



Adult Social Care and Public Health Committee

Date:	Tuesday, 28 November 2023
Time:	6.00 p.m.
Venue:	Committee Room 1, Birkenhead Town Hall

Contact Officer: Mike Jones
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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 - 6)**

To approve the accuracy of the minutes of the meeting held on 17 October 2023.

5. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Thursday 23 November 2023 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

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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 23 November 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

SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

- 6. UPDATE ON CARE MARKET SUFFICIENCY, HEALTHY WIRRAL PROGRAMME (Pages 7 - 14)**
- 7. ADULT SOCIAL CARE AND PUBLIC HEALTH 2023/24 Q2 BUDGET MONITORING (Pages 15 - 24)**
- 8. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 25 - 68)**

The Appendix to this report may not be suitable to view for people with disabilities, users of assistive technology or mobile phone devices. Please contact nancyclarkson@wirral.gov.uk if you would like this document in an accessible format.

SECTION C - OVERVIEW AND SCRUTINY

- 9. ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE (Pages 69 - 78)**

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, 17 October 2023

Present: Councillor J Williamson (Chair)

Councillors P Gilchrist M Jordan
Murphy S Mountney
K Murphy C Baldwin
A Onwuemene M Skillicorn
G Jenkinson

39 WELCOME AND INTRODUCTIONS

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

40 APOLOGIES

Apologies for absence were received from:
Councillor Julie McManus
Councillor Brenda Hall

41 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. There were no interests declared.

42 MINUTES

Resolved – That the minutes of the meetings held on 19 September 2023 be approved as a correct record.

43 PUBLIC QUESTIONS

No public questions, statements or petitions have been received.

44 BCF SECTION 75 POOLED FUND

The Head of Integrated Services presented the report of the Director of Care and Health which set 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.

Members received reassurance that any overspend on the NHS portion of the budget would not affect the Council's financial position.

Resolved - That

- 1. 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 be approved;**
- 2. the Director of Law and Governance in consultation with the Director of Care and Health be authorised 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; and**
- 3. that 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 be noted.**

45 **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 proposed to extend the contract with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) until 30 September 2025, on substantially the same terms, to enable a full analysis of the benefits and detriments of returning the service to the Council's delivery arm. The issue was brought to the last meeting of this Committee but further information was requested which had now been included.

Members were informed that the extension of a year was a reasonable period to gather sufficient data to appraise the delivery of the contract.

The Chair, Councillor Janette Williamson, proposed an alternative resolution which detailed the decision required.

This was seconded by Councillor Gail Jenkinson.

Resolved: That

- 1. the contract with CWP be extended for a further year until 30 September 2025, on substantially the same terms to enable further analysis, in partnership with CWP and other systems partners, of the benefits and detriments of a continuation of current service arrangements or of returning the services to the Council's direct delivery.**
- 2. the Director of Care and Health be requested to provide a further report to the Adult Social Care and Public Health Committee by**

September 2024 to update on the outcome of this exercise and to make recommendations as to the future delivery of the services.

46 **DEVELOPMENT OF A RISK AND RESILIENCE APPROACH FOR CHILDREN AND YOUNG PEOPLE**

The Director of Public Health and the Senior Public Health Manager presented the Report of the Director of Care and Health which sought authorisation to tender for the development of a new offer to support children and young people in relation to health and risk-related behaviours. It was intended that the new offer would be commissioned from September 2024 and would transform support for children and young people by providing a more effective and co-ordinated approach to improve outcomes for them. It would be a more holistic approach with a five-year contract to help children and young people cope with the challenges in their life, through universal and targeted support.

Members queried the support for particular circumstances, and confirmed that there was monitoring across the borough to identify particular issues in specific areas.

Resolved – That

- 1. the Director of Public Health be authorised 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. delegated authority be given to the Director of Public Health to award the tender to the successful bidder following the tender process.**

47 **CARE QUALITY COMMISSION SELF ASSESSMENT**

The Assistant Director of Operational Delivery & Professional Standards presented the report of the Director of Care and Health which detailed a new duty for the Care Quality Commission (CQC) to assess how Local Authorities were 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 report set out the development of Wirral's Self-Assessment of how it provided Adult Social Care services, and followed on from a workshop held on 9 August 2023.

Resolved – That the report be noted.

48 **HEALTH PROTECTION STRATEGY 2023-27 - 6 MONTH UPDATE REPORT**

The Director of Public Health and the Head of Health Protection presented the report of the Director of Care and Health which provided an update on the partnership work undertaken to deliver Wirral's Health Protection Strategy. This had been approved at Committee on 23rd January 2023 and set out the collective approach for ensuring a resilient health protection system and response in Wirral. It was emphasised that a partnership approach was vital as no single agency could deliver all that was required.

Members questioned whether particular issues were being considered including Hepatitis C, cold and hot weather, Urinary Tract Infections, shingles, and air quality.

Resolved - That

- 1. the progress made to date in the implementation of the Wirral Health Protection Strategy be noted;**
- 2. annual updates on progress against delivery of the Health Protection Strategy be received from the Director of Public Health.**

49 **PRIMARY CARE DENTISTRY UPDATE NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD**

The Head of Primary Care for NHS Cheshire and Merseyside presented the report of the NHS Cheshire and Merseyside Integrated Care Board (ICB) which provided an update on the commissioning of primary care dental services, and gave details of the Dental Improvement Plan 2023/25 which was 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 aims of the Plan included developing access sessions for new patients across 60 practices in the ICB and add an additional 30,000 appointments across Cheshire and Merseyside. It was noted that:

- lack of access to dental services was a national issue primarily connected with an NHS contract that was considered no longer fit for purpose.
- patients had a general misunderstanding that they registered with a dentist in the same way as registering with a GP, but the dental contract allows for their removal.
- Oral health had deteriorated since the Covid-19 pandemic, especially in vulnerable patients, and dealing with those takes longer which exacerbates the time pressures.
- The NHS contract was not attractive to the workforce so recruitment and retention was difficult although this was covered in the workforce plans of the NHS and ICB.

- Urgent Dental Care Centres within existing practices had been set up during the pandemic and had continued since.

Members questioned the approaches and about reaching particular groups such as schoolchildren, care home residents and children in care. They also requested additional information for particular issues.

Resolved - That the report be noted.

50 **CHESHIRE AND WIRRAL PARTNERSHIP MENTAL HEALTH TRANSFORMATION TASK AND FINISH**

The Assistant Director Strategic Commissioning and Integrated Services presented the report of the Director of Care and Health which detailed the results from a Task and Finish Session held in May 2023 on Mental Health Transformation. This had followed a report by the Cheshire and Wirral Partnership to the 14 June 2022 Adult Social Care and Public Health Committee 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 suggested that a detailed report on the progress since the workshop be presented with the Cheshire and Wirral Partnership.

Councillor Phil Gilchrist was thanked for his work in Chairing the Workshop and then helping to prepare and present the report.

Resolved – That the contents to the report be noted and a further update report come to a future committee.

51 **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE**

The Chair presented the report of the Director of Law and Governance. Additional items were suggested, which were:

- End of Life care
- Maternity Services

Resolved – That, subject to the addition of End of Life care and Maternity Services, the work programme be noted.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

28 NOVEMBER 2023

REPORT TITLE:	CARE MARKET SUFFICIENCY
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The report provides an update on the Unscheduled Care Programme workstream for Care Market Sufficiency. This workstream is led by Adult Social Care on behalf of the local Health and Care System. The purpose of it is to ensure sufficiency in the community care market to respond to local needs. The workstream directly supports the community care market, care homes and domiciliary care, to increase capacity and to improve safe flow to services to meet demand from both a community and hospital setting.

This supports the Wirral Plan objectives of:

- Working for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all.
- 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 not a key decision.

RECOMMENDATION/S

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

1. Note the improvements to the care market capacity and flow for domiciliary care.
2. Note the work completed with care homes to improve safe transfers of care from a hospital setting.
3. Endorse the future work of the Care Market Sufficiency Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Progress has been made to support the community care market to pre-pandemic 2019 levels of domiciliary care cases actioned from the e-brokerage system and also the numbers of actual hours delivered and billed for by domiciliary care providers.
- 1.2 Care home providers have worked proactively with the Safe Transfer of Care Hub to remove any barriers to safe discharges from hospital and to support hospital flow by ensuring people can be safely transferred to care home settings.
- 1.3 Targets have been set for domiciliary care between September 2023 to March 2024 to meet local demand and to support winter planning arrangements.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as improvement was both a local system priority demand and a requirement for the Local Authority as a statutory duty under the Care Act.

3.0 BACKGROUND INFORMATION

- 3.1 The workstream was established in April 2022 and the priorities of the workstream were agreed as:
 - Increase capacity and responsiveness of domiciliary care provision to support for pathway one discharges from hospital, "Home First" service and Community Intermediate Care Centre (CICC), to meet requests for packages of support from people living at home in their communities.
 - Review of Care Home market responsiveness to support pathway two discharges from hospital to care homes and admissions, planned and unplanned, for people who can no longer remain living in their own home.
 - Identification and removal of barriers to community care market responsiveness.
 - Identification of enabling activities to support community care market.
 - Responsiveness.
 - Review of input other sectors (e.g. Supported Living Outreach) and roles.
 - Domiciliary care pick-up levels returned to 2019 levels.
- 3.2 The workstream focussed primarily on domiciliary care services to improve capacity within the sector to return to pre-pandemic levels of delivery. A baseline was set from April 2019, which was the point at which the new care and support at home commission went live.

3.3 Progress on domiciliary care actual hours delivered has been evidence based as follows:

April 2019 Baseline Hours delivered	Actual Hours Delivered April 2023	Actual Hours Delivered July 2023	March 2024 Target
58,571	60,326	66,314	70,358

3.4 Progress on hours picked up via e-brokerage system are as follows:

April 2019 Baseline Hours picked up	Hours picked up April 2023	Hours picked up July 2023	March 2024 Target
3,194	3,255	3,459	3,558

3.5 Progress on packages accepted via e-brokerage system is as follows:

April 2019 baseline packages accepted	April 2023 packages accepted	July 2023 packages accepted	March 2024 Target
286	265	281	317

3.6 Progress in the numbers of people in receipt of a domiciliary care service has been evidence based as follows:

April 2019 Numbers of people in receipt of a service	April 2023 Numbers of people in receipt of a service	July 2023 numbers of people in receipt of a service	March 2024 Target
1,648	1,376	1,432	1,648

3.7 It must be noted that since 2019 Continuing Health Care packages have also been included in the number for domiciliary care and can account for the larger package sizes currently being delivered to meet complex needs.

3.8 Since 2019, the Council has also opened a further 3 Extra Care Housing schemes for older people which has increased capacity to a total of 329 apartments in Wirral, which means that in addition to increased capacity to people living in their own homes in the community, capacity has also been increased to meet the needs of 348 people who live in Extra Care Housing. The total hours commissioned in Extra Care Housing in July 2023 was 12,554.

3.9 In January 2022, the Council commissioned 7 block sets of mobile night services per night, which in July 2020 increased to 9 block sets of mobile nights, totalling 4,536 staff hours.

3.10 Therefore the total number of hours for domiciliary community support for people in their own homes, for day and night-time domiciliary care and people in Extra Care in June is 83,404 per month.

3.11 The Care Market Sufficiency Group has been tracking numbers of staff working in the domiciliary sector with a target to increase staff numbers by September 2023.

Progress to date is as follows:

Numbers of staff April 2022	Actual staff numbers April 2023	Actual staff numbers August 2023	March 2024 Target
1,234	1,252	1,307	1,328

- 3.12 Numbers of people waiting for domiciliary care have reduced from have reduced overall from 250 in January 2023, to 84 in October 2023.
- 3.13 The brokerage system has been refined to include postcode data which enables domiciliary care providers to match capacity on rounds to people on the waiting list more effectively.
- 3.14 The Care Arranging Team (CAT) has returned to working for the Council from 1 July 2023, and is now line managed within the commissioning and contracts function of Adult Social Care. This move has enabled closer working to support the community care market alongside a review of business processes that has supported improvements for both domiciliary care and care home placements.
- 3.15 Six new domiciliary care providers have been assessed and undergone due diligence process to increase the number of domiciliary care framework providers to 28 in total.
- 3.16 The Care Market Sufficiency Group has been working closely with the Safe Transfer of Care Hub to improve flow in to care homes and has held workshops in June and July 2023 to understand any barriers to discharges and to remove those barriers to ensure people can be safely discharged. Key outcomes of the workshops are:
- A new discharge checklist has been implemented in July 2023 in the hospital discharge hub, with checks in place for both the discharge hub and care homes for admissions.
 - A named worker to be put in place in the Safe Transfer of Care Hub to work closely with patients and their families at point of key decision making to facilitate discharges.
 - System changes to e-brokerage for care home placements with a mandate to use for all practitioners and care home providers.
 - Video tours of care homes to be considered for uploaded to Wirral info bank for each care home to support individuals and their supporters with decision making on discharge destination.
- 3.17 A further workshop will be held in September 2023 with the domiciliary care sector and the Safe Transfer of Care Hub to identify and remove any barriers and improve business systems and processes. Further workshops will be held in November 2023, to support continuous improvement.
- 3.18 The Care Market Sufficiency Group is working closely with the Safe Transfer of Care Hub to introduce a technology enabled care offer to support discharges, and a stakeholder group to meet in August 2023 to progress.

- 3.19 Targets for domiciliary care have been revised during September with fortnightly meetings in place to track performance, with new targets to run up to March 2024.
- 3.20 Work is underway with Mental Health Services to develop a new housing support model and is linked with Mental Health Commissioner from ICB (integrated Care Board).
- 3.21 A new 8-apartment scheme to support mental health discharges from hospital and to prevent hospital admissions is now operational in Birkenhead from July 2023.
- 3.22 A new contract for care homes will be deployed in Autumn 2023 and will include new requirements to support 7-day discharges, work proactively with e-brokerage systems, support falls prevention initiatives and fully introduce electronic care planning.

4.0 FINANCIAL IMPLICATIONS

4.1 The workstream has provided and supported the domiciliary care market with a range of initiatives funded through workforce recruitment and retention, adult social care discharge fund and other grants including:

- Skills for Care “Finders Keepers” value-based recruitment programme
- “Care Friends” recruitment support application
- The purchase of 39 e-bikes
- Funds for support with fuel costs
- Additional training
- Use of pool cars for staff
- Driving lessons
- Winter retention payments of £300
- Increased hourly incentive payments for staff

These initiatives totalled £283,000 and were managed with a sustainability grant approach.

- 4.2 The Council allocated £1m of the market sustainability fair cost of care funds for 2022/2023 to increase frontline staff wages in domiciliary care to £11ph from 1st August 2022, in advance of the Real Living Wage announcement in Autumn 2022 of an increase to £10.90ph.
- 4.3 In March 2023, the Council agreed further funds to increase staff wages to £12ph for frontline domiciliary care staff, which were implemented from April 2023.
- 4.4 In total for financial year 2023/2024, the Council allocated funds to improve rates and fees for all care sectors of £14.2m.
- 4.5 The uptake of domiciliary care has resulted in increased expenditure for domiciliary care which is being supported by an allocation of Government workforce grant.

5.0 LEGAL IMPLICATIONS

- 5.1 The Care Act 2014 places a duty on the Local Authority to promote diversity and quality in provision of services, including the efficient and effective operation of a market in services for meeting care and support needs. The Local Authority must have regard to market sustainability, fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided; also, to encourage innovation in service provision. The work undertaken with the Care Market Sufficiency Group supports the Local Authority to meet its statutory obligation to meet needs for care and support within the market environment required by the Care Act.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The representation on the Care Market Sufficiency Group is inclusive of people from the Council's Commissioning and Contracts Team, the Safe Transfer of Care Hub and the ICB Continuing Health Care Lead.
- 6.2 A new post has been introduced in August 2023 of a Care Home Co-ordinator to support the safe discharge hub and named workers with transfers of care, to Care Homes. It is envisaged this post will work closely with the Care Home Trusted Assessor based in the Safe Transfer of Care Hub.

7.0 RELEVANT RISKS

- 7.1 Had the Council not agreed support for the Community Care Market Sufficiency Group, the impact of this would have meant that targets as part of the Healthy Wirral Programme would not have been met, capacity would not have increased and recruitment for frontline community care market staff would not have progressed.
- 7.2 The Council could have held the fee rates at existing levels for 2023/2024, but this was not an option given the national requirements in relation to wages, the impact of inflation and the requirement to increase capacity within the sector.
- 7.3 A risk log is in place for the project and mitigations are in place to minimise risks, these are shared in a weekly highlight report to system leaders.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Workshops have been held with the Safe Transfer of Care Hub for care home, and the domiciliary care market, with further workshops planned for November 2023.
- 8.2 Representation and presentations have been made at the care provider forums on the requirements of the market to support capacity increases.
- 8.3 The new safe transfer checklist for care homes has been briefed to the care market and was presented formally at both the Registered Manager forum and Care Home Provider forum in August 2023.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been produced in September 2023 for Wirral Place Based Partnership Board and can be accessed by the following link:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The domiciliary care market is working to introduce electric vehicles, and also e-bikes have been purchased to support reductions in carbon emissions.
- 10.2 Many domiciliary care staff walk to work in their local area.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Many of the services provided in Wirral are delivered by Local Businesses with offices, services and staff based in Wirral.
- 11.2 The investment by the Council of £14.2m for financial year 2023/2024 for the Community Care Market staff being paid the Real Living Wage of £10.90ph, and £12ph for frontline staff for providers who choose to take it up, has had a positive impact on recruitment to the sector.

