



Adult Social Care and Public Health Committee

Date:	Tuesday, 17 October 2023
Time:	6.00 p.m.
Venue:	Committee Room 1, Birkenhead Town Hall

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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 - 8)

To approve the accuracy of the minutes of the meeting held on 19 September 2023.

5. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Thursday 12 October 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 12 October 2023 to the Council's Monitoring Officer (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. **BCF SECTION 75 POOLED FUND (Pages 9 - 14)**
7. **ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW (Pages 15 - 20)**
8. **DEVELOPMENT OF A RISK AND RESILIENCE APPROACH FOR CHILDREN AND YOUNG PEOPLE (Pages 21 - 26)**
9. **CARE QUALITY COMMISSION SELF ASSESSMENT (Pages 27 - 72)**

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10. **HEALTH PROTECTION STRATEGY 2023-27 - 6 MONTH UPDATE REPORT (Pages 73 - 98)**

SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

SECTION C - OVERVIEW AND SCRUTINY

11. **PRIMARY CARE DENTISTRY UPDATE NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD (Pages 99 - 116)**

Appendix 1 may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact tom.knight1@nhs.net if you would like this document in an accessible format.

12. **CHESHIRE AND WIRRAL PARTNERSHIP MENTAL HEALTH TRANSFORMATION TASK AND FINISH (Pages 117 - 134)**
13. **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE (Pages 135 - 144)**

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, 19 September 2023

Present:

Councillor J Williamson (Chair)

Councillors	P Gilchrist	G Jenkinson
	S Mountney	C Baldwin
	Murphy	M Jordan
	K Murphy	J McManus
	B Hall	E Tomeny

29 **WELCOME AND INTRODUCTIONS**

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

The Chair congratulated the Active Wirral Wellbeing Weight Management Programme who had won a national award by the Association of People Supporting Employment First (APSE). The organisation had been in a shortlist of six for the Best Health and Wellbeing Initiative.

30 **APOLOGIES**

An apology for absence was received from Councillor Amanda Onwuemene. Councillor Ewan Tomeny substituted.

31 **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.

Councillor Gail Jenkinson declared an interest in relation to the Budget in that a client of hers was in receipt of direct payments in order to pay her.

32 **MINUTES**

Resolved – That the minutes of the meetings held on 18 July 2023 be approved as a correct record.

33 **PUBLIC QUESTIONS**

There were no statements or petitions received.

One question had been submitted by Ian Seddon of Unison. The question concerned the Real Living Wage and asked if the Chair and members of the Committee gave their full support the continuance of the Real Living Wage for 2023 / 2024 by extending the payments made to care providers, and if it could be made into Council policy.

The Chair responded and confirmed that Wirral Council fully supported the continuance of achieving a Real Living Wage and, for 2023/2024 financial year, had agreed to promote the payment of the Real Living Wage by providers of health care services to the Council and local residents by paying an enhanced rate to providers who commit to paying front line staff the Real Living Wage, and a standard rate for providers who are not able to commit to paying staff the Real Living Wage.

There was one supplementary question, which was:

In addition to payment of the Real Living Wage, frontline domiciliary care staff received a payment of £12 an hour. Will this continue into 2023/24 and will it increase?

A written response to the question was promised and is printed in the supplement to these minutes.

34 **ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW**

The Head of Integrated Services presented the report of the Director of Care and Health which described 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. These delegated functions were from the Councils statutory duty to assess the needs of adults and carers, as defined by the Care Act 2014. The duties included a range of functions including assessment, support planning, safeguarding, mental health assessment and professional case management. The statutory adult social care services were provided by the Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

Councillor Gail Jenkinson proposed an amendment replacing the existing recommendations to avoid the issue coming back to the Committee before all the information required to make the decision was forthcoming.

This was seconded by Councillor Brenda Hall.

The amendment was voted on and carried (8:3)

This was then voted on as the substantive motion and carried (8:3)

Resolved: That

A decision on the All Age Disability and Mental Health Delivery Review be deferred until we have more information, namely:

- **The dependencies on which the decision must be based;**

- **The dates of these dependencies;**
- **The confirmation that resources will be in place to act on the information forthcoming; and**
- **The length of time taken to analyse the information.**

Therefore the date by which the contract must be extended to can be determined.

35 **EXTRA CARE HOUSING**

The Head of Service, Commissioning and Contracts presented the report of the Director of Care and Health which provided an update on Extra Care Housing in Wirral. Extra care was a programme to provide accommodation and care for older people and people with mental health conditions as an alternative to residential or nursing care, to allow people to be maintained in their own homes in supportive environment. The report set out the plan to provide appropriate Extra Care Housing schemes in Wirral that would support Wirral residents with eligible needs. These are needs that are assessed as eligible under the Care Act 2014. The report also sought 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. There were units for 329 Older Persons and 106 for disabled people, and the work was on track to increase to 725 by 2026. New sites and providers were being considered on the basis of local need. Providers were assessed on quality criteria rather than on tender price.

Members questioned details such as the volume of shared ownership and the engagement of Members in the consideration of new providers and sites.

Resolved: That

- 1. further plans for development of Extra Care Housing for Wirral as set out within this report be endorsed; and**
- 2. the Director of Care and Health be authorised 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.**

36 **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT**

The Assistant Director for Operational Delivery and Professional Standards presented the report of the Director of Care and Health which provided a performance report in relation to Adult Social Care and Public Health.

Members questioned some of the Key Performance Indicators, the Care Quality Commission inspection results and the detail around Deprivation of Liberty Safeguards application.

Resolved:
That the content of the report be noted.

37 **BUDGET REPORT**

The Director of Care and Health presented his report which provided 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 were being considered within the Medium-Term Financial Plan. The financial pressure in different periods was outlined, as well as some mitigation funding from the Government.

Councillor Kieran Murphy proposed the following additional, third, recommendation:
“That this Committee repeats its support for the Real Living Wage to continue to be offered to all organisations providing adult care.”

This was seconded by Councillor Ewan Tomeny.

It was noted that the Medium-Term Financial Plan included estimated costs for the Real Living Wage to be paid to providers for 2024 and 2025 but it was also noted that the Council could not mandate providers to pass on the amount to their staff, although it encouraged them and provided incentives such as paying a lower rate to providers who did not pay the Wage, although most did.

Councillor Tony Murphy proposed an alternative additional recommendation. This was seconded by Councillor >[DID ANYONE NOTE THE SECONDER? IT IS NOT ON THE WEBCAST] and carried unanimously.

The substantive recommendations were then voted on and carried unanimously.

Resolved: That

- 1. the report be noted;**
- 2. any proposed actions to mitigate the in-year position be endorsed; and**
- 3. the inclusion of the Real Living Wage in the Medium-Term Financial Plan be endorsed**

38 **WORK PROGRAMME**

The Chair presented the report of the Director of Law and Governance.

Additional items were suggested, which were:

Dignity in Death

All Age Disability

Carers Strategy

Volunteers Gateway

Rehabilitation on Wirral

The Director of Public Health provided a general update on Covid 19 pandemic, noting the national increase in cases which may be related to a new variant and has encouraged the earlier implementation of the 2023 immunisation programme.

Resolved: That work programme be noted and above items be included.

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Adults, Social Care and Public Health Committee

19 September 2023

Public questions

A supplementary question was asked by Mr Ian Seddon, the question and answer were as follows:

Supplementary question

“In addition to the payment of Real Living Wage in Extra Care, Supported Living and Care Homes, front line domiciliary workers receive a payment of £12 per hour.

This is vital in recruitment and retention of staff to aid getting people out of hospital to receive care at home.

Will this continue into 2023 / 2024 and will the rate be reviewed for an increase?”

Answer

In respect of the £12 per hour rate paid to front line domiciliary care workers, this additional payment above the Real Living Wage was introduced in August 2022, originally at £11 per hour and uplifted to £12 per hour in April 2023. This was introduced as a recruitment incentive for the domiciliary care sector at a point in time where recruitment was proving difficult for the sector and demand was high. As part of our fee rate considerations for 2024/2025, we will undertake our annual rates and fees engagement exercise at the end of 2023, taking into account funds available to council, market factors and service priorities.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 OCTOBER 2023

REPORT TITLE:	BCF SECTION 75 POOLED FUND
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The report sets out the detail of the budget areas to be pooled in 2023/24 as part of the mandatory agreement under Section 75 of the National Health Service 2006 Act, between the Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place. It describes how these arrangements will achieve the Government's priorities for the Better Care Fund (BCF) Plan 2023/25 and support the ambitions of the Healthy Wirral Plan.

The report requests Adult Social Care and Public Health Committee to approve the Section 75 pooled fund arrangement for 2023/24 between the 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 describes the arrangements, content, and value of the 2023/2024 pooled budget and sets out the additional funding that the ICB has contributed to the pooled budget.

This has implication for all wards and is a key decision.

RECOMMENDATION/S

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

1. Approve the continuation and value of the pooled fund arrangement between the Council and NHS Cheshire and Merseyside ICB as outlined in section 4.1 of this report; and
2. Authorise the Director of Law and Governance in consultation with the Director of Care and Health to enter a Section 75 agreement with NHS Cheshire and Merseyside ICB for 2023/24. Note that the shared risk arrangements are limited to the Better Care Fund (BCF) only, which is currently reporting a break-even position.
3. Note the increase in the Section 75 pooled fund in April 2023 as a result of the Adult Social Care Discharge Fund as outlined in Section 4.2 of this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Better Care Fund was established by the Government pursuant to the Care Act 2014 to provide funds to local areas to support the integration of health and social care to achieve mandatory National Conditions and Local Objectives. It is a National Health Service England requirement that the local ICB and Council establish a pooled fund for this purpose. A Section 75 agreement under the national health services act 2006 must be updated annually to set out the detail of budget areas pooled and the associated governance. The Section 75 agreement must provide for drawing down the elements of the funding pool relating to the BCF. Continuing the current pooled fund arrangements, including the increased contribution from the ICB, does not increase financial risk to the Council.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The pooled fund arrangements are contributing to ensuring people and carers remain as independent as possible for as long as possible and people are discharged from hospital to the right place at the right time. There have been significant pressures within the health system and the care market. The BCF has mitigated some of these pressures and it is therefore recommended to continue with the pooled fund arrangement for 2023/24. To exit the arrangement is not recommended and the proposed arrangement does not expose the Council to increased financial risk.

3.0 BACKGROUND INFORMATION

- 3.1 The BCF represents a collaboration between:
- Department of Health and Social Care
 - NHS England
 - Department for Levelling Up, Housing and Communities
 - The Local Government Association
- 3.2 The BCF plan articulates, at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
- 3.3 The management and delivery of the BCF plan currently sits within the jurisdiction of the Joint Health and Care Commissioning Executive Board. It:
- Ensures effective day to day management of the pooled funds under the Section 75 agreement.
 - Maintains an overview of the use of the pooled fund and service delivery.
 - Reports on performance of the pooled fund to various committees and boards.
 - Is accountable for the delivery of Wirral place-based priorities.
- 3.4 Wirral's Place Director and the Director of Care and Health seeks local stakeholder endorsement of Wirral's Plan via the Wirral Place Based Partnership Board. The plan will be approved by the Health and Wellbeing Board.

- 3.5 The Section 75 agreement sets out the minimum and additional contributions from the ICB and Wirral Council, the Disabled Facilities Grant, and the Improved BCF.
- 3.6 The allocation of the funding demonstrates the Section 75 arrangements reflect and helps achieve the outcomes of the Healthy Wirral Plan which are as follows:
- Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live;
 - Through understanding our populations' health, we enable more people to remain healthier and independent for longer and live well;
 - Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life;
 - Wirral people and their families feel informed and involved in managing their health; and
 - Care and support are provided seamlessly from organisations that talk to each other.
- 3.7 The Section 75 agreement arrangements demonstrate how via the Council's well-established joint commissioning arrangements, funding has been allocated to services that achieve the Government's priorities for 2023/24 (see below) and a commitment to a systemic programme of service reviews providing assurance that all funded schemes deliver value for money outcomes against cost assessments by:
- Pooling resources, intelligence, and planning capacity;
 - Delivering the Right Care in the Right Place at the Right Time;
 - Managing demand and reducing the cost of care;
 - Clear accountability and governance arrangements; and
 - Resilience and flexibility to emerging issues in service delivery.
- 3.8 The Adult Social Care Discharge Fund was introduced in November 2022 and has been extended into 2023/24. This is a national allocation of resources to Local Authorities and the NHS from the Government to support places to improve discharges from hospital. The funding was pooled into the BCF. The allocations are set out in section 4.2 of this report.
- 3.9 These arrangements outlined in this report on the associated 2-year BCF plan will enable Wirral place to achieve the government's priorities for 2023/25 and support the ambitions of the Healthy Wirral Plan.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The table below sets out the contributions from the ICB and Wirral Council. The additional ICB funding does not expose the Council to increased financial risk. The current risk share arrangements remain the same and Individual services will be reviewed to ensure National Conditions are met and value for money outcomes against cost assessments were demonstrated.

2023/24	ICB Contribution	Council Contribution	Total
BCF Schemes	£33,496,971	£25,962,517	£59,459,488
Non-BCF Schemes	£158,047,619	£50,369,000	£208,416,619
TOTAL	£191,544,590	£76,331,517	£267,876,107

4.2 The additional contribution from the government to support hospital discharge is set out below.

2023/24	Allocation
Wirral Council	£2,697,262
NHS Cheshire & Merseyside ICB – Wirral Place	£2,457,969
Total	£5,155,231

4.3 The shared risk arrangements are limited to the BCF only, which is currently reporting a break-even position.

5.0 LEGAL IMPLICATIONS

5.1 Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

5.2 Section 141 of the Care Act 2014 provides for the BCF Pooled Funds to be held under and governed by an overarching Section 75 Partnership Agreement. Such an agreement is required to draw down resources under the BCF and to enable the pooling of wider funding elements which are in the scope of the arrangement. Each year, Legal Services are fully engaged in the development of the Section 75 agreement. The delay in circulation of the guidance and the shift to place based commissioning arrangements delayed the finalisation of the Section 75 agreement. This is permissible within the BCF guidance.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no new resource implications because of this proposal, as it is a continuation of current arrangements.

7.0 RELEVANT RISKS

7.1 There is a risk that the Council is exposed to financial risk, but this is mitigated by having the risk share agreement in place for services provided within the BCF.

7.2 There is a risk that the Council would not meet the requirement to have a pooled fund in place, but this is mitigated by the Section 75 being in place.

8.0 ENGAGEMENT/CONSULTATION

8.1 A range of engagement and consultation processes related to the integration of services and commissioning functions have been undertaken in previous years. There is no requirement for further consultation to continue with arrangements as proposed.

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. Equality Impact Assessments will be embedded into service design and reviews. Any new commissions will require an Equality Impact Assessment to be completed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Most BCF funded schemes are delivered by local providers, the emphasis is on providing support in the right place and avoiding the need for extensive out of area travel.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Most BCF funded schemes are delivered by local providers creating employment opportunities for Wirral citizens.

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APPENDICES

N/A

BACKGROUND PAPERS

BCF Narrative Plan 2023/25
Adult Social Care Discharge Fund Guidance (19th November 2022)

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)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	18 July 2023

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 October 2023

REPORT TITLE:	ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

On 19 September 2023, a proposal was brought to Adult Social Care and Public Health Committee to extend the contract with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) until 30 September 2025, on substantially the same terms which would enable a full analysis of the benefits and detriments of returning the service to the Council’s delivery arm. An additional recommendation was tabled and approved, namely, that the decision on the period of extension would be deferred until a further report is presented in October 2023, providing Committee with additional information to inform the decision-making process. This report sets out the interdependencies and timescales associated with this analysis, which could have a material impact on the decision-making process, and the resources needed to support it.

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

1. The Adult Social Care and Public Health Committee is recommended to note the additional information (3.8 of this report) to enable Committee to make a decision about the recommended extension of the contract until September 2025.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To provide members with context and background information to enable them to make a decision about the period of extension of the current contract with CWP.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 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. This option is not the recommended one as the interdependencies set out in 3.8 and the timescales associate with them would not require an extension of this length.
- 2.2 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 there is insufficient time to complete a full review of the interdependencies set out in 3.8 to complete the review.

3.0 BACKGROUND INFORMATION

- 3.1 Councils have statutory duties placed upon them in relation to Adult Social Care (Care Act 2014), 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 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.
- 3.3 On the 19th September 2023, a recommendation was made to the Adult Social Care and Public Health Committee to extend the contract with CWP until 30th September 2025 on substantially the same terms and conditions, to enable further analysis, in partnership with the CWP and other system partners, of the benefits and detriments of a continuation of the delegation 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 An additional recommendation was tabled and approved, namely, to defer making this decision as it related to the extension of the contract until additional information was provided.
- 3.5 The report takes account of the lessons learned following notice of withdrawal from the contract with the Council by the Wirral Community Health and Care NHS Foundation Trust on the 6th of December 2022, and the transfer of social care delivery service on the 1st of July 2022.
- 3.6 An analysis of the benefits and detriments of returning some or all of the social care staff to the Council, in partnership with the CWP and other key partners, including people with lived experience would require a period of 6 months to ensure full engagement with key partners.

3.7 The timescales below set out other interdependencies that would influence any future delivery model, including, as examples, the Care Quality Commission self-evaluation, the All Age Disability Review, Special Educational Needs Strategy. and the time period required to embed other services which have recently transferred to the Council.

