



Wirral Place Based Partnership Board

Date: Wednesday, 14 September 2022

Time: 1.00 p.m.

Venue: Committee Room 1 - Wallasey Town Hall

Contact Officer: Dan Sharples
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AGENDA

1. ELECTION OF CHAIR FOR THE MEETING
2. WELCOME AND INTRODUCTION
3. APOLOGIES
4. 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.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Friday 9th September to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Friday 9th September to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding one 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. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

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

Questions by Members

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

- 6. ELECTION OF CHAIR AND VICE-CHAIR FOR THE MUNICIPAL YEAR**
- 7. WIRRAL PLACE BASED PARTNERSHIP BOARD: TERMS OF REFERENCE (Pages 1 - 18)**

8. **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GOVERNANCE AND ASSURANCE - NEXT STEPS (Pages 19 - 24)**
9. **PLACE DIRECTOR OBJECTIVES (Pages 25 - 34)**
10. **HEALTH AND WELLBEING STRATEGY (Pages 35 - 40)**
11. **WIRRAL DELIVERY PLAN (Pages 41 - 54)**
12. **PROGRESS REPORT: WIRRAL STATEMENT OF ACTION FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) (Pages 55 - 96)**

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

13. **WORK PROGRAMME (Pages 97 - 102)**

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

WEDNESDAY 14 SEPTEMBER 2022

REPORT TITLE:	WIRRAL PLACE PARTNERSHIP BOARD: TERMS OF REFERENCE
REPORT OF:	ASSISTANT DIRECTOR: STRATEGY AND PARTNERSHIPS

REPORT SUMMARY

The purpose of this report is to provide an update to the Wirral Place Based Partnership (WPBP) Board on the development of the Terms of Reference for the board, the newly established Joint Strategic Commissioning Board and the recommended process of nominating a Chair and Deputy for the WPBP Board.

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

RECOMMENDATIONS

The Wirral Place Based Partnership Board is recommended to:

- 1) Endorse the Terms of Reference for the Wirral Place Partnership Board and the process for nomination of Chair (and Deputy) for the remainder of the Municipal Year.
- 2) Note the Terms of Reference for the Joint Strategic Commissioning Board (JSCB) as approved by the Adult Social Care and Public Health Committee in March 2022.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is important to ensure that the Committee is engaged in the development of the Integrated Care System, the impact on Wirral as a place and the impending changes for Wirral's CCG. Regular briefings will continue to be provided to keep members of the committee informed of national, regional and local progress.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 During 2021, a multi-disciplinary team was established across the Health and Care System and tasked with developing new governance arrangements to ensure that Wirral is well placed to assume any new delegated responsibilities from the newly established ICB. The 'ICS Place Delivery Group' formed a number of workstreams to support these new arrangements at Wirral Place within the Cheshire and Merseyside Integrated Care System footprint.
- 3.2 The ICS Place Delivery Group Governance Workstream produced the Terms of Reference for the Wirral Place Based Partnership (WPBP) and the newly established Joint Strategic Commissioning Board (JSCB).
- 3.3 The draft Terms of Reference were presented and approved in principle to the Adult Social Care and Public Health Committee in March 2022 in addition to the Health and Care Chief Executive Steering Group, Health and Well Being Board and Healthy Wirral Partnership and are attached as Appendix One of this report.
- 3.4 The Wirral Place Based Partnership will drive a culture towards greater collaboration and joint working and build upon what partners have already worked hard to develop over the years. Governance arrangements will continue to develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.
- 3.5 The Wirral Place Based Partnership Board is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation 'overrule' the other on any matter. The relevant statutory bodies have not at this point formally delegated decision making to the Wirral Place Based Partnership, although such a scheme of delegation may be developed in future.
- 3.6 It is proposed that the Council and the ICB establish a **Joint Strategic Commissioning Board (JSCB)**. The purpose of the Wirral Joint Strategic Commissioning Board (JSCB or the 'Board') is to make recommendations to and exercise delegated powers of the Adult Social Care and Public Health Committee of the Wirral Borough Council (WBC) and the Integrated Care Board (ICB) for Cheshire and Merseyside in order to bring about the integration of the commissioning functions of both WBC and the ICB to deliver more efficient and effective

commissioning of health and social care services and to ensure effective stewardship of pooled monies under the section 75 agreement between the Council and the ICB.

- 3.7 The JSCB will be established as a 'Committee in Common' within which the two bodies will meet at the same time to discuss a common agenda, but each will retain their own legal status and arrangements. The Council JSCB Committee would have the formal status of a Sub-Committee of the Adult Social Care and Health Policy and Service Committee.
- 3.8 The JSCB Sub-Committee will make all its decisions in accordance with the Budget and Policy Framework of Wirral Council and any matter coming before the JSCB Sub-Committee that might involve a decision contrary to the Budget and / or Policy Framework shall be referred to the main Committee for confirmation and, if necessary, referral to Policy and Resources or the full Council. It is proposed that the JSCB Sub-Committee consist of 3 elected members on a politically proportionate basis supported by the Director of Adult Social Care and Health, the Director of Children's Services and the Director of Public Health as the key statutory officers from the Council with pooled fund responsibility.
- 3.9 The Wirral Place Based Partnership Board will work within existing contractual frameworks and any Section 75 Agreement between the ICB and the Local Authority to transform the way in which health and care services are delivered and services are integrated. The Wirral Place Based Partnership Board will meet at the same time and in the same location as the Council/ICB Section 75 Strategic Commissioning Joint Committee. The Wirral Place Based Partnership Board will work with the Council/ICB S75 Strategic Commissioning Joint Committee and may aim to reach the same decision on identical matters, but ultimately will take its own decisions separately on behalf of the Wirral Place Based Partnership Board, in accordance with these terms of reference.
- 3.10 Leadership is critical for these new arrangements. The Board will elect its Chair and Vice-Chair at the first meeting of each municipal year.
- 3.11 The Terms of Reference for the Wirral Place Based Partnership have been developed in accordance with existing powers and legislation that exists in Place.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

- 5.1 The Health and Care Act 2022, sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation for health and care in England since the Health and Social Care Act 2012.
- 5.2 The Act allows for the establishment of Integrated Care Boards and Place-based Partnerships across England in July 2022. This will be done at the same time as

abolishing Clinical Commissioning Groups (CCGs). NHS England will agree ICBs' constitutions and will hold them to account for delivery.

5.3 Integrated Care Partnerships are statutory joint committees established by Integrated Care Boards and their partner local authorities in the system. Integrated Care Partnerships bring together partners from across the system to develop an integrated care strategy to address the health, social care, and public health needs of the population. The Integrated Care Boards and local authorities in the system must have regard to the integrated care strategy when making decisions.

5.4 A number of guidance documents issued by NHS England set out how the NHS, local authority and other partner organisations in Integrated Care System will be expected to operate from July 2022. The guidance includes functional details, particularly structural relationships, governance arrangements and duties of the new ICS.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no direct resource implications arising from this report.

7.0 RELEVANT RISKS

7.1 There are no direct relevant risks arising from this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 Wirral's Integrated Care Partnership Development Group (system Chief Executives) and Integrated Care Partnership Delivery Group met regularly to develop Place-based Partnership arrangements. The Integrated Commissioning and Governance Project Board attended by Council and CCG Officers continues to meet monthly. Council and Health Officers from Wirral continue to engage with Cheshire and Merseyside System leads throughout the mobilisation of the new organisational form.

9.0 EQUALITY IMPLICATIONS

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

9.2 There are no equality implications arising from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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APPENDICES

Appendix 1 Wirral Place Based Partnership: Terms of Reference v3 (draft)

Appendix 2 JSCB Sub-Committee Terms of Reference

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf
- *Integrated Care Systems: Design Framework and Guidance on the Employment Commitment* (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>

- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership - September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)
- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector- September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)
- Health and Care Bill (2021) <https://bills.parliament.uk/bills/3022>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
<p>Previous reports presented to Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Health & Wellbeing Board Refreshed Purpose Integrated Care System Project Update • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments 	<p>31st March 2021 16th June 2021 20th July 2021 29th September 3rd November 2021 15th December 2021</p>
<p>Previous reports presented to Adult Social Care and Public Health Committee:</p> <ul style="list-style-type: none"> • Strategic Developments in the NHS • Proposals for Integrated Care Partnership • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Development • Integrated Care System and Integrated Care Partnership Developments 	<p>2nd March 2021 7th June 2021 29th July 2021 8th September 2021 13th October 2021 3rd March 2022</p>
<p>Previous reports presented to Partnerships</p>	<p>9th November 2020 13th January 2021</p>

<p>Committee</p> <ul style="list-style-type: none"> • Strategic Developments in the NHS • Strategic Developments in the NHS • Strategic Developments in the NHS • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments 	<p>29th June 2021 28th September 2021</p> <p>1 March 2022</p>
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Wirral's Place Based Partnership Board
Terms of Reference
Draft – Version 3.0

Wirral Placed Based Partnership Terms of References

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Introduction

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

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

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

Purpose

The purpose of the WPBP Board is to provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the place based partnership and to achieve the objectives of the Health and Wellbeing Board Strategy to improve the health and wellbeing of the Wirral population.

The priorities and work plan for the WPBP Board will be set out in the WPBP Board Delivery Plan and aligned with the strategic direction for the Borough agreed by the Health and Wellbeing Board.

Authority

The WPBP Board is accountable for the alignment of planning, performance, and transformation of local services within the regulatory frameworks.

The WPBP Board is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation 'overrule' the other on any matter.

The relevant statutory bodies have not at this point formally delegated decision making to the WPBPB, although such a scheme of delegation may be developed in future.

The Board will work within existing contractual frameworks and any Section 75 Agreement between the ICB and the Local Authority to transform the way in which health and care services are delivered and services are integrated.

Members of the Board will work together to secure decisions from the Boards/Committee of each partner, as required.

Role of the Place-Based Partnership

The WPBPB will:

- Provide strategic and collective leadership to identify the transformational priorities
- Collaborate to focus on highest priorities for the local system and communities at place and neighbourhood level.
- Develop person-centred health and care services on the basis of clinical input and evidence
- Consolidate processes, share back-office services and support a system-wide workforce plan
- Drive greater efficiency and cost reduction.
- Improve Health and Wellbeing Outcomes for the Population
- Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.
- Manage Care and Health Market to Ensure that there is a full and effective range of sustainable services across the Borough.
- Enable and Support the Provider Collaborative to deliver population health outcomes.
- Design and overseeing governance (quality and safety) arrangements including system leadership capacity and capability, monitoring delivery, financial stability, performance monitoring and system oversight.
- Promote inter-agency co-operation, via appropriate joint working agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
- Make recommendations for commissioning resources.
- Drive forward the continued implementation of achieving a whole system co-ordinated approach.
- Approve proposals for system wide outcome measures and mechanisms for reporting collectively.
- Provide regular update reports to the Health and Wellbeing Board.
- Receive and scrutinising reports and recommendations from operational meetings and groups relating to the place-based partnership.
- Approve the communication and engagement strategy and action plans Wirral's Place-Based Partnership Board and monitoring delivery.
- Oversee placed based partnership infrastructure, workstreams or enablers such as Digital, Estates, Workforce activities and monitor progress.
- Assure itself that Safeguarding duties are met and that practice is aligned to the policies determined by the Wirral's Children Safeguarding Partnership and Wirral's Adults Safeguarding Board.

Core Membership:

Membership of the Wirral Placed Based Partnership will be as follows:

Nominated Representative (Role/Title)	Organisation	Status
	CCG/ICB/Place Lead for Wirral	
	NHS Trusts	
	3 x Elected Members Local Authority Officers from the Council ICB S75 Strategic Commissioning Joint Committee	
	Health Watch	
	Primary Care PCNs	
	Voluntary, community and social enterprise sector (VCSE)	

Co-options and engagement:

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

Chairing the Place-Based Partnership Board:

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

The Chair shall preside over the WPBP Board meetings. If the Chair is not present, then the Vice-Chair shall preside. If neither the Chair nor the Vice-Chair is present, the members of the WPBP Board present shall select a Chair for the meeting from the members who are present at the meeting.

Responsibilities of Members:

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

Interests:

Members of the Board must disclose an interest when a Board meeting considers an item in which they have a personal interest and are likely to benefit. Members who disclose an interest should withdraw from the meeting until the item has been discussed. This should be noted within the minutes.

Meetings and decision making

Meetings shall be held in public.

Members of the WPBP Board will:

- **take decisions solely in terms of resident's best interests, above those of constituent organisations**
- **be accountable for decisions and actions to the public and submit to appropriate scrutiny**
- **be open and transparent about decisions and actions basis for all decisions.**

The aim will be for decisions of the WPBP to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for decision making.

Quorum

A quorum will be at least 50% of the membership (to include one CCG/ICB representative and one Wirral Council representative), and the chair or vice chair. This excludes those in attendance providing administrative support.

Frequency and Format of the Place-Based Partnership Board Meetings:

- The WPBP will meet bi-monthly and have 6 meetings each year.
- Scheduling dates for the following 12 months and will be disseminated at the beginning of the financial year.
- The chair may convene extra ordinary meetings.
- Meeting may be held virtually, and members may participate in a face to face meeting or via video conferencing facilities.

Agenda, and Minutes, and Papers:

- An agenda and minutes of the previous meeting will be circulated, wherever possible, 5 clear working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.
- The minutes from the meeting shall be sent to members of the Health and Wellbeing Board within 7 workings days of each meeting.
- The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.
- All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

Administration responsibilities:

Administrative support will be provided by Wirral Council, including the minuting of meetings and the circulation of agendas and papers. This will be reviewed regularly with the ICB Place Lead for Wirral.

Attendance/Substitutes:

- All members to endeavour to attend all meetings. There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary. Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.
- Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.
- The WPBP may co-opt persons to sit on the Board for a fixed period or to assist with specific matters, but such co-opted members shall not be entitled to vote at any meetings of the Wirral Place-Based Partnership Board.