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APPENDICES

N/A

BACKGROUND PAPERS

Market Sustainability plan
<https://www.wirral.gov.uk/health-and-social-care/fair-cost-care/market-sustainability-plan>

Market Position Statement
<https://www.merseysidemarketpositionstatement.co.uk/intro/>

Project Initiation Document and Highlight Reports, Health Wirral Programme

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 (Outcome of Engagement on Rates and Fees)	6 March 2023



Adult Social Care and Public Health Committee

Tuesday, 28th November 2023

REPORT TITLE:	2023/24 REVENUE AND CAPITAL BUDGET MONITORING FOR QUARTER 2 (1 APR – 30 SEP 2023)
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 2 (1 Apr – 30 Sep) 2023/24. The report provides Members with an overview of budget performance for this area of activity, including delivery of the 2023/24 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to officers on the performance of those budgets.

Managing a budget requires difficult decisions to ensure that a balanced position can be presented. Regular Member engagement, which this report forms part of, is considered essential in delivering effective governance and financial oversight.

At the end of Quarter 2, there is a reported adverse position of £0.435m on the Committees net revenue budget of £130.579m.

This matter affects all Wards within the Borough and is not a key decision.

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

RECOMMENDATION/S

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

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is vitally important that the Council has robust processes in place to manage and monitor the in-year financial position, to ensure it delivers a balanced position at the end of the financial year.
- 1.2 Regular monitoring and reporting of the revenue budgets and saving achievements enables decisions to be taken in a timely manner, which may produce revenue benefits and will improve financial control of Wirral Council.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 This section provides a summary of the year end revenue forecast as at the end of Quarter 2, month 6 (September 2023) of the 2023/24 financial year.
- 3.2 The forecast financial outturn for 2023/24 is an adverse position of £0.435m against a total net budget of £130.579m.
- 3.3 The outturn reflects full achievement of the £5.935m 2023/24 savings target.

TABLE 1: 2023/24 Adult Care and Health – Service Budget & Outturn

	Budget	Forecast	Variance (- Fav, + Adv)		Adv/ Fav
	£000	£000	£000	%	
Adult Social Care Central Functions	7,834	8,195	361	5%	Adverse
Older People Services	62,108	62,276	168	0%	
Mental Health & Disability Services	54,886	55,091	205	0%	Adverse
Other Care Commissions	92	144	52	57%	
Delivery Services	5,411	5,180	-231	-4%	Favourable
Public Health	-261	-261	0	0%	Favourable
Wirral Intelligence Service	509	389	-120	-24%	
Committee Budget	130,579	131,014	435	0%	

- 3.4 The forecast represents a significant improvement from quarter one following allocation of £2.7m funding from the Market Sustainability and Improvement Fund (MSIF) Workforce Fund. Funding was announced by the Department of Health and Social Care (DHSC) in July 2023. The primary purpose of the fund is to build on the existing Market Sustainability and Improvement Fund to support local authorities to make tangible improvements to adult social care services in their area. The funding will support the ongoing pressures within social care from hospital discharges.
- 3.5 The numbers of clients supported in Wirral continues to increase, to date an increase of 5% across care services. Recent activity is reflecting some improvement in domiciliary care pick up with an increase of 10% in commissioned packages, however placements within residential and nursing settings are still increasing with activity showing 2% increase during the first 6 months of the financial year. With additional hours and top-up payments being made to meet the complex needs of people being discharged from hospital as early as possible, the cost of these placements continues to put pressure on the budget.
- 3.6 The forecast assumes the use of £0.500m from the Social Care earmarked reserve and full achievement of the £5.935m saving target, any slippage against this saving will further impact on the adverse forecast.
- 3.7 **Technology:** We have seen a significant growth in the use of Telecare over the last year, very much in line with the Council's ambitions to use technology to keep people, in their own homes. 4850 homes in Wirral are connected to our Telecare Service, supporting over 5035 people to remain safely at home with remote support. The service has seen recent growth, with an additional 600 people benefiting from the service. This has been driven in part through the cessation of the Magenta Housing community alarm service and tenants subsequently transferring to the Council service, and natural growth due to demographic changes. The costs of the service have remained at £854k per year which includes equipment, delivery and collections and monitoring at a 24hr call centre. Despite increasing numbers, costs have remained the same because of close working and contractual arrangements with Medequip the service provider. On average, the cost per person of this service is £169.61 pa.
- 3.7.1 The new digital Telecare provides us with more opportunities to intervene earlier, in a more preventative way reducing pressure on high cost, high impact services. For example, noting small but important changes in habits and behaviours that may indicate the onset of illness or changes in long term condition. Plans are developing to use the service to support hospital discharge and reablement services to monitor and evidence recovery, enabling us to withdraw care packages in a timelier way. Longer term work is also underway to integrate Telecare with Telehealth at a regional level, enabling more people to be treated and supported in their own homes, rather than in hospital and residential nursing facilities.
- 3.8 **Public Health:** A balanced position is reported at quarter 2. The Public Health Grant for 2023-2024 is £31.999m an increase of £1.011m from the 2022-23 allocation of £30.989m.
- 3.8.1 The Public Health team have undertaken a comprehensive review of the contracts and services funded by the Public Health Grant. As a result of this managers will be developing a subsequent action plan from this stage of the review to take forward any

agreed changes and developments with the view to bringing about improvement and ensuring the Public Health Grant is being utilised in the best way, to deliver positive health outcomes for Wirral residents.

- 3.9 **Wirral Intelligence Team:** A small favourable position at quarter 2 reflecting vacancy within the team.

Outcome on Delivery of the 2023/24 Savings Programme

- 3.10 The £5.935m savings target for 2023/24 is shown in Table 2 below.

TABLE 2: 2023/24 Adult Care and Health – Budget Savings

Saving Title	Agreed Value	Outturn Value	RAG Rating	Comments
Demand Mitigations	£5.935m	£5.935m	Green	Forecast to be achieved
TOTAL	£5.935m	£5.935m		

- 3.11 The current forecast outturn assumes the full target will be achieved.

Earmarked Reserves

- 3.12 Earmarked reserves represent money that has been set aside for a clearly defined purpose, and which is available to meet future expenditure in that area. Table 3 below sets out the reserves within Adult Care and Health at the start of the financial year.

TABLE 3: 2023/24 Adult Care and Health – Earmarked Reserves

	Opening Balance £000	Forecast Use of Reserve £000	Forecast Contribution to Reserve £000	Closing Balance £000
Public Health Ringfenced Grant	6,912	0	0	6912
Champs Innovation Fund	69	0	0	69
Champs Covid-19 Contact Tracing Hub	204	0	0	204
Implementation of Charging Reform	97	0	0	97
Safeguarding Adults Board	46	-46	0	0
Adult Social Care & Public Health Total	7,328	-46	0	7,282

- 3.13 The Safeguarding reserve within Adult Social Care represents unspent contributions from previous years and are to be held in reserve for future Safeguarding activities.

- 3.14 The Public Health Ringfenced grant reserve has an opening balance of £6.912m. At Quarter one the forecast year end reserve position for Public Health was to be £6.175m. This was based on a national indication that the 2023-2024 NHS pay award for Public Health commissioned NHS services would be met from the Public Health grant. For quarter 2 the forecast reserves position has been revised to be £6.912m following the Department of Health announcement that it will now meet this 2023-2024 pay award for NHS providers.
- 3.15 A small reserve for Implementation of Charging Reform was set up to carry one off funds received to support costs Wirral may incur in implementing the new government charging reforms due to commence Oct-25.

Capital Programme

- 3.16 Table 4 below sets out the spend against the capital programme for Adult Social care during 2023/24

Table 4 – Capital Programme 2023-24

Capital Programme	2023/24			
	Budget £000	Borrowing £000	Grants £000	Total £000
Disabled Facilities Grant (DFG)	0		0	0
Citizen and Provider Portal/Integrated I.T.	63	52	11	63
Extra Care Housing	0		0	0
Liquid Logic – Early Intervention & Prevention	214	214	0	214
Telecare & Telehealth Ecosystem	1,452	0	1,452	1,452
Total	3,824	266	3,558	3,824

- 3.17 **Telecare & Telehealth Ecosystem:** This capital project is replacing analogue Telecare equipment with new digital Telecare equipment, such as fall detectors, panic buttons and activity tracking which will help with earlier identification of social care need and developing health issues while enabling people to remain safely in their own homes for longer. 2,992 homes are now equipped with digital telecare (62.6% of service) with 4,959 people benefitting directly from the service.
- 3.18 **Extra Care:** Adult Social Care Commissioning Leads are working closely with strategic housing colleagues on new site opportunities which are either at planning or pre-planning stage.
- 3.18.1 There are several sites under current consideration across the Wirral but are not yet confirmed for progression. Some areas have multiple sites for consideration, and Officers are mindful to develop where there is an evidenced need or gap in provision, and not over develop.

- 3.18.2 There are two schemes due to complete this financial year, Sycamore place in July 23 and Spinnaker House in Feb 24.
- 3.18.3 Funding has slipped in 2024-25 as current schemes have secured funding via Homes England.
- 3.19 **Citizen and Provider Portal/Integrated I.T.:** The enhanced functionality for portal developments and integrated system elements are moving towards evaluation and project close. This will be dependent on the necessary testing being successfully completed for implementation for the committed spend. This covers a broader range of online adult social care service ability for providers and residents with integration across the core case management system for brokering services. An enhanced care finder element will focus on the ability to source personal assistants as part of the Direct Payment service options and the go live of an embedded real time view of Health records within the adult social care system record.
- 3.20 **Liquid Logic and Early Intervention:** The project covers the development of an Early Intervention & Prevention Module within the Adult Social Care system – Liquid logic, to provide the ability to import identified data sets for risk factors and stratification to enable early intervention & prevention.
- 3.20.1 Initial testing has commenced with imports of Health data and a workshop is planned with Knowsley & Liverpool, to agree the scoring matrix and map risk indicators. Once the initial testing developments have been completed, associated project groups will be established which will include operational input.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

- 5.1 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 5.3 It is essential as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered, and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 The Council's ability to maintain a balanced budget is dependent on a proactive approach due to estimated figures being provided in the calculation for the budget, albeit the best estimates available at the time, plus any amount of internal and external factors that could impact on the budget position in year. Examples of which are new legislation, increased demand, loss of income, increased funding, decreased funding, inability to recruit to posts, etc.
- 7.2 A robust monitoring and management process for the budget is in place. Under specific circumstances the Section 151 Officer may issue a Section 114 notice, but that position has not been reached at the present time.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 In year activity will have incorporated community wealth implications. Consideration would have taken account of related matters across headings such as the following:
- **Progressive Procurement and Social Value**
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
 - **More local & community ownership of the economy**
Supporting more cooperatives and community businesses.
Enabling greater opportunities for local businesses.
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
 - **Decent and Fair Employment**
Paying all employees a fair and reasonable wage.
 - **Making wealth work for local places**

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APPENDICES

None

BACKGROUND PAPERS

- 2022/23 Revenue Budget Monitor Quarter 4 (Apr - Mar)
- Adult Social Care and Public Health 2023/24 Budget and Budget Monitoring Process

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health	16 November 2021
Adult Social Care and Public Health	25 January 2022
Adult Social Care and Public Health	14 June 2022
Adult Social Care and Public Health	11 October 2022
Adult Social Care and Public Health	29 November 2022
Adult Social Care and Public Health	6 March 2023
Adult Social Care and Public Health	13 June 2023
Adult Social Care and Public Health	19 September 2023

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 28 November 2023

REPORT TITLE:	ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

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

This matter affects all Wards within the Borough.

This is not a key decision.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are none arising from this report.

7.0 RELEVANT RISKS

- 7.1 Information on the key risks faced by the organisation and Directorate and the associated mitigations and planned actions are included in the Corporate and Directorate Risk Registers. Where this report identifies any additional risks, these are reviewed by Adult Health and Care managers and where appropriate additional mitigations and actions are applied to the Directorate Risk Register.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Nancy Clarkson**
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APPENDICES

Appendix 1 Adult Social Care and Public Health Committee Performance Report

BACKGROUND PAPERS

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

TERMS OF REFERENCE

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	19 September 2023
Adult Social Care and Public Health Committee	13 June 2023
Adult Social Care and Public Health Committee	6 March 2023
Adult Social Care and Public Health Committee	10 November 2022
Adult Social Care and Public Health Committee	24 October 2022
Adult Social Care and Public Health Committee	25 July 2022
Adult Social Care and Public Health Committee	14 June 2022
Adult Social Care and Public Health Committee	3 March 2022
Adult Social Care and Public Health Committee	16 November 2021
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	23 September 2021
Adult Social Care and Public Health Committee	29 July 2021

Council Meeting	Date
Adult Social Care and Public Health Committee	7 June 2021
Adult Social Care and Public Health Committee	2 March 2021
Adult Social Care and Public Health Committee	18 January 2021
Adult Social Care and Public Health Committee	19 November 2020



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

**Quarter 2 2023/24
(July – Sept 2023)**

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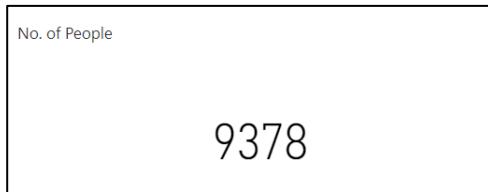
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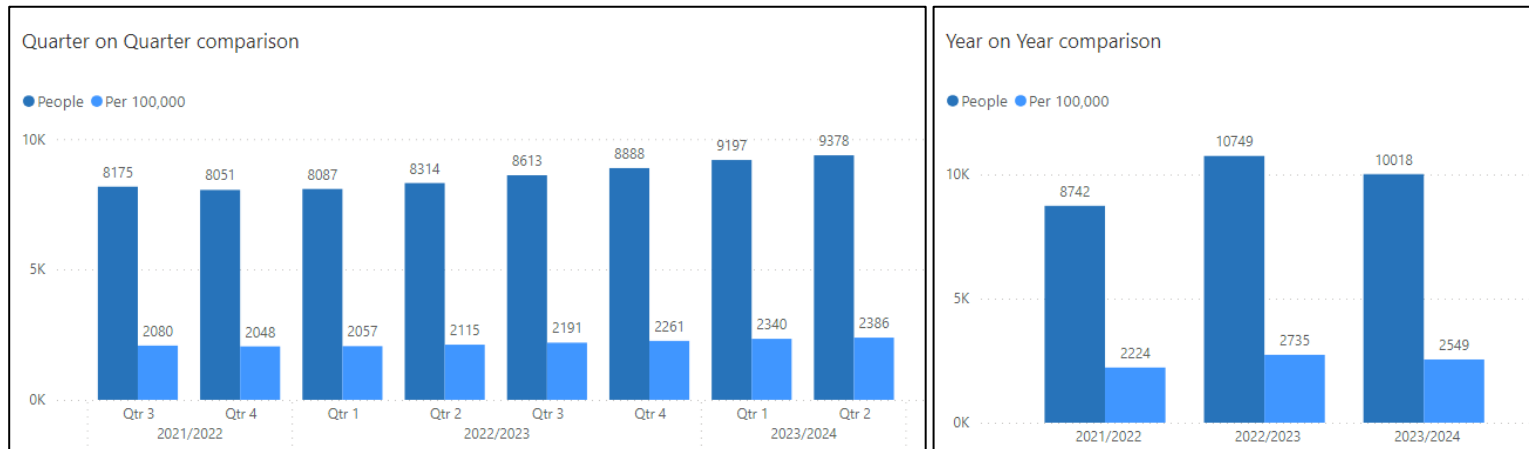
1.0 Introduction

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

1.1 Introduction – Total number of people accessing ASC services



Data source: ContrOCC



The above quarter comparison chart shows the Number of people and the number per 100,000 accessing Adult Social Care Services as of Quarter 2 (01/07/2023 – 30/10/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have accessed Adult Social Care Services during the financial year, not at year end.

Data Source: ContrOCC.

