



Adult Social Care and Public Health Committee

Date:	Thursday, 18 July 2024
Time:	6.00 p.m.
Venue:	Council Chamber, Wallasey Town Hall

Contact Officer: Christine Morley
Tel: 0151 666 3820
e-mail: christinemorley@wirral.gov.uk
Website: <http://www.wirral.gov.uk>

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This meeting will be [webcast](#)

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 - 14)**

To approve the accuracy of the minutes of the meeting held on 5 March 2024.

5. PUBLIC QUESTIONS

5.1 Public Questions

Notice of question to be given in writing or by email by 12 noon, 15 July 2024 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10.

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

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

5.2 Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, 15 July 2024 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 12 noon, 15 July 2024, 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.

5.3 Member Questions

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

SECTION A - KEY AND OTHER DECISIONS

6. BETTER CARE FUND S75 2024-25 (Pages 15 - 20)

7. ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW (Pages 21 - 30)

8. SUPPORTED EMPLOYMENT STRATEGY (Pages 31 - 66)

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9. AUTISM STRATEGY (Pages 67 - 124)

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10. LEARNING DISABILITY AND AUTISM RESPITE SERVICE COMMISSION (Pages 125 - 130)

11. SINGLE FRONT DOOR FOR VOLUNTEERING (Pages 131 - 136)

12. ANNUAL UPDATE REPORT ON WIRRAL'S HEALTH PROTECTION STRATEGY 2023-2027 (Pages 137 - 168)

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SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

13. ADULT SOCIAL CARE AND PUBLIC HEALTH BUDGET MONITORING AND BUDGET SETTING PROCESS 2024/25 (Pages 169 - 196)

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14. ADULT SOCIAL CARE AND PUBLIC HEALTH 2024/25 Q1 BUDGET MONITORING (Pages 197 - 208)

15. ADULT SOCIAL CARE AND PUBLIC HEALTH 2023/24 Q4 OUTTURN REPORT (Pages 209 - 220)

16. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 221 - 262)

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SECTION C - OVERVIEW AND SCRUTINY

17. APPOINTMENT TO STATUTORY COMMITTEES, SUB-COMMITTEES, PANELS APPOINTMENT AND WORKING PARTIES 2024/25 AND APPOINTMENT OF MEMBER CHAMPION FOR DOMESTIC ABUSE (Pages 263 - 294)

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18. ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE (Pages 295 - 304)

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.

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 5 March 2024

Present: Councillor J Williamson (Chair)

Councillors P Gilchrist J McManus
S Mountney M Jordan
T Murphy G Bennett
K Murphy J Stewart Laing
B Hall E Tomeny

74 **WELCOME AND INTRODUCTIONS**

75 **APOLOGIES**

Apologies were received from:
Cllr Amanda Onwuemene who was substituted by Cllr Ewan Tomeny; and
Cllr Colin Baldwin who was substituted by Cllr Gary Bennett.

76 **MEMBER DECLARATIONS OF INTEREST**

The Chair asked for members to declare any interests in any items on the agenda. Cllr Gary Bennet made a declaration of interest as a member of his family was a social worker.

77 **MINUTES**

Resolved – That the minutes of the meeting held on 23 January 2024 be agreed.

78 **PUBLIC QUESTIONS**

The following public question was received from Ian Seddon on behalf of Wirral Unison and was read by Ian Seddon:
“There is an agreement dating from April 2023, that front line domiciliary workers in adult social care, working for care providers under the Wirral Community Care Market, are paid an enhanced rate of £12 per hour. Unison are aware of one provider who received funding for the £12 per hour rate from April 2023 but only began paying eligible staff from August 2023. The union asked for clarification about the funding on a number of occasions and eventually through a formal channel received confirmation from Wirral Council Care Commissioning that the provider in question had received the funds from April but that they were only paying it to their staff from August

2023.

This was queried again by Unison as it appeared from the response that the care provider had received money but not fully passed it on, no explanation has given to us over what had been done with the funds. On various occasions we were told that the issue had been discussed with the care provider but that no answer could be given to our question as it was commercially sensitive.

To remind the Committee: it states in the Wirral Council Market and Sustainability Plan that “in March 2023 the Council agreed to use the Fair Cost of Care and Market Sustainability Fund to raise pay to £12 per hour to both maintain and grow the market”. The payments were due to begin in April 2023.

We would like an urgent investigation into why the provider in question has not passed on the money which was specifically for the one purpose of enhancing pay, and the answer communicated to Wirral Unison as soon as possible.

This is public money provided for a particular purpose and it is also in the public interest to find out what happened to the money that hasn't been paid out, and if the company still has it then it belongs in our members pockets. My question is – Unison were advised that the care provider had been funded to pay qualifying staff from April, these payments only began in August, so what has happened to the money that wasn't paid out?

Unison will provide further details on the provider involved to Councillors and Council Officers as required.”

The Chair stated that as this matter was ongoing the Committee would not be discussing any details at the meeting. The Chair confirmed that the Committee supported paying the real living wage and will ensure that a written response was provided.

The following statement was received from Sean Kirkby on behalf of Acorn House in relation to Item 8 on the agenda pack:

“I would like to raise some serious concerns about the fee setting process and the resulting draft proposals which have been put forward for approval next Tuesday evening.

I have read the report in the agenda for that meeting and there are some inaccuracies I think you should carefully consider. The process is unfair and not transparent, getting the correct information to consider has been difficult and at times unavailable. The draft fee rates have been set mechanistically and if there is going to be a consultation process in the future it should have an inclusive organic approach which is well-integrated with an open comprehensive accurate up to date information network. The Council are supposed to be working in partnership with providers to care for the vulnerable and sick on the Wirral. I'm afraid it is far from that

The current draft proposals make no allowance for any increase for general training, recruitment, handyman/gardener, other non-staff costs, medical supplies, domestic and cleaning supplies, trade and clinical waste, professional service costs, admin costs, and manager's salary.

The whole true cost of care with modelling should be the only figures we should be considering and then we can openly discuss affordability. Other neighbouring Local Authorities are proposing increases on average between 5% and 9% above Wirral's draft proposals. Wirral's proposed fees rates are too low and if approved are setting providers up to fail.

We can't pass on our cost increases to our customers, the Council are responsible for paying providers a fair price having followed due process and given due regard to the actual cost. I hope you will be able to seriously consider the above points and access additional funding to approve realistic minimum fee rates to provide good quality care.”

Mr Kirkby attended the meeting but did not wish to speak so the Head of Legal Services read out the statement. The Chair noted the statement.

There were no petitions to report.

79 **NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE**

The Senior Public Health Registrar and the Senior Public Health Manager presented the report of the Director of Public Health which provided an update on the progress made in the delivery of the grant allocations received from national government as part of the government's national drugs strategy (2021). It also set out the continued funding due to be received in 2024/25. It was reported that Public Health had produced a Wirral Drugs Strategy to guide the delivery of the grant funding and had successfully established a nationally mandated local Combatting Drugs Partnership with a number of supporting thematic delivery groups.

The Chair explained that there was an exempt appendix and asked whether any members wished to refer the exempt appendix in the discussion of the report. There were no members who needed to refer to the confidential appendix and it was agreed to continue. It was reported that the Combatting Drugs partnership met regularly to review progress and provide governance of the Supplementary Substance Misuse Treatment and Recovery (“SSMTR”) programme which was formerly known as ADDER. Funding had been confirmed for this year as a little under £4.4million with an additional £111,364 for inpatient detoxification. Some of the additional programmes include addressing near fatal overdoses, supporting vulnerable groups, expanding specialist roles and children and young people provision, enhancing residential rehabilitation capacity, supporting recovery and enhancing lived experience initiatives. It was highlighted that the emphasis was on investing in system wide action rather than just the treatment service itself. There was

encouraging evidence that key indicators were improving locally since the grant funding had begun to be spent.

Members highlighted the return on investment and the indirect social benefit it can have and also the need for the recruitment and retention of staff with specialist skills. Members queried whether there was a delay in the funding for the alcohol free bar and an answer will be provided. The report was well received by Members.

Resolved - That

1. The scheduled 2024/25 SSMTR grant of £4,376,408 from OHID be accepted and the provisional Delivery Plan outlined for this funding be agreed (Appendix 1).

2. The provisional utilisation of the 2024/25 Inpatient Detoxification grant of £111,364 be accepted and approved.

3. The progress made to date in delivering the SSMTR and Inpatient Detoxification grant funding programmes be noted.

4. The successful establishment of the Wirral Combatting Drugs Partnership and the publication of the Wirral Drugs Strategy be noted.

5. The Director of Law and Corporate Services be authorised to finalise the legal documentation arising from the acceptance of the grant funding referred to in recommendations 1 and 2.

80 **C&M LD & AUTISM HOUSING STRATEGY**

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented this report which provided a summary of the Cheshire and Merseyside commissioning work programme for “Independent and Fulfilling Lives” and the development of a Learning Disability and Autism Housing Strategy. The strategy had been jointly produced with the Housing Learning and Improvement Network and established a framework for all commissioners when assessing local housing need for this cohort of people and supported new developments, alongside general housing to meet those needs. The strategy is provided in an easy read version. It was asked that the report be shared at a future date with the Economy, Regeneration and Housing Committee. This strategy was a co-ordinated regional policy that signalled to both the housing and the provider market about what the future demand will be. The spectrum of accommodation that was modelled meant that people would have assured tenancies in the future. The report referred to a GAP analysis that modelled future demand of up to 259 units and the strategy will be in place from 2023-2027 to support that work programme.

Members requested that the report also be taken to Children, Young People and Education Committee.

Members asked about the available funding and it was clarified that Wirral resources would be used for Wirral residents but where more specialist facilities were needed across the region these could be developed with other Local Authorities.

It was reported that it seemed appropriate for Local Authorities to work together to develop general needs housing and supported housing options but where needs were more complex it made more sense to work with the NHS across a bigger footprint to plan. There were currently no resources allocated it.

Resolved - That

1. The Cheshire and Merseyside Learning Disability and Autism Housing Strategy as set out in Appendix 2 to this report be approved.

2. The report be considered for information at the Economy, Regeneration and Housing Committee and the Children, Young People and Education Committee at a future date to be agreed.

81 **OUTCOME OF ANNUAL RATE AND FEES ENGAGEMENT**

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report which described the outcome of the annual engagement exercise with the Local Community Care Market for fee rates to be paid to care providers for 2024/2025. The service areas that the rates and fees covered were Residential and Nursing care, Supported Living, Extra Care, Care and Support at Home, Direct Payments, Shared Lives and Specialist residential placements. It was reported that a comprehensive exercise was undertaken and the Council has allocated to meet the funds and the new demand for both the increase in the national minimum wage and the real living wage a total of £10.4million for the next financial year. The emphasis was on meeting local need and providers in the sector had been listened to regarding the continued challenges of recruitment into the sector. The funds made available to the Council through the market sustainability improvement fund were at £7.8million and the Council had committed to meet the requirement for both the national minimum wage and the real living wage at £10.4million. An increase in specialist fees of 4.6 percent was proposed. For last years rates and fees there were substantial increases in many sectors of up to 18 or 19 percent, in particular for residential and nursing and all of the funds made available to the Council were allocated last year in the sum of £14.1million. For 2024-2025 wages for frontline staff were prioritised with the funds that had been made available to the Council.

Members discussed training and in particular dementia training. It was reported that providers delivering dementia care registered under the Care Quality Commission are required to provide dementia training to staff. It was clarified to Members that the real living wage rate was included in the direct payments for employers to pay their frontline staff. Members discussed the importance of staff retention and the biggest challenge was the sufficiency of domiciliary care. It was explained that the Council had used the resources that were available to give as much as possible to the care sector.

Resolved – That the rates as set out in sections 4.2, 4.3 and 4.4 of this report to apply, with effect from 1 April 2024, to services commissioned by the Council and jointly commissioned services between the Council and NHS Cheshire and Mersey Integrated Care Board (ICB), in relation to Residential and Nursing Care, Supported Living, Extra Care, Care and Support at Home, Direct Payments and Shared Lives be approved.

82 ALL AGE DISABILITY STRATEGY

The Assistant Director of All Age Independence and Provider Services presented the report which presented the draft All Age Disability Strategy 2024-2029 for approval. The strategy formed part of the work programme as an outcome of the All Age Disability review which was approved at the Adult Social Care and Public Health Committee on the 13 June 2023. The report highlighted the strategies:- 1. Coproduction journey from March to November 2023; 2. Best practice desktop research; 3. Purpose, vision, mission, core values and outcomes underpinning the strategy; 4. Links with and underpinning of other strategies and plans; and 5. Implementation plan, governance, and impact monitoring. This report was a key decision which was to be presented at the Children, Young People and Education Committee on 6 March 2024.

The co-production journey of the strategy was highlighted and this had involved listening and recognised that language and inclusive approaches were important. It was stressed by the people with lived experience to keep the writing easy and that had been done. The strategy had a clear purpose, vision, mission and core values which were underpinned by four focussed outcomes in the four pillars. The four outcomes were interlinked and it was important to recognise that a multi partnership approach was required to enable the outcomes to be successful.

The next stage was to co-produce a measurable implementation plan to be monitored by the All Age Disability Partnership Board that would bring Annual Impact reports to this Committee and the Wirral Place Based Partnership Board.

It was reported that 71,000 people who are disabled lived in Wirral which was 22 percent of Wirral residents as compared to 19.4 percent of people in the North West and 17.3 percent across England.

Members discussed supported pathways into employment and autism. It was agreed that the Disabled Facilities Grant report from the Joint Health and Care Executive Group could be brought to Committee.

Resolved - That

1. the coproduced draft All Age Disability Strategy 2024-2029, as noted in Appendix 1 to this report be approved; and

2. annual progress and impact reports of the implementation of the strategy be received.

83 ALL AGE DISABILITY REVIEW IMPLEMENTATION

The Assistant Director of All Age Independence and Provider Services presented the report of the Director of Care and Health which provided the progress to date of the implementation programme following the All-Age Disability Review that was approved at the Adult Social Care and Public Health Committee on the 13 June 2023. The implementation programme covered high level thematic areas and included starting earlier at age 14, improved accessibility and relevant information for parents and carers. Each work stream in the work programme was interlinked and part of a continual improvement journey. It was reported that each area within the workstreams had made significant progress and some of the workstreams had been completed or were on target for completion. The co-production of the strategy had been included in a report and completed and a co-production preparing for adulthood transitions protocol had been produced and was scheduled to be completed by early March 2024. The real time story board of Thomas demonstrated the benefits of personalisation and systematic transition from one service to another.

Progress against the education, health and care plan provided a snapshot of 25 plans of 14-18 year olds to establish a base line of current practice and included an analysis of cost of care, support packages for improved outcomes and the forecast of potential opportunities for cost avoidance and covers plans for training, volunteering and employment and plans for housing options for 18 year olds. The analysis projected that with good preparing for adulthood planning 15 of the 25 individuals could be supported into employment and 17 of those could be supported into housing options. The report was comprehensive with its own set of recommendations that were to be taken forward in the preparing for adulthood collaboration with stakeholders. In July 2024 a further report will detail opportunities to support people into employment and keep them there. We will look at the current service model for young people moving into adulthood and enable them to flourish. The

coproduction of the pathways from the Education Health and Care Plans was to be in the summer of 2024. This report was to be presented at Children's, Families and Education Committee on 6 March 2024.

Resolved – That the significant progress to date of the implementation programme following the All-Age Disability Review as in Appendix 1 be noted.

84 CO-PRODUCTION STRATEGY

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report of the Director of Care and Health which provided an update on the research, development and co-production of a Co-production Strategy for use within Adult Care and Health services and with wider stakeholders. The requirement for a strategy had been highlighted as part of the Care Quality Inspection preparation for Adult Care and Health and represented best practice when working with people who use services, either as individuals or as stakeholder groups. It was key to involve experts when co-producing services to deliver or commission. A monitoring approach was to be put in place to highlight which pieces of work were to be co-produced and how effective they had been.

The report outlined reciprocity which meant giving something back to people for their input in co-producing which could either be in terms of a financial response such as vouchers or a thank you. The strategy built on a strength based approach and meant that there was an area for development in all of the staff teams to develop this co-production approach. Once the strategy had been approved work was to take place with stakeholders to develop a range of accessible formats.

The Charter was to be officially launched.

Members discussed the fact that this report outlined a commitment to co-produce not how to co-produce and it was highlighted that it would be very difficult to put all the different approaches into one document. Councillor Kieran Murphy proposed an amendment that the report be sent back to officers to do more work on how the Co-Production Strategy was going to be implemented. This was seconded by Councillor Ewan Tomeny. Following a debate the proposed amendment was withdrawn.

Following a request from Members it was agreed that the font of the report was to be in black rather than grey to make it easier to read.

Resolved – That the Co-production Strategy and Co-production Charter, which have been co-produced with local stakeholders, carers and people who use services for implementation within Adult Care and Health be approved.

85 **PUBLIC HEALTH GRANT**

The Director of Public Health presented the report which provided an update on the research, development and co-production of a Co-production Strategy for use within Adult Care and Health services and with wider stakeholders. The requirement for a strategy has been highlighted as part of the Care Quality Inspection preparation for Adult Care and Health and represented best practice when working with people who use services, either as individuals or as stakeholder groups. The report outlined the proposals to bring down the Public Health Grant reserves to an acceptable level over a period of three years and ensure the investments were made upfront and the impact was to be monitored. The Chair highlighted that there had been a concern that this Committee would be paying for staff in regeneration. It was clarified that the additionality of staff in line with the Public Health Grant was to be defined to ensure that core staff in regeneration would not be funded with this grant funding. It was reported that there was to be an additional responsibility in the form of the NHS uplift for the Council's NHS commissioned services which were not previously funded by the Council. There was a small uplift in the public health grant to cover that but the implications of that were still being worked on. Early signs were that the allocated money received would not be sufficient to cover the NHS uplift so a slight adjustment was to be built in. A number of other areas were outlined around fuel poverty, the environmental climate emergency, the positive inclusion programme, tobacco control and the speech and language enhanced parents support.

Members sought clarification to the £200,000 that was allocated to the climate emergency. It was explained that the proposals were not fully worked up yet but officers were looking at what would be the best approach to supplement the work that was already being done. The initial proposal was the creation of an additional post in the Neighbourhoods Team to supplement the work that they were doing but that would depend on whether the additionality could be defined in terms of a public health element.

Members asked whether tobacco control included vapes. The Director of Public Health confirmed that vapes were included in the programme particularly around Trading Standards and explained that there was currently no capacity to carry out test purchasing and restrict the sale of vapes and this was to be part of the programme.

Resolved – That the Director of Public Health be authorised to make effective use of the Public Health Grant Reserves to tackle the identified emerging pressures, in line with the spending proposals, over a three-year period from April 2024 to March 2027, up to a maximum value of £4,500,000.

86 **ADULT SOCIAL CARE AND PUBLIC HEALTH 2023/24 REVENUE AND CAPITAL BUDGET MONITORING FOR QUARTER 3**

The Director of Adults Care and Health and Strategic Commissioning presented the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 3 (1 Apr – 31 Dec) 2023/24. The report provided 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 required difficult decisions to ensure that a balanced position could be presented. Regular Member engagement, which this report forms part of, was considered essential in delivering effective governance and financial oversight. At the end of Quarter 3, there was a reported adverse position of £0.435m against a net revenue budget of £131.257m. The outcome figure assumed full delivery of the savings that had been set out for the year. Winter pressures funding had been deployed and focussed on hospital flow and hospital discharges. It was reported that the progress was good but there was a £435,000 adverse position.

Resolved - That

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

87 ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report of the Director of Care and Health which provided 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 supported implementation of the Council Plan: Wirral Working Together 2023-27, specifically Theme 3 to promote independence and healthier lives.

It was highlighted that the number of people supported had now increased to over 9000 and over 5000 people were supported by technology enabled care. There was a continued increase in domiciliary care provision with a return to pre-pandemic figures and this was aligned with the Home First service. The 8.5 percent factor for admissible vacancies within the community care home sector reflected that there was sufficiency in the local market.

It was explained that the CQC were changing the way they take their inspections and since November 2023 they were part of the self-assessment process. There was improved performance where Council services had supported hospital discharges and there was a good reduction in the number of people who did not meet the criteria to reside in the hospital and there was a reduction in the length of hospital stays. It was reported that a new extra care scheme at Sycamore House in Liscard had opened in the last two weeks which was anticipated to greatly improve the figures for the next quarter.

Members discussed the CQC Care Home ratings and the need for well trained dementia nurses. It was explained that the new quality management system was helping to support the quality of the services and this was to be showcased at the Members workshop in April.

Resolved -That the content of the report be noted and any areas requiring further clarification or action be highlighted.

88 ANNUAL COMPLAINTS REPORT

The Assistant Director of All Age Independence and Provider Services presented the report of the Director of Care and Health which complied with the statutory requirement for the Council to produce an Annual Report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. The Annual Report also provided a mechanism by which the Council could monitor the quality and effectiveness of their services. This report provided an overview and analysis of all complaints received during the reporting period 1 April 2022 to 31 March 2023 which included, numbers of complaints received, key themes identified, responding to complaints (including performance data against statutory requirements), an overview of complaints escalated to the Local Government and Social Care Ombudsman and the learning from complaints. There had been an increase in complaints of 13 percent from 142 to 161. The emerging themes were similar to previous years and included complaints about the standard of care and support, social work concerns and financial charging issues. 87 percent of complaints were resolved at a local resolution stage and did not progress to the local government social care ombudsman. A decrease in the average response time from 62 to 52 working days was reported. Cases were often complex and required further in-depth review and these complaints often exceeded the timescale of 25 working days. 61 percent of complaints were fully or partially upheld. It was reported that the Council were 100 percent compliant with all the recommendations noted in the report. 80 learning points were recorded and the report gave insight into the learning from complaints. 16 complements had been received from people that used the service and staff received a handwritten complement slip from the Director.

A member referred to the 80 learning points and asked whether there could be a never event in terms of hydration and this was to be considered.

Members discussed the increase in complaints which may have been due to an increased profile of the Team and encouraging partners to obtain feedback to enable further improvement.

Complaints around finances were discussed and it was explained that these were dealt with by a separate Directorate which can sometimes create issues and work was taking place with the Personal Finance Units in terms of performance and the notes that go out and the timeliness in terms of charging.

Resolved – That the contents of the Annual Complaints Report (Appendix 1) relating to statutory Adult Social Care service delivery be considered and noted.

89 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024

The Director of Public Health with support from the Senior Public Health Manager presented the Public Health Annual Report (PHAR) which was the independent annual report of the Director of Public Health and was a statutory requirement. The report supported, and helped to build on, the commitment made in Wirral's Health and Wellbeing Strategy to prioritise system-wide work on those underlying factors that will have the biggest impact on the health of our communities. Good employment was one of those factors. The report described the importance of good employment for health and wellbeing, and highlighted some of the barriers and challenges faced by local people in accessing quality employment. It provided an account of the lived experience of some of Wirral's residents and set out some of the evidence on what can be done as a system to address barriers.

It was emphasised that the report had been collaboratively produced and was titled work in progress. The focus of the report was the importance of good work and the evidence of the impact on people's health and wellbeing was really clear. There was a lot of good work in place in Wirral. The case studies showed that little things had helped people to sustain employment and benefit from that employment. It was reported that 21.2 percent of the working age population on the Wirral were economically inactive and of those nearly 36 percent was due to a long-term condition or being long term sick and this area needed a lot more focus. Work had already started on the low figure of 3 percent employment of those with special educational needs and disability. In terms of job density there were only 6 jobs for every 10 people of working age and focussing on local regeneration is key to improving this. The key to this was fair and inclusive employment practices and working with anchor institutions. It was a work in progress which would be helped by a collective approach.

Members discussed meaningful, secure and well paid work and the importance of job security to physical and mental health and wellbeing.

Resolved – That

- 1. the Public Health Annual Report be reviewed and endorsed.**
- 2. the ongoing work to drive forward action on ensuring inclusive employment opportunities be supported and health-related worklessness in Wirral be addressed.**

90 ADULT SOCIAL CARE AND PUBLIC HEALTH WORK PROGRAMME UPDATE

The Head of Legal Services introduced this report which presented the future work programme of the Committee.