3.8 **Interdependencies**

Set out below are key pieces of work that could have an impact on how social care is delivered to adults and children:

- Review of the CWP service will include a consideration of financial efficiencies and achievement against key performance indicators and outcomes for people.
- Consideration of the experiences of staff and people with lived experience will form part of the review, alongside the effectiveness of the interface between CWP and Place.
- Lessons learned from the transfer of staff from the Wirral Community Health and Care NHS Foundation Trust will be completed by October 2023.
- The Council is completing a self-assessment, preparing for CQC inspection which will identify any gaps or areas for improvement which will be monitored through the contract meetings, this will be completed by October 2023.
- The roll out of new Multi-Disciplinary Team approach to Care Act assessment (3 Conversations) within CWP services and measure the impact in the lifetime of the contract.
- The outcomes of the All-Age Disability Review will contribute to the future model for the assessment and support of children and adults. This will be completed by March 2024.
- The Special Educational Needs Strategy will be presented to Adult Social Care and Public Health Committee in June 2024, and this will contribute to the future for the assessment and support of children and adults.

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 an annual uplift to the contract price which reflects a review of cost pressures and relates 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 (2014) assessment. It has a duty to meet need in line with the Children's Act (2004). The duty to assess and provide care and support planning for adults and children 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.

5.3 The notice period for the termination of the contract is 12 months. The current contract will end on 30 September 2024.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 If the contract is extended to 2025, the review can be managed within existing available resources

7.0 RELEVANT RISKS

7.1 There is a potential risk to the continuity and safe delivery of statutory services should the contract terminate in September 2024, there would be a reduced period to complete an analysis of current services and interdependencies, and a safe transfer of services to the Council, should that be the decision made.

7.2 To end the contract in September 2024 would place a significant demand on operational and enabling staff during periods of high pressure, which could interrupt or have an impact on the safe delivery of services. A project team would need to be convened with immediate effect to ensure the safe transfer of staff and any assets.

7.3 If the contract was not extended with CWP, the Council would have to make alternative arrangements for the delivery of statutory adult social care services assessment delivery.

7.4 The CWP could withdraw from the contract before September 2024, however they have agreed to the extension to 2024 and are also in agreement to the proposed extension to 2025.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been and will continue to be ongoing consultation with leaders in CWP with planned engagement with operational staff.

8.2 Ongoing engagement with Council children's social care services.

8.3 Consultation with all age adults and carers in respect of their lived experience of the service from CWP.

8.4 Consultation with and feedback from community care providers and the Community Voluntary and Faith Sector, that deliver services as a result of Care Act assessments and reviews undertaken by CWP.

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 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
 Adult Social Care and Public Health Committee report – 19th of September 2023.

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)

Council Meeting	Date
Adult Social Care and Public Health Committee	19 September 2023
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

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17th October 2023

REPORT TITLE:	COMMISSIONING A RISK AND RESILIENCE OFFER FOR CHILDREN AND YOUNG PEOPLE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report seeks authorisation from the Adult Social Care and Public Health Committee to tender for the development of a new offer to support children and young people in relation to health and risk-related behaviours. It is intended that the new offer will be commissioned from September 2024 and will transform support for children and young people, by providing a more effective and co-ordinated approach to improve outcomes for them.

The activities outlined in this report support the vision of the Wirral Plan 2021-2026, specifically the themes of 'Brighter Futures' and 'Active Lives' and Priority Area 3 of the Wirral Health and Wellbeing Strategy 2022-27 to 'Ensure the best start in life for all children and young people'.

The proposed actions affect all wards within the borough and is a key decision.

RECOMMENDATION/S

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

1. Authorise the Director of Public Health to commence the commissioning of risk taking/health related behaviours offer for children and young people. This will be for a contract period of five years (1st September 2024 – 31st August 2029) with the option of two one-year extensions in accordance with the spend profile in paragraph 4.5 of this report.
2. Authorise that delegated authority be given to the Director of Public Health to award the tender to the successful bidder following the tender process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To authorise Public Health to implement the commissioning intentions for an integrated 'Risk and Resilience' offer to support children and young people as outlined in this report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It is necessary to recommission the services highlighted in order to comply with Public Contract Regulations 2015 and the Council's Contract Procedure rules. Other options related to contract length, contract value and several smaller contracts (the current situation) were considered. However, this work is a transformational project across the whole system of support for risk and resilience support for children and young people. In order to meet the needs of children and young people more effectively, increase access, improve outcomes, and provide value for money it is considered that this support be joined together to better support needs holistically, rather than as stand-alone commissions. The offer will complement the emotional health and wellbeing model recently tendered for. The importance of the links between this offer and the emotional health and wellbeing model, is that broadly defined, resilience is the ability to cope with and recover from setbacks, using skills and strengths to respond to life's challenges. It is widely acknowledged that a lack of resilience may lead to children and young people becoming overwhelmed with their experiences and dwell on problems, using unhealthy behaviours to cope with them.

3.0 BACKGROUND INFORMATION

- 3.1 Today's children and young people are growing up in an increasingly complex world and many of them live their lives seamlessly on and offline. This presents many positive and exciting opportunities, but also challenges and risks. In this environment, children and young people need to know how to be safe and healthy, and how to manage their academic, personal, and social lives in a positive way. Children, young people, and their families deserve to have the confidence that they will not be passed from one subject-specific support service to another. We know that the issues that children and young people face can often be complex and interlinked, so maintaining separate and siloed services for each issue is not an effective way to proceed.
- 3.2 The approach will build on the parts of the Wirral system that we know are already working well for our children and young people, whilst reducing any duplication and improving effectiveness. A consistent, evidence-based, and practical approach will be developed to promote resilience and reduce vulnerability to risk and the consequences of risk-taking behaviours across the full range of needs for children and young people. The offer will be responsive and agile and driven by local intelligence of risk-related behaviours as they emerge.
- 3.3 The development of a risk and resilience approach will draw together support around issues affecting children and young people to make it easier for children and young people to get the support they need when they need it. The offer would not be topic

specific (such as substance misuse or sexual health), rather would pull support together, enabling a much more holistic approach to the needs of our children, young people, and families. The offer will also be underpinned by the importance of mental wellbeing to develop more resilient children, young people and families. This clearly links with the development of the emotional health and wellbeing model currently out to tender. The offer will be developed to compliment this model and link in with other existing support such as Zillo, Sandbox and the Early Help Family Toolbox.

- 3.4 The scope of this project includes areas such as substance misuse; sexual health and relationships; healthy weight for children and young people aged 0 -18, registered with a GP in Wirral and/or resident in Wirral. The offer will include one-to-one support; group work both in school and community settings with children and young people and training for a wide range of professionals, including school personnel. This will enable them to raise awareness of issues with children and young people and provide support. Within the school setting this will support the delivery of lessons such as Relationships, Sex and Health Education (RHSE). Schools will also be supported to have appropriate policies around for example, substance misuse and RHSE.
- 3.5 There has been considerable insight work completed to inform this work in the 'discovery phase', including both qualitative and quantitative. This has included a Health and Wellbeing survey that was offered for all Wirral schools. There have also been focus groups completed with young people, parents/carers, and professionals around support available and how best to meet needs. Quantitative work with professionals highlighted the range of their perceptions of the key risks for young people locally. As support will link strongly to emotional health and wellbeing, the key areas for development identified in the Emotional Health and Wellbeing Needs Assessment will also be acknowledged.
- 3.6 The commission will support delivery against outcomes included within the Public Health Outcomes Framework. Furthermore, a joint outcomes framework has been developed, which incorporates overall outcomes of the new offer, including those from a range of perspectives, for example, individual outcomes for children and young people accessing support and improvements in their wellbeing, parent/carer/trusted adults knowing how to support their children and young people, and professionals accessing training, reporting greater knowledge about risk taking behaviours and how to provide support.
- 3.7 The current contracts will continue during the commissioning process and a period of service mobilisation will be built into the tender process to ensure there is no loss of service and a seamless transition for existing service users is maintained.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The specific funding contribution for this commission from the ring-fenced Public Health Grant relates to current commissions with Barnardos, Brook Young People and Wirral Community Health and Care NHS Foundation Trust (WCHCT). One-year contracts commenced on the 1 September 2023 and are due to end on 31st August 2024. To ensure compliance with Public Contract Regulations 2015 and the Council's Contract Procedure Rules it is necessary to retender this service.

- 4.2 The existing contract values total £483,290 per annum, consisting of £85,311 for Barnardos (Substance Misuse), £227,240 for Brook (Sexual Health/Healthy Relationships and Wellbeing) and £170,739 for Wirral Community Health and Care NHS Foundation Trust (Healthy Weight/Weight Management). Additionally, there are internal recharges from the Public Health Grant for the Response Drug and Alcohol Service (£216,300) and the Health Services in Schools Youth Workers (£122,800) within the Children and Young People's Directorate. These services will be included in the offer but will not be included in the tender exercise.
- 4.3 The ringfenced Public Health grant currently funds the services highlighted. The intention is for the offer outlined in this paper to be fully funded by the grant.
- 4.4 The cost of the offer at present levels would be £483,290 per annum, totalling £3,383,030 over the potential seven-year term, from the Public Health Grant. Inflationary uplifts may be applied in line with the resource available within the future Public Health Grant allocation.
- 4.5 The offer will also link closely with projects currently funded through the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR). Additional funding from SSMTR grant during 2022 – 2025 enables local authorities to support developments and improvements in the quality and capacity of drug and alcohol treatment. Opportunities to further develop the risk and resilience offer through SSMTR may be identified and will be subject to the existing approved grant governance structures.

5.0 LEGAL IMPLICATIONS

- 5.1 The commission detailed within this report will be undertaken in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure rules.
- 5.2 A detailed contract for the services with key performance indicators will need to be prepared to protect the Council's interests and ensure the deliverables under the contract are of satisfactory quality and standard.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) may be applicable. The incumbent providers will provide the Council with anonymised details of staff engaged in the provision of relevant services, who may be subject to TUPE. This information will be shared with the tender documentation. It is the responsibility of tenderers to liaise with incumbent suppliers to establish whether TUPE regulations apply to the contract and to ensure that TUPE information provided by incumbent suppliers is accurate.

7.0 RELEVANT RISKS

- 7.1 It is necessary to commission the support highlighted in order to comply with the Public Contract Regulations 2015. Other options related to contract length, contract value and several smaller contracts were considered, however in order to meet the needs of children and young people more effectively, increase access, improve

outcomes, and provide value for money, this commission will join up services, providing a more holistic offer. There is always a risk of disruption to service provision during service redesign, recommissioning, and commencement of new services. To mitigate against this and minimise disruption, adequate time to plan for, and implement the mobilisation of new services, is built into the procurement process between contract award and commencement. Robust contract management arrangements will be in place, to monitor performance and ensure ongoing management of any risks.

7.2 The procurement process is also subject to scrutiny and at risk of legal challenge. Particular regard is given to contract procedure rules and relevant legislation at all stages of the process.

7.3 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health is unknown. The value and availability of the Public Health grant is indicative of 1.3% for 2024/25 but is not known beyond that. This risk will be mitigated by the insertion of appropriate termination clauses in the contracts.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been extensive engagement and consultation with key stakeholders in order to inform the development and design of the future offer. This has included:

- Engagement sessions with a wide range of stakeholders/professionals to understand their current strengths and challenges and gain insight into the issues that are affecting Wirral children and young people
- Engagement through focus groups parents/carers about support they have received, their challenges and how best the needs of young people could be met
- Qualitative insight work through focus groups with local children and young people to understand their needs and the ways support can be tailored to meet their needs.

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 The Equality Impact Assessment for these decisions can be found at:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 During the procurement process, bids will be evaluated on any social value added to the service. Bidders will need to consider and demonstrate how they can have a positive impact on Wirral's environment and climate.

10.2 The content and/or recommendations contained within this report are expected to have no direct impact on emissions of carbon dioxide.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community Wealth building is a new approach to economic development that proposes a more common-sense approach to how we create a good local economy. Emotional health and wellbeing is essential for resilient communities.

REPORT AUTHOR:

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APPENDICES

N/A

BACKGROUND PAPERS

- Wirral Children’s Emotional Health and Wellbeing Needs Assessment; November 22
- Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers; Department for Education; (2019)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(c) of its Terms of Reference:

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)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
ADULT SOCIAL CARE AND HEALTH COMMITTEE (Overarching Public Health re-commissions paper)	19th November 2020
CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE Proposed Recommissioning of Public Health Services for Children and Young People	1st December 2020



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 OCTOBER 2023

REPORT TITLE:	CARE QUALITY COMMISSION SELF-ASSESSMENT
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The Government is introducing a new duty for the Care Quality Commission (CQC) to assess how Local Authorities are meeting their Adult Social Care duties in relation to the Part 1 of the Care Act 2014, and a new power for the Secretary of State to intervene where CQC considers a Local Authority to be failing to meet these duties. The CQC Single Assessment Framework provides the Council with an additional opportunity to develop more rigour in our governance arrangements and our practice. It will help us to focus on quality throughout everything we do, embedding a continuous performance improvement culture, while making us more accountable to the people we support. The report sets out the development of Wirral's Self-Assessment of how it provides Adult Social Care services.

This CQC Self-Assessment aligns with the Wirral Plan through providing assurance of working to provide active and healthy lives to the people of Wirral and safe and vibrant communities. This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the report and comment as appropriate.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of this report is to seek the Committee's views on the Council's Self-Assessment position, which is being finalised in preparation for inspection by the CQC under the new assurance process introduced through the Health and Care Act 2022. The presentation on highlights of the Self-Assessment is attached as Appendix 1 to this report and was shared at a member's workshop on 9 August 2023.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option to not complete a Self-Assessment for the purpose of thoroughly preparing for a CQC assessment would clearly place significant risk on the Council.

3.0 BACKGROUND INFORMATION

- 3.1 From April 2023, the CQC have new powers to assess Local Authorities in England. The CQC will undertake a programme of reviews across England to understand how well Local Authorities meet duties under Part 1 of The Care Act (2014). The assessments are based on a single assessment framework within four themes: How local authorities work with people; How Local Authorities provide support; How Local Authorities ensure safety within the system; and Leadership.
- 3.2 A peer challenge took place in December 2022, supported by Directors of Adult Social Services (ADASS) North West to provide an initial position on strengths and areas for development against the assessment framework that CQC had development.
- 3.3 Wirral Council have been developing a Self-Assessment against each of the four theme areas and this will form an intrinsic component to support the formal assessment. A workshop was held with partners, care providers and voluntary sector services in July of this year to share the progress with the Self-Assessment and seek feedback.
- 3.4 CQC expect Wirral to assess and make judgements about performance in relation to each quality statement, using evidence to support their judgement. Although Wirral Council will lead on the Self-Assessment, there is a focus on co-production and citizen engagement. Wirral Council has setup a project team to provide strategic oversight during preparation for the assessment and co-ordinate engagement with partners and people with lived experience. The Self-Assessment is in the final stages of completion and has a comprehensive evidence library and set of improvement plans for each theme.
- 3.5 A workshop was held with members on 9 August 2023 and the presentation from the workshop is included as appendix 1. The feedback has been taken into the project board to action.

- 3.6 There are four themes to the Self-Assessment, each has a section that identifies strengths and areas for improvement and provides a bank of evidence to support the statements that are made. More detail is provided in the background papers section of this report on the assessment framework and on the Self-Assessment itself.
- 3.7 Theme one is called 'Working with People'. There are 3 quality statements for this theme. Strengths for this theme include the development and implementation of the 'three conversations model' of social work practice. This has been a significant change to practice supporting improved outcomes for people, working in a more structured person-centred way. There has been an improvement in the number of 'Moving with Dignity' reviews completed that have improved the experience of people receiving care. People with more complex needs have had a named worker which has provided more timely support and intervention through the review of their care. There is a strong programme of Extra Care Housing development and provision; a range of early intervention and prevention services which reduce avoidable hospital and care home admissions; innovative models of care with providers; and the introduction of the Real Living wage across many care providers. An All-Age Disability Partnership Board supports the development of services and strategies to improve equity of experience. An autism strategy has been co-produced and supports plans to improve the support and outcomes for autistic people. 'Healthy Wirral' is a partnership programme that supports strategic approaches to tackling health inequalities.
- 3.8 Areas for improvement for Theme 1 include the need for improvement trajectories to be in place regarding the completion of annual reviews. There is a developing Transfer of Care Hospital Discharge Hub and 'Home First' service which is working well but in its early stages. There is a plan to re-design Reablement Services to ensure timely and targeted responses to those in need. There are clear arrangements for prioritising assessing and reviewing of Deprivation of Liberty Safeguards, however a plan is needed to address the significant backlog. A revised Direct Payment scheme is due to be launched to improve performance. There needs to be a relaunch of personal budgets and Individual Services Funds (ISFs) to ensure people can access the best options for them to receive the support they need. There needs to be a single prevention strategy that pulls together the various strands of activity that are in place. The community teams model provides for an ability to really focus on place and neighbourhoods and develop the provision of culturally appropriate services and for those with protected characteristics. A strategy is required to articulate how there is a proactive approach in engaging with people more likely to have poor care. Checks need to be completed to confirm if Equality Impact Assessments of care and support policies and processes have been completed.
- 3.9 Theme 2 is called 'Providing Support'. There are two quality statements for this theme. Strengths include strong engagement and relationships with the community care market, with streamlined contract and quality processes in place and with a new policy to underpin the Council's position. There are effective joint commissions with Public Health and the Children and Young Peoples Department, with long life contracts which promote sustainability and medium to long term planning. Contracts include early intervention and prevention and Wirral Independence service. A good extra care housing offer, for Learning Disability, Mental Health, and Older People

with further pipeline schemes. A strong Better Care Fund pooled fund set of arrangements are in place that support key health and care initiatives. New contracts and a quality framework are in place with underpinning policy, and good evidence of contract meetings in place.

