

Wirral Place Based Partnership Board

Date: Tuesday, 7 May 2024
Time: 10.00 a.m.
Venue: The Green Room, 3rd Floor, Birkenhead Town Hall

Contact Officer: Christine Morley, Senior Democratic Services Officer
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No.	Item	Lead
1	Welcome and Apologies for Absence	
2	Declarations of Interest Members are asked to consider whether they have any relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.	
3	Minutes of Previous Meeting (Pages 1 - 12) To approve the accuracy on the minutes of the meeting held on 27 March 2024.	
4	Action Log	
Items for Oversight and Assurance		
Board Assurance Reports		
5	Place Finance Report incorporating Pooled Fund Update (Month 11, February 2024) (Pages 13 - 20)	Martin McDowell

No.	Item	Lead
6	<p>Quality and Performance Report (Pages 21 - 40)</p> <p>This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact Lorna.Quigley@cheshireandmerseyside.nhs.uk if you would like this document in an accessible format.</p>	Lorna Quigley
7	<p>Planning 2024/25 Update (Pages 41 - 56)</p> <p>This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact Simon.Banks@cheshireandmerseyside.nhs.uk if you would like this document in an accessible format.</p>	Simon Banks
Programme Delivery Reports		
8	<p>Wirral Health and Care Plan Programme Delivery Dashboard (Pages 57 - 68)</p> <p>This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact julian.eyre@nhs.net if you would like this document in an accessible format.</p>	Julian Eyre
9	<p>Unscheduled Care Improvement Programme Update (Pages 69 - 90)</p> <p>This PDF may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact james.barclay1@nhs.net if you would like this document in an accessible format.</p>	Janelle Holmes
Items for Discussion and Decision		
Items for Information		
Supporting Group Chairs' Reports		
10	Primary Care Group Report (Pages 91 - 96)	Iain Stewart
11	Quality and Performance Group Report (Pages 97 - 102)	Lorna Quigley
12	Strategy and Transformation Group Highlight Report (Pages 103 - 108)	Simon Banks
13	Finance & Investment Group Highlight Report (Pages 109 - 112)	Martin McDowell
Closing Business		

No.	Item	Lead
14	Public Questions, Statements and Petitions	
a	<p>Public Questions</p> <p>Notice of question to be given in writing or by email by 12 noon, Wednesday 1 May 2024 to the Council's Monitoring Officer (via the online form here: Public Question Form) and to be dealt with in accordance with Standing Order 10.</p> <p>Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.</p>	
b	<p>Statements and Petitions</p> <p><u>Statements</u> Notice of representations to be given in writing or by email by 12 noon, Wednesday 1 May 2024 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.</p> <p><u>Petitions</u> 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.</p> <p>Please telephone the Committee Services Officer if you have not received an acknowledgement of your statement/petition by the deadline for submission.</p>	
15	Wirral Place Based Partnership Board Work Programme (Pages 113 - 120)	Christine Morley
16	Any Other Business	

No.	Item	Lead
17	Future Meetings: 10am on 20 June 2024 10am on 25 July 2024 10am on 26 September 2024 10am on 17 October 2024	

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 21 March 2024

PRESENT:

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

ALSO PRESENT:

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

132 **WELCOME AND APOLOGIES FOR ABSENCE**

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

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

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

Apologies were received from:

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

133 **DECLARATIONS OF INTEREST**

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

134 **MINUTES OF PREVIOUS MEETING**

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

135 **ACTION LOG**

There were no items on the Action Log.

136 **PLACE DELIVERY ASSURANCE FRAMEWORK**

The Chair introduced this report which provided an update on the system management of key strategic risks as identified in the Place Delivery Assurance Framework which was agreed in October 2023. This item was to be brought back on a quarterly basis.

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

Resolved – That

- **the work to apply NHS Cheshire and Merseyside’s Risk Management Framework to the Wirral Place Partnership governance arrangements be noted.**
- **the updated Place Delivery Assurance Framework be approved.**

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

137 **QUALITY AND PERFORMANCE REPORT**

The Chair presented the report of the Associate Director of Quality and Safety Improvement, NHS Cheshire and Merseyside which provided oversight of the Quality and Performance across Wirral Place since the last reporting period. The report focussed on some key areas of improvement which included, Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities (SEND). The outcomes of the strategic leaders meeting from across the NHS in terms of SEND were to be brought to the next WPBPB meeting with recommendations for approval.

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

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

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

Resolved – That

- **the work underway across the system to monitor quality and performance, identifying areas for improvement be noted.**

- the further work underway to strengthen the governance around quality and safety across Health and Social Care be noted and endorsed.
- assurance around the robust improvement plans in place to manage specific areas for improvement be received.

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

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

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

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

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

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

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

Resolved – That the report and the specific recommendations in relation to the Pooled Budget, listed below be noted,

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

139 PRIMARY CARE ACCESS RECOVERY PLAN REPORT

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

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

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

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

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

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

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

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

140 **PLANNING FOR 2024/2025**

The Chair presented this report which set out the latest position on NHS Planning Guidance 2024/25. It also set out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24. The refresh of the Wirral Health and Care Plan contributed to the work to revise Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. It was noted that the planning guidance for 2024-2025 was not yet available but the planning was going on around it. Additional investment in maternity services and digital technology was welcomed. A refreshed narrative was to be circulated after the Easter break once the financial envelope was known. In particular, spending reactively in response to situations was to be looked at such as when there was a breakdown of care of a child or young person. There was a need to mitigate the risks to work better in terms of the community and crisis offers to enable patients to move quickly to a more appropriate setting for longer term care. Improved attendance avoidance at emergency departments through improved community services and also in terms of the mental health community and crisis offer would avoid patients needing inpatient beds. These areas would be focussed on in the coming year.

Resolved – That

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved - That

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

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

3) the proposal for the further report be accepted.

143 UNSCHEDULED CARE IMPROVEMENT PROGRAMME UPDATE

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

Resolved – That this update be noted.

144 PRIMARY CARE GROUP REPORT

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

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

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

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

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

145 **STRATEGY AND TRANSFORMATION GROUP HIGHLIGHT REPORT**

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

Resolved – That the work of the Strategy and Transformation Group be noted.

146 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

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

147 **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**

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

Additional items were suggested including:

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

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

148 **ANY OTHER BUSINESS**

There was no other business.

149 **FUTURE MEETINGS:**

10am on 7 May 2024

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

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Agenda Item 5

Title	Place Finance Report incorporating Pooled Fund Update (Month 11, February 2024)
Authors	Martin McDowell, Associate Director of Finance (Wirral)
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the financial position for the Wirral Place health and care system partners as at the end of February 2024.

It is recommended that the Wirral Place Based Partnership Board notes the report and the specific recommendations in relation to the Pooled Budget, listed below,

- Note the Wirral Place System forecast reported position at Month 11 2023/24.
- Note the forecast reported position for the Pool and the discharge fund as at Month 11 2023/24.
- Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.

Key Risks

The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board:

- *PDAF 1 Service Delivery:* Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.
- *PDAF 5 Finance:* Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.
- *PDAF 6 Community Wealth Building:* The focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in our strategies that support the broader social and economic development of the borough.

Governance journey

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

1	Narrative																																																															
1.1	Background																																																															
1.1.1	NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.																																																															
1.1.2	The Place Finance Report incorporating Pooled Fund Update has been developed to update the WPBPB on progress in terms of delivering the financial plan during the year and will advise upon risks and mitigations as required.																																																															
1.2	Wirral Place System Financial Update (Month 11, February 2024)																																																															
1.2.1	<p>The Wirral system financial performance is shown in the table below, and notes that year to date (YTD) the system had an actual reported deficit of £42.2m compared with a planned deficit of £22.5m, which represents an adverse variance of £18.3m.</p> <p>The forecast reported out-turn position is £46.8m deficit against a planned deficit of £25.6m, which is £21.3m adverse variance (M10 £23.1m), the significant risks to the delivery of the annual plan that partners had previously acknowledged are now reflected in the summary. The drivers of the variance include increased activity / volume, cost and inflationary uplifts for mental health packages, continuing healthcare and prescribing (Place), and industrial action costs (WUTH).</p> <p>The Wirral MBC financial position at Q3 has been reported to the Policy and Resources Committee in its February meeting.</p> <p><u>Financial Performance</u></p> <table border="1"> <thead> <tr> <th>2023/24 at Month 11</th> <th colspan="6">Financial Performance £m</th> </tr> <tr> <th>Organisation name</th> <th>YTD Plan £m</th> <th>YTD Actual £m</th> <th>YTD variance £m</th> <th>Forecast Plan £m</th> <th>Forecast outturn £m</th> <th>Forecast variance £m</th> </tr> </thead> <tbody> <tr> <td>Wirral Place (part of C&M ICB)</td> <td>(6.6)</td> <td>(20.3)</td> <td>(13.8)</td> <td>(7.2)</td> <td>(23.5)</td> <td>(16.4)</td> </tr> <tr> <td>Wirral Community Health & Care NHS Foundation Trust</td> <td>0.3</td> <td>1.0</td> <td>0.7</td> <td>0.2</td> <td>1.2</td> <td>1.0</td> </tr> <tr> <td>Wirral University Teaching Hospital NHS Foundation Trust</td> <td>(17.5)</td> <td>(22.8)</td> <td>(5.3)</td> <td>(18.6)</td> <td>(23.8)</td> <td>(5.2)</td> </tr> <tr> <td>Cheshire & Wirral Partnership NHS Foundation Trust *</td> <td>(0.1)</td> <td>(0.1)</td> <td>(0.0)</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>Total Wirral Health System</td> <td>(23.8)</td> <td>(42.2)</td> <td>(18.4)</td> <td>(25.6)</td> <td>(46.1)</td> <td>(20.5)</td> </tr> <tr> <td>Wirral Borough Council **</td> <td></td> <td></td> <td>0.0</td> <td>0.0</td> <td>(0.8)</td> <td>(0.8)</td> </tr> <tr> <td>Total Wirral System</td> <td>(23.8)</td> <td>(42.2)</td> <td>(18.4)</td> <td>(25.6)</td> <td>(46.8)</td> <td>(21.3)</td> </tr> </tbody> </table> <p>* note CWP part of Wirral and Cheshire performance shown in full</p>	2023/24 at Month 11	Financial Performance £m						Organisation name	YTD Plan £m	YTD Actual £m	YTD variance £m	Forecast Plan £m	Forecast outturn £m	Forecast variance £m	Wirral Place (part of C&M ICB)	(6.6)	(20.3)	(13.8)	(7.2)	(23.5)	(16.4)	Wirral Community Health & Care NHS Foundation Trust	0.3	1.0	0.7	0.2	1.2	1.0	Wirral University Teaching Hospital NHS Foundation Trust	(17.5)	(22.8)	(5.3)	(18.6)	(23.8)	(5.2)	Cheshire & Wirral Partnership NHS Foundation Trust *	(0.1)	(0.1)	(0.0)	0.0	0.0	0.0	Total Wirral Health System	(23.8)	(42.2)	(18.4)	(25.6)	(46.1)	(20.5)	Wirral Borough Council **			0.0	0.0	(0.8)	(0.8)	Total Wirral System	(23.8)	(42.2)	(18.4)	(25.6)	(46.8)	(21.3)
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** note LA Q3 reported only

Efficiencies Performance

At M11 the Wirral system is on track to deliver its target of £62m of efficiencies. This is forecast to be delivered ££50m recurrently and £12m non recurrently.

1.3 2023/24 Pooled Fund Update

1.3.1 The pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.

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.

The pooled fund arrangements are already well established in Wirral and enable a range of responsive services to support vulnerable Wirral residents as well as a significant component of BCF funding to protect frontline social care delivery.

Working in Integrated Care Systems, the importance of Pooled Budgets as an enabler of commissioner integration is understood from both National policy and Local operational perspectives. Continuing to expand the scope and scale of pooled arrangements for 2023/24 will be an important statement, that Wirral has a strong foundation and appetite for integrated commissioning at place level.

The Section 75 pooled fund agreement is updated to set out the detail of budget areas that are being pooled in 2023/24 and the associated governance. The 2023/24 Section 75 for Wirral has been approved, signed and sealed by both parties.

1.3.2 The Current Pooled fund Budget

The current Pooled Fund budget for 2023/24 of £272.73m is set out in Table 1 with a comparator to 2022/23.

Table 1

Summary	2023 / 24 Budget	Wirral Place £m	WBC £m	Total £m
ICB Wirral Place Pool	£161.00m	161.55		161.55
Health & Care	£48.89m		48.89	48.89
Children and Young People	£2.43m		2.43	2.43
Better Care Fund	£59.86m	33.50	26.36	59.86
Grand Total	£272.18m	195.05	77.68	272.73

There are three changes to the pooled fund this month by Wirral Place that have been actioned locally:

- £0.228m Primary Care – Central System Development Funding

(SDF) for transformation.

- £0.036m Primary Care – Central funding for T2 diabetes (early onset)
- £0.282m Prescribing - national framework for direct acting oral anticoagulants (DOAC) procurement

1.4 The Pooled Fund – Month 11 Position

1.4.1 As at month 11 the reported forecast of the pooled fund is an overspend of £18.02m, and a summary position is provided below in Table 2.

Table 2

Summary	2023 / 24 Budget	Forecast Outturn	Variance
ICB Wirral Place Pool	£161.55m	£177.03m	£15.49m
Health & Care	£48.89m	£50.37m	£1.48m
Children and Young People	£2.43m	£3.48m	£1.05m
Better Care Fund	£59.86m	£59.86m	£0.00m
Grand Total	£272.73m	£290.74m	£18.02m

Month 11 reported an overspend of £18.02m which is an adverse movement of £1.7m from month 10. The adverse movement mainly relates to overspends in LA Health and Care programmes for LD £0.5m, MH £0.8m and a reduction in client charges of £0.3m.

There are still significant pressures reported, and the substantial financial risks (activity, acuity and inflation) for Wirral place pooled commissioned services (All Age Continuing Healthcare - Packages of Care and Prescribing mainly). Review of expenditure continues heading into Month 12.

The Better Care Fund reports a breakeven forecast position, however there are pressures to highlight from the Wirral Integrated Service, which are currently being offset by underspends in Adult Social Care services.

If these pressures continue then this may impact on the delivery of the breakeven position in Month 12.

Table 3 below shows the forecast position on this year's discharge fund. There is no change from previous month.

Table 3

Discharge Funding	2023 / 24 Budget	Forecast	Variance
ICB Wirral Place Pool	£2.46m	£2.46m	£0.00m
Adult Social Care	£2.69m	£2.69m	£0.00m
Grand Total	£5.15m	£5.15m	£0.00m

The Home First scheme has been prioritised for funding from the ICB allocation to Wirral Place.

Table 4 below shows the detailed forecast position by scheme.

Table 4

ASC Discharge Funding - Schemes	2023/24 Budget £m	Forecast Outturn £m	Variance £m
Home First	2.46	2.46	0.00
Additional Social Worker	0.04	0.00	-0.04
Care Home Placement Officer	0.03	0.02	0.00
Care Navigators	0.09	0.06	-0.03
Rapid Discharge Under Transfer of Care Arrangements	0.61	1.36	0.75
Dom Care Market Sustainability	0.07	0.00	-0.07
DP PA Finder register	0.04	0.00	-0.04
Wirral Mind Floating Support	0.13	0.08	-0.04
Mobile Nights Service	0.50	0.50	0.00
Park House	0.39	0.26	-0.14
Re-ablement - AbleMe	0.60	0.31	-0.30
Single Point of Access	0.19	0.09	-0.10
Trusted Assessor	0.04	0.04	0.00
Total	5.16	5.15	0.00

1.5 Financial Risk and Risk Share Arrangements

1.5.1 The risks identified at the outset of the agreement for the year have been outlined as follows;

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

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

The Better Care Fund is currently showing a forecast breakeven position, so there is no risk share impact to report.

2 Implications

2.1 Risk Mitigation and Assurance

This report is also considered in detail by the Finance and Investment Group which provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 3, PDAF 5 and PDAF 6. Specific financial risks relating to the delivery of organisational and wider system plans are evaluated and reported to the group.

2.2 Financial

There are no direct financial implications arising from this report.

2.3 Legal and regulatory

A section 75 agreement for the pooled fund is the contractual agreement which sets out the terms of the arrangement. Page 17 agreement is required to draw down

	resources under the BCF and to enable the pooling of wider funding elements which are in the scope of the arrangement. Legal services are fully engaged in the development of the Section 75 agreement which is now sign-off and seal in January 2024.
2.4	<i>Resources</i> 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.
2.5	<i>Engagement and consultation</i> Engagement with system partners has taken place in the development of the Better Care Fund and Pooled Budget during the process to sign-off the overall financial plan.
2.6	<i>Equality</i> Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. 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.
2.7	<i>Environment and Climate</i> Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner. There are no specific environmental or climate issues identified in this report.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

3	Conclusion
3.1	The WPBPB is asked to: <ul style="list-style-type: none"> • Note the Wirral Place System forecast reported position at Month 11 2023/24. • Note the forecast reported position for the Pool and the discharge fund as at Month 11 2023/24. • Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a forecast breakeven position.

4	Appendices
	There are no appendices to this report.

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Title	Quality and Performance Report
Authors	Lorna Quigley, Associate Director of Quality and Safety Improvement, NHS Cheshire and Merseyside Julia Bryant, Head of Quality and Safety Improvement, NHS Cheshire and Merseyside
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations

The purpose of this report is to provide the Wirral Place Based Partnership Board with oversight of the Quality and Performance across Wirral Place since the last reporting period. The report focusses on some key areas of improvement including, Healthcare Associated Infections (HCAI) and Special Educational Needs and Disabilities (SEND).

The Wirral Place Based Partnership Board is asked to:

- Note the work underway across the system to monitor quality and performance, identifying areas for improvement.
- Note and endorse the further work underway to strengthen the governance around quality and safety across Health and Social Care.
- Receive assurance around the robust improvement plans in place to manage specific areas for improvement.

Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework previously presented to the Wirral Place Based Partnership Board:

- *PDAF 1 Service Delivery:* Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF 2 Children and Young People:* The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services.
- *PDAF 3 Collaboration:* Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are operational risks arising from healthcare-associated infections (HCAIs) such as methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. difficile). These risks will need to be defined in the Risk Register for the Quality and Performance Group.

There are also operational risks connected with the Written Statement of Action (WSOA) and the new SEND inspection framework. These will also need to be defined in the Quality and Performance Group's Risk Register.

1	Performance by Exception
1.1	Urgent Care
	These metrics are managed through the Unscheduled Care Programme Delivery and included within the agenda.
1.2	Planned Care (including Cancer Targets)
	<p>The February data for patients waiting more than 6 weeks for a diagnostic test shows a further improvement of 3.6%. Wirral is achieving both the local target of 14.9 % and national target of 10%</p> <p>For the other cancer targets, against the 31-day combined metric Wirral is below the national target of 96% at 95.6%, however this is an improving picture from previous 4 months. The 28-day combined metric- this has been achieved. The 62 day combined metric- 72% this remains a challenge and below the 85% national target, however Wirral is above the NHS Cheshire and Merseyside trajectory of 70%.</p>
1.3	Mental Health
	<p>A further Super Multi Agency Discharge event (MADE) event took place on 23rd April 2024. Super MADE brings together the local health and care system together across Cheshire and Wirral to recognise and unblock delays and to challenge, improve and simplify complex discharge processes.</p> <p>Of the 40 patients that are clinically ready for discharge, 8 patients were Wirral residents. The longest delayed patient at the time of reporting is 730 days which is due to patient choice. This case is being supported legally to assist with discharge.</p> <p>The themes for delays for other cases relate to housing issues with the availability of suitable accommodation in either nursing homes or supported living. Work across Cheshire and Wirral is being undertaken to work with existing housing providers to support them to accept people with mental health needs including training and wrap around care and support.</p>
1.4	HCAI rates
1.4.1	<p>Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a health or care setting. The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C-difficile).</p> <p>HCAI remain a priority for Wirral Place align with the priorities identified for NHS Cheshire and Merseyside for 2024/25 with a focus on local implementation. The thresholds for 2024/25 are expected. These will be included within providers contracts where appropriate to support improvement. Changes to COVID-19 testing from 1 April 2024 (BN 2024/007)</p>
1.4.2	<p>The UK health Security agency (UKHSA) have announced changes to COVID-19 testing policy from 1 April 2024. These changes relate to testing for COVID-19 outbreak management in higher risk settings, routine asymptomatic testing on discharge from hospital to care homes and hospices, and symptomatic staff testing in hospices and NHS wards treating immunocompromised patients. Testing continues</p>

	to be available to support provision of COVID-19 treatments to individuals at greatest risk of severe outcomes. In line with the guidance, Wirral University Teaching Hospital have amended and their policy. This has been communicated to care homes within the Borough.
2	Programmes
2.1	SEND
2.1.1	<p><i>Management and Mitigations to date</i></p> <p>SEND continues to be a priority for the partnership and has been included within the 2024/25 planning round.</p> <p>Following extensive engagement with partners, a model has been developed for children and young people with neuro development needs. This includes both support and diagnosis as required. Implementation of the model will commence quarter 2.</p> <p>The interim role of the Designated Clinical Officer (DCO) has been appointed to and is due to start in post in May. This will mitigate some of the identified risk relating to the SEND programme.</p>
3	Measles (for assurance)
3.1.1	<p>Wirral system partners are working together to ensure that there is robust planning in regard to containment and incident management in relation to measles. This is being led by Wirral Health Protection Team with oversight by the Director of Public Health. Reporting mechanisms and cells have been established including Primary Care and each NHS provider. This replicates the model that has been adopted across Cheshire and Merseyside. Oversight and assurance is through the Health Protection Board which has increased its regularity of meeting.</p> <p>To date no confirmed cases (Wirral residents) have been reported by UK Health Security Agency (UKSA).</p>

4	Implications
4.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The report relates to key strategic risks PDAF 1 Service Delivery, PDAF 2 Children and Young People and PDAF 3 Collaboration. The work of the system in regard to Quality and Safety seeks to provide controls and assurances around these risks.</p>
4.2	<p><i>Financial</i></p> <p>There are financial implications relating to SEND and Mental Health patients who have an extended length of stay. These will form part of the 2024/25 planning for consideration and prioritisation.</p>

4.3	Legal and regulatory Legal implications have been considered within this report relating to NHS constitutional standards and the Care Act, which have been referenced within the report.
4.4	Resources There are no resource implications arising directly from this report.
4.5	Engagement and consultation Partnership working remains a strength of the assurance and improvement plans. Engagement with all key stakeholders has been included within the governance components.
4.6	Equality 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. In line with the Health and Wellbeing strategy, the focus of quality and safety improvement is to strengthen health and care action aiming to reduce inequalities and address differences in health outcomes. All workstreams consider equality and protected characteristics. No Equality Impact Assessment (EIA) is required for this report.
4.7	Environment and Climate 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 our work in the area of quality, safety and performance.
4.8	Community Wealth Building 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.

