Public Document Pack

Wirral Place Based Partnership Board

Date:	**Thursday, 10 November 2022**
Time:	**10.00 a.m.**
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Dan Sharples
Tel: 0151 666 3791
e-mail: danielsharples@wirral.gov.uk
Website: www.wirral.gov.uk

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

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AGENDA

1. WELCOME AND INTRODUCTION

2. APOLOGIES

3. DECLARATIONS OF INTEREST

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

4. MINUTES (Pages 1 - 8)

To approve the accuracy on the minutes of the meeting held on 13 October 22.

5. PUBLIC AND MEMBER QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Monday 7th November 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, Monday 7th November to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

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

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

Questions by Members

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

6. HEALTH AND CARE PARTNERSHIP STRATEGY (Pages 9 - 14)

7. WIRRAL DEMENTIA STRATEGY 2022-2025 (Pages 15 - 36)

8. SOCIAL CARE REFORM (Pages 37 - 64)

9. TRANSFORMING CARE FOR PEOPLE WHO HAVE A LEARNING DISABILITY AND OR AUTISM - UPDATE REPORT (Pages 65 - 70)

10. WIRRAL WINTER PLAN 2022-2023 (Pages 71 - 126)

11. 2022/23 POOLED FUND FINANCE REPORT TO MONTH 5 AUGUST 2022 (Pages 127 - 134)

12. WORK PROGRAMME (Pages 135 - 140)

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 13 October 2022

Present:

Simon Banks	Place Director
Suzanne Edwards (in place of Tim Welch)	Cheshire and Wirral Partnership NHS Foundation Trust
Tom Pharoah	Clatterbridge Cancer Centre NHS Foundation Trust
Karen Howell	Wirral Community Health and Care NHS Foundation Trust
Matthew Swanborough (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
Councillor Mary Jordan	Wirral Council
Councillor Yvonne Nolan	Wirral Council
Councillor Jason Walsh	Wirral Council
Paul Satoor	Wirral Council
Dave Bradburn	Wirral Council
Graham Hodkinson	Wirral Council
Carly Brown (in place of Simone White)	Wirral Council
Karen Prior	Healthwatch Wirral
Dr Abel Adegoke	Primary Care Provider
Dr David Jones	Primary Care Provider
Dr Stephen Wright	Primary Care Provider
Carol Johnson-Eyre	Voluntary, Community and Social Enterprise Sector
Justine Molyneux	Voluntary, Community and Social Enterprise Sector

1 ELECTION OF CHAIR FOR THE MEETING

The Head of Legal Services started the meeting and asked for nominations for somebody to Chair the meeting.

On a motion moved Councillor Yvonne Nolan, seconded by Karen Howell, it was –

Resolved – That Simon Banks, Place Director be elected Chair for the duration of the meeting.

Simon Banks in the Chair

2 WELCOME AND INTRODUCTION

The Chair welcomed members of the Board and those watching at home to the first meeting of the Wirral Place Based Partnership Board, which had been delayed due to the passing of Queen Elizabeth II. The Chair outlined the purpose of the Board in bringing together representatives of the Council, NHS Cheshire and Merseyside, NHS providers and the Community, Voluntary and Faith Sector into a forum for NHS Cheshire and Merseyside to conduct its business in Wirral.

3 **APOLOGIES**

It was reported that apologies for absence had been received from Janelle Holmes, Tim Welch and Simone White.

4 **DECLARATIONS OF INTEREST**

The Chair invited members to declare any disclosable pecuniary and any other interests in connection with any item(s) on the agenda and to state the nature of the interest.

No declarations were made.

5 **PUBLIC AND MEMBER QUESTIONS**

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

6 **ELECTION OF CHAIR AND VICE-CHAIR FOR THE MUNICIPAL YEAR**

The Chair invited a discussion and proposals on the election of the Chair and Vice-Chair for the remainder of the 2022-23 municipal year.

A discussion ensued where it was suggested that the Chair should be neutral given the Place Director's role in presenting reports to the Board. The counter view was made that the Place Director should be the Chair during the development of the Board whilst a process was developed to select an appropriate Chair.

It was felt that clarification was required on the time commitment and responsibility for the Chair and Vice-Chair of the Board.

It was moved by Councillor Yvonne Nolan, seconded by Paul Satoor, that Simon Banks be elected Chair for the first three meetings.

Following a discussion, Simon Banks moved an amendment to the motion, to include an additional resolution 'that the Wirral Place Governance Group be requested to work on a proposal on how to elect a Chair, to be reported back

to the Board in December 2022.' This was seconded by Paul Satoor. The amendment was accepted.

The Board then discussed the election of Vice-Chair and noted that in the absence of the Chair, the Board could elect a temporary Chair for that meeting.

The substantive motion was then put, and it was –

Resolved (unanimously) – That

(1) Simon Banks be elected as Chair of the Wirral Place Based Partnership Board for the first three meetings.

(2) the Wirral Place Governance Group be requested to work on a proposal on how to elect a Chair, to be reported back to the Board in December 2022.

7 **WIRRAL PLACE BASED PARTNERSHIP BOARD: TERMS OF REFERENCE**

The Assistant Director for Strategy and Partnerships at Wirral Council introduced the report which provided 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.

The Terms of Reference of the Place Based Partnership Board were detailed, including the process for their development and approval. The Terms of Reference for the Joint Strategic Commissioning Board Sub-Committee were also detailed, where it was outlined that this body was a formal Sub-Committee of the Adult Social Care and Public Health Committee with delegated responsibility for the Section 75 fund and would sit in common with the Place Based Partnership Board where required. It was further clarified that the Terms of Reference of the Joint Strategic Commissioning Board Sub-Committee were defined in the Council's constitution, but the Terms of Reference of the Place Partnership Board were within the gift of the Board to amend and approve.

The Board discussed its Terms of Reference and it was felt that it was timely to review them given they were last approved in March 2022, to further consider the issues of representation, quoracy and public attendance. A further discussion took place in relation to public attendance, where it was clarified that the Board should meet in public in accordance with the NHS guidance, but that a process for considering development items not in public should be considered.

On a motion by the Chair, seconded by Councillor Mary Jordan, it was –

Resolved – That the Place Director, in consultation with the Wirral Place Governance Group, be requested to review the Terms of Reference and processes for the Wirral Place Based Partnership Board, for further consideration by the Board in December 2022.

8 **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GOVERNANCE AND ASSURANCE - NEXT STEPS**

The Place Director NHS Cheshire and Merseyside introduced the report which set out the four key governance and assurance groups that NHS Cheshire and Merseyside would be establishing with partners in Wirral to support the Wirral Place Based Partnership Board and prepare for additional responsibilities through delegation.

There was a discussion in relation to the most appropriate reporting mechanism for the Wirral Provider Partnership. On a motion by the Chair, seconded by Karen Howell, it was –

Resolved – That the Wirral Place Governance Group be requested to consider the appropriate reporting mechanisms for the Wirral Provider Partnership, to be reported back to the Board in December 2022.

With the agreement of the Board, the Chair altered the order of business.

9 **PROGRESS REPORT: WIRRAL STATEMENT OF ACTION FOR SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)**

The Director of Quality and Safety NHS Cheshire and Merseyside introduced the report of the Director of Children, Families and Education Wirral Council which provided an updated on the Special Education Needs and Disabilities Transformation Programme and progress on the Wirral Statement of Action, which had been produced in response to an inspection of the local area's services for children and young people with Special Educational Needs and Disabilities (SEND) by Ofsted and the Care Quality Commission (CQC), and subsequently approved by Ofsted on 28 March 2022.

It was intended that the Wirral Place Based Partnership Board would be provided with oversight of the Statement of Action and the progress made, with the Board receiving an update on the 102 actions, of which 82 had been completed. A deep dive session had been held to look at the actions that were not on track, with two actions likely to not meet the deadline for completion which were the Graduated Response where it was felt that further time was needed to properly embed the approach, and the Co-Production Charter, where delays were as a result of the availability of partners in the Department for Education. It was reported that preparations were underway for a

monitoring meeting with the Department for Education and NHS England on 16 November 2022.

Members noted the two programmes that had slipped beyond the deadline but supported the approach of ensuring actions were properly delivered. The Board discussed the support partner organisations could offer and it was felt that the Place Based Partnership Board was the most appropriate place for the progress of the actions to be tracked. Suggestions were made about future iterations of the report, including the inclusion of user and service provider perspective.

Resolved – That

(1) the report and progress made to date be noted.

(2) a further monitoring report be received at a future date.

10 **PLACE DIRECTOR OBJECTIVES**

The Place Director NHS Cheshire and Merseyside introduced the report which outlined NHS Cheshire and Merseyside's requirement for each of the nine Place Directors to develop objectives with representatives from their respective places and provided the Wirral Place Directors objectives.

It was outlined that objectives were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflected 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. The Board was informed that there was a place outcomes monitoring framework and dashboard underpinning the objectives.

The Board discussed a number of elements of the report including the need for further engagement with the third sector in the delivery of the objectives and the production of future objectives. It was noted that as part of the delivery of the objectives, the Place Based Partnership Board would receive further detail on the winter plans.

On a motion by the Chair, seconded by Councillor Yvonne Nolan, it was –

Resolved – That the objectives of the Place Director (Wirral) be noted and quarterly progress reports on the delivery of those objectives be received, commencing in January 2023.

11 **HEALTH AND WELLBEING STRATEGY**

The Director of Public Health introduced the report which provided an update on work to develop a Health and Wellbeing Strategy for Wirral. The report detailed the work that had been undertaken to produce the strategy, and it was further reported that the Strategy had now been approved by the Health and Wellbeing Board and would be shared with the Place Based Partnership Board following the meeting.

The Director of Public Health detailed the issues around the worsening gap in life expectancy across Wirral as well as the over declining life expectancy for Wirral residents, with the Health and Wellbeing Strategy recognising the importance of the factors that affect people's health. It was reported that the Health and Wellbeing Board has established a steering group to help deliver the priorities within the strategy with members of the Public Health team identified as leads for each priority and sought co-leads from partner organisations around the table.

Members of the Board discussed the challenges in turning the desired outcomes of the Health and Wellbeing Strategy into implementable actions to improve health outcomes for residents.

Resolved – That the development of the Wirral Health and Wellbeing Strategy be noted.

12 **WIRRAL DELIVERY PLAN**

The Associate Director for Transformation and Partnerships NHS Cheshire and Merseyside introduced the report which detailed the Wirral Delivery Plan which outlined the Wirral Place key health and care priorities for 2022/23 and how it would adopt a new way of working by adhering to the principles shared in the Plan that would underpin how Place would work together on the delivery of the Plan. It was reported that the plan had been developed collaboratively between commissioners and providers and is cognisant of key national and local strategic plans and policies.

On a motion by the Chair, seconded by Matthew Swanborough, it was –

Resolved – That the Delivery Plan be approved, the priorities within the Delivery Plan be noted, and quarterly progress reports be received commencing in January 2023.

13 **IMPACT OF COST OF LIVING INCREASES ON WIRRAL**

The Cost of Living Lead introduced the report of the Director of Public Health and Place Director for Wirral which provided an overview of the challenges local people were facing caused by the cost-of-living pressures and outlined proposed action to mitigate impacts and support residents.

The report detailed the extensive qualitative and quantitative data analysed to try to understand and project the impacts the pressures would have on residents, linking to the Wirral Intelligence Service latest information. The report further detailed the support available to residents via the Council and other organisations, with £1.2m of Contain Outbreak Management Funding made available to the Community, Voluntary and Faith Sector and a further £0.5m for action to tackle fuel poverty. The report had been considered by the Health and Wellbeing Board and the next steps were outlined, where a multi-agency summit would be organised to support the development of a comprehensive and co-ordinated action plan to support local people.

The Board discussed the opportunities that sharing the Wirral Intelligence Service data with service providers would bring and it was proposed that this be explored further.

Resolved – That the work to develop appropriate collaborative working arrangements and joint action plans to mitigate the impacts of the cost-of-living pressures on residents be noted.

14 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 4 JULY 2022**

The Associate Director of Finance for Cheshire and Merseyside ICB introduced the report which set out the arrangements in place to support effective integrated commissioning, including the budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 pooled fund and the risk and gain share agreement.

In 2022/23 Wirral Health and Care partners had chosen to jointly pool £248.56m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery. The report provided a summary forecast position of the pooled fund as at Month 4 to 31st March 2023 and the financial risk exposure of each partner organisation. An update was also provided on the preparation of the framework partnership agreement under section 75 of the National Health Services Act 2006 relating to the commissioning of health and social care services, which would be subject to approval and sign off by Cheshire and Merseyside Integrated Care Board (ICB).

It was reported that further hospital discharge funding was due to be announced from NHS England in the coming days which it was hoped would help with issues associated in delays in discharges. A further discussion was had around the work being undertaken as part of the Winter Plan and how that would be matched by the funding available and how any overspend would be dealt with, taking into account further funding streams such as that expected for hospital discharges. The importance of linking the third sector into hospital discharges was also emphasised.

Resolved – That

(1) the forecast £5.9m overspend position due to the Clinical Commissioning Group / Integrated Care Board (ICB)Wirral Place pool commissioned services and the fact that the ICB Wirral Place holds the financial risks on this overspend be noted.

(2) the shared risk arrangements being limited to the Better Care Fund only which was reporting a break-even position be noted.

15 **WORK PROGRAMME**

The Head of Legal Services introduced the report which detailed the annual work programme of items for consideration by the Wirral Place Based Partnership Board. The Board was comprised of members from multiple organisations and the report enabled all partners to contribute items for consideration at future meetings.

Further proposals to be added to the work programme included:

- Monthly updates on the Winter Plan
- Cyclical updates from the Sub-groups
- Year-end finance report for Wirral Place
- Update on strategic estates
- Report on the Anchor Institute Commitments
- Quarterly update from Healthwatch Wirral

On a motion by the Chair, seconded by Matthew Swanborough, it was –

Resolved – That the work programme, with the inclusion of the items suggested, be noted.

WIRRAL PLACE BASED PARTNERSHIP BOARD
10th NOVEMBER 2022

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

REPORT SUMMARY

The purpose of this report is to update the Wirral Place Based Partnership Board on the development of the Cheshire and Merseyside Health and Care Partnership Strategy and how Wirral as a "place" will contribute to this Strategy.

This report affects all wards.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

1) support the proposal that the Wirral submission for the Cheshire and Merseyside Health and Care Partnership Strategy is based upon the information contained in the Wirral Health and Wellbeing Strategy 2022-2027 and Outcomes Framework. The Place Director will coordinate this submission with the Director of Public Health.

2) agree to receive a copy of the Cheshire and Merseyside Health and Care Partnership Strategy at a future meeting.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Cheshire and Merseyside Health and Care Partnership have agreed that the December strategy publication should be developed from existing documents and that each Place should contribute to it with their local plans. The Wirral Health and Wellbeing Strategy 2022-2027 and Outcomes Framework have been approved by the Wirral Health and Wellbeing Board on 29th September 2022 and, alongside the Wirral Plan 2026, constitute our local plans.

2.0 OTHER OPTIONS CONSIDERED

2.1 The creation of a new Integrated Care Partnership Strategy was considered but was discounted given the short delivery timescales, which would not have allowed for meaningful engagement or for the production of a comprehensive document. The option to utilise existing strategic documents was therefore the most efficacious.

3.0 BACKGROUND INFORMATION

3.1 Under the Health and Care Act 2022, Integrated Care Partnerships (ICPs) operate as statutory committees consisting of health and care partners from across an Integrated Care System (ICS), including voluntary, community, faith, and social enterprise (VCFSE) organisations. The ICP for our ICS is known as the Cheshire and Merseyside Health and Care Partnership (C&M HCP). It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside. A key role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences.

3.2 On 29th July 2022 the Department of Health and Social Care (DHSC) issued statutory guidance that requires each ICP to produce and publish an ICP Strategy by December 2022. There will also be a requirement to publish a "five-year joint forward plan" by April 2023. This means that the Cheshire and Merseyside Health and Care Partnership would need to sign off the strategy in December 2022 and the five-year joint forward plan in February 2023.

3.3 The guidance recognises that ICPs and ICBs are still just developing and that both the strategy and five-year joint forward plan will evolve as further intelligence becomes available. It is therefore likely that there will be further updates to this guidance and a requirement to regularly refresh and update the strategy and five-year joint forward plan so that they are "live" documents.

3.4 The Strategy will be built from local Place plans but will focus on areas where work can take place across the whole of Cheshire and Merseyside or across more than one borough. The guidance outlines the need for the Strategy to consider the following areas:

- Personalised care
- Addressing disparities in health and social care

- Population health and prevention
- Health protection
- Babies, children, young people and their families, and healthy ageing
- Workforce
- Research and innovation
- Health-related services
- Data and information sharing

It is also anticipated that there will be sections on climate change and sustainability, anchor institutions and social value, quality improvement, and finance, capital, and estates.

3.5 The C&M HCP have agreed that the December strategy publication should be developed from existing documents and that each Place should contribute to it with their local plans. Each Place is therefore being asked to develop short (3-4 page) summaries of their local plan using the life course approach, standard metrics (for example Marmot beacon indicators) and free text sections to describe key actions and deliverables.

3.6 The Wirral submission will be based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework. These were approved by the Wirral Health and Wellbeing Board on 29th September 2022. There is also additional information, including life course diagrams, that can be accessed on the Wirral Intelligence Service website - https://www.wirralintelligenceservice.org/state-of-the-borough/.

3.7 The Health and Wellbeing Board will be asked to confirm that they support this course of action and for the Place Director to coordinate this submission with the Director of Public Health on 2nd November 2022. The Wirral Place Based Partnership Board is also asked to support this approach. It is recommended that the Wirral Place Based Partnership Board receives a copy of the Cheshire and Merseyside Health and Care Partnership Strategy at a future meeting.

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 There are no direct resource implications arising from this report.

7.0 RELEVANT RISKS

7.1 There are no relevant risks arising from this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 The DHSC has advised that ICPs should engage with local Healthwatch organisations; local people and communities; providers of health and social care services; the voluntary, community, and social enterprise (VCSE) sector; local authority and ICB leaders; and wider organisations and partnerships to ensure a wide range of people are able to engage and input into the production of the strategy. Given the timescales for producing the C&M HCP Strategy, the HCP has agreed to use existing documents that have been developed through stakeholder engagement.

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environmental or climate implications as a result of this report.

10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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

APPENDICES

There are no appendices to this report.

BACKGROUND PAPERS

- Health and Care Act, 2022 - https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

- NHS England website, integrated care section - https://www.cheshireandmerseyside.nhs.uk/

- NHS Cheshire and Merseyside website - Home - NHS Cheshire and Merseyside

- Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)

SUBJECT HISTORY (last 3 years)

Council Meeting	**Date**
Previous reports presented to Health and Wellbeing Board: Wirral Place Update Report	 2nd November 2022

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday 10th November 2022

REPORT TITLE:	**WIRRAL DEMENTIA STRATEGY 2022 - 2025**
REPORT OF:	**HEAD OF MENTAL HEALTH COMMISSIONING (WIRRAL PLACE)**

REPORT SUMMARY

Wirral Place Dementia Strategy for 2022-2025 reviews the ambitions outlined in the previous 2019-2022 strategy, which were not achieved due to the impact of Covid-19, and defines the priority areas, actions, and outcomes over the next four years to meet our vision for how dementia care and support is delivered across all wards within the borough.

Since the pandemic began people living with dementia have been disproportionately affected, with dementia being the most common pre-existing condition for people who have died from COVID -19.

The focus of this strategy is structured around NHS England's Well Pathway for Dementia and focuses on recovery from Covid-19, and better integration across health and care services to deliver the best outcomes for our population who may have dementia, as well as those who care for them.

Greater alignment of services and more creative responses to people's needs and aspirations will lead to individuals being diagnosed with dementia earlier and having more community-based support in place to enable them to live independently for longer.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to approve the Wirral Place Dementia Strategy for 2022-2025.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This strategy sets out the Wirral's ambition to recover from the impact of Covid-19 and establish Wirral as a place where people who are living with or affected by dementia can truly 'live well'.

1.2 The strategy and action plans will develop as goals are achieved and will respond appropriately to change. We will be responsive to the information we gain through the involvement of organisations, groups and local people, particularly those living with and affected by dementia (including carers) as well as national mandates.

2.0 OTHER OPTIONS CONSIDERED

2.1 This strategy also sets out the strategic vision for Wirral to;

- Reduce the risk/delay of the onset of dementia via preventative measures
- Support people to live well with dementia (including carers) within their local communities
- Ensure appropriate planning and support is in place so people are well cared for when the condition escalates.