2.0 Care Market – Care Homes

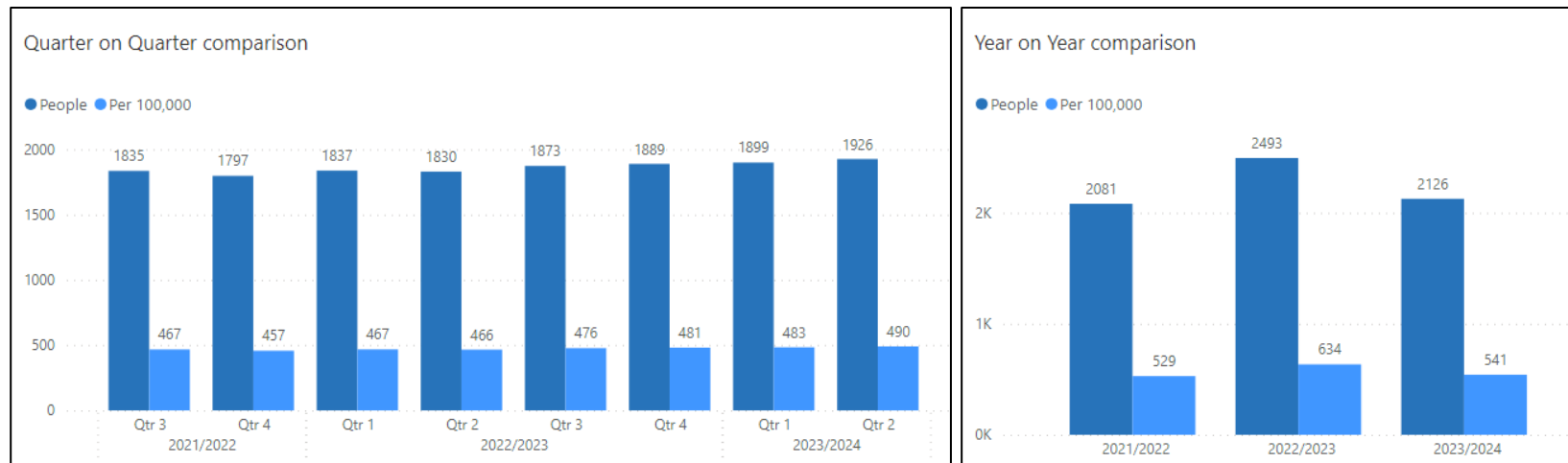
2.1 Residential and Nursing Care – Total number of people



Data Source: ContrOCC.

2.2 Residential and Nursing Care Over Time

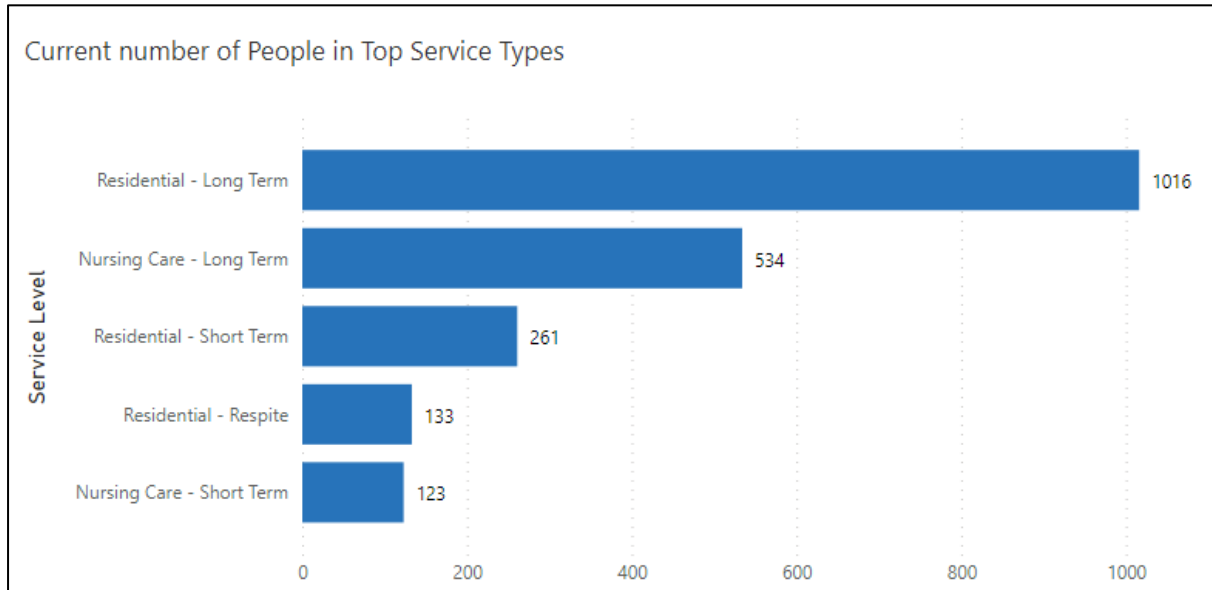
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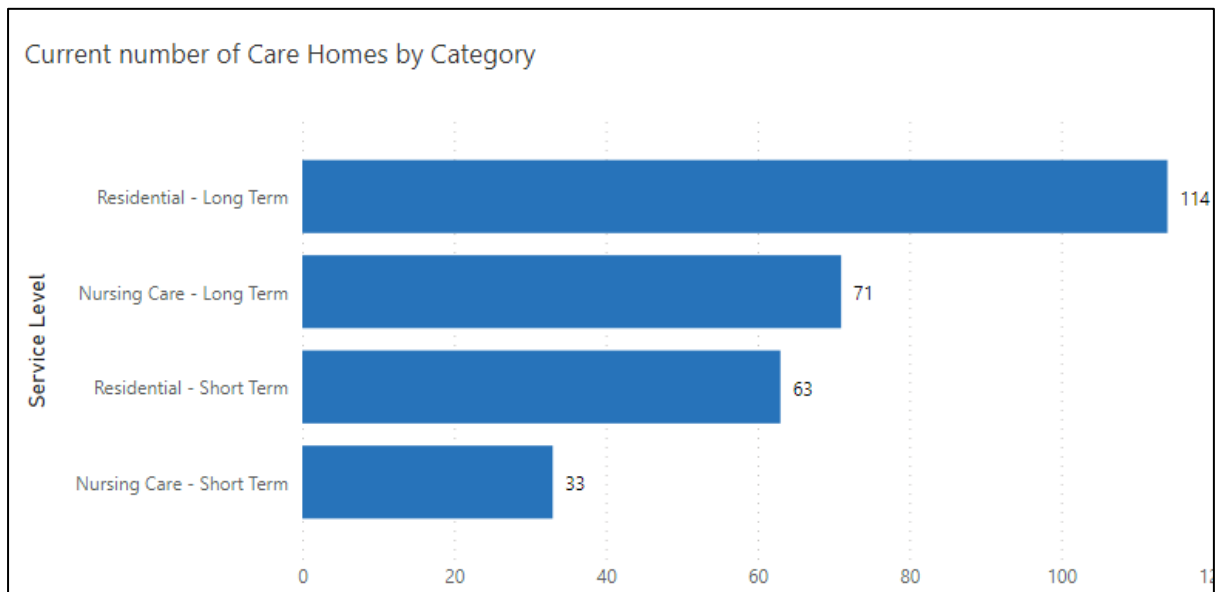
The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Residential or Nursing service as of Quarter 2 (01/07/2023 – 30/10/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Residential or Nursing service during the financial year, not at year end.

Data Source: ContrOCC.

2.3 Residential and Nursing – Current People by Service Type



The above chart shows number of people in Residential and Nursing Care in Quarter 2 (01/07/2023 – 30/10/2023).
Data source: ContrOCC.



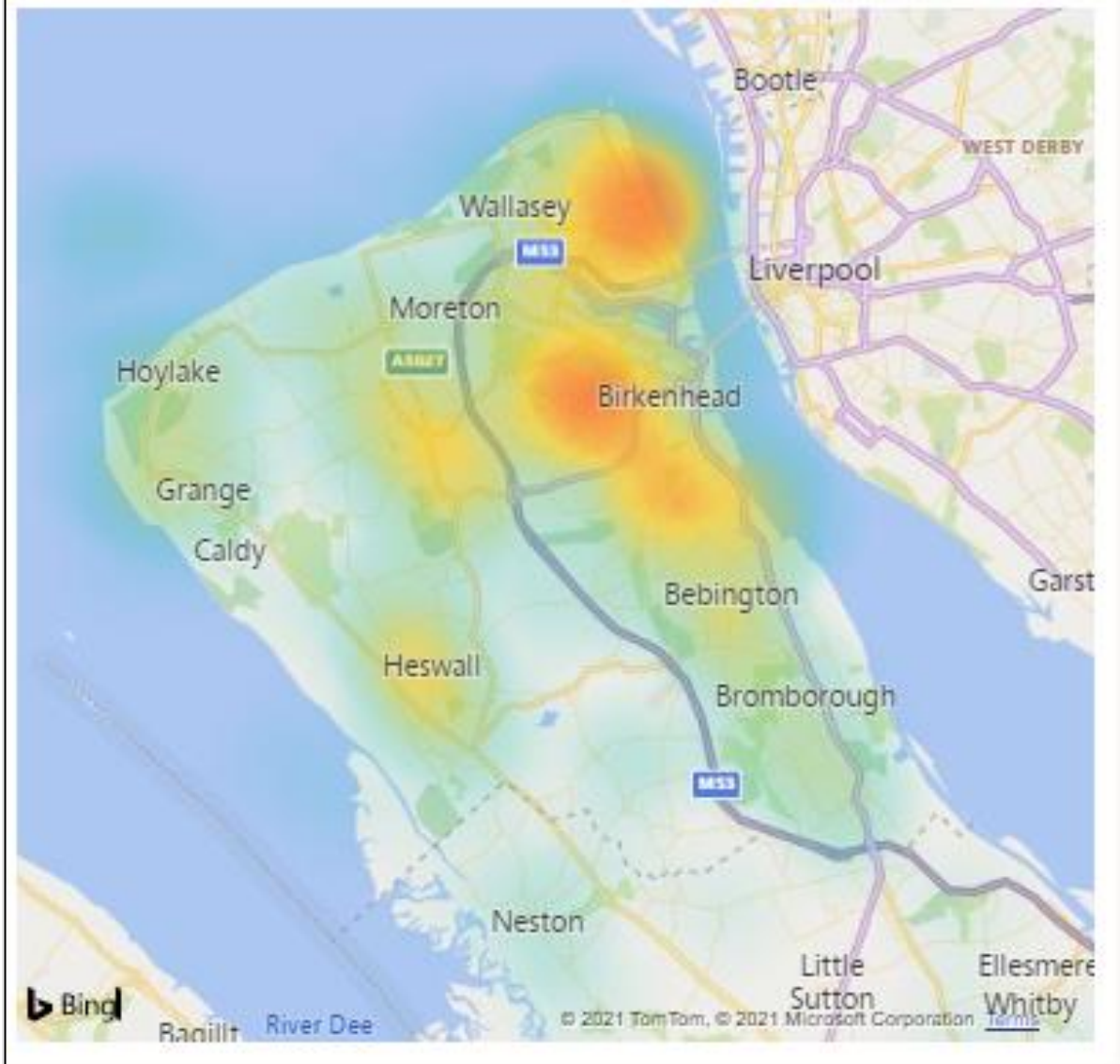
The above chart shows number of Care Homes by category in Residential and Nursing Care in Quarter 2 (01/07/2023 – 30/09/2023).

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

Data source: ContrOCC.

2.4 Residential and Nursing – People Location

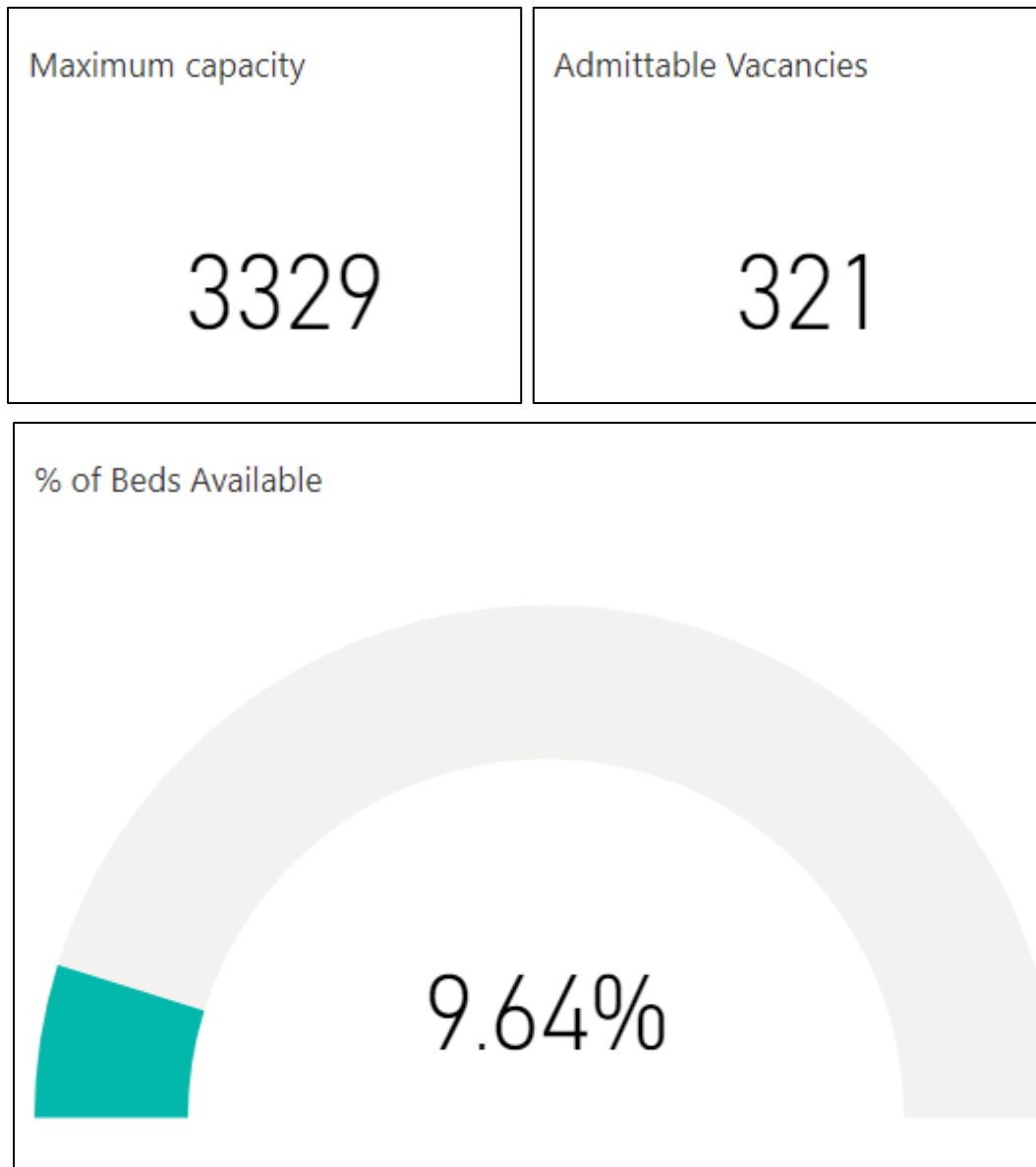
Care Home Location



The heat map (a representation of data in the form of a map or diagram in which data values are represented as colours) shows the care home locations in Quarter 2 (01/07/2023 – 30/09/2023).

Data Source: Liquid Logic.

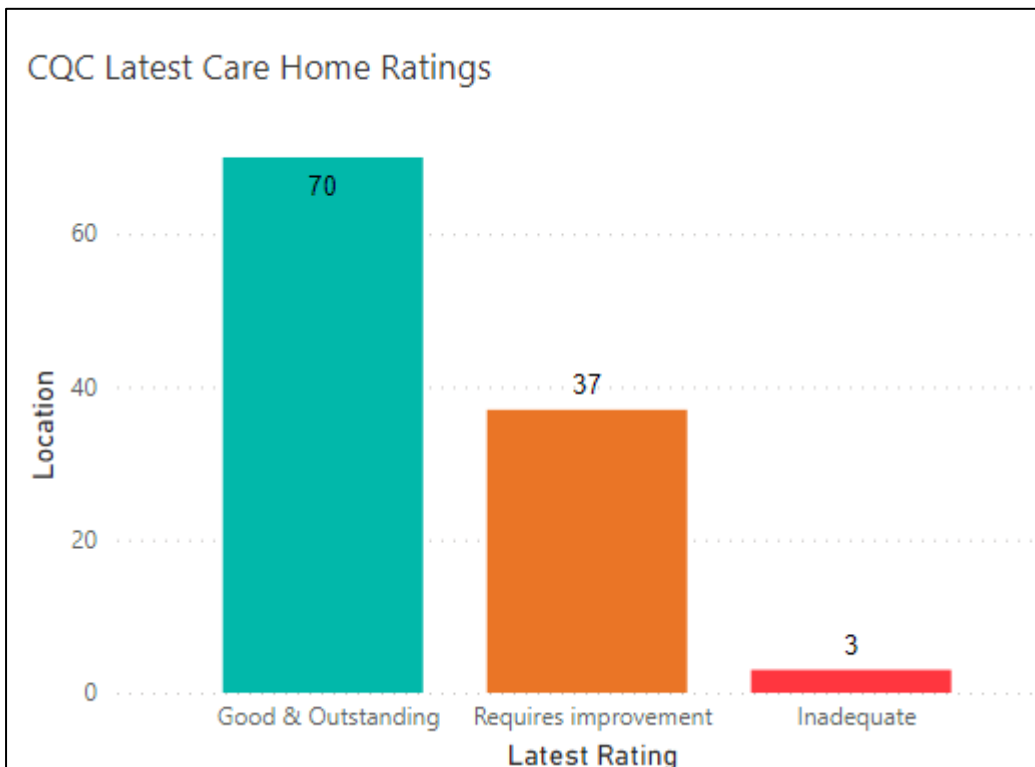
2.5 Care Homes – Current Vacancy Rate



Data Source: NHS Capacity Tracker.