5	Conclusion
5.1	There are detailed project plans in place for all the above areas with identified timescales and responsible leads, however scale of pace is critical. All project plans and the delivery of those plans will continue to be monitored closely, through strategic oversight groups.

6	Appendices
6.1	Wirral performance report (April 2024)

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Wirral Place Performance Report

16th April 2024



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Wirral Place Performance Report – Guidance:

Provider Acronyms:

ACUTE TRUSTS

COCH COUNTESS OF CHESTER HOSPITAL NHS FT

ECT EAST CHESHIRE NHS TRUST

MCHT MIDCHESHIRE HOSPITALS NHS FT

LUFT LIVERPOOL UNIVERSITY HOSPITALS NHS FT

MWL MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST

WHH WARRINGTON AND HALTON TEACHING HOSPITALS NHS FT

WUTH WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FT

SPECIALIST TRUSTS

AHCH ALDERHEY CHILDREN'S HOSPITAL NHS FT

LHCH LIVERPOOL HEART AND CHEST HOSPITAL NHS FT

LWH LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

TCCC THE CLATTERBRIDGE CANCER CENTRE NHS FT

TWC THE WALTON CENTRE NHS FT

COMMUNITY AND MENTAL HEALTH TRUSTS

BCHC BRIDGEWATER COMMUNITY HEALTHCARE NHS FT

WCHC WIRRAL COMMUNITY HEALTH AND CARE NHS FT

SHLA ST HELENS LOCAL AUTHORITY

MCFT MERSEY CARE NHS FT

CWP CHESHIRE AND WIRRAL PARTNERSHIP NHS FT

KEY SYSTEM PARTNERS

NWAS NORTH WEST AMBULANCE SERVICE NHS TRUST

CMCA CHESHIRE AND MERSEYSIDE CANCER ALLIANCE

OTHER

OOA OUT OF AREA AND OTHER PROVIDERS

Key:
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	Performance worse than target
	Performance at or better than target
	Ranking performance not appropriate or not available
	Metric data unavailable or not available at Sub ICB Level

Notes on interpreting the data

Latest Period: The most recently published, validated data has been used in the report, unless more recent provisional data is available that has historically been reliable. In addition some metrics are only published quarterly, half yearly or annually - this is indicated in the performance tables.

Historic Data: To support identification of trends, up to 13 months of data is shown in the tables, the number of months visible varies by metric due to differing publication timescales.

Local Trajectory: The C&M operational plan has been formally agreed as the ICBs local performance trajectory for 2023/2024 and may differ to the national target

RAG rating: Where local trajectories have been formalised the RAG rating shown represents performance against the agreed local trajectories, rather than national standards. It should also be noted that national and local performance standards do change over time, this can mean different months with the same level of performance may be RAG rated differently.

National Ranking: Ranking is only available for data published and ranked nationally, therefore some metrics do not have a ranking, including those where local data has been used.

Target: Locally agreed targets are in **Bold Turquoise**. National Targets are in **Bold Navy**.

ICB Q&P Metrics that are available at ICB level but unavailable at SUB-ICB Level:

The monthly Place Performance metrics have been created to replicate the Central ICB Q&P monthly report. The table below shows those indicators that are available at an ICB level, but not at Sub-ICB Level. If or when the data becomes available, the relevant indicator will be moved across to the reporting template. The metrics are as follows:

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Category	Metric
Urgent care	Percentage of beds occupied by patients no longer meeting the criteria to reside - 2023/24 data only available at ICB/Provider level
Mental Health	Access rate to community mental health services for adults with severe mental illness - 2023/24 data only available at ICB level
Community	Percentage of 2-hour Urgent Community Response referrals where care was provided within 2 hours - 2023/24 data only available at ICB/Provider level
Primary Care	Units of dental activity delivered as a proportion of all units of dental activity contracted - 2023/24 data available bi-annually, to be reported from December 2023
Integrated care - BCF metrics	Rate of permanent admissions to residential care per 100,000 population (65+) - 2023/24 data not currently available
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - 2023/24 data not currently available
Health Inequalities & Improvement	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 - 2023/24 data only available at ICB level
	Reduction in the % drinking above recommended levels - 2023/24 data not currently available
	Increase the % who are physically active - 2023/24 data not currently available
Quality & Safety	Still birth per 1,000 - 2023/24 data only available at ICB/Provider level
	Neonatal deaths per 1000 - 2023/24 data only available at ICB/Provider level
	21+ day Length of Stay - 2023/24 data only available at ICB/Provider level
Finance	Capital (Variance - 2023/24 data not currently available)

A&E 4 Hour Performance

Due to data availability and processing errors, the reported A&E 4hr performance is for Types 1-3 only and therefore excludes any type 4 performance at both a Place and an ICB level.

1. Wirral Place Aggregate Position



Cheshire and Merseyside

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Category	Metric	Latest period	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	ICB Value	Local Trajectory	National Target	Region value	National value	Latest Rank
Urgent care	4-hour A&E waiting time (Department Type 1-3)	Feb-24	55.2%	57.2%	57.7%	57.1%	57.0%	54.2%	52.6%	54.0%	51.5%	51.0%	51.6%	50.7%	52.3%	57.8%	74.0%	76% by Year end	67.70%	70.90%	-
	Ambulance category 2 mean response time	Feb-24	00:27:32	00:49:58	00:23:56	00:24:04	00:31:23	00:30:11	00:35:04	00:40:00	00:43:08	00:46:24	01:07:22	00:50:06	00:45:36	00:43:30	00:33:00	00:30:00	00:29:00	00:36:20	-
	A&E 12 hour waits from arrival	Feb-24	16.9%	17.1%	12.1%	14.5%	12.2%	13.5%	13.9%	14.4%	17.7%	16.6%	18.0%	18.1%	17.5%	16.7%	-	-	15.00%	11.30%	-
Planned care	Incomplete (RTT) pathways (patients yet to start treatment) of 65 weeks or more	Feb-24	502	401	412	420	407	355	389	394	416	335	495	465	404	3,736	4,265	-	11,629	75,004	51/106
	Total incomplete Referral to Treatment (RTT) pathways	Feb-24	24,956	25,803	27,392	27,677	27,034	28,034	28,223	27,956	47,262	46,793	46,147	45,218	45,871	371,542	329,255	-	1,071,140	7,539,716	54/106
	Patients waiting more than 6 weeks for a diagnostic test	Feb-24	11.4%	8.8%	8.6%	5.7%	4.8%	5.6%	6.3%	6.4%	6.6%	5.6%	8.4%	6.9%	3.6%	10.74%	14.9%	10%	18.8%	20.8%	2/106
Cancer	62-day Wait from an Urgent Suspected Cancer or Breast Referral, Urgent Screening, or Consultant Upgrade to a 1st Definitive Treatment for Cancer (combined from Oct-23)	Feb-24	70.7%	71.8%	69.1%	73.9%	74.6%	71.3%	71.3%	76.7%	68.6%	73.1%	76.5%	71.4%	71.7%	69.0%	70.0%	85.0%	66.3%	62.3%	-
	31-day Wait from a Decision to Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (combined from Oct-23)	Feb-24	94.8%	96.9%	96.1%	93.8%	97.2%	94.1%	97.2%	96.8%	93.9%	92.5%	94.7%	91.8%	95.6%	93.2%	96.0%	96.0%	92.1%	87.5%	-
	28-day Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	Feb-24	78.0%	77.0%	74.7%	76.2%	78.0%	73.8%	73.0%	71.3%	69.0%	69.7%	72.5%	65.8%	75.9%	74.8%	71.7%	75.0%	78.0%	70.9%	77/106
Mental Health	Referrals on the Early Intervention in Psychosis (EIP) pathway seen in 2 weeks	Jan-24	0%	0%	0%	0%	0%	0%	0%	83%	100%	100%	100%	100%		0%	60%	60%	0%	0%	1/106
	Access rate for Talking Therapies services	Jan-24	68%	73%	72%	82%	83%	77%	69%	66%	84%	79%	56%	79%		66%	100%	100%	73.0%	74.6%	37/106
	Dementia Diagnosis Rate	Feb-24	63.2%	63.3%	63.4%	63.6%	64.2%	64.5%	64.6%	65.7%	66.4%	67.1%	66.5%	66.2%	66.5%	66.8%	66.7%	66.7%	69.4%	64.5%	54/106
Learning Disabilities	Adult inpatients with a learning disability and/or autism (rounded to nearest 5)	Feb-24	n/a	n/a	n/a	n/a	n/a	5	n/a	n/a	n/a	n/a	5	5	5	95	60	-	275	1,835	-
	Number of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register	Jan-24 YTD	87.0%	103.6%	1.8%	3.5%	7.6%	14.9%	22.7%	31.2%	38.5%	41.9%	45.8%	59.1%		61.1%	54.8%	75% by Year end	61.0%	58.8%	-
Primary Care	Number of General Practice appointments delivered against baseline (corresponding month same period last year)	Feb-24	88.6%	86.3%	85.8%	87.1%	87.5%	89.3%	89.4%	88.2%	89.2%	98.5%	93.5%	106.2%	107.4%	109.2%	-	-	0.0%	0.0%	-
	The number of broad spectrum antibiotics as a percentage of the total number of antibiotics prescribed in primary care.	Dec-23	9.6%	9.4%	9.4%	9.3%	9.2%	9.2%	9.1%	9.0%	8.9%	8.8%	9.0%			7.36%	10%	10.0%	7.46%	7.87%	86/106
	Total volume of antibiotic prescribing in primary care	Dec-23	1.162	1.166	1.159	1.154	1.153	1.145	1.151	1.151	1.154	1.153	1.115			1.040	0.871	0.871	1.049	0.950	47/106
Note/s	Local Trajectory: C&M in-year operational plan trajectory																				

1. Wirral Place Aggregate Position

Category	Metric	Latest period	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	ICB Value	Local Trajectory	National Target	Region value	National value	Latest Rank	
Integrated care - BCF metrics	Unplanned hospitalisation for chronic ambulatory care sensitive conditions ***	Q3 23/24	201.2		196.6			213.8			167.00					225.3	-	-	-	-	-	
	Percentage of people who are discharged from acute hospital to their usual place of residence *** (As of Apr-22)	Dec-23	N/A	N/A	93.6%	93.1%	93.6%	93.6%	94.0%	93.8%	94.2%	92.5%	93.8%			92.1%	-	-	-	92.6%	-	
	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000***	Q3 23/24	486.16		487.86			508.57			366.5					463.7	-	-	-	150.7	-	
Health Inequalities & Improvement	% of patients aged 18+, with GP recorded hypertension, with BP below appropriate treatment threshold	Q2 23/24	65.52%		65.03%			64.35%								66.9%	77%	77%	-	-	-	
	Improve access rate to Children and Young People's Mental Health Services (CYPMH) (12Month Rolling)	Jan-24	32.03%	34.78%	35.82%	38.94%	40.31%	41.7%	42.70%	42.88%	43.06%	43.29%	83.00%	85.00%		89%	-	-	-	-	-	
	Smoking prevalence - Percentage of those reporting as 'current smoker' on GP systems. (available from Nov-23)	Feb-24											14.7%	14.6%	14.5%	14.5%	14.1%	12%	12%	-	-	-
Quality & Safety	Healthcare Acquired Infections: Clostridium Difficile - Place aggregation	Dec-23	148.5%	144.7%	145.0%	145.0%	144.3%	142.0%	139.7%	132.1%	131.3%	128.2%	124.4%			131.0%	100%	100%	141.1%	132.2%	51/106	
	Healthcare Acquired Infections: E.Coli (Hospital onset)	Dec-23	130.9%	141.0%	143.3%	140.4%	144.4%	146.6%	147.8%	127.9%	132.4%	150.0%	148.9%			127.8%	100%	100%	146.0%	126.6%	98/106	
Finance	Overall Financial position Variance (£m) (as of Apr-22)	Feb-24	N/A	N/A	N/A	N/A	N/A	N/A	-10.70	-2.75	-11	-9.34	-13	-14	-14	51.8	0.0	0.0	-	-	-	
	Efficiencies (Variance) (as of Apr-22)	Feb-24	N/A	N/A	N/A	N/A	N/A	N/A	-0.59	-0.8	-0.9	-1.4	0	0.00	0	0.00	0.0	0.0	-	-	-	
	Mental Health Investment Standard met/not met (MHIS) (as of Apr-22)	Feb-24	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-
	BCF achievement (Places achieving expenditure target) (as of Apr-22)	Feb-24	N/A	N/A	N/A	N/A	N/A	N/A	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	-	-	-
Note/s	Latest period for ICB performance may differ to trusts due to variance in processing data at different levels.																					
	Local trajectories set by place as part of BCF submissions to NHSE, therefore rag rating will vary depending on targets set (denoted with **)																					

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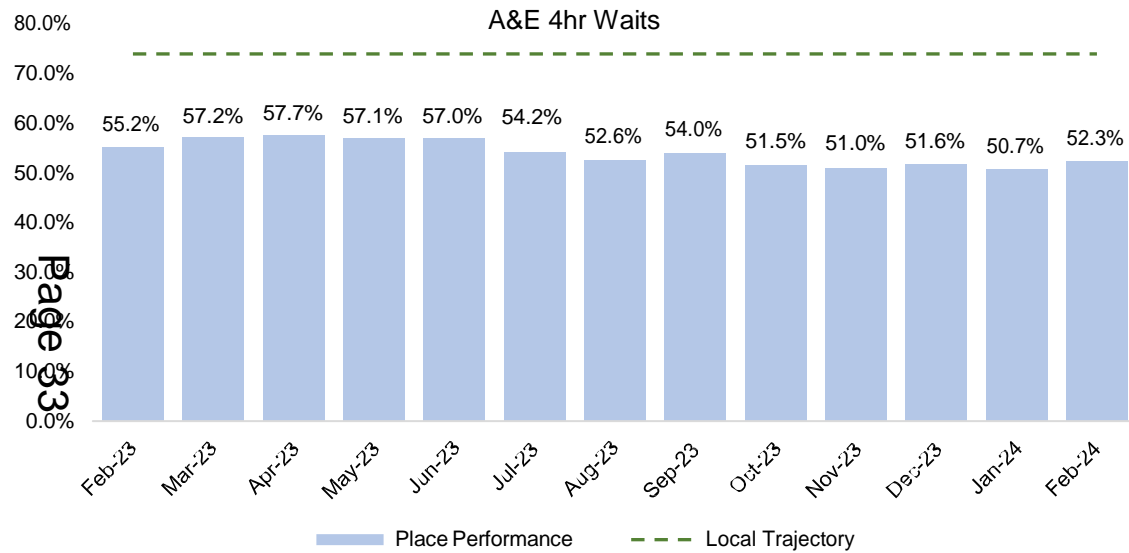
2. Exception Report – Urgent Care

Cheshire and Merseyside

A&E 4 hour waits from arrival

Latest Place Performance (Feb-24) **52.3%** ICB Performance **57.8%**

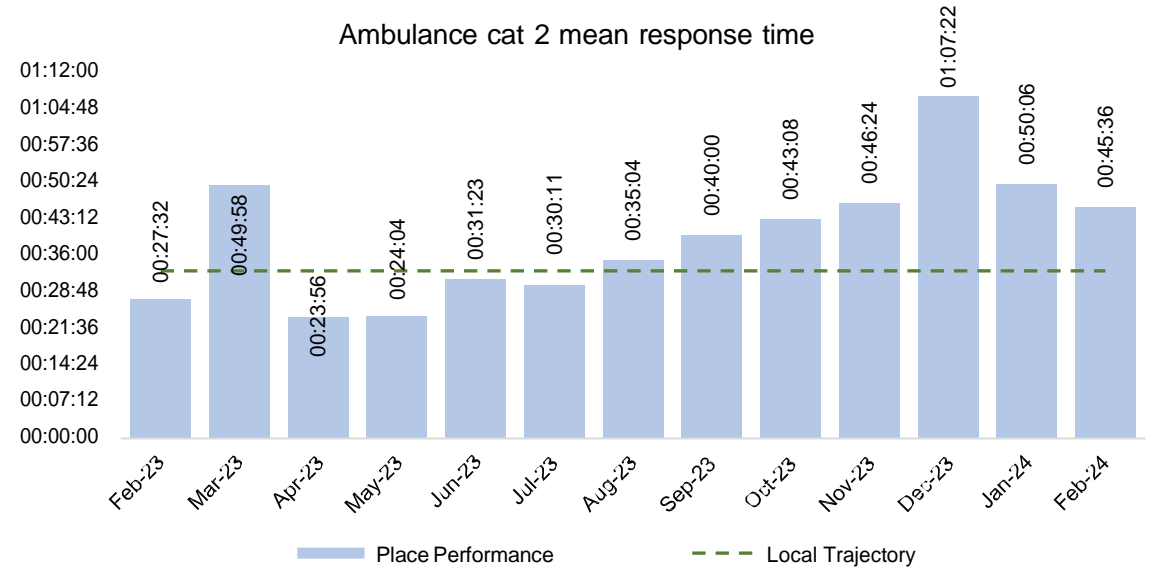
Place Breakdown



Ambulance Cat 2 mean response time

Latest Place Performance (Feb-24) **00:45:36** ICB Performance **00:43:30**

Place Breakdown



Latest Update	Wirral Place continues to fail to reach the 76% target, not achieving higher than 57.7% over the last 13 months. Latest position for A&E is 52.3%
Action	
Timescale	

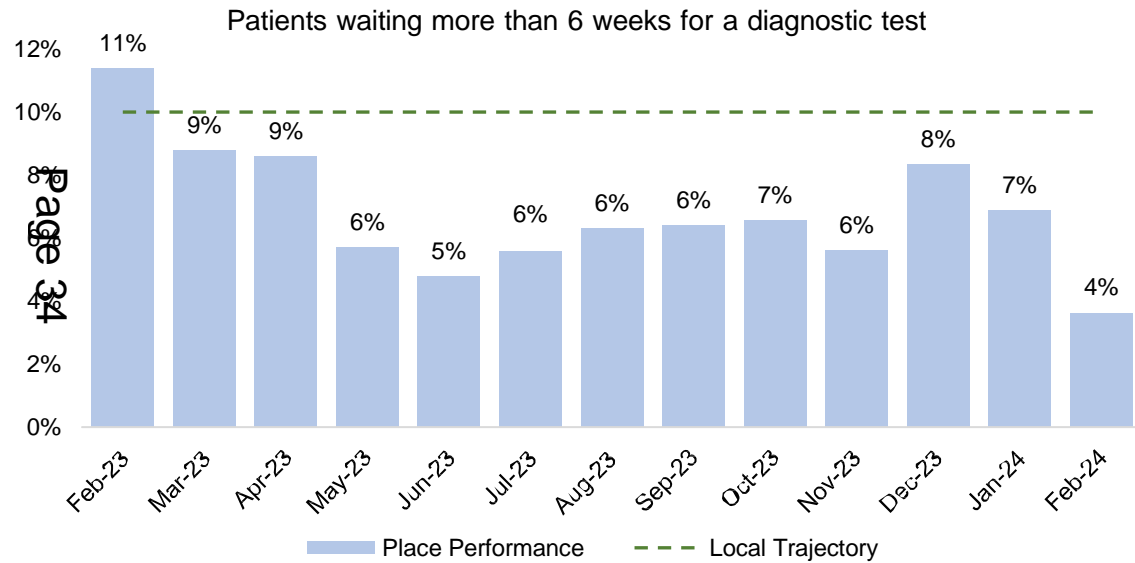
Latest Update	The response time continues to exceed the 30-minute target in February and also is above the ICB performance.
Action	
Timescale	

3. Exception Report – Planned Care

Patients waiting more than 6 weeks for a diagnostic test

Latest Place Performance (Feb-24) **3.6%** ICB Performance **10.7%**

Place Breakdown



Latest Update	3.6% of Wirral Place patients are waiting longer than 6 weeks for a diagnostic test in February (latest data) showing a further improvement from the previous month and are achieving both the local target of 14.9% and the national target of 10%.
Action	

Timescale	
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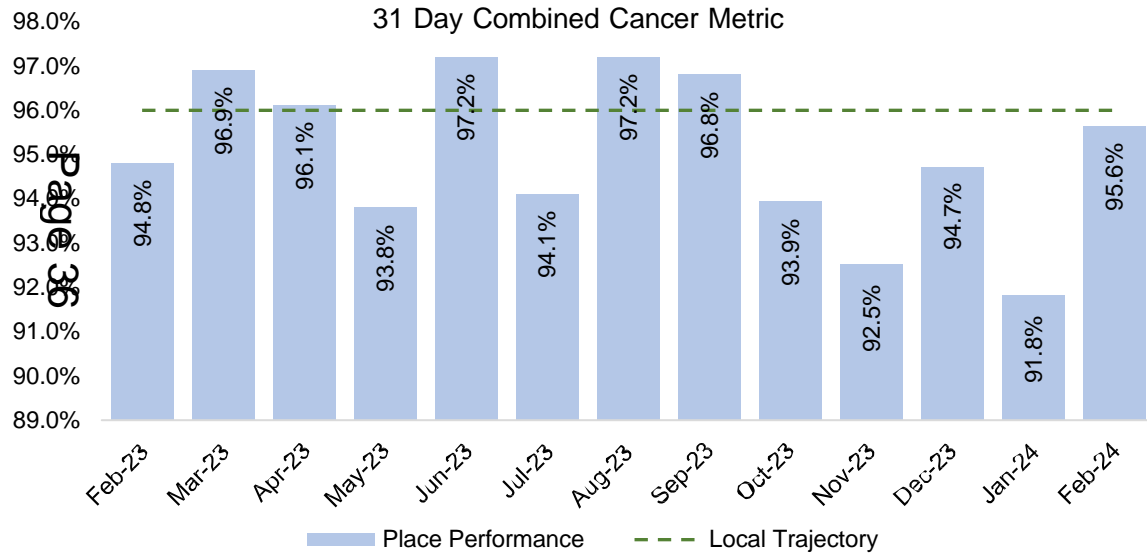
3. Exception Report – Cancer

31-Day Combined Cancer Metric

(31-day Wait from a Decision to Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment for Cancer)

