



## Adult Social Care and Public Health Committee

<b>Date:</b>	<b>Tuesday, 19 September 2023</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	<b>Committee Room 1, Birkenhead Town Hall</b>

**Contact Officer:** Mike Jones, Principal Democratic Services Officer  
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<https://wirral.public-i.tv/core/portal/home>

## AGENDA

- 1. WELCOME AND INTRODUCTIONS**
- 2. APOLOGIES**
- 3. MEMBER DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

- 4. MINUTES (Pages 1 - 6)**

To approve the accuracy of the minutes of the meeting held on 18 July 2023.

## **5. PUBLIC QUESTIONS**

### **Public Questions**

Notice of question to be given in writing or by email by 12 noon, Thursday 14 September 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

### **Statements and Petitions**

#### Statements

Notice of representations to be given in writing or by email by 12 noon, Thursday 14 September 2023 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.1.

#### Petitions

Petitions may be presented to the Committee if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minutes) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your statement/petition by the deadline for submission.

### **Member Questions**

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

## **SECTION A - KEY AND OTHER DECISIONS**

6. **ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW (Pages 7 - 12)**
7. **EXTRA CARE HOUSING (Pages 13 - 20)**

#### **SECTION B - BUDGET AND PERFORMANCE MANAGEMENT**

8. **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 21 - 64)**
9. **BUDGET REPORT (Pages 65 - 78)**

#### **SECTION C - OVERVIEW AND SCRUTINY**

10. **WORK PROGRAMME (Pages 79 - 88)**

#### **Adult Social Care and Public Health Committee Terms of Reference**

The terms of reference for this committee can be found at the end of this agenda.

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## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

Tuesday, 18 July 2023

Councillors	C Baldwin	S Mountney
	P Gilchrist (Vice -Chair)	Murphy
	B Hall	K Murphy
	G Jenkinson	A Onwuemene
	M Jordan	G Wood
	J McManus	

### Apologies

J Williamson (chair)

### **18 WELCOME AND INTRODUCTIONS**

The Vice-Chair welcomed everyone to the meeting as well as those watching the webcast.

### **19 APOLOGIES**

An apology for absence was received from Councillor Janette Williamson.

Councillor Gillian Wood was in attendance as substitute.

### **20 MEMBER DECLARATIONS OF INTEREST**

Members were asked to declare any disclosable pecuniary interests and any other relevant interest and to state the nature of the interest. No such declarations were made.

### **21 MINUTES**

Councillor Gail Jenkinson requested a correction to the minutes for agenda item 6, asking that reference to professional carers be amended to kinship and friendship carers. Members also observed that comments had been made regarding the social value weighting within the Sexual and Reproductive Health Agenda item and noted that these were not included in the minutes.

**Resolved – That the minutes of the meetings held on 18 June 2023 be approved as a correct record subject to the above amends and comments.**

22 **PUBLIC QUESTIONS**

The Vice-Chair reported that there were no public questions, statements, petitions or questions by members.

23 **BETTER CARE FUND 2022/23 SECTION 75 ARRANGEMENTS**

The Assistant Director for Health and Commissioning presented the report of the Director for Care and Health. The report requested Adult Social Care and Public Health Committee to retrospectively approve the Section 75 pooled fund arrangement for 2022/23 between the Integrated Care Board (ICB) and the Council and give delegated authority to the Director of Law and Governance in consultation with the Director of Care and Health to sign off the agreement. The report described the arrangements, content, and value of the 2022/2023 Section 75 and sets out the additional funding that the ICB contributed to the pool. The report set out how the content of the Section 75 supported the outcomes of the Healthy Wirral Plan and achieved the Governments priorities for 2022/23.

Members queried how the disabled facilities grant was functioning, and whether the right resources were in place within the Housing team. It was noted that it was running well, with improved pathways, fast tracking and regular reporting. Also discussed was the annex to the report with Members being informed that this was an exemplar of what may be considered in future years.

Members also requested a workshop be held to assist Members to consider the context and detail of the Better Care Fund and further detail be presented regarding movement in funding streams.

On a motion by the Vice-Chair, seconded by Councillor Mary Jordan it was,

**Resolved – that,**

**1. the continuation and value of the pooled fund arrangement between the Council and the ICB for 2022/23 as set out in the report be approved.**

**2. the shared risk arrangements are limited to the Better Care Fund (BCF) arrangements only, which is currently reporting a break-even position be noted.**

**3. the increase in the Section 75 pooled fund in November 2022 as a result of the Adult Social Care Discharge Fund be noted**

**4. The Director of Law and Governance be authorised in consultation with the Director of Care and Health to enter a S75 Agreement with the Wirral ICB for 2022/23**

**5. Committee would welcome an explanation of the movements in the Better Care funding streams at a forthcoming workshop.**

24 **CHILDREN AND YOUNG PEOPLES EMOTIONAL HEALTH AND WELLBEING MODEL**

The Director of Public Health presented the report which sought agreement to include the current Public Health funding, allocated specifically for emotional health and wellbeing support for children and young people, within the new local model to be jointly commissioned from April 2024. The joint commission between Public Health, the Children and Young People's Department and Wirral Place Integrated Care Board (ICB) will transform available support and will provide a more effective and co-ordinated approach to improve outcomes for children and young people.

Members sought clarification on what the model would include and were informed that a digital platform is the first point of contact, followed by various routes which included face to face or virtual offer. The model would be communicated via play and youth services. Members also discussed staffing implications and how the model will be monitored for outcomes. Members were informed that there are quarterly monitoring meetings, where data is reviewed. Also discussed was the ability of moderators to be reactive and ensure that safeguarding is in place online, as well as ensuring that this model will ensure satisfactory outcomes for end users.

**Resolved – That,**

- 1. The Director of Public Health be authorised to allocate the budget for the current mental health commissions funded from the Public Health Grant into the joint commission led by Wirral Place ICB for the Emotional Health and Wellbeing Model, for a contract period of five years (1st April 2024 – 31st March 2029). With the option of two one-year extensions in accordance with the spend profile in paragraph 4.5 of this report.**
- 2. The Director of Public Health be authorised to agree in consultation with Director of Children's services the Council's preferred tenderer and notify the Wirral Place ICB of this decision**

25 **INFORMATION AND ADVICE SERVICE COMMISSION UPDATE**

The Director of Public Health presented the report which provided an update on the progress made in re-commissioning of the Information and Advice service. Approval was given by committee in November 2022 to re-commission the current service in line with Wirral Council Contract Procedure rules.

The report provides an overview of the findings of the independent evaluation undertaken by Liverpool John Moore's University and the local mapping work that has been undertaken to support the re-commissioning of the service as agreed at Adult Social Care and Public Health committee on 29 November 2022.

Members noted that permission was given to commence the tender process, the current economic pressures that residents were under, the value of the service in reducing stress during difficult times, and queried how qualitative and quantitative data was monitored and demand would be forecast.

Members also noted that number of volunteers (75) was a good improvement and wanted to put on record their thanks to the volunteers and managers for the service provided.

**Resolved – that the work undertaken to recommission the Wirral Information and Advice Service be noted.**

26 **ADULT SOCIAL CARE AND PUBLIC HEALTH 2023/24 Q1 BUDGET MONITORING**

The Director of Care and Health presented the report set out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 1 (1 Apr – 30 Jun) 2023/24. Members were informed that at the end of Quarter 1, there is a reported adverse position of £2.228m on the Committee's net revenue budget of £130.579m.

Members discussed several concerns such as winter pressures and Criteria to Reside which is a tool used for discharge planning, noting that delays to discharge can cause additional issues with rehabilitation and reablement.

**Resolved – that,**

- 1. the adverse position presented at Quarter 1 be noted.**
- 2. the delivery of the 2023/24 savings programme at Quarter 1 be noted.**
- 3. the reserves allocated to the Committee for future one-off commitments be noted.**
- 4. the level of reserves at Quarter 1 be noted.**



27 **CHESHIRE AND WIRRAL PARTNERSHIP - DRAFT QUALITY ACCOUNTS**

The Associate Director of Operations for Cheshire and Wirral Partnership presented the 2022/23 Quality Account, which is an annual report to the people we serve about the quality of services provided to residents, achievements of the past year and improvements in quality of care delivered by CWP and ambitions for the upcoming year. Members were informed that CWP provides Mental Health Support for adults and almost adults.

Members congratulated CWP on the Health Services Journal award and were informed that the project was based on a digital database which brings together information to assist service users. Members also discussed provision for eating disorders and for service users with autism or other special needs. Also discussed was access to services; including availability of face to face and digital support. Members also flagged concerns and queries about waiting times for both triage and treatment, reviews and also emergency support for crisis situations.

**Resolved - that the draft quality accounts be noted.**

28 **WORK PROGRAMME UPDATE**

The Head of Legal Services presented the report of the Director of Law and Governance. Members were informed that the Committee is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

Further to the June Committee, Members had nominated Cllr Julie McManus and Cllr Mary Jordan to champion Dementia awareness within the Borough. The Vice-Chair invited both Councillors to provide a summary update of their work to date. This included the need for a dementia friendly borough, a localised dementia strategy as well as identifying key officers and stakeholders Committee could work with. It was noted that awareness of dementia should be raised with officers from all directorates. Cllr Jordan then provided committee with metrics and data around dementia diagnosis and prevalence in Wirral. It was agreed that a workshop be organised to facilitate discussion and next steps.

Members also discussed additional workshops on pooled funding and drugs and alcohol strategy and several additional items on the work programme such as an update on dentistry.

**Resolved – that work programme be noted and above items be included.**

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

19 September 2023

<b>REPORT TITLE:</b>	<b>ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

Councils have a statutory duty to assess the needs of adults and carers, as defined by the Care Act 2014. The duties include a range of functions including assessment, support planning, safeguarding, mental health assessment and professional case management.

This report describes the formal contractual arrangements entered into with the Wirral Community Health and Care NHS Foundation Trust in 2018 for the delivery of the delegated functions as set out above and in accordance with the provisions of the Care Act 2014.

It sets out the decisions that Adult Social Care and Public Health Committee made on 3 March 2022 and 24 October 2022.

It makes recommendations to Members for the future direction of delivering statutory adult social care services and functions currently provided by the Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

The report provides some context as it relates to the recommendation, the return of key services to the Council in 2022 and 2023 and other key areas of development.

The report supports the following priorities from the Council's Wirral Plan:

- Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Working to provide happy, active, and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

This is a key decision and affects all wards.

## **RECOMMENDATION/S**

The Adult Social Care and Public Health Committee is recommended to:

1. Extend the contract with CWP for a further year until 30 September 2025, on substantially the same terms to enable further analysis, in partnership with CWP and other system partners, of the benefits and detriments of a continuation of current service arrangements or of returning the services to the Council's direct delivery.
2. Request that the Director of Care and Health provide a further report to a future Adult Social Care and Public Health Committee to update on the outcome of this exercise and to make recommendations as to the future delivery of the services.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 In 2018, the Council approved a contractual arrangement with CWP for the delivery of All Age Disability and Mental Health Services. The contract includes the delegated responsibilities for statutory assessment and provision as defined by the provisions of the Care Act 2014. Extending the contract to 2025 will enable further analysis, in partnership with CWP and other system partners, of the benefits and detriments of a continuation of the current arrangements, or of returning in full, or elements of, the current services to the Council's direct delivery.
- 1.2 In October 2022, Wirral Evolutions transferred to the delivery arm of the Council, the Shared Lives Service transferred in April 2023. On 1 July 2023, approximately 240 social care delivery staff were transferred to the Council from Wirral Community Health and Care NHS Foundation Trust. This extension would enable time for these services to become embedded within the Council prior to any potential consideration being given to the in-sourcing of social care services currently provided by CWP.
- 1.3 The one-year extension will enable any learning or developments associated with the Written Statement of Action and improvement plan following the Special Educational Needs and Disability (SEND) inspection feedback to be taken into account before any further consideration of future service arrangements is made.
- 1.4 The progress of the All Age Disability Review would also be taken into consideration during this time and will inform the future service delivery model.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 **Option Two** - to extend the contract for a further two years with an option of an additional year, on substantially the same terms and conditions, until September 2026. A longer-term extension would enable continuation of the safe delivery of the Council's Adult Social Care statutory duties by its delivery partners but would not enable the Council to have the full flexibility to adapt and develop the services to fully meet the priorities and requirements of the Council.
- 2.2 **Option Three** - to allow the contract to end on 30 September 2024 and to return the services to direct Council delivery. This is not the recommended option as the learning from the All Age Disability Review and SEND Improvement Plan which are both underway will inform on future service delivery options.

### 3.0 BACKGROUND INFORMATION

- 3.1 Councils have statutory duties placed upon them in relation to Adult Social Care that require the assessment of the needs of people who may be eligible for social care and support services. The duties also include support planning, safeguarding, mental health assessment and professional case management.

- 3.2 In 2017, Wirral developed a model of fully integrated adult social care and health services, and in 2018, the Council entered into formal contractual arrangements (5-year contract) with CWP to delegate the statutory functions referenced above to its NHS partners. This included a small element of services for children with disabilities. The Council retained its statutory duties and the management of the adult social care budget together with leadership of the care market. This included the transfer of approximately 183 staff within:
- Children with Disabilities Service
  - Community Mental Health Team
  - Integrated Disability Service
- 3.3 On the 3 March 2022, a recommendation was made to the Adult Social Care and Public Health Committee to extend the contractual arrangements until 30 September 2023 to enable further analysis, in partnership with the CWP and other system partners, of the benefits and detriments of a continuation of the devolution of statutory duties to the NHS or returning the services to the Council's direct delivery whilst maintaining the best aspects of integration.
- 3.4 On the 24 October 2022, the Adult Social Care and Public Health Committee approved a further extension of the contract until 30 September 2024 on substantially the same terms and conditions. A letter was sent to CWP advising them of this proposal which was accepted by CWP. The approval had been based on supplementary evidence in the form of a Review of Social Care Delivery Arrangements.
- 3.5 Option One is the preferred option - to extend the contract for a further year until 30 September 2025, on substantially the same terms to enable further analysis, in partnership with the CWP and other system partners, of the benefits and detriments of a continuation of the current arrangements or of returning the services to the Council's direct delivery. This will enable any learning or developments associated with the Written Statement of Action and improvement plan following the Special Educational Needs and Disability (SEND) inspection feedback to be taken into account before any further consideration of future service arrangements is made.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The financial cost of the contract extension (October 2024 – September 2025, £6,134,433) is based on the current contract value for 22/23. There would be a yearly uplift based on the increase in contract price from the original value which reflects an annual review of cost pressures relating predominantly to pay awards for staff.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Council has a statutory duty to meet eligible needs for care and support consistent with the outcome of a Care Act assessment. The duty to assess and provide care and support planning is delegated to CWP under a Section 75 arrangement, and therefore enables the Council to continue to meet its statutory duties.

5.2 Renewal of the Section 75 agreements with CWP is permissible without a competitive procurement process under Regulation 12(7) of the Public Contracts Regulations 2015, which allows Councils to cooperate with the aim of ensuring the public that public services are provided with a view to achieving common objectives in the public interest, provided they perform on the open market less than 20% of the activities concerned by the co-operation. The service is relatively small compared to all of the Trust's activity across Cheshire and Wirral and therefore perform less than 20% of their activities in Wirral.

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

6.1 There are no current implications for the Council, costs can be met within existing resources.

## **7.0 RELEVANT RISKS**

7.1 If the contracts were not renewed, the Council would have to make alternative arrangements for the delivery of statutory adult social care services. Monthly contract meetings will be held for the lifetime of the contract, these meetings will ensure any policy changes are reflected in delivery and the provider is able to provide evidence to support any associated inspections, for example the CQC.

7.2 Any risk to future delivery will be monitored as part of the analysis of the service.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Consultation with leaders in CWP and within the Council's Children's Services has commenced and will be a key feature of the review.

## **9.0 EQUALITY IMPLICATIONS**

9.1 An Equality Impact Assessment (EIA) has been completed and is located in the link below, under the title "Social Care Delivery Review": -  
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 CWP co-locate staff in some of the services. This reduces staff travel and utility costs and has a positive impact on the climate and environment by reducing carbon emissions.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 The current service offer is delivered within Wirral offering employment opportunities to local people. The services enable local people attain qualifications and job stability.

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## **APPENDICES**

N/A

## **BACKGROUND PAPERS**

Support Statement - CWP

## **TERMS OF REFERENCE**

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2 e (ii) of its Terms of Reference, “undertaking the development and implementation of policy in relation to the Committee’s functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to” [amongst other matters] “functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 (“the section 75 Agreements”)

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

<b>Council Meeting</b>	<b>Date</b>
Adult Social Care and Public Health Committee	11 January 2023
Adult Social Care and Public Health Committee	24 October 2022
Adult Social Care and Public Health Committee	3 March 2022





## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**19 September 2023**

<b>REPORT TITLE:</b>	<b>EXTRA CARE HOUSING</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

This report provides an update on Extra Care Housing in Wirral. The report sets out the plan to provide appropriate Extra Care Housing schemes in Wirral that will support Wirral residents with eligible needs. These are needs that are assessed as eligible under the Care Act 2014.

The report also seeks approval for an extension of contracts for the provision of 2 Extra Care Schemes to align with the 6 other Extra Care scheme contracts to enable a single future procurement exercise.

The report supports the following priority from the Council's Wirral Plan:

- Safe and Vibrant Communities - Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Active and Health Lives- Working to provide happy, active, and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.
- Inclusive Economy -Working for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all.

This affects all wards and is a key decision.

### **RECOMMENDATION/S**

The Adult Social Care and Public Health Committee is recommended to:

1. Endorse further plans for development of Extra Care Housing for Wirral as set out within this report; and
2. Authorise the Director of Care and Health to approve the extension of the contracts for the provision of care in 2 Extra Care Schemes - St Oswald's Court, care provided by Professional Carers, and Barncroft, care provided by Community Caring for further terms to align with the 6 other Extra Care schemes care contracts, to enable a single future procurement exercise at a cost of £1.2m.

## **SUPPORTING INFORMATION**

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

- 1.1 The development of Extra Care Housing is a priority for the Wirral Plan 2021-26 and the Wirral Housing Strategy. The work is delivered under the theme of 'Active and Healthy Lives': "Working for happy, active, and healthy lives where people are supported, protected, and inspired to live independently."
- 1.2 The Council has stated its commissioning intentions in its Market Position Statement to reduce demand on residential and nursing placements and increase the Extra Care Housing offer.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Not having sufficient Extra Care Housing may lead to less people being supported to live in the community and more people requiring residential and nursing care. It may also reduce choices for people in how their care needs are met.
- 2.2 Not developing Extra Care Housing could mean that more costs are incurred for the Adult Social Care budget, as placements in residential and nursing care are more expensive than placements in Extra Care Housing schemes.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The term 'extra care' housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. Occupants may be owners, part owners or tenants and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes).
- 3.2 The Extra Care Housing Programme being delivered by the Council will support older people and people with a learning or physical disability achieve greater independence and wellbeing, by giving them more choice over their care and housing options. Developments will contribute significantly to the shift required from residential and nursing care placements to community-based living and will reduce the proportion of Adult Social Care expenditure for people aged 65+ on residential and nursing care.
- 3.3 The Council's stated commissioning intention is to reduce reliance on residential care and promote supported housing options. Therefore, it is not anticipated that the Council would grow its residential care sector. This is reflected in Wirral Council's Market Position Statement.
- 3.4 Wirral has a Strategic Housing Market Assessment (SHMA) that provides analysis of long-term specialist housing needs. The SHMA takes into account future housing with care needs and assessment based on population up to 2037 for the 75+ age group projection. For the Wirral 2021-26 plan, it is suggested that 725 new units of Extra Care Housing and Sheltered Housing be developed by 2026. The development plan is on track to deliver the 725 units by 2026.