Review of Terms of Reference

The WPBP Board shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval.

Relationship with the Council/ICB S75 Strategic Commissioning Joint Committee

The WPBP Board will meet at the same time and in the same location as the Council/ICB S75 Strategic Commissioning Joint Committee.

The WPBP Board will work with the Council/ICB S75 Strategic Commissioning Joint Committee and may aim to reach the same decision on identical matters, but ultimately will take its own decisions separately on behalf of the WPBP Board, in accordance with these terms of reference.

The WPBP Board may, in accordance with these terms of reference, make recommendations to the Council/ICB S75 Strategic Commissioning Joint Committee.

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Joint Strategic Commissioning Board Sub-Committee

Terms of Reference

The Joint Strategic Commissioning Board is established to focus on the commissioning, strategic design quality and performance of health and care services on Wirral, including the outcomes and quality of those services. The JSCB Board will oversee the delivery of population-based outcomes and commissioning plans.

It is recognised that these arrangements and the JSCB Sub-Committee are a stepping stone towards the establishment of more permanent place-based health and social care arrangements that will be put in place following the Health and Care Bill currently making its way through Parliament receiving Royal Assent, the relevant secondary legislation being made and coming into force and negotiations between the Council, The NHA and other interested parties and that the JSCB Sub-Committee will play a significant part in formulating those future arrangements.

The JSCB Sub-Committee will undertake the following duties and responsibilities, exercising delegated powers of the Adult Social Care and Public Health Committee and formulating recommendations for adoption by the WBC Sub-Committee and / or the ICB, as the case may be, that seek –

- To promote the integration of health and social services generally across Wirral Borough Council and the ICB;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
 - o Better Care Fund Schemes
 - o Urgent Care Transformation
 - o Commissioning Prospectus
 - o Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

In making decisions and / or recommendations to the Committee and / or the ICB, as the case may be, the JSCB Sub-Committee will look to ensure that those actions will seek in all cases -

- To reduce inequalities;

- To secure greater public involvement;
- To commission services effectively, efficiently and equitably;
- To secure quality improvements;
- To promote choice and inclusion.

The JSCB Sub-Committee will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB Sub-Committee will review service user and patient experience data at an 'aggregate' rather than individual level.

The JSCB Sub-Committee will make all its decisions in accordance with the Budget and Policy Framework of Wirral Council and any matter coming before the JSCB Sub-Committee that might involve a decision contrary to the Budget and / or Policy Framework shall be referred to the Adult Social Care and Public Health Committee and Policy and Resources Committee for confirmation and, if necessary, referral to the full Council.



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Wednesday, 14th September 2022

REPORT TITLE:	WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GOVERNANCE AND ASSURANCE – NEXT STEPS
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

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

This paper sets out the four key governance and assurance groups that NHS Cheshire and Merseyside will be establishing with partners in Wirral to support the WPBPB and prepare for additional responsibilities through delegation.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

- 1) note the work to establish the supporting governance and assurance mechanisms to support the work of NHS Cheshire and Merseyside and the WPBPB in the Borough.
- 2) request that the Terms of Reference be submitted to the next meeting for approval.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The four governance and assurance groups referenced in the report are necessary to support the Wirral Place Based Partnership Board and NHS Cheshire and Merseyside in the effective conduct of business in the Borough. The groups will also support collaboration across the Borough on health and care matters and lay the foundations for further delegation of decision making and resources from NHS Cheshire and Merseyside to Wirral. The Terms of Reference are still in development with partners and will be formally adopted at a future meeting of the WPBPB.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as these groups are either required or recommended by NHS Cheshire and Merseyside to support governance and assurance in each place. There is an expectation that there is an alignment of NHS Cheshire and Merseyside governance arrangements in each place.

3.0 BACKGROUND INFORMATION

- 3.1 NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each borough.
- 3.2 The four groups proposed in this paper mirror committees established in NHS Cheshire and Merseyside at an ICS level and groups established in the other eight places in Cheshire and Merseyside. Appendix 1 demonstrates how these groups will fit into Wirral system governance. Each of these groups will provide reports to the WPBPB. The four groups are:

Finance, Investment and Resources Group – this will support the development and delivery of our Wirral place financial strategy, oversee financial delivery, and provide assurance on the arrangements in place for financial control and value for money across the system. The group will also take a Wirral system view on use of resources in areas such as digital, estates, sustainability, and workforce.

Quality and Performance Group – this will provide the Place Based Partnership Board, and NHS Cheshire and Merseyside (via the Quality and Performance Committee), with assurance that health and care partners have insight and understanding of quality and performance issues at place level and confidence about maintaining and continually improving against each of the performance dimensions of quality of (safe, effective, person-centred, well-led, sustainable, and equitable) of their services. This set out in the Shared Commitment to Quality and enshrined in

the Health and Care Bill 2021. This includes reducing inequalities in the quality of care, coupled with a focus on performance.

Primary Care Group - to oversee exercise of the NHS Cheshire and Merseyside's statutory powers in place 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.

Strategy and Transformation Group – this Group will 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.

3.3 These groups are being established in September 2022. The Terms of Reference are still being developed with NHS Cheshire and Merseyside, the four groups and system partners. It is intended that the Terms of Reference will be ready for adoption at a future meeting of the WPBPB.

3.4 If Wirral as a place receives further delegated authority from NHS Cheshire and Merseyside, these groups could become committees in their own right or at least sub-committees of the WPBPB.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

7.1 NHS Cheshire and Merseyside are developing a risk management and assurance framework, which will include place. This will enable the WPBPB to manage risks identified in their work directly or through the four groups referenced in this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for these groups. As stated, these groups are either required by or recommended by NHS Cheshire and Merseyside for each place. It is intended that

each group will have a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment is required for this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Simon Banks**

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APPENDICES

Appendix 1 Wirral System Governance Map

BACKGROUND PAPERS

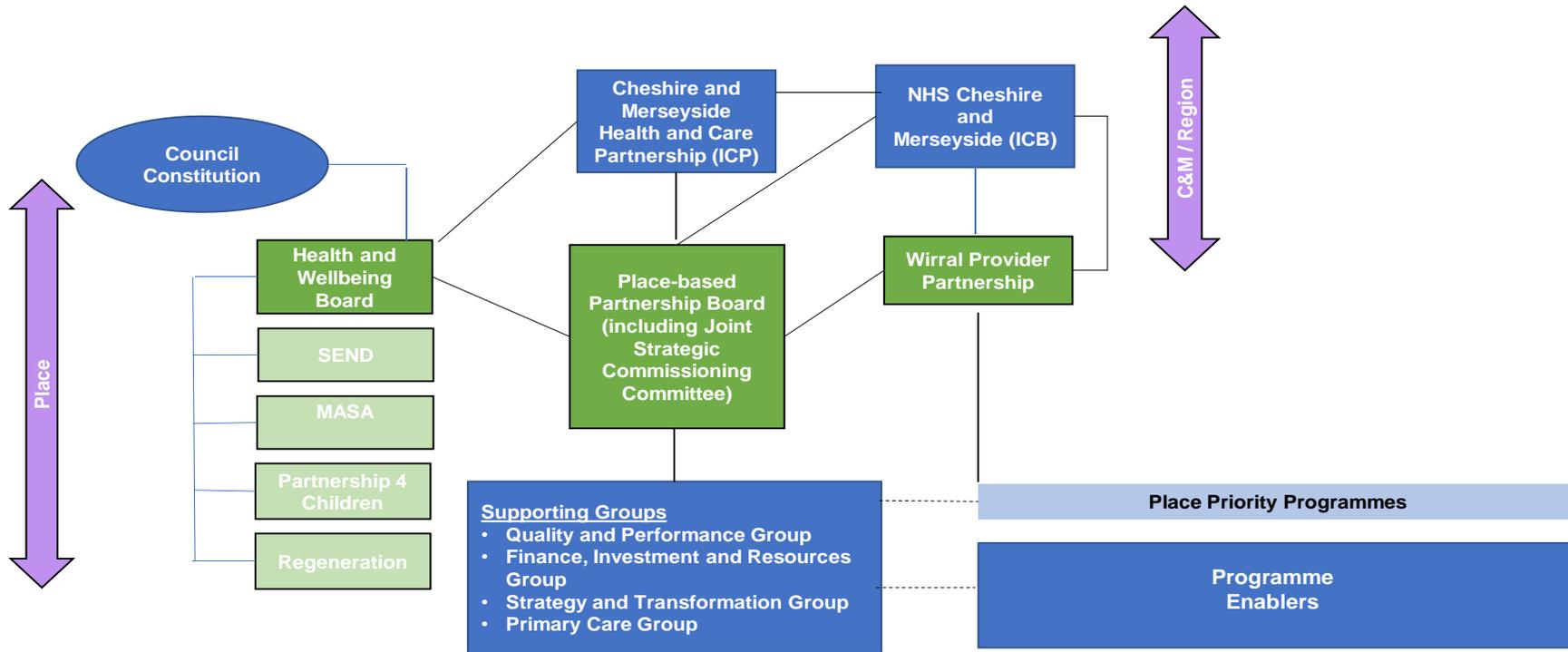
NHS Cheshire and Merseyside Board Meeting, 1st July 2022, accessed at: [220701-icb-papers.pdf \(cheshireandmerseyside.nhs.uk\)](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Governance Map

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

14th SEPTEMBER 2022

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

REPORT SUMMARY

NHS Cheshire and Merseyside's Chief Executive asked each of the nine Place Directors to develop objectives with representatives from their respective places. The intention was that the objectives of the Place Director are align to, owned, and delivered by each place collaboratively.

The attached objectives were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflect the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. The objectives were approved by the Chief Executive of NHS Cheshire and Merseyside in August 2022.

This report is for information. This matter affects all Wards within the Borough.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the objectives of the Place Director (Wirral) and receive quarterly progress reports on the delivery of those objectives.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 NHS Cheshire and Merseyside's Chief Executive asked each of the nine Place Directors to develop objectives with representatives from their respective places. This report sets out the objectives for the Place Director (Wirral) as agreed with system partners and, as the Wirral Place Based Partnership Board is a meeting in public, places them in the public domain. There will also be a requirement to demonstrate progress against these objectives, which will be reported to the Wirral Place Based Partnership Board.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option of producing objectives for the Place Director (Wirral) without reference to partners in place was discounted as it would not demonstrate the connectivity of this role to the place, would not ensure ownership by place partners of these objectives and would not be open, collaborative, and transparent.

3.0 BACKGROUND INFORMATION

- 3.1 NHS Cheshire and Merseyside's Chief Executive asked each of the nine Place Directors to develop objectives with representatives from their respective places. The intention was that the objectives of the Place Director are align to, owned, and delivered by each place collaboratively.
- 3.2 The attached objectives (Appendix 1) were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflect the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. The objectives also link to the strategic aims of NHS Cheshire and Merseyside. The objectives were approved by the Chief Executive of NHS Cheshire and Merseyside in August 2022.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report, the objectives will need to be delivered with the financial envelope set for the Wirral health and care system.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Place Director's objectives are connected to work that this already in progress in the Borough. This work should already be supported with the appropriate resources and, where it is not, discussions will be required around the resource requirements to support delivery.

7.0 RELEVANT RISKS

7.1 The Place Director's objectives are based on work that is already underway in the Borough, work that has associated delivery plans. The risks associated with these delivery plans are managed within each work programme. NHS Cheshire and Merseyside are developing a risk framework for application in each of the nine places. The Wirral Place Based Partnership Board will also be receiving a report on this at a future meeting.

8.0 ENGAGEMENT/CONSULTATION

8.1 The Place Director's objectives were developed through a dialogue with the Chair of the Adult Social Care and Public Health Committee and officers from Wirral Council. The Chief Executives of Wirral's key NHS provider trust were also engaged in this process, as were representatives from general practice and the voluntary, community, faith, and social enterprise sector. Evidence of such engagement was a prerequisite for agreement of the Chief Executive, NHS Cheshire and Merseyside to these objectives.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The Place Director's objectives have been developed with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment is required for this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the delivery of the Place Director's objectives in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: Simon Banks

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APPENDICES

Appendix 1 Place Director (Wirral) Objectives

BACKGROUND PAPERS

Strategic Aims of Integrated Care Systems, accessed at: [NHS England » What are integrated care systems?](#)

NHS Cheshire and Merseyside priorities, accessed at: [Our priorities - NHS Cheshire and Merseyside](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1 PLACE DIRECTOR (WIRRAL) OBJECTIVES, AUGUST 2022

