

Wirral Health and Care Plan Dashboard

Date of Report

March 2024

About the Wirral Health and Care Plan

W

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

Escalation Reports



Wirral Health and Care Plan Benefits Report



Wirral Health and Care Plan Risk Report



Wirral Health and Care Plan Issue Report

Guiding Programmes

Neighbourhood Model Programme

Programme SRO

Graham Hodgkinson

Programme RAG



Date of Update

03/04/24

About the Programme

W

Neighbourhoods Model

Programme Commentary

Neighbourhood Core Group Panels now underway in both Birkenhead A and Wallasey C
Priorities and New neighbourhood name agreed for Wallasey C
Priorities and neighbourhood name options considered by Birkenhead A, poll pending to confirm both
Monthly update template / highlight report developed for completion by trailblazers
Template developed by neighbourhoods to enable people/ organisations within the neighbourhood to apply for funding

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

08/04/24

About the Programme

W

Population Health Management

Programme Commentary

Health and Wellbeing Strategy- Priority 4: Fuel Poverty

- Fuel Poverty was chosen as a game changer under priority 4 of the Health and Wellbeing Strategy.
- Nearly 1 in 7 people in Wirral are living in fuel poverty and 1 in 4 in our more deprived areas.
- Cold homes cost each Health and Wellbeing Board £10 million a year dealing with the consequences such as illness and excess deaths.
- A workshop was held on 11th March 2024 to bring the system together to focus on how we can tackle fuel poverty as a collective in Wirral. Over 40 local stakeholders and partners attended the event at the Floral Pavilion. Presentations were given by Leicester City Council and Energy Project Plus (a local charity working to support residents in the borough). The presentations raised awareness of the local, regional and national picture regarding fuel poverty and highlighted best practice.
- The second part of the event showcased stories from 4 residents reflecting on how they cope living in fuel poverty and some of the challenges they face through heating and affording to heat their homes and some of the poor housing conditions they live in due to issues like mold and damp. The case studies were presented by the Qualitative Insight Team who had spent time with the residents in their homes and also completed some filming with the residents.
- The workshop outputs focused on both strategic and operational actions for the Wirral system with a follow up event planned for Summer 2024 that will take forward the action plan.
- The Core20P5 group will receive an update on the fuel poverty work on 25th April 2024.
- It is proposed that the next Public Health Annual report will focus on fuel poverty.
- The Health and Wellbeing Board will receive an update on fuel poverty in Autumn 2024.

Use of Resources Model Programme

Programme SRO

Martin McDowell

Programme RAG



Date of Update

04/04/24

About the Programme

W

Use of Resources Model

Programme Commentary

As at month 11 the reported forecast of the pooled fund is an overspend of £18.02m, and a summary position is provided below in Table.

Month 11 reported an overspend of £18.02m which is an adverse movement of £1.7m from month 10. The adverse movement mainly relates to overspends in LA Health and Care programmes for LD £0.5m, MH £0.8m and a reduction in client charges of £0.3m. There are still significant pressures reported, and the substantial financial risks (activity, acuity and inflation) for Wirral place pooled commissioned services (All Age Continuing Healthcare - Packages of Care and Prescribing mainly). Review of expenditure and mitigation strategies continue to be sought and implemented where possible, seeking best practice from other areas.

The funding review as part of the planning round is currently on hold due to identified financial pressures for 2024/25 and awaiting national planning guidance publication.