- 3.5 The Northwest Association of Directors of Adult Social Care group, is working collaboratively on a regional basis to:
- Assess the regional need.
  - Develop the model of Extra Care
  - Support and promote the Extra Care within Operational teams and with local communities.
  - Work collaboratively with Homes England on funding bids to support the region.

3.6 The cost of Older People's extra care provision for financial year 2021/2022 was £4.04m, with a total number of 329 clients active in Extra Care during that period.

### 3.7 Existing Schemes

Scheme	Client Group	Area	Housing Provider	Total Units
Harvest Court	Older People (OP)	Moreton	Housing 21	39
Granville Court	OP	Wallasey	Housing 21	34
Mendell Court	OP	Bromborough	Housing 21	49 (12 shared ownership)
Willowbank	OP	Wallasey	Housing 21	71 (20 shared ownership)
Cherry Tree House	Early Onset Dementia (EOD)	Liscard	Liverpool Housing Trust	10
St Oswalds Court	OP	Bidston Rise	Inclusion Housing	27
Barncroft	OP	Pensby	Magenta Living	21
Poppyfields	OP	Saughall Massie	Alpha Housing	78
Mersey Gardens	Learning Disability and Physical Disability (LD/PD)	Rock Ferry	Chrysalis Supported Accommodation	20
Balls Road	LD/PD	Birkenhead	Inclusion Housing	15
Pensby Road	LD/PD	Heswall	Inclusion Housing	19
Alexandra Apartments	LD/PD	Tranmere	Independent Housing	7
Shrewsbury Road	LD (autism)	Oxton	Halo Housing	7
Walker Heights	LD/PD	Rock Ferry	Independent Housing	17
Ravenswood	LD/PD	Rock Ferry	Places for People	11
Knowsley Road	LD/PD	Rock Ferry	Places for people	10

OP Total: 329

LD/PD Total: 106

### 3.8 Schemes currently in development

Scheme	Client Group	Area	Housing Provider	Total Units	Anticipated delivery date
Spinnaker House	OP	Rock Ferry	Torus	102	January 2024
Sycamore Place	OP	Liscard	Magenta Living	53	August 2023
Fountain Court	LD/PD	Wallasey	tbc	12	July 2024

- 3.9 Adult Social Care Commissioning Leads are working closely with strategic housing colleagues on new site opportunities which are either at planning or pre-planning stage. There are several sites under current consideration across the Wirral but are not yet confirmed for progression. Some areas have multiple sites for consideration, and Officers are mindful to develop where there is an evidenced need or gap in provision, and not over develop.
- 3.10 As of July 2023, there are 58 people on the waiting list for Older Peoples extra care (the list has reduced during May and June as apartments have been allocated for the new scheme at Sycamore Place) and 42 people on the Learning disability waiting list.
- 3.11 Procurement activity for the new schemes at Green Heys and Spinnaker House concluded in December 2022. The successful providers are currently mobilising services prior to the opening dates. The long lead-in time reflects the size of schemes and the recruitment activity required to establish the size of care team required to meet.
- 3.12 Allocations for schemes are agreed with 100% nomination rights for Wirral Council Adult Social Care and Health Directorate, and places are allocated via a digitalised application and assessment process, managed by a Panel with social care assessment teams.
- 3.13 The Council has completed an Extra care Gap analysis which has been shared with both care providers and developers for consideration of future sites and schemes.
- 3.14 The Council has a total of 8 care contracts for General Extra Care schemes, 6 of which are in contract until 30 June 2026. Two of the schemes Bancroft and St Oswald's Court are in contract until 31 March 2024. This report seeks authority to extend the contract for the latter 2 Extra Care Housing Schemes based on the commercial advantages of having all the Schemes co-terminus, which will also enable the Council to carry out and implement a new commissioning strategy across this area for re-tender. Appropriate authority will be sought in due course for the recommissioning of the 8 care contracts.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 Extra Care Housing schemes will contribute to reducing future demands and cost pressures relating to more expensive forms of care. The cost of Extra Care Housing can be on average a third of the cost of residential care at Local Authority rates.
- 4.2 To extend the two extra care contracts for 2 years for Barncroft and St Oswald's Court will be £1.2m.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 The Council has a duty under the Care Act to provide a range of services to meet assessed needs under the Care Act and the provision of Extra Care Housing is one of the options available to people.
- 5.2 The care provision procurement is undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. The contract extension is permissible under section 12.4.1 of the contract procedure rules.

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

- 6.1 There is potential for further Capital investment into Extra Care Housing schemes, to support housing providers with development opportunities. Capital requirement is currently under review with Officers in Housing and Regeneration Directorate of the Council.

#### **7.0 RELEVANT RISKS**

- 7.1 A lack of sufficient Extra Care Housing schemes in Wirral increases the likelihood of people having to move to residential care, as their care and health needs increase, and may also increase the cost to the Council.
- 7.2 There is a risk that if further extra care schemes are not developed, the Council will not meet its target.

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

- 8.1 Stakeholders should be identified and involved early in the design process of Extra Care Housing schemes, and consultation undertaken during the design development. Extra Care Housing should be discussed with Local Authority Housing and Adult Social Care and Public Health Directorates, local GPs, NHS Integrated Care Boards and other community interest groups to establish support and ensure the proposals are in line with local need. Consultation with older people and prospective residents in the surrounding community can be very helpful in agreeing which facilities to provide in the communal area, to establish 'buy-in' and to avoid objections during the planning process.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 An Equality Impact Assessment has been produced in January 2022 and can be accessed by the following link: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 The content and/or recommendations contained within this report are expected to reduce emissions of greenhouse gases through design expectations. Examples can include undertaking a whole life carbon assessment of any design proposals to enable construction options to be considered to reduce embodied carbon.
- 10.2 Staff are situated in one Extra Care site and therefore do not need to travel between multiple homes.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 Extra Care Housing provides opportunities for local employment in the housing and care sector.
- 11.2 Extra Care development supports resilient local communities and community support through enabling independence and engaging the local community in supporting people.
- 11.3 Developers of Extra Care Housing have requirements to meet in relation to protecting the environment, minimising waste and energy consumption and using other resources efficiently, within providers' own organisations and within their supply chain.

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## **APPENDICES**

N/A

## **BACKGROUND PAPERS**

Wirral Strategic Housing Market Assessment 2020  
Design Principles for Extra Care Housing (Housing Learning and Improvement Network)  
23/06/2020  
Wirral Market Position Statement  
Extra Care Housing Gap analysis  
Housing Learning and Improvement Network – Extra Care Housing

## **TERMS OF REFERENCE**

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2 a and b of its Terms of Reference, “adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers)” and “promoting choice and independence in the provision of all adult social care”.

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

<b>Council Meeting</b>	<b>Date</b>
Adult Social Care and Public Health Committee	18 January 2021
Adult Social Care and Public Health Committee	3 March 2021
Adult Social Care and Public Health Committee	24 October 2022

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## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**Tuesday, 19 September 2023**

<b>REPORT TITLE:</b>	<b>ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

This report provides a performance report in relation to Adult Social Care and Public Health. The report was designed based on discussion with Members through working group activity in December 2022. Members' requests have been incorporated into the report presented at this Committee meeting. Monitoring the performance of Adult Health and Care services and those of partners supports the delivery of the Wirral Plan.

This matter affects all Wards within the Borough.

This is not a key decision.

### **RECOMMENDATION**

The Adult Social Care and Public Health Committee is recommended to note the content of the report and highlight any areas requiring further clarification or action.

## **SUPPORTING INFORMATION**

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

- 1.1 To ensure Members of the Adult Social Care and Public Health Committee have the opportunity to monitor the performance of the Council and partners in relation to Adult Social Care and Public Health Services.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This report has been developed in line with Member requirements. Alongside the written report a verbal update on key NHS performance data will be provided at the Committee meeting.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Regular monitoring of performance will ensure public oversight and enable elected Members to make informed decisions in a timely manner.

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The financial implications associated with the performance of the Directorate are included within the Financial Monitoring Report reported to this Committee.

### **5.0 LEGAL IMPLICATIONS**

- 5.1 There are no legal implications arising from this report.

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

- 6.1 There are none arising from this report.

### **7.0 RELEVANT RISKS**

- 7.1 Information on the key risks faced by the organisation and Directorate and the associated mitigations and planned actions are included in the Corporate and Directorate Risk Registers. This report has no direct implications related to risk.

### **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Adult Social Care and Health services carry out a range of consultation and engagement with service users and residents to work to optimise service delivery and outcomes for residents.

### **9.0 EQUALITY IMPLICATIONS**

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure

quality for anyone who might be affected by a particular policy, decision, or activity. This report has no direct implications for equalities.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no environmental and climate implications generated by the recommendations in this report.  
The content and/or recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Adult Health and Care services in general impact positively on community wealth including through commissioning local providers employing local people and paying care workers in the borough the Real Living Wage.

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## APPENDICES

Appendix 1 Adult Social Care and Public Health Committee Performance Report

## BACKGROUND PAPERS

Data sources including Liquid Logic system, ContrOCC system, NHS Capacity Tracker, Wirral Community Foundation Trust.

## TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2 (d) of its Terms of Reference, providing a view of performance, budget monitoring and risk management in relation to the Committee's functions.

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 June 2023
Adult Social Care and Public Health Committee	6 March 2023
Adult Social Care and Public Health Committee	10 November 2022
Adult Social Care and Public Health Committee	24 October 2022
Adult Social Care and Public Health Committee	25 July 2022
Adult Social Care and Public Health Committee	14 June 2022
Adult Social Care and Public Health Committee	3 March 2022
Adult Social Care and Public Health Committee	16 November 2021
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	23 September 2021
Adult Social Care and Public Health Committee	29 July 2021
Adult Social Care and Public Health Committee	7 June 2021

<b>Adult Social Care and Public Health Committee</b>	<b>2 March 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>18 January 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>19 November 2020</b>
<b>Adult Social Care and Public Health Committee</b>	<b>13 October 2020</b>



**Adult Social Care and Public Health Committee  
Performance Report**

**Quarter 1 2023/24  
(April – June 2023)**

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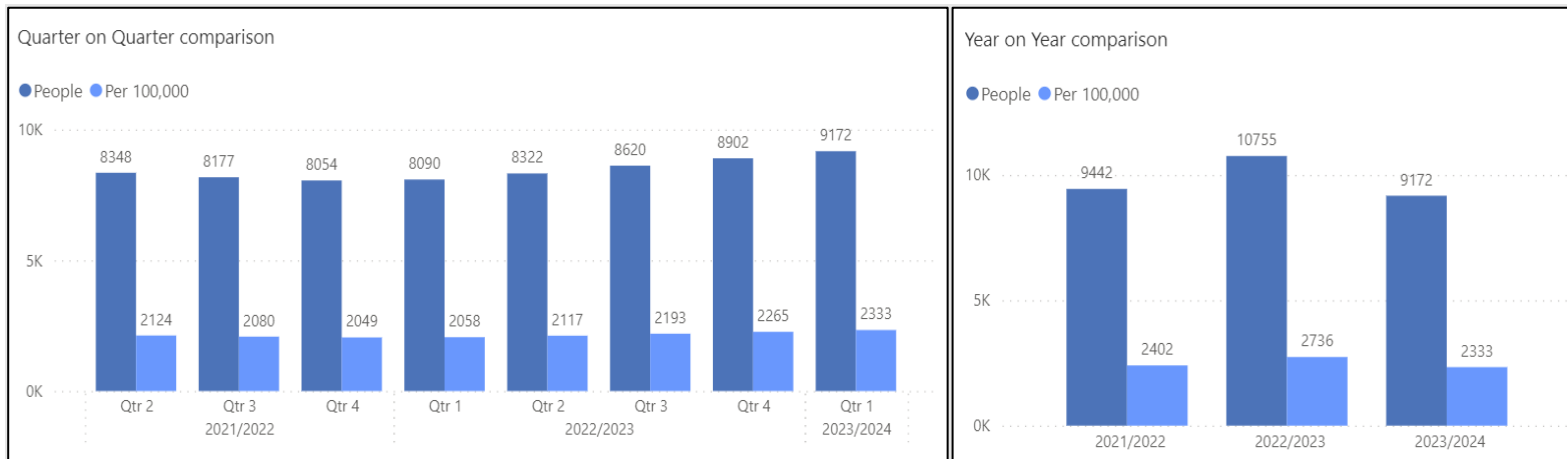
## 1.0 Introduction

The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

### 1.1 Introduction – Total number of people accessing ASC services



Data source: ContrOCC.



The above quarter comparison chart shows the Number of people and the number per 100,000 accessing Adult Social Care Services as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have accessed Adult Social Care Services during the financial year, not at year end.

Data Source: ContrOCC.



## 2.0 Care Market – Care Homes

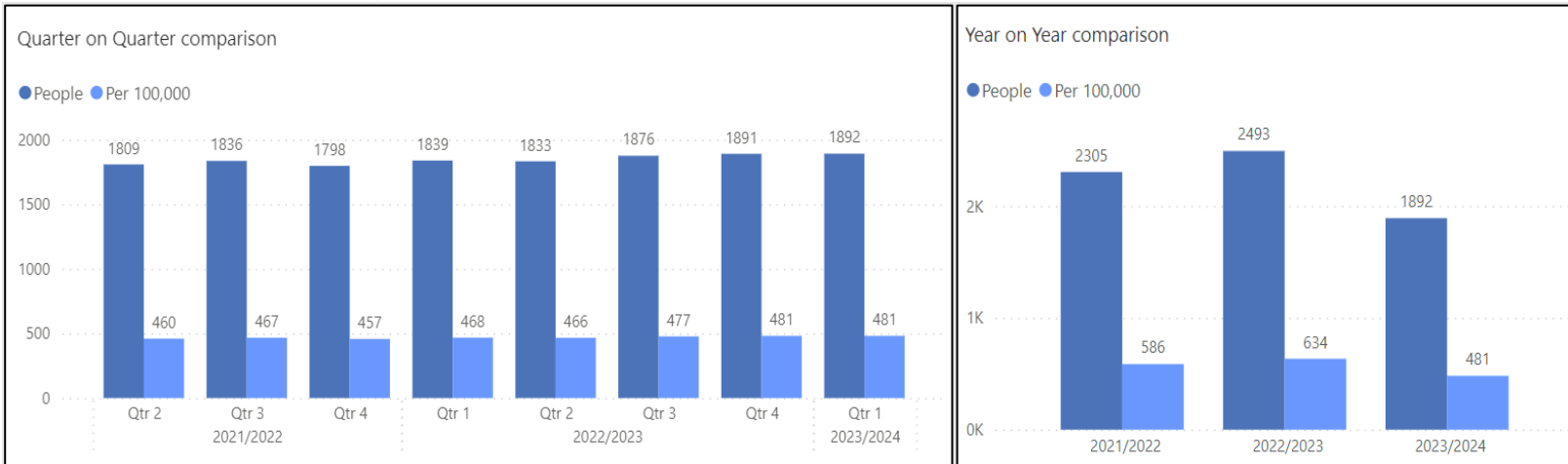
### 2.1 Residential and Nursing Care – Total number of people



The above card shows number of people in Residential and Nursing Care in Quarter 1 (01/04/2023 – 30/06/2023)

Data Source: ContrOCC.

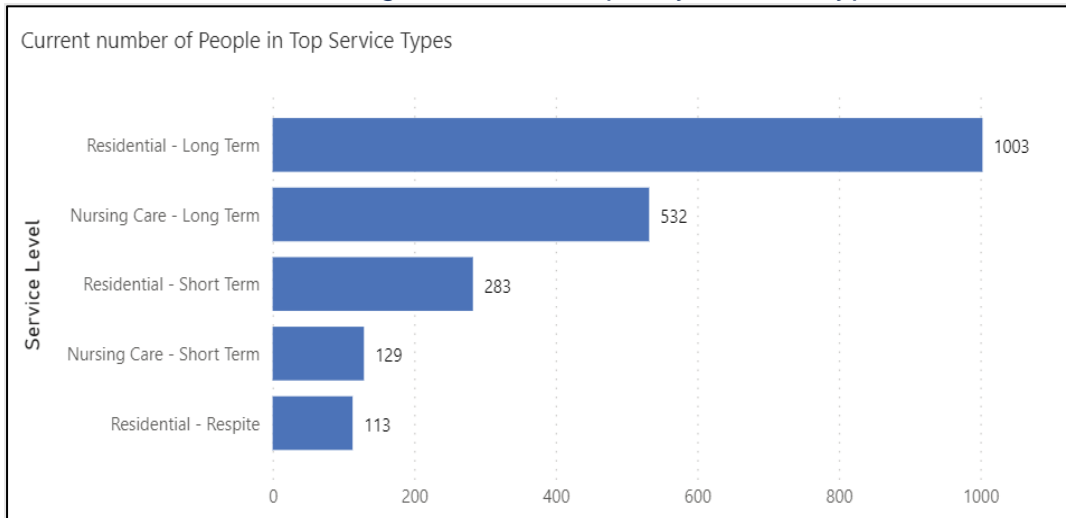
### 2.2 Residential and Nursing Care Over Time



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Residential or Nursing service as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Residential or Nursing service during the financial year, not at year end.

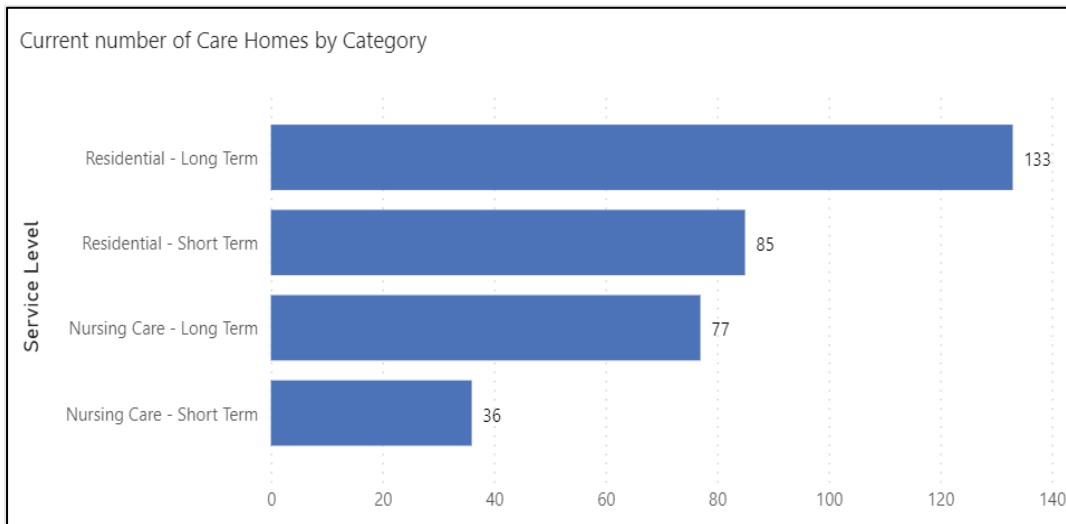
Data Source: ContrOCC.

### 2.3 Residential and Nursing – Current People by Service Type



The above chart shows number of people in Residential and Nursing Care in Quarter 1 (01/04/2023 – 30/06/2023).

Data source: ContrOCC.



