

**WIRRAL PLACE BASED PARTNERSHIP BOARD**

Thursday, 13 October 2022

<b>REPORT TITLE:</b>	<b>WIRRAL DELIVERY PLAN</b>
<b>REPORT OF:</b>	<b>ASSOCIATE DIRECTOR FOR TRANSFORMATION AND PARTNERSHIPS (WIRRAL) NHS CHESHIRE AND MERSEYSIDE</b>

**REPORT SUMMARY**

This Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles shared in the Plan that will underpin how we will work together on the delivery of our Plan.

The Plan has been developed collaboratively between commissioners and providers and is cognisant of key national and local strategic plans and policies.

This paper is for approval by the Wirral Place Based Partnership Board of the Delivery Plan. This matter affects all Wards within the Borough.

**RECOMMENDATION/S**

The Wirral Place Based Partnership Board is asked to approve the Delivery Plan and note the priorities within the Delivery Plan and receive quarterly progress reports on the delivery of these objectives.

## **SUPPORTING INFORMATION**

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

- 1.1 This report sets out the key health and care priorities that the Wirral Place will need to deliver this year or progress on significantly. There are a number of work streams underway in Wirral to deliver improvements to our services and the experience and outcomes of those that use our services. This plan has been developed collaboratively with commissioners from NHS and the Local Authority and our key providers. By asking for the Wirral Place Based Partnership Board for the final approval of the Plan, it will ensure formal adoption of the Plan and will also enable our Delivery Plan to be in the public domain. There will also be a requirement to demonstrate progress against the Plan to evidence the progress made, which will be reported to the Wirral Place Based Partnership Board.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The Delivery Plan is a collaborative plan across the Wirral Place and therefore does require formal approval by the Wirral Place Partnership Board.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Imminent changes to the way we work together as a result of the new Health and Care Act, the adult social care reform white paper, the impact of the pandemic and the fuel poverty crisis will require us to work differently this year.

The Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles that will underpin how we will work together.

These principles which are a golden thread across Wirral will influence our work and how we deliver change on Wirral and the aspiration is that these become our business as usual and 'how we do things on Wirral'.

All our work programmes will:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including Joint Strategic Needs Assessment (JSNA)
- Deliver good outcomes and be safe and effective
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- Learn from people's lived experience
- Aim to support people to stay well and independent

- Continue to develop place based services – enhancing the neighbourhood/community delivery

3.2 This plan is not a policy or strategic document, however the priorities are reflective of key national, regional and Wirral Place strategy and policy requirements. Our priorities will cover the whole life span of our population, from birth to death. The key documents that our priorities are cognisant of are below:-

- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- SEND Wirral Statement of Action

Our priorities will also need to address the broader aspects of the Wirral Plan such as the green agenda and ways of supporting the economic recovery of the Borough.

3.3 The attached Wirral Delivery Plan (Appendix 1) was developed collaboratively during April and May 2022. The priorities that are highlighted in bold within the Plan will need completion/significant progress by the end of quarter 2. The priorities that are highlighted in yellow are the ‘must do’s’. The programmes of work within the Delivery Plan are within the below themes:-

- Children and Young People
- Recovery of Health and Care Service Responsiveness
- Enabling Greater Independence and Preparing for Winter 22/23
- Mental health, Learning Disability and Autism
- Primary Care
- Medicine Optimisation
- Wirral Wide Priorities

## **4.0 FINANCIAL IMPLICATIONS**

4.1 There are potential financial implications arising from this report, the work programmes that are a key priority, particularly for the delivery of additional capacity across the Wirral Place during the winter have already required additional funding which have been agreed by Wirral key partners. For the majority of the Plans there is an expectation that they will need to be delivered with the financial envelope set for the Wirral health and care system. If there are further calls on resources beyond those mentioned above, approval will be sought through the appropriate processes.

## **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 The Delivery Plan includes programmes of work that are already in progress in the Borough and a number of these are ‘must do’s’ for the Wirral Place to complete. This work should already be supported with the appropriate resources and, where it

is not, discussions will be required around the resource requirements to support delivery.

## **7.0 RELEVANT RISKS**

7.1 Within the Delivery Plan there are some 'must do's that do require to be completed within timescales during 2022/23. The Plan and its deliverables will be monitored monthly and escalation to key partners will take place if progress of achievements and expected outcomes are not realised. Alongside this, the risks associated with each of the programmes within the Delivery Plan are managed within each work programme. The Wirral Place Based Partnership Board will also be developing a risk framework.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 The Wirral Delivery Plan has been developed collaboratively across commissioners of both NHS and Wirral Council and also the Directors of Strategy and Chief Operating Officers of our key NHS providers. The Delivery Plan has also been shared with the Chief Executives of Wirral's key NHS provider trust.

