Title	Update on Wirral Capacity and Demand Planning
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Report for	Wirral Place Based Partnership Board
Date of Meeting	21st March 2024

Report Purpose and Recommendations

The purpose of this report is to provide a progress update on the capacity and demand work that has been completed across Wirral Place to date and proposes the key next steps to complete the work. This covers the work undertaken by Sir John Bolton OBE, a Consultant in Capacity Planning, the Unscheduled Care Programme workstreams and other funded Urgent and Emergency Care (UEC) schemes.

The report provides a summary of activity undertaken to date, the current position of improvement work and proposes the next steps to complete the capacity and demand planning, bringing together an overarching review of all UEC schemes, to both understand and quantify the individual impact on the no criteria to reside (NCTR) UEC programme sentinel measure and all relevant data sources including care market, Home First, Transfer of Care Hub data and other sector data. This will be brought together in a further report, and brought back to this board for approval at a future meeting. The recommendations will also inform the Wirral system 24/25 planning round.

It is recommended that the Board:

1) Consider and accept the outcomes of the John Bolton review, and the progress made
2) Consider and accept the workstream and other UEC funded scheme evaluations, inclusive of performance to-date, quality and outcomes and future benefits and focus
3) Consider and accept the proposal for the further report

Key Risks

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

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

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

- Potential harm brought about by ambulance handover delays and corridor care.
- Patient deconditioning and potential harm associated with long lengths of stay.
- The inability to work through the elective recovery backlog.
- Shared resources are not used in the most efficient and effective way possible, therefore not aiding financial recovery and sustainability.
- Increased pressure in social care due to over provision of pathway 2 placements into care homes

Further, there is a key risk that the Insufficiency of support for people in the community may lead to increased hospital/care home admissions and a potential risk to carers.

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**
27th February 2024	Wirral Unscheduled Care Improvement Programme Board	Wirral medium-term capacity and demand plan	Resolved – Board supported approach

1	Narrative
1.1	**Background**
1.1.1	Over the last 11 months Wirral has seen significant improvement with a sustained reduction in the number of people who remain in hospital with no criteria to reside. Prior to this the Wirral system has been a national and regional outlier for a significant period. This has brought with it national NHS and Local Authority leadership scrutiny and an expectation for improvement, which we are now seeing. This improvement has been delivered through the Unscheduled Care Improvement Programme, its component workstreams and other enabling activities. Wirral has started on its capacity and demand planning journey, engaging Sir John Bolton OBE, a consultant in capacity planning to work with the Wirral system to help Wirral pull together a medium-term system demand and capacity plan. Additionally, a review of the impact each of the Unscheduled Care programme component workstreams and other enabling UEC schemes has been completed, which has been overseen by the Unscheduled Care Programme Board. The purpose of the reviews is to understand the impact the individual schemes have had on the reduction of the NCTR numbers, understanding performance to-date, quality and outcomes and opportunity future benefits and focus. It is key that the evaluations and the capacity and demand plan development are brought together as one piece of work, which will culminate in a single plan and set of recommendations to inform future service requirements, including future performance targets and trajectories. Additionally, these key outputs will inform the Wirral system 24/25 planning round. This report has been progressed through the Wirral unscheduled care governance arrangements and has been supported by Wirral system partners.
1.1.2	This piece of work to-date is a collaboration between Wirral Partners and will continue to be so. It is proposed that the Unscheduled Care Programme Board oversee the development of the capacity and demand plan and the development of the further report, inclusive of recommendations and will then be brought to this Board, following agreement at the Unscheduled Care Programme Board.
1.2	**Capacity and demand work to-date**
1.2.1	Sir John Bolton OBE review In September 2023, Wirral Health and Care system leads agreed for Sir John Bolton OBE, a consultant in capacity planning to work with the Wirral system for 5 days to help Wirral pull together a medium-term system demand and capacity plan. The work was funded by the BCF in partnership with the Local Government Association.

