

Healthy Wirral - Whole System Integration Update

Meeting	Trust Board of Directors		
Date	6 November 2019	Agenda item	14
Lead Director	Val McGee, Chief Operating Officer		
Author(s)	Various contributors		

To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care

We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓

Our People - To value and involve skilled and caring staff, liberated to innovate and improve services

We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓

Our Performance - To maintain financial sustainability and support our local system

We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to the Organisational Risk Register (Datix)

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Has an Equality Impact Assessment been completed?

Yes

No

Paper history

Submitted to	Date	Brief Summary of Outcome
		Regular report submitted to Board.

Healthy Wirral - Whole System Integration Update November 2019

Purpose

1. This paper describes a number of strategic activities across the health and social care system which the Wirral Community Health and Care NHS Foundation Trust (WCHC) is central in leading and supporting whilst ensuring an equality of partnership delivery and sustainability. At the same time, working with other community partners ensuring a strong out of hospital focus and clear leadership as work progresses in the development of Place Based Care, particularly the neighbourhood/Primary Care Network developments.

Executive Summary

2. These activities support the delivery of the Trust's strategic objectives and our Organisational Strategy, which is absolutely aligned to the Wirral Health and Care Commissioning Strategy and wider system resilience.
3. These developments ensure that service delivery is integrated, that patient care is optimised and that patient experience is enhanced. This work and focus demonstrates our strength as a strong and credible partner as we move to Placed Based Care and Wirral Acting as One.
4. WCHC is either leading on or is a significant partner on a number of integration initiatives across the health and care economy. This places the Trust in a strong position as we develop Place Based Care.
5. This paper is to assure the Board of Directors of our strategic relationships, our support of the wider health and care system and our key place in Wirral, which impacts on the strategic direction, quality and service delivery of our Trust's activities and demonstrates our unique position in the health and care system.

Areas of Focus

6. The paper discusses the key areas of activity which have taken place across the health and social care system on the integration agenda. The paper also demonstrates the progress made in a number of key areas of integration, notably, the crucial role in the growth and development of the neighbourhood model, the growing partnership work around children's services, the associated work to support the elimination of corridor care at the hospital and reducing the number of long stay patients on the hospital wards. Additionally this paper has a focus on Community Cardiology especially clinical pathways and developments to reduce symptoms and prevent de-compensation thus potentially avoiding hospital admissions.

Board action

7. The paper is to assure the Board of Directors of the commitment the Trust has to integration across a number of work streams and with key partners across the health and care system and the commitment to developing and enhancing out of hospital care.

Val McGee
Chief Operating Officer

1 November 2019

Healthy Wirral - Whole System Integration Update

August 2019

Wirral Partners Board - Wirral Acting as One

1. Healthy Wirral Partners met during September and again on the 31st October 2019. October 2019 agenda focused on the following:-
 - Updates on the People programme, Children's and Families, Population Health and Digital – Including the Wirral Care Record information Pack and Neighbourhoods.
 - Financial Summary
 - Wirral Older People Outcomes.
 - Production of the *Healthy Wirral 5 Year System Plan*
2. A briefing note was produced for September 2019 as part of the Healthy Wirral governance structure and is attached as **Appendix 1**.

Healthy Wirral - Senior Change Team (SCT) Neighbourhood development

3. Work with PCNs around service development and integration advances the Developing Integrated Services work stream of the Neighbourhood Programme Board (formerly Senior Change Team) within the Healthy Wirral Programme.
4. The other work stream, Enabling Neighbourhoods, is focused on identifying how individuals and natural communities can be engaged and supported to improve population health through improving factors that further the wider determinants of health, community assets and development of the community and voluntary sector.
5. WCHC is supporting Central Wallasey Primary Care Network (PCN) delivery unit to hold a frailty event on 27 November 2019 at Albert Lodge. The focus of the event will be to develop a shared vision and better approach to supporting and caring for people with frailty in Wallasey. Colleagues from GP surgeries (GPs and nurses) in Wallasey and secondary care colleagues will be attending, along with WCHC staff.
6. The learning and planning from this event will feed the Target Operating Model development as part of the Developing Integrated Services work stream within the Neighbourhood Programme Board (previously called Senior Change Team). This is led by David Hammond, Associate Director for Partnerships & Strategic Development. Many partner organisations have been engaged to support this work, including: Wirral University Teaching Hospital (WUTH), Cheshire and Wirral Partnership Trust (CWP), social care providers, GPs and Healthwatch Wirral.
7. The Advancing Quality Alliance (AQuA) has been engaged to support this work, including the facilitation of an initial workshop on 5 December 2019 to bring together partners from across the system to share and validate a view of current service provision and opportunities to improve services available to older people with moderate and severe frailty. As previously highlighted, this will support the introduction of the expected Anticipatory Care contract in 2020/21, which is being designed to support better, more proactive and integrated working for this cohort of people.
8. A workshop for practice and community staff was held with Brighter Birkenhead Service Delivery Unit (SDU) in October 2019. It brought together primary and community staff to understand each other's roles and identify ways of working better together. As with South Wirral PCN in June 2019, the 35 participants valued the opportunity to build relationships and work together on the start of an action plan, which will be taken forward by a smaller group. Both West Wirral and Meols & Moreton PCNs have indicated they would like to have their own sessions.

