assurance flows.

2.0 SUMMARY OF ACTIONS

2.1 Terms of Reference

Reflecting the prospect of future delegations to Wirral from NHS Cheshire & Merseyside, the Terms of Reference have been reviewed and refreshed as attached. This includes details as to the operation of the WPBPB and future arrangements for chairing and agenda management.

2.2 Board documentation and reporting

A governance manual has been developed to confirm future accountability and reporting requirements along with the production of governance templates to ensure consistency across all fora.

2.3 Terms of Reference - Sub-groups

The members of the Place Governance Group have determined a governance workplan which includes a review and cross-reference of all sub-group Terms of Reference to ensure consistency where appropriate and clarity of purpose and accountability.

- 2.4 Updated drafts of the ToRs will be presented back to the WPBPB for approval in due course.

3.0 BACKGROUND INFORMATION

- 3.1 NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements.

- 3.2 The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each borough.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board Sub-Committee. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside are developing a risk management and assurance framework, which will include Place.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference.

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 business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment is required for this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by these groups.

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 groups referred to in this report will take account of this in their work.

REPORT AUTHOR: David McGovern

Director of Corporate Affairs, Wirral University Teaching Hospital
NHS FT

Alison Hughes

Director of Corporate Affairs, Wirral Community Health & Care NHS
FT

APPENDICES

Appendix 1 Wirral Place Governance Manual

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Place Based Partnership Board	13/09/22
Place Based Partnership Board	08/12/22



Wirral Place Governance Manual 2023

V1.July 2023

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1. Introduction and Purpose

NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners.

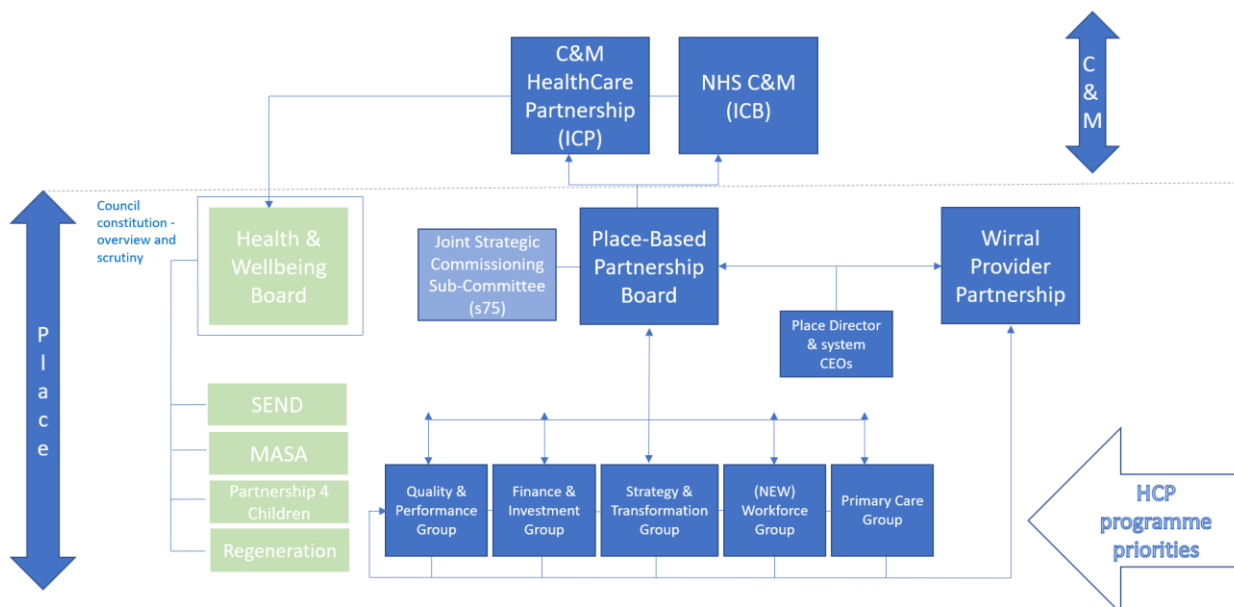
The WPBPB will have a shared purpose and focus on reducing unwarranted variation, tackling health inequalities and population health management by implementing the Place strategic intent into coordinated delivery.

This document provides a proposal for the governance of Place on the Wirral.

2. Place Governance Structure

Work has been carried out between partners to consider the most effective manner to govern Place arrangements for the Wirral. Focus has been given to the need to avoid unnecessary duplication of decision making and to ensure that the most appropriate delegations are in place and agreed by partners to ensure the best outcomes for patients and the communities we serve.

The recommended governance structure is outlined below:



26 June 2023

Figure 1: Wirral Place governance structure

3. Objectives and Areas of Focus

The PBPB will work together to implement the strategic intentions as determined by:

- National guidance to the NHS and local authorities.
- Cheshire and Merseyside Health and Care Partnership Strategy and Joint Forward Plan.
- Wirral Plan, Wirral Health and Wellbeing Strategy and Wirral Health and Care Plan.

The PBPB will therefore focus on:

- Defined decision-making functions for commissioning
- Health and care strategy planning and implementation at place
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support
- Supporting provider and professional collaboration in a place
- Leading activities where there is a need to work across a larger population to address issues
- Play a major role in the delivery of national expectations attached to NHS funding

Key areas of focus include:

Areas of Focus	Components
Promote health and wellbeing	Alignment of public health and other local government strategies and plans. Leverage our role as 'anchor institutions.'
Population Health Management	Utilising population health intelligence and analytical capabilities at-scale to support redesign, prevention, and approach to addressing health inequalities.
Place Performance	Including operational performance management and reporting at system level. Development of improvement plans for area of concern.
Pathway redesign	Fostering a culture of innovation and closer working, enabling sharing of best practice between organisations, and promoting adoption of proven innovation. Focus on user journey and wider experience of health and care.
Estates and Back Office	Providing rationalisation and an amalgamation function, including shared back-office services.
Efficiencies and Effectiveness	Improving clinical efficiency and safety - improving experience and reduce waste through minimising avoidable contacts, reducing unwarranted variation and improving outcomes. Utilising digital technology.
Integration of Services	Decision support, delivery system design integration planning and due diligence.
Financial coordination	Service development, business case approvals, cost improvement programmes and cost savings, coordination of finances and financial reporting

4. Roles and Membership - WPBPB

Nominated Representative	Organisation	Status
Place Director (1)	NHS Cheshire & Merseyside	PBPB member
NHS Trusts (3) (Chief Executive or nominated Deputy)	Wirral University Teaching Hospital (WUTH) Wirral Community Health & Care (WCHC) Cheshire & Wirral Partnership (CWP)	PBPB member
Local Councillors (3)	Wirral Council	PBPB member
Chief Executive Officer (1) Director of Public Health (1) Director of Care and Health (1) Director of Childrens Services (1)	Wirral Council	PBPB member
Chief Executive Officer (1)	Health Watch	PBPB member
Nominated Representatives (4) (to include at least two GPs)	Primary Care (Community Dentistry, Optometry, Pharmacy and General Practice)	PBPB member
Nominated Representatives (2)	Voluntary, Community, Faith and Social Enterprise Sector (VCSFE)	PBPB member

The membership status above does not include any membership of the Joint Strategic Commissioning Board (JSCB) referred to in Figure 1. The membership table above refers exclusively to the Place-Based Partnership Board.

See also Appendix 2 for the JSCB.

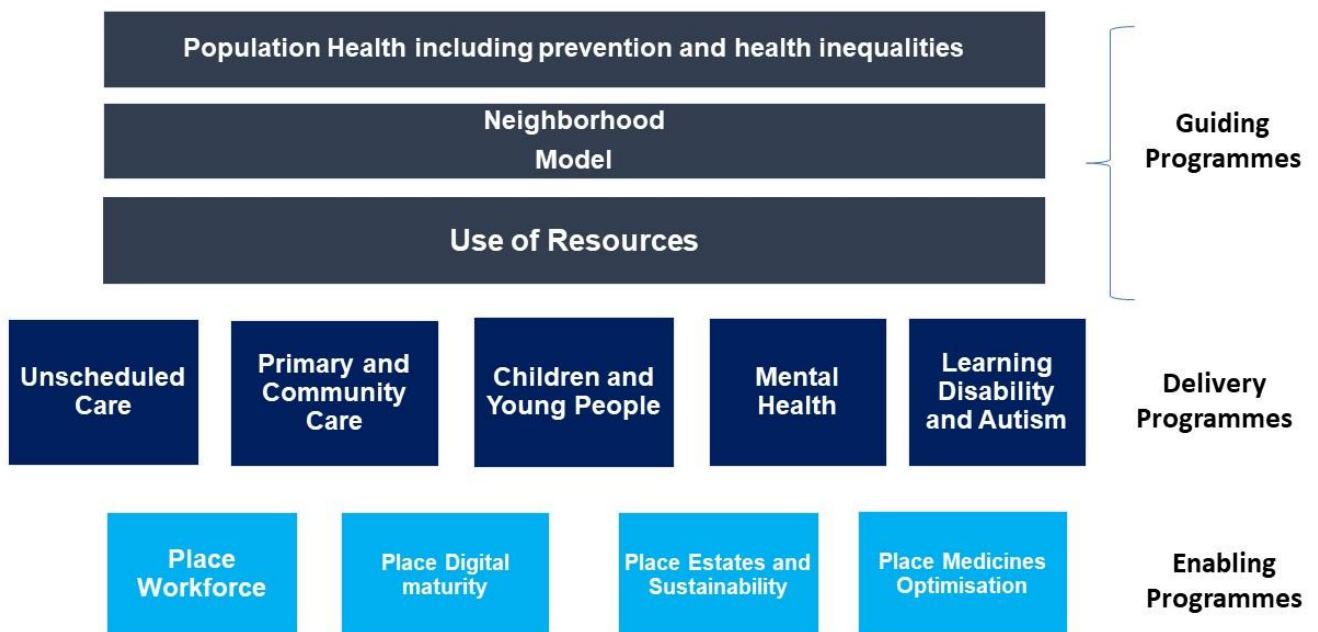
5. Programme Delivery

The Wirral Health and Care Plan is the collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with agreed strategic transformation priorities. The Plan identifies the priority programme areas under three broad themes of guiding programmes, delivery programmes and enabling programmes (Figure 1)

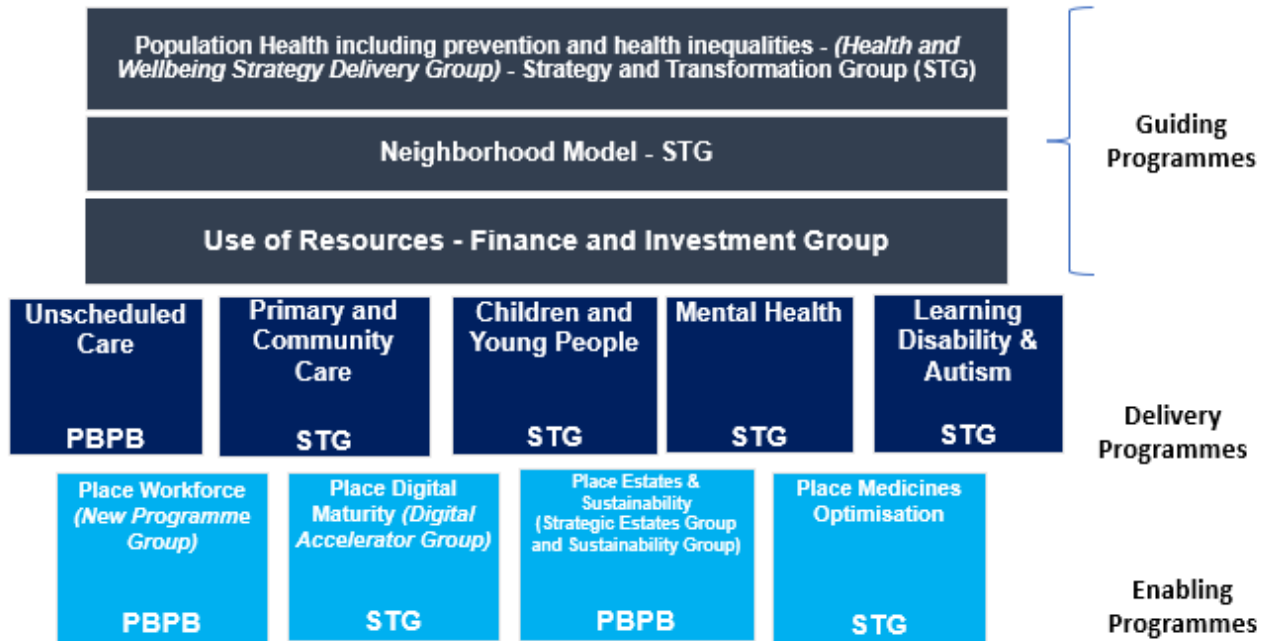
The priority programmes in the Health and Care plan have identified Senior Responsible Officers, programme leads and project support for each of the programmes. Oversight and assurance of progress of each priority will be subject to a Monitoring and Control strategy established and overseen by the Wirral Place Programme Delivery Unit and reported as shown in Figure 2 below.

The Plan and its deliverables will be monitored monthly and escalation to key partners will take place if progress of achievements and expected outcomes are not realised. Alongside this, the risks associated with each of the programmes within the Plan are managed within each work programme.

Wirral Place Programmes



Programme Reporting



6. Appendices

Appendix 1 - Place Based Partnership Board Terms of Reference

Appendix 2 - Joint Strategic Commissioning Sub-Committee

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Appendix 4 – Place Director and Wirral System Chief Executives Meeting

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- Chair's Report

Appendix 1

Place Based Partnership Board

Terms of Reference

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1	Introduction
2	Purpose
3	Authority & Status
4	Role of Place-based Partnership
5	Composition of Place-based Partnerships:
6	Core Membership:
7	Co-options and engagement:
8	Chairing the Place-Based Partnership Board
9	Responsibilities of Members
10	Interests
11	Meetings and decision making
12	Frequency and Format of the Place-Based Partnership Board Meetings
13	Agenda, and Minutes, and Papers
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15	Attendance/Substitutes
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17	Relationship with the Council/ICB S75 Strategic Commissioning Joint Committee

1. Introduction

The Wirral Place Based Partnership Board (WPBPB) will be responsible for the delivery of an Integrated Health and Social Care system through effective stakeholder collaboration and improved health and social care services to deliver better outcomes for the population of Wirral.

A number of core principles have been agreed with system providers that align to the Wirral Plan and will support the development and delivery of integrated care for the Wirral.

- Organise services around the person to improve outcomes.
- Maintain personal independence by providing services the closest to home.
- Reduce health inequalities across the Wirral population.
- Provide seamless and integrated services to patients, clients and communities, regardless of organisational boundaries.
- Maximise the Wirral health pound by delivery of improvements in productivity and efficiency through integration
- To strengthen the focus on wellbeing, including greater focus on prevention and public health

2. Purpose

The purpose of the WPBPB is to provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the place-based partnership. It will do this by aligning its objectives and plans to those of the Wirral Plan 2021-26, Health and Wellbeing Strategy and the NHS Cheshire & Merseyside Health and Care Partnership Strategy to improve the health and wellbeing of the Wirral population.

The priorities and work plan for the WPBP Board will be set out in the WPBP Board Delivery Plan.

3. Authority & Status

The WPBPB is a non-statutory partnership that brings together representatives from statutory and non-statutory organisations within or working in Wirral with the necessary authority from their respective organisations to make collective decisions on strategic policy matters relating to the Place Partnership.

The WPBPB is not a separate legal entity in itself with delegated decision-making authority, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one Partner organisation 'overrule' the other on any matter (save for where decisions may be taken by NHS Cheshire and Merseyside and Wirral Council with regards services/functions in scope of the S75 Agreement).

The WPBPB will operate as a place for discussion of issue with the aim of reaching decisions by consensus and/or to make recommendations and proposals to the boards of Partner organisations. Decisions may also be taken on behalf of a Partner organisation by that organisation's representative on the Board acting under their delegated authority.

The WPBPB scope and decision making may change in response to further statutory guidance in relation to delegations from NHS Cheshire and Merseyside to Place. The

WPBPB will be engaged in the development of proposals for any change in status and delegation.

In the event that the WPBPB is unable to agree a consensus position on a matter, this will not prevent Partner organisation taking any applicable decisions they are required to take. Each of the Partner organisations of the WPBPB ensure that their designated representative:

- Is appointed to attend and represent their organisation on the WPBPB with such authority as is agreed to be necessary in order for the Wirral Place Based Partnership Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar).
- Understand the status of the WPBPB and the limits of their responsibilities and authority in respect of the WPBPB and each of the respective statutory bodies or employing organisations. The legal status and authority of the Board may change in response to new legislation and/or as further guidance is released and implemented with regards decision making and delegations at Place.