Additional items were suggested including:

- The CWP contract review be moved from June to July 2024,
- The Learning Disability and Autism Respite Service Commission be brought by Jayne Marshall as a key decision in July 2024,
- The Health Protection Strategy be moved from April to June 2024 with at least an annual update instead of a six monthly update,
- The COMF grant item be removed from the work programme,
- Disabled Facilities Grant to come as a scrutiny item.

The Chair and the Committee wished Graham Hodgkinson an amazing retirement and thanked him for his service.

Resolved – That subject to the changes noted above, the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2023/24 municipal year be noted.

91 EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC

Resolved - That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involved the likely disclosure of exempt information as defined by paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test had been applied and favoured exclusion.

92 EXEMPT APPENDIX 1 - NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE

Resolved - That the Exempt Appendix be noted.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 JULY 2024

REPORT TITLE:	BETTER CARE FUND SECTION 75 AGREEMENT 2024/25
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report requests Adult Social Care and Public Health Committee to approve the mandatory Section 75 pooled fund arrangement for 2024/25, between Cheshire and Merseyside Integrated Care Board (ICB) and the Council and give delegated authority to the Director of Law and Corporate Services in consultation with the Director of Care and Health to sign off the agreement. The report describes the arrangements, content, and value of the 2024/2025 Section 75 agreement and sets out the additional funding that the ICB have contributed to in the pool.

This report describes how these arrangements will achieve the government’s priorities for the Better Care Fund (BCF) Plan 2023/25.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the ‘promoting independence and healthier lives’ theme.

This is a key decision.

RECOMMENDATION/S

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

- (1) approve the continuation and endorse the value of the pooled fund arrangement between the Council and the ICB for 2024/25, as set out in section 4.0;
- (2) authorise the Director of Law and Corporate Services in consultation with the Director of Care and Health, to enter into an agreement pursuant to Section 75 of the National Health Service Act 2006 with the NHS Cheshire and Merseyside ICB for 2024/25.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

- 2.1 To exit the arrangement is not recommended and it does not expose the Council to increased financial risk.

3.0 BACKGROUND INFORMATION

- 3.1 The BCF represents a collaboration between:
- Department of Health and Social Care
 - NHS England
 - Department for Levelling Up, Housing and Communities
 - The Local Government Association.
- 3.2 The BCF plan articulates, at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
- 3.3 The management and delivery of the BCF plan currently is within the remit of the Joint Health and Care Commissioning Executive Board which:
- Ensures effective day-to-day management of the pooled funds under the Section 75 agreement.
 - Maintains an overview of the use of the pooled fund and service delivery.
 - Reports on performance of the pooled fund to various committees and boards
 - Is accountable for the delivery of Wirral place-based priorities.
- 3.4 Wirral's Place Director and the Director of Adult Care and Health seek local stakeholder endorsement of Wirral's BCF Plan via the Wirral Place Based Partnership Board. The plan is approved by the Health and Wellbeing Board.
- 3.5 The Section 75 agreement sets out the minimum and additional contributions from the ICB and the Council, the Disabled Facilities Grant, and the Improved BCF.
- 3.6 The allocation of the funding demonstrates the Section 75 arrangements contributes to the outcomes of the Wirral Working Together Plan as follows:

- Create a place that supports the Health and Wellbeing of everyone living in Wirral in the places that they live.
- Through understanding our populations' health, we enable more people to remain healthier and independent for longer and live well.
- Families and communities are empowered and supported to raise healthy and resilient children and young people and give them the best start in life.
- Wirral people and their families feel informed and involved in managing their health.
- Care and support are provided seamlessly from organisations that talk to each other.

3.7 The Section 75 arrangements demonstrate how, via well-established joint commissioning arrangements, funding has been allocated to services that achieve the Government's priorities for 2024/25 and a commitment to a systemic programme of service reviews provides assurance that all funded schemes deliver value for money outcomes against cost assessments by:

- Pooling resources, intelligence, and planning capacity
- Delivering the Right Care in the Right Place at the Right Time
- Managing demand and reducing the cost of care
- Clear accountability and governance arrangements
- Resilience and flexibility to emerging issues in service delivery.

3.8 The Adult Social Care Discharge Fund was introduced in November 2022 and has been extended into 2024/25. This is a national allocation of resources to Local Authorities and the NHS from the Government to support places to improve discharges from hospital. The funding was pooled into the BCF.

3.9 There was an increase in the Section 75 pooled fund in April 2024 because of the Adult Social Care Discharge Fund (section 4.2). These arrangements and the associated two-year BCF Plan will enable Wirral Place to achieve the government's priorities for 2023/25 and support the ambitions of the Wirral Working Together Plan. The end of year (2023/24) position demonstrates continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 have been met, and a balanced budget has been achieved.

4.0 FINANCIAL IMPLICATIONS

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

2024/25	ICB Contribution	Council Contribution	Total
BCF Schemes	£35,392,900	£26,621,188	£62,014,088
Non-BCF Schemes	£180,913,000	£54,342,600	£235,255,600
TOTAL	£216,305,900	£80,963,788	£297,269,688

4.2 The table below sets out the allocation of Adult Social Care discharge funding between the Council and the ICB.

2024/25	Allocation
Wirral Council	4,495,437
NHS Cheshire & Merseyside ICB - Wirral Place	3,344,764

5.0 LEGAL IMPLICATIONS

5.1 A BCF Plan and a Section 75 agreement pursuant to S75 of the NHS Act (2006) are required to draw down resources under the BCF and to enable the pooling of wider funding elements which are in the scope of the arrangement. Each year, Legal Services are fully engaged in the development of the Section 75 agreement. The Government delay in circulation of the guidance and the shift to place-based commissioning arrangements delayed the finalisation of the Section 75.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSET

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

7.0 RELEVANT RISKS

7.1 The current risk share arrangements remain the same in that each party carries a 50% responsibility for any over or underspends.

8.0 ENGAGEMENT/CONSULTATION

8.1 A range of engagement and consultation processes related to the integration of services and commissioning functions have been undertaken in previous years. The BCF annual plan must provide evidence that key partners have been involved in its production and on that basis, there is no requirement for further consultation to continue with arrangements as proposed. However, as part of the reviews of all BCF funded services we will be engaging with people with lived experience to provide assurance that positive outcomes have been achieved.

9.0 EQUALITY IMPLICATIONS

9.1 There are no direct equality impacts from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Within the specification for any Council BCF funded services, commissioners have aimed to minimise environmental impact through its specification and commissioning process.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Funded services primarily recruit local people, and community care providers are offered an enhanced rate to pay the Real Living Wage which becomes a contractual obligation if accepted. NHS and Community Care Market providers are both large employers of people who work in Health and Care in Wirral.

REPORT AUTHOR: **Bridget Hollingsworth**
Head of Integrated Services
telephone: 0151 666 3609
email: bridgethollingsworth@wirral.gov.uk

APPENDICES

N/A

BACKGROUND PAPERS

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

TERMS OF REFERENCE

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	18 July 2023
Adult Social Care and Public Health Committee	17 October 2023

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 JULY 2024

REPORT TITLE:	ALL AGE DISABILITY AND MENTAL HEALTH SERVICE DELIVERY REVIEW
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

On 17 October 2023, a proposal was brought to Adult Social Care and Public Health Committee to extend the contractual arrangements via a section 75 agreement with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) until 30 September 2025, on substantially the same terms which would enable a full analysis of the benefits and detriments of returning the service to the Council's delivery arm. This decision was approved, and the Director of Care and Health was requested to provide a further report to the Adult Social Care and Public Health Committee to update on the outcome of this exercise and to make recommendations as to the future delivery of the services. This exercise has been completed and this report recommends that subject to the outcome of appropriate consultation this arrangement is extended for 5 years with an option to extend for a further 3 years after that initial 5 year period and then an additional 2 year period

The section 75 agreement extension will support the delivery themes from Wirral Council's Plan:

- Promoting independence and healthier lives
- Safe, resilient and engaged communities

This is a key decision which affects all wards.

RECOMMENDATION/S

The Adult Social Care and Public health Committee is recommended to: -

1. Note the outcome of the review of the CWP social work delivery Section 75 agreement and approve subject to the outcome of any consultation entry into a further Section 75 agreement with CWP for a 5-year extension with a 3 year, plus a two-year option, at a projected cost of £32,172,645 for the 5-year extension.

2. Authorise the Director of Adults, Health and Strategic Commissioning to commence joint, formal consultation with CWP regarding entering into a further Section 75 agreement with CWP on a long-term basis for 5 years with options to extend the agreement for a further period of 3 years and then a further period of 2 years.
3. Subject to the outcome of the consultation give delegated responsibility to the Director of Adults, Health and Strategic Commissioning, in consultation with the Chair and Spokespersons of Adult Social Care and Public Health Committee to authorise entering into a further Section 75 agreement for 5 years with ability to extend for 2 additional periods of 3 years and 2 years.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Since 17 October 2023, a review of the performance of the CWP social work delivery service has been completed in partnership with CWP, the Council's Children and Young Peoples Directorate and Adult Care and Health Directorate. The review has concluded that CWP are providing a good quality, safe and effective service, undertaking the delivery of the Council's delegated duties under the Care Act 2014 and the Children's Act.
- 1.2 Scrutiny of the service from a contractual perspective has not highlighted any risks and has evidenced good performance against performance measures.
- 1.3 CWP are currently rated as 'Good' by the Care Quality Commission (CQC) in all 5 domains of the inspection framework (effective, safe, caring, responsive to people's needs and well led).
- 1.4 CWP are the best placed organisation able to provide this service locally and have the infrastructure and expertise to deliver this as an integrated service.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 To extend the section 75 agreement for a shorter period on substantially the same terms and conditions, until September 2027. The Council needs to ensure stability of service delivery and enable and support the integration of services with a longer-term commitment to minimise disruption in service delivery which could destabilise support to vulnerable groups and is therefore not recommended.
- 2.2 To allow the section 75 agreement to end on 30 September 2025 and to return the services to direct Council delivery. The Council is currently subject to both CQC and Local Government Association (LGA) review within the next six months and this would minimise capacity to undertake both regulatory activity and effect a safe transfer.
- 2.3 To transfer the service back to the Council would be a costly exercise and would incur unnecessary expenditure for what is a currently well performing contract.

3.0 BACKGROUND INFORMATION

- 3.1 Councils have statutory duties placed upon them in relation to Adult Social Care (Care Act 2014), that require the assessment of the needs of people who may be eligible for social care and support services. The duties also include support planning, safeguarding, mental health assessments and professional case management.
- 3.2 In 2018, the Council approved a contractual arrangement with CWP for the delivery of All Age Disability and Mental Health Service. The section 75 agreement includes the delegated responsibilities for statutory assessment and provision as defined by the provisions of the Care Act 2014. Prior to 2018, the mental health service was aligned and co-located but not integrated with CWP.

- 3.3 As part of the provisions of the Care Act, there is a duty for Local Authorities and the NHS to collaborate, Care Act Section 7). This section 75 agreement delivers this and is supported by the Integrated Care Board's integrated working arrangements to ensure the health element and the social care element support the implementation of the NHS long term plan.
- 3.4 Research shows that people with mental health and learning disability conditions are more likely to have preventable physical health conditions such as heart disease and to die earlier than the rest of the population. Physical health conditions significantly increase the risk of poor mental health and vice versa. The intention of the 2018 contractual arrangement was to formally implement an integrated Multi-Disciplinary Team (MDT), enabling social care and health staff deliver a cohesive holistic approach, delivering better outcomes for people. The review has shown that this approach is successful and therefore recommended for continuation.
- 3.5 The review suggests the service is safe, meets the needs of local people and the benefits of returning the service to the Council's delivery arm would be hard to quantify. The option to extend the section 75 agreement for 5 years provides stability and the option to extend for a further 3+2 years provides intervals during each of the extension periods to analyse the performance of the service and to provide updates to elected members.
- 3.6 Regular meetings have monitored the performance of the section 75 agreement over its lifetime, with an agreed set of performance and activity measures, and have ensured that the service has successfully delivered the Council's delegated statutory duties under the Care Act 2014.
- 3.7 The CWP service has been assessed as safe by Local Authority Officers and there is also evidence of overall scrutiny by CWP of their own performance data. CWP have a targeted internal review in key areas and proactively use this information to understand trends and risks. They use the data to complete internal audits around any specific areas of concern, and areas for improvement have been reviewed at regular meetings to inform future practice.
- 3.8 CWP have provided annual reviews of the service highlighting achievements and areas for focus and improvement,
- 3.9 Further reports provided by the CWP (set out below) provided further assurance and evidence that innovations to improve performance have been introduced.
- LD Health review report - how people are supported with maintaining their health and wellbeing.
 - Mortality report - how people are supported with maintaining their health and wellbeing, given mortality rates for people with a learning disability are significantly higher than the rest of the population.
 - Named Worker Model report - supports a consistent approach to how people are assessed and reviewed.

- 3 Conversations implementation summary - this is a new approach to assessment adopted by adult services to ensure the person is at the centre of the assessment and is enabled to design their own support.
 - Easy read support plan - this will improve the accessibility of information and supports the 3 Conversations approach to assessment.
 - Case summaries - these relate to people's experience and the outcomes of discharge from long stay hospital and admission avoidance.
- 3.10 Complaints in relation to the CWP service have been monitored throughout the lifetime of the arrangement, and whilst most of those have been complex, given the complex nature of the service delivery, the number has not been significant to escalate concerns about the service or to warrant inclusion on the Council's risk register
- 3.11 The review has highlighted that children and families are safe and supported to thrive. As part of the extension of the section 75 agreement, CWP will be required to demonstrate continuous development and improvement of these services
- 3.12 An escalation process is in place if Local Authority Children and Young people's services have any immediate concerns, as they relate to risk and areas for development and improvement are discussed at regular meetings.
- 3.13 CWP are active contributors as a key stake holder in Wirral place through their participation at an executive and operational level in supporting the achievement of all local priorities, including NHS priorities and delivery of Care Act 2014 duties. These priorities include:
- Supporting admissions avoidance, and expediting safe discharges from acute settings
 - Supporting people to remain in their own homes, and be active participants in their own communities
 - Reducing the number of people who meet the "No criteria to reside "(NCTR) numbers in hospital settings
 - Working with the voluntary, community and faith sector to maximise the use of local networks and neighbourhood opportunities.
- 3.14 CWP have actively contributed to the achievement of Council priorities, including as follows:
- Preparation for the CQC inspection
 - Preparation for the LGA peer review of Learning Disability and Autism services
 - Special Educational Needs response
 - All Age Disability strategy
 - Employment strategy
 - Supporting people and families to prepare for adulthood and successful transition to Adult Services.

- 3.15 CWP have delivered a stable and safe social work service and have continued to recruit and train social work staff in the context of a national shortage in social work staff. Their apprenticeship scheme has led to 6 social workers being recruited. There is evidence that staff are supported to continuously develop their skills, with 4 mental health graduates matriculating per year over the last 4 years. Staff complete mandatory training and work closely with the Council's professional standards team and the Principle Social Worker. Professional supervision takes place as statutorily required.
- 3.16 There is evidence that the lived experience of people supported by the service has been sought and CWP have provided examples of lived experience to regular monitoring meetings, and coproduction and peoples experience of the service will have a stronger focus for the next phase of the service.
- 3.17 The local authority commissioning strategy has developed services that enable CWP to support local people to access local services. As an example, CWP have worked with the Council's commissioning team to undertake a Housing Gap analysis. This has led to the development of specialist extra care schemes enabling more people to live locally, in their own homes and avoid out of area placements.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The financial cost for the service for the 5 years extension period, based on current rates is:

	Contract Year
Oct-24 - Sep-25	6,434,529
Oct-25 - Sep-26	6,434,529
Oct-26 - Sep-27	6,434,529
Oct-27 - Sep-28	6,434,529
Oct-28 - Sep-29	6,434,529
Total 5 year	32,172,645

- 4.2 Annual efficiency targets as they relate to the Community Care Budget, are set by the Council. Annually, CWP are required to provide a plan setting out how savings will be achieved, progress is monitored at regular meetings and validated by the Council's finance team. In the lifetime of the section 75 agreement, these have been consistently achieved. In 2023/24, £1.4m of efficiencies were realised. The savings target for 2024/25 as they relate to adults, is £2.4m. As part of the extension of the section 75 agreement, CWP will be required to demonstrate continuously developing and improving how efficiencies are improved.
- 4.3 The section 75 agreement value and content will be agreed annually with CWP.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council has a statutory duty to meet eligible needs for care and support consistent with the outcome of a Care Act (2014) assessment. It has a duty to meet need in line with the Children's Act (2004). The duty to assess and provide care and support planning for adults and children is delegated to CWP under a Section 75 arrangement, and therefore enables the Council to continue to meet its statutory duties.
- 5.2 CWP are the only possible partner on an integrated care project. Regulation 32 of the Public Contracts Regulations 2015 applies and no procurement process is required.
- 5.3 The notice period for the termination of the section 75 agreement is 12 months. The current section 75 agreement will end on 30 September 2025, and the new section 75 agreement will be extended to 30th September 2030.
- 5.4 Before entering into a new section 75 agreement the Council and CWP should undertake a joint consultation process under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000/617. A joint consultation was undertaken before the original agreement was entered into. The guiding principles for a fair consultation can be summarised as follows;
- It should be at a time when proposals are at a formative stage;
 - Must include sufficient reasons for particular proposals to allow those consulted to give intelligent consideration and an intelligent response;
 - Those consulted should be made aware of the factors that are of decisive relevance to the decision;
 - Adequate time should be given for consideration and response;
 - The product of the consultation should be conscientiously taken into account by the decision makers in finalising their statutory proposals/ when the ultimate decision is taken.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The service can be managed within existing available resources.

7.0 RELEVANT RISKS

- 7.1 There is a potential risk to the continuity and safe delivery of statutory services, should the section 75 agreement terminate in September 2025, there would be a reduced period to complete any further review of current services and interdependencies.
- 7.2 To end the section 75 agreement in September 2025, would place a significant demand on operational and enabling staff during periods of high pressure, which could interrupt or have an impact on the safe delivery of services. A project team would need to be convened with immediate effect to ensure the safe transfer of staff and any assets.

- 7.3 If the section 75 agreement was not extended with CWP, the Council would have to make alternative arrangements for the delivery of statutory adult social care services assessment delivery.
- 7.4 There is a risk if the section 75 agreement ended in September 2025, that the Council will not be seen to be supporting the integration agenda.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Since the Adult Social Care and Public Health Committee in October 2023, there has been ongoing engagement with leaders and staff within the CWP. This has included monitoring via meetings with a project plan and approach, performance analysis and direct observation. The feedback from these visits has been positive, both about the service received by people who use it and the current operating model.
- 8.2 Colleagues within CWP have actively engaged in Council led co-production work, including the direct payments review, All Age Disability Strategy and redesign of access to services work programme.
- 8.3 Engagement, consultation and coproduction will be key features of the new arrangements, with regular reporting on peoples lived experience of the service.
- 8.4 Officers from the Council's children's services have been equal partners in the review.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.
- 9.2 An Equality Impact Assessment (EIA) has been completed in October 2022, under the title "Social Care Delivery Review", this is located here:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The current service offer is delivered within Wirral, offering employment opportunities to local people. CWP enable local people to attain qualifications and job stability. The Wirral Community Wealth Building Strategy 2020-25 sets out aims to support all residents to find employment in stable, well-paid jobs, with more residents in education, employment, or training, helped into work, earning the Real Living Wage. The Supported Employment Strategy will ensure people gain and sustain

employment, job seekers are confident, prepared, and motivated to find work. It will also make sure employers are confident to employ people with care and support needs, the transitions process from age 14 will foster a culture of high expectations and planning of pathways to employment and ensure the workforce has the skills, knowledge, and competencies to deliver the supported employment offer.

REPORT AUTHOR: Bridget Hollingsworth
Head of Integrated Services
telephone: 0151 666 3609
email: bridgethollingsworth@wirral.gov.uk

APPENDICES

N/A

BACKGROUND PAPERS

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

CWP Self-assessment reports
CWP LD Health review report
CWP Mortality report
CWP Named Worker Model report
CWP 3 Conversations implementation summary
CWP Easy read support plan

TERMS OF REFERENCE

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	11 January 2023
Adult Social Care and Public Health Committee	19 September 2023
Adult Social Care and Public Health Committee	17 October 2023

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 July 2024

REPORT TITLE:	SUPPORTED EMPLOYMENT STRATEGY 2024-2029
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

The purpose of this report is to present the draft Supported Employment Strategy 2024 - 2029 (Appendix 1) for approval.

The strategy has been co-produced with partners who are directly or indirectly involved in the support of adults with learning disabilities and or autism into employment.

This report will highlight the strategy's:-

1. Purpose, vision, mission, core values and outcomes underpinning the strategy;
2. Partnership development of the strategy between September to December 2023;
3. Links with and underpinning of other strategies and plans; and
4. Implementation plan, governance, and impact monitoring.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the 'Promoting Independence and Healthier Lives' and 'Early Help for Children and Families' themes.

This report is a key decision, and it affects all wards.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to approve the draft Supported Employment Strategy 2024-2029, as noted in Appendix 1 to this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 In 2020-21, the proportion of adults with a learning disability in paid employment in England was 5.1%. In North-West England that figure lowers to 4.5%. In Wirral that figure lowers further still, to 3.1%.
- 1.2 Wirral has seen a marginal improvement in the percentage of adults with a learning disability in paid employment. In 2022/23, Wirral reported 4.4% against national average of 5.1%, with best performing authorities achieving 21.5% and the best performing authorities in the North-West achieving 10.5%.
- 1.3 Limited vocational planning for 14-year-olds with support and care needs results in the lack of supported employment opportunities for those young people. This often results in many young people entering adult social care provision post 18 or 25 without these options. Best practice studies carried out in Kent, Gloucester and North Lanarkshire have demonstrated the cost benefit of sustainable supported employment compared with tradition care provision.
- 1.4 There is a consistent correlation between paid employment and better physical, mental health and social outcomes. Research into the cost-effectiveness of supported employment for adults with learning disabilities has shown that supported employment is cost effective in helping people into and maintaining people in work.
- 1.5 The supported employment services which the Council provides, or commissions can play a pivotal role in job retention, progression, and career development. In doing so, people who are supported into work become ambassadors for the future employment of people with disabilities. There is strong evidence these services can enable improved independence and reduce demands for social care services.
- 1.6 People with learning disabilities and/or neurodiverse conditions are an untapped workforce resource with significant potential to thrive and contribute to Wirral's Economic Strategy 2021-2026 and the Wirral Local Plan.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 To not approve the Supported Employment Strategy. Through commissioning and informal partnerships, Wirral has started to marginally improve, supporting adults with learning disability and or autism into paid employment. To carry on as is, this may result in further marginal improvement, however, this will not accelerate the significant improvements that is required in Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 In March 2022, two groups were established to bring likeminded partners together who have an interest in supported employment across Wirral. These included: -
 - A multi-agency strategy group who recognised their shared purpose to ensure that their shared aims and goals are delivered.

- Supported Employment Panel who was operational and through a referral process would aim to identify the most suitable pathway or opportunity for individuals and support them into voluntary/paid employment or training.
- 3.3 In March 2024, the Adult Social Care and Public Health Committee approved the All Age Disability Strategy 2024-2029, following a significant co-production journey. One of the key priorities for people with disabilities is increased opportunities for sustained employment. Under the leadership of Adults Social Care, the strategy group outlined in 3.1 were tasked with the coproduction of a supported employment strategy noted in appendix 1.
- 3.4 In addition, Adult Social Care engaged Impower consultancy to evaluate the current supported employment landscape within Wirral to inform the Supported Employment Strategy development. The report identified the below key challenges:
- Lack of strategic leadership;
 - Limited signposting to resources;
 - Lack of outcomes framework;
 - Potential duplication; and
 - Lack of vocational plans for 14year olds
- 3.5 Impower research showed that there is some provision for supported employment. However, detailed analysis of the provision shows that the majority of providers have an age criterion of up to 25, with a few extending to 30. Therefore, many adults with support and care outside of these age ranges have limited opportunities to access support.
- 3.6 Commissioning of specific employment support for adults with a learning disability and/or autism is small. There are currently two providers in the care market who are commissioned, First Enable and Autism Together. The latter supports adults with a diagnosis of autism.
- 3.7 Wirral Evolutions, the largest provider of day services for adults with learning disabilities in Wirral. The service has implemented a small pilot through its vocation service, Best Bites hospitality and catering provision. The foundation of a sustainable supported employment service has been developed.
- 3.8 The purpose of Supported Employment Strategy is to support all partners to have an organised approach to maximising the employment opportunities for people who would otherwise struggle to participate in the job market. The aspiration should be that wherever possible people should be in (or working towards) 'good' jobs that confer the health and wellbeing benefits of work.

