



# Cabinet

<b>Date:</b>	<b>Monday, 3 October 2016</b>
<b>Time:</b>	<b>10.00 am</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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## AGENDA

### 1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members of the Cabinet are asked to consider whether they have any disclosable pecuniary and/or any other relevant interest, in connection with any of the items on this agenda and, if so, to declare it and state the nature of the interest.

### 2. MINUTES

The minutes of the last meeting have been printed and published. Any matters called in will be reported at the meeting.

RECOMMENDATION: That the minutes be approved and adopted.

## LEADER'S UPDATE

## CABINET MEMBER REPORTS

3. CHILDREN'S RESIDENTIAL CARE FEE INCREASE (Pages 1 - 6)
4. APPROVAL OF LIVERPOOL CITY REGION TENANCY STRATEGY (Pages 7 - 36)
5. HOYLAKE GOLF RESORT (Pages 37 - 44)

## **OVERVIEW AND SCRUTINY COMMITTEE REFERRALS**

- 6. TRANSFORMING WIRRAL - DASS BUSINESS CASES (Pages 45 - 58)**

- 7. AVOIDING ADMISSIONS SCRUTINY REVIEW (Pages 59 - 96)**

- 8. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 1)**

To consider any other business that the Chair accepts as being urgent.

- 9. EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

The following items contain exempt information.

RECOMMENDATION: That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.

- 10. HOYLAKE GOLF RESORT - EXEMPT APPENDIX (Pages 97 - 218)**

Appendices to agenda item 5

Exempt by virtue of paragraph 3 as they contain commercially sensitive information.

- 11. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 2)**

To consider any other business that the Chair accepts as being urgent.



**COUNCILLOR TONY SMITH**

**CABINET**  
**3 OCTOBER 2016**

**CHILDREN'S RESIDENTIAL CARE FEE**  
**INCREASE**

**Councillor Tony Smith, Cabinet Member - Children and Family Services, said:**

“Making sure our most vulnerable young are people are safe, protected and enabled to reach their full potential is our most enduring responsibility. We have important, and rapid, improvements to make to areas of our services and we are committed to achieving them.

“We are proud of our high numbers of dedicated foster carers who do an outstanding job with some of our most vulnerable children, but we recognise that for a small number of children and young people residential care best meets their needs. We want Wirral children to be placed in Wirral. We will work with our partners and the residential care provider market to develop more locally-based places for children with more complex needs, including brothers and sisters who need to stay together, teenagers with challenging behaviour and children and young people who may be at risk of sexual exploitation. By placing these children in Wirral we will be able to wrap services around them more effectively, responding to changes and so keeping them safe. We will keep a sharp focus on these children through crisper, outcome-focused care planning, listening to children’s voices and encouraging their ambition.

This report helps us to maintain the quality of our residential care services and develop this more specialist provision in the borough. This is vitally important for those young people who are in the care of the Council.”

## **REPORT SUMMARY**

Our aim is all Wirral children thrive and live safely in their own families and communities. The small number of children who cannot live at home need to live where they feel safe, secure and supported to reach their full potential. Where children and young people need to come into care we will ensure that as many as possible are placed with foster carers within Wirral, and that those carers are supported to provide the level of care we expect and require for children we are responsible for, sharing our high aspirations for their futures.

We believe that children looked after are best cared for in Wirral and our ambition is to work towards reducing the numbers of independent residential placements, except where there is a clear match to children's needs which cannot be met by our own foster carers.

For these vulnerable children and young people Wirral has a vital role to play in shaping the care market to ensure that there is choice of high quality, local provision. The rates and fees paid by the council need to reflect both the requirements for providers to be able to meet quality and safety standards, and to maintain a stable market offering high quality, affordable local provision.

## **REPORT SUMMARY**

- To report on the outcome of regional work completed by Placements North West (PNW) in relation to 2016/17 fee uplift requests arising from the National Living Wage and the Working Time Directive.
- To report on the outcome of consultation with individual Residential Care Providers undertaken by Officers of the Council

## **RECOMMENDATION/S**

- Cabinet notes the actions taken by the Director of Children's Services to increase residential care fees where necessary with effect from 1<sup>st</sup> April 2016 and the continuing pressure in future years resulting from the National Living Wage (NLW) and Working Time Directive.
- Cabinet agrees that the increased cost of £250,000 be met from the funding set aside in the Revenue Budget Contingency 2016/17.

## SUPPORTING INFORMATION

### 1.0 REASONS FOR RECOMMENDATIONS

- 1.1 The Local Authority has a duty to provide or procure placements for Children Looked After (CLA) which is explicit in the Children Act 1989. This has since been strengthened by the introduction of Sufficiency Statutory Guidance (2010) and the Care Planning, Placement and Case Review Regulations (April 2011).
- 1.2 There is also a duty of 'sufficiency' that requires Local Authorities and Children's Trust partners to ensure that, through provision or commissioning, a range of placements sufficient to meet the needs of all CLA are available locally or that there is a plan in place to move towards that position.
- 1.3 Residential fees have remained static over recent years, due in part to the framework agreements negotiated and agreed by Placements North West (PNW), a regional consortium of 22 local authorities. However the implementation of the National Living Wage (NLW) has seen wages rise from £6.50 in 2016-16 to £7.20 in 2016-17 with expected increases to over £9.00 by 2020. Other factors driving fees increases include:
- The EU Working Time Directive (sleeping nights)
  - Wage increases across the sector to maintain career structures and pay differentials
  - Inflation
  - Pension costs
- 1.4 Benchmarking
- 1.4.1 Wirral's use of external placements is low compared to other local authorities .13% of Children Looked After are placed externally compared to the North West (29%) and England (34%) averages. (This measure includes residential care and independent foster carers). In addition here is a higher fostering to residential ratio in Wirral (11.1) compared to the North West (7.7), i.e. for every residential placement there are 11.1 fostering placements. This ratio has helped keep the average cost of placements lower in Wirral, at £2,682 per week compared to the North West at £2,781 per week (source: PNW census 2015).
- 1.4.2 For this exercise however it has been difficult to benchmark uplift requests across providers, because each have very different staffing models, capital costs and remuneration packages.
- 1.5 Provider Challenge
- 1.5.1 A process for regional and local challenge to providers' requests for fee uplifts was established in autumn 2015, agreed by the Local Authority members of PNW.
- 1.5.2 Wirral led the negotiations on behalf of a number of Local Authorities with a locally-based provider, who described a range of additional cost pressures the most

significant of which was the additional cost of sleep-ins (10pm to 8am) as they are classed as “working time” under the new Working Time Directive, and must be paid at the NLW rate of £7.20 per hour.

- 1.5.3 This extra cost could not possibly have been foreseen at the outset of the last PNW tendering exercise. Providers have argued that they were left with no alternative than to request uplift in fees from the local authorities. The ramifications of this have caused a ripple effect in the Residential Care sector, placing some providers at risk of financial difficulty.

## **2.0 OTHER OPTIONS CONSIDERED**

### **2.1**

<b>Option</b>	<b>Risk</b>
Do not pay the NLW uplift	<ul style="list-style-type: none"> <li>• Providers would not be able to provide differentials in relation to staff and management positions</li> <li>• Impact on the providers’ ability to attract quality staff</li> <li>• Providers could serve notice on individual placements</li> <li>• Competitor local authorities pay the increase, Wirral loses local places</li> </ul>
Ask providers to absorb costs of legislative increases	<ul style="list-style-type: none"> <li>• Providers are unable to absorb the increased costs</li> <li>• Providers are unable to provide cost effective quality business to Wirral, and this would impact on ability to meet regulatory requirements</li> <li>• Potential for providers to collapse</li> </ul>

## **3.0 BACKGROUND INFORMATION**

- 3.1 Residential Care and Independent Fostering placements are procured as part of a regional framework for the period 2014 to 2018. This is run by Placements North West (PNW) on behalf of 22 LA’s in the region.
- 3.2 Prices have remained static over the past few years as part of this framework agreement but are unlikely to remain the case with increases in regulatory costs, inflationary pressures, pension auto- enrolment and more importantly National Living Wage and Working Time Directive.
- 3.3 In anticipation of these changes in autumn 2015 PNW wrote to providers to acknowledge this and to inform them that the region did not anticipate fee changes as research had indicated that most providers paid above the new rate.
- 3.4 Nevertheless a number of providers contacted PNW requesting fee uplifts as a result of the legislative changes. A process was established setting out a clear set of data including financial information that would be required from providers to evidence uplift requests. This allowed for a consistent approach to be taken with providers by local authorities across the consortium.

- 3.5 As the largest commissioner of places Wirral led the negotiations with a locally-based provider on behalf of a number of local authorities. During the meeting the provider described a range of additional cost pressures, the most significant of which was the sleeping-ins (10pm to 8am) as these are now classed as 'working time' under the new Working Time Directive, and must be paid at the NLW rate of £7.20 per hour. These cost pressures could not have been foreseen when the services were originally tendered under the tiered PNW framework agreement.
- 3.6 In the local negotiation officers brokered a reduction in the weekly uplift requested by the provider, following challenge on some of their costings. In addition, as Wirral has a number of young people on long term placement with the provider a phased introduction of the new rate for existing placements was also agreed. Taken together these actions have reduced the Council's exposure to the full impact of the fee uplift for 2016/17.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The budget for Residential Care is £5.6m. In addition there are budget pressures of £1.9m which are being dealt with through demand management. The fee increase is projected to cost £250,000 in 2016-17 and it is recommended that this be met from the Revenue Budget Contingency. Whilst 2016-17 was impacted by both the Working Time Directive and the National Living Wage future years will take into consideration the National Living Wage.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 Children Act 1989, Care Standards Act 2000, Sufficiency Statutory Guidance 2010, Care Planning, Placement and Case Review Regulations (implementation April 2011) and Children Act 2014.

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

- 6.1 Children's Services will continue to work with PNW and local providers to further develop the residential care market. The development of the new framework agreement for residential care from 2018 will reflect the new legislative arrangements.

#### **7.0 RELEVANT RISKS**

- 7.1 See 2.0

#### **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Engagement with individual providers has taken place at both a regional and local level. There is ongoing soft market testing with providers locally here in Wirral with the first meeting on 27<sup>th</sup> April 2016 and a follow up meeting on 25/08/2016. This is part of the sufficiency and commissioning strategy which is to develop the market and work

with local provision so that all Wirral children and young people who are looked after will remain/reside in the borough.

## 9.0 EQUALITY IMPLICATIONS

(a) Yes and impact review can be found via the following link:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014/families#wgSM-1>

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## APPENDICES

## REFERENCE MATERIAL

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date





**COUNCILLOR GEORGE**  
**DAVIES**

**CABINET**

**Monday, 3 OCTOBER 2016**

**APPROVAL OF LIVERPOOL CITY**  
**REGION TENANCY STRATEGY**

**Councillor George Davies, Cabinet Member - Housing and Community Safety (and Deputy Leader of the Council), said:**

“A key pledge in our Wirral Plan is to ensure ‘good quality housing’ for Wirral residents. A fundamental element of this is doing all we can to enable people to access affordable, high-quality social housing.

“This Liverpool City Region Tenancy Strategy helps us towards our goal, working in partnership with our neighbours throughout the region to create a social housing market which meets the needs of our communities.

## **REPORT SUMMARY**

The Localism Act 2011 gave new flexibilities and powers to Registered Providers of social housing, including the option to use flexible tenancies. Registered Providers were given the ability to offer different kinds of tenancies to respond to the particular needs of their communities, ensuring social housing is focused on those who are in genuine need. The Localism Act also placed a duty on all Local Authorities to publish a Tenancy Strategy setting out how they would like Registered Providers to make use of these flexibilities.

In 2013 Wirral Council produced a Tenancy Strategy which was approved by Cabinet. As all Liverpool City Region local authorities were due to review their Strategies in 2016 and many Registered Providers operate across more than one local authority, it was agreed to produce a single Strategy for the whole sub-region.

## **RECOMMENDATION/S**

Cabinet is requested to:

Approve the Liverpool City Region Tenancy Strategy 2016 - 2019 set out at Appendix One to this report, subject to the unanimous agreement of each Liverpool City Region Local Authority through their corresponding approval processes.

It is also recommended that should any minor amendments be required to the Strategy as a result of these approval processes, the Cabinet Member for Housing & Community Safety is given delegated authority to approve these amendments on behalf of Wirral Council. It is intended, subject to approval, that the LCR Tenancy Strategy 2016-2019 will replace the existing Tenancy Strategy for Wirral.

## **SUPPORTING INFORMATION**

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

- 1.1 Wirral Council is required to have a Tenancy Strategy under the Localism Act 2011 and as such Cabinet approved the Council's first Tenancy Strategy in June 2013. There is a need to regularly review the Strategy and as all Liverpool City Region local authorities were ready to review their strategies at the same time, it was agreed to produce a single Tenancy Strategy for the sub-region. Registered Providers of social housing (RPs) are required to have regard to local authority Tenancy Strategies when producing their Tenancy Policies and as many RPs have housing stock in more than one local authority, it is sensible to reduce the number of Strategies they need to refer to.
- 1.2 The Strategy has been informed and developed through consultation with all Liverpool City Region local authorities, the Sub-Regional Property Pool Plus Steering Group, all RPs with stock in the Liverpool City Region. In addition an open public consultation took place in July 2016.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 It is a statutory duty for local authorities to publish a Tenancy Strategy. Wirral Council considered refreshing the existing strategy however as many RPs have housing stock across the Liverpool City Region and all Liverpool City Region local authorities were in the same position of needing to refresh their own strategies, it made sense to develop a single Strategy for the City Region.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The Localism Act 2011 gave new flexibilities and powers to Registered Providers of social housing, including the option to use flexible tenancies. Registered Providers were given the ability to offer different kinds of tenancies to respond to the particular needs of their communities to ensure that social housing is focussed on providing homes for those in genuine need. The Localism Act placed a duty on all Local Authorities to publish a Tenancy Strategy setting out how they would like Registered Providers to make use of these flexibilities to respond to local needs.
- 3.2 Local Authorities within the Liverpool City Region individually published their first Tenancy Strategies during 2012 and 2013 with all due to be reviewed during 2016. Given the similarities between the existing strategies, the City Region Local Authorities agreed to collaborate and produce one joint Tenancy Strategy, particularly as there are currently over 100 Registered Providers managing in excess of 150,000 properties within the City Region, many of which operate across Local Authority boundaries. As such, the adoption of a joint Tenancy Strategy will be beneficial as it will provide a consistent approach to help support Registered Providers in preparing their Tenancy Policies.
- 3.3 Registered Providers are expected to have due regard to the principles set out in Local Authorities Tenancy Strategies when formulating policies that govern how they will implement and utilise fixed-term tenancies and it is important that they are able to

follow a consistent set of principles, which one Liverpool City Region Tenancy Strategy will provide.

## **CONSULTATION**

- 3.4 The Consultation process was focussed on a survey in May 2014 with Registered Providers operating within the City Region. Analysis identified that, of those that responded to the survey, four Providers had issued a total of 63 fixed-term tenancies since 2012. The reasons for their use include:
- The Mortgage Rescue scheme;
  - An empty homes initiative;
  - Maximising income for new developments;
  - Supporting tenancy sustainment;
  - Ensuing efficient use of adapted properties for disabled people;
  - Preventing under-occupation of large family homes;
  - Certain property types were identified to be in short supply;
  - Certain properties were in high demand areas.
- 3.5 Of the 63 fixed-term tenancies issued 62% were in Sefton, 24% in Wirral, 13% in Liverpool and 2% in Halton. Fixed term tenancies have not been used in Knowsley or St Helens. During this period 70,000 new tenancies have been issued across the City Region therefore 63 fixed-term tenancies as a proportion is below 0.1% of total. This is in line with national trends, where the use of fixed-term tenancies remains low.
- 3.6 Clearly the use of fixed-term tenancies can have some benefits which may be attractive to some Local Authorities particularly in the South of England where demand is higher. For example they can assist in helping to release larger properties when a family no longer needs that size of property. At present however, this type of issue is not evident in the City Region to the same extent. This may change overtime, however for the time being there are only three Registered Providers who have confirmed that they would definitely use such tenancies in the future.
- 3.7 The proposed Liverpool City Region Tenancy Strategy was made available to stakeholders via an online questionnaire in July 2016, and the responses received demonstrated strong support for the overall approach of the Strategy. Consultation questions focussed on the accuracy of the content, the presumption in favour of lifetime tenancies, situations where fixed-term tenancies are unsuitable, the length and renewal of fixed-term tenancies, missing information or evidence and the adequacy of the Strategy in light of continuing reform of the welfare system by Government. Detailed feedback was provided by consultees to some questions and the Strategy was duly amended, particularly around the tenancy types used by RPs, the reasons for the use of fixed-term tenancies and the nature of the proposed annual review.

## **LIVERPOOL CITY REGION TENANCY STRATEGY 2016-2019**

- 3.8 The proposed Liverpool City Region Tenancy Strategy builds on the existing Local Authority Strategies by maintaining a presumption in favour of lifetime tenancies. Social housing is often located in some of the more deprived parts of the City Region, and reducing security of tenure in these areas is likely to impact on the longer-term aspiration of creating sustainable communities. The proposed Strategy also

recognises that there may be circumstances where the use of fixed-term tenancies will provide an opportunity for Registered Providers to make best use of their housing stock. It sets out the criteria Registered Providers should consider in determining the appropriate form of tenancy for tenants and the situations where the use of fixed-term tenancies will not be suitable. The proposed Strategy retains the expectation that fixed-term tenancies will normally be granted for a minimum of five years.

- 3.9 A detailed analysis of housing market trends across the City Region has been undertaken, with a summary provided as an appendix to the Strategy. This identifies that demand for social and affordable housing continues to be high across the City Region. However, taking this into account along with the impact of recent Government welfare and housing reforms it does not identify any trends which would prompt a change of policy direction from that of the existing Tenancy Strategies.

## **DECISION-MAKING PROCESS**

- 3.10 The Strategy received agreement from the Liverpool City Region Housing and Spatial Planning Co-ordination Group in August and was recommended for approval by the Housing and Spatial Planning Board in September. The proposed Strategy will then be recommended for endorsement and adoption by each Liverpool City Region Local Authority through their own decision-making processes, with a view to launching the revised City Region Tenancy Strategy by the end of December 2016.
- 3.11 Subject to approval, the Strategy will be reviewed and an annual update will be reported to the Housing and Spatial Planning Co-ordination Group.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are no financial implications.

## **5.0 LEGAL**

- 5.1 The development of a Tenancy Strategy was a statutory requirement of the Localism Act 2011 and had to be published by 2013. The Act also states that a local housing authority must keep its Tenancy Strategy under review, and may modify or replace it from time to time.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 There are no ICT, Staffing or Asset resource implications.

## **7.0 RELEVANT RISKS**

- 7.1 The Tenancy Strategy needs to be clear about the issues which RPs should have regard to when setting their Tenancy Policies. This will lead to more balanced and sustainable communities and protect households that the local authority views as being vulnerable and more suited to lifetime tenancies.

## **8.0 ENGAGEMENT / CONSULTATION**

- 8.1 The engagement and consultation process has been set out in full in sections 3.4 to 3.7.

## **9.0 EQUALITY IMPLICATIONS**

9.1 The potential impact has been reviewed with regard to equality and the impact assessment can be found at:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-0>

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## **APPENDICES**

**Appendix One – Liverpool City Region Tenancy Strategy 2016 - 2019**

## **REFERENCE MATERIAL**

**None.**

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>None.</b>	



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## Introduction

The *Localism Act 2011* gave new flexibilities and powers to Registered Providers of social housing, including the option to use flexible tenancies. It placed a duty on all Local Authorities to publish a *Tenancy Strategy* setting out how they would like Registered Providers to make use of these flexibilities, and in particular:

- the kind of tenancies they grant;
- the circumstances in which they will grant different kinds of tenancies;
- the length of tenancy, were they to choose fixed-term tenancies; and
- the circumstances in which they will grant a further tenancy when a fixed-term tenancy comes to an end.

Each Local Authority within the Liverpool City Region<sup>1</sup> published their first Tenancy Strategy during 2012. These strategies were all due to be reviewed during 2016 and it was agreed to conduct a single review on a partnership basis, with Liverpool City Region Local Authorities working together to produce a shared Tenancy Strategy. There are currently over 100 Registered Providers managing in excess of 150,000 properties across the Liverpool City Region, with many having a presence in multiple Local Authority areas. This shared Tenancy Strategy will provide a consistent approach that will be helpful to Registered Providers in preparing their Tenancy Policies. Registered Providers will be expected to have due regard to the principles set out in this Tenancy Strategy when formulating the policies that will govern how they will implement and utilise fixed-term tenancies.