4. Role of the Place Based Partnership Board

The WPBPB and its supporting groups will:

- Provide strategic and collective leadership to identify the transformational priorities.
- Collaborate to focus on the highest priorities for the local system and communities at place and neighbourhood level.
- Promote person-centred health and care services on the basis of clinical input and evidence.
- Consolidate processes, share back-office services and support a system-wide workforce plan.
- Drive greater efficiency and cost reduction.
- Aim to improve Health and Wellbeing Outcomes for the Population.
- Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.
- Work in partnership to ensure that is effective and sustainable care home market across the borough.
- Enable and support the Wirral Provider Partnership (WPP) to deliver population health outcomes.
- Design and oversee governance (quality and safety) arrangements including system leadership capacity and capability, monitor delivery, financial stability, performance monitoring and system oversight.
- Promote inter-agency co-operation, via appropriate joint working agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
- Make recommendations for commissioning of NHS Cheshire and Merseyside resources to Place
- Drive forward the continued implementation of achieving a whole system coordinated approach.
- Approve proposals for system wide outcome measures and mechanisms for reporting collectively.
- Provide regular update reports to the Health and Wellbeing Board.

- Receive and scrutinise reports and recommendations from operational meetings and groups relating to the place-based partnership (i.e. the supporting groups established at Place and the Wirral Provider Partnership).
- Approve the communication and engagement strategy and action plans of Wirral's Place Based Partnership Board and monitor delivery.
- Oversee placed based partnership infrastructure, workstreams or enablers such as Digital, Estates, Workforce activities and monitor progress.
- Assure itself that Safeguarding duties are met, and that practice is aligned to the policies determined by the Wirral's Children Safeguarding Partnership and Wirral's Adults Safeguarding Board.

5. Co-options and engagement

Representatives of other bodies may be invited to participate in Board discussions, or co-opted, to support effective decision-making. Such representatives should be invited bearing in mind the principles of fairness, equality, and transparency.

6. Chairing the Wirral Place Based Partnership Board

The WPBP Board appoint a Chair and Vice-Chair from within its membership.

The Chair/Vice Chair will:

- Facilitate the effective running of the Wirral Place Based Partnership Board by ensuring the Board operates within its agreed Terms of Reference.
- Work to ensure discussion is collaborative and works to recognise all partners as equals.
- Work with the Place Director to ensure that any agenda items put before the Board for consideration are aligned within the Place Objectives and local strategic plans.
- Work closely with the Place Director for Wirral to ensure the principles of partnership working and collaboration remain central to the functioning of the Board.
- The Chair/Vice Chair will work to ensure that decisions are achieved by consensus amongst partners.'
- Each sector will nominate a Chair and Vice Chair in accordance with the following schedule which covers the period 2022/23 to 2024/25.

Financial Year	Chair	Vice Chair
2023-24 (Apr – Mar)	Place Director	NHS Trust
2024-25 (Apr – Mar)	NHS Trust	VCSFE
2025-26 (Apr – Mar)	VCSFE	Local Authority
2026-27 (Apr – Mar)	Local Authority	Primary Care
2027-28 (Apr – Mar)	Primary Care	NHS Trust

The Chair shall preside over the WPBP Board meetings.

If the Chair is not present, the Vice-Chair shall preside.

If neither the Chair nor the Vice Chair is present, the members of the WPBP Board present shall select a Chair for the meeting from the members who are present at the meeting.

8. Responsibilities of members

All members of WPBPB are responsible for ensuring effective two-way communication between Place Based Partnership Board, the subgroups and operational groups and the organisations that they represent. Members of the Board have collective responsibility and accountability for its decisions.

9. Interests

All members of the WPBPB have a collective responsibility for its operation and are required to notify the Chair of any actual, potential or perceived conflict of interest to enable appropriate management arrangements to be put in place.

Conflicts of interest will be managed in accordance with the policies and procedures of Partner organisations and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued to Partner organisations.

All members are required to uphold the Nolan Principles and all other relevant NHS or Council Code of Conduct requirements which are applicable to them. It is expected that members act in the spirit of co-production and consensus in line with key partnership principles.

10. Meetings and decision making

Meetings shall be held in public.

Provision will be made for a private session of the Board when required.

The expectation is that private discussions will be the exception, and this will be supplemented by Board informal workshops/development sessions in private.

Members of the WPBP Board will:

- take decisions solely in terms of residents and patients best interests, above those of constituent organisations.
- be accountable for decisions and actions to the public and submit to appropriate scrutiny and in accordance with partner statutory duties.
- be open and transparent about decisions and actions basis for all decisions.

The aim will be for decisions of the WPBPB to be achieved by consensus decision making.

Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding.

The Chair will work to establish unanimity as the basis for decision making.

11. Quorum

A quorum will be at least 50% of the membership, to include the following:

Chair or Vice Chair

Place Director (Wirral), NHS Cheshire & Merseyside (or nominated deputy)

Wirral Council representative (1)

NHS Trust representative (1)
Primary Care representative (1)
VCSFE representative (1)

This excludes those in attendance providing administrative support.

12. Frequency and format of meetings

The WPBPB will meet monthly with the exclusion of August. Where meetings coincide with a General Election or a whole Council election period they will be cancelled. Scheduled dates for the following 12 months will be disseminated prior to the start of the financial year.

The Place Director and/or Chair may convene extraordinary meetings as required.

All meetings of the WPBPB will be open to attendance by members of the public to observe the discussion and decision-making process. Members of the public in attendance may not contribute towards the debate but will be invited to give any comment by the Chair at the end of the meeting.

13. Agenda, minutes and papers

An agenda and minutes of the previous meeting will be circulated, wherever possible, 5 clear working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.

The ratified minutes from the meeting shall be shared with members of the Health and Wellbeing Board at the next available meeting.

The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.

All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

14. Administration

The Place Director will work with the Chair and administrative support to establish and support these meetings. Administrative support will be provided by Wirral Council supported by the NHS Cheshire and Merseyside Wirral Place team, including the minuting of meetings and the circulation of agendas and papers. This will be reviewed regularly with the Place Director (Wirral).

15. Attendance/Substitutes

All members should endeavour to attend all meetings. There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary.

Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.

Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.

The WPBPB may co-opt persons to sit on the Board for a fixed period or to assist with specific matters.

16. Review of the Terms of Reference

The WPBPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval. The WPBPB will also review these terms of reference if the delegation to Place from NHS Cheshire and Merseyside changes.

17. Relationship with Joint Strategic Commissioning Board (JSCB)

The WPBP Board will meet on the same day as the JSCB and in the same location. There will be a deliberate break between the two meetings to allow for clarity on purpose, membership and decision-making.

The members of the PBPB will attend the JSCB, but only Wirral Council elected members and NHS Cheshire and Merseyside will be voting members of the JSCB. The JSCB will take its own decisions separately in accordance with its Terms of Reference.

Appendix 2

Joint Strategic Commissioning Board

Terms of Reference

A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to political balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:

1. pooled funding arrangements with the NHS or other governmental bodies.
2. the place-based health and care arrangements as may be provided for by legislation; and
3. such other commissioning, strategic design, quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services,

within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

Appendix 3

Wirral Provider Partnership (WPP) - To be reviewed

Terms of Reference

Purpose

The WPP (or Partnership) is established by the Chief Executives of the provider organisations at Place, each of which remains a sovereign organisation, to provide a governance framework for the further development of joint working between them in line with the principles.

Status and Authority

The WPP (or Partnership) is not a separate legal entity, and as such is unable to take decisions separately from the provider organisations or bind any one of them; nor can one provider organisation 'overrule' the other on any matter. As a result, the WPP (or Partnership) will operate as a place for discussion of issues with the aim of reaching consensus between the Parties in line with the principles.

The WPP (or Partnership) will function through engagement and discussion between its members so that each Party makes a decision in respect of, and expresses its views about, each matter considered by the WPP (or Partnership). The decisions of the WPP (or Partnership) will, therefore, be the decisions of the individual Party, the mechanism for which shall be authority delegated by the individual Parties to their representatives on the Forum.

The Parties will delegate to their representative(s) on the Forum such authority as is agreed to be necessary in order for it to function effectively in discharging its responsibilities in these terms of reference. The Parties will ensure that each of their representatives has equivalent delegated authority, which is in writing, agreed between the Parties and recognised to the extent necessary in their respective Schemes of Delegation (or similar) or through the approval of their respective Boards of Directors (where applicable). The Parties will ensure that their Forum members understand the status of the Forum and the limits of the authority delegated to them.

Accountability

The Forum is accountable to each of the Chief Executives of the provider organisations, who shall be responsible for informing their Boards on the work of the partnership.

Responsibility

The WPP (or Partnership) is responsible for leading the Parties joint working in accordance with the Scope, Purpose and Objectives, in line with the terms of the MoU.

The members of the WPP (or Partnership) will for example:

- contribute to the development of the ICS across Cheshire and Merseyside whilst collectively explaining the case for and benefits of NHS-provided place based services.

- help plan services, balancing the needs of PLACE against the provisions and sustainability of high quality services.
- explore and ensure opportunities for the best use of resources supporting the delivery of all place based services (narrowing the performance curve).
- tackle variation through transparent data, peer review and support arrangements.
- equalise access (tackling inequality across Cheshire and Merseyside) and equalise pressures on individual organisations
- maximise the expertise, knowledge and learning opportunities between and across the Parties, to help improve service provisions locally.
- provide opportunities for innovation at scale: shifting the performance curve while guarding against any inequality impact.
- review the MoU – Scope, Purpose and Objectives – on an annual basis.

The WPP (or Partnership) members will make decisions together at Forum meetings in respect of the Scope and Purpose of the partnership, including in relation to recommendations from the leadership Board.

When making decisions together at WPP (or Partnership) meetings, the members will act in line with the principles and their respective obligations under the MoU.

Membership

	Nominated Representative (Role/Title)	Organisation	Voting right
1	CEO	Wirral Community Health and Care	1
1	CEO	Wirral University Teaching Hospital	1
1	CEO	Cheshire and Wirral Partnership	1
1	CEO	Local Authority	1
7	Clinical Directors and Chair of Primary Care Partnership	Primary Care PCNs and Primary Care Partnership	1
2	CEO/nominated leads	Voluntary, community and social enterprise and Faith sector (VCSE)	1
(13)			(6)
	Other/ Points for considerations <ul style="list-style-type: none"> • Chair of Wirral Provider Partnership will be one of the nominated representatives on a rotational basis • Chairs of relevant sub-committees and key programme leads in attendance where applicable 		

In Attendance

The following non-voting members will attend WPP (or Partnership) meetings:

- a Trust Secretary from one of the provider organisations.

- a Minute Secretary from one of the provider organisations.
- The WPP (or Partnership) may invite others to attend meetings as observers. Such observers will not participate in decisions.

Quorum

The WPP (or Partnership) will be quorate if one of each of the Parties' representatives are present, one of whom shall be the Chair or the Deputy Chair. A member shall be deemed present if they are physically at the meeting or joining the meeting by telephone or video conference

Chair and Deputy Chair

The Chair and Deputy Chair shall be selected by the members.

Decision Making

The WPP (or Partnership) will aim to achieve consensus wherever possible.

Each member of the WPP (or Partnership) will be representing their organisation and presently will only make decisions at the Forum in respect of their own organisation in accordance with any delegated authority.

In the event a vote is required, each Party shall have one vote and decisions will require at least five members to support a proposal.

Conduct of Business

Meetings of the WPP (or Partnership) will be held monthly, or such other frequency as may be agreed between the Parties.

Meetings may be held in person, by telephone or video conference. Members of the WPP (or Partnership) may participate (and count towards quorum) in a face-to-face meeting or via telephone or videoconference.

Any member may call extraordinary meetings of the WPP (or Partnership) at their discretion subject to providing at least five working days' notice to Forum members (via the Chair and the Trust Secretary).

Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting.

In the event members wish to add an item to the agenda they must notify the Chair and/or Trust Secretary who will confirm this with the other members accordingly.

The WPP (or Partnership) will have administrative support from the Host Organisation to:

- take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and
- maintain a register of interests of Forum members.

The minutes of WPP (or Partnership) meetings will be sent to representative members within 14 days of each meeting. It will be the members' responsibility to disseminate minutes and notes inside their respective organisations according to agreed governance arrangements.

Conflicts of interest

The members of the WPP (or Partnership) must refrain from actions that are likely to create any actual or perceived conflicts of interests.

WPP (or Partnership) members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.

If there is any conflict between these terms of reference and the MoU, the latter will prevail.

Administrative Arrangements

The Secretary will ensure:

- that the Forum receives sufficient resources to undertake its duties.
- correct minutes of meetings are taken and once agreed by the Chair that they are distributed to the members.
- an action list is produced following each meeting and any outstanding action is carried forward on the action list until complete.
- conflicts of interest are recorded along with the arrangements for managing those conflicts.
- appropriate support to the Chair and Forum members to enable them to fulfil their role.
- that advice is provided to the Forum on pertinent areas.
- the agenda is agreed with the Chair prior to sending papers to members no later than five working days before the meeting (taking into account any annual cycle of business).
- the papers of the Forum are filed in accordance with the host trust's policies and procedures.

The Trust Secretary (or their nominee) will collate the Forum's annual report and agree the ways of working to enable the Forum to meet the range of responsibilities set out in these terms of reference.

Review

These terms of reference will be reviewed on an annual basis.

Appendix 4

Place Director and Wirral System Chief Executive Meeting

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside has been established to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Place Director and Wirral System Chief Executives Group is part of these governance arrangements within the Wirral Place.

2. Purpose

These Terms of Reference set out the membership, duties, and responsibilities of the Place Director and Wirral System Chief Executives Group. This meeting is a collaborative forum in which the Place Director (Wirral), NHS Cheshire and Merseyside, engages with senior executives from Wirral Council and NHS providers to support the delivery of Place priorities and objectives and a forum for escalating risks, both operational and strategic.

The Place Director and Wirral System Chief Executives Group will make recommendations on escalations in relation to the delivery of strategy and commissioning plans. The meeting will support decision making on escalated performance management and risk management issues to provide robust assurance to NHS Cheshire and Merseyside, Wirral Council and the Wirral Place Based Partnership Board.

3. Responsibilities / duties

The scope of the Place Director and Wirral System Chief Executives Group is to support the effective delivery of the Wirral Health and Care Plan and related work streams. The meeting will also be a forum in which the Place Director and senior executives can work together on any issue relating to health and care in Wirral that requires an integrated and collaborative response. The meeting will support the Place Director in the discharge of their duties on behalf of NHS Cheshire and Merseyside, acting as a “guiding hand” for the Wirral health and care system with the Place Director.

Overarching responsibilities

- Supporting the Wirral Place Based Partnership to work efficiently, effectively and economically, securing improvements in commissioning of care and services through integration and improved use of resources.
- Providing strategic leadership, management and direction of health and care services, ensuring the effective prioritisation of resources (both financial and other) at Place.
- Supporting the delivery of measurable improvements in the provision and delivery of health and care, through a range of opportunities including integration of services and joint commissioning.
- Ensuring the financial sustainability of all partners at Place, including understanding the financial recovery plans of partners.
- Making recommendations to the Wirral Place Based Partnership Board about the strategic direction and priorities to be delivered at Place.
- Support NHS Cheshire and Merseyside to deliver its plans, strategies, and statutory duties within Wirral.

Other responsibilities

- Provide Place based direction (as a Category 1 responder) in the event of emergency planning, preparedness, and response, and ensure NHS Cheshire and Merseyside supports its Partners with system, and as appropriate, with borough wide planning and activity.
- Oversee NHS England and other statutory bodies assurance planning and responses as they apply to Place.
- Co-ordinate its business with the Place wide partners, as appropriate, on matters relevant to the Wirral Place Based Partnership.
- Provide a platform for system escalation and discussion.

3. Specific Duties of the Place Director and Wirral System Chief Executives meeting

Governance

The Place Director and Wirral System Chief Executives Group will:

- support the development of agendas and business for the Wirral Place Based Partnership Board.
- commission reports and audit/surveys it deems necessary to help fulfil its obligations.
- work within the Wirral Place Based Partnership governance structure.
- work with partners on the development and application of key governance, assurance and risk systems at Place.
- ensure appropriate arrangements in respect of information governance.

Risk

The Place Director and Wirral System Chief Executives Group will:

- promote good risk management and ensure effective corporate governance systems and processes are embedded across the Wirral Place Based Partnership that also promote effective partnership working and integration.

4. Administration

NHS Cheshire and Merseyside will support the organisation and conduct of meetings. This will include:

- Agreement of agendas with meeting attendees and the collation of papers.
- Keeping a record of actions, key issues, matters arising and issues to be carried forward.

5. Membership & Attendance

Cheshire and Wirral Partnership NHS Foundation Trust	Chief Executive
NHS Cheshire and Merseyside	Place Director (Wirral)
Wirral Community Health and Care NHS Foundation Trust	Chief Executive
Wirral Council	Chief Executive Director of Adults' Care and Health
Wirral University Teaching Hospitals NHS Foundation Trust	Chief Executive

Notified, named deputies to support attendance and participation are encouraged. Other colleagues may be invited to the Place Director and Wirral System Chief Executives meeting as required to support discussions. Those in attendance may attend all or part of the meeting.

6. Meetings

Leadership

The System Chief Executives Group meetings will be Chaired by the Place Director. In the absence of the Place Director the group will select a Chair for that meeting.

Quorum

Quorum will be three members, which must include the Place Director (or nominated deputy).

