

Wirral Health and Care Plan Dashboard

Date of Report

05 Feb 2024

About the Wirral Health and Care Plan

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

Escalation Reports

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Wirral Health and Care Plan Benefits Report

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Wirral Health and Care Plan Risk Report

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Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Graham Hodgkinson

Programme RAG



Date of Update

31/01/24

About the Programme

W

Neighbourhoods Model

Programme Commentary

Core Groups established - led by neighbourhood VCFSE collaborative
 Process agreed and confirmed with neighbourhoods to access funding
 Village of 100 population health dashboard in development - first draft shared based on PCNs, BI updating to display at neighbourhood level
 Approach to roll out of remaining neighbourhoods agreed

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

Population Health Programme

Programme SRO

Dave Bradburn

Programme RAG



Date of Update

05/12/23

About the Programme

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Population Health Management

Programme Commentary

The Health and Wellbeing Strategy is dynamic and evolving and will flex and respond to changes in local circumstances as appropriate. As a system partnership, we have agreed to take a different approach to tackling the root causes of poor health and wellbeing in an attempt to make a meaningful impact with a smaller group of core issues. The agreed overarching partnership focus is employment, however the content below will provide some highlights (but not an exclusive list) of the system activities that are currently taking place across the whole of the strategy.

- Development and mobilisation (led by Wirral Council, OD/HR directorate) of an Early Opportunities Pipeline, designed to target sustainable employment opportunities to those furthest from the jobs market and attract this potential talent into the organisation. The approach is to pilot a number of vacancies with local employment support programmes and offer these jobs directly to a number of priority groups before going out to the wider market. In the first month, two Council vacancies have been successfully filled following this approach and there are a number of conversations with system partners in train. It is anticipated that this approach will be adopted by all our anchor organisations.
- CVD Prevention is key to reducing early deaths. 1 in 5 people in Wirral have circulatory problems such as heart disease. Health checks are a key enabler to early detection, prevention and treatment. Wirral ICB leads on health checks for those with a serious mental health illness and people with a learning disability. Public Health leads the universal health checks offer currently delivered via primary care networks (health checks in GP practices, targeting those that live in the most deprived areas) and One Wirral CIC who have trained local providers to deliver health checks in community locations targeting people who do not traditionally come forward or who find it difficult to access primary care.
- Wirral has its first Family Hub (Seacombe) and Midwifery Continuity of Care model being implemented.
- Cradle to Career (C2C) programme well-established in North Birkenhead.
- Healthy Homes community outreach has been set up to address poor housing and inequalities, operating drop-in support to residents having issues with private landlords.
- Fuel poverty service commissioned to support residents and household support fund distributed to local communities.

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



Date of Update

05/02/24

About the Programme

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Use of Resources Model

Programme Commentary

For M9 the Wirral position is £18.26m adv variance YTD, and £24.95m FOT which is £17.8m away from planned deficit of £7.2m:
 Further benefits from prescribing (across all places) has helped this month bring the deficit forecast variance from plan down favourably.

Wirral Place - Month 9 Position

	Year to Date M1 - M9			Full Year Forecast		
	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Outturn £'000	Variance £'000
Sub Total - Programme Expenditure	544,668	557,551	(12,883)	723,167	740,942	(17,774)
Running Costs	0	0	0	0	0	0
TOTAL EXPENDITURE	544,668	557,551	(12,883)	723,167	740,942	(17,774)
Surplus / (Deficit) Plan	(5,378)	0	(5,378)	(7,171)	0	(7,171)
Sub Total - Net Surplus / (Deficit) Reported	539,290	557,551	(18,261)	715,996	740,942	(24,945)

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Financial Recovery Plan	No Change	●		●	●	●	Financial Recovery Plan - Highlight Report
Value For Money	No Change	●				●	Value For Money - Highlight Report

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO	Programme RAG	Date of Update
Graham Hodkinson	●	05/02/24

Programme Commentary

The LD&A remote monitoring pilot has now been completed. A Business Case for remote monitoring is now in progress with an initial presentation to be completed with Adult Social Care. Data has been received from CERNER in relation to the patients who took part in the pilot to understand the impact of their contacts prior and post monitoring. The funding for monitoring ends 31/03/24, the homes and PCNs are however able to extend this if they deem it appropriate, with the option to continue to use the equipment funded through the pilot. Feedback on the pilot from those involved has been positive and it is hoped that there will be an opportunity to embed this work as business as usual within LD&A homes across Wirral.

The AAD Strategic Delivery Manager has now started in post.

Final report on EHCP analysis and Final draft of AAD strategy completed.

Questionnaire to be shared and feedback from contributors captured -All Age Disability Strategy to be ready for sign off by ASC & Public Health Committee in March.