9. One action taken forward by the South Wirral PCN group is the first PCN 'joint development and get together' lunchtime event, which will include a Dementia Friends Awareness session with WCHC's Emma Taylor (South Wirral Nurse Practitioner for Older People) as well as relaxation exercises and networking. Along with the development of practice involvement with the Locality Multi-Disciplinary Team (MTD) meetings and shared directories to make it easier to contact colleagues, this is a very tangible example of how GP and community staff can work more effectively within PCNs.

Integrated Health and Social Care

10. **MASH** - The development of a new enhanced Multi Agency Safeguarding Hub (MASH) - This work is continuing and WCHC has recently received the first draft of the new proposal, which will see a strengthened operating model, with greater involvement from partners agencies and a dedicated pathway to manage the high number of care concerns currently being received. Operational and Governance leads are currently working through the proposal to consider both the impact and opportunities this presents. Initial feedback has been provided to Commissioners and further meetings are planned. In addition WCHC is actively involved in a plan to implement a Wirral wide electronic referral safeguarding referral form. Endorsed by the Merseyside Safeguarding Adults Board, this form will, once introduced strengthen the referral process, provide an enhanced audit trail and promote a greater sense of ownership from those professionals making the safeguarding referral. Implementation of this and the new MASH model will continue through 2019 and into 2020.
11. **Safeguarding Peer Review 2020** - The North West Association Directors Adult Social Services (ADASS) Sector Led Improvement Board is now recommending safeguarding Peer reviews to those Local Authorities that have not had one in the last 5 years. Wirral has been identified in this cohort, along with a number of other Local Authorities and WCHC will be working closely with Wirral Health & Care Commissioning (WH&CC) and CWP to be influential in the scope and design of this review, which is currently proposed for the second quarter of 2020.
12. Internally to ensure readiness, the Associate Director of Adult Social Care, Deputy Director of Operations and Head of Safeguarding have been undertaking a review of current practice and governance in order to, reaffirm prioritisation if required and identify any further areas of focus. This review will now be used to formulate a comprehensive work plan covering key areas such as professional practice, adherence to statutory requirements, performance activity, outcome measures and Making Safeguarding Personal. Safeguarding will remain a key area of focus during the forthcoming year.
13. **Liberty Protection safeguarding (LPS)** - Work is continuing to ensure readiness for what will be a significant change in legislation. Now confirmed as due to come into force in October 2020, this will replace the current Deprivation of Liberty Safeguards (Dols) and widens the scope of those individuals for whom it will be relevant. Previously only people in Care Homes or Hospital would be subject to a Dols however this will now cover individuals living in their own homes. LPS will have a significant impact on Adult Social Care and the Trust is working closely with WH&CC to ensure readiness. Internally a dedicated taskforce will be developed so the full impact can be evaluated and appropriate actions taken to ensure transition from the current arrangements. As this is a national implementation WCHC has also ensured that we have representation at a regional level, through our close links with North West Association Director Social Services, (NWADASS) LPS will be a significant priority over the next year.
14. **Peer Review Actions** - Following the Adult Social Care Peer Review in May 2019, work has been progressing to action the recommendations identified within the report. A system wide action plan has also been developed and a new Interim Principal Social Worker has now been appointed which has enabled us to progress key areas of system wide social work practice in relation to strength base working, risk management and the development of a Wirral Wide Social Work Forum. WCHC will continue to strengthen our collaborative working

arrangements with CWP towards ensuring consistency to social work practice across the Borough. This work has focused on a number of areas including:

- Improving the arrangements for transition cases and case transfers
- An integrated approach to learning and development
- A strategic approach to service transformation and improvement.
- Raising the profile of Social Work through dedicated forums and regional engagement.

15. Monthly Provider meetings are now held with senior operational staff from both organisations taking place and weekly update meetings are in place between the Associate Director ASC (WCHC) and the All Age Disability and Mental Health Transformation Manager (CWP). Both organisations are currently undertaking a training needs analysis and will shortly be meeting to explore opportunities for joint commissioning.

A&E Delivery Board and Urgent Care Priorities/Winter Plan

16. The Urgent Care Consultation concluded on 12 December 2018. This is a CCG led Wirral wide consultation on the introduction of an Urgent Care Treatment Centre with feedback received

17. The feedback from the consultation was released on 28 June 2019 and the service is now being re-designed with oversight by the Urgent Care Transformational Group (a CCG-led cross organisational membership overseeing various work streams).