Latest Place Performance (Feb-24) **95.6%** ICB Performance **93.2%**

Place Breakdown

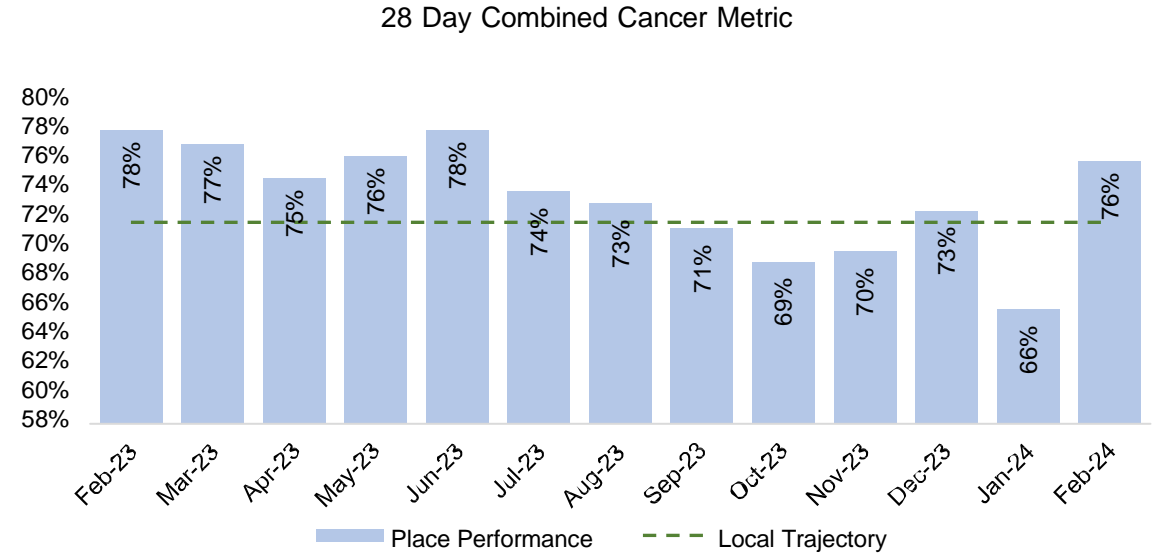


28-Day Combined Cancer Metric

(28-day Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitely Excluded)

Latest Place Performance (Feb-24) **75.9%** ICB Performance **74.8%**

Place Breakdown



Latest Update	Wirral Place are slightly below the 96% plan for the 31-day combined measure reporting 95.6%, this measure consists of 31-day first treatment and the 3 subsequent treatments metrics in line with Government changes to the waiting time standard.
Action	
Timescale	

Latest Update	Wirral Place are now reporting above the 70.8% local target in February reporting 75.9% and above the ICB percentage.
Action	
Timescale	

3. Exception Report – Cancer

62-Day Combined Cancer Metric

(62 day Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a 1st Definitive Treatment for Cancer)

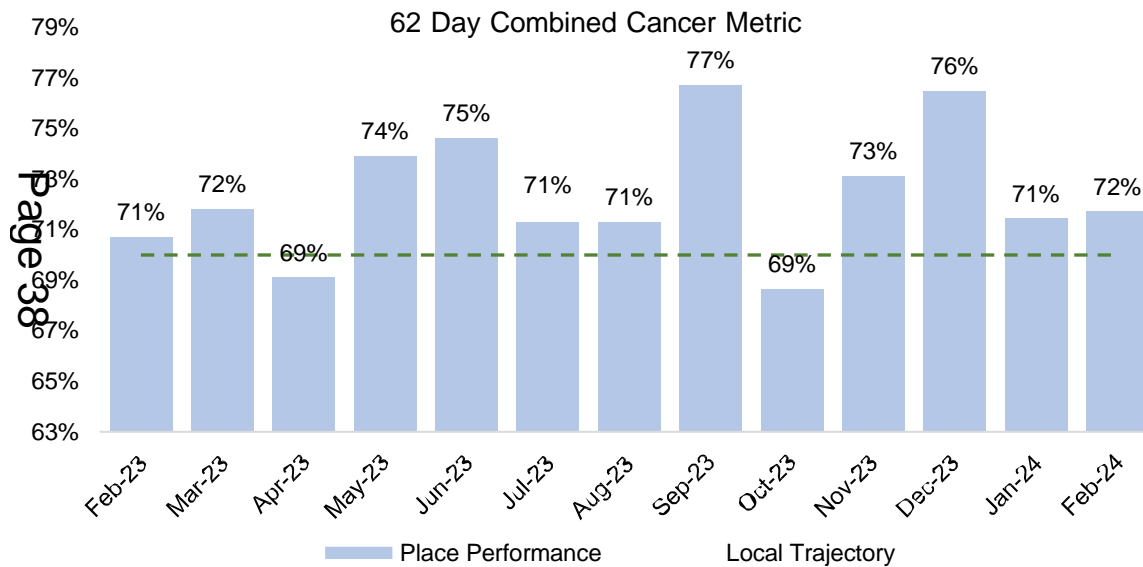
Latest Place Performance (Feb-24)

71.7%

ICB Performance

69%

Place Breakdown



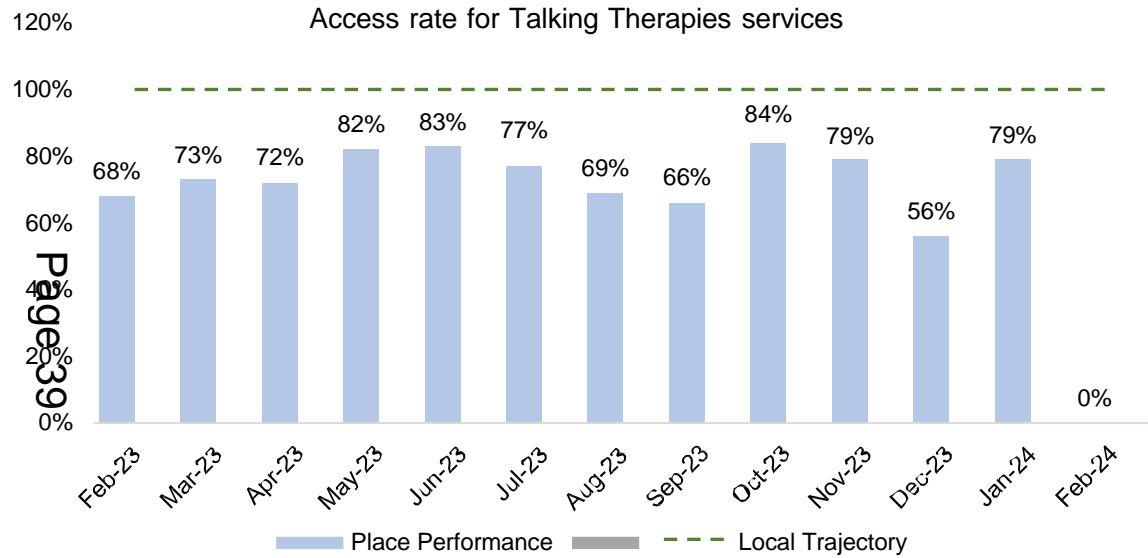
Latest Update	The latest performance for Wirral Place is 71.7% which is below the 85% national target for the 62-day combined measure, also above the local ICB trajectory of 70%. This measure is in line with Government changes to the 62-day waiting time standard.
Action	
Timescale	

3. Exception Report – Mental Health

Access rate for Talking Therapies services

Latest Place Performance (Jan-24) **79%** ICB Performance **66%**

Place Breakdown

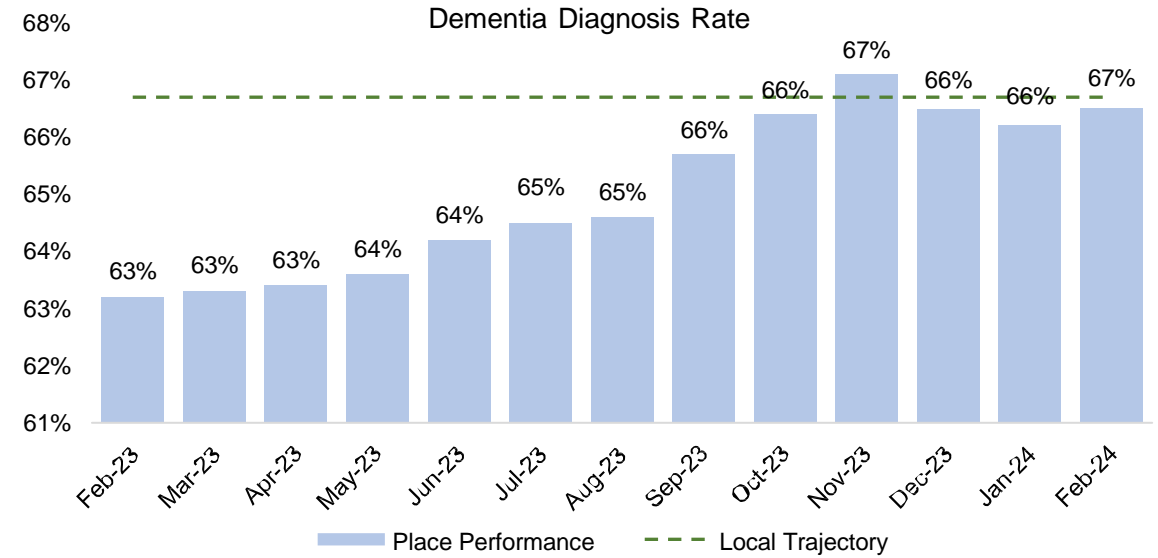


Latest Update	Wirral Place report 79% access rates for the Talking Therapies services in January, a big improvement on previous month although higher than the ICB rates.
Action	
Timescale	

Dementia Diagnosis Rates

Latest Place Performance (Feb-24) **66.5%** ICB Performance **66.8%**

Place Breakdown



Latest Update	Wirral Place are reporting 66.5% dementia diagnosis rates in February which is marginally below the 66.7% target.
Action	
Timescale	

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Title	Planning 2024/25 Update
Authors	Simon Banks, Place Director (Wirral), NHS Cheshire and Merseyside
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations
<p>This paper sets out the latest position on NHS Planning Guidance 2024/25. It also sets out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023/24 for 2024/25.</p> <p>It is recommended that the Board:</p> <ul style="list-style-type: none"> • Notes the update provided by this paper. • Supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024/25. • Receives the Wirral Health and Care Plan 2024/25 for approval at the June meeting.

Key Risks
<p>The Place Delivery Assurance Framework, last reviewed by the Wirral Place Based Partnership Board on 21st March 2024, has identified the key strategic risks for Wirral Place in the following areas:</p> <ul style="list-style-type: none"> • Service Delivery • Children and Young People • Collaboration • Workforce • Finance • Community Wealth Building • Unscheduled Care <p>The planning process and an agreed Wirral Health and Care Plan, supported by an agreed implementation framework provide controls that mitigate these key risks.</p>

Governance journey			
Date	Forum	Report Title	Purpose/Decision
23 rd March 2023	Health and Wellbeing Board	Interim Cheshire and Merseyside Health and Care Partnership Strategy	For approval. Approved.
22 nd June 2023	Place Based Partnership Board	Wirral Health and Care Plan 2023-24	For agreement. Agreed.
21 st September 2023	Health and Wellbeing Board	Cheshire and Merseyside Joint Forward Plan 2023-28	For approval. Approved.

25 th January 2024	Place Based Partnership Board	Planning for 2024/25 Update	For approval. Approved.
21 st March 2024	Place Based Partnership Board	Planning for 2024/25 Update	For approval. Approved.

1	Narrative
1.1	Background
1.1.1	Planning for the delivery of health and care services takes place at several levels – nationally, regionally, sub-regionally and at Place. Planning is influenced by national guidance and local needs, the latter usually emerging from local authority led Health and Wellbeing Strategies.
1.1.2	The Health and Care Act 2022 created a new framework for planning, based around the footprint of an Integrated Care System (ICS). As described in Appendix One, the Government’s NHS Mandate is translated by NHS England into the NHS Long Term Plan and planning guidance and then into Joint Forward Plans by each Integrated Care Board (ICB). The NHS Mandate also influences Integrated Care Strategies of Integrated Care Partnerships (ICPs), which relate to Place Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies, which then connect into ICB’s Joint Forward Plans (JFP).
1.1.3	This paper sets out the latest position on NHS Planning Guidance 2024/25. It also sets out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24. The refresh of the Wirral Health and Care Plan will contribute to the work to revise Cheshire and Merseyside Health and Care Partnership’s Integrated Care Strategy and NHS Cheshire and Merseyside’s Joint Forward Plan.
1.2	NHS Planning Guidance 2024/25
1.2.1	Planning guidance for the forthcoming operating year is usually issued in the month of December for implementation in the following April. As reported to the Wirral Place Based Partnership Board in January 2024 and March 2024, the 2024/25 planning guidance was delayed whilst NHS England continued discussions with Government on agreeing expectation and priorities.
1.2.2	On 27 th March 2024, NHS England published <i>Priorities and operational planning guidance 2024/25</i> . This planning guidance focuses on the recovery of core services through continuous improvement in access, quality, and productivity, whilst transforming the way care is delivered to create stronger foundations for delivery in the future.
1.2.3	The full guidance can be found on the NHS England website. Appendix One, an extract from the guidance, sets out the national objectives for 2024/25. These will be the basis for NHS England will assess the performance of the NHS alongside the local priorities agreed by ICSs.
1.2.4	The guidance asks ICBs and their partner trusts and foundation trusts to work with wider system partners to develop plans to meet the national objectives set out in this guidance and the local priorities agreed by ICSs. The supplementary guidance and the annex to <i>Priorities and operational planning guidance 2024/25</i> identify the most critical, evidence-based actions that systems and NHS providers are being asked to take to deliver these objectives. These are based on what systems and providers

	<p>have already demonstrated makes the most difference to patient outcomes, experience, access and safety.</p> <p>System plans must be triangulated across activity, workforce and finance, and signed off by ICB and partner NHS trust and foundation trust boards. NHS England has set 30th June 2024 as the date for ICBs to publish and share their plan with them, their ICPs and health and wellbeing boards.</p>
1.3	Wirral Place Approach
1.3.1	<p>Planning for health and care services is not only driven by NHS Planning Guidance. As set out in Appendix Two it is also influenced by local priorities as set out in Joint Strategic Needs Assessments and Health and Wellbeing Strategies. NHS Cheshire and Merseyside has recognised the importance of Place in how we have established our governance and working relationships in Wirral with system partners. Our planning for health and care services is influenced by and incorporates the Wirral Plan 2026 and the Wirral Health and Wellbeing Strategy 2022-2027 as well as NHS planning guidance. This is demonstrated within the Wirral Health and Care Plan 2023/24, which was agreed by the Wirral Place Based Partnership Board on 22nd June 2023.</p>
1.3.2	<p>As previously agreed, the Wirral Health and Care Plan will not be rewritten for 2024/25 but will be refreshed and updated. The programmes of work agreed by the Board in June 2023 will continue and each Senior Responsible Officer (SRO) will be asked to review and update these for the 2024/25 planning year, taking account of the planning guidance.</p> <p>A series of workshops have been taking place to support this work. Due to the uncertainty created by delays in issuing the national planning guidance, the workshop on 25th March 2024 was moved to MS Teams and the workshop scheduled for 15th April 2024 was cancelled. It is anticipated that a further workshop will be arranged in May 2024 to finalise our plans in line with the national timetable.</p> <p>The production of a refreshed Wirral Health and Care Plan will be overseen through the Strategy and Transformation Group and will be supported by the Wirral Improvement Team. The Place Director has written to each SRO to obtain an update for the Wirral Health and Care Plan 2024/25 (Appendix Three). It is still anticipated that the Board will be asked to approve the final Wirral Health and Care Plan 2024/25 at the June 2024 meeting.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The planning process and an agreed Wirral Health and Care Plan, supported by an agreed implementation framework provide controls that mitigate the key strategic risks identified in the Place Delivery Assurance Framework (PDAF).</p>
2.2	<p><i>Financial</i></p> <p>The financial allocations for 2024/25 have been published and there are no significant changes in the overall financial framework for health and care services. The expectation is that system plans will be delivered that achieve and prioritise financial balance.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There is a legislative framework within which the NHS is required to undertake planning with partner organisations.</p>

2.4	<i>Resources</i> There are no additional resource implications arising from this report.
2.5	<i>Engagement and consultation</i> Engagement with system partners will take place during the refresh of the Cheshire and Merseyside HCP Strategy, JFP and Wirral Health and Care Plan. A series of Place workshops have been established in Wirral, which include voluntary, community, faith and social enterprise (VCFSE) sector representation.
2.6	<i>Equality</i> Wirral Council and NHS Cheshire and Merseyside and statutory partners have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. No Equality Impact Assessment (EIA) is required for this report but EIAs will be required for any changes to services arising from the implementation of the Wirral Health and Care Plan.
2.7	<i>Environment and Climate</i> Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner. There are no environment and climate implications arising from this report.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside and partner organisations will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Wirral Health and Care Plan will contribute towards this shared goal.

3	Conclusion
3.1	This paper has set out the latest position on NHS Planning Guidance 2024/25. It has also set out the approach being taken in Wirral by NHS Cheshire and Merseyside with Place partners to refresh the Wirral Health and Care Plan 2023-24 for 2024/25.
3.2	The Board is asked to note the work underway in Place that will contribute to the refresh of Cheshire and Merseyside Health and Care Partnership's Integrated Care Strategy and NHS Cheshire and Merseyside's Joint Forward Plan. It is also requested that the Board supports the approach being taken to update the Wirral Health and Care Plan for the planning year 2024-25. The Wirral Health and Care Plan 2024/25 will be brought to the Board for approval at a future meeting.

4	Appendices
	Appendix One NHS National Objectives 2024/25 Appendix Two Alignment of Integrated Care System Planning Appendix Three Communications requesting update of Wirral Health and Care Plan

Author	Simon Banks
Contact Number	07796 207 640

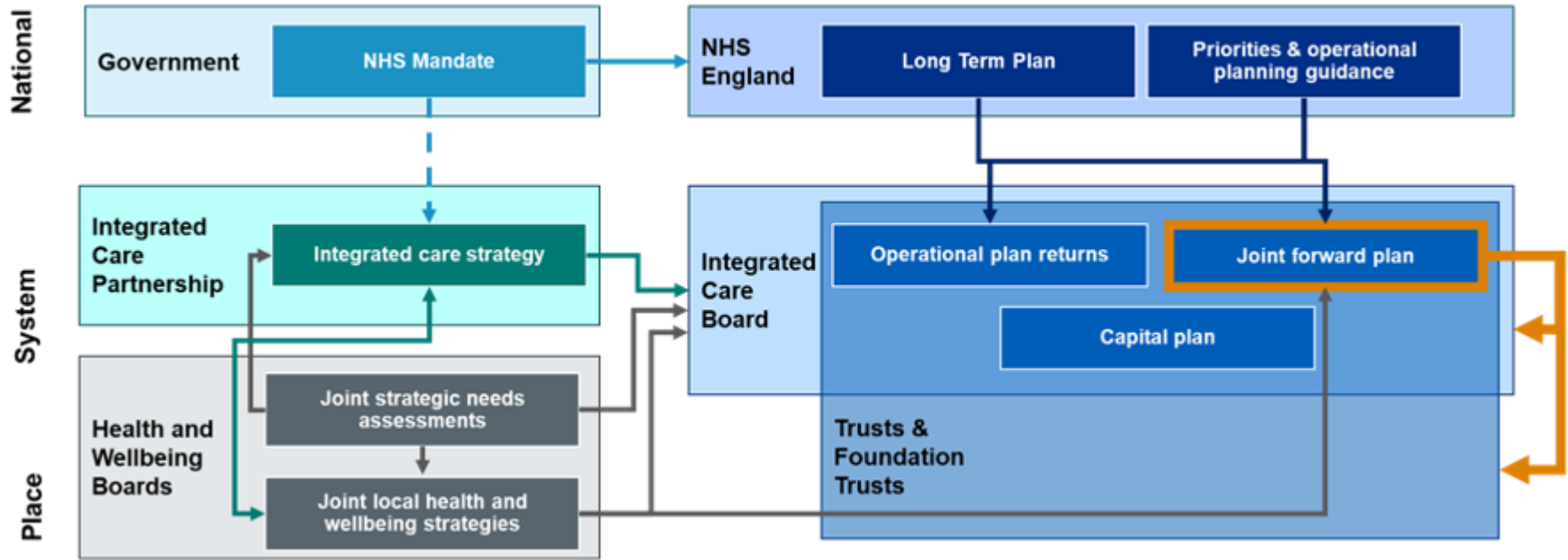
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APPENDIX ONE NHS NATIONAL OBJECTIVES 2024/25

Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 Improve community services waiting times, with a focus on reducing long waits
Primary and community services	<ul style="list-style-type: none"> Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 Improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> Improve performance against the headline 62-day standard to 70% by March 2025 Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	<ul style="list-style-type: none"> Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	<ul style="list-style-type: none"> Improve patient flow and work towards eliminating inappropriate out of area placements Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019) Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025 Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	<ul style="list-style-type: none"> Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population
Prevention and health inequalities	<ul style="list-style-type: none"> Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025 Increase vaccination uptake for children and young people year on year towards WHO recommended levels Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> Deliver a balanced net system financial position for 2024/25 Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

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APPENDIX TWO ALIGNMENT OF INTEGRATED CARE SYSTEM PLANNING



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APPENDIX THREE COMMUNICATIONS REQUESTING UPDATE OF WIRRAL HEALTH AND CARE PLAN

Email sent by Place Director, 9th April 2024

Dear All

As agreed at the Wirral Place Based Partnership Board, we will be refreshing the narrative of the Wirral Health and Care Plan 2023/24 for 2024/25. The intention is that this narrative is agreed at the Board on 20th June 2024.

I have attached a copy of the Wirral Health and Care Plan 2023/24 and the NHS Planning Guidance 2024/25. I have also attached a document setting out the leads who need to work together to provide this narrative. If there is more than one person in the "leads" column, please can you co-ordinate your response between yourselves.

In the Action Card document I have also cross referenced the Wirral Health and Care Plan sections to the relevant pages in the NHS Planning Guidance. Page 8 of the NHS Planning Guidance sets out the key objectives, but there are others in the guidance. It would be useful for programmes to be explicit in how they will be addressing these objectives.

I have also used the comments column to cross reference interdependencies, which exist mainly in the unscheduled care space of avoiding escalation of manageable long-term conditions, attendance/admissions avoidance, improving flow and ensuring discharge to an appropriate setting following an inpatient stay. It would be useful to describe how programmes are managing these interdependencies.

We will discuss this further at the Strategy and Transformation Group on 18th April 2024. I would like to have a draft for discussion for the STG on 24th May 2024. Please could you therefore send your revised narrative to me by 3rd May 2024. I will use the Action Card to track progress and report through to the Partnership Board.