This strategy and its associated action plans do not stand alone. Dementia is a key priority nationally as identified in the NHS Long Term Plan and Mental Health Implementation Plan and Wirral's Frailty Strategy.

3.0 BACKGROUND INFORMATION

3.1 The strategy includes a vision statement "'For Wirral to be a borough which supports and is inclusive of people with dementia and their carers so they can enjoy the best possible quality of life and remain independent for longer. When people do need care, this will be high quality, person centred and delivered seamlessly across the health and social care system."

3.2 Wirral has a population of over 330,000 and is an area with significant inequalities, especially in relation to deprivation which is most prevalent in East Wirral; this leads to greater health inequalities and poorer health outcomes. In addition, Wirral has an older age profile when compared to the national average, especially those aged 65+.

One in three people over 65 in Wirral live alone, which equates to around 24,000 people.

Currently, there are over 3,000 people aged 65+ who have a diagnosis of dementia in Wirral (although we know there are people living with dementia without a diagnosis). Projections estimate that the total numbers of people living with dementia in Wirral will more than double to over 7,000 by 2035.

4.0 FINANCIAL IMPLICATIONS

4.1 It should be noted that the strategy has responsibilities for service delivery across the Wirral health and care system.

4.2 Implementation of the Wirral Dementia Strategy 2022-2025 will be undertaken within existing Health, Adult Social Care and Public Health budgets. This is subject to review and potential necessary investment as per the Mental Health Investment Standards for Wirral Place in the Cheshire & Merseyside Integrated Care Board.

5.0 LEGAL IMPLICATIONS

5.1 The Council has duties under the Care Act 2014 to proactively assess the needs of adults with needs for care and support in the area and meet those needs where certain eligibility criteria are met. Many individuals living with dementia will have eligible needs as defined by the Care Act and as such this strategy will assist in the discharge of those duties.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Existing Officer resources will be required to provide leadership and implementation of the Wirral Dementia Strategy 2022-2025.

7.0 RELEVANT RISKS

7.1 The risks associated with people living with dementia, and their carers', includes, but is not limited to the following:

- Lack of support with encouraging a healthy lifestyle which helps to lower the risk of dementia and supports people to live longer, healthier lives.
- Increase in barriers to diagnosis.
- Suspension of community support services which offer much needed post diagnostic support.
- Delays in discharges from acute to community settings and
- Being unable to visit and support loved ones in acute care and care homes.

8.0 ENGAGEMENT/CONSULTATION

8.1 This strategy has been developed in partnership with health and social care professionals working with people living with dementia across statutory and non-statutory services as well as feedback from people living with dementia, including carers and families.

9.0 EQUALITY IMPLICATIONS

9.1 An equality Impact Assessment (EIA) has been completed and can be found at this link https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Consideration will be given to environmental and climate implications in the planning and implementation of services which are commissioned as a result of the implementation of the strategy's recommendations.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Health, Adult Social Care and Public Health provider organisations employ significant numbers of Wirral residents who contribute to the local economy. People with dementia should have greater opportunity to reach their aspirations for work, housing, leisure, learning and volunteering which in turn will positively impact on the vibrancy and development of local communities and economies.

11.2 The Adult Social Care and Public Health Directorate will work with other areas of the Council, which are not directly led by the department, to ensure community-based services consider residents with dementia as part of its strategic planning work.

REPORT AUTHOR: Name: Abigail Cowan
Job Title: Mental Health Commissioning Manager
Email: abigail.cowan@nhs.net

APPENDICES

Appendix 1 – Draft Wirral Dementia Strategy 2022-2025

BACKGROUND PAPERS

1. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/latest#pre-existing-conditions-of-people-who-died-with-covid-19
2. https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf
3. https://www.longtermplan.nhs.uk/
4. https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/
5. https://www.wirralintelligenceservice.org/jsna/dementia/
6. https://www.wirralinfobank.co.uk/
7. https://www.alzheimers.org.uk/
8. https://www.dementiaaction.org.uk/local_alliances/15366_wirral_daa

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
The Adult Social Care and Public Health Committee	11/10/2022

Healthy Wirral

NHS
Cheshire and Merseyside

Wirral Place Dementia Strategy

2022-2025

Foreword

Wirral Place Dementia Strategy for 2022-2025 reviews the ambitions outlined in the previous strategy and defines the priority areas, actions, and outcomes over the next four years to meet our vision for how dementia care and support is delivered in the borough.

The impact of Covid-19 has affected our ability as a system to meet ambitions outlined in the 2019-2022 strategy.
Since the pandemic began people living with dementia have been disproportionately affected, with dementia being the most common pre-existing condition for people who have died from COVID -19[1]. The impact of the pandemic on people living with dementia and their carers includes, but is not limited to, the following: increase in barriers to diagnosis; suspension of community support services which offer much needed post diagnostic support; delays in discharges from acute to community settings and being unable to visit and support loved ones in acute care and care homes.

The pandemic has also had a huge detrimental impact on staff involved in providing health and care support services. I would like to take this opportunity to express a sincere thank you to everyone who has worked and continues to work through these challenging times and for the commitment and dedication of staff across health, social care and the third sector in responding to the demands of the pandemic.

The focus of this strategy is structured around NHS England's Well Pathway for Dementia[2] and focuses on recovery from Covid-19, and better integration across health and care services to deliver the best outcomes for our population.

Dr Simon Delaney
Wirral Clinical Director

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/latest#pre-existing-conditions-of-people-who-died-with-covid-19
[2] https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

Introduction and Background

Dementia is used to describe symptoms of cognitive decline usually progressive in nature. Symptoms may include a decline in memory, reasoning, communication skills, the ability to perform daily activities and mood. Alzheimer's disease is the most common cause of dementia. Dementia mainly affects those 65+ and the likelihood of developing dementia increases with age. People living with dementia often have other long-term health conditions and co-morbidities such as hypertension, diabetes and depression. Dementia can be a devastating condition, however with the right support it's possible for people with dementia and their carers to lead positive, fulfilling lives.

This strategy sets out the strategic vision for Wirral to; recover as a system from the impact of Covid-19, reduce the risk/delay of the onset of dementia via preventative measures, support people to live well with dementia (including carers) within their local communities, ensure appropriate planning and support is in place so people are well cared for when the condition escalates. This strategy has been developed in partnership with health care professionals working with people living with dementia across statutory and non-statutory services as well as feedback from people living with dementia, including carers and families.
This strategy and its associated action plans do not stand alone. Dementia is a key priority nationally as identified in the NHS Long Term Plan[3] and Mental Health Implementation Plan[4] and Wirral's Frailty Strategy.

Our Vision

'For Wirral to be a borough which supports and is inclusive of people with dementia and their carers so they can enjoy the best possible quality of life and remain independent for longer. When people do need care, this will be high quality, person centred and delivered seamlessly across the health and social care system.'

Local context

Wirral has a population of over 330,000 and is an area with significant inequalities, especially in relation to deprivation which is most prevalent in East Wirral; this leads to greater health inequalities and poorer health outcomes. In addition, Wirral has an older age profile when compared to the national average, especially those aged 65+. One in three people over 65 in Wirral live alone, which equates to around 24,000 people. Currently there are over 3000 people aged 65+ who have a diagnosis of dementia in Wirral (although we know there are people living with dementia without a diagnosis). Projections estimate that the total numbers of people living with dementia in Wirral will more than double to over 7000 by 2035[5].

[3] https://www.longtermplan.nhs.uk/
[4] https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/
[5] https://www.wirralintelligenceservice.org/jsna/dementia/

Preventing Well

Reducing the risk or delaying the onset is influenced by a range of lifestyle factors. A healthy lifestyle helps to lower the risk of dementia and supports people to live longer, healthier lives. Vascular dementia is the second most common form of dementia and has the same risk factors as heart disease and stroke.

Area	Action	Timescales	Outcome
Monitor the number of residents that have had an **NHS Health Check** aimed at adults aged 40-74. The health check is designed to spot early signs of dementia, stroke, kidney disease, heart disease and type 2 diabetes.	Monitor and aim to increase the number of people aged 40+ who are identified as a 'carer' on their GP record and the number who have had an NHS Health Check. Encourage and work with GPs to provide information on dementia to people aged 50+ during their NHS Health Check.	2022/23	Detect negative lifestyle behaviours early and inform people about their lifestyle choice to improve people's health at an early stage, when changes in behaviour can have a real impact long term on wellbeing.
Raise awareness of the **risk factors associated with dementia** and actions that may reduce the likelihood of an individual developing dementia among healthcare professionals.	Encourage professionals within services related to dementia risk factors, such as Diabetes, CVD and Weight Management, to embed dementia prevention messages with patients aged 50+. Communications will be shared to relevant healthcare staff regarding the importance of providing dementia prevention information to people who are assessed "at risk". Communications will be distributed regarding the importance of using the Making Every Contact Count (MECC) approach to increase opportunities to encourage people to think about making healthy lifestyle changes.	2022/2025	Increased awareness of how making positive changes to their lifestyle can reduce the risk of developing dementia in the future as well as their pre-existing conditions.
All age healthy lifestyle promotion	Support the promotion Public Health's "One You" campaign, to raise awareness of healthy lifestyles and to support people to make changes to the way they manage their health and wellbeing.	2022/2025	Encourage residents to take more responsibility for their health, increase awareness of ways of improving their health and reducing risk factors associated with dementia and other long-term

	Link in with the development of the wider Children's and Families Strategy for shared working opportunities in order to strengthen dementia education, prevention and early intervention messages with children and young people to encourage healthy lifestyle choices at a young age.		conditions. As the number of people living with dementia increases, more children and young people are likely to be affected by dementia. Educating young people about dementia will promote healthy lifestyle choices and support understanding and change attitudes towards dementia, creating a dementia friendly generation.

Diagnosing Well

Diagnosis is usually the first step in someone's dementia journey and has been hugely impacted by the pandemic. It is well reported locally and nationally that people have delayed seeking a diagnosis for variety of reasons including; the impact of lockdown and restrictions meant that people weren't seeing family or friends who may have encouraged a GP consultation for an initial assessment; fear of attending a healthcare setting due to risk of infection; re-deployment of healthcare staff to support with acute settings. As a result, nationally there are long waits to access an assessment and people are presenting with more complex needs than they were pre-pandemic.

Nationally the target for dementia diagnosis rates (DDR) is 66.7% of estimated dementia prevalence. Prior to the pandemic Wirral consistently achieved this target. Although it is important to recover the DDR, the drive to meet the target must not be viewed as an end in itself; improving the support available to people once they have been given the diagnosis is equally, if not more important. The Wirral system want to see more people being diagnosed earlier and less people diagnosed at a time of crisis. We want to reduce the backlog for waits for an assessment with the ambition for a patients first appointment to be seen within 6 weeks from referral. We recognise that services may need to be redesigned so that people with dementia are diagnosed in a timelier manner with access to post diagnostic support, enabling them to live as well as possible with dementia.

The 'diagnosing well' actions of this strategy will be a priority of the Wirral Dementia System Board over 2022-2025.

Area	Action	Timescales	Outcome
Recover and begin to consistently maintain the **national diagnosis target** of 66.7% of the suspected population with dementia	Monitor diagnosis data and referrals into the memory assessment service per GP practice/PCNs. Work with practices/PCNs who may not be reaching the national target to better understand reasons why, and any extra support required to improve DDR.	End of 2023	Diagnosing and supporting people to begin the diagnosis journey earlier will mean patients and carers are better informed about support available to help them manage the condition and plan for the future.
	Those who are under GP will be invited to regular reviews to discuss any changes in symptoms, mood, prescribed medication and signposting to support services. Baseline the number of people with a dementia diagnosis who are entitled to GP reviews and the percentage of people who are invited and attend. Once baseline is established system colleagues will work together to understand how best to increase review attendance.		Regular reviews are important so any changes in behaviour/ symptoms can be supported before situations escalate and become unmanageable. People with dementia under the care of their GP will have regular reviews and will feel supported with managing their condition throughout the dementia diagnosis journey.
	Pilot (with the support of Secondary Care) an assessment		Upskill Primary Care health and care professionals

	clinic in Primary Care to help support the waits for assessment and offer a more sustainable, integrated dementia diagnosis service for the future. Secondary Care to continue to provide appropriate dementia training to Primary Care staff including GPs, Practice Nurses and other healthcare professionals, as outlined in the Locally Enhanced Service contract.		so they become more confident in identifying the signs of dementia and appropriate care pathway. This will result in quicker identification of suspected dementia, earlier diagnosis for individuals, and quicker referrals into post diagnostic support.
Waiting times between referral from a GP to initial assessment by NHS specialist services for dementia to be **in line with NICE guidance** i.e. 6 weeks	As a result of the waits for a diagnosis, funding was received to specifically address the waits for an assessment. Wirral used this funding to increase staffing within the memory assessment service via the admiral nurses that are affiliated with Age UK Wirral. Outcomes from this unique and innovative partnership will be fully evaluated, however it is hoped that this commission can continue until the back log for an assessment is reduced to a manageable level. This resource can then be flexed across the system to support other stretched areas e.g., discharges and post diagnostic care in the community.	End of 2023	Waiting for a diagnosis is an unsettling time for patients and carers and family members. Diagnosing in line with national guidance will reduce the longevity of these emotions experienced by those going through this process. It will also ensure that people with dementia and carers are provided with and signposted to the support they need to manage the condition earlier.
Ensure there is appropriate **support information** available from presentation through to diagnosis, for the person diagnosed as well as carers, family and friends	There should be access to accurate, clear information and advice about the signs and symptoms of dementia in GP Practices and other local support services available in the community, including online e.g., Wirral Infobank[6]. Alzheimer's Society[7] produce a range of information which is regularly updated and follows best practice guidelines. Patients and carers to be signposted to these resources as appropriate.	2022-2025	Members of the public and health professionals will have access to information, which is relevant and up to date, to enable better understanding of what support is available from the NHS, local authority, emergency services and wider community, including third, voluntary and charity sector.
Improve **diagnostic rates for BAME and LD communities**	Better engage with Black, Asian and Minority Ethnic (BAME) and Learning Disability (LD) communities by working alongside local services, such as Wirral Multicultural	2023/24	People from the BAME and LD community will be supported by staff to access health services for suspected dementia.

[6] https://www.wirralinfobank.co.uk/
[7] https://www.alzheimers.org.uk/

	Organisation, Wirral Change and Mencap, to increase awareness and reduce stigma. Promote the Dementia Champion scheme and support staff to access dementia awareness training.		
	Establish a baseline and monitor the number of people diagnosed from BAME and LD communities. Work with BAME and LD services to determine how to increase DDR in this cohort and review whether the current assessments are appropriate, and what steps can be taken to better support people from these communities during the assessment process.		Identify more people from BAME and LD community at an earlier stage so they can access appropriate support.
	Dementia support information produced at a local level should be fully accessible e.g., available in different languages, 'easy read' format etc. A one-page dementia information sheet to be developed and translated into the top 3 most spoken languages in Wirral (other than English) as well as an easy read version.		To ensure Wirral's healthcare services are inclusive of all communities.
arers to be identified early	Primary and Secondary Care professionals to identify carers of people with dementia and (with consent) record them on the Carers Register as early as possible.	2023/24	Identifying carers early enables professionals to offer support, advice, signposting and invite to NHS Health Checks.

Supporting Well

We recognise that most people with dementia live at home and are supported by family members, carers and friends. We also recognise that many people want and are happy to care for their loved ones, however when extra support is required this needs to be easily accessible and person centred.
The Wirral system needs to better integrate to facilitate improved access to the right care and support based on patient and carer individual needs. Care should be delivered in the community for as long as its safely possible. When people do need crisis care, care should be immediate, responsive and of high quality.
The 'supporting well' actions of this strategy will be a priority of the Wirral Dementia System Board over 2022-2025.

Area	Action	Timescales	Outcome
Provide more **enhanced post diagnostic support** for people with dementia living in the community as outlined in the NHS Long Term Plan	The NHS Long Term Plan outlines that there will be an increased focus on supporting people with dementia in the community through community multidisciplinary teams aligned with primary care networks (PCN) and increased working with the voluntary sector. As a system we need to better support people in the community and in care homes to provide more appropriate support to reduce avoidable hospital admissions. A Wirral practice is piloting an initiative with Alzheimer's Society in terms of a dementia support advisor role. The role includes providing information, engagement calls, practical advice and a face-to-face offer for those people who require further support. Learnings from this pilot will be evaluated and reviewed so as system we can look to provide more specialist post-diagnostic support in the community as outlined in NHS LTP. The Wirral post diagnostic support services will link in with the diagnosis pilot models outlined under 'diagnosing well'.	Beginning of 2024	People will be provided with enhanced post diagnostic and specialist community support to better enable people to manage their dementia in their own home, in the community for as long as possible and retain independence through a person-centred model. Seamless transitions between different health and care services which support dementia care will result in an improved experience for people living with dementia and their carers. People will feel confident in being able to navigate dementia care services.
Crisis care support	The Wirral health and care system need to develop options to deliver better access to crisis support for people with dementia, using learnings and outcomes from other areas	2024/25	Provide enhanced support for people with dementia in the community at times of crisis.

	with dedicated dementia crisis teams e.g. Dementia Crisis and Prevention Team (DCPT), provided by Greater Manchester Mental Health FT.		Reduce the number of crisis cases including, inappropriate and avoidable hospital admissions for people with dementia.
	Promote the local crisis care telephone line wherever possible with staff across statutory and non-statutory organisations and in the community. Promote and encourage the use of the Herbert Protocol initiative adopted by Merseyside Police and other forces for missing or vulnerable people, via system communication channels.		People with dementia and their carers will use this service in a crisis and information, advice and support provided will appropriate for individual cases. The Herbert Protocol provides the police with access to important information, helping to speed up and simplify a response, so that the search can be targeted appropriately and effectively, and people can be found sooner.
Hospital discharges should be dignified and timely with quality, person centred care support packages in place	As a system we need to review the discharge pathways for people with dementia from a hospital setting to peoples own homes, care homes, transfer to assess beds and reablement or rehabilitation services including third sector options as part of the discharge pathway. Input into any redesign regarding services/care pathways will be sought from statutory and non-statutory organisations involved in dementia care. This work will be informed by the feedback received from people with dementia and their families and carers.	2024/25	People with dementia will experience timely and appropriate discharges from hospital. People will be placed in the right care settings for their needs first time which is less distressing for the patient and family member.
Support carers to care for their loved ones and to manage their **emotional wellbeing**.	Health and social care professionals will involve people with dementia and carers in planning their care and review care plans at regular intervals or when an individual's dementia related behaviour has deteriorated. People with dementia and carers will be provided with information on accessing post diagnostic support. Carers will be signposted to local Improving Access to Psychological Therapies (IAPT) services for counselling if they disclose that they are facing difficulties with their	2023/24	People with dementia and their carers will feel empowered and have increased understanding, choice and control over their care. Carers will feel supported, well informed and confident in their ability to care for their loved one and support them to care for longer. Carers will feel supported in terms of their own health and mental wellbeing.

	mental health. Carers can self-refer themselves to IAPT or their GP can refer on their behalf. The number of carers who are accessing IAPT services will be monitored. Carers will be provided with information regarding support available to them in the community such as peer support groups, dementia awareness training, guidance on Carers Assessments and applying for carer's allowance. Information should be accessible with regards to personalised health budgets, direct payments, NHS Continuing Healthcare, Section 117 Aftercare and council funded social care.		
Increase training and education provided to professionals who engage with people living with dementia on a day-to-day basis	Map the training offer for dementia that is provided on a local and national level for our services including General Practice, Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Health & Care NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Northwest Ambulance Service, Care Homes and third sector partners. Discuss with key services how this training can be rolled out to include a wider audience of health and care professionals. The design and development of future staff training plans will look to include contributions from people with dementia and carers as experts by experience. Include the requirement to deliver dementia training in relevant contracts when commissioning services. Promote the 'forget me not' scheme with health and social care professionals in order to raise awareness across health and social care professionals to support staff to more easily identify people with dementia who may need extra support when making home visits. Communications	2023/24	Caring for people with dementia can be challenging. Therefore, health and care professionals will be better trained to improve their knowledge, confidence and attitudes in order to change behaviours and practice that can lead to better care and outcomes for people with dementia.

	will be sent to primary care and secondary care to support awareness of this initiative.		
Promote and enhance the use of **assistive technology**, including new technologies that will help keep people safe and independent for longer	Establish a baseline of existing users and continue to develop and monitor the assistive technology provision, increase awareness of the availability and benefits of assistive technology for people with dementia as a support option. Ensure outcomes for people with dementia are measured appropriately.	2024/25	Assistive technology can support people with dementia to remain independent, safe in their own home and socially involved, whilst having a positive impact on the wellbeing of carers and families. Assistive technology can also provide reassurance to carers and support with daily caring tasks.
Ensure that people living with dementia and carers feel **safe and are protected** from abuse	Review safeguarding procedures for adults with dementia to prevent abuse and work alongside statutory and non-statutory organisations to ensure that these standards are embedded within local safeguarding frameworks and the work of the local safeguarding board. Ensure that the least restrictive interventions are used including the use of restraint, 1-1's, seclusion, rapid tranquilisation and preventing a patient from accessing outdoor space, and that the use of these methods are reduced. Always consider the persons rights, freedoms and independence.	2022/2025	People with dementia and carers will feel safe and protected from abuse. People will make reasonable steps to identify the possibility of abuse and prevent it before it occurs; and respond appropriately to any allegation of abuse. The least restrictive option will be used, which considers people's rights and freedoms and gives them as much free will and independence as possible. People who need it, will have a Liberty Protection Safeguards authorisation, which will deliver improved outcomes for those who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

Living Well

People who live with dementia should be supported to remain as independent as possible and involve themselves in activities/hobbies in environments that are well designed and supportive of their needs (as many did pre-pandemic). Those that are working at the time of diagnosis (including carers) should be supported to maintain their employment for as long as possible. Our communities and workplaces should work together to adapt/adjust for people with dementia or caring responsibilities. Simple changes to existing services and awareness raising for those who come into day-to-day contact with people with dementia, such as staff working in libraries, pharmacies, leisure centres etc., can help people with dementia feel more confident and welcome.

