



Cheshire and Merseyside

## Wirral Place Based Partnership Board/ Joint Strategic Commissioning Board

<b>Date:</b>	<b>Thursday, 8 December 2022</b>
<b>Time:</b>	<b>10.00 a.m.</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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**Note:** The Wirral Place Based Partnership Board is sitting in common with the Joint Strategic Commissioning Board. The Joint Strategic Commissioning Board comprises of the Wirral Council Joint Strategic Commissioning Board Sub-Committee and the Integrated Care Board.

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

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

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

## AGENDA

1. WELCOME AND INTRODUCTION
2. APOLOGIES
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)**

**5. PUBLIC AND MEMBER QUESTIONS**

**Public Questions**

**Public Questions**

Notice of question to be given in writing or by email by 12 noon, 5 December 2022 to the Council's Monitoring Officer (via the online form here: [Public Question Form](#)) and to be dealt with in accordance with Standing Order 10.

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

If you do not receive an acknowledgement of receipt of your question by the deadline for submission, please telephone the relevant Committee Services Officer to confirm we have received your form. Their contact details can be found further down this page, or email [committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk).

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**Statements and Petitions**

**Statements**

Notice of representations to be given in writing or by email by 12 noon, Monday 5 December to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto: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 minutes) 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. **WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW (Pages 9 - 28)**
7. **WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GROUPS TERMS OF REFERENCE REVIEW (Pages 29 - 70)**
8. **KEY ISSUES RELATING TO QUALITY AND SAFETY: (REPORT FROM THE QUALITY AND SAFETY GROUP) (Pages 71 - 76)**
9. **2022/23 POOLED FUND FINANCE REPORT TO MONTH 6 SEPTEMBER 2022 (Pages 77 - 84)**
10. **ELECTION OF CHAIR TO THE JOINT STRATEGIC COMMISSIONING BOARD SUB-COMMITTEE**  
  
Decision making on this item is reserved for the Joint Strategic Commissioning Board Sub-Committee.
11. **ADULT SOCIAL CARE DISCHARGE FUND (Pages 85 - 92)**  
  
Decision making on this item is reserved for the Joint Strategic Commissioning Board.
12. **WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME (Pages 93 - 98)**

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## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 10 November 2022

Present:

Simon Banks	Place Director
Tim Welch	Cheshire and Wirral Partnership NHS Foundation Trust
Jo Chwalko (in place of Karen Howell)	Wirral Community Health and Care NHS Foundation Trust
David McGovern (in place of Janelle Holmes)	Wirral University Teaching Hospital NHS Foundation Trust
Councillor Mary Jordan	Wirral Council
Councillor Yvonne Nolan	Wirral Council
Paul Satoor	Wirral Council
Elsbeth Anwar (in place of Dave Bradburn)	Wirral Council
Graham Hodgkinson	Wirral Council
Simone White	Wirral Council
Kirsteen Sheppard (in place of Karen Prior)	Healthwatch Wirral
Dr Abel Adegoke	Primary Care Provider
Dr David Jones	Primary Care Provider
Dr Stephen Wright	Primary Care Provider

16 **WELCOME AND INTRODUCTION**

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

17 **APOLOGIES**

Apologies for absence were received from Dave Bradburn, Janelle Holmes, Karen Howell, Carol Johnson-Eyre, Justine Molyneux, Karen Prior and Councillor Jason Walsh.

18 **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.

Simon Banks declared a personal interest in item 9 'Transforming Care for People who have a Learning Disability and or Autism' as the senior responsible officer for Transforming Care across Cheshire and Merseyside.

Councillor Mary Jordan declared a personal interest in item 10 'Wirral Winter Plan 2022-2023' as her son was a GP.

19 **MINUTES**

**Resolved – That the minutes of the meeting held on Thursday, 13 October 2022 be approved as a correct record.**

20 **PUBLIC AND MEMBER QUESTIONS**

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

21 **HEALTH AND CARE PARTNERSHIP STRATEGY**

The Place Director (Wirral) NHS Cheshire and Merseyside introduced the report which provided an update on the development of the Cheshire and Merseyside Health and Care Partnership Strategy and how Wirral as a “place” would contribute to this Strategy. It was reported statutory guidance required each ICP (Integrated Care Partnership) to produce and publish an ICP Strategy by December 2022 and there would also be a requirement to publish a “five-year joint forward plan” by April 2023. This meant 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.

The Cheshire and Merseyside Health and Care Partnership had agreed that the strategy should be developed from existing documents and that each Place should contribute to it with their local plans. The Wirral submission would be based upon the information contained in the Health and Wellbeing Strategy 2022-2027 and Outcomes Framework, as well as drawing upon the information on the Wirral Intelligence Service website.

Following a discussion on measuring public health outcomes, it was confirmed that the Health and Care Partnership would be collating the public health performance indicators on a Cheshire and Merseyside footprint, but that these would still be considered at Place to ensure Wirral's specific outcomes were considered.

**Resolved – That**

- (1) 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 be supported, and that the Place Director coordinates the submission with the**

**Director of Public Health.**

**(2) a copy of the Cheshire and Merseyside Health and Care Partnership Strategy be received at a future meeting.**

**22 WIRRAL DEMENTIA STRATEGY 2022-2025**

The Head of Mental Health Commissioning (Wirral Place) introduced the report which provided detail on the Wirral Dementia Strategy 2022-2025, which had been produced to review the ambitions outlined in the previous 2019-2022 strategy, which were not achieved due to the impact of Covid-19, and defined the priority areas, actions, and outcomes over the next four years to meet the vision for how dementia care and support would be delivered across all wards within the borough. The focus of this strategy was structured around NHS England's Well Pathway for Dementia and focused on recovery from Covid-19, and better integration across health and care services to deliver the best outcomes for the 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 would lead to individuals being diagnosed with dementia earlier and having more community-based support in place to enable them to live independently for longer.

It was reported that currently there were over 3,000 people aged 65+ with a dementia diagnosis and projections estimated that the total numbers of people living with dementia in Wirral would more than double to over 7,000 by 2035. The Board discussed the diagnosis rate in detail, where it was noted that the national diagnosis rate target was 66.7% and it was felt that locally there should be ambitions to improve this. Further discussions took place in relation to the close links between dementia and regeneration and housing, and the role of Primary Care in supporting the strategy.

On a motion by Councillor Mary Jordan, seconded by Dr Abel Adegoke, it was –

**Resolved – That**

**(1) the Wirral Place Dementia Strategy 2022-2025 be approved.**

**(2) quarterly updates on progress be provided to the Place Based Partnership Board.**

**23 SOCIAL CARE REFORM**

The Assistant Director for Care and Health, and Commissioning for People (Wirral Council) introduced the report of the Director of Care and Health which detailed the Social Care Charging Reforms and the implications for people who access care and support services and the considerations that were

required for the Council's Adult Social Care services. The report set out the key elements of the proposed changes to social care, which 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 and provided for a 1.25 percentage point increase to National Insurance contributions for the 2022 to 2023 tax year, however this had since been reversed and officers were awaiting further guidance about the support arrangements. The reforms were still due to come into effect in October 2023.

It was reported that in Wirral, there were approximately a further 900 people who were self-funding their own care who would come forward for assessment under the reforms, with an approximate further 1400 people receiving chargeable domiciliary care or other care in their own home who would be impacted by the changes. The full financial impact of the changes were still not fully understood, but an estimated cost of £1m was estimated to implement the changes including IT system changes and staffing.

It was reported that the report was being considered by the Place Based Partnership Board as the reforms would have an impact on the whole of the health and care system. The ongoing issues with retention and recruitment in social care were outlined, as well as the importance of engagement with the social care workforce at an early stage to assist with the implementation of the changes. The need for engagement with the third sector was also highlighted. The Assistant Director outlined that the use of online self-assessment would be encouraged and staff and the third sector would be engaged in this process as early as possible.

On a motion by Councillor Yvonne Nolan, seconded by Simone White, it was –

**Resolved – That**

- (1) the approach to the Council's implementation of the charging reforms be endorsed.**
- (2) the significant impact of the social care charging reforms, including on the Adult Care and Health budget and resources as well as the wider health and care system be recognised.**

24 **TRANSFORMING CARE FOR PEOPLE WHO HAVE A LEARNING DISABILITY AND OR AUTISM - UPDATE REPORT**

The Associate Director of Transformation and Partnerships (NHS Cheshire and Merseyside) introduced the report which detailed the Transforming Care Programme, which was a national programme led by NHS England aimed at 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 report provided an update on the delivery of the programme, including the number of inpatients which was reported as 4 adults and over the target of 2 adult inpatients, but that 3 of these patients had discharge destinations planned. It also updated on the number of inpatients for Children and Young People, with 1 young person remaining in specialist placement and work ongoing to prepare for discharge into the community with the necessary and appropriate levels of support. It was reported that care treatment reviews had successfully prevented two admissions from taking place which was welcomed by the Board.

The Board discussed the complex needs of residents with learning disabilities or autism and issues they faced around hospital discharge and choice of care. It was argued that the local target for Annual Health Checks should exceed the 70% national target.

**Resolved – That the report be noted.**

25 **WIRRAL WINTER PLAN 2022-2023**

The Associate Director of Transformation and Partnerships (NHS Cheshire and Merseyside) introduced the report which provided a summary of Wirral Health and Care System's preparations for winter 2022/23. It was reported that Wirral like other places across Cheshire and Merseyside was facing ongoing significant challenges within Urgent and Emergency and Care (UEC) pathways and that winter may be more challenging than most in respect of the cost-of-living crisis. In response, Wirral's plan included initiatives within hospital such as new Virtual Wards to support people with Frailty and Respiratory conditions as well as out of hospital investment being made into securing more GP appointments, community beds and domiciliary care capacity.

Joint work between the NHS and Wirral Council was underway to support people affected by the cost-of-living crises such as introducing Warm Hub locations. The plan had 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 was still to be submitted for

evaluation to NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS England.

Following updates from provider representatives, a discussion ensued on the capacity of emergency care in hospitals, which was reported at 99.2% capacity with the capacity protocol having been implemented twice in the week leading up to the meeting. The Board considered the system approach to dealing with hospital capacity including a focus on preventative measures and communications to the public about what other services were available and often more appropriate than emergency hospital care. It was noted that the winter plan for 2022/23 had notable differences to previous winter plans with an emphasis on the home first approach.

**Resolved – That the preparations being made by Wirral’s Health and Care System partners for Winter 2022/23 be noted.**

## 26 **2022/23 POOLED FUND FINANCE REPORT TO MONTH 5 AUGUST 2022**

The Associate Director of Finance (Cheshire and Merseyside) 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.