- 3.9 The Strategy outlines six ambitions to help more young people and adults with care and support needs to gain and retain paid employment in the open market, or gain another meaningful employment related activity by:
- Creating a climate of high expectation and aspiration
 - Ensuring effective transition from SEND (14-25) that young people are well prepared for work;
 - Ensuring there is a robust, outcome focused approach to commissioning of services to address current barriers to employment and lead to increased independence;
 - Engaging with the local business community to ensure employment opportunities for people with care and support needs are available to Wirral residents. To ensure business have the access to the right support at the right time;
 - Ensuring that all have access to good quality up to date information about supported employment opportunities and that there are well understood pathways to employment in place;
 - Ensuring that provision of supported employment opportunities is aligned to the Council priorities and maximises resources.
- 3.10 The strategy sets out 5 key objectives which are:
1. Ensure people with care and support needs have direct support to gain and sustain employment and clearly outline the role of the Council and its key partners to deliver this;
 2. Ensure job seekers are confident, prepared, and motivated to find work;
 3. Ensure employers are confident to employ people with care and support needs;
 4. Ensure the transition process from age 14 fosters a culture of high expectations and provides high-quality person-centred planning with clear pathways to employment; and
 5. Ensure the workforce has the skills, knowledge, and competencies to effectively deliver the supported employment offer.
- 3.11 The Supported Employment Strategy recognises the need for a cohesive approach and that weaknesses in current delivery mechanism are addressed and capacity is built into provision for adults over the age of 25.
- 3.12 These objectives will form the basis of an action plan for implementing the strategy which will detail specific actions, responsible organisations/officers for each action, milestones, and timeframe for delivery.
- 3.13 A robust performance framework will be developed and implemented by all providers which will monitor progress and impact. Oversight will be provided by the All Age Disability Partnership Board, reporting to Adult Social Care & Public Health Committee and Wirral Place Based Partnership Board as appropriate.
- 3.14 The draft Supported Employment Strategy is tabled at Appendix 1. There is also a draft Easy Read summary attached as Appendix 2.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications to this report, as the Supported Employment Strategy, through the coproduction of the implementation plan, will look to align, pool, or repurpose existing resources to ensure the deliverables are achieved in line with its vision and outcomes of this strategy.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council has a legal duty to assess the needs of people who may need care and support, to promote independence and wellbeing, and can apply discretion as to how to meet those needs identified.
- 5.2 Supported Employment Strategy is in line with statutory requirements, including The Mental Health Act 1983, The Care Act 2014, The Health, and Care Act 2022, Childrens and Families Act 2014 and the Equality Act 2010.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Recognising the current capacity challenges within the Council, resources have been realigned to support the deliverables of this strategy. Strategic responsibility has been aligned and absorbed into the role of Head of Operations of Day Services for Adult Social. In addition, there will be recruitment of a dedicated Supported Employment Development Officer. As the implementation progresses, if additional resources are required these will be subject to a separate report.

7.0 RELEVANT RISKS

- 7.1 There is a low risk that the strategy is not approved. This will be mitigated by the co-production journey of the strategy to deliver the best outcome for people with care and support needs and their families/carers.
- 7.2 There is a risk that Supported Employment Strategy implementation plan requires further resources. This will be mitigated by improved joining up priorities, better alignment of existing resource, seeking new opportunities for new funding sources and improved partnership working. There will also be in place, a balance of key performance indicators and outcomes, with the governance arrangements to monitor and report progress in a timely manner.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 All members and stakeholders of the Supported Employment Strategy group were fully involved in the development of the strategy over the several months. This also included several workshops took place where partners drew on their expertise and experience.
- 8.2 Partners engaged and consulted within their own organisations to feed relevant information and feedback to the strategy development.
- 8.3 It is the intention of the Strategy group to coproduce its implementation plan.

9.0 EQUALITY IMPLICATIONS

- 9.1 An updated Equality Impact Assessment (EIA) has been produced and will continue to be updated as part of the implementation of the proposed deliverables of this strategy. This is located here: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>
- 9.2 This is an inclusive strategy to which equality and diversity is integral. Further consideration will also be given to the need for an EIA for any individual areas of work within the review where this is identified.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Consideration will be given to environmental and climate implications in the planning and implementation of the review, and in its recommendations.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Care provider organisations employ significant numbers of Wirral residents who contribute to the local economy. People with a disability having greater opportunity to reach their aspirations for work, learning and volunteering will positively impact on the vibrancy and development of local communities and economies.

REPORT AUTHOR: Karen Smith
Operational Manager, Day Services
telephone: 0151 637 2030
email: karensmith1@wirral.gov.uk

APPENDICES

- Appendix 1 – Draft Supported Employment Strategy
Appendix 2 – Draft Supported Employment Easy Read Summary

BACKGROUND PAPERS

Wirral All Age Disability Strategy 2024-2029
<https://www.wirralintelligenceservice.org/media/1vbhksq/wirral-aad-strategy-2024-2029-final.pdf>
<https://www.wirralintelligenceservice.org/media/qd1ngwew/all-age-disability-strategy-easy-read-final-accchkd.pdf>
<https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10672&mod-area=E08000015&mod-group=ADASSRegions&mod-type=comparisonGroupTypeee>
<https://www.base-uk.org/costbenefit-argument>
https://www.dfnprojectsearch.org/wp-content/uploads/2023/01/Scoping_Review_of_Economic_Evidence_Around_Employment_Support.pdf
Wolverhampton supported employment for people with learning disabilities
<https://democracy.wirral.gov.uk/documents/s50102606/Enc.%205%20for%20All%20Age%20Disability%20Review.pdf>

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their careers).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	4 March 2024
Adult Social Care and Public Health Committee	June 2023

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Wirral Supported Employment Strategy 2024 - 2029

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Foreword

The health and wellbeing benefits for individuals deriving from being meaningfully employed can be enormous. Not only is there the obvious economic benefit, but there is also the benefit to the individual's health, self-esteem, social connectedness, and the sense of purpose which comes with meaningful activity.

These benefits can be particularly important for people who are otherwise at risk of being excluded. Residents who have learning disabilities, mental health conditions and those who have autistic spectrum conditions face the greatest barriers to being in work.

It is also clear that there is a lack of support available to those with an Educational Health Care Plan once they reach the age of 25, and, as a result, many individuals with a learning disability and / or autism find themselves without hope of ever going into paid employment. Often the only option for them is volunteering or jobs offering minimal work with no progression, thus promoting a lack of self-worth, depression, continued dependency, as well as health and financial issues. As well as the benefits to the individual there are, of course, benefits of employment to families and the wider community.

In recognition of this, the **Council and its partners** will adopt an organised approach to **maximising the employment opportunities for people** who would otherwise **struggle to participate** in the job market. It is also right that this should be ambitious. It is not sufficient that people should be busy; the aspiration should be that wherever possible people should be in (or working towards) 'good' jobs that confer the health and wellbeing benefits of work.

There is naturally a need for realism. Available jobs may not meet all our wishes, whether in terms of job satisfaction or financial reward. We should be ambitious, without being unrealistic.

The development of this strategy comes at a challenging time, the impact of the global Covid-19 pandemic on the job market are still emerging and not quite fully understood. Factors already known suggest that the most vulnerable residents will be most adversely affected.



Supported Employment Charter

The purpose of this charter is to establish a simple framework outlining the commitments, principles, values, and standards that Wirral Council, providers and partners collectively agree. It should serve as a guide to outline priorities, ensure consistency and quality.

Commitment One:

Empowerment & Early Intervention

- Empower Individuals in Wirral with care and support needs to secure and maintain gainful employment through direct and tailored assistance.
- Emphasise earlier intervention by providing person-centred planning and clearer pathways to supported employment, implementing new checklists and practice standards in 2024/2025 ongoing.
- Implement new aspiration checklists in schools to ensure there is consistency and standards for young people.
- Provide vocational profiling from the age of 14 in schools to provide an accurate selection and matching service as early as possible in line with best practice.

Commitment Two:

A Person-Centred Approach

- Create a fair and unbiased engagement with potential employers and supported employment facilitators, to ensure equitable and consistent offers.
- Commitment to person-centred approaches with a focus on supporting individuals to develop their personal aspirations, and work with them to identify support in line with these.
- Ensure all tools and practice standards focus on embedding person-centred approach.

Commitment Three:

Employer Support

- Offer a high-quality service of individualised specialist support, training, advice, and guidance for a mutually agreed duration to ensure a successful outcome.
- Provide on-the-job support, problem-solving, and mediation as necessary, taking a proactive lead in engaging with partner agencies to access additional services and financial resources.
- Further build Wirral Council as a 'model employer' for supported employment
- Build an information and resource hub for local employers about the benefits and opportunities of supported employment.

Commitment Four:

Performance Monitoring & Reporting

- For Wirral Council, Supported Employment Facilitators and Employers to continue to deliver a professional service that is flexible, reliable, responsive, caring and trusted.
- Ensure feedback is always gathered from individuals and employers at key points during their support and that this is fed into impact monitoring and used to support future planning.
- Create a shared outcomes framework and commit to recording and reporting impact metrics against each agreed measure.
- Commit to assess the progress of the 6 commitments in this charter on an annual basis.

Our Aspirations

Our vision to enable individuals to gain employment or work in the open labour market that is paid the prevailing wage or self-employment

Our primary focus is to support **care leavers and adults with care and support needs** who are eligible for social care and want to work. We will also signpost young people and adults who have additional needs (but are not reliant on specialist services) to organisations that can support them into employment.

Our Ambitions

This strategy outlines six ambitions to help more young people and adults with care and support needs to gain and retain paid employment in the open market, or gain another meaningful employment related activity* by:

1. Creating a climate of **high expectation and aspiration** for achieving and sustaining paid employment for Wirral residents with care and support needs and young people leaving care, **through shared corporate ownership** and action from a **range of key players** from across the local authority and its partners.
2. Ensuring there is **effective transition from education** (between 14-25 years) into employment and that **young people are well prepared for work** and have the **appropriate support to sustain** their employment.

3. Ensuring there is a **robust outcome focused approach to commissioning** education, training, housing and support services that address the current barriers to employment and **leads to increased independence** and improved employment outcomes.
4. Engaging with the **local business community to ensure that employment opportunities** are available for Wirral residents **with care and support needs** and care leavers across a range of employment sectors, and **employers have access to the support needed** to ensure employees are successful.
5. Ensuring residents and the workforce have **good quality up to date information** on the **employment services and support available**, and that there are **well understood pathways into employment** in place.
6. Ensuring the provision of **sustainable supported employment solutions** which aligns to the Council priorities and maximises opportunities to use external and funding resources more creatively to deliver best value in terms of cost and the best outcomes.

* Such as training, education, volunteering or work experience may be essential elements for driving this aim if they are part of a genuine pathway to real work



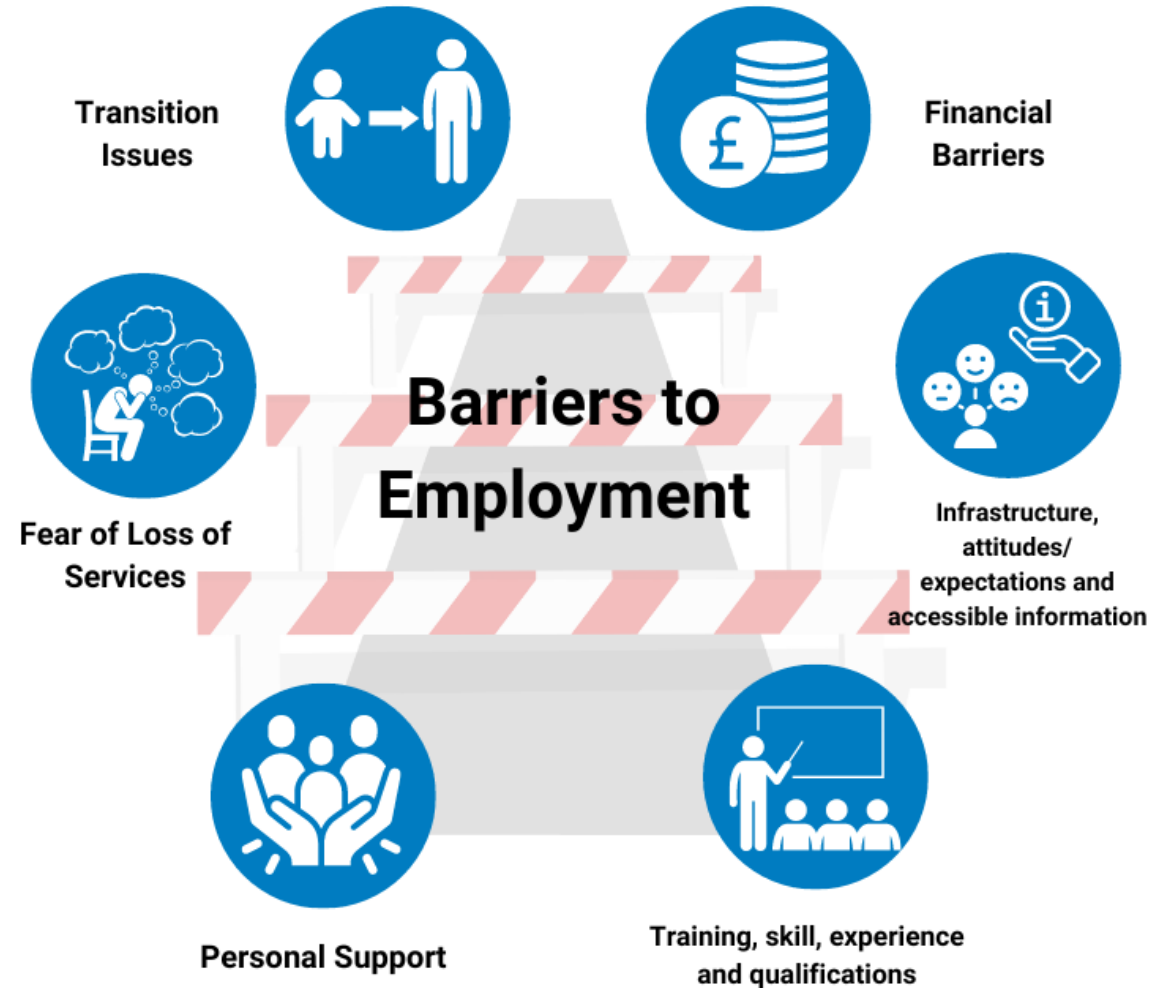
Why this Strategy is Important

In 2020-21, the proportion of adults with a learning disability in paid employment in England was 5.1%. In North-West England that figure lowers to 4.5%. In Wirral that figure lowers further still to 3.1%. In 2022/23, Wirral reported a marginal improvement of 4.4% against national average of 5.1% with best performing authorities achieving 21.5%, and the best performing authorities in the Northwest achieving 10.5%.¹

- ❖ Mapping identified 21 project operating across Wirral
- ❖ Only 5 did not define an age range under 30
- ❖ Only 6 identify supporting people with learning disability, social care or health need.

In addition to the statistical information, qualitative feedback indicates whilst there are pockets of good practice across Wirral, there remains employment barriers for care leavers, people with support and care needs. – these are illustrated in diagram adjacent.

Through continual collaboration with people with lived experience and key stakeholders, the objectives listed on pages 9 – 13 aims to address these barriers over the next five years.



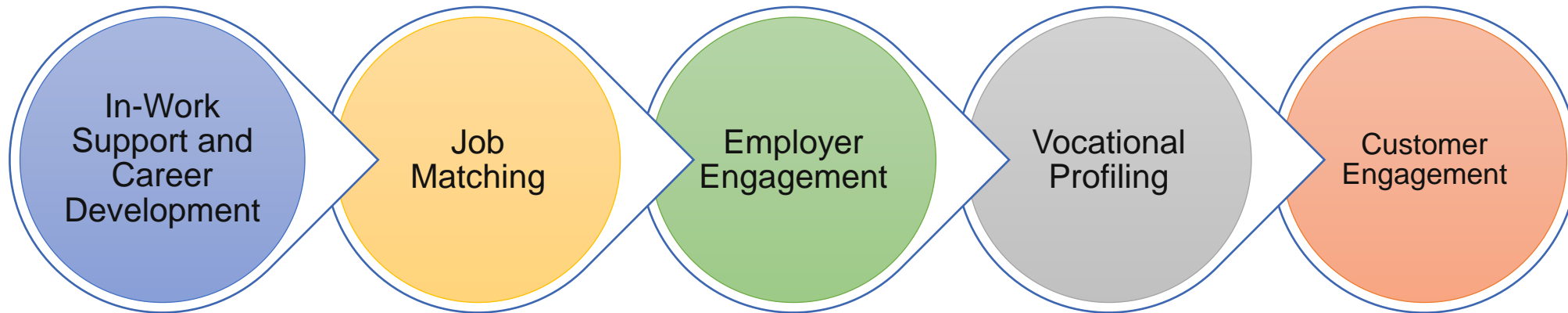
1. <https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10672&mod-area=E08000015&mod-group=ADASSRegions&mod-type=comparisonGroupTypepe>

Our Approach

Supported Employment model* is well recognised and focuses on enhancing individuals' skills, confidence, work experience and general employability, leading to job outcomes. **Place, Train and Maintain** is at the heart of the model. It means placing people in work at the earliest opportunity, training them to do the job in the way the employer wants it done, and providing ongoing support to maintain them in the job.

Where possible, we will follow this model which has been effective in supported employment programmes and encourages employers, advisors and individuals to work together to enable the best outcomes for care leavers and adults with care and support needs across Wirral.

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*The Five Stages of the [Supported Employment Model](#) model

Our Collective Offer

We will:

- ✓ Primarily target care leavers and individuals with care and support needs who are eligible for support from social care.
- ✓ Deliver evidenced based outcomes so the individual's journey towards employment can be tracked, progress measured, and services continually improved to meet needs.
- ✓ Provide or support access for the individual to become work ready, access employment and sustain their job.
- ✓ Provide or support access to a range of innovative employment options and meaningful activities to meet the employment needs of the individual, enabling them to live independently and support themselves as appropriate.
- ✓ Deliver a sustainable supported employment service that leverages in alternative funding streams and minimises any duplication to services available in the community.
- ✓ Apply good practice models of supported employment e.g. individual Placement Support and Supported Employment Models to suit the needs of the individual.
- ✓ Provide a service which is organised and located to facilitate maximum referrals from relevant professionals and easily accessed by people who need support.
- ✓ Forge effective operational partnerships with other internal and external employment support services to ensure individuals access appropriate and available resources and services to meet their employment needs.
- ✓ Offer support that is holistic and flexible and enables individuals a choice from a range of activities or support (e.g. one to one, online advice) that suits their personal needs.
- ✓ Support volunteering as useful route for some individuals towards work and helping people to get their 'foot in the door' whilst creating a culture that recognises that volunteering is a stepping stone, not an end goal to ensure individuals are encouraged to progress further where possible.

Key Objectives and Actions

Objective 1: Ensure people with care and support needs have direct support to gain and sustain employment, and clearly outline the role of Wirral Borough Council and its key partners to deliver this

Headline priority outcomes:

- To review and cost delivery models for a specialist employment support service and identify the preferred option for launching in 2025. This will include the review of the role of Wirral Borough Council and the contribution of other stakeholders.
- Review and create effective referral pathways and ensure all professionals can make quick and easy referrals.
- Ensure individuals are assessed and that they are referred to the most appropriate service to meet their needs, with appropriate signposting to other services where necessary.
- Establish protocol to ensure that all eligible young people and adults have a clear route to access professional support if required.
- To ensure the supported employment service has staff with the right training and skills required for delivering customised employment support and welfare advice, as recommended by BASE.
- Consolidate employment pathways for care leavers and adults with health and social care needs and maximise access to these pathways for individuals to achieve employment outcomes.
- Ensure availability of more intensive one-to-one support for those individuals further away from the labour market to help them look for and apply for jobs.
- Providing good financial assessment of the benefits of an individual moving into work, raising awareness of options such as part-time and flexible working through DWP partners



Key Objectives and Actions

Objective 2: Ensure job seekers are confident, prepared and motivated to find work

It is evident that people supported, and professionals lack an awareness of the organisations providing employment support and advice and a lack of understanding between organisations of the roles each play and what they could offer. To create confident job-seekers we need to **offer people correct, timely and tailored information so they can pro-actively consider employment and plan their career**. We also need to ensure people progress to meaningful employment.

Headline priority outcomes:

- Improve information on the Council's website so we have updated information and advice on employment support, finding jobs, volunteering, work experience opportunities and apprenticeships.
- Embed employment aspirations and experience of the world of work into care pathways and plans (e.g. Early Help Records and Plans; Care Management Plans; Education, Health and Care Plans) so individuals are appropriately guided and supported to access training and employment to meet their needs.
- Inform, encourage and support social care and education workforce to understand employment as a viable option for young people and adults with care and support needs
- For Assessments, Education Health and Care Plans, Support and Care Plans to include specific goals for supporting progression to employment from an early age.
- (Conduct 'travel to work' risk assessments and support eligible individuals to receive travel training where appropriate so they can travel to work independently.
- Support activities that develop relevant skills for employment (e.g. training or education and volunteering opportunities) with appropriate support to ensure progression.
- Signpost to advisers, job coaches and support workers to help individuals liaise with employers as well as help prepare CV's, job applications and covering letters.



Key Objectives and Actions

Objective 3: Ensure employers are confident to employ people with care and support needs

The Council will work with all partners and stakeholders, in particular local employers, to promote the benefits that employing people with care and support needs bring to the business and to understand any barriers to recruiting and retaining people such needs as employees.

Headline priority outcomes:

- Work with DWP and other stakeholders such as existing employer networks to raise employers' awareness of the benefits of employing young people and adults with care and support needs with a particular focus on learning disability
- Raise awareness of the support services that are available to employers such as Access to Work
- Create case studies that demonstrate the benefits for employers and the support they can access
- Identify and share good practice from 'supportive' employers
- Encourage employers to adopt recruitment and selection approaches that support individuals with additional needs, e.g. use working interviews and work trials rather than interviews. Consider 'job carving'
- Ensure that Supported Employment Services commissioned and used have good employer engagement resources and specialist in-work support staff so that sustainable employment can be achieved



Key Objectives and Actions

Objective 4: Ensure the transition process from age 14 fosters a culture of high expectations and provides high-quality person-centred planning with clear pathways to employment

The Council will work with partners to help young people aspire to and explore employment as a way of improving their quality of life as they prepare for adulthood.

Headline priority outcomes:

- To ensure robust and effective personalised transition planning is in place to encourage and support young people to move from education to employment
- To ensure employment features strongly in information provided to young people and families/carers when they are planning their post-school future.
- Provide more opportunities for open work experience and apprenticeships for care leavers and school and college students with health and social care needs
- Support care leavers and young people with special educational needs to understand and realise their aspirations and ensure the right support is put in place for them
- Join the transition strategic group that includes key stakeholder from departments, service and schools to agree set of principles and protocols for all to agree and work too. Ensure equality of opportunity for all.

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Key Objectives and Actions

Objective 5: Ensure the workforce has the skills, knowledge and competencies to effectively deliver the supported employment offer

Headline priority outcomes:

- Ensure that the providers and services that are funded to delivery of the supported employment strategy will have well trained people who are knowledgeable, aspirational and skilled to make progression into paid employment a reality.
- Explain and promote understanding about what Supported Employment means, what support is available, and the established referral and employment pathways.
- Develop staff to ensure people have the right skills and knowledge and the right tools available to deliver the Supported Employment Offer.
- Support staff to work collaboratively with partners to understand each other's roles in making employment an achievable goal for both people with disabilities and young people leaving care.
- Provide people with skilled and compassionate job coaches, advisers or support workers.
- Work to build good trusting relationships between individual and the advisers and staff supporting them, ensuring good understanding of the person's condition or disability.