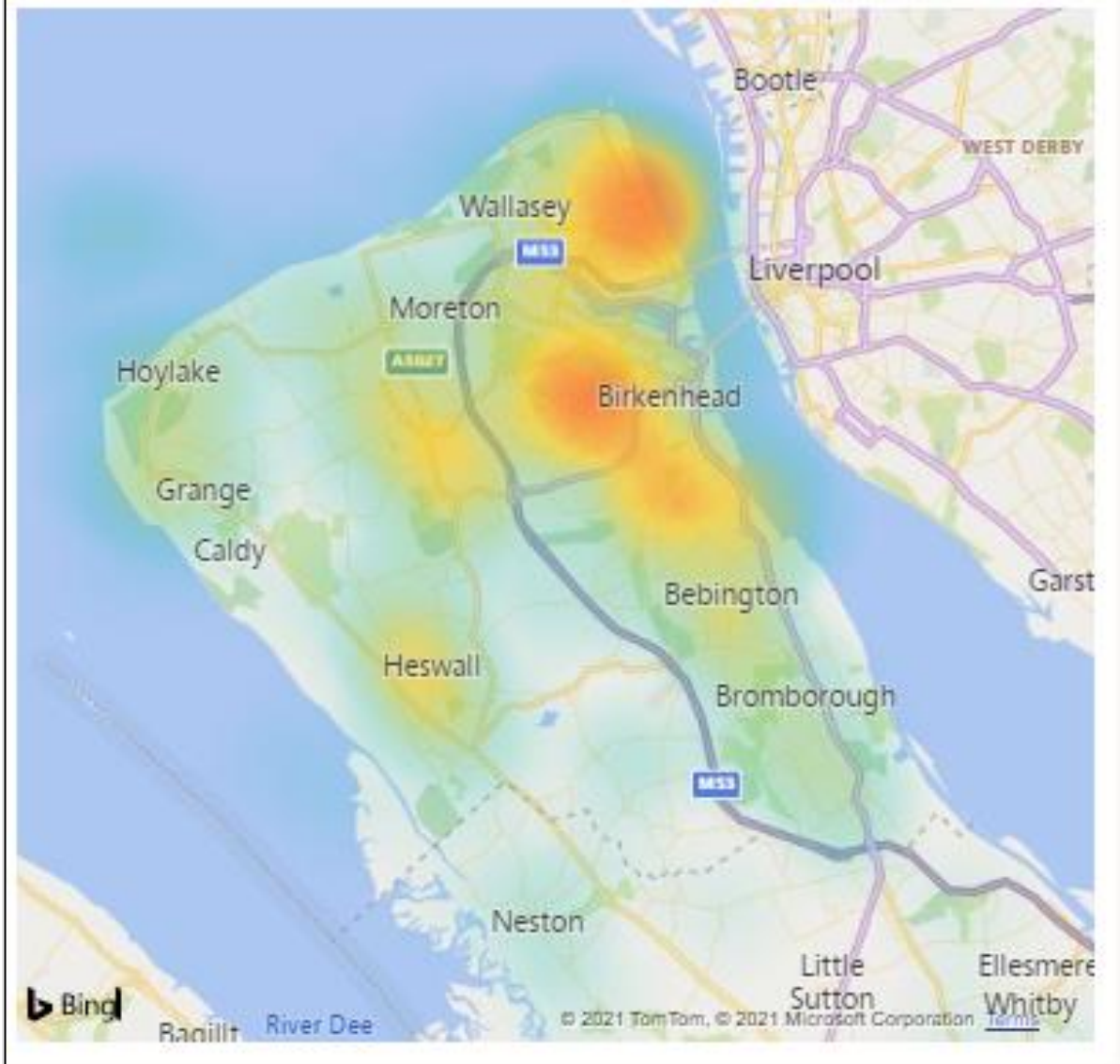
The above chart shows number of Care Homes by category in Residential and Nursing Care in Quarter 1 (01/04/2023 – 30/06/2023).

Please note, some homes may be counted twice if they offer multiple types of bed.

Data source: ContrOCC.

## 2.4 Residential and Nursing – People Location

### Care Home Location

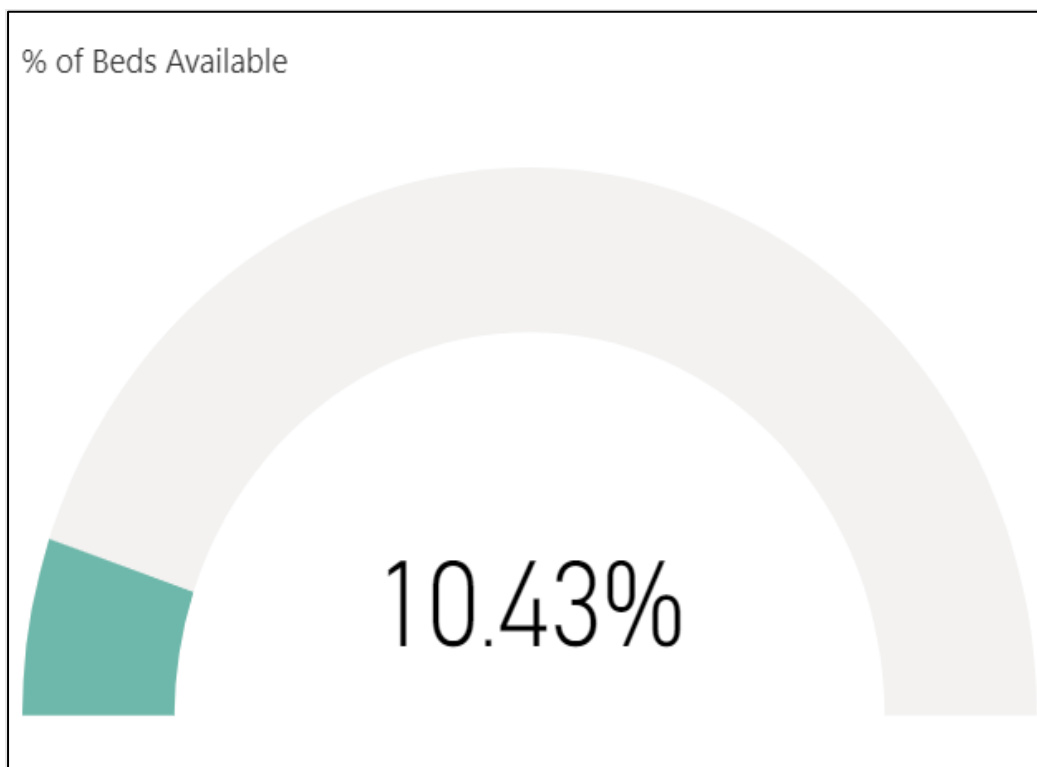


The heat map (a representation of data in the form of a map or diagram in which data values are represented as colours) shows the care home locations in Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: Liquid Logic.

## 2.5 Care Homes – Current Vacancy Rate

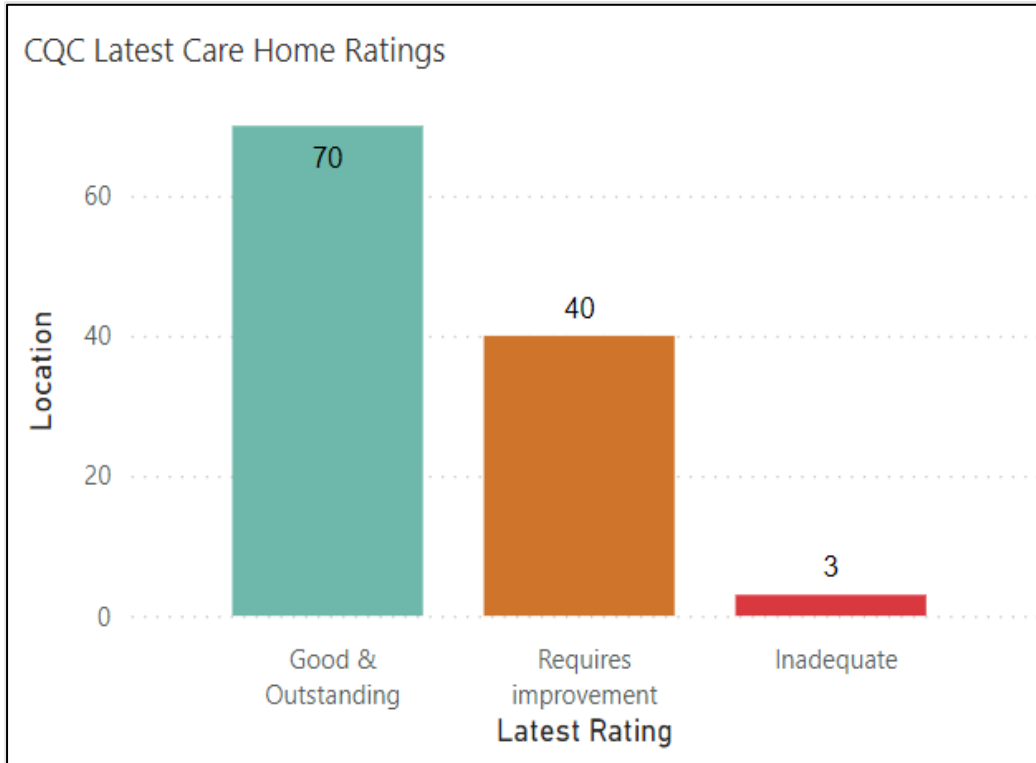
Maximum capacity	Admittable Vacancies
3364	351



Data Source: NHS Capacity Tracker.

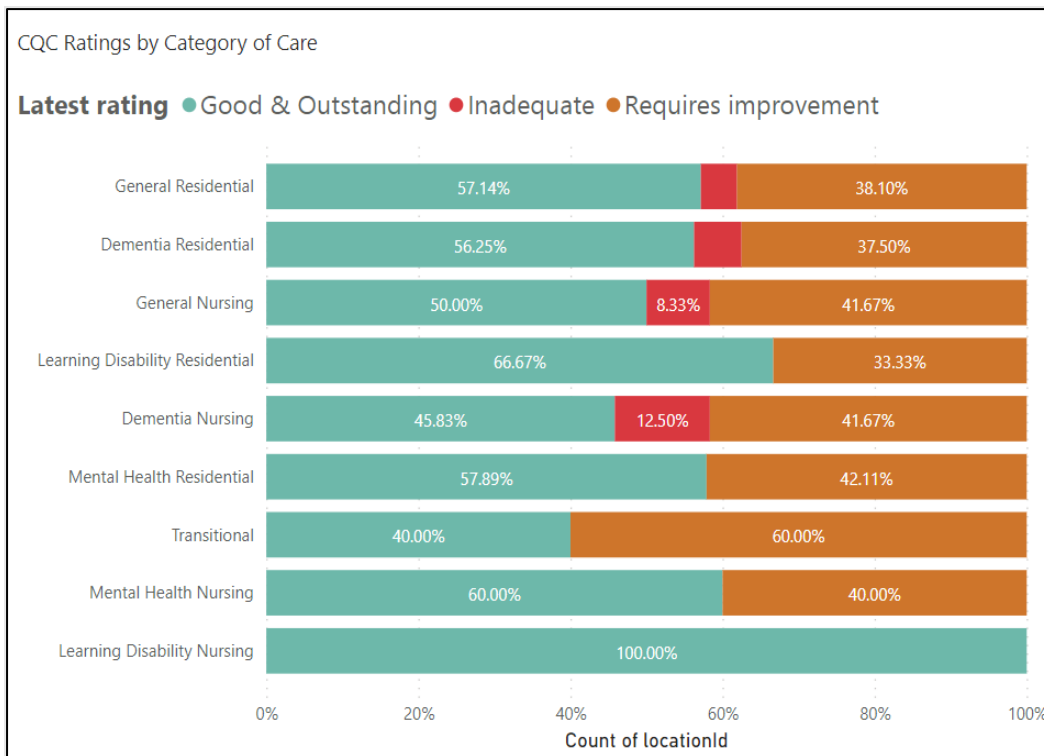
There is a capacity of 3364 places in care homes with a current vacancy rate as of 10/07/2023 of 10.43%.

## 2.6 Care Homes – Care Quality Commission Inspection Ratings



The above chart shows the current rating of the care homes based on their last CQC inspection as of 10/07/2023.

Data source: CQC



The above chart shows the current rating of the care homes based on their last CQC inspection as of 10/07/2023.

Data source: NHS Capacity Tracker

## 2.7 Care Homes - Comments from ASCH Management

The number of long-term residential care home placements continues to be at a high level which may be due to system pressure in the acute trust and the recruitment and retention pressures and reduced capacity in the Domiciliary Care Market. Vacancy rates in care homes are at a similar level compared to the last report, and at a level that still demonstrates sufficient capacity.

The Quality Improvement Team continues to support those care homes who have received a rating of Inadequate or Requires Improvement by Care Quality Commission (CQC). By using the Councils Independent Quality Assessment Provider Assessment and Market Management Solutions (PAMMS) tool to target support, the team has seen an improvement during this reporting period and are in dialogue with CQC for reinspection of identified care homes.

CQC are changing the way in which they monitor the quality of its registered services. It is implementing a single assessment framework. This is a phased implementation with the initial implementation starting in the South in November and reaching the North by March 2024.

The single assessment framework aims to make judgements about quality more regularly, instead of only after an inspection as they do currently. Using evidence from a variety of sources and looking at any number of quality statements to do this. Their assessments will be more structured and transparent, using evidence categories and giving a score for what they find. The way they make decisions about ratings will be clearer and easier to understand.

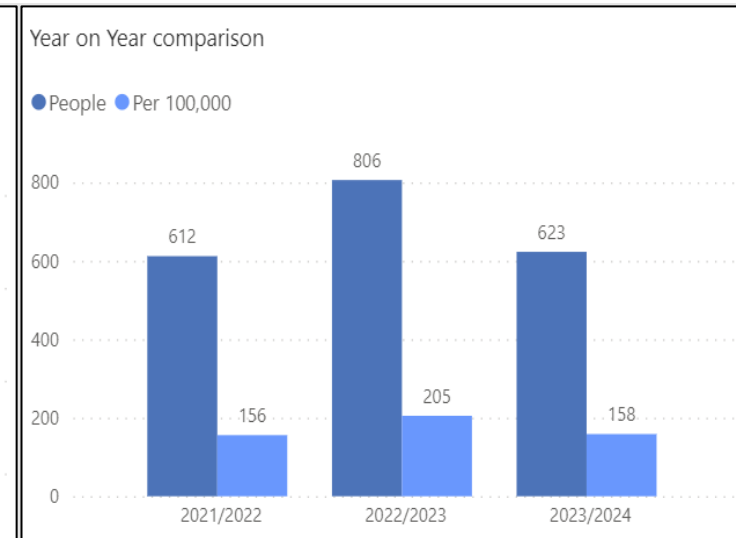
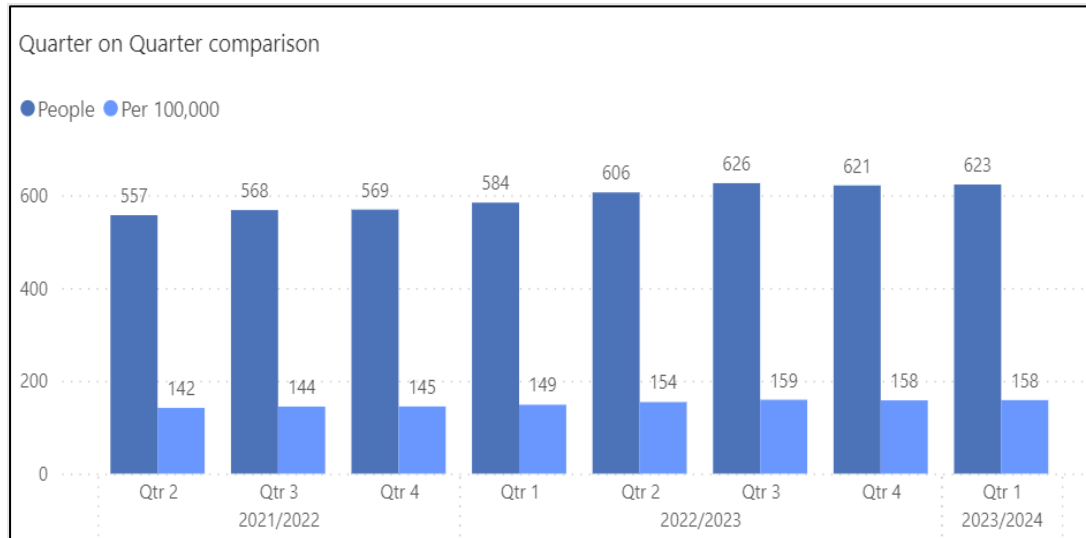
The number of homes closed to admissions in line with infection control measures is at a significantly lower level.

### 3.0 Direct payments

#### 3.1 Direct Payments – Total number of People Receiving a Service

No. of People

623



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Direct Payment as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Direct Payment during the financial year, not at year end. The number of people receiving direct payments as at 10/07/2023 is 623.

Data Source: ContrOCC.

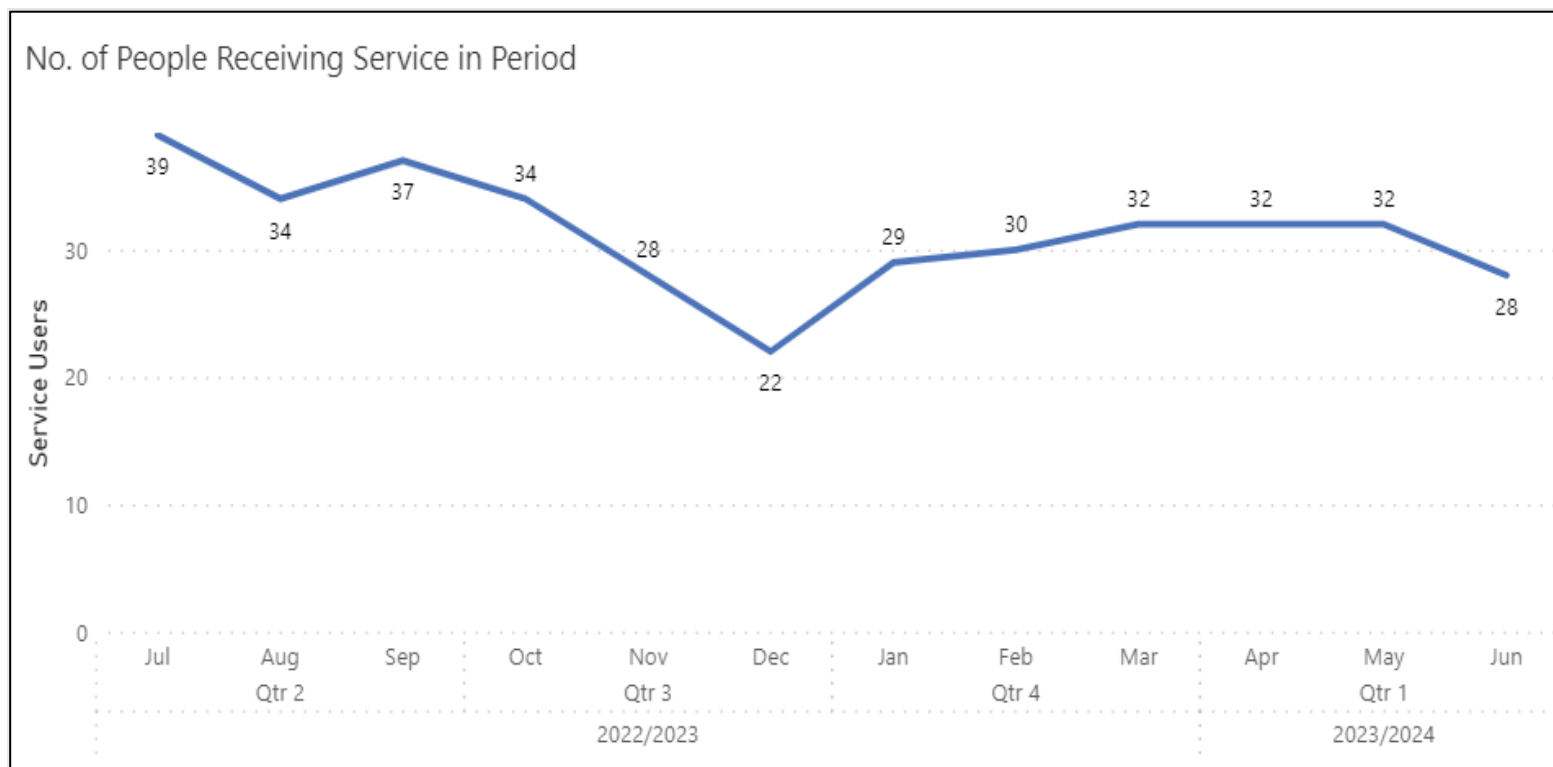
### 3.2 Direct Payments – Comments from ASCH Management

Direct Payments are a good option for people to be more in control of their care and support arrangements and the majority of Direct Payments are now made with a pre-Paid Card. A review of Direct Payment support arrangements is underway.