Thanks

Simon

Action Card

Wirral Programme	Leads to complete narrative	Wirral Health and Care Plan 2023/24 pages to review	NHS Planning Guidance 2024/25 pages to consider in refresh	Comments	Submitted – Y/N?
Introduction					
Introduction	Simon Banks Julian Eyre	Pages 1-5			
Guiding Programmes					
Population Health including CORE 20+5	Dave Bradburn Karen Livesey Julian Eyre Becky Mellor	Page 5			
Neighbourhood Model	Graham Hodkinson Gareth Prytherch	Page 6			
Use of Resources	Martin McDowell	Page 6	Page 8, Pages 31-33		
Delivery Programmes					
At Scale – Place Supported					
Elective Care	Hayley Kendall	Page 7	Page 8, Page 18		
Cancer	Hayley Kendall	Page 7	Page 8, Page 19		
Diagnostics	Hayley Kendall	Page 8	Page 9, Page 21		
Maternity	Hayley Kendall	Page 9	Page 9, Page 22		
Wirral Specific					
Unscheduled Care	Janelle Holmes James Barclay	Page 10	Page 8, Page 9, Pages 13-16	<u>Interdependency with Primary and Community Care and Mental Health</u> How will we facilitate a shift in	

Wirral Programme	Leads to complete narrative	Wirral Health and Care Plan 2023/24 pages to review	NHS Planning Guidance 2024/25 pages to consider in refresh	Comments	Submitted – Y/N?
				<p>activity to settings outside the acute hospital? (Page 13)</p> <p>How do we maximise the effectiveness of our virtual ward offer? (Page 14)</p> <p>How do we maximise the use of the UCR offer? (Page 15)</p> <p>Local MH crisis pathways, the new mental health response vehicles and 24/7 crisis lines are linked to improved UEC. (Page 16)</p> <p>What is the general practice response to integrated neighbourhood teams and delivery of proactive care to avoid ED attendances/admissions? What are we doing to enhance health in care homes? (Page 17).</p>	
Primary and	Karen Howell	Page 10	Page 8, Page 9,	<u>Interdependency with</u>	

Wirral Programme	Leads to complete narrative	Wirral Health and Care Plan 2023/24 pages to review	NHS Planning Guidance 2024/25 pages to consider in refresh	Comments	Submitted – Y/N?
Community Care	Iain Stewart Natalie Kevitt		Page 15, Pages 16-18.	<p><u>Unscheduled Care</u> How are we joining care closer to home through integrated neighbourhood teams? (Page 9)</p> <p>How will we join the management of older people with complex needs and frailty to integrated and streamlined UEC pathways? (Page 9)</p> <p>How will we facilitate a shift in activity to settings outside the acute hospital? (Page 13)</p> <p>How do we maximise the effectiveness of our virtual ward offer? (Page 14)</p> <p>How do we maximise the use of the UCR offer? (Page 15)</p> <p>What is the general practice response to integrated neighbourhood teams and delivery of proactive care to</p>	

Wirral Programme	Leads to complete narrative	Wirral Health and Care Plan 2023/24 pages to review	NHS Planning Guidance 2024/25 pages to consider in refresh	Comments	Submitted – Y/N?
				avoid ED attendances/admissions? What are we doing to enhance health in care homes? (Page 17).	
Children and Young People	Elizabeth Hartley Carol Roche	Page 11			
Learning Disability and Autism – Now All Age Disability	Jean Stephens Iain Stewart Natalie Kevitt	Page 13	Page 8, Pages 25-26		
Mental Health	Suzanne Edwards Natalie Kevitt	Page 13	Page 8, Page 14, Page 16, Pages 23-25	<p><u>Interdependency with Unscheduled Care</u> How do we reduce admitted and non-admitted time in ED for mental health patients requiring urgent care? (Page 14)</p> <p>Local MH crisis pathways, the new mental health response vehicles and 24/7 crisis lines are linked to improved UEC. (Page 16)</p>	
Enabling Programmes					

Wirral Programme	Leads to complete narrative	Wirral Health and Care Plan 2023/24 pages to review	NHS Planning Guidance 2024/25 pages to consider in refresh	Comments	Submitted – Y/N?
Workforce	Debs Smith Julian Eyre	Page 14	Page 8, Pages 28-29		
Digital Maturity	Chris Mason Liam Howe	Page 15	Page 10, Page 30		
Estates and Sustainability	Paul Mason Kathryn McDermott Julian Eyre	Page 16			
Medicines Optimisation	Lucy Reid Julian Eyre	Page 17			
System Working					
System Working	Simon Banks	Page 18			
Delivery					
Delivery	Simon Banks Julian Eyre	Page 19			

Agenda Item 8

Title	Wirral Health and Care Plan Programme Delivery Dashboard
Authors	Julian Eyre Programme Director, Wirral Improvement Team
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 May 2024

Report Purpose and Recommendations
<p>The purpose of this report is to present to Place based partners the performance dashboard for the programmes within the Wirral Place Health and Care Plan. The dashboard structure has been developed and agreed with the Strategic Transformation Group (STG), and the live dashboard is reviewed by the STG monthly, where programme Senior Responsible Officers (SRO's) attend.</p> <p>The report aims to provide the Board with information and assurance on the progress of the Programmes associated with the Wirral Health and Care plan 2024-25.</p> <p>It is recommended that the Wirral Place Based Partnership Board note this report which provides assurance on the delivery and oversight of the Health and Care plan programmes.</p>

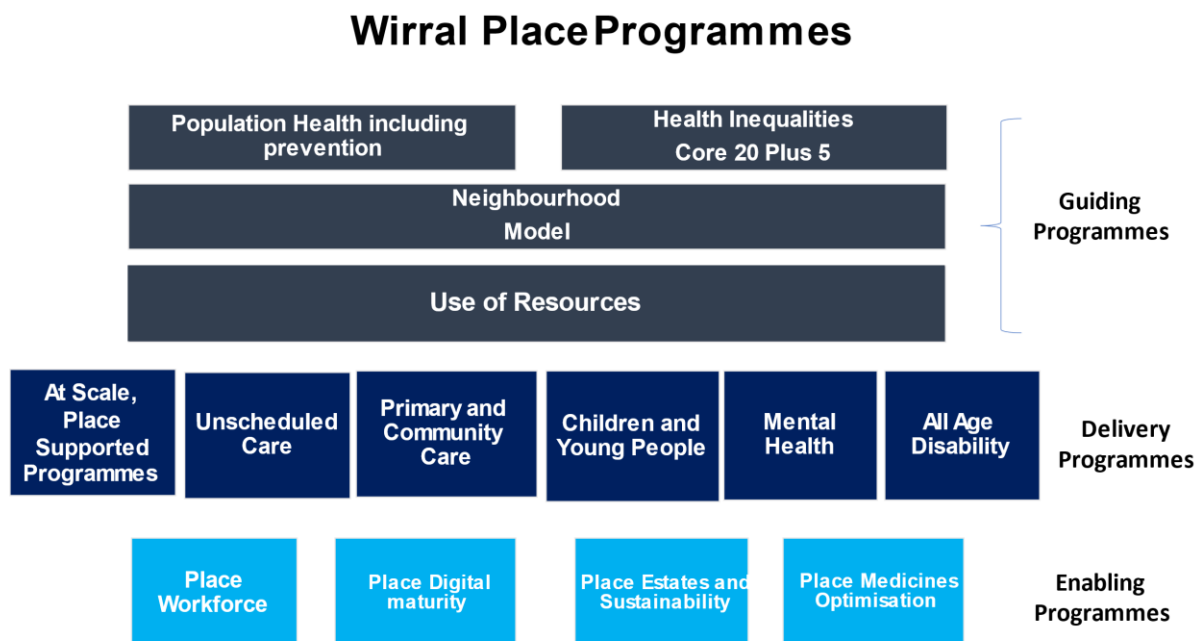
Key Risks
<p>This report relates to the Place Delivery Assurance Framework (PDAF) and the associated high-level risks, namely:</p> <ul style="list-style-type: none"> • Service Delivery • Children and Young People • Collaboration • Workforce • Finance • Community Wealth Building <p>The Programme Delivery Dashboard presented in this paper forms part of the assurance framework that measures the strength and effectiveness of the controls that have been put in place to mitigate the risks to Place objectives.</p>

Governance journey			
Date	Forum	Report Title	Purpose/Decision
18 th April 2024	Strategy and Transformation Group	Health and Care Plan progress update	To Update STG on progress on Health and Care plan

1	Narrative
1.1	Background
1.1.1	<p>Following the publication of the Wirral Place Health and Care Plan 2023-24 and its endorsement by the Wirral Place Based Partnership Board (WPBPB) on 22nd June 2023 the Wirral Improvement Team have developed a programme delivery dashboard providing oversight of the whole programme portfolio within the plan. In line with the overall review of the Health and Care Plan, the programme delivery structure, oversight and outcomes measurement will be reviewed in order to ensure</p>

that Wirral partners can be assured of progress.

1.1.2 For the avoidance of doubt, the programmes that constitute the portfolio within the Health and Care Plan are summarised in the figure below:



1.1.3 The overall delivery Red Amber Green (RAG) rating for the Health and Care plan delivery in March/ April was Green, with one programme in the portfolio reporting Red, three reporting Amber and the rest reporting Green. The current programme status is summarised in the table below:

Programme	Current RAG	Previous RAG	Reason for change
Guiding Programmes			
Neighbourhoods	Green	Green	
Population Health/ Core20+5	Green	Green	
Use of Resources	Red	Red	
Delivery Programmes			
Children and Young People	Green	Green	
All Age Disability	Green	Green	
Mental Health	Amber	Green	Programme support and lack of board quoracy
Primary and Community Care	Green	Green	
Urgent and Emergency Care	Green	Green	
Enabling Programmes			
Digital Maturity	Amber	Green	Escalation of concerns regarding organisation engagement in migration to CIPHA project
Estates and Sustainability	Green	Green	
Medicines Optimisation	Green	Green	
Workforce	Green	Green	
Place Supported Delivery Programmes at Scale			
Elective Care	Amber	Amber	
Cancer	Amber	Amber	
Diagnostics	Amber	Amber	
Maternity	Amber	Amber	

Detailed status reporting regarding programme progress, benefits, risks and issues can be viewed within the dashboard. Based on the information within the November dashboard the board is directed to note the following highlights:

Guiding Programmes

- Within the **Neighbourhood programme**, Core Group Panels are now underway in both Birkenhead A and Wallasey C. A new neighbourhood name has been agreed for Wallasey C, and Priorities and neighbourhood name options are being considered by Birkenhead A. A template has been developed by neighbourhoods to enable people or organisations within the neighbourhood to apply for the available funding.
- A **Population Health Programme** workshop was held on 11th March 2024 to bring the system together to focus on how we can tackle fuel poverty as a collective in Wirral. The workshop outputs focused on both strategic and operational actions for the Wirral system with a follow up event planned for Summer 2024 that will take forward the action plan.
- Within the **Use of Resources programme**, the RAG rating of Red relates to the overall financial deficit position. Review of expenditure and mitigation strategies continue to be sought and implemented where possible, including seeking best practice from other areas. The funding review as part of the planning round is currently on hold due to identified financial pressures for 2024/25 and awaiting national planning guidance publication.

Delivery Programmes

- The **Children and Young People's Programme** have continued progress against the SEND statement of Action and in populating required evidence in preparation for an expected SEND inspection. The draft self-assessment is underway. New governance arrangements have been agreed for the new SEND Partnership Board and will be implemented in April 2024. This is underpinned by a performance group, a continuous improvement group and a participation and engagement group. The emotional health & wellbeing service development has progressed with the establishment of an alliance contract with 5 organisations, the agreement of branding and further work on the digital platform.
- Within the **All-Age Disabilities Programme**, work has commenced to determine how the All-Age Disability strategies agreed in March can be delivered for Wirral residents. Data Demand & Supply mapping has commenced and is ongoing, and the recently appointed All Age Disability officer has commenced support in delivering the strategy work plan.
- The **Mental Health programme** board for April was stood down, for the second time in three months due to quoracy. For dementia, against a target of 66.7% diagnosis levels, Wirral achieved 66.5% in February. In support of the integrated housing workstream, a proposal has been received from Magenta Living for an independent living pilot for five properties. Opportunities have been identified for close working with the Primary and Community Care Programme that include supporting the delivery of the frailty work in PCNs by including mental health support workers helping support anxiety, depression and loneliness.
- The **Primary and Community programme** has identified the initial focus as Frailty, supporting people to age well. The programme will support reducing attendances at AED and GP Practices through a number of solutions, including anticipatory care planning. The May programme board will include a facilitated discussion to support the further development of the programme workplan and enable the initiation of appropriate projects. An understanding of the current work supporting frailty including the pilot with the Community Trust

and Moreton & Meols PCN, will aim to identify the key principles to adopt across the programme including patient identification and coordination of care.

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

Enabling Programmes

- Within the **Digital Maturity programme**, the top priority remains migration of the population health management system from the Wirral Care Record to CIPHA. Work is underway to address the programme governance function for effective monitoring and evaluating of objectives and progress, enabling active challenge and improvement. The programme board will be re-established in May.
- The **Estates and Sustainability programme** has developed an overall group approach to managing the deliverables. This has resulted in the finalisation of key delivery pillars and a set of documented outcomes. Workshops were held to plan programme support for delivery of the pillars. Leads have been identified for three of the programme pillars (Governance, Baselining and Sustainability) with work underway to identify the remaining leads.
- Reporting and oversight of the **Medicines Optimisation** work programme is via the Wirral Place Medicines Optimisation group, however capacity of the meeting to drive the work forward is challenging hence the decision to hold a Wirral Place Medicines Optimisation workshop to review, develop and confirm the final 24/25 programme delivery structure. Planning is underway with the aim for the workshop to take place before the end of May and the 24/25 strategy in place by end of June 2024.
- Within the **Workforce programme** the baseline workforce data project group are compiling the data at organisational level, exploring hosting for the place level dashboard and overlaying population health and social value data. The Wirral Care leavers project group are building the programme elements in partnership with the Wirral Learning, Skills and Employment Service and key anchor organisation partners, establishing organisational sign up and potential posts for work trials.

An updated is awaited on the **Place Supported Delivery Programmes at Scale**, which focus on the following priorities:

- Elective Care
- Cancer
- Diagnostics
- Maternity

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>Each programme within the Health and Care Plan has identified the relevant programme risks and mitigations. A summary risk report is available that identifies the red and amber rated risks across the portfolio of programmes.</p>
2.2	<p><i>Financial</i></p> <p>The potential financial implications arising from the Wirral Health and Care Plan are considered within the individual programme benefits, risk and issue logs, and any specific financial implications would be addressed through the appropriate processes. The Use of Resources programme will focus on identifying opportunities to deliver further efficiencies to spending on Wirral.</p>
2.3	<p><i>Legal and regulatory</i></p>

	There are no legal or regulatory implications directly arising from this report.
2.4	<i>Resources</i> The Health and Care Plan programme structure includes enabling programmes for workforce, digital maturity, estates, and sustainability. Part of the remit of these programmes is to identify and support the specific resource implications of the delivery and guiding programmes.
2.5	<i>Engagement and consultation</i> The programmes presented within the dashboard are specific to the Wirral Health and Care Plan, which has been developed collaboratively across key stakeholders across the Place through place workshops and with system colleagues within Strategy and Transformation Group meetings.
2.6	<i>Equality</i> Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. Within the Health and Care Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact assessments to ensure any adverse impact is identified and mitigating actions put in place where possible.
2.7	<i>Environment and Climate</i> The enabling programmes within the Health and Care Plan include an estates and sustainability programme which has a specific aim to target investment to support net zero carbon ambitions. Furthermore, the plan is cognisant of and guided by a number of key national, regional and Wirral specific strategy and policy requirements that focus Wirral Place on environment and climate implications, including the Wirral Plan 2021-26, the Health and Wellbeing Strategy 2022-27 and Marmot Principles to build safe, sustainable and vibrant communities.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

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

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

Author	Julian Eyre
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Wirral Health and Care Plan Dashboard

Date of Report

March 2024

About the Wirral Health and Care Plan

W

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

Escalation Reports



Wirral Health and Care Plan Benefits Report



Wirral Health and Care Plan Risk Report



Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Graham Hodgkinson

Programme RAG



Date of Update

03/04/24

About the Programme

W

Neighbourhoods Model

Programme Commentary

Neighbourhood Core Group Panels now underway in both Birkenhead A and Wallasey C
 Priorities and New neighbourhood name agreed for Wallasey C
 Priorities and neighbourhood name options considered by Birkenhead A, poll pending to confirm both
 Monthly update template / highlight report developed for completion by trailblazers
 Template developed by neighbourhoods to enable people/ organisations within the neighbourhood to apply for funding

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

Population Health Programme

Programme SRO

Dave Bradburn

Programme RAG



Date of Update

08/04/24

About the Programme

W

Population Health Management

Programme Commentary

Health and Wellbeing Strategy- Priority 4: Fuel Poverty

- Fuel Poverty was chosen as a game changer under priority 4 of the Health and Wellbeing Strategy.
- Nearly 1 in 7 people in Wirral are living in fuel poverty and 1 in 4 in our more deprived areas.
- Cold homes cost each Health and Wellbeing Board £10 million a year dealing with the consequences such as illness and excess deaths.
- A workshop was held on 11th March 2024 to bring the system together to focus on how we can tackle fuel poverty as a collective in Wirral. Over 40 local stakeholders and partners attended the event at the Floral Pavilion. Presentations were given by Leicester City Council and Energy Project Plus (a local charity working to support residents in the borough). The presentations raised awareness of the local, regional and national picture regarding fuel poverty and highlighted best practice.
- The second part of the event showcased stories from 4 residents reflecting on how they cope living in fuel poverty and some of the challenges they face through heating and affording to heat their homes and some of the poor housing conditions they live in due to issues like mold and damp. The case studies were presented by the Qualitative Insight Team who had spent time with the residents in their homes and also completed some filming with the residents.
- The workshop outputs focused on both strategic and operational actions for the Wirral system with a follow up event planned for Summer 2024 that will take forward the action plan.
- The Core20P5 group will receive an update on the fuel poverty work on 25th April 2024.
- It is proposed that the next Public Health Annual report will focus on fuel poverty.
- The Health and Wellbeing Board will receive an update on fuel poverty in Autumn 2024.

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



Date of Update

04/04/24

About the Programme

W

Use of Resources Model

Programme Commentary

As at month 11 the reported forecast of the pooled fund is an overspend of £18.02m, and a summary position is provided below in Table.

Month 11 reported an overspend of £18.02m which is an adverse movement of £1.7m from month 10. The adverse movement mainly relates to overspends in LA Health and Care programmes for LD £0.5m, MH £0.8m and a reduction in client charges of £0.3m. There are still significant pressures reported, and the substantial financial risks (activity, acuity and inflation) for Wirral place pooled commissioned services (All Age Continuing Healthcare - Packages of Care and Prescribing mainly). Review of expenditure and mitigation strategies continue to be sought and implemented where possible, seeking best practice from other areas.

The funding review as part of the planning round is currently on hold due to identified financial pressures for 2024/25 and awaiting national planning guidance publication.

2023/24 at Month 9	Financial Performance £m					
Organisation name	YTD Plan £m	YTD Actual £m	YTD var £m	Annual Plan £m	FOT £m	FOT var £m
Wirral Place (part of C&M ICB)	(4.8)	(17.1)	(12.3)	(7.2)	(24.9)	(17.7)
Wirral Community Health & Care NHS Foundation Trust	0.2	0.4	0.2	0.2	0.7	0.5
Wirral University Teaching Hospital NHS Foundation Trust	(15.7)	(19.3)	(3.7)	(18.6)	(23.1)	(4.5)
Cheshire & Wirral Partnership NHS Foundation Trust *	(0.1)	(0.7)	(0.6)	0.0	0.0	0.0
Total Wirral Health System	(20.3)	(36.7)	(16.4)	(25.6)	(47.3)	(21.8)
Wirral Borough Council **			0.0	0.0	(0.9)	(0.9)
Total Wirral System	(20.3)	(36.7)	(16.4)	(25.6)	(48.2)	(22.6)

* note CWP part of Wirral and Cheshire places but performance shown in full
** note LA Q2 reported only


Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Programme RAG

Date of Update

 Graham Hodkinson



12/04/24

Programme Commentary

- 1) Data Demand & Supply mapping commenced and ongoing
- 2) Review of ToR and membership of the AAD Strategic Partnership Board
- 3) AAD officer (JD) has commenced in March to support the AAD Strategic Delivery Manager (ST) to deliver PfA and Supported Employment service improvements as per the AAD strategic delivery framework. AAD Strategy approved by March 2024 Adult Social Care & Public Health Committee and Children's Committee.

Meeting taking place 16/04 between programme lead and programme manager to determine how strategies agreed in March can be delivered for Wirral residents.

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

Children and Young People Programme

Programme SRO

Programme RAG

Date of Update

About the Programme

Elizabeth Hartley



08/04/24



Children and Young People

Programme Commentary

The Children and Young People's Programme have continued progress against the SEND statement of Action and in populating required evidence in preparation for an expected SEND inspection. The draft self-assessment is underway. New governance arrangements have been agreed for the new SEND Partnership Board and will be implemented in April 2024. This is underpinned by a performance group, a continuous improvement group and a participation and engagement group. Following the submission of the DBV (delivering Better Value) in SEND bid, it has been confirmed that we were successful. Preparations to mobilise for April 2024 are now underway. The emotional health & wellbeing central point of access branding has been agreed after consultation with children and young people and professionals as 'Branch' representing growth, calm and connection to something bigger, as well as being a part of nature. The contract for the Alliance (5 organisations – Open Door, Koala NW, Action for Children, Kooth and Utopia) began this month (April) with a new service delivery programme. The digital agency continue to work on the platform and the digital tool (timescale July). Recruitment has

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

Mental Health Programme

Programme SRO

Programme RAG

Date of Update

About the Programme

About the Programme

Suzanne Edwards



08/04/24



Mental Health



Mental Health

The programme board for April was stood down, for the second time in three months due to quoracy. To ensure that we continue to work towards parity of mental and physical health services and deliver enhanced mental health care for residents of Wirral, it is imperative that this forum is well attended. An email has been sent to members to identify first steps to ensure that we improve attendance.

With the identification of the initial priority for the Primary and Community Care Programme, the Mental Health programme has identified opportunities for close working that include supporting the delivery of the frailty work in PCNs by including mental health support workers helping support anxiety, depression and loneliness which are reported by a large proportion of this population.

- * Dementia - Against a target of 66.7% diagnosis levels, Wirral achieved 66.5% for February. Waiting times continue to be approximately 23 weeks from referral to diagnosis. Meetings with one diagnosis service and one support service are planned over the next week to map out processes.
- * Acute Capacity and Demand - Focus over the past month has been on issues identified as part of a recent CQC visit. An approach has been made to substance misuse services to support working together in an acute setting, which has been received positively and builds on the relationship building between organisations.
- * First Response - A new project lead has been recruited with the promotion of the previous project lead. They will be in post within the next month and will work with the team to further the work of the project.
- * Integrated Housing - Proposal received from Magenta Living for an independent living pilot for five properties. Work continues to collate the financial information on spend for housing for Mental Health patients

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

Primary and Community Care Programme

Programme SRO

Karen Howell

Programme RAG



Date of Update

10/04/24

About the Programme



Primary and Community Care

Programme Commentary

Frailty, supporting people to age well, has been identified as the initial focus of the Primary and Community Care Board.

Data and local intelligence indicates that those with moderate to severe frailty use a disproportionate level of capacity within health services. This programme will support reducing attendances at both AED and GP Practices through a number of solutions, including anticipatory care planning.