It was reported that there was an overspend of £8.2m which was due to the CCG/ICB Wirral place pool commissioned services. This element of financial risk lay with the ICB and was predominantly due to Continuing Health Care and Mental Health packages of care (activity and price) operational pressures, which was being investigated, and therefore the ICB would meet the costs of this overspend. A deep dive into the main areas and a financial recovery plan had been requested and was now in the process of being developed. Mitigations had been identified and the Board was advised that a reduced figure was expected to be reported at the next meeting.

The Board discussed the mitigations that had been identified and it was outlined that further details on these could be shared with members. The financial recovery plan was being reviewed and it was proposed that the detail should be shared with the Board.

On a motion by Tim Welch, seconded by Dr David Jones, it was –

**Resolved – That**

- (1) it be noted that the forecast position for the Pool at Month 5 as 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) it be noted that due to the overspend financial position an urgent financial recovery plan was now being developed and in progress identifying responsible leads, actions and next steps, and that an update be provided to the January 2023 meeting of the Place Based Partnership Board.**

**(3) it be noted that the shared risk arrangements were limited to the Better Care Fund only, which was reporting a break-even position.**

## **27 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.

It was noted that it had been agreed that the financial recovery plan would be reported back to the January 2023 meeting.

**Resolved – That the work programme be noted.**

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**WIRRAL PLACE BASED PARTNERSHIP BOARD**Thursday, 8<sup>th</sup> December 2022

<b>REPORT TITLE:</b>	<b>WIRRAL PLACE BASED PARTNERSHIP BOARD TERMS OF REFERENCE REVIEW</b>
<b>REPORT OF:</b>	<b>ASSISTANT DIRECTOR, NHS CHESHIRE AND MERSEYSIDE</b>

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**REPORT SUMMARY**

Following the first formal meeting of the Wirral Place Based Partnership Board on 13 October 2022 a number of actions arising from a review of the Board Terms of Reference were defined. These actions are summarised below:

<b>ACTION</b>
Review of the Terms of Reference to be submitted to the December meeting
Development of a process for election of Chair and Vice-Chair to be submitted to the December meeting
Produce a role description for the Chair and Vice-Chair
Review the quoracy of the Board to include minimum representation from each sector
Review of the arrangements to enable non-public discussions by the Board

The Place Governance Group were asked to consider these actions and review the Terms of Reference for the Board. This report summarises the action taken to progress these points and changes are reflected in the revised Terms of Reference which is attached (appendix 1) for approval.

## **RECOMMENDATION/S**

The Wirral Place Based Partnership Board is recommended to:

- (1) note the work to progress the actions detailed above.
- (2) review and approve the revised Terms of Reference as at appendix 1.
- (3) nominate the Place Director as Chair for the remainder of the 2022/23 municipal year.
- (4) propose that the Chair for 2023/24 (Apr – Sep) becomes the Vice Chair of the Board for the remainder of the 2022/23 municipal year.
- (5) review and approve the preferred option for the Board chairing arrangements.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 The Place Governance Group, following the first meeting of the Wirral Place Based Partnership Board on 13 October 2022 has progressed the actions defined by the Board and these are reflected in the revised Terms of Reference (appendix 1)

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The Place Governance Group considered alternative models in relation to Chair/Vice Chair arrangements, these are included below:

#### **Option 1**

<b>Municipal Year</b>	<b>Chair</b>	<b>Vice Chair</b>
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<b>2022/23</b>	<b>Place Director</b>	<b>NHS Trust</b>
2023/24	NHS Trust	VCSFE
2024/25	VCSFE	Primary Care
2025/26	Primary Care	Local Authority
2026/27	Local Authority	NHS Trust

**Option 2**

<b>Municipal Year</b>	<b>Chair</b>	<b>Vice Chair</b>
<b>2022/23</b>	<b>Place Director</b>	<b>NHS Trust</b>
2023/24	NHS Trust	VCSFE
2024/25	Primary Care	Local Authority
2025/26	VCSFE	NHS Trust
2026/27	Local Authority	Primary Care

- 2.3 Option 1 provides for all partners to be in the Chair position on an annual basis with the Chair for the following municipal year undertaking the role of Vice Chair in the previous year. While this provides continuity from Vice Chair to Chair it does result in a longer period for all partners to be in the Chair position.
- 2.4 Option 2 provides for all partners to be in either the Chair or Vice Chair position within two years with all partners being in the Chair within 4 years. While this provides more equity at the start of the cycle it still has the same challenge as Option 1 in that it would take longer for all partners to be in the Chair position.
- 2.5 Having considered these options and following further consultation, the Place Governance Group have developed a preferred option as detailed in section 3.2

**3.0 BACKGROUND INFORMATION**

### 3.1 **Review of Terms of Reference**

The Terms of Reference (TOR) have been revised in terms of the actions defined by the Board. In addition, a general refresh of the TOR has been undertaken to ensure that it reflects current guidance and best practice. In addition to the requested actions by the Board, the TOR has also been refreshed and revised in relation to the status of the Board, number of meetings per year (9) and the declaration and recording of conflicts.

### 3.2 **Development of a process for election of Chair and Vice-Chair**

The Place Governance Group is recommending the following model for adoption by the Place Based Partnership Board in relation to its Chair/Vice Chair arrangements. This recognises that an appointment of an independent chair for the Board was discounted at an early stage of Place Based development.

The model below ensures that the appointment of the Chair/Vice Chair is equitable across partners and operates on a six-monthly cycle. This model ensures that all partners will have the opportunity to be in the Chair and Vice Chair position within the next two municipal years (2023-24 & 2024-25). This model proposes that the Place Director (or nominated deputy) remains as Chair of the Board until the start of the 2023/24 municipal year and that the first nominated Chair for the 2023/24 municipal year becomes the Vice Chair of the Board for the remainder of the 2022/23 municipal year.

<b>Municipal Year</b>	<b>Chair</b>	<b>Vice Chair</b>
<b>2022/23</b>	<b>Place Director</b>	<b>NHS Trust</b>
2023/24 (Apr – Sept)	NHS Trust	VCSFE
2023/24 (Oct – Mar)	VCSFE	Local Authority
2024/25 (Apr – Sept)	Local Authority	Primary Care
2024/25 (Oct – Mar)	Primary Care	NHS Trust

Nominations by sector will be achieved by consensus between the partner organisations in that sector and will not be subject to a defined process. The position of Chair and Vice Chair shall be drawn from the Board membership.

### 3.3 **Produce a role description for the Chair and Vice-Chair**

Given the proposed nomination process for the appointment of the Chair/Vice Chair, a description of the role of Chair/Vice Chair is summarised below.

‘The role of the Chair/Vice Chair is to facilitate the effective running of the Wirral Place Based Partnership Board by ensuring the Board operates within its agreed Terms of Reference.

The Chair/Vice Chair will work to ensure discussion is collaborative and works to recognise all partners as equals. As such the Chair/Vice Chair will ensure that any agenda items put before the Board for consideration are aligned within the Place Objectives and local strategic plans. They will work closely with the Place Director for Wirral to ensure the principles of partnership working and collaboration remain central to the functioning of the Board.

The Chair/Vice Chair will work to ensure that decisions are achieved by consensus amongst partners.'

The role of the Chair/Vice Chair will be kept under review, recognising that the Board will continue to evolve and any delegated decision making to Place may change the scope of the role and as such require a review.

**3.4 Review the quoracy of the Board to include minimum representation from each sector**

A review of quoracy arrangements has been undertaken and reflected in the revised Terms of Reference. It is recommended that the quoracy is 50% of the membership with minimum representation from sector partners as follows:

- Chair or Vice Chair
- PLACE Director – NHS Cheshire & Merseyside (or nominated deputy)
- Wirral Council representative (1)
- NHS Trust representative (1)
- Primary Care representative (1)
- VCSFE representative (1)

The 50% minimum is reflective of other Place Based Boards/Committees across Cheshire and Merseyside.

**3.5 Review of the arrangements to enable non-public discussions by the Board**

The provision of holding a private session of the Board has been included in the revised Terms of Reference. The expectation is that private discussions will be the exception, and this will be supplemented by Board informal workshops/development sessions in private.

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

#### **4.0 FINANCIAL IMPLICATIONS**

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

#### **5.0 LEGAL IMPLICATIONS**

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

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

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

#### **7.0 RELEVANT RISKS**

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

#### **8.0 ENGAGEMENT/CONSULTATION**

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

#### **9.0 EQUALITY IMPLICATIONS**

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

#### **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

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

## 11.0 COMMUNITY WEALTH IMPLICATIONS

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

**REPORT AUTHOR: Michael Chantler**  
Assistant Director (Wirral), NHS Cheshire and Merseyside  
email: michaelchantler@nhs.net

## APPENDICES

Appendix 1 Wirral Place Based Partnership Board – Terms of Refence V5

## BACKGROUND PAPERS

NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>

NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021>

NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>

Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>

Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>

Integration and Innovation: working together to improve health and social care for all, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

. Legislating for Integrated Care Systems: five recommendations to Government and Parliament (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>

NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>

The Queen's Speech 2021 – Background Briefing Notes, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/985029/Queen\\_s\\_Speech\\_2021\\_-\\_Background\\_Briefing\\_Notes..pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf)

Integrated Care Systems: Design Framework and Guidance on the Employment Commitment (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>

NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>

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Thriving Places - September 2021 – Found at Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems

Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership - September 2021 - Found at Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership

Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector- September 2021 - Found at Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector

Health and Care Bill (2021) <https://bills.parliament.uk/bills/3022>

### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Place Based Partnership Board</b>	<b>13/9/22</b>



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**Wirral Place Based Partnership Board**  
**Terms of Reference**  
**Version 5 (Draft)**

Ref	Content	Page Number
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5	Composition of Place-based Partnerships:	
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7	Co-options and engagement:	
8	Chairing the Place-Based Partnership Board	
9	Responsibilities of Members	
10	Interests	
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12	Frequency and Format of the Place-Based Partnership Board Meetings	
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15	Attendance/Substitutes	
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17	Relationship with the Council/ICB S75 Strategic Commissioning Joint Committee	

## 1. Introduction

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

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

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

## 2. Purpose

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

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

## 3. Authority & Status

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

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

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

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

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

#### **4. Role of the Place Based Partnership Board**

The WPBPB and its supporting groups will:

- Provide strategic and collective leadership to identify the transformational priorities.
- Collaborate to focus on the highest priorities for the local system and communities at place and neighbourhood level.
- Promote person-centred health and care services on the basis of clinical input and evidence.
- Consolidate processes, share back-office services and support a system-wide workforce plan.
- Drive greater efficiency and cost reduction.
- Aim to improve Health and Wellbeing Outcomes for the Population.
- Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.
- Manage the Care and Health Market to ensure that there is a full and effective range of sustainable services across the Borough.
- Enable and support the Wirral Provider Partnership (WPP) to deliver population health outcomes.
- Design and oversee governance (quality and safety) arrangements including system leadership capacity and capability, monitor delivery, financial stability, performance monitoring and system oversight.
- Promote inter-agency co-operation, via appropriate joint working agreements/ arrangements, to encourage and help develop effective

working relationships between different services and agencies, based on mutual understanding and trust.