- WCHC have been asked to lead on the development and delivery of an Interim Urgent Treatment Centre (UTC) based at Arrowe Park. This will not have all of the features of a full UTC as described in national guidance. The commissioners have asked us to work towards the following standards; 15 minute triage and 2 hour treatment appointment.
- The interim period will be in line with the fuller development of the UTC and A&E department at Arrowe Park and subject to a £18m capital investment.
- Val McGee Chief Operating Officer is the SRO for this development.

18. The weekly calls with NHSI/E take place depending on the system position.

19. Urgent care executive leads continue to meet to provide accountability, assurance and grip and reports to the A&E Delivery Board. Additionally the Chief Operating Officers from WCHC WUTH and CWP, together with the Urgent Care Commissioner, meet weekly to understand blockages, examine what is working well and look at future plans to ensure that performance is maintained and improved.

20. These discussions have been focused on the main issues that regulators are concerned about; eliminating corridor care, reducing Length of Stay and effective streaming away from ED. This is underpinned by a robust system Winter Plan.

21. Since the 14 October 2019 WCHC have taken the lead on steaming patients away from ED. Initially ECIST had recommended that this was done in ED but the numbers dropped so significantly that we were asked to reinstate our original model.

22. Performance reporting across the system ensures a single overview position and a detailed RAG rated plan evidencing progress.

23. Work continues with ECIST to identify obstacles to patient flow in areas where services interface with acute and community care, including front door, and discharge pathways. Support from the ECIST team has been extended until the end of December 2019.

24. The other area is to significantly reduce the number of “super stranded” patients in the hospital who are deemed medically fit for discharge. WCHC staff is working jointly with colleagues from WUTH on this.

25. The change in the management structure with the Integrated Discharge Team (IDT) coming under one management structure lead by WCHC will ensure that the focus of the team is on those patients who have been in hospital over 21 days.
26. Other areas that we are working together on are ED and assessment area flow, Community T2A length of stay and full implementation of SAFER - both in the hospital and the community beds.

Current and previous monthly performance January to October 2018

4 Hour standard

4 HOUR PERFORMANCE	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
National A& E Performance (WUTH A&E & APH WIC)	74.44 %	73.82 %	76.63 %	73.47 %	81.06 %	83.45 %	81.85 %
Community Trust Performance (3 Walk-in-Centres)	99.63 %	99.37 %	99.76 %	99.83 %	99.72 %	99.90 %	99.84 %

4 HOUR PERFORMANCE	Aug-19	Sept -19	Oct -19	Nov-19	Dec -19		
National A& E Performance (WUTH A&E & APH WIC)	80.42 %	75.60 %					
Community Trust Performance (3 Walk-in-Centres)	99.96 %	99.80 %					

27. Walk in Centre and Minor Injury Unit activity has remained consistently high.

April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019
7,685	8,232	7,995	8,839	9,045	8,404	8,455

Admission Avoidance - Right Care, Right Place

28. There are a number of community services that support the avoidance of admission to the acute hospital with health and/or social care provided in the most appropriate place to meet people's needs. These include:-

- Community Nursing and Continence
- Community Rapid Response
- Telerriage
- Acute Visiting Service

29. Staff working in these services follow guidance and record an admission avoidance if, in their view they had not treated the patient, the patient would have needed admission to hospital.

30. The following services support alternative pathways to acute hospital admission:-

- Single Point of Access
- New Unplanned Care Team
- A&E Streaming to Walk in Centre

Admission Avoidance - Right Care, Right Place

31. A number of commissioned community services support avoidance of admission to acute hospital care; Community Nursing and continence, Community Rapid response / Home First, Teletriage and Acute visiting service

32. The total number of admissions avoided in April - September 2019 is shown in the table below compared to 2018/19 monthly average.

Description	18/19 Avg	Apr	May	June	July	Aug	Sept	YTD Avg	RAG > = 18/19
Community Nursing Admissions Avoided	342	584	493	513	460	514	322	513	Green
Integrated Continence Admissions Avoided	11	13	9	5	8	7	13	8	Green
Community Rapid Response Admissions Avoided	94	105	91	76	128	93	120	102	Green
Teletriage Admissions Avoided	240	279	265	257	250	227	257	256	Green
Acute Visiting Scheme Admissions Avoided OoH	211	263	235	223	221	229	201	229	Green
Total Number of Admissions Avoided	897	1,244	1,093	1,074	1,067	1,070	920	1,078	Green

33. There are a number of pathways contributing to Admission avoidance; Community services supporting alternative pathways to acute hospital admission, Single point of access, Unplanned care team and A/E streaming to Walk in Centres

Description	18/19 Avg	Apr	May	June	July	Aug	Sept	YTD Avg	RAG > = 18/19
Volume of SPA contacts	1,668	1,732	1,787	1,613	1,689	1,534	1,539	1,649	
Proportion of all contacts through SPA NOT referred to Acute (A&E or Assessment)	26%	30%	27%	24%	23%	21%	19%	24%	Green
Total Patients Streamed - Walk In Centres & GP OoH	409	537	593	667	660	634	534	604	Green

Initiatives and service developments to support to avoiding admissions

34. **Rapid response** - A review of Rapid Community Response has been undertaken to support improving access and response into and out of our community services. This supports admission avoidance and discharge. This will be concluded in Q3. The review includes:-

- Streamlining pathways and processes to ensure Rapid Response team have robust access into other community services to support system flow.
- Review of the multidisciplinary workforce including Nursing, Therapy, Social Care and support staff to ensure appropriate skill mix, clinical and professional leadership and capacity is available to meet demand.
- Focused review of High Intensity Users to ensure people receive the appropriate personalised care and support that supports admission avoidance.