The 'living well' element of the pathway will be led and championed by Wirral's Dementia Action Alliance[8] and feed into the Dementia Strategy Board.

Area	Action	Timescales	Outcome
Wirral's aim to achieve the status of being a ***'Dementia Friendly' Community*** which is part of the national Dementia Friendly Communities initiative run by the Alzheimer's Society	Maintain Wirral's "*working to become dementia friendly*" status, with focus on recruitment and training of more dementia friends and champions in the community. Consider hosting dementia friends and champion training on Wirral to support this particularly across the faith sector, BAME, LD and education.	End of 2024	People with dementia on Wirral will feel more understood, respected and valued as a member of their community. All areas of the health and care system will be guided to adopt dementia friendly principles so people with dementia and carers will be able to access health and social care without barriers.
Support the re-introduction and promotion of activities within neighbourhoods/localities (face to face and online)	Explore, support and promote activities and initiatives on Wirral aimed at increasing cognitive stimulation and reducing social isolation for people with dementia, noting that some people will prefer to continue to socialise remotely. Support services to develop specific peer support groups	2022/23	People with dementia will experience reduced feelings of loneliness and isolation and feel more confident in engaging with community activities, having a positive impact on health and wellbeing.

[8] https://www.dementiaaction.org.uk/local_alliances/15366_wirral_daa

	for those diagnosed who are under 65 (inc carers) as their support often differ from people diagnosed with dementia over age 65. Ensure that statutory services and third sector organisations know where and when to signpost people so they can find out more about what services are offered within the neighbourhoods/localities.		
Support people to **maintain their own identity and independence**	Work with local businesses on Wirral to encourage the development of dementia friendly policies and practices. This includes making reasonable adjustments for people with dementia to maintain their employment where possible, identifying employees who are carers and supporting carers with flexible working hours to enable them to continue working.	2022/2025	People diagnosed with dementia and carers will be able to stay in employment for longer, supporting them to retain independence which will improve carer wellbeing.
Wirral to have greater availability of **community housing options** suitable for people with dementia	Wirral Council colleagues to ensure that future housing or community development plans (such as the planned re-generation of Birkenhead town centre and 'Wirral waters') include consideration of dementia friendly housing options including dementia care homes and dementia friendly buildings.	2022/2025	As the numbers of people living with dementia on Wirral increases, there will be adequate dementia friendly housing provision that will meet this need in order to support people to live well with dementia in their community.
	Greater information and clarity to be provided to people with dementia and carers to support them access housing options that meet their care and lifestyle needs.		People with dementia and their carers will receive information about housing and care home options available to them to support them to make decisions about the future in advance.

Planning Well

Following a diagnosis, putting legal, financial and end-of-life plans in place is one of the most important steps to take. Devising a plan in the early stage of a diagnosis can be empowering, allowing the person with dementia to participate in making decisions that help family and friends know their wishes. People should be supported to plan early, whilst they are still able to make decisions and should be supported to express their wishes at every step. The 'planning well' aspect of this strategy will be championed and led by Wirral's Palliative and End of Life Care Partnership (PEOLC).

Area	Action	Timescales	Outcome
People with dementia and their carers will be aware of the importance of **advance care** and **end of life (EOL) planning**. This includes people having their preferred place of death recorded in their patient record/EOL planning and upheld wherever possible.	People with dementia and their carers will be offered information by appropriate health and care professionals regarding advance care and end of life (EOL) planning in a sensitive and timely manner and be supported/signposted to put these plans in place. EOL plans and wishes to be recorded in the patients notes and shared with relevant professionals involved in their care e.g., specialist nurses and doctors. Establish a baseline and monitor the number of EOL plans recorded in patient records. Support the development of community-based services e.g. Hospice at Home and enhanced Domiciliary Care to support those that wish to die at home.	2022/23	People with dementia will have EOL plans in place while they still have capacity to make such decisions, in order to provide them and their carers with peace of mind that their wishes will be adhered to wherever possible. Increase EOL plans recorded in patient records. Health and social care professionals will be aware of an individual's end of life plan which will enable them to carry out care in line with the person's wishes. An increased amount of people with dementia who have recorded their home as their preferred place of death will be supported to do so wherever possible.
Education and training of health and social care staff in end of life planning and end of life care	Review current and potential training options regarding EOL care and EOL planning with people with dementia and carers.	2023/24	Health and care staff will feel confident in raising and discussing EOL planning with people with dementia.
	Health, social care and care home staff to receive training to support them to identify when a person with dementia is nearing EOL and provide appropriate and compassionate EOL care to individuals in line with NICE guidelines.		Health and care staff will be able to better identify when an individual with dementia is approaching their EOL. This will lead to an improvement in EOL care, including assessment, management of symptoms and pain.

Carers to be provided with emotional support when a person with dementia is nearing EOL, and signposted to **bereavement counselling**	Ensure that carers are signposted to local third sector organisations offering bereavement support and to Improving Access to Psychological Therapies services (IAPT) for bereavement counselling if appropriate. Monitor the numbers of carers of people with dementia accessing IAPT bereavement services.	End of 2022	Carers will have access to high quality bereavement support in a timely manner.

Conclusion

This strategy sets out the Wirral's system ambition to recover from the impact of Covid-19 and establish Wirral as a place where people who are living with or affected by dementia can truly 'live well'. The strategy and action plans will develop as goals are achieved and will respond appropriately to change. We will be responsive to the information we gain through the involvement of organisations, groups and local people, particularly those living with and affected by dementia (including carers) as well as national mandates.

As a result of this strategy being formulated, a robust programme of work with specific actions and timescales will be developed which aims to deliver on the pillars identified in this strategy.

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WIRRAL

NHS
Cheshire and Merseyside

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10th November 2022

Report Title:	**SOCIAL CARE REFORM**
Report of:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This is a summary report to inform the Committee on the Social Care Charging Reforms and the implications for people who access care and support services and the considerations that are required for the Council's Adult Social Care services.

This is not a key decision as the decision to apply the new charging regime is mandated by Government. This affects all wards.

The report supports the following priority from the Council's Wirral Plan:

- Working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

1) Endorse the approach to the Council's implementation of the charging reforms
2) Recognise the significant impact of the social care charging reforms, including on the Adult Care and Health budget and resources.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Social Care Charging Reform is a significant change in the Council's response to people who need care and support. The reforms require support for implementation from across the Council. The Charging Reforms are both a complex and costly exercise for all local authorities to implement and they will have far reaching implications. Guidance and information on the reforms is developing nationally, regionally and locally. It is important that Committee Members are appraised of the significance of the reforms and the arrangements for implementation in Wirral.

1.2 The reforms present significant additional budgetary pressures for Adult Social Care and for the wider Council.

1.3 The reforms also present a more generous financial contribution to more people who need care and support and who currently pay all of, or more of, their care costs themselves.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options are considered as it is a statutory requirement to implement reforms, Council's approach is detailed in the report. The reform necessitates a review of the charging policy which is underway.

3.0 BACKGROUND INFORMATION

3.1 On 7 September 2021, the Government set out its new plan for Adult Social Care reform in England 'Build back better': our plan for health and social care (background papers). This was further detailed in the White Paper, People at the Heart of Care (background papers).

The plan sets out a range of measures, including reforming the way that adult social care is paid for and funded. There are key elements of the plan's social care proposals which include:

- a lifetime cap on the amount anyone in England will need to spend on their personal care
- a more generous means-test for Local Authority financial support
- the ability for self-funders to ask their council to arrange their care
- moving towards a fair rate of care in respect of councils' fees to providers

3.1.1 The plan announced the creation of a new Health and Social Care Levy to fund the changes. This measure provides for a 1.25 percentage point increase to National Insurance contributions for the 2022 to 2023 tax year, and revenue raised will go directly to support the NHS and Social Care.

3.1.2 The reform proposes a more generous means-test for those with eligible care and support needs for Local Authority financial support, tabled below; existing financial charging under the Care Act 2014 is linked in background papers. The proposal will result in more individuals becoming eligible for Council support to fund their care costs.

	Current Threshold	**Proposed Threshold**
Lower limit (Below which the Council will fund care costs)	£14,250	£20,000
Upper limit (above which the person is responsible for the full cost of their care)	£23,250	£100,000
Means test (where the Council will contribute funding towards care costs on a sliding scale)	£14,250 to £23,250	£20,000 to £100,000
Cap of what people will pay for their social care	£ unlimited	£86,000

This is to be implemented from October 2023 when the new lower and upper thresholds for charging will apply and when people can start metering their care costs towards the lifetime cap.

3.2 Currently, charging for care and support is arranged under the Charging and paying for adult care and support services in Wirral guidance. This means that people who have over £23,250 are responsible for the full cost of their care and support. There is no limit as to how much a person has to fund themselves for their care and support during their lifetime.

3.3 As such, individuals face the risk of unpredictable and unlimited social care costs - one in seven individuals over 65 will face care costs above £100,000 and roughly one in ten individuals will face care costs above £120,000 over their lifetime.

3.4 The primary objective of charging reforms is to provide people with financial protection from unlimited care cost and increase the protection of those with lower wealth and incomes.

3.5 In line with the intention of personalisation in the Act, as part of the person's needs assessment, local authorities must consider all of the adult's care and support needs; establish the impact of those needs on the individual's day-to day life; and decide how the person's needs will be best met, for example whether they are best met in a care home, or whether the person could benefit from community-based services. It is the provision of care to meet eligible care needs which forms the basis of the costs that count towards the cap (less daily living costs where applicable).

3.6 As set out in the Care Act, in order for costs to accrue the Local Authority must consider whether the person's eligible needs are being met in whole or in part by a carer, as defined in section 10 of the Care Act. Any eligible care needs met by a carer do not count towards the cap. A carer's assessment may need to be undertaken at the same time as the needs assessment, to ascertain the extent to which a person's eligible needs will be met by a carer.

3.7 Councils are encouraged to maximise the use of trusted assessment, online assessment processes and IT solutions to manage the impact of the changes and to support people to access the available support.

3.8 Councils are required to develop and manage care accounts to track the costs that self-funding people are paying towards their eligible care and support, and as the balance meters towards the cap and the point at which the Council will be responsible for meeting the costs of care.

3.9 Under the new arrangements, for a self-funder paying for services to meet their own eligible care and support needs, the costs that the Council will count towards the care cap are the costs that the Local Authority would pay to meet the eligible needs of the person, at the rate that the Council would pay for the services provided and less the daily living costs (where applicable). This is to ensure that the council are unduly burdened by excessive care costs from self-funding.

The following costs do not count towards the cap:

- costs of meeting eligible care and support needs incurred before October 2023, unless the person is resident in a Local Authority that participates in the trailblazer initiative
- any financial contribution from the Local Authority towards an individual's care package
- for people who receive residential care, daily living costs at the level set in regulations
- for people whose needs are being met by the Local Authority, any top-up payments the person or a third party chooses to make for a preferred choice of accommodation
- any administrative or brokerage fees that the Local Authority may charge for arranging support
- costs of meeting non-eligible needs, even where the Local Authority has chosen to meet those needs
- costs of any services that the Local Authority are providing as a means of prevention and that do not meet an eligible need

- the cost of care and support services that are provided under other pieces of legislation (for example, free care provided under section 117 of the Mental Health Act 1983) (Linked in background papers)
- services that the Local Authority does not charge for (for example, NHS funded nursing care for people in care homes, Continuing Health Care (Linked in background papers)
- interest or fees charged under a deferred payment agreement

3.10 The Local Authority must make self-funders who want to progress towards the cap aware that they can ask the Local Authority to meet their needs at any time. A Local Authority will have a duty to meet the self-funder's needs, if all of the following conditions are met:

- the person asks them to
- the Local Authority finds (through an assessment) that the person has eligible care and support needs (defined as such under the Act)
- the person is not, and has not been, in residential care in the 6 months preceding October 2023 (unless this residential care was paid for by the NHS, or purchased by the individual on a temporary basis, for example respite care)

3.11 The Local Authority should ensure that the person understands from the outset that their independent assessment of the cost of their care must reflect, and will only reflect, what the cost would be to the Local Authority of meeting their eligible care and support needs as defined in the Act, which may be different to the rate the person has been quoted, is paying, or is expecting to pay. In particular, the Local Authority should communicate clearly to the person that the monetary values contained in an independent assessment of the cost of their care is reflective of what the Local Authority (and not the person, or their current provider) deems to be sufficient for meeting a person's needs, following the needs assessment and eligibility determination.

3.12 Currently in Wirral 1738 people live in care homes funded by the Council. Work is underway to identify the likely number of additional people who will come forward for assessment, but it is estimated that there are a further 950 people who are self-funding their own care in care homes who will come forward for assessment and to create a care account to meter their care costs towards the cap.

3.13 Currently in Wirral 1122 people are in receipt of chargeable care services in their own homes which are funded by the Council. Work is also underway to identify the likely number of additional people who will come forward for assessment, but it is estimated that there are a further 900 people who are self-funding their own care in their own homes who will come forward for assessment and to create a care account to meter their care costs towards the cap. These figures are subject to change with further modelling taking place and more detail is provided in appendix 4.

4.0 FINANCIAL IMPLICATIONS

4.1 It is accepted that there will be an additional financial burden both in administrative and professional staffing resource in conjunction with the additional costs to the Council, due to the care cap and the changes in the lower and upper thresholds, leading to a more generous contribution to care costs by the Council. It is also important to note that institutes such as Newton Europe have estimated significantly

larger cost burdens to Councils than the Department of Health and Social Care (DHSC) have for the implementation of the reforms. However, DHSC have communicated that they will keep this under review.

4.2 DHSC are making an additional £5.4bn nationally available in the first 3 years to implement and fund the charging reforms (background papers).

4.3 DHSC has estimated the national financial implications of the charging reform, along with the fair cost of care, will be £19bn over a 10-year period from implementation. Analysis by Newton Europe suggests the impact could be nearer to £29bn - £32bn for the same period (background papers). Newton Europe estimate the impact for Wirral over this same period to be between £248m - £269m, of which £107m - £128m relates directly to the charging reform.

4.4 At this time it is estimated that there is a potential need for approximately an additional £1m (recurrent) for additional staffing to support functions such as Care Act assessments and financial assessments. Wirral Adult Care and Health have undertaken preliminary calculations based on the reports available and the suggested increases to the workforce which validates this estimate. This is planned to be mitigated, in part, by increased online functionality such as, IT system provider solutions, metered care accounts, online financial assessments and online care assessments once these are developed (Appendix 1).

4.5 The calculations for Wirral provided by Newton Europe have identified the potential impact due to lost income relating to the means test and cap on care could be between £1.7m - £2.2m in the first year commencing October 2023. This is expected to increase to a yearly impact of £21.5m - £25.6m by year 10. Wirral Adult Care and health are currently working to validate these expected costs by learning from the experiences of the trailblazers, particularly Cheshire East.

4.6 Wirral Adult Care and Health are currently gathering information from market care providers on self-funders to inform the true financial impact of the reforms.

4.7 The Council's Personal Finance Unit, who administer the Council's financial assessment, charging and invoicing for care services, are working with Adult Care and Health to model and validate the anticipated impact and also to implement the necessary arrangements for the reforms.

5.0 LEGAL IMPLICATIONS

5.1 If Wirral does not implement the charging reforms it will be in breach of its statutory duties under the Care Act 2014. The Care Act 2014 and Health and Care Act 2022 provide the legal framework for the proposed changes.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Newton Europe estimate that to implement the charging reforms under the current system it will require up to 6000 more Social Workers for England. This can be mitigated through a number of means, such as trusted assessments and online access and functionality. It is also widely recognised nationally that there is a lack of available workforce for the social care sector and a risk that the staff required will not be available.

6.2 ICT and asset implications are being considered and IT service provider development work is under way with our system partners to review and plan for the increased need and functionality regarding online assessment and the creation of online care accounts.

6.3 Programme Management Office support to create a robust project management structure around the reforms implementation has been requested.

6.4 Consideration is being given as to the need for external specialist support for the implementation of the reforms.

7.0 RELEVANT RISKS

7.1 The potential financial and staffing risks cannot be overstated at this point. The social care charging reforms require support across all levels of the directorate and wider Council. It is also important to note that the recruitment and retention of the Adult Social Care workforce remains a challenge, as it does across the region and nation.

8.0 ENGAGEMENT/CONSULTATION

8.1 Government have consulted on the Charging Reforms, and it is expected that publications and communication materials will be coordinated on a national level. This will inform the Wirral communications plan that will also be required, and which will form part of the project planning.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment (EIA) has been completed and is located: - https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There will be no environment or climate implications as a result of this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Community Care market is a significant employer of staff in Wirral, employing approximately 6000 staff across all social care sectors. This proposal will result in more individuals becoming eligible for council support to fund their care costs, which may bring more job opportunities for people in the community.

11.2 This will support vulnerable people in receiving affordable care at the right time, enabling independence for individuals to live fulfilling lives to the best of their abilities.

REPORT AUTHOR: Jason Oxley
Assistant Director of Care and Health, and Commissioning for People
telephone: 0151 666 3624
email: jasonoxley@wirral.gov.uk

APPENDICES

Appendix 1 Systems Update/Timeline on progress to implementing the Social Charging Reforms

Appendix 2 Short, medium and long-term plan for implementation

Appendix 3 Presentation for Adult Social Care Charging Reforms

Appendix 4 Charge Reform Modelling

BACKGROUND PAPERS

Preparing for reform: understanding the impact of adult social care charging reform and planning for successful implementation

Department of Health and Social Care – National costs for charging reform and estimating demand at a local level

Care Act Statutory Guidance on Financial Charging and Assessment:
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter8

Build Back Better - Our Plan for Growth
https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth

People at the Heart of Care White Paper
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

Care Act: Charging and Financial Assessment Factsheet
https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-5-charging-and-financial-assessments

S.117 Mental Health Act 1983 (as amended 2007)
https://www.legislation.gov.uk/ukpga/1983/20/section/117

Continuing Health Care (CHC) under the NHS.

https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	24 October 2022

Systems Update/Timeline on progress to implementing the Social Charging Reforms:

Liquidlogic is the Adult Social Care IT Case Record system. It is the case management system where Social Care staff record assessments, support plans and professional interventions with people supported by the Council's Adult Social Care and Health directorate. Controcc is the financial IT system that links to Liquidlogic and which supports care provider payments for services provided.