2023/24 at Month 9	Financial Performance £m					
Organisation name	YTD Plan £m	YTD Actual £m	YTD var £m	Annual Plan £m	FOT £m	FOT var £m
Wirral Place (part of C&M ICB)	(4.8)	(17.1)	(12.3)	(7.2)	(24.9)	(17.7)
Wirral Community Health & Care NHS Foundation Trust	0.2	0.4	0.2	0.2	0.7	0.5
Wirral University Teaching Hospital NHS Foundation Trust	(15.7)	(19.3)	(3.7)	(18.6)	(23.1)	(4.5)
Cheshire & Wirral Partnership NHS Foundation Trust *	(0.1)	(0.7)	(0.6)	0.0	0.0	0.0
Total Wirral Health System	(20.3)	(36.7)	(16.4)	(25.6)	(47.3)	(21.8)
Wirral Borough Council **			0.0	0.0	(0.9)	(0.9)
Total Wirral System	(20.3)	(36.7)	(16.4)	(25.6)	(48.2)	(22.6)

* note CWP part of Wirral and Cheshire places but performance shown in full
** note LA Q2 reported only

Delivery Programmes

All Age Disability Programme (incl LD & Autism)

Programme SRO

Programme RAG

Date of Update

 Graham Hodkinson



12/04/24

Programme Commentary

- 1) Data Demand & Supply mapping commenced and ongoing
- 2) Review of ToR and membership of the AAD Strategic Partnership Board
- 3) AAD officer (JD) has commenced in March to support the AAD Strategic Delivery Manager (ST) to deliver PfA and Supported Employment service improvements as per the AAD strategic delivery framework. AAD Strategy approved by March 2024 Adult Social Care & Public Health Committee and Children's Committee.

Meeting taking place 16/04 between programme lead and programme manager to determine how strategies agreed in March can be delivered for Wirral residents.

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
Pathways and Guideline Information						Pathways & Guidance Information - Highlight Report

Children and Young People Programme

Programme SRO

Programme RAG

Date of Update

About the Programme

Elizabeth Hartley



08/04/24



Children and Young People

Programme Commentary

The Children and Young People's Programme have continued progress against the SEND statement of Action and in populating required evidence in preparation for an expected SEND inspection. The draft self-assessment is underway. New governance arrangements have been agreed for the new SEND Partnership Board and will be implemented in April 2024. This is underpinned by a performance group, a continuous improvement group and a participation and engagement group. Following the submission of the DBV (delivering Better Value) in SEND bid, it has been confirmed that we were successful. Preparations to mobilise for April 2024 are now underway. The emotional health & wellbeing central point of access branding has been agreed after consultation with children and young people and professionals as 'Branch' representing growth, calm and connection to something bigger, as well as being a part of nature. The contract for the Alliance (5 organisations – Open Door, Koala NW, Action for Children, Kooth and Utopia) began this month (April) with a new service delivery programme. The digital agency continue to work on the platform and the digital tool (timescale July). Recruitment has

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

About the Programme

Suzanne Edwards



08/04/24



Mental Health



Mental Health

Programme Commentary

The programme board for April was stood down, for the second time in three months due to quoracy. To ensure that we continue to work towards parity of mental and physical health services and deliver enhanced mental health care for residents of Wirral, it is imperative that this forum is well attended. An email has been sent to members to identify first steps to ensure that we improve attendance.

With the identification of the initial priority for the Primary and Community Care Programme, the Mental Health programme has identified opportunities for close working that include supporting the delivery of the frailty work in PCNs by including mental health support workers helping support anxiety, depression and loneliness which are reported by a large proportion of this population.

* Dementia - Against a target of 66.7% diagnosis levels, Wirral achieved 66.5% for February. Waiting times continue to be approximately 23 weeks from referral to diagnosis. Meetings with one diagnosis service and one support service are planned over the next week to map out processes.

* Acute Capacity and Demand - Focus over the past month has been on issues identified as part of a recent CQC visit. An approach has been made to substance misuse services to support working together in an acute setting, which has been received positively and builds on the relationship building between organisations.

* First Response - A new project lead has been recruited with the promotion of the previous project lead. They will be in post within the next month and will work with the team to further the work of the project.

* Integrated Housing - Proposal received from Magenta Living for an independent living pilot for five properties. Work continues to collate the financial information on spend for housing for Mental Health patients

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
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

Karen Howell

Programme RAG



Date of Update

10/04/24

About the Programme



Primary and Community Care

Programme Commentary

Frailty, supporting people to age well, has been identified as the initial focus of the Primary and Community Care Board.