35. Development of Early Intervention Assistant

Following the decommissioning of Home First Health Care Assistant role, the Trust has developed a new role as part of its community nursing transformation which will commence in October 2019 to.

- Work as a member of the Integrated Care Co-ordinating Teams (ICCTs)
- Work under the instruction of Matrons to provide clinical co-ordination for high intensity users to support early intervention of services to improve health and social outcomes.
- Provide support for acutely unwell patients in their own place of residence as determined by the ICCTs.

36. **High Intensity users (HIU)** HIU has to date focused upon neighbourhoods. During Q3 focus will also be given to individuals attending ED areas. There will be flags on systems identifying individuals accessing drug / alcohol and mental health support, enabling services to respond in a timelier manner.

37. Although HIU has predominately focused upon adults, data analysis has identified that children and young people account for an average of a 20% attendance at ED. Therefore there will be focus upon 'attendance avoidance' during Q3:-

- Targeted approach by WCHC children's services to reduce attendance at ED. Comparative data will be available between Q2 and Q3
- 4 drop-in children's and young people's clinics available across Wirral
- Children's nurses and Health Visitors trained in V100 and V300 Q3/Q4

38. Integrated System support

- WCHC have until recently been involved in daily system calls so that issues can be raised and rectified quickly to improve system flow. They were stood down to allow for specific related work streams to be implemented. WCHC are also attending daily face to face meetings to review LLOS patients.
- WCHC are working with ECIST to identify obstacles to patient flow in areas where services interface with acute and community care, including front door, and discharge pathways.
- WCHC and WUTH are participating in a therapy review by ECIST 5th -7th November 2019
- WCHC and WUTH have worked in partnership to implement changes in Integrated Discharge Team (IDT) following an appreciative enquiry by ECIST. Interim changes to the management structure and internal and discharge pathways have been implemented.

Collaborative working regarding Children's services

39. WCHC were awarded the 0-19 contract in September. Scoping of neighbourhoods has commenced. There is a further meeting on 15th November with WUTH maternity services to

discuss implementation of integrated hubs within neighbourhoods with the aim of these being in place during Q1

40. WCHC's Looked after Children's (LAC) nurses continue to be co-located in the Local Authority (LA) LAC team. Processes for information sharing have improved during the reporting period as a direct result of co-location. For example the rate of Strengths and Difficulties Questionnaire (SDQ) scores being shared by LA has moved from 4 per month to an average of 21 per month. We have also completed the voice of the child audit in Q2 and the findings have been shared with 0-19 services and the action plan is being implemented by the safeguarding specialist nurses at WCHC and will be re-audited in Q3.
41. A discharge pathway from the children's ward (WUTH) to the Teen team (WCHC) has been implemented and information is shared with the Teen Team about children and young people at risk on a daily basis. Sharing this information has ensured that children and young people at risk are supported in the community post discharge.
42. During Q2 the INVOLVE group widened its membership to include representatives from WUTH and sexual health. The focus of the discussion was regarding effective communication and sharing important messages with young people in order to keep them safe and that young people are supported and understand issues relating to confidentiality.
43. School Nursing visibility continues to improve in schools and further developments are being scoped out as part of the mobilisation of the new service. Engagement with local colleges has provided opportunities to support INVOLVE with developing a video for young people to raise awareness of important issues and provide safe and clear messages for young people.
44. Further shadowing has occurred in Q2 with a focus on children's therapies. There will be a workshop including WUTH and WCHC therapists to review pathways and opportunities to integrate. Rotational opportunities are being reviewed and Trust to Trust agreements are being looked at to ensure stability for both services.

Integrated Therapy's work programme

45. The Moving with Dignity project is progressing well with partnership working in place between WCHC, commissioners and private domiciliary care providers. A moving and Handling risk assessment has been developed in partnership with domiciliary care agencies which is to be used across all organisations and agencies involved in the project to support a trusted assessor approach.
46. Domiciliary care agencies have attended equipment training alongside our staff and will utilise our training plan and presentation to train their own staff in the principles of Moving with dignity.
47. Pathways are now embedded across unplanned care and neighbourhood therapy services (OT and Physio) utilising a transfer of care and trusted assessor approach. This is delivering an integrated model of provision across unplanned care and neighbourhood services which is enhancing and supporting community rehabilitation and re-ablement, admission prevention and supported/timely discharge from hospital

WCHC Heart Failure Transformation Project Update

48. In December 2016 the WH&CCG asked WCHC to transform services to reduce the cost of Heart Failure (HF) admissions on the Wirral, which according to the National Rightcare data cost £1.3million per year.
49. There were no additional funds to do so, and that new ways of working and innovative thinking about service re-design would need to be developed. The team were not short on ideas of how to transform and improve clinical outcomes and quality of life for patients with heart failure, but without extra funding this was impossible as the team were at capacity.