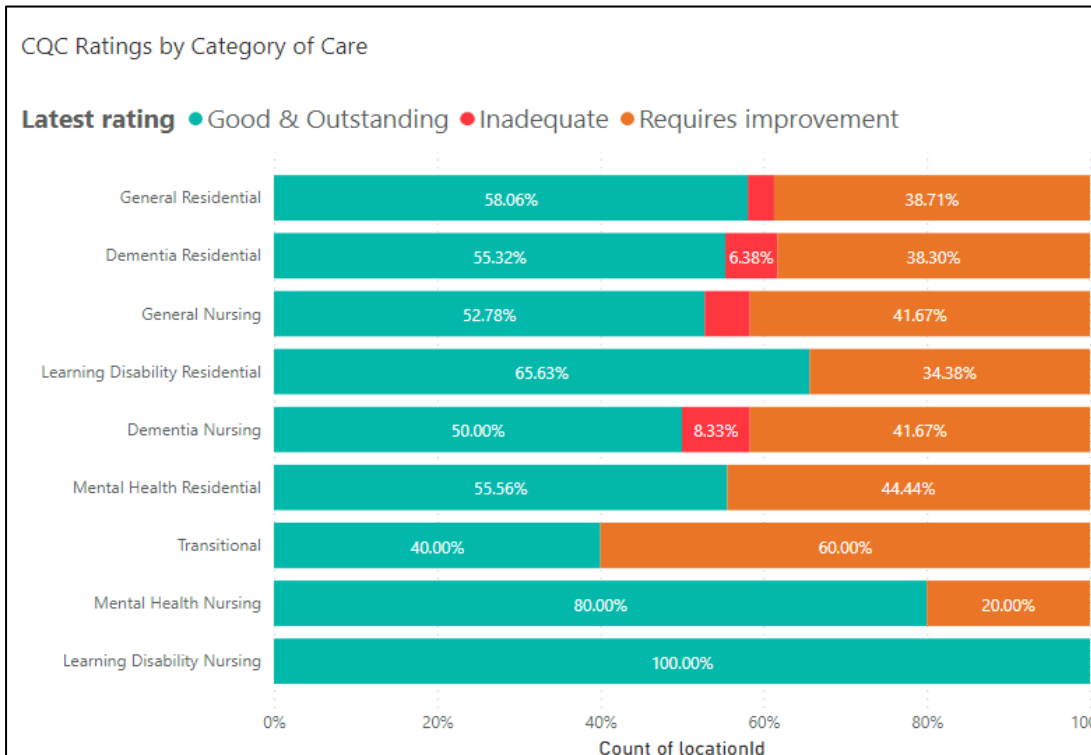
There is a capacity of 3329 places in care homes with a current vacancy rate as of 12/10/2023 of 9.64%.

2.6 Care Homes – Care Quality Commission Inspection Ratings



The above chart shows the current rating of the care homes based on their last CQC inspection as of 12/10/2023.

Data source: CQC



The above chart shows the current rating of the care homes based on their last CQC inspection as of 12/10/2023.

Data source: NHS Capacity Tracker

2.7 Care Homes - Comments from ASCH Management

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

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

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

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

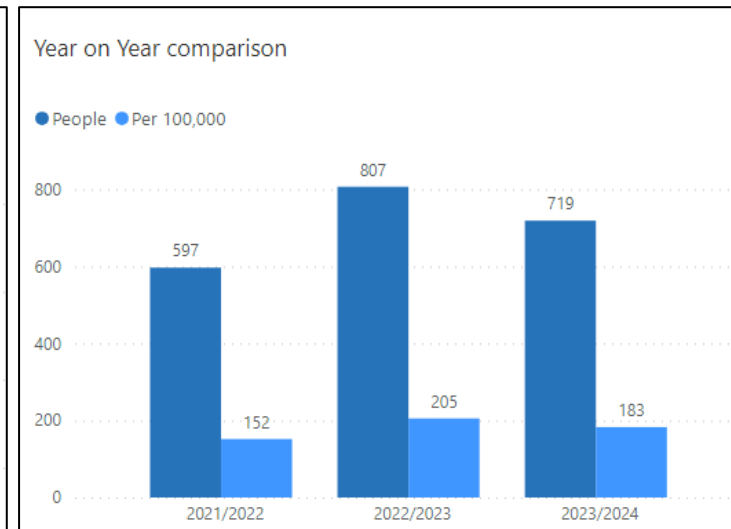
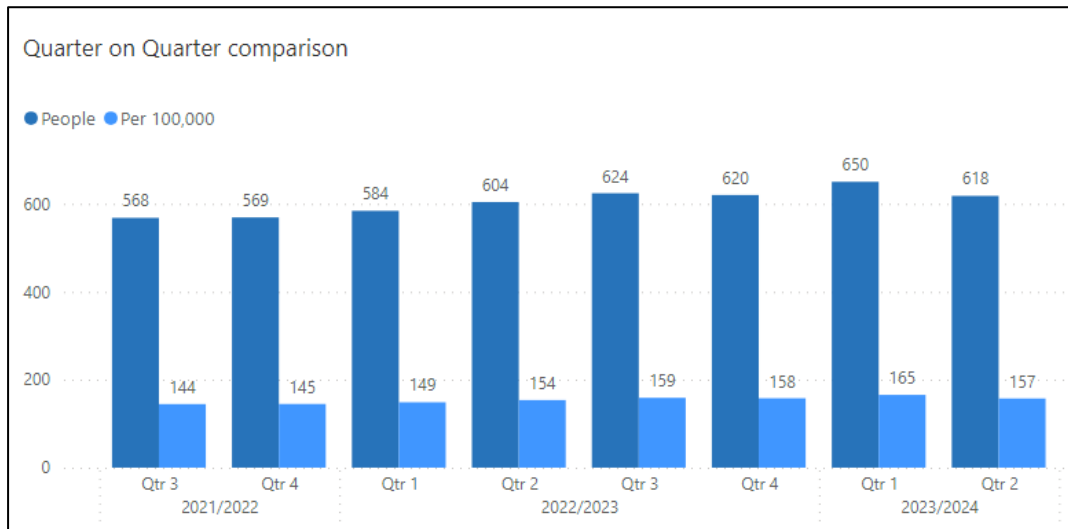
The number of homes closed to admissions in line with infection control measures is at a significantly lower level.

3.0 Direct payments

3.1 Direct Payments – Total number of People Receiving a Service

No. of People

618



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Direct Payment as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Direct Payment during the financial year, not at year end. The number of people receiving direct payments as at 12/10/2023 is 618.

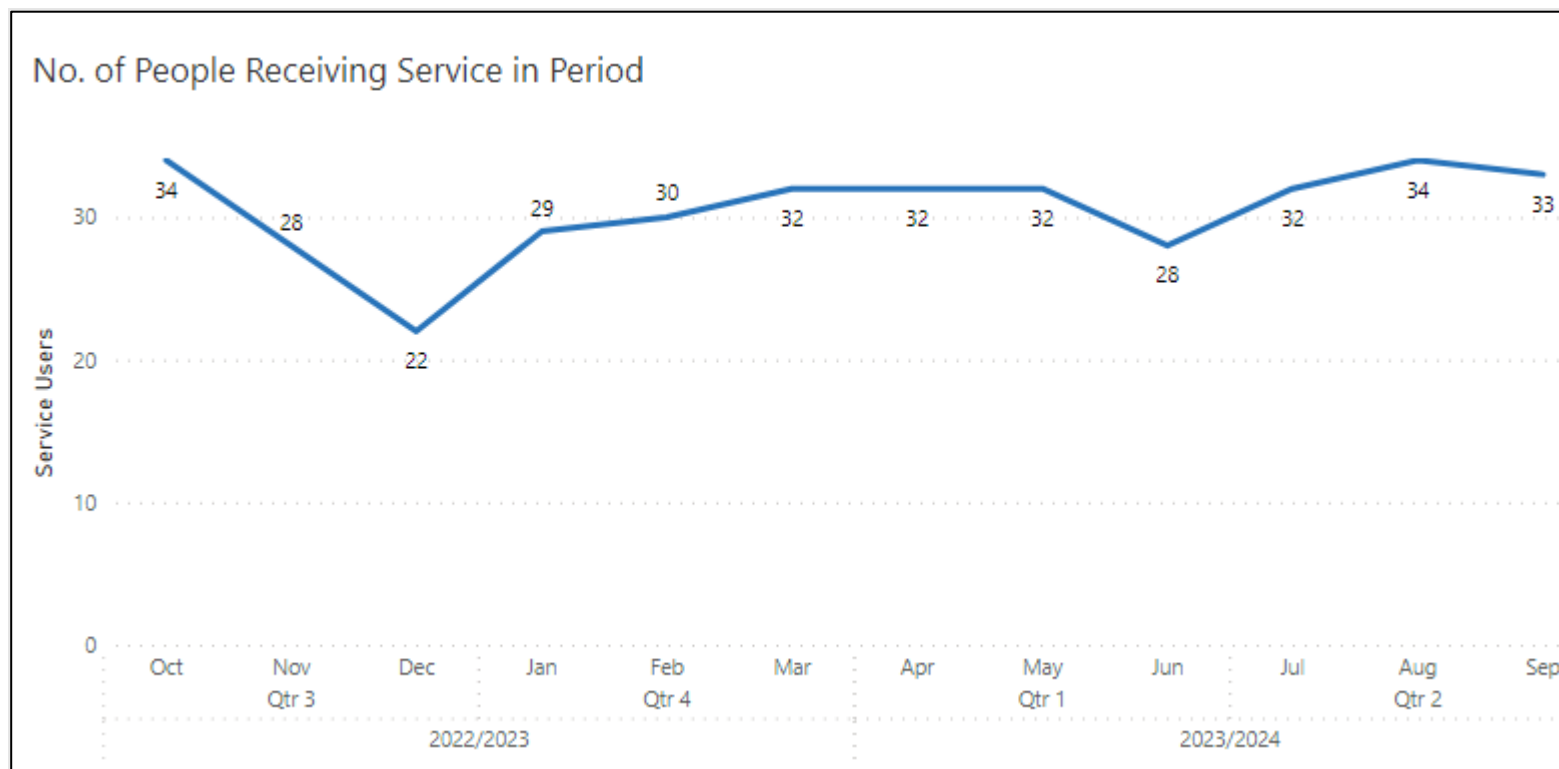
Data Source: ContrOCC.

3.2 Direct Payments – Comments from ASCH Management

Direct Payments are a good option for people to be more in control of their care and support arrangements and the majority of Direct Payments are now made with a pre-Paid Card. A review of Direct Payment support arrangements is set to be completed in March 2024.

4.0 Care Market – Block Commitments:

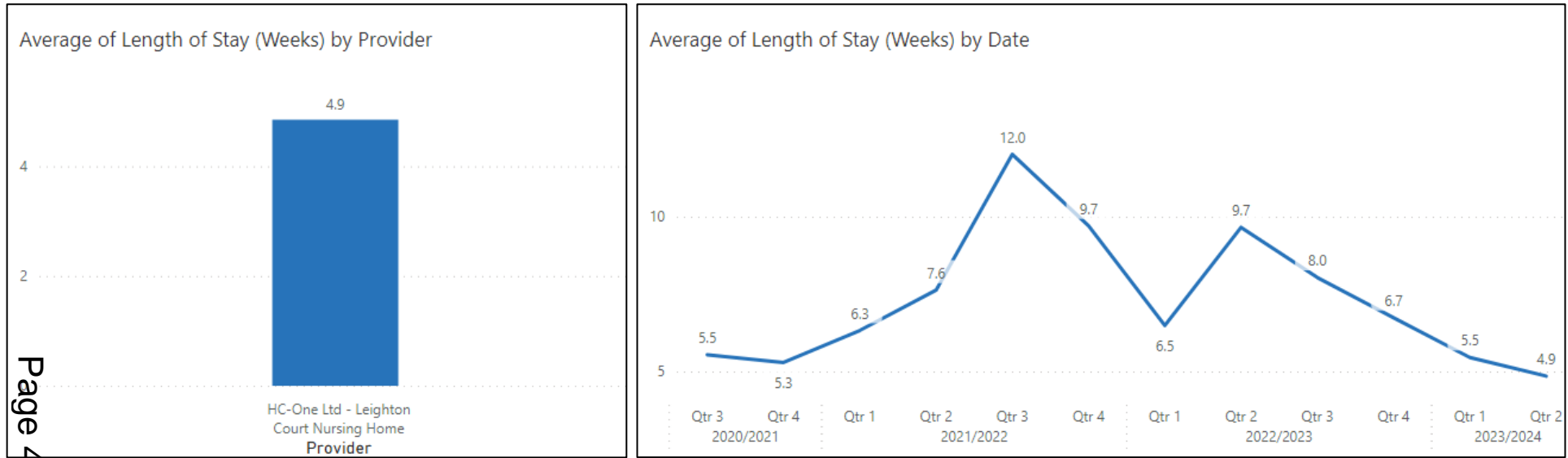
4.1 Discharge to Assess – Total Number of People in care home beds block purchased by either the Council or NHS Integrated Care Board



These are care home beds originally commissioned by the council and now funded by the NHS for people being discharged from hospital who need further rehabilitation and recovery as of Quarter 2 (01/07/2023 – 30/09/2023).

Data Source: ContrOCC.

4.2 Discharge to Assess – Average Length of Stay



The above charts show the average length of stay for the 22 D2A beds at Leighton Court as of Quarter 2 (01/07/2023 – 30/09/2023).

As you can see from the above line chart, the position is improving compared the previous quarters.

Data Source: ContrOCC.

4.3 Discharge to Assess – Vacancy Rate

This data is currently unavailable. The ASC Performance team are building a report to rectify this.

Table 1 - Actual Bed Days

	Apr	May	Jun
Elderholme	251	214	194
Leighton Court	504	478	569
CICC	2018	2020	1920
Total	2773	2712	2683

Table 2 - Commissioned Bed Days

	Apr	May	Jun
Elderholme	270	279	270
Leighton Court	660	682	660
CICC	2130	2201	2129
Total	3060	3162	3059

Table 3 - % Occupancy

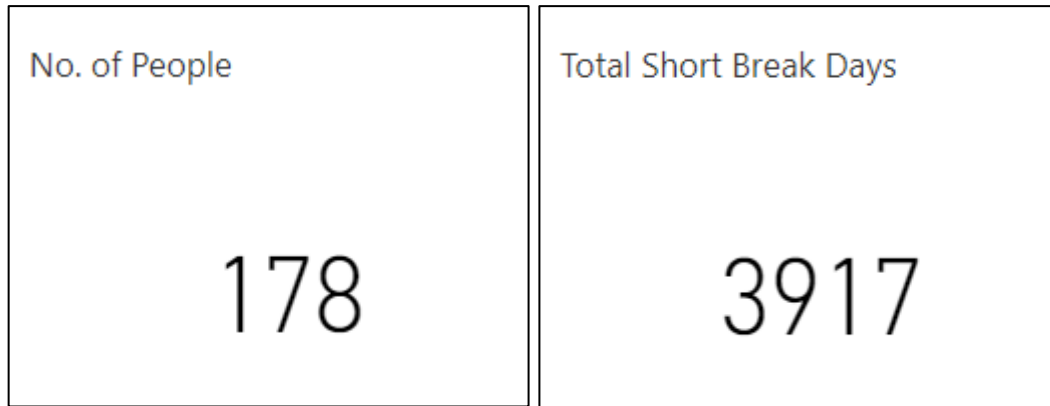
	Apr	May	Jun
Elderholme	93%	77%	72%
Leighton Court	76%	70%	86%
CICC	95%	92%	90%
Total	91%	86%	88%

Data Source: WCFT.