## The national context

The Government's national housing strategy *Laying the Foundations: A Housing Strategy for England (2011)* sets out a range of objectives for housing, including the Government's view on the role and future direction of the social housing sector:

*Social housing can improve people's life chances, providing support at a time when they need it, for as long as they need. It also supports mixed sustainable communities and local economies. But the system is not working: waiting lists have grown excessively; social housing is used inefficiently; and many tenants are not provided with the right incentives to take up work.*

The Government introduced a programme of reform through the *Localism Act* which made changes to the way people access social housing, the types of tenancies that are provided and the way the homeless duty is discharged. Registered Providers were given the option to grant different kinds of tenancies to respond to the particular needs of their communities, in order to:

- **increase mobility** by encouraging tenants to move between properties and sectors as their housing needs changed;
- **ensure that social housing is only used for those in genuine need**, by moving people earning a higher wage into other forms of tenure;
- **target social housing so it meets the needs of the community**, for example, by addressing the under-occupation of larger family accommodation; and
- **promote localism** through local decision making at a community level.

The Government is implementing wide-ranging reforms of the welfare system through the *Welfare Reform Act 2012* including the introduction of Universal Credit which brings together a range of benefits into a single payment; Personal Independence Payments to replace Disability Living Allowance; a reduction of Local Housing Allowance rates and the extension of the shared room rate to most single people under 35; Housing Benefit reductions for Registered Provider tenants of working age who are under-occupying their property; the introduction of a benefit cap of £26,000 and a reduction in benefits when someone claiming benefit has another adult, who is not their spouse or partner, living in their property.

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<sup>1</sup> Liverpool City Region comprises the local authorities of Halton, Knowsley, Liverpool, St Helens, Sefton and Wirral.

Further reforms were introduced by the *Welfare Reform and Work Act 2016*, including a requirement for all social housing rents to be reduced by 1% per annum for four years from April 2016 and a further reduction in the benefit cap to £20,000. These measures will affect Registered Provider budgets and may impact on the overall number and level of investment in homes available for social and affordable rent.

In the *Summer 2015 Budget* the Government announced an extension of the Right to Buy scheme to Registered Provider tenants; the National Housing Federation (NHF) subsequently agreed a voluntary arrangement with Registered Providers to receive compensation for the discount offered to the tenant. The overall impact of the introduction of the Right to Buy scheme for the Registered Provider sector is not fully known at this stage, however, unless there is a guarantee of funding for one to one replacement of dwellings sold there is potential for a reduction in the overall level of social housing stock available for rent. This could lead to a significant increase in the number of residents waiting for suitable properties and the length of time individual tenants will have to wait.

The *Housing and Planning Act 2016* underpins the voluntary agreement with the NHF relating to the Right to Buy scheme for Registered Provider tenants and places a duty on local planning authorities to actively promote the supply of Starter Homes, to be sold at 20% below the market price to first-time buyers. The Act also ends lifetime secure tenancies in Local Authority housing to be replaced with fixed term secure tenancies.

The *Homes and Communities Agency (HCA) Shared Ownership and Affordable Homes Programme 2016 – 2021* makes £4.74 billion of grant available nationally to deliver shared ownership homes via the Help to Buy scheme and rental homes through the Rent to Buy scheme which will enable working households to rent a home at Intermediate Rent, providing an opportunity to save for a deposit to buy their first home. The Programme is also focussing on the provision of specialist homes for older, disabled and vulnerable people.

All of these reforms will need to be carefully considered and monitored to fully understand the impact on local housing markets and residents across the Liverpool City Region. This will inform future changes to the Tenancy Strategy and enable service responses to remain appropriate and relevant to changing circumstances.

## Liverpool City Region context

Liverpool City Region has a population of 1.5 million people and an economy worth over £20 billion. It benefits from an internationally recognised city, major employment sites and significant global companies as well as leading universities and research institutions. A Liverpool City Region Combined Authority was established in April 2014 to lead on strategic decision-making, with a vision for the Liverpool City Region to be:

*A globally connected City Region delivering sustainable growth, opportunity and prosperity for people and businesses*

A Devolution Agreement between the Government and leaders of the Liverpool City Region was approved in November 2015 to devolve powers and responsibilities to the Liverpool City Region Combined Authority and for a new directly elected mayor for the Liverpool City Region. The directly elected mayor will act as chair to the Liverpool City Region Combined Authority and will exercise powers and functions devolved from central Government, including powers over strategic planning to help accelerate economic growth and new housing development. Further devolution was agreed in March 2016, including a commitment for the Liverpool City Region to continue to work with Government to examine how national policies and funds can be best utilised to promote home ownership and housing supply in the context of the Liverpool City Region's housing market.

The *Liverpool City Region Housing Strategy* was completed in 2007 to provide a framework for future housing investment to support regeneration and economic growth in the City Region<sup>2</sup>. In doing so it identified a series of objectives:

- to support the economic growth and regeneration of the City Region;
- to identify sustainable locations for growth, linked to economic development prospects, sustainable levels of infrastructure, service provision and housing land availability;
- to maximise the contribution that regeneration areas can make in supporting the economic development of the City Region;
- to provide for a range of affordable housing products across the City Region in recognition of the growing mismatch between income levels and lowest quartile house prices; and
- to secure investment in the quality of neighbourhoods as a major economic asset of the City Region in attracting and retaining the population.

A revised Housing Strategy for the Liverpool City Region is being commissioned during 2016 to reflect the changes to housing policy since 2007, along with the new devolution powers.

Providing the right mix of affordable private and social rented homes is integral to attracting people to the Liverpool City Region, retaining those residents who already live here and meeting the housing needs of older and vulnerable residents. Having the right housing offer is key to the development of sustainable communities and crucial for the long-term growth of the Liverpool City Region. The Liverpool City Region Local Authorities are keen to ensure that social housing plays a positive role in contributing to the social and economic position of the Liverpool City Region as a whole. The Tenancy Strategy will play an important part in this, along with other key joint housing policies including the Liverpool City Region Housing Allocation Policy and individual Local Authorities' documents such as Homelessness Strategies.

Each Local Authority within the Liverpool City Region has published its own Corporate Plan and Housing Strategy and undertaken a Strategic Housing Market Assessment (SHMA) to establish the future need for different types of housing within their area. The Liverpool City Region Tenancy Strategy has been developed within the context of these documents.

A detailed analysis of key trends relating to the housing market and affordability, housing need and homelessness within the Liverpool City Region has been undertaken as background and context for the Tenancy Strategy and a summary is provided as Appendix A.

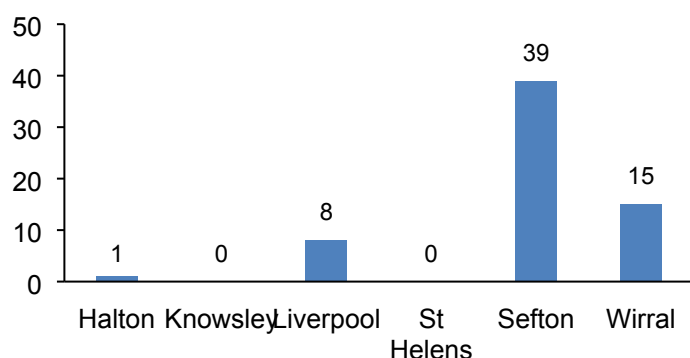
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<sup>2</sup> The City Region as defined in the Housing Strategy (2007) comprises the local authorities of Liverpool, Knowsley, Sefton, St Helens, Wirral, Halton, Ellesmere Port and Neston, West Lancashire, Chester, Warrington, part of Vale Royal and the Welsh authorities of Wrexham and Flintshire.

## Use of fixed term tenancies

Whilst the use of fixed-term tenancies on a national basis has been gradual and still remains relatively low, the Chartered Institute of Housing reports a growing number of properties being let on fixed-terms, with a higher percentage of affordable rent properties being let on fixed-terms than social rent properties<sup>3</sup>. A questionnaire was sent out to all Registered Providers in the Liverpool City Region in May 2016 to better understand the use of fixed-term tenancies since the introduction of increased flexibilities. 14 Registered Providers responded and of those, four had issued a total of 63 fixed term tenancies since 2012, as shown below. During this period 70,000 new tenancies have been issued across the Liverpool City Region therefore 63 fixed-term tenancies as a proportion is below 0.1% of the total and ranges from 0.4% of all new tenancies in Sefton to 0.1% or less in Halton, Liverpool and Wirral, with none issued in Knowsley or St Helens.

Figure 1: Use of fixed-term tenancies in Liverpool City Region 2012 – 2016



Source: Registered Provider Questionnaire (May 2016)

In line with the national trend 94% of fixed term tenancies issued in the Liverpool City Region were for affordable rent properties. The majority of fixed-term tenancies were issued for between two to four years (88%) with 6% each issued for five years and six years plus respectively.

A range of reasons for the use of fixed term tenancies were reported by Registered Providers including:

- mortgage rescue scheme;
- empty homes initiative;
- maximise income for new development;
- support tenancy sustainment;
- adapted properties for disabled people;
- large family homes to prevent under-occupation;
- properties types identified to be in short-supply;
- properties in high demand areas.

It is difficult to measure or predict the overall effect fixed-term tenancies will have on the turnover of properties as much depends on how many tenancies will be renewed at the end of their initial fixed-terms. However, it is clear that their use and impact to date has been limited within the Liverpool City Region, with only three Registered Providers confirming they would definitely use them in the future; five would possibly use fixed-term tenancies and six had no plans to use them at present.

## The Strategy

The Liverpool City Region Local Authorities welcome the flexibility for Registered Providers to determine the length of tenancy they will offer to new tenants. This provides the opportunity to encourage the best use of limited affordable housing stock. However, the Liverpool City Region Local Authorities are keen to ensure that these flexibilities are applied in a manner that does not undermine social investment in

<sup>3</sup> Chartered Institute of Housing (2014), *New approaches to fixed term tenancies*.

communities, and ensures that the most vulnerable tenants are provided with the level of stability they require.

### **The kind of tenancies to be granted in Liverpool City Region**

The tenancies that will be granted by Registered Providers in the Liverpool City Region are:

**Introductory tenancies:** Also known as ‘*probationary*’ or ‘*starter*’ tenancies, these are usually assured shorthold tenancies which can be offered to new tenants irrespective of whether the property is let at a social, affordable or intermediate rent. They would not normally apply to tenants transferring to another property with the same Registered Provider, but would apply to tenants transferring from one Registered Provider to another. The introductory period normally lasts for twelve months and, provided there has been no breach of tenancy that would warrant eviction within that time, can be converted to an assured tenancy once the twelve months has elapsed. However, if the Registered Provider has reason to believe that the tenant has breached the tenancy agreement it can extend the introductory period beyond twelve months. Some of these lettings will be subject to Local Authority nominations in accordance with an agreement with the Registered Provider.

**Assured (“lifetime”) tenancies:** Registered Providers may continue to offer assured tenancies to transferring tenants, tenants converting from an introductory tenancy (or new tenants where there is no introductory scheme in place) regardless of whether the property is let at social, intermediate or affordable rent. Their aim is to provide quality and reliable accommodation to households who are unable to meet their housing needs through the market. They are particularly focused on the more vulnerable members of society. These lettings will be subject to Local Authority nominations in accordance with an agreement with the Registered Provider.

**Secure tenancies:** Registered Providers will not offer secure tenancies to new tenants as they are reserved for Local Authority use. However, some Providers will have tenants with secure tenancies where the tenancies have been assigned to a Registered Provider following a stock transfer.

**Assured shorthold tenancies:** Registered Providers have always been able to use assured shorthold tenancies in certain circumstances e.g. provision of temporary accommodation or introductory tenancies, as set out above. This Tenancy Strategy does not seek to encroach on this. Within the context of this Strategy it is anticipated that this form of tenure will be used for fixed-term tenancies.

**Fixed term tenancies:** Registered Providers may use fixed-term tenancies for new tenants, regardless of whether the property is let at social, intermediate or affordable rent. It is recommended that the term of the tenancy will be for a minimum of five years and will be renewable at the discretion of the tenant and the landlord at the end of the fixed term. These lettings will be subject to Local Authority nominations in accordance with agreement with the Registered Provider. New homes built under the Government’s Rent to Buy scheme are required to have assured shorthold tenancies for a fixed term of less than two years.

**Market rent tenancies:** These tenancies will usually have assured shorthold tenancy as their legal form. Their aim is to provide quality and reliable accommodation to households who can meet their housing needs through the market and are attractive to Registered Providers because of the quality and reliability they can offer. Such tenancies will play an important strategic role in meeting a demand and, particularly where introduced into areas undergoing change, in helping foster and sustain mixed communities. It is envisaged that this form of tenure will be an attractive alternative to households aspiring to buy for the first time but who are having difficulty securing a mortgage.

**Licence agreement:** It is recognised that some Registered Providers provide temporary accommodation, such as hostels and specialist or supported accommodation and in certain instances ‘licence agreements’ may be used. A licence agreement is a legal contract which is used for temporary and certain types of specialist and/ or supported accommodation or shared housing, where there is no exclusive possession to any part of the dwelling.

In framing Tenancy Policies and determining the circumstances in which fixed-term tenancies should be granted, extended or ended, the Liverpool City Region Local Authorities advocate that Registered Providers make use of the flexibilities as follows:

## The circumstances in which different types of tenancies will be granted

Where a property becomes available for letting the Registered Provider will determine the appropriate form of tenancy and will seek to identify a suitable tenant. In determining the form of tenancy the Registered Provider will take into account:

- the current mix of households in the locality and the aspiration to create and sustain balanced and mixed communities;
- known need and demand for housing in the locality;
- their neighbourhood and asset management plans;
- targets for lettings agreed as part of any nominations agreement or agreed local lettings policies;
- its allocation through Choice Based Lettings;
- any other strategic considerations relevant to the Registered Provider.

There will be a **presumption in favour of lifetime (assured) tenancies** so that future social housing tenants maintain the security of tenure currently enjoyed by existing tenants. Social housing is often located in some of the more deprived parts of the Liverpool City Region, and reducing security of tenure in these areas is likely to impact on the longer-term aspiration of creating sustainable communities. However, the Liverpool City Region Local Authorities recognise that there will be circumstances when the new tenure flexibility will provide an opportunity for Registered Providers to make best use of their housing stock. The Liverpool City Region Local Authorities consider that fixed-term tenancies are **not suitable** in any of the following circumstances:

- where the household is transferring from an existing Registered Provider assured or Local Authority secure tenancy which was granted prior to 1<sup>st</sup> April 2012. This is to ensure that there are no disincentives for existing tenants to move to a more suitable or desirable property and there are no barriers to normal 'churn' within the sector;
- tenants with a lifelong need for support that would disadvantage them in securing alternative accommodation should be offered lifetime tenancies. This applies to tenants in both general needs and specialist and/ or supported accommodation;
- where the tenant is someone over the prevailing state retirement age or where the tenant is residing in older persons accommodation, such as sheltered or 'extra care' housing;
- where the property is located in an area of very low demand and/ or high multiple deprivation and where the Local Authority has serious concerns about the long term sustainability of the area, unless the Registered Provider can demonstrate that the use of fixed-term tenancies would assist with creating and maintaining the balance in such areas. In these circumstances the Local Authority will initiate discussions with the relevant Registered Provider(s) to request that they temporarily suspend the use of fixed-term tenancies in that area or specify how fixed-term tenancies would assist with creating and maintaining balance;
- where a tenant with a secure or assured tenancy is required by a Registered Provider to move due to redevelopment e.g. they are being required to move; not seeking to do so.

There is a balance to be struck between generating greater availability of social housing for those in need, and maintaining stable communities. It would not be desirable to allow a high proportion of fixed-term tenancies in any area if this risks creating an excessive turnover of properties and hence, community instability.

## The length of term if fixed-term tenancies are used

The expectation is that fixed-term tenancies will be granted for a **minimum of five years**, with discretion to Registered Providers to let for shorter or longer periods where this is appropriate to the circumstances of the household or property.

The reasons for this approach are:

- it is reasonable in terms of managing the resources involved in reviewing tenancies;
- in order to give the tenant a reasonable time of stability to build their life chances for themselves and their possible dependents;

- to allow a reasonable period for tenants to engage in the local area, which is needed for cohesion in communities; and
- to allow the Registered Provider to take into account circumstances of the household or property which might merit a letting of shorter or longer than five years.

In certain circumstances the granting of a tenancy that exceeds a five year period may be appropriate for some tenants in order to provide an additional degree of stability and security and to aid neighbourhood cohesion. The circumstances of households who have dependent school-aged children attending a local school, those living in adapted properties, and those with a support need that is long-term but not necessarily lifelong, should be considered when deciding on the length of the fixed-term offered by a Registered Provider.

It is envisaged that two year tenancies should only be issued in exceptional circumstances, for example:

- where a property is part of a leasing arrangement and is not in the ownership of the Registered Provider and would need to revert into private ownership;
- supported housing schemes where it is anticipated that the tenant will move on to more settled accommodation within a period of less than five years;
- lettings carried out for management reasons such as those for tenants moving into properties to allow emergency works to be carried out in their existing home;
- regeneration areas where property demolition or disposal is expected to take place within five years;
- where properties have been built using Government funding for Rent to Buy.

### **The circumstances in which Registered Providers will grant a further tenancy**

It is expected that tenants' needs will be sensitively dealt with, and that the criteria for renewals may include the following considerations.

#### **Fixed-term tenancies expiring will usually be renewed where:**

- the household includes dependents of pre-school age or in full-time education, unless any points in the paragraph below apply. We may also need to recognise that children stay with their parents well beyond school age for valid reasons, and these will be considered on an individual basis;
- the tenancy was originally offered in response to a particular set of circumstance or vulnerabilities (e.g. the household was fleeing harassment or domestic violence, is under a witness protection programme, was a person leaving Local Authority care or has mental health problems) and the household is still classed as being vulnerable;
- the property has been adapted to meet the needs of a disabled person and that person still resides in the property and needs the adaptations;
- the household receives some form of housing support or is recognised as being vulnerable;
- the household still requires the size of property;
- the household is playing an active role in the community;
- the household has children attending a local school;
- the tenant would be approaching the prevailing state retirement age within the next three years and the property is suitable for a lifetime tenancy;
- households where a household member is seriously or terminally ill;
- in cases where the property is under-occupied but this is not as a result of a change in household circumstances (e.g. due to low demand for the property it was under-occupied on allocation) it is recommended that the tenancy should be renewed if the tenant can still afford to pay the rent (due to the under-occupation charge);
- the tenant can demonstrate that they carry out caring responsibilities for a neighbour or relative who lives nearby and there is no suitable alternative accommodation in the same area.

#### **Fixed-term tenancies expiring will not usually be renewed where:**

- there has been a material change in household size and they are now under-occupying the property by more than one bedroom (an alternative tenancy may be offered) subject to alternative accommodation being available. In determining whether or not a property is classed as under occupied Registered Providers should have regard to the 'bedroom standard'. Registered



Providers may also wish to consider whether an additional bedroom is needed to allow a carer or relative to occasionally stay in the property overnight to undertake caring responsibilities for the tenant;

- the household's circumstances enable them to access market housing AND there is not a reason to seek to retain the household in the locality for the purposes of community balance. The Liverpool City Region Local Authorities do not want the use of fixed-term tenancies to be a barrier to households seeking employment or attempting to improve their income and lifestyle through career progression and, therefore, would expect that this criterion would only apply infrequently;
- a member of the household, or their invited guests, is engaged in anti-social activities within the locality of the home and/ or that has a detrimental effect upon the community in which the household is placed. Anti-social behaviour is conduct which is causing or likely to cause nuisance or annoyance, harassment, alarm or distress, to any other person, and can include criminal acts;
- the property was adapted during the tenancy period for someone with a disability only for that person to be no longer resident there or to no longer require the adaptations and there are other households needing this type of adapted accommodation. In these cases the Liverpool City Region Local Authorities expect that the Registered Provider will arrange for alternative suitable accommodation to be secured either through a transfer or mutual exchange within its own stock or that of another Registered Provider;
- where a person has been granted a property in order to receive support but then refuses to accept that support;
- where there is evidence that a breach of tenancy agreement has occurred, for example, property neglect or arrears;
- where it is identified the property is inappropriate for an individual's needs, i.e. they are not coping in the property or they need more support than is currently being provided.

The Liverpool City Region Local Authorities are committed to ensuring that the decision to terminate a fixed-term tenancy does not lead to increases in levels of homelessness in the area. Therefore, in situations where a decision has been taken by a Registered Provider not to renew a tenancy at the end of a fixed-term, the Registered Provider should seek to engage with the tenant at the earliest possible convenience to make them aware of the Provider's intentions. Government guidance recommends a review period of six months. However, Registered Providers may want to consider making an initial contact with the household before this to ensure that there is sufficient time for the Registered Provider to arrange alternative accommodation or for the household to purchase a home where this is likely to be deemed necessary.

Registered Providers should provide households affected by the termination of a tenancy with any relevant advice and support that will assist them in successfully relocating to alternative accommodation. This could include:

- advice on low-cost home ownership options and other alternative affordable housing tenures;
- specialist housing and/ or welfare-related advice and/ or signposting to appropriate services;
- advice on renting in the private rented sector and assistance in identifying and securing a suitable property (this may involve assistance with a deposit where necessary).