- 3.10 Areas for improvement for Theme 2 include a need to ensure an improvement in quality in the care market, and embed and utilise the new commissioning, contracts, and quality policy. A need to ensure delivery of complex care services to ensure sufficiency for Autism, Learning Disability, and Mental Health. A need to do focussed work on market sustainability and shaping as part of preparations for charging reforms. A need to improve our integrated commissioning arrangements within the Council departments and continue to work proactively with Health and Care system partners to respond to local demands. There is a need to further develop the third sector offer to meet local needs, within the lifetime of the contract.
- 3.11 Theme 3 is called 'Safety'. There are two quality statements for this theme. Strengths include Wirral Safeguarding Adults Partnership Board (WSAPB) forming a learning partnership with the Liverpool City Region. There is a process in place for learning from Safeguarding Adult Reviews, Coroner investigations and findings as well as Local Government and Social Care Ombudsman enquiries. The Multi Agency Safeguarding Hub (MASH) has a clear function in ensuring consistent decision making around the progression of contacts to enquiries. Safeguarding practice has a strong focus on Making Safeguarding Personal (MSP); individual agencies are clear on their risks in relation to safeguarding; thresholds are clear for those working in adult safeguarding on a regular basis and section 42 enquiries are investigated sensitively, timely and are person-centred.
- 3.12 Areas for improvement for Theme 3 include a need to further progress connecting the WSAPB more to outcomes being delivered in practice, and to challenge partner agencies to build leadership capacity to take agreed work forward. Information sharing via the Multi Agency Risk Assessment Conference needs to be improved and a risk register developed for the board to seek assurance on risk mitigation and management. A greater understanding about Modern slavery and human trafficking is required across partners and communities and improved feedback to referrers about the outcome of safeguarding concerns.
- 3.13 Theme 4 is called 'Leadership'. There are two quality statement for this theme. Strengths include a strong and effective governance and performance management arrangement within the Adult Social Care Department, across the organisation, and between partners as evidenced by the pooled budgeting arrangements with the NHS. There is a strong relationship between the Adult Social Care and Public Health Committee and the Leadership of Adult Social Care. Risks and budget oversight are monitored monthly and quarterly. There is a strong and effective budget oversight, accountability, and governance. Where savings are identified, these are assessed and monitored for delivery. The department has a strong history of achieving its savings target and continuing to deliver its statutory duties. Services commissioned and delivered by the Council in most cases have been designed with service users, for example carers and co-production is used widely in Day Services and the Care Market. There are processes for evaluating and sharing learning and innovative ways of working to enable better outcomes.

- 3.14 Areas for improvement for Theme 4 include attention to the supervisory arrangement of the remaining partner organisation could be improved. An Adult Social Care workforce plan is required and there is an under-representation of ethnic minorities in our workforce when compared to our local population. An All-Age Disability review found there were 4 key areas of improvement including better access, housing, joined up transition planning from the age of 14-years, along with an improved training, volunteering and employment offer. Further benchmarking opportunities and shared learning across partners will be sought.
- 3.15 There were several areas for improvement that were applicable to more than one or all of the themes. These included co-production and the creation of a co-production strategy which will inform the development plan. The development of an Early Help and Prevention strategy; development of a Workforce strategy; embedding the recently transferred social work teams back into the Council and acting on the recommendations of the December 2022 Peer Challenge.
- 3.16 Although Wirral Council has not been given a timeline for when an assessment may take place, an indicative timeline has been provided and CQC will start formal assessments in September 2023 and aim to carry out up to 20 assessments in Local Authorities. There will be a nine-week lead in period.
- 3.17 A plan is being developed to take forward the identified areas for improvement with governance arrangements to oversee its progress. The Self-Assessment and improvement plan will be completed in October 2023.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no immediate financial implications. Failure to achieve a rating of 'good' or 'outstanding' in the CQC inspection would likely result in considerable resource and financial investment requirements to address any areas requiring improvement.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from the Self-Assessment. There can be challenges to the CQC assessment outcomes by Councils, which may require legal support.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Officer resources have been assigned to undertake the remaining engagement activities and finalise the Self-Assessment and Improvement Plan. Delivery of the Improvement Plan will however require support from officers throughout the Adult Social Care and Public Health Directorate and from colleagues around the Council.

7.0 RELEVANT RISKS

- 7.1 Failure to achieve a rating of 'good' or 'outstanding' in the CQC inspection would likely result in considerable resource and financial investment requirements to address any areas requiring improvement. There is a risk and issues log in place overseen by the current CQC Self-Assessment project board.

8.0 ENGAGEMENT/CONSULTATION

8.1 A workshop has taken place with range of partners including statutory partners, partners from the voluntary sector and care providers. There is further consultation planned with people who have experience of using services, and their carers, and families.

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 The Self-Assessment includes an assessment of the Adult Social Care's overall performance around equalities, diversity, and inclusion. It sets out some key strengths in this area along with some potential areas for development. Associated actions from the assessment may need an Equality Impact Assessment and will be done at the earliest stage of development.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Commissioning arrangements are considered under theme 3 of the Self-Assessment and demonstrate work with care providers and commissioned care to reduce the carbon footprint.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Commissioning arrangements support local care providers to be sustainable and provide continuity of care for the local population.

REPORT AUTHOR: Simon Garner

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APPENDICES

Appendix 1: Members Workshop Presentation (9 August 2023)

BACKGROUND PAPERS

CQC Self-Assessment Framework 2023 – <https://www.cqc.org.uk/local-systems/local-authorities/assessment-framework>

People at the Heart of Care
Health and Social Care Act 2022
Care Act 2012

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)

Council Meeting	Date

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Care Quality Commission (CQC) Inspection & Assurance

Members Workshop:
Wednesday 9th August 2023

CQC Overview:

Graham Hodgkinson,

Director of Adults,
Health and Strategic
Commissioning

- **April 2023:** the Care Quality Commission (CQC) have new powers to assess Local Authorities in England.
- Review how well Local Authorities meet duties under Part 1 of The Care Act (2014).
- The assessments are based on a single assessment framework within four themes:
 1. How local authorities work with people
 2. How local authorities provide support
 3. How local authorities ensure safety within the system
 4. Leadership

- Peer challenge took place in December 2022 supported by ADASS Northwest
- Wirral Council have been drafting a **Self-Assessment** against each of the four theme areas and this will form an intrinsic component to support the formal assessment.
- CQC expect Wirral to assess and make judgements about performance in relation to each quality statement, using evidence to support their judgement.
- Although Wirral Council will lead on the Self-Assessment, there is a focus on **co-production and citizen engagement**.

- No longer be using the Key Lines of Enquiry (KLOE) and instead will be assessing councils using Quality 'We Statements'.
- The idea is that a set of 'We statements' will work to prompt inspectors on what to assess, check, and question and then they will have to score each statement accordingly.
- The total score across all the 'We statements' will then be converted into a percentage and that will allocate our rating.

CQC Framework



- Wirral Council has setup a project team to provide strategic oversight during preparation for the assessment and who will co-ordinate engagement with partners and people with lived experience.
- Drafted a self-assessment and evidence library
- Started creating improvement plans for each theme

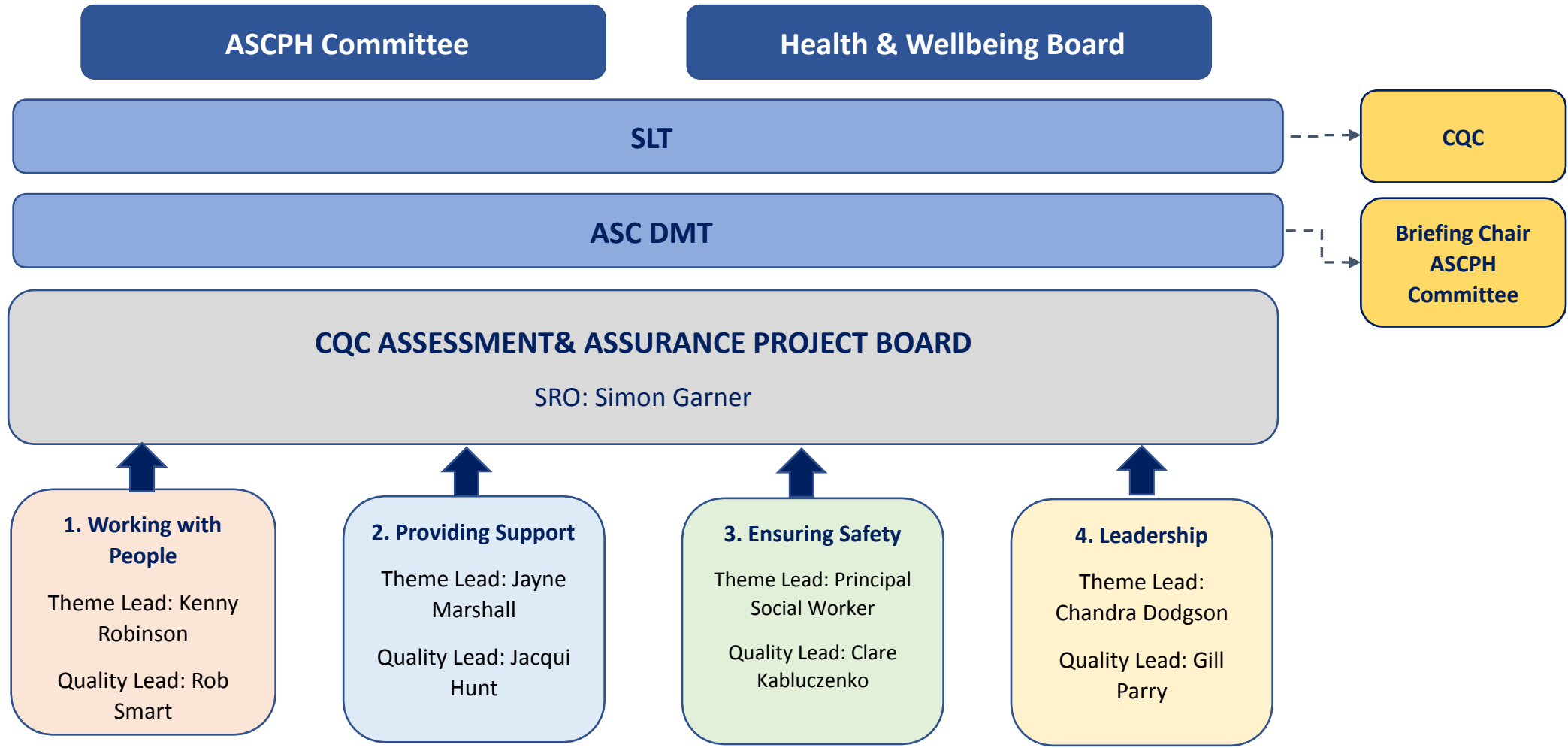
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When will it take place?

- Although Wirral Council has not been given a timeline for when an assessment may take place, an indicative timeline has been provided.
- CQC will start formal assessments in September 2023 and aim to carry out up to 20 assessments in Local Authorities from September 23 (9 week lead in)

CQC Governance

PROJECT BOARD
 Page 42
 THEME WORKSTREAMS



NOTES:

- Project Board provides update reports to ASC DMT and onwards to Committee/s (as appropriate).
- Theme Workstreams provide updates (by exception) to Project Board
- Workstream & Project Reporting via PAM supported by PMO.
- Risk & Issues recorded at project and workstream level

CQC ASSESSMENT & ASSURANCE ROADMAP

August 2023



Engagement Workshops

- Partners
- Members
- Corporate SLT
- Corporate Management Team (CMT)
- Integrated Care Partnership
- ASCPH Committee

July – September 2023

Develop Improvement Plan

- Informed by Self-Assessment / Peer Challenge
- On-going monitoring built into governance

July - September 2023



Governance & Assurance

- Agreement by ASC&PH DMT to setup CQC Project Board
 - ToR defined and agreed
- May 2023



Governance

2

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1



Peer Challenge
December 2022

Self-Assessment by Theme

- Judgements
- Evidence gathering
- Review of Peer Challenge findings & recommendations

June 2023



4

3



5

Local Authority Self-Assessment and Information Return (LASAIR) completed

- Co-produced
- Summary across Themes with Key Messages
- Virtual Evidence & Data Library

July 2023



6

7

Prepare for CQC Inspection

- Key Messages to articulate both our strengths and the challenges we face
- Action Plan to facilitate & organise inspection
- Support available before & during inspection

July-Oct 2023



Ongoing Staff, Partner, Member Engagement & Comms



Theme 1 – Working with People

What are our strengths?

- The development of 3 Conversations has improved Social Work practice and outcomes for people.
- Moving with Dignity reviews have optimised independence
- CWP have a named Social Worker model that provides more timely annual reviews

Areas for improvement ...

- Focused review activity takes place however trajectories for completing annual reviews needs to be set or are required
- There is a developing Transfer of Care Hospital Discharge Hub and HomeFirst service
- There is a plan to re-design Reablement Services
- We have a clear arrangements for prioritising assessing & reviewing of DoLS, however a plan is needed to address the significant backlog

What are our strengths?

- There is a strong programme of Extra Care development and provision
- There are a range of early intervention and prevention services which reduce avoidable hospital and care home admissions
- We Have developed innovative models of care with providers and have introduced the Real Livign wage across a large number of care providers

Areas for improvement

- There is a revised Direct Payment scheme that is due to be launched to improve performance. There needs to be a relaunch of personal budgets and Individual Services Funds (ISFs) to ensure we are optimising how they are used to support people
- There needs to be a single prevention strategy that pulls together the various strands of activity that are in place
- The Community teams model provides for an ability to really focus on place and neighbourhoods and develop the provision of culturally appropriate services and for those with protected characteristics

What are our strengths?

- An All Age Disability Partnership Board supports the development of services and strategies to improve equity of experience
- An autism strategy has been coproduced and supports plans to improve the support and outcomes for autistic people
- Healthy Wirral is a partnership programme that supports strategic approaches to tackling health inequalities

Areas for improvement

- A strategy is required to articulate how there is a proactive approach in engaging with people more likely to have poor care.
- Checks need to be completed to confirm if equality impact assessments of care and support policies and processes have been completed
- Confirmation is needed of whether there are clear priorities and objectives regarding improving experiences and outcomes for people who are more likely to have poor care.

Theme 2 – Providing Support

What are our strengths?

- Strong engagement and relationships with the community care market, with streamlined contract and quality processes in place with a new policy to underpin the Council's position. This is supported by good relationships with CQC, and multi agency risk protocols are in place
- Page 52 Some good joint commissions with Public Health and CYPD with long life contract length which promotes sustainability and medium to long term planning. Contracts include early intervention and prevention and Wirral Independence service
- Good extra care housing offer, for LD, mental health and Older people with further pipeline schemes

Areas for improvement

- Need to ensure an improvement in quality in the care market, and embed and utilise the new commissioning, contracts and quality policy
- Need to ensure delivery of complex care services to ensure sufficiency for Autism .LD and complex NEMI and mental health.
- Need to do a focussed piece of work on market sustainability and shaping as part of preparations for charging reforms

What are strengths?

- Joint working - commissioning and contracts with Public Health and CYPD on key commissions , Like Early intervention and prevention and Wirral Independence service
- Strong BCF pooled fund arrangements
- New contracts and quality framework in place with underpinning policy , and good evidence of contract meetings in place

Areas for improvement

- Need to improve our integrated commissioning arrangements within the Council departments
- Continue to work proactively with Health and Care system partners to respond to local demands and the Councils response emerging issues
- Further develop third sector offer to meet local needs, within lifetime of the contract

Theme 3 – Ensuring Safety

What are our strengths?

- The WSAPB has formed a learning partnership with the Liverpool City There is a strong process in place for learning from SAR's, Coroner investigations and findings as well as LGO enquiries.
- The MASH has a very clear and specific function and ensures more consistent decision making around the progression of contacts to enquiries. Performance measures are positive
- Safeguarding practice has a strong focus on Making Safeguarding Personal (MSP);

Areas for improvement

- Further progress is to be made in connecting the WSAPB more to outcomes being delivered in practice.
- Work with SAB to challenge partner agencies to build leadership capacity to take agreed work forward.
- Information sharing via the MARAC needs to be improved

What are our strengths?

- Confident that individual agencies are clear on their risks in relation to safeguarding
- Thresholds are clear for those working in adult safeguarding on a regular basis
- Section 42 enquiries are investigated sensitively, timely and person-centred

Areas for improvement

- More needs to be done to understand shared risks from a board perspective and develop a risk register for the board
- More needs to be known about Modern slavery, human trafficking etc. (watching carefully)
- Better feedback process to referrers about the outcome of safeguarding concerns

Theme 4 – Leadership

What are our strengths?