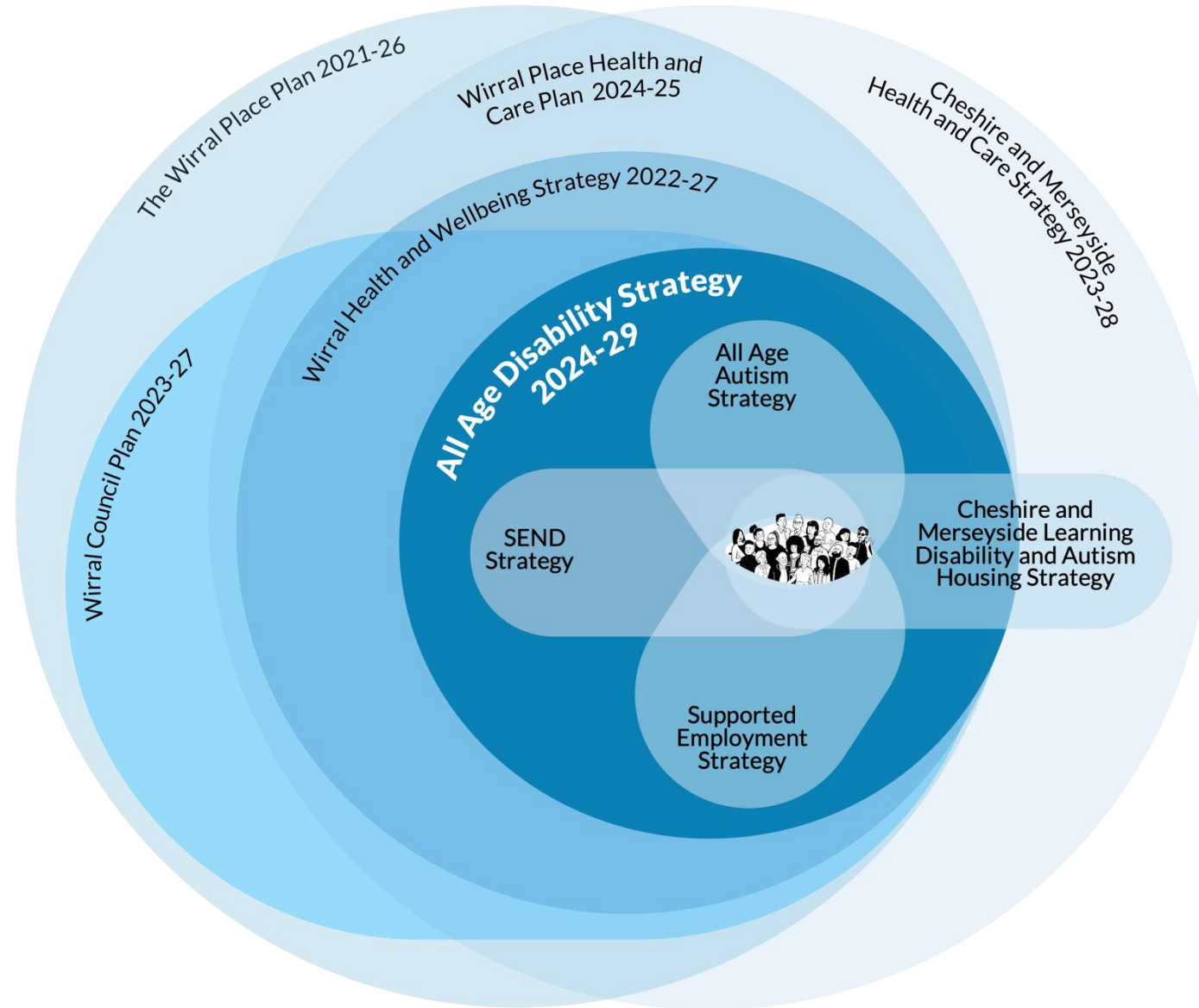


How this Strategy Links with Other Strategies

There are lots of other strategies in place across Wirral as well as across Cheshire, Merseyside and the Liverpool City Region.

This Diagram shows how these strategies and plans overlap, and where this **Supported Employment Strategy** fits among this.

This is not an exhaustive list but shows how this strategy contributes to other strategies and plans that centre around Wirral residents.



How will we know we have made a difference?

A robust performance framework will be developed and implemented by all providers.

Progress against all key performance indicators will be monitored by the Supported Employment Strategy Group and reported to the All-Age Disability Partnership Board, Adult Health Social Care and Public Health Committee and Wirral Place Board as appropriate.

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Next Steps

A detailed measurable and realistic action plan will be coproduced to sit alongside this strategy setting out how we will work in partnership with our key stakeholder to ensure successful implementation of the five key objectives outlined on 9 – 13.

Document produced 2024 by Wirral Adult Social Care, All Age Independence and Provider Services

In Partnership With





Wirral Supported Employment Strategy

2024-2029



Easy Read Supporting Document

DRAFT

In partnership with



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About the Strategy



The strategy was created to help more young people and adults with support needs into employment.



We want to improve opportunities for care leavers and people with support needs.



We will signpost people to the right organisations to help people.



We will work with other organisations to make services more accessible.



About the Strategy



What we want to do

We have 6 things that we want to do from this strategy:



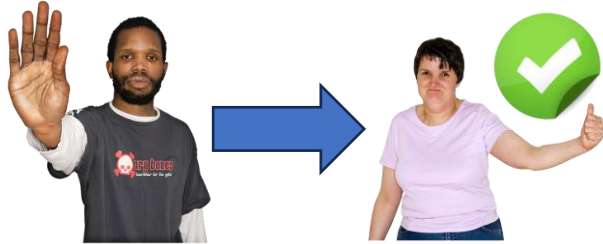
1. Work with organisations in Wirral to help people reach their employment goals



2. Making sure people are helped to prepare for employment during transition from education (age 14-25)



About the Strategy



3. Work across services to remove barriers, and support independence.



4. Work with local business to help people into employment.



5. Making sure people have the right information about support available to help them into employment.



6. Helping give long term solutions for people and give them the best outcomes.



Why is the Strategy Important?



There are lots of benefits for people when they are employed:



➤ Economic benefits (the person is paid for their work)



➤ Health and wellbeing benefits



Why is the Strategy Important?



- Boosts self-esteem and confidence



- Social connections



- Sense of purpose and achievement



Why is the Strategy Important?



People with a learning disability, autistic people and people with mental health conditions face more barriers to being in work.



These groups of people are more likely to be unemployed.



These people need more support.



The Council and organisations the Council works with want to work together to give people more opportunities.



The Aims of the Strategy



Our Key Objectives:



1. People have the right support to gain employment



2. Help people build confidence and prepare them to work



3. Help employers to give opportunities to people with support needs



The Aims of the Strategy



4. Include person centred planning from age 14 with clear pathways to employment.



5. Making sure that staff have the right skills and training to support people to work



Making The Plan Happen

We will make a detailed plan to show how will work together to achieve the strategy.



We will report progress to The Supported Employment Strategy Group, and the Adult Health and Social Care Committee.



This Easy Read document has been created by Wirral Council



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 JULY 2024

REPORT TITLE:	ALL AGE AUTISM STRATEGY 2024-2029
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

The purpose of this report is to present the draft All Age Autism Strategy 2024-2029 for approval.

The strategy formed part of a work programme as an outcome of All Age Disability review which was approved by the Adult Social Care and Public Health Committee on 13 June 2023.

The report will highlight:-

1. Why this strategy is important;
2. How was this strategy developed;
3. Shared vision, Purpose and Key Priorities;
4. Links with and underpinning of other strategies and plans; and
5. Implementation, governance and impact monitoring.

The report supports the Council Plans:- Wirral Working Together 2023-2027, specifically the 'Promoting Independence and Healthier Lives' and 'Early Help for Children and Families' themes.

The report is a key decision, and it affects all wards.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to approve the draft All Age Autism Strategy 2024-2029, as set out in Appendix 1 to this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 A high proportion (22.2%) of Wirral residents live with some kind of disability (As defined by the Equality Act 2010). Of this number 5% of people are registered with a GP are diagnosed autistic. This is higher than the national average of between 1-2% of the population. The numbers of autistic people known to services in Wirral are greater than those estimated using recent research (3,950 known compared to 2,330 estimated). Numbers are known to Primary Care, Education and Social care have increased in recent years due to accurate true data obtained from GP practices. Autism is now recorded as a specific category.
- 1.2 The All Age Autism Strategy aims to improve the outcomes for autistic people in Wirral. It also provides strategic direction for the next 5 years to enable the Council to plan ahead and provide improved services, across Housing and the Community, Employment and Education, Health Equality and Improvement, Autism and Mental Health and Co-production and Continually Listen to People's Experience, that support people to live as independently as possible and can prevent needs from escalating.
- 1.3 The All Age Autism Strategy is interlinked with several other strategies across the Council and will be monitored as part of the All Age Disability Strategy 2024-2029. It is important that the delivery plans are cross referenced to minimise duplication and maximise resources.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not to approve the All Age Autism Strategy. This would not deliver the best outcomes for autistic people and their families/carers across Wirral.

3.0 BACKGROUND INFORMATION

- 3.1 All Age Autism Strategy was identified as one of the priorities in the All Age Disability Strategy implementation work programme. This was approved at the Adult Social Care and Public Health Committee in June 2023.
- 3.2 This Strategy has been developed jointly between Wirral Borough Council and the Integrated Care System (ICS), and co-produced with stakeholders in Wirral including:

Autistic people, Carers, Professionals, Public, voluntary and community, sector organisations, including care and support.

- 3.3 The development journey involved listening and recognising that language is important, given that people use different terms when speaking about Autism. Within the Strategy, the term 'Autism' is used to encompass Autistic Spectrum Disorder (ASD), Autistic Spectrum Condition (ASC), Autistic Spectrum Difference and people with Aspergers Syndrome. Some autistic people will also have learning disabilities.
- 3.4 This strategy is for anyone, of any age, who is autistic and their parents and carers. People who were consulted have asked this strategy to refer to their cohort as 'autistic people' rather than 'people with autism.'
- 3.5 The strategy links to the following local strategies and plans. Page 6 of the strategy visualises the overlap between the strategies:
- Wirral Council Plan 2023-2027;
 - Wirral Health and Wellbeing Strategy 2022-2027;
 - Wirral All Age Disability Strategy 2024-2029;
 - Wirral SEND Statement of Action 2022;
 - Wirral Supported Employment Strategy 2023;
 - Cheshire and Merseyside Learning Disability and Autism Housing Plan 2024; and
 - Cheshire and Merseyside Health and Care Strategy 2023-2028
- 3.6 The purpose of this strategy is to ensure that there is the right support at the right time for autistic people, their carers and their families.
- 3.7 The Vision is that autistic people of all ages in Wirral can maximise their potential and live a full and active life within a society that accepts and understands them. That they can access diagnosis and support if they need it and can depend on mainstream public services to treat them fairly as individuals.
- 3.8 To achieve this shared vision, this strategy outlines three key priorities over the next five years which is aligned to the All Age Disability Strategy. These are:-
1. Autistic people have the right information and support;
 2. Autistic people live fulfilling lives with access to employment, volunteering and social opportunities; and
 3. Autistic people are safe and protected
- 3.9 These three priorities are interlinked, and there is recognition that it is hard for people to achieve their goals in one area if the others are not in place. So, it is important progress is made against these priorities.
- 3.10. The overall aim is to deliver services that are outcome focused aligning with the All Age Disability Strategy. These are:-
1. Improving health and wellbeing;
 2. Living enriched lives;
 3. Having independent lives; and
 4. Gaining employment and economic wellbeing

- 3.11 The strategy will be monitored by the All Age Disability Partnership Board and its associated subgroups. The Board reports to the Adult Social Care and Public Health Committee and the Wirral Place Based Partnership Board. It sets out a commitment to ensuring the strategy is accessible, e.g., in easy read and other formats.
- 3.12 The draft All Age Autism Strategy is tabled at Appendix 1. There is also a draft Easy Read summary attached as Appendix 2.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications to this report, the All Age Autism Strategy will look to align, pool, or re-purpose existing resources to ensure the deliverables are achieved in line with its vision and outcomes of this strategy.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council has a legal duty to assess the needs of people who may need care and support, to promote independence and wellbeing, and can apply discretion as to how to meet those needs identified.
- 5.2 The All Age Autism Strategy is in line with statutory requirements including The Autism Act 2009, The Children and Families Act 2014, Special Educational Needs and Disabilities (SEND) Code of Practice (2015). The strategy also supports the Government's National vision for transforming the lives of autistic children, young people and adults for the better, as set out in The National Strategy for autistic children, young people and adults 2021-2026 and in the NHS National Framework set out in April 2023.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Recognising the current capacity challenges within the Council, resources have been realigned to support the deliverables of this strategy. Successful recruitment and selection have taken place to appoint an All Age Disability Strategic Manager and Officer. As the implementation progresses, if additional resources are required, these will be subject to a separate report.

7.0 RELEVANT RISKS

- 7.1 There is a low risk that the strategy is not approved. This will be mitigated by the co-production journey of the strategy to deliver the best outcome for autistic people and their families/carers.
- 7.2 There is a risk that the All Age Autism Strategy implementation plan requires further resources. This will be mitigated by the joining up of priorities, better alignment of existing resource, seeking new opportunities for new funding sources and improved partnership working. There will also be in place, a balance of key performance indicators and outcomes, with the governance arrangements to monitor and report progress in a timely manner.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Stakeholders and experts by experience have been engaged in the co-production of All Age Autism Strategy.
- 8.2 Co-production and collaboration will remain at the heart with key stakeholders and experts by experience when producing the strategy implementation plan. Where applicable, consultation will be undertaken.
- 8.3 The All Age Autism Strategy will be shared also to the Children, Young People and Education Committee and Wirral Place Partnership Board

9.0 EQUALITY IMPLICATIONS

- 9.1 An updated Equality Impact Assessment (EIA) has been produced and will continue to be updated as part of the implementation of the proposed deliverables of this strategy. This is located here: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>
- 9.2 This is an inclusive strategy to which equality and diversity is integral. Further consideration will also be given to the need for an EIA for any individual areas of work within the review where this is identified.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Consideration will be given to environmental and climate implications in the planning and implementation of the review, and in its recommendations.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Care provider organisations employ significant numbers of Wirral residents who contribute to the local economy. Autistic people who have greater opportunity to reach their aspirations for work, housing, leisure, learning and volunteering will positively impact on the vibrancy and development of local communities and economies.

REPORT AUTHOR: Sarah Turner
All Age Disability Strategic Manager
t: 0151 637 2030 ext. 5267
e: sarahjaneturner@wirral.gov.uk

APPENDICES

- Appendix 1 All Age Autism Strategy 2024-2029 (FINAL DRAFT)
- Appendix 2 Draft Easy Read summary of Autism Strategy

BACKGROUND PAPERS

The national strategy for autistic children, young people and adults 2021-2026

<https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

Wirral All Age Disability Strategy 2024-2029

<https://www.wirralintelligenceservice.org/media/1vbhkhsg/wirral-aad-strategy-2024-2029-final.pdf>

<https://www.wirralintelligenceservice.org/media/qd1ngwew/all-age-disability-strategy-easy-read-final-accchkd.pdf>

Wirral Learning Disability & Autism Spectrum Disorder

<https://www.wirralintelligenceservice.org/a-to-z-of-jsna-topics/autism/>

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their careers).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	5 March 2024

Wirral All Age Autism Strategy

2024 - 2029

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In Partnership With



DRAFT

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What this Strategy is About

Our Shared Vision

Autistic people of all ages in Wirral can maximise their potential and live a full and active life within a society that accepts and understands them. That they can access diagnosis and support if they need it and can depend on mainstream public services to treat them fairly as individuals.

This is an **All Age Strategy** which means it includes children, young people, those moving into adulthood and adults.



This Strategy has been developed with key stakeholders in Wirral, including

- Autistic people
- Carers
- Care and Health professionals
- Public, voluntary and community sector organisations, including care and support providers

It sets out our key priorities and commitment to improve the lives of autistic people, their carers, and their families over the next five years.

Language

Within this strategy, we will be using the term “autism” to encompass Autistic Spectrum Disorder (ASD), Autistic Spectrum Condition (ASC), Autistic Spectrum Difference and people with Asperger’s Syndrome. Some autistic people will also have learning disabilities.

People who were consulted have asked this strategy to refer to their cohort as ‘autistic people’ rather than ‘people with autism.’

Purpose

The purpose of the strategy is to ensure that there is **the right support at the right time** for autistic people, their carers, and their families.

It aims to:

- ✓ Improve access to healthcare and other services that affect quality of life.
- ✓ Empower people to shape their own lives and determine the services they wish to receive, and support access to self-advocacy services.
- ✓ Champion the provision of real opportunities for everyone to experience a fulfilling and rewarding life.
- ✓ Ensure there is training available for all staff to improve the identification, diagnosis and ongoing support of autistic people.
- ✓ Provide leadership for the development of services, including transition from child to adult services.
- ✓ Build public and professional awareness and continue to support the change in attitudes across our society.
- ✓ Reduce the isolation and exclusion that autistic people often face.

What this Strategy is About

Key Priorities

To achieve our shared vision, we have identified three overarching priorities:

1. Autistic people have the right information and support
2. Autistic people live fulfilling lives with access to education, employment, volunteering and social opportunities
3. Autistic people are safe and protected

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Within these priorities we aim to have clear workstreams focusing on the main areas of concern autistic people have told us about. These are:



Housing and the Community



Employment and Education



Health Equality and Improvement



Autism and Mental Health



Co-produce and Continually Listen to People's Experience

The detail of our three Key Priorities, and how we will focus on these can be found on [page 14](#).

Why this Strategy is Important

National Strategic Context

It is estimated that around 1-2% of the UK population is autistic. This is around 700,00 people.¹

This local strategy supports the Government's national vision for transforming the lives of autistic children, young people and adults for the better, as set out in:

- [The National Strategy for Autistic Children, Young People and Adults: 2021 to 2026](#)
[NHS national framework set out in April 2023](#)
[The Autism Act 2009](#)
[The Care Act 2014](#)
[The Children and Families Act 2014](#), and the [Special Educational Needs and Disabilities \(SEND\) Code of practice \(2015\)](#) – enabling young people to prepare for adulthood earlier
- [The Equality Act 2010](#)

As part of the delivery of this strategy we will work with local agencies who are implementing the National Autism Strategy; and support them to respond to local needs, expectations, and circumstances and maximise how we can best use available resources.

Local Strategic Context

There are 3,950 autistic people registered with a GP in Wirral. The numbers of autistic people known to local primary care, education and social care have increased in recent years.²

Wirral stands at a pivotal moment, presented with the opportunity to define an exciting and ambitious future taking the practical steps to turn these ambitions into reality. These are set out in:-

- Wirral's [Council Plan 2023 - 2027](#) - translating our vision to work together to promote fairness and opportunity for people and communities.
- [Cheshire and Merseyside Health and Care Partnership \(ICP\) Interim Strategy 2023-2028](#) - placing autistic people as a priority.
- [Wirral Health & Wellbeing Strategy 2022 - 2027](#) - tackling inequalities and improving the lives of residents is integral to the plan.
- Wirral [All Age Disability Strategy 2024-2029](#) - realising aspirations, improving access to opportunities and reducing barriers for people of all ages with disabilities in Wirral.
- **Cheshire and Merseyside Learning Disability and Autism Housing Strategy**³ - enabling the best quality of life we can for people with learning disabilities and/or Autism to live independently, with personalised support and care.

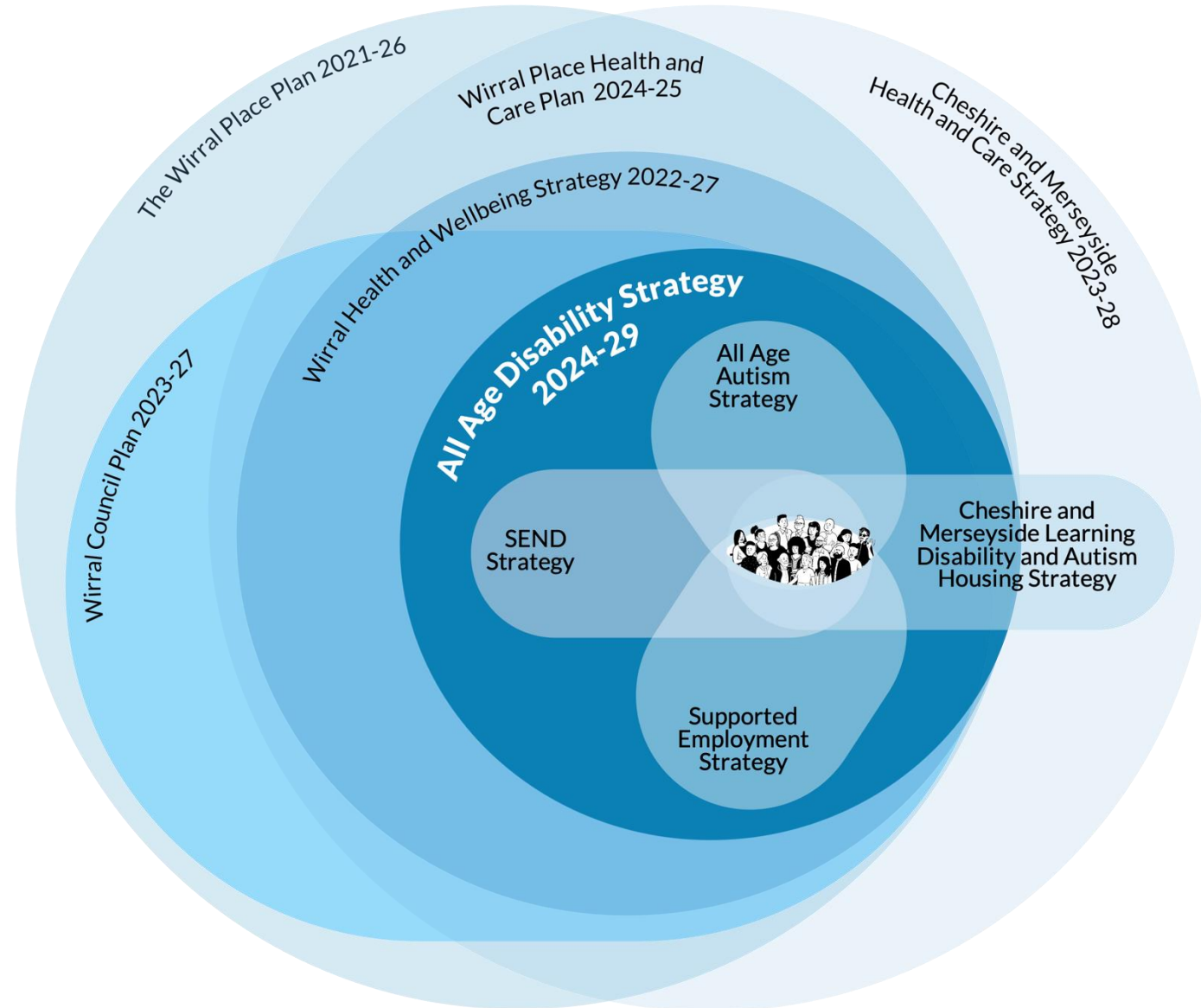
1. [National Strategy for autistic children, young people and adults: 2021 to 2026](#)
2. Data published by Wirral Intelligence Service (2024) – [Wirral Learning Disability & Autistic Spectrum Disorder Profile – March 2024](#)
3. This strategy has been approved and will be published May 2024

How this Strategy Links with Other Strategies

There are lots of other strategies in place across Wirral as well as across Cheshire, Merseyside and the Liverpool City Region.

This Diagram shows how these strategies and plans overlap, and where this **All Age Autism Strategy 2024-2029** fits among this.

This is not an exhaustive list but shows how this strategy contributes to other strategies and plans that centre around Wirral residents.



What We Know

What is Autism?

Autism describes the way some people communicate and experience the world around them.

The Department for Health defines autism as 'a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them.'¹

Autism is a **spectrum condition**, which means there is a huge variation in autistic people's experiences.

This means that while autistic people share some difficulties, autism will affect them in different ways.

Some autistic people can live independent lives, but others may need a lifetime of specialist support.