It is not envisaged that voting will be either necessary or encouraged.

Frequency

The System Chief Executives Group meetings will be held monthly. Meetings will not be open to the public and will have the ability to schedule meetings as either face to face or electronically.

Papers for the meeting will usually be issued 5 working days ahead of the date the meeting is due to take place and usually no later than 4 working days. Tabled papers and presentations are permitted to take account of up to date and live information.

Emergency Powers & Urgent Decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the team to meet virtually. Where this is not possible the most senior or appropriate decision maker may exercise their powers in line with agreed delegations.

Format

An agenda for each meeting will be agreed with the meeting members. Calls for items supporting discussion will also be made from the membership.

Advice, opinion and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

7. Behaviours and Conduct

Members will be expected to conduct business in line with the NHS Cheshire and Merseyside values and objectives and the principles set out by the organisation.

Members shall behave in accordance with NHS Cheshire and Merseyside's constitution, Standing Orders, and Standards of Business Conduct Policy.

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

The Place Director and Wirral System Chief Executives meeting will review its effectiveness at least annually.

These Terms of Reference will be reviewed at least annually and earlier if required.

Appendix 5 Sub-Groups Terms of Reference

Quality and Performance Group - To be reviewed

Terms of Reference

1. Introduction

The Wirral Place Quality & Performance Group is a Group of the Wirral Place Based Partnership Board and the Cheshire & Merseyside Integrated Care Board (ICB), known as NHS Cheshire and Merseyside (NHS C&M). These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Group.

2. Purpose

To provide a forum at which place-based partners from across health, social care, public health and wider can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and concerns/risks to quality, and develop place-based responses to support ongoing quality and performance improvement for the local population.

Place-based quality meetings will give place and local leaders:

- an understanding of quality and performance issues at place level, and the objectives and priorities needed to improve the quality, safety, experience, and effectiveness of care for local people, devolved down to providers as appropriate.
- timely insight into quality and performance concerns/issues that need to be addressed, responded to and escalated to Wirral Place Based Partnership Board and/or the NHS C&M Quality and Performance Committee (including to the System Quality Group (SQG)).
- positive assurance that identified risks and issues are being managed and effectively addressed further work to be undertaken on how to define and manage system risk
- confidence about maintaining and continually improving against each of the performance dimensions of quality (safe, effective, person-centred, well-led, sustainable, and equitable) of their services.

3. Specific duties

- Gain timely evidence of provider and place-based quality performance, examples of data in **Appendix 1** (Relevant Quality Data and Intelligence).
- Receive, review and scrutinise the integrated performance reports (via Public View Dashboard) with a focus on quality, safety and patient experience and outcomes.
- Deliver at Place NHS C&M's key quality priorities, including priorities to address unwarranted variation and inequalities in care, and recommend these priorities to NHS C&M for inclusion in the NHS C&M Strategy / Annual Plan
- Ensure the delivery of quality and performance objectives by providers and partners within the designated place, including Integrated Care System (ICS) programmes that relate to the place portfolio.

- Identify and manage a Place risk register and escalate where necessary, risks that materially threaten these and any local objectives in line with the NHS C&M Risk Management Strategy. Review and monitor those risks on the Board Assurance Framework (BAF) and Corporate Risk Register in relation to Place relating to quality, and high-risk operational risks which could impact on care.
- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
- Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services.
- Hold senior staff to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
- Share good practice and learning across providers and neighbourhoods.
- Ensure key objectives and updates are shared consistently with the NHS C&M Board, Quality and Performance Committee, SQG and ICS leaders via the appropriate and established governance structures.
- Provide and monitor the effectiveness of quality and performance management structures to oversee the management of the place.
- Ensure that mechanisms are in place to involve people systematically and effectively at Place that use services as equal partners in quality activities.

4. Principal Roles and Responsibilities

The Wirral Place Quality & Performance Group Chair has principal responsibility for:

- Chairing the Place Quality & Performance Group meetings including deciding the frequency of meetings required.
- Providing strategic direction.
- Ensuring the group achieves its overall objectives and delivers against requirements.
- Monitoring program and workplan progress.

5. Responsibility of Members

In addition to contributing to the delivery of the purpose and duties outlined above, individual Members of the Place Quality & Performance Group and those invited to attend the Place Quality & Performance Group meetings are responsible for declaring their own conflicts of interests (see below).

Management and mitigations will be at the discretion of the Place Quality & Performance Group Chair, which shall be documented in the meeting minutes.

6. Frequency

Meetings shall be held monthly with a minimum of 10 per year. Secretariat support will be provided by [xxxx].

Papers will be distributed electronically at least 7 working days prior to the meeting. Draft minutes will be circulated within 10 working days of the meeting.

7. Openness and Confidentiality

Members are required to treat documents as confidential. The status of all documents circulated will be clearly indicated.

8. Conflicts of Interest

Members are required to adhere to the NHS C&M Conflicts of Interest Policy. The Committee will ensure that C&M ICS and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will:

- Act in accordance with the NHS C&M Risk Management Framework.
- Maintain appropriate registers of interests and a register of decisions.
- Publish, or make arrangements for the public to access, those registers in line with the C&M ICB Conflict of Interest Policy.
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register.
- Make arrangements for managing conflicts and potential conflicts of interest in line with the C&M ICB Conflict of Interest Policy.
- Have regard to guidance published by NHS England in relation to conflicts of interest of Members.

9. Membership

The Chair will be the place-based quality lead.

Designation	Organisation
Associate Director of Quality and Safety (Wirral) - Chair	NHS C&M
	C&M ICB Place Quality Team Members
	Local Authority
	Public Health
	Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
	Provider Trust(s)
	Primary Care
	Maternity Network
	Lay Members with Lived Experience

In addition to the membership detailed above, any other individual may be invited to attend at the Chair's discretion.

10. Quorum

50% of members are required for the meeting to be quorate. An NHS Cheshire and Merseyside representative must be in attendance to make the meeting quorate,

11. Attendance

A representative (nominated deputy) must attend in the absence of members of the group.

All members are expected to actively participate in the discussions and decision making and deputies should be fully briefed to be able to participate in discussion and given delegated authority for any decision making. Alternatively, where appropriate members' views may be sought by email and reported verbally at the Place Quality & Performance Group

12. Reporting

The Quality and Performance group will report for:

- Quality Control, statutory responsibilities, roles and functions to
 - ICS established assurance structures via NHS C&M and local authorities
 - NHS C&M Quality & Performance Committee
 - Place Quality & Performance Groups

- Quality Improvement, transparency and sharing of learning to
 - NHS C&M
 - NHS C&M Quality & Performance Committee
 - C&M System Quality Group (SQG)
 - Place Quality & Performance Group

13. Review

The membership and terms of reference of the Wirral Place Quality & Performance Group will be reviewed annually in the first instance.

An annual effectiveness review of the group may also be undertaken.

Finance and Investment Group - To be reviewed

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C & M) has been established to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The Wirral Place Based Partnership Board has been established to support the delivery of NHS C & M objectives and to:

- To provide strategic oversight, consultation, and ownership of the Place Partnership model of delivery to achieve the objectives of the Wirral Place Partnership to improve the health and wellbeing of the Wirral population
- To utilise existing contractual frameworks and the Section 75 agreement between statutory organisations to transform the way health and care services are delivered and services are integrated
- To contribute to and be responsible for the Wirral Place Plan aligned with the Joint Health and Wellbeing Strategy

2. Purpose

The group will oversee financial delivery and provide assurance on the arrangements in place for financial control and value for money across the system.

The group will assist Wirral Place Based Partnership Board to achieve its objectives to improve the health of the Wirral population in a sustainable manner. The group will also provide strategic oversight of the financial resources of the partner organisations in the Wirral Place Partnership.

The group will support the Wirral Place Partnership financial plan, reflecting the strategic direction of the partnership and provide advice to the Place Based Partnership Board to support effective and efficient system decision making as appropriate

3. Responsibilities / duties

The group will fulfil its purpose by:

Applying the principles for financial operations and management within Wirral and through making recommendations for financial priorities including:

- Delivery of long-term system financial sustainability and year on year system balance.
- Identifying and developing risk and gain share options.
- Resource distribution and funds flow arrangements.
- Capital, investment, and digital investment priorities.
- Strategic estates considerations.

Securing assurance, oversight, and any action to ensure delivery of the financial plan.

Enabling development of a financial strategy in support of the Wirral system clinical strategy including:

- Aligning financial performance to quality and activity and workforce standards.
- Reviewing the allocation of resources to organisations taking into account the strategic objective of reducing health inequalities, improving health outcomes and supporting financial sustainability.
- Considering the road map for resource distribution across the system to support both place and provider collaboration design over the medium term.
- Identify, evaluate, and provide a regular report on financial performance against plans and other resource risk across the Partnership, including monitoring the system performance dashboard, and recommending any mitigating actions required.
- Provide oversight to the development of the Better Care Fund and Section 75 agreement, to expand in line with the place strategy.
- Monitor the performance of the collaboration agreement (Section 75) made between partners and to work with the integrated commissioning group (JHCCEG) to develop recommendations.
- Identify opportunities to shift/release resources to ensure the Wirral £ and resources of the Partnership are used effectively to further the Place Partnership Plan, using population health intelligence and horizon scanning.
- Develop and provide financial and other resource modelling information for the Wirral £ at the request of the Place Based Partnership Board in relation to the broader Place Partnership priorities.
- Evaluate and recommend decisions to be made by the Place Based Partnership Board which have a material impact on the resources of the Partnership or any Partners.
- Provide evaluation to the Place Based Partnership Board on system sustainability.
- Establish the financial framework and principles against which proposals for service change within the Partnership are developed.
- Advise on the development of mechanisms for risk/gain share amongst Place Partnership partners, taking account of financial consequences incurred by all member organisations.
- Have regard to potential impact of other financial and commissioning decisions which may have an impact on the Wirral Borough area.

The group will also advise and make recommendations to the Programme Delivery Group upon request in relation to resource and contractual implications of proposals and recommendations under discussion by the Programme Delivery Group, before the Provider Board puts any such proposals or recommendations to the Place Based Partnership Board.

4. Delegated Powers and Authority

The group will act within the authority of the NHS Cheshire and Merseyside covering the scope of its remit through regular reporting, discussions, investigation, and action.

5. Membership & Attendance

Members

- Associate Director of Finance and Performance (Wirral) - NHS C&M
- Deputy Associate Director of Finance & Performance (Wirral) - NHS C&M
- Director of Finance - Wirral Borough Council
- Wirral Place Director - NHS C&M (Wirral)

- Associate Director of Quality and Safety (Wirral) - NHS C&M
- Head of Primary Care and Partnerships (Wirral) - NHS C&M
- Head of Medicines Management
- Director of Finance - Wirral University Teaching Hospital NHS Foundation Trust
- Director of Finance - Wirral Community Health and Care NHS Foundation Trust
- Director of Business and Value - Cheshire and Wirral Partnership NHS Foundation Trust
- Director of Finance - Wider Determinants
- Nominated representatives from the VCFSE sector (2)

In attendance

The group may invite representatives from the wider system, NHS C&M, NHSE/I region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions.

6. Meetings

Leadership

The Group will be chaired by the Associate Director of Finance and Performance (Wirral) – NHS C&M.

Quorum

For a meeting to quorate, at least 50% of the membership must be present.

It is not envisaged that voting will be either necessary or encouraged.

Frequency

Meetings will be held monthly with at least 10 meetings per year. On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members

Meetings will not, usually, be open to the public and will have the ability to schedule meetings as either face to face or electronically.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 4 working days.

Format

An agenda for each meeting will be agreed with the Chair. Calls for items supporting discussion will also be made from the membership.

It is anticipated that the meeting may initially have both a business and developmental focus as it established and defines its role. Sufficient time will be allocated to items to enable full exploration of issues, constructive challenge, and reflection.

Advice, opinion, and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

Reporting

The outputs of the group will be reported to the NHS C&M Finance, Investment and Resources Committee and the Wirral Place Based Partnership Board.

Meeting paperwork and content can be shared within the system finance community

7. Behaviours and Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Place Based Partnership Board for approval.

Strategy and Transformation Group - To be reviewed

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C & M) has been established to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The Wirral Place Based Partnership Board has been established to support the delivery of NHS C&M objectives and to:

- To provide strategic oversight, consultation, and ownership of the Place Partnership model of delivery to achieve the objectives of the Wirral Place Partnership to improve the health and wellbeing of the Wirral population.
- To utilise existing contractual frameworks and the Section 75 agreement between statutory organisations to transform the way health and care services are delivered and services are integrated.
- To contribute to and be responsible for the Wirral Place Plan aligned with the Joint Health and Wellbeing Strategy.

2. Purpose

The Strategy and Transformation Group (WPSTG) will support the Place Based Partnership Board (PBPB) in:

- Setting strategy and delivering long term transformational change.
- Driving high quality sustainable outcomes.
- Providing robust governance and assurance.
- Creating a compassionate and inclusive culture.
- Building trusted relationships with partners and communities.
- Leading for social justice and health equality.

The WPSTG will support the PBPB in responding to national, regional, and local priorities for health and care - the strategic intent for these being set out in guidance to the NHS and/or local authority, developed through the Wirral Health and Wellbeing Strategy and aligned with the Wirral Plan 2026.

The WPSTG will ensure that there are plans in place for ratification by the PBPB that demonstrate how strategic priorities will be delivered through clear and agreed plans. This will include an agreed Wirral Place Plan for the relevant operating year as well as agreeing delivery plans for specific areas of work or in response to additional requests.

The WPSTG will have oversight of the key transformation work programmes being undertaken in Wirral and give assurance of delivery against ICP, ICB and Wirral Place Plans to the PBPB. The Group will support the achievement of the Wirral Place Plan and key transformation programmes, and report progress, develop solutions to challenges and keep programmes of work on track for the Place Based Partnership Board.

The WPSTG should be a forum to support the development of plans and delivery approaches that allow all partners to understand the why, agree the what and when and allow for the Wirral Provider Partnership to describe and deliver the how in practice.

3. Responsibilities / duties

The WPSTG will fulfil its purpose by:

Providing a collaborative leadership forum to oversee the development of the annual plan for key transformation programmes. The plan will reflect the strategy and policy of NHS England, NHS Cheshire and Merseyside, NHS provider strategies and Wirral Council's Strategies and Wirral Plan (and making recommendations to the PBPB on their approval as required).

- Retaining a focus on health inequalities and improved outcomes
- Ensure that the delivery of the annual plans are achieved within devolved financial allocations
- Ensuring that it has the appropriate representation on its Group to ensure oversight of delivery of the integrated work programme to enable the achievement of the Place Plan priorities
- Establish effective communication, engagement, and co-ordination of reporting to the PBPB, identifying progress within work streams, any key issues or risks and/or proposed changes
- Gain assurance on the delivery against the annual plan and the key transformational programmes. Ensuring that work streams are fully established and driven forward at pace using service improvement methodology, tools, and techniques
- Make recommendations to the PBPB and maintain robust records of investment/spend and resultant benefit/ outcome
- Ensure effective co-ordination between the individual transformation workstreams and the enabler work streams, to enable delivery as well as to support requests for resource/additional support from NHS Cheshire and Merseyside /other partners
- Identify any changes required to the scope of individual work streams and/or additions to the work programme, ensuring there is sufficient aligned resources to enable delivery

4. Delegated Powers and Authority

The Group is responsible for overseeing the delivery of key transformation work programmes and give assurance of delivery against ICP, ICB and Wirral Place Plans to the PBPB. The Group will support the achievement of the Wirral Place Plan and key transformation programmes by;

- Making clear recommendations to the PBPB.
- Escalate issues to the PBPB.
- Produce and annual transformation plan to discharge its responsibilities
- Review the work programme and Terms of Reference of the Group annually.

The Group will act within the authority of the NHS Cheshire and Merseyside covering the scope of its remit through regular reporting, discussions, investigation and action.

5. Membership & Attendance

Members

Role	Organisation
Place Director (Wirral) - Chair	NHS Cheshire and Merseyside
Associate Director - Transformation and Partnerships (Wirral)	NHS Cheshire and Merseyside

Director for Adults' Care and Health - Deputy Chair	Wirral Council
Director of Public Health	Wirral Council
Director of Children's Services	Wirral Council
Director of Strategy and Partnerships and/or Director of Operations	Cheshire and Wirral Partnership NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral Community Health and Care NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral University Teaching Hospital NHS Foundation Trust
Chief Executive	Healthwatch Wirral
Programme Director	Healthy Wirral (employed by Wirral Community Health and Care NHS Foundation Trust)
Two nominated representatives	Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
Four nominated representatives	Primary Care will also be asked to nominate up to four people to attend the meeting, who should be representative of general practice, community dentistry, community optometry and community pharmacy.

If members cannot attend, they may send a deputy/nominated representative.

In attendance

The group may invite representatives from the wider system, NHS C&M, NHSE/I region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions.

Other representatives from Wirral Place, particularly the Senior Responsible Officers of programmes of work, will be asked to attend the meeting as appropriate to the meeting agenda.

6. Meetings

Leadership

The Group will be chaired by the Place Director (Wirral), NHS C&M.

The Director for Adults' Care and Health will act as deputy.