	An initial data set was worked up with the Transfer of Care Hub and Wirral University Teaching Hospital Business Intelligence team. The data was then taken through a series of whole system partner discussions and workshops. The following conclusions from the appraisal and analysis in Wirral: • The data that was presented shows a system with a smaller number of patients being referred to use the formal care pathways (higher numbers on Pathway 0) which is positive. However, of this number a higher proportion were assessed as requiring bedded care. Overall, the view was that this should not be a "challenged "system as the numbers were felt to be manageable. • There is a need to agree on the number of Pathway 2 beds that are required by the system as there is an aim to reduce the numbers assessed as Pathway 3 in hospital prior to discharge • The aim should also be to ensure that the only people that can't go home access pathway 2 services from commissioned intermediate care services and to eliminate the use of spot purchased beds as the outcomes for older people are poor. There was a specific workshop that solely focussed on the bedded care with the team developing the Wirral Bedded Intermediate Care strategy. • Those services managing Pathway 2 beds should have easy access to Pathway 1 services to maximise getting older people back home. This would both reduce overall length of stay and improve the outcomes for those older people. The anticipated number of beds required is between 71 and 99. • There should be clear measurable outcomes from the P2 services in relation to the number of older people returning to their own homes after a spell in a P2 service. The expected performance would be 66%. • The capacity on P1 is for 150 people each month, though the data suggests that is should be as much as 190 places a month. • There is good performance from the P1 services with 74% reported as not requiring additional services beyond their short-term help. There is further work required to understand any blockages and get people out of short-term reablement into long term care. The numbers appear to be low so the expectation is that blockages can be eliminated.
1.3	**Evaluations**
1.3.1	Unscheduled Care Improvement Programme workstreams
1.3.2	High-level summaries of the workstream evaluations follow in this section, with all detailed workstream evaluations appended to this report.
1.3.2.1	<u>Transfer of Care Hub</u> It is recorded that from July 2022 (and earlier) until mid-April 2023 there were consistently 200 plus patients, up to a maximum of 255, at any one time with NCTR in Wirral University Teaching Hospital (WUTH). The introduction of the Transfer of Care Hub (shadow form April 2023, full go live 1st July 2023) based at WUTH has made a significant reduction in these numbers and continues in a downward trend. This has focussed on streamlining assessments and pathways alongside minimising hand off delays between Providers.

1.3.2.2	<u>Home First</u> The Home First service offers a Multi-Disciplinary Team (MDT) approach to assessment of people in their own homes post hospital discharge on Pathway 1. The Home First service has supported reductions in community packages with an evidence base of fewer people needing ongoing care post assessment at home, and people also requiring smaller on-going packages of care. The target was 150 referrals per month in 23/24, From December, the target was revised as it performed above the anticipated trajectory, accepting 180 referrals in December. It is expected as the service matures, the level of referrals will be maintained if not exceeded.
1.3.2.3	<u>Care Market Sufficiency</u> The Care Market sufficiency group has continued to work with the market to reduce the numbers of people waiting for a domiciliary care package. The waiting list has been eliminated, especially for people needing a package of care from an acute or intermediate care setting. A series of workshops with the transfer of care hub and both community and care home providers have resulted in a review of patient information sharing protocols and smoother pathways, supported by the Care Home placement officer. Trajectory targets have been reviewed in light of impact of Home first.
1.3.2.4	<u>Virtual Wards</u> Frailty Commenced with complex model of taking all acute admissions and not purely step-down. Medical long-term sickness since November 23 has made senior cover challenging although this is mitigated as of February 24. The full impact of the service needs to be reviewed and optimised further. Respiratory The service has been fully operational and open to full capacity from inception. Throughput has increased throughout Winter 23/24 with an increase in respiratory related illnesses and new pathways. Additional pathways since October 2023 (Bronchiectasis and CAP) have increased throughout. Target of 30 beds was reached in January 24 and capacity is available for new admissions. Overall virtual wards have saved a significant number of acute inpatient bed days, and this will continue to increase with the expansion of frailty virtual wards to 30 beds. It is expected that 2024/25 will see the full benefits realisation of both virtual ward services.
1.3.2.5	<u>AbleMe</u> The Local Authority is developing a service (AbleMe) to support increased independence in the community. AbleMe will support people before they reach a crisis and divert admissions into a hospital or care home setting. This service will provide personal care and connect people to their communities and the voluntary community and faith sector. It will reduce demand for domiciliary care in the community. Capacity within the new service offer will be accurately calculated when the service is fully mobilised, from Spring 2024. As the service is not fully mobilised, an evaluation of the workstream has not been undertaken. An evaluation will be completed and brought back to this Board before March 2025.
1.3.3	**Enabling UEC funded schemes**