Autistic people may:

- Interact and communicate with others in a different way
- Prefer consistency and predictability, and find comfort in repetition
- Have different sensory experiences
- Be very knowledgeable about things they are passionate about
- Some may find tasks that involve planning, prioritising, and organising challenging, whereas others excel at this

Many autistic people can have additional conditions, such as:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Post Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Depression and anxiety
- Epilepsy
- Dyslexia
- Dyspraxia
- A learning disability

This is not an exhaustive list, and autistic people can present with any other co-occurring condition, but these are some of the more frequently associated.

Self-Advocacy

Self-advocacy supports people to communicate their needs and understand their rights and is key part of a person-centred planning and transforming care.

It is important to ensure that there is support available to people to enable them to have their voice heard.

On Wirral, N-Compass provide [Wirral Advocacy Hub](#), which is an independent and confidential services for adults who are experiencing difficulties when accessing services.



What We Know

Outcomes for Autistic People

The Office for National Statistics (ONS) have published several different pieces of data together in the '**Outcomes for disabled people in the UK: 2021**'¹.

Since 2020, the results from national surveys by the ONS has included asking respondents if they are autistic (including Autism Spectrum Condition and Aspergers).

The results that were published covered a range of topics including, employment, housing, and loneliness. Not all of these had findings that focused specifically on autism, but there were also some important takeaways about the issues autistic people face:

Employment:

- Around half of disabled people aged 16-24 years in the UK were employed compared to around 80% for non- disabled people. Autistic people were included in the lowest employment rates (29%).
- Wirral's **Supported Employment Strategy**² has been created to improve employment opportunities for adults with care and support needs.

Housing:

- Autistic people, and those with severe or specific learning difficulties were more likely than those with any other main impairment type to be living with parents (76% and 65.9% respectively). They were also less likely to own their own homes compared with other impairment types (3.8% and 8% respectively).
- **Wirral's Housing Strategy**³ has been created to secure the provision of good quality and supported housing to enable people to thrive. The strategy includes autistic people.

Wellbeing:

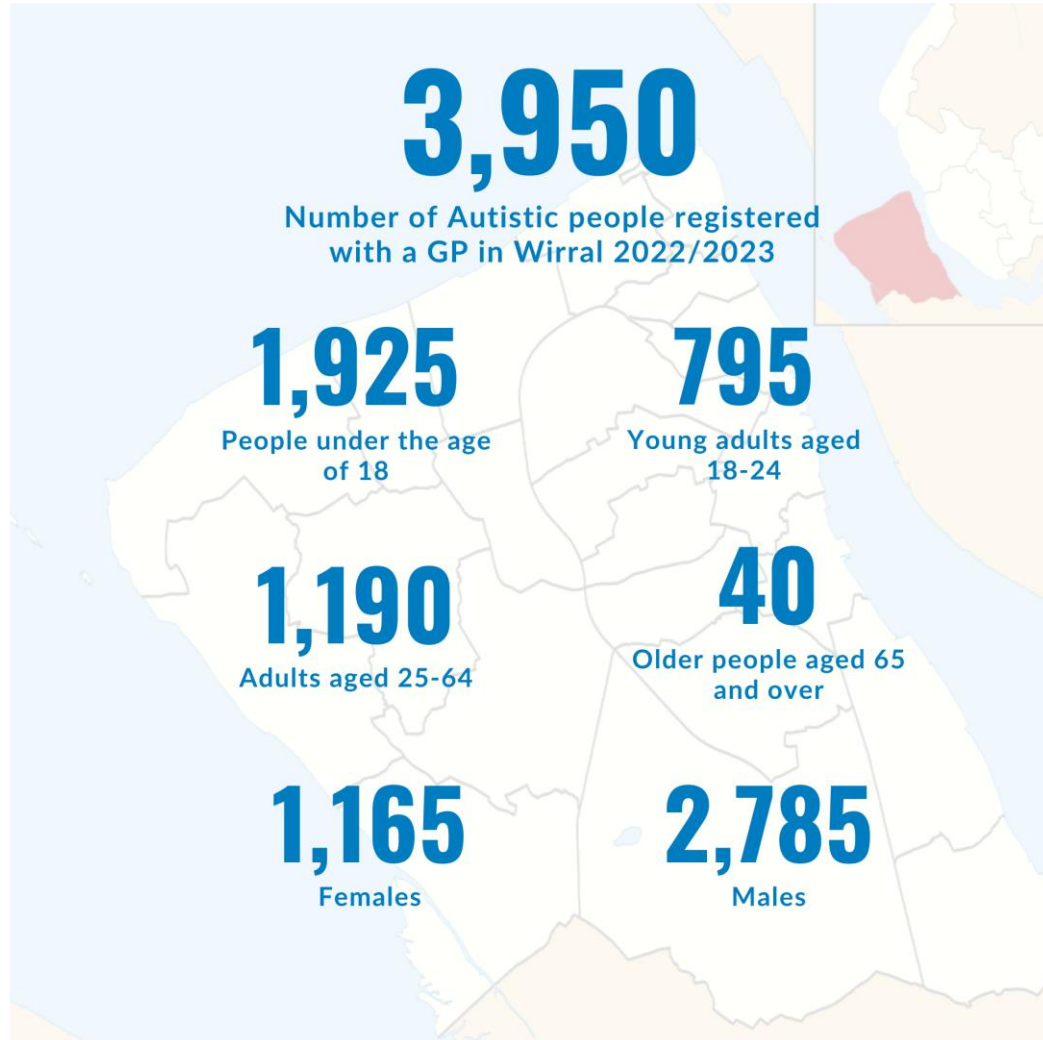
- These findings look at how people feel, e.g., happy, anxious or worthwhile. Autistic people had a lower rating of wellbeing compared with other disabilities⁴.
- We know that a lot of autistic people develop mental health problems like anxiety, or in crisis situations. If they do, it is important that they get the right support. [You can find more advice about autism and mental health here](#)



1. [Outcomes for disabled people in the UK: 2021 \(ONS\)](#)
2. This will be published 2024, once approved
3. This strategy has been approved and will be published May 2024
4. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/disabilityandwellbeing>

What We Know

Autism in Wirral¹



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Prevalence: Numbers of autistic people known to services in Wirral are greater than those estimated using recent research (3,950 known vs 2,330 estimated). Numbers known to primary care, education and social care have increased in recent years

Projected Trends: Projected trends are unable to be completed at present. This relates to population changes following Census 2021 awaiting inclusion into data sources such as POPPI (Plymouth Online Practice Placement Information) and PANSI (Projecting Adult Needs and Service Information)

Screening/Annual Health Checks are not offered to children under 14, or to autistic people who do not also have a learning disability diagnosis at present. This remains an area of significant challenge for Cheshire and Merseyside. However, in Wirral uptake has improved in line with national trends and was just under 80% in 2022/23.

Council Workforce

We work closely with our established employee groups and networks (which includes our Neurodiversity Staff Network Group) who are instrumental in developing and implementing strategies to eliminate discrimination and promote equality of opportunity.

This allows a safe and confidential space to provide a supportive environment for neurodiverse employees in their careers within Wirral Council.

Wirral Council is a [Disability Confident Employer](#).

1. Data published by Wirral Intelligence Service (2024) – [‘Wirral Learning Disability & Autistic Spectrum Disorder Profile – March 2024’](#)

What We Know

Diagnosis and Support

For many, a diagnosis of autism is the start and an important step towards understanding. It can help them, and their families understand their needs, and help others to make reasonable adjustments so they can access services and support where necessary. It is therefore important that health and social care staff have the knowledge and skills to make these adjustments.

We see key differences in autistic people that form the basis of the diagnostic criteria such as:

- Differences in social interaction and communication
- A need for predictability and repetition
- Highly focused hobbies and passions
- A difference in sensory experiences

Children and Young People

The early identification of young autistic people is essential to ensure the right services are available at the right time. This includes support for parents who have had an early diagnosis for their child, to enable them to understand the behaviours linked to autism and how to manage this effectively.

For children and young people (5-17 years) with a learning disability and/or autism, an intensive support service should be in place to enable them to remain with their family, maintain friendships and to access their community. This service is to be based on the 'Ealing Model' of therapeutic intensive support and includes the provision of a range of short breaks.

Adults

For autistic adults without learning disabilities, a post diagnostic service, 'step on, step off' interventions, consultation for staff working with autistic adults and bespoke interventions for autistic people who require them, (or do not meet the threshold for other commissioned services), has been developed. This offers a tiered approach and supports the facilitation of peer support groups and forums.

Where we are on Wirral (2024)

For Adults, acceptance of new referrals for autism assessments has been suspended, we will ensure good communication and advise GPs when the wait list for adult autism services re-opens.

We encourage Adults seeking a referral to speak to their GP regarding an assessment and their 'Right to Choose' an alternative provider:

<https://www.england.nhs.uk/long-read/a-national-framework-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/>

The demand for assessments for both children & Adults significantly exceeds capacity, resulting in high numbers of people waiting and lengthy waiting times for assessment.

We are working in partnership with colleagues in the local Integrated Care Board (responsible for planning and purchasing local health services), to increase the capacity and develop new pathways to enhance access to support and the wider offer available to all here on Wirral.

What We Know

Protecting Autistic People

Working with autistic people as part of our safeguarding process, the local authority and partners work together to help protect people with care and support needs, who may be at risk of abuse or neglect because of those needs. This includes autistic people.

Under the **Equality Act 2010**, all public sector organisations, including employers and providers of services are required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including autistic people.



Autism and The Criminal Justice System

The All-Party Parliamentary Group on Autism¹ inquiry said that when Autistic people and their families encounter the justice system, they often have poor experiences.

The inquiry stated that there are many reasons for this including a lack of understanding among professionals. This absence of understanding can have negative consequences for autistic people and their families.

As with professionals within health and social care, staff working in the criminal justice system need to receive appropriate training to ensure that the correct support can be provided to autistic people.

The report recommended that the government should make a commitment to better training for professionals working in the justice system, including autism-specific training, as well as ensuring autistic people have access to relevant support such as Appropriate Adults.

Merseyside Police have protocols in place for dealing with autistic people, and those who present as autistic people. This includes ensuring that any person in custody who may be autistic should be treated as a vulnerable adult and is given access to an Appropriate Adult.

Community Inclusion

It is widely agreed that better understanding and awareness of autism helps to support autistic people out in the community.

There are two locally recognised alert cards available currently:

- The National Autistic Society has produced a free [Autism Alert Card](#), which can help autistic people communicate to others that they may need understanding and support.
- Cheshire Autism Practical Support have worked with partners in Cheshire and Merseyside Police, and North West Ambulance Service to produce [The Attention Card](#) which confirms to services that the person has a medical diagnosis of autism, and should be treated as a vulnerable person.

There is also [The Hidden Disabilities Sunflower](#) scheme which helps people to share that they have a disability or hidden condition that may not be immediately apparent – and that you may need support in public spaces.

1. <https://www.autism.org.uk/what-we-do/campaign/england/how-we-work-with-parliament/all-party-parliamentary-group>

What We Know

Preparing for Adulthood

As set out in our [All Age Disability Strategy](#), we want to ensure that every young person has the best possible start to their adult life. We plan to follow the national framework designed by the Department of Education as guidance to support young people into adulthood with paid employment, good health, independent living and friendships, relationships, and community inclusion.

There are 4 areas of outcomes as part of Preparing for Adulthood:



Employment

Thinking about different careers and education options

- Subject options choices and qualifications for careers
- Work experience and volunteering
- Vocational options and training
- Apprenticeships and supported internships

Community Inclusion

Thinking about making friends, relationships and being involved

- Knowing the local area
- Being safe online
- Spending free time
- Socialising and dating

Independent Living

Thinking about life skills

- Personal care
- Travel and getting out
- Managing a home
- Future living arrangements and housing
- Managing money

Health

Maintaining physical and mental health, and wellbeing

- Managing health appointments, like dentists and doctors
- Managing complex health needs
- Mental health and wellbeing
- Drugs and alcohol
- Staying active and eating well

What We Know

Awareness Training

It is acknowledged that previous autism diagnostic criteria was bias towards a classic male presentation, but awareness of female presentation is growing. There is still poor awareness generally about how autistic people with a learning disability may present, due to misrepresentation in the media.

The Department of Health and the people in Wirral state that it is essential that autism awareness training is available to people working, advising or supporting:

- Health and Social Care services
- Community care assessments
- Social care and clinical core training qualifications
- Criminal justice services
- Jobcentre Plus Disability Employment and Jobcentre Plus offices services
- Education, including Early Years settings and nurseries
- Public transport
- Voluntary, community and faith sector

'It is important to identify people with lived experience as Autism champions to the co-deliver the awareness training' - Autistic person



In response **The Health and Care Act 2022** introduced a requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role. [The Oliver McGowan Mandatory Training on Learning Disability and Autism](#) is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff.

Priority One

Autistic people have the right information and support

Aims

- Increase awareness and understanding of autism among professionals and society
- Improve access for autistic children and young people into education, and support a positive transition into adulthood
- Improve health and care inequalities for autistic people including access to mental health services (as outlined in the National Autistic Society's ['10 Years On Report'](#))
- Provide the right support in the community and for people in inpatient care

We aim to deliver this priority in line with what we have been told is important by autistic people, their carers, families, and organisations who support them, alongside [national strategy set out by the UK government](#) and [Wirral's All Age Disability Strategy 2024 – 2029](#).

Priority One: Autistic people have the right information and support

Our Calls to Action

Aims	We will
<p>Increase awareness and understanding of autism amongst professionals and society</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 87</p>	<ul style="list-style-type: none"> ✓ Foster and enhance a culture that understands and accepts that one size does not fill all for autistic people
	<ul style="list-style-type: none"> ✓ Use data, information and intelligence from the Joint Strategic Needs Assessment (JSNA) for Wirral to further enhance the understanding of local autism prevalence and influence policy and commissioning decisions
	<ul style="list-style-type: none"> ✓ Advocate and enable the delivering of the Oliver McGowan Mandatory training across the health and social care workforce
	<ul style="list-style-type: none"> ✓ Promote and celebrate 'Autism Awareness Day' in association with World Autism Awareness Week within local communities
	<ul style="list-style-type: none"> ✓ Ensure that assumptions are not made that young people may have limited emotional range, poor vocabulary or low IQ because they are autistic
	<ul style="list-style-type: none"> ✓ People should be assessed, treated and cared for in their community wherever possible
<p>Improve access for autistic children and young people into education, and support a positive transition into adulthood</p>	<ul style="list-style-type: none"> ✓ Improve transition planning for autistic people aged 14-25 and their families as they prepare for adulthood ensuring that a diagnosis, strengths, needs and adjustments are accurately recorded
	<ul style="list-style-type: none"> ✓ Ensure that autistic people are at the centre of coproduction and planning for their future aspirations and opportunities by targeting strength-based outcomes
	<ul style="list-style-type: none"> ✓ Coproduce clear pathways for autistic children, young people and adults, including post-diagnostic support, signposting to appropriate services, opportunities, information and advice
	<ul style="list-style-type: none"> ✓ Ensure the regular review of the EHC plan and care and support arrangements to ensure this remains appropriate, drawing information from all agencies actively involved

Priority One continued: Autistic people have the right information and support

Our Calls to Action

Aims	We will
Improve health and care inequalities for autistic people, including access to mental health services (as outlined in the <u>National Autistic Society’s ‘10 Years on Report’</u>)	<ul style="list-style-type: none"> ✓ With the support of commissioners, ensure that people receive a high quality and timely diagnosis to enable them to understand their needs and access the right support ✓ Promote and signpost mental health services to offer personalised support, acknowledging autistic people and their individual needs ✓ Explore how we can improve processes and increase capacity in health and social care to ensure early diagnosis and support ✓ Ensure that there is good information available in accessible formats across services ✓ Work with partners such as GP’s, community, voluntary and faith sector to help identify and signpost autistic people to the wider services available based on their own individual needs and wants
Provide the right support in the community and for people in inpatient care	<ul style="list-style-type: none"> ✓ Continue to improve crisis prevention and reduce avoidable admission to inpatient services for autistic people ✓ When people are admitted, continue to improve the quality and care they receive in a person-centred way, close to their home ✓ Continue reduce the use of psychotropic medication in line with the STOMP-STAMP national programme ✓ Continue to work with partners to ensure a timely, appropriate and safe discharge from inpatient services ✓ Adopt ‘top tips’ as common practice from <u>Thomas story ‘The benefits of personalised and systematic transitions to and from services’</u> ✓ Co-produce the Wirral delivery plan of the Cheshire & Merseyside Housing strategy for people with Learning Disabilities and Autistic people ✓ Input and influence the implementation of the <u>Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy 2023-2028</u> ✓ Continue to promote self-advocacy organisations through <u>the advocacy hub</u>

Key Priorities



Priority Two

Autistic People live fulfilling lives with access to employment, volunteering and social opportunities

Aims:

- Support more autistic people into employment and volunteering opportunities
- Work with local transport providers to enhance autistic adults' accessibility of public travel
- Improve information about opportunities for autistic people

We aim to deliver this priority in line with what we have been told is important by autistic people, their carers, families, and organisations who support them, alongside [national strategy set out by the UK government](#) and [Wirral's All Age Disability Strategy 2024 – 2029](#).

Priority Two : Autistic People live fulfilling lives with access to employment, volunteering and social opportunities

Our Calls to Action

Aims	We will
<p>Support more autistic people into employment, volunteering and social opportunities</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 90</p>	<ul style="list-style-type: none"> ✓ Identify Autism Employment Champions who ensure that Supported Employment Services within the Jobcentres support autistic people into employment
	<ul style="list-style-type: none"> ✓ Work with people-led support groups to enable autistic people to build relationships with peers, friends, partners and colleagues, and support independent living and being part of the community
	<ul style="list-style-type: none"> ✓ Ensure that employment and volunteering are a key focus within Education Health and Care Plans (EHCP`s)
	<ul style="list-style-type: none"> ✓ Ensure that employment is a key aspect of the assessment and planning process for autistic young people and adults, enabling autistic people to benefit from wider employment and volunteering opportunities
	<ul style="list-style-type: none"> ✓ Promote and signpost adults to the Support to Employment (STE) focus group who can identify more creative and meaningful ways to provide support into the employment journey
	<ul style="list-style-type: none"> ✓ Work with organisations in Wirral to ensure that there are a variety of options available for voluntary work, work experience and vocational support for autistic people, including support for autistic people who would like to develop their own business
	<ul style="list-style-type: none"> ✓ Ensure that support is provided to obtain and maintain voluntary/ employment opportunities within the Wirral, including making use of Disability Employment Advisors, using the Access to Work scheme and job coaches where appropriate
	<ul style="list-style-type: none"> ✓ Work as a partnership to identify the number of autistic people in Wirral who are in employment, to enable us to track progress in increasing the employment rate over the life of the strategy

Priority Two continued : Autistic People live fulfilling lives with access to employment, volunteering and social opportunities

Our Calls to Action

Aims	We will
<p>Work with local transport providers to enhance autistic adults' accessibility of public travel</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 91</p>	✓ Engage transport companies to encourage reasonable adjustments to be made for autistic people
	✓ Offer autism awareness training to all staff who meet members of the public
	✓ Explore opportunities for autistic people to undertake travel training
	✓ To ensure that all transport options; Rail, Maritime, Bus, Coaches, Taxi and Private hire vehicles all meet their statutory obligations as detailed on Government website
	✓ To continue to provide Home to School/College/Centre transport in line with the Home to School Policy 5-16 years and the Adult Social Service Transport Policy
<p>Improve information about opportunities for autistic people</p>	✓ Promote and signpost autistic people, their families and carers to partner organisations including: <u>'SENDLO'</u> , <u>Autism Together</u> , <u>National Autistic Society</u> , <u>WIRED</u> , <u>Wirral Mencap</u> , <u>CWP Autism Hub</u>
	✓ Review Information sharing protocols between all relevant organisations who support autistic people, to enable a seamless and effective service to anyone requiring information and support
	✓ Explore opportunities for autistic people in receipt of personal budgets to pool their funds, to enable them to take part in a wider range of activities, hobbies and leisure together and increase social interaction
	✓ Identify, develop and promote current support groups, and information on services that are available in Wirral for autistic people and their families
	✓ Further promote and encourage the use of the <u>'Two Ticks Scheme'</u> in Wirral. This Jobcentre Plus scheme recognises employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees

Priority Three Autistic People are safe and protected

Aims

- Work in partnership with the Criminal and Youth Justice Systems to improve support for autistic people
- Provide Safe Environments for Autistic People
- Facilitating Reasonable Adjustments and Promoting Equality
- Proactive assistance and protection measures.

These aims will align with the following legislation:

- Children Act 1989
- Children and Families Act 2014
- Transforming Care Programme
- Equality Act 2010
- Autism Act 2009
- The Care Act 2014

We aim to deliver this priority in line with what we have been told is important by autistic people, their carers, families, and organisations who support them, alongside [national strategy set out by the UK government](#) and [Wirral's All Age Disability Strategy 2024 – 2029](#).

Priority Three: Autistic People are safe and protected

Our Calls to Action

Aims	We will
<p>Work in partnership with the Criminal and Youth Justice Systems to improve support for autistic people</p>	<ul style="list-style-type: none"> ✓ Ensure that the All Age Disability Board engages with representation from the Criminal Justice System to develop pathways to support autistic people who encounter the Criminal Justice System ✓ Continue to deliver autism awareness training, including reasonable adjustments, to all staff who work in the Criminal Justice System, to ensure that the correct support is offered to autistic people ✓ Explore an information sharing process with local police regarding autistic people and ensure appropriate police presence is available in the community to help autistic people feel safe and protected ✓ Identify an Autism Champion in the police to steer training, troubleshoot for colleagues and to be the key contact for autistic people in the criminal justice system ✓ Work with the Wirral Safeguarding Adults Board to ensure that any autistic person who encounters the criminal justice system is offered an assessment to ensure they receive the right support
<p>Provide Safe Environments for Autistic People</p>	<ul style="list-style-type: none"> ✓ Work in partnership with Children, Families and Education Directorate to develop and promote a 'Safe Places' scheme and ensure that autistic people know where and how to access it ✓ To work in partnership with Children, Families and Education Directorate to continue to grow 'autism friendly environments' in schools, colleges and healthcare settings, e.g. respecting hypersensitivities, having flexible timetables and designated quiet places ✓ Continue to work to support autistic people in low secure mental health inpatient settings to have a safe, effective and timely transition back to the community ✓ Continue to improve the understanding of autism across the local criminal and youth justice system including the local police force, probation and prison in reach. This includes advice, and guidance in common offence areas such as radicalisation, arson, stalking, sexual-offending and on-line activity

Priority Three continued: Autistic People are safe and protected

Our Calls to Action

Aims	We will
Facilitating Reasonable Adjustments and Promoting Equality Page 94	✓ Ensure that the requirement to make reasonable adjustments is included in all services that are commissioned with external providers
	✓ Promote the use of reasonable adjustment tools, such as the Hospital Passport or the <u>reasonable adjustment checklist</u> to support autistic people accessing any hospital and GP setting.
	✓ Work with employers to implement reasonable adjustments in the workplace for autistic people under the Equality Act 2010
	✓ Encourage autistic people to use the digital flag to identify what reasonable adjustments and support is required
Proactive assistance and protection measures	✓ Develop and deliver a training plan for staff across education, health and social care, particularly around safeguarding training and how it is everyone's responsibility to safeguard any child or anyone who is classed as vulnerable
	✓ Actively promote the way in which people can raise a safeguarding concern for a child or vulnerable adult in Wirral
	✓ Ensure that all children, young people and adults are taught about safeguarding including online safety in-particular with social media and online bullying, exploitation and an awareness of what activities may be illegal
	✓ Ensure that staff are aware of the statutory duty under the Counter Terrorism and Security Act 2015 to prevent people from being drawn into terrorism and extremism

Monitoring and implementing this strategy

This **All Age Autism Strategy** will be monitored by the All Age Disability Partnership Board, and its associated subgroups. The Board reports to the Adults Social Care and Public Health Committee and the Wirral Place Partnership Board.

An implementation plan will be co-developed with Autistic people and a range of public, voluntary and community sector organisations to support this strategy. It will detail the how, who and what timeframes of each of the three priorities. This will allow us to monitor the delivery of this strategy.

Accessibility

It is important that everyone has access to this strategy. This strategy is available in easy read and large print. You can also request a copy of this strategy in other formats and languages.

Data and References

All data and references used in this document were correct at the time of publication.