#### 4.0 Care Market – Block Commitments:

#### 4.1 Discharge to Assess – Total Number of People in care home beds block purchased by either the Council or NHS Integrated Care Board

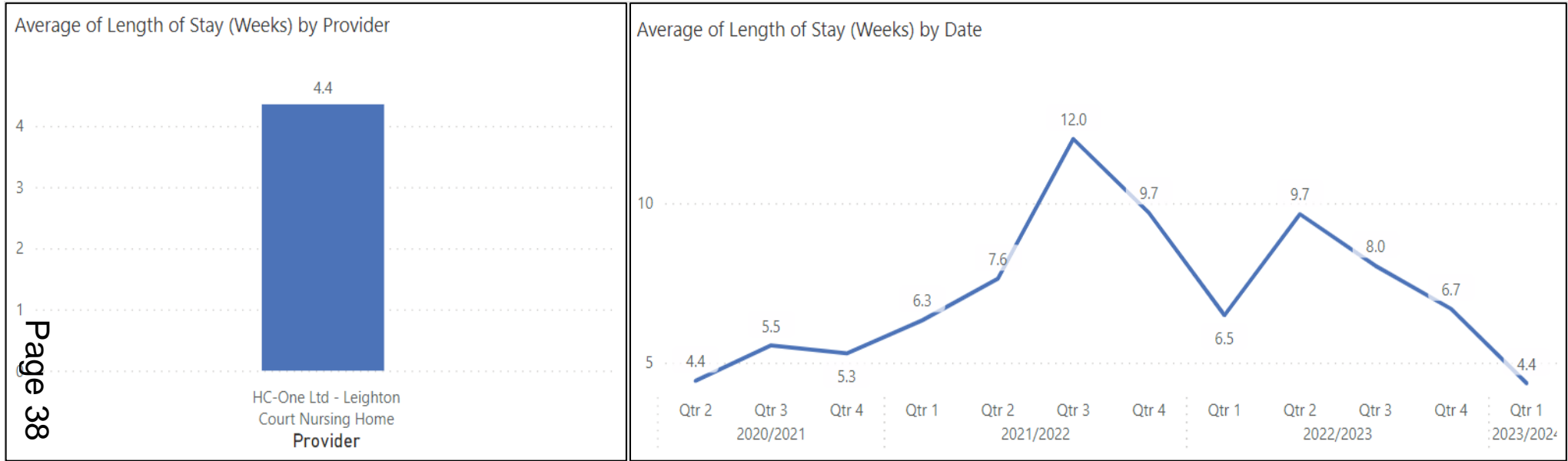


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These are care home beds originally commissioned by the council and now funded by the NHS for people being discharged from hospital who need further rehabilitation and recovery as of Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: ContrOCC.

## 4.2 Discharge to Assess – Average Length of Stay



The above charts show the average length of stay for the 22 D2A beds at Leighton Court as of Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: ContrOCC.

#### 4.3 Discharge to Assess – Vacancy Rate

Due to the timescales involved this is the most recently available data. Due to the source of the data, this is also in a monthly format and not quarterly. In the below chart, CICC is displaying data relating to the 71 Clatterbridge Intermediate Care Centre beds.

<b>Table 1 - Actual Bed Days</b>				
	▼	Apr	May	Jun
Elderholme		251	214	194
Leighton Court		504	478	569
CICC		2018	2020	1920
<b>Total</b>		<b>2773</b>	<b>2712</b>	<b>2683</b>
<b>Table 2 - Commissioned Bed Days</b>				
	▼	Apr	May	Jun
Elderholme		270	279	270
Leighton Court		660	682	660
CICC		2130	2201	2129
<b>Total</b>		<b>3060</b>	<b>3162</b>	<b>3059</b>
<b>Table 3 - % Occupancy</b>				
		Apr	May	Jun
Elderholme		93%	77%	72%
Leighton Court		76%	70%	86%
CICC		95%	92%	90%
<b>Total</b>		<b>91%</b>	<b>86%</b>	<b>88%</b>

Data Source: WCFT.

#### 4.4 Discharge to Assess – Comments from ASCH Management

In addition to the CICC services provided by NHS Community Health and Care Trust at the Clatterbridge Intermediate Care Centre, there are additional care home beds commissioned on a short term basis and funded by temporary additional funding. These are currently at Leighton Court, Elderholme and Park House.

#### 4.5 Short Breaks – Total number and Occupancy Levels

No. of People	Total Short Break Days
177	4263

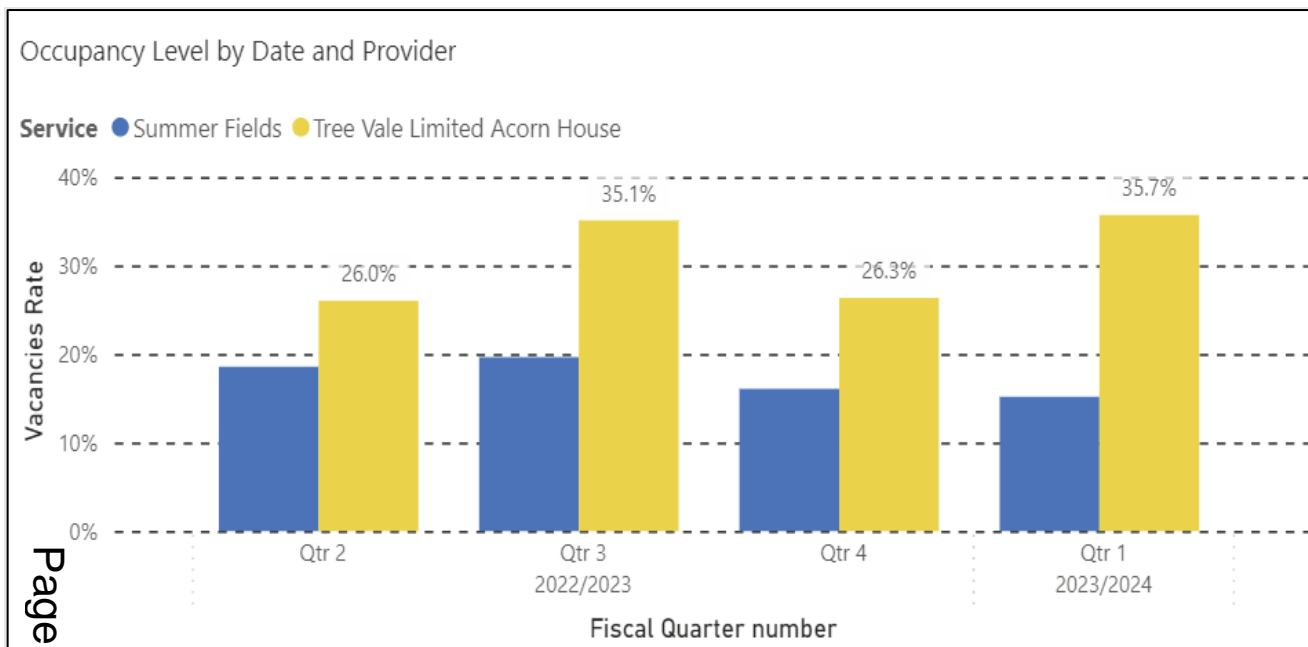
The cards show number of people receiving Short Breaks and total number of Short Break days as of 10/07/2023. Quarterly update.

Data Source: ContrOCC and Liquid Logic.

Acorn House Occupanc...	Summer Fields Occupa...
36%	15%

The cards show current occupancy rates of Acorn House and Summer field respectively as of 10/07/2023. Quarterly update.

Data Source: ContrOCC and Liquid Logic.



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The above chart shows the average occupancy rate by provider as of Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: ContrOCC and Liquid Logic.

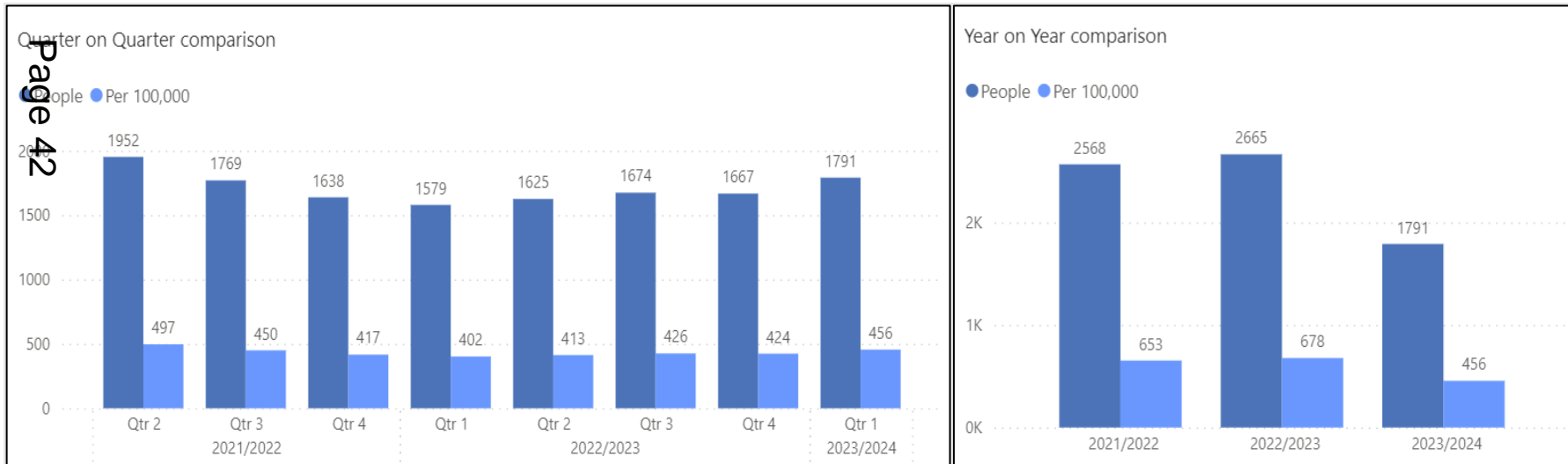
#### 4.6 Short breaks – Comments from ASCH Management

Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

## 5.0 Care Market – Domiciliary Care and Reablement

### 5.1 Domiciliary Care – Total number of People

<p>No. of People</p> <p style="text-align: center; font-size: 2em;">1791</p>	<p>No. of HRs Delivered</p> <p style="text-align: center; font-size: 2em;">196,178</p>
--	--



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Domiciliary care service as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Domiciliary care service during the financial year, not at year end.

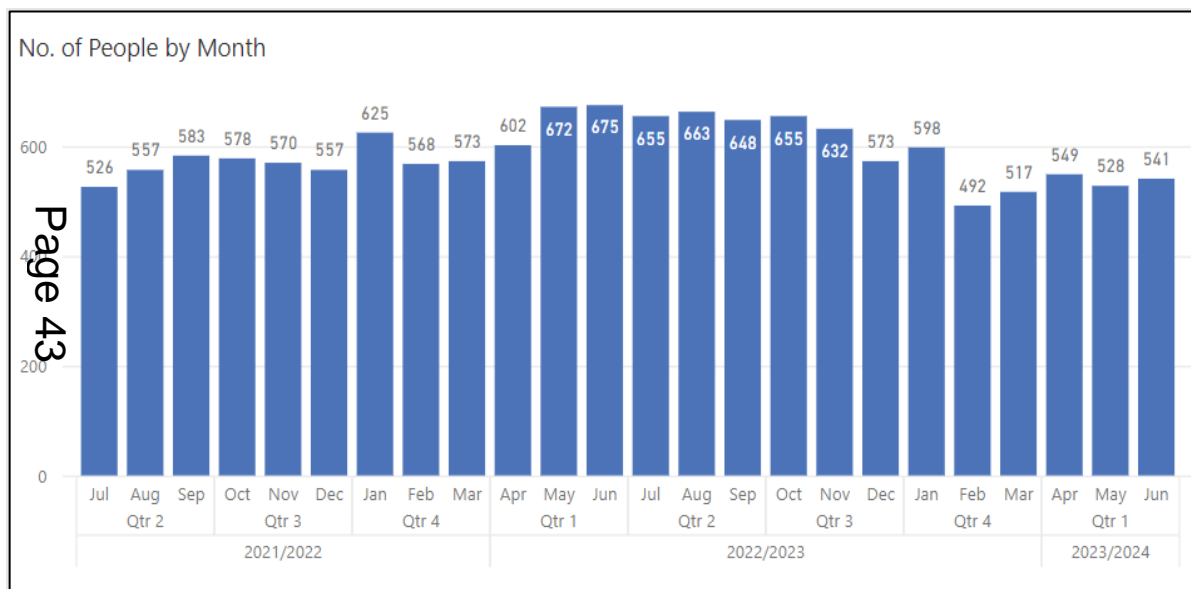
Data Source: ContrOCC and Liquid Logic.

### 5.2 Domiciliary care - Comments from ASCH Management

These services support people to remain in their own home and to be as independent as possible, avoiding the need for alternative and more intensive care options.

The overall trend remains lower than the same period last year. This has been widely reported as being due to challenges with recruiting and retaining sufficient staff numbers. Work is taking place with the provider sector to support and to increase capacity. The data for the last quarter shows a small decrease in the number of people supported with domiciliary care packages compared to the previous quarter.

### 5.3 Brokerage – Total Packages by Number of People



Average No. of Packages Accepted per Week

66.9

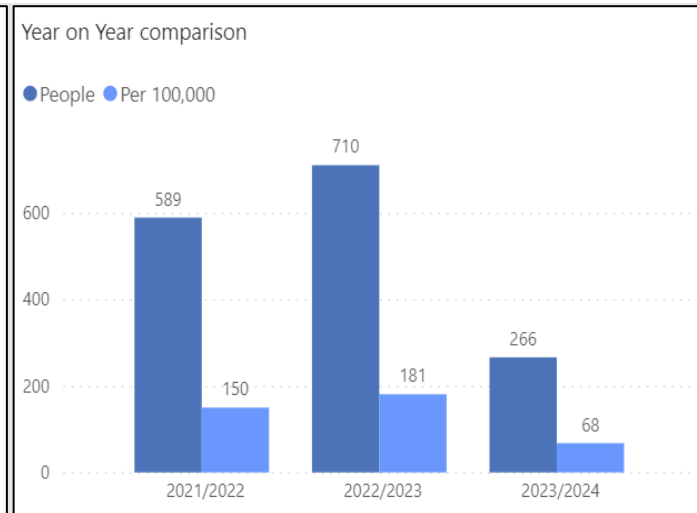
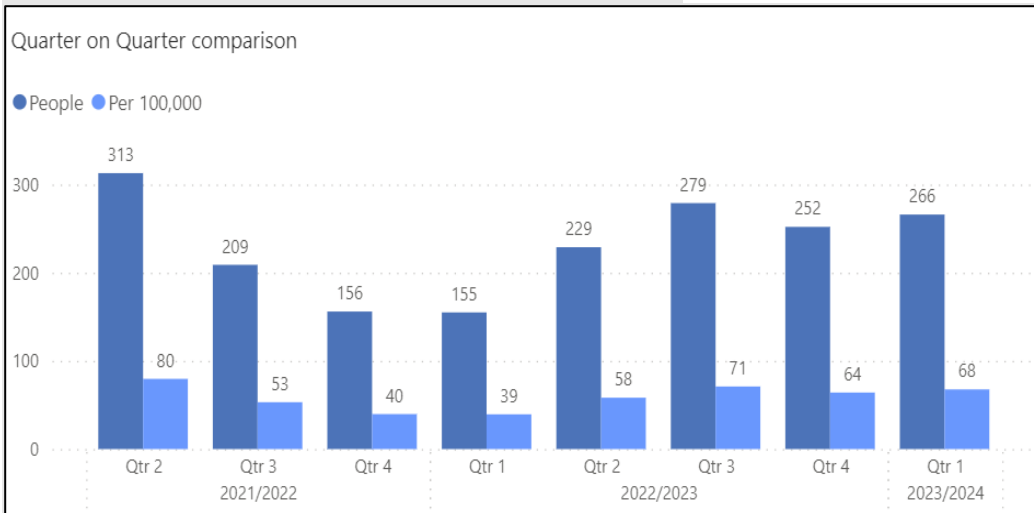
The above chart shows the Number of people who have received care packages via Brokerage as Quarter 1 (01/06/2023 – 30/06/2023).

Data source: Brokerage.

### 5.4 Reablement – Total Number of People

No. of People

266

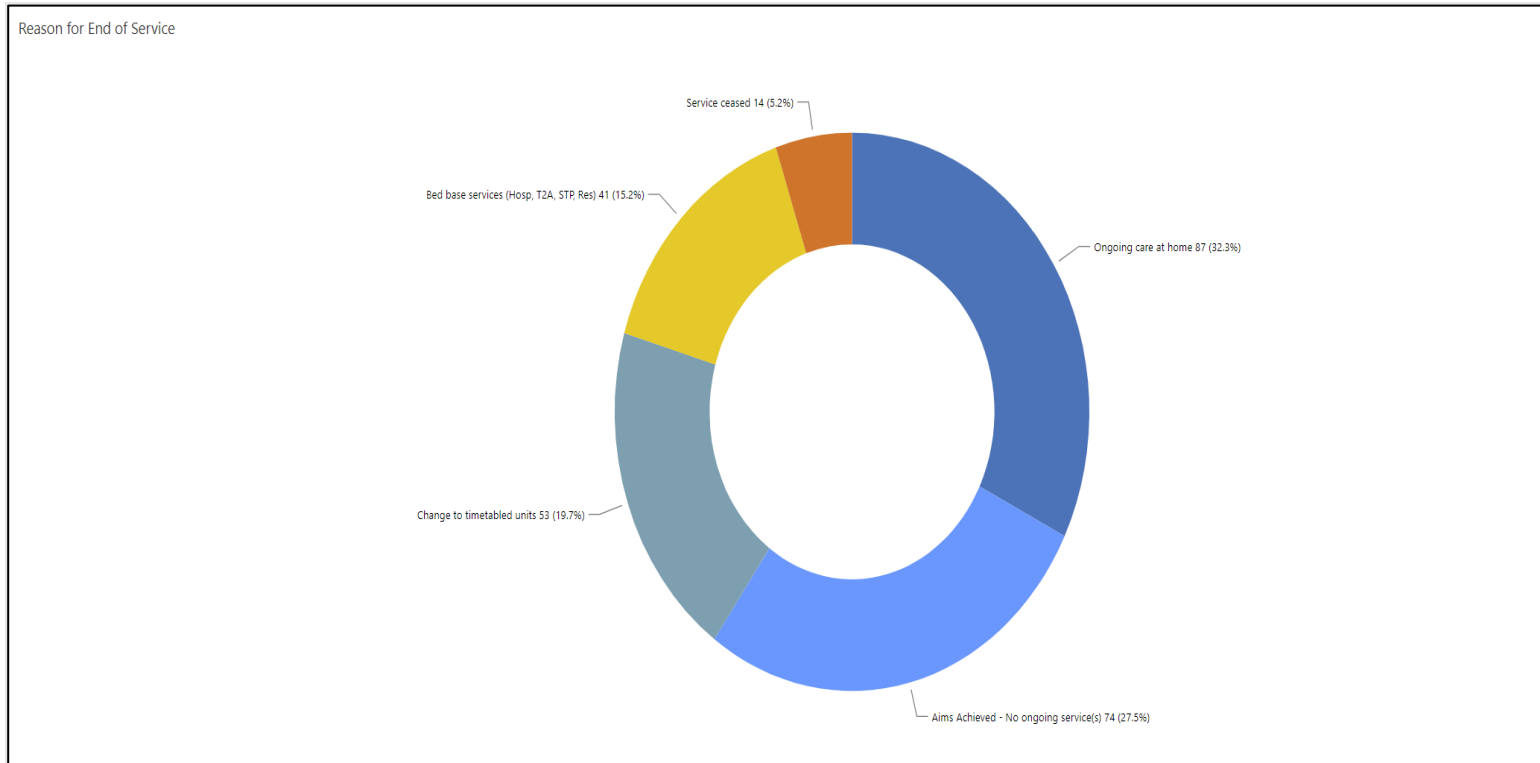


The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a reablement service as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a reablement service during the financial year, not at year end.