1.3.3.1	Residential and nursing placements There is sufficiency of supply for standard residential and nursing care. There is, however, a high demand for people with dementia (residential and nursing EMI) beds. Assumptions in 2023 indicated a deficit in provision however, due to an increase in capacity in other services, the bed vacancy rate has increased circa 12.39% with circa 8.9% of beds immediately available. The increased number of funded long term placements is having a significant impact on the social care budget along with significant growth of over 100 people requiring additional 1 to 1 support in homes. This is unsustainable.
1.3.3.2	Mobile Nights Since April 2023, BCF investment has enabled an additional 1,260 hours of care and support at home during the night. This has enabled more people with higher acuity needs to remain at home or have their discharges expedited. It also provides an essential support to carers.
1.3.3.3	Wirral MIND Supports people with mental health conditions and those at risk of suicide to reduce the demand for mental health beds and placements. 339 hours of early intervention support were delivered to between June and August 2023 and 608.5 hours between September 2023 and 31st December 2023
1.3.3.4	Clatterbridge Intermediate Care Centre (CICC) In 2023, 102 intermediate beds were commissioned, 71 ward based at CICC and 31 in the community care market. Following a review of these services and increased capacity in other parts of the system the community care market beds will be decommissioned at the end of March 2024. An integrated review of the ward-based beds has been completed with recommendations to follow.
1.3.3.5	Wirral Independence Service (WIS) The WIS contract extension has been agreed with additional BCF commitment of £700k. The new contract starts in June 2024 met by ICB and Council as part of BCF arrangement, form other decommissioned services.
1.3.3.6	Single Point of Access (Age UK) The hospital based Single Point of Access (Age UK) became operational in Q3. There is a direct referral route from the transfer of care hub which connects people to services in the Community Voluntary and Faith Sector before discharge, as an alternative to commissioned services. Once home, practical support with, as examples, benefits and home maintenance are provided to prevent future admissions. This is complemented by the Going Home Service which provides transport from hospital and ensures readmissions are avoided and people are supported to return home safely.
1.3.3.7	Care Home Placement Officer Between 1st August 2023 and 31st January 2024, the transfer of care hub made 247 referrals to the Care Home Placement Officer. The interventions have led to increased support for families when choosing a care home, a reduction in long length of stay and numbers of people who do not meet the National Criteria to Reside (NCTR). Liaison with NHS and community-based providers and direct contact with patients and their families has led to an improved lived experience and a seamless transition from hospital to residential services.
1.3.3.	Trusted Assessor

8	Trusted Assessors undertake assessments of people on P2 (residential and intermediate care) and P3 (nursing care) to ensure expedited discharges and provide support to the homes to ensure the placement is sustainable. The discharge Hub made 19 referrals in July 2023. Due to unavoidable absence this figure remained static in December 2023. This number is projected to double from January onwards when the full complement of staff is in place.
1.4	**Conclusions drawn so far**
1.4.1	When all services are considered together capacity across the system has been increased to meet demand. However, further assurance is needed that capacity is being optimised at the right time and in the right place. This will enable us to map out any gaps in provision.
1.5	**Proposed next steps**
1.5.1	Map the known capacity based on demand and ensure people are discharge on the right pathway and identify any gaps.
1.5.2	All Partners to continue to meet and work with the ICB BI Team to develop the final capacity and demand plan, inclusive of future targets and trajectories.
1.5.3	Unscheduled Care Programme Board oversee the development of the capacity and demand plan and development of the further report, inclusive of recommendations which will be brought to this board, following agreement at the Unscheduled Care Programme Board.

2	**Implications**
2.1	*Risk Mitigation and Assurance* 1) There is a risk that the NCTR number will increase or not be controlled within a trajectory approved by system partners. This risk is managed by the Unscheduled Care Programme Board with Wirral partners taking a focused approach to contributing to the reduction of the NCTR numbers. Numbers are monitored daily by the Transfer of Car Hub and senior system partners review weekly on the Executive Discharge Cell, unblocking any issues contributing to an increase in NCTR numbers and initiating a PDSA approach to address issues where required. Data analysis is ongoing, and escalations are managed through the Unscheduled Care Programme Board. 2) There is a risk that Wirral system partners do not take a collegiate working approach and therefore activity, outputs or outcomes are not aligned or transparent, leading to ineffective system working. System working and relationships have significantly improved since the start of the Unscheduled Care Improvement programme which has contributed to the NCTR improvement. This continues to be a focus and is managed through the Unscheduled Care Programme Board. 3) There is a risk that the decommissioning of 20 beds at Leighton Court and 8 at Elderhome along with the beds at Park house removes needed system capacity for people who need a D2A bed. There is current capacity in the domiciliary care market and there is now capacity created by Home First to meet the demand for patients who were previously suitable for Leighton Court or Elderhome 4) There is a risk that the Home First service does not reach or maintain pick-up capacity. Home First programme delivery is overseen by the Home First Programme Board, and performance is monitored and reported weekly. Recruitment plans remain in place and escalations are managed through the

Unscheduled Care Programme Board.