4.4 Discharge to Assess – Comments from ASCH Management

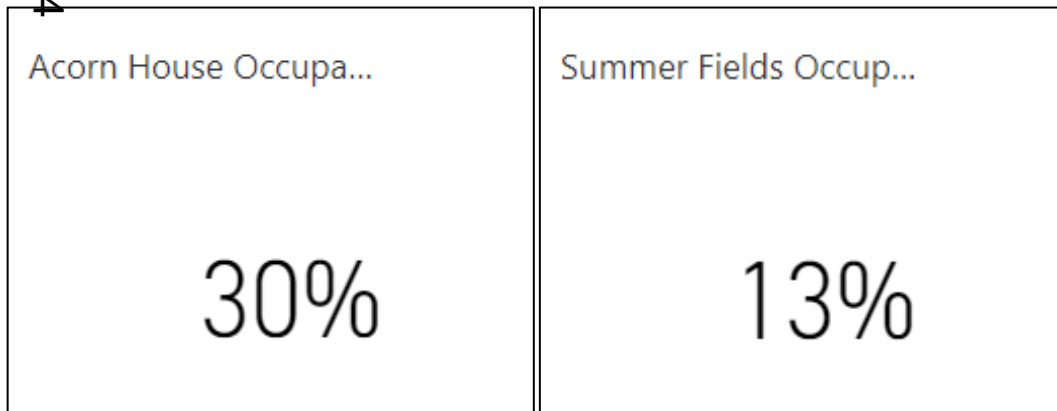
In addition to the CICC services provided by NHS Community Health and Care Trust at the Clatterbridge Intermediate Care Centre, there are additional care home beds commissioned on a short term basis and funded by temporary additional funding. These are currently at Leighton Court, Elderholme and Park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

4.5 Short Breaks – Total number and Occupancy Levels



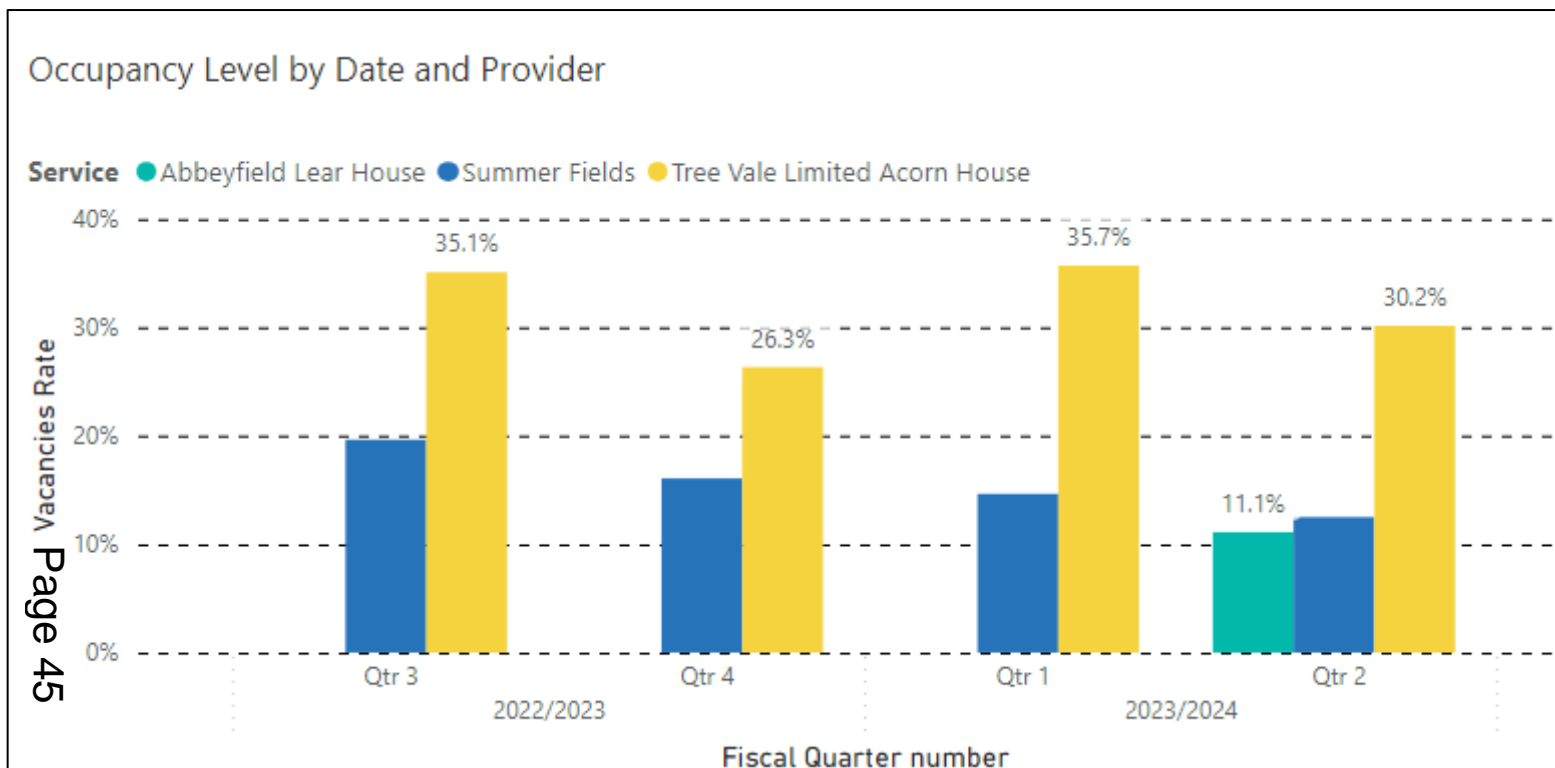
The cards show number of people receiving Short Breaks and total number of Short Break days as of 12/10/2023. Quarterly update.

Data Source: ContrOCC and Liquid Logic.



The cards show current occupancy rates of Acorn House and Summer field respectively as of 12/10/2023. Quarterly update.

Data Source: ContrOCC and Liquid Logic.



The above chart shows the average occupancy rate by provider as of Quarter 2 (01/07/2023 – 30/09/2023).

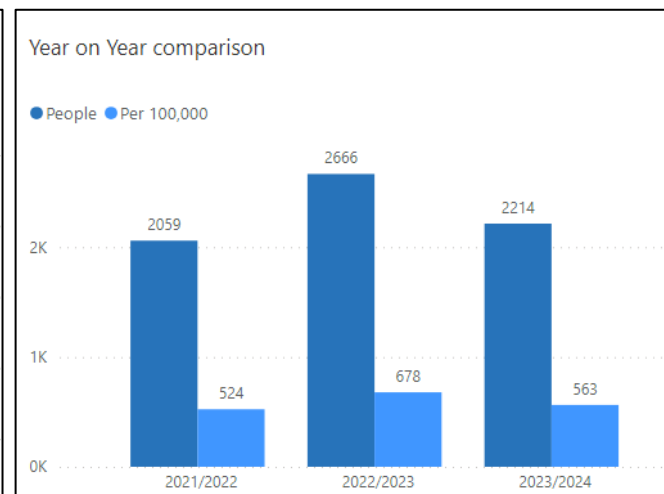
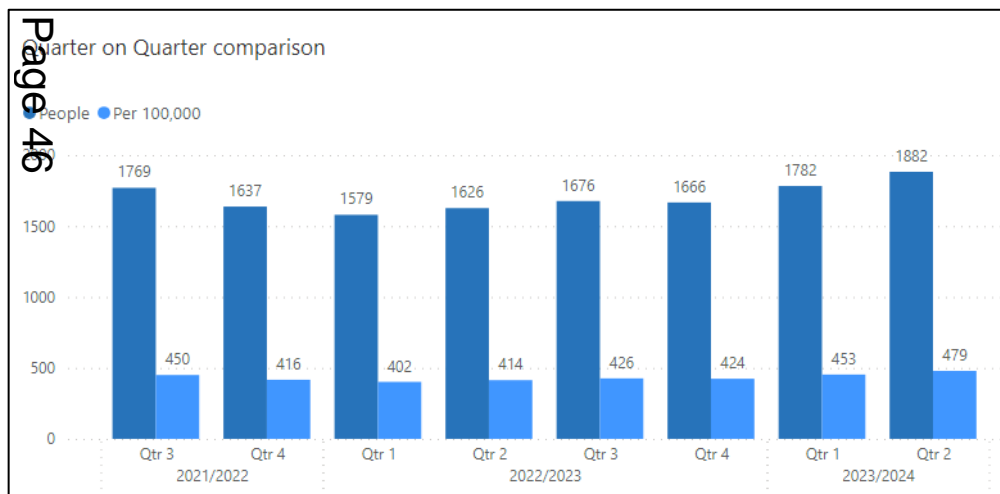
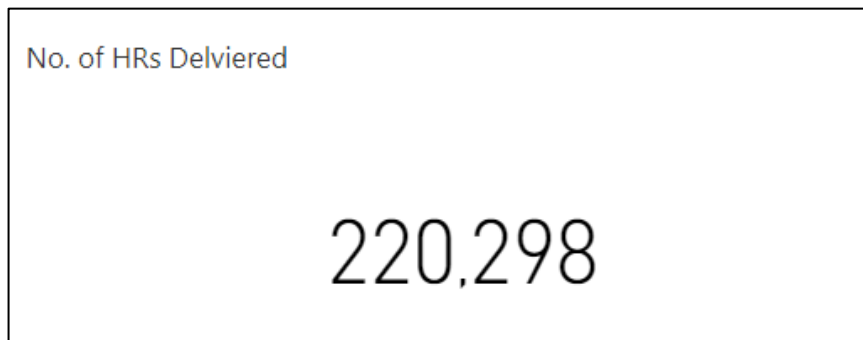
Data Source: ContrOCC and Liquid Logic.

4.6 Short breaks – Comments from ASCH Management

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

5.0 Care Market – Domiciliary Care and Reablement

5.1 Domiciliary Care – Total number of People



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Domiciliary care service as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Domiciliary care service during the financial year, not at year end.

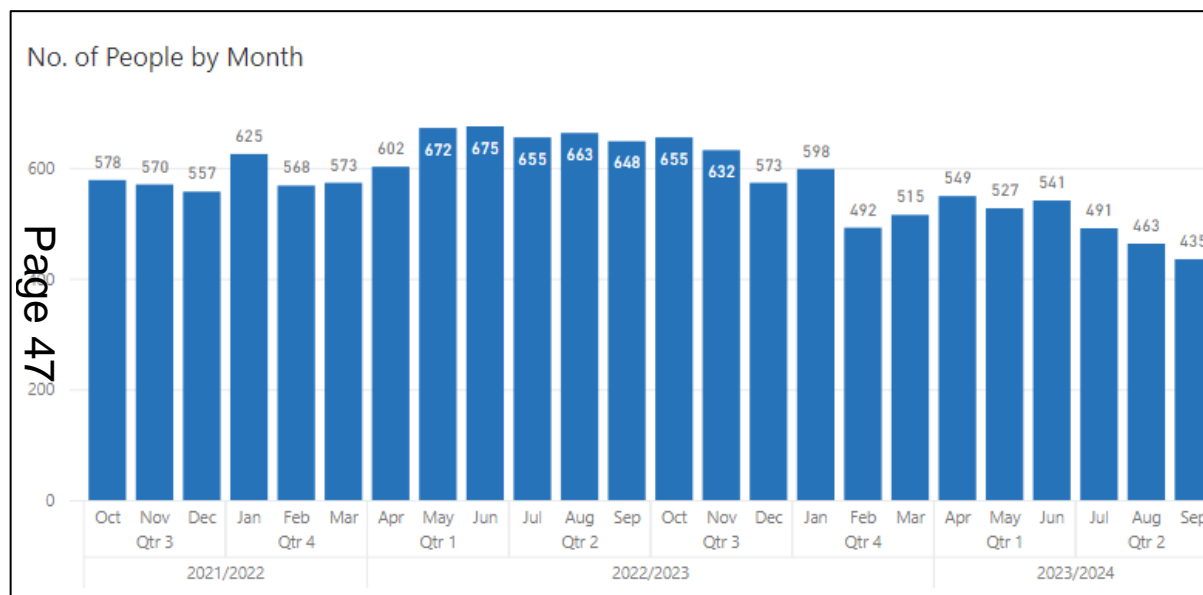
Data Source: ContrOCC and Liquid Logic.

5.2 Domiciliary care - Comments from ASCH Management

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

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

5.3 Brokerage – Total Packages by Number of People



Average No. of Packages Accepted per Week

67.8

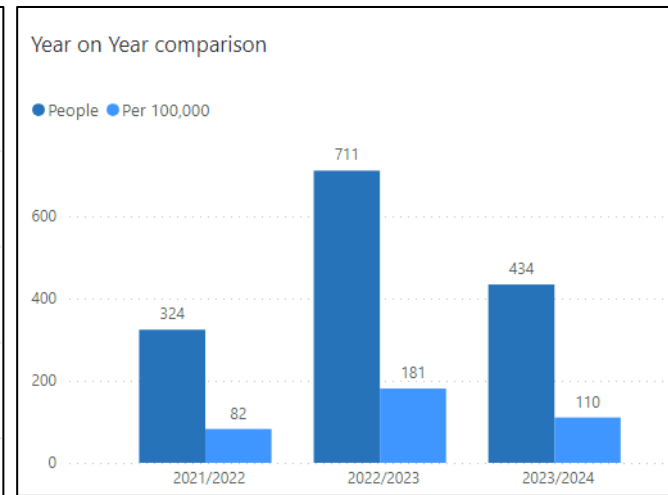
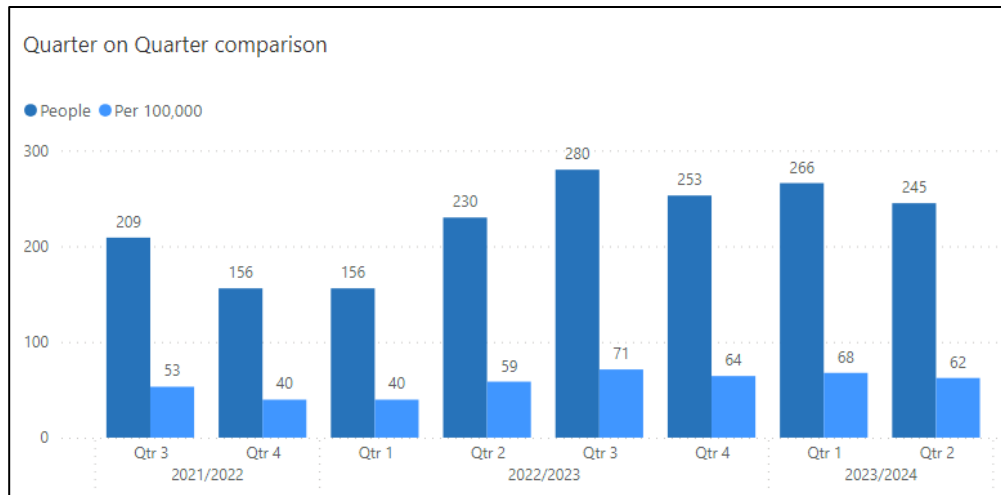
The above chart shows the Number of people who have received care packages via Brokerage as Quarter 2 (01/07/2023 – 30/09/2023).

Data source: Brokerage.

5.4 Reablement – Total Number of People



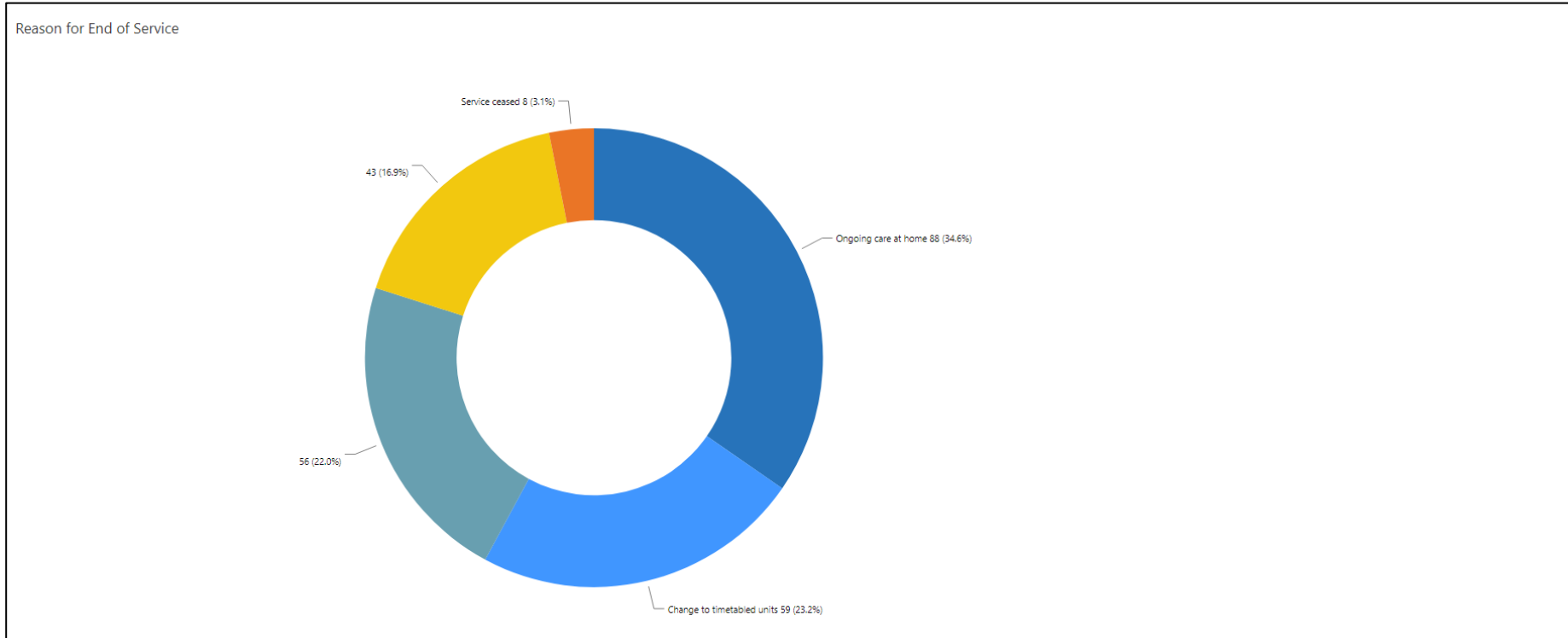
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The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a reablement service as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a reablement service during the financial year, not at year end.