- Make recommendations for commissioning of NHS Cheshire and Merseyside resources to Place
- Drive forward the continued implementation of achieving a whole system coordinated approach.
- Approve proposals for system wide outcome measures and mechanisms for reporting collectively.
- Provide regular update reports to the Health and Wellbeing Board.
- Receive and scrutinise reports and recommendations from operational meetings and groups relating to the place-based partnership (i.e. the supporting groups established at Place and the Wirral Provider Partnership).
- Approve the communication and engagement strategy and action plans of Wirral's Place Based Partnership Board and monitor delivery.
- Oversee placed based partnership infrastructure, workstreams or enablers such as Digital, Estates, Workforce activities and monitor progress.
- Assure itself that Safeguarding duties are met and that practice is aligned to the policies determined by the Wirral's Children Safeguarding Partnership and Wirral's Adults Safeguarding Board.

## 5. Core membership

Nominated Representative	Organisation	Status
Place Director (1)	ICB	PLACE member JCSB Voting Member (1)
NHS Trusts (4)	WUTH WCHC CWP CCC	PLACE member
Local Councillors (3)	Wirral Council	PLACE member JCSB Voting Member (1)
Chief Executive Officer (1) Director of Public Health (1) Director of Care and Health (1) Director of Children's Services (1)	Wirral Council	PLACE member
Chief Executive Officer (1)	Health Watch	PLACE member
Nominated Reps (2-3) (to include one non-GP rep)	Primary Care PCNs	PLACE member

Nominated Reps (2)	Voluntary, Community, and Social Enterprise sector (VCSE)	PLACE member
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## 6. Co-options and engagement

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

## 7. Chairing the Wirral Place Based Partnership Board

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

The Chair/Vice Chair will:

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

Each sector will nominate a Chair and Vice Chair in accordance with the following schedule which covers the period 2022/23 to 2024/25.

Municipal Year	Chair	Vice Chair
<b>2022/23</b>	<b>Place Director</b>	<b>NHS Trust</b>
2023/24 (Apr – Sept)	NHS Trust	VCSFE
2023/24 (Oct – Mar)	VCSFE	Local Authority
2024/25 (Apr – Sept)	Local Authority	Primary Care
2024/25 (Oct – Mar)	Primary Care	NHS Trust

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

## **8. Responsibilities of members**

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

## **9. Interests**

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

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

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

## **10. Meetings and decision making**

Meetings shall be held in public. Provision will be made for a private session of the Board when required. The expectation is that private discussions will be the exception, and this will be supplemented by Board informal workshops/development sessions in private.

Members of the WPBP Board will:

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

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

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

### **11. Quorum**

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

Chair or Vice Chair  
PLACE Director – NHS Cheshire & Merseyside (or nominated deputy)  
Wirral Council representative (1)  
NHS Trust representative (1)  
Primary Care representative (1)  
VCSFE representative (1)

This excludes those in attendance providing administrative support.

### **12. Frequency and format of meetings**

The WPBPB will hold 9 meetings per municipal year with the exclusion of April, May and August. Scheduled dates for the following 12 months will be disseminated at the start of the municipal year.

The Chair may convene extraordinary meetings as required.

### **13. Agenda, minutes and papers**

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

### **14. Administration**

Administrative support will be provided by Wirral Council supported by the NHS Cheshire and Merseyside Wirral Place team, including the minuting of meetings and the circulation of agendas and papers. This will be reviewed regularly with the Place Director for Wirral.

## **15. Attendance/Substitutes**

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

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

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

The WPBPB may co-opt persons to sit on the Board for a fixed period or to assist with specific matters, but such co-opted members shall not be entitled to vote at any meetings of the Wirral Place-Based Partnership Board.

## **16. Review of the Terms of Reference**

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

## **17. Relationship with the Council/NHS Cheshire & Merseyside S75 Strategic Commissioning Joint Committee**

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

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

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

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Cheshire and Merseyside

## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 8 December 2022

<b>REPORT TITLE:</b>	<b>WIRRAL PLACE BASED PARTNERSHIP BOARD SUPPORTING GROUPS TERMS OF REFERENCE</b>
<b>REPORT OF:</b>	<b>PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE</b>

### REPORT SUMMARY

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

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

This matter affects all Wards within the Borough.

### RECOMMENDATION/S

The Wirral Place Based Partnership is recommended to:

1. Note the work to establish the supporting governance and assurance mechanisms to support the work of NHS Cheshire and Merseyside and the WPBPB in the Borough
2. Note and endorse the Terms of Reference for the four supporting groups referenced in this report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The four governance and assurance groups referenced in the report are necessary to support the Wirral Place Based Partnership Board and NHS Cheshire and Merseyside in the effective conduct of business in the Borough. The groups will also support collaboration across the Borough on health and care matters and lay the foundations for further delegation of decision making and resources from NHS Cheshire and Merseyside to Wirral.

### 2.0 OTHER OPTIONS CONSIDERED

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

### 3.0 BACKGROUND INFORMATION

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

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

**Quality and Performance Group** – this will provide the Place Based Partnership Board, and NHS Cheshire and Merseyside (via the Quality and Performance Committee), with assurance that health and care partners have insight and understanding of quality and performance issues at place level and confidence about maintaining and continually improving against each of the performance dimensions of quality of (safe, effective, person-centred, well-led, sustainable, and equitable) of their services. This set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care, coupled with a focus on performance.

As a subgroup of the Cheshire and Merseyside Quality and Performance Committee, the Quality and Performance Group Terms of Reference are consistent across all nine places. The membership and agendas will be different due to local circumstances.

The Quality and Performance Group held a workshop event on 18<sup>th</sup> August 2022. During this event the terms of reference were reviewed with members and discussion took place regarding the function of the group. A follow up meeting took place on 13<sup>th</sup> October 2022. This was to “test” the Terms of Reference against a live system issue. Following this approach terms of reference have been clarified and membership has been amended to reflect this.

**Primary Care Group** - to oversee exercise of the NHS Cheshire and Merseyside’s statutory powers in place relating to the provision of GP primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022, and other primary care services as delegated in future.

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

- 3.3 The draft Terms of Reference for each of these groups are contained in the appendices to this report. The WPBPB is asked to note that further work is needed on the Terms of Reference for the four supporting groups referenced in this report. In doing so the Board recognises that this work will include (i) finalising the membership of these groups and (ii) understanding how Wirral Provider Partnership’s governance arrangements will support operational delivery and transformation.
- 3.4 If Wirral as a place receives further delegated authority from NHS Cheshire and Merseyside, these groups could become sub-committees of the WPBPB.

#### **4.0 FINANCIAL IMPLICATIONS**

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

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- 5.2 There is a requirement for governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations. This report sets out the proposed governance arrangements.

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

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

## **7.0 RELEVANT RISKS**

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

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Engagement with system partners has taken place in the development of the Terms of Reference for these groups. As stated, these groups are either required by or recommended by NHS Cheshire and Merseyside for each place. It is intended that each group will have a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector.

## **9.0 EQUALITY IMPLICATIONS**

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

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

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

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

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

### **REPORT AUTHOR: Simon Banks**

Place Director (Wirral), NHS Cheshire and Merseyside  
email: [simon.banks@cheshireandmerseyside.nhs.uk](mailto:simon.banks@cheshireandmerseyside.nhs.uk)

## APPENDICES

Appendix 1	Wirral System Governance Map
Appendix 2	Draft Finance, Investment and Resources Group Terms of Reference
Appendix 3	Draft Quality and Performance Group Terms of Reference
Appendix 4	Draft Primary Care Group Terms of Reference
Appendix 5	Draft Strategy and Transformation Group Terms of Reference

## BACKGROUND PAPERS

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

## SUBJECT HISTORY (last 3 years)

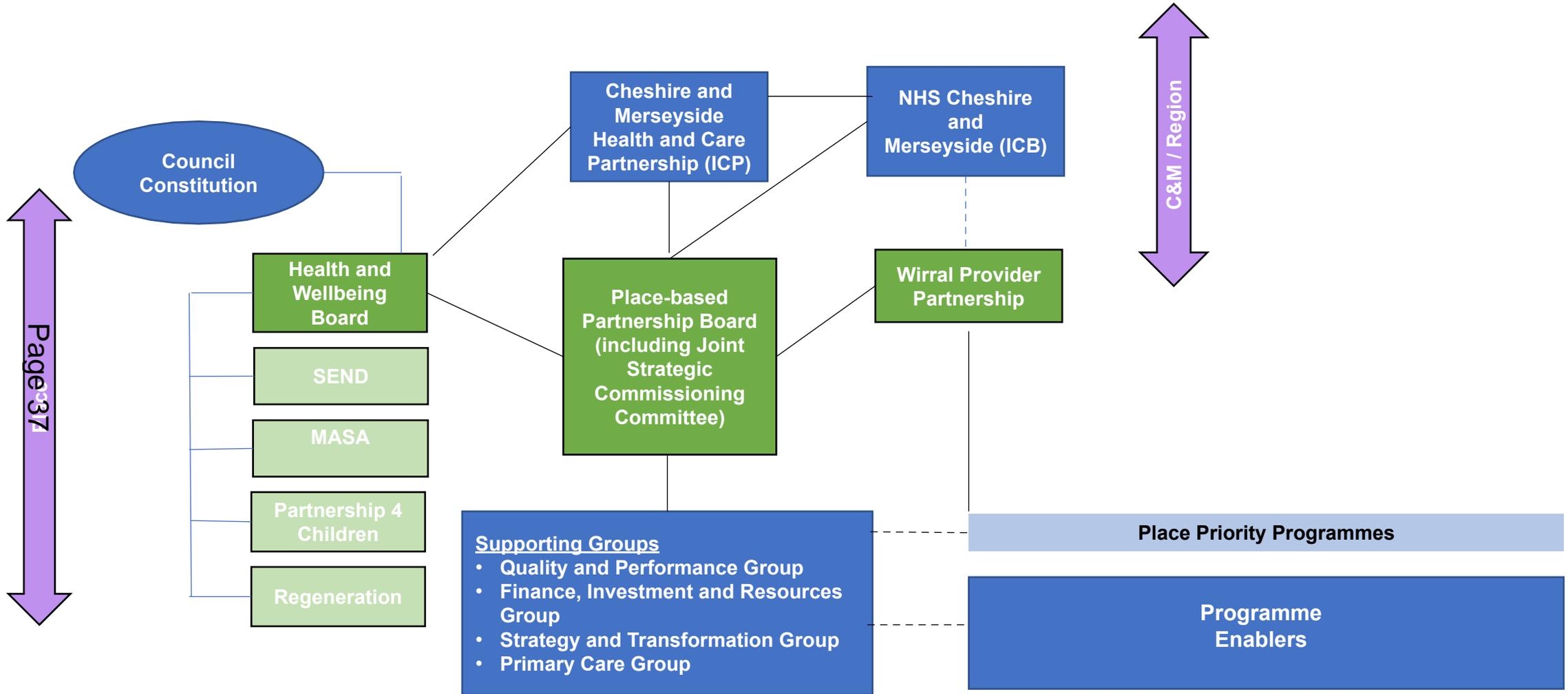
<b>Council Meeting</b>	<b>Date</b>
Wirral Place Based Partnership Board	13 <sup>th</sup> October 2022