5) There is a risk that that Wirral system beds have been decommissioned before the demand and capacity work has been completed, which will potentially have an unknown direct impact on the NCTR position. Wirral's position and performance is monitored daily, and escalations taken to and managed via Executive Discharge Cell. The capacity and demand plan will be completed, as set out in this report.

6) There is a risk that data is not reviewed and refined as work develops, to meet requirements and provide a single version of the truth, which is mutually agreed by system partners. Optimal system working will only be achieved when this is in place, which will provide a quick, simple, and accurate presentation of data to support system working and improvement. This will be progressed through the Unscheduled Care Programme Board.

7) There is a risk that the community care market sufficiency is not in place if pathway 2 and 3 placements into care continue at current levels. This is managed by the Care Market Sufficiency governance group.

8) There is a risk that the system focus continues to be on the discharge of patients from hospital where demand at the front door remains high. The focus of the initial phase of the unscheduled care improvement programme has been to achieve a sustained reduction in the NCTR numbers, where the Wirral system has been a national and regional outlier for a significant period. This has brought with it national NHS and Local Authority leadership scrutiny and an expectation for improvement, which we are now seeing. The programme will now move into a new phase where the primary focus will shift to improvement at the front door front door. In addition, the Wirral Health and Care plan, Primary and Community Care Programme, has now been mobilised which is understood will have a focus on hospital admission avoidance.

9) There is a risk that the virtual frailty ward current trajectories are not met or maintained, as there have been staffing challenges, over the winter period. The service is now back up to full capacity as medical staffing arrangements have been strengthened. A review of the capacity and resource will be undertaken to understand if there are any further conditions to be added to increase throughput or review capacity which will be overseen by the Unscheduled Care Programme Board.

10) There is a risk that if commissioning reviews of the voluntary sector and other services are not undertaken there will be no improvement changes identified and enacted. This will result in no changes to the way of working and won't support pathway shifts.

11) There is a risk if targets and forward trajectories are not agreed and set for service pickup and pathway shifts that the system won't continue to progress in line with the significant improvement achieved to date.

12) There is a risk that the timely assessment and review of patients is not undertaken across all areas including CICC and social work. An MDT approach to ensure timely assessment is already in place across these areas and will be further developed, which will be overseen by the Unscheduled Care Programme Board.

2.2	*Financial* A system financial model needs to be developed for 24/25 including a medium-term financial strategy. This will follow once the medium-term capacity and demand requirements are understood. The following items will also have to be taken into consideration of the financial model: • The Impact of commissioning and costs, review of existing schemes an impact of any tender or procurement activity • Budgetary considerations and a join understanding of organisation efficiency requirements • Current activity e.g., Home First and domiciliary care and not reducing in either sector as the evidence base shows it has absorbed unmet need to date. This will continue to be monitored. • The number of residential and nursing placements haven't reduced. This will continue to be monitored. • The measurement of impact of virtual wards financial efficacy • The change of focus for system improvement from the discharge from hospital to the next phase at the front door
2.3	*Legal and regulatory* There are no legal implications directly arising from this report.
2.4	*Resources* This will be delivered through existing resources from a commissioning and programme perspective and all service capacity will be monitored and kept under review. All team and areas will be prepared to move resources to meet demand, where required. Wirral must maximise opportunities for Tech enabled care and future digital initiatives to support people to live independently in their own homes, reduce readmissions and support timely discharges
2.5	*Engagement and consultation* Extensive engagement and consultation has already been undertaken with partners and patients across all pieces of work. The John Bolton review included stakeholders from NHS and council partners. The Unscheduled Care Improvement Programme workstreams have undertaken robust engagement undertaking community forum, provider market forums, and undertaking customer journey review sessions. Patient and staff engagement and consultation will underpin all future improvement work.
2.6	*Equality* Wirral Council and NHS Cheshire and Merseyside and statutory partners have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. All projects will give due regard to equality implications and will complete an equality impact assessment where needed.
2.7	*Environment and Climate* Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner.

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

3	**Conclusion**
3.1	The Board is asked to approve the following recommendations which have been endorsed by the Unscheduled Care Programme Board: 1) Consider and accept the outcomes of the John Bolton review, and the progress made 2) Consider and accept the workstream and other UEC funded scheme evaluations, inclusive of performance to-date, quality and outcomes and future benefits and focus 3) Consider and accept the proposal for the further report

4	**Appendices**
	Appendix 1 – Transfer of Care Hub workstream evaluation Appendix 2 – Virtual Wards workstream evaluation Appendix 3 – Care Market Sufficiency workstream evaluation Appendix 4 – Home First workstream evaluation

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