Strategic Aims of Integrated Care Systems

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

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
1	1-4	Work together to deliver NHS Operational Planning Priorities 2022/23 and local Place priorities, aligned to Wirral Plan 2026 and Health and Wellbeing Strategy.	<p>Agreed Wirral Place Plan.</p> <p>Refresh Wirral Place Plan as new guidance emerges.</p> <p>Demonstrate progress of delivery of Wirral Place Plan through reporting to Wirral Place Based Partnership Board (WPBPB).</p>	<p>September 2022.</p> <p>As required.</p> <p>Initial framework for November 2022.</p>	<p>Ratification by WPBPB.</p> <p>Development of Wirral Place outcomes monitoring framework and dashboard modelled on good practice from other Places.</p>
2	1-3	Work together to enable greater independence for adults and older people in their own homes and local environment.	We will demonstrate this by delivering a virtual ward service model in Wirral during 2022/23 for frailty and acute respiratory illness.	<p>December 2022</p> <p>March 2023</p>	<p>Baseline 20 frailty beds mobilised.</p> <p>Baseline 10 acute respiratory illness beds mobilised.</p> <p>Additional 10 (total 30) frailty beds mobilised.</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
					Additional 15 (total 25) acute respiratory illness beds mobilised.
3	1-2	Work together for brighter futures for our children, young people, and their families by breaking the cycle of poor outcomes for all regardless of their background.	We will demonstrate this by the delivery of the key milestones in our SEND Action Plan, moving Wirral towards the removal of the Statement of Action.	March 2023	The SEND Action Plan is monitored by the Department for Education and NHS England. Progress and milestones will be demonstrated in reporting to these organisations, which will be shared with WPBPB.
4	1-2	Work together to provide happy, active, and healthy lives for all, with the right care, at the right time to enable residents to live long and healthier lives.	<p>We will demonstrate this through developing enhanced case finding for hypertension, using digital technologies (AccuRx), and working with Primary Care Networks, to identify those most at risk and provide appropriate support.</p> <p>80% of people that are diagnosed with hypertension receive treatment, according to the target in NICE guidelines.</p>	<p>March 2023</p> <p>January 2023</p> <p>March 2023</p>	<p>No. of new Hypertension diagnoses in the past 12 months. (Variable by PCN) Baseline: 2,430 (Total no. of Hypertension Floreys sent Jan22-Jun22) Target: – 7,000 (Aug22-Jan23 - 5% monthly increase per PCN from Jun22 onwards) (To be validated by clinical lead)</p> <p>BPQI Toolkit uptake increase Baseline: 78% Target: 90% by Mar23 (To be validated by clinical lead)</p> <p>Increased response rate for Hypertension floreys Baseline: 35% Target: 50% by Mar23 (To be validated by clinical lead)</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
				March 2023	BP@Home recordings for Hypertensive patients Baseline: 4,270 Aug21-Mar22 Target: 4,700 Aug22-Mar23 (10% increase) (To be validated by clinical lead)
				March 2023	Metrics dashboard (under development): https://app.smartsheet.eu/b/publish?EQBCT=b2b16fec7e44bbc806d79cd62f182f9
5	3-4	Work together for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all.	We will demonstrate this by producing a health and care workforce strategy and plan for Wirral that supports integration and collaboration in our place, across organisations.	September 2023 January 2023 March 2023	Re-establish Wirral Place Workforce Group. Wirral Place workforce strategy and implementation plan. An increase in available Care and Reablement Workforce from baseline levels and a concomitant reduction in turnover. Current Baseline Workforce:828 Trajectory: To be determined
6	1-3	Work together to ensure that primary care is integrated into	Engage primary care (general practice, community optometry, community pharmacy and	September 2022	Secure representation from primary care on WPBPB and Primary Care Committee. Secure representation from primary care in

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
		Place governance and delivery mechanisms in Wirral.	community dental services) in governance and engagement arrangements in Wirral. Support PCNs to become the essential core building block for integrated care.	October 2022 Ongoing October 2022 October 2022 October 2022 December 2022	Wirral Provider Partnership arrangements. Ongoing engagement with Local Representative Committees, Primary Care Council, Primary Care Network Clinical Directors and emerging Wirral Primary Care Collaborative. Engage PCNs in development of revised neighbourhood/care communities strategy for Wirral. Ensure primary care is engaged in the Wirral Provider Partnership. Revisit PCN maturity matrix (October 2021) and update assessment, with the addition of peer feedback. Develop plan to progress each PCN at least one step on the framework/maturity matrix.
7	1, 2 and 4	Work together to mitigate the impact of cost-of-living increases on our population	We will work together to mitigate the potential impact of cold homes and fuel poverty on our population and health and care services in Winter 2022/23.	Complete	Complete the baseline assessment tool for Excess winter deaths and illnesses associated with cold homes (NICE public health guideline NG6). Consider the outcomes of the baseline assessment tool and how these will impact on

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
				August 2022	place-based actions.
				September 2022	Wirral Council to lead a strategic, population-based approach to mitigation of cost-of-living increase. Health and care to augment and align with this strategy and support operational delivery.
				October 2022	Use local population health intelligence to target those cohorts who are at greater risk of fuel poverty and ill health, developing campaigns and targeted interventions involving all partners in Wirral.
8	3 and 4	Work together to maximise the use of public sector estate and ensure that this is linked to Wirral Council's Local Plan and regeneration work.	Ensure that Wirral place governance links health and care providers into Wirral Council's Strategic Estates Board (SEB). Produce an integrated Estates Strategy	September 2022 September 2022 September 2022 October 2022 November 2022	Representation from NHS on SEB. Ensure Wirral Health and Care Estates Group has inclusive membership. Establish Finance, Investment and Resources Group to report to WPBPB, through which estates and sustainability issues will be reported. Baseline of current estate owned or leased by health and care sector. Align NHS provider's strategic estates deliverables and work plans, considering Wirral SEB intentions and NHS Cheshire and Merseyside requirements.

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year <i>(e.g. deliverable(s) and date(s) in year to support achievement)</i>
				December 2022 February 2023	Draft strategy produced. Final strategy agreed.



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

14th September 2022

REPORT TITLE:	WIRRAL HEALTH AND WELLBEING STRATEGY
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides the Place Based Partnership Board with an update on work to develop a Health and Wellbeing Strategy for Wirral, following the Health and Wellbeing Board decision, at the meeting of 3rd November 2021, to establish a working group to produce a local Strategy.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the continued development of Wirral's Health and Wellbeing Strategy.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report gives an update on the progress of the work taking place to develop Wirral's Health and Wellbeing Strategy. The Strategy will support the Health and Wellbeing Board to fulfil its statutory duties and enable it to hold the wider system to account in order to maximise health outcomes for local people.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 National guidance sets out the requirement for Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards and set out their statutory duties. This included the requirement to produce a joint Health and Wellbeing Strategy which describes how the Board, working together with partners, will improve health and wellbeing.
- 3.2 National guidance states that a Health and Wellbeing Strategy should provide a framework for improving health and wellbeing in the area. The Health and Wellbeing Strategy should influence policy, commissioning and services beyond the health and care sector, in order to make a real impact upon the wider determinants of health. The Strategy should enable the Board to address shared local issues collectively, in addition to the work as individual organisations.
- 3.3 Developing a local Health and Wellbeing Strategy will help to set local priorities for joint action, following the identification and assessment of the needs and priorities of the local population, adopting an outcomes-based approach, and considering those issues which matter the most to local people.
- 3.4 A key priority for the Health and Wellbeing Strategy is to enable the Board to hold the system to account on the identified priorities and areas for action, ensuring that plans are delivered, meet local resident needs, and are aligned to a strategic outcomes framework.
- 3.5 Wirral's Health and Wellbeing Board agreed in November 2021 for a Working Group to be established with representation from partners to produce a local Health and Wellbeing Strategy. The Strategy development has been ongoing, and this is the first update report on this work to the newly formed Place Based Partnership Board.
- 3.6 The Health and Wellbeing Board agreed that the Strategy will take forward the recommendations of the 2020-21 Public Health Annual Report. The priorities of the Strategy are also closely aligned to the recommendations of the All Together Fairer Report, produced by the Institute of Health Equity and the Marmot Communities Programme, undertaken on a Cheshire and Merseyside sub-region footprint.
- 3.7 The Director of Public Health is leading on collaboration and engagement across the Council, with partner organisations and community representatives to inform the

Strategy. Feedback from the Working Group and individual input has been received from all system leaders which has been used to develop the strategy's principles, priorities and deliverables. Through this collaborative approach, the Working Group is ensuring that the strategy aligns with other relevant plans and strategies, either existing or in development.

- 3.8 To ensure that the voice of Wirral residents and communities is reflected within the strategy, a programme of engagement is underway. Working with the Community, Voluntary and Faith network, as well as other partners and groups, resident feedback is being thematically analysed. This has informed the priorities of the Strategy, and through an ongoing programme of qualitative insight, will continue to inform the Strategy priorities and deliverables.
- 3.9 There is cross system consensus for the Strategy to focus on the priorities identified in the 2021 Public Health Annual Report, which are built on evidence and insight. In conjunction with the Working Group, deliverables for each of the five priority areas have been developed, and work is concluding to finalise those, including identifying which of these will be the focus for the first twelve months.
- 3.10 The Working Group has identified the importance of holding the system to account on the delivery of the Strategy and monitoring its impact over time. A range of quantitative and qualitative measures will support the Health and Wellbeing Board oversight of the strategy deliverables. A mapping exercise to develop an outcomes framework has aligned the Public Health Annual Report 2020-21 Recommendations, the Marmot Outcomes, and the Health and Wellbeing Strategy Priorities. The Joint Strategic Needs Assessment, and State of the Borough Annual Report will include a focus on those indicators, to support the monitoring of the Strategy implementation.
- 3.11 The Health and Wellbeing Strategy will be taken by the Director of Public Health to the Health and Wellbeing Board for approval in September 2022. Following this, next steps will be agreed around implementation, reporting and monitoring.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There is likely to be a relatively small cost associated with the design and production of the Strategy, these costs will be met from the Public Health grant.

5.0 LEGAL IMPLICATIONS

- 5.1 It is a statutory requirement under the Health and Social Care Act 2012 for the Health & Wellbeing Board to produce a joint Health and Wellbeing Strategy which describes how the Board, working together with partners, will improve health and wellbeing. The Wirral Health and Wellbeing Strategy will also feed into the work undertaken by the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) established under the Health and Care Act 2022 in developing a strategy to address the health, social care and public health needs of its system.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The work referenced within the report is being developed by existing officers and partners. No additional resources are sought. There is a need for ongoing commitment of officer time across representatives of the Health and Wellbeing Board, to ensure the Strategy progress from development into implementation and to continue to report on the agreed deliverables. There may be resource implications for partners, services and programmes as a result of the implementation of the Health and Wellbeing Strategy; this will be dependent on the agreed deliverables.

7.0 RELEVANT RISKS

- 7.1 Any risks related to the development of the Health and Wellbeing Strategy will be identified and managed by the Working Group and reported to the Health and Wellbeing Board.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Health and Wellbeing Strategy represents a partnership effort to addressing health challenges. The Strategy has been co-produced, with Public Health taking a lead co-ordination role working in collaboration with representatives of the Health and Wellbeing Board. The Strategy priorities have taken shape, using a wealth of local intelligence, data and insight, focussing on the actions which will make the biggest difference to the health and wellbeing of the population. As part of the Strategy implementation, a programme of engagement with local people is being developed in partnership, to continue to listen to and work with local people and community groups.

9.0 EQUALITY IMPLICATIONS

- 9.1 There are no direct equality and diversity issues arising directly as a result of this report. However, an Equality Impact Assessment will be undertaken on the Health and Wellbeing Strategy to ensure that equality and diversity impacts are considered and addressed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no environment and climate implications arising from this report. However, the local environment is a key influence on health. Addressing the social determinants of health, the conditions in which people are born, grow, live, work and age can impact on health inequalities.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Health and Wellbeing Strategy references a number of key interlinked strategies such as the significant regeneration programme, with community wealth building principles at its core, to drive health improvement in the areas where health is poorest by addressing the income and employment issues that cause ill health.

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APPENDICES

N/A

BACKGROUND PAPERS

- Public Health Annual Report 2021: ‘Embracing Optimism - Living with Covid-19’
- Institute for Health Equity and Marmot Communities Report, 2022: ‘All Together Fairer’

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	15 th June 2022
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	23 rd March 2022
Health and Wellbeing Board Marmot Communities Programme Update	9 th February 2022
Health and Wellbeing Board Developing a Wirral Health and Wellbeing Strategy with support from the Marmot Community Programme	3 rd November 2021
Health and Wellbeing Board 2021 Public Health Annual Report: Embracing Optimism – Living with COVID-19	29 th September 2021

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Wednesday, 14th September 2022

REPORT TITLE:	WIRRAL DELIVERY PLAN
REPORT OF:	ASSOCIATE DIRECTOR FOR TRANSFORMATION AND PARTNERSHIPS (WIRRAL) NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

This Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles shared in the Plan that will underpin how we will work together on the delivery of our Plan.

The Plan has been developed collaboratively between commissioners and providers and is cognisant of key national and local strategic plans and policies.

This paper is for approval by the Wirral Place Based Partnership Board of the Delivery Plan. This matter affects all Wards within the Borough.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is asked to approve the Delivery Plan and note the priorities within the Delivery Plan and receive quarterly progress reports on the delivery of these objectives.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report sets out the key health and care priorities that the Wirral Place will need to deliver this year or progress on significantly. There are a number of work streams underway in Wirral to deliver improvements to our services and the experience and outcomes of those that use our services. This plan has been developed collaboratively with commissioners from NHS and the Local Authority and our key providers. By asking for the Wirral Place Based Partnership Board for the final approval of the Plan, it will ensure formal adoption of the Plan and will also enable our Delivery Plan to be in the public domain. There will also be a requirement to demonstrate progress against the Plan to evidence the progress made, which will be reported to the Wirral Place Based Partnership Board.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Delivery Plan is a collaborative plan across the Wirral Place and therefore does require formal approval by the Wirral Place Partnership Board.

3.0 BACKGROUND INFORMATION

- 3.1 Imminent changes to the way we work together as a result of the new Health and Care Act, the adult social care reform white paper, the impact of the pandemic and the fuel poverty crisis will require us to work differently this year.

The Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles that will underpin how we will work together.

These principles which are a golden thread across Wirral will influence our work and how we deliver change on Wirral and the aspiration is that these become our business as usual and 'how we do things on Wirral'.

All our work programmes will:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including Joint Strategic Needs Assessment (JSNA)
- Deliver good outcomes and be safe and effective
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- Learn from people's lived experience
- Aim to support people to stay well and independent

- Continue to develop place based services – enhancing the neighbourhood/community delivery

3.2 This plan is not a policy or strategic document, however the priorities are reflective of key national, regional and Wirral Place strategy and policy requirements. Our priorities will cover the whole life span of our population, from birth to death. The key documents that our priorities are cognisant of are below:-

- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- SEND Wirral Statement of Action

Our priorities will also need to address the broader aspects of the Wirral Plan such as the green agenda and ways of supporting the economic recovery of the Borough.