50. A relationship with a pharmaceutical company – Novartis was formed and discussions started about working in partnership to transform Heart Failure Services on the Wirral. It took over 18 months to bring the business case to the point where there was agreement by the WCHC/WC&CCG and Novartis to fund 2 year projects which were compliant with regulations.
51. The transformation plan included quicker access to HF nurses/consultants (Hot slots), Intra Venous (IV) diuretic's in patients own homes, medication reviews of patient's on the GP HF registers to ensure correct treatment, improved access to Cardiovascular Rehabilitation and improvements in palliative/end of life care for patients with HF.
52. Engagement with all areas of health has been vital, attending GP groups, with Matrons, Specialist Nurses and Secondary Care consultants. The service was launched on the 7th November 2018 and evaluated not only by Wirral Health care professionals, but by interested parties from throughout Cheshire and Merseyside.
53. With the launch of the project, 4 new heart failure nurses joined the team. This has increased capacity within the team to review less stable patient's more often reducing the risk of de-compensation and unplanned hospital admissions. The HF support nurse also completes the cardiovascular rehab specific aspects of the assessment, reducing duplication of care which previously happened.
54. The service is more responsive in preventing decompensating heart failure which previously resulted in a lengthy hospital stay and poorer clinical outcomes.
55. WC&CCG predicted that the project will save £500,000 to the local health economy per year; this is being evaluated to include quantifiable health benefits.
56. During the first year of the transformation project the team identified many new ways of working that have enhanced the care pathway that where not detailed in the original scope of the project.
57. The table below shows the productivity of the team during the first 9 months of the project.

Comparrison of Heart Failure Activity January - August 2018 to January - August 2019					
Staff member	HF New	HF Follow up	Heart Failure Hot Slot	HF Telephone Consultation	Medication Optomisation Clinic
Substantive Band 7 Heart Failiure Team Leader	65	225	14	103	51
Substantive Full Time Band 6 Heart Failuire Specilaist Nurse x3	251	1228	15	341	76
New Full Time Band 6 Heart Failure Specialsit Nurse x 2	283	957	11	233	0
New Part Time (2 days) Band 6 Heart Failure Specialsit Nurse					329
New Band 5 HF Support Nurse		465			
Total	599	2875	40	677	456
2018	256	1691	0	169	
Increase	343	1184	40	508	456
Percentage Increase Sept 2019	133.98%	70.02%	New	300.59%	New

58. HF Hot slots can be accessed by both GPs and Secondary care via a Cerner Millennium referral bundle.

59. The team has embraced technology using point of care testing to test kidney function to be able to safe and effective, using a finger prick sample (capillary), change medications/dosages to reduce symptoms and prevent de-compensation thus potentially avoiding a hospital admission.
60. The service through an estates redesign capital project has an ambulatory IV room ready to accept patient's for IV diuretics and potentially IV Iron to manage symptoms of heart failure and improve quality of life.
61. The HF team has created strong links with the community palliative care team. This partnership allows the HF team to access the support services of the hospice and support roles, including social workers, occupational therapists and dieticians to improve quality of end of life care.
62. Links have also been made with the Tele-triage team, handing over Care home patients on a Friday afternoon with a detailed management plan to prevent inappropriate hospital admissions.
63. The HF team have provided support and education to the WCHC Matrons and the WUTH Respiratory care team. This is a growing network of partnership working among health care professionals that are involved in the care of patients who have multiple and complex long term conditions.
64. The team have instigated a HF message line, in which patients or professionals can leave a message and will be contacted on the same day. This means that patients care can be escalated and a HF nurse can respond with an urgent home visit, advice to GPs or support and assurance to patients and their families.
65. Through having twice weekly medications optimisation clinics the HF nurses identify current patients who are clinically appropriate for Sacubital/Valsartan. The compliance rate on the Wirral has increased from 17% to 56%. This has exceeded the minimum national target set by NICE.
66. The Cardio Vascular Disease (CVD) Rehab team was successful in becoming one of four Beacon sites across the UK to pilot ReachHF led by Exeter University. This is a home based rehab program specifically for HF patients who would find it difficult to attend traditional group based classes. The band 5 HF support nurse, a CVD rehab nurse and an exercise physiologist attended training in May 2019 and will facilitate the program to 50 patient's over 12 months. Validated audit tools are being used and the outcomes of the pilot project will be presented at the British Association of Cardiovascular Prevention and Rehabilitation (BACPR) conference in October 2020.
67. Tele-health is planned for the next 12 months, utilising technology to monitor specific parameters as an early warning system, i.e. Weight, heart rate, blood pressure and patient reported measures to escalate care and prevent de-compensation and potentially death.
68. WCHC are involved with the Cheshire and Mersey HCP Heart Failure pathway design, which will be published next year. The Wirral is seen as a leader in innovation and employing a whole systems approach to improve heart failure care, clinical outcomes and most importantly quality of life.