Each Local Authority across the Liverpool City Region has commissioned a Housing Options Service which will be able to assist tenants with a wide range of advice to help them resolve the issues arising out of the termination of their tenancies.

The Liverpool City Region Local Authorities do not expect Registered Providers to use fixed-term tenancies as a short cut to enforcement procedures for breaches of tenancy conditions, but accept there may be circumstances where enforcement proceedings are so far advanced that it would not be appropriate to renew a tenancy. It will be for Registered Providers to judge these cases on their own merit mindful that they will have to justify such action should the tenant seek to exercise their right to appeal.

The Liverpool City Region Local Authorities expect Registered Providers to have robust and fair appeal processes in place to resolve any disputes that may arise.



When securing alternative accommodation for the household, Registered Providers should take into account so far as is possible the household's area(s) of choice and whether they need to live in a particular area to give or receive care or support.

## **Monitoring and review**

The Strategy will be a 'live' document that will develop over time, informed by partnership working with Registered Providers and others. The housing market, housing need and demand for properties are likely to change further as a result of welfare reforms and future changes to social and affordable housing.

The Strategy will be monitored annually by the Liverpool City Region Local Authorities to reflect changes in local housing priority, legislation and strategic goals. Monitoring will need to consider:

- the effectiveness and extent to which fixed-term tenancies are issued and any appeals;
- equality impact monitoring information;
- changing housing market conditions and their likely impact on the demand for service provision;
- changes to housing allocation policies;
- the composition of the housing register;
- allocation and nomination trends;
- Registered Providers' Tenancy Policies; and
- the impact of welfare reforms.

The monitoring of these areas will inform future changes to the Strategy and enable service responses to remain appropriate and relevant to changing circumstances. A review will be presented annually to the Liverpool City Region Housing and Spatial Planning Co-ordination Group outlining relevant trends relating to the allocation of housing and, where appropriate, recommending amendments to the Tenancy Strategy.

The Strategy will be valid until December 2019.

## **Equality**

A full Equality Impact Assessment (EIA) is being conducted alongside consultation on this strategy.

The Liverpool City Region Local Authorities expect that all Registered Providers will undertake EIAs of their own Tenancy Policies.

## **Consultation**

This strategy has been developed in consultation with the Registered Providers operating within the Liverpool City Region to ensure a well-informed and inclusive approach.

## Appendix A: Liverpool City Region key housing trends

Some key trends relating to the housing market and affordability, housing need and homelessness within the Liverpool City Region are provided below as background and context for the Strategy.

### Tenure

The Liverpool City Region contains 680,000 dwellings with 78% in private ownership and 22% available for social rent. The share of total housing stock owned privately remains below the national average of 82% and the share available for social rent is above the national average of 18%. Across the Liverpool City Region the level of private ownership varies from 85% in Sefton and Wirral to 71% and 73% in Knowsley and Liverpool respectively. The proportion of social rent varies from 15% in Sefton and Wirral to 27% in Knowsley and 28% in Liverpool. Private renting levels are lower in Halton, Knowsley and St Helens at 10%, rising to 23% in Liverpool.

**Table 1: Tenure (total households)**

Local Authority	Owned outright	Owned with mortgage	Shared ownership	Social rented	Private rented	Other	TOTAL
Halton	14,436	19,360	322	13,441	5,212	541	53,312
Knowsley	16,032	21,864	314	16,333	5,980	800	61,323
Liverpool	43,803	53,144	1,096	57,485	48,290	2,697	206,515
St Helens	25,215	25,737	427	15,597	7,736	1,024	75,736
Sefton	42,334	40,803	664	17,063	15,804	1,262	117,930
Wirral	46,806	48,037	713	21,329	22,275	1,423	140,583
<b>TOTAL</b>	<b>188,626</b>	<b>208,945</b>	<b>3,536</b>	<b>141,248</b>	<b>105,297</b>	<b>7,747</b>	<b>655,399</b>
North West	934,101	1,007,463	15,787	550,481	462,899	38,818	3,009,549
England	6,745,584	7,229,440	173,760	3,903,550	3,715,924	295,110	22,063,368

Source: DCLG ONS 2011 Census

**Table 2: Tenure (%)**

Local Authority	Owned outright	Owned with mortgage	Shared ownership	Social rented	Private rented	Other	TOTAL
Halton	27.08%	36.31%	0.60%	25.21%	9.78%	1.01%	100%
Knowsley	26.14%	35.65%	0.51%	26.63%	9.75%	1.30%	100%
Liverpool	21.21%	25.73%	0.53%	27.84%	23.38%	1.31%	100%
St Helens	33.29%	33.98%	0.56%	20.59%	10.21%	1.35%	100%
Sefton	35.90%	34.60%	0.56%	14.47%	13.40%	1.07%	100%
Wirral	33.29%	34.17%	0.51%	15.17%	15.84%	1.01%	100%
<b>TOTAL</b>	<b>28.78%</b>	<b>31.88%</b>	<b>0.54%</b>	<b>21.55%</b>	<b>16.07%</b>	<b>1.18%</b>	<b>100%</b>
North West	31.04%	33.48%	0.52%	18.29%	15.38%	1.29%	100%
England	30.57%	32.77%	0.79%	17.69%	16.84%	1.34%	100%

Source: DCLG ONS 2011 Census

### Income

In 2015 the median gross annual salary living in each Local Authority remained below the national average of £22,716: Knowsley recorded the lowest earnings of £20,560 whilst incomes in Wirral were closest to the national average at £22,317. Over the period 2012 – 2015 residents of Halton, Liverpool and Sefton recorded earnings growth above the national average of 4%, whilst earnings growth in Knowsley and St Helens were lower.

Table 3: Median gross annual salary (all workers, residence-based)					
Local Authority	2012	2013	2014	2015	% increase 2012 - 2015
Halton	£19,736	£21,176	£21,385	£21,398	8.42%
Knowsley	£20,296	£20,087	£20,063	£20,560	1.30%
Liverpool	£20,000	£20,690	£21,233	£21,184	5.92%
St Helens	£20,775	£19,956	£19,477	£21,089	1.51%
Sefton	£19,957	£20,423	£21,601	£21,205	6.25%
Wirral	£21,317	£21,433	£21,650	£22,317	4.69%
North West	£20,066	£20,578	£20,718	£21,105	5.18%
England	£21,813	£22,168	£22,350	£22,716	4.13%

Source: Annual Survey of Hours and Earnings from DCLG ONS Housing Statistics Portal

### House prices

Sefton and Wirral recorded the highest median house prices in 2014 at £146,125 and £140,000 respectively, with the lowest house prices in Knowsley (£112,000) and Liverpool (£117,500).

The ratio of average house prices to the average level of residents' earnings provides an indication of the relative affordability of owner occupied housing. Over the period 2012 – 2014 affordability has worsened for most Local Authorities within the Liverpool City Region. St Helens, Wirral and Sefton are the least affordable places for owner occupiers with affordability ratios of 6.2, 6.5 and 6.8 times income levels respectively and ratios in Liverpool, Knowsley and Halton are 5.5, 5.6 and 5.8 respectively. A ratio of between three and four would provide a more sustainable level.

There are established issues regarding the ability of local people to afford housing within the Liverpool City Region as demonstrated by the affordability ratios set out above. These affordability problems are based on the difficulties faced by local households in seeking to purchase a property which suits their needs, due to their level of income and ability to access housing finance. Deposits required to purchase properties can often be substantial. For example, if purchasing an average priced property in Knowsley presently for a 10% deposit the purchaser would require a deposit of just over £11, 000. In reality, purchasers would require larger deposits to obtain a lower interest rate on their borrowing requirements, often with the loan to value ratio being at 80% of the property value. These affordability problems will place additional pressure on social housing and the private rented sector to meet housing needs.

Table 4: Median house prices									
Local Authority	2012	Ratio to median salary	2013	Ratio to median salary	2014	Ratio to median salary	2015	Ratio to median salary	% increase 2012-2014
Halton	£113,000	5.7	£123,748	5.8	£124,973	5.8	New release of data due October 2016		10.60%
Knowsley	£106,500	5.2	£110,000	5.5	£112,000	5.6			5.16%
Liverpool	£110,250	5.5	£111,000	5.4	£117,500	5.5			6.58%
St Helens	£110,000	5.3	£113,500	5.7	£120,000	6.2			9.09%
Sefton	£138,250	6.9	£140,000	6.9	£146,125	6.8			5.70%
Wirral	£135,000	6.3	£135,000	6.3	£140,000	6.5			3.70%

Source: ONS House Price Statistics for Small Areas and Annual Survey of Hours and Earnings from DCLG ONS Housing Statistics Portal

### Rental levels

Monthly private rent levels range from £450 in Liverpool to £541 in Sefton. Over the period 2013 – 2015 private rent levels increased by 30% in Liverpool, from £347 per month; in all other Local Authorities private rent levels have either stayed the same or have fallen. The ratio of median monthly private rent to median gross monthly salary provides an indication of the relative affordability of private renting. Despite the significant rental increase in Liverpool it still remains the most affordable Local Authority for private renting with average rents accounting for 25% of average salaries. Knowsley and Sefton are the least affordable Local Authorities for private renting with average rents accounting for 31% of average salaries in 2015.

Average social rents in 2014 ranged from £80.12 per week in Halton to £85.26 per week in St Helens. The ratio of average social rent levels to tenth percentile gross weekly salary provides an indication of the

relative affordability of social renting for the lowest earning workers – those who are among the most likely to live in social rented accommodation. Over the period 2012 – 2014 the affordability of social renting has worsened in all Local Authorities, apart from Liverpool and Wirral. In St Helens, social rents accounted for 54% of tenth percentile salary in 2012 and by 2014 this had risen to 71% - a 17% increase. Knowsley has the least affordable ratio of social rent to tenth percentile salary having increased from 61% in 2012 to 76% in 2014. It is important to note that whilst this data provides a general indication of the relative affordability of social housing it does not take into account other benefits received.

The average Registered Provider rent presently equates to 71% of the median private sector market rent for the Liverpool City Region as a whole however, this varies across the Liverpool City Region from 65% in Sefton to 77% and 78% in Liverpool and St Helens respectively. This shows that average social and private sector rental levels are much closer in Liverpool and St Helens than in other parts of the Liverpool City Region.

**Table 5: Median monthly private rents**

Local Authority	2013	% of median salary	2014	% of median salary	2015	% of median salary	% increase 2013 – 2015
Halton	£500	28.32%	£500	28.06%	£500	28.06%	0%
Knowsley	£550	32.86%	£525	31.40%	£525	31.40%	-4.76%
Liverpool	£347	20.13%	£347	19.62%	£450	25.43%	29.68%
St Helens	£475	28.56%	£450	27.73%	£475	27.73%	0%
Sefton	£550	32.31%	£550	30.56%	£541	30.55%	-1.66%
Wirral	£525	29.40%	£525	29.10%	£525	29.10%	0%

Source: Valuation Office Agency and Annual Survey of Hours and Earnings from DCLG ONS Housing Statistics Portal

**Table 6: Average weekly social housing rent for registered providers**

Local Authority	2012		2013		2014		2015		% increase 2012 - 2015
	Rent	% of 10 <sup>th</sup> percentile salary	Rent	% of 10 <sup>th</sup> percentile salary	Rent	% of 10 <sup>th</sup> percentile salary	Rent	% of 10 <sup>th</sup> percentile salary	
Halton	£73.32	54.9%	£77.19	53.8%	£80.12	60.5%	New release of data due October 2016		9.27%
Knowsley	£74.74	61.2%	£81.39	73.3%	£83.86	76.2%			11.53%
Liverpool	£74.02	65.6%	£77.89	65.1%	£80.15	60.3%			8.28%
St Helens	£77.29	54.2%	£82.38	72.1%	£85.26	71.1%			10.21%
Sefton	£74.07	56.8%	£78.65	68.6%	£81.74	63.1%			10.36%
Wirral	£75.02	64.4%	£80.00	64.4%	£82.91	64.3%			10.52%

Source: DCLG and Annual Survey of Hours and Earnings from DCLG ONS Housing Statistics Portal

### Affordable housing need and demand

Across the Liverpool City Region there were a total of 17,891 lettings during 2014 – 2015, with 63% of lets to tenants new to social housing. Liverpool, St Helens and Wirral had the greatest number of tenants new to social housing. Between January to March 2016 over 9,000 applicants were actively bidding for properties, with applicant demand per letting highest in Wirral. The shortfall in social housing can be defined as the number of households on a local authority's waiting list minus vacant social housing, expressed as a percentage of the overall social housing stock. According to the ONS data Wirral and Sefton have the greatest shortfalls with 64.8% and 42.2% respectively.

Table 7: Affordable housing need and demand					
Local Authority	Total number of lettings 2014 - 2015	Number of lets to tenants new to social housing 2014 - 2015	Number of applicants actively bidding for properties January – March 2016	Applicant demand per letting 2015 - 2016	Social housing shortfall 2014 <sup>4</sup>
Halton	1,617	852 (52.69%)	1,227	12	21.1%
Knowsley	1,690	984 (58.22%)	1,390	17	16.1%
Liverpool	6,497	4,315 (66.42%)	3,587	22	18.3%
St Helens	2,164	1,393 (64.37%)	n/a	n/a	16.5%
Sefton	2,412	1,418 (58.79%)	377	18	42.2%
Wirral	3,511	2,238 (63.74%)	2,746	53	64.8%

Source: Waiting list, property bids and demand per letting: Property Pool Plus

Total number of lettings: The Continuous Recording of Lettings and Sale in Social Housing in England (CORE)

Social Housing Shortfall: Office of National Statistics Housing Portal (2014)

The tables below show affordable housing demand and supply by property type for each Local Authority area during 2015 – 2016. Across the Liverpool City Region they show that most lettings were for three bedroom houses and one bedroom flats whilst demand per letting tended to be higher for two bedroom houses and bungalows across most Local Authorities indicating a potential mis-match between demand and supply.

Table 8a: Halton affordable housing demand and supply 2015 - 16		
Bedrooms/ property type	Supply	Demand
	Number of lettings	Applicant demand per letting
Bedsit	1	5
1 bed flat	288	7
2+ bed flat	20	7
1 bed house	0	0
2 bed house	191	23
3 bed house	268	14
4+ bed house	31	9
Bungalow	432	11

Source: Property Pool Plus

Table 8b: Knowsley affordable housing demand and supply 2015 - 16		
Bedrooms/ property type	Supply	Demand
	Number of lettings	Applicant demand per letting
Bedsit	0	0
1 bed flat	264	10
2+ bed flat	95	4
1 bed house	0	0
2 bed house	183	39
3 bed house	280	15
4+ bed house	47	9
Bungalow	89	17

Source: Property Pool Plus

Table 8c: Liverpool affordable housing demand and supply 2015-16		
Bedrooms/ property type	Supply	Demand

<sup>4</sup> The Office of National Statistics defines social housing shortfall as the number of households on a Local Authority waiting list minus vacant units expressed as a % of overall social housing stock.

	Number of lettings	Applicant demand per letting
<b>Bedsit</b>	24	10
<b>1 bed flat</b>	753	13
<b>2+ bed flat</b>	294	11
<b>1 bed house</b>	6	15
<b>2 bed house</b>	573	28
<b>3 bed house</b>	671	30
<b>4+ bed house</b>	58	20
<b>Bungalow</b>	91	34

Source: Property Pool Plus

<b>Table 8d: St Helens affordable housing demand and supply 2015-16</b>		
Bedrooms/ property type	Supply	Demand
	Number of lettings	Applicant demand per letting
<b>Bedsit</b>	n/a	n/a
<b>1 bed flat</b>	n/a	n/a
<b>2+ bed flat</b>	n/a	n/a
<b>1 bed house</b>	n/a	n/a
<b>2 bed house</b>	n/a	n/a
<b>3 bed house</b>	n/a	n/a
<b>4+ bed house</b>	n/a	n/a
<b>Bungalow</b>	n/a	n/a

Source: Under One Roof

<b>Table 8e: Sefton affordable housing demand and supply 2015-16</b>		
Bedrooms/ property type	Supply	Demand
	Number of lettings	Applicant demand per letting
<b>Bedsit</b>	14	3
<b>1 bed flat</b>	350	11
<b>2+ bed flat</b>	280	11
<b>1 bed house</b>	0	0
<b>2 bed house</b>	121	22
<b>3 bed house</b>	297	26
<b>4+ bed house</b>	39	18
<b>Bungalow</b>	80	50

Source: Property Pool Plus

<b>Table 8f: Wirral affordable housing demand and supply 2015-16</b>		
Bedrooms/ property type	Supply	Demand
	Number of lettings	Applicant demand per letting
<b>Bedsit</b>	4	35
<b>1 bed flat</b>	219	45
<b>2+ bed flat</b>	206	31
<b>1 bed house</b>	2	74
<b>2 bed house</b>	139	66
<b>3 bed house</b>	279	61
<b>4+ bed house</b>	21	37
<b>Bungalow</b>	29	60

Source: Property Pool Plus

A total of 1,871 households were over-crowded by one bedroom across the Liverpool City Region during 2015-16 and 273 were over-crowded by two bedrooms or more. In contrast, 3,677 households were under-occupying their property, which has fallen from 4,047 in 2013-14 and 4,160 in 2014-15.

<b>Table 9: Overcrowded and under-occupied housing applicants as at 31<sup>st</sup> March 2016</b>			
Local	Overcrowded by 1 bedroom	Overcrowded by 2 or more	Under occupying

Authority				bedrooms					
	2013 - 14	2014 - 15	2015 - 16	2013 - 14	2014 - 15	2015 - 16	2013 - 14	2014 - 15	2015 - 16
Halton	174	103	111	28	22	27	412	214	218
Knowsley	121	128	120	18	13	20	403	520	438
Liverpool	1,007	1,079	1,111	140	142	168	1,725	1,758	1,714
St Helens	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sefton	323	264	194	46	35	31	609	604	444
Wirral	406	508	446	51	56	54	1,310	1,278	1,081

Source: Property Pool Plus

### Homelessness

Total homeless applications have fallen from 967 in 2013-14 to 858 in 2015-16, although the data is incomplete across the Liverpool City Region. The total number of applicants accepted as homeless has, however, increased from 563 in 2013-14 to 618 in 2015-16.