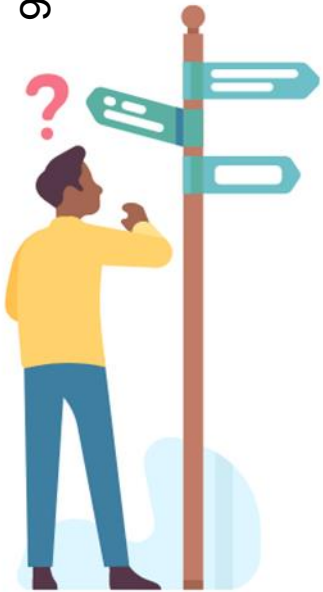
Thank You

We would like to thank the autistic people, their families and carers, and our partner organisations who have contributed to the development of this strategy.



Useful Documents and Links

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- [The Autism Act 2009](#)
- [Autism Diagnosis in Children and Young People: Recognition, referral and diagnosis of children and young people on the autistic spectrum \(NICE Clinical Guideline 128, September 2011\).](#)
- [The Autism Education Trust](#)
- [Autism Information Links](#)
- [Autism: recognition, referral, diagnosis and management of adults on the autism spectrum \(NICE Guidance CG142 June 2012\)](#)
- [The Autism Research Centre](#)
- [Autism Together](#)
- [Benefits Information](#)
- [Building the Right Support: a national plan to develop community services and close inpatient facilities for people with learning disabilities and/or autism.](#)
- [Cheshire and Wirral Partnership, Autism Strategy, 2022 – 2027](#)
- [CAMHS - General Information](#)
- [Children and Families Act 2014](#)

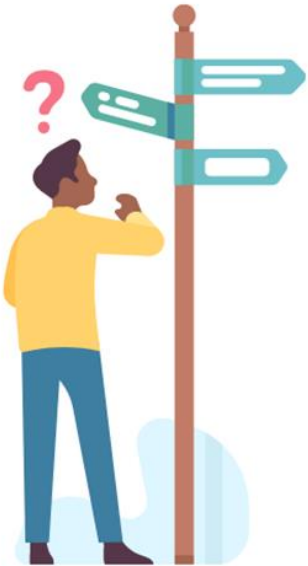
Useful Documents and Links

- [Department of Health AUTISM INTERIM STRATEGY 2021-2022](#)
- [Early Help](#)
- [Friend or Fake Booklet](#) – Easy Read guidance about Hate Crime and Mate Crime
- [Fulfilling and rewarding lives: the strategy for adults with autism in England \(2010\)](#)
- [Guidance, National Autism Strategy Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#)
- [Healthwatch Wirral](#)
- [Involve North West](#)
- Joint Strategic Needs Assessment (JSNA) - [Joint Strategic Needs Assessment and joint health and wellbeing strategies explained.](#)
- [Learning from Life and Death Reviews of people with a learning disability and autistic people](#)
- [Mental Health and Wellbeing for Young People](#)
- [Merseyside Safeguarding Adults Board](#)
- [The National Autistic Society](#)



Useful Documents and Links

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- [National service framework: children, young people and maternity services - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [National strategy for autistic children, young people and adults: 2021 to 2026](#)
- [The National Strategy: Fulfilling and Rewarding Lives](#)
- [NHS-Living with Autism](#)
- [Online Safety Guidance for Parents](#)
- [Parents and carers-resources and contacts](#)
- [Recommendations | Autism spectrum disorder in under 19s: recognition, referral and diagnosis | Guidance | NICE](#)
- Referral of Children and Young People with possible Autism (NICE Pathway August 2013). [Autism spectrum disorder overview - NICE Pathways](#)
- [Research Autism](#)
- [Social Stories for Autistic Children](#)
- [Wirral All Age Disability Strategy 2024-2029 – ‘Full and Active Lives’](#)
- [Wirral Working Together – A Council Plan for 2023-2027](#)

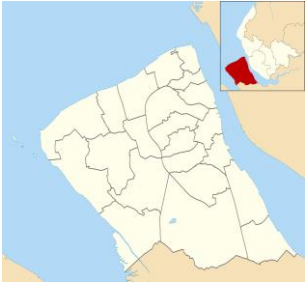
Document produced 2024 by Wirral Adult Social Care, All Age Independence and Provider Services

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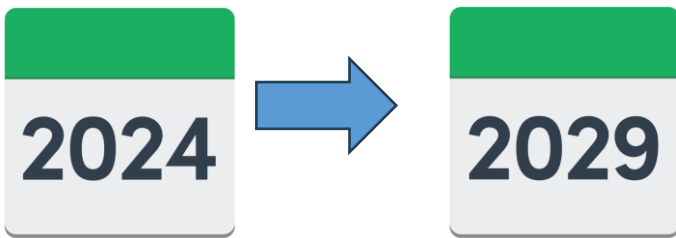
In Partnership With



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Wirral All Age Autism Strategy



2024 - 2029



Easy Read Supporting Document

DRAFT

In partnership with



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Thank you

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About this Document



This document has been written to help you understand a strategy:



Wirral All Age Autism Strategy



2024-2029



It is an overview and not the full strategy.



About the Strategy



The strategy was created in with autistic people, carers and people who work with autistic people.



It is a strategy that is about people of all ages.



We asked people about the words we should use in the strategy.



They said they would like to be called **'autistic people'** so these words will be in the strategy.



Why is the Strategy Important?



The strategy supports the Government's plans for autistic people.



We will work with other local organisations to help achieve the aims of the strategy.



This is to make sure we can help people as best as possible.



Another important strategy this strategy will work with is the [All Age Disability Strategy](#).



The Aims of the Strategy



- For autistic people, their families and carers to get the right support at the right time



- For autistic people to have better access to healthcare and other services



- For autistic people to choose the help they want



- For everyone to have the chance to experience a good life



The Aims of the Strategy



- For staff to have the right training to support autistic people



- Help people have better understanding about autism



- For autistic people to face less isolation and exclusion



What We Know



Autism describes the way that some people communicate and experience the world around them.

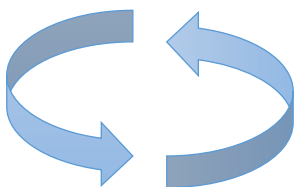


Autistic people have a range of different experiences, and autism can affect them in different ways.



Autistic people may:

- Interact and communicate with others in a different way
- Prefer things to be predictable and repetitive





What We Know

Autistic people may:



- React differently to sensory experiences



- Be very focused on their hobbies



- Find planning and organising difficult



What We Know



Research shows that autistic people face challenges in the following areas:



➤ Employment and Education



➤ Housing



➤ Wellbeing



What We Know



Diagnosis is an important step for autistic people.



It helps autistic people to access the right support, at the right time.



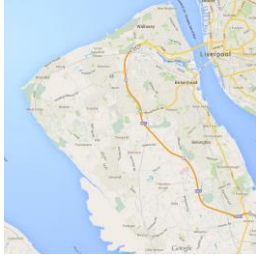
It is important that people working in health and social care have the right skills and training to support diagnosis.



Autistic people should have personalised care and support plans.



What We Know



Where we are in Wirral (2024)



There are a lot of people waiting for an Autism assessment.



This means that people are waiting a long time for an assessment.



We are working with colleagues in the local Integrated Care Board to reduce waiting times for people.



What We Know



Autism assessments for adults are currently on hold.



We will keep good communication until the list opens again.



We encourage adults wanting a referral to speak to their GP about 'Right to Choose':



Right To Choose

<https://www.england.nhs.uk/long-read/a-national-framework-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/>



What We Know



Organisations need to work together to help protect people.



Better understanding and awareness of autism will help autistic people.



As part of the **Equality Act 2010**, all public organisations should make services accessible to disabled people, including autistic people.



There was an inquiry into the experiences of autistic people with the criminal justice system.



What We Know



The report from the inquiry made recommendations that:



- There should be better training for people working in the criminal justice system, including autism specific training

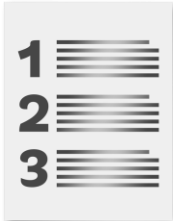


- Autistic people should have access to the right support, such as **Appropriate Adults**



An **Appropriate Adult** helps people who have been arrested to understand what the police are saying.

Key Priorities



There are three key priorities for this strategy:



1. Autistic people have the right to information and support



2. Autistic people live fulfilling lives with access to education, employment, volunteering and social opportunities



3. Autistic people are safe and protected

Key Priorities



We will focus on the main areas autistic people have told us about:



➤ Housing and the Community



➤ Employment and Education



➤ Health equality and improvement



Key Priorities



➤ Autism and Mental Health



➤ Co-produce and Continually Listen to People's Experience

Key Priorities



1. Autistic People have the right to information and support

Our Aims:



- Increase awareness and understanding of autism



- Improve access for autistic children and young people into education, and support a positive transition into adulthood



- Improve health and care for autistic people including mental health services



Key Priorities



- Provide the right support in the community and for people in inpatient care



2. Autistic People live fulfilling lives with access to employment, volunteering and social opportunities

Our Aims:



- Support more autistic people into employment and volunteering opportunities
- Work with local transport providers to improve access to public transport





Key Priorities



- Improve information about opportunities for autistic people



3. Autistic People are safe and protected

Our Aims:



- Work in partnership with the Criminal and Youth Justice Systems to improve support for autistic people



- Provide Safe Environments for Autistic People



Key Priorities



- Making sure people have the right adjustments, and that they are treated



- Offering help and protection for autistic people when needed



Making The Plan Happen



The **All Age Disability Partnership Board** will make sure that the plans in the strategy happen.

Thank You



We would like to thank the autistic people, their families and carers, and organisations who have helped create the strategy.



This Easy Read document has been created by Wirral Council



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 July 2024

REPORT TITLE:	LEARNING DISABILITY AND AUTISM RESPITE SERVICE COMMISSION
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report describes the co-production activity to procure and award the Learning Disability and Autism Short Break Service, which is due to end on 16 April 2026 after the current contract extension. The report describes:

- The co-production and co-design work that will be undertaken during the extension period to prepare new specification for a new service, and
- A request that the award of the contract for the new service (in late 2025) is authorised by delegated decision by the Director of Adults Care and Health

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

- Theme 3 – Promoting Independence and Healthier Lives.

The estimated costs of the new service will be £756,756 per year. It is anticipated that the new co-produced service will be commissioned for 5 years, resulting in a predicted cost of £3,783,780 between 2026 and 2031.

This affects all wards and is a key decision.

RECOMMENDATION/S

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

1. Approve the re-specification and procurement by way of a competitive process of a new Learning Disability and Autism Short Break Service using co-production and co-design processes with people who use the service, their families and supporters for a contract terms of 5 years
2. Delegate the award of the contract for new service, to start in 2026, to the Director of Adults Care and Health at an indicative cost of £756,756 per year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Council has a statutory duty, under the Care Act 2014, to provide Short Breaks services for people and to support Carers.
- 1.2 The commissioning of a new, redesigned Short Breaks service will support Wirral Council to continue to offer the most effective and attractive services to people with learning disabilities and / or their families.
- 1.3 Wirral Council has made a clear commitment to support adult Carers through its new Adult Carers Strategy 2023-2026, and short breaks were highlighted as a priority for Carers themselves as part of the strategy development. This commitment extends to co-producing and co-designing services wherever possible.
- 1.4 The Council has stated its commissioning intentions in its Market Position Statement to support Carers.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not re-commissioning a Short Breaks service. If the Council did not have a service in place this may mean that the Council would not meet its statutory duty under the Care Act 2014 to both provide services for people and support carers.

3.0 BACKGROUND INFORMATION

- 3.1 Short Breaks are important for some Carers. It enables them to live their own, good quality lives and enjoy relationships and activities away from their caring role. Evidence shows that effective short break services prevent crises and reduces harm that can be caused from undertaking the caring role. (Social Care Institute for Excellence, 2019).
- 3.2 Wirral Council's Adult Carer's Strategy 2023 to 2026 indicates the value it places on the contribution that Carers make in the community.
- 3.3 The existing service is rated as "Good" by the Care Quality Commission having been inspected in July 2023. The service also enjoys positive feedback and compliments. This provides confidence and assurance that the extension of the existing service to 2026, will continue to result in good outcomes for service users and their families until the commission of the new service offer.
- 3.4 The new Short Breaks service will be co-produced with service users, their families and supporters in line with the requirements of the Care Act 2014. The process will use all relevant and appropriate techniques outlined in the Adult Social Care Co-Production Charter and Co-Production Strategy.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The current cost of the service is £686,400 per year. Estimates suggest that by 2026, the costs will have risen to £756,756 per year. This is based on a 5% growth model reflected in the Medium-Term Financial Plan (MTFP).

5.0 LEGAL IMPLICATIONS

- 5.1 The Council has a duty under the Care Act to provide a range of services to meet assessed needs under the Care Act and the provision of Short Breaks is one of the options available to people.
- 5.2 The care provision procurement is undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. The current contract extension option for 2 additional years up to 16 April 2026 has been implemented at a cost of £1,372,800.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are no implications for staffing, ICT or Council assets.

7.0 RELEVANT RISKS

- 7.1 Any risks in relation to customer satisfaction are mitigated as high levels of satisfaction are reported by service users and their families on the current service offer.
- 7.2 Without the Short Break service being available, there is a likelihood that Carers will experience fatigue which could lead to Carer breakdown. This would lead to the need for unplanned emergency provision to ensure the family's and the cared for person's welfare and wellbeing. There is also an increased risk that families would seek alternative, permanent care arrangements, placing increased pressure on publicly funded services.
- 7.3 There is a risk that it will not be possible to commission the service at the current contract value which has been held since 2019, therefore an indicative contract values of £756,756 per year based on a Medium-Term Financial Plan of 5% growth in costs is anticipated and will be paid for from within existing resources.
- 7.4 There is a risk the quality of services may not meet the standards required by the Council. To mitigate against this, all contracts covering any regulated services for Adults have the necessary clause in relation to employment, recruitment, and DBS requirements. Failure to comply with the requirements will automatically result in default notice being served.
- 7.5 We require providers to adopt Safeguarding Policies and Procedures that comply with the Council's Safeguarding Policy and Whistleblowing Policy. This also includes the requirement to ensure all staff have been issued with copies of the Council's Policies. This is checked and monitored as part of our contract monitoring processes and forms part of our quality monitoring assessment process.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The existing service takes into account all the needs, risks and characteristics of a person on an individual basis whenever a referral or request for respite care is received. The service is designed to respond to individual need and tailors the respite package accordingly.
- 8.2 During the period of contract extension, a new service specification will be co-produced with service users and their families ensuring that the new service meets needs. The new Short Breaks service specification will be co-produced with service users, their families, and supporters in line with the requirements of the Care Act 2014. The process will use all relevant and appropriate techniques outlined in the Adult Social Care Co-Production Charter and Co-Production Strategy.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment has been produced in April 2024 and can be accessed by the following link: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessment>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no significant environmental and climate implications.
- 10.2 Due to the additional needs of service users, some travel by road transport will be required, resulting in emissions, however by procuring services within Wirral, this is kept to a minimum to limit the impact on air quality and the environment.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Provision of the respite service provides opportunities for local employment in the care sector.
- 11.2 Short Breaks offer Carers the flexibility and ability to work part-time and offer additional support to working members of the household.
- 11.3 The service will be procured to be delivered within the Wirral boundaries.

REPORT AUTHOR: **Jayne Marshall**
Interim Assistant Director, Integrated Services and Commissioning
email: jaynemarshall@wirral.gov.uk

APPENDICES

N/A

BACKGROUND PAPERS

Wirral Council Plan
Carers Strategy 2023-2026
Market Position Statement 2023
Adult Social Care Co-Production Charter
Adult Social Care Co-Production Strategy.

TERMS OF REFERENCE

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 JULY 2024

REPORT TITLE:	SINGLE FRONT DOOR FOR VOLUNTEERING
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides an update to the Adult Social Care and Public Health Committee on the current Single Front Door for Volunteering service commissioned by Public Health.

The report provides an overview of the service, its performance to date and how the service will continue to evolve moving forwards.

The service is currently funded via the government's UK Shared Prosperity Fund (UKSPF), awarded by the Department for Levelling Up, Housing and Communities, and distributed by the Liverpool City Region Combined Authority.

The report, and the work described, supports the central vision of the Wirral Working Together Plan 2023-2027 to work with partners to promote fairness and opportunity for people and communities in Wirral and delivers against priority 5 within the Health and Wellbeing Strategy Create a Culture of health and wellbeing, listening to residents and working together.

This report affects all Wards within the borough and is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the information contained within this report and acknowledge the work that the service is undertaking with residents in the borough.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To provide an update to the Adult Social Care and Public Health Committee on the Single Front Door for Volunteering service commissioned by Public Health.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 Volunteering is critical to vibrant and resilient communities. It provides opportunities for participation, fosters a sense of belonging and builds pride in place. Research has identified the benefits of volunteering to individual volunteers' physical and mental health and reduced mortality risk.
- 3.2 Volunteers are a huge asset to Wirral, across a wide range of local organisations. In particular volunteers often take on roles across the Community, Voluntary, Faith and Social Enterprise (CVFSE) sector. These roles range from informal roles that do not require training, which are often undertaken on a one-off or casual basis, to more formal roles where a regular role is taken and training is provided.
- 3.3 The local CVFSE sector has developed a Coming Together Strategy which outlines their aspirations for working together as a sector with the wider Wirral system. A key element of the strategy is how volunteers and potential hosts for volunteers are supported effectively and appropriately.
- 3.4 The Council's approved UK Shared Prosperity Fund (UKSPF) Phase 1 Investment Plan sets out a priority to support impactful volunteering and/or social action projects in order to develop social and human capital in local places. Encouraging volunteering within Wirral improves people's health and wellbeing, enables more social connection, increases community spirit, and enhances people's feelings of purpose and belonging.
- 3.5 A central organisation to deliver a co-ordinated approach for volunteering in Wirral was needed to support both individuals looking to volunteer, and organisations wishing to engage volunteers. A tender process was undertaken in July 2023 and Wirral Community Voluntary Service (Wirral CVS) were awarded the contract.
- 3.6 Wirral CVS was awarded the contract by the Council in October 2023 to provide a single point of contact for volunteering. The contract supports the development of Climate Champions, a Green Grants Programme, support for the Borough of Culture programme and wider support to the sector.
- 3.7 The contract contains a number of priority activities including:
- A Green Grants Programme made up of small (£1,000), medium (up to £5,000) and large (up to £15,000) grants for local groups and organisations to support Green and Blue Infrastructure (Land and Water) or Social Action projects to promote people to engage in environmental and food projects. The programme

attracted in excess of £400,000 worth of applications. There are 25 successful projects across Wirral who will share £87,000 to improve local communities.

- A Climate Champions Programme which will train 20 volunteers with the knowledge or access to knowledge on climate change themes. The volunteers will share advice and tips to help enable and inspire community action and resident lifestyle change regarding climate. Champions will also provoke discussion about climate change and listen to the barriers faced by communities in taking climate action, acting as a link between the Council and residents. 12 of the 20 volunteers have been recruited and their training is ongoing.
- Both the Wirral and Liverpool City Region volunteering portals, which are connected at an administrative level, are live and actively accepting both volunteering opportunities and prospective volunteers. The Wirral Portal is facilitated by Wirral CVS and there are currently 460 volunteers registered in Wirral and since December 2023 there have been 111 new volunteer opportunities added. We are actively working with organisations to increase the wider use of the platform for volunteer management and recording.
- The next phase of development on the Wirral Portal will be to launch the branded mobile app to allow volunteers to record their hours independently. This app will be further developed to include portable vetting and barring checks using new technology which updates services to notify relevant organisations of any changes.
- Wirral CVS is now able to offer Disclosure and Barring Service (DBS) checks to offer both individual volunteers and organisations a consistent experience. This platform allows organisations to request DBS checks for their volunteers (currently free of charge) and a fee payable option for staff checks.
- The Volunteer Manager Forum continues to be a useful resource for those with responsibility for managing volunteers to come together to discuss issues, get support and to inform this programme. The volunteer managers have developed a training programme for the rest of the year. This will include core training such as First Aid, Health & Safety, Equality, Diversity and Inclusion, Dealing with Aggression, Lone Working, and Safeguarding, and will expand into other areas. There will also be specific training for volunteer managers, many of whom have taken on this role in addition to, or in place of, other roles within their organisations.
- A Trustee Support Network is also in development and from that we are expecting to develop a further training plan to upskill and increase the confidence of existing trustees and potentially work with prospective trustees to ensure they understand the role and the responsibilities.
- DWP Volunteer Fairs have been facilitated and will continue throughout the year particularly supporting people who are moving from legacy benefits to provide opportunities to get supportive experience that will improve their employability or to help identify their strengths.

- 3.8 Activity will increase over the next quarter as various programmes start delivery and increased communications will drive both organisations to increase opportunities, and volunteers to register.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The funding for this contract is provided through the UK Shared Prosperity Fund. A revenue allocation of £413,481 is provided to fund the contract with Wirral CVS via the UKSPF Phase 1 allocation. £86,541 of the total allocation is ringfenced to deliver Green Grants in line with UKSPF priorities.
- 4.2 A Grant Funding agreement is in place between the Council and the Liverpool City Region Combined Authority regarding the UKSPF Phase 1 allocation. Match funding is not a requirement of the programme and funding needs to be defrayed by 31 March 2025.

5.0 LEGAL IMPLICATIONS

- 5.1 The current contract was commissioned in accordance with the Public Contract Regulations and the Council's Contract Procedure rules.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Staff are employed by Wirral CVS as part of the contract arrangements and will deliver services until the grant funding ceases

7.0 RELEVANT RISKS

- 7.1 Any reduction in the level of funding associated with the UKSPF or a change in priorities identified in relation to the Grant conditions, may result in necessary action to withdraw or reduce funding.
- 7.2 Consideration has been given to potential risks and, where possible, steps have been put in place to minimise risk. With regard to contract performance, effective contract management and monitoring has been adopted to minimise the risk of poor performance, and a series of performance indicators are included as part of the contract.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The services described within this report are designed based on, and respond to, findings from a range of insight, including research conducted with local communities throughout the last year and through working with the Community, Voluntary and Faith sector forum and wider CVFSE Sector in Wirral.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a

tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.

- 9.2 The Equality Impact Assessment has been reviewed and checked for this decision. The EIA can be found at the following link: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments> Title - EIA Single Front Door for Volunteering.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Part of this programme involves providing Green Grants to local CVFSE sector organisations to support local action against climate and environment challenges.
- 10.2 The contract also enables the delivery of Wirral's Climate Champions programme, training local volunteers to support residents in taking climate action.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 This report highlights the fact that Volunteering is critical to vibrant and resilient communities. It provides opportunities for participation, fosters a sense of belonging and builds pride in place.
- 11.2 A well organised and efficient central organisation to deliver a co-ordinated approach to organise impactful volunteering and/or social action projects will develop social and human capital across Wirral.
- 11.3 The additional money that this funding provides will improve the health and social outcomes of some of the borough's most vulnerable residents. This funding will allow trusted, third sector organisations to increase the capacity of their services and support those communities and residents most in need.

REPORT AUTHORS: Nikki Jones

Principal, Public Health
Email: nicolajones1@wirral.gov.uk

Gareth Prythech

Chief Executive, Wirral CVS
Email: gareth.prytherch@wcv.org.uk

APPENDICES

N/A

BACKGROUND PAPERS

- Wirral CVF Coming Together Plan
<https://democracy.wirral.gov.uk/mgConvert2PDF.aspx?ID=50107113>

- Levelling up our communities: proposals for a new social covenant:
<https://www.dannykruger.org.uk/sites/www.dannykruger.org.uk/files/2020-09/Kruger%202.0%20Levelling%20Up%20Our%20Communities.pdf>
- Officer Decision Notice- Single Front Door for Volunteering

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Economy, Regeneration and Housing Committee - UK Shared Prosperity Fund	7 December 2022



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

18 JULY 2024

REPORT TITLE:	ANNUAL UPDATE REPORT ON WIRRAL'S HEALTH PROTECTION STRATEGY 2023-2027
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

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

Supporting Wirral residents and communities to live safely with COVID-19 and protect the health of communities from infectious diseases and environmental hazards is aligned to the ambitions set out in Wirral's Health and Wellbeing Strategy. In addition, the strategy supports the central vision of the Wirral Working Together Plan 2023-2027, in particular through promoting independence and healthier lives and to protect the environment.