## **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. Within the Delivery Plan there is a framework for our approach to tackling health inequalities and each programme of work will complete impact assessments to ensure any adverse impact is identified and mitigating actions but in place where possible.

## **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, and these principles will guide the delivery of the Place Director's objectives in Wirral.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

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

**REPORT AUTHOR: Nesta Hawker**

Associate Director for Transformation and Partnerships (Wirral)

NHS Cheshire and Merseyside ([nesta.hawker@nhs.net](mailto:nesta.hawker@nhs.net))

## APPENDICES

Appendix 1            Wirral Place Delivery Plan

### BACKGROUND PAPERS

- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- Statement of Education Needs and Disability (SEND) Wirral Statement of Action

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date

## APPENDICES

Appendix 1                      Wirral Place Delivery Plan

### **WIRRAL PLACE DELIVERY PLAN 2022-23**

#### **1. Introduction**

Imminent changes to the way we work together as a result of the new Health and Care Act, the adult social care reform white paper, and the impact of the pandemic on our population will require us to work differently this year.

As a result of these changes throughout England new ways of working across regions are being adopted, which include the formation of Integrated Care Systems (ICS). Cheshire and Merseyside (C & M) Health and Care Partnership also known as the ICS, has the aim to work collaboratively, developing strategies that improve public health, reduce health inequalities and ensure the health and care system across Cheshire and Merseyside is sustainable.

The ICS has a responsibility to improve the health and wellbeing of the C&M population by:

- Coordinating plans to make sure our services continue to meet everyone's needs
- Joining up services to provide better care, closer to home
- Ensuring all our partners across Cheshire and Merseyside focus on addressing the causes of poor health, as well as improving diagnosis and treatment

Wirral Place is a part of the C&M ICS and the Integrated Care Board will have NHS statutory power from 1<sup>st</sup> July 2022.

This Delivery Plan is to outline the Wirral Place key health and care priorities for 2022/23 and how we will adopt a new way of working by adhering to the principles that will underpin how we will work together to deliver the plan.

These principles, that underpin the way that we work on Wirral, are a golden thread throughout and it is expected that the Wirral Place Partnership Board will require assurance that these have been adhered to with the work that we undertake this year.

This plan is not a policy or strategic document, however the priorities are reflective of key national, regional and Wirral Place strategy and policy requirements. Our priorities will cover the whole life span of our population, from birth to death. The key documents that our priorities are cognisant of are below:-

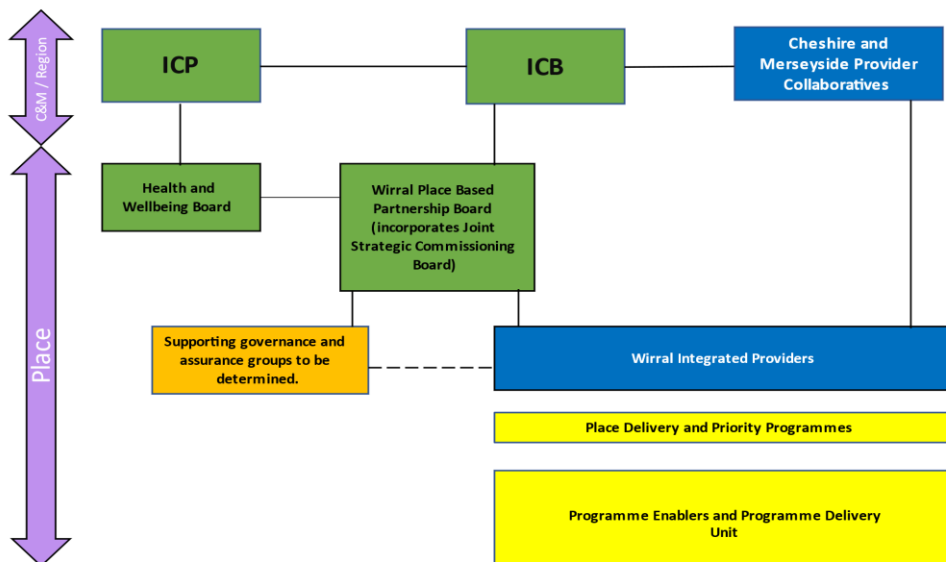
- NHS Core 20 plus 5
- NHS Planning Guidance 22/23
- Wirral Plan 2021 – 26
- Health and Wellbeing Strategy
- Statement of Education Needs and Disability (SEND) Wirral Statement of Action

Our priorities will also need to address the broader aspects of the Wirral Plan such as the green agenda and ways of supporting the economic recovery of the Borough.