As you can see in the year on year comparison, at the end of Q2 we're looking at a positive trajectory compared to the previous year. Data Source: ContrOCC.

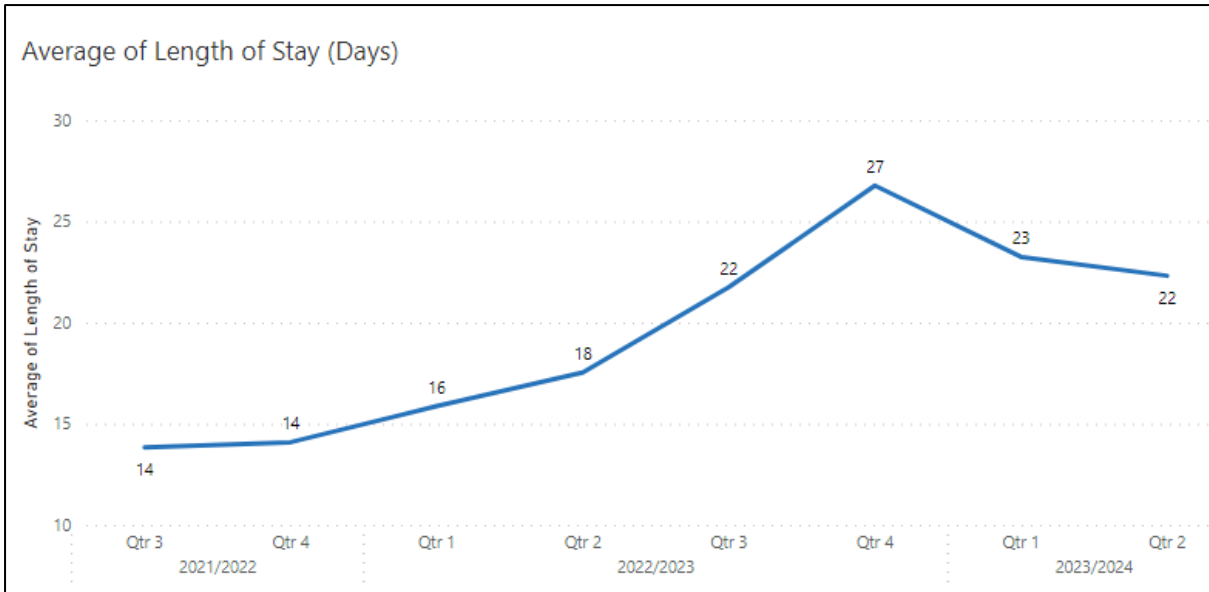
5.5 Reablement – End Reasons of Care Packages



The above chart shows the end reasons of care packages as of Quarter 2 (01/07/2023 – 30/09/2023).

Data Source: Liquid Logic.

5.6 Reablement – Length of Stay



The above chart shows the average length of stay in days as of Quarter 2 (01/07/2023 – 30/09/2023).

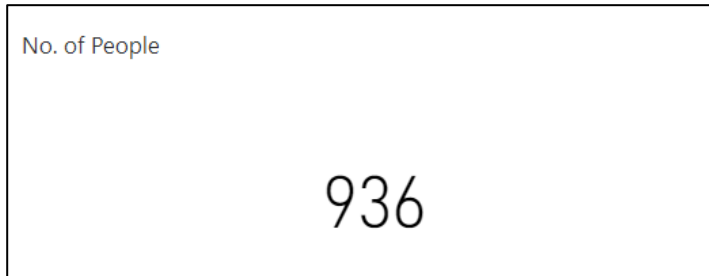
Data source: ContrOCC.

5.7 Reablement – Comments from ASCH Management

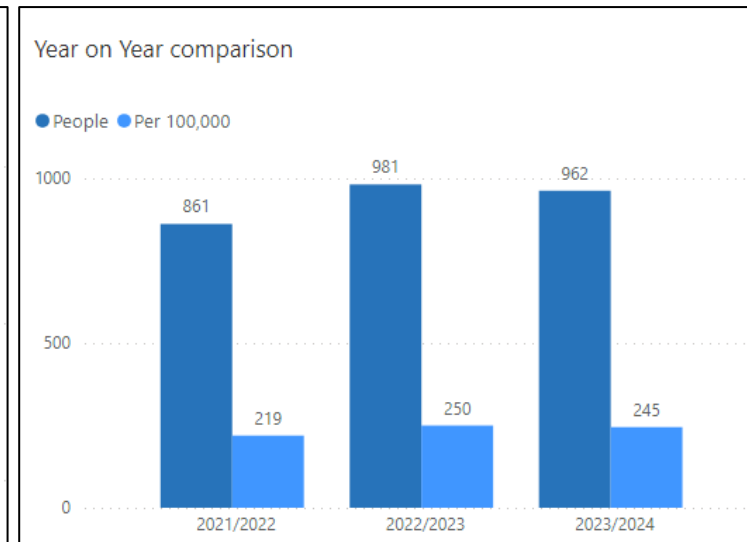
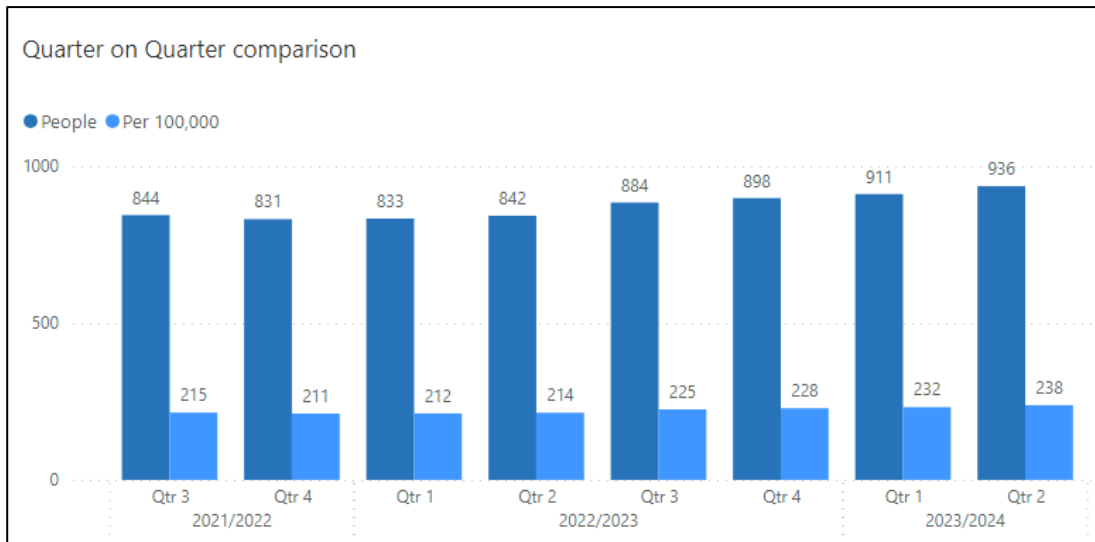
The number of days people receiving a service has seen a decrease since the last quarter. The expansion of Home First is seeing an impact on from hospital discharges. The development of the council's community reablement model (Brand name AbleMe will focus on prevention and should see a further decrease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

6.0 Care Market – Specialist (Supported Living)

6.1 Supported Living – Total number of People



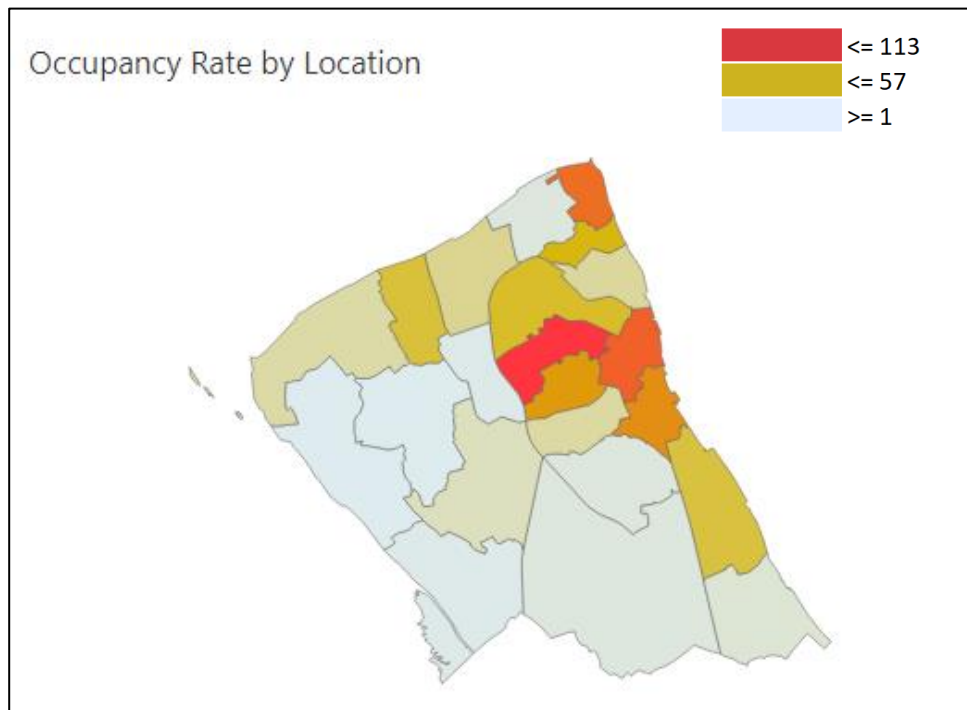
Data source: ContrOCC.



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in Supported Living as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Supported Living service during the financial year.

Data source: ContrOCC.

6.2 Supported Living – People Locations

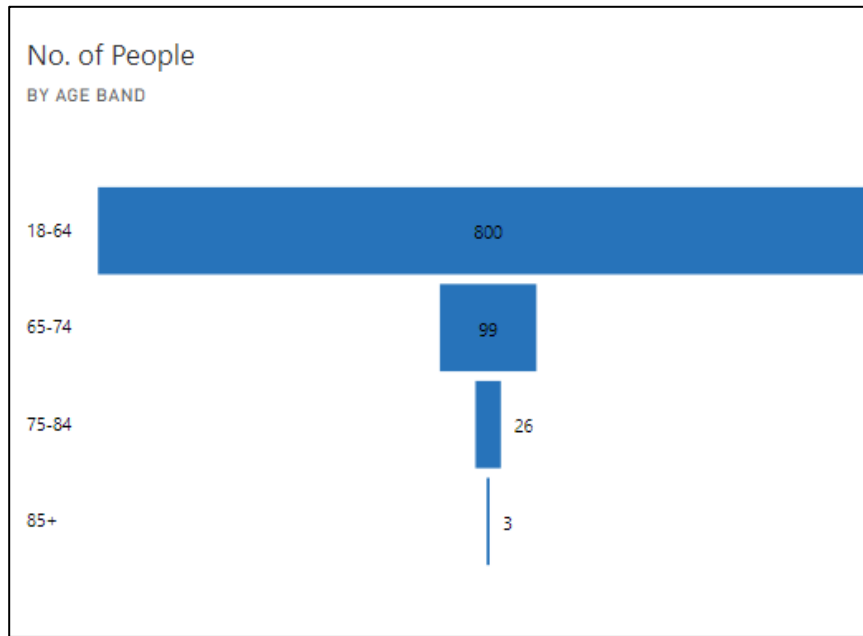


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The above map shows the occupancy rate for Supported Living as of Quarter 2 (01/07/2023 – 30/09/2023) by ward.

Data Source: ContrOCC.

6.3 Supported Living – Demographics



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The above visual shows the Age band for Supported Living as of Quarter 2 (01/07/2023 – 30/09/2023).

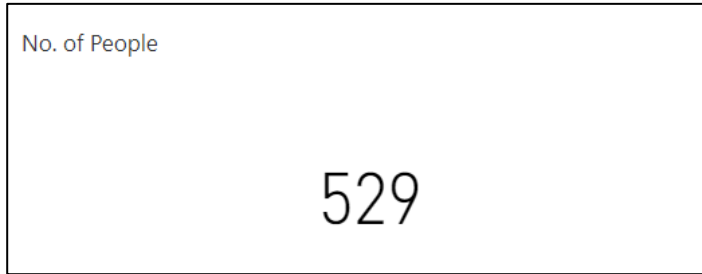
Data Source: ContrOCC.

6.4 Supported Living - Comments from ASCH Management

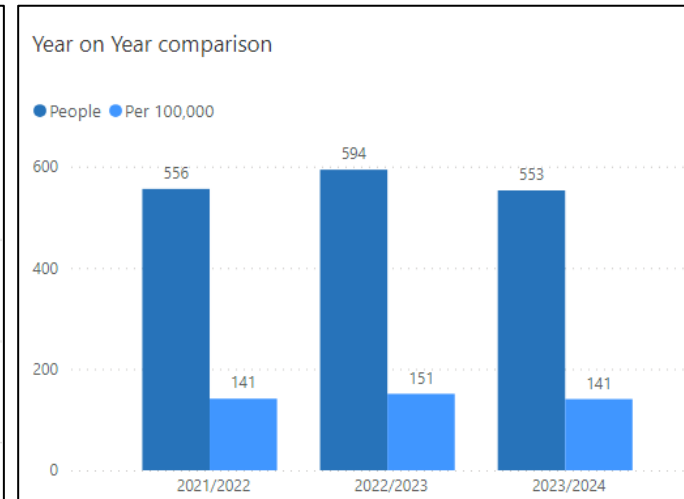
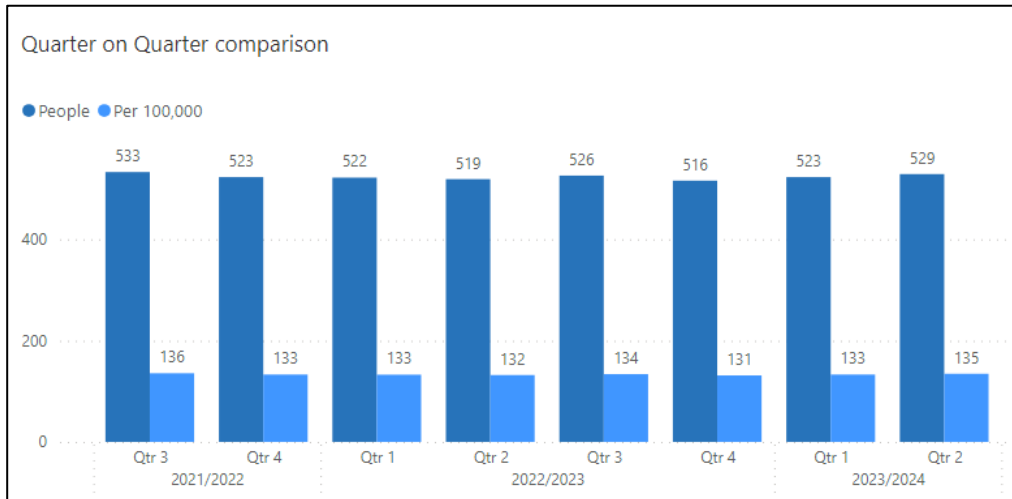
The data shows that the number of people living in Supported Independent Living is relatively static, due to people having long term tenancy-based accommodation.