To further refine the offer of the programme, a facilitated conversation is taking place on 8 May. This meeting will also support the further development of the programme workplan and enable the initiation of appropriate projects. A frailty pilot, which started earlier in 2024 with the Community Trust and Moreton & Meols, in addition to work taking place in other PCNs for frailty that includes the principles of patient identification and coordination of care will also be considered as part of the facilitated conversation.

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

Urgent and Emergency Care Programme

Programme SRO

Janelle Holmes

Programme RAG



Date of Update

09/04/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. On the 1st March the number of acute inpatients with no criteria to reside was 132 which did not meet the target of 100.

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

The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). February's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3906 against a target of 3224 and the number of new packages accepted is 358 against a target of 311.

The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. February's data shows an increase in throughput on its frailty ward on the previous month, from 32 in January to 40 in February, the target of 120 was not met. Throughput on the respiratory ward remained relatively consistent on the previous month, with throughput of 114 in January to 111 in February, slightly below the target of 120.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. February's data shows an increase in overall pick-ups on the previous month, from 163 in January to 184 in February, exceeding the target of 170. February's data shows that both pick-ups from hospital and CICC have increased on the previous month. Pick-ups from hospital increased from 154 in January to 173 in February, exceeding the target of 150 and pick-ups from CICC increased from 6 in January to 11 in February, however not meeting the target of 20.

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

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Virtual Wards	Improving	●	●	●	●	●	Virtual Wards - Highlight Report

AbleMe	Improving					Community Reablement - Highlight Report
Transfer of Care Hub	No Change					Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	Improving					HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving					Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO

Chris Mason

Programme RAG



Date of Update

16/04/24

About the Programme



Digital Maturity

Programme Commentary

Summary/Progress this month:

- Our top priority remains migrating our population health management system from the Wirral Care Record to CIPHA. We're collaborating with our core providers to develop work plans and ensure commitment to milestone timelines. WUTH are in the process of incorporating this project into their wider operational plan for 24/25 – timelines TBC, and CWP have actively started initiating the development of their current dataflow.
- We are in the process of updating our Place Digital Maturity governance function. We have refined our terms of reference and aim to ensure complete representation and involvement of all partners, including VCSFE. This will serve as a platform for effectively monitoring and evaluating programme objectives and progress, enabling us to actively challenge and improve where necessary. We aim to re-establish our board starting from May-24.
- We have started to initiate discussions with Wirral SROs/leads to gain an understanding into how the Digital Maturity programme can act as an enabler for other initiatives within the Wirral Health and Care plan, assisting in achieving their specific programme objectives.
- We're collaborating with the Director of Digital Maturity and Capabilities at NHSE to determine the feasibility of applying the Digital Maturity assessment to VCSFE, including St John's Hospice and Wirral CIC's.

Escalations:

- Organisation engagement with CIPHA migration project.
- Clinical leads across various sectors have raised concerns re workforce capacity and how this will impact Wirral's ability to use CIPHA effectively for managing population health. The adoption of Wirral's previous system, The Wirral Care Record, was minimal primarily due to limited workforce capacity and therefore Wirral were not able to achieve the intended project outcomes and benefits. This raises the risk of encountering the same issue following our transition to CIPHA.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration						WCR / CIPHA Migration - Highlight Report
Digital Maturity Programme Mobilisation						Digital Maturity Programme Mobilisation - Highlight Report

Place Estates and Sustainability Programme

Programme SRO

Paul Mason

Programme RAG



Date of Update

12/04/24

Programme Commentary

Completed in March 2024 (Last Month)

The focus this month was to develop overall group approach to managing the deliverables. This resulted in the development of:

1. Finalisation of key delivery pillars
2. Set of documented outcomes
3. Workshops held to plan PMO support for delivery of the pillars

Areas of Focus for delivery in April 24:

- Development of priorities and phasing - Completed
- Development of PMO structure in Smartsheet's - WIP
- Present back to SEG in May 2024 full suite of plans - On Plan
- Identified Leads for 3 workstreams and prioritised (Governance, Baselining and Sustainability) - Completed (2 workstreams remaining for leads to be allocated at next SEG)

Escalations/ Barriers to Delivery:

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

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Estates Governance Mobilisation	No Change						Estates Governance Mobilisation - Highlight Report
Estates Maturity Baselining	No Change						Estates Maturity Baselining - Highlight Report
Estates Burning Platforms	No Change						Estates Burning Platforms - Highlight Report
Estates Transformational Projects	No Change						Estates Transformational Projects - Highlight Report

Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



Date of Update

19/04/24

About the Programme



Place Medicines Optimisation

Progress this month:

- The Wirral Place Medicines Optimisation Group met for the third time on the 13th March. April's meeting scheduled to take place on the 10th April was cancelled by the chair due to the number of apologies.
- Reporting and oversight of the work programme is via the Wirral Place MO group however capacity of the meeting to drive the work forward is challenging so the SRO has decided to hold a Wirral Place MO workshop in order to bring partners together to review, develop and confirm the final 24/25 programme delivery structure. Workshop planning is underway with the aim for the workshop to take place before the end of May and the 24/25 strategy in place by end of June 2024 – MO group will be informed at next meeting and approval of the final plans will be through this group.
- Wirral Place Medicines Optimisation Group endorsed the draft Smartsheets workstream reporting templates created for the MO programme. Reporting to go live once final delivery structure is confirmed. To be tweaked to include patient engagement and awareness and impact on other workstreams/programmes/partners e.g. community pharmacy.
- MO workstream deep dive is scheduled for April's STG
- QIPP/CIP planning underway and plans for 23/24 have been collated and shared. 24/25 plans are being pulled together for April MO meeting which will now be shared at May MO meeting.
- Opioids/chronic pain workstream is well underway and 3rd Community of Practice due to take place in April – additional members identified and links to ICB developing action plan. Rapid insights session across C&M planned for end of April and Wirral will be represented – being led by Wirral MO SRO.
- Wirral health literacy work & infographics to be used with the polypharmacy workstream to explore what phase 2 can look like and how we can trial a different approach to patient

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

Place Workforce Programme

Programme SRO

Debs Smith

Programme RAG



Date of Update

16/04/24

About the Programme



Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce strategy and associated planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2024-5 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub-groups, leadership and membership.

Progress this month: The Workforce Steering group have endorsed the programme elements and agreed an approach that will support the establishment of the Wirral Place Health and Care Workforce Strategy. The baseline workforce data project group are compiling the data at organisational level. Discussions are underway regarding hosting of place level dashboard, and overlaying population health and social value data.. The Wirral Care leavers project group are building the programme elements in partnership with the Wirral Learning, Skills and Employment Service and key anchor organisation partners; establishing organisational sign up and potential posts for work trials.

Escalations: None

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Baseline Mapping for Wirral Workforce	Improving	●				●	Baseline Mapping for Wirral Workforce - Highlight Report
Wirral Workforce Strategy	No Change	●				●	Wirral Workforce Strategy - Highlight Report
18-24 Employment	Improving	●				●	18-24 Employment - Highlight Report

At Scale Programme

Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



Date of Update

03/01/24

Performance Charts



At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

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

REFERRAL TO TREATMENT

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

- 104+ Week Wait Performance – 0
- 78+ Week Wait Performance – 0
- 65+ Week Wait Performance - 286
- 52+ Week Wait Performance - 1880
- Waiting List Size - there were 42,552 patients on an active RTT pathway against the Trust's trajectory of 37,718.

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

CANCER

- 2 Week Waits – This national standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the Faster Diagnosis Standard. At the end of November 2WW performance was 78.1%.
- FDS – was 69.81% (freeze date 4.1.24) in November (latest available data) against a national target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WW standard.
- 31 day treatment numbers - above trajectory and expected to continue.
- 62 day performance is currently below trajectory with 149 patients against a plan of 170 for November.

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

DIAGNOSTICS

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

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

MATERNITY

RISKS TO RECOVERY AND MITIGATIONS

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

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

Agenda Item 9

Title	Unscheduled Care Improvement Programme Update
Authors	Janelle Holmes, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations

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

It is recommended that the Board notes this update.

Key Risks

The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19th October 2023:

- *PDAF 1 Service Delivery*: Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF 3 Collaboration*: Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

There are also associated operational risks for the system when acute hospital beds are not available for people who meet the criteria to reside in hospital. This may result in the further risks of:

- Potential harm brought about by ambulance handover delays and corridor care
- Patient deconditioning and potential harm associated with long lengths of stay.
- The inability to work through the elective recovery backlog.
- Shared resources are not used in the most efficient and effective way possible, therefore not aiding financial recovery and sustainability.

The main driver for the Unscheduled Care Improvement Programme is to mitigate the above risks.

Governance journey

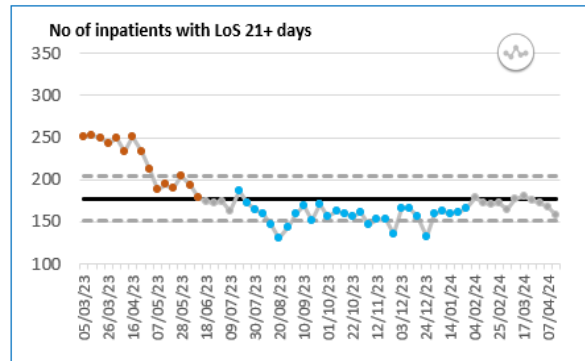
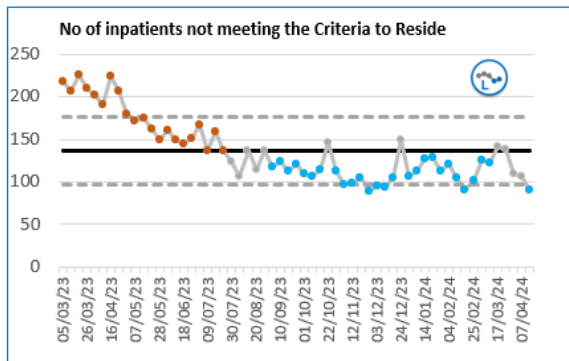
Date	Forum	Report Title	Purpose/Decision
22 nd June 2023	Wirral Place Based Partnership Board	Unscheduled Care Programme	Resolved – That: (1) the update be noted (2) the programme approach be endorsed.
27 th July 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme	Resolved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

19 th October 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
23 rd November 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 st December 2023	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
25 th January 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
22 nd February 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.
21 st March 2024	Wirral Place Based Partnership Board	Unscheduled Care Improvement Programme Update	Resolved – That the update be noted.

1	Narrative
1.1	Overview
1.1.1	At the meeting of the Wirral Place Based Partnership Board (PBPB) on 21 st March 2024, it was reported that the Unscheduled Care Improvement Programme continues to make progress in the delivery of the key programme milestones. This progress has again continued across its 5 workstreams with the aim of improving urgent and emergency care services in Wirral. The sentinel measure of the programme’s success is a sustained reduction in the No Criteria to Reside (NCTR) numbers, where the Wirral system has been a national and regional outlier for a significant period. This has brought with it national NHS and Local Authority leadership scrutiny and an expectation for improvement, which we are now continuing to see. This report provides the Board with evidence of that improvement to date and assurance of the decision of endorsement of the programme presented at March’s meeting.
1.1.2	Analysis of data since the previous report, shows a decrease in the number of hospital inpatients with NCTR (sentinel measure). The NCTR number has decreased from 135 in February 2024 to 132 on the 1 st March 2024. Following the national picture of increased winter pressures a recovery plan has been in place with the aim

	of returning the NCTR number to pre-Christmas levels of 100. Interim data shows this has been consistently achieved, with the NCTR number reaching 98 in February and 97 in April 2024. Wirral has continued to perform strongly compared to other Places within Cheshire and Merseyside Integrated Care System (ICS). Wirral has consistently been in 1st or 2nd position out of 7 areas over the winter period, this did deviate slightly in March 2024 however Wirral was back to 1 st position 1, week ending the 14 th April 2024. For context Wirral consistently was in bottom position at the start of the programme. Improvement is also being seen in the Patient Length of Stay (LOS) of both 14 and 21 days.
1.1.3	A successful weeklong Super Multi Agency Discharge Event (MADE) took place in Wirral between Friday, 22 nd and Thursday 28 th March 2024, which was part of Cheshire and Merseyside ICS wide event, with MADEs taking place across all Places in the ICS region. The MADE brought together our health system and local authority partners to support improved patient flow across the system, to recognise and unblock delays and challenge and improve discharge processes. The MADE was deemed successful with partners working effectively over the 7 day event. Significant key learnings were captured throughout the event and are being worked up by system partners into a report which will be taken to the next Unscheduled Care Programme Board. The suggested actions recommended to the Board will be included in the work programme for 24/25.
1.1.4	The continued improved system position has enabled system partners to focus on exploratory work on the development of additional new pathways of care to further improve non elective flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patient pathways, which continue to be progressed. To support the development of the delirium recovery pathway development a Wirral partner workshop jointly led by the Local Authority and WUTH is scheduled to take place on the 8 th May 2024.
1.1.5	Following the completion of the evaluation of the Unscheduled Care Programme workstreams and other funded Urgent and Emergency Care (UEC) schemes, these were presented at March's meeting as part of an update on the Wirral capacity and demand work. The Board endorsed the report recommendations. The evaluations described the impact the individual schemes have had on the reduction of the NCTR numbers, performance to-date, quality and outcomes and opportunity future benefits and focus. The evaluations support the development of the future system capacity & demand plan, which has been brought together as a single piece of work, which will culminate in a single plan and set of recommendations to inform future service requirements, including future performance targets and trajectories. Additionally, these key outputs will inform the Wirral system 24/25 planning round. System partners have continued to develop the Wirral capacity and demand work and are scheduled to take the next update to April's Unscheduled Care Programme Board before it is brought back to this Board.
1.1.6	The Board is asked to note the update.
1.2	Programme Delivery Detail
1.2.1	<i>Transfer of Care Hub</i>
	Following the go-live of the new Transfer of Care Hub on 1 st July 2023, which coincided with Adult Social Care staff transferring back to Wirral Council, there has been a significant amount of work undertaken. The focus continues to be on the delivery of the medium-term objectives, which include developing detailed SOPs for all processes, making changes to the Cerner system, with some now complete, to enable the improved management of the patient discharge pathway, improved reporting and establishing an electronic transfer of care form to improve the assessment of patients and improving the time between the patient having no criteria to reside and discharge from hospital. Transfer of Care Hub Teams are now co-

located as teams from 13th November, in line with the establishment of the control centre and work continues with the Estates team to improve the workplace and Hub environment, developing the “control room” approach to the transfer of care. This activity will continue to contribute to a more effective way of working, improved performance and improved patient experience and outcomes along with improving Wirral’s performance against the NCTR metrics, given pre-April 2023 Wirral was a regional and national outlier in this area. The improved position has also enabled the Transfer of Care hub and wider system focus on the development of new pathways to further improve flows of patients across the sector. The new pathways under development include, bariatric, delirium and non-weight bearing patients, where development is continuing to make good progress with system partners. There is a significant relationship building with the care sector between LA and WUTH colleagues. The improvements against the NCTR and long LOS metrics are detailed in the graphs below:



Transfer of Care Hub shared governance arrangements, between Wirral Borough Council and WUTH have commenced and are now well established, with the Transfer of Care Hub Quality Board meeting for the sixth time in April. The Board will continue to meet monthly. The next phase of improvement work to further augment the hub development is to include Wirral ‘admission avoidance’ workstreams in line with the agreed Phase 2 work plan for 24/25.

Two significant visits to the Transfer of Care Hub by national representatives have taken place during March. On the 21st March, Amanda Doyle (NHSE National Director for Primary Care and Community Services) visited and this was followed by a visit by the Department of Health and Social Care, System Oversight Team on the 27th March. Both visits were deemed successful with positive feedback received. Amanda Doyle also met with the Home First team, as part of the Community Integrated Response team (CIRT) during her visit.

1.2.3 *Headline Metrics*

Progress against the programme and project metrics set out in Appendix 1. The NCTR metric is captured as a snapshot on the first of every month. The NCTR number has decreased from 135 in February 2024 to 132 on the 1st March 2024. Following the national picture of increased winter pressures a recovery plan has been in place with the aim of returning the NCTR number to pre-Christmas levels of 100. Interim data shows this has been consistently achieved, with the NCTR number reaching 98 in February and 97 in April 2024.

The supporting metrics are managed at a project level. Each of the five supporting projects must be able to measure progress against one or more metrics which, if achieved, will result in an improvement to the headline metric.

1.2.4 *Supporting Projects*

Care Market Sufficiency - The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new

	<p>packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). February's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3906 against a target of 3224 and the number of new packages accepted is 358 against a target of 311.</p>
	<p>Virtual Wards – The frailty service is now back up to full capacity and in February patient throughput increased from 32 in January to 40 in February, however this did not meet the target of 120. Medical staffing arrangements have been strengthened and throughput is now expected to increase further.</p> <p>The respiratory virtual ward is well established with 111 pickups seen in February only slightly behind the target of 120. A review of the capacity and resource will be undertaken to understand if there are any further conditions to be added to increase throughput or review capacity.</p>
	<p>Home First – Home First Pathway 1 discharges in February exceeded their long term target of 170, with 184 in total. Of these, 173 were from hospital and 11 from Pathway 2 beds or other routes.</p> <p>Whilst Home First is operating around its planned long term capacity with major pathway developments completed, a number of key areas of focus remain:</p> <ul style="list-style-type: none"> • Discharges from Clatterbridge Intermediate Care Centre (CICC) into Home First, ensuring the pathways and interfaces are tailored to intermediate care when appropriate. • Working with hospital teams to increase numbers of discharges achieved earlier in the day and reduce numbers of slots missed due to changes in patient needs. • Information provision to general practice at the end of the Home First pathway. • Testing pathways into VCFSE services via Community Connectors from Involve NW as part of the Home First multidisciplinary team. <p>The Home First Model has been presented to a range of external audiences to facilitate shared learning across the system.</p>
	<p>The AbleMe project board continues to meet and has made significant progress across all workstreams, meeting a number of key milestones this month. Good progress has been made with procurement activity and the recruitment of 2 new Senior Practitioners has been successfully completed. The Service referral criteria was signed off at board on the 21st February 2024. There is significant key activity planned to take place in April. The project remains on track to agree the project level metrics.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>There is a risk that the projects will not be delivered in time due to availability of health and care staff, which will need to be recruited to support increased activity levels. This risk is being managed by the workforce leads across Wirral, who are actively monitoring recruitment levels against the trajectory and are actively seeking out innovative recruitment practices to help attract more people into the professions.</p> <p>All project risks are captured and monitored in a programme risk register within a single electronic programme management system. Risks are managed in line with the framework set out in the Wirral Place monitoring and control strategy. Risks are reviewed and updated on a weekly basis and where a risk is not able to be resolved</p>

	within the project it will be escalated to the Unscheduled Care Programme Board.
2.2	<p><i>Financial</i></p> <p>Patients who remain in hospital with NCTR have a significant financial impact on the Wirral system. Having a programme that is focussed on moving people into services that provide the right type of care, at the right time, will bring about non-cashable efficiencies and improve quality and safety.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no legal implications directly arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>There are no additional resource implications arising from this report.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Weekly meetings are taking place within each of the individual project teams, to ensure that progress is being tracked and that stakeholders are engaged.</p> <p>A weekly senior operational managers group is in place to review and manage the many co-dependencies between the projects.</p> <p>A monthly Programme Board is in place to provide a point of escalation from the projects and to unblock issues.</p> <p>A fortnightly SRO meeting is in place with the senior leads from each workstream.</p>
2.6	<p><i>Equality</i></p> <p>All projects will give due regard to equality implications and will complete an equality impact assessment where needed.</p>
2.7	<p><i>Environment and Climate</i></p> <p>There are no environment and climate implications from the report.</p>
2.8	<p><i>Community Wealth Building</i></p> <p>Recruitment programmes are actively seeking to recruit Wirral residents.</p>

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

	Appendix 1 – Unscheduled Care Programme highlight report 26.03.24 Appendix 2 – Discharge Dashboard 17.04.24
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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. On the 1st March the number of acute inpatients with no criteria to reside was 132 which did not meet the target of 100.

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

The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). February's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3906 against a target of 3224 and the number of new packages accepted is 358 against a target of 311.

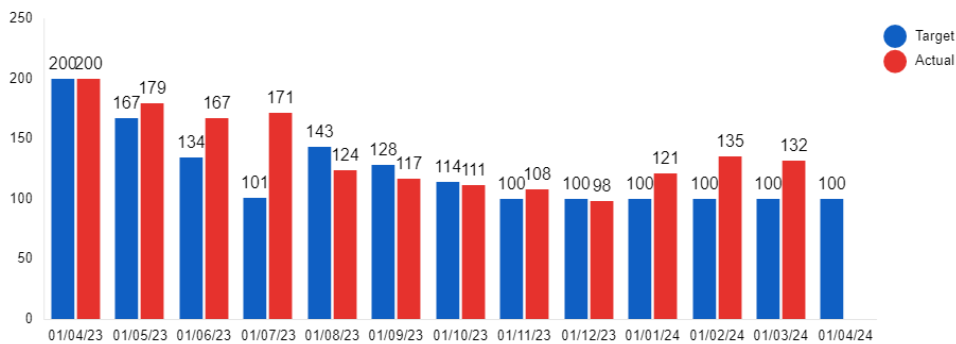
The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. February's data shows an increase in throughput on its frailty ward on the previous month, from 32 in January to 40 in February, the target of 120 was not met. Throughput on the respiratory ward remained relatively consistent on the previous month, with throughput of 114 in January to 111 in February, slightly below the target of 120.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. February's data shows an increase in overall pick-ups on the previous month, from 163 in January to 184 in February, exceeding the target of 170. February's data shows that both pick-ups from hospital and CICC have increased on the previous month. Pick-ups from hospital increased from 154 in January to 173 in February, exceeding the target of 150 and pick-ups from CICC increased from 6 in January to 11 in February, however not meeting the target of 20.

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

Progress against our headline metric

Acute Inpatients with NCTR



About our headline metric

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

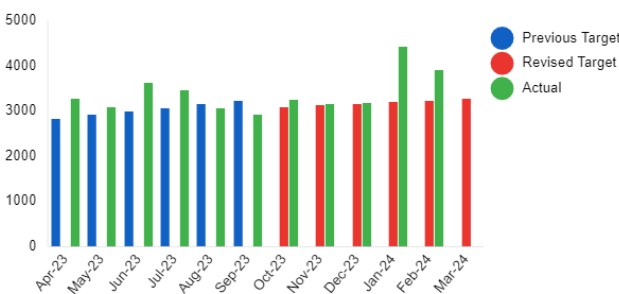
At the start of the programme (1st April) the number of beds occupied by people with NCTR was 200 with the target to reduce this to no more than 70 by 1st August.