Autumn 2022

- Upgrade Liquidlogic test system to v11 and upgrade ContrOCC Financial System to v13.600
    - Complete user acceptance testing for both applications
- Portals may require upgrades to ensure in line with system releases
    - Queried with Liquidlogic (also effects Childrens Liquidlogic)
- Care Cap functionality not fully released in these versions therefore, no new/additional functionality released for Charging reform but required to have systems as up to date as possible prior to v12/v14 for charging reform functionality implementation
- Continue to attend system supplier webinars when scheduled to understand system changes
- Discussions to take place with relevant people to start planning for how pathways/processes may want to be implemented to support with charging reform with existing functionality in the systems
    - A lot of the charging reform functionality in v12/13.600 is around supporting workers to 'auto' process information reducing system inputting burdens on staff
    - Additional information to be captured – consider how to do in line with existing processes
    - Review self-assessment forms and add in the
    - Reviewing of ContrOCC functionality – additional functionality required to start the metering towards care cap
    - Understanding how to 'split' costings of services e.g. Care Home cost of £600 per week – how much is accommodation costs and how much is care costs
    - Capturing self-funders – how is this going to be done (via online form)
- Plan for dates to upgrade live systems

January 2023

- Upgrade live Liquidlogic and ContrOCC to v11 and v13.600
- Possible upgrade to portals
- Continue with discussions around pathways/processes

Spring 2023

- Upgrade Liquidlogic and ContrOCC test systems to v12/v14
    - This will include any charging reform functionality which is at no additional cost
    - Review whether want the additional functionality which is chargeable
- Portals may require upgrading also
    - To query with Liquidlogic (also effects Childrens Liquidlogic)

• Complete user acceptance testing
Spring cont./Summer 2023
• Review pathways/processes and build/configure these in test system ready for roll out in live systems • Upgrade live systems as soon as possible after user acceptance testing to include new functionality • Training sessions to be planned with teams on ContrOCC (as may need to start using ContrOCC web) • Start collating self-funder details/capturing those coming through front door pathways to 'start' their care accounts • Training sessions for staff on any new processes/pathways for care account recording in the system
September 2023
• All pathways/processes implemented in the system and ready to go live October 2023

The short, medium and long term plan for implementation is:

Short Term (ASAP)
• Workforce / Recruitment Strategy to build resilience • Develop a Tailor Approach to Assessments and Case Management (The role of digital, Trusted assessment, the use of qualified and unqualified staff) • IT/System Strategy (Managing Personal Care Accounts, Metered Care Account and increased use online financial and care self assessment) (See Appendix 1) • Increase development of council financial systems to ensure that charging administration functions can manage the additional demand on the service. • Design and Deliver a comprehensive communications plan for Residents • Factor in expected pressure into budget planning processes for 2023/24
Medium Term (Oct 2023)
• Engage system partners through ICS's to build awareness of the risks and support for implementation • Promoting independence: Maximise throughput and effectiveness through the 3 conversations model, strengths based decision making and reablement • Identify and deliver on further opportunities to improve workforce productivity • Establish tracking to monitor actual changes in demand and cost • Adult social care to develop its position on a proportional approach to validation of Care Act Eligibility Status. • To inform, through improved data collection following implementation, longer term budget planning.
Long Term
• Long Term Prevention strategy using increased data and information of population and need • Continuing to Develop New Models of support with providers, such as trusted assessment and outcomes based commissioning.

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ADULT SOCIAL CARE REFORMS

Jason Oxley / Assistant Director
Care and Health, and Commissioning for People

WIRRAL

Areas to Cover

- Adult Social Care Reform Headlines
- Charging Reforms
- Fair Cost of Care
- Considerations / Risks
- Questions?

Headlines

- On 7th September, Government set out its new plan for Adult Social Care reform in England ‘Build back better: our plan for health and social care. This was further detailed in the White Paper, People at the Heart of Care.
- Plan sets out a range of measures, including reforming the way adult social care is paid for and funded.
- The key elements of the plan’s social care proposals included:
  - a lifetime cap on the amount anyone in England will need to spend on their personal care
  - a more generous means-test for local authority financial support.
  - the ability for self-funders to ask their council to arrange their care
  - moving towards a fair rate of care in respect of councils’ fees to providers.
- The plan announced the creation of a new Health and Social Care Levy to fund the changes.

Charging Reforms

Paying for Care – Current Position

- Only individuals with savings and assets worth less than £23,250 qualify for financial support for social care costs from their local authority.
- Those with savings and assets worth more than £23,250 are expected to pay for care costs over their lifetime in full with no overall limit on costs
- As such, individuals face the risk of unpredictable and unlimited social care costs - one in seven individuals over 65 will face care costs above £100,000 and roughly one in ten individuals will face care costs above £120,000 over their lifetime.
- Primary objective of charging reforms is to provide people with financial protection from unlimited care cost and increase the protection of those with lower wealth and incomes

Cap on personal care costs

- A **£86,000 cap** is proposed on the amount that anybody would have to pay towards the cost of their eligible personal care
- Subject to parliamentary approval, **only the contributions made by individuals** will count towards the cap.
- Self-funders who do not have their care commissioned by the LA on their behalf, will progress towards cap at rate of what it **would cost the local authority** if it was meeting their eligible needs. This will be set out in an **Independent Personal Budget (IPB)**.
- Self-funders will be able to ask their local authority to meet their eligible needs by arranging their care.
- A person's progress towards the cap will be recorded in a **Care Account** which will need to be set up and administered by the LA.
- When a person reaches the cap, the LA becomes responsible for meeting the person's eligible care and support needs and for paying the cost of the care needed to meet those needs.
- Implemented wef **October 2023** (early assessments to be available wef **April 2023**)

Extended Means Test

- The reform propose a more generous means-test for those with eligible care and support needs to be eligible for local authority financial support.

	Current	Proposed
Lower limit	£14,250	£20,000
Upper limit	£23,250	£100,000
Means test	£14,250 to £23,250	£20,000 to £100,000

- Proposal will results in more individuals becoming eligible for council support to fund their care costs.
- To be implemented from October 2023

Key areas of focus

Government's Local Authority 'Operational guidance around supporting local preparation' sets out 5 key areas of focus:

1. **Identify additional demand** – identification of and modelling around self-funders is a significant and immediate piece of work
2. **Raising awareness and communications** within the service user community, self-funders and providers
3. **Early assessment of service users** - preparation for April 2023
4. **Identifying Capacity requirements** – impact on existing resources, processes etc to implement these reforms & identifying additional long term capacity requirements.
5. **System requirements** – identifying changes required and working with suppliers

There will also need to be a strong focus on the proposed financial impact and financial modelling of each of these areas of focus both in terms of any one off implementation costs but also ongoing additional costs / loss of income.

Cost of Care

Fair Cost of Care

Further grant funding in 2023-25 will be provided, conditional on evidencing the following – for submission to DHSC by **14 October 2022**:

- **cost of care** exercises for **65+ care homes and 18+ domiciliary care**
    - engagement between LAs, commissioners and providers to arrive at a shared understanding of the cost of care – "Fair" is the median actual operating costs and must include and evidence values for return on capital and operations, and travel time for dom care.
    - Report to be produced setting out how the cost of care exercises were carried out incl; provider engagement; the lower quartile, median and upper quartile for costs collected; how the resulting cost of care for the local area has been determined, including the approach taken for return on capital and return on operations.
- a **provisional market sustainability plan -** a final plan will be submitted in **February 2023**
    - Plan will **assess the impact current fee rates are having on the market and the potential future risks**, particularly in the context of adult social care reform
    - It will **outline mitigating actions, including the pace at which the local authority intends to move towards the fair cost of care (where it is not being paid already)** between 2022 to 2025, in order to ensure improved market sustainability.
- a **spend repor**t detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose

Considerations / Risks

Cost vs Funding

- From 2022 to 2025, Government will provide £5.4 billion to local authorities to fund the overall social care reforms included in the White Paper, funded from the Health and Social Care levy
- A report from the County Councils Network (CCN) estimates reforms will cost authorities between **£29bn-£32bn over a 10yr period**, compared to governments **£20bn** estimate. Potential shortfall for North West England is £1.3bn per report

Resourcing

- Reforms will result in many more people being eligible for some means-tested Local Authority support - resulting in additional social work capacity and financial assessment capacity requirements - current workforce capacity issues mean meeting existing demand is a challenge
- CCN report suggests approximately **200,000 more assessments** per annum will need to be conducted requiring **4,300 additional social work** staff (a 39% increase in posts currently filled) and an **additional 700 financial assessors** (a 25% increase in posts currently filled) if no changes to existing ways of working are made.

Timescales and Implementation

- Extremely challenging timescales for implementation with detail still outstanding
- Significant resource required for initial implementation of the reforms e.g. changes to charging policies, system changes – care account , new processes and procedures, communications, provider and service user engagement

Financial impact for Wirral 2023-24

- **Charging Reform: £1.7m - £2.2m**
- The cost impact for Wirral is estimated between £1.7m - £2.2m for the financial year 2023-24 with implementation from October 2023. This increases to between £5.3m - £6.9m in the second year reflecting full year impact of the new reforms.
- **Operational Spend: £1m**

  A requirement of 17 additional Social Workers is estimated to meet the reform demand and 4 Financial Assessment staff.
- **Cost of Care: £17.9m**
- LaingBuisson published a report for the County Councils network in March 2022 estimating the impact of the implementation of a fair cost of care for residential services in the over 65 care population. The outcome of the local Market Sustainability exercise will provide further insight into this cost along with the anticipated impact on the domiciliary care market.

Questions?

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Modelling for potential number of self funding individuals currently placed with Wirral Residential and Nursing Homes

This modelling is based off the total capacity of residential and nursing homes on the Wirral minus the vacancies currently available (Table 1). This was then set against the number of placements current partially or fully funded by Wirral Council (Table 2).

We are still working on data for respite support within our community support functions and to review and remove from the data individuals placed within Wirral from other local authorities or NHS Trusts.

Table 1:

Information taken from NHS Capacity Tracker (Information correct as of 14th September 2022)

Vacancy Type	Total Capacity	Vacancies Admittable	% of Bed Vacancies
General Residential	860	100	11.63%
Dementia Residential	660	49	7.42%
LD Residential	240	16	6.67%
MH Residential	147	4	2.72%
Total Residential	**1907**	**169**	**8.86%**
General Nursing	834	137	16.43%
Dementia Nursing	454	69	15.20%
LD Nursing	16	2	14.29%
MH Nursing	28	4	14.50%
Total Nursing	**1332**	**210**	**15.76%**

Total Residential placements on Wirral at this time is 1738 (Total Capacity – Vacancies Admittable)

Total Nursing placements on Wirral at this time is 1122 (Total Capacity – Vacancies Admittable)

Table 2:

Information taken business intelligence team (Information correct as of 9th September 2022)

Residential & Nursing	Fully LA Funded	Part LA Funded	Grand Total
Nursing Care - EMI - Long Term	2	163	165
Nursing Care - EMI - Short Term	1	13	14
Nursing Care - EMI - Short Term (Non-Chargeable)		19	19

Nursing Care - Long Term		11	233	244
Nursing Care - Short Term	2		26	28
Nursing Care - Short Term (Non-Chargeable)			48	48
Residential - EMI - Long Term	12		270	282
Residential - EMI - Short Term		2	32	34
Residential - EMI - Short Term (Non-Chargeable)			21	21
Residential - Long Term		14	559	573

Total Number of Nursing Placements Part/Fully Funded by LA (removing respite) = 494

Total Number of Residential Placements Part/Fully Funded by LA (removing respite) = 910

Going from the figures above there are 1738 total residential placements and 910 of those placements are either part funded or fully funded by the local authority.

This means that are 828 residential placements that could be potentially self funded.

Regarding Nursing Placements there are 1122 total nursing placements and 494 of those are either part funded or fully funded by the local authority.

This means there are potentially 628 self funding nursing placements at this time.

This leaves a total of potentially 1456 self funding individuals on the Wirral

Conclusion:

According to estimates based on recent data collected for market sustainability there are 259 CHC funded placements with reduces this further to 1197 potential self funding individuals on the Wirral in residential and nursing care at this time.

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10th November 2022

REPORT TITLE:	**TRANSFORMING CARE FOR PEOPLE WHO HAVE A LEARNING DISABILITY AND OR AUTISM - UPDATE REPORT**
REPORT OF:	**ASSOCIATE DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS** **DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

The Transforming Care Programme (TCP) is a national programme led by NHS England which is all about improving health and care services so that more people with learning disabilities and/or autism can live in the community, with the right support, close to home and have the same opportunities as anyone else.

The Transforming Care Programme for people with a Learning Disability (LD) and or Autism continues to deliver for the people on Wirral.

This is the quarterly update report for this workstream.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the report update.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Wirral Place Based Partnership Board is asked to note: -

- the detail within this report, the continued progress regarding the Transforming Care Programme within Wirral place
- the Programme key priority areas:
    - the continued reduction of people both Adults and Children and Young People (CYP) in inpatient beds
        - although there has been a slight increase in adult admissions, mainly due to the aftereffects of lockdown and packages of care breaking down
    - ensuring that there is a community infrastructure to support people living in the community and not being admitted to a hospital bed because there is no alternative
    - close monitoring of delayed transfers of care, both locally and to NHS England
    - utilisation of the Community Discharge Grant (CDG), led and managed by Wirral Local Authority.
    - Improving the uptake and quality of Annual Health Checks (AHCs), continuing to work closely with primary care and NHS England, heavy focus now on people who have not had an AHC at all, coupled with trying to increase our screening rates for example, bowel and breast, which still remains well below the national average
    - Development of a post diagnostic children and young people (CYP) autism service
    - Continued exploration of an all-age autism post diagnostic service.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options considered as is a nationally prescribed programme with agreed objectives.

3.0 BACKGROUND INFORMATION

3.1 During the past quarter we have achieved the following: -

- Number of inpatients for adults – 4, current target for 21/22 is 2, however 3 of these patients have discharge destinations planned
    - 2 patients are subject to Deprivation of Liberty Safeguards (DoLS) on Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Assessment and Treatment Unit's. Discharge is planned for 1 patient October/November 2022. The other remains without a discharge

destination at this point. There is a multiagency approach to working on identifying an appropriate placement.

- Another patient is currently detained under section 3 of the Mental Health Act on a Mental Health Rehabilitation Unit. This person is ready for discharge and a new provision has been identified, the assessment and transition planning process is ongoing as the service is not due to open until the new year. There is parallel planning on going to explore alternative options also.
- The fourth patient is currently detained on a Section 3 of the Mental Health Act at an independent hospital in North Wales. Assessment and treatment of his mental health is ongoing, and the patient is not ready for discharge yet, however, an appropriate placement has been identified and the process will continue when the patient is well enough.
- Number of inpatients for Children and Young People (CYP) – 1
    - One young person (admitted November 2020) remains in in active treatment for eating disorder. They are currently residing at a specialist placement. Work continues to prepare for discharge into the community with the necessary and appropriate levels of support.
    - There is no local target for this cohort
- Number of Care Treatment Reviews (CTRs) – 1
- Number of Care Education Treatment Reviews (CETRs) – 0 due to organisational change and capacity within NHS England these have not taken place. TCP are aware and addressing this gap
- Number of CTRs and CETRs that have prevented an admission – 2

3.2 Continued low numbers of CTRs & CETRs suggests people are being managed effectively in the community, for example by utilising admission avoidance processes and by the intensive support functions of the Community Learning Disability Teams for both adults and children. Admission Avoidance meetings are held when a person is experiencing a period destabilisation/crisis, these enhanced Multi-Disciplinary Team (MDT) meetings are effective in avoiding inappropriate hospital admissions

3.3 Number of Out of Area (OOA) (health) *wishing to and or can return to Wirral* – 6 – no change

- 1 fully health funded patient placed in Cheshire, not currently ready to return to Wirral.
- 2 patients jointly funded out of area in specialist Prada Willi provision, this is not available locally.
- 3 further patients jointly funded who do not wish to return.

We continue to monitor this and ensure that people who can and express a wish to come back to the Wirral are supported in doing so.

3.3.1 OOA (Local Authority) - LA oversee OOA placements with their operational team providing oversight and review and continue to identify and to explore options where a person wishes to return to Wirral.

3.4 Community Discharge fund – This is managed and administered by Wirral LA. All applications are authorised by the TCP Programme Director. Over the last 2 years there has been just over £1m allocated across Cheshire and Mersey to support discharges from hospital to the community. To date Wirral has accessed £47,000 for one patient.

3.5 Annual Health Checks (AHCs), national target for this year – 70%, currently we are working with Primary Care Networks (PCNs) to achieve this, for the year to date, 21.92% have been completed. Please note this is not a rolling 12 month. The rolling 12-month position i. e. the % of health checks done in the last 12 months, is 66.81%, last year we achieved 69.5% as the final figure. A second quality audit is underway along with the cleansing of the GP LD registers.

3.6 Wirral currently is over its current trajectory of 2 for its adult population, but with plans for discharge in place for 3 of our patients of our patients, and children (no local target) has only 1 inpatient. We continue to act proactively as a system via our weekly call with a variety of stakeholders to help discuss potential admissions and facilitate timely discharges, along with the work of the intensive support functions (ISF) of the adult community learning disability teams and CYP ISF. This is aligned with the mental health gateway meeting.

3.7 We continue to work with Local Authority colleagues in key areas of service development, including supporting potential placement providers and aligned work programmes for service provision. The wider programme of work continues to develop and deliver community services for young people, including specialised post diagnostic autism service and the community infrastructure work to prevent inappropriate admissions to hospital. These areas of work remain a key focus of the CYP programme. Regarding the therapeutic short breaks provision, we are awaiting the completion of the house purchase, whilst continuing to work on service model, pathway, and outcome measures.

3.8 Our enhanced short break offer (entitled the HAZE project) continues and has been extended. The programme provides a range of activities and support in the school holidays for young people with LD and/or autism and their families. It continues following the evaluation of positive outcomes for young people. This programme is being delivered by Open Door (mental health charity). Links have been made by Open Door to other charities, such as Liverpool FC Foundation, to pilot other innovative projects and support for young people in a variety of areas and issues.

3.9 The NHS Long Term Plan identified key workers for young people with LD and/or autism and with complex needs as a key objective to be achieved by 2023. Wirral have now recruited to the key worker team, with the key worker lead commencing in post at the start of September, with the remainder of the team in place as of 12 September. The team are currently undertaking their induction with colleagues across the system and developing processes and procedures to support their work with families and young people with LD and/or autism. The team are located within the Local Authority and will continue to be support by the Key Worker Task and Finish Group which has representation from the Local Authority, Health, a Young Person's Representative, and a Parent/Carer. Regular reports (quarterly) have been

produced and will continue to be provided to NHS England as part of our status as an Early Adopter Site.

3.10 It remains a difficult time for people with Learning Disabilities and or Autism but despite the challenges, we continue to deliver and sustain a variety of support and services through organisations such as, third sector, and Local Authority. The year ahead will present its own challenges, but we will continue to use these to develop even more community focused support services as part of our redesign programme and where possible to meet individual needs. Regionally and nationally there remains a recognition that inpatient numbers will rise because of the pandemic.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications related to this update report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications related to this update report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications related to this update report.

7.0 RELEVANT RISKS

7.1 The following areas and programmes have a risk management process in place which identifies appropriate mitigation and controls:

- Therapeutic Short Breaks Provision (CYP). The Children Services (Wirral Council) hold and maintain the risk register for this project, with the appropriate governance structures to provide assurances (via Accommodation Board through and Senior Leadership Team). The risks identified range from property acquisition and refurbishment to service specification/model and registration. There are monthly project meetings for both aspects where risks are monitored and actions to mitigate taken.
- Inappropriate hospital admissions (CYP and adult). The report notes the risk of an increased in hospital admission, arising from factors associated with the pandemic. We have processes and systems established which aim to reduce this occurrence and to support people in their communities. This includes weekly adult and CYP calls with key partners and practitioners to identify where more input and support is required to avoid inappropriate hospital admission.

8.0 ENGAGEMENT/CONSULTATION

8.1 There is no current engagement/consultation in relation to this update report.

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. There is no applicable EIA in relation to this update report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of greenhouse gases.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Local employment via community, third sector and Local Authority in the provision of local support services and key worker teams. Community development via local service support redesign focused upon individuals' needs.

REPORT AUTHOR: **Norma Currie**
Head of Commissioning for Learning Disabilities and Autism, Wirral Place
telephone: 0151 651 0011 (ext. 401104)
email: cmicb-wi.intouch@nhs.net

APPENDICES
N/A

BACKGROUND PAPERS
"Building the right support" – a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – **NHS England, Local Government Association, ADASS (Association of Directors of Adult Social Services)**

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10th November 2022

REPORT TITLE:	**WIRRAL HEALTH AND CARE WINTER PLAN 2022/23**
REPORT OF:	**ASSOCIATE DIRECTOR OF TRANSFORMATION AND PARTNERSHIPS (WIRRAL)** **- NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD (ICB)**

REPORT SUMMARY

This report provides a summary of Wirral's Health and Care System's preparations for Winter 2022/23.

Wirral like other places across Cheshire and Merseyside is facing ongoing significant challenges within Urgent and Emergency and Care (UEC) pathways. These pathways include waiting times for Ambulances, within the Emergency Department, hospital bed occupancy levels and timely discharge pathways returning people home. In addition, it is acknowledged that this winter may be more challenging than most in respect of the cost of living crises.

In response, Wirral's plan includes initiatives within hospital such as new Virtual Wards to support people with Frailty and Respiratory conditions. Out of hospital investment is being made into securing more GP appointments, community beds and domiciliary care capacity. Joint work between the NHS and Wirral Borough Council is underway to support people affected by the cost of living crises such as introducing Warm Hub locations.

