

Healthy Wirral - Whole System Integration			
<b>Meeting</b>	Board of Directors		
<b>Date</b>	07 November 2018	<b>Agenda item</b>	15
<b>Lead Director</b>	Val McGee, Chief Operating Officer		
<b>Author(s)</b>	Val McGee, Chief Operating Officer		
<b>To Approve</b>	<input type="checkbox"/>	<b>To Note</b>	<input type="checkbox"/>
		<b>To Assure</b>	<input checked="" type="checkbox"/>

Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
<b>Our Patients and Community</b> - 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	✓
<b>Our People</b> - 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	✓
<b>Our Performance</b> - 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 Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✓
Failure to engage staff to secure ownership of the Trust's vision and strategy	✓
Increasing fragility of the social care market	✓
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	✓
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓
Commissioning decisions do not promote integrated working across the health and care system	✓

Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	✓
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✓
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	✓
Failure to deliver the efficiency programme	✓
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✓

**Link to the Organisational Risk Register (Datix)**

**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 2018**

### **Purpose**

1. This paper describes a number of strategic activities across the health and social care system which the Wirral Community NHS Foundation Trust (WCFT) 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 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. 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".
3. WCFT is either leading on or is a significant partner on a number of integration initiatives across the health and social care economy. This places the Trust in a strong position as we develop Place Based Care.
4. This paper is to assure the Board of Directors of our strategic relationships, our support of the wider health and social 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 social care system.

### **Areas of Focus**

5. 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 describing service redesign programmes in readiness for winter, and the crucial role in the growth and development of the neighbourhood model and the growing partnership work we are working on around children's services.

### **Board action**

6. 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 social care system and the commitment to developing and enhancing out of hospital care.

**Val McGee**  
**Chief Operating Officer**

02 November 2018

## **Healthy Wirral - Wirral Acting as One - Update September 2018**

### **Wirral Partners Board - Wirral Acting as One**

1. System meetings continue. The Healthy Wirral Executive Directors Group (HWEDG) met during September and October 2018. The proposal for Phase 2 Transformation Funding was agreed, but unfortunately the Wirral system was unsuccessful with that bid, as were a number of other systems.
2. Mersey Internal Audit (MIAA) is supporting the production of “One Wirral” sustainability plan. They have secured support from NHSE Right Care team, NHSI Model Hospital Team and the Getting it Right First Time (GIRFT) team, working on a number of programmes of work, Respiratory especially COPD, Frailty, Renal, Gastro and Cardio Vascular Disease. This will form the basis of a wider 5 year sustainability plan.
3. The Frailty Project Initiation Document (PID) is still in development
4. Plan on a page for each of the work programmes are also in development.

### **Technology and Informatics Update**

5. Health Information Exchange (HIE) goes live within SystemOne 5 November. We are waiting for an update regarding portal access for other non SystemOne users. This will allow staff to see current live information.
6. Wirral Care Records - work is underway with the Local Authority (LA) regarding linking Liquid Logic data into the Wirral Care Record. The Trust has a light touch on this from a technical point of view as it is all managed through the LA but the services are involved regarding the specific data items to be shared.

### **Healthy Wirral Partners Board**

7. The Healthy Wirral Partners Board met on the 27 September 2018 and on the 19 October 2018 and continues to build the Governance of the Partnership. The following items were discussed:-
  - Memorandum of Understanding – Delivering System Sustainability through Healthy Wirral Programme
  - Wirral place financial dashboard 2018/19 and the system sustainability plan and work programmes
  - Assurance framework
  - Draft conflict of interest guidelines
  - A presentation on Assets and Estates for the Wirral system
  - The approach to Communication and Engagement