Continued to work with Impower Consultancy to agree scope of work to be completed by them (AAD Preparing for Adulthood & Supported Employment). Meeting held with Inpower & Children's Senior Leadership Team.

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

Children and Young People Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Simone White	●	02/02/24	Children and Young People

Programme Commentary

SEND preparation for Inspection underway - evidence collection for Annex A information required for Inspectors. SEND Health Board reinstated to support inspection prep and Workstream 5 of WSoA - revised TOR, chaired by Head of Quality and Safety Improvement (Dec 23). Review of governance arrangements (Transformation Board and Strategic Board) taken place (Jan 24) with recommendations for improvement. DBV (Delivering Better Value) bid submitted (Dec 23) - awaiting confirmation (Feb 24). EHWB Single point of access - Alliance Tender awarded (Dec 23). Implementation planning underway. Branding coproduced with CYP and partners (Dec 23). Mental Health Support Teams in schools extended to secondary schools supporting Whole School Approach to Mental Health.

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

Mental Health Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Suzanne Edwards	●	05/02/24	Mental Health

Programme Commentary

A Mental Health workshop is being planned for March, with representation from across Wirral. The purpose of the workshop is to review the current projects in the programme and hear from early neighbourhoods programme findings on Health and Wellbeing as well as acute Mental Health data to support the development of updated priorities and targeted outcomes for 2024/25.

The initial review of the Dementia diagnosis pathway is now delayed until February due to key clinicians being unable to attend. Total NHS spend on dementia, including prescribing, has now been collated.

A First Response working group has been established with TOR, with lessons learnt from regional partners in progress. A First Response Model SOP is currently in development

An Integrated Housing meeting has been scheduled with Magenta Living to discuss next steps. Information has been collated on housing spend however further work is required to collate costs aside from direct housing such as one-to-one support etc. The numbers shared so far have provided some insight into the current high level of spend per person. Communication flows across commissioners and providers continue to be a topic of focus, an identification of current pathways for review has now been included in the project plan.

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Community Mental Health Transformation	No Change	●	●	●	●	●	Community Mental Health Transformation - Highlight Report
First Response	No Change	●	●	●	●	●	First Response - Highlight Report
SuperMADE	No Change	●				●	SuperMADE - Highlight Report
Integrated Housing	No Change	●		●	●	●	Integrated Housing - Project Highlight Report

Integrated Planning	No Change					Integrated Planning - Project Highlight Report
Acute Capacity, Demand and Flow	No Change					Acute Capacity, Demand - Project Highlight Report
Dementia Strategy	No Change					Dementia Strategy - Project Highlight Report

Primary and Community Care Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Karen Howell		31/01/24	Primary and Community Care

Programme Commentary

Primary and Community Care workshop held on 30/01/2024 to determine the deliverable priorities for 2024/25. Over 20 people attended the meeting with 10 organisations or sectors represented. Each sector completed a presentation on their key deliverables, priorities and challenges to help inform table discussions on possible priority projects for the programme to deliver as well as the content of the Terms of Reference. The feedback has now been collated and some key themes were identified such as Integration, Population Health, Shared Vision and Service Redesign. Feedback will now be analysed and developed into a business case for presentation to the Programme Board to determine how the programme moves forward. The first programme board will take place on 06/03/2024. A meeting has been scheduled to understand the pilot work taking place between the Community Trust and Moreton PCN on frailty to understand if falls could form part of this work also.

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

Urgent and Emergency Care Programme

Programme SRO	Programme RAG	Date of Update
Janelle Holmes		05/02/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. On the 1st January the number of acute inpatients with no criteria to reside was 121 which did not meet the target of 100.

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

The care market sufficiency project aimed to increase the overall number of new hours picked up by 14% from 2,822hrs per month in April to 3,212hrs per month in September. Additionally, it aims to increase the number of new packages accepted by 10% from 263 packages per month in April to 288 packages per month in September. This trajectory has now been developed further, post September. Both metrics cover all referral sources (e.g. community and acute). December's data shows both metrics have achieved their trajectory target. The overall number of new hours picked up is 3168 against a target of 3154 and the number of new packages accepted is 299 against a target of 299.

The Virtual Ward project aims to double throughput on its frailty ward from 40 patients per month in November 22, to 80 patients per month in August, then to 120 per month in November 2023. For the respiratory virtual ward the project aims to increase throughput from 60 per month in August to 70 in September, then incrementally to 120 per month in November 2023. December's data shows a decrease in throughput on its frailty ward on the previous month, from 40 in November to 24 in December, the target of 120 was not met. Throughput on the respiratory ward increased on the previous month, from 73 in November to 94 in December, however not meeting the target of 120.