The plan has been developed across Health and Care Partners within Wirral such as the local hospital, community trust, primary care, social care and voluntary sectors.

Wirral's plan is still to be submitted for evaluation to NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS England.

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note the preparations being made by Wirral's Health and Care System partners for Winter 2022/23.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Winter Planning is an annual process that is required to be undertaken to ensure health and care systems can respond to higher population needs over the winter season. This report outlines the initiatives that are being undertaken and how they benefit the people of Wirral. Wirral's Winter Plan is still subject to external review by Cheshire and Merseyside ICB and NHS England.

2.0 OTHER OPTIONS CONSIDERED

2.1 Winter Planning is a mandatory requirement for all health care systems across Cheshire and Merseyside ICB. Individual investment business cases within our Winter Plan are subject to separate approval and include full options appraisals.

3.0 BACKGROUND INFORMATION

3.1 Wirral like other national and regional systems across Cheshire and Merseyside is facing ongoing significant challenges across Urgent and Emergency and Care (UEC) pathways. These include waiting times for Ambulances, in the Emergency Department, hospital bed occupancy levels (%) and timely discharge pathways returning people home. In addition, it is acknowledged that this winter will be more challenging than most in respect of the cost of living crises.

3.2 Our plans focus on supporting flow across our Urgent Emergency Care system in pathways such as:

Access to GP appointments
Community Ambulance waiting times and 'Turnaround' times at hospital
Emergency Department waiting times
Hospital inpatient bed occupancy
Timely discharge of patients to their own home and/or community care
Capacity in the community for packages of care and community beds supporting reablement

3.3 The table below summarises Wirral's key winter initiatives and how they aim to support our Urgent and Emergency Care (UEC) system. All the services referenced either didn't exist or have had their capacity significantly expanded compared to last winter.

Initiative Name	Description
Frailty and Respiratory Virtual Wards	New wards in the community/peoples own homes where patients receive care that would otherwise have been undertaken in a hospital inpatient bed.
Hospital Inpatient Escalation Beds	Additional inpatient beds at Arrow Park hospital to support reducing overall occupancy levels.
HomeFirst Service	A new service offering reablement to people who are leaving hospital aiming to reduce their long-term care needs.
Care Market Sufficiency	Investment in the domiciliary care market to support workforce recruitment and retention.
Community Residential Care Beds	Beds are being commissioned to support caring for people who would otherwise be waiting in hospital for a care package to be offered.
Urgent Crises Response (UCR) Service	Providing rapid 2-hour care assessment and treatment for in the community for people at risk of hospital admission.
Frailty @ Front Door	A service that supports (in Emergency Department or Acute Assessment Areas) people with frailty return home or would have otherwise been admitted to hospital.
Respiratory @ Front Door Service	A service that supports (in Emergency Department or Acute Assessment Areas) people with Respiratory conditions return home or would have otherwise been admitted to hospital.
GP Access	New appointments mostly in the evenings and weekends to support improving access to GP services.
Anticipatory Care	General Practice and Community Services working together to identify patients at risk of hospitalisation and putting in place care plans to minimise their risk.
New Wirral Health Protection Service	A local Health Protection Service has been developed to provide Health Protection functions to support, advise and guide Wirral settings and protect the health of Wirral Communities.
Mental Health	A series of investments are being made to support; 1. People waiting for assessment in the Emergency Department at Arrowe Park Hospital. 2. Additional Mental Health bed assessment capacity 3. Community care and treatment options including the new Crises Café in Wirral 4. New Community Crises service capacity
Third Sector Hospital Discharge Support	Both Healthwatch and AGE UK support patients being discharged from hospital via follow up calls, transport home and settling in at home services.
End of Life Care Hospital Discharge Support	Wirral Hospice St Johns are offering additional personal care for individuals identified in their last 4 weeks of life return home from hospital.
Health and Well Being Grants	Grant funding to support individuals, carers or families purchase equipment to support them return home from hospital.
Discharge to Assess Beds	New additional community beds to support patients receiving assessments or rehabilitation in the community before returning home usually after being in hospital.

4.0 FINANCIAL IMPLICATIONS

4.1 The financial investment for Wirral's Winter Plan will include new monies recently announced by the Secretary of State for Health with the exact amount to be confirmed. The Health and Care System is still finalising the overall costs associated with individual schemes that are subject to local/regional approval and workforce recruitment.

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 A number of Winter initiatives within Wirral's Winter Plan require additional staff for which recruitment is currently underway for.

7.0 RELEVANT RISKS

7.1 The Wirral's system will have up to daily Chief Operating Officer (COO) escalation meetings to manage the Urgent and Emergency Care system over Winter 22/23. These are supported by performance dashboards which provide up to daily service operational information against set 'trigger' thresholds.

8.0 ENGAGEMENT/CONSULTATION

8.1 Wirral's Winter Plan has been developed across the local health and care system organisations such as:

Wirral University Hospital NHS Foundation Trust
Wirral Community NHS Foundation Trust
Wirral General Practices
Wirral Borough Council
Cheshire and Wirral NHS Partnership Trust
North West Ambulance Service
Healthwatch
AGE UK
Wirral St Johns Hospice

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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 Winter Planning process referred to in this report will take account of this in their work.

REPORT AUTHOR: **Martyn Kent**
Assistant Director Planned and Urgent Care Transformation – (Wirral) Cheshire and Merseyside ICB
telephone: 07557 256689
email: martyn.kent3@nhs.net

APPENDICES

Appendix 1 - NHS England 2022/23 priorities and operational planning guidance
Appendix 2 - NHS England next steps in increasing capacity and operational resilience in urgent and emergency care ahead of Winter Publication reference: PR1929

BACKGROUND PAPERS

NHS England 2022/23 priorities and operational planning guidance
NHS England next steps in increasing capacity and operational resilience in urgent and emergency care ahead of Winter Publication reference: PR1929

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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To:
- Integrated Care Board Chief Executives and Chairs
- NHS Foundation Trust and NHS Trust:
  - Chief Executives
  - Chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

12 August 2022

cc.
- Regional Directors

Dear colleagues

Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter

This week the NHS reached its first key ambition on recovering services, focusing on patients who had been waiting more than 104 weeks. We delivered this important milestone despite having to contend with further waves of COVID-19, including more than a quarter of our COVID-19 inpatients occurring since publishing the Elective Recovery Plan, an unprecedented heatwave, and other significant pressures. It shows once again that when we prioritise, invest, and innovate, the NHS can, acting as a national service, deliver for patients.

Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, all alongside another wave of COVID-19. Thanks to the professionalism and commitment of those staff, the NHS continues to provide care to over 100,000 urgent and emergency care patients each week. Despite their best efforts, these pressures have meant that there have been too many occasions when staff have not been able to provide timely access for our patients in the way they would have wanted.

Our immediate response has been to focus on ambulance performance, and the linked issue of speeding up discharge. We have provided extra funding to ambulance services, offered intensive support to those trusts most challenged by ambulance delays, and rolled out virtual wards across the country, enabling patients who would otherwise be in hospital to receive support at home.

And we have begun planning for the coming winter earlier than usual, recognising pressure on the NHS is likely to be substantial, particularly in UEC, making the most of the opportunity created by the formation of ICBs to maximise the benefits of system working.

In addition to maintaining progress on 2022/23 operational priorities and building on the significant successes in delivering our Elective Recovery plan, with a strong focus on 62 day cancer backlogs and elective long waits, today we are setting out the next steps in our plans to rapidly increase capacity and resilience ahead of winter, building on the operational plans we have worked on together.

Core objectives and key actions for operational resilience

Our collective core objectives and actions are to:

1) **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
2) **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3) **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4) **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5) **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6) **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
7) **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100 day challenge’.
8) **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

This letter and the appendix sets out the important actions, developed in partnership with you, to help deliver these core objectives, as well as how NHS England will support you. Taking these actions should help manage pressure across the pathway, supporting improved flow for patients in emergency departments.

Clearly, expanding capacity is dependent on both sufficient workforce and workforce wellbeing. This is why it is important that the plans have been built from the bottom up, with ICBs responsible for developing plans that are based on realistic assumptions, including how many staff can be recruited and at what speed. We will fully fund the recent pay award nationally, avoiding the need to cut frontline services for winter.

Similarly, ICBs have been clear with us that much of the pressure on urgent and emergency care is driven by the current, significant, growing strain in social care. Too many patients are spending longer in hospital than they need to, creating pressure along the entire pathway. We will continue to work with the Government, and national local government partners, to help, as far as possible, address these issues. At a local level, the creation of ICSs offers an opportunity for all partners in a local system to work together to deliver local solutions. This includes making best use of the Better Care Fund, building on the work you are doing locally to map local demand and capacity.

Performance and accountability: A new approach to working together

This plan is underpinned by a new approach to how organisations in the NHS work together – the Health and Care Act 2022 has enshrined Integrated Care Systems in law. Although this winter presents significant challenges, it is an opportunity to show how these new ways of working can make a real difference to patients and join up the entire urgent and emergency care pathway in ways we've been unable to do before. The plan empowers system leaders to do this in a number of critical areas, and where you can go further, please do so.

System working also means a new approach to accountability. ICBs are accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve. ICBs are responsible for initial problem solving and intervention should providers fail, or be unable, to deliver their agreed role. Intervention support can be provided from NHS England regional teams as required, drawing on the expertise of our national level urgent and emergency care team as needed.

That line of accountability does mean that we will want to continue to work with you to stress test your plans and to 'check and challenge' progress in delivering them. We will expect that you work with us to report on local performance and collaboratively, but quickly, tackle problems where they occur.

On performance metrics, the overall objective remains the provision of safe and effective care. Until the adoption of the Clinically-led Review of Standards is agreed with the Government, current standards remain for emergency department performance and flow. Likewise, objectives set out in Planning Guidance, which includes reducing 12 hour waits and increased clinical input in 111, remain. These should continue to be used to understand flow through your emergency departments.

Working with ICBs we have identified the following six specific metrics, key to the provision of safe and effective urgent and emergency care, that NHS England and ICBs will use to monitor performance in each system through the Board Assurance Framework:

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

We will work with you through the Assurance Framework to develop local performance trajectories to sit alongside these measures.

The work on elective care and the 100 day discharge challenge demonstrates the value of using an improvement approach based on data, easy to access best practice guidance, as well as senior clinical and executive peer review in spreading solutions focused on those facing the greatest challenges. We will launch new improvement offers to support ambulance handover and response times in the coming weeks.

To support ICBs, we will provide you with a Board Assurance Framework to monitor progress monthly against the combined System Capacity Plans, Actions and Good Practice basics and improvement priorities developed with colleagues over time. This is aimed at supporting and ensuring trusts continue to implement best practice. Each BAF will be unique to each ICS to reflect the specific capacity gaps that you have identified.

While these plans represent substantial work to increase capacity and improve operational resilience, clearly epidemiological modelling suggests reasonable worst-case scenarios for Covid-19 which would require a more significant set of actions. We will work with you to develop plans for these scenarios.

Thank you to you and your teams across the NHS for your continued hard work. While there is no doubt that we are going to experience challenges over the winter, when the NHS unites as it has over the past two and half years of the pandemic and works closely with wider partners, we know we can best serve patients, support our teams and maintain the momentum of the NHS's recovery from the pandemic.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Julian Kelly
Chief Financial Officer
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Appendix – Actions: Further details on increasing capacity and operational resilience in urgent and emergency care ahead of winter

Each ICB plan has been discussed, and agreed, with the relevant NHS England region and a series of specific actions have been agreed between NHS England and each ICB in the following areas:

1. **New variants of COVID-19 and respiratory challenges**

SPI-M scenarios for COVID-19, combined with scenarios for flu, suggest that even in optimistic scenarios, high numbers of beds may be needed for respiratory patients during winter. Resulting IPC requirements will make bed management complex, especially if bed occupancy remains high. We will do further work with you in the coming months on stress-testing planning for the operational response to realistic worst-case scenarios. We are working with local areas to:

- Deliver an integrated COVID-19 booster and flu vaccination programme to minimise hospital admissions from both viruses.
- Implement UKHSA's IPC guidance in a proportionate way and develop strategies to minimise the impact of 'void' beds.

2. **Demand and capacity**

A lack of capacity across the NHS has an impact on all areas of the system. It is essential that ambulance and NHS 111 services have the necessary capacity in place and that access to primary care, community health services and mental health services for urgent patients is sufficient to ensure patients do not need to present to emergency services. We are working with local areas to:

- Open additional beds across England, to match the additional capacity identified by ICSs to be able to deliver against expected winter demand. This should create the equivalent of 7,000 additional general and acute beds, through a mix of new physical beds, scaling up virtual wards, and improvements in discharge and flow.
- Increase the number of NHS 111 call handlers to 4,800 and the number of NHS 999 call handlers to 2,500.
- Increase provision of High Intensity User services.
- Support good working relationships with the independent sector, building on the success so far, and facilitating patient choice.

In community care:

- Increase two-hour Urgent Community Response provision by maximising referrals from the ambulance service and other providers, aiming to maintain and improve the current standard of responding to 70% of call outs within two hours.
- Increase the number of virtual wards to create an additional 2,500 virtual beds.

In primary care:

- We will maximise recruitment of new staff in primary care across the winter, including care co-ordinators and social prescribing link workers.
- ICBs to actively support and engage with PCNs to work with each other and other providers to develop collaborative models to manage seasonal preparedness and

specific winter pressures (such as oximetry monitoring for COVID-19 patients) alongside the digital development of primary care.

In mental health, cancer, and elective care:

- Share mental health best practice between systems and work with the VCS and LA sector to alleviate capacity constraints.
- Releasing £10m of annual funding to support MH through the winter, in addition to continued planned growth in community and crisis provision.
- Maintain and increase elective capacity to eliminate waits of over 18 months, as per the Elective Recovery Plan, except for patients who choose to wait longer or require alternative plans due to clinical complexity.
- Reduce the number of people waiting more than 62 days from an urgent cancer referral back to pre-pandemic levels by March 2023.
- Ensure the preservation of the standard clinical pathway for CYP elective surgery, critically ill children, and emergency, general and specialist services.

3. Discharge

While challenges are often seen at the ‘front door’, we know that their root cause is often in the ability to discharge patients from, and flow through, hospitals. There is a significant number of patients spending longer in hospital than they need to, often due to a lack of availability of social care. While the provision of social care falls outside of the NHS’s remit, the health service must ensure patients not requiring onwards care are discharged as soon as they are ready and can access services they may need following a hospital stay. We are working with local areas to:

- Implement the 10 best practice interventions through the 100-day challenge.
- Encourage a shift towards home models of rehab for patients with less severe injuries or conditions.
- Maximise support available from the Seasonal Surge Support Programme, provided by VCS partners.

4. Ambulance service performance

While ensuring there is enough capacity for ambulances to respond to the most urgent calls and take patients to hospital is essential, it is also important to focus on what can be done to reduce avoidable ambulance activity, through treating patients at the scene. We are working with local areas to:

- Implement a digital intelligent routing platform and live analysis of 999 calls.
- Agree and implement good practice principles for the rapid release of queuing ambulances in response to unmet category two demand.
- Work with the most challenged trusts on ambulance handover delays to develop solutions, including expanding post-ED capacity.
- Increase the utilisation of rapid response vehicles, supported by non-paramedic staff, to respond to lower acuity calls.
- Model optimal fleet requirements and implement in line with identified need.
- Implement the ambulance auxiliary service which creates national surge capacity to enhance the response and support for ambulance trusts.

- Deploy mental health professionals in 999 operation centres and clinical assessment services and deliver education and training to the workforce.
- Increase the use of specialist vehicles to support mental health patients.

5. NHS 111 performance

The NHS 111 service can only work if it has sufficient clinical capacity to provide consultations if required and patients are able to be directed to the right service for their needs. We are working with local areas to:

- Improve call handling performance through the implementation of regional call management which will enable better integration between providers and ensure the entire NHS 111 capacity is used effectively.
- Continue pilot of national Paediatric Clinical Assessment Service and build on what we are learning.
- ICBs to update details of the 24/7 urgent mental health helplines for patients experiencing a mental health crisis, and ensure these services are promoted.

6. Preventing avoidable admissions

A full range of urgent care services should be available to ensure patients can access the right care in the right place. The Directory of Services should be used by staff to direct patients to the most appropriate place, while same-day emergency care, frailty and 'hot' outpatient services should also be available for patients requiring urgent specialist treatment but not necessarily via an ED. We are working with local areas to:

- Increase number and breadth of services profiled on the Directory of Services to ensure only patients with an emergency need are directed to A&E.
- Develop and protect capacity for same-day emergency care services so that operational hours are profiled against demand and surgical availability.
- Review non-emergency patient transport services so that patients not requiring an overnight hospital stay can be taken home when ready.
- Improve the provision of the Acute Frailty service, including the delivery of thorough assessments from multidisciplinary teams.
- Implement out of hospital home-based pathways, including virtual wards, to improve flow by reducing hospital attendances. Reduce unnecessary attendances for patients with mild illness through revised NHS @home pathways that incorporate broader acute respiratory infections.

7. Workforce

NHS staff have worked incredibly hard throughout the pandemic and both current and future pressures on the health services mean teams will remain stretched. The health and wellbeing of the workforce is crucial and interventions targeting recruitment and retention will be important in managing additional demand this winter. We are working with local areas to:

- Implement your recruitment and retention plans including staff sharing and bank arrangements.
- Utilise international support for UEC recovery, identifying shortages of key roles and skills and targeting recruitment as such.

- Implement the Wellbeing Practitioners' Pack.
- Develop roles for volunteers that reduce pressure on services and improve patient experience, such as community first responders and support in discharge.

8. Data and performance management

Making the full use of data at a local, regional, and national level will help inform operational decision-making and improve the delivery of services. We are working with local areas to:

- Ensure timely and accurate submission to the Emergency Care Data Set.
- Encourage use of the A&E Forecasting Tool.

9. Communications

We are undertaking the following actions to enable strong communications:

- Implement your winter communications strategy to support the public to minimise pressures on urgent and emergency services.
- Deliver the NHS 111 and GP Access strands of the Help Us Help You campaigns.

Classification: Official

Publication approval reference: PAR1160

2022/23 priorities and operational planning guidance

Version 3, 22 February 2022

updates from previous versions are highlighted throughout the document

Version Number	Date	Details of change
V1	24 December 2021	Initial version
V2	14 January 2022	Page 22 under community care models, a sentence about those living with frailty has been amended. The change is highlighted.
		Page 22 community care models- information about virtual wards has been amended to read 40-50 virtual beds per 100,000 population. The change is highlighted.
		Page 29, a date has been corrected and the change is highlighted.
V3	22 February 2022	Page 13 Elective care ambitions updated to reflect the 'Delivery plan for tackling the Covid-19 backlog of elective care' (Feb 2022). Three changes are highlighted.
		Page 21 NHS111 clinical capacity within the clinical assessment service has been amended to read >50% of calls received having clinical input. The change is highlighted.

Dear colleague

Thank you to you and your teams for your continued extraordinary efforts for all our patients.

At the end of January, we will mark two years since paramedics from Yorkshire Ambulance Service and hospital teams in Hull and Newcastle started to treat this country's first patients with COVID-19, and earlier this month we marked the anniversary of the first COVID-19 vaccine dose – and the milestone of 100 million doses – delivered in the biggest and fastest vaccination programme in NHS history.

The last two years have been the most challenging in the history of the NHS, and staff across the service – and many thousands of volunteers – have stepped up time and time again:

- expanding and flexing services to meet the changing demands of the pandemic
- developing and rolling out new treatments, new services and new pathways to respond to the needs of patients with COVID-19 and those without
- pulling out all the stops to recover services that have been disrupted.

At the time of writing, we are again operating within a Level 4 National Incident in response to the emergence of the Omicron variant. Teams from across the NHS and our partners are:

- significantly increasing vaccination capacity to provide the maximum level of immunity for the maximum number of people
- rolling out new antiviral and monoclonal antibody treatments through COVID medicines delivery units
- preparing for a potentially significant increase in those requiring life-saving care.

This concrete and rapid action in the face of uncertainty has characterised the NHS response to the pandemic. We face that uncertainty again now – in terms of the potential impact of Omicron over the coming weeks and months and the development of the pandemic as we look ahead to 2022/23. Despite this, the clear message I have had from colleagues across the NHS is that it is important to provide certainty and clarity where we can by now setting out the priorities and financial arrangements for the whole of 2022/23, recognising that they will have to be kept under review.

The objectives set out in this document are based on a scenario where COVID-19 returns to a low level and we are able to make significant progress in the first part of next year as we continue to rise to the challenge of restoring services and reducing the COVID backlogs.