Quorum

The quorum shall be at least the Chair or Deputy Chair, plus four representatives, which should also include an NHS provider representative. If a deputy is representing a Member of the Group, that individual will be expected to be able to agree recommendations to the PBPB on behalf of the formal member. At least one representative of NHS Cheshire and Merseyside should be present for the meeting to be quorate.

Each organisation is required to send representation to at least 75% of meetings per annum to ensure adequate representation to the Group.

Other representation/stakeholders may be invited to attend by the Chair either on a standing basis or as and when required according to the needs of the Group.

It is not envisaged that voting will be either necessary or encouraged.

Frequency

Meetings will be held monthly with at least 10 meetings per year. At certain times of year, for example for winter planning or to produce annual strategies and plans as required by NHS C&M, the Group may meet fortnightly. On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members.

Meetings will not, usually, be open to the public and will have the ability to schedule meetings as either face to face or electronically.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 4 working days.

Format

An agenda for each meeting will be agreed with the Chair. Calls for items supporting discussion will also be made from the membership.

It is anticipated that the meeting may initially have both a business and developmental focus as it established and defines its role. Sufficient time will be allocated to items to enable full exploration of issues, constructive challenge, and reflection.

Advice, opinion, and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

Reporting

The outputs of the group will be reported to the Wirral Place Based Partnership Board via a Chair's Report.

7. Behaviours and Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential, or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

These Terms of Reference and membership will be reviewed at least annually and earlier if required. Where people are nominated on behalf of primary care or the VCFSE this will also be reviewed at the same time. Any proposed amendments to the Terms of Reference will be submitted to the Place Based Partnership Board for approval.

Workforce Group - To be reviewed

Terms of Reference

Primary Care Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C&M) has established a committee to oversee the NHS C & M's exercise of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

2. Purpose

NHS C&M has established a series of Primary Care Groups nine of which sit within place-based arrangements, the tenth being a C&M System-wide Primary Care Committee with oversight of the full Cheshire & Merseyside area to function as the corporate decision-making forum for the management of the delegated functions and the exercise of the delegated powers.

These Terms of Reference (ToR) relate to the Wirral Place Primary Care Group.

3. Statutory Framework

The Health and Care Act 2022 amends the NHS Act 2006 by inserting the following provisions:

13YB Directions in respect of functions relating to provision of services

- (1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*
- (2) *In this section "relevant function" means*
 - (a) *any function of NHS England under section 3B(1) (commissioning functions);*
 - (b) *any function of NHS England, not within paragraph (a), that relates to the provision of*
 - (i) *primary medical services,*
 - (ii) *primary dental services,*
 - (iii) *primary ophthalmic services, or*
 - (iv) *services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;*
 - (c) *any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);*
 - (d) *any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).*

82B Duty of integrated care boards to arrange primary medical services

- (1) *Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.*
- (2) *For the purposes of this section an integrated care board has responsibility for (a) the group of people for whom it has core responsibility (see section 14Z31), and (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).*

In exercising its functions, NHS C&M must comply with the statutory duties set out in the NHS Act, as amended by the Health and Care Act 2022, including:

- Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
- Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z38 (obtaining appropriate advice),
 - a. section 14Z40 (duty in respect of research),
 - b. section 14Z43 (duty to have regard to effect of decisions)
 - c. section 14Z44 (public involvement and consultation),
 - d. sections 223GB to 223N (financial duties), and
 - e. section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

In addition, NHS C&M will follow the Procurement, Patient Choice and Competition (No.2) Regulations 2013 and any subsequent procurement legislation that applies to NHS C&M as the Integrated Care Board (ICB).

4. Delegated Powers and Authority - Role of the Group

The Wirral Place Primary Care Group is established as a Group of NHS C&M in accordance with the NHS Act 2006, as amended by the Health and Care Act 2022, and is subject to any directions made by NHS England or by the Secretary of State.

The group has been established in accordance with the above statutory provisions to enable the effective review, planning and procurement of primary care services in relation to GP primary medical services and community pharmacy at a local level across the nine identified places of Cheshire & Merseyside – under delegated authority from NHS England.

In performing its role, the group will exercise its management of the functions in accordance with the agreement entered into between NHS C&M and NHS England. The agreement will sit alongside the delegation and terms of reference in accordance with the NHS C&M constitution.

The functions of the Group are undertaken in line with NHS C&M's desire to promote increased co-commissioning to increase quality, efficiency, productivity, and value for money and to remove administrative barriers.

5. Commissioning of Primary Medical Services

The role of the group shall be to oversee the functions relating to the commissioning of primary medical services under section 82B of the NHS Act 2006 in relation to GP primary medical services and community pharmacy - at a Place level. This includes the following:

- Management of General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts, including the design of PMS and APMS contracts, monitoring of contracts sat within its Place, and recommending material action to the System Primary Care Committee on some areas e.g., removing a contract.
- Making recommendations to the System Primary Care Committee or making a decision on whether to establish new GP practices in an area.

- Approving practice mergers, branch closures, list closures and parties to contract changes.
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes) where referred to Place by NHS C&M.
- To manage the place-delegated budget for commissioning of primary care services.
- Ensure the delivery of NHS C&M Primary Care strategy including implementing the GP Forward View through robust contractual arrangements with general practices and appropriate developmental support.
- To review and propose service specifications and contractual proposals within a framework provided by the ICB for commissioned services from primary care providers within its Place.
- Support Primary Care Networks (PCNs) at Place to co-ordinate a common approach to the commissioning and delivery of primary care services.
- Any other contractual issues above not listed but detailed in the National Primary Medical Care Policy and Guidance Manual (link below).

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

6. Commissioning of Community Pharmacy - To be confirmed

7. Additional responsibilities

The Wirral Place Primary Care Group may also carry out the following activities depending on local place governance:

- Support Primary Care development including:
 - development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships and support General Practice relationship management.
 - Workforce, resilience, and sustainability.
 - Maximisation of GP Contract opportunities such as ARRS (Additional roles) and QOF outcomes
- Development of an integrated Estates programme at local level using flexibilities available through PCN arrangements, mixed estates with other partners, premises Improvement Grants and capital investment monies.
- To plan, including needs assessment, for primary care services within its place and to support, where required, System planning at scale for primary care.
- To undertake risk reviews of primary care services within its Place.
- To ensure contract proposals achieve health improvement and value for money both at Place and in-line with C&M wider strategy.
- To oversee quality and safety of primary care services delivered at place – providing regular assurance reporting to the NHS C&M System Primary Care Committee and ICB Quality and Performance Committee.
- Quality Improvement support where identified (e.g., improvement plans following Care Quality Commission (CQC) visits or GMS or PMS Contract reviews)
- Ensure that conflicts of interest have been mitigated in line with the NHS C&M Conflicts of Interest Policy and relevant national guidance, and all actions/ decisions involving consultation with committee members, its attendees or GPs in attendance or involved in discussion / the development of proposals will record any declarations of interest.

- Design of Local Enhanced Services (LES) and Local Improvement Schemes and Quality Outcomes Framework (QOF) type frameworks.
- Performance monitoring, providing assurance, on above schemes and services, and compliance to and through the NHS C&M System Primary Care Committee to NHSE/I; escalating issues to the NHS C&M System Primary Care Committee as may be required by legislation and/or delegation on the above local schemes if applicable.

The Group will operate in accordance with its delegated authority from the NHS C&M System Primary Care Committee and make decisions within the bounds of its remit. The decisions of the Group shall be binding on NHS England and NHS C&M.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

8. Sub-groups

The Group may establish sub-groups/working groups to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role. The Group will receive and consider recommendations and proposals from the sub-groups while fulfilling its functions.

A report from each of the above sub-groups will be a standing item on every meeting agenda for the Group.

9. Risk Management

The Group will ensure the appropriate identification and management of place level primary care related corporate risks and relevant Place delivery strategic risks as per NHS C&M Risk Management Strategy.

The group will act within the authority of NHS C&M covering the scope of its remit through regular reporting, discussions, investigation, and action.

10. Membership and Attendance

Members

- Place Director (Wirral) - NHS C&M.
- Associate Director of Finance & Performance (Wirral) - NHS C&M.
- Associate Director of Quality and Safety (Wirral) - NHS C&M.
- Associate Director of Transformation and Partnerships (Wirral) - NHS C&M.
- Head of Primary Care & Partnerships (Wirral) - NHS C&M.
- Local Authority officer representative - Wirral Council.
- Primary Care representative(s) from Place-based Partnership Board.
- Two representatives from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, one of whom shall be the **Chair** of the Group.

In attendance by invitation:

- Healthwatch nominated representative.

- Local Representative Committee nominations (General Practice, Dentistry, Community Pharmacy, Community Optometry).
- Other partners as required.

All Group members may appoint a deputy to represent them at meetings of the Group. Group members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Group may also request attendance by appropriate individuals to present agenda items and/or advise the Group on particular issues.

Attendees

Only members of the group have the right to attend group meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Group.

Meetings of the group may also be attended by the following individuals who are not members of the Group for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

In attendance

The group may invite representatives from the wider system, NHS C&M, ICS, NHSE/I region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or other colleagues as required to support discussions.

Meetings

The Group will normally meet in private. The Chair, in consultation with the Place Director, may agree to convene a meeting of the group in public where it meets criteria agreed with the ICB relating to public scrutiny of any proposed service changes.

The group will normally meet six times each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

NHS C&M, the System Primary Care Committee Chair, Group Chair, NHS C&M Chief Executive or Place Director may ask the group to convene further meetings to discuss particular issues on which they want advice.

In accordance with the Standing Orders, the Group may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Leadership

The Group will be chaired by a representative from the VCFSE sector.

11. Quorum

A meeting of the group is quorate if the following are present:

- At least five group members in total.
- At least one “independent” or system Partner
- At least one Clinical Member
- At least two NHS C&M Directors / Associate Directors (or their nominated deputies).

If regular members are not able to attend, they should make arrangements for a representative to attend and act on their behalf.

12. Decision-making and voting

Decisions should be taken in accordance with the financial delegation of the Executive Directors and directors present and/or any authority delegated to the committee by NHS C&M.

These Terms of Reference will be reviewed against NHS C&M’s Scheme of Reservation and Delegation once that document is formally approved by NHS C&M.

The group will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the ‘membership’ section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a group member shall have the same right to vote as the group member they are representing.

In accordance with NHS C&M policy, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

13. Administrative Support

The group shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant lead officer.
- Records of members’ appointments and renewal dates are retained, and the Group is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Group.
- The Group is updated on pertinent issues/ areas of interest/ policy developments and action points are taken forward between meetings.

14. Accountability and Reporting Arrangements

The group is accountable to the NHS C&M System Primary Care Committee and shall report to the System Primary Care Committee on how it discharges its responsibilities.

The draft minutes of the meetings shall be formally recorded by the secretary and submitted to the group within 7-10 working days of the meeting.

The group will submit copies of its minutes and a key issues report to the System Primary Care Committee following each of its meetings. The group will also receive an equivalent report from the System Primary Care Committee.

The group may also provide ratified minutes and reports to other key groups within place – such as the Health and Wellbeing Board - as it deems appropriate.

The Group will provide the System Primary Care Committee with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

The outputs of the group may be reported to NHSE/I supporting assurance, awareness, and interaction though the main channel of communication with NHSE/I will be the NHS C&M System Primary Care Committee.

15. Behaviours and Conduct

Members will be expected to conduct business in line with the NHS C&M values and objectives and the principles set out by NHS C&M.

Members of, and those attending, the group shall behave in accordance with the NHS C&M's Constitution, Standing Orders, and Standards of Business Conduct Policy.

All members shall comply with NHS C&M's Managing Conflicts of Interest Policy at all times. In accordance with NHS C&M's policy on Managing Conflicts of Interest, members should:

- Inform the Chair of any interests they hold which relate to the business of the group.
- Inform the Chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Group.
- Inform the Chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the Chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Comply with NHS C&M's policies on standards of business conduct which include upholding the Nolan Principles of Public Life.
- Attend meetings, having read all papers beforehand.
- Arrange an appropriate deputy to attend on their behalf, if necessary.
- Act as 'champions', disseminating information and good practice as appropriate.
- Comply with the ICBs' administrative arrangements to support the Group around identifying agenda items for discussion, the submission of reports etc.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity, and inclusion implications of decisions they make.

16. Monitoring Effectiveness and Compliance with the Terms of Reference

The Group will review its effectiveness at least annually.

17. Review of the Terms of Reference

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments will be submitted to the Group for approval.

Appendix 6 Templates

Place Based Partnership Board

Agenda

(There will be a separate pre-meeting with a separate agenda circulated)

Meeting	Wirral Placed Based Partnership Board
Date	
Time	
Location	

Agenda Item	Lead	Presenter
1. Welcome and Apologies for Absence	Chair	
2. Declarations of Interest	Chair	
3. Minutes of Previous Meeting	Chair	
4. Action Log	Chair	

Operational Oversight and Assurance

- | | | |
|---|-------|--|
| 5. Chair's Business and Strategic Issues
- Verbal | Chair | |
| 6. Board Assurance Reports | | |
| 9.1) Quality and Performance
Dashboard | | |
| 9.2) Finance Report | | |
| 9.3) Board Assurance Report and
Risk | | |
| 9.4) Programme Dashboard | | |

Items for Discussion and Decision

7. Items

Items for Information

- | | |
|--|------------------|
| 8. Committee Chairs Reports | Committee Chairs |
| <ul style="list-style-type: none">• Primary Care• Quality Performance• Strategy and Transformation• Finance and Performance• Resources | |

Closing Business

- | | |
|------------------------------|-------|
| 9. Questions from the Public | Chair |
| 10. Any other Business | Chair |

Date and Time of Next Meeting

Date

NOTE: The JCSB will carry a separate agenda to the WPBPB but will meet on the same day.

Wirral Provider Partnership

Agenda

Meeting	Wirral Provider Partnership Board
Date	
Time	
Location	

Agenda Item	Lead	Presenter
1. Welcome and Apologies for Absence	Chair	
2. Declarations of Interest	Chair	
3. Minutes of Previous Meeting	Chair	
4. Action Log	Chair	

Operational Oversight and Assurance

5. Chair's Business and Strategic Issues – **Verbal** Chair
6. Board Assurance Reports
6.1)

Items for Discussion and Decision

7. Items

Items for Information

- 8.

Closing Business

9. Any other Business Chair

Date and Time of Next Meeting

Date

Sub-Groups

Agenda

Meeting	
Date	
Time	
Location	

Agenda Item	Lead	Presenter
1. Welcome and Apologies for Absence	Chair	
2. Declarations of Interest	Chair	
3. Minutes of Previous Meeting	Chair	
4. Action Log	Chair	

Operational Oversight and Assurance

5. Chair's Business and Strategic Issues Chair
Verbal
6. Assurance Reports

Items for Discussion and Decision

7. Items

Items for Information

8. Items

Risk

Any new risks identified to be added to the relevant risk register
Any risks to be escalated to the PBPB (via the Chair's report)

Closing Business

9. Agreement of actions and decisions Chair
Any other Business

Date and Time of Next Meeting

Date

Title	(Insert title of the report – it should match the agenda)
Area Lead	(Insert Name, Job Title)
Author	(Insert Name, Job Title)
Report for	

Report Purpose and Recommendations
<p>The purpose of this report is to provide.....</p> <p>(Insert a high-level summary of why this report is presented and what it asking for, e.g. approval, noting, etc.)</p> <p>It is recommended that the Group/Board/Committee (delete as appropriate):</p> <ul style="list-style-type: none"> (Insert the recommendations that will be reflected in the minute)

Key Risks
<p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> (Insert high level risks – link to risk register where possible. Consider which risks are most impacted by this report, and/or which risks this report mitigates. Further detail of controls and mitigations should be included in the “implications” section.)

Governance journey			
Date	Forum	Report Title	Purpose/Decision
	(Insert where the report has been)		(Insert brief indication of what the report required)

1	Narrative
1.1	<p>(Insert Sub-Heading)</p> <p>(Insert ...</p> <p>What is the background narrative of the report? Where did it come from and why is it here?</p> <p>Consider what this forum has already seen (above) and ensure they have enough information in order to fully understand what is being requested. Have other Boards or Committees reviewed or scrutinised this information, and what were their conclusions/recommendations?</p> <p>What’s the timescale involved, if any?</p> <p>What is the decision requested, or what is to be noted? What will need to be changed, implemented, or stopped?</p>

1.2	(Insert further rows for additional sub headings as needed)
1.3	(Insert further rows for additional sub headings as needed)
1.4	(Insert further rows for additional sub headings as needed)

2	Implications
2.1	<p>(Insert Sub Heading) (Insert ... Link to the risk assessment on the first page – how does this link to or impact the Risk Register?</p> <p>Consider the risk involved</p> <ul style="list-style-type: none"> - What is the risk if we do this? Consider operational, safety, financial, reputational, current and future risks - What if we don't do this? - Are there are risks that would be increased or decreased as a result of this proposal? What mitigations and controls are in place around these and what needs to be implemented? Do these controls require further cost? <p>Consider the financial implications</p> <ul style="list-style-type: none"> - What impact will this have on budget? What other financial implications could this have? - What implications would this have on the Business Plan and is further stress testing required? <p>How will it be monitored?</p> <p>Consider the regulatory perspective</p> <ul style="list-style-type: none"> - Which regulatory entity will this impact - Is regulatory engagement required and what are the timescales for this?
2.2	(Insert further rows for additional sub headings as needed)

3	Conclusion
3.1	<p>(Insert ... What are the next steps?</p> <p>Where/when does the next approval take place?</p> <p>Is there any further assessment or process that needs to take place if this approval goes ahead?)</p>

Author	(Insert Name, Job Title)
Contact Number	(Insert)
Email	(Insert)

Template Minutes Format

Meeting	
Date	
Location	

Members present:

(insert initials) (insert name) (insert job title)
(insert further rows as needed)

In attendance:

Agenda Item	Minutes	Action
(insert item No)	(insert further rows as needed for each agenda item)	(insert name or initials)

(The meeting closed at TBC.)