The HomeFirst service is undergoing a large-scale expansion to its core staff base. As such, it aims to increase the number of patients referred by the service by 215% from 54 patients per month in April 23 to 170 patients per month in January 24. Up to 88% of the patients referred into the service will be from the acute hospital and will be patients who would otherwise have remained in hospital with no criteria to reside. Performance for December shows that, overall, the number of referrals accepted has remained relatively consistent with the previous month from 133 in November to 131 in December, however not meeting the target of 150. December's data shows that pick-ups from hospital have increased slightly on the previous month from 124 in November to 125 in December, however the target of 150 was not met. December's data shows pick-ups for CICC were 3 recognising there is no target set for December due to the focus on pick-ups from hospital.

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

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Virtual Wards	Improving						Virtual Wards - Highlight Report
AbleMe	Improving						Community Reablement - Highlight Report
Transfer of Care Hub	No Change						Wirral Discharge Hub - Highlight Report
HomeFirst Expansion Project	No Change						HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving						Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO	Programme RAG	Date of Update
Chris Mason		07/02/24

Programme Commentary

Summary/Progress this month:

- We are in the process of updating our Place Digital governance group, aiming to refine our previous terms of reference to ensure comprehensive involvement of all partners, including VCSFE.
- We've initiated conversations with Wirral stakeholders with a focus on consolidating our digital programme portfolios and aligning them to create a Place-level portfolio. This will establish a baseline for assessing our current Digital Maturity scores at Place level, helping identify areas that require improvement and prioritisation for 2023-4 and beyond which can then be included within a programme plan.
- Additionally, we're aiming to initiate discussions with Wirral SROs to gain deeper insights into how the Digital Maturity programme can act as an enabler for other initiatives within the Wirral Health and Care plan, assisting in accomplishing their specific programme objectives.

Project updates:

- CIPHA Migration - Migration from WCR to CIPHA is in initiation phase. We've engaged with system stakeholders to conduct a comprehensive gap analysis, which has enabled us to determine which data flows need to be established. In addition to this, we are also engaging our clinical stakeholders to facilitate in design of new tools. Key milestones are as follows: Complete gap analysis' and confirm work plans with stakeholders (Jan24), Establish real-time data flows (Jun24), Replicate PHM tools within CIPHA (Jun-Dec24).
- Shared Care Record development - We are now ready to begin a new project that will connect Wirral Shared Care Record (HIE) to Cheshire Care Record, meaning our clinicians will have access to patient data from tertiary organisations which will facilitate them in decision making. We plan to also determine wider C&M ShCR strategy to ensure Wirral's plans are in alignment.
- Digital Diabetes - To utilise CIPHA diabetic elective care patient list and target cohort with pre-hab offer using the Surgery Hero app. Project Live in pilot phase: (<https://www.youtube.com/watch?v=kJN56TgKlw>)
- Digital Hypertension - We are in the initiation phase of a new project - 'Florence', a persona-based smart messaging tool, our goal is to automate clinical conversations and enhance capacity within our primary care teams. Anticipated benefits include improved patient adherence to medication, enhanced management of hypertension, and cost savings throughout primary care.

Escalations: Nil

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration	●	●	●	●	●	WCR / CIPHA Migration - Highlight Report
Health Information Exchange Enhancements	●	●	●	●	●	HIE Enhancements - Highlight Report
Teledermatology	●	●	●	●	●	Telederm - Highlight Report
Strategic Development Fund - Primary Care	●	●	●	●	●	DFPC - Highlight Report

Place Estates and Sustainability Programme

Programme SRO	Programme RAG	Date of Update
Paul Mason	●	05/02/24

Programme Commentary

Progress this month Feb 24:

- Estates & Sustainability SRO submitted papers to support Strategic Transformation Group update on progress so far.
- Estates & Sustainability SRO presented at Wirral Place Based Partnership Board receiving positive consensus and acknowledgement of work concluded today.
- Feedback from Board to be reviewed at SEG scheduled for Feb 24
- Identified support & membership from C&M ICB Strategic Estates Lead to support SRO and SEG deliverables with the Estates & Sustainability Group to support oversight of (PCN) GP developed clinical strategies.
- Wirral SEG Estates & Sustainability lead attended the 'Heat Networking Zoning Roundtable Workshop' on behalf of Wirral Place Estates & Sustainability.
- Collaboration session with Place Director and NHS Exec to discuss the Wirral Place Estates & Sustainability forum resulting in a number of collaboration sessions to be arranged with appropriate Wirral leads
- Agreed in principle the exploration of a Wirral asset system

Areas of Focus for delivery via SEG:


- Development of PMO to support E&S delivery
- Engage with Strategic Estates to support SEG and report in the C&M ICB agendas and support the SRO with system developments
- Finalise through SEG the Governance arrangements and work packages for delivery.
- Continue to collate and validate asset data across all Partners including exploration of centralised systems for Wirral Place
- Advance the data and understanding of backlog condition and costs
- Understand and control demand for space and requirements
- Optimising Assets through void space management / leased cost opportunities and maximising utilisation across all Partners
- Understand the future need of assets by aligning Assets to Clinical priorities/deprivation via the development of Neighbourhood strategies
- Sustainability agendas to support oversight and future arrangements, including future energy systems
- Back office strategies emerging within C&M & Wirral system