Building on the excellent progress seen during 2021/22, this means significantly increasing the number of people we can diagnose, treat and care for in a timely way. This will depend on us doing things differently, accelerating partnership working through integrated care systems (ICSs) to make the most effective use of the resources available to us across health and social care, and ensure reducing inequalities in access is embedded in our approach. As part of this, and when the context allows it, we will need to find ways to eliminate the loss in non-COVID output caused by the pandemic.

Securing a sustainable recovery will depend on a continued focus on the health, wellbeing and safety of our staff. ICSs will also need to look beyond the immediate operational priorities and drive the shift to managing the health of populations by targeting interventions at those groups most at risk and focusing on prevention as well as treatment. Thank you for the significant progress that has been made in preparing for the proposed establishment of statutory Integrated Care Systems. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for statutory arrangements to take effect and ICBs to be legally and operationally established.

Our ability to fully realise the objectives set out in this document is linked to the ongoing level of healthcare demand from COVID-19. Given the immediate priorities and anticipated pressures, we are not expecting you or your teams to engage with specific planning asks now. The planning timetable will be extended to the end of April 2022, and we will keep this under review.

On behalf of myself and the whole NHS leadership team I want to thank you for the way you are continuing to support staff, put patients first and rise to the challenges we face.

With best wishes

Amanda Pritchard
NHS Chief Executive

Introduction

In 2022/23 we will continue to rise to the challenges of restoring services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic. While the future pattern of COVID-19 transmission and the resulting demands on the NHS remain uncertain, we know we need to continue to increase our capacity and resilience to deliver safe, high quality services that meet the full range of people's health and care needs. We will:

- accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing and safety of our staff
- use what we have learnt through the pandemic to rapidly and consistently adopt new models of care that exploit the full potential of digital technologies
- work in partnership as systems to make the most effective use of the resources available to us across acute, community, primary and social care settings, to get above pre-pandemic levels of productivity as the context allows
- use the additional funding government has made available to us to increase our capacity and invest in our buildings and equipment to support staff to deliver safe, effective and efficient care.

Our goal is that these actions will support a significant increase in the number of people we are able to treat and care for in a timely way. Our ability to fully realise this goal is linked to the ongoing level of healthcare demand from COVID-19. The new Omicron variant reminds us that we will need to remain ready to rise to new vaccination challenges and significant increases in COVID-19 cases. We are not able to predict the timing or impact of new variants and must develop ambitious plans for what we can achieve for patients and local populations in a more favourable context. The objectives for 2022/23 set out in this document are therefore based on COVID-19 returning to a low level. We will keep these objectives under review as the pandemic evolves.

Effective partnership is critical to achieving the priorities set out in this document. After several years of local development, we have established 42 integrated care systems (ICSs) across England with four strategic purposes:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access

- enhancing productivity and value for money
- supporting broader social and economic development.

To underpin these arrangements, the Health and Care Bill, which intends to put ICSs on a statutory footing and create integrated care boards (ICBs) as new NHS bodies, is currently being considered by Parliament.

To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICBs to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

The establishment of statutory ICSs, and timing of this, remains subject to the passage of the Bill through Parliament. An implementation date of 1 July would mean the current statutory arrangements would remain in place until then, with the first quarter of 2022/23 serving as a continued preparatory period.

Joint working arrangements have been in place at system level for some time, and there has already been significant progress in preparing for the proposed establishment of statutory ICSs, including recruitment of designate ICB chairs and chief executives. Designate ICB leaders should continue to develop system-level plans for 2022/23 and prepare for the formal establishment of ICBs in line with the guidance previously set out by NHS England and NHS Improvement and the updated transition timeline (this is set out more fully in section J).

The NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22. We will shortly issue one-year revenue allocations for 2022/23 and three-year capital allocations to 2024/25. We intend to publish the remaining two-year revenue allocations to 2024/25 in the first half of 2022/23. It is in this context that we are asking systems to focus on the following priorities for 2022/23:

A. Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling

substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

B. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

E. Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

F. Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.

G. Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.

I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.

J. Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Across all these areas we will maintain our focus on preventing ill-health and tackling health inequalities by redoubling our efforts on the five priority areas for tackling health

inequalities set out in guidance in March 2021. ICSs will take a lead role in tackling health inequalities, building on the Core20PLUS5 approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level.

Improved data collection and reporting will drive a better understanding of local health inequalities in access to, experience of and outcomes from healthcare services, by informing the development of action plans to narrow the health inequalities gap. ICBs, once established, and trust board performance packs are therefore expected to be disaggregated by deprivation and ethnicity.

We will also continue to embed the response to climate change into core NHS business. Trusts and ICBs, once established, are expected to have a board-level Net Zero lead and a Green Plan, and are asked to deliver carbon reductions against this, throughout 2022/23.

ICS footprints represent the basis of strategic and operational plans for 2022/23 and beyond. Designate ICB leadership teams are asked to work with partners in their ICS to develop plans that reflect these priorities and are triangulated across activity, workforce and money. The immediate focus should remain on the priorities set out in Preparing the NHS for the potential impact of the Omicron variant and we have extended the planning timetable to reflect this.

A. Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care

During the pandemic the focus has rightly been on the health, wellbeing and safety of our staff; this will continue. To support the restoration and recovery of services we need more people, working differently in a compassionate and inclusive culture where leaders at all levels inspire, empower and enable them to deliver high quality care in the most effective and efficient way.

We are therefore asking systems to accelerate work to transform and grow the substantive workforce and make the NHS a better place to work for all our staff. The actions to achieve this should be set out in whole system workforce plans that build on the progress made in delivering local people plans and reflect the ambitions to:

Look after our people:

- improve retention by delivering the NHS People Promise to improve the experience of our staff, through a focus on flexible working, early/mid/late career conversations and enabling staff to understand their pensions
- continue to support the health and wellbeing of our staff, including through effective health and wellbeing conversations and the mental health hubs
- improve attendance by addressing the root causes of non COVID-related sickness absence and, where appropriate, supporting staff to return to work.

Improve belonging in the NHS:

- improve the Black, Asian and minority ethnic disparity ratio, delivering the six high impact actions to overhaul recruitment and promotion practices
- implement plans to promote equality across all protected characteristics.

Work differently:

- accelerate the introduction of new roles, such as anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners
- develop the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models
- ensure the highest level of attainment set out by the ‘meaningful use standards’ for e-job planning and e-rostering is met to optimise the capacity of the current workforce
- establish, or become part of, volunteer services such as the NHS cadets and NHS reservists.

Grow for the future:

- expand international recruitment through ongoing ethical recruitment of high quality nurses and midwifes

- leverage the role of NHS organisations as anchor institutions/networks to widen participation and create training and employment opportunities, including through expanding apprenticeships as a route into working in health and care
- make the most effective use of temporary staffing, including by expanding collaborative system banks and reducing reliance on high-cost agency staff
- ensure training of postgraduate doctors continues, with adequate time in the job plans of supervisors to maintain education and training pipelines
- ensure sufficient clinical placement capacity to enable students to qualify and register as close to their initial expected date as possible.

Health Education England (HEE) and NHS England and NHS Improvement regional teams will support systems to develop and deliver their workforce plans. We will support systems to deliver through:

- investment to expand the national nursing international recruitment programme and support to recruit more allied health professionals
- the national healthcare support worker (HCSW) recruitment and retention programme
- continued funding of mental health hubs to enable staff access to enhanced occupational health and wellbeing and psychological support
- a suite of national GP recruitment and retention initiatives to enable systems to support their PCNs to expand the GP workforce and make full use of the digital locum pool
- the Additional Roles Reimbursement Scheme (ARRS) to deliver 26,000 roles in primary care, to support the creation of multidisciplinary teams.

B. Respond to COVID-19 ever more effectively – delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19

The NHS has been asked to offer every eligible adult over the age of 18 a booster vaccination by 31 December 2021 and the immediate next steps for deployment were set out in the recent letter to services. Delivery of the vaccine programme is expected

to remain a key priority as we look ahead to 2022/23 and systems are asked to plan to maintain the infrastructure that underpins our ability to respond as needed. We will set out further details as future requirements become clearer.

A number of new treatment options, including neutralising monoclonal antibodies and oral antivirals, are now available for non-hospitalised NHS patients at greater risk from COVID-19. These treatments are in addition to COVID-19 vaccines, which remain the most important intervention for protecting people from COVID-19 infection.

These new treatments, which reduce the risk of hospitalisation and death, are being rolled out initially for a targeted cohort of highest-risk patients and should continue to be prioritised. In parallel, the government has also launched a study to assess the efficacy of antivirals in the UK's predominately vaccinated population. Dependent on the results of that study, we will develop plans for wider access to antivirals from the spring.

The Office for National Statistics (ONS) estimates around one million people are living with post-COVID syndrome (long COVID) in England. The NHS in England has responded by establishing 90 specialist post-COVID clinics to assess, diagnose and help people recover from long COVID, as well as 14 paediatric hubs to provide expert advice to local services treating children and young people.

While good progress has been made, there is still wide local variation in referral rates, waiting times and access to the clinics across diverse demographic groups. Systems are asked to:

- increase the number of patients referred to post-COVID services and seen within six weeks of referral
- decrease the number of patients waiting longer than 15 weeks, to enable their timely placement on the appropriate management or rehabilitation pathway.

£90 million is being made available to support this work in 2022/23.

C. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

C1: Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services

The pandemic has had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are waiting for treatment. Over the next three years, we will rise to the challenge of addressing the elective backlogs that have grown during the pandemic through a combination of expanding capacity, prioritising treatment and transforming delivery of services. Every system is required to develop an elective care recovery plan for 2022/23, setting out how the first full year of longer-term recovery plans will be achieved.

As in the COVID-19 wave last winter, it is crucial that we continue to deliver elective care and ensure that the highest clinical priority patients – including patients on cancer pathways and those with the longest waits – are prioritised. Once again, clinical leadership and judgement about prioritisation and risk will be essential. Wherever possible over winter, we need systems and providers to continue to separate services and to maintain maximum possible levels of inpatient, day case, outpatient and diagnostic activity, recognising the requirement to release staff to support the vaccination programme and respond to the potential increase in COVID-19 cases. This should include the independent sector as separate green pathway capacity.

The ongoing uncertainties and challenges of COVID-19 and demand make it particularly hard to predict how quickly we will be able to recover elective services, but we have set an ambitious goal to deliver around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and specialist advice, including advice and guidance. We will continue to work to return to pre-pandemic performance as soon as possible with an ambition in 2022/23 for systems to deliver over 10% more elective activity than before the pandemic and reduce long waits. Treatment should continue to be prioritised based on clinical urgency and steps should be taken to address health

inequalities. Systems should make use of alternative providers if people have been waiting a long time for treatment. Systems are asked to:

- eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer)
- eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties, and conduct three-monthly reviews for this cohort of patients, extending the three-monthly reviews to patients waiting over 52 weeks from 1 July 2022
- develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- accelerate the progress we have already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible. We will agree specific targets with systems through the planning process.

Our ability to fully deliver on the objectives is linked to the ongoing level of healthcare demand from COVID-19 and will depend on:

- holding elective activity through the winter
- systems eliminating the loss in productivity caused by the operating constraints resulting from the pandemic.

A more personalised approach to outpatient follow-up appointments will ensure people who require a follow-up appointment receive one in a timely manner – protecting clinical time for the most value adding activity. The opportunity to reduce outpatient follow-ups will differ by trust and specialty and local planning should inform how the ambition will be delivered across the system, supported through a combination of:

- patient initiated follow-up (PIFU) – expanding the uptake of PIFU to all major outpatient specialties, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023
- effective discharge, particularly of those patients for whom clinical interventions have been exhausted
- more streamlined diagnostic pathways

- referral optimisation, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances by March 2023.

Systems are asked to plan how the redeployment of the released capacity (including staff) is used to increase elective clock-stops or reduce clock-starts proactively.

£2.3 billion of elective recovery funding has been allocated to systems to support the recovery of elective services in 2022/23. We will set out further details in additional guidance.

£1.5 billion of capital above that funded within core envelopes has been made available to the NHS over three years to support new surgical hubs, increased bed capacity and equipment to help elective services recover. Systems are asked to demonstrate how their capital proposals support a material quantified increase in elective activity, eg through schemes that enable the separation of elective and non-elective activity, the setting up or expansion of elective hub sites, day case units or increased bed capacity. Further detail on these requirements and the process will be set out in additional guidance.

Systems are asked to rapidly draw up delivery plans across elective inpatient, outpatient and diagnostic services for adults and children (including specialised services) for April 2022 to March 2023. These plans should set out how:

- systems will meet the ambitions set out above, reflecting the additional revenue and capital funding being made available. We will set out further details in additional guidance
- services will be organised and delivered to maximise productivity opportunities and secure the best possible outcomes for patients
- local independent sector capacity is incorporated as a core element to deliver improved outcomes for patients and reduce waiting times sustainably
- the updated UK Health Security Agency (UKHSA) guidance will be implemented, ensuring safety concerns are appropriately balanced.
- systems will ensure inclusive recovery and reduce health inequalities where they are identified
- elective care, UEC, social care and mental health will be managed in a way that ensures elective recovery can be protected and any disruptions minimised.

C2: Complete recovery and improve performance against cancer waiting times standards

The number of patients seen following an urgent suspected cancer referral has remained at a record high since March 2021. However, backlogs remain for those who have been referred for treatment, and we would have expected at least 36,000 more patients to have come forward to start treatment during the pandemic than have done so. Systems should therefore, as a priority, complete any outstanding work on the post-pandemic cancer recovery objectives set out in the 2021/22 H2 planning guidance, to:

- return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020)
- meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments.

Priority actions should centre on ensuring there is sufficient diagnostic and treatment capacity to meet recovering levels of demand, with a particular focus on the three cancers making up two-thirds of the national backlog (lower GI, prostate and skin), including:

- provision of sufficient commissioned capacity so that every urgent suspected lower GI cancer referral is accompanied by a faecal immunochemical test (FIT) result
- delivery of the optimal timed pathway for prostate cancer, including ensuring mpMRI prior to biopsy to eliminate the need for biopsy wherever possible
- making teledermatology available as an option for clinicians in all providers receiving urgent cancer referrals.

Systems are asked to work with Cancer Alliances to develop and implement a plan to:

- improve performance against all cancer standards, with a focus on the 62-day urgent referral to first treatment standard, the 28-day faster diagnosis standard and the 31-day decision-to-treat to first treatment standard
- make progress against the ambition in the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas where rates of early diagnosis are lower.

Delivery of these plans is expected to support:

- Timely presentation and effective primary care pathways including:
  - working with PCNs to support implementation of cancer early diagnosis as set out in the Network Contract Directed Enhanced Service (DES)
  - running local campaigns to complement national advertising to raise public awareness of cancer symptoms and encourage timely presentation.
- Faster diagnosis, including:
  - extending coverage of non-specific symptom pathways – with at least 75% population coverage by March 2023
  - ensuring at least 65% of urgent cancer referrals for suspected prostate, colorectal, lung, oesophago-gastric, gynaecology and head and neck cancer meet timed pathway milestones.
- Targeted case finding and surveillance, including:
  - maximising the uptake of targeted lung health checks (TLHC) and the effective delivery of follow-up low dose CT scans, to meet trajectories agreed with the national team. From 2022/23, all Cancer Alliances will have at least one TLHC project
  - ensuring that every person diagnosed with colorectal and endometrial cancer is tested for Lynch syndrome (with cascade testing offered to family members), and patients who qualify for liver surveillance under National Institute for Health and Care Excellence (NICE) guidance are identified and invited to surveillance.

The national cancer team will provide data and guidance to Cancer Alliances to support the development of their plans. Plans will form the basis of Cancer Alliance funding agreements.

ICBs and Cancer Alliances are also asked to work with trusts to:

- ensure they have fully operational and sustainable patient stratified follow-up (PSFU) pathways for breast, prostate, colorectal and one other cancer by the end of the first quarter of 2022/23; and for two further cancers (one of which should be endometrial cancer) by March 2023
- for systems participating in colon capsule endoscopy and cytosponge projects, deliver agreed levels of activity

- increase the recruitment and retention of clinical nurse specialists, cancer support workers and pathway navigators, and promote take up of clinical training opportunities for the cancer workforce.

Maintaining and restoring cancer screening programmes is critical to our efforts to fully restore cancer services. For breast cancer screening in particular, any systems that have not restored compliance with the three-year cycle by the end of March 2022 are expected to have done so by the end of June 2022.

C3: Diagnostics

Recovery of the highest possible diagnostic activity volumes is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. This will be supported by the timely implementation of new community diagnostic centres (CDCs). Systems are asked to:

- increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to support these ambitions and meet local need
- develop investment plans that lay the foundations for further expansion of capacity through CDCs in 2023/24 and 2024/25.

Three-year capital funding allocations will be included in system envelopes for this purpose. National investment through HEE is planned to facilitate training and supply of the workforce to support these goals. Systems will be able to access dedicated revenue funding to support set up and running of CDCs, subject to the necessary business case approvals. Revenue will be allocated to align with the programmes of work or agreed capital business cases.

Systems are asked to utilise targeted capital allocations to:

- increase the number of endoscopy rooms, levelling up to a guide level of 3.5 rooms per 100,000 population over 50 years of age. Systems should consider using this funding to locate endoscopy services in CDCs and supplement available CDC funding allocations, seeking to co-locate endoscopy and imaging services where possible. Funding will also be available to units that have yet to meet Joint Advisory Group (JAG) on Gastrointestinal Endoscopy Endoscopy accreditation to upgrade their services

- invest in CT capacity to support expansion the Target Lung Health Checks programme from 2023/24, with target coverage to be agreed between Cancer Alliances and the National Cancer Programme team. Cancer Alliances will receive this targeted funding on the basis of their remaining unscreened population and existing CT capacity and should coordinate with ICSs.
- develop additional digitally connected imaging capacity and ensure that acute sites have a minimum of two CT scanners
- procure new breast screening units to deliver the 36-month cycle.

Operational capital resources should continue to be used to reduce the backlog of diagnostic equipment replacement over 10 years old.

Pathology and imaging networks are asked to complete the delivery of their diagnostic digital roadmaps as part of their digital investment plans. National funding will be provided that is broadly consistent with these roadmaps, taking account of progress to date. Refreshed roadmaps need to include specific plans setting out how pathology and imaging networks and CDCs will with their systems support artificial intelligence (AI) research and innovation, and the scalable and sustainable integration of AI-driven diagnostics. The implementation of digital diagnostic investments is expected to deliver at least a 10% improvement in productivity by 2024/25, in line with the best early adopters.

Systems should ensure that pathology networks reach, as a minimum, the 'maturing' status for delivery of pathology services on the pathology network maturity framework by 2024/25. They should also meet the requirements of all national data collections for diagnostic services and support the work to scope creation of endoscopy and clinical physiology networks.

Programme funding of £21 million is available to support pathology and imaging networks to deliver on these priorities in 2022/23 alongside the implementation of CDCs.

C4 Deliver improvements in maternity care

Systems working through local maternity systems (LMSs) are asked to continue to work towards delivering a range of transformation objectives to make maternity and neonatal care safer, more personalised and more equitable. ICSs should undertake

formal, structured and systematic oversight of how their LMS delivers its functions and there should be a direct line of sight to the LMS board.

Providers are asked to continue to embed and deliver the seven immediate and essential actions identified in the interim Ockenden report, along with any future learning shared in the second Ockenden report and East Kent review (when published). LMSs should continue to oversee quality in line with Implementing a revised perinatal quality surveillance model.

LMSs are asked to support providers to prioritise reopening any services suspended due to the pandemic, ensuring women can take somebody with them to all maternity appointments and supporting work to increase vaccination against COVID-19 in pregnancy. LMSs should implement local maternity equity and equality action plans in line with Equity and equality: Guidance for local maternity systems.

LMSs are also asked to continue to work with providers to implement local plans to deliver Better Births, the report of the national maternity review, including:

- delivering local plans for midwifery continuity of carer (MCoC) in line with Delivering midwifery continuity of carer at full scale, prioritising MCoC so that most Black, Asian and mixed ethnicity women and most women from the most deprived areas receive it once the building blocks are in place
- offering every woman a personalised care and support plan in line with the Personalised care and support planning guidance
- fully implement Saving Babies' Lives. Providers should have a preterm birth clinic and act so that at least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so in a hospital with appropriate on-site neonatal care.

Funding of c£93 million to support the implementation of Ockenden actions through investment in workforce will go into baselines from 2022/23. Programme funding will also be made available to support the delivery of the Better Births priorities.