Technology and Informatics Update

69. Wirral Care Record - Work is underway between the Local Authority (LA), Wirral University Teaching Hospital (WUTH) and Cerner regarding linking Liquid Logic data into the Wirral Care Record. Cerner have a proposal regarding on-boarding aspects of social care data in existing sections of the longitudinal health record. There are on-going discussions regarding the fit of social care data and how specific care data is represented within the platform. The delays to completing this work has been challenged with Cerner and the issue escalated. The data feed for Health Information Exchange (HIE) will be used as the data source for Liquid Logic, this data feed is now available and continues to be reviewed.

70. All SystemOne data files have been submitted to Cerner and data is currently being tested within the platform. Wirral care record and the first five registries go live for primary and secondary care on 11 September 2019. Community test groups being set up for active pilot starting the week after the initial go live. Wider Go Live planning for community is underway.

Conclusion

71. The Trust continues to be an important and valuable partner within the local health and social care economy, and wider with the development of STP's across the Cheshire and Merseyside footprint.
72. This month's report evidences the progress that has been made across a number of projects which are related to integration, partnership and collaborative working across many layers within the health and care system. It is complex and multi-faceted.
73. Integration is the cornerstone of our care model and the Trust is ideally placed to lead. Our staff are integral in delivering the different care models and the staff supporting the development of the Neighbourhood model are well placed to drive the development because of their skills and expert knowledge.
74. We are the key partner in providing or navigating to alternatives out of hospital. We have to communicate and demonstrate what our strengths are in delivering services, both nationally and locally, in partnership for the future. The added value that the WCHC contributes is a holistic view of patients and their trust in us, multidisciplinary team working, knowledge of our communities, strong leadership for consensus and partnership and a willingness to embrace new relationships and collaborative working.

Board action

75. The Board of Directors is asked to be assured that the WCHC is instrumental in Healthy Wirral. We are absolutely the "place" in Place Based care especially in the space of integration, urgent care and influencing commissioning and primary care agenda's which ensures the delivery of a high quality service which enhances patient care and patient experience.

Val McGee

Chief Operating Officer

Contributors:

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1 November 2019

HEALTHY WIRRAL PARTNERS BOARD, 26 SEPTEMBER 2019 - BRIEFING NOTE

1. Purpose

The *Healthy Wirral* Partners Board met on 26 September 2019. This briefing note summarises the key issues discussed at this meeting. It is expected that this briefing note and the papers from the meeting will be shared with the respective governing bodies of the constituent organisations who are working in partnership within the *Healthy Wirral* change programme.

2. Urgent Care Update

There has been good progress made since the last Partners Board, which received a presentation from Karen McCracken from the Emergency Care Intensive Support Team (ECIST). The A&E Delivery Board on 24 September 2019 set aside the usual agenda to focus on agreeing and taking forward practical actions as a system. The support of ECIST has been welcome and will continue beyond the existing commission by NHS England/Improvement (NHS E/I) until the end of December 2019. The focus of ECIST's support to the system is on reducing length of stay in acute and community beds, part of this work includes improving board rounds. The second area of support is in regard to reviewing and redesigning the form and function of the Integrated Discharge Team (IDT). Whilst the system remains "hot", there is now a real opportunity to make some real impact in this area. There is clearly an alignment around what needs to be done, a cohesive view of the "truth" and the way forward, and the right people are part of the programme of work with the right attitude.

3. Delivery

3.1 Work Stream Updates

The Partners Board received written updates from six *Healthy Wirral* work streams:

- Medicines Optimisation
- Mental Health
- Learning Disabilities
- Population Health
- Communications and Engagement
- Neighbourhoods

The Medicines Optimisation work stream operates across organisations, including community pharmacy, on a number of schemes to improve care and take cost out of the system. These schemes include:

- supporting medicines optimisation in care homes and in services for people with mental needs and/or learning disabilities.
- implementing a biosimilar switching programme.
- containing high cost drug expenditure.

- improving the provision and quality of care for all stoma patients whilst reducing cost.

The Mental Health work stream has delivered in year a new provider of Improving Access to Psychological Therapies (IAPT) under the banner of *Talking Together Living Well in Wirral*. The new provider works with other partners in the system and is improving access rates, waiting times and recovery rates. The work stream has also attracted £1.6m over the next two years to develop enhanced crisis care in the community. Again, this is a partnership approach between Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and other partners including the Spider Project, a not-for-profit sector organisation. Work continues on improving dementia care through the delivery of the Dementia Strategy and redesign of the memory assessment services. The fourth and final key priority of the work stream is improving the physical health of people with severe mental illness through increased access to health checks in the most appropriate setting.