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# Governance Map



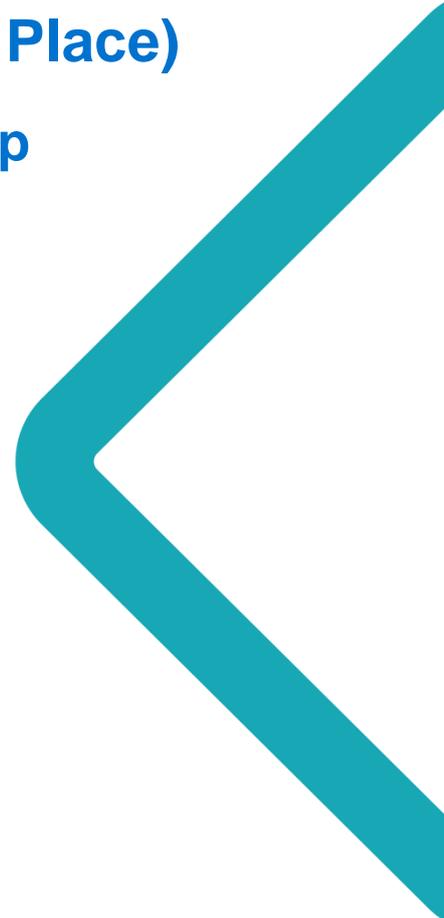
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# **NHS Cheshire & Merseyside (Wirral Place)**

## **Finance, Investment & Resources Group**

### Draft Terms of Reference

November 2022



**Document revision history**

Date	Version	Revision	Comment	Author / Editor
1/9/22	1.0	Initial ToRs		
18/10/22	2.0	Revised ToRs	Revised update after sharing for comments. Further comments invited in 1 <sup>st</sup> group meeting	Martin McDowell
4/11/22	2.1	Revised ToRs	Addition of section 2.14 to include risk monitoring and reporting arrangements	Martin McDowell
7/11/22	2.2	Revised ToRs	Confirmation that Pharmacy support should be SME rather than member of group	Martin McDowell

**Review due**  
**March 2023**

## Introduction

NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) has been established to

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

The Wirral Place Based Partnership Board has been established to support the delivery of the ICB objectives and:

- to provide strategic oversight, consultation, and ownership of the place partnership model of delivery to achieve the objectives of the Wirral place based partnership to improve the health and wellbeing of the Wirral population.
- to utilise existing contractual frameworks and the Section 75 agreement between the statutory organisations to transform the way in which health and care services are delivered and services are integrated.
- To contribute and be responsible for the Wirral place plan aligned with the joint health and wellbeing strategy.

### 1. Purpose

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

The group will assist Wirral Place Based Partnership Board to achieve its objectives to improve the health of the Wirral population in a sustainable manner. The group will also provide strategic oversight of the financial resources of the partner organisations in the Wirral Place based Partnership. The group will support the development and delivery of the Wirral Partnership financial plan, reflecting the strategic direction of the Partnership and provide advice to the Partnership Board to support effective and efficient system decision making as appropriate.

### 2. Responsibilities and duties

The group will fulfil its purpose by:

- 2.1 Applying the principles for financial operations and management within Wirral and through making recommendations for financial priorities including:
  - Delivery of long-term system financial sustainability and year on year system financial balance
  - Identifying and developing risk and gain share options
  - Resource distribution and funds flow arrangements
  - Capital, investment and digital investment priorities
  - Strategic estates considerations

- 
- 2.2 Securing assurance, oversight, and any action to ensure delivery of the system financial plan
  - 2.3 Enabling development of a financial and investment strategy in support of the Wirral system clinical strategy including:
    - Aligning financial performance to quality and activity and workforce standards.
    - Reviewing the allocation of resources to organisations taking account of the strategic objective of reducing health inequalities, improving health outcomes and supporting financial sustainability.
    - Considering the road map for resource distribution across the system to support both place and provider collaboration design over the medium term.
  - 2.4 Identify, evaluate, and provide a regular report on financial performance against plans and other resource risk across the Partnership, including monitoring the system performance dashboard, and recommending any mitigating actions as required.
  - 2.5 Provide oversight to the development of the Better Care Fund and Section 75 agreement, to expand in line with the place strategy.
  - 2.6 Monitor the performance of the collaboration agreement (section 75) made between partners and to work with the integrated commissioning group (JHCCEG) to develop recommendations.
  - 2.7 Identify opportunities to shift / release resources to ensure the Wirral Pound (£) and resources of the Partnership are used effectively to further the Place Partnership Plan, using population health intelligence and horizon scanning.
  - 2.8 Develop and provide financial and other resource modelling information for the Wirral Pound (£) at the request of the Partnership Board in relation to the broader Place Partnership priorities.
  - 2.9 Evaluate and recommend decisions to be made by the Partnership Board which have a material impact on the resources of the Partnership or any Partners.
  - 2.10 Provide evaluation to the Partnership Board on system sustainability.
  - 2.11 Establish the financial framework and principles against which proposals for service change within the Partnership are developed.
  - 2.12 Advise on the development of mechanisms for risk/gain share amongst Place Based Partnership member organisations, taking account of financial consequences incurred by all member organisations.
  - 2.13 Review progress of savings plans and ensure that impact on all partners is understood, and risks reflected appropriately.

- 2.14 Receive reports from partners highlighting key risks and response plans, and to review the measures identified to manage those risks. Recommend escalation of risks to appropriate statutory risk governance boards (including organisational risk registers) as required.
- 2.15 Develop an annual workplan to reflect the requirements of partners responsibilities.
- 2.16 Have regard to potential impact of other financial and commissioning decisions which may have an impact on the Wirral Borough area.

The group will advise and make recommendations to the Place Based Partnership Board, having taken account of proposals and recommendations identified by other key groups, including the Wirral Provider Partnership.

### **3. Delegated Powers and Authority**

The group will act within the authority of the C&M Integrated Care Board and wider representative partners, covering the scope of its remit through regular reporting, discussions, investigations and action.

### **4. Meeting Arrangements**

#### **4.1 Members**

- Associate Director of Finance and Performance, Wirral Place, C&M ICB. (Chair)
- Deputy Chief Finance Officer, Wirral Place, C&M ICB.
- Director of Finance – Wirral Borough Council.
- Associate Director of Quality and Safety Improvement, Wirral Place, C&M ICB.
- Associate Director of Transformation and Partnerships, Wirral Place, C&M ICB.
- Head of Primary Care and Partnerships, Wirral Place, C&M ICB.
- Chief Finance Officer, Wirral University Hospital NHS Foundation Trust.
- Chief Finance Officer, Wirral Community Health and Care NHS Foundation Trust.
- Director of Business and Value, Cheshire & Wirral Partnership Foundation NHS Trust.
- Experienced representative from Wirral Community, Voluntary or Faith Sector.
- Assistant Director of Contracts and Performance, Wirral Place, C&M ICB.

Notified, named deputies to support attendance and participation is encouraged on the basis that they can act with delegated authority.

## 4.2 Additional attendees

The group may invite representatives from the wider system, ICB, ICS, NHSE/I region, MLCSU or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions. This will extend to relevant subject matter experts to discuss wider resource issues including pharmaceutical, digital, estates, sustainability, and workforce.

## 4.3 Leadership

The Group is Chaired by the Associate Director of Finance, Wirral Place and a Deputy Chair will be established during the first meeting

## 4.4 Quorum

Decision making will be governed through the respective organisational schemes of delegation and reservation. It is envisaged that the group will make recommendations to the Wirral Place Based Partnership Board. For a meeting to be quorate, at least 50% of the membership must be present including at least one representative from CM ICB or WBC and at least one representative from NHS providers.

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

## 4.5 Frequency

The group shall meet monthly and will have a least 9 meetings each year.

On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members.

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

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

The meeting will be administered by a member of the Wirral Place Based Corporate Support Team.

## 4.6 Format

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

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

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

#### **4.7 Reporting**

The outputs of the group will be reported to the Wirral Place based Partnership Board and to the C&M Finance, Investment and Resources Committee by exception as required.

Meeting paperwork and content can be shared within the system finance community and with relevant colleagues particularly to gain an understanding of qualitative issues.

#### **5. Conduct**

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

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

#### **6. Review**

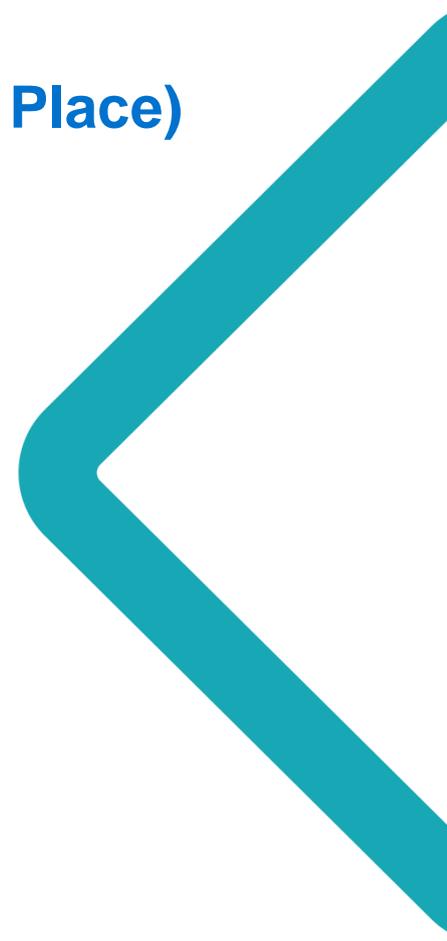
The scope, purpose, performance, and role of the group will be reviewed at least annually. The first review will be scheduled for March 2023.