D. Improve the responsiveness of urgent and emergency care and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting

Sustaining UEC performance has been very challenging due to the pandemic. We need to continue reforms to community and urgent and emergency care to deliver safe, high quality care by preventing inappropriate attendance at EDs, improving timely admission to hospital for ED patients, reducing length of stay and restoring ambulance response times. An essential requirement is to increase the capacity of the NHS by the equivalent of at least 5,000 G&A beds and return, as a minimum, to pre-pandemic levels of bed availability through a combination of:

- national funding for the further development of virtual wards (including hospital at home)
- system capital plans to increase physical bed capacity as part of elective recovery plans
- re-establishing bed capacity consistent with latest UKHSA IPC guidance.

D1: Urgent and emergency care

The urgent and emergency care system continues to be under significant pressure ahead of what is expected to be an extremely challenging winter. These pressures are exacerbated by delayed ambulance handovers and ambulance response times. A longer term improvement approach is required for the full recovery of urgent and emergency care services. Expected performance levels in 2022/23 therefore represent a first step towards recovery.

Systems are therefore asked to:

- reduce 12-hour waits in EDs towards zero and no more than 2%
- improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards

- minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards. This includes:
  - eliminating handover delays of over 60 minutes
  - ensuring 95% of handovers take place within 30 minutes
  - ensuring 65% of handovers take place within 15 minutes
- ensure stability of services and have planned contingency in advance of next winter.

Systems are asked to build on the work already commenced, as indicated in the UEC 10 Point Action Recovery Plan. This should incorporate:

- Increasing capacity within NHS 111 to ensure the service is the credible first option for patients, enabling their referral to the most appropriate care setting, including:
  - call handling capacity to meet growing demand
  - clinical capacity within the clinical assessment service to support decision-making, with >50% of calls received having clinical input
  - ensuring there is a full range of available options in the Directory of Services to meet local need
  - adopting the new regional/national route calling technology.
- Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of ED, to enable emergency medicine specialists to focus on higher acuity need within the ED.

Systems are asked to put in place integrated health and care plans for children and young people's services that include a focus on urgent care; building on learning from pilots placing paediatric staff within NHS 111 services; better connections between paediatric health services; joining up children's services across the NHS and local authorities; improving transitions to adult services; and supporting young people with physical and mental health needs within acute and urgent care settings.

Systems are asked to consistently submit timely Emergency Care Data Set (ECDS) data, now seven days a week.

D2: Transform and build community services capacity to deliver more care at home and improve hospital discharge

The transformation of out-of-hospital services is a key element of the NHS recovery. National funding, alongside additional growth within core allocations for community services funding, will support systems to increase overall capacity of community services to provide care for more patients at home and address waiting lists, develop and expand new models of community care and support timely hospital discharge.

Community care models

Virtual wards

The NHS has already had considerable success in implementing virtual wards, including Hospital at Home services. Over 53 virtual wards are already providing over 2,500 'beds' nationwide, enabled by technology. In addition to managing patients with COVID, they also support patients with acute respiratory infections, urinary tract infections (UTIs), chronic obstructive pulmonary disease (COPD) and complex presentations, such as those living with frailty as well as having a specific medical need.

The scope for virtual wards is far greater. Given the significant pressure on acute beds we must now aim for their full implementation as rapidly as possible. We are therefore asking systems to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. These plans should be developed across systems and provider collaboratives, rather than individual institutions, based on partnership between secondary, community, primary and mental health services. Systems should also consider partnerships with the independent sector where this will help grow capacity.

By December 2023, we expect systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual beds per 100,000 population. Successful implementation will require systems to:

- maximise their overall bed capacity to include virtual wards
- prevent virtual wards becoming a new community-based safety netting service; they should only be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge

- maintain the most efficient safe staffing and caseload model
- manage length of stay in virtual wards through establishing clear criteria to admit and reside for services
- fully exploit remote monitoring technology and wider digital platforms to deliver effective and efficient care.

Up to £200 million will be available in 2022/23 and up to £250 million in 2023/24 (subject to progress of systems) to support the implementation of these plans. We expect plans to cover two years. The scale of funding awarded in 2022/23 will depend on credible ambition for delivery of virtual wards by December 2022 to provide capacity for next winter. Systems will want to consider approaches that address patients with lower intensity and higher intensity needs (ie Hospital at Home services). We will set out further guidance on the virtual ward model, the support available and the funding criteria.

Urgent community response

By April 2022 all parts of England will be covered by 2 hour urgent community response services and over 2022-23 providers and systems will be required to:

- Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2 hour crisis response demand within 2 hours from the end of Q3.
- Increase the number of referrals from all key routes, with a focus on UEC, 111 and 999, and increase care contacts
- Improve capacity in post urgent community response services to support flow and patient outcomes including avoiding deterioration into crisis again or unnecessary admission
- Ensure workforce plans support increasing capacity and development of skills and competencies in line with service development

- Improve data quality and completeness in the Community Services Dataset (CSDS) as this will be the key method to monitor outcomes, system performance and capacity growth

Anticipatory care

Anticipatory care (AC) is a Long-Term Plan commitment focused on provision of proactive care in the community for multimorbid and frail individuals who would benefit most from integrated evidence-based care. ICSs should design, plan for and commission AC for their system. Systems need to work with health and care providers to develop a plan for delivering AC from 2023/24 by Q3 2022, in line with forthcoming national operating model for AC.

Enhanced Health in Care Homes

Ensure consistent and comprehensive coverage of Enhanced Health in Care Homes in line with the national framework.

Community service waiting lists

Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national sitrep reporting. Specifically, systems are asked to:

- develop a trajectory for reducing their community service waiting lists
- significantly reduce the number of patients waiting for community services
- prioritise patients on waiting lists
- consider transforming service pathways and models to improve effectiveness and productivity.

Hospital discharge

As outlined in the H2 2021/22 planning guidance, the additional funding for the Hospital Discharge Programme will end in March 2022. As part of preparing the NHS for the potential impact of the Omicron variant and other winter pressures, we have asked systems to work together with local authorities and partners, including hospices and care homes, to release the maximum number of beds, as a minimum this should be equivalent to half of current delayed discharges. Systems should seek to sustain the improvement in delayed discharges in 2022/23 working with local authority partners and supported by the Better Care Fund and the investment in virtual wards.

Digital

Digital tools and timely, accurate information are key to delivering on these aims and systems are asked to:

- identify digital priorities to support the delivery of out-of-hospital models of care through the development of system digital investment plans, ensuring community health services providers are supported to develop robust digital strategies to support improvements in care delivery
- ensure providers of community health services, including ICS-commissioned independent providers, can access the Local Care Shared Record as a priority in 2022/23, to enable urgent care response and virtual wards
- deliver radical improvements in quality and availability against national data requirements and clinical standards, including the priority areas of urgent care response and musculoskeletal (MSK).

E. Improve timely access to primary care – expanding capacity and increasing the number of appointments available

The NHS Long Term Plan commits to increasing investment in primary medical and community services (PMCS) by £4.5 billion real terms investment growth by 2023/24. We expect systems to maximise the impact of their investment in primary medical care and PCNs with the aim of driving and supporting integrated working at neighbourhood and place level. Systems are asked to look for opportunities to support integration between community services and PCNs, given they are an integral part of solutions to key system challenges that require a whole system response, including elective recovery and supporting more people in their own homes and local communities. Systems should also consider how community pharmacy can play a greater role in local plans as part of these integrated approaches.

Expanding the primary care workforce remains a top priority to increase capacity. Systems are expected to:

- support their PCNs to have in place their share of the 20,500 FTE PCN roles by the end of 2022/23 (in line with the target of 26,000 by the end of 2023/24) and

to work to implement shared employment models, drawing on more than £1 billion of Additional Roles Reimbursement Scheme (ARRS) funding across system development funding (SDF) and allocations

- expand the number of GPs towards the 6,000 FTE target, with consistent local delivery of national GP recruitment and retention initiatives, thereby continuing to make progress towards delivering 50 million more appointments in general practice by 2024.

In line with the principles outlined in the October 2021 plan, systems are asked to support the continued delivery of good quality access to general practice through increasing and optimising capacity, addressing variation and spreading good practice. Every opportunity to secure universal participation in the Community Pharmacist Consultation Service should be taken. Systems should drive the transfer of lower acuity care from both general practice and NHS 111 under this scheme, supported by a new investment and impact fund indicator for PCNs which incentivises contributions to a minimum of two million appointments in 2022/23. Performance at the rate of the best early implementers of 50 referrals a week would move more than 15 million appointments out of general practice. Systems will need to implement revised arrangements for enhanced access delivered through PCNs from October 2022.

Systems are asked to support practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered. By 'digital-first primary care' we mean a full primary care service that patients can access easily and consistently online, that enables them to quickly reach the right service for their needs (whether in person or remotely), that is integrated with the wider health system, and that enables clinicians to provide efficient and appropriate care.

2022/23 will see the implementation of GP contract changes, including those to the DES. In addition to the five services already being delivered by PCNs, from April 2022 there will be a phased introduction of two new services – anticipatory care and personalised care – and an expanded focus on cardiovascular disease (CVD) diagnosis and prevention.

Systems are asked to support their PCNs to work closely with local communities to address health inequalities. Practices should continue the critical job of catching up on the backlog of care for their registered patients who have ongoing conditions, to

ensure the best outcomes for them and to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.

Systems are asked to take every opportunity to use community pharmacy to support this; for example, in the delivery of care processes such as blood pressure measurement under new contract arrangements. This will drive detection of hypertension across our communities, address backlogs in care and deliver longer-term transformation in integrated local primary care approaches. Systems should also optimise use of pharmacy services around smoking cessation on hospital discharge, the expanded new medicines service and the discharge medicines service.

For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing IPC measures, and targeting capacity to meet urgent care demand, minimise deterioration in oral health and reduce health inequalities.

Subject to the passage of the Health and Care Bill, ICBs will become the delegated commissioners for primary medical services and, in some cases, also dental, community pharmacy and optometry services, during 2022/23 – the target date now being 1 July 2022. Once established, ICBs should develop plans, working with NHS England regional commissioning teams to take on effective delegated dental, community pharmacy and optometry commissioning functions from 2023/24.

F. Grow and improve mental health services and services for people with a learning disability and/or autistic people

F1: Expand and improve mental health services

The complexity of needs for those requiring mental health services has risen because of the pandemic. In addition to a pre-existing treatment gap within mental health, this is increasing pressures within community services, mental health UEC and inpatient pathways across all ages. To address these pressures and continue to make progress against the NHS Long Term Plan ambitions, systems are asked to:

- Continue to expand and improve their mental health crisis care provision for all ages. This includes improving the operation of all age 24/7 crisis lines, crisis resolution home treatment teams and mental health liaison services in acute

hospitals. Systems are also asked to increase the provision of alternatives to A&E and admission, and improve the ambulance mental health response. Over the next three years £150 million targeted national capital funding will be made available to support improvements in mental health UEC, including mental health ambulances, extending Section 136 suites, safe spaces in or near A&E.

- Ensure admissions are intervention-focused, therapeutic and supported by a multidisciplinary team, utilising the expansion of mental health provider collaboratives across the whole mental health pathway where systems plan such developments. These collaboratives will support systems to transform services and reduce reliance on hospital-based care delivered away from people's local area.
- Continue the expansion and transformation of mental health services, as set out in the NHS Mental Health Implementation Plan 2019/20–2023/24, to improve the quality of mental healthcare across all ages. The mental health LTP ambitions tool will support systems to understand their delivery requirements for expanding access, as well as the Mental Health Delivery Plan 2022/23.
- Continue to grow and expand specialist care and treatment for infants, children and young people by increasing the support provided through specialist perinatal teams for infants and their parents up to 24 months and through continuing to expand access to children and young people's mental health services.
- Subject to confirmation, encourage participation in the first phase of the national Quality Improvement programme to support implementation of the Mental Health Act reforms.

We ask that systems maintain a focus on improving equalities across all programmes, noting the actions and resources identified in the Advancing Mental Health Equalities Strategy.

Delivery of the Mental Health Investment Standard (MHIS) remains a mandatory minimum requirement, ensuring appropriate investment of baseline funding and SDF to deliver the mental health NHS Long Term Plan objectives by 2023/24. Where SDF funding supports ongoing services, these will continue to be funded beyond 2023/24. This will support the continued expansion and transformation of the mental health workforce. For this:

- systems are asked to develop a mental health workforce plan to 2023/24 in collaboration with mental health providers, HEE and partners in the voluntary, community and social enterprise (VCSE) and education sectors
- PCNs and mental health trusts are asked to continue to use the mental health practitioner ARRS roles to improve the care and treatment for adults, children and young people in line with NHS Long Term Plan ambitions.

Capital funding made available through system allocations is expected to support urgent patient safety projects for mental health trusts, such as those that address ligature points and other infrastructure concerns that pose immediate risks to patients. Funding to eradicate mental health dormitories will continue in 2022/23 and 2023/24.

Systems are asked to work with the Mental Health Provider Collaboratives to produce a clear plan of requirements for CYPMH general adolescent and psychiatric intensive care in-patient beds to meet the health needs of their population, strengthen local services and eliminate out of area placements for the most vulnerable young people. These bed plans should be an integral part of the overall plan for CYP mental health services to ensure a local, whole patient pathway for patients with mental health, learning disability and/or autism needs. The plans should be complete by the end of Q1 2022/23 and should be funded through system operational capital. Investing in this way is expected to reduce operating costs as a direct result of improving access to local services and reducing out of area patient flows. Further guidance on the development of these plans will be issued before the start of 2022/23.

All NHS commissioned services must flow data to the national datasets and relevant bespoke collections. Provision for this must be included and agreed in commissioning arrangements planned for 2022/23, as part of this process.

F2: Meeting the needs of people with a learning disability and autistic people

The pandemic has highlighted and exacerbated the significant health inequalities experienced by people with a learning disability and autistic people. As we recover from the pandemic, we must ensure that people with a learning disability and autistic people are not further disadvantaged in fair access to healthcare. As digital healthcare develops, this means making sure there are reasonable adjustments and tailored responses, including consideration of the ongoing need for face-to-face appointments. Systems are asked to:

- Increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24. Every annual health check should be accompanied by a health action plan to identify actions to improve the person's health.
- Continue to improve the accuracy of GP learning disability registers so that the identification and coding of patients is complete, and particularly for under-represented groups such as children and young people and people from ethnic minority groups.
- Maintain a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability and/or who are autistic, consistent with the ambition set out in the NHS Long Term Plan, and to develop community services to support admission avoidance and timely discharge.
- Build on the investment made in 2021/22 to develop a range of care and diagnostic services for autistic people delivered by multidisciplinary teams. This includes access to community mental health services; support for autistic children and young people and their families; and access to the right support and housing. Systems should adopt best practice to improve local diagnostic pathways to minimise waiting times for diagnosis, improve patient experience and ensure that there is accurate and complete reporting of diagnostic data.
- Implement the actions coming out of Learning Disability Mortality Reviews (LeDeRs), including following deaths of people who are autistic, to tackle the inequalities experienced by people with a learning disability; these have been exacerbated by the pandemic.

Service development funding support of £75 million is being made available in 2022/23 to achieve the above ambitions.

G. Continue to develop our approach to population health management, prevent ill-health and address health inequalities

Working alongside local authorities and other partners we will continue to develop our approach to population health management and prevention so that people can play a more proactive role in promoting good health. ICSs will drive the shift to population

health, targeting interventions at those groups most at risk, supporting health prevention as well as treatment. ICSs will take a lead role in tackling health inequalities by building on the Core20PLUS5 approach introduced in 2021/22.

The safe and effective use of patient data is key to this. Systems are asked to develop plans by June 2022 to put in place the systems, skills and data safeguards that will act as the foundation for this. By April 2023, every system should have in place the technical capability required for population health management, with longitudinal linked data available to enable population segmentation and risk stratification, using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities. Systems are encouraged to work together to share data and analytic capabilities.

To support this, we will:

- continue to operate national data platforms for key, individually identified clinical data driven national programmes (eg the COVID pass, vaccine registries)
- provide a clear set of technical requirements and standards.

We are asking systems to develop robust plans for the prevention of ill-health, led by a nominated senior responsible officer (SRO). These plans should reflect the primary and secondary prevention deliverables as outlined in the NHS Long Term Plan, and the key local priorities agreed by the ICS. Plans should set out how system allocations will be deployed to:

- Support the rollout of tobacco dependence treatment services in all inpatient and maternity settings, in line with agreed trajectories and utilising £42 million of SDF funding.
- Improve uptake of lifestyle services, the Diabetes Prevention Programme, Low Calorie Diets, the new Digital Weight Management Programme and digitally supported self-management services.
- Restore diagnosis, monitoring and management of hypertension, atrial fibrillation and high cholesterol and diabetes, as well as asthma and COPD registers and spirometry checks for adults and children, to pre-pandemic levels in 2022/23, as per the Quality and Outcomes Framework (QOF), Integrated Investment Fund and Direct Enhanced Service targets.

- Progress against the NHS Long Term Plan high impact actions to support respiratory, stroke and cardiac care, implementing new models of care and rehabilitation, including remote and digital models, and increasing respiratory, hypertension, atrial fibrillation and high cholesterol detection and monitoring/control to pre-pandemic levels. This should include how systems plan to implement national procurements and population health agreements such as those in place for inclisiran and direct oral anticoagulants (DOACs). NHS England's new DOAC framework agreement will make treatment more affordable, allowing the NHS to provide DOACs to 610,000 additional patients. Uptake of DOAC treatment at this level will help prevent an estimated 21,700 strokes and save 5,400 lives over the next three years
- Reduce antibiotic use in primary and secondary care through early identification and treatment of bacterial infections, and support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary, with a switch to oral antibiotics as soon as appropriate.

There is strong evidence that people from socio-economically deprived populations and certain ethnic minority groups experience poorer health than the rest of the population, so it is particularly important to focus preventative services on these groups. Smoking is the single largest driver of health disparities between the most and least affluent quintiles. Obesity is the next biggest preventable risk factor and obesity in children has seen a major increase during the pandemic, especially in the least well off.

Systems are also asked to:

- renew their focus on reducing inequalities in access to and outcomes from NHS public health screening and immunisation services
- continue to adopt culturally competent approaches to increasing vaccination uptake in groups that have a lower than overall average uptake as of March 2022
- continue to deliver on the personalised care commitments set out in the NHS Long Term Plan – social prescribing referrals, personal health budgets, and personalised care and support plans are key enablers of population health and prevention.

H. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes

During the pandemic digital technologies transformed the delivery of care. The opportunity now is for the health and care sector to build on this and use the potential of digital to help the NHS address both its long-term challenges and the immediate task of recovering from the pandemic. In practice this means better outcomes for patients, better experience for staff and more effective population health management.

We will support health and care systems to 'level-up' their digital maturity, and ensure they have a core level of infrastructure, digitisation and skills.

A core level of digitisation in every service within a system is essential. Acute, community, mental health and ambulance providers are required to meet a core level of digitisation by March 2025, in line with the NHS Long Term Plan commitment. By March 2022, systems should develop plans that set out their first year's priorities for achieving a core level of digitisation across all these settings (as set out by the Frontline Digitisation minimum viable product, which will be published by 31 December).

Costed three-year digital investment plans should be finalised by June 2022 in line with What Good Looks Like (WGLL). We will fund systems to establish dedicated teams to support the development and delivery of their plans, which should:

- include provisions for robust cyber security across the system. We will continue to provide and further enhance centralised cyber security capabilities systems; however, local organisations are responsible for managing their own cyber risk
- reflect ambitions to consolidate purchasing and deployment of digital capabilities, such as electronic patient records and workforce management systems, at system level where possible
- set out the steps being taken locally to support digital inclusion
- consider how digital services can support the NHS Net Zero Agenda.

Capital will be available to systems for three years from 2022/23, to support digitisation of acute, mental health, ambulance and community services. £250 million will initially

be allocated to systems for 2022/23 while they develop their digital investment plans. This funding will be directed towards those services and settings that are the least digitally mature.

A digitised, interoperable and connected health and care system is a key enabler of delivering more effective, integrated care. Systems are asked to ensure that:

- by March 2023, all systems within a Shared Care Record collaborative can exchange information across the whole collaborative, with a view to national exchange by March 2024. Standards will be published to support this
- local authorities with social service responsibilities within their footprint are connected to their local Shared Care Record solution by March 2023, and that all social care providers can connect within six months of them having an operational digital social care record system
- suppliers comply with interoperability standards as these are finalised by April 2022
- general practice promotes the NHS App and NHS.UK to reach 60% adult registration by March 2023
- plans are developed to support skilling up the workforce to maximise the opportunities of digital solutions.