Our focus will continue to be working together on neighbourhood/community footprint and ensuring that health and care services are delivered in a way that reflect the needs of the population within each neighbourhood/community.

The governance for the reporting against this Delivery Plan and how this forms part of the Wirral Place governance structure is shown in the diagram below. The diagram shows how groups that are leading on priority programmes and delivery of transformation change report into both Wirral Integrated Providers and also supporting governance and assurance groups that are still to be determined. Both these groups feed into the Wirral Place Partnership Board, which in turn reports into the Health and Wellbeing Board and Cheshire and Merseyside Integrated Care Board, the Integrated Care Partnership and the Cheshire and Merseyside Provider Collaboratives:

### Wirral Place-Based Partnership Structure



## 2. The Principles

It is essential to ensure that we all adopt a new way of working together in this year that enables us to continue the good practice that was developed during the pandemic. There are important issues that we need to work together to tackle on Wirral and the success of this delivery plan will be on including the wider stakeholders including community, faith, voluntary and independent sector.

Our principles will influence our work and how we deliver change on Wirral and the aspiration is that these become our business as usual and ‘how we do things on Wirral’.

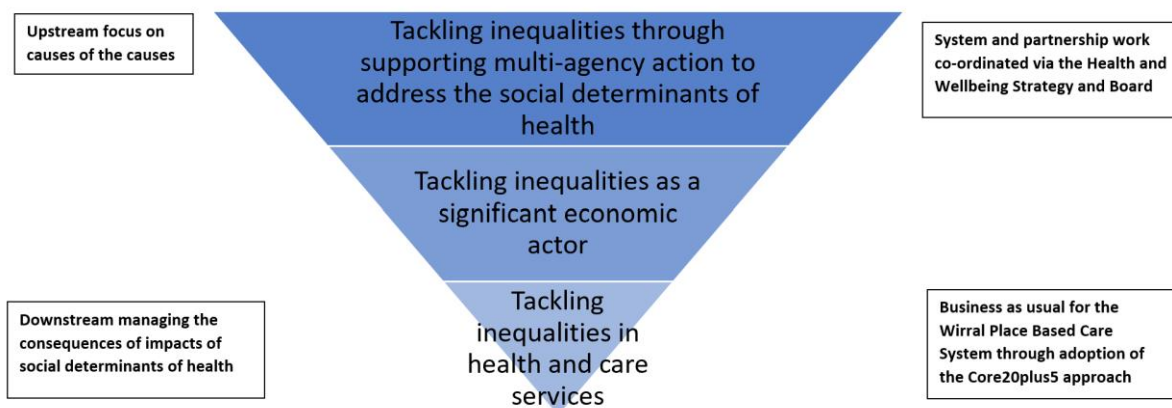
All our work programmes will:-

- Start with Population Health
- Ensure that we are tackling Health Inequalities
- Consider the wider determinants of health
- Make decisions that are evidence based – including Joint Strategic Needs Assessment (JSNA)
- **Deliver good outcomes and be safe and effective**
- Have co-production and clinical engagement from beginning
- Adopt a collaborative approach
- Optimise the use of our collective resources to get the best outcomes – including finance and our workforce
- Focus on acting sooner with an emphasis on prevention and being person centered
- **Learn from people’s lived experience**
- Aim to support people to stay well and independent
- Continue to develop place based services – enhancing the neighbourhood/community delivery

## **2.1 How we will tackle Health Inequalities**

To tackle health inequalities is now of greater importance due to the impact of the pandemic. As part of this delivery plan and in order to ensure we positively address our health inequalities we have developed a local framework. This framework is summarised in Figure 1 and sets out 3 broad categories for action. Effective action to reduce health inequalities will require actions at different levels, focussed both upstream on addressing the social determinants of health and downstream on health and care service delivery to reduce disparities in access, experience and outcomes.

**Figure 1**



### **2.1.1 Tackling inequalities: In health and care service**

To ensure that we proactively address health inequalities it is important that we embed action on health inequalities in all of our programmes and service reviews. It is therefore our plan to adopt the use of the Health Equity Assessment Tool (HEAT) in all of our programmes of work. This is a practical approach that enables professionals across the health and care landscape to systematically identify health inequalities and equity issues related to a service and identify what action can be taken help to reduce health inequalities.