Data and local intelligence indicates that those with moderate to severe frailty use a disproportionate level of capacity within health services. This programme will support reducing attendances at both AED and GP Practices through a number of solutions, including anticipatory care planning.

To further refine the offer of the programme, a facilitated conversation is taking place on 8 May. This meeting will also support the further development of the programme workplan and enable the initiation of appropriate projects. A frailty pilot, which started earlier in 2024 with the Community Trust and Moreton & Meols, in addition to work taking place in other PCNs for frailty that includes the principles of patient identification and coordination of care will also be considered as part of the facilitated conversation.

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

Janelle Holmes

Programme RAG



Date of Update

09/04/24

Programme Commentary

Headline Metric (NCTR): This metric is captured as a snapshot on the first of every month. On the 1st March the number of acute inpatients with no criteria to reside was 132 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 report 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). February's data shows both metrics have exceeded their trajectory target. The overall number of new hours picked up is 3906 against a target of 3224 and the number of new packages accepted is 358 against a target of 311.

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. February's data shows an increase in throughput on its frailty ward on the previous month, from 32 in January to 40 in February, the target of 120 was not met. Throughput on the respiratory ward remained relatively consistent on the previous month, with throughput of 114 in January to 111 in February, slightly below 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. February's data shows an increase in overall pick-ups on the previous month, from 163 in January to 184 in February, exceeding the target of 170. February's data shows that both pick-ups from hospital and CICC have increased on the previous month. Pick-ups from hospital increased from 154 in January to 173 in February, exceeding the target of 150 and pick-ups from CICC increased from 6 in January to 11 in February, however not meeting the target of 20.

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	Improving					HomeFirst Expansion - Highlight Report
Care Market Sufficiency	Improving					Care Market Sufficiency - Highlight Report

Enabling Programmes

Place Digital Maturity Programme

Programme SRO

Chris Mason

Programme RAG



Date of Update

16/04/24

About the Programme



Digital Maturity

Programme Commentary

Summary/Progress this month:

- Our top priority remains migrating our population health management system from the Wirral Care Record to CIPHA. We're collaborating with our core providers to develop work plans and ensure commitment to milestone timelines. WUTH are in the process of incorporating this project into their wider operational plan for 24/25 – timelines TBC, and CWP have actively started initiating the development of their current dataflow.
- We are in the process of updating our Place Digital Maturity governance function. We have refined our terms of reference and aim to ensure complete representation and involvement of all partners, including VCSFE. This will serve as a platform for effectively monitoring and evaluating programme objectives and progress, enabling us to actively challenge and improve where necessary. We aim to re-establish our board starting from May-24.
- We have started to initiate discussions with Wirral SROs/leads to gain an understanding into how the Digital Maturity programme can act as an enabler for other initiatives within the Wirral Health and Care plan, assisting in achieving their specific programme objectives.
- We're collaborating with the Director of Digital Maturity and Capabilities at NHSE to determine the feasibility of applying the Digital Maturity assessment to VCSFE, including St John's Hospice and Wirral CIC's.

Escalations:

- Organisation engagement with CIPHA migration project.
- Clinical leads across various sectors have raised concerns re workforce capacity and how this will impact Wirral's ability to use CIPHA effectively for managing population health. The adoption of Wirral's previous system, The Wirral Care Record, was minimal primarily due to limited workforce capacity and therefore Wirral were not able to achieve the intended project outcomes and benefits. This raises the risk of encountering the same issue following our transition to CIPHA.