### **Healthy Wirral - Senior Change Team (SCT) Neighbourhood development**

8. Senior Change Team (SCT) are leading the development of place based care with a priority focus on 9 neighbourhoods and action plans for addressing health and social care priorities.
9. Plans have been developed for each of the 9 neighbourhoods and also each of the 51 GP practices led by the neighbourhood leadership teams (NLTs) which includes WCFT health and social care professionals and senior managers.
10. Similar priorities have emerged from the plans which include COPD, Heart Failure and Dementia.
11. WCFT matrons continue to review data from the CCG on people identified as a high risk of non-elective admission to enable personalised care plans and risk management plans to be developed in partnership with GPs, social care and 3rd sector through a Multi-Disciplinary Team (MDT) approach.
12. There remains an outstanding issue regarding sharing of patient identifiable data between WUTH and WCFT which has been escalated and is involving Information Governance leads from both organisations.
13. It has been identified that there is a need for organisational development support for the NLTs and the SCT is currently co-designing some of the elements of a neighbourhood leadership development programme, following a bid submitted to the North West Leadership Academy.
14. The senior change team have also concluded their 12 month development programme run by ICE Creates with a recent evaluation demonstrating improvement in trust, collaboration, shared vision and commitment across the majority of SCT partners.
15. Internal discussions have taken place to ensure that all of the staff understands the role of the MDT, the role staff play to support the overall objective and the importance of case finding.
16. An internal task and finish group has been established, concentrating on two elements of work:-
  - One group is optimising the Integrated Care Co-ordination Teams (ICCT's) process; including defining and communicating with practices referral pathways to improve support for people with complex needs and reduce admissions, which includes making use of risk stratification to identify people most at risk of unnecessary hospital admission.
  - The other is reviewing pathways, including identification and assessment and support for people living with frailty.
17. The development of neighbourhoods is part of the contract management monitoring under the Service Development Improvement plans (SDIP's).
18. Jenny Dodd is working in the Trust to support the development of neighbourhoods with a specific focus on building the care model with partners, and understanding what workforce is required to deliver the model. She also has been spending time with key partners in the system to get their views on neighbourhoods and how they should be formed. She presented a draft operating model to the Executive Leadership Team (ELT) and is now sharing this with partners to build a model which can be agreed by all partners.

19. All of our staff involved in the neighbourhood model are enthusiastic and feel that the development of place based care within neighbourhoods is the right approach and will make a difference to our populations.
20. Work is in progress to understand what governance and accountability needs to be in place for the neighbourhoods. This is being led by Karen Howell and Graham Hokinson.

### **Integrated Health and Social Care**

21. A significant part of the integration work is underpinned and evidenced by the internal audit programme. The following audits have been undertaken in the last quarter:-
  - Making Safeguarding Personal
  - Assessments for financial management and charging advice
  - Advice and Information at the front door – an asset based approach
  - Record Keeping (Trust wide).
22. Alongside the internal audits, the Trust commissioned Mersey Internal Audit (MIAA) to review the governance arrangements for the integrated health and social care teams, as part of the Trust's Audit programme for 2018/19. This will review the arrangements in place to manage the delivery of strategic objectives, contractual requirements, performance and statutory assurances. It will consider a number of areas including:-
  - Leadership in place and governance structures, systems and processes, risk management clear accountability and reporting mechanisms
  - How arrangements feed into the Trust's overall corporate governance structure
  - Support arrangements in place for staff within the new joint service to support a positive culture, sense of common purpose and the transition through to business as usual
  - Effective mechanisms are in place for dealing with concerns or complaints in relation to the integrated service
23. It has been agreed to work with colleagues from the North West Local Government Association to develop a peer review process in preparation for any future inspection. This is expected to take place in May 2019 and will be over 3 days. There will be reciprocal arrangements with staff to support peer reviews teams for other areas.
24. Plans are in development for the transformation phase for the integration of Health and Social care with the completion of the Programme Initiation Document (PID) due by the end of November. Key priorities are -:
  1. Improving transitions for young people
  2. Increase use of direct payments and health budgets
  3. Development of integrated assessment
  4. Review and development of Single Point of Access (SPA) and Integrated Gateway
  5. Review of Multi Agency Strategic Hub (MASH)

### **A&E Delivery Board and Urgent Care Priorities/Winter plan**

25. The Urgent Care Consultation has commenced and is due to conclude on the 12th December 2018. This is a CCG led, Wirral wide consultation on the introduction of an Urgent Care Treatment Centre.
26. Following the development of the winter plan, relevant services within the Trust and partners have been mobilising plans in readiness for the winter period. This includes an additional 48 winter beds, 30 on the Clatterbridge site commissioned by WUTH and delivered by 4 Seasons. Commissioners are currently out to tender for additional community T2A beds.

27. The system wide dashboard has been developed. The Community Trust and its staff are crucial in supporting the shift in the system to reduce the number of people attending A&E and this is discussed at the monthly A&E Board. We are also in the process of developing an internal winter dashboard in order to track the plans and impacts internally.

**Current performance monthly until October 2018 - 4 Hour standard**

October 2018	86.2%
September 2018	89.2%
August 2018	90.1%
July 2018	91.1%
June 2018	89.8%
May 2018	89.9%
April 2018	87.5%
March 2018	84.2%
February 2018	83.2%
January 2018	86.5%
December 2017	80.4%
November 2017	85.8%

28. Walk in Centre and Minor Injury Unit activity has remained consistently high, with 9,414 attendances in Sept 2018 and 9,563 attendances in October 2018.

**Delayed Transfer of Care**

29. Delays transfer of care (DTC) currently is performing above the national target of 2.67%. September performance 1.7% and September 2.0%.