Data Source: ContrOCC.



## 5.5 Reablement – End Reasons of Care Packages



The above chart shows the end reasons of care packages as of Quarter 1 (01/04/2023 – 30/06/2023).

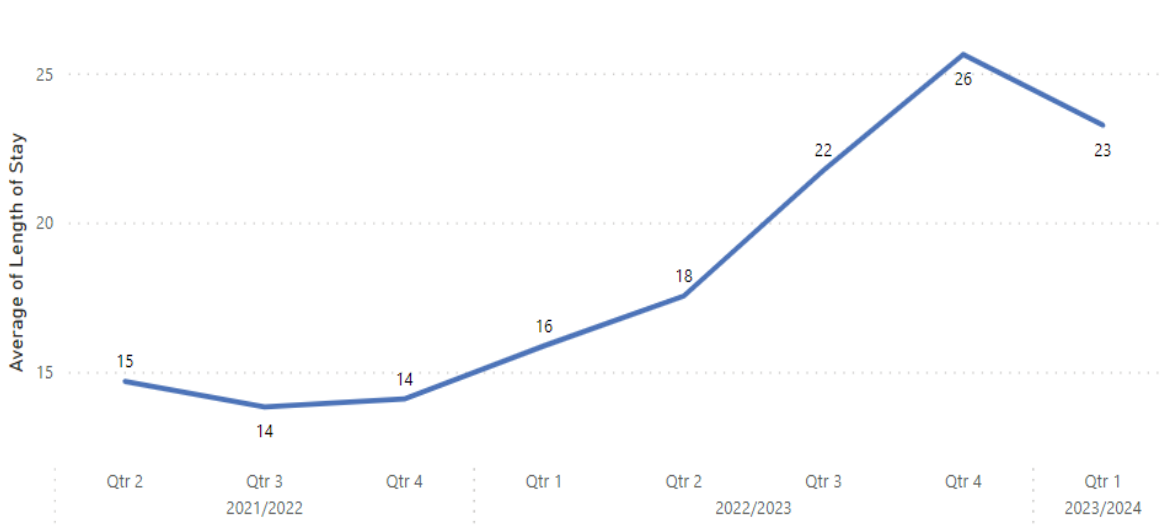
Data Source: Liquid Logic.

## 5.6 Reablement – Length of Stay

Average of Length of Stay (Days)

23.26

Average of Length of Stay (Days)



The above chart shows the average length of stay in days as of Quarter 4 (01/04/2023 – 30/06/2023).

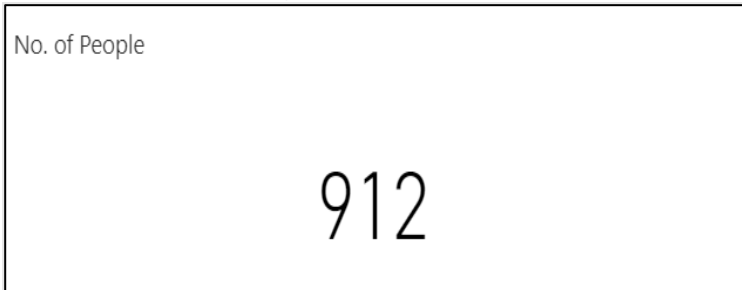
Data source: ContrOCC.

## 5.7 Reablement – Comments from ASCH Management

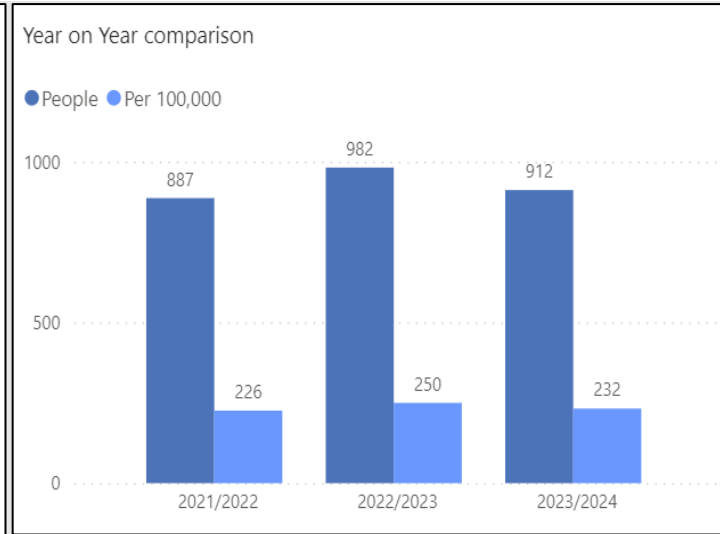
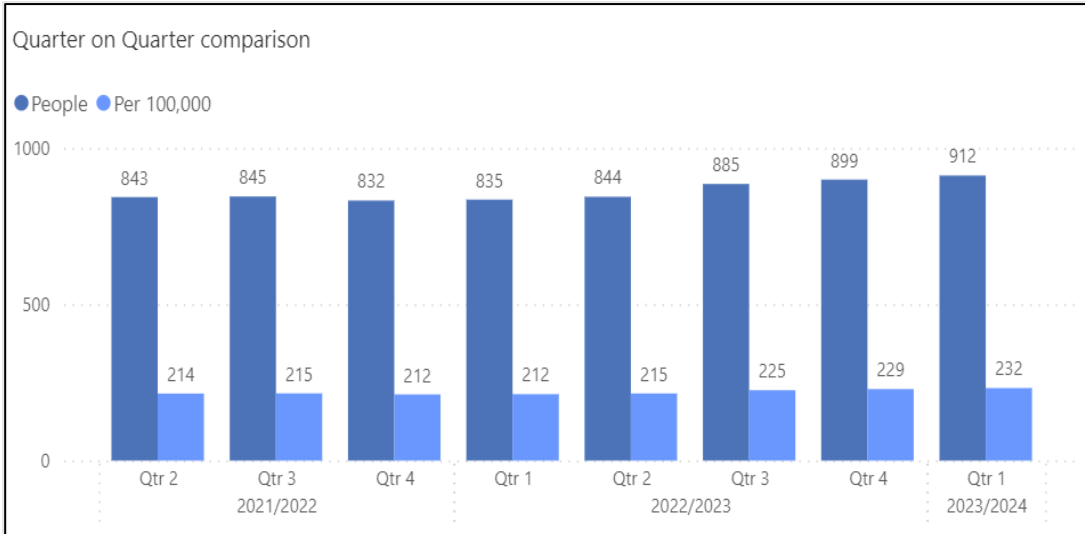
The number of days people receiving a service has seen a decrease since the last quarter. The expansion of Home First is seeing an impact on from hospital discharges. The development of the council's community reablement model (Brand name AbleMe will focus on prevention and should see a further decrease in the number of days reduced over time.

6.0 Care Market – Specialist (Supported Living)

6.1 Supported Living – Total number of People



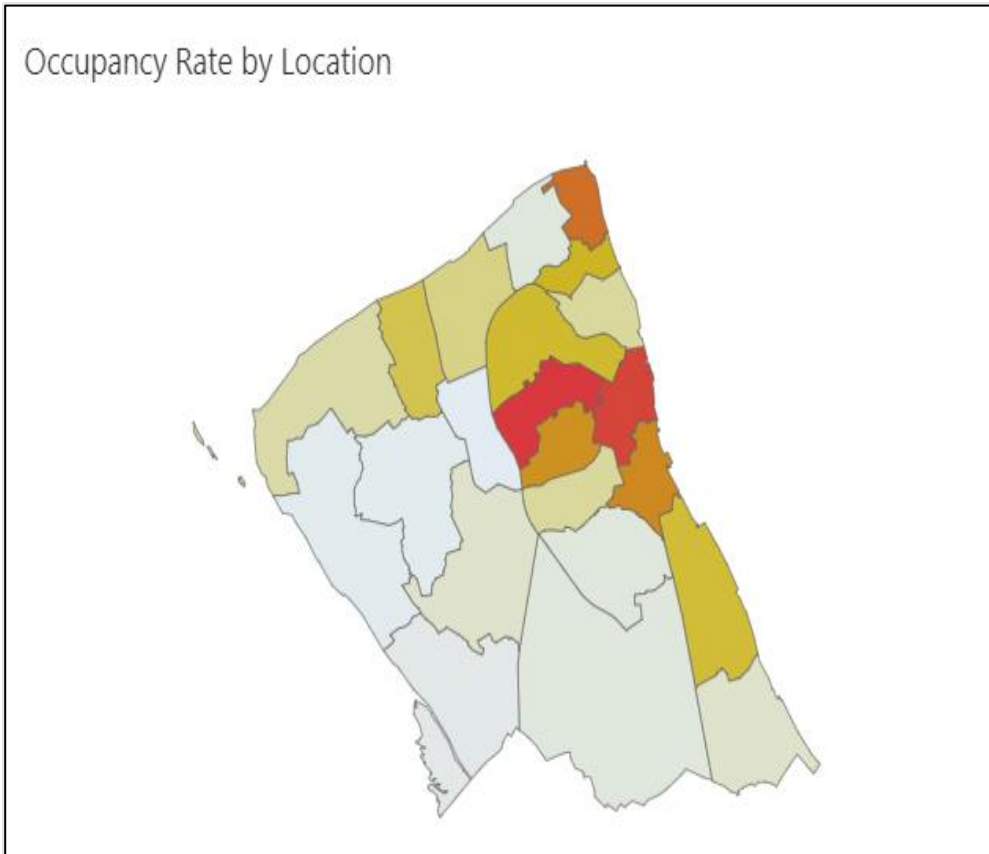
Data source: ContrOCC.



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in Supported Living as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Supported Living service during the financial year.

Data source: ContrOCC.

## 6.2 Supported Living – People Locations

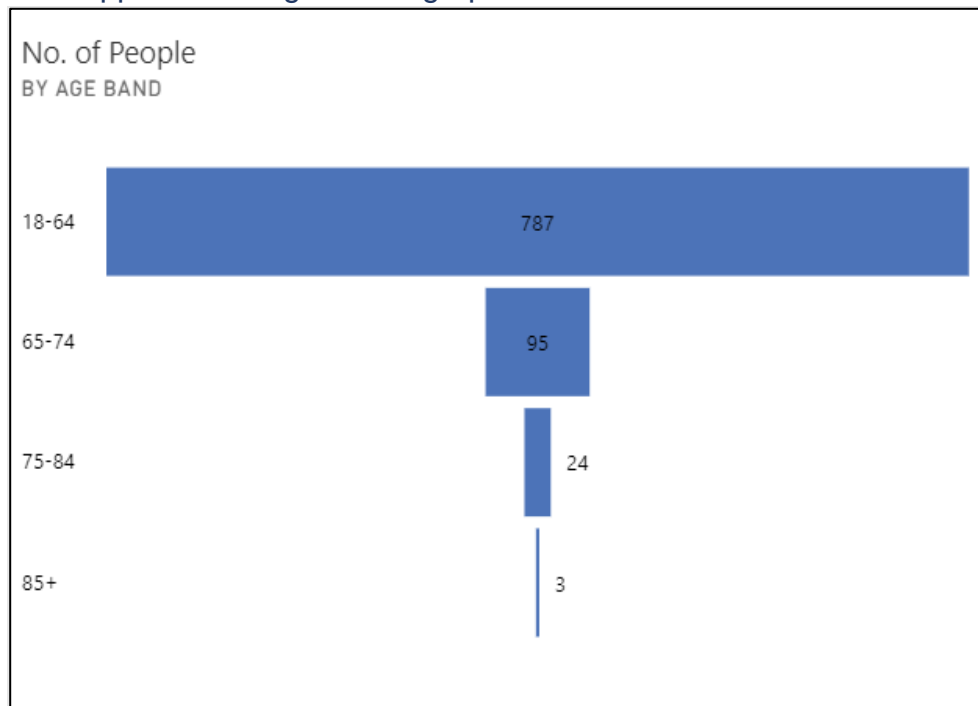


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The above map shows the occupancy rate for Supported Living as of Quarter 1 (01/04/2023 – 30/06/2023) by ward.

Data Source: ContrOCC.

### 6.3 Supported Living – Demographics



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The above visual shows the Age band for Supported Living as of Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: ContrOCC.

### 6.4 Supported Living - Comments from ASCH Management

The data shows that the number of people living in Supported Independent Living is relatively static, due to people having long term tenancy-based accommodation.

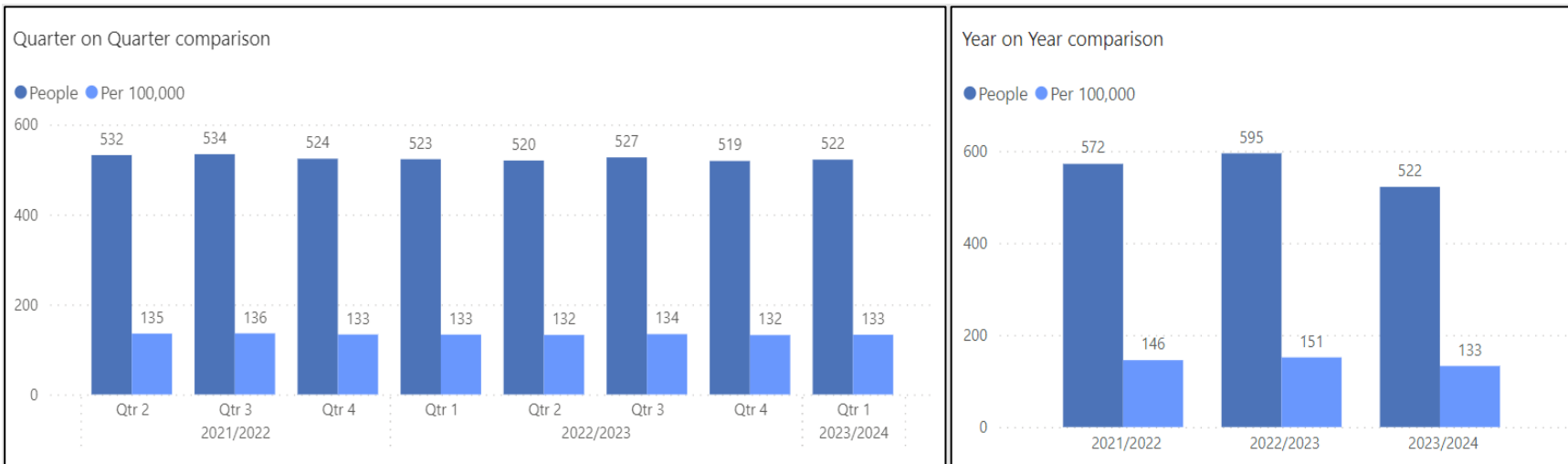
## 7.0 Day Care

### 7.1 Day Care – Total number of people



Data Source: ContrOCC.

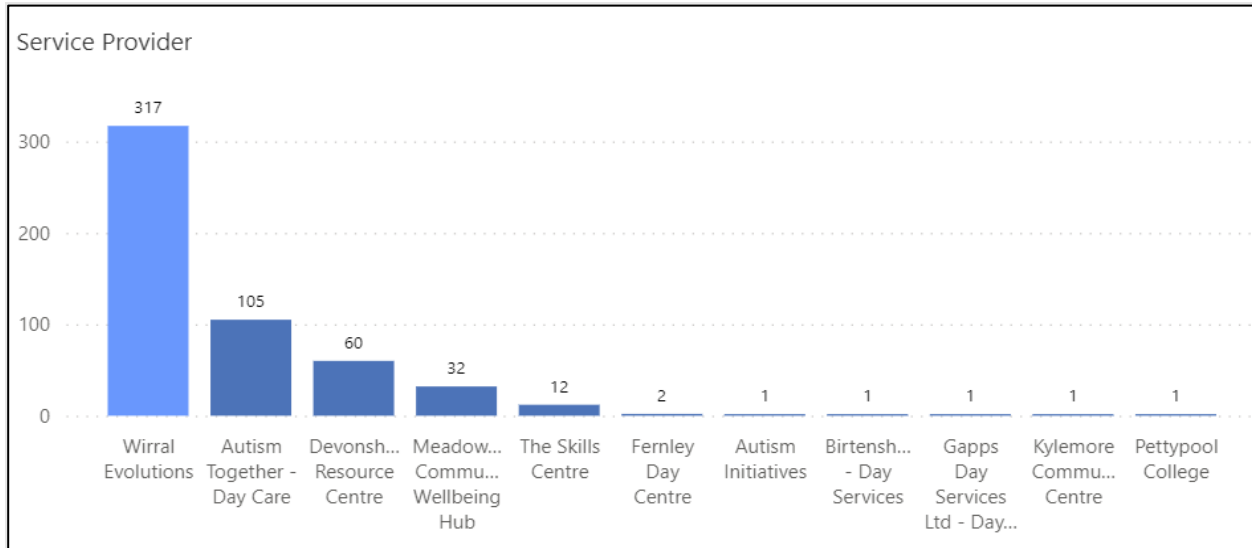
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The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Day Care Services (including independent Day Care Services) as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Day Care Services (including independent Day Care Services) service during the financial year, not at year end.

Data Source: ContrOCC.

## 7.2 Day Care – Services



The above chart shows the number of people receiving Day Care Services (including independent Day Care Services) broken down into each service provider as of Quarter 1 (01/04/2023 – 30/06/2023). This number may appear slightly higher than the total number of people accessing Day Care services. This is because one person may use multiple services within the quarter.

Wirral Evolutions Day Services has been highlighted in a lighter shade of blue to all the other Independent Day Care Services to differentiate it from the rest.