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# **NHS Cheshire & Merseyside (Wirral Place)**

## **Quality & Performance Group**

### Terms of Reference



**Document revision history**



Date	Version	Revision	Comment	Author / Editor
XX	1.0	Initial ToRs		

**Review due**

**XXX xxx 2022/3**

## 1. Introduction

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

## 2. Purpose

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

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

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

## 3. Specific duties

- Gain timely evidence of provider and place-based quality performance, examples of data in **Appendix 1** (Relevant Quality Data and Intelligence).
- Receive, review and scrutinise the integrated performance reports (via Public View Dashboard) with a focus on quality, safety and patient experience and outcomes.
- Deliver at Place NHS C&M's key quality priorities, including priorities to address unwarranted variation and inequalities in care, and recommend these priorities to NHS C&M for inclusion in the NHS C&M Strategy / Annual Plan
- Ensure the delivery of quality and performance objectives by providers and partners within the designated place, including Integrated Care System (ICS) programmes that relate to the place portfolio.
- Identify and manage a Place risk register and escalate where necessary, risks that materially threaten these and any local objectives in line with the NHS C&M Risk Management Strategy. Review and monitor those risks on the Board Assurance Framework (BAF) and Corporate Risk Register in relation to Place relating to quality, and high-risk operational risks which could impact on care.
- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
- Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services.

- Hold senior staff to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
- Share good practice and learning across providers and neighbourhoods.
- Ensure key objectives and updates are shared consistently with the NHS C&M Board, Quality and Performance Committee, SQG and ICS leaders via the appropriate and established governance structures.
- Provide and monitor the effectiveness of quality and performance management structures to oversee the management of the place.
- Ensure that mechanisms are in place to involve people systematically and effectively at Place that use services as equal partners in quality activities.

#### 4. Principal Roles and Responsibilities

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

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

#### 5. Responsibility of Members

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

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

#### 6 Frequency

Meetings shall be held bi-monthly with a minimum of 6 per year.

Secretariat support will be provided by NHS Cheshire and Merseyside

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

#### 7 Openness and Confidentiality

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

#### 8 Conflicts of Interest

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

- Act in accordance with the NHS C&M Risk Management Framework.

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

## 9 Membership

The Chair will be the place-based quality lead.

Representatives from:

Designation	Organisation
Associate Director of Quality and Safety (Wirral) - Chair Clinical Director Head of Quality and Safety	NHS Cheshire and Merseyside
Assistant Director of Health and Care Deputy Director of Children's Services Consultant in Public Health	Wirral Borough Council
TBD	Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
Chief Nurse Medica Director Director of Quality	Wirral University Teaching Hospital Wirral Community Health and Care Trust Cheshire and Wirral Partnership
Chair of the Primary Care Council PCN leads Local Management Committee	Primary Care Providers

In addition to the membership detailed above, any other individual will be invited to attend based on the agenda item and at the Chair's discretion.

## 10 Quorum

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

## 11 Attendance

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

## 12 Reporting

The place-based quality and performance group will report for:

- Quality Control, statutory responsibilities, roles and functions to
  - ICS established assurance structures via NHS C&M and local authorities
  - NHS C&M Quality & Performance Committee
  - Place Quality & Performance Groups
  
- Quality Improvement, transparency and sharing of learning to
  - NHS C&M
  - NHS C&M Quality & Performance Committee
  - C&M System Quality Group (SQG)
  - Place Quality & Performance Group

## 13 Review of the Group

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

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

**Date agreed:**

**Review Date:**

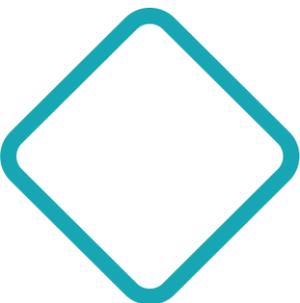
### Version Control:

Version	Date Approved	Description of revisions made
V1	Tbc	Initial terms of reference agreed for Place Quality & Performance Group
V2	Tbc	Amended to Place Quality & Performance Group
V3	27/06/22	Comments Wirral Place included.
V4	05/07/22	Comments from Cheshire Place included
V5	01/09/22	Comments from Place Director (Wirral).
V6	13/10/22	Terms of reference tested locally, amendments made

# **C&M Wirral Place Primary Care Group**

Terms of Reference

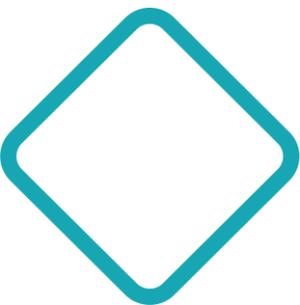
November 2022



## Document revision history

Date	Version	Revision	Comment	Author / Editor
18.05.22	0.1 (5)	Draft		Ben Vinter
27.07.22	0.1(6)	Draft		Iain Stewart
18.08.22	0.1(7)	Draft		Iain Stewart
04.11.22	0.1(8)	Draft		Iain Stewart

Review due  
April 2023



## Introduction

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

## Purpose

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

These Terms of Reference (ToR) relate to the Wirral Place Primary Care Group. Please see separate System-wide Primary Care Committee ToRs for the role of the Primary Care Committee with oversight for all nine areas.

## Statutory Framework

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

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

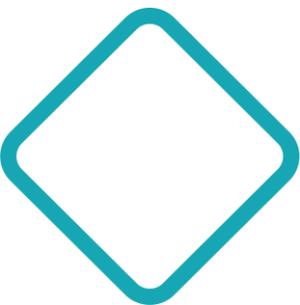
- (1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*
- (2) *In this section "relevant function" means—*
  - (a) *any function of NHS England under section 3B(1) (commissioning functions);*
  - (b) *any function of NHS England,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

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

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

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

- a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
- c) section 14Z34 (improvement in quality of services),
- d) section 14Z35 (reducing inequalities),



- e) section 14Z38 (obtaining appropriate advice),
- f) section 14Z40 (duty in respect of research),
- g) section 14Z43 (duty to have regard to effect of decisions)
- h) section 14Z44 (public involvement and consultation),
- i) sections 223GB to 223N (financial duties), and
- j) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

In addition, NHS C&M will follow the Procurement, Patient Choice and Competition (no2) Regulations 2013 and any subsequent procurement legislation that applies to the ICB

### **Delegated Powers and Authority – Role of the Committee**

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

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

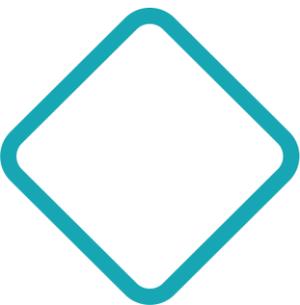
In performing its role, the Group will exercise its management of the functions in accordance with the agreement entered into between NHS C&M and NHS England. The agreement will sit alongside the delegation and terms of reference in accordance with the NHS C&M constitution.

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

### **Commissioning of Primary Medical Services**

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

- Management of GMS, PMS and APMS contracts, including the design of PMS and APMS contracts, monitoring of contracts sat within its Place, and recommending material action to the System Primary Care Committee on some areas e.g., removing a contract
- Making recommendations to the System Primary Care Committee or making a decision on whether to establish new GP practices in an area
- Approving practice mergers, branch closures, list closures and parties to contract changes;
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes) where referred to Place by the ICB
- To manage the place-delegated budget for commissioning of primary care services
- Ensure the delivery of NHS C&M Primary Care strategy including implementing current primary care national directives through robust contractual arrangements with general practices and appropriate developmental support
- To review and propose service specifications and contractual proposals within a framework provided by the ICB for commissioned services from primary care providers within its Place



- Support PCNs at Place to co-ordinate a common approach to the commissioning and delivery of primary care services
- Any other contractual issues above not listed but detailed in the National Primary Medical Care Policy and Guidance Manual (link below)

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

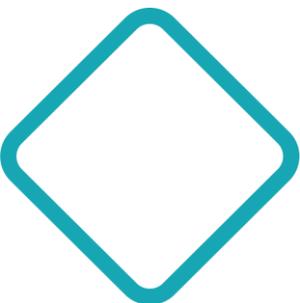
## **Commissioning of Community Pharmacy – To be confirmed**

### **Additional responsibilities**

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

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

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



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

### **Sub-groups**

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

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

### **Risk Management**

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

### **Membership & Attendance**

The membership shall consist of the following members:

- Place Director
- Place Associate Director of Finance
- Place Associate Director of Quality and Safety
- Place Associate Director of Transformation and Partnerships
- Clinical Director, Wirral Place
- Head of Primary Care & Partnerships
- Director of Health & Care, Wirral Council
- Primary Care representative(s) from Place-based Partnership Board
- VCF representative - Chair
- VCF representative

In attendance by invitation:

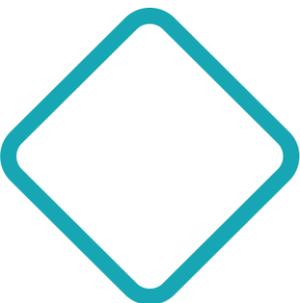
- Healthwatch nominated representative
- Local Representative Committee nominations (General Practice, Dentistry, Community Pharmacy, Community Optometry)
- Other partners as required

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

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

### Attendees

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



Meetings of the Group may also be attended by individuals who are not members of the Group for all or part of a meeting as and when appropriate.

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

### Meetings

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

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

The ICB Board, System Primary Care Committee Chair, Group Chair, ICB Chief Executive or Place Director may ask the Group to convene further meetings to discuss particular issues on which they want advice.

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

### Quorum

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

- At least five Group members in total;
- At least one “independent” or system Partner\*
- At least one Clinical Member\*
- At least two ICB Directors / Associate Directors (or their nominated deputies).

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

### Decision-making

Decisions should be taken in accordance with the Place Governance Matrix (available separately) in line with the financial delegation of the Place Director and Associate Directors present and/or any authority delegated to the committee by the ICB.

These Terms of Reference will be reviewed against the ICB Scheme of Reservation and Delegation once that document is formally approved by the ICB.

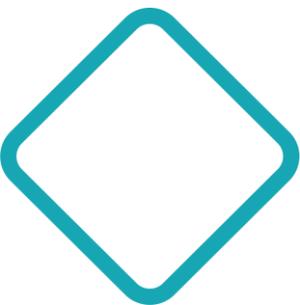
The Group will usually make decisions by consensus. Where this is not possible, the Place Director will determine the outcome.

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

### Administrative Support

The Group shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members’ appointments and renewal dates are retained and the Group is prompted to renew membership and identify new members where necessary;



- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
  - The Chair is supported to prepare and deliver reports to the Group;
  - The Group is updated on pertinent issues/ areas of interest/ policy developments;
- and
- Action points are taken forward between meetings.

### Accountability and Reporting Arrangements

The Group is accountable to the System Primary Care Committee and shall report to the System Primary Care Committee on how it discharges its responsibilities.

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

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

The Group may also provide ratified minutes and reports to other key groups within place as it deems appropriate.