The ambition is for the NHS e-Referral Service (e-RS) to become an any-to-any health sector triage, referral and booking system by 2025. This will support two-way digital advice and guidance between clinical teams, ensuring patients are managed safely, and the referral is triaged and processed according to clinical priority. We will support systems with adoption as this functionality is made available to support triage, bookings and referrals. Mental health and other additional services are being evaluated for inclusion in 2022/23.

I. Make the most effective use of our resources

The 2021 Spending Review (SR21) provided the NHS with a three-year revenue and capital settlement covering 2022/23 to 2024/25. The government committed to spend an additional £8 billion to support tackling the elective backlog over the next three

years, from 2022/23 to 2024/25. This allows us to prioritise £2.3 billion in 2022/23 to support elective recovery.

SR21 also confirmed that the NHS will receive total capital resources of £23.8 billion over the next three years, including £4.2 billion of funding to support the building of 40 new hospitals and to upgrade more than 70 hospitals; £2.3 billion to transform diagnostic services; £2.1 billion for innovative use of digital technology; and £1.5 billion to support elective recovery.

We will shortly issue one-year revenue allocations to 2022/23 and three-year capital allocations to 2024/25. We intend to publish the remaining two-year revenue allocations to 2024/25 in the first half of 2022/23.

I1: Use of resources

With this funding, the NHS is expected to fully restore core services and make significant in-roads into the elective backlog and NHS Long Term Plan commitments. The SR21 settlement assumes the NHS takes out cost and delivers significant additional efficiencies, on top of the NHS Long Term Plan requirements, to address the excess costs driven by the pandemic response, moving back to and beyond pre-pandemic levels of productivity when the context allows this.

The scale of the efficiency requirement will be sustained throughout the SR21 period and systems should ensure they develop plans that deliver the necessary exit run-rate position to support delivery of future requirements.

We will continue to provide tools, information and support to help systems work together to deliver cost improvement plans that maximise efficiency and productivity opportunities, and reduce unwarranted variation. We will set out additional information on the support programmes available in additional guidance.

I2: Financial framework

The COVID-19 pandemic necessitated simplified finance and contracting arrangements that supported systems to dedicate maximum focus to responding to immediate operational challenges. To support the next phase of service restoration, the financial and contracting frameworks need to evolve to enable systems to take the appropriate funding decisions for their populations.

The future financial framework will continue to support system collaboration with a focus on financial discipline and management of NHS resources within system financial balance. Partner organisations should work together to deliver the new duties on ICBs and trusts.

Advice and guidance on the establishment of ICB financial management and governance arrangements is available as part of the ongoing support offer for ICB establishment. Regional teams are working with clinical commissioning groups (CCGs) and designate ICB board appointees to ensure that ICBs are ready to operate as statutory bodies from 1 July 2022, subject to the passage of legislation. ICBs and the boards of their constituent partners must be clear on the lines of financial accountability in managing NHS resources. This includes meeting core principles for managing public money, statutory responsibilities and other national expectations.

The 2022/23 financial and contracting arrangements are summarised as:

- A glidepath from current system revenue envelopes to fair share allocations. ICB revenue allocations will be based on current system funding envelopes, which continue to include the funding previously provided to support financial sustainability. In addition to a general efficiency requirement, we will apply a convergence adjustment to bring systems gradually towards their fair share of NHS resources. This will mean a tougher ask for systems consuming more than their relative need.
- Increased clarity and certainty over capital allocations, with multi-year operational capital allocations set at ICB level, building on the approach taken in the last two years, and greater transparency over the allocation of national capital programmes.
- A collective local accountability and responsibility for delivering system and ICB financial balance. The Health and Care Bill includes provisions which are designed to ensure that ICBs and trusts are collectively held responsible for their use of revenue and capital resources. Each ICB and its partner trusts will have a financial objective to deliver a financially balanced system, namely a duty on breakeven.
- A return to signed contracts and local ownership for payment flows under simplified rules. To restore the link between commissioning and funding flows, commissioners and trusts will have local ownership for setting payment values on simplified terms, supported by additional guidance from NHS England and

NHS Improvement. While written contracts between commissioners and all providers (NHS and non-NHS) will be needed to cover the whole of the 2022/23 financial year, systems and organisations should continue to take a partnership approach to establishing payment terms and contract management such that focus on delivery of operational and financial priorities can be maximised. We are separately publishing an updated draft of the NHS Standard Contract for 2022/23 for consultation; the final version of the contract, to be used in practice, will be published in February 2022.

- A commitment to support systems to tackle the elective backlog and deliver the NHS Long Term Plan. Additional revenue and capital funding will be provided to systems to support elective recovery, with access to additional revenue where systems exceed target levels. Provider elective activity plans will be funded as per the aligned payment and incentive approach, with payment linked to the actual level of activity delivered. ICBs will continue to be required to deliver the MHIS, as well as to meet other national investment expectations. We will set these out in additional guidance.
- A continued focus on integration of services to support the transition for future delegations. For those services that continue to be commissioned by NHS England in 2022/23, mechanisms to strengthen joint working with ICBs will be established.

J. Establish ICBs and collaborative system working

The establishment of ICBs, and everything that follows regarding the process and timing for this, remains subject to the passage of the Health and Care Bill through Parliament.

The continued development of ICSs during 2022/23 will help to accelerate local health and care service transformation and improve patient outcomes. As stated in the introduction to this document, a new target date of 1 July 2022 has been agreed for new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established. National and local plans for ICS implementation will now be adjusted to reflect this timescale, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements. During this period:

- CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint) through existing governing bodies.
- CCG leaders will work closely with designate ICB leaders in key decisions that will affect the future ICB, notably commissioning and contracting.
- NHS England and NHS Improvement will retain all direct commissioning responsibilities not already delegated to CCGs.

During Q4 2021/22, NHS England and NHS Improvement will consult a small number of CCGs on changes to their boundaries, to align with the ICS boundary changes decided by the Secretary of State in July 2021. Those CCG boundary changes coming into effect from 1 April 2022 would support the smooth transition from CCGs to ICBs at the implementation date. Arrangements for people affected will be discussed directly with the relevant CCG and designate ICB leaders.

We do not plan to implement any further CCG mergers before the establishment of ICBs.

Next steps

CCG leaders and designate ICB leaders should continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date. NHS England and NHS Improvement will support CCG and designate ICB leaders to reset their implementation plans, to ensure the safe transfer of people, property (in its widest sense) and liabilities from CCGs to ICBs from their establishment. The national programme team will work closely with colleagues in systems and in regional teams to identify what support is needed to manage the new timetable.

We will work with national partners, including trade unions, to communicate the changed target date and any implications for the transfer process. Systems should also ensure they have clear and effective plans for local communications and engagement with the public, staff, trade unions and other stakeholders.

ICB designate chairs and chief executives should continue to progress recruitment to their designate leadership teams, adjusting their timelines as necessary while managing immediate operational demands. Current/planned recruitment activities for designate leadership roles should continue where this is the local preference, but

formal transition to the future leadership arrangements should now be planned for the new target date of 1 July 2022.

Regional teams will work with CCG leaders to agree arrangements that ensure that:

- CCGs remains legally constituted and able to operate effectively, working in partnership with the designate ICB leadership
- individuals' roles and circumstances are clear during the extended preparatory phase.

The employment commitment arrangements for other affected staff and the talent-based approach to people transition previously set out will be extended to reflect the new target date.

The requirements for ICB Readiness to Operate and System Development Plan submissions currently due in mid-February 2022 will be revised to reflect the extended preparatory period. Further details of these plans along with specific implications for financial, people or legal arrangements during the extended preparatory period will be developed with systems and set out in January 2022.

Designate ICB leaders, CCG accountable officers and NHS England and NHS Improvement regional teams will be asked to agree ways of working for 2022/23 before the end of March 2022. This will include agreeing how they will work together to support ongoing system development during Q1, including the establishment of statutory ICSs and the oversight and quality governance arrangements in their system.

Planning during 2022/23

The Health and Care Bill before Parliament will require each ICB to publish a five-year system plan before April each year. This plan must take account of the strategy produced by the integrated care partnership (ICP), and the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing board(s).

We expect to require ICBs' refreshed five-year system plans in March 2023. This will give each ICB and its local authority partners sufficient time to agree a strategy for the ICP that has broad support, and to develop a plan to support its implementation, including the development of place based integration. ICBs will undertake preparatory work through 2022/23 to ensure that their five-year system plans:

- match the ambition for their ICS, including delivering specific objectives under the four purposes to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - support broader social and economic development
- reflect the national priorities and ambitions for the NHS
- take account of the responsibilities that they will be taking on for commissioning services that are currently directly commissioned by NHS England, such as primary care and some specialised services.

Plan submission

The planning timetable will be extended to the end of April 2022, with draft plans due in mid-March. We will keep this under review and publish further guidance setting out the requirements for plan submission.

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Publishing approval reference: PAR1160

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WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10 November 2022

REPORT TITLE:	**2022/23 POOLED FUND FINANCE REPORT TO MONTH 5 AUGUST 2022**
REPORT OF:	**ASSOCIATE DIRECTOR OF FINANCE, CHESHIRE & MERSEYSIDE INTEGRATED CARE BOARD – WIRRAL PLACE**

REPORT SUMMARY

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

a) budget and variations to the expenditure areas for agreement and inclusion within the 2022/23 shared ("pooled") fund; and
b) risk and gain share arrangements.

In 2022/23 Wirral Health and Care partners have chosen to jointly pool £249.97m to enable a range of responsive services for vulnerable Wirral residents as well as a significant component of Better Care Funding to protect frontline social care delivery.

This paper provides a summary forecast position of the pooled fund as at Month 5 to 31st March 2023 and the financial risk exposure of each partner organisation.

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

RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to:

1) Note the forecast position for the Pool at Month 5 is currently a £8.2m overspend position due to the Clinical Commissioning Group / Integrated Care Board (ICB) Wirral Place pool commissioned services and that the ICB Wirral Place holds the financial risks on this overspend.

2) Note that due to the overspend financial position an urgent financial recovery plan is now being developed and in progress identifying responsible leads, actions and next steps; and

3) Note that the shared risk arrangements are limited to the Better Care Fund only, which is reporting a break-even position.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options have been considered as necessary.

3.0 BACKGROUND INFORMATION

3.1 Consistent with this the pooled fund and integrated commissioning and service delivery arrangements are intended to enable a focus on the best outcomes for the Wirral population.

3.2 The following key features of integration have been outlined as essential to success:

- Pooling resources, intelligence and planning capacity.
- Delivering the Right Care in the Right Place at the Right Time.
- Managing demand and reducing the cost of care.
- Clear accountability and governance arrangements.
- Resilience and flexibility to emerging issues in service delivery.

3.3 The pooled fund arrangements are already well established in Wirral and enable a range of responsive services to vulnerable Wirral residents as well as a significant component of Better Care Fund ("BCF") funding to protect front line social care delivery.

3.4 Continuing to expand the scope and scale of pooled arrangements for 2022/23 would be an important statement, that Wirral has a strong foundation for integrated commissioning at place level.

Establishment and Authorisation of the Section 75 Agreement.

3.5 The Section 75 agreement must be updated to set out the detail of budget areas that are being pooled in 2022/23 and the associated governance. There is a mandatory legal requirement to have a Section 75 agreement in place between the Council and the Cheshire and Merseyside Integrated Care Board in place to draw down the elements of the pool relating to the BCF. In this context a section 75 agreement is being progressed and a further report will be brought to this board seeking the necessary authorisation to proceed to its finalisation.

4.0 FINANCIAL IMPLICATIONS

2022/23 Pooled Fund for Wirral Place

4.1 The revised Pooled Fund budget for 2022/23 of £248.73m is set out in Table 1.

Table 1

	Final 21/22 £m	Proposed 22/23 £m	Revised 22/23 £m
CCG / ICB Place Pool	134.30	139.29	137.89
Health & Care	49.60	50.70	50.70
Children and Young People	1.70	1.70	1.70
Better Care Fund	55.78	58.28	58.44
Grand Total	**241.38**	**249.97**	**248.73**

4.2 The pooled fund has decreased this month by £1.2m from £249.9m to £248.73m. This is due to: -

- £1.2m non recurrent virements from primary care.

The change control process set out in the draft 2022/23 S75 agreement will be initiated so that this change can be formalised by both parties.

4.3 A full breakdown of the 2022/23 Pooled Fund is illustrated in Appendix 1 of this report.

4.4 As at month 5 the reported position of the pooled fund is a £5.9m overspend and a summary position in Table 2 is provided below.

Table 2

Note that the CCG "Adjustments to pool" column is net of £9.1m of non-recurrent efficiency/mitigations which have been included within this category but could equally have been shown as "Efficiency".

	Summary	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Varianc
A	**ICB Wirral Place Pool**	£134.3m	£137.2m	-£5.2m	£5.8m	£0.0m	-£0.0m	£137.9m	£146.1m	£8.2
B	**Health & Care**	£49.6m	£49.8m	£1.1m	£0.0m	£0.0m	£0.0m	£50.7m	£50.7m	£0.0
C	**Children and Young People**	£1.7m	£1.7m	£0.0m	£0.0m	£0.0m	£0.0m	£1.7m	£1.7m	£0.0
D	**Better Care Fund**	£55.8m	£55.4m	£2.9m	£0.0m	£0.0m	£0.2m	£58.4m	£58.4m	£0.0
	Grand Total	**£241.4m**	**£244.1m**	**-£1.2m**	**£5.8m**	**£0.0m**	**£0.1m**	**£248.7m**	**£256.9m**	**£8.2**

4.5 The overspend of £8.2m is due to the CCG / ICB Wirral place pool commissioned services. This element of financial risk lies with the ICB and is predominantly due to CHC and Mental Health packages of care (activity and price) operational pressures, which is being investigated, (see R2 and section 5) and therefore the ICB will meet the costs of this overspend. A deep dive into the main areas and a financial recovery plan has been requested and is now in the process of being developed.

4.6 A break even position is reported for the Better Care Fund element.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

7.1 The 2021/22 reporting arrangements will continue into 2022/23 until further ICB guidance, and as such there will be three main financial risks identified to impact the pooled budget: -

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

7.2 It is proposed to retain the more focused risk-sharing arrangements of 2020/21 for 2022/23. This approach removed the generic approach to risk share arrangements by targeting the 50% risk share arrangement onto the Better Care Fund, with host organisations retaining full financial risk on other areas pooled, as illustrated in Appendix 2

7.3 The Better Care Fund is currently showing a break-even position, so there is no risk share impact to report. The reported overspend relates specifically to R2.

8.0 ENGAGEMENT / CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Louise Morris**
Finance, Wirral Place
Louise.morris6@nhs.net

Sara Morris
Senior Finance Business Partner
saramorris@wirral.gov.uk

APPENDICES

Appendix 1 – Proposed Section 75 Pooled Budget 2022/23

BACKGROUND PAPERS

Draft Section 75 agreement 2022/23
ICB Finance Report M5

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1 - Proposed Section 75 Pooled Budget 2022/23 – Wirral Place – Finance position M5

	Summary	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
A	**ICB Wirral Place Pool**	£134.3m	£137.2m	-£5.2m	£5.8m	£0.0m	-£0.0m	£137.9m	£146.1m	£8.2m	
B	**Health & Care**	£49.6m	£49.8m	£1.1m	£0.0m	£0.0m	£0.0m	£50.7m	£50.7m	£0.0m	
C	**Children and Young People**	£1.7m	£1.7m	£0.0m	£0.0m	£0.0m	£0.0m	£1.7m	£1.7m	£0.0m	
D	**Better Care Fund**	£55.8m	£55.4m	£2.9m	£0.0m	£0.0m	£0.2m	£58.4m	£58.4m	£0.0m	
	Grand Total	**£241.4m**	**£244.1m**	**-£1.2m**	**£5.8m**	**£0.0m**	**£0.1m**	**£248.7m**	**£256.9m**	**£8.2m**	**= over performance**

A	ICB - Wirral Place	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Commissioned out of Hospital	£61.7m	£64.9m	£0.0m	£3.7m	-£1.9m		£66.7m	£73.5m	£6.8m	CHC Fully funded, MH and PHBs, also HDP run off impact c£2.2m
	Prescribing	£68.2m	£68.0m	£0.0m	£2.1m	-£1.1m		£69.1m	£69.9m	£0.8m	Based on June prescribing actuals, NCSO pressures emerging
	Primary Care	£12.0m	£12.0m	-£3.8m	£0.0m	£0.0m	-£0.0m	£8.2m	£8.7m	£0.5m	Budget vired for Primary Care M4 removed M5
	QIPP	-£7.7m	-£7.7m	-£1.4m	£0.0m	£3.0m		-£6.1m	-£6.1m	£0.0m	
	Total	**£134.3m**	**£137.2m**	**-£5.2m**	**£5.8m**	**£0.0m**	**-£0.0m**	**£137.9m**	**£146.1m**	**£8.2m**	**= over performance**

B	Health & Care	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Learning Disabilities	£46.2m	£46.5m	£0.2m	£0.0m	£0.0m		£46.7m	£46.7m	£0.0m	
	Mental Health	£13.8m	£13.3m	£1.1m	£0.0m	£0.0m		£14.4m	£14.4m	£0.0m	
	Children with Disabilities	£1.1m	£1.0m	£0.1m	£0.0m	£0.0m		£1.1m	£1.1m	£0.0m	
	Client Charges	-£3.6m	-£3.2m	-£0.4m	£0.0m	£0.0m		-£3.6m	-£3.6m	£0.0m	
	Joint-Funded Income	-£7.9m	-£8.0m	£0.1m	£0.0m	£0.0m		-£7.9m	-£7.9m	£0.0m	
	Total	**£49.6m**	**£49.8m**	**£1.1m**	**£0.0m**	**£0.0m**	**£0.0m**	**£50.7m**	**£50.7m**	**£0.0m**	

C

Children and Young People	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase @ -22.2%	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
Care Packages	£1.7m	£1.7m	£0.0m	£0.0m	£0.0m	£0.0m	£1.7m	£1.7m	£0.0m	
Total	**£1.7m**	**£1.7m**	**£0.0m**	**£0.0m**	**£0.0m**	**£0.0m**	**£1.7m**	**£1.7m**	**£0.0m**	

D

Better Care Fund	2021 / 22 Budget	2021 / 22 Outturn	Adjustments to Pool (R/NR)	Inflation & Volume Increase	Efficiency	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
Integrated Services	£25.1m	£24.7m	£1.0m		£0.0m	£1.3m	£27.0m	£27.1m	£0.1m	note Q1 CCG funded 30 beds, Q2 50/50
Adult Social Care Services	£23.4m	£23.4m	£0.6m		£0.0m		£24.0m	£24.0m	£0.0m	
CCG Services	£2.0m	£2.0m			£0.0m		£2.0m	£2.0m	£0.0m	
Public Health	£0.0m	£0.0m	£0.2m		£0.0m		£0.2m	£0.2m	£0.0m	
DFG	£4.7m	£4.7m			£0.0m		£4.7m	£4.7m	£0.0m	
Other	£0.6m	£0.6m	£1.2m		£0.0m	-£1.2m	£0.6m	£0.5m	-£0.1m	
Total	**£55.8m**	**£55.4m**	**£2.9m**	**£0.0m**	**£0.0m**	**£0.2m**	**£58.4m**	**£58.4m**	**£0.0m**	

* Current reported underspends in the BCF for integrated services are offsetting the Q2 funded 30 beds pressure

WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10 November 2022

REPORT TITLE:	**WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME**
REPORT OF:	**HEAD OF LEGAL SERVICES (MONITORING OFFICER)**

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.

REPORT AUTHOR: **Dan Sharples**
Democracy Business Manager
telephone: 0151 666 3791
email: danielsharples@wirral.gov.uk

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

Suggested Agenda December 2022

Item	Lead Departmental Officer
Review of a process for election of Chair and Vice-Chair including role description	Wirral Place Governance Group
Review of the Terms of Reference for PBPB and supporting groups	Wirral Place Governance Group
Pooled Fund	Sara Morris / Martin McDowell / Louise Morris
Quality and Performance Group Key Issues	Lorna Quigley
Winter Plan Update	Nesta Hawker
Work Programme	Dan Sharples

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Wirral Provider Partnership Development	January	Karen Howell
Place Director Objectives delivery update	January	Simon Banks
Wirral Delivery Plan Update	January	Nesta Hawker
Health and Care Partnership Strategy Update	January	Simon Banks
Place Maturity Framework and Place Review Meeting Update	January	Simon Banks
Healthwatch Update	February	Karen Prior
Sport and Physical Activity Strategy Update	February	Sarah Robertson

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Work Programme Update	Each scheduled Committee	Daniel Sharples
Pooled Fund	Each scheduled Committee	Sara Morris / Martin McDowell, Louise Morris
Healthwatch Update	Quarterly	Karen Prior

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