3.3 The attached Wirral Delivery Plan (Appendix 1) was developed collaboratively during April and May 2022. The priorities that are highlighted in bold within the Plan will need completion/significant progress by the end of quarter 2. The priorities that are highlighted in yellow are the ‘must do’s’. The programmes of work within the Delivery Plan are within the below themes:-

- Children and Young People
- Recovery of Health and Care Service Responsiveness
- Enabling Greater Independence and Preparing for Winter 22/23
- Mental health, Learning Disability and Autism
- Primary Care
- Medicine Optimisation
- Wirral Wide Priorities

4.0 FINANCIAL IMPLICATIONS

4.1 There are potential financial implications arising from this report, the work programmes that are a key priority, particularly for the delivery of additional capacity across the Wirral Place during the winter have already required additional funding which have been agreed by Wirral key partners. For the majority of the Plans there is an expectation that they will need to be delivered with the financial envelope set for the Wirral health and care system. If there are further calls on resources beyond those mentioned above, approval will be sought through the appropriate processes.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Delivery Plan includes programmes of work that are already in progress in the Borough and a number of these are ‘must do’s’ for the Wirral Place to complete. This work should already be supported with the appropriate resources and, where it

is not, discussions will be required around the resource requirements to support delivery.

7.0 RELEVANT RISKS

7.1 Within the Delivery Plan there are some 'must do's that do require to be completed within timescales during 2022/23. The Plan and its deliverables will be monitored monthly and escalation to key partners will take place if progress of achievements and expected outcomes are not realised. Alongside this, the risks associated with each of the programmes within the Delivery Plan are managed within each work programme. The Wirral Place Based Partnership Board will also be developing a risk framework.

8.0 ENGAGEMENT/CONSULTATION

8.1 The Wirral Delivery Plan has been developed collaboratively across commissioners of both NHS and Wirral Council and also the Directors of Strategy and Chief Operating Officers of our key NHS providers. The Delivery Plan has also been shared with the Chief Executives of Wirral's key NHS provider trust.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. Within the Delivery 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 but in place where possible.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the delivery of the Place Director's objectives in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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APPENDICES

Appendix 1 Wirral Place Delivery Plan

BACKGROUND PAPERS

- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- Statement of Education Needs and Disability (SEND) Wirral Statement of Action

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDICES

Appendix 1 Wirral Place Delivery Plan

WIRRAL PLACE DELIVERY PLAN 2022-23

1. Introduction

Imminent changes to the way we work together as a result of the new Health and Care Act, the adult social care reform white paper, and the impact of the pandemic on our population will require us to work differently this year.

As a result of these changes throughout England new ways of working across regions are being adopted, which include the formation of Integrated Care Systems (ICS). Cheshire and Merseyside (C & M) Health and Care Partnership also known as the ICS, has the aim to work collaboratively, developing strategies that improve public health, reduce health inequalities and ensure the health and care system across Cheshire and Merseyside is sustainable.

The ICS has a responsibility to improve the health and wellbeing of the C&M population by:

- Coordinating plans to make sure our services continue to meet everyone's needs
- Joining up services to provide better care, closer to home
- Ensuring all our partners across Cheshire and Merseyside focus on addressing the causes of poor health, as well as improving diagnosis and treatment

Wirral Place is a part of the C&M ICS and the Integrated Care Board will have NHS statutory power from 1st July 2022.

This Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles that will underpin how we will work together to deliver the plan.

These principles, that underpin the way that we work on Wirral, are a golden thread throughout and it is expected that the Wirral Place Partnership Board will require assurance that these have been adhered to with the work that we undertake this year.

This plan is not a policy or strategic document, however the priorities are reflective of key national, regional and Wirral Place strategy and policy requirements. Our priorities will cover the whole life span of our population, from birth to death. The key documents that our priorities are cognisant of are below:-

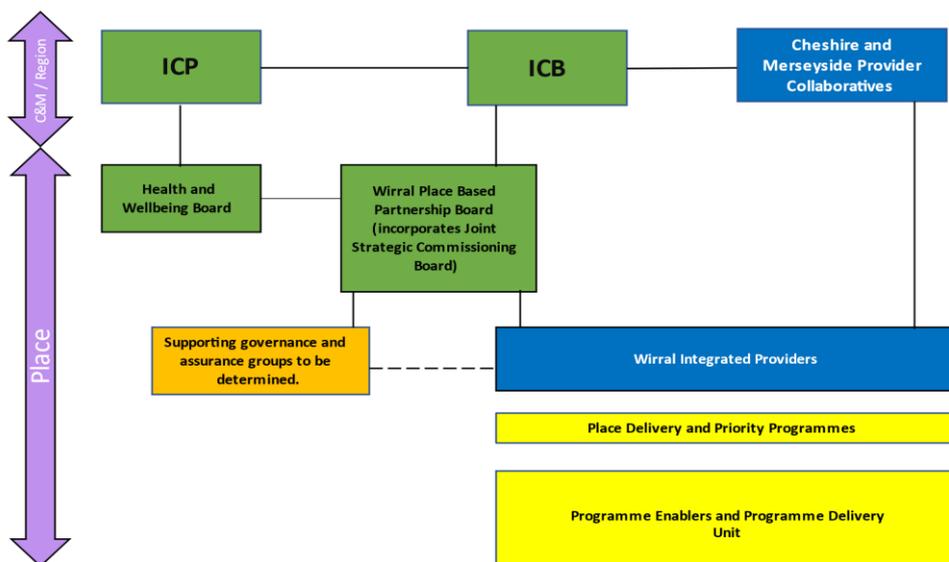
- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- Statement of Education Needs and Disability (SEND) Wirral Statement of Action

Our priorities will also need to address the broader aspects of the Wirral Plan such as the green agenda and ways of supporting the economic recovery of the Borough.

Our focus will continue to be working together on neighbourhood/community footprint and ensuring that health and care services are delivered in a way that reflect the needs of the population within each neighbourhood/community.

The governance for the reporting against this Delivery Plan and how this forms part of the Wirral Place governance structure is shown in the diagram below. The diagram shows how groups that are leading on priority programmes and delivery of transformation change report into both Wirral Integrated Providers and also supporting governance and assurance groups that are still to be determined. Both these groups feed into the Wirral Place Partnership Board, which in turn reports into the Health and Wellbeing Board and Cheshire and Merseyside Integrated Care Board, the Integrated Care Partnership and the Cheshire and Merseyside Provider Collaboratives:

Wirral Place-Based Partnership Structure



2. The Principles

It is essential to ensure that we all adopt a new way of working together in this year that enables us to continue the good practice that was developed during the pandemic. There are important issues that we need to work together to tackle on Wirral and the success of this delivery plan will be on including the wider stakeholders including community, faith, voluntary and independent sector.

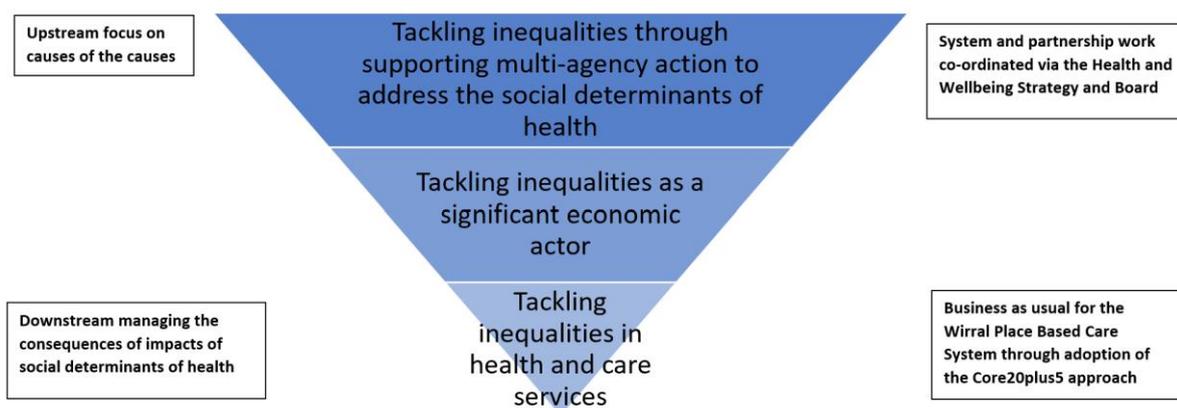
Our principles will influence our work and how we deliver change on Wirral and the aspiration is that these become our business as usual and ‘how we do things on Wirral’. All our work programmes will:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including Joint Strategic Needs Assessment (JSNA)
- **Deliver good outcomes and be safe and effective**
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- **Learn from people’s lived experience**
- Aim to support people to stay well and independent
- Continue to develop place based services – enhancing the neighbourhood/community delivery

2.1 How we will tackle Health Inequalities

To tackle health inequalities is now of greater importance due to the impact of the pandemic. As part of this delivery plan and in order to ensure we positively address our health inequalities we have developed a local framework. This framework is summarised in Figure 1 and sets out 3 broad categories for action. Effective action to reduce health inequalities will require actions at different levels, focussed both upstream on addressing the social determinants of health and downstream on health and care service delivery to reduce disparities in access, experience and outcomes.

Figure 1



2.1.1 Tackling inequalities: In health and care service

To ensure that we proactively address health inequalities it is important that we embed action on health inequalities in all of our programmes and service reviews. It is therefore our plan to adopt the use of the Health Equity Assessment Tool (HEAT) in all of our programmes of work. This is a practical approach that enables professionals across the health and care landscape to systematically identify health inequalities and equity issues related to a service and identify what action can be taken help to reduce health inequalities.

Further info here: [Health Equity Assessment Tool \(HEAT\): executive summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/Health-Equity-Assessment-Tool-HEAT-executive-summary.pdf).

As part of the Wirral Place governance and approval process it will be expected that the HEAT tool has been completed before the work plans can progress.

The NHS Core20PLUS5 national framework will guide our local action and drive targeted actions to reduce health inequalities through this Delivery Plan and also wider work being undertaken across Wirral Place. We will focus our health inequalities actions to target:

- the most deprived **20%** of the national population as identified by the Index of Multiple Deprivation (IMD),
- **PLUS** population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach. Based on our population health data in Wirral these will be:
 - ❖ Ethnic minority communities
 - ❖ Those who misuse substances
 - ❖ People with multi morbidities
 - ❖ People with Learning disabilities
- across **5** focused clinical areas requiring accelerated improvement:
 - 1) Maternity; through partnership working, ensuring that maternity services are compliant with the recommendations of the Ockenden report.
 - 2) Mental Health: ensuring annual health checks for 60% of those living with serious mental illness (SMI) (bringing SMI in line with the success seen in learning disabilities).
 - 3) Respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
 - 4) Cancer: Early cancer diagnosis with 75% of cases diagnosed at stage 1 or 2 by 2028.
 - 5) Cardiovascular disease: Hypertension case-finding to allow for intervention to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

2.1.2 Tackling inequalities: As a significant economic factor

The second set of actions health and care partners in Wirral can undertake to reduce inequalities is through their role as local anchor institutions. Anchor institutions are large, public-sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively ‘anchored’ in their surrounding community.

Health and care partners in Wirral have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and buildings and land. Local NHS organisations can promote employment opportunities focussed on those living in deprived areas.

As well as each organisation working individually to ensure they are maximising their role locally as an anchor institution, the Wirral Place Based partnership offer an opportunity for

NHS organisations, the local authority, voluntary sector and other local organisations to work together to address these issues.

2.1.3 Tackling inequalities: Supporting multi-agency action to address the social determinants of health

Building on roles as local anchor institutions the final and most important way on Wirral we can reduce health inequalities is through multiagency action to address the social determinants of health. It is recognised that most of the fundamental factors driving inequalities in health lie outside the responsibility of the health care system, with health inequalities being most strongly influenced by social conditions, the circumstances into which people are born, the places where they live, their education, the work they undertake, and the extent to which good social networks exist.

To have a meaningful impact in reducing health inequalities we will need to strengthen local multiagency partnership working together to address the causes.

3. Our Priorities

There are a number of work streams underway in Wirral to deliver improvements to our services and the experience and outcomes of those that use our services. Not all current works programmes are included in this plan. This Delivery Plan is focussed on our key health and care priorities that we will need to deliver this year, or progress with significantly. Within these there are 9 work programmes that are our key priorities and 5 will have a particular focus on delivery by end of quarter 2. These are shown in bold in the priorities list below. Highlighted in yellow are those priorities that are ‘must do’s’ for Wirral to deliver against.