A revised programme trajectory has been endorsed by place partners in July with the new trajectory targets revised from 1st August onwards. The revised trajectory target is to reduce the number of beds occupied by people with NCTR to no more than 100 by 1st November.

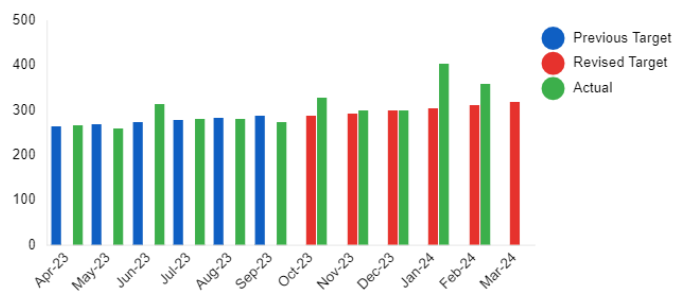
The programme trajectory post 1st November has been developed, which aims to maintain the number of beds occupied by people with NCTR to no more than 100 given the pressures forecast for Winter. The trajectory will then focus to reduce the % of all beds occupied by NCTR patients to 10% in Q1 of 24/25.

Project-level targets: Care Market Sufficiency

Overall hours picked up

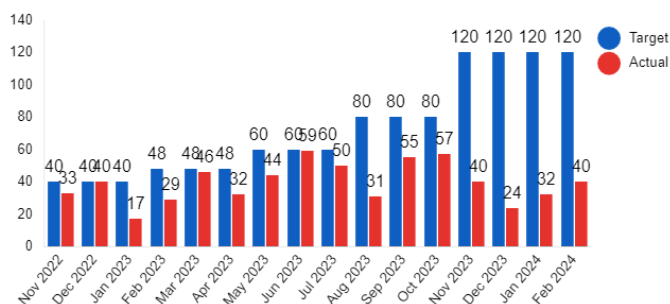


Number of packages accepted

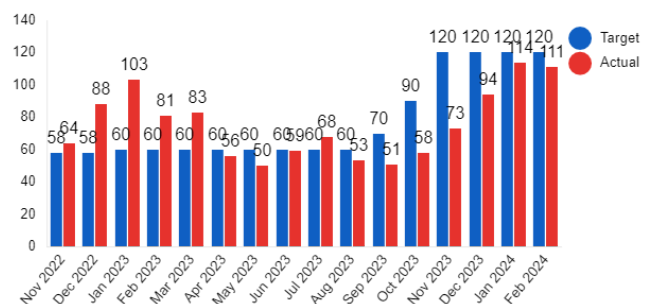


Project Level Targets: Virtual Wards

Frailty Virtual Ward - Patient Throughput

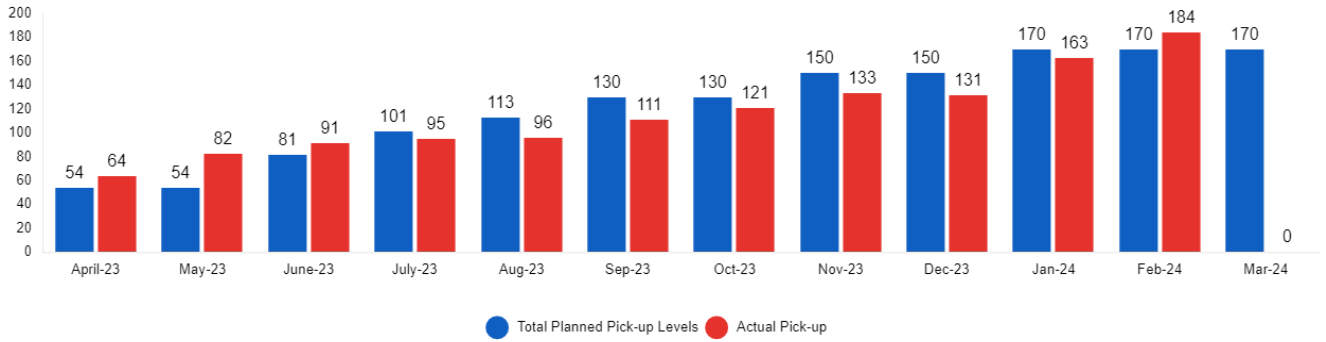


Respiratory Virtual Ward - Patient Throughput

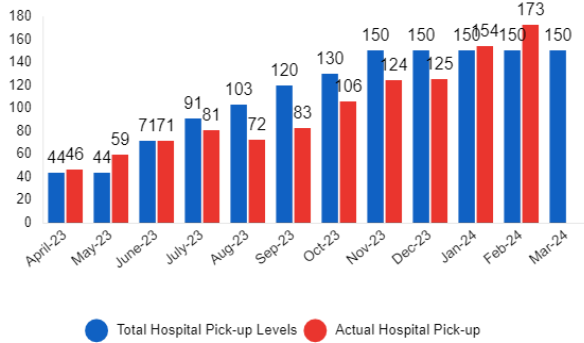


Project-level targets: Home First

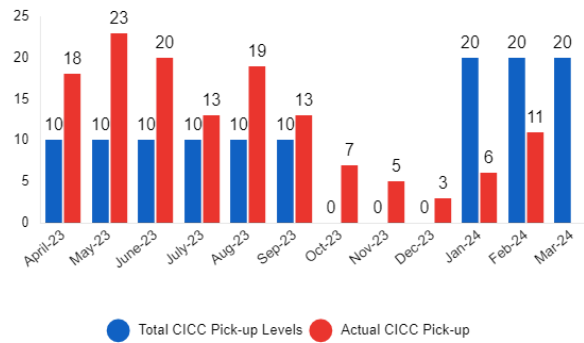
Overall Pick up target



Hospital pick-up targets



CICC Pick-Up Targets



Project level target: Transfer of Care Hub

Project level metrics not yet agreed

Project level target: AbleMe

Project level metrics not yet agreed

Project Milestone Plans

USC draft				2022			2023			2024				
Primary	Milestone Progress	Start	Finish	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Sheet Name AbleMe - Projec														
AbleMe		11/10/22	15/06/23											
Initiation Phase		03/03/23	15/06/23											
Vision workshops with WCHCF to set out guiding principles	Workshops completed 27.3.23 & 3.4.23													
Target Operating		22/05/23	22/06/23											
TOM sign off by A	Approved at committee 13.6.23	22/05/23	13/06/23											
Update to Wirral P		22/06/23	22/06/23											
Implementation P		01/09/23	29/03/24											
Mapping of STAR to AbleMe pathway completed	Scoping out meeting	01/09/23	29/12/23											
AbleMe Register		01/10/23	29/12/23											
Recruitment of Da		01/11/23	31/01/24											
Service Mapping c		01/11/23	31/01/24											
CQC Registration		01/12/23	31/01/24											
Senior AbleMe Pr		01/01/24	29/03/24											
AbleMe Service Development (Training/Sops)		01/01/24	29/03/24											
AbleMe data requirements to be scoped out for procurement process for ECDMS		01/01/24	29/03/24											
Sheet Name CMS Plan V3														
Brokerage Model / Capacity Tracker	Postcode Search now implemented	01/10/22	13/09/23											
Social Work team to use Brokerage model for Care	Message to market to pick up placements using brokerage system only. All placements													

Project Updates

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

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

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

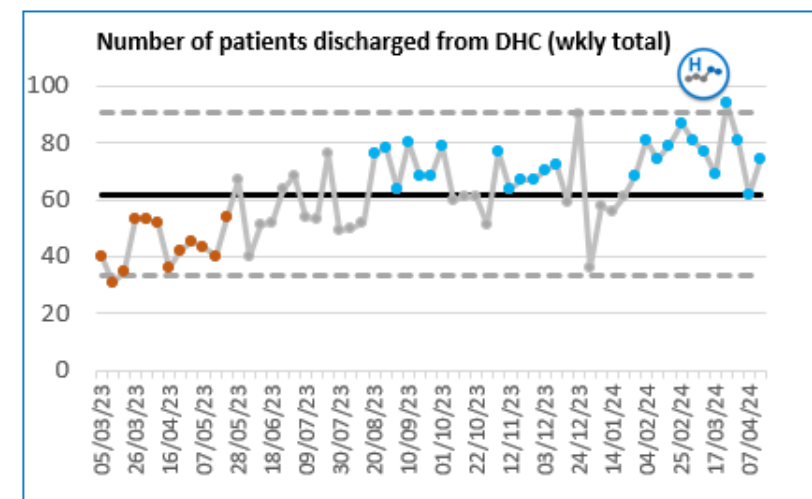
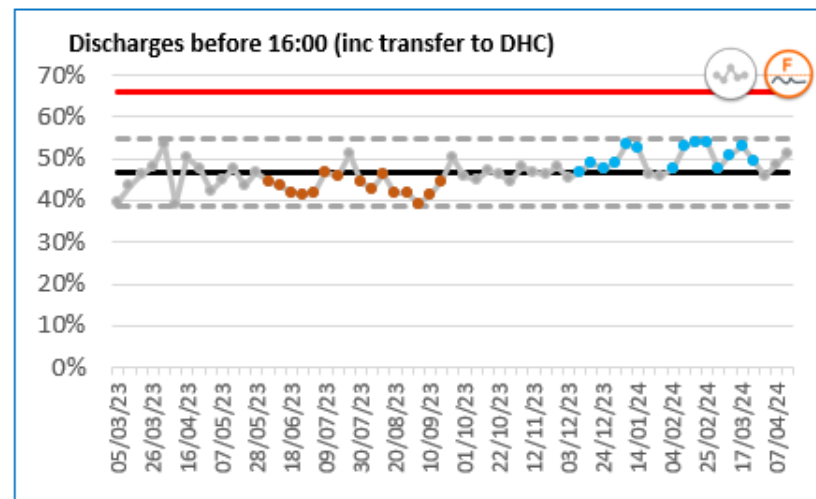
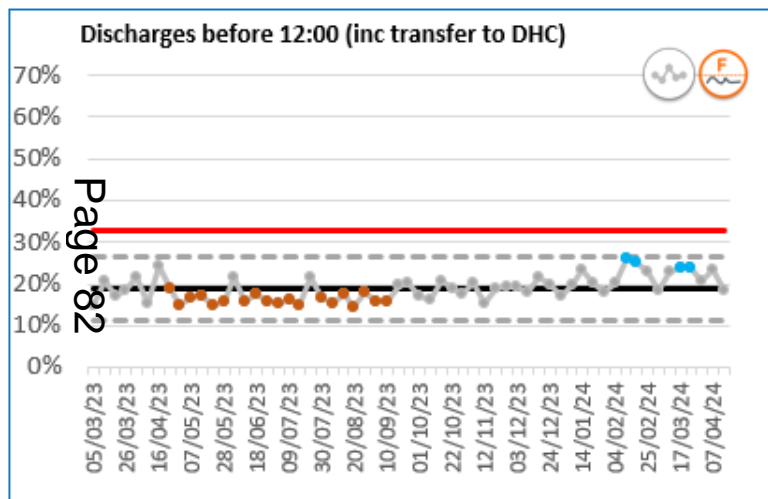
If you would like to discuss any of the projects, please contact the Healthy Wirral UEC Programme Manager: James Barclay on james.barclay1@nhs.net

DISCHARGE DASHBOARD

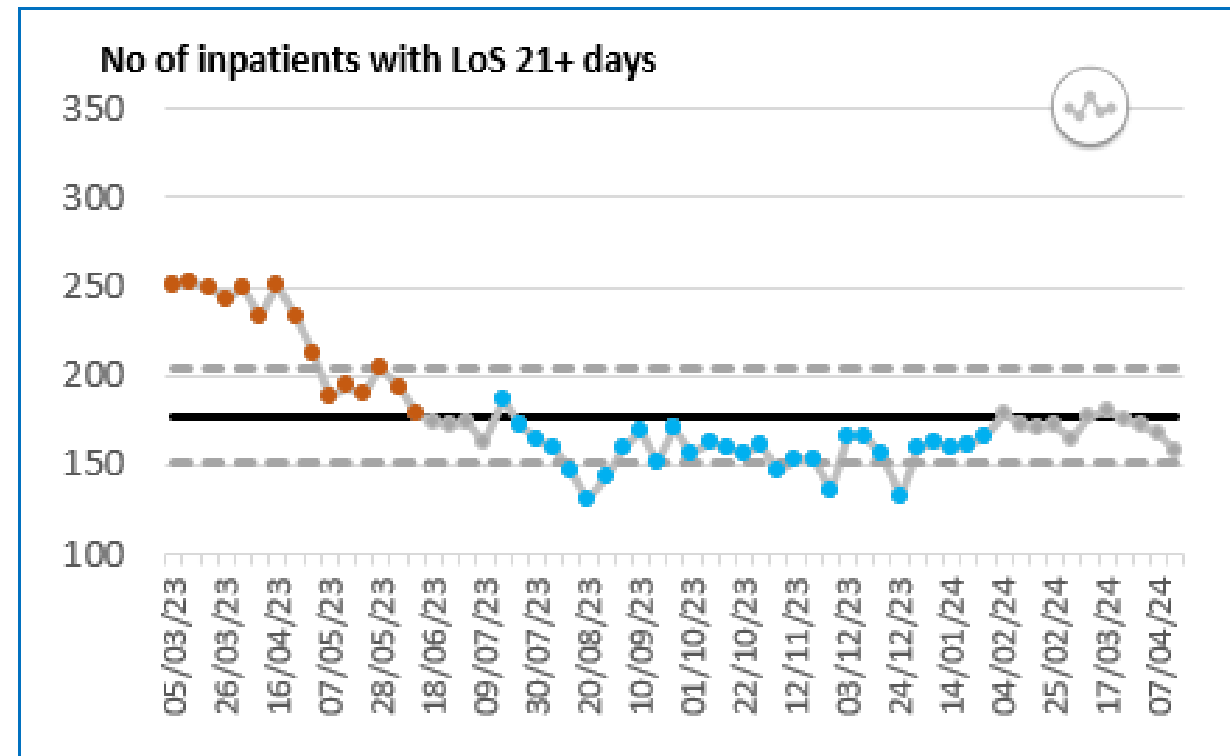
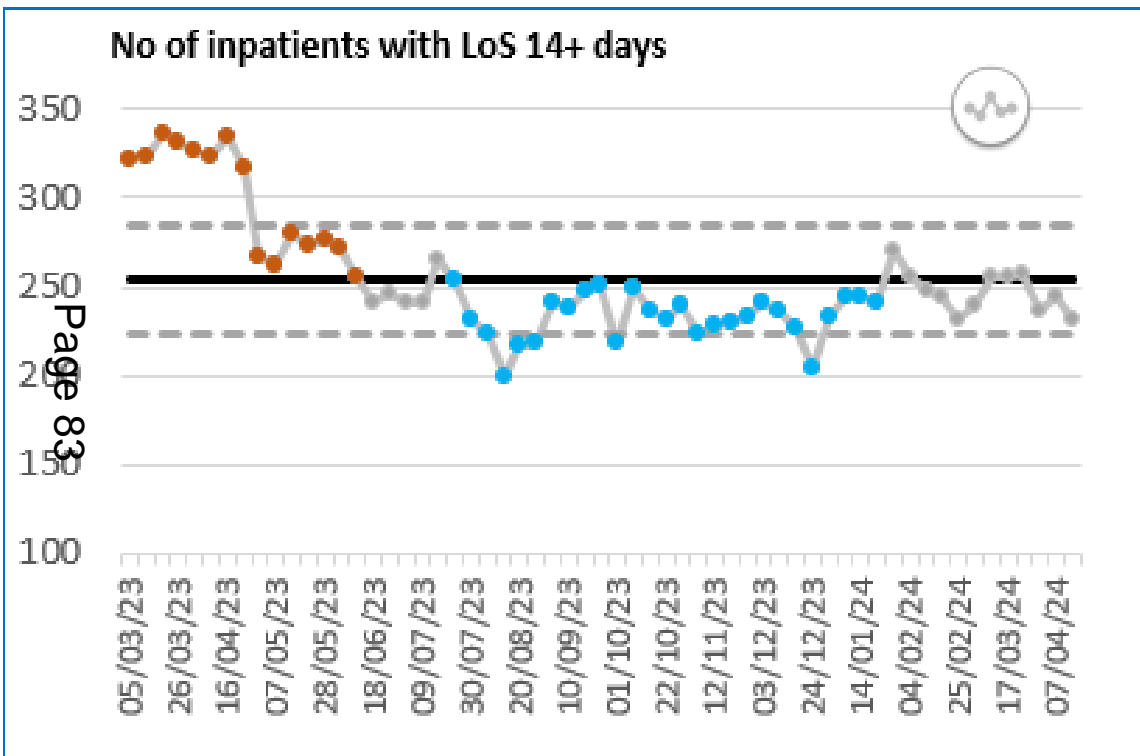
Weekly Performance to 14th April 2024

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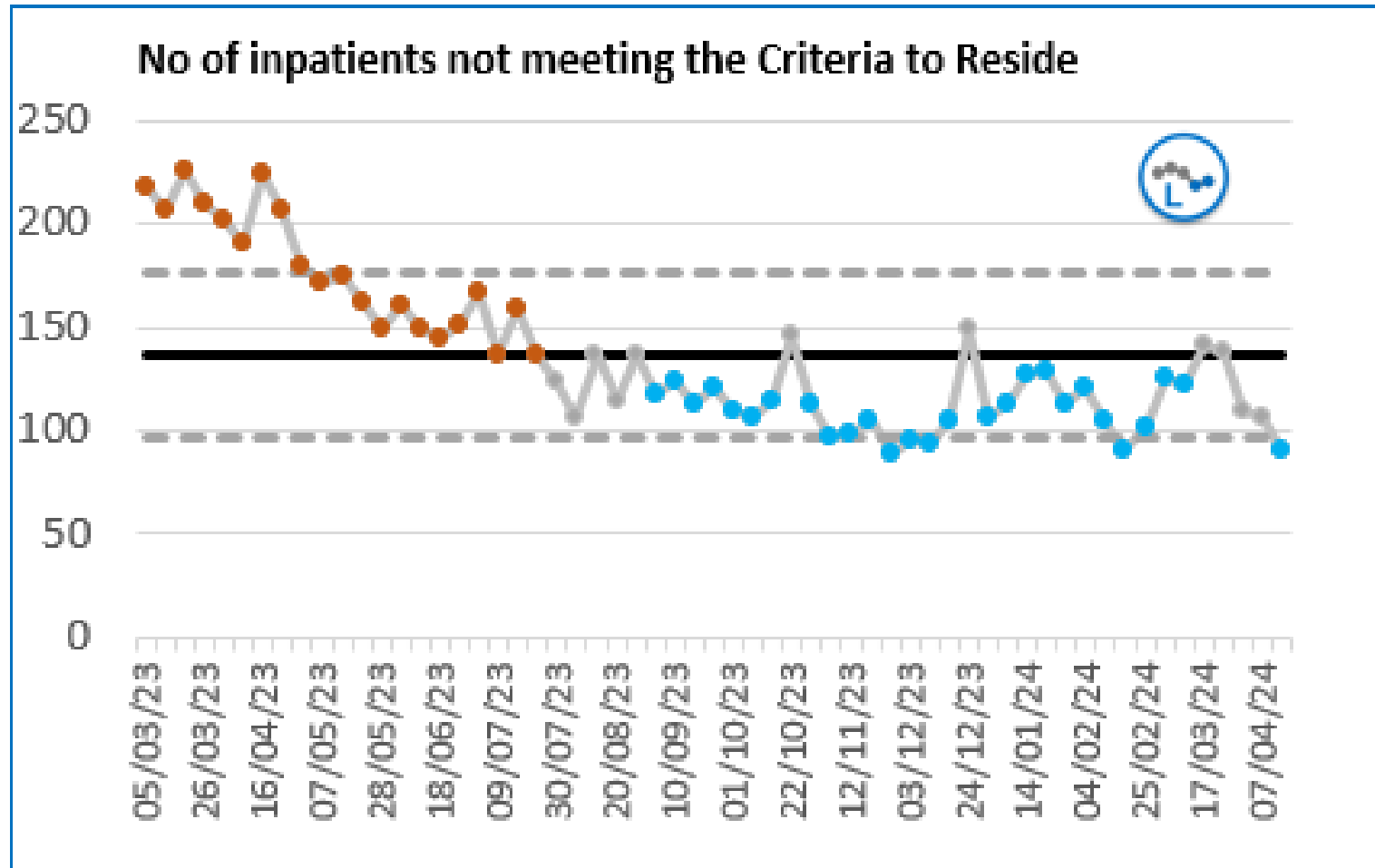
Discharge Performance – to 14/04/24



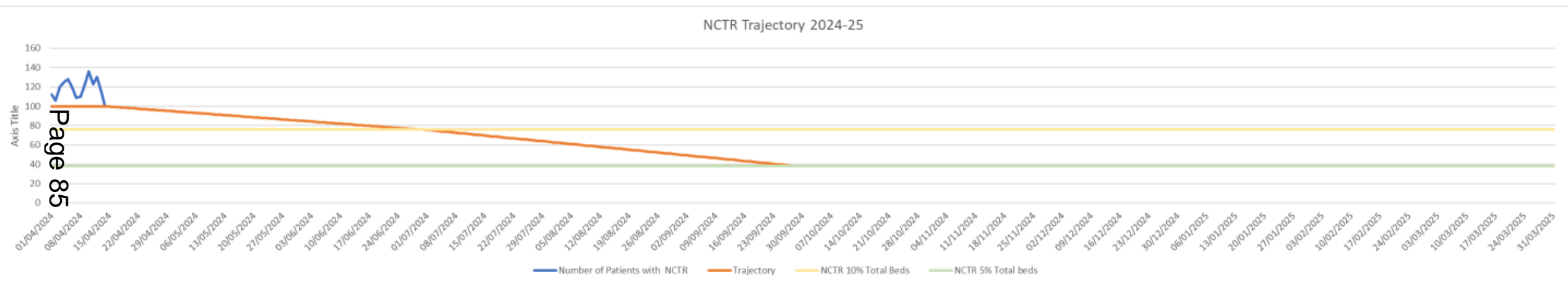
Long LoS – to 14/04/24



Criteria to Reside – to 14/04/24



No Criteria to Reside (NCTR) trajectory – to 14/04/24



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Performance compared with other C&M Places – to 14/04/24