**Table 10: Homeless acceptances and preventions**

Local Authority	2013 - 14			2014 - 15			2015 - 16		
	Homeless applicants	Accepted applicants	Homeless preventions	Homeless applicants	Accepted applicants	Homeless preventions	Homeless applicants	Total accepted applicants	Total homeless preventions
Halton	197	46	744	249	42	798	177	34	987
Knowsley	213	63	622	173	62	612	154	70	TBC
Liverpool	TBC	150	1,307	TBC	185	1,852	TBC	243	1,825
St Helens	136	92	489	132	102	388	140	92	350
Sefton	130	47	319	146	68	365	190	79	289
Wirral	291	165	666	233	137	692	197	100	707

Source: P1E Return

### Economic activity

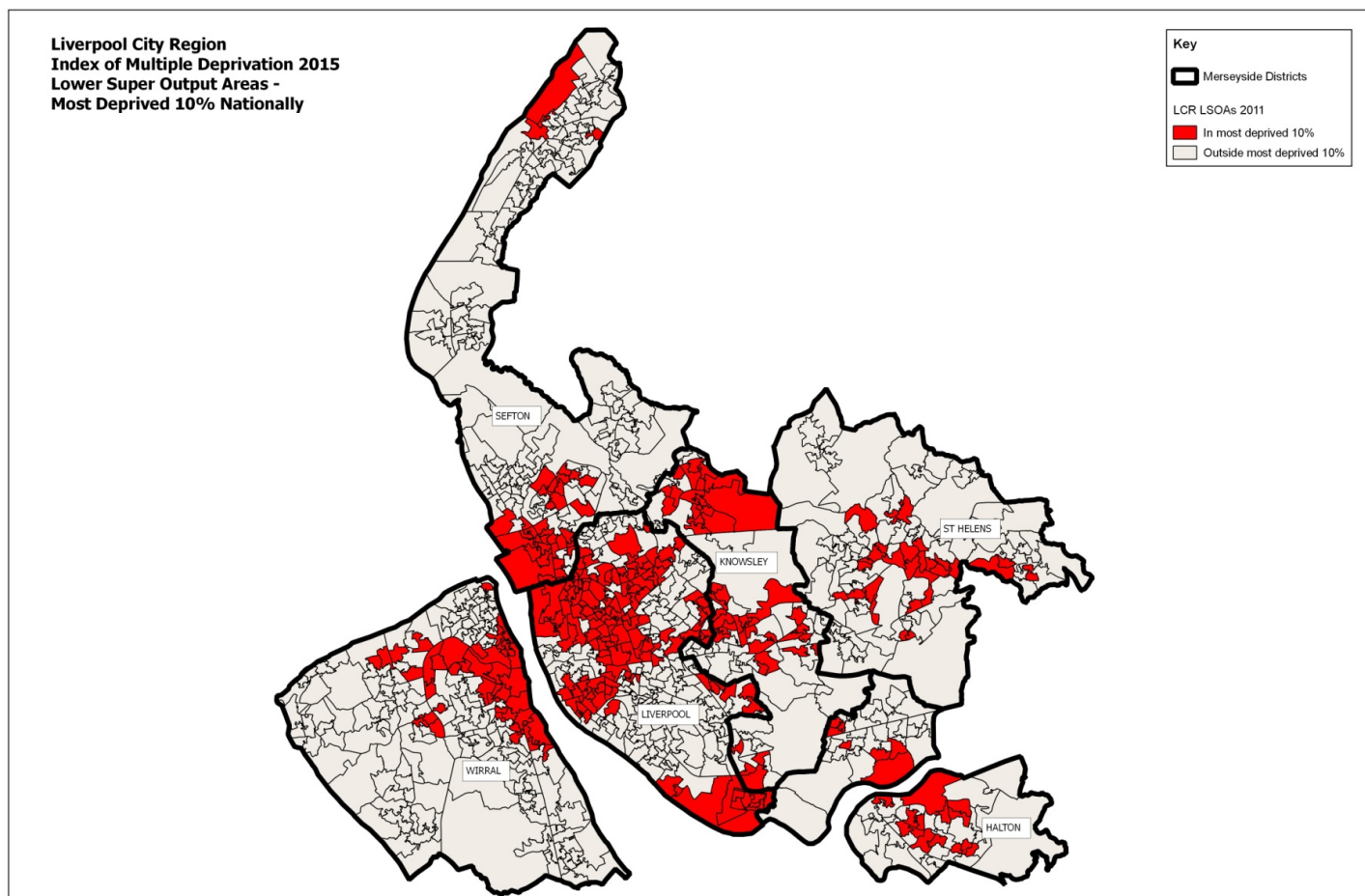
In 2015 there were 647,400 people employed in the Liverpool City Region, representing 67% of the working age population, compared to the national average of 78%. Across Liverpool City Region there is a divergence in activity rates from a high of 74% in Halton to 59% in Liverpool. The Liverpool City Region as a whole continues to have a deficit in the number of people employed in higher-level occupations, such as managers and senior officials, professionals and associate professionals and technical occupations, although it does have concentrations of employment in administrative and secretarial roles, sales and customer services, caring, leisure and other service occupations and plant, process and machine operative roles.

### Deprivation and worklessness

Liverpool City Region is the most highly deprived Local Enterprise Partnership (LEP) area nationally. 31% of its Lower Super Output Areas (LSOAs) are within the most deprived 10% in England, whilst only 3% are within the least deprived 10%. Knowsley and Liverpool are the Local Authorities with the second and fourth largest proportions of highly deprived neighbourhoods in England with 46% and 45% respectively. Higher than national average levels of deprivation across most domains translate to above average levels of people in receipt of Job Seekers Allowance (JSA) and other benefits.



Figure 1: Most deprived areas of Liverpool City Region



## Appendix B: Glossary of terms

<b>Affordable Rent</b>	A rent set at 80% of the equivalent market rent for properties.
<b>Homelessness Strategy</b>	A strategy that sets out homelessness issues within a Local Authority area and a plan of action to respond.
<b>Homes and Communities Agency (HCA)</b>	Regulates social housing providers in England.
<b>Housing Options Service</b>	Provide help and advice on all aspects of housing need.
<b>Intermediate Rent</b>	Homes for sale and rent provided at a cost above social rent but below market levels. These can include shared equity (shared ownership and equity loans), other low cost homes for sale and intermediate rent, but not affordable rented housing.
<b>Liverpool City Region</b>	The Liverpool City Region is an economic and political area which incorporates the Local Authority districts of Halton, Knowsley, Sefton, St Helens, and Wirral.
<b>Local Enterprise Partnership (LEP)</b>	Partnerships between Local Authorities and businesses, created in 2011 to help shape local economic priorities and undertake activities to drive local economic growth and the creation of jobs.
<b>Local Housing Allowance (LHA)</b>	Used to work out Housing Benefit for tenants who rent privately. The amount of LHA tenants may be eligible for depends on the place of residence, with local limits based on the cheapest 30% of properties in an area.
<b>Localism Act</b>	Legislation enacted in November 2011 relating to a wide range of functions at a local level including housing, planning and local government administration.
<b>Local Lettings Policy</b>	A policy applied to the letting of properties or a group of properties for housing management purposes or to meet other strategic objectives.
<b>Registered Provider</b>	An organisation registered with the Homes and Communities Agency as a provider of social housing.
<b>Strategic Housing Market Assessment (SHMA)</b>	The SHMA reviews the whole of a housing market and forms part of the evidence base which will help to inform future housing and planning policies and strategies.
<b>Tenancy Agreement</b>	The contract between a tenant and a landlord.
<b>Tenancy Policy</b>	A Registered Provider's policy that sets out the landlord's policy on the use of fixed-term tenancies.
<b>Tenancy Strategy</b>	Local Authority strategy that sets out the matters Registered Providers operating in their area should have regard to when setting their Tenancy Policy.

## Appendix C: Registered Providers in the Liverpool City Region

Registered Provider	Local authorities provider operating within
Accent Foundation Limited	St Helens
Adactus Housing Association Limited	St Helens, Sefton
Adullam Homes Housing Association Limited	Halton, Liverpool, St Helens, Sefton
Affinity Sutton Homes Limited	Halton, St Helens
Alpha (RSL) Limited	St Helens, Wirral
Alt Housing Co-operative Limited	Liverpool
Anchor Trust	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
Arena Housing Group Limited	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
Beech Housing Association Limited	St Helens, Sefton
Bespoke Supportive Tenancies Limited	Knowsley, Liverpool, Wirral
Birkenhead Forum Housing Association Limited	Sefton, Wirral
Brownlow Hill Housing Co-operative	Liverpool
Canning Housing Co-operative Limited	Liverpool
Cathedral Mansions Housing Co-operative Limited	Liverpool
Chapter 1 Charity Limited	Liverpool
Cherryfield Co-operative Limited	Knowsley
Chorley Community Housing Limited	Sefton
City of Liverpool YMCA (Incorporated)	Liverpool
Cobalt Housing Limited	Knowsley, Liverpool
Contour Homes Limited	Knowsley, Liverpool, Wirral
Co-op Schemes for the Elderly Limited	Liverpool
Corn and Yates Streets Housing Co-operative Limited	Liverpool
Creative Support Limited	Halton, Liverpool
Crosby Housing Association Limited	Sefton
Developing Initiatives for Support in the Community	Sefton
Dingle Residents Co-operative Limited	Liverpool
Eldonian Community Based Housing Association	Liverpool
Equity Housing Group Limited	Sefton
Family Housing Association (Birkenhead & Wirral)	Wirral
Forum Housing Association	Wirral
Golden Lane Housing Limited	Halton, Knowsley, Liverpool, St Helens, Wirral
Grafton Crescent Housing Co-operative Limited	Liverpool
Great Places Housing Association	Liverpool, St Helens
Habinteg Housing Association Limited	Sefton
Halo Housing Association Limited	Liverpool
Hamlet Village Housing Co-operative Limited	Liverpool
Hanover Housing Association	Halton, Sefton, Wirral
Harbour Light Assisted Living CIC	Liverpool, Sefton, Wirral
Helena Partnerships Limited	Knowsley, St Helens
Hesketh Street Housing Co-operative Limited	Liverpool
Hilldale Housing Association Limited	St Helens, Sefton
Holt Road Area Housing Co-operative Limited	Liverpool

<b>Registered Provider</b>	<b>Local authorities provider operating within</b>
<b>Holyland Housing Co-operative Limited</b>	Liverpool
<b>Home Group Limited</b>	Liverpool, St Helens, Sefton, Wirral
<b>Housing &amp; Care 21</b>	Halton, Liverpool, St Helens, Wirral
<b>'Johnnie' Johnson Housing Trust Limited</b>	Liverpool, Sefton
<b>Knowsley Housing Trust</b>	Knowsley
<b>Knowsley Residents Housing Co-operative Ltd</b>	Knowsley
<b>Langrove Community Housing Co-operative</b>	Liverpool
<b>Lark Lane Housing Co-operative Limited</b>	Liverpool
<b>Leasowe Community Homes</b>	Wirral
<b>Leta-Claudia Streets Housing Co-operative</b>	Liverpool
<b>Liverpool Gingerbread Housing Co-operative</b>	Liverpool, Sefton
<b>Liverpool Housing Trust</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Liverpool Jewish Housing Association Limited</b>	Liverpool
<b>Liverpool Mutual Homes Limited</b>	Liverpool
<b>Lodge Lane East Housing Co-operative Limited</b>	Liverpool
<b>Magenta Living</b>	Wirral
<b>Mill Street Co-op Limited</b>	Liverpool
<b>Moat Homes Limited</b>	Wirral
<b>Muir Group Housing Association Limited</b>	Knowsley, Liverpool
<b>NACRO</b>	Knowsley, Liverpool, Wirral
<b>National Council of YMCAs (Incorporated)</b>	Halton
<b>New Foundations Housing Association Limited</b>	Liverpool
<b>New Progress Housing Association Limited</b>	Liverpool
<b>Newleaf Housing Co-operative Limited</b>	Liverpool
<b>One Vision Housing Limited</b>	Liverpool, Sefton, Wirral
<b>Partners Foundation Limited</b>	Liverpool, St Helens
<b>Pierhead Housing Association Limited</b>	Knowsley, Liverpool, Sefton, Wirral
<b>Pine Court Housing Association Limited</b>	Liverpool, Wirral
<b>Places for People Homes Limited</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Places for People Individual Support Limited</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Plus Dane (Merseyside) Housing Association</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Prince Albert Gardens Housing Co-operative</b>	Liverpool
<b>Progress Care Housing Association Limited</b>	Halton, Knowsley, Liverpool, St Helens, Sefton
<b>Redwing Living Limited</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Regenda Limited</b>	Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Reside Housing Association Limited</b>	Halton, Knowsley, Liverpool, St Helens, Wirral
<b>Retail Trust</b>	Liverpool
<b>Rusland Road Housing Co-operative Limited</b>	Knowsley
<b>Salvation Army Housing Association</b>	St Helens
<b>Sanctuary (North West) Housing Association</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>Shorefields Co-operative Limited</b>	Liverpool
<b>South Liverpool Homes Limited</b>	Liverpool
<b>Southdene Housing Co-operative Limited</b>	Knowsley
<b>Southern Crescent Co-operative Limited</b>	Liverpool
<b>Springwood Housing Co-operative Limited</b>	Knowsley
<b>St Helens YMCA</b>	St Helens

<b>Registered Provider</b>	<b>Local authorities provider operating within</b>
<b>St Vincent's Housing Association Limited</b>	St Helens
<b>Steve Biko Housing Association Limited</b>	Liverpool
<b>Stonewater (2) Limited</b>	Sefton
<b>Sunny Vale Supported Accommodation Limited</b>	Knowsley
<b>The Abbeyfield (Southport) Society Limited</b>	Sefton
<b>The Abbeyfield Heswall Society Limited</b>	Wirral
<b>The Abbeyfield Hoylake and West Kirby Society Limited</b>	Wirral
<b>The Abbeyfield Oxton &amp; Prenton Society Limited</b>	Wirral
<b>The Abbeyfield Society</b>	Liverpool, St Helens, Sefton
<b>The Abbeyfield Widnes Society Limited</b>	Halton
<b>The Guinness Partnership Limited</b>	Halton, Liverpool
<b>The Huyton Community Co-op for the Elderly Limited</b>	Knowsley
<b>The Princes Park Housing Co-operative Limited</b>	Liverpool
<b>The Riverside Group Limited</b>	Halton, Knowsley, Liverpool, St Helens, Sefton, Wirral
<b>The Villages Housing Association Limited</b>	Knowsley
<b>Thirlmere Housing Co-operative Limited</b>	Liverpool
<b>Trinity Housing Association Limited</b>	Knowsley, Liverpool, Sefton
<b>Villages Community Housing Association Limited</b>	Knowsley
<b>Viridian Housing</b>	Liverpool
<b>Weller Streets Housing Co-operative Limited</b>	Liverpool
<b>Westvale Housing Co-operative Limited</b>	Knowsley
<b>Wirral Methodist Housing Association</b>	Wirral
<b>Wirral Partnership Homes Limited</b>	Wirral
<b>Your Housing Group</b>	Knowsley, Wirral

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**COUNCILLOR PHIL DAVIES**

**CABINET**  
**3<sup>RD</sup> October 2016**

**HOYLAKE GOLF RESORT**

**Councillor Phil Davies, Leader of the Council - Strategic Economic Development, Finance and Devolution, said:** ‘Hoylake Golf Resort promises to be an iconic international project bringing new jobs, prosperity and tourists to Wirral, boosting our economy and visitor numbers. Tourism is an important part of our growth plan, and supports our pledges around a vibrant economy and jobs.

‘This report will take our plans nearer reality by consulting a range of commercial, technical and legal experts who can help us draw up a blueprint and a process for moving forward.

I would like to reassure residents and all other interested parties that we will be continuing to consult and talk to people who live in Wirral, to make sure that we are all move forward as partners in delivering these plans.’

## **REPORT SUMMARY**

Following the selection of the Nicklaus Joint Venture Group (NJVG) as the Council’s Preferred Development Partner detailed discussions have taken place to conclude a Development Agreement to take the Hoylake Golf Resort project forward to the Funding and Viability stage. This report updates Members on progress, outlining an indicative timetable for moving forward and seeks Cabinet approval to sign the Framework Development Agreement and formally close the Competitive Dialogue Procurement process. It also requests approval of an additional fee and works budget of £595,969 to allow essential expertise to be retained to advise the Council on a range of commercial, technical and legal aspects of the proposed

development. The previous fee budget of £237,000 has been expended. It is also necessary to undertake geotechnical investigations of the Council owned former landfill site at Greenbank Road to ensure that it can be safely used for a golf course. The total cost of these investigations including specialist supervision and the ground work itself is £252,469 and is included in the total reported above (£595,969). Members are asked to endorse the Council entering into the Framework Development Agreement (FDA). The signing of the Agreement will allow the NJVG to work up a comprehensive Funding Strategy for future Council approval that it is envisaged will trigger the preparation of a full planning application.

The Hoylake Golf Resort project supports the business category of the 2020 pledges and in particular the priority to create a vibrant tourism economy. It also links to the priorities to increase inward investment and create greater job opportunities in Wirral. The report is of greatest relevance to the Hoylake and Meols ward but the wider economic impacts will have implications for all wards. The subject of this report is a key decision for the Council.

Further detail of the Framework Development Agreement provisions is appended together with an assessment of the implications of signing the FDA and the protection measures in place to protect the Council. This appendix is exempt from publication under Schedule 12A of the Local Government Act 1972 due to the commercial sensitivities of that information.

## **RECOMMENDATION/S**

- That Member's authorise the signing of the Framework Development Agreement under the terms reported and the formal closing of the Competitive Dialogue procurement process.
- Members agree that the land required for the purposes of the golf resort be appropriated for planning purposes under Section 237 Town and Country Planning Act 1990. Any objections received following public notice of the intended appropriation and disposals shall be considered by the Assistant Chief Executive.
- That Members agree to a new fee and site investigation works budget of £595,969 to take the project forward as set out in this report.
- Members agree to undertake a geo-technical Site Investigation of the former landfill site at Greenbank Road owned by the Council and the necessary works to ensure the land is suitable for use as a golf resort.
- That once the Funding Strategy has been submitted by the NJVG and assessed by the Council, a further report will come to Cabinet.



## **SUPPORTING INFORMATION**

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

- 1.1 To ensure the Hoylake Golf Resort project progresses and that the project has sufficient financial and consultant resource to protect the Council's position and facilitate the appropriation of land for planning purposes.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A range of development options were presented as part of the competitive dialogue process but the solution presented by the Nicklaus Joint Venture Group (NJVG) was rigorously tested and selected as the preferred option. A preliminary public consultation exercise designed to raise awareness of the golf resort concept was undertaken in November / December 2015 and the result of this was made available on the Council's web site. The feedback gained will be considered further and will inform the development of the proposals by the NJVG.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Members will recall a report to Cabinet 20<sup>th</sup> July 2015 seeking to appoint the Nicklaus Joint Venture Group (NJVG) as the Council's preferred development partner and the outcome of the negotiations to date. The benefits to Wirral of a world class golf resort are many particularly viewed within the wider context of England's Golf Coast which links Royal Liverpool, Royal Birkdale and Royal Lytham into an attractive and highly marketable offer for international and UK based visitors. The addition of a new Nicklaus signature course, hotel and a links course academy lifts the existing offer onto a significantly more attractive level. England's Golf Coast currently lacks a quality hotel on site and the clustering of venues in close proximity together with the links academy will be unique in England. The involvement of international trading names on the golf and hotel fronts will have an immediate positive economic impact creating interest and demand in the area. The NJVG are currently exploring very strong interest from the Celtic Manor Hotel Group which if realised would be a major bonus to an already high profile offer. It would be very difficult to attract bigger names in the golf industry than that of Jack Nicklaus and Celtic Manor.

### **4.0 FRAMEWORK DEVELOPMENT AGREEMENT**

- 4.1 The Framework Development Agreement is the key to moving forward as it will commit the NJVG to funding the preparation of a planning application and all of the associated studies required to support an application of this size and complexity. The Framework Development Agreement is now ready to be entered into by the NJVG and the Council subject to Members approval. The agreement covers how both parties will move forward and all aspects normally associated with agreements of this nature. A summary of the Framework Development Agreement is attached as a confidential appendix to this report.
- 4.2 The resource required to take the project forward to the Funding Strategy stage is as follows.

<b>Heading</b>	<b>Estimated Budget</b>
<b>Former Landfill Site Study and Works</b>	£200,000
<b>Remediation Management and Supervision of Works</b>	£52,469
Sub Total	£252,469
<b>Commercial and Legal Support</b>	
AECOM	£200,000
Legal Fees	£143,500
<b>Total</b>	£595,969

- 4.3 This fee budget represents just over 0.3% of the overall potential development value of the resort (£190m). The benefits to the Council and the wider economy from the completed scheme include increased Business Rates and Council Tax receipts. In respect of the fees the Council has negotiated with the NJVG that, subject to planning permission being approved, NJVG will meet the full cost of the AECOM fees (£200,000) and make a contribution of 50% towards the cost of the Site Investigation works equal to a sum of £100,000. Therefore in the event of the scheme securing planning permission the Council support would be £295,969. The planning application in itself will generate a large fee income that would offset the costs associated with determining the application. This would cover the cost of the support from the Merseyside Environmental Advisory Service, Natural England and the Environment Agency which is estimated to be in the region of £40,000.

## **5.0 APPROPRIATION OF LAND**

- 5.1 The land area proposed for the golf resort is predominately agricultural and leisure related land uses within Wirral's Greenbelt. The proposal is for the NJVG to seek planning permission for the golf resort development which, if approved, will change the use of the land to a mixture of hotel, golf courses with associated clubhouse (and other golf related uses), residential and a new access road. The existing land uses are no longer required for the purpose for which it is currently appropriated. For the proper planning of the area approval is requested to appropriate the land shown on the attached plan for planning purposes under section 237 Town and Country Planning Act 1990. Appropriation occurs where the Council hold land for one particular purpose but wishes to declare it will hold the land for a different purpose in the future. By this method the Council is able to clarify the designation of the land in question. Without prejudice to the decision of Members regarding the merits of the planning application this action will also facilitate the carrying out of development which will significantly contribute to the economic well-being of the area.
- 5.2 Section 122 of the Local Government Act 1972 requires the Council to advertise the intention to appropriate open space for two successive weeks in a newspaper circulating in the area. Section 123 of the Local Government Act requires the Council

to similarly advertise any proposed disposal of open space land. Any objections need to be notified to the Council for consideration prior to such appropriation or disposal. Approval is requested, subject to there being no objections to approve the appropriation and disposal of the land under the terms set out in the Development Agreement. It is also requested that this decision is delegated to the relevant Portfolio holder who shall then have the authority to determine the appropriation and disposal.

## **6.0 FINANCIAL IMPLICATIONS**

- 6.1 The previously agreed allocation of £237,000 has been spent and an additional allocation of £596,000 is required for the reasons set out in this report. This is to be met from the Business Rates Reserve.
- 6.2 This commitment would be reduced to £296,000 if the scheme progresses and planning approval is obtained. There would be a large fee for the planning application which would also meet the £40,000 required to cover the cost of support from Merseyside Environmental Advisory Service, Natural England and the Environment Agency.
- 6.3 The additional fee costs will be funded from Business Rate Relief Fund reserve.
- 6.4 Additional fees in the region of £40,000 will be required to cover the cost of support from Merseyside Environmental Advisory Service, Natural England and the Environment Agency during the planning process. These will be covered by the planning application to be paid by the NJVG.