Escalations/ Barriers to Delivery:

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

Project Name	Project Status	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
Accommodation Requests and Move Management	No Change	●				●	Accommodation Requests and Move Management - Highlight Report
Achieving Net Zero Carbon	No Change	●				●	Achieving Net Zero Carbon - Highlight Report
Capital Overview Prioritisation and Pipeline	No Change	●				●	Capital Overview Prioritisation and Pipeline - Highlight Report
Disposal and Void Management	No Change	●				●	Disposal and Void Management - Highlight Report
Estates Data Baselineing	No Change	●				●	Estates Data Baselineing - Highlight Report

Place Medicines Optimisation Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Lucy Reid	●	06/02/24	 Place Medicines Optimisation


Programme Commentary

Progress this month:

- The Wirral Place Medicines Optimisation Group continues to meet, meeting for the second time on the 17th January. This follows the agreement to create a single oversight group for MO delivery in Wirral, bringing together Medicines Management Committee and Wirral Pharmacy System Leads group, which aligns with wider Wirral Place MO and ICS governance arrangements.
- Indicative project leads identified for each of the 9 component MO projects and endorsed at the January's Wirral Place Medicines Optimisation Group, with recognition that further discussions are to take place with the LPC and CWP.
- QIPP/CIP/Workplans for Medicines Optimisation being collated to summarise work done in 23/24 and to also be done for 24/25
- The Programme SRO presented a deep dive on the MO Programme to STG in January – SRO's for work programmes encourage to make contact with MO SRO.
- The Wirral Place Medicines Optimisation Group is meeting for the third time on the 14th February when we will review 23/24 QIPP/CIP overall and begin discussions re: planning for 24/25
- Community Pharmacy representative attended January's Core 20 Plus 5 group and discussed how we can improve access to the new pharmacy services.
- Wirral Opioids/Chronic Pain Community of Practice established with wide membership across the system and second meeting to take place 7th February to share outputs from MedSIP collaborative – also shared with National Medicines Safety team to demonstrate engagement and willingness to take this forward. Keen for any opioids work programmes to be fed into this group e.g. PCQS, pilot work with PCNs.

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

Place Workforce Programme

Programme SRO	Programme RAG	Date of Update	About the Programme
Debs Smith	●	31/01/24	 Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2023-4 and beyond. From this an accountability and reporting framework for the wider programme will be established alongside agreed project sub-groups, leadership and membership.

Progress this month: The Workforce Programme steering group meet on 5th February and will progress the identified phase 1 key priorities. Work has commenced with place partners on building the baseline workforce dataset. Partners will look to identify a specific project to progress the collaborative piece of work around entry into employment targeted toward people aged 18-24yrs. Wirral Place have completed and submitted a 'WorkWell' collaborative bed to provide support for people at risk of falling out of employment. This is in partnership with Cheshire and Merseyside ICB and colleagues in Knowsley Place.

Escalations: None

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

At Scale Programme

Place Supported Programmes

Programme SRO	Programme RAG	Date of Update	Performance Charts
Hayley Kendall	●	03/01/24	 At Scale - Trajectories v Actual

Programme Commentary

ELECTIVE ACTIVITY

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

REFERRAL TO TREATMENT

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

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

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

CANCER

- 2 Week Waits – This national standard has now been stood down. However, the Trust continues to measure performance internally to support the delivery of the Faster Diagnosis Standard. At the end of November 2WW performance was 78.1%.
- FDS – was 69.81% (freeze date 4.1.24) in November (latest available data) against a national target of 75% by March 2024. This standard has been impacted by industrial action and subsequent inability to maintain the 2WW standard.
- 31 day treatment numbers - above trajectory and expected to continue.
- 62 day performance is currently below trajectory with 149 patients against a plan of 170 for November.
- 104 day long waiters – performance is above trajectory at 39 against a plan of 28 for November.

DIAGNOSTICS

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

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

MATERNITY

RISKS TO RECOVERY AND MITIGATIONS

The clinical divisions are continuously working through options to reduce the backlogs of patients awaiting elective treatment and progress is being made to improve waiting times for patients. These include the recruitment of new staff, with a focus on consultants, additional activity outside of core capacity to ensure reductions in elective waiting times continue. The major risk to the delivery of the elective recovery programme is medical staff industrial action, given the significant volumes of patients cancelled during this action. On strike days, elective activity is being managed patient by patient to ensure minimal disruption to our patients whilst maintaining safe standards of care across the hospital sites, with a focus to keep patient cancellations to an absolute minimum.