Further info here: [Health Equity Assessment Tool \(HEAT\): executive summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612212/Health-Equity-Assessment-Tool-HEAT-executive-summary.pdf).

As part of the Wirral Place governance and approval process it will be expected that the HEAT tool has been completed before the work plans can progress.

The NHS Core20PLUS5 national framework will guide our local action and drive targeted actions to reduce health inequalities through this Delivery Plan and also wider work being undertaken across Wirral Place. We will focus our health inequalities actions to target:

- the most deprived **20%** of the national population as identified by the Index of Multiple Deprivation (IMD),
- **PLUS** population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach. Based on our population health data in Wirral these will be:
  - ❖ Ethnic minority communities
  - ❖ Those who misuse substances
  - ❖ People with multi morbidities
  - ❖ People with Learning disabilities
- across **5** focused clinical areas requiring accelerated improvement:
  - 1) Maternity; through partnership working, ensuring that maternity services are compliant with the recommendations of the Ockenden report.
  - 2) Mental Health: ensuring annual health checks for 60% of those living with serious mental illness (SMI) (bringing SMI in line with the success seen in learning disabilities).
  - 3) Respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
  - 4) Cancer: Early cancer diagnosis with 75% of cases diagnosed at stage 1 or 2 by 2028.
  - 5) Cardiovascular disease: Hypertension case-finding to allow for intervention to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

### **2.1.2 Tackling inequalities: As a significant economic factor**

The second set of actions health and care partners in Wirral can undertake to reduce inequalities is through their role as local anchor institutions. Anchor institutions are large, public-sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively ‘anchored’ in their surrounding community.

Health and care partners in Wirral have sizeable assets that can be used to support local community wealth building and development, through procurement and spending power, workforce and training, and buildings and land. Local NHS organisations can promote employment opportunities focussed on those living in deprived areas.

As well as each organisation working individually to ensure they are maximising their role locally as an anchor institution, the Wirral Place Based partnership offer an opportunity for

NHS organisations, the local authority, voluntary sector and other local organisations to work together to address these issues.

### **2.1.3 Tackling inequalities: Supporting multi-agency action to address the social determinants of health**

Building on roles as local anchor institutions the final and most important way on Wirral we can reduce health inequalities is through multiagency action to address the social determinants of health. It is recognised that most of the fundamental factors driving inequalities in health lie outside the responsibility of the health care system, with health inequalities being most strongly influenced by social conditions, the circumstances into which people are born, the places where they live, their education, the work they undertake, and the extent to which good social networks exist.

To have a meaningful impact in reducing health inequalities we will need to strengthen local multiagency partnership working together to address the causes.

## **3. Our Priorities**

There are a number of work streams underway in Wirral to deliver improvements to our services and the experience and outcomes of those that use our services. Not all current works programmes are included in this plan. This Delivery Plan is focussed on our key health and care priorities that we will need to deliver this year, or progress with significantly. Within these there are 9 work programmes that are our key priorities and 5 will have a particular focus on delivery by end of quarter 2. These are shown in bold in the priorities list below. Highlighted in yellow are those priorities that are ‘must do’s’ for Wirral to deliver against.

### **3.1 Themes**

- Children and Young People
- Recovery of Health and Care Service Responsiveness
- Enabling Greater Independence and Preparing for Winter 22/23
- Mental health, Learning Disability and Autism
- Primary Care
- Medicine Optimisation
- Wirral Wide Priorities

#### Children and Young People priorities

- Prevention – Breaking the Cycle work
- **SEND** – delivery of the Statement of Action
- Children’s mental health and well being redesign with Capacity
- Ensuring that children and young people are protected and safe

#### Recovery of Health and Care Services Responsiveness

- Outpatient redesign
- Cancer – early diagnosis and recovery
- Elective care recovery
- Supported accommodation and specialist provision options to respond to individual needs
- Maternity – Responding to the Ockenden Report

- Service Transformation – Ophthalmology, Dermatology, Musculoskeletal (MSK), Cardiovascular disease (CVD), Respiratory

#### Enabling Greater Independence and Preparing for Winter 22/23

- **Virtual wards/hospital at home**
- Increase take up of technology enabled care
- **Care market sustainability – domiciliary care and care homes- increase responsiveness #**
- **Review need for Discharge to Assess beds (71 plus 30) #**
  - # Both care market sustainability and Discharge to Assess will include **Development of Reablement and recovery services/Reablement**
- Roll out the Three Conversations model across all Social Care Teams
- Increased performance on Home First -more people supported to remain at/return home.
- Develop other models for home based end of life (EOL) services