Template Action Plan

Action Log

Forum

Date

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.						
2.						
3.						
4.						

Template Sub-Group Chairs Update

Meeting Name
Date

Item No

Report Title	
Author	

Overview of Assurances Received

- (Give a short outline of key assurance received by the meeting, i.e. year end reports, ongoing risk mitigation/controls, performance management...)

New/Emerging Risks

- (Give a short outline of any new or emerging risks identified by the meeting)
- (Highlight mitigations/controls if considered by the meeting.)

Items for Escalation/Action

- (What assurances have the meeting requested from staff or other Committees?)
- (What items did the Committee feel should be escalated? What is the context around this and what timescales are involved)

Other comments from the Chair

- (Anything further to note, i.e. any next steps, upcoming activity, etc)



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

27th JULY 2023

REPORT TITLE:	STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.

The WPBPB is supported by four key governance and assurance groups. This paper is a highlight report from the Strategy and Transformation Group.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board notes the work of the Strategy and Transformation Group and continues to receive updates as a standing agenda item.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Strategy and Transformation Group has been established to develop and review Wirral place strategic and operational plans to deliver national, Cheshire and Merseyside and local priorities. The Group will ensure that these plans secure continuous improvement, with a focus on health inequalities, and are delivered within financial allocations. The Group will receive assurance on the delivery of strategic and operational plans and associated work programmes.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as it has been agreed that this group is required as part of NHS Cheshire and Merseyside's governance and assurance arrangements in Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 This report covers the meeting of the Strategy and Transformation Group (STG) held on 15th June 2023. There is a STG meeting scheduled for 20th July 2023, a report from this meeting will be submitted to the Wirral Place Based Partnership Board in September 2023.
- 3.2 The meeting held on 15th June 2023 considered the following items of business.
- 3.2.1 **Governance Update:** The Group received a draft copy of the Governance Manual that is due to be presented to the July meeting of the Wirral Place Based Partnership Board. The Group were invited to make comments on the document.
- 3.2.2 **Programme Reporting and Work Programme:** The STG discussed proposals for programme reporting, to ensure that there is oversight and assurance of the work streams that will be delivered as part of the Wirral Health and Care Plan. Once programme reporting had been agreed a work programme for the STG would be developed. It was agreed that a proposal for programme reporting should be brought to the July meeting.
- 3.2.3 **Neighbourhood Programme:** The Group received a presentation on the Wirral Neighbourhood Programme. This programme has been established to adopt a different approach to tackling health inequalities in the borough. It is a partnership across all agencies with our communities, based on neighbourhoods. It will be led by community leaders creating a "bottom up" approach to tackling health inequalities and including the wider determinants of health. It will be informed by joining population health and local intelligence to focus on deep local insight. Each Neighbourhood will decide their priority areas to focus on through community participation. The work will be prevention focused and use a community asset approach. A selection process, with the support of community colleagues, is underway with a steering group to identify which two of the nine neighbourhoods work will commence with in summer 2023.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will be applied to the organisation's business in each Place.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for the Strategy and Transformation Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Strategy and Transformation Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

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 business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Strategy and Transformation Group.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Strategy and Transformation Group.

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 Strategy and Transformation Group will take account of this in their work.

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

APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

Papers brought to the Wirral Place Based Partnership Board meetings on 13th October 2022, 8th December 2022 and 9th February 2023 provide background information on these groups and how they align to the Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	13 th October 2022 8 th December 2022 9 th February 2023 9 th March 2023 22 nd June 2023



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

27th JULY 2023

REPORT TITLE:	FINANCE, INVESTMENT & RESOURCE GROUP HIGHLIGHT REPORT
REPORT OF:	ASSOCIATE DIRECTOR OF FINANCE (WIRRAL PLACE), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.

The WPBPB is supported by four key governance and assurance groups. This paper presents the key issues from the Finance, Investment and Resource Group.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

It is recommended that the Wirral Place Based Partnership Board notes the content of the report from the Finance, Investment and Resources Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Finance, Investment and Resource Group has been established to develop and review financial reporting across Wirral Place to ensure that there is a focus upon deploying our resources wisely so that they contribute effectively to the health and wellbeing of our population.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as it has been agreed that this group is required as part of NHS Cheshire and Merseyside's governance and assurance arrangements in Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 Since the last report to the Place Based Partnership Board the Finance, Investment and Resource Group has met once on 28th June 2023.
- 3.2 The meeting held on 28th June 2023 took the form of a single item agenda in which organisations provided details in relation to savings plans for the 2023/24 Financial Year.
- 3.2.1 The group received updates from the following organisations in terms of their proposed savings plans,
- Cheshire & Merseyside ICB (Wirral Place)
 - Wirral University Teaching Hospital NHS Trust (WUTH)
 - Wirral Community and Healthcare Trust (WCT)
 - Cheshire and Wirral Partnership NHS Trust (CWP)
- 3.2.2 The members present in the group reviewed each presentation to determine whether the proposed savings plans had an impact on other organisation plans. The members of the group also discussed how the plans could be consolidated to develop an overall Wirral system savings plan.
- 3.2.3 Further work was identified to understand the impact of Wirral MBC's savings plans on partners and for CWP to do further work to isolate the impact on Wirral services, noting that the plan presented included schemes in place for the whole trust.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include Place.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for the Finance, Investment and Resources Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Finance, Investment and Resources Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

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 business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Finance, Investment and Resources Group.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Finance, Investment and Resources Group.

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 Finance, Investment and Resources Group will take account of this in their work.

REPORT AUTHOR: Martin McDowell

Associate Director of Finance, NHS Cheshire and Merseyside
email: mmcdowell@nhs.net

APPENDICES

None

BACKGROUND PAPERS

Papers brought to the Wirral Place Based Partnership Board meetings on 13th October 2022, 8th December 2022 and 9th February 2023 provide background information on the groups and how they align to the Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Wirral Place Based Partnership Board	13 th October 2022 8 th December 2022 9 th February 2023 9 th March 2023



WIRRAL PLACE BASED PARTNERSHIP BOARD

27th July 2023

REPORT TITLE:	UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE
REPORT OF:	JANELLE HOLMES, CEO WIRRAL UNIVERSITY TEACHING HOSPITAL

REPORT SUMMARY

The Unscheduled Care Improvement Programme continues to make significant progress in delivery of the key programme milestones across its 5 workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme success is a sustained reduction in the No Criteria to Reside (NCTR) numbers where the Wirral system has been a national & regional outlier for a significant period. This has brought with it national NHS & local authority leadership scrutiny and an expectation for improvement. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at the May meeting.

Analysis of data throughout May and June shows a ‘statistically significant’ reduction in the number of hospital inpatients with NCTR (sentinel measure). In direct correlation with the improvement of the NCTR position, statistically significant improvement is also being seen in the length of Stay of both 14 & 21 days. The NCTR number has reduced from 217 in May to 166 in June. At the start of the programme this number averaged 270 and Wirral was an outlier nationally with 30% of its acute hospital bed based occupied by patients who needed care outside of hospital compared to a national average of 18%. This improved position has moved Wirral place from 8th (bottom) position in the Cheshire & Mersey ICS to 4th position.

This improvement is directly related to the establishment of the Transfer of Care Hub-Discharge and the ‘test of change’ undertaken in April. This test of change saw the establishment of a ‘single hospital led’ leadership team aligned to the pre-arranged transfer of adult social care responsibilities back to the Local Authority. Close working between both teams has ensured the success of the new model to support the smooth transfer of adult social care staff back to the Local Authority. In addition, all other programme workstreams have met their milestones this month with the anticipated benefits of Home First, Care Market Sufficiency & Reablement creating further improvements to the NCTR numbers as they ‘go live’ later in the year.

RECOMMENDATION

It is recommended that the Wirral Place Based Partnership Board notes the update.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 This report is to provide the Board with information and assurance on the work of the Unscheduled Care Improvement Programme for Wirral.

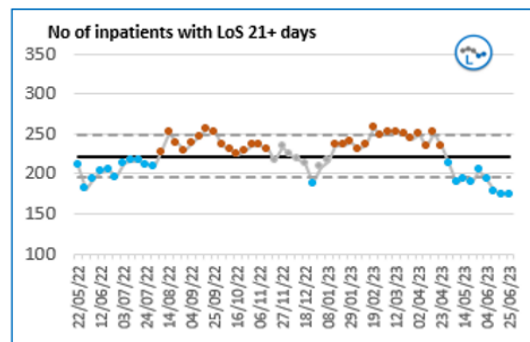
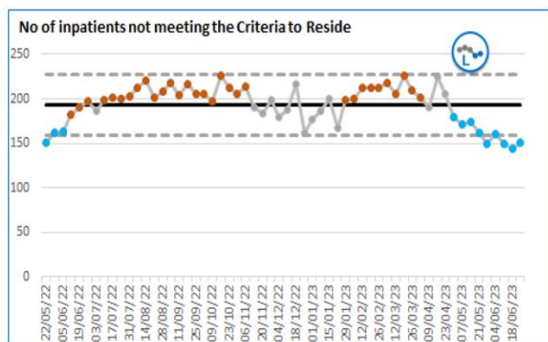
2.0 OTHER OPTIONS CONSIDERED

2.1 No other option has been considered as the report is at the request of the Board.

3.0 BACKGROUND INFORMATION

3.1 Since the Wirral Place Based Partnership Board (WPBPB) meeting on the 22nd June 2023, programme delivery has been progressing within the refreshed Unscheduled Care Improvement Programme approach, endorsed at the last meeting.

3.2 Transfer of Care Hub - Discharge: There has been a significant amount of work undertaken this month, including redesigning of operational processes and patient pathways, improving engagement and collaboration with partner organisations, and establishing more clearly defined operational and clinical governance arrangements. At the time of writing everything is in place for the go-live of the new Transfer of Care Hub - Discharge on the 1st July. This coincides with Adult Social Care staff transferring back to the Council and the establishment of a single leadership structure for hospital discharge. The focus is now shifting to delivery of the medium-term objectives, which include developing detailed Standard Operating Procedures for all processes, roles and responsibilities, establishing an electronic transfer of care form to improve the assessment of patients and improving the time between the patient having no criteria to reside and discharge from hospital. These will all contribute to a more effective way of working, improved performance and improved patient experience and outcomes along with improving Wirral's performance against the NCTR metrics, given pre-April 2023 Wirral was a regional and national outlier in this area. The improvements against the no criteria to reside and long length of stay metrics are detailed in the graphs below:



3.3 Two enabling workstreams have been established to support the implementation of the programme and individual projects. Both enabling workstreams report into the Urgent and Emergency Care (UEC) Programme Board.

- 3.4 Finance, Contracts and Commissioning Enabling Workstream Group (FCC Group): This group has been established to ensure that budget and commissioning intentions are aligned to well understood capacity and demand requirements and support the transformation work. The workstream is led by the Wirral Place Director and includes representatives from all partner organisations.
- 3.5 Workforce Enabling Programme Group: The objective of this group is to develop a joined-up and sustainable workforce plan because many of the delivery projects include a strong reliance of having a robust and sustainable workforce. The group was established following the recognition that there is a potential for Wirral partners to work together smarter when planning and designing our unscheduled care workforce, especially during times of scaling up teams. The group is being led by one of the partner Directors of Human Resources and has input from all partner organisations.
- 3.6 Progress against the programme and project metrics for the month of June:
- Programme Headline Metric: No Criteria to Reside (NCTR). This metric is captured as a snapshot on the first of every month. June's data shows an improvement from May (167 NCTR patients on 1st June compared to 179 NCTR patients on 1st May).
 - As a direct consequence of the improvement of the NCTR position, improvement is being seen in other key indicators. Long length of Stay for patients who have resided in a bed for over 14 and 21 days has seen a notable reduction from 217 in May to 166 in June.
- 3.7 Supporting Metrics. Supporting metrics are managed at a project level. Each of the five supporting projects must be able to measure progress against one or more metrics which, if achieved, will result in an improvement to the headline metric.
- 3.8 Care Market Sufficiency. The care market sufficiency project aims to increase the capacity in the domiciliary care market. The aim by the end of the project is to increase the overall number of hours provided by domiciliary care by 14%. Additionally, the project aims to increase the number of people accepted into domiciliary care by 10% Performance data for May 2023 shows that performance is exceeding the target for the overall number of new hours picked up whilst the data for the number of new packages accepted is slightly below target.
- 3.9 Virtual Wards. The Virtual Ward project aims to double throughput on its virtual frailty ward and to increase throughput on the respiratory virtual ward by 200. Data for May shows that both target trajectories have not yet been achieved. This is due to recruitment and the seasonality of demand. The workstream has been asked to realign its trajectories to the workforce recruitment timescales and seasonality.
- 3.10 The Home First service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patient referrals accepted by the service by 215% with 88% of the patients referred into the service will be from the acute hospital Performance for May shows that, overall, the service is on track with the increase in referrals accepted. May data shows that whilst referrals accepted from

hospital are slightly ahead of plan these are outweighed by the CICC pick-ups. The workstream has been requested to realign the capacity to the NCTR patients.

- 3.11 Wirral Reablement service are on track to agree the project level metrics. The Community Reablement Target Operating Model was endorsed at Adult Social Care and Public Health Committee on 13th June and the WPBPB meeting on the 22nd June 2023. This project is now moving into implementation phase following the endorsement of the model.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Patients who remain in hospital with NCTR are a significant financial impact on the Wirral system. Having a programme that is focussed on moving people into services that provide the right type of care will bring about non-cashable efficiencies and improve quality and safety.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 N/A

7.0 RELEVANT RISKS

- 7.1 There is a risk that the projects will not be delivered in time due to availability of health and care staff, which will need to be recruited to support increased activity levels. This risk is being managed by the workforce leads across Wirral, who are actively monitoring recruitment levels against the trajectory and are actively seeking out innovative recruitment practices to help attract more people into the professions.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.
- 8.2 A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.
- 8.3 A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues.
- 8.4 A fortnightly SRO meeting is in place with the senior leads from each workstream.

9.0 EQUALITY IMPLICATIONS

- 9.1 All projects will give due regard to equality implications and will complete an equality impact assessment where needed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications from the report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Recruitment programmes are actively seeking to recruit Wirral residents.

REPORT AUTHOR: **James Barclay**
Healthy Wirral Programme Manager
email: james.barclay1@nhs.net

APPENDICES

Appendix 1 – Unscheduled care programme highlight report 21.06.23

Appendix 2 – C&M report for NCTR

BACKGROUND PAPERS

Cheshire and Merseyside long length of stay report

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Wirral Place Unscheduled Care Programme

Latest Narrative Update

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. June's data shows an improvement from 179 on the 1st May to 167 on the 1st June. However, the target of 134 was not achieved.

Three out of five projects have now agreed their supporting metrics and are actively reporting (i.e. metrics that will lead to a reduction in the NCTR headline metric). The metrics for the Wirral discharge hub have been agreed and a cross partner BI group are progressing.

The care market sufficiency project aims to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. Both metrics cover all referral sources (e.g. community and acute). May's data for the overall number of new hours picked up shows the target trajectory is achieved whilst the data for the number of new packages accepted is slightly below target (259 against a target of 268).

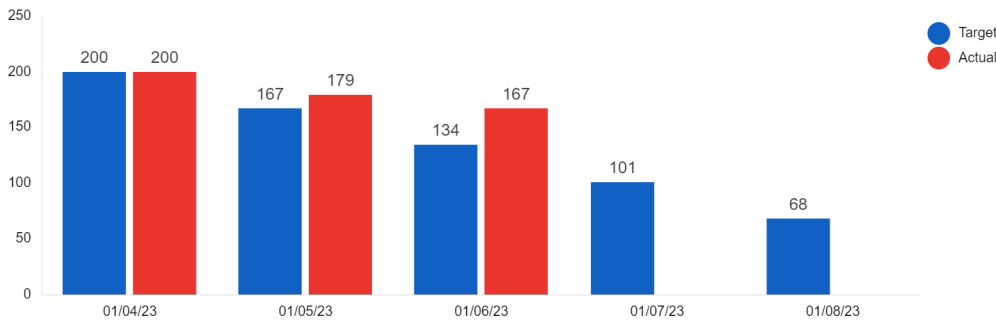
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22 to 80 patients per month in September 2023 and to increase throughput on the respiratory virtual ward by 202% from 58 patients per month in November 22 to 175 patients per month by September 2023. Data for May shows that both of these target trajectories are not being achieved.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in December 23. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. Performance for May shows that, overall, the service is on track with the increase in referrals accepted. May data shows that referrals accepted from hospital are achieving the target trajectory (59 against a target of 44) and for CICC pick-ups already well above the target trajectory (23 against a target of 10).