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

Latest Date: 14 April 2024

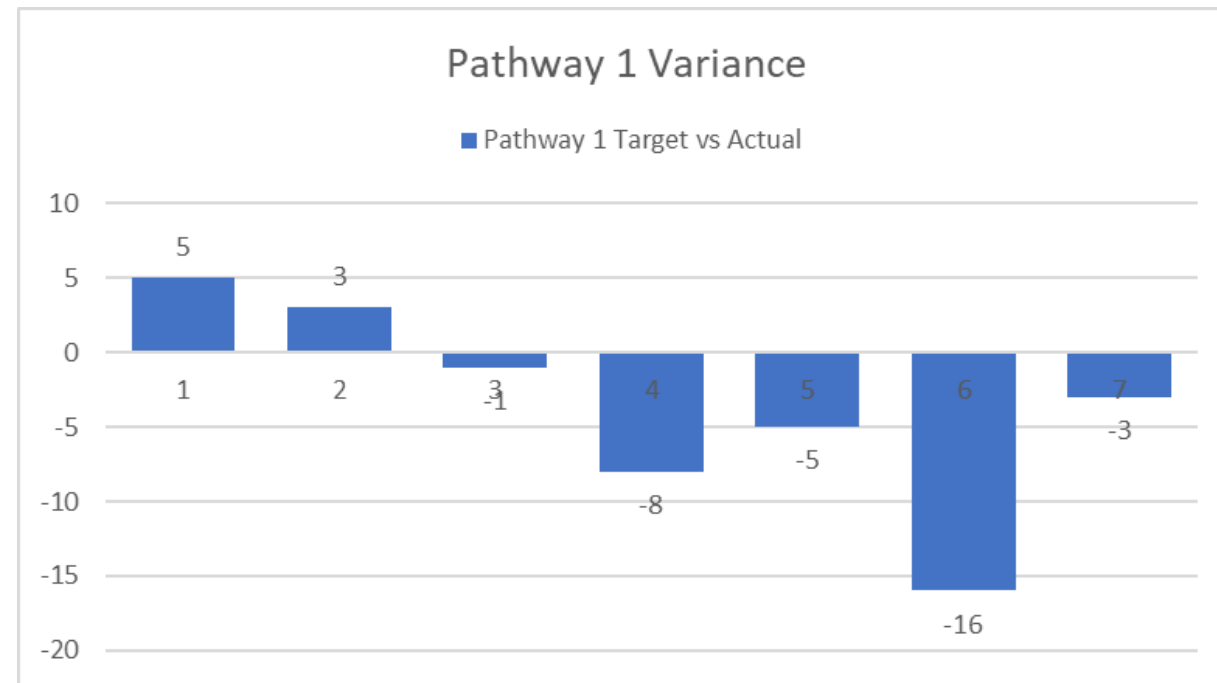
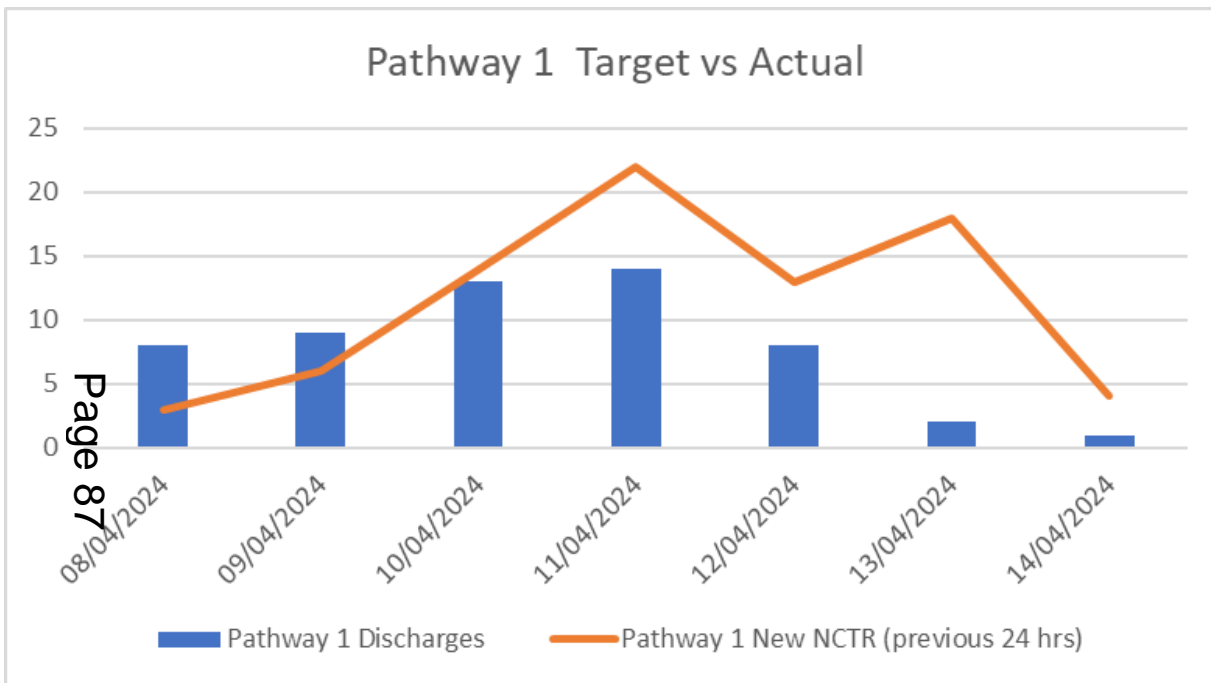
Trust	Trajectory	Current	PP Var
1 Wirral	14%	12.2%	-2%
2 Countess of Chester	17%	14.2%	-3%
3 East Cheshire	19%	16.3%	-3%
4 Mid Cheshire	20%	17.8%	-2%
5 Mersey and West Lancs	25%	19.8%	-5%
6 Warrington & Halton	22%	21.4%	-1%
7 LUHFT	27%	26.8%	0%
Total	22%	20.2%	-2%

Provider	Trajectory	Current	Var
Countess of Chester	17%	14.2%	-3%
East Cheshire	19%	16.3%	-3%
LUHFT	27%	26.8%	0%
Mersey and West Lancs	25%	19.8%	-5%
Mid Cheshire	20%	17.8%	-2%
Warrington & Halton	22%	21.4%	-1%
Wirral	14%	12.2%	-2%
Total	22%	20.2%	-2%

Discharge SITREP: 14/04/2024

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

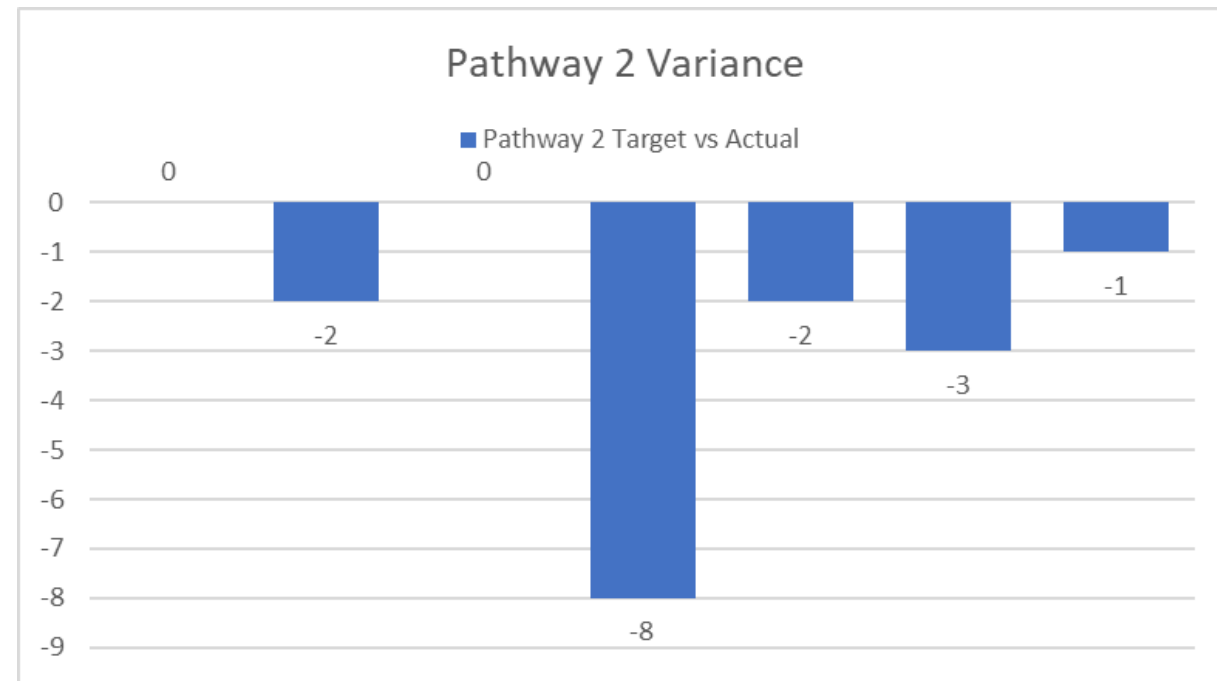
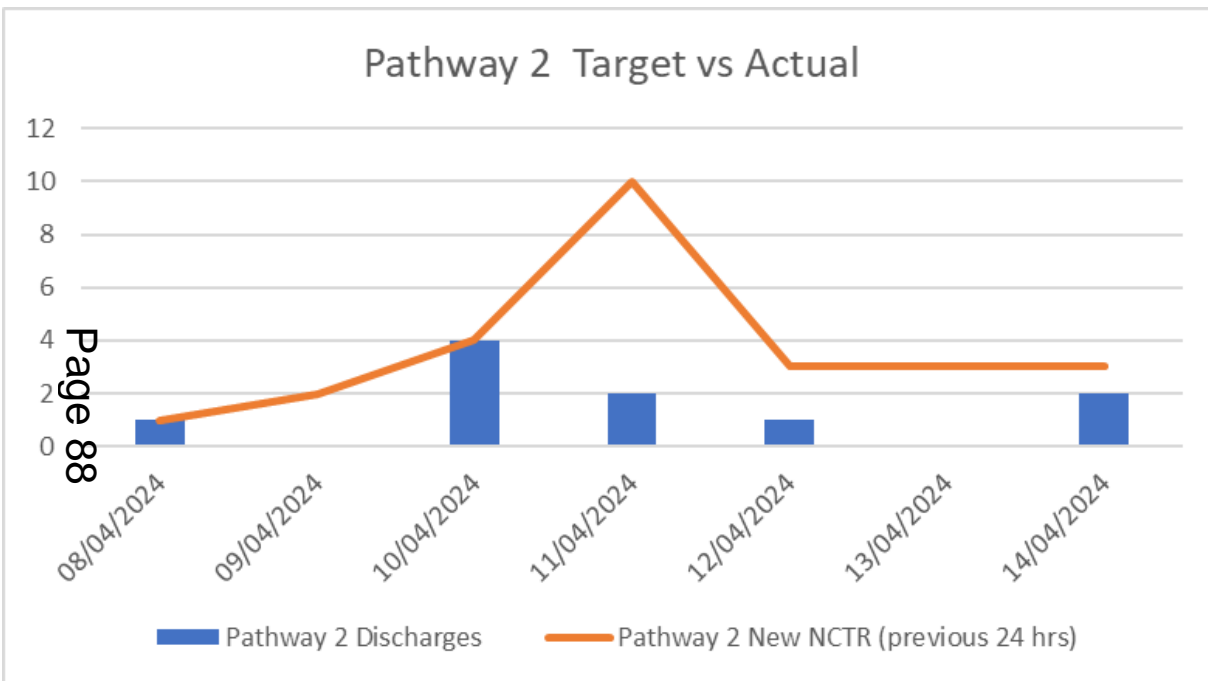
Demand vs Discharges – Pathway 1 – to 14/04/24



	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Pathway 1 New NCTR (previous 24 hrs)	3	6	14	22	13	18	4	80
Pathway 1 Discharges	8	9	13	14	8	2	1	55
Pathway 1 Target vs Actual	5	3	-1	-8	-5	-16	-3	-25

Total number all Pathway 1 NCTR (Sunday, 14th April) = 47

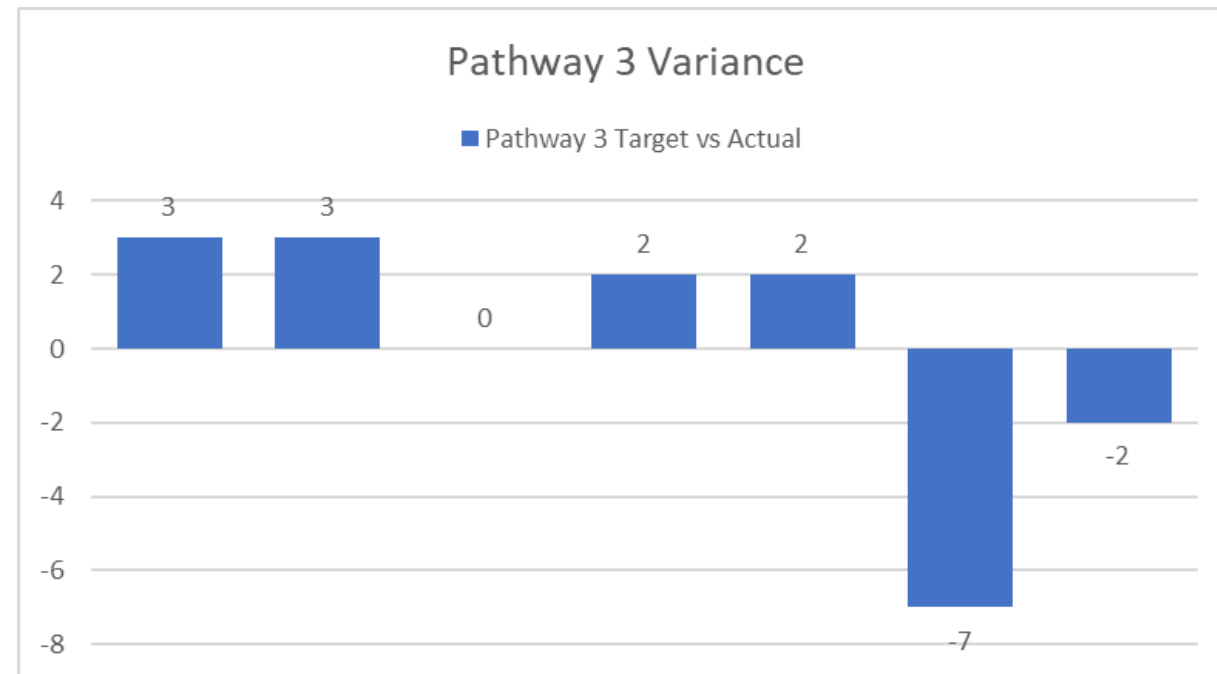
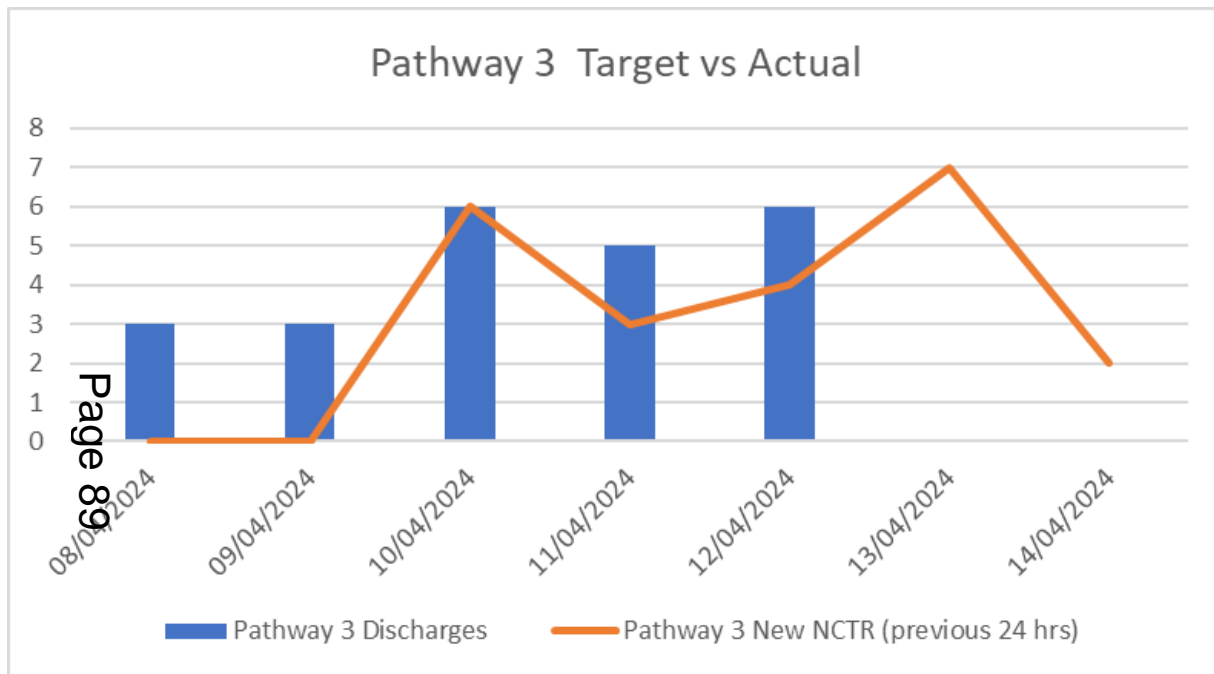
Demand vs Discharges – Pathway 2 – to 14/04/24



	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Pathway 2 New NCTR (previous 24 hrs)	1	2	4	10	3	3	3	26
Pathway 2 Discharges	1	0	4	2	1	0	2	10
Pathway 2 Target vs Actual	0	-2	0	-8	-2	-3	-1	-16

Total number all Pathway 2 NCTR (Sunday, 14th April) = 28

Demand vs Discharges – Pathway 3 – to 14/04/24



	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Pathway 3 New NCTR (previous 24 hrs)	0	0	6	3	4	7	2	22
Pathway 3 Discharges	3	3	6	5	6	0	0	23
Pathway 3 Target vs Actual	3	3	0	2	2	-7	-2	1

Total number all Pathway 3 NCTR (Sunday, 14th April) = 17

Areas to be included

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

Title	Primary Care Group Report
Authors	Iain Stewart, Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), NHS Cheshire and Merseyside (Wirral)
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Primary Care Group (PCG).</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the work of the Primary Care Group and continues to receive updates as a standing agenda item.</p>

Key Risks
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19th October 2023:</p> <ul style="list-style-type: none"> • <i>PDAF 1 Service Delivery:</i> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population. • <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

Governance journey			
Date	Forum	Report Title	Purpose/Decision
26 th March 2024	Primary Care Group	Agenda and papers for meeting	Meeting held and work progressed.

1	Narrative
1.1	Background
1.1.1	NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each Borough.
1.1.2	The Primary Care Group has been established to oversee the exercise of NHS Cheshire and Merseyside’s statutory powers in Wirral relating to the provision of GP primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022, and other primary care services as delegated in future. The Group will report on these matters to the Wirral Place Based Partnership Board to support

	the effective conduct of NHS Cheshire and Merseyside's business in Wirral.
1.2	Primary Care Group Meeting, 26th March 2024
1.2.1	Risk Register: The Group were updated on the progress of the new risk register template. No changes to previous risk scores were proposed.
1.2.2	Work Plan: The Group reviewed progress against the work plan for 2023/24.
1.2.3	Terms of Reference review: changes agreed by the Group were the addition of commissioning of Community Pharmacy and Commissioning of Dentistry; the role and responsibilities to be confirmed, and the removal of the Place Associate Director of Transformation and Partnerships role.
1.2.4	<p>Primary Care Update:</p> <p>The Group was updated on Primary Care Access Recovery Plan (PCARP); Access Hub; GP contract 24/25; patient experience on access; digital developments; proposed Primary Care Quality Scheme 24/25;</p> <p>PCARP - PCNs will be required to demonstrate their achievements against PCARP plans and Capacity access improvement to receive the 30% achievement payment. A summary of PCN achievement will be compiled in due course.</p> <p>Access Hub – The Access Hub will be coming to its planned end on 31st March 2024. An evaluation of the service will be undertaken. The Access Hub provided approximately 460 additional appointments per week.</p> <p>GP Contract - the GP contract for 24-45 has been issued with queries raised by practices relating to the financial uplift to contract values.</p> <p>The QOF aspiration payment threshold will be raised from 70% to 80%. There is also greater flexibility within ARRS roles. A new role introduced is an advanced nurse.</p> <p>Patient experience on Access- The focus on access and improving patient experience continues into 24/25. Telephony data will used to better understand the demand. There is also a focus on implementing the modern general practice model and a greater focus on considering continuity of care when determining appropriate responses for patients.</p> <p>Digital - System Development Fund (SDF) surplus of £157k to be committed to the continuing development of the Blood Pressure @ Home and hypertension project. PCNs are securing clinical system hubs to improve interoperability on patient records within each PCN.</p> <p>Primary Care Quality Scheme 24-25 - currently being finalised and moving to be more improvement focused and will include COPD and 7 to 5 day prescribing, carers support and opioid QI/reduction element.</p>
1.2.5	<p>Townfield Health Centre APMS Procurement: An overall 10-year contract term is proposed made up of break clauses to provide the opportunity for the ICB or the provider to terminate the contract at the designated intervals should the need arise.</p> <p>To maintain consistency with an existing APMS contract it is proposed that a term of 4 years, with two additional break clauses at three-year intervals is adopted (4+3+3). Local quality, performance and outcomes will be monitored throughout the contract.</p>

	<p>The Group was asked to consider the details within the paper and to support the recommendation from Place Leadership Team for a 10-year contract term for the Townfield Health Centre APMS procurement. The Group supported the recommendation for a 10 year contract period as described.</p> <p>Following this, onward recommendation to System Primary Care Committee and Board is required with final submission for approval to NHS England</p>
1.2.6	<p>Primary Care Medicines Management Update</p> <p>The Group noted the summary performance report.</p>
1.2.7	<p>Quality Update</p> <p>The Group noted the update and agreed to discuss in further detail at April's meeting.</p>
1.2.8	<p>Update from Local Representative Committees</p> <p>Community Dentistry – the Group were informed of the current offers to improve access to dentistry – a national and a local offer – dental practices are currently considering the offers.</p> <p>The national offer is focused on if a practice sees a patient who has not seen a dentist within the last 2 years, the practice will receive an enhanced credit of £50. This equates to half an hour of dentistry time. For patients needing more comprehensive treatment, this level of funding is insufficient.</p> <p>The local offer is dental practices will receive 100% of contract if achieve 90% of the agreed activity target, as long as they agree to also see a certain number of patients who have not seen a dentist in the last 2 years.</p>
1.2.9	<p>COVID Vaccination campaign: The Group received the following update;</p> <ul style="list-style-type: none"> - The Autumn 2023 COVID-19 vaccination campaign commenced on 11th September 2023 and ended on 31st January 2024. Wirral's autumn campaign uptake rate was 55.5%. - The Spring 2024 campaign will run from 15th April-30th June 2024, with the initial focus being residents in older adult care homes and eligible housebound patients. - Eligible cohorts in Spring 2024: <ul style="list-style-type: none"> - • adults aged 75 years and over - • residents in care homes for older adults - • individuals aged 6 months and over who are immunosuppressed (as defined in the Green Book) - With the exception of one community pharmacy, all providers from previous campaigns have opted in to spring campaign.
1.3.0	<p>Primary Care Finance: The Group received the report, with the following headlines:</p> <ul style="list-style-type: none"> - Wirral Place budget is £67.265m and is reporting an adverse forecast variance of £0.469m to 31st March 2024. - The £1.7m ARRS allocation is in for month 11 and is being matched to the forecast.