3.1 Themes

- Children and Young People
- Recovery of Health and Care Service Responsiveness
- Enabling Greater Independence and Preparing for Winter 22/23
- Mental health, Learning Disability and Autism
- Primary Care
- Medicine Optimisation
- Wirral Wide Priorities

Children and Young People priorities

- Prevention – Breaking the Cycle work
- **SEND** – delivery of the Statement of Action
- Children’s mental health and well being redesign with Capacity
- Ensuring that children and young people are protected and safe

Recovery of Health and Care Services Responsiveness

- Outpatient redesign
- Cancer – early diagnosis and recovery
- Elective care recovery
- Supported accommodation and specialist provision options to respond to individual needs
- Maternity – Responding to the Ockenden Report

- Service Transformation – Ophthalmology, Dermatology, Musculoskeletal (MSK), Cardiovascular disease (CVD), Respiratory

Enabling Greater Independence and Preparing for Winter 22/23

- **Virtual wards/hospital at home**
- Increase take up of technology enabled care
- **Care market sustainability – domiciliary care and care homes- increase responsiveness #**
- **Review need for Discharge to Assess beds (71 plus 30) #**
 - # Both care market sustainability and Discharge to Assess will include **Development of Reablement and recovery services/Reablement**
- Roll out the Three Conversations model across all Social Care Teams
- Increased performance on Home First -more people supported to remain at/return home.
- Develop other models for home based end of life (EOL) services

Mental Health, Learning Disability and Autism

Mental Health

- Community Mental Health Transformation
- **Reduce out of area placements to zero**
- Urgent Response Centre/Designated Place of Safety
- Sustain 24/7 crisis lines and expand children and young people (CYP) Urgent Support Team model
- Evaluate effectiveness of Crisis Alternatives for Adult and CYP
- Implement and review the Care Navigator Function in Community Children and Adolescent Mental Health Service (CAMHS)
- Increasing Access to Psychology Therapies (IAPT) Recovery and Transformation to achieve core access and recovery targets

Learning Disability (LD) and Autism

- LD Annual Health Checks
- Reduce admissions
- Facilitate timely and appropriate discharges
- Address Autism waits
- Carers support after COVID
- All Age Autism Post Diagnostic Service
- CYP improvements/transformation

Primary Care

- Enhanced Access implementation
- Workforce – additional roles reimbursement scheme (ARRS) recruitment/GP recruitment & retention
- Digital First – Lloyd George records/online appts booking/maximise digital enablers
- Continued development of Primary Care Networks (PCN)
- Provider Collaborative development
- COVID Vaccination Programme Autumn Booster campaign
- Reduction in antibiotic prescribing
- Anticipatory /Personalised Care implementation
- Learning Disabilities Annual Healthchecks

Medicine Optimisation

- Reduce prescribed total and broad spectrum antibiotics
- Reduce the incidence and improve diagnosis and management of urinary tract infections (UTIs) in people age 65 years and over by improving the quality of prescribing based on guidelines, culture and sensitivity results and by improving hydration
- Implement Direct-Acting Oral Anticoagulants (DOAC) review programme to ensure evidence based, safe and cost-effective use of oral anticoagulants
- Maximise use of community pharmacy support through GP referral schemes, hypertension case-finding and the discharge medicines service
- Review medicines supply routes to make best use of our medicines resources, including non-drug prescribing
- Further develop our dashboard for medicines in serious mental illness to improve health outcomes
- Improved management of medicines within social care and care homes through standardisation of practice and use of technology.
- Develop an integrated 'Place' Medicines Optimisation quality, innovation, productivity and prevention (QIPP) workplan that reflects both ICS and place-based priorities

Wirral Wide Priorities

- **Place, Neighbourhood and locality delivery (including schools)**
- Joint commissioning across the services.
- **Workforce transformation**
- **Improve transition planning for young people with complex needs, focussing on personalised transition planning and reducing reliance on long term specialist care home provision.**
- **Increase uptake of Direct Payments and Personal Health Budgets**
- Digital programme

From our priorities, the key programmes of work for Wirral to deliver in year are listed below. The first four will require focussed work in the first two quarters of this year, with the aim of implementation at the beginning of quarter 3.

1. **SEND – delivery against the milestones of the statement of action**
2. **Virtual wards/hospital at home**
3. **Care market sustainability – domiciliary care and care homes- increase responsiveness**
4. **Review need for Discharge to Assess beds (71 plus 30)**
5. **Reduce mental health adults out of area placements to zero**
6. Place, Neighbourhood and locality delivery (including schools)
7. Workforce transformation
8. Improve transition planning for young people with complex needs, focussing on personalised transition planning and reducing reliance on long term specialist care home provision.
9. Increase uptake of Direct Payments and Personal Health Budgets

4. The Delivery

Within our priorities, each theme has a number of work programmes, each with an identified Senior Responsible Officer and a plan on a page which will demonstrate the milestones and deliverables by each quarter of this financial year. The benefits captured reflect the impact against our principles which will be reported to the Wirral Place Partnership Board.

Each individual work programme will have a full project plan and impact assessments completed which will continue to report to their established respective governance processes. Only the high level detail of the milestones, deliverables and benefits will be shared and monitored as part of this Delivery Plan.

The collective plan by each quarter will outline what is expected to be delivered against each of the priorities and their work programmes. Progress and achievement against this will be reported as shown in the earlier governance diagram.

The role of the Wirral Place governance which is being agreed will be to:-

- review the strategic direction of the programmes to ensure alignment against the key policies and strategies,
- review progress against the deliverables and milestones
- review the benefits that are being realised
- to receive issues that require escalation for system support to resolve.
- Report to the Wirral Place Partnership Board on progress against the Delivery Plan.

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Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Wednesday, 14 September 2022

REPORT TITLE:	PROGRESS REPORT: WIRRAL STATEMENT OF ACTION FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)
REPORT OF:	DIRECTOR FOR CHILDREN, FAMILIES AND EDUCATION

REPORT SUMMARY

The report provides the Wirral Place Based Partnership Board with an update on the SEND Transformation programme and progress on the Wirral Statement of Action (WSOA).

In September 2021, the local area's services for children and young people with Special Educational Needs and Disabilities (SEND) was inspected by Ofsted and the Care Quality Commission (CQC). As a result of the inspection, the local area was required to submit a Written Statement of Action to address the areas of improvement which had been identified. This was approved by Ofsted on behalf of the CQC on 28th March 2022.

The WSoA outlines a reporting framework which cuts across health and social care. This report provides an update to the Wirral Place Based Partnership Board in accordance with the reporting framework.

Delivering the Wirral Statement of Action and the SEND transformation programme is aligned to the Wirral Plan 2021-2026 priority "Brighter Futures" and as a priority within the Healthy Wirral Plan.

This is not a key decision.

RECOMMENDATIONS

The Wirral Place Based Partnership Board is recommended to:

1. Note the report and the progress made to date; and
2. Agree to receive a further monitoring report at a future date.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 To ensure that the Wirral Place Based Partnership have oversight of the Wirral Statement of Action, to be able to hold senior officers to be account and to be assured that progress is being made and outcomes improving.
- 1.2 To ensure there are clear lines of accountability, and that the reporting framework is adhered to, and governance and monitoring arrangements are robust.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Reporting to a single, separate accountable body: This report will sit alongside several update reports to Council committees including the Children, Young People and Families Committee and Health and Wellbeing Board. The option of reporting into one single governance body was discounted given the multiple responsibilities and cross-cutting themes relating to services for children and young people with SEND.
- 2.2 Do nothing: good governance and accountability will help to ensure strong oversight and monitoring of the Wirral Statement of Action. It is important, as part of any improvement programme, to effectively report on progress, highlight risks and provide assurance to stakeholders.

3.0 BACKGROUND INFORMATION

- 3.1 There have been some changes since the last reporting cycle in June 2022 to the SEND Transformation arrangements including, the Interim Deputy Director assuming operational responsibility for the Council's SEND Services, a change of lead for Workstream 5 following Integrated Care Board changes, and all Project Co-ordinators in place to support the workstreams.
- 3.3 Progress of the WSoA is fully documented in Appendix 1, showing that of the 102 actions, 31 have been completed, 42 are on track, 7 are at risk of delay, and 22 have missed their deadline. The following workstream summaries further describe progress and exceptions.
- 3.4 Workstream 1 is making good progress with all action relating to data analysis having been completed and a first iteration of the Joint Strategic Needs Assessment (JSNA) published. An initial deep dive into the emerging findings, which took place in August 2022, has prompted further investigation of areas of interest, highlighting where strategic leaders want to better understand what the data is telling us and how that can be used to inform commissioning and provision requirements. With the SEND data dashboard established, a deep dive into the performance data is scheduled for 29 September 2022.
- 3.5 The Joint Commissioning Sub-Group has agreed to act as the Joint Commissioning Forum as an interim measure whilst the formal governance arrangements and terms of reference are outlined. The Joint Commissioner, appointed in May 2022, will set out these arrangements at the Transformation Board in October 2022.

- 3.6 By November 2022, the Department for Education Advisor expects the dashboard to be fully operational, with demonstrable evidence of performance improvement as a result.
- 3.7 At the point of the Monitoring Meeting in June 2022, Workstream 2 was reporting 10 actions for which the deadline had been pushed back to allow meaningful collaboration with stakeholders to take place. Senior Leadership supported the delay, accepting that the Education, Health and Care (EHC) Needs Assessment to Annual Review process is critical to get right. These actions have since been completed and a refreshed EHC Needs Assessment to Annual review process has been implemented as of 05 September 2022.
- 3.8 Changes to the EHC Needs Assessment to Annual Review process are both procedural and cultural. In addition to publishing a new process, pathway and operational arrangements, the delivery of service has been refreshed to promote relationship-based practice. The service has adopted an Every Child, Every Time Mission, EHC Co-ordinators and Annual Review Officers will be case holders having significantly more direct contact with families, and all paperwork, marketing materials and forms have been reviewed to remove, where appropriate, legal terminology and professional jargon. The Local Offer website has been updated to include a new tile capturing all information and documentation young people and families need to better understand the process.
- 3.9 The Monitoring Meeting scheduled for November 2022 expects evidence to show that the new process and approach is providing a better experience for families as well as increased compliance with timeliness and the Code of Practice.
- 3.10 As part of their offer, the DfE provide access to support programmes. In April 2022, support for co-production was identified as a priority for Wirral. This support will be provided by Rise and the Children with Disabilities Council. There has been delay in accessing this support due to commissioning arrangements at DfE. This has now been resolved and the package of support signed off. Co-production events and workshops are scheduled for September to November 2022, with a Co-production Charter expected to be published in October.
- 3.11 Activity to improve communication, relationships and opportunities for more face-to-face engagement has been consistent throughout the Transformation Programme. Open Sessions for parent carers have been held regularly in school settings, with promotion and published notes on the Local Offer website. Coffee mornings, weekend sessions, and drop-ins have been popular with parents. Several parents volunteered to share their experiences with senior leaders, and these have been extremely valuable in informing the new arrangements, communications policy, and improving communication channels.
- 3.12 The Interim Deputy Director and steering group for the parent carer forum, Parent Carer Participation Wirral (PCPW), have met on a weekly basis throughout term time, working to achieve improved communication and collaboration. This has led to focused sessions to explore attendance for children and young people with SEND and post-16 education, employment and training options. The parent carer forum

noted in the Monitoring Meeting that this work is an early indicator of improving collaboration.

- 3.13 Workstream 4 has a significant task to undertake in agreeing a borough-wide Graduated Response that can be consistently applied across all education settings. The Graduated Response has 3 elements: universal offer, early support, and statutory provision (EHCP). Good progress has been made in outlining the universal offer and the achievements of Workstream 2 in refreshing the EHC Needs Assessment to Annual Review process determine the statutory element. The remaining work focuses on the early support aspect, which will involve the greatest number of stakeholders. Preparatory work has been undertaken within Children's Services with the establishment of the Extended SEND Management Team and recruitment of the Inclusion Team. Throughout September and October significant stakeholder engagement will take place to ensure that whilst maximising the full resource for early support, there are clear pathways which ensure that children, young people and families receive the right support from the right person at the right time. It is essential that meaningful co-production takes place to enable this which have led to the timescales for completion being extended.
- 3.14 The parent carer forum supported Workstream 4 to develop a training survey and analysis tool for staff in educational settings, with a particular focus on Special Educational Needs Co-ordinators. The survey results will be used to inform the workforce development plans, which are being supported with work by the University of Chester. With the SENCo network being re-established in September 2022, and the Local Offer functionality extending to online forums, it is anticipated that increased pace will be achieved in this workstream in the new academic term.
- 3.15 The health subgroup attached to Workstream 5 has made progress understanding what is working well for families and what could be improved. This learning is reported back to providers and is informing pathway developments. Initial work to understand the neurodevelopmental pathway has revealed how complex the system is and the initial focus is on how this can be improved for young people and families. Metrics are being included in the dashboard to monitor this, which will be available in November 2022.
- 3.16 Provision for mental health in primary schools is secure but there are gaps in provision for young people in secondary and further education. This need is aligned with the work being undertaken by the Mental Health and Wellbeing Project, which seeks to create a single point of access for young people.
- 3.17 Mapping of specialist and resource base provision has been undertaken to provide commissioners, senior leaders, parent carers and education colleagues with a comprehensive overview of current provision. With 5 new resource bases being commissioned for September 2022, work has continued over the summer period to ensure that children starting at base provision in the new term have the information and support they need to be confident in their placement. The parent carer forum were integral to recognising the need for this additional support, making representation to the SEND Transformation Board members on behalf of families who felt underinformed and underprepared for the start of the academic year.

- 3.18 Workstream 6 has faced a delayed start in initiating regular meetings leading to slippage in meeting deadlines. In response meeting frequency has been increased to fortnightly allowing for increased pace of activity. The service specification for the Local Offer website has been outlined by the group and a range of exemplar sites considered and evaluated. In addition to this, work to improve the existing Local Offer website has been undertaken, with the addition of 3 new tiles:
1. SEND Transformation Programme to provide parent carers with up-to-date information on the improvements;
 2. Wirral SEND Service to provide information on organisational structure, roles and responsibilities, what the service does, how they do it, and why; and
 3. EHCP process providing all the documentation and information to guide young people and families. Further improvements to the existing site are scheduled and include refreshing the early years section, information on education settings, and the early support offer.
- 3.19 Recruitment to the Local Offer Lead post is underway and additional capacity for participation and engagement in place, increasing the establishment from 2.0 FTE to 4.0 FTE.
- 3.20 Whilst many of the actions have been completed across the Workstreams, evidence of impact, particularly for the experiences of children, young people and families may take several months to be consistently demonstrable. Gathering evidence is a priority in advance of the next Monitoring Meeting, with new systems to collect user experience, compliance checklists, quality assurance processes and online surveys, expected to provide this evidence.
- 3.21 Improvement in key areas is evident in performance indicators, with EHCP timeliness increasing from 24% compliance in 2020/21 to a current figure of 40% and the percentage of requests which resulted in tribunal decreasing from 8.12% in 2020/21 to 4.09%.
- 3.22 Over the period September to November 2022, there is a significant amount to be achieved with an expectation that 89 of the 102 actions will be completed. The SEND Transformation Board is grateful to members, stakeholder, partners and the parent carer forum for their continuing support and contribution to the Transformation Programme.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There has been agreement for a reserve to be established from the 21/22 underspend specifically for this purpose which currently stands at £1.051m. The use of the reserve will be monitored regularly, and a more detailed position statement provided in the next reporting period. The Department of Education and CQC advisors have encouraged investment of this nature to support the improvement plan and change programme.