## **7.0 LEGAL**

- 7.1 The Framework Development Agreement sets out all the legal parameters relating to the project. An Executive Summary Report is provided in the exempt appendix. Whilst the Development Agreement sets out the roles and responsibilities of the Council and the NJVG in moving the project forward the Council retains at its absolute discretion the ability to withdraw from the project should the Funding Strategy not prove to be acceptable to the Council.
- 7.2 It is necessary that the land be formally appropriated for planning purposes and that the required notices under s122 of the Local Government Act 1972 be served. Also a notice for the disposal of open space with regards to land within the project area be served under s123 of the Local Government Act 1972.
- 7.3 The final bid was evaluated against four criteria (as set out in the invitation to Tender). These were:
  - Meeting the Council's vision;
  - The projects deliverability;

- The projects commercial viability and;
- The commercial terms offered to the council by the NJVG.

- 7.4 The scoring criteria was outlined in the tender documentation and ranged from zero to five, where zero indicated an unacceptable response from the JV with five being excellent. Three was the mid-range score and this indicated that the submission was relevant and acceptable and the response addressed a broad understanding of the Council's requirements.
- 7.5 The bid was evaluated against the criteria by officers of the Council and members of the retained consultancy team. The scores were moderated across the team and weighted relevant to their importance to the project.
- 7.6 Following completion of the scoring exercise the NJVG's final submission is considered 'relevant and acceptable and addresses a broad understanding of the Council's requirements' in all four of the evaluation criteria, with a score of at least three being recorded for each category.

## **8.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 8.1 The project will continue to be delivered by the Council's Regeneration Team with external specialist support as outlined in this report.

## **9.0 RELEVANT RISKS**

- 9.1 The risks associated with this project and the proposed measures to mitigate risks were reported at Cabinet 20<sup>th</sup> July 2015. The retention of specialist commercial and legal advice will protect the Council's position and identify key stages within the project at which the Council can re-evaluate the project against the Council's objectives. The Funding Strategy will present financial issues that will require further detailed assessment by the Council. These will be reported to a future Cabinet.
- 9.2 The works to manage the former landfill site will reduce the risk to the Council posed by the existence of the site in relation to possible liability for environmental impairment. These works will have the benefit of additional insurance and the professional indemnity insurance provided by the consultant Engineers.

## **10.0 PLANNING IMPLICATIONS**

- 10.1 The facilities associated with the proposed Golf Resort would be located within the Green Belt (subject to Policy GB2 of the Council's adopted Unitary Development Plan), and within an Area Requiring Landscape Renewal (Policy LAN1, Policy LA3 and Proposal LA4 refer).
- 10.2 The developers must seek to prove that the proposal is of particular significance and importance to merit the "very special circumstances" criteria necessary for building on Green Belt land. This principle is a fundamental policy consideration that must be made to the satisfaction of the Local Planning Authority and is in addition to all of the

other planning considerations relating to developments of this nature. The planning application seeking permission must be robust in order to address all concerns and will be considered on its merits in due course.

- 10.3 The National Planning Policy Framework (NPPF) will be an important material consideration alongside the emerging Core Strategy Local Plan. The Proposed Submission Draft Core Strategy Local Plan for Wirral was published in December 2012 and seeks to preserve and enhance the openness and rural character of the Rural Area, subject to national Green Belt controls. The final Core Strategy Local Plan is expected to be published in 2017 before being submitted to the Secretary of State for public examination. The Hoylake Community Planning Forum (Hoylake Vision) submitted their proposed Neighbourhood Development Plan to the Council for publicity and independent examination in September 2015. The draft Neighbourhood Plan and the comments received were submitted to an independent Examiner, who recommended in April 2016 that the plan should proceed to a local referendum, subject to a number of modifications. The Council's statement of its decisions on each of the Examiner's recommendations and the necessary modified documents, is due to be published in September 2016. Regulations require the holding of a local referendum within 56 working days starting from the day after the Decision Statement is published.
- 10.4 While a golf course could potentially be consistent with Green Belt policy set out in the NPPF and the Unitary Development Plan (UDP), any new built facilities associated with the Golf Resort and enabling housing development would, in all likelihood, be classed as 'inappropriate development', which is by definition, considered harmful to the Green Belt and should not be approved, except in very special circumstances. Very special circumstances will not exist unless the potential harm to the Green Belt, by reason of inappropriateness and any other harm, is clearly outweighed by other considerations. The intention to approve inappropriate development must be referred to the Secretary of State before planning permission can be granted. Any planning application for the golf resort project would also need to be supported by a range of other assessments including:
- Environmental Impact Assessment (subject to screening)
  - Traffic Impact Assessment/Transport Assessment
  - Flood Risk Assessment
  - Habitats Regulations Assessment (subject to screening)
  - A Design and Access Statement
  - A Planning and Regeneration Statement

## **11.0 ENGAGEMENT / CONSULTATION**

- 11.1 An informal consultation exercise was undertaken in November/December 2015. This was to introduce the golf resort concept and was designed to impart basic information regarding the principal scheme elements and the understanding as to how the golf resort could work and how it could be accessed by vehicles and relate to the surrounding land uses. The outcome of this was publicised on the Council's web site. Further informal consultation will follow once additional survey work has been undertaken and designs have been formulated into a planning application by the

NJVG. When the planning application is submitted there will be additional statutory consultation undertaken.

## **12.0 EQUALITY IMPLICATIONS**

- 12.1 Impact review is attached – <http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010>

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### **APPENDICES REFERENCE MATERIAL**

#### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Cabinet</b>	<b>20<sup>th</sup> July 2015</b>



	<p style="text-align: center;"><b><u>CABINET</u></b></p> <p style="text-align: center;"><b>MONDAY 3 OCTOBER 2016</b></p> <p style="text-align: center;"><b><u>TRANSFORMING WIRRAL - DASS OUTLINE</u></b></p> <p style="text-align: center;"><b><u>BUSINESS CASES</u></b></p>
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## REPORT SUMMARY

This report sets out the scrutiny response to two outline business cases relating to proposed new service delivery models within the Council Transformation Programme, specifically:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG)
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people

The scrutiny response is included in the report to the People Overview and Scrutiny Committee 8 September appended to this cover report. This follows the agreement for transformation proposals to be taken through overview and scrutiny to enable Elected Members to be engaged in reviewing transformation proposals as they are being developed.

This report supports the enabling work being undertaken to support delivery of the Wirral Plan.

The report affects all wards in the borough.

This is not a key decision.

## RECOMMENDATION/S

- Cabinet notes the comments of Elected Members as set out in the attached report and includes these as part of its considerations when the full business case is presented to Cabinet.

## **SUPPORTING INFORMATION**

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

- 1.1 For Cabinet to review the comments of Elected Members in respect of the two outline business cases and include these considerations when reviewing the progress of these proposals to the stage of full business case.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 No other options have been considered.

### **3.0 BACKGROUND INFORMATION**

- 3.1 New business models are being developed for Council Services to deliver Wirral's 20 pledges, respond to stakeholder views and support the delivery of the financial savings required.
- 3.2 A briefing session on alternative delivery models and the Council's emerging transformation programme was provided to Members on 20th July 2016.
- 3.3 The Cabinet Member for Transformation, Leisure and Culture is keen to ensure there is pre-decision scrutiny of proposed new delivery arrangements. This is to enable Members to engage in reviewing transformation proposals in line with the need for Council to radically change the way services are delivered to secure better outcomes for residents.

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The financial implications for these proposals will be considered as part of the full business case.

### **5.0 LEGAL IMPLICATIONS**

- 5.1 The legal implications for these proposals will be considered as part of the full business case.

### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 The resource implications for these proposals will be considered as part of the full business case.

### **7.0 RELEVANT RISKS**

- 7.1 There are none arising from this report.



## **8.0 ENGAGEMENT / CONSULTATION**

- 8.1 The pre-decision scrutiny process provides an opportunity for Members to be consulted on the proposals emerging from the Council's transformation programme.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 There are no equality implications as a result of this report.

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## **APPENDICES**

Report to People Overview and Scrutiny Committee – Transforming Wirral – DASS Business Cases

## **REFERENCE MATERIAL**

N/A

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>People Overview and Scrutiny Committee</b>	<b>8 September 2016</b>
<b>People Overview and Scrutiny Committee</b>	<b>14 July 2016</b>

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## People Overview and Scrutiny Committee

<b>REPORT TITLE:</b>	<b>Transforming Wirral - DASS Business cases</b>
<b>REPORT OF:</b>	<b>The Chair of the Committee</b>

### REPORT SUMMARY

At the previous meeting of this Committee (14<sup>th</sup> July 2016), the Senior Manager for Transformation & Improvement presented a report relating to the involvement of scrutiny in reviewing new service models as they are developed. Committee agreed to the general proposals in that report and gave delegated authority to the Chair, Vice Chair and Spokespersons to agree arrangements for the scrutiny of specific transformation projects, as appropriate.

Two business cases, both relevant to the remit of this Committee, are at a stage where review by scrutiny members is appropriate. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG)
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people

As a result, a workshop was held on 10<sup>th</sup> August 2016 at which the approach to the two outline business cases were explained and examined in further detail. The outcomes from the workshop are detailed in this report.

### RECOMMENDATION/S

It is recommended that:

- 1) Committee notes the report;
- 2) Committee refers the report to a future meeting of Cabinet.
- 3) The operating model and contractual arrangements are developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.
- 4) Further consideration be given to the optimal timing for the involvement of scrutiny in the development of future business cases.

## **SUPPORTING INFORMATION**

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

To ensure that the views of scrutiny members on the two business cases are reflected to Cabinet, prior to further relevant decisions being taken.

### **2.0 OTHER OPTIONS CONSIDERED**

Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process.

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Scrutiny workshop – 10<sup>th</sup> August 2016**

A workshop was held on 10<sup>th</sup> August 2016 to review two outline business cases which form part of Wirral Council's Strategic Transformation Programme. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG);
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people.

All members of the People Overview & Scrutiny Committee were invited to attend. Nine Committee members attended the session: Councillors Moira McLaughlin(Chair), Angela Davies (Vice Chair), Bruce Berry, Alan Brighthouse, Wendy Clements, Chris Meaden, Tony Norbury, Denise Roberts and Warren Ward. Apologies were received from Councillors Treena Johnson and Tom Usher. The Director of Adult Social Services presented details of the business cases following which a question and answer session was held and members had the opportunity to comment on the proposals.

It is intended that the comments provided by members at the session will be made available to Cabinet prior to further decisions being made regarding the future of these two business cases.

#### **3.2 Integrated Commissioning Hub: Context**

It is proposed to establish an Integrated Commissioning Hub to work on behalf of Wirral Council and Wirral CCG. This project will enable both organisations to pool resources to meet growing demand and to develop a sustainable health and social care economy. Bringing together commissioning resources will help to achieve better outcomes for residents in Wirral by developing more joined-up services and un-locking resources across the health and care economy of circa £850 million.

Closer integration of health and social care has been a central policy driver to help meet growing demand for health and care services. Locally, the Healthy Wirral programme was established to provide a health and social care sector response to the significant system wide pressures in Wirral. It is intended to create an Accountable Care System working with a single set of resources by 2020. The creation of an integrated commissioning hub will be a significant step towards that goal.

### **3.3 Integrated Care Co-ordination Teams: Context**

It is proposed to work with Wirral Community NHS Foundation Trust for delivery of social care. The integration of the key assessment and support planning functions of adult social care will enable social workers and nurses to work together much more effectively delivering the “Right Care in the Right Place at the Right Time.”

Social workers and nurses provide front line support to the people of Wirral. They assess for and organise a whole range of inputs that are essential in keeping people healthy or in supporting them to remain independent including diagnosis, treatment, care and support planning, rehabilitation and health promotion and so on. It is proposed that, in Wirral, the Integrated Care Co-ordination Teams will be the method of delivering health and social care directly to older people that need support. It is intended that integration will be a means to improve access to services, client satisfaction and efficiency.

The integration of the key assessment and support planning functions of adult social care with the community NHS support functions of the Wirral Community Trust will enable social workers and nurses to work together much more effectively in a single organisational model.

### **3.4 Elected member comments**

During the session the following comments were raised by members:

#### Staffing:

A member raised concerns regarding the impact of the proposals on existing staff with particular reference to job security and the potential impact on roles. Members were informed that, in general, staff support the principle of creating an integrated health and care model. No redundancies were envisaged, although the changes may eventually lead to some changes in roles at a future point. The impact on terms and conditions is also a key element for staff. Joint engagement sessions with health and social care staff have been held and monthly meetings with the Trade Unions are being held. Best practice from other Local Authorities shows that, in order to achieve a positive outcome, staff need to be fully engaged in the process.

It is envisaged that the commissioning hub will be primarily based in Old Market House; whereas the care delivery teams will continue to be based in the relevant localities across the borough, albeit in Wirral Community Trust accommodation.

Increasing demand for services and the need to reduce resources:

A member questioned whether the major driver for change was the need to pool reducing resources or the ability to commission new services. A major driver for change is the necessity to manage demand across the health and care system. In the past, commissioning of services has taken place in silos. An aim for the future is to work towards commissioning for outcomes. Joint commissioning will provide greater scope to increase the role of technology in creating greater independence for people in their own homes. The commissioning process will also need to enable different services to be commissioned on different footprints where appropriate.

Back-office staff:

Members were reassured that the role of back-office staff, including administrative staff, will be carefully considered during the transition process. However, the impact on the potential use of re-chargable services, such as HR, Finance and Legal needs to be considered further. As staff transfer to alternative providers, the demand for these re-chargeable services, continuing to be provided by the Council, will reduce.

Improved focus on the needs of clients:

A member queried the likely impact of the proposals on the people who receive care. Members were informed that clients expect services to be integrated. Currently, clients may well have to tell their story more than once. As an example, a client may currently have separate assessments for a health, care or Continuing Healthcare need. From a client's perspective, there are benefits to be gained from an integrated system rather than being passed from one provider to another or by falling through the net.

The role of primary care is also critical to the delivery of an integrated service. Part of a national programme, the inclusion of Wallasey practices in a Health Education North West trial demonstrated the value of professionals working together effectively. During the trial social workers were placed within the GP practice.

Risk management:

The due diligence process is helping to identify the major areas of risk and ensuring that effective actions can be put in place to mitigate against them. Key areas include:

- As the statutory duty to deliver the implementation of the Care Act lies with the Council, clarification is required regarding the delegation of the function of care to Wirral Community Trust. Appropriate quality assurance will be required.
- There will be a reduced requirement for the services currently provided by the Council's corporate support functions. Assessment of the long-term impact on those service areas is required.
- The Council needs to ensure that all statutory duties are being met.

#### Finance:

In response to a question whether the combined health and care budget of £850 million is ring-fenced, members were informed that although some elements, for example, adaptations are ring-fenced the majority of the budget is not defined for specific services. The challenge will be to keep within the resource of the combined health and care budget.

It was noted that, at a national level, there is no indication of major additional funding being made available for health and social care. It is essential that the current resource is used more effectively, for example, in reducing duplication such as by acute hospitals working together to reduce back office requirements.

It was also noted that there is an intention for the provision of acute hospital services to move from the previous tariff-based system to a cash-limited system or capitated budget. In the longer-term, the big shift in resources is intended to see a reduction in spend on high-cost acute care and an increase in community care.

It is intended that the Population Health Model, supported by Cerner, will be carried forward from the Vanguard programme. This model will help the health and care system to better understand individuals' health needs.

#### Transfer of skills:

A member noted that social workers and community nurses have different roles and asked whether hybrid roles were envisaged. Members were informed that, although social workers and community nurses have different roles, they are often dealing with the same clients and their roles do overlap. Identical roles are not envisaged in the future, but it is likely that it will be possible to reduce the number of visits by improving coordination. This will also lead to an improved experience for clients.

It was noted by a Member that as roles of staff change, there will be a need to upskill staff. Members were reassured that workforce development is a key priority.

#### Performance management:

Performance measures are currently being identified. It is envisaged that the measures will incorporate both qualitative and quantitative data although further work is required to identify appropriate indicators. Best practice from other Local Authorities will form a basis for this work.

It was noted that complaints made to commissioned providers are not necessarily recorded in the DASS complaints system. As more services are commissioned, Members are concerned that the complaints system is able to provide a complete picture.

The scrutiny process:

A member noted that as, for each of the two business cases only one active option was provided and those options were likely to be approved, the scope for real pre-decision in this case has been limited. For future business cases, it is suggested that the optimal timing for the involvement of scrutiny ought to be considered.

#### **4.0 FINANCIAL IMPLICATIONS**

Although there are financial implications arising from the business cases, there are no financial implications arising from this scrutiny process.

#### **5.0 LEGAL IMPLICATIONS**

There are a number of legal issues that will be addressed within the final business case and any documentation that follows on from any adopted proposal.

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Although there are resource implications arising from the business cases, there are no resource implications arising from this scrutiny process.

#### **7.0 RELEVANT RISKS**

Not Applicable

#### **8.0 ENGAGEMENT/CONSULTATION**

Not Applicable

#### **9.0 EQUALITY IMPLICATIONS**

There are no direct equality implications of this report.

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#### **APPENDICES**

#### **REFERENCE MATERIAL**

#### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
People Overview & Scrutiny Committee 'Transforming Wirral'	14 <sup>th</sup> July 2016





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## **MINUTE EXTRACT**

### **PEOPLE OVERVIEW AND SCRUTINY COMMITTEE (8 SEPTEMBER 2016)**

#### **17 TRANSFORMING WIRRAL – DASS BUSINESS CASES**

The Chair of the People Overview and Scrutiny Committee introduced her report that provided an update on the Senior Manager for Transformation & Improvement's report relating to the involvement of scrutiny in reviewing new service models as they are developed. At its meeting 14 July 2016 the Committee agreed to the general proposals within that report and gave delegated authority to the Chair, Vice Chair and Spokespersons to agree arrangements for the scrutiny of specific transformation projects, as appropriate.

The Chair's report informed that two business cases, both relevant to the remit of this Committee, were at a stage where review by scrutiny members was appropriate. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG).
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people.

The Committee was informed that as a result, a workshop was held on 10 August 2016 at which the approach to the outline business cases were explained and examined in further detail, the outcomes of which were detailed in the report. Comments from Elected Members included views on:

- Staffing;
- Increasing demand for services and the need to reduce resources;
- Back-office staff;
- Improved focus on the needs of clients;
- Management of Risk;
- Finance;
- Transfer of Skills;
- Performance Management; and
- Involvement of Scrutiny 'pre-decision'.

Councillor Wendy Clements requested that a further recommendation be added to those already contained in the Officer report i.e. to urge Cabinet to pay careful regard to the quality of service experienced by Wirral people. The request was supported unopposed by the Committee.

**Resolved – That**

- 1) the report be noted;**
- 2) RECOMMENDATION to CABINET that the views of Scrutiny Members on the two business cases be considered, prior to relevant decisions being taken;**
- 3) the operating model and contractual arrangements be developed to ensure that the key points made by Elected Members, as detailed in the report, are addressed;**
- 4) further consideration be given to the optimal timing for the involvement of scrutiny in the development of future business cases; and**
- 5) CABINET be urged to pay careful regard to the quality of service experienced by Wirral people.**



	<p><b>CABINET</b></p> <p><b>3 OCTOBER 2016</b></p> <p><b>Avoiding Admissions Scrutiny Review</b></p>
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## REPORT SUMMARY

- Wirral has made really good progress in avoiding Hospital admissions. Key commissioning activity in relation to the better care Fund has enabled the development of schemes that are evidencing real impact and progress in establishing a sustainable 7 day community offer. The 3.5% target for non-elective admission reduction has been overachieved for 15/16, but there is more to be done to ensure the quality consistency and sustainability of these services.
- A task and finish group was formed by Members of the former Families and Wellbeing Policy & Performance Committee to undertake a scrutiny review of the actions being taken to strengthen community based services which are intended to reduce the demand for acute services and thereby reduce hospital admissions. This report documents the findings of the members and the conclusions which have been drawn.

### Links to the Wirral Plan Pledges

- Older People live well
- People with Disabilities live independently
- The review looked in detail at demand drivers and the responses that have been put in place to strengthen the urgent care system. This was a comprehensive approach that has led to nine important recommendations being made across four strategic the themes.
- The attached report documents the conclusions and recommendations which the review formed, as well as a summary of the evidence base on which those recommendations are based, for consideration by the Cabinet.
- The recommendations made by the review panel are welcomed by Adult Social Care and the Clinical Commissioning Group (CCG).

## RECOMMENDATION/S

- Cabinet is requested to note the contents and recommendations of the Scrutiny report 'Avoiding Admissions'.
- Cabinet is requested to support the recommendation that an update report regarding the implementation and impact of the recommendations will be presented to the People Overview & Scrutiny Committee by March 2017.