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Primary Care Group provides controls for and support assurance of the management of the strategic risks PDAF 1 and PDAF 3. The Primary Care Group also has a Risk Register, which will into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>The financial implications arising from this report are articulated in 1.2.6 above.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Engagement with system partners has taken place in the development of the Terms of Reference for the Primary Care Group. This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Primary Care Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. The PCG is co-chaired by representatives from the VCFSE.</p>
2.6	<p><i>Equality</i></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Primary Care Group.</p>
2.7	<p><i>Environment and Climate</i></p> <p>Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Primary Care Group.</p>
2.8	<p><i>Community Wealth Building</i></p> <p>Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring 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 Primary Care Group will take account of this in their work.</p>

3	Conclusion
3.1	<p>It is recommended that the Wirral Place Based Partnership Board notes the work of the Primary Care Group and continues to receive updates as a standing agenda item.</p>

4	Appendices
	There are no appendices to this report.

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Title	Quality and Performance Group Report
Authors	Lorna Quigley Associate Director of Quality and Safety Improvement Julia Bryant, Head of Quality & Safety Improvement
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations
<p>The purpose of this report is to update Wirral Place Based Partnership Board of the discussion and outcomes of the meeting of the Quality and Performance Group held on 21st March 2024.</p> <p>The Wirral Place Based Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the work underway across the system to monitor quality and performance, identifying areas for improvement. • Receive assurance around the robust plans in place to manage specific areas for improvement. • Note the effective use of data to understand population health need and improve equality and access to services.

Key Risks
<p>The report relates to the following key strategic risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board:</p> <ul style="list-style-type: none"> • <i>PDAF 1 Service Delivery:</i> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population. • <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

Governance journey			
Date	Forum	Report Title	Purpose/Decision
21 st March 2024	Quality and Performance Group	Quality & Performance Group Report	For Noting

1	Narrative
1.1	Standing Agenda Items
1.1.1	Previous minutes were approved by members.
1.1.2	<p>Quality, Safety & Learning</p> <p>The Group received and noted the Learning from Lives and Deaths of People with a</p>

	<p>Learning Disability and Autism (LeDeR), NHS Cheshire and Merseyside Annual Report 2022- 2023.</p> <p>LeDeR is a national service improvement programme which aims to:</p> <ul style="list-style-type: none"> • Improve care • Reduce health inequalities and • Prevent premature mortality of people with a learning disability or autistic people. <p>The LeDeR reviews in Cheshire and Merseyside have shown pneumonia, cardiovascular diseases, covid, cancer and aspiration pneumonia to be the most common causes of death in people with learning disabilities and autism.</p> <p>The group also received details of the Wirral Safeguarding Annual Report 2023.</p> <p>There were no Place Quality Assurance escalations received.</p>
1.1.3	<p>Special Educational Needs and Disabilities (SEND)</p> <p>The Group received a verbal update regarding a local review of SEND Governance. This includes the development of the SEND dashboards and data sets.</p> <p>Interviews for an interim Designated Clinical Officer are set to take place week commencing 25th March 2024.</p> <p>Work continues around the development of the new Neurodevelopment Model and diagnostic pathway, including the commissioning of a new service. Strategic Health partners had met on Friday 15th March 2024 to agree short term management of waiting times.</p> <p>The group were informed of the progress in relation to the Single Point of Access for Mental Health Services.</p>
1.2	<p>Focused agenda</p>
1.2.1	<p>Mental Health- Improving Access to Psychological Therapies (IAPT)</p> <p>This focussed session was undertaken due to Wirral’s performance relating to Access rates for talking therapies.</p> <p>A presentation from Talking Therapies (formerly known as Improving Access to Psychological Therapies, IAPT) provided details of the service which aims to improve the delivery of, and access to psychological therapies for depression and anxiety disorders within the NHS.</p> <p>The service receives an average of around 1,000 referrals per month with a mean of 7 appointments per individual. 81.5% of the referrals are self-referred.</p> <p>It was highlighted by the service that often-waiting times are extended to those who are choosing a face to face method of appointment, rather than a virtual appointment. This has shown to impact on positive outcomes and earlier intervention. It was suggested that a deeper analysis into the demographics of patients may support in understanding any access barriers or patients who may require reasonable adjustments.</p>

An improvement plan is in place and being monitored with the provider. Performance for January 2024 has improved from 56% in December 2023 to 79% in January 2024. This is above NHS Cheshire and Merseyside's performance of 66%.

Following these discussions, the group were assured that the service being delivered and the improvement measure in place where both safe and appropriate.

1.2.2

Adult Attention Deficit Hyperactivity Disorder (ADHD)

Wirral continues to see a high prevalence in neurodiversity. Cheshire and Wirral Partnership NHS Foundation Trust's (CWP) ADHD Service reported the average waiting time on the waiting list in Jan 2024 was 1,204 days (172 weeks, or 3.3 years). The longest waiter has been waiting 2,958 days (422.6 weeks, or 8.1 years). There were a total of 625 people waiting in Jan 2024. This has reduced considerably in recent months due to risk stratification and discharge of those with a lower risk factor into the Lifestyle Enhancement for ADHD Programme (LEAP) within Primary Care. CWP also reported an average non-attendance rate of 34.6%, however it was recognised that this could indicate a challenge of being neurodiverse.

Wirral has the highest reported ADHD rates in the country. These figures have been broken down into three age brackets:

- 0-17 years – 66,866 (4.8% of the population vs the Cheshire and Merseyside (C&M) average of 2.5%)
- 18-25 years – 27,567 (7.3% of the population vs C&M average of 3.5%)
- 26 and above – 248,917 (1.26% of the population vs C&M average of 0.70%)

Data presented by the Medicines Optimisation team outlined the numbers of patients in receipt of ADHD medication, broken down by GP practices. The 2 wards with the highest number of 18–25-year-olds with ADHD are Bidston and St James (285 individuals, 8.9%) and Birkenhead and Tranmere (271 individuals, 8.5%) of the total for Wirral. 57.5% of the age 18–25-year-olds with ADHD live in the most deprived Index of Multiple Deprivation (IMD) quintile in Wirral.

It is recognised that there is limited provision for adults with neurodiversity, which could lead to further pressures on the mental health services. Whilst there is currently an issue with medication it was discussed that some people may fill this gap with risk taking behaviours, or substance misuse. The highest Quality Outcome Framework (QOF) register condition recorded for those age 26+ with ADHD in Wirral is Depression, with a prevalence of 26.3% compared to 17.9% of 18–25-year-olds without an ADHD diagnosis in Wirral.

The need to promote the peer-to-peer support groups which are available across Wirral but acknowledge that professional support is also essential. There are also a few groups and services across the Voluntary Community Faith and Social Enterprise (VCFSE) sector. Providers and services were reminded of the importance around Making Every Contact Count (MECC) and considering the whole person.

Healthwatch presented a report on their 'Sole Survivor' and Wirral ADHD Focus Groups. Residents reported concerns of MH crisis, especially in connection to issues around lack of medication and a delay in referring for trauma informed therapy for patients with Post Traumatic Stress Disorder (PTSD). Wirral residents have shared their concerns about the lack of communication in relation to the ADHD medication shortage and the inability to access their prescription. There is also a lack of alternative provision to support those individuals affected.

	<p>A survey was undertaken across the VCFSE Sector utilising Wirral Council for Voluntary Services (CVS) and the collaborative communication group, focusing on Mental Health provision and the relationships between the VCFSE, NHS and Wirral Council. 68.42% of those who responded reported good relationships between their organisation and the NHS and Wirral Council. When asked about the stumbling blocks when working with mental health, themes included Funding, waiting times, lack of consistency and lack of early intervention. There was good recognition with regards to mental health provision across VCFSE including access to many services and collaborative working offering a range of innovative services. There was also a lot of great recognition of NHS Services from the sector, including Secondary Mental Health Services, GP Out of Hours (OOH), Memory Assessment Services and good working relationships with IAPT.</p> <p>It was agreed that further insight and intelligence work would be undertaken into this area supported by Public Health into the prevalence rate, solutions would then be identified based on this. A further session will take place following this work.</p>
1.2.2	<p>Details of next meeting</p> <p>It was agreed the focus of the next Quality and Performance meeting would include data, insight and experiences within All Age Continuing Care, including local management of Enhanced Health in Care Homes.</p>
1.2.4	<p>Any Other Business</p>
1.2.5	<p>Nothing raised.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Quality and Performance Group provides controls for and support assurance of the management of the strategic risks PDAF 1 and PDAF 3. The Group is also developing a Risk Register that would feed into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>Managing the performance of commissioned services is key. Medication costs remains a concern within Wirral, however this does reflect the population diagnosis rates.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>Legal implications have been considered within this report relating to NHS constitutional standards which have been referenced within the report.</p>
2.4	<p><i>Resources</i></p> <p>Consideration around resource mitigations in relation to the gap in ADHD Medication.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>This is a group that has been agreed as part of NHS Cheshire and Merseyside's governance for Wirral. The Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. Partnership working remains a strength of the assurance and improvement</p>

	plans.
2.6	<p>Equality</p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of the Quality and Performance Group is conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report.</p>
2.7	<p>Environment and Climate</p> <p>Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Quality and Performance Group.</p>
2.8	<p>Community Wealth Building</p> <p>Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Quality and Performance Group supports this work in Wirral.</p>

3	Conclusion
3.1	<p>The Group will oversee quality performance moving forward. The focused agenda will allow and encourage a system review of key priorities and the opportunity to undertake learning and integrated quality improvement. A schedule of focused agenda items will be developed and shared with the group.</p> <p>Reports will continue to be shared with Place Based Partnership Board.</p> <p>The Board is asked to note this report.</p>

4	Appendices
	No appendices included within the report.

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Title	Strategy and Transformation Group Highlight Report
Authors	Simon Banks, Place Director
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Strategy and Transformation Group (STG).</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the work of the Strategy and Transformation Group.</p>

Key Risks
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework, last reviewed by the Wirral Place Based Partnership Board on 21st March 2024:</p> <ul style="list-style-type: none"> • <i>PDAF 1 Service Delivery:</i> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population. • <i>PDAF 2 Children and Young People:</i> The Wirral health and care system is unable to meet the needs of children and young people with complex and/or additional needs leading to long term health issues, increased inequalities and demands on services. • <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.

Governance journey			
Date	Forum	Report Title	Purpose/Decision
22 nd March 2024	Strategy and Transformation Group	Agenda and papers for meeting.	Meeting held and work progressed.
18 th April 2024	Strategy and Transformation Group	Agenda and papers for meeting.	Meeting held and work progressed.

1	Narrative
1.1	Background
1.1.1	<p>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.</p>

1.1.2	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.
1.2	Strategy and Transformation Group Meeting, 22nd March 2024
1.2.1	<i>Primary and Community Care Programme Workshop</i> An update was given from the workshop held on 30 th January 2024. The workshop identified opportunities to integrate services further to focus on frailty and high intensity users, using population health data to identify who these people are and targeting services to them. This would need improved long term condition management and community crisis/step up responses and would contribute to admission avoidance in unscheduled care. More work is required to scope out the delivery programme.
1.2.2	<i>Wirral Health and Care Plan 2023/24</i> It was agreed that the Wirral Health and Care Plan 2023/24 would be refreshed once the NHS Planning Guidance was published. Action will therefore be required after Easter 2024.
1.2.3	<i>Wirral Health and Care Plan Delivery Dashboard</i> The Group reviewed the Wirral Health and Care Plan Delivery Dashboard. It was noted that this would need to be updated once the 2024/25 plan was agreed.
1.2.4	<i>Mental Health Programme Deep Dive</i> The Group received an update from this Programme following a workshop held on 4 th March 2024. The workshop identified five areas for action: <ul style="list-style-type: none"> • Integrated approach to housing to maintain people in community settings, reduce the number of people in inpatient beds who are clinically ready for discharge (CRFD) and reduce length of stay (LOS). • Continue to improve dementia diagnosis and early intervention, improving the management of dementia as a long-term condition and avoiding admissions to inpatient beds. • Continue to transform community services to maintain people in those settings, introducing more preventative approaches and early interventions and enhancing pathways for people with substance misuse issues. • Utilisation of the First Response approach to enhance the local crisis offer and avoid Emergency Department (ED) attendances and mental health inpatient admissions. • Enhance the pathways for people with substance misuse issues in mental health inpatient beds, reduce the overall numbers of people who are CRFD and improve LOS. <p>These areas will feature in the refreshed Wirral Health and Care Plan 2024/25.</p>
1.2.5	<i>All Age Disability Programme Deep Dive</i> The Wirral All Age Disability Strategic Framework seeks to enrich lives, improve health and wellbeing, enhance employment opportunities and economic wellbeing and ensure individual's lives are fulfilled. The Framework has focused areas of work in preparing for adulthood, improving housing and tackling health inequalities. The

	STG received a presentation setting out the work in these areas alongside a story from a person with lived experience.
1.2.6	<p><i>Digital Maturity Programme Deep Dive</i></p> <p>This is an enabling programme within the Wirral Health and Care Plan. The Programme is working with colleagues across Cheshire and Merseyside and Wirral to implement the What Good Looks Like (WGLL) Framework. WGLL builds on established good practice to support health and care to digitise, connect and transform services safely and securely. This will improve the outcomes, experience and safety for citizens and staff. The Group received updates on a digital maturity assessment undertaken of Wirral Place and work undertaken to align Wirral to several Integrated Care System (ICS) wide initiatives.</p>
1.2.7	<p><i>Maternity Programme Deep Dive</i></p> <p>This is an at scale programme for Cheshire and Merseyside which is supported in Place. A comprehensive update on the position for Wirral Place and the work being undertaken in maternity services at Wirral University Teaching Hospitals NHS Foundation Trust was discussed by the Group.</p>
1.3	Strategy and Transformation Group, 18th April 2024
1.3.1	<p><i>Operational Planning Guidance 2024/25 and Wirral Health and Care Plan Refresh</i></p> <p>The Group received a copy of the NHS Operational Planning Guidance 2024/25 and the Wirral Health and Care Plan 2023/24, the latter which now needs to be refreshed in response to the publication of the former document. The Group also received a copy of the email sent by the Place Director on 9th April 2024 identifying the leads who would need to provide the narrative to update the Plan. A further document cross referenced the Wirral Health and Care Plan sections to the relevant pages in the NHS Planning Guidance so that programmes could be explicit in how they will be addressing the national objectives. The document also cross referenced interdependencies, which exist mainly in the unscheduled care space of avoiding escalation of manageable long-term conditions, attendance/admissions avoidance, improving flow and ensuring discharge to an appropriate setting following an inpatient stay. This is so programmes can describe how are managing these interdependencies.</p> <p>It is intended that a draft for discussion will be presented to the STG on 24th May 2024. Revised narrative was requested by 3rd May 2024.</p>
1.3.2	<p><i>Wirral Health and Care Plan Delivery Dashboard</i></p> <p>The Group reviewed the Wirral Health and Care Plan Delivery Dashboard. It was noted that this would need to be updated once the 2024/25 plan was agreed. There were some areas that required escalation to the Place Based Partnership Board, specifically around engagement in the mental health and digital programmes. These will feature in the report to the May meeting of the Board.</p>
1.3.3	<p><i>Population Health Programme Deep Dive</i></p> <p>The Group received a presentation on the work of the Population Health programme. The programme is developing some initiatives around fuel poverty and health inequalities. There was discussion about how population health approaches, which are aimed at improving the health of an entire population, can be better deployed in Wirral. It was agreed that all programmes needed to utilise population health and data to target resources more effectively to manage people with long term conditions and avoid escalations of care needs.</p>

1.3.4	<p><i>Medicines Optimisation Programme Deep Dive</i></p> <p>This is an enabling programme within the Wirral Health and Care Plan. The Programme has workstreams focusing on improving collaboration, enhancing patient safety, driving value, improving patient engagement in medicines management, supporting access to community pharmacy, tackling the overuse of antibiotics to reduce anti-microbial resistance, addressing polypharmacy and tackling health inequalities, improving medicines optimisation in mental health and, finally, support medicines optimisation in care homes and social care. The Group heard that good progress was being made by the Medicines Optimisation Group but that more work was needed to move system partners from an assurance space into delivery. Work was needed to ensure engagement and ownership of this shared agenda by all partners and to link this enabling programme into the work of other programmes. A workshop is being set up in May 2024 to address some of these issues.</p>
1.4	<p>Next meeting</p> <p>The STG will meet again on 24th May 2024. A report from this meeting will be provided for the June meeting of the Wirral Place Based Partnership Board.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Strategy and Transformation Group provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 2 and PDAF 3. The Strategy and Transformation Group is also developing a Risk Register that would feed into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>There are no direct financial implications arising from this report.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>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.</p>
2.6	<p><i>Equality</i></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Strategy and Transformation</p>

	Group.
2.7	<i>Environment and Climate</i> 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.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Strategy and Transformation Group will take account of this in their work.

3	Conclusion
3.1	It is recommended that the Wirral Place Based Partnership Board notes the work of the Strategy and Transformation Group.

4	Appendices
	There are no appendices to this report.

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Title	Finance & Investment Group Highlight Report
Authors	Martin McDowell, Associate Director of Finance (Place)
Report for	Wirral Place Based Partnership Board
Date of Meeting	7 th May 2024

Report Purpose and Recommendations
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the work of the Finance and Investment Group (FIG).</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the work of the Finance and Investment Group and continues to receive updates as a standing agenda item.</p>

Key Risks
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19th October 2023:</p> <ul style="list-style-type: none"> • <i>PDAF 1 Service Delivery:</i> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population. • <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare. • <i>PDAF 5 Finance:</i> Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation. • <i>PDAF 6 Community Wealth Building:</i> The focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in our strategies that support the broader social and economic development of the borough.

Governance journey			
Date	Forum	Report Title	Purpose/Decision
27 th March 2024	Finance and Investment Group	Informal Financial Planning Meeting	Meeting held and work progressed.

1	Narrative
1.1	Background
1.1.1	<p>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.</p>

1.1.2	The Finance and Investment Group (FIG) 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 financial plans and associated work programmes to ensure that they are aligned with strategic and operational plans to enable their delivery.
1.2	Finance and Investment Group Meeting, 27th March 2024
1.2.2	<p><i>2024/25 Draft Financial Planning Update</i></p> <p>Members of the group from Cheshire and Merseyside ICB (Place), Wirral University Teaching Hospital, Cheshire and Wirral Partnership NHS Trust and Wirral Community Health and Care Trust met to share headline information relating to the recently submitted Draft Financial Plans for the 2024/25 Financial Year.</p> <p>Further work is required to understand the underlying financial position of the health and care system and develop mitigations to the identified financial risks. This work will be undertaken through collaboration between system partners and across Cheshire and Merseyside.</p>

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Finance and Investment Group provides controls for and support assurance of the management of the strategic risks PDAF 1, PDAF 3, PDAF 5 and PDAF 6. Specific financial risks relating to the delivery of organizational and wider system plans are evaluated and reported to the group.</p>
2.2	<p><i>Financial</i></p> <p>There are no direct financial implications arising from this report.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct financial implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Engagement with system partners has taken place in the development of the Terms of Reference for the Finance and Investment 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 partner organisations and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.</p>
2.6	<p><i>Equality</i></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against</p>

	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 discussed through the Finance and Investment Group.
2.7	<i>Environment and Climate</i> 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 and Investment Group.
2.8	<i>Community Wealth Building</i> Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Finance and Investment Group will ensure that these principles are incorporated into its operations.

3	Conclusion
3.1	It is recommended that the Wirral Place Based Partnership Board notes the work of the Finance and Investment Group and continues to receive updates as a standing agenda item.

4	Appendices
	There are no appendices to this report.

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 7 May 2024

REPORT TITLE:	WIRRAL PLACE BASED PARTNERSHIP BOARD WORK PROGRAMME
REPORT OF:	DIRECTOR OF LAW AND CORPORATE SERVICES

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 2024/25 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

WORK PROGRAMME 2023/2024

June 2024

Item	Purpose	Lead Officer
Wirral Health and Care Plan 2024/25 (received for approval)	Oversight and Assurance	Simon Banks
Phase 2 Intermediate Care Review (JSCB)	Oversight and Assurance	Lorna Quigley
Update on Wirral Capacity and Demand Planning	Oversight and Assurance	James Barclay and Bridget Hollingsworth
Place Quality and Performance Report	Oversight and Assurance	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Martin McDowell
Place Delivery Assurance Framework	Oversight and Assurance	Simon Banks
Wirral Health and Care Plan Dashboard	Oversight and Assurance	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Janelle Holmes
Workforce Programme Delivery	Oversight and Assurance	Deborah Smith
Place Delivery Assurance Framework and Risk Registers	Oversight and Assurance	Simon Banks
Finance and Investment Group	Information	Martin McDowell
Primary Care Group	Information	Iain Stewart
Quality and Performance Group	Information	Lorna Quigley
Strategy and Transformation Group Highlight Report	Information	Simon Banks
Work Programme	Information	Christine Morley

ADDITIONAL AGENDA ITEMS

Item	Purpose	Approximate Timescale	Lead Officer
Estates and Sustainability Programme Delivery	Oversight and Assurance	July	Paul Mason
Primary Care Access Recovery Plan Update	Oversight and Assurance	October	Iain Stewart
Dentistry	Oversight and Assurance	November	Tom Knight

STANDING ITEMS AND MONITORING REPORTS

Item	Purpose	Reporting Frequency	Lead Officer
Place Quality and Performance Report	Oversight and Assurance	Each scheduled meeting	Lorna Quigley
Place Finance Report incorporating Pooled Fund Update	Oversight and Assurance	Each scheduled meeting	Martin McDowell
Place Delivery Assurance Framework	Oversight and Assurance	Quarterly from December 2023 March, June, September	Simon Banks
Wirral Health and Care Plan Dashboard	Oversight and Assurance	Each scheduled meeting	Julian Eyre
Unscheduled Care Programme Delivery	Oversight and Assurance	Each scheduled meeting	Janelle Holmes
Estates and Sustainability Programme Delivery	Oversight and Assurance	Quarterly from November, February, May, August	Paul Mason
Workforce Programme Delivery	Oversight and Assurance	Quarterly from February 2024, May (moved to June 2024), August, November	Deborah Smith
Place Delivery Assurance Framework and Risk Registers	Oversight and Assurance	Quarterly December, March, June, September	Simon Banks
Finance and Investment Group	Information	Each scheduled meeting	Martin McDowell
Primary Care Group	Information	Each scheduled meeting	Iain Stewart

Item	Purpose	Reporting Frequency	Lead Officer
Quality and Performance Group	Information	Each scheduled meeting	Lorna Quigley
Strategy and Transformation Group	Information	Each scheduled meeting	Simon Banks

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