- There is a strong and effective governance and performance management arrangement within the ASC Department, across the organisation, and between partners as evidenced by the pooled budgeting arrangements with the NHS
- There is a strong relationship between the ASCPH Committee and the Leadership of ASC. Risks and budget oversight are monitored monthly and quarterly.
- We have strong and effective budget oversight, accountability and governance. Where savings are identified these are assessed and monitored for delivery. The department has a strong history of achieving its savings target and continuing to deliver its statutory duties.

Areas for improvement

- With the transfer back in of social workers from one partner organisation the supervisory arrangement of the remaining partner organisation could be improved.
- An Adult Social Care workforce plan is required.
- There is an under-representation of ethnic minorities in our workforce when compared to our local population.

What are our strengths?

- Services commissioned and delivered by the local authority in most cases have been designed with service users e.g., carers and co-production is used widely in Day Services and the Care Market
- We have strong processes for evaluating and sharing learning
- We are strong in developing innovative ways of working to enable better outcomes.

Areas for improvement

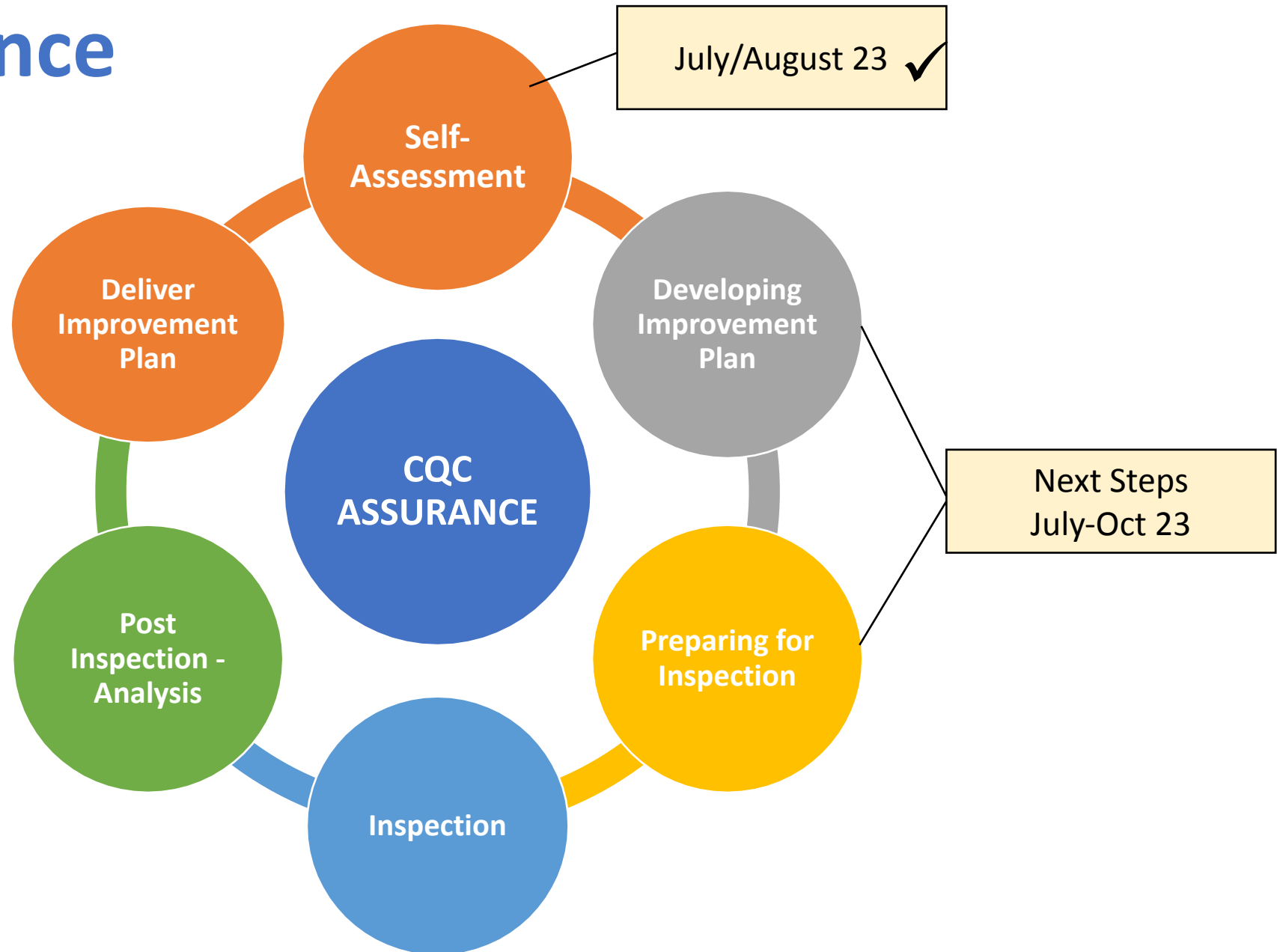
- All age disability review found there were 4 key areas of improvement – better access; housing; joined up planning from aged 14 and training, volunteering & employment.
- A clearly articulated workforce strategy for Adult Social Care is required including consideration over the impact of continuous learning within the workforce.
- We can further benchmark and share learning across partners

Areas for improvement

- Co-production has been identified when completing our self-assessment
- This was also a common theme within the partnership event
- Work is taking place to create a co-production strategy – this will inform the development plan
- Early Help & Prevention strategy
- Workforce strategy
- The need to embed social work teams back into the Council
- Recommendations from the December 22 Peer Challenge are also being considered and are informing the improvement plans covering all 4 themes

Month	Activity
April 2023	CQC start to review data and published documentary evidence for all LA's. This will be focus of assessment (Risk/Areas for improvement) CQC undertake pilot assessment in 5 Local Authority's
July 2023	Wirral Council to have Self Inspection Report available
Sept-October 2023	Wirral Council to have Improvement Plan developed
Oct-Dec 2023	CQC to undertake formal assessment in 20 Local Authority's (baseline assessment)
2024 onwards	CQC continue to carry out remaining formal assessments and report findings

CQC Assurance



- Finalising the self-assessment, taking into account partner's feedback
- Improvement plan development, co-producing with partners
- Further Partner Engagement Sessions (e.g., CVF Forum / Safeguarding Board)
- Member Engagement via Workshops
- Internal Comms / Staff Engagement (how we are preparing/our ask of you etc.)
- Ongoing evidence evaluation/data Library updates

➤ We want to keep in touch

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Questions



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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 October 2023

REPORT TITLE:	HEALTH PROTECTION STRATEGY 2023-2027 6 MONTH UPDATE REPORT
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides the Adult Social Care and Public Health Committee with an update on the partnership work undertaken to date to deliver Wirral’s Health Protection Strategy. The Wirral Health Protection Strategy was approved at Committee on 23rd January 2023 and sets out our refreshed collective approach for ensuring we have a resilient health protection system and response in Wirral. An effective local approach to health protection is vital to improve health and wellbeing, protect the local economy, and reduce health inequalities.

Supporting Wirral residents and communities to live safely with COVID-19 and protect the health of communities from infectious diseases and environmental hazards is aligned to the ambitions set out in Wirral’s Health and Wellbeing Strategy. In addition, the Strategy contributes to the Wirral Plan aims, in particular, through promoting ‘Active and Healthy Lives’.

This report is not a key decision and affects all wards.

RECOMMENDATION/S

Adult Social Care and Public Health Committee is recommended to:

1. Note the progress made to date in the implementation of the Wirral Health Protection Strategy.
2. Agree to receive annual updates on progress against delivery of the Health Protection Strategy from the Director of Public Health.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Wirral Health Protection Strategy sets out our refreshed collective approach to ensure we have a resilient health protection system and response in Wirral. The strategy was approved by Committee on 23rd January 2023 with a request to provide a six-month update report. This report therefore provides the requested update on progress related to the first six months of partnership work to deliver Wirral's Health Protection Strategy.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Strategic planning helps local system partners work together to establish a clear vision, prioritise resources, determine a clear direction of travel, and to set goals and outcome targets. We could have not developed a local health protection strategy; however, the absence of a post-pandemic plan could exacerbate the burden of ill health, impacting negatively on health outcomes, inequalities, system pressures and the local economy.

3.0 BACKGROUND INFORMATION

- 3.1 The COVID-19 pandemic highlighted the fundamental importance of a robust and resilient local approach to health protection. During a time of great uncertainty, Wirral Council and system partners demonstrated significant commitment and professionalism in delivering a dynamic, flexible, and comprehensive response that focused on protecting our population's health. An effective and collaborative local approach to health protection is not only essential for improving health and wellbeing but also helps to reduce disruption to our economy, reduce health inequalities through protecting our most vulnerable residents, support our children and young people to achieve by keeping children in school, and reduces pressure within our local health and social care services.
- 3.2 The [Wirral Health Protection Strategy](#) built upon the learning from our local pandemic response and sets out our collective approach to ensuring we have a resilient health protection system in Wirral. The strategy outlines what we aim to achieve and where we will focus our efforts in order to protect local people from infectious diseases, environmental threats to health and ensure we are prepared for future hazards. No single agency can address these issues in isolation, protecting the health of the people of Wirral from infectious diseases and environmental hazards requires collaborative action. Therefore, the strategy was developed following wide consultation and outlines how local partners will work effectively together to achieve our collectively agreed vision, aims and objectives.
- 3.3 In July 2023 the UK Health Security Agency (UKHSA) launched its 3-year strategy to combat both new and re-emerging threats and to protect health security. The strategy can be found here: <https://www.gov.uk/government/news/ukhsa-launches-new-strategy-to-tackle-national-and-global-health-hazards>. Locally we work closely with UKHSA, who are a key member of our local Wirral Health Protection Board, and the national UKHSA strategic priorities align well with our locally identified priorities.

3.3 Progress to date against strategic priorities

Following consultation with a wide range of local and regional partners and reviewing local intelligence, seven priority areas were agreed for collective action and were included within the agreed strategy. This included:

- Ongoing COVID-19 response, including being prepared for new variants.
- Strengthen infection prevention and control.
- Reduce the impact of antimicrobial resistance (AMR).
- Reduce vaccine preventable diseases amongst adults and children.
- Strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies.
- Reduce health harms from climate and environmental hazards.
- Reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV.

3.4 The priorities identified within the strategy were not new and are recognised system challenges for all local partners. We had strong existing local partnership approaches to build on and this has enabled good progress in strategy implementation over this initial six-month period. Initial steps taken to ensure the successful implementation of the strategy have included:

- Agreeing a strategic lead for each priority area (from across system partners).
- Undertaking a mapping exercise of existing multi-agency forums / groups in existence for each priority with the aim of enhancing and not duplicating effort.
- A review of intelligence to define key areas of focus within each priority area for collective focus (priorities within the priority), for example within the reduce vaccine preventable diseases amongst adults and children priority following a review of local intelligence and insight we have collectively agreed to focus on improving COVID-19, Seasonal influenza, and MMR immunisation uptake rates.
- The development of a strategy implementation plan with priority activities, identified leads, key milestones, and metrics we will use to measure successful implementation.
- Where appropriate working at scale with wider partners to progress e.g., with the Cheshire and Merseyside Integrated Care system, and UKHSA Northwest.

A copy of the strategy implementation plan for 2023/24 outlining progress to date and next steps against each priority is included in Appendix 1. The implementation plan will be kept under review and updated annually.

3.5 In addition to the seven strategic priorities underpinning the delivery of our local strategy are four strategic enablers which cut across all priorities. During the initial six months of strategy implementation, we have ensured a collective focus and approach to these key enablers, this has included:

Insight, intelligence, and evaluation	<ul style="list-style-type: none"> • Collectively reviewing and refreshing local surveillance systems. • Agreed key system metrics to ensure the measurement of progress and outcomes against our agreed strategic
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	<p>priorities.</p> <ul style="list-style-type: none"> • Focused upon identifying and reducing inequalities in key metrics and outcomes. • Ensuring we are undertaking evaluation to ensure we learn and build on what works.
Workforce development	<ul style="list-style-type: none"> • Developing knowledge and upskilling wider system partners to support the delivery of the key identified health protection priorities e.g., training undertaken within care home settings, and delivery of e-bug training within early years and education settings. • Celebrated and share successes e.g., submitted and been shortlisted for an award by the Infection Prevention Society for collective work to prevent and manage urinary tract infections, reduce inappropriate antibiotic prescribing, and prevent avoidable hospital admissions.
Communication and engagement	<ul style="list-style-type: none"> • Collectively worked to tailor messages to ensure they reach our local communities. • Building upon the successful Community Champions' programme developed during the pandemic to disseminate messages and understand local issues and barriers to action. • Developing a winter communications campaign building upon effective local targeted communications and the Cheshire and Merseyside Simple Things campaign aimed at reducing the spread of infectious disease by encouraging people to carry out simple behaviours, such as, washing hands, sanitising surfaces, covering faces when coughing or sneezing, and keeping your distance from others when unwell: https://www.simplethings-nhs.com/
Clear governance and strong multi-agency partnership working	<ul style="list-style-type: none"> • Progress against the strategy and implementation plan is monitored by the Wirral Health Protection Board. The Health Protection Board is chaired by the Wirral Director of Public Health and is a sub-group of the Health and Wellbeing Board. Partners from the UK Health Security Agency (UKHSA), Integrated Care Board (ICB), Environmental Health, NHS England (NHSE), Local NHS Trusts, Health and Social Care, Emergency Planning and Public Health are represented. At each meeting in addition to reviewing overall progress deep dives are undertaken for each priority areas. This allows the collective discussion of risk and issues that Board members can resolve to ensure successful strategy delivery.

3.6 Emerging health protection issues

Since the development of the Wirral Health Protection Strategy migrant health has become an area of increased focus for local co-ordinated activity. The Wirral public health team is working closely with colleagues in housing, children's services, NHS Cheshire and Merseyside - Wirral Place, NHS services including primary care, community mental health teams, Wirral University Teaching Hospital, and community and voluntary sector partners e.g., Wirral Multicultural Organisation (WMO) to support the health needs of this cohort. Key activity to date includes:

- Working with NHS colleagues, primary care and WMO to ensure registration with local GP, access to local health services and that appropriate initial health screening is undertaken.
- Wirral TB service is currently engaging with asylum hotels to provide TB screening clinics.
- Ongoing health protection service site visits to asylum hotels providing assurance related to infection prevention and control standards in hotels and to build local relationships to facilitate better partnership working for outbreak prevention and control purposes.
- Ensuring effective and co-ordinated responses to local outbreaks.
- Supporting the development of a Cheshire and Merseyside piece of work to better understand the health needs of those asylum seekers currently housed in hotel accommodation.
- Working with Housing colleagues to seek strategic support across the sub region for increased data sharing by the Home Office for new arrivals into the area. This will facilitate equal access to health care services and limit the risk of infectious diseases and vaccine preventable diseases from occurring in local populations.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The strategy places collective responsibility for local system partners to align policy, strategy, and resources wherever possible in protecting and improving health. Oversight and support for the delivery of the local strategy is provided through existing resources and part funded by the public health grant. Where opportunities arise, we work with Liverpool City Region, Cheshire and Merseyside and regional partners to provide greater economy of scale in delivering the strategy.

5.0 LEGAL IMPLICATIONS

- 5.1 The Director of Public Health requires assurance that the arrangements to protect the health of the communities that they serve are robust and are being implemented effectively.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The strategy places collective responsibility for local system partners to align policy, strategy, and resources wherever possible in protecting and improving health. Leads from across sector partners and a number of multi-agency steering groups already exist to help drive progress against the strategic priorities. Resource requirements and implications will continue to be monitored on an ongoing basis by the Wirral Health Protection Board.

6.2 The Wirral Health Protection Service (funded until March 2024 by the public health grant) will support the delivery of the strategy. The service is not solely responsible for the delivery of the strategy, as outlined, this relies on a collaborative approach across all system partners. The service provides additional capacity alongside system partners to enable a more proactive approach to delivery of agreed local priorities. Future proposals related to public health funding towards the delivery of this strategy post March 2024 will be included within a planned review of public health expenditure to be undertaken during 2023.

7.0 RELEVANT RISKS

7.1 Local system partners support honest and open discussions regarding system risk and risk mitigation and take collective action to address local health protection priorities that help to mitigate a range of direct and indirect risks that impact on individuals, communities, health services and the economy, including risk of:

- Poor individual and population health outcomes such as ill health, premature mortality or negative impact on quality of life.
- Insufficient system resilience to support the prevention and management of outbreaks of infectious disease or incidents that affect health.
- Excessive pressure on emergency, health and social care services and related opportunity cost of ill health.
- Personal, societal and business economic impact of ill health.
- Lowered community resilience.
- Impact on system partners' business continuity measures.

7.3 A risk register is held, managed, and reviewed on a quarterly basis by Wirral's Health Protection Board. Health Protection Board partners also record relevant risks within their own established processes. Wirral Council's Public Health / Health Protection risks are recorded within the Directorate Risk Register and where appropriate, within the Corporate Risk Register.

8.0 ENGAGEMENT/CONSULTATION

8.1 Protecting the health of the people of Wirral from infectious diseases and environmental hazards requires collaborative action. The strategy was developed following wide consultation with local partners who have been working effectively together to achieve our collectively agreed vision, aims and objectives.

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. The Strategy and Implementation Plan seek to positively address equality implications, providing focus on those most vulnerable and at risk.