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

On 2 February 2015, Members of the Families and Wellbeing Policy & Performance Committee received a report entitled 'Commissioning community services, managing the market and reducing reliance on residential and nursing care'. Members were informed of a change of commissioning practises aimed at strengthening community based services in order to keep residents, particularly older people, at home for longer and consequently reduce the reliance on the residential care sector and the need for avoidable admissions to an acute hospital setting. Budget priorities had been changed in order to reflect the change in priorities.

As a result, members agreed to undertake a detailed scrutiny review, in order to gain assurance that adequate plans are in place to further develop community-based services with the aim being to reduce unplanned admissions to acute hospitals. Members would also be able to assess the effectiveness of the integration of social care and health and also the effectiveness of ongoing partnership working in delivering the community-based services.

The panel concluded that many positive steps have been put in place, but further work is required in order to ensure that the right services are provided in the right place at the right time - the recommendations are based on evidence of the key changes that are required to continue to improve provision.

## **2.0 OTHER OPTIONS CONSIDERED**

N/A

## **3.0 BACKGROUND INFORMATION**

**3.1.** Members of the scrutiny panel began their review in October 2015. A range of meetings were held to obtain appropriate evidence, sessions were planned and with representations of a significant number of health and care provider organisations, including some care homes as well as carer and patient representation groups and 3<sup>rd</sup> sector organisations.

**3.2.** The Panel Members have concluded that although many positive steps have taken place, further work is required to ensure the right services are provided in the right place at the right time. During this review, much detailed evidence

was gathered relating to specific services and this evidence is recorded in section 4 of the report. However, as the review has taken place, change to this service provision and the introduction of new care pathways have continued at pace. Therefore, in developing their recommendations, the Members have chosen to focus on strategic issues:

- Governance and funding
- Service quality
- Developing the right services
- Evaluating the effectiveness of services.

**3.3.** The recommendations from this review are welcomed by service providers and commissioners. The report provides constructive recommendations, in line with key principles. Many of the recommendations are underway and will be closely tracked and monitored until fully implemented.

**3.4.** An update report on the implementation and impact of the recommendations will be presented to the People Overview & Scrutiny committee by March 2017.

#### **4.0 FINANCIAL IMPLICATIONS**

N/A

#### **5.0 LEGAL IMPLICATIONS**

N/A

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

N/A

#### **7.0 RELEVANT RISKS**

N/A

#### **8.0 ENGAGEMENT/CONSULTATION**

N/A

#### **9.0 EQUALITY IMPLICATIONS**

An Equality Impact has not been done because there is no relevance to equality.

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## **APPENDICES**

Appendix 1 - Avoiding Admissions Scrutiny Review

## **REFERENCE MATERIAL**

N/A

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



**AVOIDING ADMISSIONS  
SCRUTINY REVIEW**

*A report produced by*  
**THE FORMER FAMILIES AND WELLBEING  
POLICY & PERFORMANCE COMMITTEE**

*July 2016  
FINAL REPORT*

**WIRRAL BOROUGH COUNCIL**  
**AVOIDING ADMISSIONS**  
**SCRUTINY REVIEW**  
**FINAL REPORT**

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## **1. INTRODUCTION AND ORIGINAL BRIEF**

On 2nd February 2015, Members of the Families and Wellbeing Policy & Performance Committee received a report entitled 'Commissioning community services, managing the market and reducing reliance on residential and nursing care'. Members were informed of a change of commissioning practices aimed at strengthening community based services in order to keep residents, particularly older people, at home for longer and consequently reduce the reliance on the residential care sector and the need for avoidable admissions to an acute hospital setting. Budget priorities had been changed in order to reflect the change in priorities.

As a result, members agreed that an item should be added to the committee's work programme in order to undertake a detailed scrutiny review. It was hoped that the review would give members the opportunity to gain assurance that adequate plans are in place to further develop community-based services with the aim being to reduce unplanned admissions to acute hospital. Members would also be able to assess the effectiveness of the integration of social care and health and also the effectiveness of ongoing partnership working in delivering community-based services. As a result, a task & finish group comprising five Members was formed. The group was also been strengthened by the addition of a representative from Healthwatch Wirral. The Scope Document for the Scrutiny Review is attached as Appendix 1 to this Report. The key issues for the review were identified as:

- Understand the demand for both acute and community based services in Wirral
- Understand the reasons for the increased demand for admission to acute services
- Assess the levels of readmissions and unnecessary admissions to acute services
- Appreciate the mechanism for the allocation of funding
- Understand the services that are already in place or being planned
- Assess whether the resources and capacity are available to support the service provision
- Consider whether the transition from acute to community based services is achievable within a realistic timescale
- Consider whether community based services are provided on a person-centred basis

The task & finish group has held a range of meetings in order to obtain appropriate evidence. Sessions were planned with representatives of a significant number of health and care provider organisations, including some care homes as well as carer and patient representative groups and third sector organisations.

The remainder of this report provides details of the Panel membership followed by an overview which includes the recommendations proposed by the Members and the reasoning behind those recommendations. This is followed by the main body of the report which provides contextual information and details the key findings of the Review.

## 2. MEMBERS OF THE SCRUTINY PANEL

### ***Councillor Moira McLaughlin (Chair)***



That people are living longer is a fact, but that increased life expectancy should also mean people live longer and healthier lives which they are able to enjoy. That means having a health and care system which is able to cope with the extra demands and play its part in achieving better health.

Nationally, our health and care services are struggling to meet the present demands and that struggle is replicated here on Wirral. It is clear that this pressure on frontline services will only increase without radical changes to the way services are delivered.

Those responsible for planning and delivering services locally recognise this. Our review was undertaken to look at what is being done to help relieve the pressure on front line services, develop newer community-based services and promote services which prevent ill health. We have been impressed by the way health and care services are working together to tackle this increasing challenge. However, it is an uphill struggle and we hope our recommendations will complement their effort in meeting that challenge.

### ***Councillor Alan Brighthouse***



.There are 3 factors I would highlight from the scrutiny review.

First, the delivery of successful health and social care requires a coordinated response from a range of services. For this to be achieved, a clear single high standard leadership structure needs to be established. Secondly, the importance of domiciliary care and the recognition of the vital contribution it makes. This will require additional resources to ensure that pay rates are acceptable and to provide further training. Finally, there is the vital role of public health and the preventative agenda, neatly summed up by the heart transplant specialist, Christian Barnard: "I have saved the lives of 150 people from heart transplantations. If I had focused on preventive medicine earlier, I would have saved 150 million".

### ***Councillor Bruce Berry***



This was a very in-depth piece of scrutiny covering all aspects of health and care. We all recognise that the system is under immense pressure and it was interesting to review the alternative ways to deliver services within our communities. Education and preventative measures are equally important to encourage healthy life styles and it was pleasing to hear of newly developed services to deliver this outcome.

To deliver a service fit for a modern society will be challenging but we are encouraged by the joint efforts of health and care services to bring about that change.

<p><b>Councillor Treena Johnson</b></p> 	<p><b>Councillor Denise Roberts</b></p> 	<p><b>Karen Prior Healthwatch Wirral</b></p> 	<p><b><i>This Scrutiny Panel was supported by:</i></b>  Alan Veitch  Scrutiny Officer  0151 691 8564  <a href="mailto:alanveitch@wirral.gov.uk">alanveitch@wirral.gov.uk</a></p>
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### 3. OVERVIEW AND RECOMMENDATIONS

The NHS Five Year Forward Plan, published in October 2014, highlighted the challenges facing the nation's health services and provided a vision for the delivery of services in the future. Demographic changes have seen the growth of an ageing, increasingly frail population with a rising prevalence of chronic disease. The plan states that long-term health conditions now take 70% of the health service budget. There are increasing opportunities for better health through increased prevention and supported self-care. Technology is also transforming the ability to predict, diagnose and treat disease. However, funding pressures continue, particularly in the aftermath of the 2008 global downturn.

The Forward View argues:

- the need for a radical upgrade in prevention and public health
- when people do need health services, patients will gain far greater control of their own care including the option of shared budgets combining health and social care
- the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals; between physical and mental health; between health and social care.

Subsequently, in December 2015, new guidance outlined an approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Wirral is part of the Cheshire and Merseyside footprint. The health and care organisations within this geographic footprint are working together to develop an STP which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. Therefore, there are national and local drivers for change.

At a local level, it had already been recognised that there was a need for greater emphasis to be placed on avoiding admissions to acute services in addition to minimising discharge delays. This has resulted in an increasing focus on investment in a range of community-based services that will be able to provide alternative pathways to acute care where appropriate. Commissioners and providers are putting in place cost-effective, community-based services, which can both prevent the need for hospital admission and safely reduce length of stay for older people. It is anticipated that this will enable savings to be made from hospital-based services.

The introduction of the Better Care Fund has been important to this change of emphasis towards service provision. The Better Care Fund currently sets a target of an annual 3.5% reduction in unplanned acute hospital admissions. During 2015/16, this target was achieved in Wirral with a reduction by 5% in non-elective admissions. However, this has to be balanced, during the same period, against a 4.2% increase in A&E attendances. In addition, those patients who need to be admitted are costing more as the number of complex cases, particularly among older people increases. This has led to continuing financial challenges across the health economy.

The Panel Members have concluded that although many positive steps have taken place, further work is required to ensure that the right services are provided in the right place at the right time. During this review, much detailed evidence was gathered relating to specific services and this evidence is recorded in section 4 of this report. However, as the review has taken place, change to service provision and the introduction of new care pathways have continued at pace. Therefore, in developing their recommendations, the Members have chosen to focus on strategic issues:

### **3.1 Governance and funding**

Members support the existing concept of collaboration and strengthening partnership working. The discussions at both a national and local level provide strong evidence for ever closer relationships leading towards the development of a single health and care system. It is intended that Wirral will move towards the goal of becoming an Accountable Care System, which will promote place-based working. Under such a system, NHS organisations and their partners collaborate in order to meet the needs of the populations they serve. There is, therefore, an intention for pooled budgets to be expanded by April 2017, with the planned introduction of more coordinated commissioning procedures within Wirral. It is also envisaged that, as the delivery of the Sustainability and Transformation Plan for Cheshire & Merseyside develops, underpinned by the Local Delivery Plan for Wirral, arrangements across a variety of footprints for different services are likely to emerge.

Although existing oversight for the Better Care Fund lies with the Health and Wellbeing Board and partner organisations, Members do envisage the need for more effective governance arrangements with clear lines of responsibility and accountability. The Panel Members appreciate the importance of strengthening the levels of collaboration and urge steps to be taken as quickly as feasible. It is suggested that progress should be reported to the appropriate scrutiny committee on an annual basis as a minimum.

#### **Recommendation 1 - Developing one system with shared governance**

Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

Although second year funding for Wirral's Vanguard programme has been effectively removed with an announcement by NHS England in May 2016, it is intended that the ethos of the programme will continue through the delivery of the Healthy Wirral programme. During this scrutiny review, as detailed further in section 4.2.2, Members were informed of the ways in which the priorities of the health economy are influenced by the funding arrangements, which includes the use of the payments by results tariff. This means that commissioners pay healthcare providers for each patient seen or treated. As a consequence, the funding arrangements increase payments to hospitals based on the number and complexity of admissions. Members welcome the progress that has been made by Wirral CCG and the major partners to move to the concept of cost envelope funding (that is a block contract) from April 2017 and would like to see this initiative progressed.

#### **Recommendation 2 – Funding of acute hospital services**

In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

### **3.2     Service quality**

During the review, Members were informed by practitioners that there is capacity in the system to find a community bed if one is required. However, there was also evidence that the pressure to discharge patients from acute hospital can lead to priority being given to those patients. Members were told that this can lead to occurrences of difficulties finding a bed in a community-based setting for a client who is not already hospital-based. It is essential that there is adequate system capacity. It was noted during the review that there is a real aspiration that there should be no waiting lists for access to community-based services.

The quality of provision of commissioned services has been raised throughout this scrutiny review. As an example, Members are aware that four of the five homes currently commissioned to provide the intermediate care service have been assessed using the Care Quality Commission's (CQC) new assessment regime and have been rated as 'Requires Improvement'. (The remaining care home has been rated as 'Good'). In addition, the home commissioned to provide additional 'step-down' capacity during the period of winter pressures in spring 2016 has also received a CQC inspection rating of 'Requires Improvement'. The members believe that service quality, in addition to the provision of person-centred care and system capacity, must all be an integral part of future commissioning decisions. In particular, service quality should be further embedded within the commissioning processes.

#### **Recommendation 3 – Service quality and a person-centred approach for community services**

The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

### **3.3     Developing the right services**

The Kings Fund document, Transforming our health care system, stated that "the ageing population and increased prevalence of chronic diseases require a strong re-orientation away from the current emphasis on acute and episodic care towards prevention, self-care, more consistent standards of primary care, and care that is well co-ordinated and integrated". The Panel Members fully support the direction of travel towards developing a greater emphasis on the preventative agenda and the promotion of self-care. Initiatives such as Think Pharmacy, reablement and the Helping People Home scheme are welcomed as they encourage residents to seek to further self-care.

#### **Recommendation 4 – Admission prevention**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.



It is understood that further work is required to review the unplanned and urgent pathways for care as there is some apparent confusion among the public regarding where to go to receive particular services. It is suggested that further steps are required to explain the most effective pathways to both professionals and the wider public. It would be beneficial to agree an effective communication strategy allied to a targeted approach to reach those parts of the community whose attitudes and behaviours are most required to change. It will, therefore, be most effective if the right message and mode of communication is chosen depending on the target community.

**Recommendation 5 – Promotion of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will place greater emphasis on promoting community services among the public and professionals. Increased priority will also be given to changing the awareness and behaviours of the public and professionals in order to encourage greater usage of the range of services aimed at preventing unplanned hospital admissions.

It is appreciated by the Panel members that the development and implementation of patient pathways takes time, especially for those pathways to be followed in a consistent way. However, during this review, evidence did occur of examples where the new pathways were not always being applied consistently. One such example was the approach employed by the 111 service towards community-based care. It is anticipated that, as the 111 service is now being delivered by the North West Ambulance Service, a more consistent approach is developing which should lead to fewer unplanned acute admissions.

The engagement of GPs in the delivery of the new service models is essential to the successful delivery of the programme to enhance the use of community-based services. The increased use of alternative community-based services, as an alternative to sending patients to A&E, is dependent on the full engagement of GPs. It is fully recognised that significant effort has already been made by GPs who are champions of change. However, further steps are required to progress consistent application of the new pathways.

**Recommendation 6 – Implementation of alternative referral pathways**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will work with all service providers, including North West Ambulance Service, the 111 service and GPs, in order to ensure full engagement in the new referral pathways.

The evidence-base for commissioning decisions is improving as lessons are being learned from the progression of existing services and the development of newer community-based services. As an example, the demand for domiciliary care and Mobile Nights services has resulted in more resources being made available to develop capacity. It is essential that the use of customer insight data and demand analysis in addition to learning from best practice from elsewhere are all used as a basis for future commissioning decisions. As demographics change and demand for different services moves to reflect those changes, it is important that services are able to respond quickly and imaginatively.

**Recommendation 7– Responding to changing requirements for services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will ensure that community services are introduced on the basis of best practice, insight and analysis of need. This will ensure that services will remain responsive to changing community needs, reinforced by the use of formal contract mechanisms to expand or reduce contracts as appropriate.

During the review, Members heard many comments relating to the effectiveness of joined-up working across the different partner organisations responsible for delivering health and social care, often to the same patient. The effectiveness of patient care will be improved by the efficient sharing of data by the different providers. It is fully understood that robust safeguards regarding data privacy must be in place allied to a patient opt-out if so desired. Members heard that the Wirral Care Record will enable the effective sharing of data which will enable the multi-disciplinary teams to better develop integrated care plans for patients. The Panel Members endorse the development, in principal, of the Wirral Care Record and urge its full implementation at the earliest opportunity.

**Recommendation 8 – Communication of data**

The Healthy Wirral programme's work to improve the communication of patient data between health and care providers in order to create a single patient record is fully endorsed. The Wirral Care Record will ensure that the use of the single patient record is spread to as many providers as possible at the earliest opportunity. Feedback on the implementation and the impact of the Wirral Care record is requested to a future meeting of the People Overview & Scrutiny Committee.

**3.4 Evaluating the effectiveness of services**

Performance data is already available for the various services which form the current community-based service offer. However, it is also important to be able to judge the impact of the various elements of the integrated provision. A greater emphasis on integrated reporting across organisations would help to achieve this. Members suggest that greater emphasis should also be given to the measurement of service quality as well as capacity and quantitative data across the different services that make up the community-based service delivery. It is also suggested that further thought be given to the opportunities for public scrutiny of the performance of these services across the wider partnership.

**Recommendation 9 – Performance management of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

## **4. KEY FINDINGS**

### **4.1 Local context**

On 2nd February 2015, Members of the Families and Wellbeing Policy & Performance Committee received a report which described that Wirral has traditionally had a relatively high level of reliance on the residential sector for older people's care. In comparison to other Local Authorities, the proportion of the adult social care spend in Wirral on residential care was one of the highest in the region at 38% of the whole budget. Conversely, the high spend on residential care services reflected a position where the expenditure on community based services had been low. It was necessary for transformation to take place in order to re-shape the market to provide capacity in local communities. A commissioning strategy was developed to ensure that the principles of personalisation and the transformation of adult social care were fully embedded in commissioning processes and practices. Budget priorities were changed from 2013 onwards to reflect the shift in strategy.

Although the previous focus was on ensuring the right community offer and minimising discharge delays, it was recognised that greater emphasis on avoiding admissions was required. The introduction of the Better Care Fund has been important to this change of emphasis. An increasing focus on investment in a range of priority services that will be able to respond as alternatives to acute care where appropriate has followed. The following initiatives and community-based services are in place in Wirral:

#### **Domiciliary care and reablement**

New contracts were awarded in November 2013 relating to the domiciliary care and reablement services, the focus of which was to provide Wirral-wide services in order to better support people at home and reduce the reliance on bed-based capacity. The new contract expanded the capacity to deliver domiciliary care, enabling a same-day response to new packages of care. The commissioning of fewer, zone-based providers also aimed to deliver best value for money as well lead to an improvement in quality and contract management. These services enable older people, people with disabilities and people recovering from an illness or hospital stay, to continue living at home by supporting them with home-care and services that help them to stay mobile.

Reablement is the use of focussed intensive therapy and care in a person's own home in order to enable them to remain or return to living independently. This approach focusses on optimising client's independence with the lowest appropriate level of on-going support and care. DASS retain responsibility for assessing and commissioning reablement packages through the STAR Team.

#### **Mobile Nights service**

The Wirral Mobile Night Service is provided by Local Solutions and delivers a Wirral-wide overnight mobile domiciliary care service between the hours of 10pm and 8am, 365 days a year. Between one and four visits per night can be arranged depending on the requirements of the client.

#### **Home from home service**

The Home from Home service, available in four properties, provides temporary furnished, adapted accommodation (with support where required) for people who are temporarily unable to return to their own home. This could be because they are waiting for an adaptation to their home. Three of the Home from Home properties are located in Extra Care or Sheltered Housing developments.

#### **Single Point of Access**

From January 2016, the Single Point of Access has operated as an effective gateway and point of contact for all referrals, sign posting to the correct service and ensuring the best pathway and range of options are considered for the individual. This is seen as an important step towards providing more effective care navigation. As there are so many more services other than hospital-based services, it is important to encourage all referrers, including GPs, to use them more.

### **Integrated Care Coordination Hubs**

The Integrated Care Coordination team will provide wrap-around services aimed at keeping clients at home and strengthening the focus on admission prevention, particularly for complex cases. Based on the constituency footprint, four hubs will cover the borough. Any professional can refer into the multi-disciplinary team hub regarding a particular patient. The core team in each hub consists of social workers, community nurses / matrons, multi-disciplinary coordinators, occupational therapists, physiotherapists and mental health practitioners. The most appropriate lead professional will be allocated to the client depending on the primary patient requirements. This coordinated approach will result in more proactive care and will reduce admissions.

### **Rapid Community Service**

Commencing in September 2015, the Rapid Community Service has, as its primary function, the prevention of admission to hospital or facilitation of discharge from hospital through a rapid, coordinated response, 365 days a year. Enabling referrals from partners including GPs, North West Ambulance Service and the acute hospital, the service provides integrated health and social care assessments on a four hour turnaround, leading to people being supported either within their own home or coordinated community bed based provision. The service, which operates from 8.00am to 8.00pm, incorporates referrals to reablement, intermediate and transitional care. The community bed base now exceeds 110, with additional funding allocated to enable beds to be purchased on a spot purchase basis in order to respond to the additional demands of winter pressures.