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

Progress against our headline metric

Acute Inpatients with NCTR



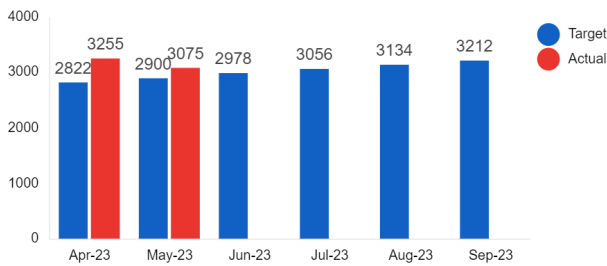
About our headline metric

Our guiding measure of success is the number of acute inpatients with no criteria to reside (NCTR). People who remain in hospital without a criteria to reside are known to deteriorate faster than they would if they were in their normal home. It is for that reason that the system must work towards no more than 5% of acute beds being occupied by people with no criteria to reside.

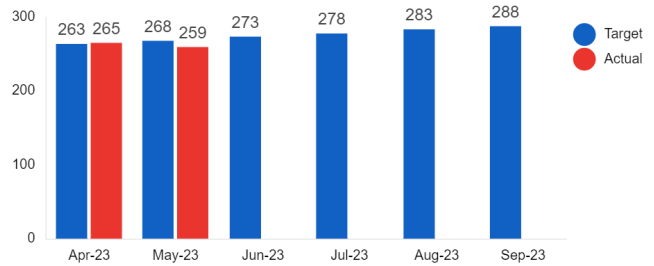
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200. Our target is to reduce this to no more than 70 by 1st August.

Project-level targets: Care Market Sufficiency

Overall hours picked up

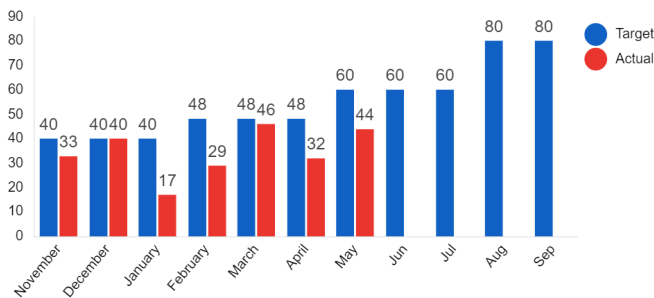


Number of packages accepted

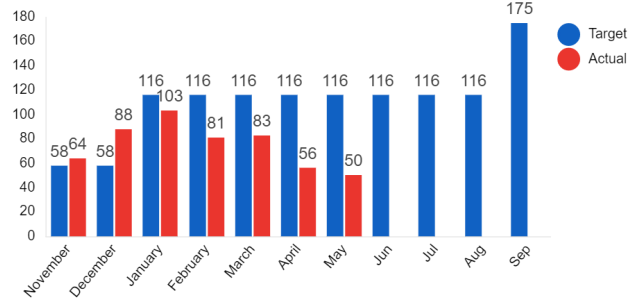


Project Level Targets: Virtual Wards

Frailty Virtual Ward - Patient Throughput

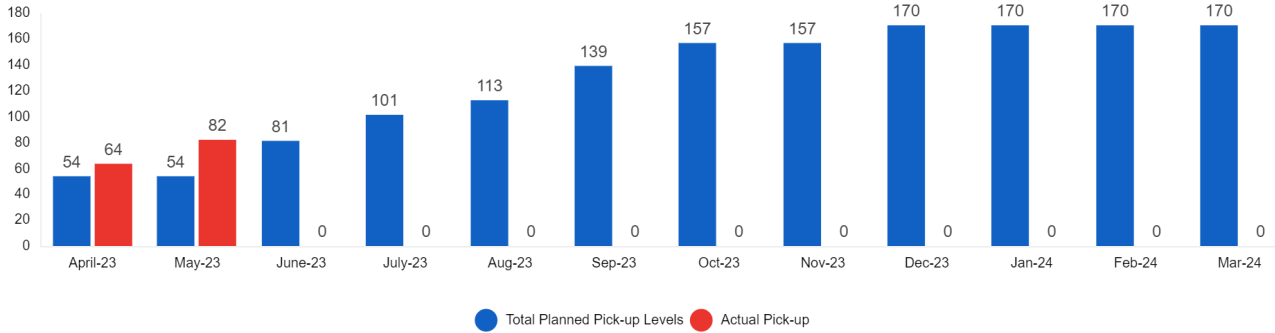


Respiratory Virtual Ward - Patient Throughput

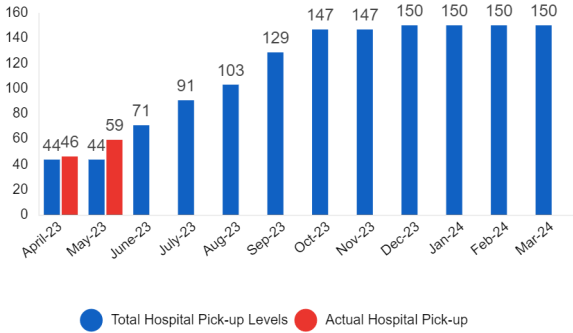


Project-level targets: Home First

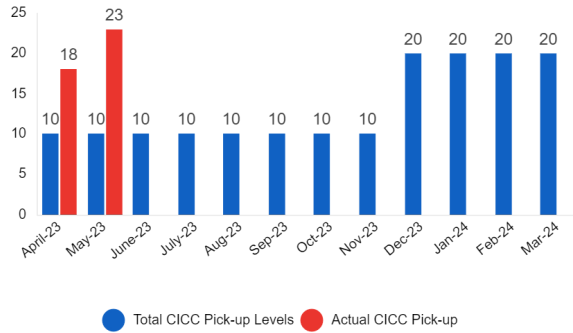
Overall Pick up target



Hospital pick-up targets



CICC Pick-Up Targets



Project level target: Discharge Hub

Project level metrics not yet agreed

Project level target: Reablement

Project level metrics not yet agreed

Project Milestone Plans

Unscheduled Care Programme Plan

Primary	Milestone Progress	Start	Finish	2022				2023				2024					
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Sheet Name CMS Plan V3																	
Brokerage Model / Capacity Tracker	Postcode Search now implemented	23/09/22	17/08/23														
Care Home Contract and Policies	Contract to be finalised over next couple of weeks. JM has met with Andrew Lavin	23/09/22	04/09/23														
Mental Health patient flow and capacity	Jayne to meet with Darren Birks this week	03/10/22	31/08/23														
Recruitment Events	Increased recruitment numbers and positive feedback coming through. This will show in the April KPI's	01/04/23	30/06/23														
Service Specification	* Awaiting review of Home First Service which is currently being reviewed by Jean Stephens. Workshops to take place over next few weeks. Specification work can begin once this process has been done.	29/06/23	01/04/24														
Sheet Name Community Reablement																	
Target Operating Model		22/05/23	22/06/23														
Design Phase																	
Implementation Phase		30/06/23	30/09/24														
Review Phase																	
Sheet Name HomeFirst Expansion I																	
Q2 - 77 WTE	Q2 recruitment will increase staffing levels from 40 to 59WTE by 31/05/23. Ahead of plan for Q2.	30/05/23	31/08/23														
Q3 - 102 WTE	By 31/07/23 staff numbers will increase to 93 WTE	31/07/23	31/10/23														
Q4 - 102 WTE	By 31/10/23 staff numbers will increase to 102	31/10/23	31/10/23														
Sheet Name Virtual Wards - Project																	
	COPD SOP has been to divisional business group twice with updates made. Awaiting feedback on submission to divisional clinical group for approval																

SOP and other Procedures	Frailty SOP - work being split into two phases due to request from teams to complete smaller process charts for individual activities e.g. TROP. Phase one smaller group to be developed to make updates and will form part of this project. Phase two will be for additional tasks that the team need to complete that are not part of everyday role, this will be completed as part of BAU	01/12/22	30/06/23						
Stakeholder Engagement and Communication	Comms plan for both frailty and COPD being developed by joint comms team. New Respiratory leaflet going to divisional business meeting June for approval	30/06/23	30/06/23						Stakeholder Engagement and Cor
Data, Activity and Performance	ame shared as to who will be taking over power forms development. It is understood that there is limited capacity to support this from the person so this will be followed up to ensure work is prioritised	30/06/23	30/06/23						Data, Activity and Performance
Governance and Meds Mgmt	Governance meeting to be launched for June Frailty service notified that they will be moving from Pennant House, awaiting outcome of where move will be to in order to understand what security etc is required for meds storage	31/10/22	30/06/23						Governance and Meds Mgmt
Recruitment	Recruitment remains behind schedule for Frailty VW Medical roles. GP roles interviewed 13/0/14/06/23	14/06/23	14/06/23						Recruitment
Estates and Equipment	Move to St Catherine's Health Centre confirmed for Frailty Virtual Ward team. Site visit completed by WUTH and WCHC divisional teams	31/10/22	31/07/23						Estates and Equipment
Phase Two Bed release	Respiratory Beds released - 20 beds Frailty Beds released - 15 beds	02/01/23	30/06/23						Phase Two Bed release
Phase Three Bed release	Request made to C&M to delay the release of phase three bed numbers due to the recruitment difficulties and delays to implementation of telehealth	29/09/23	29/09/23						Phase Three Bed release
Sheet Name: Wirral Discharge Hub -									
Design Phase	In Progress - the project is now in the detailed design phase where the team are developing n	25/04/23	08/08/23						Design Phase
Review Phase	Not started - in this phase we will review the changes and plan for sustaining improvements	21/07/23	21/07/23						Review Phase

Project Updates

Primary	Link to highlight report	Project RAG
Care Market Sufficiency	Care Market Sufficiency - Project Highlight Report	●
Virtual Wards	Virtual Wards - Project Highlight Report	●
Discharge Hub	Wirral Discharge Hub - Project Highlight Report	●
HomeFirst	HomeFirst - Project Highlight Report	●
Reablement	Reablement - Project Highlight Report	●

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

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

If you would like to discuss any of the projects, please contact the Healthy Wirral UEC Programme Manager: Emma Danton on emma.danton@nhs.net

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C&M Long Stay Report

Brief Description:

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

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

Frequency: Daily

Author: Jeanette Smart, Liverpool CCG

Date: 19/06/2023

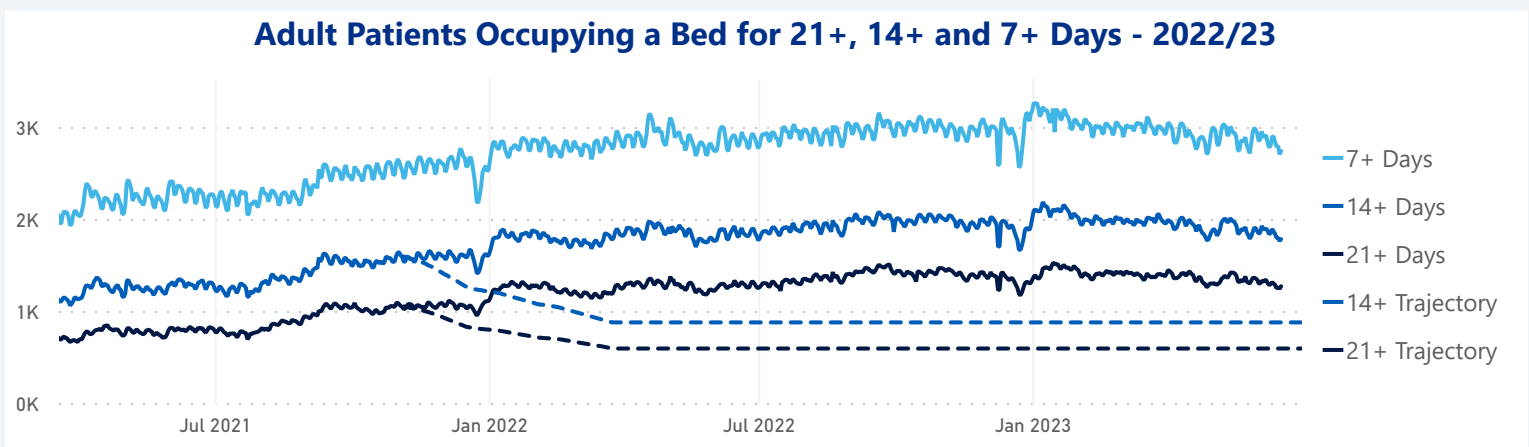
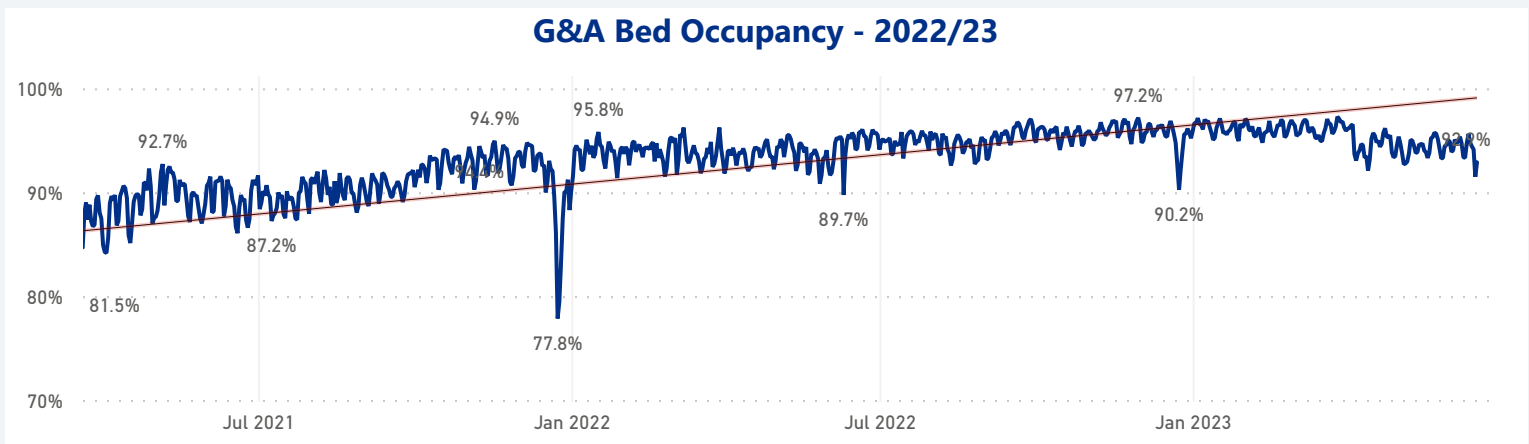


C&M Long Stay Summary

Latest Data:

17/06/2023 ... ▾

- Activity for patients staying 7+, 14+ and 21+ days have all increased on the previous day.
- C&M bed occupancy rate has increased on the previous day; 92.9% of General and Acute beds currently occupied, this is a decrease of 0.4% on this same time last week. **S&O are reporting the highest rate with 100% of beds currently occupied.**
- 57% of all occupied beds are for patients staying 7+ days, 37% for 14+ days and 26% for 21+ days.
- The latest weekly % of beds occupied by 7+ day length of stay patient is 56.1% compared to the national figure of 49.4%



Daily Number of Occupied Beds by Adult Long Stay Patients

LOS	Patients	Previous Day	Previous Week	% of Occ Beds
7+ Days	2739	▲ 37	▼ -60	56.8%
14+ Days	1781	▲ 20	▼ -67	37.0%
21+ Days	1269	▲ 28	▼ -24	26.3%
Bed Occupancy	Page 90	▲ 1.4%	▼ -0.4%	



C&M Long Stay Trust Detail

Latest Data:

17/06/2023 ... ▾

Trust Level Comparison of Long Stay Patients Against Local Trajectory

Trust	14+ Days			21+ Days		
	Target	Actual	Variance	Target	Actual	Variance
Countess of Chester Hospital NHS Foundation Trust	76	151	+ 75	54	112	+ 58
East Cheshire NHS Trust	58	98	+ 40	39	61	+ 22
Liverpool University Hospitals NHS Foundation Trust	268	620	+ 352	179	467	+ 288
Mid Cheshire Hospitals NHS Foundation Trust	91	151	+ 60	61	102	+ 41
Southport and Ormskirk Hospital NHS Trust	56	142	+ 86	40	92	+ 52
St Helens and Knowsley Teaching Hospitals NHS Trust	121	213	+ 92	81	135	+ 54
Warrington and Halton Teaching Hospitals NHS Foundation Trust	88	173	+ 85	59	130	+ 71
Wirral University Teaching Hospital NHS Foundation Trust	118	233	+ 115	79	170	+ 91
Total	876	1781	+ 905	592	1269	+ 677



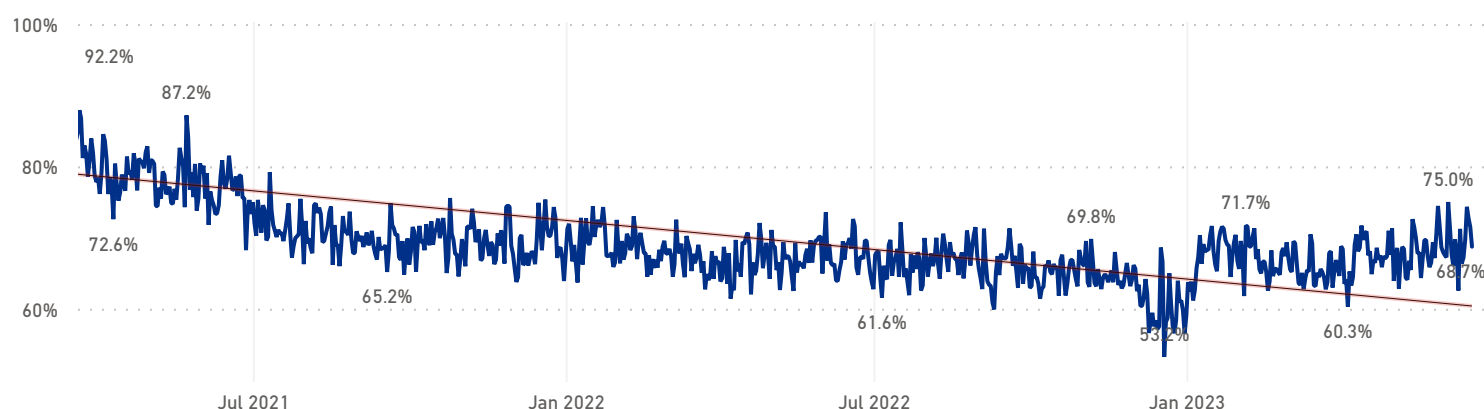
C&M AED Performance

Latest Data: 18/06/2023

AED Performance

- S&O are reporting the highest AED Performance of 82.70%. Countess of Chester are reporting the lowest latest AED performance of 51.1%.
- Four of the eight C&M Trusts are reporting increased performance compared to the same day the previous week.