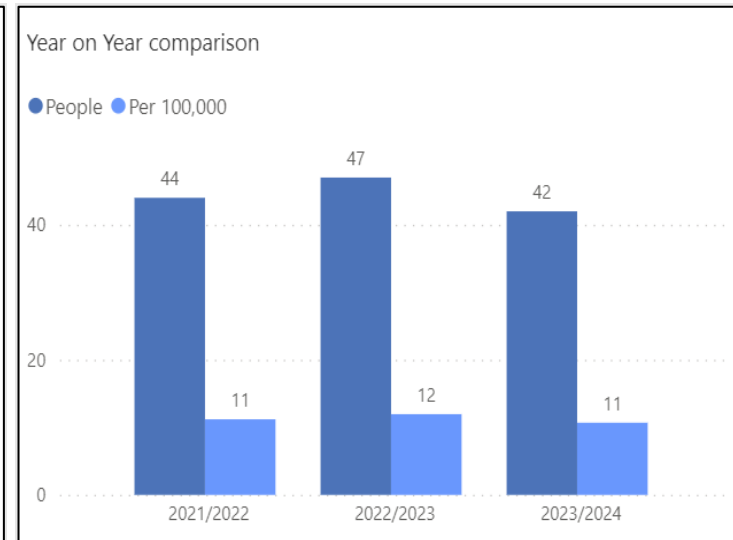
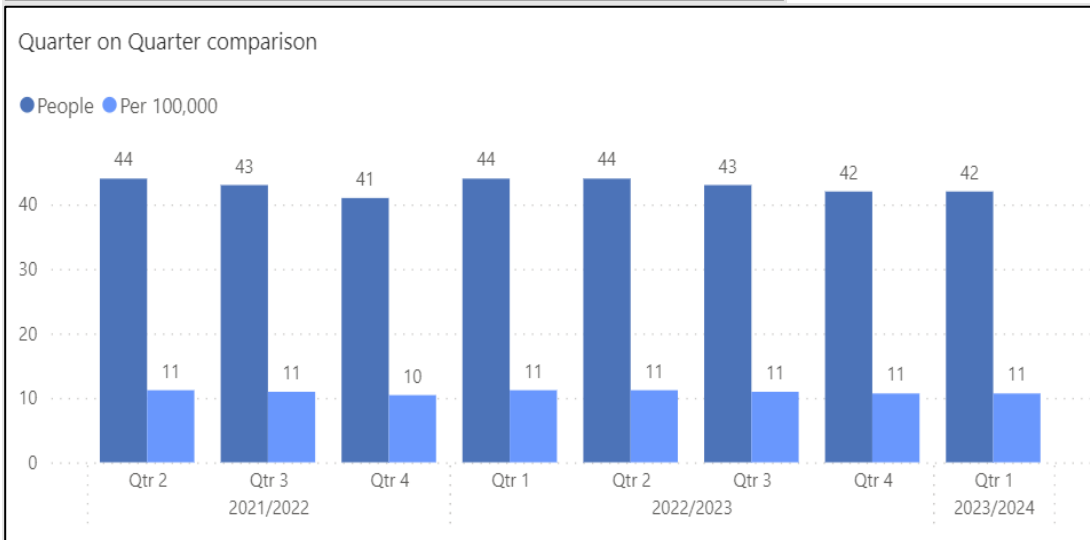
Data source: ContrOCC.

## 7.3 Day care – Comments from ASCH Management

The data shows that the number of people attending day care provision is relatively static with the Councils inhouse service providing a largest percentage (59.47%) of the provision.

## 8.0 Shared Lives

### 8.1 Shared Lives – Total Number of people

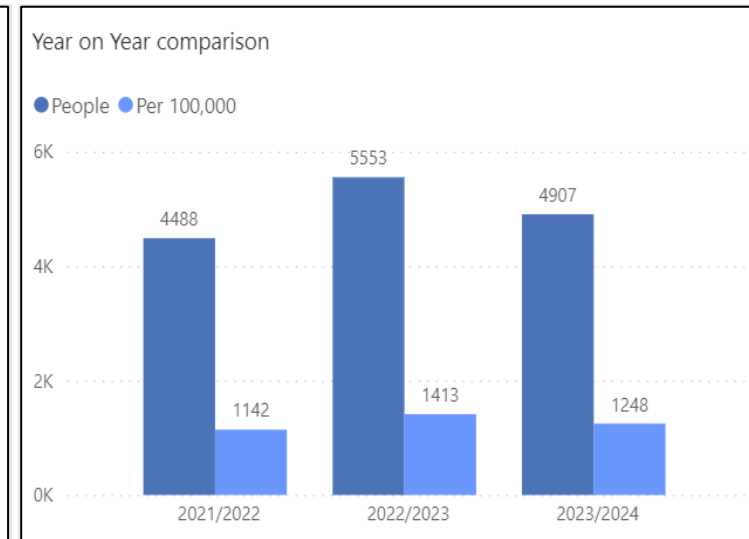
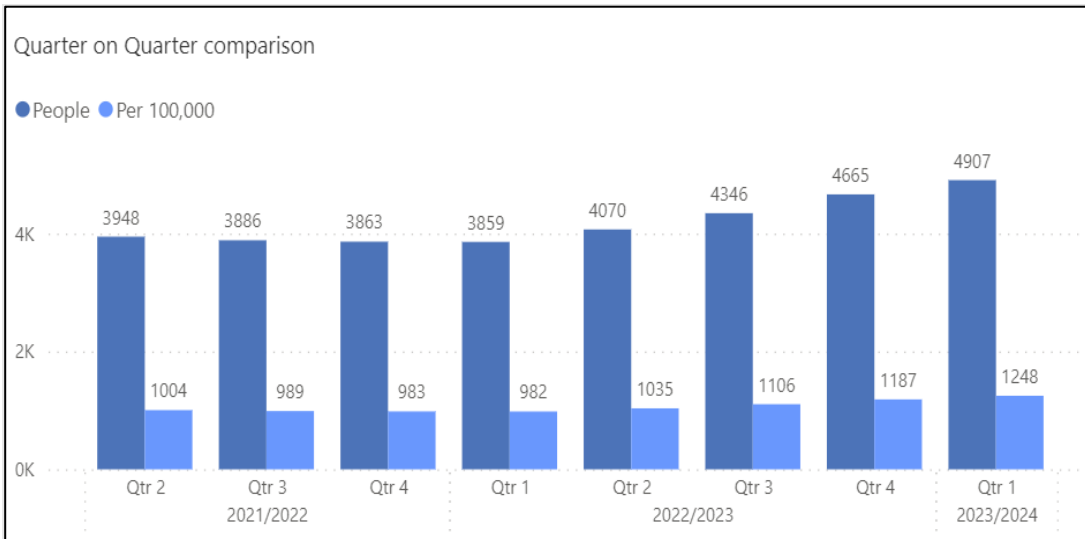


The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Shared Lives as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Shared Lives service during the financial year, not at year end. Data source: ContrOCC.



## 9.0 Assistive Technology

### 9.1 Assistive Technology – Total number of people



Assistive technology is a range of technology-based solutions including sensors, alarms, reminder systems and falls detectors to support people to live independently and to manage risks associated with their needs. The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Assistive Technology as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received an Assistive Technology service during the financial year, not at year end.

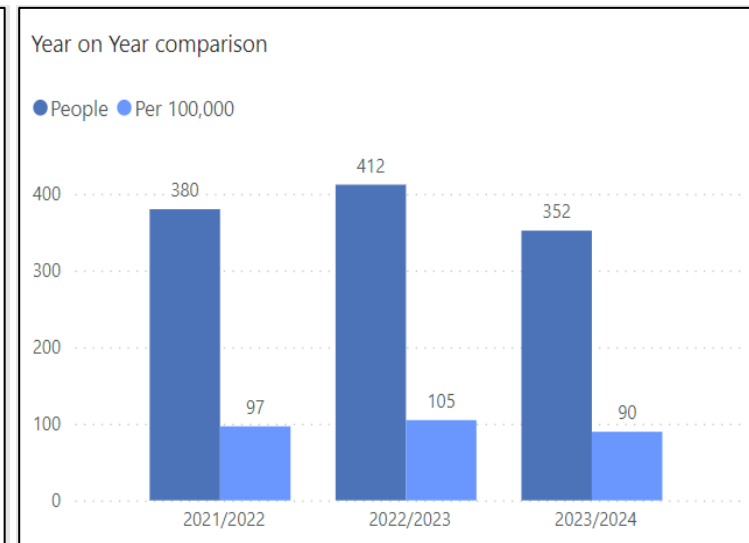
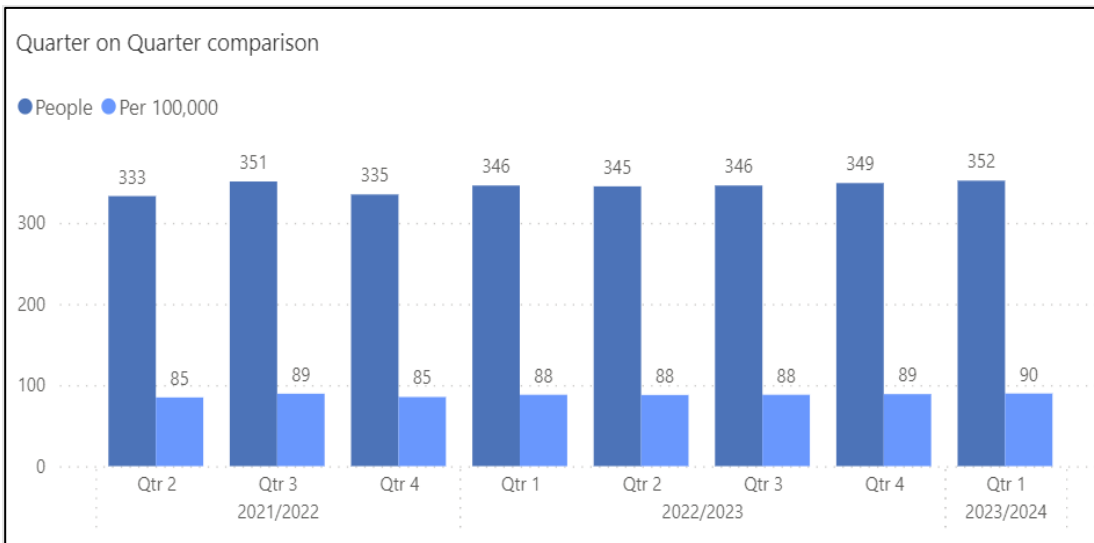
Data source: ContrOCC.

## 10.0 Extra Care Housing

### 10.1 Extra Care Housing – Total number of people



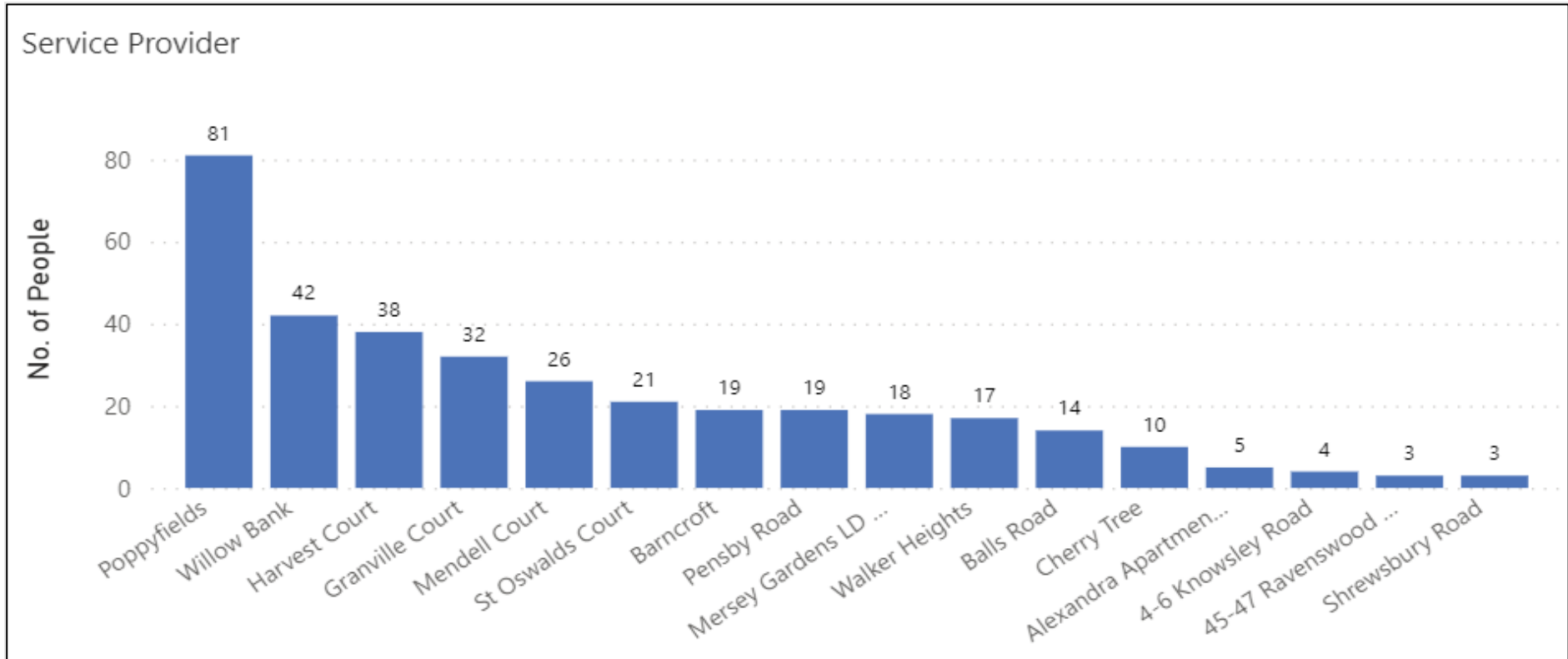
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The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of an Extra Care Housing service as of Quarter 1 (01/04/2023 – 30/06/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received an Extra Care Housing service during the financial year, not at year end.

Data source: ContrOCC.

### 10.2 Extra Care Housing - Services



The above chart shows the number of people receiving Extra Care Housing per provider as of Quarter 1 (01/04/2023 – 30/06/2023).

Data source: ContrOCC.

## 11.0 Cheshire Wirral Partnership

### 11.1 Key Measures - monitored monthly

Due to the timescales involved this is the most recently available data.

No	Description	Green	Amber	Red	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD From Aug
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		75%	75%	88%	86%	95%	89%	92%	90%	77%	93%	96%	93%	87%	92%	90.0%
	Total Assessments Completed within 28 Days					18	18	23	25	19	24	36	27	20	27	24	27	26	23	278
	Total Completed Assessments					24	24	26	29	20	27	39	30	26	29	25	29	30	25	309
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		94%	95%	97%	98%	94%	93%	100%	95%	93%	96%	94%	98%	95%	98%	96%
	Total Safeguarding Concerns Completed within 5 Days					47	38	57	58	82	41	63	38	54	51	45	55	80	80	647
	Total Safeguarding Concerns Completed					50	40	59	59	87	44	63	40	58	53	48	56	84	82	674
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		67%	71%	90%	100%	62%	88%	79%	76%	76%	85%	67%	79%	75%	75%	78%
	Total Safeguarding Enquiries Completed within 28 Days					8	12	9	13	13	29	19	16	16	11	12	11	9	15	164
	Total Safeguarding Enquiries Completed					12	17	10	13	21	33	24	21	21	13	18	14	12	20	210
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		74%	84%	84%	84%	87%	86%	86%	86%	85%	81%	80%	76%	70%	74%	74%
	Forecast Total Reviews					847	962	959	960	992	981	982	985	970	932	914	861	797	837	837
	Total Reviews Required					1140	1141	1139	1137	1141	1141	1143	1142	1143	1147	1147	1134	1134	1130	1,130
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		47%	50%	37%	28%	37%	25%	34%	43%	39%	48%	42%	48%	43%	45%	40%
	Total number of care packages activated in advance of start date					48	37	27	22	21	26	44	49	49	57	38	45	57	50	458
	Total number of care packages activated					103	74	73	80	57	105	131	114	126	119	90	94	132	110	1,158
KPI 6	% of adults with a learning disability who live in their own home or with their family	>88%	<88% >= 80%	<80%		82%	82%	82%	82%	82%	82%	82%	82%	82%	81%	81%	81%	81%	81%	82%
						410	410	416	419	417	420	421	420	419	422	420	411	412	410	4,591
						500	499	507	510	509	512	515	513	514	519	516	506	507	504	5,625

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Data Source: CWP.

## 12.0 WCFT

### 12.1 Key Measures - monitored monthly

Due to the timescales involved this is the most recently available data.

Adult Social Care KPIs and Activity Measures																			
No	Description	Green	Amber	Red	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	74.7%	73.5%	74.6%	73.3%	78.4%	81.4%	84.9%	77.4%	82.7%	81.4%	76.9%	75.3%	78.1%	75.7%	76.3%
	Total Assessments Completed within 28 Days				216	208	258	264	243	288	299	243	292	258	309	277	239	228	744
	Total Assessments Completed				289	283	346	360	310	354	352	314	353	317	402	368	306	301	975
KPI 1a	% of initial contacts through to completion of assessment within 28 days (3 Conversations)	>=80%	<80% >= 70%	<70%	56.4%	41.0%	54.5%	31.7%	47.5%	38.1%	48.5%	41.5%	56.3%	58.6%	50.5%	60.4%	56.0%	49.4%	55.5%
	Total Assessments Completed within 28 Days				44	16	36	19	19	16	32	27	36	51	53	58	42	42	142
	Total Assessments Completed (3C's Process)				78	39	66	60	40	42	66	65	64	87	105	96	75	85	256
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99.7%	100%	99%	99%	98%	98%	96%	95%	99%	98%	99%	99%	99%	98%	98%
	Total number of safeguarding concerns completed within 5 days				329	267	274	322	275	283	258	227	239	242	285	265	307	347	919
	Total number of safeguarding concerns completed				330	268	276	324	280	289	270	238	242	248	288	269	309	355	933
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	50%	57%	51%	56%	45%	72%	45%	44%	28%	45%	59%	61%	48%	50%	53%
	Enquiries Closed within 28 Days				18	17	26	23	22	23	22	24	11	21	20	23	21	18	62
	Total Enquiries Closed				36	30	51	41	49	32	49	54	40	47	34	38	44	36	118
	Total New Enquiries				53	33	57	49	40	60	47	28	31	29	51	27	33	38	98
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	55%	53%	54%	53%	50%	50%	52%	54%	50%	47%	47%	46%	46%	44%	44%
	Total number of reviews forecast to be completed				3218	3091	3138	3086	2904	2890	2980	3121	2884	2702	2705	3065	3000	2921	2,921
	Total number of people in receipt				5853	5832	5824	5822	5807	5806	5786	5784	5776	5771	5765	6606	6582	6565	6,565

Adult Social Care KPIs and Activity Mesures																			
No	Description	Green	Amber	Red	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	YTD
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	95%	95%	94%	95%	95%	95%	95%	95%	95%	94%	95%	95%	95%	95%	95%
	Total number of people aged 18-64 with a learning disability living in their own home or with their family				444	444	446	451	455	461	468	473	479	478	481	462	464	464	1,390
	Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year				469	469	472	476	480	486	495	499	506	506	508	488	490	491	1,469
KPI 7	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	>=83%	<83% >=81%	<81%	100%	89%	88%	100%	100%	85%	80%	90%	79%	86%	88%	86%	89%	91%	88%
	Total number of people at home 91 days post discharged from hospital into a reablement service				18	8	14	17	11	17	28	37	22	25	23	24	24	21	69
	Total number of people discharged from hospital into a reablement service				18	9	16	17	11	20	35	41	28	29	26	28	27	23	78

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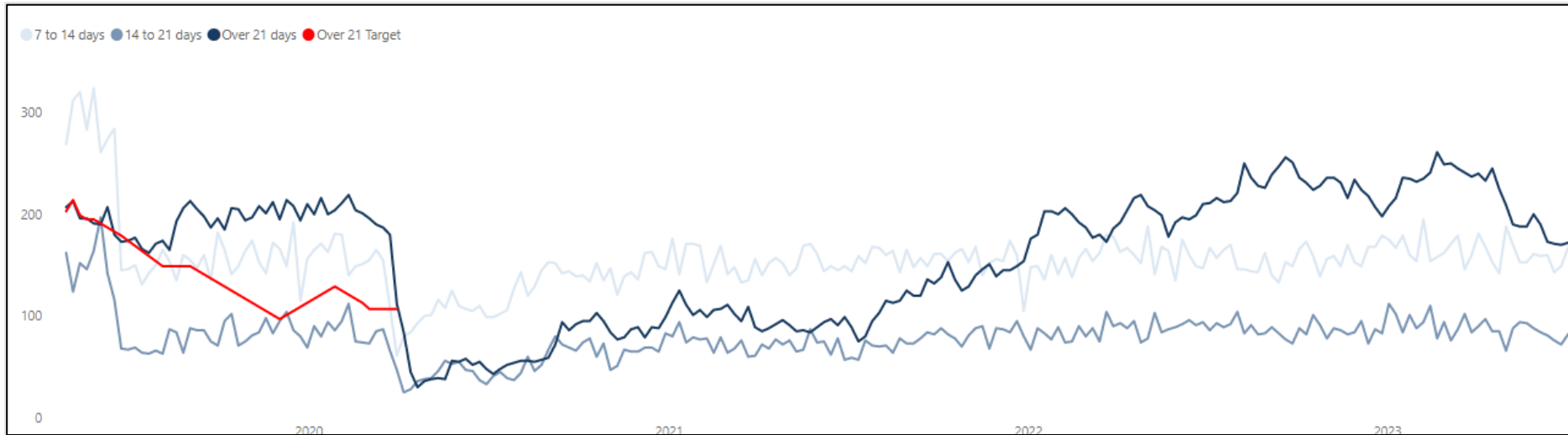
Data Source: WCFT

### 12.2 Comments from ASCH Management

The range of performance measures and KPIs are monitored regularly through internal reporting and through contract discussions. Action is taken where needed to address any areas identified where performance can be strengthened.