### **Intermediate and Transitional Care**

Intermediate Care is targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to acute inpatient care or long term residential care. People accessing intermediate care have a structured, integrated, individual care plan which involves active therapy, treatment or opportunity for recovery. It has a planned outcome of maximising independence and typically enabling service users to resume living at home. Stays in an intermediate care home are time limited, normally no longer than six weeks and frequently as short as one to two weeks. Transitional Care provides a bed-based service for those patients who may need further assessment and / or some level of rehabilitation input.

From September 2015, this service has been enhanced by increasing capacity. Wirral currently has 110 intermediate and transitional care beds spread across five providers:

Daleside (Birkenhead)	21
Grove House (Birkenhead)	20
Leighton Court (Wallasey)	25
Hoylake Cottage (Hoylake)	20
Elderholme (Clatterbridge)	24

In addition, funding has been in place for additional winter pressure beds to be commissioned when appropriate. For 12 weeks, in the spring of 2016, additional capacity of 28 beds was commissioned at Charlotte House to enable speedier discharge from Arrowe Park hospital.

### **Helping people home 72 hour service**

This is a service provided by Local Solutions, which offers up to 72 hours support at home, including overnight, 7 days a week, either to prevent admissions to hospital whilst longer term arrangements can be made or to facilitate discharge (but only where a care package has been arranged and will start within 72 hours). This service is designed to complement services such as Home from Hospital. The Helping People Home service assists in the admission prevention and the discharge from hospital by:

- Ensuring supplies are available including medication by liaising with the relevant professional
- Ensuring the person needing support is either welcomed at home or visited at an agreed time
- Providing overnight and mobile support
- Ensuring the person has adequate food

## **Home from Hospital**

Provided by Age UK, the Home from Hospital Service provides an enablement service designed to help with client's rehabilitation after a stay in hospital. The service encourages people to regain their independence and successful rehabilitation on returning home by providing social and practical support such as shopping, collecting pension or paying bills, collection of prescriptions, help with correspondence that may have built up and light housework. This service provides short-term low-level support to anyone over 16 years of age, leaving hospital and living in Wirral. It is recognised that a significant number of hospital admissions are because individuals do not have an informal support network at home.

## **4.2 Organisation and Funding**

### **4.2.1 Organisational issues**

#### **What the Members welcomed:**

- Members welcome the principle of reducing the demand for admissions to acute hospital by investing in robust alternative services provided in the community. The development of new services such as the Rapid Community Support team, the Integrated Care Coordination Hubs, the 72 hour overnight service (Helping People Home) and the introduction of the Mobile Nights service are all positive steps.
- The enhancement of previously existing services, such as the provision of intermediate and transitional beds in addition to the domiciliary care services are also welcomed.
- The new approach to service delivery is resulting in more integrated service provision between DASS and other partners, linked to the Healthy Wirral agenda.

#### **Where the Members found challenges:**

- In preparation for the introduction of the new community-based services, officers had difficulty in specifying the initial requirements as there was not sufficient performance data available, especially from the Council. However, at that time, it was recognised that there was not a diverse menu offer and the commissioning arrangements needed to be reviewed. Although performance data for the new services is now being provided it is understood that further work needs to be done to ensure that the right services are being provided in the right place at the right time.
- The introduction of new services at pace has led to pressure on resources, both financial and people. It has, therefore, been necessary to prioritise the transformation programme. It is recognised there has been a period of considerable change within the health and care sector for some time, amplified in Wirral by the introduction of both the Better Care Fund and the Healthy Wirral programme. While welcome, the service transformation has had to be delivered at speed, creating its own pressures.
- The move to more flexible joint working by the partner organisations is breaking down some barriers but further progress is required in order to reduce costs but, most importantly, provide a more coordinated and effective service for the patient. There was anecdotal evidence that, although in some areas staff from different organisations are being brought together in single locations, more needs to be done to ensure true joint working. Professionals told the Members:

*"There are advantages of practitioners from different specialties co-locating. Integrating staff together leads to better communication".*

*"The relationship with social work is good within the team. The relationship between the nurses and social workers within the hospital has also been good".*

*“It is hoped, in the future, for all partners to start behaving as a single organisation without structures necessarily having to change”.*

- Across the health and care sector, Members were informed that there are too many patient assessments, with each provider undertaking their own assessment. As a result, duplication of work can occur.
- A significant complication arises from the different footprints covered by the various service providers. As an example, while the Healthy Wirral programme applies to Wirral only, NWAS provides services for the whole of the North West. With the advent of the Sustainability and Transformation Plan across Cheshire and Merseyside plus the possible extension of devolution powers to the Liverpool City Region, the complexity of footprints is likely to increase.

#### **4.2.2 Funding and resources**

##### **What the Members welcomed:**

- The Better Care Fund had led to shared budgets, which was likely to develop further. This will encourage the ethos of joint working, as evidenced by the establishment and growth of multi-disciplinary teams across the sector.

##### **Where the Members found challenges:**

- Funding for service enhancements is extremely limited. Although the emergence of the Better Care Fund is enabling Wirral CCG and Wirral Council to join budgets and jointly commission services, there is no additional funding available from the Council. It is essential that services are developed on a borough-wide basis involving effective partnership working; not concentrating on Council-provided services only. Members heard warnings regarding the consequences of the strict financial outlook, being told by a representative from the third sector:  
*“The direction of travel is correct but funding is putting pressure on the ability of the system to deliver the required outcomes”.*
- Members were informed of staff shortages in some areas, with the availability of trained therapists and paramedics being raised as concerns.
- Members were told, on a number of occasions, that there are incentives within the funding formula to encourage too great a focus on acute care, rather than looking system-wide. Members heard that Hospital trusts are paid through payments by results, which is the system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs. Therefore, when someone goes into hospital, the Trust will be paid via the payment by results tariff. Members were told that:  
*“The tariff system needs to be changed to provide disincentives for readmissions and long hospital stays”.*

*“There tends to be too great a focus on acute care, rather than looking system-wide”.*

Recent developments are enabling greater flexibility and the introduction of some block contracts with providers.

- It is anticipated that the financial implications of the introduction of the Living Wage will have a significant impact on care provision, particularly for care home providers.

#### **4.2.3 Data and Intelligence**

##### **What the Members welcomed:**

- A major aim of Healthy Wirral is for the whole system to become more intelligent about the requirements of individuals and the community. It is intended that population health data will be used to help design the appropriate services and where those services should be placed geographically. This improved system intelligence is enabling community provision as an alternative to hospital provision.
- It is recognised that the availability of data will enable a better understanding of the prevalence of particular conditions, resulting in improved service planning.

##### **Where the Members found challenges:**

- Although a process is being established to ensure that patient records can be shared by the different health and care partners, further progress is required in order to develop fully integrated care plans for patients. Issues of information governance and technical issues such as incompatible computer systems have presented barriers to progress. While recognising the need to maintain patient confidentiality and the necessity to enable patients to opt out of the system, Members welcome the development of the Wirral Care Record. It was anticipated that, during 2016, GPs and the acute hospital trust (WUTH) will be able to share patient records. Wirral Community Trust will follow by being able to access the same data later in 2016.
- Further to the Health & Social Care Act 2012, the Clinical Commissioning Group (CCG) no longer has access to personal information held by the hospital. As a result, patient identifiable information is removed before any data is sent to the CCG. This leads to a timelag of approximately 6 weeks.

#### **4.3 Admission prevention**

##### **4.3.1 Admission Prevention**

##### **What the Members welcomed:**

- There was widespread agreement that, in the future, Wirral needs to increasingly focus on keeping people at home. Admission avoidance is key to that ambition.
- There has been a significant investment in the 7 day Rapid Community service, enabling staff to provide a same-day response. An ambition for the future is also to see mental health practitioners included as part of the Rapid Community Service team.
- The OPAT service (Outpatient Antibiotic therapy) is hosted by WUTH and works in partnership with Wirral Community Trust and the local Clinical Commissioning Group. It is estimated that the service, since its implementation in early 2015 has saved in excess of 2000 bed days. However, it is anticipated that more admissions can be prevented in the future.
- The Think Pharmacy scheme now enables local participating pharmacies to prescribe for certain conditions, providing advice and also issuing of prescriptions.
- Street triage is a scheme which has been developed with the support of the Better Care Fund. Mental health nurses work alongside Merseyside Police in providing mental health support to incidents where the police are called. The scheme has been very successful in reducing A&E presentations and acute admissions.

##### **Where the Members found challenges:**

- Although Members were informed by practitioners that there is capacity in the system to find a community bed if one is required, there was also a strong impression that the pressure to discharge patients from acute hospital can lead to priority being given to those patients as opposed to patients from the community (that is, admission prevention).

- The Paramedic Pathway is an approach to patient prioritisation implemented by North West Ambulance Service. Although the Paramedic Pathfinder encourages the use of alternative responses, where appropriate, other than the delivery of a patient to A&E, there was evidence that the referral rate to GPs could be improved, particularly in relation to referrals to the Out of Hours GP service. It was suggested to Members that it may be possible for the CCG to further encourage GPs to accept paramedic calls. However, it was also accepted that a culture change among patients as well as among service providers is required before referrals to urgent care services (including GPs) will be fully accepted. Members were informed that, in the future, it is planned to develop increased access in the community around GP surgeries. If the patient does not need seeing in A&E it may be feasible to fix an appointment with a GP for the following day.
- In general, it was reported that there is some reticence, particularly among older crews, to use alternative responses as recommended by the Paramedic Pathfinder. Members were informed that paramedics follow the pathways supplemented by their own judgment. As a result, referrals to alternative services are not always happening consistently. As a comparator, Members were informed that, in East Cheshire, up to 12% of all ambulance activity was referred into the Primary Care Early Response Visiting Scheme. The equivalent diversion rate for Wirral is 4%.
- It was noted that the performance of NWAS is measured on times; not on patient outcomes. Data based on patient outcomes is currently not available for NWAS. From an NWAS perspective, currently a successful outcome is when the GP or hospital has accepted the referral. It is planned for data on outcomes and whether the intervention was successful to become available in the future.
- There is anecdotal evidence that, particularly during daytime hours, some patients are more likely to ring the ambulance service because they cannot get a GP appointment.
- Members were informed that a greater emphasis should be placed on preventative measures, such as reducing the risk of falls. Greater attention should be given to reducing the level of risk in the home, especially for people who live alone.
- Members were told that there continue to be too many admissions of frail elderly people, especially from care homes. There was anecdotal evidence that clients are more likely to be admitted to hospital from some care homes than from others. In addition, there is an apparent tendency with some homes for a patient to be admitted to hospital and then the home arguing that they are no longer able to care for the patient as their acuity level has increased.
- A representative of the third sector commented:  
*"There is a danger of disinvesting in services which are currently preventing people from going into hospital. The optimal approach is to avoid people getting into hospital through more effective prevention strategies".*

#### **4.3.2 Integrated Care Coordination Hub (ICCH)**

##### **What the Members welcomed:**

- In the future, it is planned that the Integrated Care Coordination teams will provide wrap-around services to keep the client at home and thereby close the revolving door of repeated admissions to hospital. It is accepted that admission prevention needs to be strengthened to keep people out of hospital. The multi-disciplinary approach being developed within the Integrated Care Coordination Hubs is welcomed by Members.



**Where the Members found challenges:**

- Resources for the Integrated Care Coordination Hubs have, to date, been limited. Time will be needed to enable them to grow and manage people with complex needs effectively. To date, the work of the Integrated Care Coordination Hubs has been predominantly reactive. However, it is intended that the work will become more proactive by becoming more sophisticated in engaging effectively with GPs. This relates to better use of data in order to identify those people who are most likely to benefit from early intervention.
- The number of referrals from GPs to the Integrated Care Coordination Hubs is few but it is recognised as a priority for future development.
- Members were informed that there are currently adequate resources to coordinate reactive cases. However, for the more proactive work the capacity is not yet available. It was suggested that involvement of mental health professionals in the hubs would be a positive development in the future.

**4.3.3 Access to services for GPs****What the Members welcomed:**

- A service index has been developed which is easy for GPs to access. The introduction of the single point of access should also make it easier for GPs to refer in to any of the community-based services.
- A series of meetings have been held to discuss ways in which the Community Trust and GPs could work better together. The aim is specifically to encourage GPs to refer more patients to community services rather than to WUTH. In addition, the Urgent Care Recovery Group monitors a dashboard relating to emergency admissions by GP practices.
- Members were informed that the primary care Quality Outcomes Framework (QOF) exists to give financial incentives to practices in order to achieve pre-determined goals. This includes reducing non-elective admissions and reducing the level of prescribing. Therefore, GPs are being encouraged to look at how they manage patients and achieve quality outcomes.

**Where the Members found challenges:**

- The increased use of alternative community-based services, as an alternative to sending patients to A&E, is dependent on the full engagement of GPs. This requires behavior change, which can be very difficult. Although some GPs are champions of change, many practices have very high workloads. As demand is great and there is much face-to-face clinical contact it is often difficult for GPs to attend meetings.
- The engagement of GPs in the provision of the new service models was widely viewed as key to the successful delivery of the programme to enhance the use of community-based services. Doctors are held in high esteem by many residents and patients. It is, therefore, important that GPs give advice to patients which includes alternatives to bed-based services.
- Wirral GP Out of Hours service, managed by Wirral Community Trust, provides emergency medical care to patients who are unable to wait for their GP practice to re-open. Although the use of local doctors by the GP Out of Hours service is encouraged it cannot be guaranteed. Therefore, local knowledge can be lost.

#### **4.4 Non-elective stays in hospital**

##### **4.4.1 Unplanned admissions**

###### **What the Members welcomed:**

- The Better Care Fund sets a target of an annual 3.5% reduction in unplanned acute hospital admissions. During 2015/16, this target was achieved with a reduction by 5% in non-elective admissions. However, this is not all good news because during the same period there has been a 4.2% increase in A&E attendances. In addition, those patients who need to be admitted are costing more as the number of complex cases, particularly among older people increases. This has led to continuing financial challenges across the health economy.
- Commencing in December 2015, a single front-door to A&E has been developed whereby experienced staff triage patients on arrival at A&E and, if appropriate, patients are sign-posted to alternative services. As a result, between December 2015 and March 2016, 420 patients were re-directed to alternative services such as a GP surgery or the Think Pharmacy service.

###### **Where the Members found challenges:**

- Although there has been an overall reduction of 5% in non-elective admissions, further work is needed to monitor funding, staffing and activity in order to provide better data to demonstrate where the difference is coming from. As a number of complimentary services have been introduced or enhanced on a similar timescale, the direct impact of each individual service is not easy to monitor.
- Members were informed that next-day appointments at an acute hospital may be a feasible pathway for some patients. If a patient requires hospital intervention, it may be better for the patient to be given a next-day appointment rather than them being sent to A&E and potentially having an overnight stay.
- It was reported that there has been a significant increase in the number of arrivals by ambulance. The new 111 service was implemented in October 2015. Since that time, the number of patients delivered to A&E by ambulance had increased significantly compared to the same period last year. Further work is taking place to understand the reasons behind that increase in arrivals by ambulance, given the introduction of the Paramedic Pathway described earlier.

##### **4.4.2 The Discharge process**

###### **What the Members welcomed:**

- A significant amount of work has taken place to review and improve the discharge process. Members were informed that there is now a much better relationship with partners and that there have been significant improvements in the awareness of ward staff regarding the mechanisms to follow in facilitating speedy discharge.
- In recent months, there has been an improved rate of weekend discharge; albeit still lower than the weekday rate of discharge. This has been facilitated by enhancements such as the ability for care packages to restart at the weekend and also for funding arrangements to be agreed at the weekend.
- The introduction of the SAFER patient bundle flow on specific wards at Wirral University Teaching Hospital has shown promising results. In particular, the drive to ensure more discharges before mid-day is having a positive effect. All Safer wards are hitting the targets for discharge by lunchtime. Key to this development is earlier preparation, preferably the previous day, of take home medication. The process is monitored by the daily board rounds, which include a presence from pharmacy.
- It is noted that closer working is also being developed between the acute hospital trust and the Integrated Care Coordination Teams, who particularly provide support to patients who are discharged with complex needs. A robust plan can then be placed around the client to prevent readmission.

#### **Where the Members found challenges:**

- Although the proportion of delayed discharges in Wirral is one of the best in the North West, the actual target is still not met. Average monthly bed days lost due to delayed transfers of care per 100,000 population has increased from 79.3 days in 2014-15 to 93.6 days in 2015-16. However, Wirral does remain 3<sup>rd</sup> best in the Northwest region in terms of delayed transfers of care. Work continues through the Urgent Care Board to review the systems and processes to achieve more timely and appropriate discharges. Members were told that earlier planning for discharge is likely to provide the key to reducing delays.
- Members were informed that practicalities can cause delays to the discharge process, for example, the provision of a Keysafe. As home care providers will not hold a key, access to a property may not be available until the Keysafe is fitted. A further example of delays can relate to waiting for furniture to be moved, such as a bed to be taken downstairs. It was reported that adaptations, such as the fitting of a stair lift can take a significant period to install. Delays were also reported in the discharge of patients from intermediate care beds caused by waiting for minor adaptations, such as the fitting of a grab rail or the provision of equipment.
- It is sometimes the case that providers respond quickly to set up a care package but families can reject the package or equipment is not ready to enable the patient to be discharged from hospital. During the review, Members were told that a man was recently discharged but the equipment, such as a hoist and a commode, were not available from hospital. As he could not be safely handled at home, the man had to be readmitted to hospital for a further two and a half days.
- Members were informed that there can be communication issues between wards and other departments within the hospital as the discharge processes are complex.
- There continues to be anecdotal evidence relating to discharge delays being caused by the availability of medication at the time of the patient's discharge from hospital to an IMC bed. In particular, this was reported as "a fairly common" occurrence by the care home providers. Members were informed that a working group was reviewing the provision of pharmacy medication.
- The development of the Integrated Discharge Team process has been recognised as a high priority because it is understood that, in the past, the discharge process has not worked as well as it might, with a significant amount of paperwork being required.
- Feedback from carers representatives suggest that some delays to discharge are caused, at least in part, by waits for assessments and subsequently the availability of care packages.
- It was pointed out that living alone can be a factor in the discharge process because of little potential support being available at home.

#### **4.5 Discharge and step-down services in the community**

##### **4.5.1 Relationship between Discharge and Intermediate care homes - IMC (including bed allocation)**

#### **What the Members welcomed:**

- It was confirmed that, prior to the new contract in April 2015, the care home manager was able to assess the patient in hospital to confirm that the placement was appropriate. However, that assessment was removed from the process as it was responsible for delaying some discharges. The decision is now taken by the Intermediate Care Duty Nurse and therapist.
- Members were told that a placement will be made hopefully within hours although on occasions it may take longer. Members were reassured to hear that, where possible, if a patient or a relative requests a specific location for an IMC placement the request will be met if at all possible.

- The relationship between the Intermediate Care Duty team and the Integrated Discharge Team at Arrowe Park was described as robust and improving but “not confrontational”, given an understanding that the hospital is often operating under extreme pressure to discharge patients efficiently, effectively but when safe to do so. Members were told that a more integrated and robust relationship would continue to be developed between the Intermediate Care Duty team and the Integrated Discharge Team.

#### **Where the Members found challenges:**

- Some concern was expressed by care home proprietors that, at the time of a patient being discharged from hospital to an Intermediate care Home bed, either incomplete or inaccurate information were sent to the home regarding the patient’s medical condition. However, subsequently members were informed that an electronic form, based on the Millennium system, had been implemented. Members were reassured that it is now less likely that relevant information will not be passed to the care home.
- Members were informed that the majority of clients in IMC beds have been discharged from hospital, although some cases are admissions from the community in order to avoid admission to hospital. Although Members had been informed that, on occasions, access to IMC beds for the Rapid Community Support team had proven problematical, reassurances were given that the community-based pathway is robust.
- There were suggestions that the pressure from Arrowe Park to discharge patients can create pressure for “inappropriate placements”. Examples of such placements included patients with high cognitive impairment and some end of life patients. Some clients in IMC beds were described as “heavily dependent complex people”. Concerns were expressed that this can lead to a higher risk of falls, which means client safety is difficult to ensure.

*“There continues to be significant pressure for speedy discharge from Arrowe Park”.*

*“Arrowe Park is under a lot of pressure to discharge patients. The hospital is aware that IMC beds are available and that the criteria for the use of transitional beds are wide”.*

#### **4.5.2 Staying in an Intermediate Care Home (IMC)**

##### **What the Members welcomed:**

- Members welcome the principle of enabling patients to readjust to their new circumstances by the free provision of intermediate care beds for up to 6 weeks, supported by a care plan and on-site therapists. The aim of the IMC service is for the client, at the end of the stay, to be ready to go home and continue to live relatively independently.
- On arrival, the IMC client will be assessed within 24 hours and a treatment plan will be developed. The progress of a client is discussed in a weekly multi-disciplinary meeting, which includes therapist and social worker reports. Therefore, any potential problems with discharge should be flagged up in advance.