**Transfer and Assessment (T2A)**

30. Weekly reviews of the longest length of stay patients in the Transfer to Access (T2A) beds are in place to understand root causes of any delays in transfer and discharge which impacts in the overall length of stay (LOS) target.
31. To support safe discharge the following has been put in place in the nursing homes which accommodate the T2A beds.
- Weekly MDT meetings
  - MADE (Multi Agency Discharge Event) implemented Quarterly
  - Stranded patient reviews - monthly
32. The average LOS figures for August was 5.6 weeks and 5.1 weeks for September 2018. This is being closely monitored as the target is 4.2 weeks and is important to ensure flow across the whole care pathway.

### Domiciliary care

33. Whilst we continue to have people waiting for care packages, we have worked hard with domiciliary care providers to prioritise flow and avoid delays in discharges in the hospital and community (T2A) beds. As of the 31 October 2018 data there were 54 patients waiting for care packages. 12 for the hospital, 2 for T2A bed and 23 in the Community. This is an increase on the reported activity at last Board meeting which, although expected as we approach the winter period, will be mitigated by the additional social care winter funding allocated to Wirral.

Location (New Requests Only)	Total	Longest Wait (wks)	Average Wait (wks)
In Hospital	12	3	1
In T2A Bed	2	3	1
In the Community	23	13	4
Short Term Placement	1	2	2
STAR awaiting Package	16	13	3
<b>Total in circulation</b>	<b>54</b>	<b>13</b>	<b>3</b>

### Winter Monies for Social Care

34. On 2 October 2018, it was communicated that there is £240m of additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. This equates to an allocation of £1.8m for Wirral which will be used to support and enhance the domiciliary care markets.

### Clinical streaming

35. Clinical streaming has been in place since September 2017. Phase 2 of the model was implemented on the 19 February 2018. This has not been implemented fully as the hospital has been unable to recruitment suitably qualified nurses.
36. The Trust was asked to provide a nurse to stream from the front door at the Emergency Department and a robust rota has been developed to ensure full coverage 10am-10pm, 7 days per week. This will commence on the 5 November 2018.

### Tele-triage

37. Tele-triage has now been rolled out to all 76 older people residential and nursing homes in Wirral, 24 hours per day, and 7 days a week. The tele-triage team is made up of three nurse practitioners, delivered by Wirral Community NHS Foundation Trust (WCFT).
38. Care home staff can use tele-triage to Skype with a nurse practitioner when a resident becomes unwell. Using the observations taken by care home staff, and a visual assessment of the patient via Skype on a high definition screen, the tele-triage nurse is able to provide clinical advice and management for patients without the patient needing to leave



the care home. This may include advice, prescribing medications, arranging a same day GP visit, on-going monitoring for a number of hours, and supporting end of life care.

39. A recent paper developed by the service and commissioners has highlighted the Return on Investment (ROI) for this service estimated to be around £669k.

### **Acute Visiting Scheme (AVS)**

40. The Acute Visiting Scheme (AVS) continues to be delivered with the prime objective to support paramedics in the decision not to convey to hospital where clinically appropriate. This scheme is delivered in partnership with Primary Care Wirral (PCW) Federation who provides the GPs in hours Monday through to Friday. This is a really successful integrated delivery model with WCFT supporting both in hours and out of hours with drivers and admin staff. In addition to this the AVS resource is supporting the Clinical Assessment pathway (CAS) which works collaboratively with 111 in providing clinical advice and services to patients that need more than 111 advice but do not require referral to A&E.
41. Tele-triage continues to be supported by the AVS GP. This support has been extended to allow the tele-triage clinicians to go into care homes to provide training as well as supporting learning from incidents or events.

### **Single Point of Access (SPA)**

42. During the last two months the Single Point of Access (SPA) redesign work has progressed and the Trust continues to play a key role, working alongside partners in this CCG led review.
43. Currently there are three distinct "Single Point of Access" across mental health, physical health and social care, the aim is to implement a single fully integrated access point for the people of Wirral.
44. Phase 1 is now complete and during September, 9 staff from Cheshire Wirral Partnership (CWP) Mental Health Services moved to co-locate within St Catherine's. This now means that all three "SPA"s are sited together.
45. Co-location is seen as the first stage towards achieving a fully integrated SPA and already this has provided an opportunity for improved communication, shared learning and a greater understanding of roles. Work is now progressing on the next two phases including development of the target operating model and identification of an implementation plan. Key work streams have been refreshed and the lead Commissioner is due to present a paper to the Urgent Care Executive Group (UCEXG) outlining the proposed principles and plans for a single SPA. Fortnightly meetings continue to be held and the Trust is also providing project management support.