9.2 An Equality Impact Assessment for the Health Protection Strategy dated December 2022 is available at: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Environmental hazards such as air pollution and climate change pose a significant current and future threat to the health of local people. The Strategy Implementation Plan seeks to address these challenges through collective action, with a focus on those most exposed and at risk in order to reduce inequalities and impact.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Health protection interventions not only help to reduce morbidity and premature mortality and improve quality of life, but are cost saving, both to health services and the wider economy. Protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards not only improves health and wellbeing but also helps to protect local business and the economy. Many infectious diseases and environmental hazards disproportionately affect our most vulnerable residents, children and older people, and those living in less affluent areas; therefore, a robust and effective local health protection response is vital in helping to reduce health inequalities.

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APPENDICES

Appendix 1 Wirral Health Protection Strategy 2023-27 Implementation Plan

BACKGROUND PAPERS

Wirral Intelligence Service – Health Protection

<https://www.wirralintelligenceservice.org/strategies-and-plans/health-protection/>

UK Health Security Agency Strategic Plan 2023-26:

<https://www.gov.uk/government/news/ukhsa-launches-new-strategy-to-tackle-national-and-global-health-hazards>

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee
Terms of Reference

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).

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.

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.

(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.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	23 January 2023

Appendix 1: Wirral Health Protection Strategy Implementation Plan 2023-24

This implementation plan sets out our collective approach to deliver the Wirral Health Protection Strategy during the 2023-24 financial year. For each priority it sets out the system lead, actions achieved within the first 6 months of strategy implementation and actions that are underway to be completed during this financial year. It also outlines the key metrics we will be measuring to assess strategic progress.

Status key:

Complete (Blue)	Action completed by the agreed deadline
Ongoing (Green)	Action underway and successful delivery currently achievable by the agreed future deadline
Ongoing (Amber)	Action underway and successful delivery appears achievable by the agreed future deadline, but risk/ issues have been identified requiring attention. These appear resolvable at this stage and, if addressed promptly, should mean the deadline will be met.
Serious issues (Red)	Successful delivery of the action is in doubt with major risks or issues apparent. Urgent action is needed to ensure these are addressed and establish whether resolution is feasible or if the action is unachievable.

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Priority 1: Ongoing COVID-19 response, including being prepared for new variants				
System Lead: Public Health				
Priority	Action	Leads	Deadline	Status
Collectively review and refresh local surveillance	Establish multi-agency data, intel and comms group to monitor surveillance of infectious diseases including COVID-19 and acute respiratory infections	Public Health	April 2023	Complete (Blue)

Focus our local efforts on protecting people, communities, and settings at highest risk of adverse outcomes due to COVID-19	Establish robust processes to prevent and manage clusters and outbreaks in high-risk settings in partnership with Community Infection Prevention and Control Team and UK Health Security Agency	Public Health / Community Infection Prevention and Control Team	April 2023	Complete (Blue)
Develop a local respiratory infection 'wave plan' to help prepare for and strengthen Wirral's system resilience and sector specific response to increases in local prevalence of respiratory infections and emergence of new COVID-19 variants	Engage and consult with key partners to develop a respiratory infection wave plan	Public Health	April 2023	Complete (Blue)
	Approve respiratory infection wave plan through appropriate governance structures	Wirral Infection Prevention Forum	July 2023	Complete (Blue)
	Test the Wirral respiratory infection wave plan via a stakeholder exercise and implement any lessons identified / learned	Public Health / Community Infection Prevention and Control Team / Emergency Preparedness and Response	October 2023	Ongoing (Amber) Risk(s) being mitigated: Ensuring availability of key system partners to effectively test plan
Work collectively to increase uptake of COVID-19 vaccination	Work collectively to improve COVID-19 immunisation uptake rates and reduce inequalities in uptake within eligible cohorts	NHS Cheshire and Merseyside - Wirral Place	Autumn/Winter 2023/24	Ongoing (Green)

Contribute as required to the national COVID-19 inquiry and implement lessons learned as they emerge.	Undertake a local lesson learnt exercise to capture key learning from across system partners	Public Health / Wirral Council Emergency Preparedness and Response Lead	March 2023	Complete (Blue)
	Engage with public inquiry response and implement lessons identified / learned as they become published	Public Health / All Partners	Ongoing	Ongoing (Green)
<p>Key metrics being monitored:</p> <ul style="list-style-type: none"> - COVID-19 hospital admissions - COVID-19 cases and outbreaks in vulnerable groups and high-risk settings e.g., care homes - COVID-19 vaccination uptake and inequalities in uptake by eligible cohort 				
<p>Priority 2: Strengthen infection prevention and control</p> <p>System Lead: NHS Cheshire and Merseyside - Wirral Place</p>				
Priority	Action	Leads	Deadline	Status
Develop a system plan for reducing healthcare-associated infections (HCAI) to ensure improvements and learnings are embedded and sustained.	Establish a Wirral healthcare-associated infection system group	NHS Cheshire and Merseyside - Wirral Place	April 2023	Complete (Blue)
Supported by NHS England, undertake an externally led system peer review with the aim of reducing Clostridioides difficile (C.Diff) rates.	Coordinate the delivery of external Clostridioides difficile (C.Diff) peer review	NHS Cheshire and Merseyside - Wirral Place	May 2023	Complete (Blue)
	Following external review findings - develop and implement a Wirral Place	NHS Cheshire and Merseyside -	November	Ongoing (Green)

	Clostridioides difficile (C.Diff) improvement plan	Wirral Place	2023	
Ensure effective infection prevention control is included as a key measure to keep people safe and maintain service quality within local health and care winter plans.	Work collaboratively with health and social care system partners prior to winter to support the development of system winter plans with a strong focus on the prevention of infectious diseases and robust outbreak management responses	NHS Cheshire and Merseyside - Wirral Place	October 2023	Ongoing (Amber) Risk(s) being mitigated: NHS England winter planning is focussed primarily upon urgent and emergency care services
Deliver targeted training within community and high-risk settings to promote positive behaviour change to support infection prevention and control	Roll out 'e-Bug' training resources in early years settings and schools	Public Health	May 2023	Complete (Blue)
	Deliver infection prevention and control training within community settings e.g., residential care homes and primary care	Wirral Community Infection Prevention and Control Team	March 2024	Ongoing (Green)
	Deliver infection prevention and control training within acute trust setting	Wirral University Teaching Hospital Infection Prevention Control Team	March 2024	Ongoing (Green)
Develop communications campaign and utilise the Wirral Health Protection Service to promote the importance of	Develop and launch Winter Wellness communication campaign	Public Health	October 2023	Ongoing (Green)
	Refresh and circulate Winter	Public Health	October 2023	Ongoing (Green)

infection prevention and control community wide, particularly to vulnerable settings and communities.	preparedness checklist for residential homes and community settings			
<p>Key metrics being monitored:</p> <ul style="list-style-type: none"> - Healthcare Associated Infections - Clostridium Difficile (C.Diff) rates - Notifiable disease cases - Outbreaks in high-risk settings 				
<p>Priority 3: Reduce the impact of antimicrobial resistance (AMR)</p> <p>System Lead: Wirral University Teaching Hospital – Wirral Place AMR lead</p>				
Review local intelligence to strengthen and appropriately target our local actions to reduce inappropriate prescribing	Review antibiotic prescribing by setting and indication, and align with hospital admission data to target collective action to prevent infections, reduce antibiotic prescribing and reduce avoidable hospital admissions	Wirral University Teaching Hospital – Wirral Place AMR lead	April 2023	Complete (Blue)
Address the high usage of broad-spectrum antibiotics in primary care.	Develop and agree an incentive scheme for general practices to address high antibiotic prescribing in primary care	NHS Cheshire and Merseyside - Wirral Place	April 2023	Complete (Blue)
	Encourage primary care sign up to take part in a research project in collaboration with the University of Manchester aimed to reduce inappropriate antibiotic prescribing in	Wirral University Teaching Hospital – Wirral Place AMR lead / Wirral AMR Primary Care	March 2024	Ongoing (Green)

	primary care called BRIT2.	lead		
	Local roll out of the Target (Treat Antibiotics Responsibly, Guidance, Education and Tools) toolkit designed to support primary care clinicians to champion and implement antimicrobial stewardship activities.	Wirral AMR Primary Care lead	December 2023	Ongoing (Amber) Delivery timeline may be impacted by winter pressures/ demands on primary care
Prevent and improve the management of urinary tract infections in adults aged 65 years and over through promoting hydration messages and local roll out of the quality improvement project "To Dip or Not to Dip"	Prevent urinary tract infections through the promotion of hydration awareness messages across residential adult social care and community settings	Public Health	December 2024	Ongoing (Green)
	Deliver training to improve the management of UTIs in older person's care homes	Community Infection Prevention and Control Team	March 2024	Ongoing (Green)
	Implement best practice for management of recurrent UTI in primary care	Wirral University Teaching Hospital – Wirral Place AMR lead	March 2024	Ongoing (Green)
Take a system wide approach to deliver education using shared resources, videos and accessible forms across all organisations and sectors to improve public	Deliver an Antimicrobial Stewardship communication campaign to support people in self-management of self-limiting infections	NHS Cheshire and Merseyside - Wirral Place	January 2024	Ongoing (Green)

awareness and reduce public demand for antibiotics for self-limiting infections.				
Support antibiotic reviews and intravenous to oral antibiotic switches in secondary care.	Deliver the Antimicrobial intravenous-to-oral switch (IVOS) Commissioning for Quality and Innovation (CQUIN) scheme at Wirral University Hospital Trust.	Wirral University Hospital Trust – AMS Lead	March 2024	Ongoing (Green)
<p>Key metrics being monitored:</p> <ul style="list-style-type: none"> - Total antibiotic prescribing - Broad-spectrum antibiotic prescribing in primary care - Antibiotic prescribing for Urinary Tract Infection 				
<p>Priority 4: Reduce vaccine preventable diseases amongst adults and children</p> <p>System lead: NHS Cheshire and Merseyside - Wirral Place / Wirral Public Health</p>				
Priority	Action	Leads	Deadline	Status
Work collaboratively to develop an Immunisation Action Plan for Wirral	Review local intelligence to appropriately target local actions to increase vaccination uptake – agreed collective focus on COVID-19, Seasonal influenza and MMR immunisation uptake rates (2 doses at age 5 years)	Public Health	July 2023	Complete (Blue)
	Establish comprehensive reporting processes to track progress	NHS Cheshire and Merseyside - Wirral Place / Public	September 2023	Complete (Blue)

		Health		
Improve COVID-19 immunisation uptake rates and reducing variation in coverage.	Work collaboratively via established COVID-19 Tactical Group – building on learning to deliver targeted outreach for specific cohorts	NHS Cheshire and Merseyside - Wirral Place	Winter 2023/24	Ongoing (Green)
	Ensure collective focus on increasing COVID-19 uptake among local frontline health and care workforce	NHS Cheshire and Merseyside - Wirral Place / NHS England Screening and immunisation team	Winter 2023/24	Ongoing (Amber) Risk(s) being mitigated: Vaccine hesitancy among health and social care staff
Work collectively to increase uptake of seasonal Flu vaccination 2023-2024	Re-establish and review membership of Wirral Flu Steering Group for Flu Season 2023/24	Public Health	April 2023	Complete (Blue)
	Undertake lesson learnt exercise following 2022/23 season to inform development of local seasonal influenza action plan for 2023/24	NHS Cheshire and Merseyside - Wirral Place / Public Health / NHS England Screening and immunisation team	July 2023	Complete (Blue)

	Ensure collective focus on increasing seasonal flu uptake among local frontline health and care workforce	NHS Cheshire and Merseyside - Wirral Place / NHS England Screening and immunisation team	Winter 2023/24	Ongoing (Amber) Risk(s) being mitigated: Vaccine hesitancy among health and social care staff
	Ensure a collective focus on improving seasonal influenza uptake among 2-3 year olds and school age children	Wirral Community Health and Care NHS Foundation Trust / Public Health	Winter 2023/24	Ongoing (Green)
Support the development of a collaborative MMR immunisation working group	Work collaboratively with system partners to develop local action plan to increase uptake of MMR vaccination.	NHS Cheshire and Merseyside - Wirral Place / Public Health	Winter 2023/24	Ongoing (Green)
	Undertake rapid evidence review for increasing MMR/ 0-5 immunisations and share finding with primary care and local system partners	Public Health	April 2023	Complete (Blue)
Develop and implement a shared communications plan	Maintain an ongoing communications campaign to support immunisation uptake focused upon increasing COVID-19, Seasonal influenza and MMR immunisation uptake rates (2 doses	Public Health/ NHS Cheshire and Merseyside - Wirral Place /School Aged Immunisation Service	Winter 2023/24	Ongoing (Green)

	at age 5 years)			
	Wirral Health Protection Service to promote the importance of COVID-19, Seasonal influenza and MMR immunisation in high risk and wider community settings	Public Health	Winter 2023/24	Ongoing (Green)
<p>Key metrics:</p> <ul style="list-style-type: none"> - uptake of seasonal influenza immunisation across eligible cohorts - uptake of COVID-19 vaccinations and boosters > nationally set objectives - uptake of two doses of MMR vaccine in the routine childhood vaccination programme 				
<p>Priority 5: Strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies</p> <p>System lead: Wirral Council Emergency Preparedness and Response Lead</p>				
Priority	Action	Leads	Deadline	Status
Establish a Wirral Health Resilience Partnership Forum to bring together local emergency planning leads.	Wirral Health Resilience Partnership Forum (WHRP) to be formed with TOR and membership agreed with partners.	Wirral Council Emergency Preparedness and Response Lead / Public Health	June 2023	Complete (Blue)
Develop a Wirral community risk register to achieve a common understanding of potential hazards and threats.	Based on the national security risk register 2022/23 work with Emergency Planning colleagues to develop a Wirral community risk register related to	Wirral Council Emergency Preparedness and Response Lead /	July 2023	Complete (Blue)

	health.	Public Health		
Undertake local training exercises and scenario planning to test our local preparedness.	Participate in the Cheshire and Merseyside Integrated Care Board Training and Exercise working group.	All system	October 2023	Ongoing (Green)
	Attend UKHSA Cheshire and Merseyside Measles event to exercise response to a measles outbreak and inform the refresh of the North West measles outbreak plan	All system	July 2023	Complete (Blue)
	Run local measles outbreak scenario to test North West measles outbreak plan with local system partners to ensure a co-ordinated and robust response	All system	Dec 2023	Ongoing (Amber) Risk(s) being mitigated: Awaiting finalised North West measles outbreak plan
	Test the Wirral respiratory infection wave plan via a stakeholder exercise and implement any lessons identified / learned	Public Health / Community Infection Prevention Control Team / Emergency Preparedness and Response	October 2023	Ongoing (Amber) Risk(s) being mitigated: Ensuring availability of key system partners to

				effectively test plan
Ensure robust extreme weather plans are in place, covering heat waves, cold weather preparedness linked to winter planning, and flooding.	Review Extreme Weather governance and response arrangements as per updated UKHSA Adverse Weather Plan for summer and winter risks	Wirral Council Emergency Preparedness and Response Lead / Public Health	December 2023	Ongoing (Green)
	Develop updated summer and winter response arrangements for adverse weather	Wirral Council Emergency Preparedness and Response Lead	December 2023	Ongoing (Green)
	Develop extreme weather preparedness packs for high-risk and community settings	Public Health	October 2023 (linked to winter preparedness) March 2024 (summer preparedness)	Ongoing (Green)
Key metrics: - Number of local training exercises undertaken to test plans				
Priority 6: Reduce health harms from climate and environmental hazards				
System leads: Air quality - Wirral Council Environmental Health team				
Climate change – Wirral Council Climate Emergency team				
Priority	Action	Leads	Deadline	Status
Develop a Wirral Air Quality	Re-establish multi-agency Wirral Air	Environmental	April 2023	Complete (Blue)

Strategy in collaboration with system partners (The Department for Environment, Food and Rural Affairs (DEFRA) has stipulated all local authorities must have an air quality strategy from 2023 onwards even if they do not have any air quality management areas)	Quality Steering Group to oversee the development of the local strategy	Health / Public Health		
	Hold a workshop on air quality to understand views and priorities from across wider system partners	Environmental Health / Public Health	June 2023	Complete (Blue)
	Conduct a public consultation to better understand public views on air quality and which priorities are most important to our residents: https://haveyoursay.wirral.gov.uk/air-quality-strategy	Environmental Health / Public Health	October 2023	Ongoing (Green)
	Deliver the grant funded programme re Particulate matter monitoring and engagement to increase awareness, encourage behaviour change around domestic burning, advise residents how they can reduce their exposure, and review local enforcement of legislation.	Climate Emergency Team / Public Health	March 2024	Ongoing (Green)
Embed actions to improve air quality and reduce CO2 emissions into local regeneration programmes e.g. through the implementation of measures to promote active travel and reduce vehicle usage	Build in a strategic priority related to regeneration and development into the emerging air quality strategy.	Environmental Health / Public Health	December 2023	Ongoing (Green)
	Collaborate with regeneration and planning to promote CO2 reduction in local master plan development.	COOL Wirral Partnership	March 2024	Ongoing (Green)