##### **Where the Members found challenges:**

- The quality of provision of commissioned services has been raised throughout this scrutiny review. This issue has been raised on numerous occasions outside the evidence-gathering sessions, for example, at WUTH’s Quality Summit and as a result of work carried out by Healthwatch. The issue is also highlighted by the outcome of CQC inspections. Four of the five homes currently commissioned to provide the IMC service have been assessed using CQC’s new assessment regime and all four have been rated as ‘Requires Improvement’.
- There was evidence from care home providers that some clients have been through the IMC bed cycle more than once during the previous year because they had been e-admitted to hospital, resulting in “a revolving door”.

#### **4.5.3 Post-hospital Community Services**

##### **What the Members welcomed:**

- There have been only a very small number of cases when it has not been possible to facilitate community support in the required timescale.
- Members welcome the range of community-based services which are available across the borough, such as domiciliary care and reablement, Mobile Nights, the Helping People Home service and the Home from Hospital service. However, Members are also conscious of the difficulties for providers in recruiting and retaining staff with appropriate skills. It is essential that suitable working conditions and salaries are developed.
- As sicker people are now being cared for in their own homes, there is an increased risk of accidents and incidents at home.
- Members heard that it is becoming increasingly beneficial for the domiciliary care providers to develop relationships and shared work agreements with district nurses in order to jointly plan care. In particular, this can help to focus on skin care and pressure ulcers.
- Domiciliary care providers confirmed that there are very few requests from the commissioner for fifteen minute visits. It was also confirmed that when they do occur it will usually be as part of a wider package.
- It is the intention to not have a waiting list for community-based services. This was corroborated by care home providers who agreed that the availability of care packages for clients leaving an IMC bed was considered to be acceptable.

##### **Where the Members found challenges:**

- There is a general understanding that clients now being cared for in the community are often sicker and more complex cases. Consequently, the care plans for such clients are often more complicated to put in place. The manager of a service provider informed members:  
*"The level of need and complexity of those being supported at home is far higher than it was even just 5 years ago".*
- Although the current clients are older people there is a possibility of expanding the Mobile Nights service in the future to cover people with disabilities rather than paying someone to stay overnight.
- It was reported that the community-based service providers have detected an increasing demand for such services. As a result, it is becoming more difficult to recruit staff, particularly for night-time work.
- A suggestion was made that the Home from Hospital scheme could be expanded to provide a role in preventing admissions as well as its current role in providing support to discharged patients.

#### **4.6 Specialist Requirements**

##### **4.6.1 End of Life Care**

##### **Where the Members found challenges:**

- Criticism of WUTH's end of life processes were highlighted in the Care Quality Commission report which emanated from the inspection which took place in September 2015. Members were informed that an action plan is being created which will show separate pathways for those patients at end of life (for example, with hours or days of expected life) and those patients undertaking palliative care who have a longer life expectancy in the range of 3 to 6 months. Although, in the past, WUTH has combined the two into a single pathway, two separate pathways will be developed in the future.
- Members were informed that a small number of end of life clients have, in the past, been allocated to the IMC beds, despite an IMC bed being not seen as an appropriate placement for an end of life client.

#### **4.6.2 Dementia and mental health**

##### **What the Members welcomed:**

- The members welcomed that the Better Care Fund has been able to fund four dementia outreach nurses. In particular, the 2 nurses based at Arrowe Park work to facilitate early discharge and provide support to the individual to avoid readmissions.
- Third sector partners, such as Alzheimer's Society, provide a range of services aimed at keeping people with dementia living in the community for as long as possible. Examples include the dementia cafes and the new Side by Side project.
- The successful introduction of the street triage scheme, with mental health specialists working alongside the police, to identify and support patients with mental health issues is warmly welcomed.

##### **Where the Members found challenges:**

- Members were informed that admission avoidance often depends on the support network of the family. There is statistical evidence to show that people with dementia are more likely to be admitted to A&E as, in a crisis, some simply cannot manage. A service manager told members:  
*"The truth is that there is little support available in the community (for people with dementia)".*
- Stays in hospital for people with dementia are typically longer than for other patients. The Alzheimer's Society Report, 'Fix Dementia Care – Hospitals', issued in January 2016, states that "on average, people with dementia in hospital stay more than twice as long as other patients aged over 65". The report also states that at least 25% of hospital beds are occupied by people with dementia. As people with dementia are slower to discharge, many can become more disabled quickly as they become de-skilled. For those with lengthy stays the consequences can be to become increasingly de-skilled and, as a result, needing to go into full-time care.
- It was reported that there is a shortage of one-to-one support for early intervention provision to prevent the onset of crises, specifically aimed at supporting people in their own homes and preventing admission to hospital.
- There is a perception that there are some residential homes who feel that they cannot cope with people with dementia. Therefore, once a person is admitted into hospital there can be a tendency for the home to say that they can no longer meet the person's needs.
- Members were told that there is a shortage in provision for people with dementia with complex needs, for example, those patients with challenging dementia. The specific dementia ward commissioned by Cheshire & Wirral Partnership Trust, is reserved for challenging and complex cases; clients often displaying aggressive behavior. In general, EMI nursing homes are not equipped to cope with such patients. This has resulted in having to look further afield for available beds.

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***This Report was produced by the Avoiding Admissions Scrutiny Panel***  
*(which reported to the former Families and Wellbeing Policy & Performance Committee)*

## Appendix 1: Scope Document for the Avoiding Admissions Scrutiny Review (Final version)

1. Contact Information:	
<p><b>Scrutiny Panel Chair:</b> Cllr Moira McLaughlin <a href="mailto:moiramclaughlin@wirral.gov.uk">moiramclaughlin@wirral.gov.uk</a></p> <p><b>Panel members:</b> Cllrs Bruce Berry <a href="mailto:bruceberry@wirral.gov.uk">bruceberry@wirral.gov.uk</a></p> <p>Alan Brighthouse <a href="mailto:alanbrighthouse@wirral.gov.uk">alanbrighthouse@wirral.gov.uk</a></p> <p>Treena Johnson <a href="mailto:treenajohnson@wirral.gov.uk">treenajohnson@wirral.gov.uk</a></p> <p>Denise Roberts <a href="mailto:deniseroberts@wirral.gov.uk">deniseroberts@wirral.gov.uk</a></p> <p>Karen Prior, Healthwatch Wirral <a href="mailto:Karen.prior@healthwatchwirral.co.uk">Karen.prior@healthwatchwirral.co.uk</a></p>	<p><b>Scrutiny Officer(s):</b> Alan Veitch 0151 691 8564 <a href="mailto:alanveitch@wirral.gov.uk">alanveitch@wirral.gov.uk</a></p> <p><b>Departmental Link Officers:</b> Jacqui Evans (Head of Transformation, DASS) 0151 666 3938 <a href="mailto:jacquievans@wirral.gov.uk">jacquievans@wirral.gov.uk</a></p>
<p><b>Other Key Contacts:</b> Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)</p>	
2. Review Aims:	
<p><b>Which Wirral Plan Pledge does this review relate to?</b> This review will support the Wirral Plan Pledges:</p> <ul style="list-style-type: none"> <li>• ‘Wirral residents to live healthier lives’</li> <li>• ‘Older people live well’</li> </ul>	
<p><b>What are the main issues?</b></p> <ul style="list-style-type: none"> <li>• Understand the demand for both acute and community based services in Wirral</li> <li>• Understand the reasons for the increased demand for admission to acute services</li> <li>• Assess the levels of readmissions and unnecessary admissions to acute services</li> <li>• Appreciate the mechanism for the allocation of funding</li> <li>• Understand the services that are already in place or being planned</li> <li>• Assess whether the resources and capacity are available to support the service provision</li> <li>• Consider whether the transition from acute to community based services is achievable within a realistic timescale</li> <li>• Consider whether community based services are provided on a person-centred basis</li> </ul>	
<p><b>The Panel’s objectives in doing this work:</b></p> <ul style="list-style-type: none"> <li>• To understand the current position regarding admissions to acute services</li> <li>• To understand the actions being taken to divert service provision towards community based services in order to reduce the demand for acute hospital services.</li> <li>• To understand the impact that the transition away from acute services towards community based services may create</li> </ul>	

<p><b>The desired outputs/outcomes:</b></p> <ul style="list-style-type: none"> <li>• an assessment of the current service provision in relation to the current and planned demand for services</li> <li>• a view on the Wirral health economy's ability to respond to increasing demand for services</li> <li>• an indication of any perceived gaps in service provision</li> </ul> <p>an appraisal of the effectiveness of decision-making in order to prioritise resources on an economy-wide basis</p>
<p><b>What specific value can scrutiny add to this topic?</b></p> <p>Scrutiny will give members the opportunity to gain assurance that adequate plans are in place to further develop community-based services with the aim being to reduce admissions to acute hospital. Members will also be able to assess the effectiveness of the integration of social care and health and also the ongoing partnership working.</p>
<p><b>3. Review Approach</b></p>
<p><b>How will the Panel engage with the Executive?</b></p> <p>The scope document will be shared with the relevant portfolio holder at the start of the review, requesting any comments. The draft report will also be discussed in advance of being finalised by the task &amp; finish group, before being presented to the Families and Wellbeing Policy &amp; Performance Committee for approval.</p>
<p><b>Who will the Panel be trying to influence as part of its work?</b></p> <ul style="list-style-type: none"> <li>• Appropriate Cabinet members</li> <li>• Senior Leadership Team, Wirral Borough Council</li> <li>• Health partners, in particular Wirral Clinical Commissioning Group</li> </ul>
<p><b>Duration of review?</b></p> <p>Aim to complete the review by January 2016</p>
<p><b>Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?</b></p> <p>The review will be conducted by councillors with the support of existing officers, from within the Council and external partners as appropriate. Healthwatch Wirral has offered to provide feedback from patient / public input during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November)</p>
<p><b>4. Sources of Evidence:</b></p>
<p><b>Secondary information (background information, existing reports, legislation, central government documents, etc).</b></p> <ul style="list-style-type: none"> <li>• Relevant Committee reports / briefing papers</li> <li>• Relevant Government reports</li> <li>• Briefing papers provided by national bodies, for example, NHS England, Kings Fund, LGA, LGiU</li> <li>• Reports from other Councils relating to the same topic</li> <li>• Outcomes from Wirral Care Model public engagement process</li> <li>• Outcomes from Questionnaire re Urgent Care (due in Nov 2015)</li> </ul>
<p><b>Primary/new evidence/information</b></p> <ul style="list-style-type: none"> <li>• Interviews with key officers from the Council, partner organisations and service user representatives</li> <li>• Documentation regarding current processes, services and funding arrangements. This will include: <ul style="list-style-type: none"> <li>▪ Funding streams and how the money is allocated</li> <li>▪ Statistics and the monitoring process relating to admissions, avoidable admissions and re-admissions</li> <li>▪ Capacity in the system</li> <li>▪ The process to determine appropriate services for a patient</li> </ul> </li> <li>• Healthwatch to acquire patient / public input during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November 2015) and provide feedback on the findings prior to January 2016</li> </ul>



**Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc).**

Sessions to include:

- Jacqui Evans (Head of Transformation, DASS, Wirral Borough Council)
- Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)
- Chris Oliver (Director of Operations, Wirral University Teaching Hospital)
- Jackie Howard (Deputy Director of Operations, Wirral University Teaching Hospital)
- Possible visit to A&E, Medical Assessment Unit and Pull Team at Wirral University Teaching Hospital
- Rapid Community Service at Wirral University Teaching Hospital
- Possible visit to Integrated Care Coordination Hubs (Eastham), via Jason Oxley (DASS) and Val McGee (Wirral Community Trust)
- Val McGee, Wirral Community Trust
- Suzanne Edwards, Cheshire and Wirral Partnership Trust
- Jason Oxley, DASS, Wirral Borough Council
- North West Ambulance Service
- Dr Paula Cowan, GP Lead for Unplanned Care
- Domiciliary care providers (via Julie Walker)
- Reablement service providers (via Julie Walker)
- Third sector representatives, for example, Age UK (Home from Hospital)
- Patient Voice Group (via Andrew Cooper)
- Carers Partnership Forum (via Carol Jones, DASS)
- Intermediate care home providers (via June Walsh)
- Integrated Discharge Team (via Jason Oxley / Sarah Alldis)
- Representatives of front-line staff, including community workers and social workers
- Healthwatch Wirral

**What specific areas do we want them to cover when they give evidence?**

- How effective are current and planned services?
- Suggestions for any improvements?
- How person-centred is the local approach to service provision?
- Are any funding priorities causing perverse outcomes?

**What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).**

- Meetings with witnesses as listed above
- Desktop analysis / research
- Appropriate site visits

**In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).**

- Service user representatives will be included in the interviews
- Advocacy agencies such as Healthwatch Wirral will also be involved in the review. Healthwatch will provide feedback from the patient / public input which is due to take place during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November)

**Should we involve the Press & Public Relations Team at any stage of the review? (Homepage news release, press releases etc)**

The scope document will be sent to the press office on approval.

The Panel has employed the following methods to gather evidence:

### **5.1 Meetings**

A series of individual meetings has taken place at which the Scrutiny Panel Members could discuss relevant issues with the following:

- Thursday 1<sup>st</sup> October 2015  
Jacqui Evans (Head of Transformation, Department of Adult Social Services, Wirral Borough Council)  
Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)
- Wednesday 14<sup>th</sup> October 2015 – Rapid Community Support, Claughton Medical Centre  
Anne Cartwright (Manager, Integrated Community Commissioning Team, Wirral Community Trust)  
Maggie Johnson (Manager, Rapid Community Service)  
Sharon Barry (Nurse Practitioner, Rapid Community Service)
- Monday 2<sup>nd</sup> November 2015 – Grove House care home, Claughton  
Simon Shaw (Manager, Grove House care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 2<sup>nd</sup> November 2015 – Daleside care home, Rock Ferry  
Kate Armstrong-Shone (Proprietor, Daleside care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 2<sup>nd</sup> November 2015 – Hoylake Cottage care home, Rock Ferry  
Lynn Cooke (Manager, Hoylake Cottage care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 9<sup>th</sup> November 2015 – Integrated Care Coordination Hub, Eastham  
Jason Oxley (Acting Head of Delivery Services, DASS, Wirral Borough Council)  
Anne Cartwright (Manager, Integrated Community Commissioning Team, Wirral Community Trust)  
Helen Lundy (Manager, Integrated Care Coordination Hub, Wallasey)  
Jeanette Hughes (Acting Senior Manager, DASS, Wirral Borough Council)
- Wednesday 18<sup>th</sup> November 2015 – Wirral Community Trust  
Val McGee (Director of Integration and Partnerships, Wirral Community Trust)
- Thursday 19<sup>th</sup> November 2015 – Admissions Prevention team  
Karen Thomas (Manager, Admissions Prevention team, DASS, Wirral Borough Council)
- Thursday 19<sup>th</sup> November 2015 – Lead GP for unplanned care  
Dr Paula Cowan (Lead GP for Unplanned Care, Wirral Clinical Commissioning Group)

- Monday 30<sup>th</sup> November 2015 – Domiciliary care providers (Local Solutions, Mears Care plus Amanda Kelly (Senior Manager, Market Transformation and Contracts, DASS, Wirral Borough Council  
Julie Walker (Market Transformation Lead, DASS, Wirral Borough Council)  
Paula Bell (Director, Local Solutions)  
Jenny Smedley (Project Manager, Local Solutions)  
Simon De Brabander (Care Coordinator, Mears Care)
- Monday 7<sup>th</sup> December 2015 – Cheshire & Wirral Partnership Trust  
Suzanne Edwards (Service Director, CWP Wirral, Cheshire and Wirral Partnership Trust)
- Thursday 21<sup>st</sup> January 2016 – Age UK  
Jamie Anderson (Chief Executive, Age UK Wirral)  
Ray Collings (Senior Manager, Age UK Wirral)  
Claire Thomson (Home from Hospital Coordinator, Age UK Wirral)
- Monday 25<sup>th</sup> January 2016 – North West Ambulance Service  
Paul Walton (Urgent Care Development Area Manager, Cheshire & Merseyside, North West Ambulance Service NHS Trust)
- Thursday 11<sup>th</sup> February 2016 – Visit to Wirral University Teaching Hospital at Arrowe Park  
Amanda Farrell (Divisional Director, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Dr Ranj Mehra (Divisional Medical Director, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Holly Middleton (Head of Urgent Care, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Helen Morris (Matron, Wirral University Teaching Hospital)  
Alison Quinn (Clinical Lead, Integrated Discharge team, Wirral University Teaching Hospital)  
Becky Mazier (Deputy Manager, Integrated Discharge team, Wirral University Teaching Hospital)
- Monday 15<sup>th</sup> February 2016 – Carers  
Pat Ward, Judith Varley, Jenny Ebb, Peter Sampson, Edwin Stanley, Joan Stanley
- Monday 15<sup>th</sup> February 2016 – Alzheimer’s Society  
Sue Newnes (Services Manager, Alzheimer’s Society Wirral)
- Wednesday 23<sup>rd</sup> March 2016 – Patient Voice Group representatives  
Wendy Sheen, David Bowe, Terry Sullivan, Philip Barton  
(Note: All Patient Voice representatives attended the meeting in a personal capacity and were not representing the views of their Patient Representative group or other Patient Voice members).

## 5.2 **Written Evidence**

The Review was also informed by written evidence including committee reports, Government documents and briefing papers from officers.

## **APPENDIX 3 - RECOMMENDATIONS**

### **Governance and funding**

#### **Recommendation 1 - Developing one system with shared governance**

Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

#### **Recommendation 2 – Funding of acute hospital services**

In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

### **Service quality**

#### **Recommendation 3 – Service quality and a person-centred approach for community services**

The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

### **Developing the right services**

#### **Recommendation 4 – Admission prevention**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.

#### **Recommendation 5 – Promotion of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will place greater emphasis on promoting community services among the public and professionals. Increased priority will also be given to changing the awareness and behaviours of the public and professionals in order to encourage greater usage of the range of services aimed at preventing unplanned hospital admissions.

**Recommendation 6 – Implementation of alternative referral pathways**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will work with all service providers, including North West Ambulance Service, the 111 service and GPs, in order to ensure full engagement in the new referral pathways.

**Recommendation 7– Responding to changing requirements for services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will ensure that community services are introduced on the basis of best practice, insight and analysis of need. This will ensure that services will remain responsive to changing community needs, reinforced by the use of formal contract mechanisms to expand or reduce contracts as appropriate.

**Recommendation 8 – Communication of data**

The Healthy Wirral programme's work to improve the communication of patient data between health and care providers in order to create a single patient record is fully endorsed. The Wirral Care Record will ensure that the use of the single patient record is spread to as many providers as possible at the earliest opportunity. Feedback on the implementation and the impact of the Wirral Care Record is requested to a future meeting of the People Overview & Scrutiny Committee.

**Evaluating the effectiveness of services****Recommendation 9 – Performance management of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

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## **MINUTE EXTRACT**

### **PEOPLE OVERVIEW AND SCRUTINY COMMITTEE (8 SEPTEMBER 2016)**

#### **19 AVOIDING ADMISSIONS SCRUTINY REVIEW**

The Chair of the People Overview and Scrutiny Committee introduced the report of the Avoiding Admissions Task and Finish Group that set out the findings and recommendations arising from a Scrutiny Review of the actions being taken to strengthen community based services, which were intended to reduce the demand for acute services and thereby reduce hospital admissions.

The Chair expressed her thanks to Alan Veitch, Scrutiny Officer for his dedicated support in progressing the review and the preparation of the summary report. She further expressed thanks to Councillors Berry, Brighthouse, Johnson and Roberts, and Ms Karen Prior of Healthwatch Wirral for their involvement in the review, evidence gathering and preparation of the summary report.

Members involved in the review expressed their enjoyment in working on such a challenging and complex review, and highlighted a number of the issues involved in addressing the challenge of reducing admissions. They informed the Committee that they had met with witnesses throughout the course of the review, including representatives from a significant number of health and care provider organisations, including some care homes and carer and patient representative groups.

The Committee noted the content and endorsed the recommendations within the "Avoiding Admissions" Scrutiny Review, namely that:

#### **Governance and funding**

##### **Recommendation 1 - Developing one system with shared governance**

Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

##### **Recommendation 2 – Funding of acute hospital services**

In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

## **Service quality**

### **Recommendation 3 – Service quality and a person-centred approach for community services**

The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

## **Developing the right services**

### **Recommendation 4 – Admission prevention**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.

### **Recommendation 5 – Promotion of community services**

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## **Evaluating the effectiveness of services**

### **Recommendation 9 – Performance management of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

#### **Resolved - That**

- 1) RECOMMENDATION TO CABINET - that the “Avoiding Admissions” Scrutiny Review and recommendations contained within be endorsed; and**
- 2) an update report regarding the implementation and impact of the recommendations be presented to the People Overview & Scrutiny Committee in approximately six months (that is, by March 2017).**

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