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

RECOMMENDATION/S

Adult Social Care and Public Health Committee is recommended to:

1. Note the progress made to date in the implementation of the Wirral Health Protection Strategy 2023 - 2027

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Wirral Health Protection Strategy sets out our refreshed collective approach to ensure we have a resilient health protection system and response in Wirral. The strategy was approved by Committee on 23rd January 2023 with a request to provide an annual update report on progress. Members also requested to receive an interim update, provided in October 2023. This report therefore provides the first annual update of the partnership work in place to deliver Wirral's Health Protection Strategy.

2.0 OTHER OPTIONS CONSIDERED

2.1 Strategic planning helps local system partners work together to establish a clear vision, prioritise resources, determine a clear direction of travel, and to set goals and outcome targets. We were the first area within the region to develop a post-pandemic Health Protection Strategy. We could have chosen to not develop a local Health Protection Strategy, however we recognised that this could potentially exacerbate the burden of ill health, impacting negatively on health outcomes, inequalities, system pressures and the local economy.

3.0 BACKGROUND INFORMATION

3.1 Built upon the learning from the pandemic, Wirral health and care system partners co-developed a [Health Protection Strategy](#) with the aim of ensuring that as a partnership we are able to i) identify current and future health protection hazards including infectious diseases and environmental threats to health, and ii) provide an effective response to reduce the impacts of ill health. An effective and collaborative local approach to health protection is not only essential for improving health and wellbeing but also helps to reduce disruption to our economy, reduce health inequalities through protecting our most vulnerable residents, support our children and young people to achieve by keeping children in school, and reduces pressure within our local health and social care services.

3.2 Underpinned by local insight and intelligence, the strategy sets out our collective approach for the following seven priority areas and aligns system capacity and resources to deliver greater improved preventive approaches, better equity and improved system resilience:

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

The strategy and delivery plan outlines what we are aiming to achieve, where we are focusing our efforts and how we work effectively in aligning resources with local partners to achieve our collectively agreed vision, aims and objectives.

- 3.3 Six months following the launch of our local strategy, the UK Health Security Agency (UKHSA) launched its new [3-year national strategy](#) to combat both new and re-emerging threats and to protect health security. The national UKHSA strategic priorities align well with our locally identified priorities, indicating that our local system challenges reflect those experienced nationally.

4.0 Progress to date against strategic priorities

- 4.1 Having strong local partnership approaches in place has enabled good progress in our first year of strategy delivery. Initial steps taken to ensure the successful implementation of the strategy have included:

- Agreeing a strategic lead for each priority area (from across system partners).
- Undertaking a mapping exercise of existing multi-agency forums and groups for each priority, with the aim of enhancing and not duplicating effort.
- Reviewing intelligence to define key areas of focus within each priority area for collective focus (i.e. defining priorities within each priority).
- The development of a strategy implementation plan with priority activities, identified leads, key milestones and metrics identified to measure successful implementation.
- Where appropriate, working at scale with regional partners such as Cheshire and Merseyside Integrated Care system, and UKHSA Northwest to progress.

- 4.2 Examples of our collective achievements progressed within the first year of delivery include:

- Co-development and exercising a system 'Respiratory infection wave plan.'
- Co-ordinated system action to improve preparedness, prevent and contain potential outbreaks of measles.
- Undertaking an external system peer review of Clostridioides difficile, a health care associated infection (HCAI) of concern.
- Adoption of 'eBug' training resources within a wide range of early years and educational settings.
- Designing and delivering Winter preparedness advice, resources and communications.
- Gaining recognition through a national Infection Prevention Society award for collaborating to reduce the impact of Antimicrobial Resistance by improving the management and diagnosis of urinary tract infections and improving hydration.
- Delivering a range of initiatives which have helped to improve the uptake of key vaccinations.
- Co-developing Wirral's first Air Quality Strategy.
- Achieving the micro-elimination of Hepatitis C.

4.3 A copy of the Strategy Implementation Plan for 2023/24 outlining further detail relating to progress and next steps against each priority is included in Appendix 1.

4.4 In addition to the seven strategic priorities, we identified four cross-cutting strategic enablers that help to underpin the delivery of our local strategy. During this first year of strategy delivery, we have ensured a collective focus and approach to these key enablers. This has included:

Insight, intelligence, and evaluation	<ul style="list-style-type: none"> • Collectively reviewing and refreshing local surveillance systems. • Agreeing key system metrics to ensure the measurement of progress and outcomes against our agreed strategic priorities. • Focusing upon identifying and reducing inequalities in key metrics and outcomes. • Ensuring we are undertaking evaluation to ensure we learn and build on what works. • Development of an interactive report to monitor the progress of key metrics relating to the strategy.
Workforce development	<ul style="list-style-type: none"> • Developing knowledge and upskilling wider system partners to support the delivery of the key identified health protection priorities e.g., training undertaken within care home settings, and delivery of e-bug training within early years and education settings. • Celebrating and sharing successes e.g., winning a national award by the Infection Prevention Society for collaborative work to prevent and manage urinary tract infections, reduce inappropriate antibiotic prescribing, and prevent avoidable hospital admissions.
Communication and engagement	<ul style="list-style-type: none"> • Collectively working to tailor messages to ensure they reach our local communities. • Building upon the successful Community Champions programme developed during the pandemic to disseminate messages and understand local issues and barriers to action. • Developing a winter communications campaign building upon effective local targeted communications and the Cheshire and Merseyside Simple Things campaign aimed at reducing the spread of infectious disease and keeping people safe and warm during adverse weather.
Clear governance and strong multi-agency partnership working	<ul style="list-style-type: none"> • Monitoring progress against the strategy and implementation plan through the multi-agency Wirral Health Protection Board (a sub-group of the Health and Wellbeing Board), chaired by the Wirral Director of Public Health. • At each meeting in addition to reviewing overall progress, we undertake a focussed discussion of two priority areas of the strategy. This allows the collective discussion of risk and issues that Board members can resolve to ensure successful strategy delivery.

5.0 Emerging health protection issues

5.1 In our previous update we highlighted the range of collaborative work in place to support migrant health. Our co-ordinated efforts with the asylum seeker hotel in Wirral have helped to provide assurance relating to infection prevention and control measures and have been effective in supporting TB and blood borne virus screening, recognised as best practice across the region.

5.2 Local health and care system partners are currently supporting local action to strengthen resilience and mitigate the impact of the national rise in cases of measles. This has included:

- Working collaboratively to provide assurances regarding system preparedness and ability to respond.
- Ensuring sector specific pathways for preparedness and response are clear, understood and well communicated.
- Developing pathways for example, Primary Care testing pathway.
- Sharing of information, checklists and action cards.
- Providing refresher training (including donning and doffing of personal protective equipment (PPE) and arranging fit-testing for FFP3 masks.
- Reviewing data and intelligence to support reducing health inequalities and to support the location of the Live Well immunisation Bus.
- Developing a proposal for local insight work to explore barriers to vaccination which will help to inform a bespoke communications campaign.
- Engaging with a wide range of settings, helping to promote vaccination and improve preparedness for outbreak response.
- Planning targeted initiatives to improve vaccination uptake for prevention and as an outbreak response measure.

5.3 A Pharmacy within Wirral is now live, offering MMR vaccination to complement the Primary Care, School Aged Immunisation Service and Live Well Bus offer.

6.0 Next steps

6.1 We are currently co-developing our 2024/25 delivery plan with system partners. The Health Protection Board have agreed that actions relating to COVID-19 have been completed and that it is no longer a local priority, however, it will be monitored through other overlapping priority areas such as the priority relating to reducing vaccine preventable disease. This will enable capacity to take a renewed focus on cancer screening.

Our key focus for the forthcoming year includes:

- Implementing lessons identified / learned from the COVID-19 public inquiry.
- Co-development of a system improvement plan for *Clostridioides difficile*.
- Continued co-ordinated efforts to improve system preparedness and reduce the potential impacts of measles.
- Continued implementation of best practice for the management of recurrent Urinary Tract Infections in primary care.

- Co-development of a Locality Plan for Wirral, identifying key actions and adaptations to reduce health harms from climate hazards and improve climate resilience.
- Co-design of an indoor air quality research project with Liverpool John Moore's University and Wirral's Environmental Health Service.
- Development of a summer preparedness pack and related communications.
- A renewed focus on screening to support the early diagnosis and treatment of cancer.

7.0 FINANCIAL IMPLICATIONS

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

8.0 LEGAL IMPLICATIONS

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

9.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

9.2 The Wirral Health Protection Service (funded until March 2024 by the public health grant) has been instrumental in supporting the delivery of the strategy. Following a recent review, and building on the success of the service, the team is now called the Public Health Delivery Team and will support the delivery of Wirral's Health and Wellbeing Strategy as well as continuing to support the delivery of the Health Protection Strategy. The team will work alongside system partners to enable a more proactive approach to delivery of shared agreed local priorities.

10.0 RELEVANT RISKS

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

- Poor individual and population health outcomes such as ill health, premature mortality, or negative impact on quality of life.

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

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

11.0 ENGAGEMENT / CONSULTATION

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

12.0 EQUALITY IMPLICATIONS

12.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. The Strategy and Implementation Plan seek to positively address equality implications, providing focus on those most vulnerable and at risk.

12.2 An Equality Impact Assessment (EIA) for the Health Protection Strategy was undertaken alongside the development of the strategy. The EIA is available at: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments> and is held under the 'Adults Care and Health' section, titled, [Health Protection Strategy – December 2022](#). It has been regularly reviewed and has not required any material changes to date.

13.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

14.0 COMMUNITY WEALTH IMPLICATIONS

14.1 Health protection interventions not only help to reduce morbidity and premature mortality and improve quality of life, but are cost saving, both to health services and the wider economy. Protecting people and communities in Wirral from the impact of infectious diseases and environmental hazards not only improves health and wellbeing but also helps to protect local business and the economy. Many infectious

diseases and environmental hazards disproportionately affect our most vulnerable residents, children, and older people, and those living in less affluent areas; therefore, a robust and effective local health protection response is vital in helping to reduce health inequalities.

REPORT AUTHOR: Jackie Davidson
Consultant in Public Health / Assistant Director Public Health
Email:

APPENDICES

Appendix 1 Wirral Health Protection Strategy 2023 - 2027 Implementation Plan

BACKGROUND PAPERS

Wirral Intelligence Service – Health Protection Strategy:
<https://www.wirralintelligenceservice.org/our-jsna/strategies-and-plans/health-protection/>

Wirral Intelligence Service – Health Protection Interactive Report:
<https://www.wirralintelligenceservice.org/our-jsna/strategies-and-plans/health-protection/>

UK Health Security Agency Strategic Plan 2023-26:
<https://www.gov.uk/government/news/ukhsa-launches-new-strategy-to-tackle-national-and-global-health-hazards>

TERMS OF REFERENCE

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

c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee’s statutory health functions).

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

(i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services.

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

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

(v) scrutinise the impact of interventions on the health of local inhabitants,

particularly socially excluded and other minority groups, with the aim of reducing health inequalities.

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	23 January 2023
Adult Social Care and Public Health Committee	17 October 2023

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

This implementation plan sets out our collective approach to deliver the Wirral Health Protection Strategy during the 2023-24 financial year. For each priority it sets out the system lead, actions achieved within the first 12 months of strategy implementation and actions that are underway to be completed in the following financial year. It also outlines the key metrics used to assess strategic progress.

Status key:

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

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

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

Contribute as required to the national COVID-19 inquiry and implement lessons learned as they emerge.	Undertake a local lesson learnt exercise to capture key learning from across system partners	Public Health / Wirral Council Emergency Preparedness and Response Lead	March 2023	Complete (Blue)
	Engage with public inquiry response and implement lessons identified / learned as they become published	Public Health / All Partners	Ongoing	Ongoing (Amber) Progress: This action will be carried forward to 2024/25 as it is dependent upon the results of the public inquiry being published
<p>Key metrics being monitored:</p> <ul style="list-style-type: none"> - COVID-19 hospital admissions - COVID-19 cases and outbreaks in vulnerable groups and high-risk settings e.g., care homes - COVID-19 vaccination uptake and inequalities in uptake by eligible cohort 				
<p>Priority 2: Strengthen infection prevention and control</p> <p>System Lead: NHS Cheshire and Merseyside - Wirral Place</p>				
Priority	Action	Leads	Deadline	Status

Develop a system plan for reducing healthcare-associated infections (HCAI) to ensure improvements and learnings are embedded and sustained.	Establish a Wirral healthcare-associated infection system group	NHS Cheshire and Merseyside - Wirral Place	April 2023	Complete (Blue)
Supported by NHS England, undertake an externally led system peer review with the aim of reducing Clostridioides difficile (C.Diff) rates.	Coordinate the delivery of external Clostridioides difficile (C.Diff) peer review	NHS Cheshire and Merseyside - Wirral Place	May 2023	Complete (Blue)
	Following external review findings - develop and implement a Wirral Place Clostridioides difficile (C.Diff) improvement plan	NHS Cheshire and Merseyside - Wirral Place	November 2023	Ongoing (Amber) Progress: This action will be carried forward to 2024/25 as the development of a system improvement plan is dependent on receiving the final peer review findings report. WUTH Clostridioides difficile (C.Diff) improvement plan has been reviewed and updated in 2023.

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

vulnerable settings and communities.	homes and community settings			
Key metrics being monitored: <ul style="list-style-type: none"> - Healthcare Associated Infections - Clostridium Difficile (C.Diff) rates - Notifiable disease cases - Outbreaks in high-risk settings 				
Priority 3: Reduce the impact of antimicrobial resistance (AMR)				
System Lead: Wirral University Teaching Hospital – Wirral Place AMR lead				
Review local intelligence to strengthen and appropriately target our local actions to reduce inappropriate prescribing	Review antibiotic prescribing by setting and indication, and align with hospital admission data to target collective action to prevent infections, reduce antibiotic prescribing and reduce avoidable hospital admissions	Wirral University Teaching Hospital – Wirral Place AMR lead	April 2023	Complete (Blue)
Address the high usage of broad-spectrum antibiotics in primary care.	Develop and agree an incentive scheme for general practices to address high antibiotic prescribing in primary care	NHS Cheshire and Merseyside - Wirral Place	April 2023	Complete (Blue)
	Encourage primary care sign up to take part in a research project in collaboration with the University of Manchester aimed to reduce inappropriate antibiotic prescribing in primary care called BRIT2.	Wirral University Teaching Hospital – Wirral Place AMR lead / Wirral AMR Primary Care lead	March 2024	Complete (Blue)

	Local roll out of the Target (Treat Antibiotics Responsibly, Guidance, Education and Tools) toolkit designed to support primary care clinicians to champion and implement antimicrobial stewardship activities.	Wirral AMR Primary Care lead	December 2023	Complete (Blue)
Prevent and improve the management of urinary tract infections in adults aged 65 years and over through promoting hydration messages and local roll out of the quality improvement project "To Dip or Not to Dip"	Prevent urinary tract infections through the promotion of hydration awareness messages across residential adult social care and community settings	Public Health	December 2024	Complete (Blue)
	Deliver training to improve the management of UTIs in older person's care homes	Community Infection Prevention and Control Team	March 2024	Complete (Blue)
	Implement best practice for management of recurrent UTI in primary care	Wirral University Teaching Hospital – Wirral Place AMR lead	March 2024	Ongoing (Green) Progress: A task and finish group established to improve sample processing and compliance. This work will continue in 2024/25.
Take a system wide approach to deliver education using shared resources, videos and accessible	Deliver an Antimicrobial Stewardship communication campaign to support people in self-management of self-	NHS Cheshire and Merseyside -	January 2024	Complete (blue)

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

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

	Ensure collective focus on increasing seasonal flu uptake among local frontline health and care workforce	NHS Cheshire and Merseyside - Wirral Place / NHS England Screening and immunisation team	Winter 2023/24	Complete (Blue) Risk(s) being mitigated: Vaccine hesitancy among health and social care staff
	Ensure a collective focus on improving seasonal influenza uptake among 2-3 year olds and school age children	Wirral Community Health and Care NHS Foundation Trust / Public Health	Winter 2023/24	Complete (Blue)
Support the development of a collaborative MMR immunisation working group	Work collaboratively with system partners to develop local action plan to increase uptake of MMR vaccination.	NHS Cheshire and Merseyside - Wirral Place / Public Health	Winter 2023/24	Ongoing (Green) Progress: Local governance established and system partners working towards improving MMR uptake. This work will continue in 2024/25.
	Undertake rapid evidence review for increasing MMR / 0-5 immunisations and share finding with primary care	Public Health	April 2023	Complete (Blue)

	and local system partners			
Develop and implement a shared communications plan	Maintain an ongoing communications campaign to support immunisation uptake focused upon increasing COVID-19, Seasonal influenza and MMR immunisation uptake rates (2 doses at age 5 years)	Public Health/ NHS Cheshire and Merseyside - Wirral Place /School Aged Immunisation Service	Winter 2023/24	Complete (Blue)
	Wirral Health Protection Service to promote the importance of COVID-19, Seasonal influenza and MMR immunisation in high risk and wider community settings	Public Health	Winter 2023/24	Complete (Blue)
<p>Key metrics:</p> <ul style="list-style-type: none"> - uptake of seasonal influenza immunisation across eligible cohorts - uptake of COVID-19 vaccinations and boosters > nationally set objectives - uptake of two doses of MMR vaccine in the routine childhood vaccination programme 				
<p>Priority 5: Strengthen preparedness, resilience and response to outbreaks, major incidents and emergencies</p> <p>System lead: Wirral Council Emergency Preparedness and Response Lead</p>				
Priority	Action	Leads	Deadline	Status
Establish a Wirral Health Resilience Partnership Forum to bring together local emergency	Wirral Health Resilience Partnership Forum (WHRP) to be formed with TOR and membership agreed with	Wirral Council Emergency Preparedness and Response Lead /	June 2023	Complete (Blue)

planning leads.	partners.	Public Health		
Develop a Wirral community risk register to achieve a common understanding of potential hazards and threats.	Based on the national security risk register 2022/23 work with Emergency Planning colleagues to develop a Wirral community risk register related to health.	Wirral Council Emergency Preparedness and Response Lead / Public Health	July 2023	Complete (Blue)
Undertake local training exercises and scenario planning to test our local preparedness.	Participate in the Cheshire and Merseyside Integrated Care Board Training and Exercise working group.	All system leads	October 2023	Ongoing (Green) Risks being mitigated: The working group is primarily focused on exercising NHS providers. This work will continue in 2024/25.
	Attend UKHSA Cheshire and Merseyside Measles event to exercise response to a measles outbreak and inform the refresh of the North West	All system	July 2023	Complete (Blue)

	measles outbreak plan			
	Run local measles outbreak scenario to test North West measles outbreak plan with local system partners to ensure a co-ordinated and robust response	All system	Dec 2023	Ongoing (Green) Progress: Current measles activity has provided the opportunity to test local system processes and pathways. A review will be undertaken 2024/25 Risk(s) being mitigated: Awaiting finalised version of North West measles outbreak plan.
	Test the Wirral respiratory infection wave plan via a stakeholder exercise and implement any lessons identified / learned	Public Health / Community Infection Prevention Control	October 2023	Complete (Blue)

		Team / Emergency Preparedness and Response		
Ensure robust extreme weather plans are in place, covering heat waves, cold weather preparedness linked to winter planning, and flooding.	Review Extreme Weather governance and response arrangements as per updated UKHSA Adverse Weather Plan for summer and winter risks	Wirral Council Emergency Preparedness and Response Lead / Public Health	December 2023	Ongoing (Green) Progress: Governance and response arrangements were tested during extreme cold weather alert.
	Develop updated summer and winter response arrangements for adverse weather	Wirral Council Emergency Preparedness and Response Lead	December 2023	Ongoing (Green)
	Develop extreme weather preparedness packs for high-risk and community settings	Public Health	October 2023 (linked to winter preparedness) March 2024 (summer preparedness)	Ongoing (Green) Progress: Summer preparedness managers guide to be carried forward to 2024/25.

Key metrics: - Number of local training exercises undertaken to test plans				
Priority 6: Reduce health harms from climate and environmental hazards				
System leads: Air quality - Wirral Council Environmental Health team				
Climate change – Wirral Council Climate Emergency team				
Priority	Action	Leads	Deadline	Status
Develop a Wirral Air Quality Strategy in collaboration with system partners (The Department for Environment, Food and Rural Affairs (DEFRA) has stipulated all local authorities must have an air quality strategy from 2023 onwards even if they do not have any air quality management areas)	Re-establish multi-agency Wirral Air Quality Steering Group to oversee the development of the local strategy	Environmental Health / Public Health	April 2023	Complete (Blue)
	Hold a workshop on air quality to understand views and priorities from across wider system partners	Environmental Health / Public Health	June 2023	Complete (Blue)
	Conduct a public consultation to better understand public views on air quality and which priorities are most important to our residents: https://haveyoursay.wirral.gov.uk/air-quality-strategy	Environmental Health / Public Health	October 2023	Complete (Blue)
	Deliver the grant funded programme re Particulate matter monitoring and engagement to increase awareness, encourage behaviour change around domestic burning, advise residents how they can reduce their exposure, and	Climate Emergency Team / Public Health	March 2024	Ongoing (Green) Progress: The project will continue until January

	review local enforcement of legislation.			2025.
Embed actions to improve air quality and reduce CO2 emissions into local regeneration programmes e.g. through the implementation of measures to promote active travel and reduce vehicle usage	Build in a strategic priority related to regeneration and development into the emerging air quality strategy.	Environmental Health / Public Health	December 2023	Complete (blue)
	Collaborate with regeneration and planning to promote CO2 reduction in local master plan development.	COOL Wirral Partnership	March 2024	Ongoing (Green) Risk(s) being mitigated: Awaiting the Local Plan to be approved.
Build local partnership approaches to improving air quality and reducing emissions	NHS partners use their Sustainable Development Management Plans to deliver on the air quality and climate goals in the NHS Long Term Plan and share how they are supporting patients and staff to reduce the health impacts of air pollution and climate change.	NHS Sustainability Leads	March 2024	Ongoing (Green) Progress: This workstream will continue throughout 2024/25.
	Work with Wirral Chamber of Commerce to engage local businesses in development and delivery of the Wirral air quality strategy and the COOL 2 climate change strategy for Wirral	COOL Wirral Partnership	March 2024	Ongoing (Green) Progress: 'Cool Business' workshops are planned for 2024.