AED Performance - 2021/22



Trust Name	Current Date	Var	Previous Day	Var	Previous Week
Countess of Chester Hospital NHS Foundation Trust	51.1%	▼	-22.3%	▼	-7.3%
East Cheshire NHS Trust	57.9%	▲	20.8%	▼	-12.3%
Liverpool University Hospitals NHS Foundation Trust	80.0%	▲	3.2%	▲	0.5%
Mid Cheshire Hospitals NHS Foundation Trust	66.2%	▼	-17.1%	▲	2.9%
Southport and Ormskirk Hospital NHS Trust	82.7%	▲	8.2%	▲	4.0%
St Helens and Knowsley Teaching Hospitals NHS Trust	70.3%	▼	-8.5%	▲	2.2%
Warrington and Halton Teaching Hospitals NHS Foundation Trust	66.2%	▲	1.4%	▼	-3.4%
Wirral University Teaching Hospital NHS Foundation Trust	75.4%	▼	-7.6%	▼	-6.6%

Number of Delays from Decision to Admit Over 12 Hours

Trust Name	Current Date	Var	Previous Day	Var	Previous Week
Countess of Chester Hospital NHS Foundation Trust	10	▲	5	▼	-7
East Cheshire NHS Trust	7	▲	4	▲	6
Liverpool University Hospitals NHS Foundation Trust	25	▼	-17	▼	-9
Mid Cheshire Hospitals NHS Foundation Trust	3	▲	3	▲	3
Southport and Ormskirk Hospital NHS Trust	9	▲	3	▼	-4
St Helens and Knowsley Teaching Hospitals NHS Trust	0	--	0	--	0
Warrington and Halton Teaching Hospitals NHS Foundation Trust	21	▲	11	▲	15
Wirral University Teaching Hospital NHS Foundation Trust	0	▼	-2	▼	-1



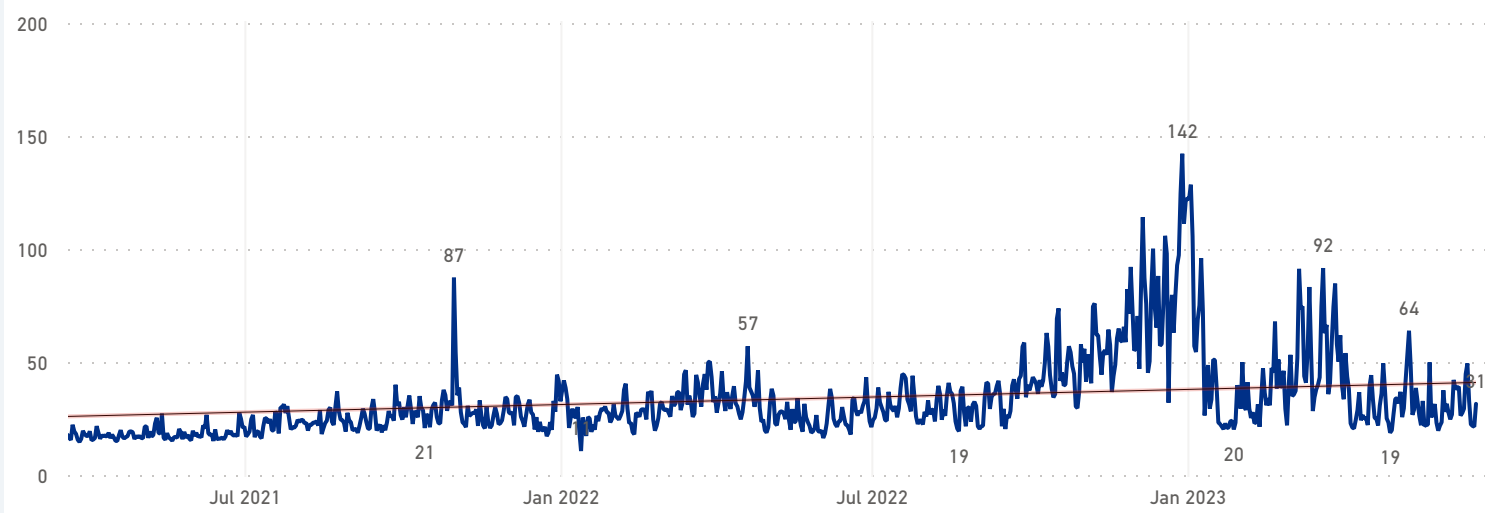
C&M Ambulance Handover

Latest Data: 18/06/2023

Arrival to Handover Time

- LUHFT (Aintree) are reporting the longest arrival to handover time of 51:49. Warrington & Halton are reporting the shortest arrival to handover time of 14:24.
- One of the ten C&M hospital sites is currently achieving the 15-minute target.

Average Arrival to Handover Time (Mins)



Trust	Latest Date	+/-	Previous Day Var	+/-	Previous Week Var
Countess of Chester Hospital NHS Foundation Trust	00:38:39	+	00:18:33	-	00:00:15
East Cheshire NHS Trust	00:21:57	-	00:17:26	+	00:05:45
Liverpool University Hospitals NHS Foundation Trust	00:44:50	+	00:23:32	+	00:10:14
LUHFT (Aintree site)	00:51:49	+	00:27:05	+	00:09:39
LUHFT (Royal site)	00:32:53	+	00:14:18	+	00:10:58
Mid Cheshire Hospitals NHS Foundation Trust	00:30:13	+	00:05:36	+	00:08:23
Southport and Ormskirk Hospital NHS Trust	00:18:09	-	00:11:41	-	00:02:08
St Helens and Knowsley Teaching Hospitals NHS Trust	00:28:55	+	00:09:39	-	00:11:03
Warrington and Halton Teaching Hospitals NHS Foundation Trust	00:14:24	-	00:01:37	+	00:02:08
Wirral University Teaching Hospital NHS Foundation Trust	00:21:12	+	00:03:48	-	00:08:55
Total	00:31:28	+	00:10:06	+	00:02:08



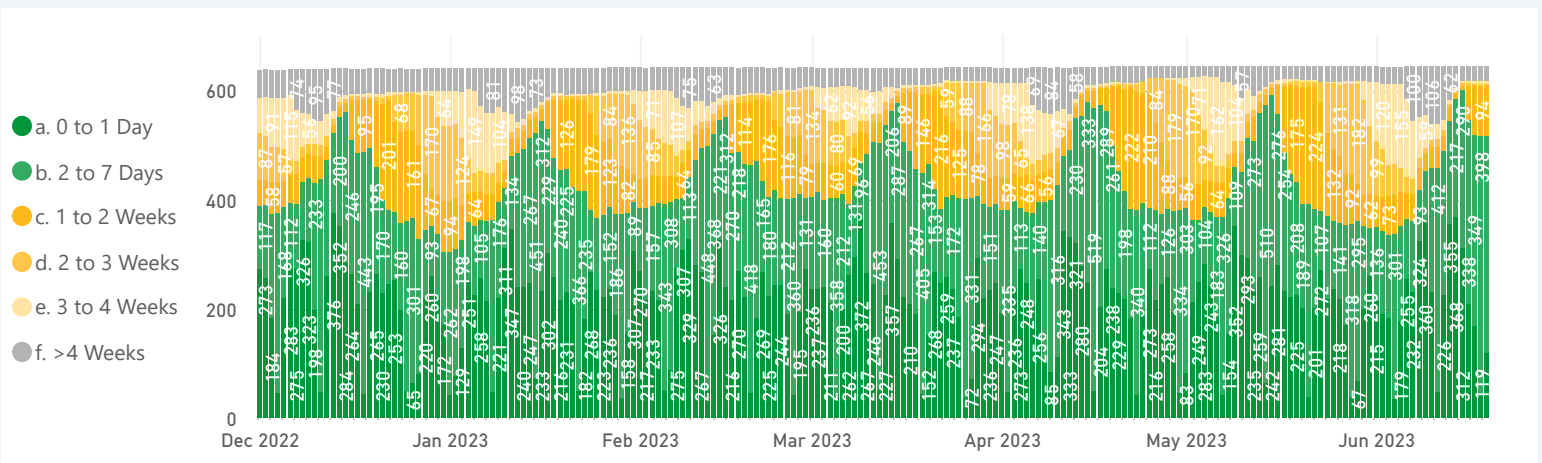
C&M Care Homes

Latest Data: 19/06/2023

Data Integrity: Time Since Last Submission

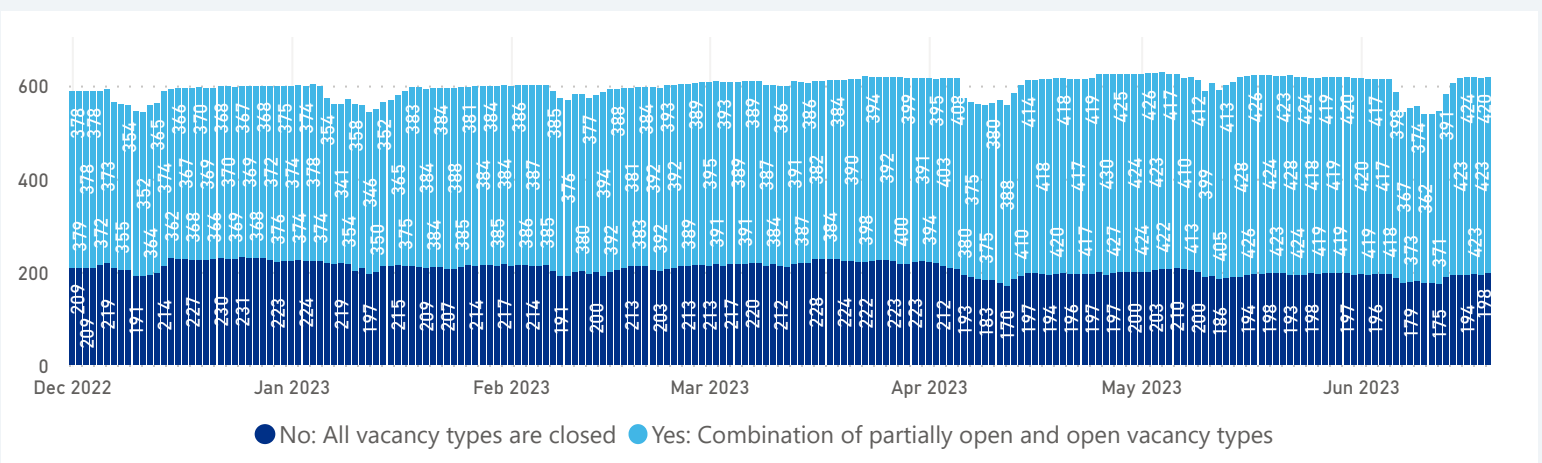
Latest data show of the 644 care homes with a submission recorded 119 submitted either today or yesterday and 398 have submitted within the past week. Of the remainder, 101 submitted within the last month and 26 care homes have not updated their status within the within the last month.

NB. All adult care homes are mandated to submit between the 8th and the 14th of each month, therefore the most comprehensive report would be on the 15th of each month. Care homes have been advised to continue to update as frequently as possible and to resubmit if bed occupancy changes between mandated submissions.



Care Home Status: Is Accepting Admissions? *Care homes who have submitted in the latest month only.*

Latest data show of the 618 care homes with a status recorded 420 are open or partially open to admissions and 198 are closed.



IsAccepting Admissions	Cheshire East	Cheshire West and Chester	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral	Total
No	20	15	9	7	27	46	14	14	46	198
Yes	78	59	14	16	58	71	25	32	67	420
Total	98	74	23	23	85	117	39	46	113	618



C&M Non-Criteria to Reside (Weekly)

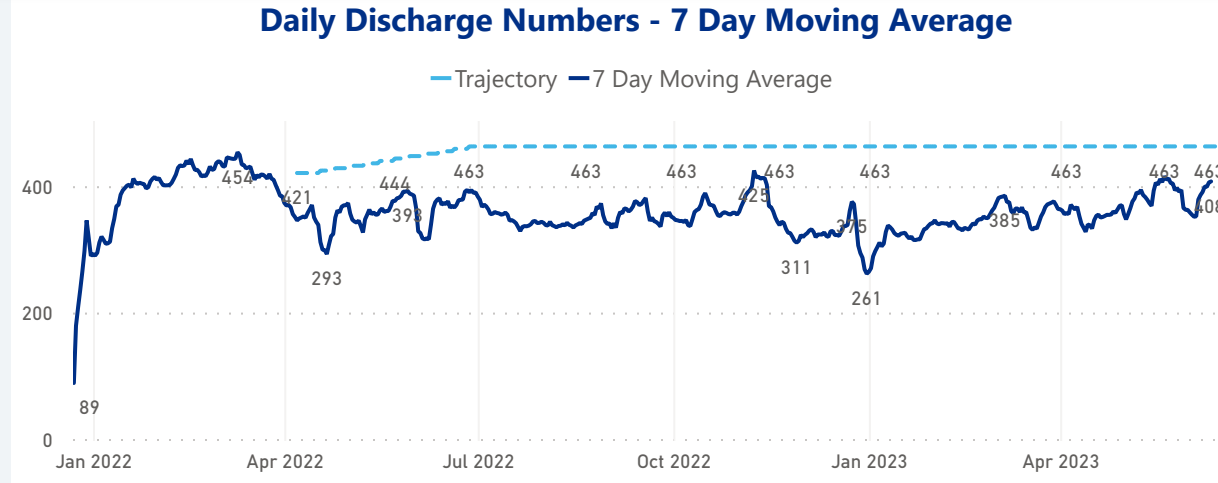
Latest Data: 11/06/2023

Daily Discharge Numbers - 7 Day Moving Average

Target: 10% increase from w/c 18/4/22 to 27/6/22)

Latest data show a 7 day moving average of **407.6** patients discharged across C&M. This is against the current target of **462.9**.