5.0 LEGAL IMPLICATIONS

- 5.1 The Children and Families Act 2014 sets out the statutory requirements and responsibilities for the local authority and partners in providing support and services for children, young people and families with SEND. This legislation is underpinned by statutory guidance: the SEND Code of Practice. The Council has a legal duty to fulfil the requirements and expectations as set out.
- 5.2 Delivering on the Wirral Statement of Action will ensure that the local authority and health and education partners will meet their legal duties.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Delivering the WSoA requires resources from staff, ICT and Assets. Since the local area inspection, senior managers, officers and operational staff have been required to take on additional responsibilities to support the transformation programme. Additional staff have been required at both strategic and operational levels and this may be needed further to ensure the transformation programme can be delivered.
- 6.2 There may be a requirement to develop new ICT infrastructure, for example, to capture and share data better across health, education and local authority partners. There have been requirements for Assets to assist in the establishment of inclusion bases or infrastructure projects which relate to securing improved provision across the local area.

7.0 RELEVANT RISKS

- 7.1 The pace required to accelerate change is significant. Progress will be monitored regularly by the Department for Education and escalated if swift action is not taken, and tangible outcomes identified. Ofsted will return for a re-inspection within 18 months' time, meaning that timescales are challenging for the scale and pace required. Partners across the local area must work quickly to prioritise, resource and drive change to provide both assurance of progress and be able to evidence improvement within the timescale.
- 7.2 Failure to invest in the improvement programme carries a risk that the relevant improvements will not be made. The reserve funding (as referenced in section 4 of the report) plus use of Dedicated Schools Grant will assist in supporting the change programme and mitigating the risk.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 There is parent carer and young person's representation for the SEND Transformation Board and its workstreams. Regular engagement with the parent carer forum's Steering Group and the SEND Youth Voice Group is taking place. Improved use of the Local Offer website over coming months will enable a greater reach for engagement activity.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been carried out and is available here.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implications arising from the report.

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APPENDICES

Appendix 1- WSoA BRAG Rated Update September 2022

BACKGROUND PAPERS

SEND Joint local area inspection report <https://files.ofsted.gov.uk/v1/file/50173702>

SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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SEND Transformation Programme

Written Statement of Action (WSOA)

Progress Update- September 2022

BRAG Key used to describe progress:

B	Complete
R	Deaadline not met
A	Risk of deadline not being met
G	On track for completion within deadline

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It is important to note that in some actions the activity required by the WSOA has been completed, however it may take several months for the impact of the activity to be fully realised and evidenced.

Workstream 1 Data analysis & Joint Commissioning

Outcome 1 (1.1) There is access to timely and up-to-date data to inform the area's plans, driving decision-making and supporting the evaluation of actions taken

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
1.1.a	A rapid-fire audit of the systems used by services across education, health & social care on children & young people (CYP) with SEND, at SEN Support, and for those with EHCPs	100% service areas audit completion	May 2022	B	
1.1.b	Review of the audit to understand where systems can be better integrated, recognising opportunities for greater sharing of data from each service through systems, platforms or processes	Audit findings are identified and prioritise and recorded within a newly developed audit tracker which is owned by workstream leads and reported up to the transformation board	June 2022	B	Activity completed September 2022.
1.1.c	A shared understanding of the steps needed to be taken to address failings in current systems that have contributed to long waiting times for specialist support, assessments and poor timeliness of EHCPs	Summary report into SEND systems and processes, with recommendation for ways forward. Agreement on next steps signed off at senior board level.	June 2022	B	Activity completed September 2022.

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1.1.d	Findings and recommendations from the rapid-fire audit to be presented as a summary report at the next SEND transformation board meeting	i. Summary report produced and presented to transformation board	June 2022	B	Activity completed September 2022.
1.1.e	Commencement of 1 st of the month data sharing across the three service areas, by service leads, reporting to the SEND transformation board and other related platforms. Waiting times for EP assessments, for Speech & Language Therapy, for CAMHS to be reported on	i. Data sharing agreements in place across Education, Social Care and Health. ii. Data collection mechanism established	June 2022	B	
1.1.f	Development of clear and consistent reporting mechanisms across education, health and social care, to evaluate the impact of services and support provision on outcomes for CYP with SEND across the breadth of the 0 – 25 age range	100% of requested data is captured on a monthly basis. What is to be done with the data? What board will this be reported to and how often will they meet?	June 2022	B	Activity completed September 2022.
1.1.g	Development of a clear performance management and accountability framework, where areas of concern have a clear route to report by exception. Escalation of key issues is reported to the transformation board	Progress reports from workstream leads are reported quarterly to the SEND transformation board. Progress reports are provided to lead governance groups including Children, Young People and Education Committee and Health and Wellbeing Board	June 2022	B	Activity completed September 2022.

Workstream 1 Data analysis & Joint Commissioning

Outcome 2 (1.2) Effective joint commissioning is in place based on a sound understanding of current & longer term needs of the local area

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
1.2.a	Appoint a strategic joint commissioner to facilitate effective joint commissioning arrangement and be key conduit between strategic partners to accelerate commissioning activity	Strategic joint commissioner appointed and in post Joint commissioning strategy and governance structure agreed by local area.	May 2022	B	
1.2.b	To identify new opportunities and an action plan for joint commissioning of services across education health and social care. Identify budgets allocated to services that could be jointly commissioned	An agenda and timeframe for delivery of new areas of joint commissioning is signed off at senior leadership board and by the executive	July 2022	R	Due for sign off at SEND Transformation Board in October 2022.
1.2.c	Ensure Speech and Language Therapy (SALT) & Occupational Therapy (OT) joint commissioning has relevant data & performance indicators (KPIs) to monitor performance & value for money	Improved timeliness of SALT assessment and provision Improved timeliness of OT assessment and provision	December 2022	G	
1.2.d	Accelerate meetings of Joint Commissioning Forum to support joint commissioning opportunities	The number of CYP receiving specialist packages of support with joint funding in place has increased	May 2022	R	Joint Commissioning Forum due to commence in XXXXX CDC Checklist to be used to identify actions to achieve a standard of good joint

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					commissioning for SEND. NEED INFO
1.2.e	Develop and publish a Joint Strategic Needs Assessment (JSNA) for 2022 to better understand the health and wellbeing needs of Wirral CYP with SEND	Informs pupil place planning SEND JSNA Reviewed and approved by Transformation Board SEND JSNA Document is published. 6 monthly review of JSNA agreed	December 2022	G	
1.2.f	Use directed surveys to assess parents & carers requests to identify areas of priority for commissioning services	Have a clear timeline of the distribution of headlines surveys, covering	April – June 2022	R	Survey due to be issued in XXXX NEED INFO
1.2.g	Develop a clear programme of joint commissioning activity including short term objectives and longer-term strategic aims, using data to drive decision making	Waiting times are reduced and consistent across the local, in particular for CAMHS and Speech and language assessments	July 2022	R	Dependent on JSNA and the subsequent development of a joint commissioning strategy. The further development of an Outcomes Framework will ensure relevant KPI's will be set to determine impact. Links to 1.1f and 1.1g in data analysis subgroup - the development of reporting mechanisms and a performance management framework to evaluate impact. Also dependencies with workstream 5 Outcome 2 Insightful and effective strategic oversight drives high quality planning and provision that

					is consistent across the local area.
1.2.h	Review the governance arrangements for the Commissioning Forum, ensuring its membership includes key budget holders and decision makers. Publish the governance arrangements.	Correct decision makers are part of the forum to allow approval to take place in a timely manner.	June 2022	B	NEED INFO

Workstream 2- EHCPs and Annual Reviews

Outcome 1: (2.1) All EHCPs are produced in partnership with parents, carers, and young people wherever possible, with completion within 20 weeks consistently above the national average of 58% (based on 2021 figures)

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
2.1.a	Review in collaboration with SEND service, improvement partners, EP Service, health and social care leads, to explore factors impacting the current backlog of EHC needs assessments	A report is produced identifying key pressures and work needed to manage demand to address the backlog month on month over a 6-month period. Reporting to SEND transformation board.	May 2022	B	Action completed September 2022.
2.1.b	Review of the current processes and systems within which EHC needs assessments are requested by different groups, schools and other settings, early years, parents/carers and directly by young people with SEND	Increase in number of EHCPs produced within 20-week timeframe. Reduction in complaints and tribunal cases relating to timeliness of EHCPs.	July 2022	B	Action completed September 2022.
2.1.c	Produce a flow chart to be published on the local offer setting out processes for request of an EHC needs assessment, linking to guidance in the SEND Code of Practice (2015) and Children	Flow chart produced and published on the Local Offer website	May 2022	B	Action completed September 2022.

	& Families Act (2014)				
2.1.d	Review of the caseload of EHC coordinators, ensuring a balance between live cases and legacy cases to better understand the challenges in the team's capacity to deliver on EHC needs assessments and produce EHC plans within statutory timescales	Produce a data management reports to monitor performance of the EHCP co-ordinators Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national average of 58% (based on 2021 fig)	May 2022	B	Action completed August 2022.
2.1.e Page 70	Review of the job specifications for EHC Coordinators and Plan Writers ensuring compliance with Government guidance and conform to Wirral Council's visions for all CYP with	100% of jobs have gone through a job evaluation process.	September 2022	B	Action completed August 2022.
2.1.f	Close support and monitoring of timeliness of EHC needs assessment, direct intervention by SEND team managers to increase pace, efficiency and frequency of meeting statutory timescales at 4 weekly intervals	Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national average of 58% (based on 2021 figures 90% of health advice are received within 6 weeks 90% of social care advice are received within 6 weeks	September 2022	G	A fortnightly performance meeting for EHC Needs Assessment to EHC Plan completion has been in place since May. Performance has increased from 23% at Q2 2021-22 to 47% at Q1 2022-23. The performance meeting will continue on a fortnightly basis until it exceeds the 58% figure at which point frequency will be reviewed.
2.1.g	EHC coordinators work closely with parents,	There is a clear method/process	May 2022		New process in place September

	carers, schools, and young people to ensure there is an active engagement from the outset of the EHC needs assessment process. This includes support for contributing at Section A, through direct and indirect support, encouraging and intervening where there is no contribution wherever possible	for updating Section A: Views and Aspirations. This includes the ability to capture when the CYP is no-verbal 75% of CYP and/or parents or carers have their views captured in Section A		G	2022. Awaiting evidence of success measures before marking as complete.
2.1.h	Develop training for EHC Coordinators that ensures that existing and new members of the team have access to the same quality training and are competent and informed, transferring these skills to all aspects of the EHC process	Mandated online training for all new employees within 7 days of commencement of posts All staff will have received mandated training within 3 months commencing employment. 100% of EHCP Co-ordinators have undertaken mandated training every 12 months based on the SEND Code of Practice, (2015) Children & Families Act (2014) and SEND reforms of 2014	July 2022	R	Co-production training, reliant on development of Co-production Charter, delayed. Timescales pushed back to September to allow co-production with stakeholders.
2.1.i	Coproduction meetings held in schools or settings to be carried out within the 20-week statutory assessment timescale coordinated and led by an EHC coordinator with the support of the SEN team manager	Coproduction meetings rolled out from May 2022, with attendance by EHCP coordinators at 90% of coproduction meetings	May 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.1.j	Establish single decision making multi agency body/panel to consider request for EHC needs assessment, decision to issue EHC plan and	First multi-agency panel meeting to be held before end of May 2022	May 2022	B	Action completed September 2022.

	resource allocation reporting back to parents, carers and other stakeholders, with transparency of information sharing on decisions made				
2.1.k	Commission additional capacity for Education psychology assessment to prevent delay in advice to inform planning.	6-month timescale from point of commissioning additional EP support to completion of backlog of assessment advice	July 2022	R	Additional capacity commissioned however, there is still delay in accessing advice. Performance Monitoring on fortnightly basis with catch up plan in place.
2.1.l	The needs of the CYP are clearly and concisely identified in Section B of all new EHCPs produced from September 2022	70% of new EHCPs have a clear and concise Section B, according to quality standards for EHCPs measured by dip sampling of EHCPs, multi-agency QA activity and by regular weekly quality audits of draft EHCPs	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.1.m	Education, health and care contributions in Sections C, D, G, H1 & H2 meet agreed quality criteria	Audit dip-samples of cases show that the input from Education, Health and Care meet the agreed criteria. Audit dip-samples of cases show that the input from Education, Health and Care meet agreed quality standards in 70% and more of EHCPs audited	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.1.n	Outcomes in Section E relate to areas of need identified in Section B, C and D and clearly show they have taken account of the views, comments and aspiration of the child, young person or parent in Section A	Audit dip-samples show cases meet the agreed criteria. 80% of audited EHCPs indicate that Section E clearly relates to Sections A, B, C & D. clearly	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.

		relate to Sections A, B, C and D			
2.1.o	There are regular communication updates with parents and carers throughout the EHC needs assessment process with a minimum of monthly engagement updates, phone calls, teams meetings or face to face contact at designated venues. This is over and above use of emails as a main communication method	Commitment to parental engagement on a minimum monthly basis through direct contact, logged in case notes, is achieved with 90% success rate. Contact points built into timescales and recorded, shared with SEND managers and reported to SLT. Reduction in complaints evidenced through Complaints & Tribunals team.	May 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.1.p	All CYP going through the EHC needs assessment process have a named individual within the SEND service actively managing the EHCP process. Where that is not currently the case, this is an urgent priority action.	100% EHC needs assessment cases have a named individual overseeing the case throughout the assessment process	June 2022	B	
2.1.q	Responses to phone calls and email queries from parents and carers, schools and other settings, are responded to at the latest within a 5 working day time frame without exception	Compliance checklist completed by all EHC coordinators for all new EHC needs assessment, communication timelines transparent showing measures of timelines of responses to parental requests for information and updates	May 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.