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

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

### Behaviours and Conduct

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Group shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

All members shall comply with the ICB's Managing Conflicts of Interest Policy at all times. In accordance with the ICBs' policy on managing conflicts of interest, Group members should:

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

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

- Comply with the ICBs' policies on standards of business conduct which include upholding the Nolan Principles of Public Life;
- Attend meetings, having read all papers beforehand;



- Arrange an appropriate deputy to attend on their behalf, if necessary;
- Act as 'champions', disseminating information and good practice as appropriate;
- Comply with the ICBs' administrative arrangements to support the Group around identifying agenda items for discussion, the submission of reports etc.

#### Equality diversity and inclusion

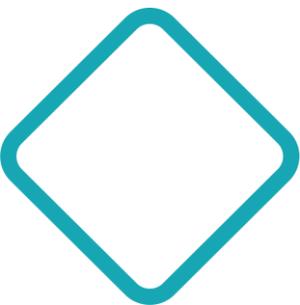
Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

#### **Monitoring Effectiveness and Compliance with the Terms of Reference**

The Group will review its effectiveness at least annually

#### **Review of the Terms of Reference**

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



## SCHEDULE 1 – FUNCTIONS DELEGATED TO C&M ICB (to be managed in accordance with the ICB’s scheme of reservation and delegation and System and Place Committee TOR)

- A. Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
  - i. decisions in relation to Enhanced Services decisions in relation to Local Incentive Schemes (including the design of such schemes)
  - ii.
  - iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices (including branch surgeries)
  - iv. decisions about ‘discretionary’ payments
  - v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- B. The proposal of practice mergers
- C. Planning primary medical care services within the place of Wirral, including carrying out needs assessments
- D. Undertaking reviews of primary medical care services within the place of Wirral
- E. Decisions in relation to the management of poorly performing GP practices within the place of Wirral and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- F. Management of the Delegated Funds within the place of Wirral
- G. Premises Costs Directions functions
- H. Co-ordinating a common approach to the commissioning of primary care services with other commissioners within the place of Wirral where appropriate; and
- I. Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

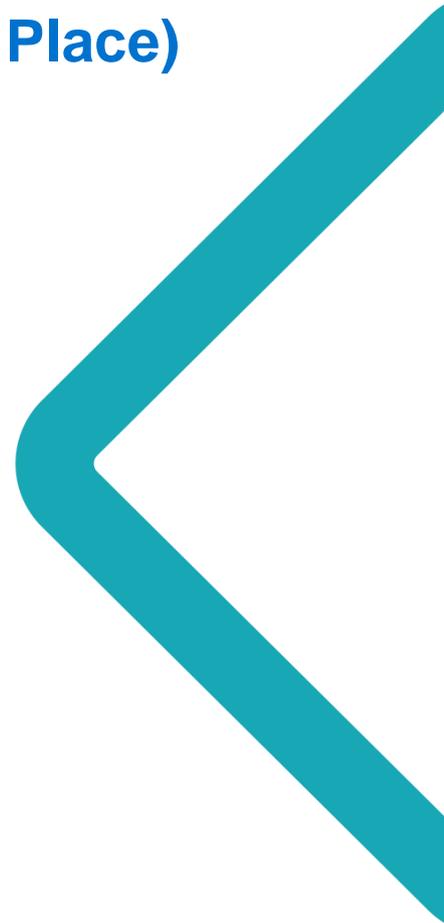
## SCHEDULE 2 – RESERVED FUNCTIONS TO NHSE

- A. Management of the national performers list
- B. Management of the revalidation and appraisal process
- C. Administration of payments in circumstances where a performer is suspended and related performers list management activities
- D. Capital Expenditure functions
- E. Public Health Section 7A functions under the NHS Act
- F. Functions in relation to complaints management
- G. Decisions in relation to the Prime Minister’s Challenge Fund; and
- H. Such other ancillary activities that are necessary in order to exercise the Reserved Functions

# **NHS Cheshire & Merseyside (Wirral Place)**

## **Strategy & Transformation Group**

### Terms of Reference



**Document revision history**



Date	Version	Revision	Comment	Author / Editor
XX	1.0	Initial ToRs		

**Review due**  
**XXX xxx 2022/3**

## 1. Introduction

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

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

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

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

## 2. Purpose

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

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

The WPSTG will support the PBPB in responding to national, regional, and local priorities for health and care – the strategic intent for these being set out guidance to the NHS and/or local authority, developed through the Wirral Health and Wellbeing Strategy and aligned with the Wirral Plan 2026. The WPSTG will ensure that there are plans in place for ratification by the PBPB that demonstrate how strategic priorities will be delivered through clear and agreed plans. This will include an agreed Wirral Place Plan for the relevant operating year as well as agreeing delivery plans for specific areas of work or in response to additional requests.

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

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

### 3. Responsibilities / duties

The Group will fulfil its purpose by:

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

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

### 4. Delegated Powers and Authority

The Group is responsible for delivery of the target areas and enabling work streams by:

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

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

## 5. Membership & Attendance

### 5.1 Members

Role	Organisation
Place Director (Wirral)	NHS Cheshire and Merseyside
Associate Director – Transformation and Partnerships (Wirral)	NHS Cheshire and Merseyside
Director for Adults’ Care and Health	Wirral Council
Director of Public Health	Wirral Council
Director of Children’s Services	Wirral Council
Director of Strategy and Partnerships and/or Director of Operations	Cheshire and Wirral Partnership NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral Community Health and Care NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral University Teaching Hospital NHS Foundation Trust
Chief Executive	Healthwatch Wirral
Programme Director	Healthy Wirral (employed by Wirral Community Health and Care NHS Foundation Trust)

In addition to the above, the Voluntary Community Faith and Social Enterprise Sector will be asked to nominate two people to attend these meetings. Primary Care will also be asked to nominate up to four people to attend the meeting, who should be representative of general practice, community dentistry, community optometry and community pharmacy.

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

### 5.2 In attendance

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

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

## 6. Meetings

### 6.1 Leadership

The Group will be chaired by the Place Director (Wirral), NHS C&M. The Director for Adults’ Care and Health will act as deputy.

## 6.2 Quorum

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

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

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

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

## 6.3 Frequency

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

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

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

## 6.4 Format

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

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

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

## 6.5 Reporting

The outputs of the group will be reported to the Wirral Place Based Partnership Board.

## 7. Behaviours and Conduct

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

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

## **8. Review**

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

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Cheshire and Merseyside

## WIRRAL PLACE BASED PARTNERSHIP BOARD

8 DECEMBER 2022

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

### REPORT SUMMARY

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

### RECOMMENDATION/S

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

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

1.1 This is the first Quality and Performance paper that has been submitted to the newly established Wirral Place Partnership Board. This report will evolve as the process develops.

### **2.0 OTHER OPTIONS CONSIDERED**

2.1 No others at this stage.

### **3.0 BACKGROUND INFORMATION**

#### 3.1 Items for Alert

##### 3.1.1 Mental Health

Cheshire and Wirral Partnership (CWP) had an unannounced CQC inspection on 7<sup>th</sup> and 8<sup>th</sup> November both in the Cheshire and Wirral sites. The inspection included a review of the seclusion area within Macclesfield. A report will be published with findings.

A Regulation 28 was issued on 30/09/22 issued in relation to care an individual received whilst an inpatient at Lakefield in 2018. A response is required to the coroner by the provider within 56 days (25<sup>th</sup> November 2022).

Delayed transfers of Care for patients with Mental Health needs is a challenge within the system; as of 8<sup>th</sup> November, there are 29 patients, 7 of whom from Wirral who have been delayed a total of 962 days. The impact across the Wirral system includes:

- Delays in admitting patients from Emergency Departments and community settings.
- Disruption in Emergency Departments dealing with complex acutely ill patients.
- Impact on patient experience and recovery due to delays.
- Patients being sent out of area into private acute beds (29 patients currently)
- Increased length of stay on wards which reduces bed capacity for others requiring service provision.

Working across the system some progress has been made to resolve this issue. However wider commissioning strategies to be in place to bring about sustainable change.

A Wirral MP has questioned NHS Cheshire and Merseyside Chief Executive Officer regarding Mental Health waiting times at a recent Regional MP Seminar. This includes services provided by CWP and other provider organisations. A response has been provided.

##### 3.1.2 All Age Continuing Care (AACC)

There are two national performance targets relating to AACC:

- 80% of referrals which are received are assessed within 28 days.
- No person should be waiting longer than 12 weeks for an assessment.

Performance in Q2 has decreased in predicted performance relating to 28-day standard from 80% to 67%. This is largely due to reviewing those patients who have been waiting in excess of 28 days in order to reduce the backlog.

There is currently one person in Wirral who has waited over 12 weeks for an assessment. They are known to the team and there is a plan in place to ensure that this assessment is completed.

Due to the non-achievement of the standards, an improvement plan has been established and weekly monitoring of progress against the plan is undertaken by NHS England.

### 3.2 items to Advise

#### 3.2.1 SEND

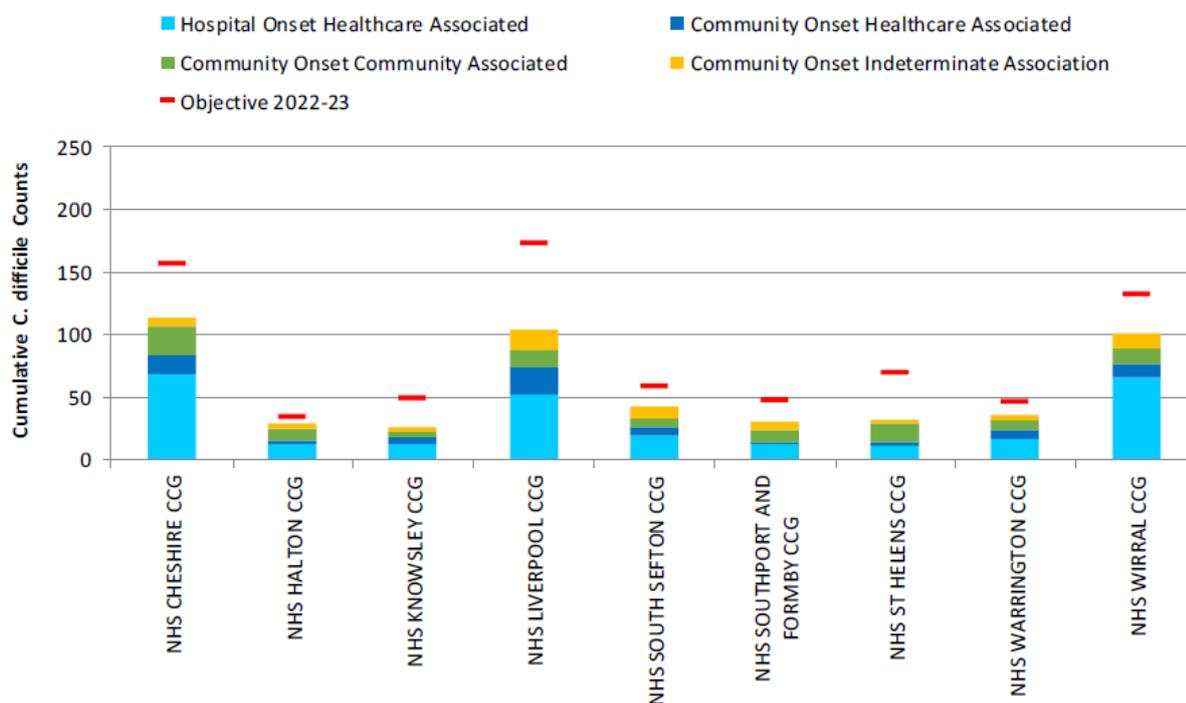
Progress against the SEND written statement of action continues. A monitoring meeting with the DfE and NHSE is scheduled on 16/11/22. Board will continue to receive updates in relation to this and any matters that require escalation/support.