Project Name	Overall Project RAG	Milestone RAG	Benefits RAG	Risk RAG	Issue RAG	Highlight Report
WCR / CIPHA Migration						WCR / CIPHA Migration - Highlight Report
Digital Maturity Programme Mobilisation						Digital Maturity Programme Mobilisation - Highlight Report

Place Estates and Sustainability Programme

Programme SRO

Paul Mason

Programme RAG



Date of Update

12/04/24

Programme Commentary

Completed in March 2024 (Last Month)

The focus this month was to develop overall group approach to managing the deliverables. This resulted in the development of:

1. Finalisation of key delivery pillars
2. Set of documented outcomes
3. Workshops held to plan PMO support for delivery of the pillars

Areas of Focus for delivery in April 24:

- Development of priorities and phasing - Completed
- Development of PMO structure in Smartsheet's - WIP
- Present back to SEG in May 2024 full suite of plans - On Plan
- Identified Leads for 3 workstreams and prioritised (Governance, Baselining and Sustainability) - Completed (2 workstreams remaining for leads to be allocated at next SEG)

Escalations/ Barriers to Delivery:

- Need a good understanding of Clinical Drivers and other group priorities/projects 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
Estates Governance Mobilisation	No Change						Estates Governance Mobilisation - Highlight Report
Estates Maturity Baselining	No Change						Estates Maturity Baselining - Highlight Report
Estates Burning Platforms	No Change						Estates Burning Platforms - Highlight Report
Estates Transformational Projects	No Change						Estates Transformational Projects - Highlight Report

Place Medicines Optimisation Programme

Programme SRO

Lucy Reid

Programme RAG



Date of Update

09/04/24

About the Programme



Place Medicines Optimisation

Programme Commentary

Progress this month:

- The Wirral Place Medicines Optimisation Group met for the third time on the 13th March. April's meeting scheduled to take place on the 10th April was cancelled by the chair due to the number of apologies.
- Reporting and oversight of the work programme is via the Wirral Place MO group however capacity of the meeting to drive the work forward is challenging so the SRO has decided to hold a Wirral Place MO workshop in order to bring partners together to review, develop and confirm the final 24/25 programme delivery structure. Workshop planning is underway with the aim for the workshop to take place before the end of May and the 24/25 strategy in place by end of June 2024 – MO group will be informed at next meeting and approval of the final plans will be through this group.
- Wirral Place Medicines Optimisation Group endorsed the draft Smartsheets workstream reporting templates created for the MO programme. Reporting to go live once final delivery structure is confirmed. To be tweaked to include patient engagement and awareness and impact on other workstreams/programmes/partners e.g. community pharmacy.
- MO workstream deep dive is scheduled for April's STG
- QIPP/CIP planning underway and plans for 23/24 have been collated and shared. 24/25 plans are being pulled together for April MO meeting which will now be shared at May MO meeting.
- Opioids/chronic pain workstream is well underway and 3rd Community of Practice due to take place in April – additional members identified and links to ICB developing action plan. Rapid insights session across C&M planned for end of April and Wirral will be represented – being led by Wirral MO SRO.
- Wirral health literacy work & infographics to be used with the polypharmacy workstream to explore what phase 2 can look like and how we can trial a different approach to patient

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

Debs Smith

Programme RAG



Date of Update

16/04/24

About the Programme



Place Workforce

Programme Commentary

Summary: The key activities to build the strategic workforce strategy and associated planning and programme enabling functions require the establishment of clear and achievable programme priorities for 2024-5 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 Steering group have endorsed the programme elements and agreed an approach that will support the establishment of the Wirral Place Health and Care Workforce Strategy. The baseline workforce data project group are compiling the data at organisational level. Discussions are underway regarding hosting of place level dashboard, and overlaying population health and social value data.. The Wirral Care leavers project group are building the programme elements in partnership with the Wirral Learning, Skills and Employment Service and key anchor organisation partners; establishing organisational sign up and potential posts for work trials.

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
18-24 Employment	Improving	●				●	18-24 Employment - Highlight Report

At Scale Programme

Place Supported Programmes

Programme SRO

Hayley Kendall

Programme RAG



Date of Update

03/01/24

Performance Charts



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.