Outcome 2: (2.2) Quality assurance systems are implemented to ensure compliance, quality and timeliness of all EHCPs and take account of regular feedback which informs the improvement cycle

Ref	Actions	Success Measure	Timescale	BRAG Rating	Comments
2.2.a	Development of a compliance checklist for use by all EHC coordinators before producing a draft plan	100% of co-ordinators following the statutory process. Via audit / performance reports.	May 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.2.b	Development of a quality assurance framework, quality standards and audit tool for EHCP for use in multi-agency QA activity and joint working with education, health and social care partners	Audit tool developed and agreed fit for purpose across education, health and social care	May 2022	B	
2.2.c	Development of a QA dynamic database to capture the findings of QA activity, per EHCP audited. A clear understanding of the purpose and remit of the QA database, who it reports to and how this information is used to drive improvement	Transformation Board will approve overarching framework	April – June 2022	R	Overarching framework developed by the Workstream in September 2022, being put into practice as a 'pilot' with immediate effect. Presentation to SEND Transformation Board in October 2022 for formal sign off.
2.2.d	Training is developed around all quality assurance activity to ensure a shared understanding and knowledge of what a good EHCP looks like, and to understand the processes that support the writing of an effective, high quality EHCP	New training guidance developed. Session timetable agreed. 100% of EHC advice givers undertake mandated training within 2 weeks of post commencement	August 2022	A	SEND Service and Advice Givers have received training on Invision 360 quality assurance tool. Guidance on requirements of a good EHCP published. Development of the full training matrix pushed back to September 2022 to allow stakeholder

					engagement.
2.2.e	SEND Service to work in partnership with health and social care colleagues to raise confidence, skills & knowledge in completing EHC contributions; development of a body of exemplars of best practice education, health & social care contributions to EHCPs	Schedule of partnership activity shared and published. Exemplars of best practice in EHC needs assessment contributions shared with education, health & care partners	June 2022	B	Action completed September 2022.
2.2.f	Checks are made to ensure that CYP placed in out of area residential or day placements are achieving well and benefit from all the support and services that CYP within Wirral can access	80% of Annual Review returns indicate that CYP are achieving outcomes identified in the EHCP and can access appropriate support	May 2022	R	Quality assurance tool developed. SEN Manager for Annual Reviews appointed. Schedule to quality assure placements agreed by Children's Services Senior Leadership Team in September 2022. Audit of annual reviews underway.

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Workstream 2- EHCPs and Annual Reviews

Outcome 3: (2.3) Annual Reviews are completed within statutory timescales with month-on-month completion rates above the national average (% figure)

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
2.3.a	Develop a clear multi agency approach for Annual reviews to be completed in a timely manner with all relevant stakeholders involved.	60% of Annual Reviews completed within the statutory timescale of 12 weeks from the Annual Review meeting.	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.

2.3.b	Identify plans for prioritising based on data on timeliness of Annual Reviews	Detail priority plan for catching up on overdue Annual Reviews based on key transition periods, expanding this to all Annual Reviews. Reduction to overdue Annual Reviews to 0 by September 2023.	October 2022	G	
2.3.c	There are clear lines of communication with schools, settings, parents, carers and young people with regards timescales for Annual Review	Percentage of parents satisfied with Annual Review processes and timeliness rises with 80% satisfied or very satisfied with AR processes and timeliness	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
2.3.d	Use evidence gathered from Annual Reviews to help evaluate the impact of specialist services identified in EHCPs, feeding back to the SEND transformation board	Dip sampling of Annual Reviews with rag rating of impact of provision and EHP on CYP outcomes. Data from the dip sampling exercises to feed into SEND transformation board and subgroups	September 2022	A	Audit of Annual Reviews underway with report to the SEND Transformation Board in October 2022.
2.3.e	Annual Reviews take account of key transition periods which are reflected in updated professional advice, updated content in Section A, and update as needed to all related sections of the EHCP	Audits of Annual Reviews show 100% of Year 6 EHCPs are completed by February 15 th , 2023. 90% of Year 11 EHCPs are completed by 31 st March 2023	March 2023	G	

Workstream 3- Co-production, Relationships & Communication

Outcome 1: (3.1) Co-production is understood and valued by all stakeholders, with a clearly defined vision of good, collaborative coproduction

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
3.1.a	Develop a clear definition of coproduction and what it means for services and all stakeholders across Wirral Council, drawing upon existing resources, best practice nationally, the coproduction charter and other national guidance	Definition agreed and endorsed by vote at SEND transformation board, and published on the Local Offer site	May 2022	R	Delayed due to set up of formal support from Rise and Children with Disabilities Council. Events scheduled for September-October 2022, with publication of the Charter in October 2022.
3.1.b	Hold a coproduction event to explore and understand the collective views of all stakeholders with regards coproduction, co-ordinated and facilitated by education and health co-production leads, SEND Voice, PCWP, and other stakeholders	Pre event and post event survey to give measures of understanding of coproduction by all stakeholders.	May 2022	R	As above (3.1.a). Completion expected by October 2022.
3.1.c	A requirement that there is mandated induction training for every new employee in children's services on good coproduction practice, based on the Wirral Coproduction Charter	100% of new employees complete mandated co-production training	December 2022	G	
3.1.d	Requirement that there is an annual commitment to hosting a coproduction and celebrating the successes of good co-production. Impact Report and sharing at an annual meeting including all stakeholders with SENDIASS, CCG, LA and parent-carer.	An event is held to celebrate success and promote co-production with key stakeholders	April 2023	G	

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Workstream 3- Co-production, Relationships & Communication

Outcome 2: (3.2) Improved and positive relationships exist between Wirral Council and the Parent Carer Wirral Partnership, helping accelerate the pace of improvement and reform

Ref	Actions	Success Measures	Timescale	BRAG Rating	Comments
3.2.a	PCPW members are part of the SEND transformation board and associated workstreams.	The views of PCPW members are part of the SEND transformation board and associated workstreams.	April 2022	B	Action completed April 2022.
3.2.b	Communications are reciprocal between the authority, PCWP and other parent, carer groups. Information exchanges on key SEND matters are shared regularly and receive positive feedback from PCWP and other groups	80% reduction in complaints that relate to communication and relationships as a key theme of the complaint	September 2022	G	
3.2.c	Collaborative working with SENDIASS positively impacts the number of complaints against the authority, and addresses recurring themes in tribunal cases over past years.	60% reduction in complaints against the authority for year April 2022 – March 2023, evidenced month on month by comparisons with figures for April 2021 – March 2022	January 2023	G	
3.2.d	Develop effective and proactive partnership with SENDIASS through monthly meetings, use of feedback to inform service improvement	Schedule of meetings that show progress in addressing key concerns, with actions	October 2022	G	

		completed & signed off			
3.2.e	There is a strong focus on early conflict resolution with parents and carers over EHCP related matters through increased opportunities to meet face to face, and through direct contact immediately with parents & carers	Pace of resolution of conflicts and complaints is accelerated A reduction of between 50 – 60% in existing timescales to resolve and close down complaints	December 2022	G	
3.2.f	Lessons are learned from past tribunal action, and from ongoing cases. A summary report of findings from a lessons learned exercise will support that understanding, support greater transparency and commitment to good practice in conflict resolution	Summary report of lessons learnt presented to Transformation Board with actions and timescales for improvement.	December 2022	G	
3.2.g	Training needs for EHCP coordinators are addressed with a published programme of mandated and optional training relating to the SEND reforms, the SEND Code of Practice (2015) , the Children and Families Act (2014), coproduction, person-centred planning and other key SEND themes	80% of feedback from surveyed parents and carers reflects improved confidence in EHC coordinator knowledge	September 2022	R	Development of the full training matrix pushed back to September 2022 to allow stakeholder engagement.

Workstream 3- Co-production, Relationships & Communication

Outcome 3: (3.3) Communications with parents, carers and young people with SEND are positive and a valued part of all SEND process and systems

Ref	Actions	Success Measures	Timescale	BRAG	Comments
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				Rating	
3.3.a	A concerted drive to deliver services consistently and in partnership across education, health and social care, to eradicate a sense of silo working, reducing the pressure on parents and carers who can feel caught in the middle of conflicting systems and processes	Parents feedback through surveys/professional meetings joined up approach to support for young people.	September 2022	R	This is a significant area of work, with many inter-related aspects. The EHCP process has been completed reviewed to provide clarity, with all supporting documentation published on the Local Offer website. The Graduated Response, outlines the statutory response (EHCP) and also the early support response. Partnership collaboration is scheduled for September-October to determine this aspect. In addition, important collaboration across Children's Services is required to clarify pathways where processes, such as Children Looked After Reviews and Annual Reviews, overlap. This will also be undertaken across September-October 2022.
3.3.b	Track and monitor existing lines of communication to understand better the frustrations and tensions with parents and carers and have a strong understanding of the weaknesses in current systems.	A findings report identifying strengths and weaknesses in communication is presented to the transformation board with identified improvements and timescales	September 2022	B	
3.3.c	Set out a clear Communication Policy within Wirral children's services which takes account of	A Communications policy is developed and approved to	June 2022	B	Action completed September 2022.

	online meetings and in person meetings, so that internal and external means of communication and popular mode of communication always remain, courteous, professional and timely	ensure virtual meetings			
3.3.d	Increased opportunities for parents, carers and CYP to meet local authority representatives face to face, through meetings, workshops and other forums where these have been predominantly online activities throughout the covid-19 global pandemic	Increase in engagement and attendance numbers of parents, carers and young people at events supported by the authority, measured against similar activities pre-pandemic, (2020 – 2021)	July 2022	G	Awaiting evidence of success measures before marking as complete.
3.3.e	Specific requests for face-to-face meetings by parents or carers throughout the 20-week EHC assessment process should be agreed wherever possible, particularly where these result from lack of access to IT, where parents would prefer a face-to-face meeting, or where they wish an advocate to be present	Requests for face-to-face meetings with parents and carers are accommodated on at least 80% of monthly agreed contact points	September 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
3.3.f	Improve the reporting mechanism when complaints are raised so problem areas identified and used to determine future training opportunities across the LA to stop them repeating	Reduction in Stage 1 and Stage 2 level complaints. Reduction in repeat complaints which are tracked through case management system	July 2022	G	New process in place July 2022. Awaiting evidence of success measures before marking as complete.
3.3.g	Increased communication with parents and carers following decision to assess, decision to issue an ECHP and funding and resource decisions, to prevent confusion, discontent and anger over significant decisions that impact children and family lives	100% of parents feel involved in decisions to assess, to issues an EHCP.	August 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.

3.3.h	Revisit and review the effectiveness of the previous Wirral Coproduction Charter, Voices Project, 2019, to update and re-establish in support of information sharing, advice and guidance for parents and carers and young people with SEND	A new/refreshed Wirral Co-production Charter is agreed by the transformation board.	July 2022	R	Delayed due to set up of formal support from Rise and Children with Disabilities Council. Events scheduled for September-October 2022, with publication of the Charter in October 2022.
3.3.i	Carry out a SWOT analysis of the Wirral SEND Facebook page, (strengths, weaknesses, opportunities, threats) to ensure it is fit for purpose and has a unifying and positive benefit for Wirral's parents and carers	SWOT analysis completed with actions agreed and endorsed by PCWP	September 2022	B	

Workstream 4- Inclusive Practice

Outcome 1: (4.1) The graduated response is consistently understood and implemented in all schools and settings. Children have access to relevant and early support and interventions.

Ref	Actions	Success Measures	Timeframe	BRAG Rating	Comments
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4.1.a	The establishment of regular weekly SEND information sharing to schools and all settings via the SEND service. This may include DfE latest reports and guidance, updates, NASEN briefings, other sources of support and information local, regional and national	Engagement with weekly news sharing reported through mail tracking and other metrics at 70% read rate	April 2022	B	
4.1.b	All school analysis of best inclusive practice within the education system showcasing examples of good practice through newsletter and other shared forums and platforms.	90% share rate via The Local Offer, SEND newsletter and other sharing platforms. Reach to include all schools and settings	April 2022	R	Whilst the newsletter is being shared and contains information on best practice it is not yet possible to evidence the success measure, and the analysis is not yet “all school” analysis. Work with the University of Chester on the all school analysis is underway and will be shared with the re-established SENCo Network in
4.1.c	Ensure a greater parity of SEND provision across the area. Learn from case studies in settings that have been commended for their inclusive practice to drive improvement across all schools and settings	Reduction in exclusion rates. Reduction in number of pupils out of education or on partial timetables. Reduction in complaints regarding provision	December 2022	A	Risk to completion by December 2022 deadline- evidencing required reductions within the success measure.
4.1.d	Analysis of schools demography based on SEND cohorts. A clear understanding of each school or settings cohort of CYP at SEN Support and with EHCPs. Identification of anomalies in this information where schools or settings are particularly below or above local and national	100% of schools find the resource pack a useful and informative tool to help meet the needs of young people with SEND. Using surveys; An increased	December 2022	G	

	benchmarks	rate, each reporting period, of Parents/carers stating that schools are meeting young people's needs.			
4.1.e	Parental views about their own children's needs at an early stage of concern are listened to, respected and included as part of a setting's graduated response and early indicators of need	100% of parents report that they feel supported and listened to (quarterly survey of families)	October 2022	A	Risk to completion by October 2022 deadline- evidencing required reductions within the success measure.
4.1.f	Review the use of Individual Personal Funding Arrangements (IPFAs) to establish the total resource allocation as part of a graduated response.	Up to date data on number of CYP at SEN Support with IFPA in place. Number of CYP for whom provision at SEN Support with funding from an IFPA has improved outcomes over a 6 monthly period	May 2022	G	A review of IPFA funding use has been completed however this action will not be marked as complete until the success measure is evidenced.
4.1.g	Wirral Council reaffirm and make explicit expectations of all schools and settings with regards inclusive practices, the graduated response, provision at SEN Support, sharing national guidance, best practice reports and studies	An agreed Wirral graduated response is shared with all schools. 100% of Wirral school professional received training and development for school professionals regarding the graduated response.	September 2022	R	The Graduated Response,has 3 areas: universal; early support and statutory responses (EHCP). The universal aspect is out to consultation with partners and multi-agency collaboration is scheduled for September-October to determine the early support aspect. The Graduated Response in it's entirety is due for sign off and implementation in October 2022.
4.1.h	The development of a robust training and	100% of identified partners	September		Whilst the training and support

	support programme for school leaders, SENDCos, support staff and the wider school community to roll out across the local area on an annual basis, taking account of staff mobility	trained in relation to the revised SEND Code of Practice (2015) and SEND reforms of 2014 Educational Psychology Service training developed and rolled out to 100% of school and settings.	2022	A	programme may be developed, it is unlikely that the success measures will be met by September 2022.
4.1.i	Further training for wider partners across education, health and social care in relation to the revised SEND Code of Practice (2015) and SEND reforms of September 2014	Clear audit of attendance for Wirral SENDCO regarding training that is available.	June 2022	R	Development of the full training matrix pushed back to September 2022 to allow stakeholder engagement.
4.1.j	Develop a partnership programme of annual training in collaboration with the Educational Psychology Service and the SEND Service, for all new employees, for induction, for continuing professional development	Training programme is in place and communicated with all relevant professionals through the new local offer	September 2022	A	Whilst the training and support programme may be developed, it is unlikely that the success measures will be met by September 2022.
4.1.k	There is an increased focus on the capacity of schools to consistently apply the graduated response to address the needs of CYP with a range of SEND, including those with hidden disabilities, evidenced through a reduction in the requests for EHC needs assessment	Clear framework for professional collaboration evidence through SEND Information Reports feeding into the local offer	December 2022	G	
4.1.l	Develop a clear network of professionals across education, health and social care, working collaboratively to support early interventions and therapeutic approaches for CYP with SEND	Sampling of assessments completed for an early assessment bi-monthly Clear framework for professional collaboration	September 2022	G	