## 13 Length of Stay report

### 13.1 Long Stay Patients



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**This analysis measures 7 to 14 days, 14 to 21 days and Over 21 days by period.**

- Each of the three series decreased from 04/30/2019 to 07/04/2023, with 14 to 21 days falling the most (49%) and Over 21 days falling the least (17%) over that time frame.
- 7 to 14 days finished trending upward in the final period, more than any of the other two series.
- Of the three series, the strongest relationship was between 14 to 21 days and 7 to 14 days, which had a strong positive correlation, suggesting that as one (14 to 21 days) increases, so does the other (7 to 14 days), or vice versa.

#### **For 14 to 21 days:**

- Average 14 to 21 days was 79.42 across all 219 periods.
- Values ranged from 25 (04/07/2020) to 197 (06/04/2019).

- 14 to 21 days improved by 49% over the course of the series but ended on a disappointing note, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/07/2020 (-47%). However, the largest single decline on an absolute basis occurred in 06/11/2019 (-55).
- The largest net decline was from 06/04/2019 to 04/07/2020, when 14 to 21 days improved by 172 (87%). This net decline was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 01/03/2023, when 14 to 21 days rose by 87 (348%).
- 14 to 21 days experienced cyclicality, repeating each cycle about every 109.5 periods. There was also a pattern of smaller cycles that repeated about every 31.29 periods.
- 14 to 21 days had a significant positive peak between 05/07/2019 (124) and 08/06/2019 (63), rising to 197 in 06/04/2019.
- 14 to 21 days was lower than 7 to 14 days over the entire series, lower by 76.06 on average. 14 to 21 days was less than Over 21 days 95% of the time (lower by 79.51 on average).

**For Over 21 days:**

- Average Over 21 days was 158.93 across all 219 periods.
- Values ranged from 30 (04/21/2020) to 261 (02/21/2023).
- Over 21 days fell by 17% over the course of the series but ended with an upward trend, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/14/2020 (-46%). However, the largest single decline on an absolute basis occurred in 03/31/2020 (-68).
- Contrasting with the overall decrease, the largest net growth was from 04/21/2020 to 02/21/2023, when Over 21 days rose by 231 (770%).
- The largest net decline was from 02/11/2020 to 04/21/2020, when Over 21 days decreased by 189 (86%).
- Over 21 days experienced cyclicality, repeating each cycle about every 73 periods. There was also a pattern of bigger cycles that repeated about every 109.5 periods.
- Over 21 days had a significant dip between 02/11/2020 and 06/09/2020, starting at 219, falling all the way to 30 at 04/21/2020 and ending slightly higher at 58.
- The overall linear trend of the series was not a good fit, but the final portion of the series (the final 25%) was, falling at a rate of -0.52 per period.



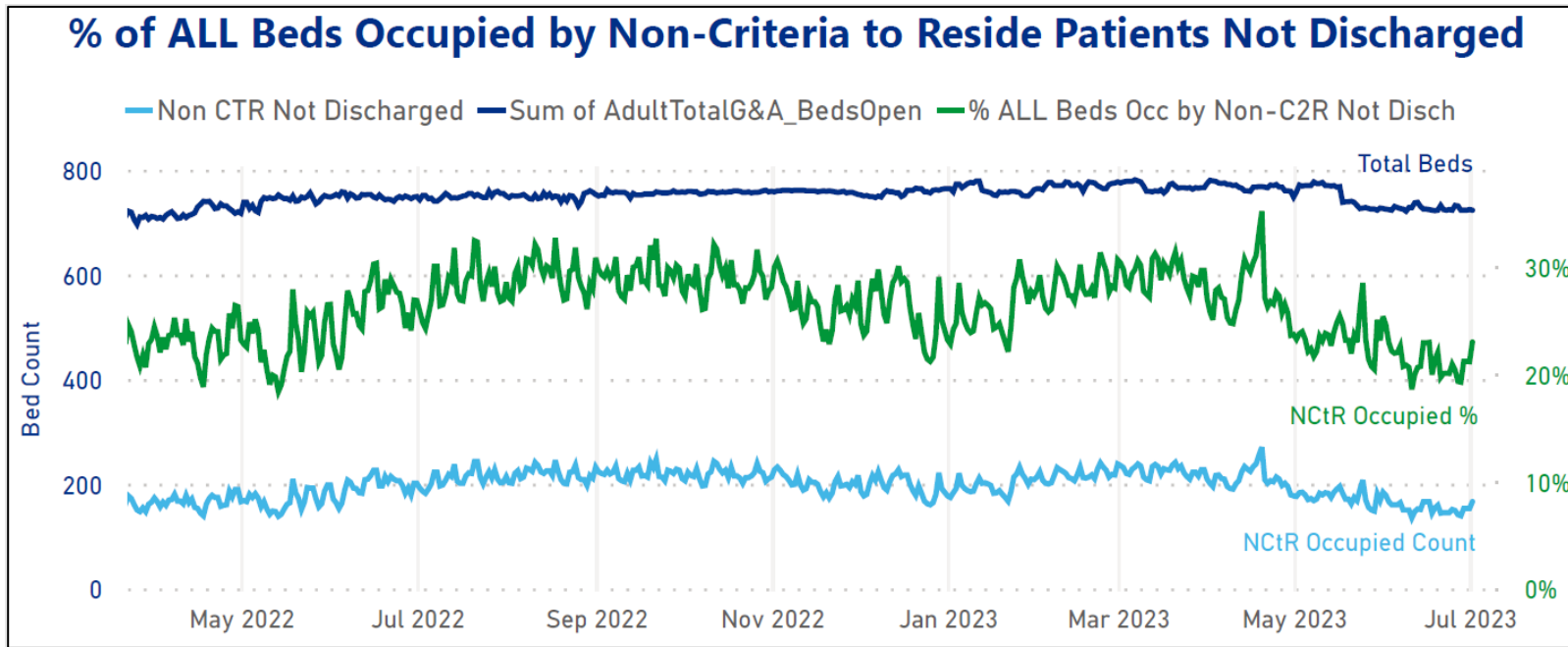
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 14 to 21 days 95% of the time (higher by 79.51 on average).

**For 7 to 14 days:**

- Average 7 to 14 days was 155.48 across all 219 periods.
- Values ranged from 61 (03/31/2020) to 324 (05/28/2019).
- 7 to 14 days fell by 38% over the course of the series but ended on a disappointing note, increasing in the final period.
- The largest single decline occurred in 06/25/2019 (-49%).
- The largest net decline was from 05/28/2019 to 03/31/2020, when 7 to 14 days improved by 263 (81%). This net decline was almost three times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 03/31/2020 to 02/07/2023, when 7 to 14 days increased by 134 (220%).
- 7 to 14 days experienced cyclicity, repeating each cycle about every 109.5 periods. There was also a pattern of smaller cycles that repeated about every 31.29 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 76.06 on average. 7 to 14 days was less than Over 21 days 56% of the time (lower by 3.45 on average).

**Data source: NHS – 04/07/2023**

### 13.2 No Criteria to Reside



The above chart shows Non-Criteria to Reside data from the Wirral University Teaching Hospital (WUTH) NHS Foundation Trust. These are people who currently reside in a hospital bed and no longer meet the clinical criteria to reside there.

The green line represents % of beds occupied by Non-Criteria to Reside patients who have not been discharged, which is currently 23.0% of all beds.

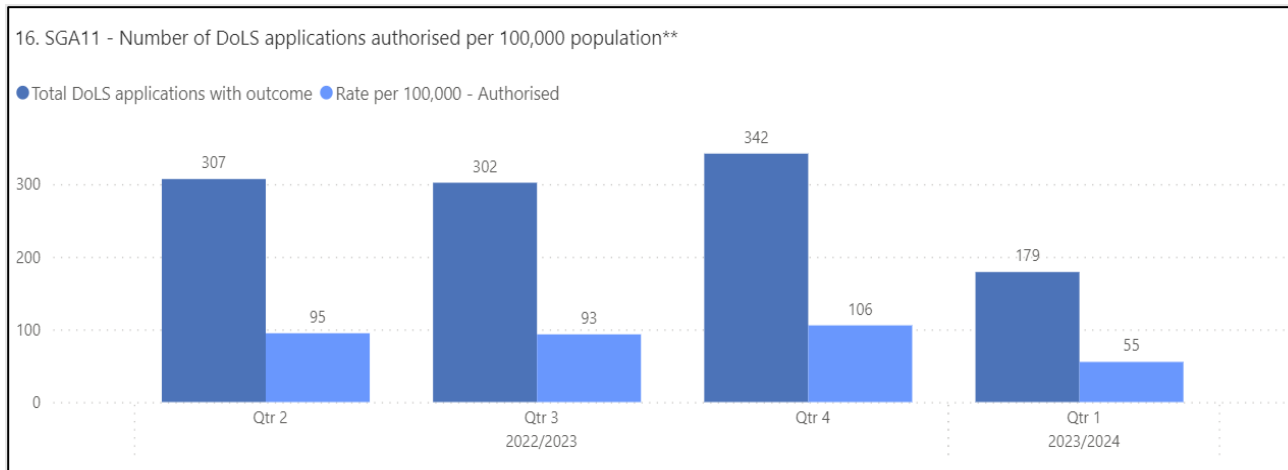
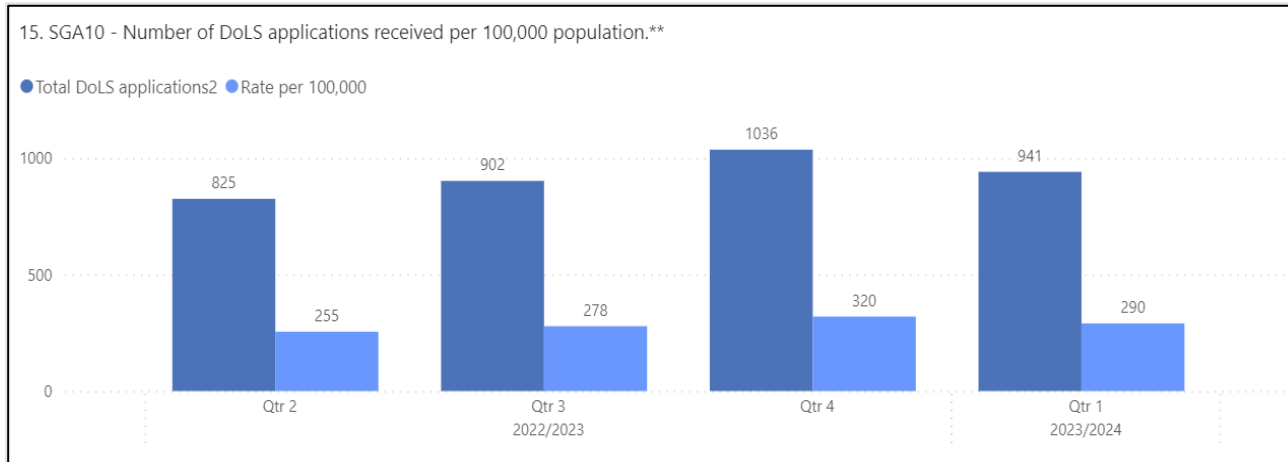
The light blue line represent the number of beds occupied by Non-Criteria to Reside patients who have not been discharged.

The dark blue line represents the target % of how many beds should be occupied by Non-Criteria to Reside patients.

Data Source: Cheshire and Mersey NHS Integrated Care Board

## 14 Deprivation of Liberty Safeguards (DOLS)

### 14.1 DOLS – Total number of people



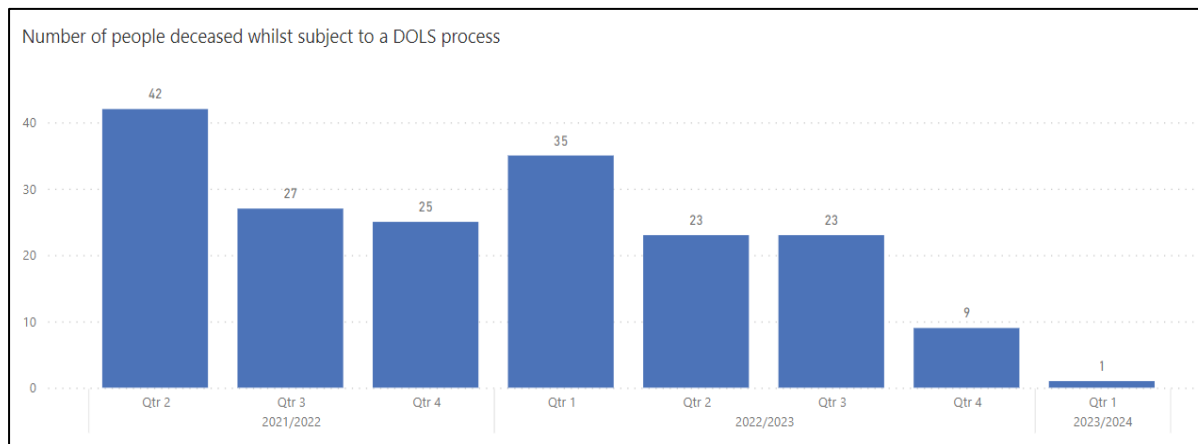
The above quarter comparison charts show the number of DOLS applications received & the number of DOLS applications received per 100,000 people as well as the number of DOLS applications authorised & the number of DOLS applications authorised per 100,000 respectively as of Quarter 1 (01/04/2023 – 30/06/2023).

Data Source: Liquid Logic.

## 14.2 DOLS – Total number of people deceased whilst subject to a DOLS process.

Number of people deceased whilst subject to a DOLS pro...

1



The above quarter comparison chart shows the number of people deceased whilst subject to a DOLS process as of Quarter 4 (01/04/2023 – 30/06/2023).

Data Source: Liquid Logic.



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 19 September 2023

REPORT TITLE:	BUDGET REPORT
REPORT OF:	DIRECTOR OF CARE AND HEALTH

### REPORT SUMMARY

The purpose of this report is to provide an update on the budgets within the remit of the Committee in respect of the in-year position and the anticipated pressures for future years that are being considered within the Medium Term Financial Plan.

The Council is required to set a balanced budget each year and sets a Medium Term Financial Plan which considers the future pressures and savings options that will be taken forward to result in a balanced budget position.

The Council faces a challenging financial outlook due to inflationary and demand pressures alongside the previous significant reductions in Government funding and uncertainty around the future financial settlements.

This report provides an update for the Committee on those budget areas within its remit, including any forecast overspends reported in the first quarter and potential pressures in both the current and future years.

The Committee is asked to note the report and endorse any proposed actions to mitigate the in-year position.

This is a key decision and affects all wards.

The report contributes to the Wirral Plan 2021-2026 in supporting the organisation in meeting all Council priorities.

### RECOMMENDATIONS

The Adult Social Care and Public Health committee is recommended to:

1. Note the report.
2. Endorse any proposed actions to mitigate the in-year position.

## SUPPORTING INFORMATION

### 1.0 REASONS FOR RECOMMENDATIONS

- 1.1 Regular monitoring and reporting of the revenue budgets and savings achievements enables decisions to be taken in a timely manner, which may produce revenue benefits and will improve financial control of Wirral Council.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Policy & Resources Committee has previously determined the budget monitoring process and this report details the agreed course of action.
- 2.2 In striving to manage budgets, available options have been evaluated to maintain a balance between service delivery and a balanced budget.

### 3.0 BACKGROUND INFORMATION

- 3.1 At the meeting on 27 February 2023, the Council agreed a net revenue budget for 2023/2024 of £366.6m to be met by government grants, council tax, and business rates. This report sets out an updated revenue financial position for the Adult Social Care and Public Health Committee.

#### Quarter 1 Forecast Revenue Outturn Position

- 3.2 Table 1 presents the forecast outturn as a net position, i.e. expenditure minus income. Favourable variances (underspends) are shown as negative values and adverse variances (overspends) are shown as a positive value.
- 3.3 At the end of Quarter 1, there was a forecast adverse variance of £2.228m against the Committee's revised net revenue budget of £130.579m, which is equivalent to a variance of 2% from the annual budget.

**TABLE 1: 2023/24 REVENUE BUDGET & FORECAST OUTTURN**

	Budget	Forecast	Variance (- Fav, + Adv)		Adv/ Fav
	£000	£000	£000	%	
Adult Social Care Central Functions	7,097	7,589	492	7%	Adverse
Older People Services	62,841	64,984	2,142	3%	Adverse
Mental Health & Disability Services	54,874	54,566	(308)	-1%	Favourable
Other Care Commissions	109	97	(12)	-11%	Favourable
Delivery Services	5,411	5,325	(86)	-2%	Favourable
Public Health	(262)	(262)	0	0%	
Wirral Intelligence Service	509	509	0	0%	
<b>Net Committee Budget</b>	<b>130,579</b>	<b>132,807</b>	<b>2,228</b>	<b>2%</b>	<b>Adverse</b>

### Updates in revenue position since Quarter 1

- 3.4 Since reporting the Quarter 1 position to Adult Care and Health Committee on Tuesday, 18 July 2023, there has been no movement in the forecast position.

### Progress on delivery of the 2023/24 savings programme.

- 3.5 Table 2 presents the progress on the delivery of the 2023/24 approved savings as at quarter 1. For savings rated as Amber, an equal amount of temporary in-year mitigation has been identified to cover any shortfalls which may occur. For saving rated as red, a bid will need to be made from the contingency fund set up for non-achieved savings at the end of the year.
- 3.6 In terms of savings, £5.935m of the £5.935m savings targets are either delivered or on track to be delivered, representing 100% of the total savings target. The table below summarises the progress by Directorate:

**TABLE 2: SUMMARY OF PROGRESS ON DELIVERY OF 2023/24 SAVINGS**

Directorate	Approved Saving £m	Green £m	Amber £m	Red £m	Mitigation £m
Demand Mitigations	-5.935	-5.935			
<b>TOTAL</b>	<b>-5.935</b>	<b>-5.935</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

### Updates in savings delivery since Quarter 1.

- 3.7 Since Quarter 1 savings of £0.253m have been validated against the savings target for Adult Social Care and Public Health. Processes have been put in place with the recently transferred staff to ensure a more efficient system is in place to track savings going forward.

### Mitigating Measures

- 3.8 It is imperative that the Council report a balanced position at the end of the financial year.
- 3.9 As per the '2023/24 Budget and Budget Monitoring Processes Report', which was presented to P&R and all Service Committees in June, the Committees will be responsible for containing net expenditure within their overall budget envelope and not overspending. Where an adverse variance is forecast, each committee will be required to take remedial action, with detailed plans and timeframes, to bring the budget back in line and ensure that overspends are mitigated.
- 3.10 Where a committee has taken all possible steps for remedial action and is unable to fully mitigate an overspend, this must be reported to the Policy and Resources Committee who will then take an organisational-wide view of how this adverse variance will be managed. There must be immediate action agreed to ensure a deliverable, balanced forecast position can be reported, and this will be monitored on a monthly basis by the Policy and Resources Committee Finance Sub-group.
- 3.11 The Policy and Resources Committee has ultimate responsibility for taking any necessary steps required to ensure a balanced budget position is delivered. The Section 151 Officer will be responsible for ensuring that any budget actions, proposals and mitigations are achievable and legal.