Build local partnership approaches to improving air quality and reducing emissions	NHS partners use their Sustainable Development Management Plans to deliver on the air quality and climate goals in the NHS Long Term Plan and share how they are supporting patients and staff to reduce the health impacts of air pollution and climate change.	NHS Sustainability Leads	March 2024	Ongoing (Green)
	Work with Wirral Chamber of Commerce to engage local businesses in development and delivery of the Wirral air quality strategy and the COOL 2 climate change strategy for Wirral	COOL Wirral Partnership	March 2024	Ongoing (Green)
Build upon local initiatives to raise awareness of climate change and air quality and the behavioural changes that can positively impact on these issues.	Support schools to improve the air quality around their settings by delivering 6 School Street pilots across the Wirral, facilitating and co-ordinating the bikeability programme, delivering a schools air quality project, where a challenge was sent out to schools to develop a low cost project to increase active travel to school and reduce local air pollution, working with charities such as Sustrans, Living Streets and Asthma and Lung UK to help schools promote and increase active travel.	Environmental Health	March 2024	Ongoing (Green)
	Collaborate with COOL 2 Partners to undertake a gap analysis regarding local adaptation plans to ensure Wirral	COOL2 Partnership	June 2023	Complete (Blue)

	is more resilient to the challenges extreme weather presents.			
Key metrics: <ul style="list-style-type: none"> - CO2 emissions - Nitrogen dioxide and particulate matter within the air 				
Priority 7: Reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV				
System lead: Wirral Public Health				
Priority	Action	Lead	Deadline	Status
Ensure prevention and behaviour change strategies such as harm reduction have been prioritised by local NHS commissioners and providers to reduce onward transmission of and avoidable deaths from blood-borne viruses, particularly among underserved population.	Ensure that Hepatitis B vaccination is offered in Primary Care to people who have been exposed to the virus.	Primary Care	March 2024	Ongoing (Green)
Review local intelligence to appropriately target local actions reduce the risk of TB and blood-borne viruses	Undertake a joint Hepatitis Health Needs Assessment	Wirral Intelligence Service	December 2023	Ongoing (Green)
	Undertake Sexual Health Joint Needs Assessment, which covers Sexual Transmitted Infection and HIV service	Wirral Intelligence Service and Public Health	May 2023	Complete (Blue)
Continue to build on local collaborative work with multiple	Achieve and maintain Hepatitis C micro	Hepatitis C Service /	Achieve by	Ongoing (Amber)

partners to increase case-finding and reduce late diagnosis for HIV, Hepatitis C and TB.	elimination in Wirral	Community Substance Misuse Service	October 2023	Risk(s) being mitigated: small number (<10) of substance misuse service users who are refusing testing
	Ensure that asylum seeker / refugees accommodated in hotels will be offered Tuberculosis and blood-borne virus screening.	Wirral TB Service	October 2023	Ongoing (Amber) Risk(s) being mitigated: Limited specialist Tb nurse capacity to manage future increases in demand
	Undertake outreach work working with appropriate partners that effectively engages with at risk individuals to increase HIV testing uptake.	Public Health/ Wirral Sexual Health Service/ Sahir House	March 2024	Ongoing (Green)
	Recommission Sexual Transmitted Infection and HIV service with a focus on outreach activity to reduce late diagnosis rates for HIV	Public Health	December 2023	Ongoing (Green)

	Work collaboratively with partners across the Cheshire and Merseyside through TB Cohort Review group, C&M TB Strategic group, and Migrant health group to tackle challenges such as screening of vulnerable migrants and disparities in TB commissioning	Public Health	March 2024	Ongoing (Green)
<p>Key metrics:</p> <ul style="list-style-type: none"> - Cases of acute Hepatitis B - Hepatitis C testing and treatment rates - New TB cases - Proportion of HIV cases diagnosed late diagnosis 				

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 OCTOBER 2023

REPORT TITLE:	PRIMARY CARE DENTISTRY UPDATE NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD UPDATE
REPORT OF:	DIRECTOR OF CARE AND HEALTH NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

REPORT SUMMARY

To provide an update on the commissioning of primary care dental services.

The Dental Improvement Plan 2023/25 signals NHS Cheshire and Merseyside Integrated Care Board (ICB) commitment and ambition to ensure that access is improved for both routine, urgent, and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

The plan was submitted and approved to the ICB System Primary Care Board on 22 June 2023. The Plan identified the following key strategic aims:

- Recovering dental activity, improving delivery of units of dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories.
- Focussing on access for vulnerable and deprived populations and make sure they are prioritised.
- Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice.
- Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners.

To deliver these aims as previously reported to the ICB Board several initiatives are proposed and some have commenced already.

An important part of the plan is to develop access sessions for new patients across 60 practices in the ICB.

Commissioners are seeking to add an additional 30,000 appointments across Cheshire and Merseyside and will link with local authorities to identify suitable organisations who work with vulnerable populations e.g., Homeless population and Asylum seekers.

In addition to this a number of Foundation Dentists will be working across Cheshire and Merseyside later this year. It is envisaged that this will have a positive impact on access.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is asked to note the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Dental access remains an ongoing issue for residents of Wirral and the Cheshire and Merseyside ICB has recently approved a Dental Improvement Plan focussing on dental access including urgent dental care, routine care and vulnerable groups. The recovery and restoration forms part of the NHS Operational Plan for 2023/24.
- 1.2 Practices continue to recover supported by commissioners alongside a small number of national contract changes allowing some flexibilities focussed on improving access and increasing activity.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 NHS Cheshire and Merseyside ICB considered the option of doing nothing and waiting for the publication of a national dental improvement plan. This was deemed to not be in the interest of the population of Cheshire and Merseyside.

3.0 BACKGROUND INFORMATION

- 3.1 NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care.
- 3.2 Access to dental services is a local, regional, and national issue impacting negatively on patients. Throughout the COVID pandemic expected annual contracted activity was reduced nationally to support providers with the impact of the pandemic, there was also a process for exceptional circumstances in place for absences and further issues relating to COVID.
- 3.3 Post pandemic the restoration and recovery of primary care dental provision is part of the NHS Operational Plan for 2023/24 with the expectation being that activity will return to pre pandemic levels. Practices continue to recover supported by commissioners alongside a small number of national contract changes allowing some flexibilities focussed on improving access and increasing activity.
- 3.4 There are 35 Primary Care contracts in Wirral and there are currently 7 Urgent Care Plus providers offering urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent care intervention.
- 3.5 Urgent Care Plus provision in Wirral currently allows for up to 9 extra sessions per week. Each session is 3.5 hours in duration and dependant on clinical presentation, there is an expectation that between 3-9 patients can be seen per session, per week. This provision forms a key part of the improvement plan.
- 3.6 Commissioners are aiming to develop a primary care dental dashboard that will allow performance monitoring information to be obtained at Place Level as well as aggregated up across the ICB.

- 3.7 Overall activity in Cheshire and Merseyside is increasing in line with regional and national trends. As previously discussed with the ICB Board commissioners are still aware that access to routine care in an NHS setting remains very challenging.
- 3.8 End of year activity for 2022/23 will be made available to commissioners in the next couple of months as defined by the national contract monitoring process and timescales.
- 3.9 Commissioners are keen to investigate further with contractors the use of the wider dental team known as Dental Care Professionals. This is important as greater use of Dental Therapists or Dental Nurses where appropriate can free up Dental Performer time and support access for new patients.
- 3.10 Additionally, commissioners will be monitoring adherence to National Institute for Health and Care Excellence (NICE) guidance regarding the appropriateness and timeliness of recalling patients. This is important as we support practices to increase the number of new patients that they can see whilst working within the constraints of a national contract.
- 3.7 A national dental improvement plan may be published imminently but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB and in Wirral.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications directly arising out of this report.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no resource implications directly arising out of this report.

7.0 RELEVANT RISKS

- 7.1 It is recognised that several risks exist that could impact on the recovery of dental services:
- Workforce – recruitment and retention
 - Lack of national contract flexibilities and pace of reform
 - Commercial viability and attractiveness of the NHS contract based on Units of Dental Activity.
 - The presenting oral health of patients post pandemic.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Dental commissioners will continue to work with key stakeholders such as Healthwatch, the Local Dental Professional Network and Local Dental 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.

In light of the COVID-19 pandemic updated local oral health needs assessments have been completed for the 9 Places across Cheshire and Merseyside and will identify the needs of vulnerable groups. The Dental Improvement Plan is underpinned by the Cheshire and Merseyside ICB Joint Forward Plan in terms of improving population health and tackling health inequalities.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no Environmental implications directly arising out of this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no Community Wealth implications directly arising out of this report.

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APPENDICES

Appendix 1 - NHS Cheshire and Merseyside Dental Improvement Plan 2023-2025 Slides

BACKGROUND PAPERS

None

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section (g)(vi) of its Terms of Reference: maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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PRIMARY CARE DENTAL IMPROVEMENT PLAN 2023 - 2025

DRAFT VERSION 1.7 14/6/23

STRATEGIC AIMS

RISKS AND OPPORTUNITIES

TO IMPROVE ACCESS TO GENERAL DENTAL SERVICES AND URGENT CARE

- Recovering dental activity, improving delivery of units of dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories
- Focussing on access for inclusion health and deprived populations and make sure they are prioritised
- Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice
- Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners

KEY RISKS

- Workforce recruitment, retention and fatigue
- NHS contract hand backs and practice resilience
- Pace of restoration delivery requirements
- Lack of flexibility with national contract to innovate
- Patient demand and oral health needs post COVID

OPPORTUNITIES

- Flexible commissioning within existing national contract
- Commissioners and stakeholders can inform future contract reforms
- Agreements to work differently/innovate
- Stakeholder engagement and collaborative working
- Working with Place and local Health and Wellbeing Boards
- Focussing on improving oral health and prevention - good oral health gives good general health
- To inform patients and greater awareness of how dental services are commissioned and delivered
- To focus on the broader dental workforce and develop portfolio dental careers
- The dental allocation is ringfenced for two years and can be used to underpin restoration and recovery
- Develop approaches to greater integration of dentistry with Primary Care Networks as part of Delegation Agreement
- Inclusion of dentistry in the Cheshire and Merseyside Primary Care Strategic Framework.

RECOVER DENTAL ACTIVITY IN LINE WITH OPERATIONAL PLAN REQUIRMENTS

Supporting contractors in the delivery of UDA trajectories

Recover and aim to commission previous levels of activity across the ICB.

Monitor and review dental activity reporting.

Commission dental services in line with NHSE Dental Policy Manual

Work with Places to develop ways of working and integrating into commissioning cycle BUT not delegating to Place Ensure compliance with Dental Assurance Framework to monitor quality and safety.

Encourage skill mix and increased use of wider dental team

- Increased activity by quarter and improved access to routine care
- Contracts that are under performing as part of the mid-year review process are required to submit action plans to identify recovery
- Reallocate UDAs where activity is handed back non-recurrently.
- Practices that are more resilient and commissioners are informed earlier when a practice is struggling.
- Practices that are performing well are able to accept additional UDA activity.
- Early identification practices where there are quality concerns.

Dental Commissioning Group working with Place teams

System Primary Care Commissioning Committee

OPERATIONAL PLAN METRICS:

Quarter 1 2023/24

807,594

Quarter 2 2023/24

1,199,908

Quarter 3 2023/24

1,182,605

Quarter 4 2023/24

1,409,894

Dental Access data source:

NHSBSA/COMPASS reported by Place and aggregated for C+M

- **Adults**
- **Children**

NHS Digital Annual Report

Dental Assurance Framework/NHSBSA data

2023/24 dental allocation to ICB

IMPROVING POPULATION HEALTH AND HEALTHCARE.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 1</p> <p>Continuation of network of practices formerly known as Urgent Care Centres.</p> <p>Maintain existing 24 sites for a further 12 months up to March 2025 with review in place in 2023/24 to influence 2024/25</p> <p>Add additional 6 sites based on local needs in Knowsley Sefton East Cheshire Warrington Halton Chester</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent intervention. • Increased number of practices involved in provision of Urgent Care Plus Pathway • Support for care homes and evaluation will assess need for future provision-improving skill mix. • Increasing access with a focus on vulnerable patients including cancer care and cardiac • Supporting patients accessing the right care at the right time. • Local authorities will meet statutory requirements in terms of access and annual reporting and Looked After Children and those children at risk. 	<p>Dental Commissioning Group working with Place teams</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS:</p> <p>Number of Urgent Care Centres by Place and population</p> <p>Number of appointments booked by the Dental Helpline Service</p> <p>Target of additional 3600 urgent care slots per year (50 weeks) across C+M</p>	<p>No additional funding required and provided within current contractual envelopes and using flexible commissioning model.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 2</p> <p>Dental practices in place linked with care homes to support/facilitate with individual oral health plans/training/appt at practice where required/end of life care.</p> <p>Pilot for 2 months with 2 practices and subject to evaluation then roll out across C+M.</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Support for care homes and evaluation will assess need for future provision-improving skill mix. • Increasing access with a focus on vulnerable patients • Supporting patients accessing the right care at the right time 	<p>Dental Commissioning Group working with Place teams</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS:</p> <p>Up to 50 practices in situ across C+M</p> <p>Each practice looks after/supports 3-4 care homes by Place</p>	<p>One off fee for equipment of £300</p> <p>Each session is 3.5 hours at £350 per session. 2 session per month required.</p> <p>Additional payment should a domicillary assessment be required.</p> <p>Investigate costs of transport arrangements</p> <p>Funding required:</p> <p>For pilot stage £3.5k plus initial set up costs.</p> <p>Following pilot stage and full roll out of 2 sessions per month (£350 per session)</p> <p>Funding required:</p> <p>£214k in 2023/24</p> <p>£420k in 2024/25</p> <p>*caution regarding domicillary as evaluation may identify further care</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 3</p> <p>Develop access sessions for all new patients across 60 practices.</p> <p>Capacity for additional 30,000 appointments</p> <p>Commissioners will also link with local authorities to identify suitable organisations who work with vulnerable populations e.g.</p> <ul style="list-style-type: none"> • Homeless population • Asylum Seekers • Womens Refuges <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice <p>Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs</p>	<ul style="list-style-type: none"> • Access for new patients with no regular dentist • Patients would be assessed, made dentally fit within the sessions and accepted by a dental practice for ongoing routine care. 	<p>Dental Commissioning Group working with Place teams/Local Authority to identify priority vulnerable patient groups</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> • Dental data Pack NHS England • Audit and/or via EDEN / Compass System 	<p>Funding required:</p> <p>BD Guild rate £650 per session x 2 per week in additional to UDA delivery</p> <p>£2.275 million 2023/24 additional funding required.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 4</p> <p>Pay for over achievement in UDA activity for all practices up to 110% of annual contracted activity for year 23/24 (as agreed for the last financial year)</p> <p>Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs.</p>	<ul style="list-style-type: none"> Improving access in practices where there is capacity 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> Dental data Pack NHS England NHSBSA year end report 	<p>Estimate of £300k based on year 22/23.</p> <p>From existing funding allocation.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 5</p> <p>Expansion of Advanced Child Care Dental Practices (ACCDP) across C&M</p> <p>Training and development for practice teams prior to accepting referrals.</p> <p>Onward referral via the e-referral management system to a primary care dental practice where on assessment the child is deemed unsuitable for specialist service.</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Reducing referrals for GA and reducing waiting times for access to specialist service. • ACCDP practice focus on stabilisation and prevention for referred child. • Identify training need in referring primary care dental practice. 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> • E-referral management system report. • Data capture form 	<p>30 Practices</p> <p>£500 set up fee</p> <p>£100 per referral</p> <p>Funding required:</p> <p>30 x £500 = £15000</p> <p>Expectation of approx. 2002 Referrals = £200,200</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p> <p>Core 20 plus 5</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 6</p> <p>Develop integrated approach with primary care teams at Place across the ICB</p> <p>Identify Lead clinician at Place level</p> <p>Provision of training in leadership for local clinicians.</p>	<ul style="list-style-type: none"> Integration of dental commissioning at Place level and improved feedback loop Identified lead for peer support for practices Supporting Place with challenges/issues arising feeding into LDN Support integration of wide primary care and working with PCNs 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> Number of monthly sessions Number of lead clinicians identified 	<p>Funding required:</p> <p>BD Guild rate £340 per 3.5 hours</p> <p>Rate can be split depending on attendance at meetings</p> <p>Variable cost:</p> <p>9 x 340 x 50 maximum (one session per week annually) = £153,000</p> <p>Funding required 2023/24</p> <p>£89K</p> <p>Funding required</p> <p>£153K</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

**ACCESS FOR
HARD TO REACH
AND
VULNERABLE
GROUPS**

PROJECT 7

Special care MCN lead development of referral process for non-dental professionals

Purchase of Bariatric chairs for CDS and one primary care practice per place (may need funding per referral for primary care)

Paediatric MCN review of needs assessment working towards single point of contact for referrals and collaborative working

Ensuring MCM training completed for all care homes in C&M

Pilot for MMCM in Alder Hey & Special school in Knowsley (Bluebell Park)

Collaboration with Clatterbridge/LUFT – to further expand breast cancer pathway to other priority patients (cancer/cardiac)

Starting Well-prevention schemes (in practice/ Community based)

Introduction of enhanced UDAs to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.

- Targeted Prevention
- Improving access for priority patients and ensuring no delays in cancer/cardiac care
- Improving access for children
- Improving/education on prevention with evidence based practice i.e. fluoride varnish application/supervised toothbrushing/distribution of paste and brushes.
- Improved skill mix
- Improved access for priority patients (may require funding for FDS depending on numbers.)