4.1.m	Develop a protocol of what is expected of schools and other settings in relation to facilities, learning environment, staffing capacity, professional qualifications, skills and experience to better meet the needs of all CYP with SEND across the local area	Develop Clear universal offer for all children that is agreed by all Wirral schools. Distribute to 100% of schools and settings	July 2022	R	The universal aspect of the Graduated Response is out for consultation, with sign off expected in October 2022 when it will be distributed to 100% of schools and settings.
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Workstream 5- Local Provision and Strategic Oversight

Outcome 1: (5.1) Parents and carers satisfaction with the local areas provision is consistently good

Ref	Actions	Success Measures	Timeframe	BRAG Rating	Comments
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5.1.a	Carry out a rapid-fire audit of 20 complaint cases at first tier tribunal and consider recurring themes, for e.g. communication, provision, timeliness, to identify new areas of service delivery, which may lead to increased joint commissioning activity	An agreed priority list of services needing a review, additional capacity, or development to meet existing and future predicted needs	April – May 2022	B	
5.1.b	Use recommendations from rapid fire audit to explore opportunities for development of new services or new support pathways	Recommendations are shared with SEND transformation board; agreed action plan developed	May – June 2022	B	
5.1.c	Survey parent & carer views on timeliness of access to specialist services commissioned by the local authority as part of the EHC needs assessment process	Parental satisfaction regarding access, quality and consistency of specialist provision is increased.	April – June 2022	G	Activity completed. Awaiting evidence of success measures before marking as complete as repeated surveys are required.
5.1.d	Produce an overarching Bi Dashboard, based on adult social care model, with functions to interrogate data to drive better decision making	Bi dashboard is shared at SEND transformation board, endorsed and signed off as fit for purpose	October 2022	B	
5.1.e	Review the current offer of specialist provision across Wirral to ensure that there is sufficiency of places available to meet the current needs of Wirral CYP with SEND	Priority needs to address are identified. Places and provision are aligned to current and future needs within a 12-month period	March 2023	G	
5.1.f	Explore the commissioning of mental health practitioners to support schools and all settings in responding to the needs of CYP with SEMH at tier one and two levels of support and intervention	Proposals are explored, and action plan agreed in collaboration with parents and carers, schools and other settings, health, education and care partners	September 2022	R	Support in place across all Wirral primary schools further work in progress with secondary schools to identify gaps and meet need.
5.1.g	Improve the quality of education placements for	Five new bases are established	September	G	New bases established in

	children with autism spectrum condition (ASC) and Social and Emotional Mental Health (SEMH) through an innovative range of support solutions	across Wirral to support young people with ASD and SEMH	2022	G	September 2022. Action will not be marked complete until impact of this provision can be evidenced.
5.1.h	Gather the views of parents/carers about their positive experiences of the neurodevelopmental pathway to build a strengths-based profile of what needs to improve	A profile of the neurodevelopmental journey is developed and added to the local offer website for parents and young people to view.	September 2022	R	Activity expected for completion and publication in October – November 2022.
5.1.i	Review the existing neurodevelopmental pathway which is informed by the views of parents/carers and is understood by practitioners and senior managers.	New neurodevelopmental pathway identified and signed off by CCG (relevant ICP governance group). Easy read version added to local offer website.	December 2022	G	
5.1.j	Gather patient experience about the quality of therapies, CAMHs and neurodevelopmental services and review the level of satisfaction by service users, and use this to inform service planning and improvements	Each service will have an improvement plan which has been informed by feedback from the	September 2022	A	Survey delayed to enable stakeholder engagement and involvement of parent carer forum.
5.1.k	Build a themed audit framework for review of therapies, CAMHs and neurodevelopmental services with key timescales for audit reviews.	Audit framework for review of therapies, CAMHs and neurodevelopmental services is designed and agreed by the transformation Board.	September 2022	B	
5.1.l	Embed a new reporting and quality assurance mechanism for out of borough and high-cost placements to ensure that they can meet need and deliver value for money	A new resource is developed to monitor and review the quality of out of borough and high-cost placements.	December 2022	G	

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Workstream 5- Local Provision and Strategic Oversight

Outcome 2: (5.2) Insightful and effective strategic oversight drives high quality planning and provision that is consistent across the local area

Ref	Actions	Success Measures	Timeframe	BRAG Rating	Comments
5.2.a	Explore opportunities and mechanisms for developing strategic leadership and oversight further over a 4-month period including financial arrangements, partnership structure and creating a joined-up approach to improvement	A sub group is set up for a time bounded period reporting to the SEND transformation board	April to July 2022	B	
5.2.b	Collation of service performance data across Health, Care and Education into a single Dashboard	<p>A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area.</p> <p>BI dashboard is shared at transformation board and relevant committees, with auditing enabling tracking of improving journey.</p>	<p>September 2022</p> <p>September 2022</p>	B	

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5.2.c	The quality of the professional advice from education, health and social care is monitored through a schedule of quality assurance activity to ensure SMART outcomes meet the needs of the CYP	Audits show that 80% of all professional advice received across education, health and social care meets agreed quality standards for each sector's professional advice in support of EHCPs	July 2022	G	New process in place September 2022. Awaiting evidence of success measures before marking as complete.
5.2.d	Development of clear outcome reporting measures for all services to 'evaluate the impact of services'. Produce a list of KPIs for each sector, confirming information source and reporting frequency. Ensure reporting requirements are clear within contracts as required.	<p>Outcomes to be defined and co-produced with CYP parent / carers</p> <p>Map KPI's against the defined outcomes to produce an outcome delivery framework</p> <p>Wirral has a clear and coherent pathway for the delivery of services, that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Needs. Removing duplication and aligning resources. To ensure that the children and young people receive the right support, at the right time, delivered by the right person.</p>	<p>July 2022</p> <p>September 2022</p>	R	<p>Further co-production work on outcomes framework is required.</p> <p>Completion of the Graduated Response framework will enable children and young people to receive the right support, at the right time, delivered by the right person.</p>
5.2.e	All services to consider suitable outcome measures and agree with commissioning lead and	Through co-production with children and young people,	June 2022	R	Further co-production work on outcomes framework is required.

	presented to measurement subgroup. Outcome measures added to Dashboard	parents and carers suitable outcomes are agreed. Service led outcomes are agreed to further measure quality of the services delivered			
5.2.f	Review reporting and escalation mechanisms and arrangements to key strategic groups which include elected members, LA Chief Executive, CCG Chief Executive etc. to reduce duplication and ensure risks are escalated to an appropriate forum	Elected members and senior officers from local authority and CCG are informed of SEND Transformation Programme and provide effective challenge and scrutiny.	July 2022	B	
5.2.g	Develop the JSNA to better understand the needs of children and young people which will in turn allow a better understanding of development needs of new or existing services –document.	Develop and publish a SEND JSNA with an agreed timeframe for reviews and updates.	September 2022	G	First iteration of the SEND JSNA has been published.
5.2.h	Establish an effective governance structure to improve ownership, accountability and to drive improvement across the SEND service	Clearly defined governance structure for SEND transformation board and underpinning work stream SEND strategy is reviewed, updated and distributed across all partners	April 2022	B	

Workstream 6- The Local Offer

Outcome 1: (6.1) The local offer is a highly valued source of information and support to parents, carers children and young people with consistently high levels of engagement from parents, carers, schools and other settings, and young people with SEND.

Ref	Actions	Success Measures	Timeframe	BRAG Rating	Comments
6.1.a	Develop a new local offer site which is accessible	Local Offer Website accessible	December		Delayed start has led to slippage.

	for children/young people, their parent/carers & contains relevant up to date information, including where to go if they need help & advice.	to SEND users. Survey carried out and demonstrates and assures an acceptable awareness of Local offer existence. Stakeholder reference group established including parents/carers/CYP	2022	A	
6.1.b	Continue scoping exercise to explore options for new fit for purpose Local Offer website. Information shared re websites already considered and audited against statutory and local requirements	Agreement with all stakeholders in relation to the new local offer platform. All stakeholders share positive involvement is the process	May 2022	R	Delayed start has led to slippage in timescales.
6.1.c	PCPW members through co-production support the development of the new local offer website	The views of PCPW members are captured in the new local offer website.	December 2022	G	
6.1.d	Involve all stakeholders to deliver a co-produced Local Offer website (the voice of the children & young people and that of their Parent/carers via input from PCPW and other parents will be heard and help shape the design)	Increased 'hits' to the Local Offer pre and post improvements. Feedback from young people and parents/carers is positive regarding the local offer	December 2022	G	
6.1.e	Re-establish the Local Offer Development group re design, content, marketing (so users know it exists and what it is), accessibility for all (visually impaired and deaf users)	Content on the local offer website is relevant, up to date and has a wider range of stakeholders	April 2022	B	

6.1.f	Establish finance/commissioning arrangements and specify process for timely additional features to respond to user's feedback	Finance and commissioning arrangements allow the local offer to be flexible to user needs.	May 2022	R	Costing and commissioning rely on completion of tasks 6.1.a and 6.1.b which have been delayed.
6.1.g	Recruit/secure identified Participation & Engagement Team resource	Additional staffing in post to support engagement and participation activities. Parents/carers feedback more positively regarding engagement with local partners.	August 2022	G	Awaiting evidence of success measures before marking as complete.

Workstream 6- The Local Offer

Outcome 2: (6.2) The local offer contains information that is relevant, up-to-date, and easily accessible by all users, including those with disabilities or impairments

Ref	Actions	Success Measures	Timeframe	BRAG Rating	Comments
6.2.a	Culture change across all services to raise the profile of the Local Offer and the importance of	Statutory partners are signed up to and publicise the Local Offer	September 2022	G	

	its role in supporting children, families, schools and the wider community.	on their websites.			
6.2.b	A named local offer lead takes responsibility for requesting relevant data, ensuring that information on the site is up to date, and that live links are functioning and information easy to obtain	There is no content on the site over 2 years old, unless that relates to legislation or procedures; Outdated references and content is removed; Engagement with the site shows a month on month increase in visitors and pages visited	May 2022	R	Activity to be completed in September 2022 as further cleansing and updating was required. Awaiting evidence of success measures before marking as complete.
6.2.c	Develop the role of local offer champions across each service area, education health and social care, to ensure there is parity of access to information about each service and the part it plays in SEND systems and processes	Designated local offer champions are in place across each of the three service areas	October 2022	G	

Written Statement of Action – Progress at a Glance

AREA	TOTAL ACTIONS	BLUE (Completed)	GREEN (On track)	AMBER (Risk of delay)	RED (Deadline not met)
1.1	7	7	0	0	0
1.2	8	2	3	0	3
2.1	17	7	8	0	2
2.2	6	2	1	1	2
2.3	5	0	4	1	0
3.1	4	0	2	0	2
3.2	7	1	5	0	1
3.3	9	3	4	0	2
4.1	13	1	4	4	4
5.1	12	4	5	1	2
5.2	8	4	2	0	2
6.1	3	0	2	0	1
6.2	3	0	2	0	1
TOTAL	102	31	42	7	22

WORKSTREAM	TOTAL ACTIONS	BLUE (Completed)	GREEN (On track)	AMBER (Risk of delay)	RED (Deadline not met)
1	15	9	3	0	3
2	28	9	13	2	4
3	20	4	11	0	5
4	13	1	4	4	4
5	20	8	7	1	4
6	6	0	4	0	2



Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Wednesday, 14 September 2022

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

REPORT SUMMARY

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

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note and comment on the proposed Wirral Place Based Partnership Board work programme for the remainder of the 2022/23 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 2022-23 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 2022/2023
ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Impact of Cost-of-Living increases on Wirral	October 22	Director of Public Health
Wirral Pharmaceutical Needs Assessment 2022-2025	October 22	Director of Public Health
Winter Plan	October 22	Nesta Hawker / Martyn Kent
Risk management framework update	October 22	Mike Chantler
Sport and Physical Activity strategy report	October 22	Public Health
Wirral Dementia Strategy	November 22	Darren Birks

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Work Programme Update	Each scheduled meeting	Daniel Sharples
Pooled Fund	Each scheduled meeting	

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