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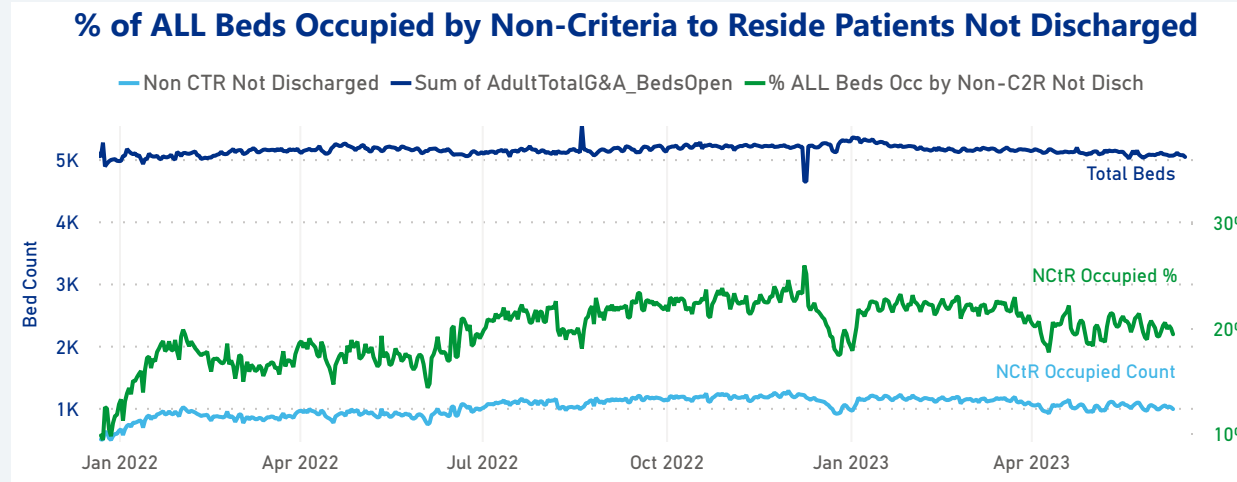


Latest Date: 11 June 2023

Trust	Target	Current	Var
Countess	15.8	39.1	23.4
East Cheshire	30.1	24.0	-6.1
LUHFT	75.8	23.9	-51.9
Mid Cheshire	59.2	71.9	12.7
S&O	34.0	21.0	-13.0
StHKHT	99.0	87.9	-11.2
W&H	66.3	48.9	-17.5
Wirral	82.8	91.0	8.2
Total	462.9	407.6	-55.4

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

Latest data show across C&M **19.4%** of ALL beds are occupied by patients with no criteria to reside and have not been discharged. This is against the current target of **10.0%**.



Latest Date: 11 June 2023

Trust	Target	Current	PP Var
Countess	10.0%	21.4%	11.4%
East Cheshire	10.0%	14.6%	4.6%
LUHFT	10.0%	21.2%	11.2%
Mid Cheshire	10.0%	20.2%	10.2%
S&O	10.0%	16.6%	6.6%
StHKHT	10.0%	16.9%	6.9%
W&H	10.0%	20.9%	10.9%
Wirral	10.0%	18.5%	8.5%
Total	10.0%	19.4%	9.4%



C&M Non-Criteria to Reside (Weekly)

Latest Data: 11/06/2023

Latest data show across C&M **19.4%** of ALL beds (occupied + unoccupied) are occupied by patients with no criteria to reside and have not been discharged. The table below shows the most recent weekly average for C&M Providers.

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

Latest Count of Adult G&A Beds

Trust	07/05/2023	14/05/2023	21/05/2023	28/05/2023	04/06/2023	11/06/2023
Countess	15.7%	15.9%	15.1%	14.5%	15.0%	20.5%
East Cheshire	15.6%	17.0%	16.4%	16.5%	13.6%	14.1%
LUHFT	21.0%	21.0%	19.8%	20.5%	19.1%	20.5%
Mid Cheshire	16.6%	21.1%	21.1%	18.3%	19.5%	22.4%
S&O	11.8%	17.5%	20.3%	19.4%	19.3%	16.6%
StHKHT	18.2%	19.3%	21.7%	21.3%	20.7%	18.6%
W&H	22.0%	23.8%	22.5%	23.5%	24.1%	22.0%
Wirral	23.2%	22.9%	23.9%	23.8%	23.4%	21.0%
Total	19.2%	20.4%	20.5%	20.4%	19.8%	20.0%

Trust	
Countess	440
East Cheshire	290
LUHFT	1,553
Mid Cheshire	494
S&O	360
StHKHT	688
W&H	511
Wirral	759
Total	5,095



C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 11/06/2023

Reasons Why Patients Continue to Reside 7+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	Mid Cheshire	S&O	StHKHT	W&H	Wirral	Total
Pathway 3	16	10	85	17	4	48	14	3	197
Awaiting confirmation from community	0	6	8	16	6	31	30	74	171
Pathway 1	25	9	49	6	9	16	18	25	157
Pathway 2	40	5	27	16	1	3	10	8	110
Awaiting referral to community	16	3	36	13	1	0	6	9	84
Awaiting therapy decision	0	7	53	2	2	0	15	1	80
Awaiting medical decision	0	2	26	4	0	0	0	3	35
Awaiting community equipment	0	0	6	2	0	6	1	0	15
No Plan	0	0	0	0	0	0	4	7	11
Repatriation for specialist treatment	2	0	2	5	1	0	1	0	11
Individual/family not in agreement	0	0	0	4	0	5	1	0	10
Declared as not meeting C2R	0	0	0	0	0	0	0	8	8
Homeless	2	0	4	1	1	0	0	0	8
Awaiting diagnostic	1	0	6	0	0	0	0	0	7
Avoid spread of (non-Covid 19) infectious disease	0	1	2	1	0	0	0	1	5
Safeguarding	0	0	0	2	0	0	0	1	3
Awaiting medicines	0	0	0	0	0	0	2	0	2
Awaiting transport	0	0	0	1	1	0	0	0	2
Total	102	43	304	90	26	109	102	140	916

Reasons Why Patients Continue to Reside 14+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	Mid Cheshire	S&O	StHKHT	W&H	Wirral	Total
Pathway 3	15	10	82	15	3	48	14	3	190
Awaiting confirmation from community	0	5	5	12	5	31	25	60	143
Pathway 1	25	9	42	5	8	16	15	17	137
Pathway 2	32	3	24	13	1	3	10	7	93
Awaiting referral to community	16	3	32	8	1	0	2	6	68
Awaiting therapy decision	0	4	40	2	1	0	7	1	55
Awaiting medical decision	0	2	18	4	0	0	0	3	27
Awaiting community equipment	0	0	4	1	0	6	1	0	12
Individual/family not in agreement	0	0	0	3	0	5	1	0	9
Repatriation for specialist treatment	2	0	0	4	1	0	1	0	8
Awaiting diagnostic	1	0	5	0	0	0	0	0	6
Homeless	2	0	3	0	1	0	0	0	6
Avoid spread of (non-Covid 19) infectious disease	0	1	2	1	0	0	0	1	5
No Plan	0	0	0	0	0	0	3	2	5
Declared as not meeting C2R	0	0	0	0	0	0	0	4	4
Safeguarding	0	0	0	2	0	0	0	1	3
Awaiting medicines	0	0	0	0	0	0	2	0	2
Awaiting transport	0	0	0	1	0	0	0	0	1
Total	93	37	257	71	21	109	81	105	774



C&M Reasons Patients Continue to Reside (Weekly)

Latest Data: 11/06/2023

Reasons Why Patients Continue to Reside 21+ Days

Reason For Delay Short Name	Countess	East Cheshire	LUHFT	Mid Cheshire	S&O	StHKHT	W&H	Wirral	Total
Pathway 3	15	8	71	13	3	43	13	3	169
Awaiting confirmation from community	0	5	3	10	4	24	21	44	111
Pathway 1	20	6	33	4	6	13	13	12	107
Pathway 2	23	3	20	9	0	1	9	5	70
Awaiting referral to community	11	1	28	5	1	0	1	3	50
Awaiting therapy decision	0	2	29	1	1	0	4	1	38
Awaiting medical decision	0	2	13	1	0	0	0	3	19
Awaiting community equipment	0	0	4	1	0	5	1	0	11
Awaiting diagnostic	1	0	5	0	0	0	0	0	6
Individual/family not in agreement	0	0	0	2	0	3	1	0	6
Repatriation for specialist treatment	1	0	0	3	1	0	1	0	6
Avoid spread of (non-Covid 19) infectious disease	0	0	2	1	0	0	0	1	4
Declared as not meeting C2R	0	0	0	0	0	0	0	4	4
Homeless	1	0	2	0	1	0	0	0	4
No Plan	0	0	0	0	0	0	2	2	4
Awaiting medicines	0	0	0	0	0	0	2	0	2
Safeguarding	0	0	0	1	0	0	0	1	2
Awaiting transport	0	0	0	1	0	0	0	0	1
Total	72	27	210	52	17	89	68	79	614

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 27th July 2023

REPORT TITLE:	2023/24 POOLED FUND BUDGET REPORT
REPORT OF:	MARTIN MCDOWELL - ASSOCIATE DIRECTOR OF FINANCE, CHESHIRE & MERSEYSIDE INTEGRATED CARE BOARD – WIRRAL PLACE

REPORT SUMMARY

This paper provides a description of the arrangements that have been put in place to support effective integrated commissioning. It sets out the key issues in respect of:

- a) budget and variations to the expenditure areas for agreement and inclusion within the 2023/24 shared “pooled” fund; and
- b) risk and gain share arrangements.

In 2023/24 Wirral Health and Care partners have proposed to jointly pool £267.88m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery.

This paper provides a summary to the proposed pooled fund budget for the financial year 2023/24 and the financial risk exposure of each partner organisation.

The report also provides an update on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which will be subject to approval and final sign off by Cheshire and Merseyside Integrated Care Board (ICB) and Adult Social Care Committee.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

- 1) Confirm support for the proposed place pooled fund budget for 2023/24.
- 2) Note that Primary Care (GP Delegated Commissioning) elements of the pooled budget are supported by ring-fencing arrangements.
- 3) Confirm support for the place-based commissioning vision if there are additional budgets that should be included within pooling arrangements either immediately or during 2023/24.
- 4) Confirm support for the proposed risk share arrangements and note that shared risk arrangements are limited to the Better Care Fund (BCF) only.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Wirral Health and Care partners have the responsibility to maintain pooled funds and report on the expenditure under the framework partnership agreement under section 75 of the National Health Services Act 2006 (“the section 75 agreement”) relating to the commissioning of health and social care services.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered as necessary.

3.0 BACKGROUND INFORMATION

- 3.1 Consistent with this the pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.
- 3.2 The following key features of integration have been outlined as essential to success:
- Pooling resources, intelligence, and planning capacity.
 - Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reducing the cost of care.
 - Clear accountability and governance arrangements.
 - Resilience and flexibility to emerging issues in service delivery.
- 3.3 The pooled fund arrangements are already well established in Wirral and enable a range of responsive services to vulnerable Wirral residents as well as a significant component of Better Care Fund (“BCF”) funding to protect front line social care delivery.
- 3.4 Continuing to expand the scope and scale of pooled arrangements for 2023/24 would be an important statement, that Wirral maintains a strong foundation for integrated commissioning at place level.

Establishment and Authorisation of the Section 75 Agreement.

- 3.5 The Section 75 agreement must be updated to set out the detail of budget areas that are being pooled in 2023/24 and the associated governance. There is a mandatory legal requirement to have a Section 75 agreement in place between the Council and the Cheshire and Merseyside Integrated Care Board in place to draw down the elements of the pool relating to the BCF. In this context a section 75 agreement is currently being progressed and will follow legal review from both parties for final sign off.

4.0 FINANCIAL IMPLICATIONS

2023/24 Proposed Pooled Fund for Wirral Place

- 4.1 The proposed Pooled Fund budget for 2023/24 of £267.88m is set out in Table 1, with a comparator to 2022/23.

Table 1

	Final (S75) 22/23 £m	Proposed 23/24 £m	2023/24		
			Wirral Place £m	WBC £m	Total £m
ICB Wirral Place Pool	£137.88	£158.05	£158.05	£0.00	£158.05
Health & Care	£50.70	£48.67	£0.00	£48.67	£48.67
Children and Young People	£1.70	£1.70	£0.00	£1.70	£1.70
Better Care Fund	£58.04	£59.46	£33.50	£25.96	£59.46
Grand Total	£248.32	£267.88	£191.54	£76.33	£267.88
National Discharge	£4.31	£5.16	£2.46	£2.70	£5.16

- 4.2 A breakdown of the proposed Wirral pool services is shown in Appendix 1 with a summary set out in Table 2 below:

Table 2

Summary	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget
ICB Wirral Place Pool	£142.46m	£153.39m	£4.76m	£158.05m
Health & Care	£48.35m	£46.55m	£2.07m	£48.67m
Children and Young People	£1.70m	£1.70m	£0.00m	£1.70m
Better Care Fund	£58.28m	£58.18m	£1.28m	£59.46m
Grand Total	£250.79m	£259.82m	£8.18m	£267.88m

- 4.3 Members are asked to confirm support and consider whether there are additional areas that should be brought within pooling arrangements either immediately or during the year.
- 4.4 In addition, £5.16m has been received locally in 2023/24 for National Discharge Fund. The allocation received was £2.46m ICB - Wirral Place (£2.81m 22/23) and £2.70m Local Authority (£1.5m 22/23).

5.0 LEGAL IMPLICATIONS

- 5.1 A section 75 agreement for the pooled fund is the contractual agreement which sets out the terms of the arrangements between the Council and the ICB. Such an agreement is required in order to draw down resources under the BCF and to enable the pooling of wider funding elements which are in the scope of the arrangement. Each year, the Council's legal services are fully engaged in the development of the Section 75 agreement.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Currently there is no significant impact on resources, ICT, staffing, and assets as a result of the integration agenda. As greater integration occurs there are likely to be efficiency savings through economies of scale with appropriate sharing of posts and assets etc.

7.0 RELEVANT RISKS

7.1 The 2022/23 reporting arrangements will continue into 2023/24, and as such there will be three main financial risks identified to impact the pooled budget: -

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

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

8.0 ENGAGEMENT / CONSULTATION

8.1 There is no requirement for engagement or consultation within this report.

9.0 EQUALITY IMPLICATIONS

9.1 No implications have been identified because it is not anticipated that the integration of commissioning functions will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which EIAs will need to be produced at the development stage.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications directly arising from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implications directly arising from this report.

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Sara Morris
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APPENDICES

Appendix 1 – Section 75 Pooled Fund Budget 2023/24

BACKGROUND PAPERS

JHCCEG Budget Finance Report 2023/24

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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APPENDIX 1 - Section 75 Proposed Pooled Budget 2023/24 – Wirral Place

A	ICB - Wirral Place	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget
	Commissioned out of Hospital	£66.7m	£75.5m	£5.9m	£81.3m
	Prescribing	£73.5m	£76.2m	£0.8m	£77.1m
	Primary Care	£8.3m	£7.6m	-£0.2m	£7.4m
	QIPP	-£6.1m	-£6.1m	-£1.7m	-£7.8m
	Total	£142.5m	£153.4m	£4.8m	£158.0m

B	Health & Care	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget
	Public Health	£0.2m	£0.2m	-£0.2m	£0.0m
	Learning Disabilities	£44.1m	£44.6m	£0.6m	£45.2m
	Mental Health	£14.4m	£13.9m	£1.1m	£15.0m
	Children with Disabilities	£1.1m	£0.8m	£0.3m	£1.1m
	Client Charges	-£3.6m	-£3.4m	£0.0m	-£3.4m
	Joint-Funded Income	-£7.9m	-£9.5m	£0.3m	-£9.2m
	Total	£48.4m	£46.6m	£2.07m	£48.7m

C	Children and Young People	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget
	Care Packages	£1.7m	£1.7m	£0.0m	£1.7m
	Total	£1.7m	£1.7m	£0.0m	£1.7m

D	Better Care Fund	2022 / 23 Budget	2022 / 23 Outturn	Adjustments to Pool (R/NR)	2023 / 24 Budget
	Integrated Services	£27.0m	£26.9m	£1.1m	£28.1m
	Adult Social Care Services	£24.0m	£24.0m	-£0.0m	£23.9m
	CCG Services	£2.0m	£2.0m	£0.1m	£2.1m
	DFG	£4.7m	£4.7m	£0.0m	£4.7m
	Other	£0.6m	£0.6m	£0.0m	£0.6m
	Total	£58.3m	£58.18m	£1.28m	£59.46m

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 27 July 2023

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

REPORT SUMMARY

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

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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APPENDICES

Appendix 1: Wirral Place Based Partnership Board Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
Health and Care Act 2022

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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WIRRAL PLACE BASED PARTNERSHIP BOARD/JOINT STRATEGIC COMMISSIONING BOARD

WORK PROGRAMME 2023/2024

Suggested Agenda September 2023

Item	Lead Departmental Officer
CVFSE deliverables and service provision	Carol Johnson-Eyre
Health and Care Partnership Strategy Update	Neil Evans
Financial Recovery Plan	Martin McDowell
Healthwatch update	Karen Prior
Care Market Sufficiency	Jayne Marshall
Transfer of Care Hubs (Discharge)	Jayne Marshall
Primary Care Group	Iain Stewart
Quality and Performance Group update	Lorna Quigley
Wirral Place governance update	Alison Hughes and David McGovern
Wirral Provider Partnership update	Karen Howell
Strategy and Transformation Group	Simon Banks
Finance and Investment Group	Martin McDowell
Pooled Fund Report	Louise Morris with Sara Morris / Martin McDowell
Work Programme	Mike Jones

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Dentistry	October	Dr Stephen Wright
Primary Care Network	November	Dr David Jones
Virtual Wards	TBC	Jayne Marshall

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Work Programme Update	Each scheduled Committee	Mike Jones
Pooled Fund	Each scheduled Committee	Louise Morris with Sara Morris / Martin McDowell
Healthwatch Update	Quarterly	Karen Prior
Supporting Groups update	Each scheduled Committee	Report from the Chair of each of the supporting groups as follows: Strategy and Transformation Group - Simon Banks, Finance Information and Resources Group - Martin McDowell, Primary Care Group - Simon Banks, Quality and Performance Group - Lorna Quigley, Wirral Provider Partnership - Karen Howell.