The Designated Clinical Officer will be leaving post on 22<sup>nd</sup> December. As this is a statutory role and with risk to non-achievement of the Written Statement of Action, this post will be recruited to and has been approved by the Director of Nursing and Care.

#### 3.2.2 C-Difficile

Wirral has a high rate of C-difficile in comparison with neighbours. Despite a large amount of work that is being undertaken in this area the impact has not been made.

### C. difficile Cases by CCG Against Annual Objective\*



\*Showing cases recorded so far in the year 2022-23

Source UKSHA data October 2022

Support has been sought from NHS England and a system review of C-difficile is underway. This involves specialists from the Northwest reviewing data and intelligence, board reports and local systems. Following this a series of focus groups or discussions with teams will take place. The review will include prescribing, IPC control measures in place, local sampling and systems.

It is expected that a report with recommendations will be written, and a system action plan will be developed by December 2022.

### 3.3 Items to Assure

#### 3.3.1 Quality and Performance Group

Two meetings have been held using a workshop approach. Terms of reference have been discussed and membership updated to reflect the comments made by partners.

The second meeting concentrated on a working example of how the system would work together.

#### 3.3.2 Winter plan

Senior Nursing and Quality leads in Wirral have been working collaboratively to establish Quality and Safety principles during winter to compliment the winter plan. This includes both physical and mental health, how risk is identified assessed and mitigated as a system. This covers all areas of care.

### 3.3.3 Safeguarding Adults and Vulnerable People

There is a vacancy for the role Designated Professional for Safeguarding Adults. Support has been sourced from across the Cheshire and Merseyside to support Wirral during this period and to mitigate some risk.

As this is a statutory post, permission has been granted to recruit to this post on a permanent basis. This process is underway.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 None identified.

## **5.0 LEGAL IMPLICATIONS**

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

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

6.1 None identified

## **7.0 RELEVANT RISKS**

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

## **8.0 ENGAGEMENT/CONSULTATION**

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

## **9.0 EQUALITY IMPLICATIONS**

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

**10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

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

**11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 there are no community wealth implications identified within this paper

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**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



Cheshire and Merseyside

## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 8 December 2022

<b>REPORT TITLE:</b>	<b>2022/23 POOLED FUND FINANCE REPORT TO MONTH 6 SEPTEMBER 2022</b>
<b>REPORT OF:</b>	<b>ASSOCIATE DIRECTOR OF FINANCE, CHESHIRE &amp; MERSEYSIDE INTEGRATED CARE BOARD – WIRRAL PLACE</b>

### 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 £248.73m 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 an update to the pooled fund budget, a summary forecast position as at Month 6 to 31<sup>st</sup> 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 6 is currently a £5.3m overspend position due to the Clinical Commissioning Group (CCG) / 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 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 As at Month 6 the revised Pooled Fund budget for 2022/23 of £248.97m is set out in Table 1 below.

Table 1

	Final 21/22 £m	at M5 22/23 £m	Revised 22/23 £m
CCG / ICB Place Pool	134.30	137.89	138.13
Health & Care	49.60	50.70	50.70
Children and Young People	1.70	1.70	1.70
Better Care Fund	55.78	58.44	58.44
Grand Total	241.38	248.73	248.97

- 4.2 The pooled fund has increased this month by £0.2m from £248.7m to £248.9m. This is due to: -

- £0.2m non recurrent virements to Wirral place for primary care prescribing from NHS England.

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 6 the reported forecast position of the pooled fund is a £5.3m overspend and a summary position in Table 2 is provided below.

Table 2

	Summary	2022 / 23 Budget	Forecast Outturn	Variance
A	<b>ICB Wirral Place Pool</b>	£138.1m	£143.4m	£5.3m
B	<b>Health &amp; Care</b>	£50.7m	£50.7m	£0.0m
C	<b>Children and Young People</b>	£1.7m	£1.7m	£0.0m
D	<b>Better Care Fund</b>	£58.4m	£58.4m	£0.0m
	<b>Grand Total</b>	<b>£248.9m</b>	<b>£254.3m</b>	<b>£5.3m</b>

- 4.5 The overspend of £5.3m is due to the CCG / ICB Wirral place pool commissioned services. This element of financial risk lies with the ICB and predominantly continues to be operational pressures in CHC and Mental Health packages of care both activity

and price, and therefore the ICB will meet the costs of this overspend. (see R2 and section 7).

- 4.6 A Wirral place financial recovery plan has been developed, focusing on the key drivers of the overspend and submitted to the ICB Director of Finance on 6th October, awaiting feedback. It is now in the process of being monitored against the trajectories set out with action plans in progress and regular checkpoint reviews scheduled for the remainder of the financial year.
- 4.7 A break even position is reported for the Better Care Fund element. However, there is a potential pressure of £172k, due to the extension of the D2A beds. It is hoped that this will be mitigated as the year progresses.

## **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.

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## APPENDICES

Appendix 1 – Section 75 Pooled Fund Budget 2022/23

## BACKGROUND PAPERS

Draft Section 75 agreement 2022/23  
JHCCEG Finance Report M6

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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## APPENDIX 1 - Proposed Section 75 Pooled Budget 2022/23 – Wirral Place – Finance position M6

	Summary	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
A	<b>ICB Wirral Place Pool</b>	£0.2m	£138.1m	£143.4m	£5.3m	
B	<b>Health &amp; Care</b>	£0.0m	£50.7m	£50.7m	£0.0m	
C	<b>Children and Young People</b>	£0.0m	£1.7m	£1.7m	£0.0m	
D	<b>Better Care Fund</b>	£0.2m	£58.4m	£58.4m	£0.0m	
	<b>Grand Total</b>	<b>£0.3m</b>	<b>£248.9m</b>	<b>£254.3m</b>	<b>£5.3m</b>	= over performance

	ICB - Wirral Place	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Commissioned out of Hospital		£66.7m	£71.7m	£5.0m	CHC Fully funded, MH and PHBs, also HDP run off impact c£2.2m. Assumes full qipp delivery Based on July prescribing actuals, NCSO pressures emerging offset with DOACs Framework benefits
	Prescribing	£0.2m	£69.3m	£69.4m	£0.1m	
	Primary Care	-£0.0m	£8.2m	£8.4m	£0.2m	
	QIPP		-£6.1m	-£6.1m	£0.0m	
	<b>Total</b>	<b>£0.2m</b>	<b>£138.1m</b>	<b>£143.4m</b>	<b>£5.3m</b>	

	Health & Care	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Learning Disabilities		£46.7m	£46.7m	£0.0m	
	Mental Health		£14.4m	£14.4m	£0.0m	
	Children with Disabilities		£1.1m	£1.1m	£0.0m	
	Client Charges		-£3.6m	-£3.6m	£0.0m	
	Joint-Funded Income		-£7.9m	-£7.9m	£0.0m	
	<b>Total</b>	<b>£0.0m</b>	<b>£50.7m</b>	<b>£50.7m</b>	<b>£0.0m</b>	

C	Children and Young People	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Care Packages	£0.0m	£1.7m	£1.7m	£0.0m	
	<b>Total</b>	<b>£0.0m</b>	<b>£1.7m</b>	<b>£1.7m</b>	<b>£0.0m</b>	

D	Better Care Fund	2022/23 Budget change	2022 / 23 Budget	Forecast Outturn	Variance	Notes
	Integrated Services	£1.3m	£27.0m	£27.0m	£0.0m	note Q1 CCG funded 30 beds, Q2 50/50
	Adult Social Care Services		£24.0m	£24.0m	£0.0m	
	CCG Services		£2.0m	£2.0m	£0.0m	
	Public Health		£0.2m	£0.2m	£0.0m	
	DFG		£4.7m	£4.7m	£0.0m	
	Other	-£1.2m	£0.6m	£0.6m	£0.0m	
	<b>Total</b>	<b>£0.2m</b>	<b>£58.4m</b>	<b>£58.4m</b>	<b>£0.0m</b>	



Cheshire and Merseyside

## JOINT STRATEGIC COMMISSIONING BOARD

8<sup>th</sup> DECEMBER 2022

<b>REPORT TITLE:</b>	<b>ADULT SOCIAL CARE DISCHARGE FUND</b>
<b>REPORT OF:</b>	<b>PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE</b>

### REPORT SUMMARY

The Adult Social Care Discharge Fund is a national allocation of resources to local authorities and the NHS from His Majesty's Government. The Fund has specific resource allocations, criteria and management mechanisms that have been set by the Department of Health and Social Care (DHSC).

This paper sets out the purpose of the Adult Social Care Discharge Fund, how the resources have been allocated, the conditions attached to the funding and how this impacts on Wirral as a place.

The deadline for submission of the Wirral plans for the Adult Social Care Discharge Fund is 16<sup>th</sup> December 2022.

This matter affects all Wards within the Borough.

### RECOMMENDATION/S

It is recommended that:

- The Joint Strategic Commissioning Board Sub-Committee is recommended to delegate the approval of the Wirral plan for the Adult Social Care Discharge Fund to the Director of Adult Social Care and Health, Wirral Council in consultation with the Place Director, NHS Cheshire and Merseyside.
- That a further update report on the submission be brought to the next meeting of the Joint Strategic Commissioning Board and Wirral Place Based Partnership Board.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Adult Social Care Discharge Fund is being released via two routes, one allocation into Local Authorities and the other via Integrated Care Boards. It is recommended that the money is pooled via Better Care Fund arrangements. This requires a decision between Wirral Council and NHS Cheshire and Merseyside, which needs to be exercised through a Joint Strategic Commissioning Board. Further work is required on the Wirral plans for this fund and given the timeline, it would not be possible to convene a Joint Strategic Commissioning Board to approve the submission. Delegated approval is therefore being sought in this paper.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Adult Social Care Discharge Fund is a national allocation of resources to local authorities and the NHS from His Majesty's Government. The Fund has specific resource allocations, criteria and management mechanisms that have been set by the Department of Health and Social Care (DHSC). There are therefore no other options for the Wirral system than to apply to utilise our allocations through the processes identified in the guidance. The timeline set by the DHSC are strict and do not allow for submissions after 16<sup>th</sup> December 2022.