#### Mental Health, Learning Disability and Autism

##### Mental Health

- Community Mental Health Transformation
- **Reduce out of area placements to zero**
- Urgent Response Centre/Designated Place of Safety
- Sustain 24/7 crisis lines and expand children and young people (CYP) Urgent Support Team model
- Evaluate effectiveness of Crisis Alternatives for Adult and CYP
- Implement and review the Care Navigator Function in Community Children and Adolescent Mental Health Service (CAMHS)
- Increasing Access to Psychology Therapies (IAPT) Recovery and Transformation to achieve core access and recovery targets

##### Learning Disability (LD) and Autism

- LD Annual Health Checks
- Reduce admissions
- Facilitate timely and appropriate discharges
- Address Autism waits
- Carers support after COVID
- All Age Autism Post Diagnostic Service
- CYP improvements/transformation

#### Primary Care

- Enhanced Access implementation
- Workforce – additional roles reimbursement scheme (ARRS) recruitment/GP recruitment & retention
- Digital First – Lloyd George records/online appts booking/maximise digital enablers
- Continued development of Primary Care Networks (PCN)
- Provider Collaborative development
- COVID Vaccination Programme Autumn Booster campaign
- Reduction in antibiotic prescribing
- Anticipatory /Personalised Care implementation
- Learning Disabilities Annual Healthchecks

## Medicine Optimisation

- Reduce prescribed total and broad spectrum antibiotics
- Reduce the incidence and improve diagnosis and management of urinary tract infections (UTIs) in people age 65 years and over by improving the quality of prescribing based on guidelines, culture and sensitivity results and by improving hydration
- Implement Direct-Acting Oral Anticoagulants (DOAC) review programme to ensure evidence based, safe and cost-effective use of oral anticoagulants
- Maximise use of community pharmacy support through GP referral schemes, hypertension case-finding and the discharge medicines service
- Review medicines supply routes to make best use of our medicines resources, including non-drug prescribing
- Further develop our dashboard for medicines in serious mental illness to improve health outcomes
- Improved management of medicines within social care and care homes through standardisation of practice and use of technology.
- Develop an integrated 'Place' Medicines Optimisation quality, innovation, productivity and prevention (QIPP) workplan that reflects both ICS and place-based priorities

## Wirral Wide Priorities

- **Place, Neighbourhood and locality delivery (including schools)**
- Joint commissioning across the services.
- **Workforce transformation**
- **Improve transition planning for young people with complex needs, focussing on personalised transition planning and reducing reliance on long term specialist care home provision.**
- **Increase uptake of Direct Payments and Personal Health Budgets**
- Digital programme

From our priorities, the key programmes of work for Wirral to deliver in year are listed below. The first four will require focussed work in the first two quarters of this year, with the aim of implementation at the beginning of quarter 3.

1. **SEND – delivery against the milestones of the statement of action**
2. **Virtual wards/hospital at home**
3. **Care market sustainability – domiciliary care and care homes- increase responsiveness**
4. **Review need for Discharge to Assess beds (71 plus 30)**
5. **Reduce mental health adults out of area placements to zero**
6. Place, Neighbourhood and locality delivery (including schools)
7. Workforce transformation
8. Improve transition planning for young people with complex needs, focussing on personalised transition planning and reducing reliance on long term specialist care home provision.
9. Increase uptake of Direct Payments and Personal Health Budgets

## 4. The Delivery

Within our priorities, each theme has a number of work programmes, each with an identified Senior Responsible Officer and a plan on a page which will demonstrate the milestones and deliverables by each quarter of this financial year. The benefits captured reflect the impact against our principles which will be reported to the Wirral Place Partnership Board.

Each individual work programme will have a full project plan and impact assessments completed which will continue to report to their established respective governance processes. Only the high level detail of the milestones, deliverables and benefits will be shared and monitored as part of this Delivery Plan.

The collective plan by each quarter will outline what is expected to be delivered against each of the priorities and their work programmes. Progress and achievement against this will be reported as shown in the earlier governance diagram.

The role of the Wirral Place governance which is being agreed will be to:-

- review the strategic direction of the programmes to ensure alignment against the key policies and strategies,
- review progress against the deliverables and milestones
- review the benefits that are being realised
- to receive issues that require escalation for system support to resolve.
- Report to the Wirral Place Partnership Board on progress against the Delivery Plan.