### **Intermediate Care Community Services redesign**

46. The Trust has worked closely with commissioners on the review of the intermediate care services with recommendations to improve the operating model for home and bed based community support services.
47. The key improvements are:-
  - Home based single pathway – single point of access and referral to community services (SPARCS) increasing focus on admission avoidance
  - One Home based service (rather than 5+)
  - Continued scale up of care and support @ Home capacity and referrals

- Integrating staff and pooling or resources across previously named Homefirst, Rapid response, Reablement (STAR) and Therapies from both WUTH and WCFT to support both discharges and admission prevention from the community. Separate referral routes will be removed
- Crisis response within 2 hours against new national NICE guidance replacing the previous 2-4 hour response
- Enhanced joint WUTH and WCFT therapy pathway in community T2A beds (Community and Hospital) and expansion to 7 day working within existing resources
- Enhance Reablement with community bed bases. Therapists are designing a rolling training programme to support care staff to provide a reablement approach
- T2A Multi-Disciplinary Team (MDT) working and length of stay improvement
- Removal of duplication and widening of the Trusted Assessor approach to Therapies and Reablement
- Removal of duplication of assessment, role support, home first approach and capacity within the Reablement Officer role
- Maximising technology solutions and expanding the use of telemedicine including Tele-triage

### **Workforce Development**

48. Work is underway across the local system with partners to look at recruitment, retention and development opportunities across the local work force including domiciliary care providers. This is focusing on improving options for career pathways, training and development opportunities and is linked into HWEDG discussions and the Healthy Wirral Programme as well as the wider STP.

### **Collaborative working regarding Children's services**

49. Jo Chwalko, Divisional Manager for Integrated Children's services met with Debbie Edwards Divisional Director at WUTH and they identified co-location opportunities for Health Visitors and Midwives at four 0-19 bases. Hot desks are available at St Caths, Bridle Road, VCH and Greasby Health Centre.
50. Further discussions are underway regarding development of an integrated enhanced team. A review of the Teen team (recently recognised as best practice by the Nursing Times) appears to have the core infrastructure and networks to expand. This team may have a mix of co-locations and/or virtual teamwork.
51. Jo Chwalko and Debbie Edwards spent a day together shadowing each other's services. They identified a gap in service for young people fit for discharge from the children's ward who could not return home due to waiting for mental health assessments. They have implemented a pathway for the ward to notify WCT Teen team who can provide on-going support to this cohort of young people, and will arguably speed up discharge. This will be evaluated in December 2018.
52. Another pathway has been implemented for sharing AED attendances for young people with the school nurses and schools, to ensure continuity of care is in place. This is particularly important for young people who are self-harming. Data analysis is underway to review activity, themes and patterns, subsequently identifying strengths and challenges. These findings will inform action plans to ensure that the Trust remains responsive to meeting the local needs of Children and Young People.
53. There are various frontline shadowing opportunities being planned to commence towards the end of November 2018. The programme will begin with service leads, followed by other members of the 0-19 team and WUTH staff teams. Areas of focus will be midwifery,

children's wards, 0-19 specialist services and therapies across the Trust and WUTH. The rationale reflects anecdotal feedback from staff working in these areas regarding challenges in communication. It also reflects a review of current Divisional risks between midwifery and 0-19, and will address a review of the Divisions complaints which identified parent's challenging experiences of "stop start care" across both providers.

54. A number of community services delivered by WUTH have been discussed with a view to moving to WCFT either under SLA or TUPE. This includes the continuing care team, Child looked after Initial assessments and Hospital at Home, with the aim of undertaking full due diligence. The Continuing care team may be the most appropriate service to prioritise. Following the due diligence exercise a service delivery model will be developed for consideration.

### **Integrated Therapy's work programme**

55. Work continues across organisations on developing integrated models, pathways and staffing across therapy services. The key areas of work are within the T2A Therapy model steering group:-
- Therapy pathway redesign in T2A beds is completed. Pathways are based on a 10 day, 14 day or 21 day discharge model with criteria for each pathway.
  - Allocation of patients to one of the pathways has commence on ward M1 at Clatterbridge and will roll out in the remaining T2A bed base from 1 November 2018
  - Variances on Length of Stay (LOS) will be monitored against the above pathways.
  - Integrated rota for therapy attendance at Integrated Discharge Team (IDT) Multi-Disciplinary Team is in place
  - 7 day therapy cover to T2A beds from 1 November 2018
  - Patient outcome measures agreed across WUTH and WCFT
  - Joint staff engagement meetings have taken place and will continue
  - Joint development and delivery of training for T2A bed base staff to facilitate and improve 24hour Reablement offer

### **Conclusion**

56. 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.
57. 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 social care system. It is complex and multi-faceted.
58. 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. We are an increasing 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 Trust 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**

59. The Board of Directors is asked to be assured that the Trust 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**

2 November 2018