The Learning Disability work stream has a focus on maintaining people with a learning disability in their own homes and communities. New Extra Care Housing provision is being introduced across Wirral including homes for 7 people in Pensby Road. The move to outcomes based commissioning is starting to deliver better financial value for the system whilst also increasing independence for service users. There is also a focus on increasing the take up of annual health checks, reducing the use of antipsychotic medicines and reducing the number of people in inpatient beds as part of the national Transforming Care programme.

The report from the Population Health work stream highlighted a number of areas of multi-agency work including:

- Tobacco Control is addressing smoking in pregnancy, supporting Wirral University Teaching Hospital NHS Foundation Trust's (WUTH) smoke-free policy and supporting enforcement work of Wirral Council Trading Standards in tackling illicit tobacco.
- Healthy Weight is supporting a sugar smart swap campaign and promoting physical activity in schools and workplaces.
- Social Prescribing is increasing the offer of social resilience and support to the Wirral population in partnership with the not-for-profit sector and the emerging Primary Care Networks.
- Population Health Management is about developing the ability of the Wirral system to use the Wirral Care Record and supporting infrastructure to use data, create intelligence and develop knowledge about how the people of Wirral use health and care services. This is an area in which more support may be required.

The Communications and Engagement work stream has developed *Healthy Wirral* content for the websites of all partner organisations. The team has also taken forward a staff survey, which is due to close on 27th September 2019. Work has also

been ongoing with the public in terms of engaging in the development of the *Healthy Wirral 5 Year Strategy*.

The Neighbourhoods work stream is focusing on developing and delivering integrated care in the nine neighbourhoods of Wirral with alignment to the five Primary Care Networks. Work is also progressing to develop closer links to other organisations operating in the neighbourhoods so that the health and care offer is linked to these local assets.

4. Performance and Planning

4.1 Month 5, 2019/20

4.1.1 Income and Expenditure to date

The financial position at Month 5, 2019/20 was shared with the Partners Board. At Month 5 there was an adverse variance of £9.7m against the control total plan and consequently includes the unidentified Quality Innovation Productivity and Prevention (QIPP) plan of £17.9m. This is a further deterioration on last month of £2.8m (£1.1m of which is NHS Wirral Clinical Commissioning Group (CCG) unidentified QIPP) however Wirral University Teaching Hospital NHS Foundation Trust's (WUTH) position has deteriorated again by a further £1.1m since Month 4. It is to be noted that the CCG support to WUTH of £1,350k at Quarter 1 still remains in the position at Month 5.

4.1.2 Savings Plan to date

At Month 5 there is an adverse variance against plan of £7.4m which is predominantly the CCG unidentified QIPP, which was highlighted within the planned submission and factored into the overall risk adjusted plan for both the CCG and the system. Although WUTH are ahead of plan at month 5 there are a number of non-recurrent savings to date.

4.1.3 Cost Improvement Plans (CIP)/QIPP In-Year Risk

NHS Wirral CCG has significant unidentified QIPP risk of £17.9m, which was highlighted within the planned submission against the breakeven target for the control total plan. Against the risk adjusted plan there is risk of £2.5m for non-delivery across the system; this has increased by £300k since Month 4 for WUTH and a further £100k for Wirral Community Health and Care NHS Foundation Trust (WCHCFT). There is a recurrent risk for savings plans as they rely heavily in year on non-recurrent savings. This will have an adverse impact on 2020/21 and has been factored into the long term recovery plan for the system.

4.1.4 Forecast Income and Expenditure

Following our meeting with NHS England/Improvement in August and the follow up actions that were outlined at *Healthy Wirral Partners Board* last month a review of

the forecast was undertaken to present to the regulators in September in an attempt to reduce the forecast deficit and get closer to the planned surplus control total of £1.1m. Although good progress had been made to reduce the deficit this also coincided with cost pressures across the system in Month 4 and Month 5 which resulted in the financial risk increasing to £9m and a forecast deficit of £22.6m. The level of mitigations has increased (some of which are high risk), however this merely takes the system back to the risk adjusted forecast of £13.6m. This is not acceptable to NHS E/I and urgent action is needed by all organisations to take cost out in 2019/20 and have firm plans for 2020/21.

4.2 Financial Recovery Plan and System Assurance Meeting

The Board received an update on the System Assurance Meeting held on 25th September 2019 with NHS England/Improvement (NHS E/I). The key points from the meeting were:

Quality/System Improvement

- The proposal that the Emergency Care Intensive Support Team (ECIST) support into the system continues for a further 3 months has been approved by NHSE/I.
- The response by WUTH to the Care Quality Commission (CQC) action plan progress is good.
- Infection control progress is good but challenges still remain.
- There are challenges in relation to long lengths of stay (LoS) in WUTH and community beds and this has significant system impact, particularly as a cost driver.
- There was an acknowledgement of the improvements in culture and behaviours in WUTH following the organisational development work the Trust had put in place.