7.0 Day Care

7.1 Day Care – Total number of people

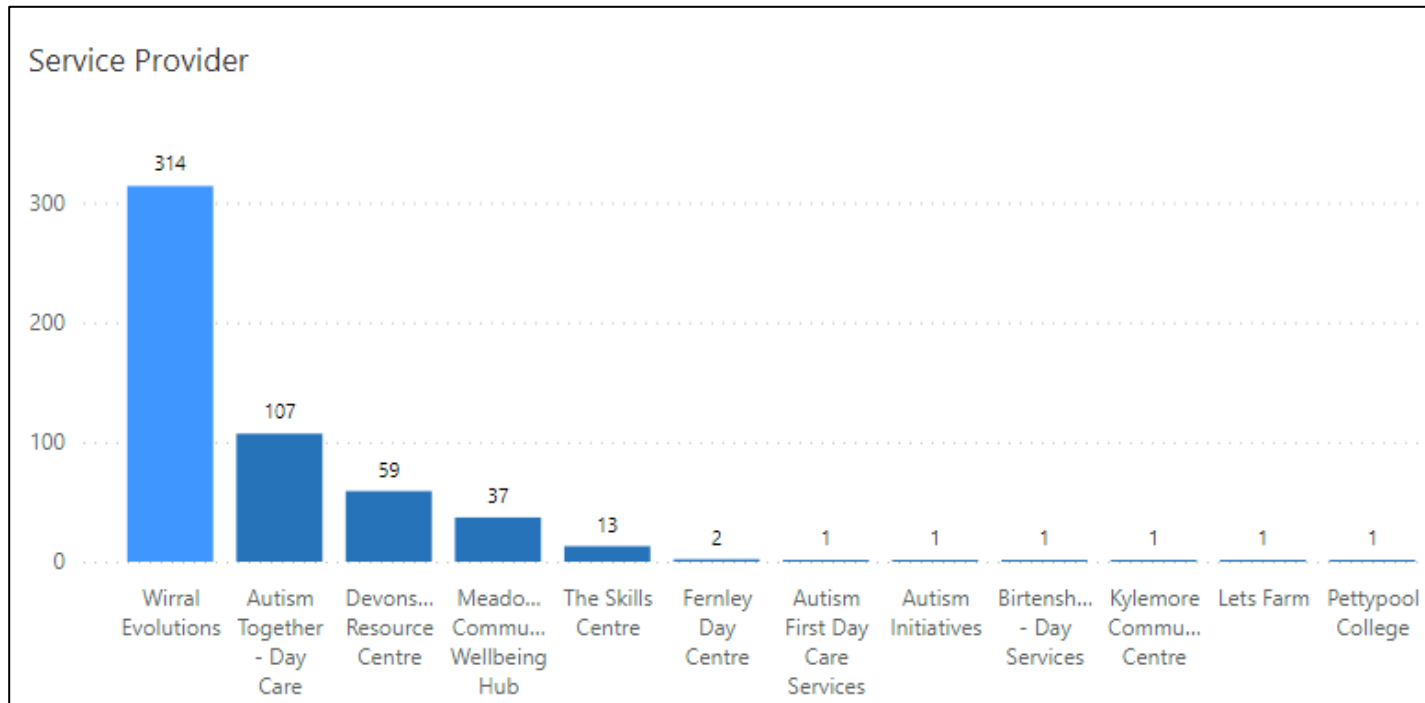


Data Source: ContrOCC.



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Day Care Services (including independent Day Care Services) as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Day Care Services (including independent Day Care Services) service during the financial year, not at year end.
Data Source: ContrOCC.

7.2 Day Care – Services



The above chart shows the number of people receiving Day Care Services (including independent Day Care Services) broken down into each service provider as of Quarter 2 (01/07/2023 – 30/09/2023). This number may appear slightly higher than the total number of people accessing Day Care services. This is because one person may use multiple services within the quarter.

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

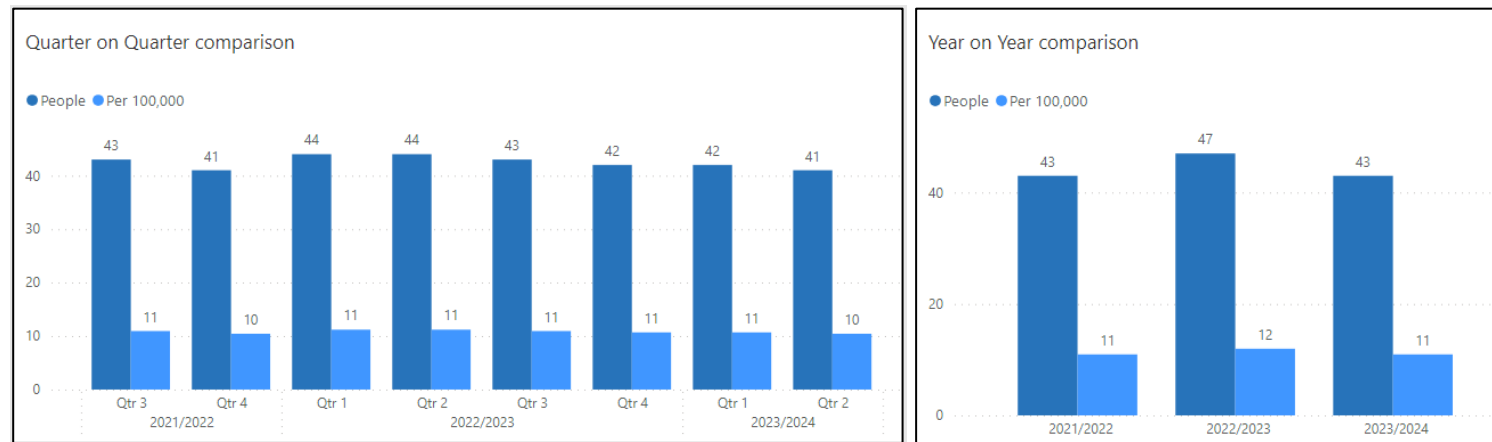
Data source: ContrOCC.

7.3 Day care – Comments from ASCH Management

The data shows that the number of people attending day care provision is relatively static with the Councils inhouse service providing a largest percentage (58.36%) of the provision.

8.0 Shared Lives

8.1 Shared Lives – Total Number of people

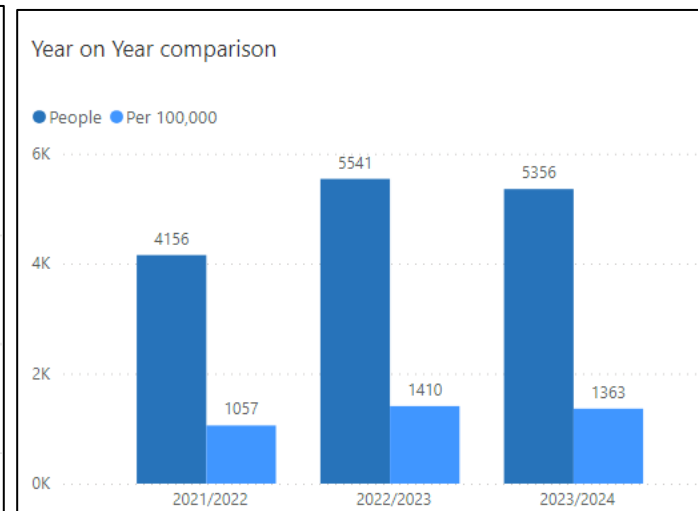
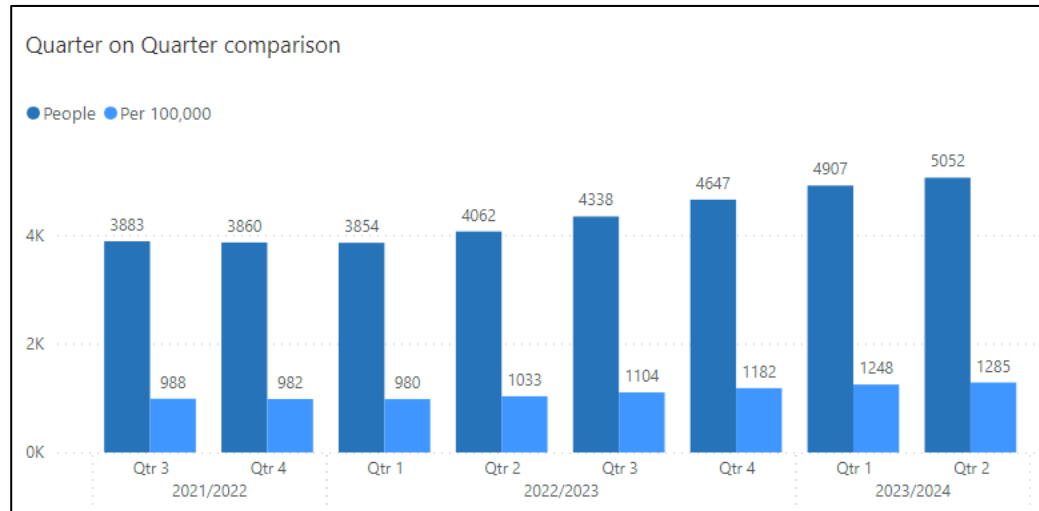


The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Shared Lives as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Shared Lives service during the financial year, not at year end.

Data source: ContrOCC.

9.0 Assistive Technology

9.1 Assistive Technology – Total number of people

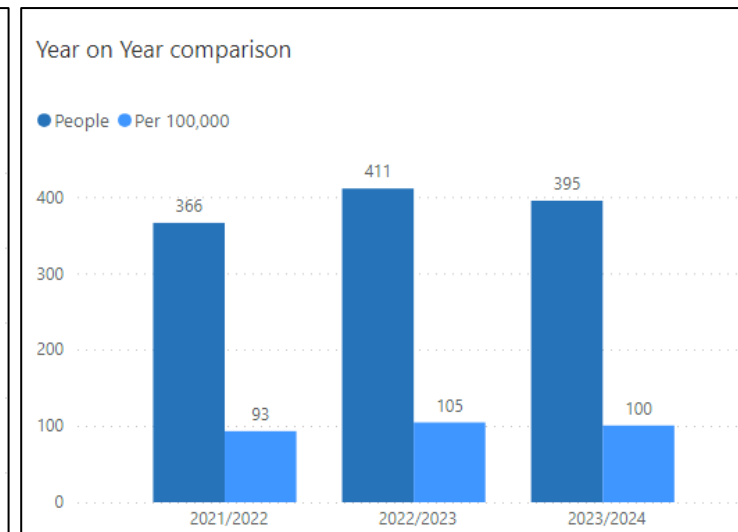
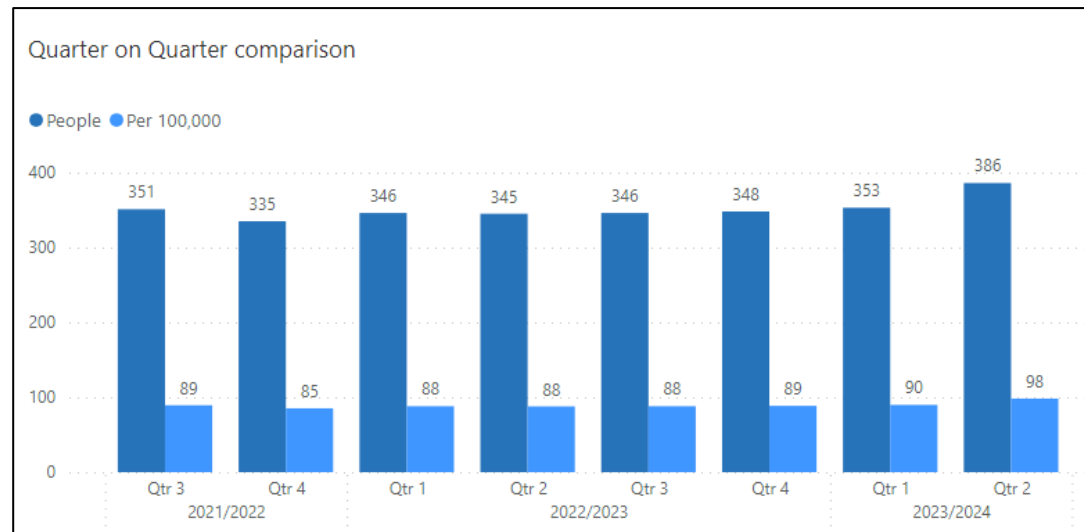
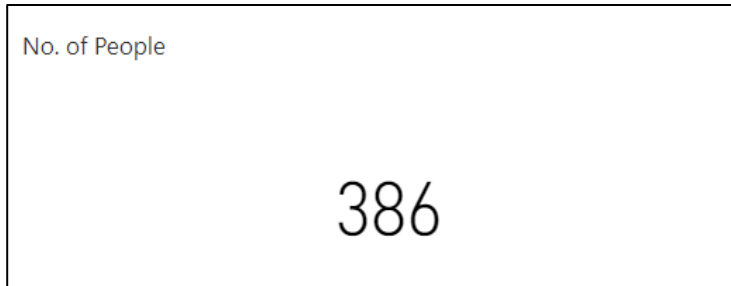


Assistive technology is a range of technology-based solutions including sensors, alarms, reminder systems and falls detectors to support people to live independently and to manage risks associated with their needs. The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Assistive Technology as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received an Assistive Technology service during the financial year, not at year end.

Data source: ContrOCC.

10.0 Extra Care Housing

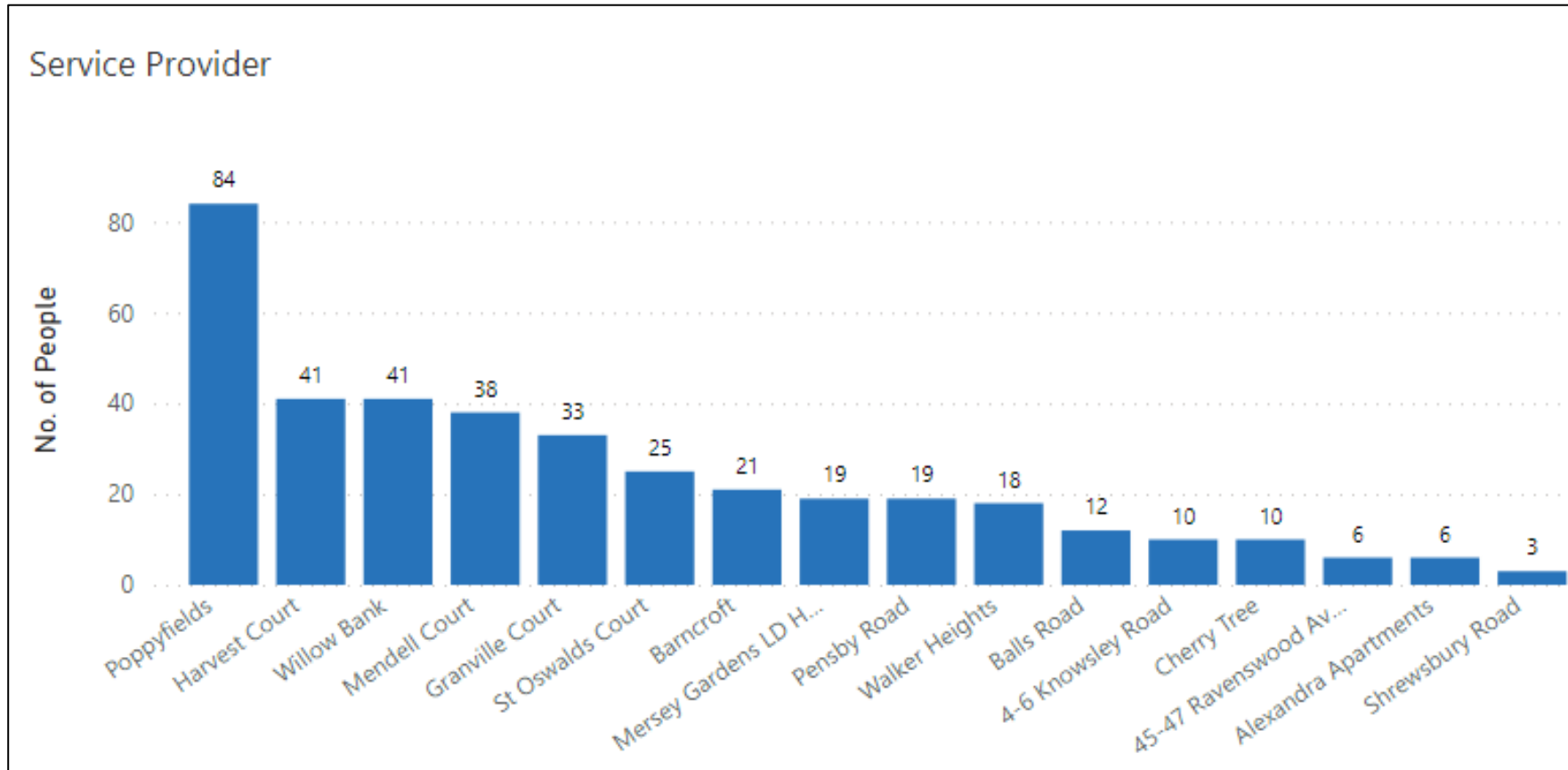
10.1 Extra Care Housing – Total number of people



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of an Extra Care Housing service as of Quarter 2 (01/07/2023 – 30/09/2023). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received an Extra Care Housing service during the financial year, not at year end.

Data source: ContrOCC.

10.2 Extra Care Housing - Services



The above chart shows the number of people receiving Extra Care Housing per provider as of Quarter 2 (01/07/2023 – 30/09/2023).

Data source: ContrOCC.

11.0 Cheshire Wirral Partnership

11.1 Key Measures - monitored monthly

Due to the timescales involved this is the most recently available data.
The ASC Performance team are building a report to rectify this.

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

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Data Source: CWP.