### 3.0 BACKGROUND INFORMATION

- 3.1 On 22<sup>nd</sup> September 2022, the His Majesty's Government announced its *Plan for Patients*. This plan committed £500 million for the rest of the financial year 2022/23, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The intention of this fund is to focus on, but not be limited to, a 'home first' approach and discharge to assess (D2A).
- 3.2 On 18<sup>th</sup> November 2022, the Government confirmed that the Adult Social Care Discharge Fund would be released through local authorities and integrated care boards (ICBs) to pool into local Better Care Fund (BCF) arrangements. In line with usual BCF requirements, the use of both elements of this funding should be agreed between local health and social care leaders.
- 3.3 The funding will be allocated to achieve the maximum reduction in delayed discharge:
- £200 million will be distributed to local authorities, based on the adult social care relative needs formula (RNF)
  - £300 million will be distributed to integrated care boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of both:
    - a fair-shares distribution based on 2022/23 ICB weighted populations (25% of ICB funding)
    - a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding)

The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data and have met the other conditions.

3.4 Ministers have set specific conditions governing the use of this additional funding:

- local authorities and ICB funding allocation should be pooled into local BCF section 75 agreements with plans for spend agreed by LA and ICB chief executives and signed off by the relevant Health and Wellbeing Board (HWB).
- funding allocated to ICBs should be pooled into HWB level BCF section 75 agreements. ICBs should agree the distribution of this funding with LAs in their area and confirm the agreed distribution to the BCF team (via the planning template).
- funding should only be used on permitted activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required.
- funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost within the funding available, including from mental health inpatient settings. D2A and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time.
- ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends.
- the Department for Health and Social Care (DHSC) and NHS England (NHSE) may follow up with local areas to understand and/or challenge the planning approach - this may happen:
  - if plans do not clearly demonstrate prioritising activity to free up the maximum number of hospital beds, and reduce the bed days lost;
  - where it is evident that spending plans are in breach of other funding conditions
  - where data shows that delayed discharges are significantly higher or increasing at a greater rate than national averages.
- a progress review across all areas will take place in January 2023. Local areas will be expected to engage fully in this process.
- a completed spending template should be submitted 4 weeks after fund details are published (by 16<sup>th</sup> December 2022), confirming planned use of the additional funding and that the use of the funding has been agreed by the ICB and local authority. Spend against the first tranche of money can commence as soon as plans are agreed locally. Allocation of the second tranche of funding will be

contingent on having submitted the completed spending template and meeting of the funding conditions.

- local areas should also submit fortnightly reports setting out what activities have been delivered in line with commitments in the spending plan.
- ICBs, hospital trusts and local authorities should work together to improve all existing NHSE and local authority discharge data collections including related situation reporting data and discharge data submitted as part of the commissioning data set.
- as a minimum social care providers must keep the required capacity tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance, however it is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. The DHSC recommends updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient discharges. Keeping this data up to date is imperative for ensuring that patients are discharged to the right place for their specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.

3.5 The impact the additional funding is having will be tracked by the following metrics:

- the number of people discharged to their usual place of residence (existing BCF metric).
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged).
- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep).
- the proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust.
- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template).

3.6 NHS England and the DHSC will monitor continued compliance against the funding conditions set out above, through interactions with local areas and scrutiny of the spending reports and the discharge related metrics. Where there are higher or increasing delayed discharges (beyond the national average) or where there are significant challenges, local areas will be offered a package of support to encourage improvement. In these cases, the expectation will be that ICBs (including relevant trusts) and local authorities will implement the recommendations provided by the support programme teams.

3.7 A progress review across all areas will take place in January 2023. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, NHS England and DHSC, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. All local partners are expected to engage fully with this process where necessary.

- 3.8 The announcement on 18<sup>th</sup> November 2022 confirmed that the total allocation to Wirral Council is £1.5m and the allocation to NHS Cheshire and Merseyside, our local ICB, is £19.2m. NHS Cheshire and Merseyside's Executive Team has agreed to initially release 75% of this funding to places whilst retaining 25% as a contingency for deployment at a later stage, meaning that the initial sum distributed will be £14.419m.
- 3.9 NHS Cheshire and Merseyside has used the methodology employed to distribute funding from national levels to ICBs in terms of providing an allocation to places. This means that 75% of funding has been based upon the key discharge metric of "no Criteria to Reside" and 25% based upon a population basis. The outcome of this approach has meant that Wirral has received an increased allocation compared with an expected "fair share" distribution, with £2.110m being made available through the initial release of funding.
- 3.10 The Minister for Social Care, in their letter of 18<sup>th</sup> November 2022, made it clear that it is crucial that health and care systems and providers work together across health and social care to meet the care needs of people and make best use of available resources. This includes coming together as joint teams involving NHS organisations, local authorities and social care provider representatives, for instance under the umbrella of integrated care partnerships. The DHSC expects to work with NHSE and local authorities to support the sharing of good practice and assess the impact of the discharge fund.
- 3.11 NHS Cheshire and Merseyside, Wirral Council and our main NHS providers are already working together on a range of measures that seek to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The reduction in the number of people not meeting the criteria to reside in Wirral University Teaching Hospitals NHS Foundation Trust, or who are experiencing long lengths of stay has been an area of focus for our system for some months. We are also equally concerned about people in similar situations who are under the care of mental health providers, such as Cheshire and Wirral Partnership NHS Foundation Trust. We are therefore working together to agree a submission for the deadline of 16<sup>th</sup> December 2022 that would enhance our existing service offering and meet the criteria set out in the Adult Social Care Discharge Fund.
- 3.11 The Wirral place plans for the Adult Social Care Discharge Fund remain work in progress. Decisions on the allocation of resources through the Better Care Fund are within the remit of the Joint Strategic Commissioning Board. The Adult Social Care Discharge Fund is being managed through the Better Care Fund and therefore requires a decision of this Board, between elected members and NHS Cheshire and Merseyside. Given the timelines set by the DHSC, this will not be possible at this meeting. It is therefore recommended that the Joint Strategic Commissioning Board Sub-Committee:
- Delegates the approval of the Wirral plan for the Adult Social Care Discharge Fund to the Director of Adult Social Care and Health, Wirral Council in consultation with the Place Director, NHS Cheshire and Merseyside.

- That a further update report on the submission be brought to the next meeting of the Joint Strategic Commissioning Board and Wirral Place Based Partnership Board.

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 The total Adult Social Care Discharge Fund allocation to Wirral Council is £1.5m, the allocation to NHS Cheshire and Merseyside is £19.2m. NHS Cheshire and Merseyside's Executive Team has agreed to initially release 75% of the NHS funding to places whilst retaining 25% as a contingency for deployment at a later stage, meaning that the initial sum distributed will be £14.419m. Wirral has received an increased allocation, compared with an expected "fair share" distribution, of £2.110m from this initial allocation.

#### **5.0 LEGAL IMPLICATIONS**

5.1 The funding is subject to specific conditions set by the DHSC as set out in paragraph 3.4 of the report.

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

6.1 The guidance that supports the Adult Social Care Discharge Fund is very clear in specifying that the resources should be used to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The intention of this fund is to focus on, but not be limited to, a 'home first' approach and discharge to assess (D2A). It is hoped that the resources will support additional workforce in these areas.

#### **7.0 RELEVANT RISKS**

7.1 There is a risk that the second tranche of the Adult Social Care Discharge Fund will not be allocated to Wirral without clear plans and evidence of improvement. The monitoring mechanisms for the Adult Social Care Discharge Fund and associated deliverables will support the system in mitigating this risk.

#### **8.0 ENGAGEMENT/CONSULTATION**

8.1 NHS Cheshire and Merseyside, Wirral Council and our main NHS providers are already working together on a range of measures that seek to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The Wirral response to the Adult Social Care Discharge Fund is being developed through existing engagement mechanisms across these partners.

#### **9.0 EQUALITY IMPLICATIONS**

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

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

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

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## APPENDICES

There are no appendices to this paper.

## BACKGROUND PAPERS

*Our Plan for Patients*, Department of Health and Social Care, 22<sup>nd</sup> September 2022, [Our plan for patients - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

*Adult Social Care Discharge Fund*, Department of Health and Social Care, 18<sup>th</sup> November 2022, [Adult Social Care Discharge Fund - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Cheshire and Merseyside

## WIRRAL PLACE BASED PARTNERSHIP BOARD

Thursday, 8 December 2022

<b>REPORT TITLE:</b>	<b>WIRRAL PLACE BASED PARTNERSHIP WORK PROGRAMME</b>
<b>REPORT OF:</b>	<b>HEAD OF LEGAL SERVICES (MONITORING OFFICER)</b>

### REPORT SUMMARY

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

### RECOMMENDATION/S

The Wirral Place Based Partnership Board is recommended to note and comment on the proposed Wirral Place Based Partnership Board work programme for the remainder of the 2022/23 municipal year.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

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

### **2.0 OTHER OPTIONS CONSIDERED**

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

### **3.0 BACKGROUND INFORMATION**

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by the Wirral Plan 2021-2026 as well as the priorities of partner organisations.
- 3.2 Once elected, the Chair of the Board will work with the Place Director and other members of the Board to set the agenda for the remainder of the 2022-23 Municipal Year.

### **4.0 FINANCIAL IMPLICATIONS**

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

### **5.0 LEGAL IMPLICATIONS**

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

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

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

### **7.0 RELEVANT RISKS**

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

### **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Not applicable.

## 9.0 EQUALITY IMPLICATIONS

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

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

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

## 11.0 COMMUNITY WEALTH IMPLICATIONS

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

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## APPENDICES

Appendix 1: Wirral Place Based Partnership Board Work Programme

## BACKGROUND PAPERS

Wirral Council Constitution  
Health and Care Act 2022

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**WIRRAL PLACE BASED PARTNERSHIP BOARD**
**WORK PROGRAMME 2022/2023**
**ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED**

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>
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
Public Engagement Framework	January	Mike Chantler
Pooled Fund Financial Recovery Plan	January	Martin McDowell
Healthwatch Update	February	Karen Prior
Sport and Physical Activity Strategy Update	February	Sarah Robertson
Dementia Strategy Quarterly Update	February, May, August , November, February	Abigail Cowan

**STANDING ITEMS AND MONITORING REPORTS**

<b>Item</b>	<b>Reporting Frequency</b>	<b>Lead Departmental Officer</b>
Work Programme Update	Each scheduled Committee	Daniel Sharples
Pooled Fund	Each scheduled Committee	Sara Morris / Martin McDowell, Louise Morris
Healthwatch Update	Quarterly	Karen Prior
Dementia Strategy Update	Quarterly	Abigail Cowan

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