Local Dental Professional Network

Managed Clinical Networks

METRICS:

- **Number of priority patients accessing care**
- **Completion of training in Care Homes**
- **Number of enhanced UDAs offered to practices**
- **Number of Starting Well Prevention schemes**

Funding required 2023/24

TO BE CONFIRMED

IMPROVING POPULATION HEALTH AND HEALTHCARE.

TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS

LINKS TO CORE20PLUS5 AND CLINICAL PRIORITIES

PROJECT 8

Work with existing providers and develop training provision at River Alt and Leasowe.

Produce baseline information of current arrangements with Trainees and Foundation Dentists.

Consider development of one existing DFT training practice in each Place.

Continue to develop links with Liverpool University School of Dentistry

Link to ICB Primary Care Workforce Steering Group as part of overall future work plans

Undertake dental workforce survey to inform overall C+M workforce strategy

Investigating the use of PGDs to enable extended roles (DCPs)

Long term development of a model for Centres of Dental Development

- Universal framework for dental trainees in place.
- Potential to contribute to dental access improvement
- Extended roles for wider dental team including dental nurses, therapist and hygienist (DCP)
- Dental Workforce data baseline established as part of wider workforce strategy
- Patients will be seen by the most appropriate professional within the scope of practice
- Develop a model that retains Foundation Dentists with offer of additional training pathway / qualifications and agree return of service agreement.

Dental Commissioning Group

C+M Workforce Steering Group

METRICS:

Number of dental trainees in practices

Number of additional sessions provided by trainees

Number of Foundation Dentists

Dental Data Reporting - Dentistry - FutureNHS Collaboration Platform:

Percentage of CoTs assisted by Dental Care Practitioners (DCPs)

Percentage of UDAs assisted by Dental Care Practitioners

2023/24 dental allocation to ICB

Delivery of existing PDS agreements.

Funding required:

Foundation Dentists training and development

2023/24

£250k

2024/25

£550k

CHESHIRE AND MERSEYSIDE PEOPLE BOARD

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

NOTE

National workforce planning document due imminently

STAKEHOLDER ENGAGEMENT

Establish Dental stakeholder group building on existing LPN structures.

Continued Engagement with Healthwatch across C+M

Continuing to work in partnership with dental public health teams in local authority

Continued collaboration with NHSE NW regional Dental Public Health team.

Development of combined oral health strategy with LAs.

Support Place Directors / Place Teams when briefing HWBs and local stakeholders.

Utilise ICB Patient Experience Teams at Place level

- Clear and transparent messages to the public and patients about what to expect from primary care dentistry

- Healthwatch are informed and kept up to date on service developments and able to report patient feedback to commissioners

- Continue to work with LDCs

Stakeholder group meets every 6 months

Patient Experience Teams at Place

NHSE NW Dental Public Health team

Quarterly Healthwatch meetings

No additional funding required

IMPROVING POPULATION HEALTH AND HEALTHCARE.

TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

TUESDAY 17 OCTOBER 2023

REPORT TITLE:	CHESHIRE AND WIRRAL PARTNERSHIP MENTAL HEALTH TRANSFORMATION TASK AND FINISH
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

On 14 June 2022 the Adult Social Care and Public Health Committee was presented with a report by the Cheshire and Wirral Partnership on Mental Health Transformation.

The report which provided a background and summary of the activity undertaken within Cheshire and Wirral in respect of delivering the NHS Long Term Plan ambitious targets for community mental health. It was reported that on both a national and local scale, community mental health services needed to be modernised. The community transformation framework consisted of a new place based multi-disciplinary service which joined health and social care and community, voluntary and faith sector organisations.

In response to queries from members, the Chair of the Adults Social Care and Public Health Committee suggested a task and finish session be set up to feed back into the consultation phase. The Task and Finish Session was held in May 2023 and the outcome of this is detailed in appendix 1 of this report.

This report supports the delivery of the Wirral Plan 2021-2026 and is linked to the following themes of the Plan:

- Brighter Futures
- Active and Healthy Lives

The report affects all wards. It is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the contents to the report and request a further update report come to a future committee.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Work has been undertaken to ensure that the Community Mental Health (CMH) Transformation programme meets the ambitions of the NHS Long Term Plan and most importantly local population needs. The programme involves the work of many organisations (and patients and carers too) wanting change for others.
- 1.2 Additionally, the Adult Social Care and Public Health Committee is charged by council to undertake responsibility for, or to 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) mental health services; and
 - (iv) preventative and response services, including those concerning domestic violence.
- 1.3 As such, input and feedback from Members of the Adults Social Care and Public Health Committee forms part of this transformation work.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This task and finish session was requested by the Adult Social Care and Public Health Committee as part of its function, which incorporated the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which includes mental health services. Members felt the subject was sufficiently important as to warrant further consideration over concerns raised at committee.

3.0 BACKGROUND INFORMATION

- 3.1 At Committee in June 2022, Members queried the delivery and the inclusive community based offer and as such, the Chair suggested a task and finish group to receive an update and feed into the transformation programme.
- 3.2 The full committee minutes are detailed below,

The Deputy Chief Executive of Cheshire and Wirral partnership (CWP) introduced the report which provided a background and summary of the activity undertaken within Cheshire and Wirral in respect of delivering the NHS Long Term Plan ambitious targets for community mental health. It was reported that on both a national and local scale, community mental health services needed to be

modernised. The community transformation framework consisted of a new place based multi-disciplinary service which joined health and social care and community, voluntary and faith sector organisations. This aligned to the primary care network and broke down the artificial barriers between primary and secondary care and focussed not only on diagnosis but also the complexities that individuals presented with.

It was outlined that the transformation created opportunity for joined up care and a whole person approach which would ensure that individuals had access to mental health care when and where they needed it to help them to manage their own condition and move towards recovery on their own terms. The Cheshire and Wirral Community Wellbeing Alliance had been developed which was a representation of a range of partners that had come together to ensure that people across Wirral and Cheshire had good mental health support. Within Wirral, 34 organisations had joined the alliance and a number of grants had been awarded to build upon and enhance local community assets.

The community mental health transformation was a long term transformation programme which would span a number of years. It was recognised that there was still much more work to be done but CWP were pleased with the engagement of partners up to this point.

A discussion ensued with members querying the limited support for patients with mental health in the community and how to get from the current position to the service that is envisaged. The Deputy Chief Executive of CWP outlined that members had identified the core issues and reasons why the transformation programme was being implemented, there had been engagement with primary care networks across Wirral and CWP were keen to engage with primary care and the general public to ensure that the model was correct. It was reported that Health Education England had provided training and development around psychological interventions and CWP had linked in with education establishments for a pipeline of nurses, occupational therapists and other allied health professionals. It was recognised that services needed to modernise and transform and that there were national challenges around workforce.

The Committee was informed of services available to those in crisis who had threatened to commit suicide, a 24 hour crisis line that was open which was staffed by qualified nurses and practitioners and that there had been great feedback from this service. The police may also be involved to ensure that the individual is taken to a place of safety so that an assessment of needs could be undertaken and there was a crisis team that could go and support this process. It was highlighted that the long term transformation plan had a specific focus around suicide prevention.

In response to queries from members on the inclusive community based offer, it was reported that CWP had been working with third sector colleagues as those

organisations could have greater connectivity in the community and could enhance inclusivity. CWP delivered services that were sensitive to people's backgrounds, but it was accepted that some groups were higher risk, and assurance was given that the services could adapt to support.

The Chair urged the committee to remember that this was a transformation programme and suggested a task and finish group be set up to feed back into the consultation phase.

On a motion by the Chair, Seconded by Councillor O'Hagan it was

Resolved That –

(1) the proposed change be scrutinised and the impact on the local community and health service users be considered.

(2) where appropriate, requests for “one-system” (do once, do well) be supported.

(3) the vision as detailed in the report be supported and championed.

(4) a task and finish group be established to provide feedback to the consultation phase.

4.0 FINANCIAL IMPLICATIONS

This report is for information purposes only and there are no direct financial implications.

5.0 LEGAL IMPLICATIONS

The Adult Social Care and Public Health Committee is charged to undertake the Council's responsibilities for scrutiny as stated in the Health Social Care Act 2006, including to 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.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

This report is for information purposes only and there are no direct financial implications.

7.0 RELEVANT RISKS

Failure to properly consider the impact of local health service provision would mean that the Committee does not properly discharge its function for scrutiny as stated in the Health Social Care Act 2006.

8.0 ENGAGEMENT/CONSULTATION

By requesting an update from Cheshire Wirral Partnership and undertaking the task and Finish, Members have the opportunity to feed into the transformation plan. It also provides Members with the assurance that consultation is being undertaken with the public, clinicians and providers.

9.0 EQUALITY IMPLICATIONS

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.

The CMH Transformation Team works with Business Intelligence teams within CWP, Wirral CCG and Cheshire CCG to create Transformation Data Packs at 'place-based' level. The Data Packs include a full range of demographic data to ensure that service transformation is delivered in a way that does not discriminate anyone and supports inclusion at every opportunity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

The Wirral Plan includes five themed areas. One of which is focused on creating a 'Sustainable Environment', which outlines the Council's ambitions and priorities for tackling the climate emergency. These are based on developing and delivering action plans that will improve the environment for Wirral residents. Wirral Council is committed to working with partners to ensure that consideration is given to Environment and Climate implications.

This task and finish session was held online, which reduced CO2 emissions.

11.0 COMMUNITY WEALTH IMPLICATIONS

This report is for information purposes and as such there are no direct community wealth implications, however, it should be noted that Community mental health transformation has at its heart, the support for people within their own communities.

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APPENDICES

Appendix 1 – Task and Finish Outcome

BACKGROUND PAPERS

Cheshire and Wirral Community Mental Health Transformation Committee Report 14 June 2022
Alliance Engagement Report February 2022

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	14 June 2022

Appendix 1

Update

Members were provided in advance of the Task and Finish an update presentation.

The provided Members with a summary of the following themes,

- Model of Care
- Priorities for the final year of the programme
- Spotlight on Wirral
- Wirral Community Alliance
- Progress - national benchmarking
- Reducing inequalities - national/local

As part of this presentation, Members were also informed of the progression of the Cheshire and Wirral Partnership Mental Health transformation in line with the NHSE Roadmap and the Long-Term Plan. This includes the following,

- Continued development of the Community Alliance in Wirral and utilisation of the Community Asset Fund
- Reconfiguration of Wirral Single Point of Access (SPA) to offer triage, assessment and formulation with brief interventions where indicated.
- Design work being undertaken to establish to establish a single community mental health referral pathway incorporating IAPT and Secondary Care.
- Reconfiguration of Community Mental Health Teams to align to identified PCNs.
- Develop CMHT Senior Leadership Teams for each of the 7PCN's in Wirral
- The SLT's will offer bimonthly face to face meetings with each GP Practice within the PCN with the purpose of open, collaborative discussions regarding any patients GPs have concerns about who are currently under the care of secondary services.
- Develop 2 direct telephone lines and pilot on Early Adopter PCNs in Wirral.
- Mental health advice: GPs will be able to telephone and book a telephone consultation with either a Non-Medical Prescriber in CWP or Consultant Psychiatrist for PCN. This will be available Mon-Fri 9am/5pm
- Urgent Triage: GPs will be able to discuss patients about whom they are considering referring to Wirral Single Point of Access (SPA) and who they think require an urgent response. This will be available Mon-Fri 9am/5pm

Summary of discussion

The Chair reminded Members that the Task and Finish had been agreed in response to members concerns about the original committee report. It was noted that the Mental Health Transformation had been put in place share resources and social prescribing.

Members in attendance were reminded that in 2022 there was a consultation undertaken which shaped the transformation. Members were keen to understand if individual organisations and the Community Faith Sector were now included in the new structure and if it was improving things for the better.

Members were keen for assurance that the transformation would be community driven and were informed that alliance in Wirral is thriving, with contacts in place. Going forward, officers have ensured that there are key deliverables within contracts and are ensuring that pathways and services are strengthened and robust, with seamless transitions.

In terms of the implementation plan, consideration has been given to ensuring that information is out there, and every services place is mapped out and visible. Emphasis is placed on making the offer accessible as possible, ensuring a smooth pathway for service users accessing the service.

It was noted that it can sometimes be difficult for people to take the first step accessing services, so a smooth service is essential, and some Members had received negative feedback regarding certain services. It was agreed that feedback should be triangulated, and some services are still better than others.

Members of the Task and Finish group also sought assurances due to the reduction in Community Psychiatric Nursing and the fact that Mental Health Services are one of the few clinical need patients present with, which can't be referred directly to a consultant – therefore Members of the task and finish did not feel that services were adequate still. Issues were noted around services for Postnatal Depression services and support from Health Visitors Attention Deficit Hyperactivity Disorder (ADHD) services for Children was also flagged as a concern.

Members did acknowledge that the Cheshire Wirral Partnership had been tasked with a very difficult task and Mental Health Services are nationally, in a very difficult situation. It was recognised that Community Mental Health teams are more distant from primary care and that this needed realigning with Community Psychiatric Nursing and relationships reinforced. It was agreed that information sharing and alignment of services was of absolute importance, as well as knowing who is on those teams and improving how we can do that collectively. Members of the Task and Finish requested that this be a priority with the Senior Leadership Team.

Members were assured that regular, informal consultation was still being undertaken with people who have lived experience of Mental Health services and that the model will continue to be refined based on feedback. It was also noted that given the wide variance of Mental Health conditions, services now need to be wider than the traditional Community Psychiatric Nursing Model this involves collective problem solving and also growing the workforce around requirements.

Members were assured that there is now a single point of access in Wirral which involves an initial triage. However, it was noted that the access team are stretched, and this is being improved as a priority.

Members also submitted the following questions to officers for a response at the time of the enquiry.

<p>1</p>	<p>Early detection of postnatal depression</p>	<p>The Perinatal Mental Health Team now have Specialist Health Visitors in post who are developing pathways with the 0-19 Starting Well Service and have provided training to the 0-19 Practitioners in respect of perinatal mental health, including post-natal depression (PND). The Perinatal Service is also working towards Specialist Health Visitors offering consultations to 0-19 practitioners to support early detection and interventions.</p> <p>The Perinatal Mental Health Team now also have Parent Infant Practitioners (equivalent of Community Nursery Nurses) who, under supervision of the Specialist Health Visitors provide low level interventions with women focusing on mother/baby relationship which will have a positive impact on PND and other mental health conditions.</p> <p>Antenatal groups have been piloted and will be further rolled out across places to support early detection and intervention in relation to perinatal mental health issues - e.g. - PND.</p> <p>A bid has been submitted to NHS England for funding for additional non-medical prescribers (NMPs) for the team. The aim for the additional NMPs is to link in with other mental health teams to extend the perinatal mental health team's reach to women of childbearing age who may be considering pregnancy and offer pre-conception advice and support around medication etc. This is also aimed at keeping women well in the perinatal period and being proactive rather than reactive.</p>
<p>2</p>	<p>CPNs in the community</p>	<p>Community Mental Health Services in Wirral are multidisciplinary teams (MDT) with a broad set of skills to enable the provision of a wide range of interventions to support people with their identified health and social needs. All members of the MDT, including registered nurses, can undertake a key worker role and be responsible for coordinating care and support for individuals. Currently we have 18 whole time vacancies across the community mental health teams of which 10 of these are related to nursing posts.</p>

		There is an open offer for any elected member who would like to come and spend some time with any of the teams to understand their role and function and how they interface with other elements of the mental health pathway and health and social care system.
3	SMI registers who is accountable.	GP Practices are accountable for the primary care serious mental illness (SMI) registers however, CWP is able to work with practices and Primary Care Networks (PCNs) to review SMI registers and ensure eligible individuals receiving support from specialist mental health services are included on registers.
4	Consultant based Mental health service	<p>As part of the Community Mental Health Transformation plans, each PCN will have an identified and named senior clinical leadership team comprising of an Adult Psychiatrist, Older Adult Psychiatrist, Clinical Lead from the community mental health team (CMHT), Clinical Lead from the Access Service and Senior Psychologist.</p> <p>This Senior Clinical Leadership Team will visit each practice in their identified PCN on a bi-monthly basis and be contactable in-between times.</p> <p>The first pilot is starting with Healthier South Wirral PCN in June 2023. We will also be trialling an urgent referral telephone line and bookable mental health advice sessions for GPs to utilise.</p> <p>The new PCN Lead Mental Health Practitioner posts will also be a part of this enhanced community offer to PCNs and their patients.</p>
5	Responsive and effective EMI service for Nursing homes and Residential homes in the community	<p>The Older Adult Community Mental Health teams provide support to individuals with severe and complex mental health needs who reside in residential or nursing home settings. The teams undertake a full health and social care assessment for individuals that are referred to them and liaise with carers and referrers. Various assessments including Care Act assessments, Nursing Needs assessments, Mental Health assessment/review and Continuing Healthcare assessments are completed as required by staff.</p> <p>Support is also provided to staff within the care home settings to formulate care plans to be able to meet an individual's needs. In addition, as part of the Urgent and Emergency care workstream CWP is working alongside partners across Wirral to explore attendance avoidance into emergency departments (ED) for people who can be supported in their existing environments,</p>

		including care homes.
6	Dementia care in the community	<p>WMAS (Wirral Memory Assessment Service) assess, diagnose and provide appropriate interventions for people with dementia and mild cognitive impairment, including carer support and initiation of medication, until a patient is eligible for discharge into the shared care arrangement with primary care.</p> <p>The service works very closely with Age UK Dementia Nurses and link in with voluntary, community, faith and social enterprise (VCSFE) services across Wirral. Where clinically indicated, WMAS can refer to CMHT for support with any ongoing care and treatment needs. The ethos of the service is to provide dementia care for people in the community setting and to ensure appropriate links with wider community networks.</p>
7	Mental health workers in the community interacting with CPNs, consultants and GPs.	<p>Primary Care Network Lead Mental Health Practitioners have been recruited in Moreton & Meols PCN (1 practitioner) and Brighter Birkenhead PCN (2 practitioners) with additional posts currently out to advert for Healthier South Wirral PCN and Healthier West Wirral PCN.</p> <p>These additional posts are a bridge between PCNs and Community Mental Health Teams. They provide an extra, highly experienced level of mental health provision to the primary care network who will act as a conduit and expert for mental health within the PCN. These are ongoing developmental posts. Further discussions with other PCNs are ongoing regarding the development of these roles.</p>
8	Proper Health visiting service.	The Health Visiting service in Wirral is provided by Wirral Community Health and Care NHS Foundation Trust.
9	Appropriate service for patients who are self-harming.	<p>The CWP Trustwide Suicide, Prevention and Intervention Group is leading on a self-harm pathway which will inform evidence-based practice across the Trust. Additionally, within the CMHT's, the Cheshire and Merseyside Self-Harm Practice Guide will be utilised once finalised to ensure continuity of care across the region.</p> <p>Training and awareness raising is provided for staff by Harmless, a national organisation specialising in Suicide and Self harm. People receiving treatment from CMHTs who are self-harming are also able to access specific psychological interventions. This is further supported by the provision of supervision and consultation for the wider team.</p> <p>The Complex Needs Service (CNS) provides evidence-based treatment for people with highly complex needs, which can include self-harm/ suicidality and/or risk to others. The CNS also aims to improve the existing experience of care for those with less</p>