12.0 WCFT

12.1 Key Measures - monitored monthly

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

The ASC Performance team are building a report to rectify this

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

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

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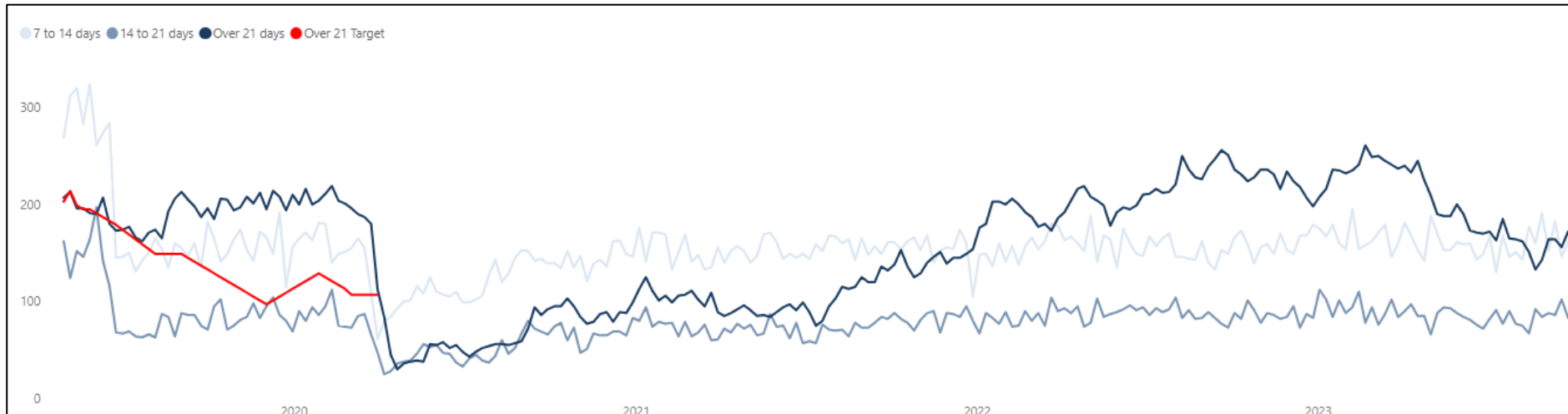
Data Source: WCFT

12.2 Comments from ASCH Management

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

13 Length of Stay report

13.1 Long Stay Patients



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

- Each of the three series decreased from 04/30/2019 to 09/26/2023, with 14 to 21 days falling the most (49%) and Over 21 days falling the least (17%) over that time frame.
- Over 21 days trended upward the most in the final period. On the other hand, 14 to 21 days trended downward the most.
- Of the three series, the strongest relationship was between 14 to 21 days and 7 to 14 days, which had a strong positive correlation, suggesting that as one (14 to 21 days) increases, so does the other (7 to 14 days), or vice versa.

For 14 to 21 days:

- Average 14 to 21 days was 79.68 across all 231 periods.
- Values ranged from 25 (04/07/2020) to 197 (06/04/2019).
- 14 to 21 days decreased by 49% over the course of the series and ended on a promising note, decreasing in the final period.

- The largest single decline on a percentage basis occurred in 04/07/2020 (-47%). However, the largest single decline on an absolute basis occurred in 06/11/2019 (-55).
- The largest net improvement was from 06/04/2019 to 04/07/2020, when 14 to 21 days decreased by 172 (87%). This net decline was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 01/03/2023, when 14 to 21 days rose by 87 (348%).
- 14 to 21 days experienced cyclical, repeating each cycle about every 115.5 periods. There was also a pattern of smaller cycles that repeated about every 33 periods.
- 14 to 21 days had a significant positive peak between 05/07/2019 (124) and 08/06/2019 (63), rising to 197 in 06/04/2019.
- 14 to 21 days was lower than 7 to 14 days over the entire series, lower by 75.99 on average. 14 to 21 days was less than Over 21 days 96% of the time (lower by 79.32 on average).

For Over 21 days:

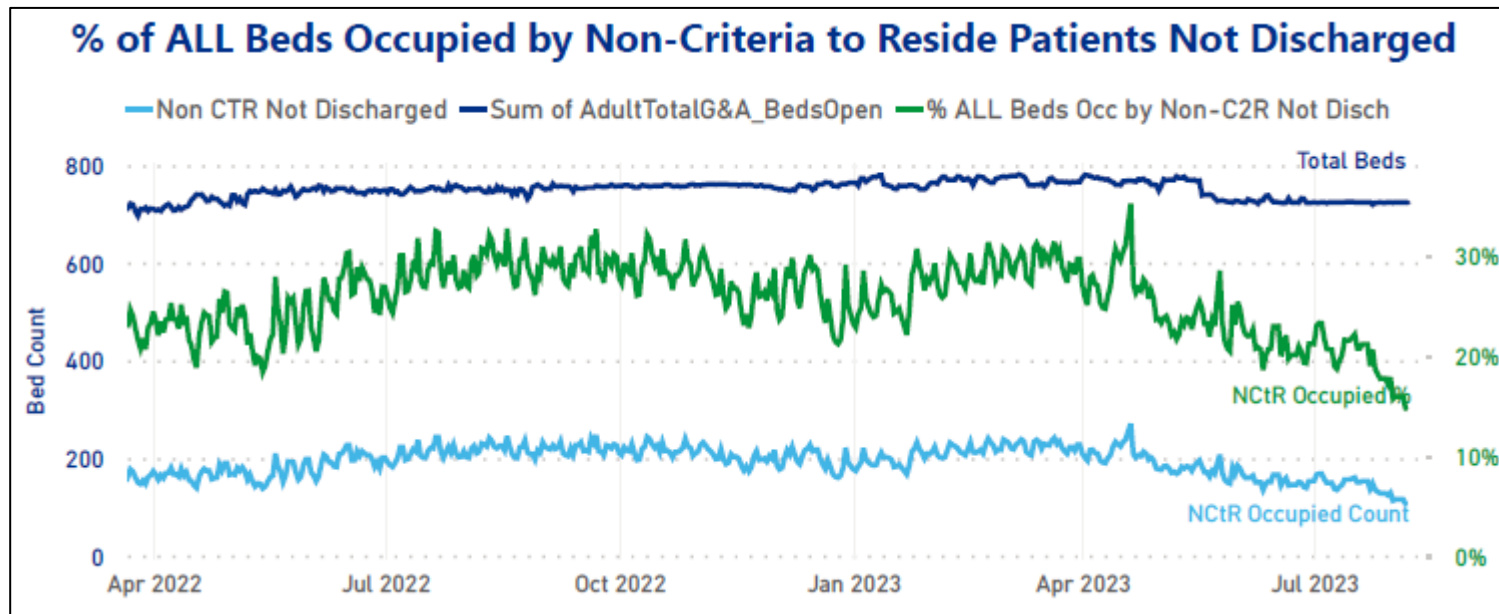
- Average Over 21 days was 159 across all 231 periods.
- Values ranged from 30 (04/21/2020) to 261 (02/21/2023).
- Over 21 days decreased by 17% over the course of the series but ended with an upward trend, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/14/2020 (-46%). However, the largest single decline on an absolute basis occurred in 03/31/2020 (-68).
- Contrasting with the overall decrease, the largest net growth was from 04/21/2020 to 02/21/2023, when Over 21 days increased by 231 (770%).
- The largest net decline was from 02/11/2020 to 04/21/2020, when Over 21 days decreased by 189 (86%).
- Over 21 days experienced cyclical, repeating each cycle about every 115.5 periods. There was also a pattern of smaller cycles that repeated about every 77 periods.
- Over 21 days had a significant dip between 02/11/2020 and 06/09/2020, starting at 219, falling all the way to 30 at 04/21/2020 and ending slightly higher at 58.
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 7 to 14 days 56% of the time (higher by 3.33 on average).

For 7 to 14 days:

- Average 7 to 14 days was 155.66 across all 231 periods.
- The minimum value was 61 (03/31/2020) and the maximum was 324 (05/28/2019).
- 7 to 14 days decreased by 40% over the course of the series but ended on a bad note, increasing in the final period.
- The largest single decline occurred in 06/25/2019 (-49%).
- The largest net improvement was from 05/28/2019 to 03/31/2020, when 7 to 14 days fell by 263 (81%). This net improvement was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 03/31/2020 to 02/07/2023, when 7 to 14 days rose by 134 (220%).
- 7 to 14 days experienced cyclicity, repeating each cycle about every 115.5 periods. There was also a pattern of smaller cycles that repeated about every 38.5 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 75.99 on average. 7 to 14 days was less than Over 21 days 56% of the time (lower by 3.33 on average).

Data source: NHS – 13/07/2023

13.2 No Criteria to Reside



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

The green line represents % of beds occupied by Non-Criteria to Reside patients who have not been discharged, which is currently 22.9% of all beds.

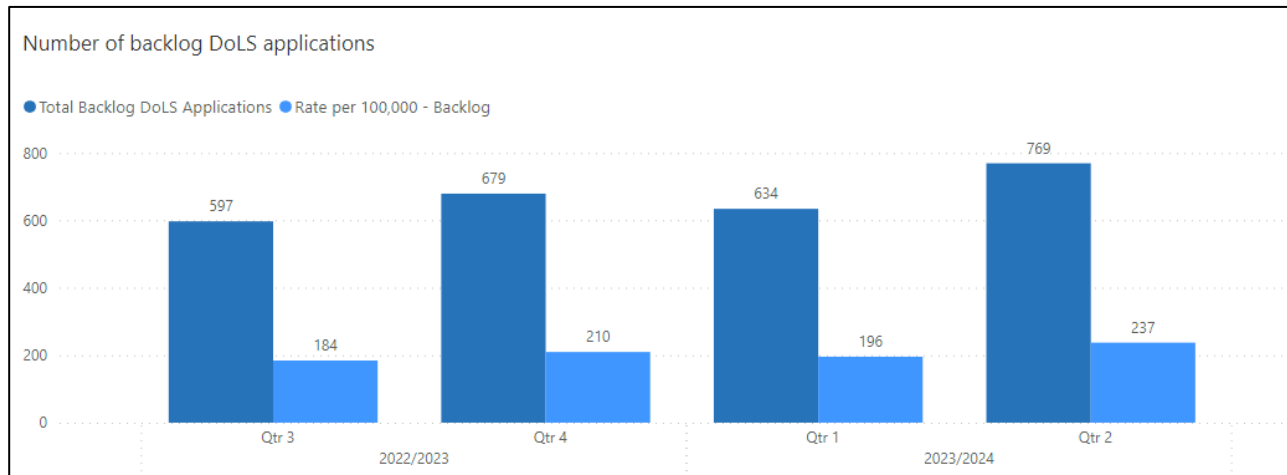
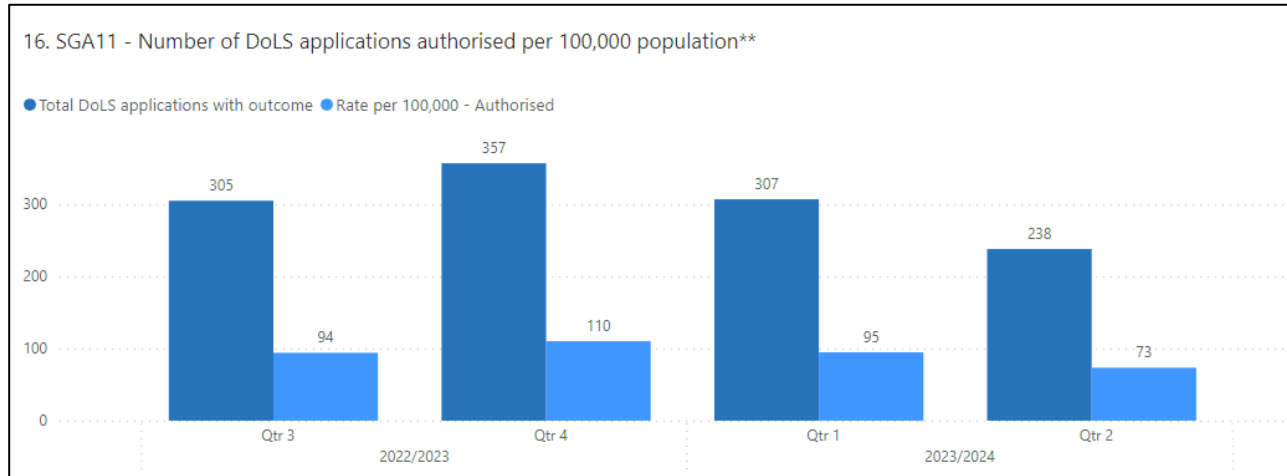
The light blue line represent the number of beds occupied by Non-Criteria to Reside patients who have not been discharged.

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

Data Source: Cheshire and Mersey NHS Integrated Care Board

14 Deprivation of Liberty Safeguards (DOLS)

14.1 DOLS – Total number of people



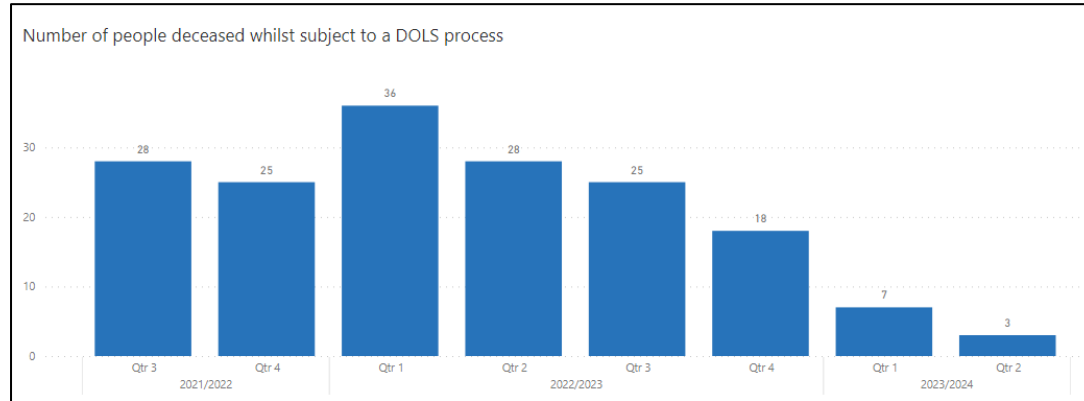
The above quarter comparison charts show the number of DOLS applications received & the number of DOLS applications received per 100,000 people as well as the number of DOLS applications authorised & the number of DOLS applications authorised per 100,000 respectively as of Quarter 2 (01/07/2023 – 30/09/2023).

Data Source: Liquid Logic.

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

Number of people deceased whilst subject to a DO...

3



The above quarter comparison chart shows the number of people deceased whilst subject to a DOLS process as of Quarter 2 (01/07/2023 – 30/09/2023).

Data Source: Liquid Logic.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

28 NOVEMBER 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;
- (vi) drug and alcohol commissioning;
- (vii) mental health services; and
- (viii) preventative and response services, including those concerning domestic violence.

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

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

- (i) investigate major health issues identified by, or of concern to, the local population.
- (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
- (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
- (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
- (v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

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.

4.0 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.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

6.0 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.

7.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

8.0 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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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 JANUARY 2024

Item	Approximate timescale	Lead Departmental Officer	Decision
C&M LD & Autism Housing Strategy	January	Jayne Marshall	Key Decision
Direct Payments	January	Bridget Hollingsworth	Key Decision
National Substance Misuse Grant Funding Update	January	Sophie Baird (interim)	Key Decision
Community Connector Commission	January	Nicki Jones	Key Decision
End of Life Best Practice (with JSNA Team, ICB)	January	Jayne Marshall/Judith Lambert	Non-Key
Maternity Services	January	Simon Banks	Non-Key
Adults Safeguarding Board	January	Sue Redmond/ Alison Marchini	Non-Key
Work Programme	January	Mike Jones	Non-Key

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
All Age Disability Strategy (Key Decision)	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
Outcome of Annual Rate and Fees Engagement	March 2024	Jayne Marshall
Able Me Implementation	June 2024	Jean Stephens

Progress Report		
BCF S75 2023-24	March 2024	Bridget Hollingsworth
Dentistry	November 2024	Tom Knight

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 – March	
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
Sec 75 Pooled Fund	Annually – October TBC	Bridget Hollingsworth
Better Care Fund Plan	Bi-Annual September 2025	Bridget Hollingsworth

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Spotlight sessions / workshops				
CQC	Workshop	9 August 2023	Simon Garner	Completed
BCF/ Section 75	Workshop	18 September 2023	Bridget Hollingsworth	Completed
Wirral Drugs Strategy	Workshop	2 November 2023	Dave Bradburn	Completed
Dementia (including regen and environment)	Workshop	14 November 2023	Graham Hodkinson	Completed
Public Health Grant Review	Briefing	14 December 2023	Dave Bradburn	
Budget Briefings	Workshop		TBC	
Integrated Care Systems, Place arrangements and the Integrated Care Board	Workshop	March	Graham Hodkinson and Vicki Shaw	
Care Home Commissioning contracting and Quality Improvement.	Workshop	April	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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(vi) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

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