3.12 The quarter 1 position highlights £2.228m of forecast adverse variances for which mitigation has been identified and outlined below.

**Home First:**

3.13 The Home First service is funded by the ICB through the Better Care Fund and Discharge Grant with the support of social care staff co-located within the service, and since 1 July 2023, are now employed and managed by the Council.

3.14 The service is predicated on discharging people, with no criteria to reside in the hospital, to their own homes, to be assessed. The assessment considers any rehabilitation or reablement support needs in tandem with eligibility for social care. The assessments provide a more accurate picture of an individual's needs. There is evidence, nationally and locally that functionality improves within the home environment leading to a reduced reliance on intermediate care beds, domiciliary care and equipment. Feedback would suggest that people feel more in control of their care and have a better experience of hospital discharge.

3.15 The expectation that the service will reduce cost as it relates to social care is difficult to quantify as it is predicated on package/cost avoidance and if any surplus domiciliary care is created as a result it is diverted to people in the community waiting for support. It is anticipated, as the model is fully mobilised, that further surplus hours will be generated leading to less reliance on off framework domiciliary care providers.

**Reablement:**

3.16 The AbleMe will be a Council, Care Quality Commission registered service funded through the Better Care Fund (BCF) and Discharge Grant. The service will be an additional resource based within already established multi-disciplinary teams in Community Social Care locations to support the Preventative agenda.

3.17 AbleMe will be a community reablement service that focuses on preventative support to people living in the community who have been identified as at risk of losing their independence through ill health, social isolation or a change to their circumstances. Supporting these people in the community to be as independent as possible for as long as possible. This is achieved through a period of reablement intervention facilitating a range of self-management strategies and identifying the most appropriate support from family, friends, the community around the person in the first instance, harnessing further by the support that is available from the voluntary sector, private funded services, equipment adaptations, supported housing organisations as well as commissioned services as appropriate.

3.18 The service will enable greater alignment and joining up of services to improve outcomes for people in need of reablement to live well in their communities, and aspire to more active, fulfilling and independent lives. Through slowing or eliminating decline in a person's health and wellbeing there will be a reduction on the reliance on statutory services such as domiciliary care, residential care, nursing care and a reduction in hospital admissions. Keeping people living well independently for longer supported by the community around them will provide cost avoidance in the long-term and a more sustainable form of support for the person at the centre of the service.



**Market Sustainability and Improvement Fund – additional grant allocation:**

- 3.19 There has been a recent announcement from the Department of Health of additional funding to the current market sustainability fund for 2023-24 and 2024-25. This has provided a further £2.7m this year to support adult social care. The funds are to be used in line with current guidance which specifies that improvements to at least one of the three target areas below must be evidenced:
- i. Increasing fee rates in the local area
  - ii. Increasing workforce capacity and retention
  - iii. Reducing adult social care waiting times

### Medium Term Financial Plan

3.20 Table 3 below identifies the areas of consideration for the medium-term financial plan with estimated costs for 2024-25:

<b>Pressure</b>	<b>24-25 Estimated Pressure</b>	<b>Narrative</b>
Care Fees	£11.06m	Wirral has made significant progress in paying the care market fees to support providers in paying care staff at the Real Living Wage. While this provides great benefit to market sustainability and community wealth it has come at a financial pressure to the authority. If this progress is to continue the care budget needs to increase in line with the announced real living wage rate alongside inflation, currently estimated at 7.5%. The announcement of the RLW (usually November) will confirm this. Appendix 1 provides detail of these costs over the last 3 years.
Demographic Growth	£1.47m Adults (2.4%) £2.89m Older People (3.6%)	While national data sets suggest minimal movement in numbers of Adults supported in Wirral, we are aware of local significant demand in transition from Children to adults. Further analysis to review data from Children's services where it is reported that people requiring statutory support via EHCP's has doubled in the last 12 months. National statistics for the older people population in Wirral suggests growth of 8% between 2020 and 2025. Numbers of clients supported with a care package has increased over the past 12 months by 15.5%, however this takes into account all services including such support as Assistive Technology. When reviewing the financial forecast across care types the growth in activity suggests 3.6% to be a more accurate estimate. Appendix 1 provides detail of increasing client numbers over the last 3 years.
Contract Inflation	TBC	All assessment services for complex care clients within Adult Social Care sits with Cheshire and Wirral Community Foundation Trust. Each year the value of the partnership contract is reviewed and negotiated to account for employee salary uplifts.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This budget report that provides information on the forecast outturn for the Adult Social Care and Health directorate for 2023/24 and future years. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to Policy & Resources Committee, the financial position is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year and for future years.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the Chief Finance (s.151) Officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 5.3 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered, and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

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

- 6.1 At this time, there are no additional resource implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there will be resource implications, and these will be addressed within the relevant business cases presented to the Committee.

## **7.0 RELEVANT RISKS**

- 7.1 The Council's ability to maintain a balanced budget for 2023/24 is dependent on a stable financial position. That said, the delivery of the budget is subject to ongoing

variables both positive and adverse which imply a level of challenge in achieving this outcome.

- 7.2 In any budget year, there is a risk that operation will not be constrained within relevant budget limits. Under specific circumstances the Section 151 Officer may issue a Section 114 notice, but that position has not been reached at the present time.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2023/24 budget monitoring process and budget setting process. This report will also be shared and reviewed by the Independent Panel.
- 8.2 Since the budget was agreed at Full Council on 27 February, some proposals may have been the subject of further consultation with Members, Customer and Residents. The details of these are included within the individual business cases or are the subject of separate reports to the Committee.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 At this time, there are no further equality implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be equality implications associated with these, and these will be addressed within the relevant business cases presented to the Committee.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 This report has no direct environmental implications; however due regard is given as appropriate in respect of procurement and expenditure decision-making processes that contribute to the outturn position.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 In year activity will have incorporated community wealth implications. Consideration would have taken account of related matters across headings such as the following:
- **Progressive Procurement and Social Value**  
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs,

apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.

- **More local & community ownership of the economy**  
Supporting more cooperatives and community businesses.  
Enabling greater opportunities for local businesses.  
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
- **Decent and Fair Employment**  
Paying all employees, a fair and reasonable wage.
- **Making wealth work for local places**

**REPORT AUTHOR:** Sara Morris  
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## APPENDICES

Appendix 1 – Analysis of growth since 2021

The PDF file may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact [saramorris@wirral.gov.uk](mailto:saramorris@wirral.gov.uk) if you would like this document in an accessible format.

## TERMS OF REFERENCE

This matter is being considered by the Adult Care and Health Committee in accordance with section 1.2(b) provide a co-ordinating role across all other service committees and retain a ‘whole council’ view of [budget monitoring].

## BACKGROUND PAPERS

Adult Care and Health Committee Report 13 Jun 23: 2023/24 Budget and Budget Monitoring Processes Report.

## SUBJECT HISTORY (last 3 years)

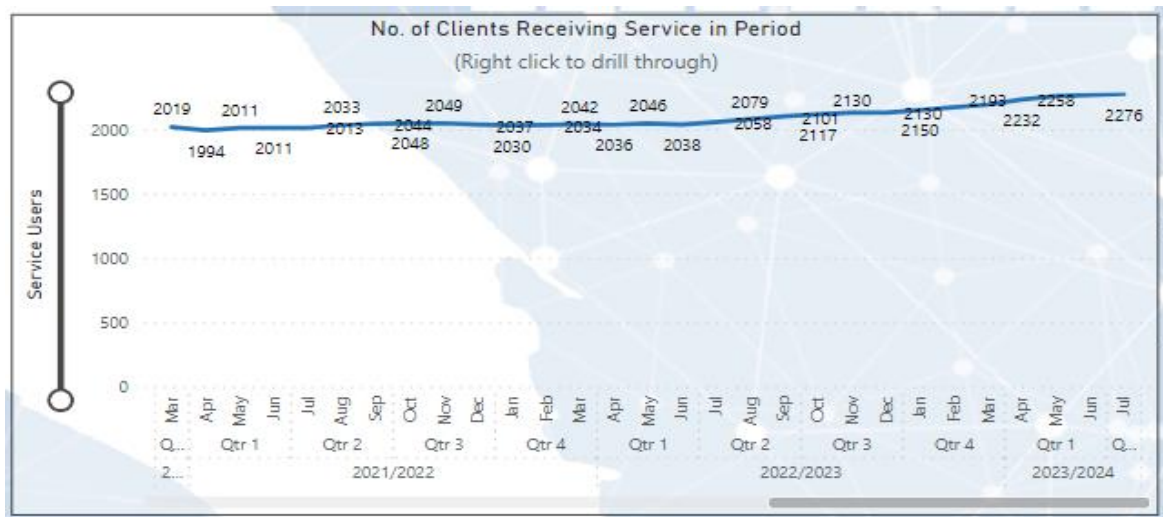
Council Meeting	Date
Adult Care and Health Committee	18 July 2023
Adult Care and Health Committee	13 June 2023
Adult Care and Health Committee	6 March 2023
Adult Care and Health Committee	29 November 2022

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Appendix 1 – Adult Social Care and Public Health Committee September 2023 Update Report

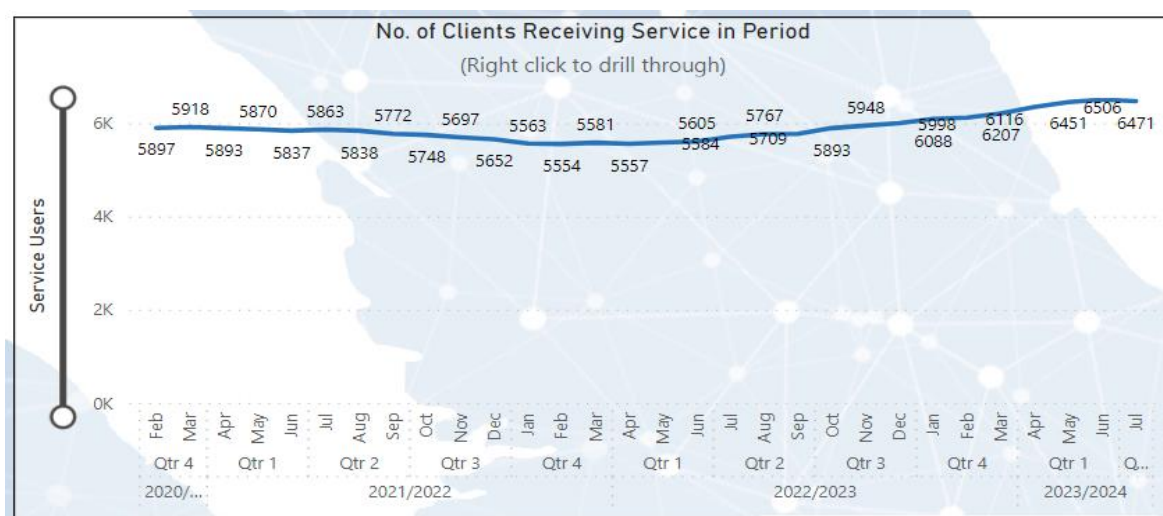
**Demographic Growth**

The graph below reflects the increasing numbers of Adults supported in Wirral since 2021. This shows 2,019 clients in March 2021 compared to 2,276 in July 2023:



The number of clients aged 18-64 over the 12 months from May 2022 to May 2023 has increased by 10.4%

The graph below reflects the increasing numbers of Older People supported in Wirral since 2021. The data shows 5,897 clients in February 2021 compared to 6,471 in July 2023:



The number of clients aged 65+ over the 12 months from May 2022 to May 2023 has increased by 15.5%

## Care Fees

The Council approved the uplift in care fees to allow providers to pay the Real Living Wage to care staff from May 2020 when the hourly rate was uplifted in year from the national living wage rate of £8.72 to £9.30 (6.67% increase) supported by the use of Covid funding. Real Living Wage rates over this period have increased as follows:

2020-21	£9.30 (previously £8.72 National Living Wage)
2021-22	£9.50
2022-23	£9.90
2023-24	£10.90

It is important to note that employee costs are the single biggest cost driver on fee rates, and care fee rates have been calculated each year to account for this cost.

Fee rates are negotiated and uplifted on a yearly basis during a market consultation process when providers can discuss the proposed rates with Finance and Commissioning colleagues. Wirral use Cipfa approved tools to calculate the fee rates.

The following table reflects the approved rates for the past three years:

Care Type	Fee Type	Unit	2021-22 Fee Rates	2022-23 Fee Rates	2023-24 Fee Rates
<b>Supported Living - Day Support</b>	RLW	Hourly	£16.92	£17.76	£19.60
	Standard		£15.89	£17.06	£18.76
<b>Supported Living - Night Support</b>	RLW	Per night	£131.99	£138.57	£152.92
	Standard		£124.00	£133.07	£146.35
<b>Extra Care - Older People</b>	RLW	Hourly	£14.80	£15.54	£17.25
	Standard		£13.90	£14.91	£16.41
<b>Extra Care - Adults (18-64)</b>	RLW	Hourly	£16.92	£17.76	£19.60
	Standard		£15.89	£17.06	£18.76
<b>Extra Care - Adults (18-64)</b>	RLW	Per night	£131.99	£138.57	£152.92
	Standard		£124.00	£133.07	£146.35
<b>Residential Care</b>	RLW	Weekly	£527.00	£550.00	£637.00
	Standard		£502.00	£532.00	£618.00
<b>Residential EMI Care</b>	RLW	Weekly	£589.00	£616.00	£710.00
	Standard		£561.00	£595.00	£687.00
<b>Nursing Care</b>	RLW	Weekly	£565.00	£596.00	£701.00
	Standard		£526.00	£571.00	£671.00
<b>Nursing EMI Care</b>	RLW	Weekly	£601.00	£633.00	£743.00
	Standard		£560.00	£607.00	£710.00
<b>Domiciliary Care</b>	RLW	Hourly	£17.79	£18.47	£21.72
	Standard		£16.64	£17.61	£19.02



During October 2022 Wirral undertook a fair cost of care exercise as part of a national exercise to identify provider expectations of a true and fair cost of care. Following this exercise Wirral invested an additional £4.1m of market sustainability grant funding to the 2023-24 community care fees as a positive move toward paying Wirral providers a fair cost of care.

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

19 SEPTEMBER 2023

<b>REPORT TITLE:</b>	<b>ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### REPORT SUMMARY

The Adult Social Care and Public Health Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Social Care and Public Health Committee is attached as Appendix 1 to this report.

Following the whole-Council elections, the newly composited Committee is invited to review the 2023-24 work programme moving into the 2023/24 municipal year. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops.

### RECOMMENDATION

The Adult Social Care and Public Health Committee is recommended to note the proposed Adult Social Care and Public Committee work programme for the remainder of the 2023/24 municipal year.

## **SUPPORTING INFORMATION**

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

- 1.1 To ensure Members of the Adult Social Care and Public Health Committee have the opportunity to contribute to the delivery of the annual work programme.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

#### **Terms of Reference**

- 3,2 The Adult Social Care and Public Health Committee is responsible for the Council's adult social care and preventative and community-based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and Public Health Committee is also responsible for the promotion of the health and wellbeing of the people in the Borough. This includes, in respect of the Health and Social Care Act 2006, the functions to investigate major health issues identified by, or of concern to, the local population. The Committee is charged by full Council to undertake responsibility for:-

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);

d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and

e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:

- (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
  - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
  - (iii) adult social care support for carers; (iv) protection for vulnerable adults; (v) supporting people;
  - (iv) drug and alcohol commissioning;
  - (vii) mental health services; and (viii) preventative and response services, including those concerning domestic violence.
- f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood
- g) in respect of the Health and Social Care Act 2006, the functions to:
- (i) investigate major health issues identified by, or of concern to, the local population.
  - (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
  - (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
  - (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
  - (v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

## **5.0 LEGAL IMPLICATIONS**

5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

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

6.1 There are no direct implications to Staffing, ICT or Assets.

## **7.0 RELEVANT RISKS**

7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Not applicable.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information to Members and there are no direct equality implications.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 This report is for information to Members and there are no direct environment and climate implications.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 This report is for information to Members and there are no direct community wealth implications.

**REPORT AUTHOR:** **Mike Jones**  
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email: michaeljones1@wirral.gov.uk

## **APPENDICES**

Appendix 1: Adult Social Care and Public Health Committee Work Programme

**BACKGROUND PAPERS**

Wirral Council Constitution

Forward Plan

The Council's transformation programme

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Standing Item</b>	

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**ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**
**WORK PROGRAMME OCTOBER 2023**
**KEY DECISIONS**

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>	<b>Key Decision</b>
Commissioning of primary care dental services.	October	Tom Knight (Head of Primary Care for C&M ICB)	Non Key
Better Care Fund/Section 75 Pooled Fund	October	Bridget Hollingsworth	Key
Development of a Risk and Resilience Approach for Children and Young People	October	Dave Bradburn/Julie Graham	Key
Wirral Health Protection Strategy Update	October	Dave Bradburn	Non Key
Care Quality Commission Self-Assessment	October	Simon Garner	Non Key
CWP Task and Finish report	October	Anna Perrett	Non Key
Work Programme	October	Mike Jones	Non Key

**ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED**

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>
Care Quality Commission (CQC)	December	Simon Garner
C&M LD & Autism Housing Strategy (Key)	January 2024	Jayne Marshall

**STANDING ITEMS AND MONITORING REPORTS**

<b>Item</b>	<b>Reporting Frequency</b>	<b>Lead Departmental Officer</b>
Financial Monitoring Report	Each scheduled Committee	Sara Morris

	Finance have set out the below for finance reports June September November February/March	
Performance Monitoring Report	Quarterly Reports Q3 March, Q4 June, Q1 September, Q2 November	Nancy Clarkson
Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Anna Perrett
Social Care Complaints Report	Annual Report – Jan	
Public Health Annual Report	Annually -Winter 2023	Dave Bradburn
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually - June	Dan Sharples

## WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
<b>Working Groups/ Sub Committees</b>				
<b>Task and Finish work</b>				
<b>Spotlight sessions / workshops</b>				
CQC	Workshop	August and October	Simon Garner	
BCF/ Section 75	Workshop	18 September 2023	Bridget Hollingsworth	

Dementia (including regen and environment)	Workshop	October/ November	Graham Hodkinson	
Wirral Drugs Strategy	Workshop	October/ November	Dave Bradburn	
Budget Briefings	Workshop		TBC	
Integrated Care Systems, Place arrangements and the Integrated Care Board	Workshop		Graham Hodkinson and Vicki Shaw	
Care Home Commissioning contracting and Quality Improvement.	Workshop		Jayne Marshall	
<b>Written briefings</b>				
Position statement – Refugees (written briefing)	TBC	Lisa Newman		

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## Adult Social Care and Public Health Committee – Terms of Reference

The Adult Social Care and Public Health Committee is responsible for the Council's adult social care and preventative and community-based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and Public Health Committee is also responsible for the promotion of the health and wellbeing of the people in the Borough. This includes, in respect of the Health and Social Care Act 2006, the functions to investigate major health issues identified by, or of concern to, the local population.

The Committee is charged by full Council to undertake responsibility for: -

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
  - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
  - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
  - (iii) adult social care support for carers; (iv) protection for vulnerable adults;
- (v) supporting people; (vi) drug and alcohol commissioning; consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
  - (i) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
  - (ii) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
  - (iii) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.
- (vii) mental health services; and (viii) preventative and response services, including those concerning domestic violence.

f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood

g) in respect of the Health and Social Care Act 2006, the functions to:

(iii) investigate major health issues identified by, or of concern to, the local population.

(iv) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.

(v) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.

(vi) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

(vii) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.