Finance

- There was concern that the pressures on WUTH's finances were much higher than forecast.
- The system has been asked to look again at out of hospital packages of care and Continuing Health Care (CHC) to understand how we benchmark against others and agree and implement an improvement plan that demonstrates grip and control on assessment processes and expenditure.
- The Wirral Financial Recovery Plan (FRP) submission was noted but the expectation from NHS E/I is that the £1.2m control total surplus is delivered as there is no more central funding to support the system. The delivery of this FRP is the responsibility of all organisations in Wirral.
- NHS E/I intend to use the Month 6 position to take stock, then arrange a further meeting with the Wirral system in October to consider further mitigations to move towards the £1.2m control total surplus.
- There was a request that the system models the impact of improving LoS on the system finances and taking costs out.

- The system needs to demonstrate that the Medicines Optimisation work can deliver more towards the FRP.

Summary

- NHS E/I welcomed the open and frank discussion with Wirral partners on all the key areas.
- NHSE/I want a “delivery partner” style approach to the relationship with the Wirral system going forward.
- Recognition and thanks was given in respect of the handling of the collapse of One to One Midwives (North West) Limited by the Wirral system on behalf of Cheshire and Merseyside and North East Essex.
- The improvements regarding the CQC action plan by WUTH and the fact that the Wirral system was performing better than most system in regard to waiting list numbers, 52 week waits and cancer targets was welcomed.
- NHS E/I recognised that the Wirral system was very much working together.

Concerns remain in the following areas

- LoS still a problem and there needs to be evidence of a future state model or plan to resolve this.
- There needs to be consistent delivery of the A&E target with fewer relapses.
- The risk taken by the CCG to support the system financially has placed the CCG in the spotlight nationally. The CCG has the largest variance to plan of any CCG in the country as a consequence. NHS E/I see this as a system issue, not just a commissioner issue to resolve.
- The Wirral system needs to show its ambition and set a “local” target/trajectory to show when ratings will be improved (e.g. such as a “Getting to Good” approach).

The Partners Board discussed the steps that were being taken to submit a revised FRP that moves the system towards the £1.2m control total surplus and respond to the requests from the regulators.

4.3 Production of the *Healthy Wirral* 5 Year Strategy

The latest version of the draft narrative for the *Healthy Wirral* 5 Year Strategy was shared with the Partners Board. It was noted that more work was required before final sign off in October 2019. All organisations present were asked to share the draft document with their respective governing bodies/boards. The financial templates for the first draft of the five year plan will be populated using the same approach as the modelling undertaken for the original FRP submission.

5. Governance

5.1 Developing a *Healthy Wirral* Integrated Care Partnership

In August 2019 the Partners Board approved a paper setting an approach to developing an Integrated Care Partnership (ICP) for Wirral. Graham Hodgkinson, Director of Health and Care, Wirral Health and Care Commissioning (WHCC) updated that meetings with Chief Executives in the system are being arranged. Proposed models for discussion in these meetings are being developed.

5.2 Supporting *Healthy Wirral* Programmes in 2020/21 and beyond

In August 2019 the Partners Board agreed that the system would continue to support and fund the core team requirements of an Independent Chair, Programme Manager, Finance Lead and Administrative Support. It was agreed that this would be for a period of twelve months on the current payment arrangements and will be reviewed again in September 2020. There would also be a review of the future arrangements for funding these roles, which would include an understanding of the return on investment or value gained from them.

6. Risk Appetite and Assurance Framework

The Partners Board reviewed the revised Assurance Framework. The risk appetite section within the Assurance Framework needs to be completed. Options were discussed for taking this work forward, it was agreed that Paul Edwards, Director of Corporate Affairs, Wirral Health and Care Commissioning would work with representatives of partner organisations to take this forward.

7. Transformation Fund

The Board agreed to the extension of two posts supporting the Neighbourhood programme until the end of November 2019 (current contracts to expire at the end of September) whilst the transformation fund panel review the effectiveness of these posts on 18 October. It was noted that these temporary posts are currently been filled on an agency basis.

The Transformation Fund allocations 2019/20 will be reviewed at a meeting on 18th October 2019 to assess progress. Any resources not utilised will need to be returned to support system financial recovery. The arrangements for the Transformation Fund 2020/21 are still being developed but it anticipated that this process will take place within 2019/20.

The Transformation Fund is drawn from NHS Wirral CCG resources that are top sliced and sent to the Cheshire and Merseyside Health and Care Partnership (CM HCP). The contribution to the CM HCP will be increasing from 0.5% to 0.7% over the next two years. The resources for the Transformation Fund are then returned to the CCG. A revised process will need to involve a recommendation from the

Healthy Wirral Partners Board to the CCG Finance Committee as the deployment of the Transformation Fund will need to be authorised there and monitoring reports provided to this Committee as well as Partners Board.

David Eva
Independent Chair

Simon Banks
Senior Responsible Officer/Place Lead

Julian Eyre
Programme Manager

Debbie O'Neill
Finance Lead