		<p>complex needs, with in-built flexibility to 'step up' and 'step down' care according to need and circumstance.</p> <p>The CNS supports the upskilling of professionals in other teams, including CMHT's in relation to personality disorders (which can present with self-harm) to ensure individuals receive support appropriate to their needs and increase the availability of NICE compliant interventions for complex emotional difficulties.</p>
10	How are we supporting people from BAME backgrounds to access MH services	<p>CWP mental health services are open to individuals from all ethnic backgrounds. It is acknowledged that individuals from some ethnic backgrounds may find it more difficult to access mental health services and we work with our partners within localities to try and improve access and engagement for example, Heart 4 Refugees CIC are part of the community mental health alliance in Wirral who specifically support asylum seekers and refugees to improve mental health outcomes.</p>
11	In terms of emergencies, could I access a specialist mental health bed if I needed it?	<p>For people assessed as requiring acute care provision there are a number of options for specialist inpatient care. As an organisation, we will always look to take the approach that is the least restrictive for the person and their support network. This may include access to local crisis beds which offer a less clinical setting away from home for people during crisis. CWP has recently increased the number of these beds across Wirral.</p> <p>Individuals assessed as requiring an inpatient mental health bed are supported to access this as soon as possible with additional support provided from community and first response services as required whilst a suitable bed is identified.</p> <p>CWP, like many other mental health providers has been experiencing significant pressures within acute inpatient mental health care. When these bed pressures occur, our first priority is always to ensure that people are safe. We assess each person's clinical need and will work with trusted and regulated partners to find suitable alternatives if a bed is not available within our local delivery footprint.</p> <p>Transformation of specialist community mental health services in line with the aims of the NHS Long Term Plan. Continuing to invest in our workforce to provide opportunities for career development, growth and new skills.</p>
12	Over the past year how many Wirral patients	<p>CWP is committed to providing local specialist acute mental health care with a good patient experience for everyone who needs it.</p>

have had to wait for a bed?
How many patient days have been spent waiting in A&E or on a ward at Arrowe Park?

Prior to the pandemic, CWP had a very low track record of requiring out of area placements and have a proactive plan to return to this position. This includes:

- Working with local system partners and providers, such as social care and housing to reduce rising length of stay at our units and ensure that support is available in the community to enable supported discharges and improve flow;
- Increasing surge capacity and working closely with the Northwest Bed Bureau to respond to increased demand;
- Launching innovative new services including, a new Mental Health Intensive Support Team to provide targeted rehabilitation support to people with complex needs, a new 'First Response' Service to ensure people receive timely intervention when experiencing crisis and four 'crisis cafes' across Cheshire and Wirral;

The below chart provides an indication of the waiting figures for 22-23.

MONTH	WIRRAL PTS WAITING FOR A BED	TOTAL PT DAYS SPENT IN BOTH A&E AND APH		WIRRAL PTS GONE OOA
		WARDS	AVG HOURS WAITING FOR A BED	
Apr-22	51	48	38	12
May-22	52	25	23	5
Jun-22	41	27	21	7
Jul-22	42	17	17	3
Aug-22	34	38	31	6
Sep-22	42	15.5	18	2
Oct-22	53	14	27	7
Nov-22	53	46	35	9
Dec-22	41	28.5	29	1
Jan-23	53	39.5	31	9
Feb-23	34	47	47	11
Mar-23	46	70	63	13
Apr-23	44	68	30	15

13

What conditions are they waiting in? Has there been any incidents occurring as a result?

As is the case nationally, some people do unfortunately experience waits for periods of time in Emergency Departments(EDs) and these individuals are often experiencing a mental health crisis.

CWP works closely with ED teams to support people while they are waiting to be transferred to a mental health bed. Individuals are supported within the ED department by liaison staff and support staff in addition to the staff from the ED. To further reduce the likelihood of incidents, CWP is piloting a new project with charity ISL who can offer in-reach non-clinical support to people waiting in ED to relieve pressure on clinical staff.

On occasions some patients have been admitted to a general acute bed whilst waiting for a mental health admission and CWP have worked in collaboration with colleagues in WUTH to minimise any delays as far as possible.

Within Wirral we do not have an alternative place of safety other than ED. We have developed a business for the development of a

		mental health urgent response centre however as this point in time we do not have any capital funding.
14	How many Wirral patients have had to go out of area? To where?	Please see information above.
15	How much money is being spent on private providers?	The cost of out of area bed days and associated transport costs for patients registered with a Wirral GP for 2022/23 is circa £2m. It should be noted that these costs have been funded by CWP. The average cost of a bed in the independent sector can range from £650 to £900 per night.
16	In terms of the police - is it normal practice in England for police to take patients to A&E as a place of safety (absolutely not-see CQC survey, health-based places of safety - normally in mental health facility)	<p>Under the Mental Health Act a place of safety may be:</p> <ul style="list-style-type: none"> • a residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948; • a hospital as defined by the Mental Health Act 1983 as amended by the Mental Health Act 2007; • an independent hospital or Care Home for mentally disordered persons or • any other suitable place. <p>A lot of areas across the country have designated places of safety that are not located in ED departments and have been specifically designed to support individuals within a mental health crisis.</p> <p>CWP is working with system partners to develop a mental health Urgent Response Centre and a business case has being developed for an Urgent Response Centre for Wirral which will require capital funding from NHS England/Cheshire and Merseyside ICS to be enabled.</p>
17	What does the mental health act code of practice suggest? How much money is being spent on private providers to prop up the use of A&E as a place of safety? If we use A&E do the mental health assessment	<p>See above.</p> <p>There has been increasing pressure in Emergency Departments. CWP has launched the 'First Response Service' which brings together all crisis support services under one umbrella in order to be more flexible to patient need. As part of this CWP is working to triage people differently so ideally, they get the same assessment in the community- ideally at home.</p> <p>As above, CWP has also partnered with ISL (community provider of care) to provide dedicated support to individuals with mental health needs in Emergency Departments whilst they are awaiting further intervention or transfer. This enables individuals to access support and intervention from mental health support workers in response to their mental health needs within the acute hospital</p>

	rooms not get overcrowded?	environment in addition to support from ED or acute trust staff.
18	Whilst wonderful things how is a telephone crisis line/charity going to help a patient who needs a specialist mental health bed?	<p>As part of the First Response Service, if the Mental Health Practitioner who undertakes the assessment on the phone feels that someone may need admission, they can arrange visit from the Home Treatment Team. The Home Treatment Team gatekeep access to inpatient beds and can undertake an appropriate assessment and support an admission if that is required.</p> <p>The crisis line and local crisis alternative services such as the crisis café Companeros have provided alternative provision for people who do not require admission who previously would have attended A&E in self-defined crisis. Companeros also provide a non-clinical recovery offer and signposting to support with housing, benefits etc.</p>
19	Where did the staff come from to work on the crisis line? Is there a shortage of staff on inpatient units?	<p>Staff who work on the Crisis Line were appointed from a number of different areas. Some were external to the Trust; others were promoted into the jobs and had worked on inpatient services in the past and some were promoted from within previous crisis (First Response) Services.</p> <p>Nationally there are significant workforce pressures across mental health services and at CWP we are experiencing challenges in recruiting professionally registered staff from all professional backgrounds across our mental health services, including inpatient areas. We are working proactively to attract, recruit and retain staff to reduce our current vacancies and utilising a range of opportunities to develop new roles to support longer term sustainability.</p>
20	Is there an independent satisfaction survey of GPs?	<p>There is ongoing engagement with GPs, although not specifically in the form of a satisfaction survey.</p> <p>Staff engage on a daily basis with GPs and surgery staff. Part of the Community Mental Health Transformation has included the development of the new ARRS (additional role reimbursement scheme) Primary Care Network Mental Health Lead Practitioner roles. Three Wirral PCNs now have this role within their PCN so a senior mental health practitioner is embedded in the PCN to help improve communication and improve joined up working.</p> <p>As part of the Community Mental Health Transformation, over 1000 people have been engaged via online sessions, face to face events and informal feedback. Attendees included GPs, physical health professionals, social workers, charities as well as people accessing services and their carers.</p> <p>In addition, in October 2022 there was a PCN event where all Wirral PCNs were invited to in relation to supporting is to shape the community mental health transformation. Feedback from the engagement activity is available to view at</p>

		www.cwp.nhs.uk/alliance .
21	What did GPs say was good about services?	<p>To roll out the new ways of working in Community Mental Health Teams (in line with the NHS Long Term Plan), the first Wirral PCN is Healthier South Wirral PCN. We have held a number of face-to-face design sessions with one of the GPs from that PCN, and other PCN staff as well as having Lived Experience Advisors.</p> <p>Feedback from the wider engagement activity is also available to view at www.cwp.nhs.uk/alliance.</p>
22	What did GPs say were the problems?	<p>We have been asked if we can do a 'Consultant Connects' offer for mental health, to mirror a system in place that there is if you want to speak to a consultant within physical health services. This is currently something we are going to trial.</p> <p>Feedback from the wider engagement activity is also available to view at www.cwp.nhs.uk/alliance.</p>
23	How many people from outside of CWP were engaged with about the community transformation programme?	<p>Engagement, co design and co-production have been the bedrock of the Community Mental Health transformation. A co-produced film (narrated by a Lived Experience Advisor) sets out the principles of the programme and can be watched at www.cwp.nhs.uk/alliance.</p> <p>As part of the Community Mental Health Transformation, over 1000 people have been engaged via online sessions, face to face events and informal feedback. Attendees included GPs, physical health professionals, social workers, charities as well as people accessing services and their carers.</p> <p>The Transformation has led the formation of the Cheshire and Wirral Community Wellbeing Alliance. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the host organisation for the Alliance and wider NHS partners, local authorities, charities and organisations from the voluntary, community and social enterprise sector have all signed up to deliver new and joined up ways to support people with complex mental health needs, in line with the aspirations of the NHS Long Term Plan.</p> <p>In Wirral, part of this work has been to bring together Voluntary, Community, Faith & Social Enterprise Sector with a focus on Mental Health. By coming together, organisations have already found that they are able to use their collective resources more efficiently, reduce any potential duplication and broaden the non-clinical mental health offer.</p> <p>A key part of the Alliance is people bringing their own or family's lived experiences to help inform developments. Through an innovative partnership with Rethink Mental Illness, the Alliance appointed Lived Experience Advisors from across Cheshire and Wirral to be the voice of patients and partners in this work. Lived</p>

		<p>Experience Advisors have supported the development of a programme brand, advised on pathway development, chaired workstream meetings and supported community events amongst other activities. We have also undertaken a Primary Care Network event, as discussed above in question 20.</p>
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Further information was requested, and members of the Task and Finish Group received the below.

Registered Nurses can undertake a key worker role and be responsible for coordinating care and support for individuals:

CWP response – currently CWP have 18 whole time vacancies across the Community Mental Health Teams of which 10 of these are related to Nursing posts.

Team Headcount Whole Time Equivalent
 Adult CMHT Wallasey & West Wirral 45 38.87
 Adult CMHT Birkenhead 44 38.11

Please note the vacancies are now at 8 and only 3 are qualified vacancies, average recruitment timeframe are 3 months from advert but this could extend depending on specialism.

Access to local Crisis Beds which offer a less clinical setting away from home for people during crisis

CWP response – CWP has recently increased the number of these beds across Wirral.

Q: How many beds were there and how many are there now?

CWP response - Originally 3 now it is 7, on-going discussion to retain 4 of the beds for 24/25.

CWP is working with System Partners to develop a Mental Health Urgent Response Centre and a Business Case has been developed for an Urgent Response Centre.

Q: What size site would this need? What would be included in it?

A mental health Urgent response centre would include facilities to undertake assessment. (including section 136 space), office space to enable the co-location of services to enhance joint working and better use of resources across partner organisations. To ensure that the clinical pathways are safe the facility needs to be sited on the same footprint as the acute hospital. The cost to build this facility is circa £12m or if existing estate is available circa £6m. The area is approx. 1100m² or 0.5 of an acre.

**ADULT SOCIAL CARE AND PUBLIC HEALTH MENTAL HEALTH TASK AND FINISH
ATTENDEES
24 MAY 2023**

Camphor, Ivan A. (Councillor) – Wirral Council
Gilchrist, Phil N. (Councillor) – Wirral Council
Grey, Elizabeth A. (Councillor) – Wirral Council
Onwuemene, Amanda (Councillor) – Wirral Council
Hodkinson, Graham R. – Wirral Council
Oxley, Jason – Wirral Council
Stephens, Jean- Wirral Council
Shaw, Vicki L. (Wallasey Town Hall) – Wirral Council
Suzanne Edwards - (Cheshire and Wirral Partnership NHS Foundation Trust)
Hayley McGowan - (Cheshire and Wirral Partnership NHS Foundation Trust)
Thiagarajan, Nagraj - (Cheshire and Wirral Partnership NHS Foundation Trust)

Summary

Members thanked officers for their honesty and their acknowledgement that things still needed improvement. They also appreciate the difficult tasks faced by the Cheshire Wirral Partnership, and the local and national picture around Mental Health Services. It was agreed by all in attendance that the issues surrounding Mental Health provision both in Wirral and nationally were profound. Officers agreed that all the concerns raised by Members were priorities which needed addressing and they were working towards achieving this. It was emphasised by all in attendance that a collective partnership is needed to make this work.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

17 OCTOBER 2023

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

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.

RECOMMENDATION

The Adult Social Care and Public Health Committee is recommended to note and comment on 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

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:

- (iii) investigate major health issues identified by, or of concern to, the local population.
- (v) 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.
- (vi) 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.
- (vii) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
- (viii) 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 Plan

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Standing Item	

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
WORK PROGRAMME NOVEMBER 2023

Item	Approximate timescale	Lead Departmental Officer	Decision
Care Market Sufficiency Update	November	Jayne Marshall	Non Key
Financial Monitoring Report	November	Sara Morris	Non Key
Performance Monitoring Report	November	Nancy Clarkson	Non Key
Work Programme	November	Mike Jones	Non Key

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
C&M LD & Autism Housing Strategy	January 2024	Jayne Marshall
Direct Payments	January 2024	Bridget Hollingsworth
End of Life Best Practice	January 2024	Jayne Marshall/Judith Lambert
All Age Disability Strategy	March 2024	Jean Stephens
All Age Disability Review Implementation Report	March 2024	Jean Stephens
Annual complaints Report	March 2024	Jean Stephens
Co-production Strategy	March 2024	Jayne Marshall
Able Me Implementation Progress Report	June 2024	Jean Stephens

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Financial Monitoring Report	Each scheduled Committee Finance have set out the below for finance reports June September November February/March	Sara Morris
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	Mike Jones
Social Care Complaints Report	Annual Report – January	
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Public Health Annual Report	Annually – March 2024	Dave Bradburn
Health Protection Strategy Update	April 2024 then every six months	Dave Bradburn
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
Spotlight sessions / workshops				
CQC	Workshop	August	Simon Garner	Completed
BCF/ Section 75	Workshop	18 September 2023	Bridget Hollingsworth	Completed
Wirral Drugs Strategy	Workshop	26 October 2023	Dave Bradburn	
Dementia	Workshop	14 November 2023	Graham Hodkinson	
Public Health Grant Review		Mid/end November		
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	
Fair Cost of Care			Jayne Marshall	
COMF Grant			Jen Smedley/Barry Graham	
Written briefings				
Position statement – Refugees (written briefing)	TBC	Lisa Newman		
Working Groups/ Sub Committees				
Task and Finish work				

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Adult Social Care and Public Health Committee – Terms of Reference

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 - (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.
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