Build upon local initiatives to raise awareness of climate change and air quality and the behavioural changes that can positively impact on these issues.	Support schools to improve the air quality around their settings by delivering 6 School Street pilots across the Wirral, facilitating and co-ordinating the bikeability programme, delivering a schools air quality project, where a challenge was sent out to schools to develop a low cost project to increase active travel to school and reduce local air pollution, working with charities such as Sustrans, Living Streets and Asthma and Lung UK to help schools promote and increase active travel.	Environmental Health	March 2024	Complete (Blue)
	Collaborate with COOL 2 Partners to undertake a gap analysis regarding local adaptation plans to ensure Wirral is more resilient to the challenges extreme weather presents.	COOL2 Partnership	June 2023	Complete (Blue)
<p>Key metrics:</p> <ul style="list-style-type: none"> - CO2 emissions - Nitrogen dioxide and particulate matter within the air 				
<p>Priority 7: Reduce the harmful impact to health of Tuberculosis and blood-borne viruses, including Hepatitis B, Hepatitis C and HIV</p> <p>System lead: Wirral Public Health</p>				

Priority	Action	Lead	Deadline	Status
Ensure prevention and behaviour change strategies such as harm reduction have been prioritised by local NHS commissioners and providers to reduce onward transmission of and avoidable deaths from blood-borne viruses, particularly among underserved population.	Ensure that Hepatitis B vaccination is offered in Primary Care to people who have been exposed to the virus.	Primary Care	March 2024	Ongoing (Amber) Risk(s) being mitigated: People have been referred to Integrated Sexual Health Service. Progress: Pathway being developed by ICB – Wirral Place.
Review local intelligence to appropriately target local actions reduce the risk of TB and blood-borne viruses	Undertake a joint Hepatitis Health Needs Assessment	Wirral Intelligence Service	December 2023	Ongoing (Amber) Risk(s) being mitigated: Action being reviewed in line with publication of Substance Misuse JSNA. Progress:

				Hepatitis C Micro elimination was achieved in October 2023.
	Undertake Sexual Health Joint Needs Assessment, which covers Sexual Transmitted Infection and HIV service	Wirral Intelligence Service and Public Health	May 2023	Complete (Blue)
Continue to build on local collaborative work with multiple partners to increase case-finding and reduce late diagnosis for HIV, Hepatitis C and TB.	Achieve and maintain Hepatitis C micro elimination in Wirral	Hepatitis C Service / Community Substance Misuse Service	Achieve by October 2023	Complete (Blue) Risk(s) being mitigated: Reinfection can impact on status.
	Ensure that asylum seeker / refugees accommodated in hotels will be offered Tuberculosis and blood-borne virus screening.	Wirral TB Service	October 2023	Complete (Blue)
	Undertake outreach work working with appropriate partners that effectively engages with at risk individuals to increase HIV testing uptake.	Public Health/ Wirral Sexual Health Service/ Sahir House	March 2024	Complete (Blue)

	<p>Recommission Sexual Transmitted Infection and HIV service with a focus on outreach activity to reduce late diagnosis rates for HIV</p>	Public Health	December 2023	<p>Ongoing (Amber)</p> <p>Risk(s) being mitigated: The process of commissioning the Community HIV/Support was unsuccessful.</p> <p>Progress: New commissioning process finishes in May 2024. Current contract extended until August 2024.</p>
	<p>Work collaboratively with partners across the Cheshire and Merseyside through TB Cohort Review group, C&M TB Strategic group, and Migrant health group to tackle challenges such as screening of vulnerable migrants and disparities in TB commissioning</p>	Public Health	March 2024	<p>Ongoing (Green)</p> <p>Risk(s) being mitigated: Awaiting ICB-Wirral Place to identify their TB and</p>

				Migrant health leads.
<p>Key metrics:</p> <ul style="list-style-type: none"> - Cases of acute Hepatitis B - Hepatitis C testing and treatment rates - New TB cases - Proportion of HIV cases diagnosed late diagnosis 				

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 18 July 2024

REPORT TITLE:	BUDGET MONITORING AND BUDGET SETTING PROCESSES
REPORT OF:	DIRECTOR OF FINANCE

REPORT SUMMARY

This report sets out how the 2024/25 budget will be monitored through the Committee system, which will facilitate the Policy and Services Committees (the Committees) to take ownership of their specific budgets and present appropriate challenge and scrutiny of Officers on the management and performance of those budgets.

The concurrent activity of budget setting for 2025/26, and how this will be approached, is also set out in this report; incorporated in which are:

- revisions to the approved Medium Term Financial Plan (MTFP) – the formulation of savings proposals and presentation of pressure/growth items
- the application of the Medium Term Financial Strategy (MTFS) principles that underpin the budget process and decision-making, with links to the Council Plan
- how savings plans are to be configured
- considerations of requisite consultation exercises
- the role of the Finance Working Group

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

RECOMMENDATIONS

It is recommended that the Adult Social Care and Public Health Committee:

1. Note the process for in-year monitoring of the 2024/25 budget.
2. Note the proposed approach to 2025/26 budget setting and the key assumptions that will be used.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 The 2024/25 Council budget was agreed at Full Council on 26 February 2024. This budget was made up of savings proposals, pressures/growth items and funding that were based on actual known figures or best estimates available at the time. At any point during the year, these estimated figures could change and need to be monitored closely to ensure, if adverse, mitigating actions can be taken immediately to ensure a balanced budget can be reported to the end of the year.
- 1.2 The Council has a legal responsibility to set an annual balanced budget, which sets out how financial resources are to be allocated and utilised. In order to successfully do so, engagement with members, staff and residents is undertaken. The recommendations in this report inform that approach.
- 1.3 Managing and setting a budget will require 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.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The proposals set out in this report are presented to allow for efficient and effective budget monitoring activity that can be conducted in a timely manner. As such, it is considered that to meet the business needs and address the challenges that the Council faces that no alternative options are viable or appropriate at this time.
- 2.2 Not engaging with the Committee at this time, on the matters set out, was an option that was available, however it is considered that involvement of Committees as soon as practical after the agreement of the 2024/25 budget will best assist in delivering the benefits detailed in paragraph 2.1.
- 2.3 In the event of the Section 151 Officer determining that a balanced financial position could not be presented, the Section 151 Officer would be required to issue a section 114 notice and report this to all Members of Full Council. The outcome of which could result in intervention by the Government.

3.0 BACKGROUND INFORMATION

Budget Monitoring Process

- 3.1 On 26 February 2024 Full Council approved the 2024/25 budget, which included significant budget savings/efficiencies (details provided at Appendix A) in order to present a balanced position for the year.
- 3.2 The calculation of the 2024/25 budget was prepared using known figures or best estimates available at the time. At any point during the year, internal or external factors may influence a change in these estimates which could either have a favourable or adverse impact on the ability to deliver a balanced position at financial year-end.
- 3.3 In order to ensure that a balanced position can be achieved, it is imperative that a robust process for monitoring and managing the budget is in place.

- 3.4 An internal officer governance process is in place, in line with past activity, to scrutinise and challenge budget performance in advance of financial forecasts being presented to the Committees. This process includes:
- Officers responsible for managing budgets (Budget Holders) should regularly examine financial data and transaction records within the Oracle finance system to ensure their accuracy and completeness.
 - Budget Holders and finance staff should convene frequent meetings to rigorously assess current income and expenditure levels, as well as determine future financial obligations. This analysis will facilitate the provision of dependable forecasts within the Oracle EPM finance system.
 - Directorate Management Team (DMT) review of the outcomes of the budget holder and finance staff meetings.
 - Scrutiny and challenge by DMTs as to the robustness of the figures and forecast presented in the context of Directorate-wide activity.
 - DMT agreement on appropriate remedial action where necessary.
 - Operational Performance Group (OPG) review and challenge of the forecast position.
 - Progress on approved savings items monitored through OPG.
 - Regular updates to Strategic Leadership Team for Senior Officer scrutiny and agreement on latest Council financial position.
 - Referral and/or escalation to SLT of potential financial pressures to provide organisational oversight in conjunction with other corporate initiatives.
 - Presentation to Committees.
- 3.5 To facilitate an understanding of income and expenditure levels against operational activities, Appendix B of this report provides the Committee with a detailed breakdown of their 2024/25 budgetary status, organised by functional area.
- 3.6 Once the Annual Budget and related policy framework is approved, it becomes the Council's decision and is effective immediately in respect of the relevant financial year in scope. The Council's Constitution provides that Policy and Service Committees and Officers are required to implement the Council's budget and policy framework as set out at Budget Council. In normal operating conditions, a Policy and Service Committee may only take decisions which are fully consistent with the Council approved budget and policy framework. Chief Officers must ensure that no commitments are made that would result in an approved budget being exceeded.
- 3.7 Each Committee will be responsible for:
- Ensuring that the committee budget is utilised effectively and responsibly and remains within the relevant budget envelope,
 - Implementing corrective measures, when appropriate, to address any adverse financial situations that may arise during the fiscal year. Such actions could include curtailing expenditure or reassessing spending priorities.
- 3.8 Policy and Resources Committee will be responsible for ensuring that the entire budget will be in balance, including providing mitigating actions to bring the budget back in line from any adverse variance position that may be forecast, which may take the form of providing direction to other Service Committees. Policy and Resources Committee will be responsible for advising Full Council on organisation-wide financial activity.
- 3.9 To enable the Committees to manage and monitor budgets effectively in-year, a suite of detailed information will be provided on a quarterly basis, comprising:
- A report monitoring the revenue budget, including the most recent full-year financial forecast and evaluation

- Full list of budget savings proposals and the progress for their achievement.
 - A report monitoring the capital budget, including the most recent full-year financial forecast and evaluation.
 - Other specific financial information relevant to the individual Committee's decision-making process.
- 3.10 This information will be made available at the earliest committee meeting, following the quarter end and completion of the internal governance process, detailed in paragraph 3.4. The anticipated timetable for reporting quarterly financial information to Committee is:
- Quarter 1 (1 Apr – 30 Jun): July 24
 - Quarter 2 (1 Jul – 30 Sep): November 24
 - Quarter 3 (1 Oct – 31 Dec): February 25
 - Quarter 4 (1 Jan – 31 Mar): June 25
- 3.11 Each Committee should have established a Budget Oversight Panel to facilitate regular space to review the budget position in between scheduled Committee meetings during stages of the financial year.
- 3.12 The Budget Oversight Panel will comprise the Committee Chair and Spokespersons, the relevant Director and Assistant Directors (as required), Finance and Democratic Service representative.
- 3.13 The purpose of this group is to:-
- Ensure that Members are receiving the most current financial data and are monitoring the budget throughout the year.
 - Question the Director on implications of the financial data ahead of the scheduled Committee meeting.
 - Seek further information from the Director/Assistant Director where necessary.
 - Make reasonable requests for certain additional information to facilitate strategic decision-making.
 - Make links between financial performance and activity, to inform decision-making of the Committee.
 - Inform the process of efficiency target setting and monitor performance against delivery of efficiency targets agreed.
- 3.14 The Committees have the autonomy (subject to delegation levels) to enact budget virements (transfers) from one function to another within their overall committee budget envelope. Virements will also need to be agreed by the Section 151 Officer as there are certain conditions where budgets are not allowed to be transferred for the purposes of gaining a specific benefit.
- 3.15 The Committees will be responsible for containing net expenditure within their overall budget envelope and not overspending. Where an adverse variance is forecast, each committee will be required to take remedial action, with detailed plans and timeframes, to bring the budget back in line and ensure that overspends are mitigated. Where a committee has taken all possible steps for remedial action and is unable to fully mitigate an overspend, this must be reported to the Policy and Resources Committee who will then take an organisational-wide view of how this adverse variance will be managed. There must be immediate action agreed to ensure a deliverable, balanced forecast position can be reported, and this will be monitored on a regular basis by the Policy and Resources Committee.
- 3.16 Whilst each Committee is required to remain within its annual budget envelope, situations may transpire that demonstrate an unmanageable or durable forecast variance being reported to a

Committee. Committees wishing to use any forecast underspend, must have approval from the P&R Committee.

- 3.17 The Council must not be in a situation where one Committee is forecasting an overspend, unable to mitigate it, and another Committee is forecasting an underspend and takes a decision to utilise this for unplanned growth purposes. The Policy and Resources Committee will be responsible for ensuring that operating in silos does not occur and that resources are aligned to Council objectives at all times.
- 3.18 The Policy and Resources Committee has ultimate responsibility for taking any necessary steps required to ensure a whole Council budget can report a balanced position throughout the year. The Section 151 Officer, in consultation with the Monitoring Officer, will be responsible for ensuring that any budget actions, proposals and mitigations are achievable and legal.
- 3.19 The Finance Working Group will meet to support the Policy and Resources Committee in its aims of providing strategic direction to the operation of the Council, to maintain a strategic overview of budgets and to provide a coordinating role across all other service committees through a 'whole council view' of budget monitoring.

Budget Setting Process

- 3.20 The process for setting the budget for 2025/26 will commence immediately, building on the MTFP that was approved by Full Council on 26 February, as recommended by Policy and Resources Committee.
- 3.21 The most recent version of the MTFP contains a number of financial pressures and savings for 2025/26 (and beyond) that illustrate a budget gap of £3.191m. The budget setting process will need to close the budget gap, which will fluctuate during 2024/25 subject to further information and analysis of potential financial pressures as well as obtaining clarity on government and other funding available to the Council.
- 3.22 Included within the MTFP for 2025/26 is a suite of proposals for consideration in the proposed budget setting process. Officers will develop business cases for these proposals which will be shared with the regular committee Budget Oversight Panel meetings, concurrently serving as budget workshops for the Committees.
- 3.23 The budget workshops, a number of which will be convened between now and August in line with individual committee requirements, will allow current budget intelligence to be reviewed, challenged and modified. In order to close the budget gap, it will be necessary to consider a number of approaches, which will include:
 - reviewing budget pressures with the aim of reducing them
 - reviewing income streams to ensure that maximum benefits are being obtained and that achievable targets are set.
 - reviewing opportunities for budget efficiencies and savings
- 3.24 It is considered vital that clear direction is given by Policy & Resources Committee to each Committee in respect of their budget setting objectives. To facilitate this, it is recommended that budget envelopes are constructed for each Committee to work to in order to provide a framework and clear goals to the approaches noted in paragraph 3.23. These envelopes will take account of the work of the change programme and any justifiable budgetary pressures or additional factors that necessitate strategic management and mitigation. The Finance Working Group will play a key role in this process.

- 3.25 The methodology for constructing budget envelopes will follow the convention adopted for 2024/25, whereby MTFS principles were aligned to Directorate activity through targets that:
- Will produce a balanced budget and MTFP.
 - Prioritise statutory services and objectives in line with the Council Plan
 - Ensure that non-statutory services that are not supporting statutory services will be delivered only where there is no net cost to the Council.
 - Facilitate a strengthening of our reserves to ensure we have funds for the future to support the Council Plan
 - Demonstrate an appropriate approach to corporate risk.
- 3.26 Each Committee, via the budget workshops, will be accountable for identifying, developing and agreeing reductions in pressures and deliverable savings proposals to close the 2025/26 budget gap and ensure a draft balanced budget can be considered by the Policy & Resources Committee in November 2024, to enable budget consultation to start in a timely manner. See Appendix C for a flow chart of the process for the 2025/26 budget and timeline.
- 3.27 In developing budget proposals, and reviewing budget activity, each Committee must adhere to the MTFS guiding principles, including the overarching principle that all investment and savings decisions will be aligned to the priorities within the Council Plan:
1. Fees & Charges will be reviewed annually and adjusted for inflation, regulatory guidance, and competitiveness. When setting charges, the impact on vulnerable groups will be considered.
 2. Capital decisions will be based upon strong business cases, taking account of invest to save principles where appropriate. Whole life capital financing costs impacting the net revenue position of the Council will be fully considered and reflected in the MTFP.
 3. Service level spend will be benchmarked with suitable peer groups and regularly reviewed to ensure the principle of an efficient Council is being achieved.
 4. The Council will maximise the opportunities from automation and a policy of 'Digital First' in service delivery.
 5. Service reviews will be undertaken Council wide within the timeframe of the MTFS. This will ensure that operating models, organisational design and costs are subject to regular reviews and adjustment.
 6. Service development, savings, and investment will be brought forward based on business cases that must demonstrate alignment to the Corporate Plan, feasibility, deliverability and value for money.
 7. The Council will consult with stakeholders across the borough in forming budget proposals.
 8. The Council will review alternate delivery models and seek joint working and management initiatives with regional and other partners to align to the Wirral Plan.
 9. The Council will continually review its Earmarked Reserves for appropriateness and purpose. Unearmarked reserves will be brought to a level of 5% of net expenditure by 2026/27.
 10. Given the challenging financial position of the Council and the need to maintain key statutory services. The Council will seek to maximise receipts from all funding streams, including Council Tax over the period of the MTFS.
- 3.28 Further to these guiding principles the following specific key assumptions will be used for the initial formulation of 2025/26 budget figures:
- Council Tax increase of 2.99% (1.99% general fund 1% Social Care Precept)
 - A minimum 3% inflation increase within social care services (largely linked to RLW).
 - 2% Increase in pay costs

- 2% Contract inflation.
- Levies to be increased in line with levying body forecasts.
- £2m contribution to the general reserves
- The financial pressures faced by the Adults and Children's Directorates must be addressed within their existing budgetary allocations, supplemented by any funding increases derived from the social care precept and any other additional grant funding enhancements.
- Any funding gap for the Birkenhead Commercial District will be met from the Wirral Growth Company profits in year.
- Remaining Budget Gap will be bridged from savings identified via Change Programme and Strategic Transformation activity.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report sets out the 2024/25 budget monitoring process and 2025/26 budget setting process and has no direct financial implications. The outcome of the processes will, if not adhered to or a suitable alternative process agreed, will have significant financial implications. However, the proposals set out control environments and a timeline of activity deemed necessary as part of sound financial management regime.
- 4.2 If the annual budget cannot be balanced, this may result in a Section 114 report being issued by the Section 151 Officer - once issued there are immediate constraints on spending whereby no new expenditure is permitted, with the exception of that funding statutory services, including safeguarding vulnerable people, however other existing commitments and contracts can continue to be honoured.
- 4.3 The Council delivers both statutory and non-statutory services at present – the requirement to eliminate subsidies provided to non-statutory services is considered to be a key requirement in delivering value for money and ensuring that finite resources are targeted on beneficial outcomes.
- 4.4 The Financial Management Code requires the Council to demonstrate that the processes they have in place satisfy the principles of good financial management, based on the following six principles:
- Organisational Leadership – demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisation culture.
 - Accountability – based on Medium-Term Financial Planning, that derives the annual budget process supported by effective risk management, quality supporting data and whole life costs.
 - Financial management - undertaken with transparency at its core using consistent, meaningful and understandable data, reported frequently with evidence of periodic officer actions and elected member decision making.
 - Professional standards - Adherence to professional standards is promoted by the leadership team and is evidenced.
 - Assurance - sources of assurance are recognised as an effective tool mainstreamed into financial management, including political scrutiny and the results of external audit, internal audit and inspection.
 - Sustainability - The long-term sustainability of local services is at the heart of all financial management processes and is evidenced by prudent use of public resources.

5.0 LEGAL IMPLICATIONS

- 5.1 The Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.
- 5.2 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.
- 5.3 Once a budget is in place, Council has delegated responsibility to the Policy and Services Committees to implement it. The Committees **may not within, normal business operating conditions**, act contrary to the Budget without consent of Council other than in accordance with the Procedure Rules set out at Part 4(3) of the Constitution.
- 5.4 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 agreed 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. There may be resource requirements of any action resulting in remedial or mitigating tasks if an adverse forecast is reported with regards the 2024/25 budget in year, however these will be reported at the appropriate time.

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. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.
- 7.3 The risk of this not being able to be achieved could mean that the Council does not have enough funding to offset its expenditure commitments for the year and therefore not be able to report a balanced budget at the end of the year. This could result in the Section 151 Officer issuing a Section 114 notice.
- 7.4 A key risk to the Council's financial plans is that funding and demand assumptions in particular can change as more information becomes available. As such, the MTFP is regularly reviewed and updated as part of routine financial management.
- 7.5 Under the system of retained Business Rates, Authorities benefit from a share of any increased revenues but are liable for at least a share of any falls in income (subject to

safety net triggers) and any non-collection. This includes reductions arising from appeals relating to past years which partially fall on the Authority. These risks are mitigated through a combination of the operation of the Collection Fund and General Fund Balances.

- 7.6 Assumptions have been made in the current budget outlook for income and funding from business rates and council tax and social care grants as the main sources of funding. If there is an adverse change to these assumptions as a result of government announcements, additional savings proposals or reduced expenditure would need to be identified as soon as possible to ensure a balanced five-year MTFP can be achieved. Committees will be kept updated with any announcements regarding the local government finance settlement through the year.
- 7.7 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.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Consultation has been carried out with the Senior Leadership Team in arriving at the governance process for the budget monitoring and setting processes.

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 There are no specific equality implications of this report regarding processes, however, it is recognised that some of the developing proposals for budgets could have equality implications. Any implications will be considered and any negative impacts will be mitigated where possible.
- 9.3 Equality implications will be assessed during planning, decision and implementation stages and will be recognised as an ongoing responsibility. Any equality implications will be reported to the Committees. Equality issues will be a conscious consideration and an integral part of the process.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 At this time, there are no additional environmental and climate 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 environment and climate implications associated with these that will be addressed within the relevant business cases presented to the Committee.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 This report has no direct community wealth implications however any budget proposals to be developed should take account of related matters across headings such as the following:

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

REPORT AUTHOR: Mark Goulding
(Senior Finance Manager)
email: markgoulding@wirral.gov.uk

APPENDICES

Appendix A Savings agreed at full Council for 2024/25
Appendix B Committee Budget Book details
Appendix C Flow chart of the process for the 2025/26 budget setting.

BACKGROUND PAPERS

Pressure and Growth Proposals
Savings and Income Proposals
CIPFA's Financial Management Code

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Full Council	26 February 2024
Policy and Resources Committee Environment, Climate	13 February 2024
Emergency and Transport Committee	29 January 2024
Tourism, Communities, Culture & Leisure Committee	2 February 2024
Children, Young People & Education Committee	1 February 2024
Economy Regeneration & Development Committee	22 January 2024
Adult Social Care and Public Health Committee	23 January 2024
Policy and Resources Committee	8 November 2023
Policy and Resources Committee	4 October 2023

Appendix A – Savings agreed at full Council for 2024/25

Theme	Option	24/25 Saving (£m)	25/26 Saving (£m)	26/27 Saving (£m)	27/28 Saving (£m)	28/29 Saving (£m)
Committee: Adult Care & Public Health						
Changing how we fund or provide services	Review of Adult Social Care cost-effectiveness	-4.800	-5.040	-5.292	-5.557	-5.668
Committee: Children, Young People & Education						
Increasing Business Efficiencies	Reduction in teachers' pension liabilities	-0.200	-0.075	-0.050	0.000	0.000
	Kingsway PFI buy out	-0.500	0.000	0.000	0.000	0.000
	Re-organisation of Early Help, Family Support and Social Care into locality teams.	-0.550	0.000	0.000	0.000	0.000
Changing how we fund or provide services	Reduction in looked after children (LAC) numbers	-0.330	-0.439	-0.375	0.000	0.000
	Reducing High Cost Residential Care	-1.100	0.000	0.000	0.000	0.000
	Promoting Independence	-0.300	-0.200	0.000	0.000	0.000
Committee: Economy, Regeneration & Housing						
Increasing Business Efficiencies	Implementation of Corporate Landlord model.	-0.050	-0.250	-0.120	0.000	0.000
Committee: Tourism, Communities Culture & Leisure						
Changing how we fund or provide services	Active Wirral Strategy	0.000	-1.000	-2.000	0.000	0.000
	Review library provision and location of Birkenhead and Wallasey libraries.	0.000	-0.250	0.000	0.000	0.000
	Floral Pavilion	-1.300	0.000	0.000	0.000	0.000
Committee: Policy & Resources						
Increasing Income	Increase in Fees and Charges	-0.750	-0.600	-0.450	-0.450	-0.450
Increasing Business Efficiencies	Enabling Services	-2.160	-2.000	0.000	0.000	0.000
	Cease subsidised traded services.	-0.350	0.000	0.000	0.000	0.000
TOTAL SAVINGS		-12.390	-9.854	-8.287	-6.007	-6.118

Appendix B Committee Budget Details



Adult Social Care and Public Health Committee 2024/25 Budget Book

Contents:

- A. Introduction and 2024/25 Budget summary
- B. Service area summary narratives
- C. Key Priorities for 2024/25
- D. 2024/25 Subjective and Objective Budgets
- E. 2024/25 Approved Savings
- F. Capital Budgets
- G. Reserves
- H. Performance Data

A. INTRODUCTION AND 2024/25 BUDGET SUMMARY

The Adult Social Care and Public Health Committee oversees and is responsible for the full range of Adult Social Care and Public Health services that the population of our Borough require. This includes not only formal statutory care services but also preventative and community-based services, as well as responding outbreaks of disease.

The Committee will hold the Director to account for oversight of the care market including service commissioning and quality standards of adult social care services.

The Committee is responsible for Safeguarding vulnerable people, ensuring that social care needs are met and enabling people to live fulfilling lives and stay as independent as possible. The Adult Social Care and Health Committee is also responsible for the promotion of the health and wellbeing for the whole population of the Borough.

The tables below breakdown and explain the financial resources available to the Committee in 2024/25.

REVENUE BUDGETS

Revenue Budgets are the monies the Council allocates for its day-to-day expenditure. It is the amount of money the Council requires to provide its services during the year.

Table 1 below, highlights how the revenue budgets are allocated across the various Service Areas of the Adult Care and Health Directorate.

Appendix B Committee Budget Details

TABLE 1: 2024/25 Adult Social Care and Public Health – Service Budget

Service Area	Budget (£'000)
ASC Central Functions	8,204
Delivery Services	5,527
Mental Health & Disability Services - CWP	59,306
Older People Services	69,366
Other Care Commissions	-4
Public Health - Central Functions	3,928
Public Health - Commissioned Services	20,401
Public Health - Internal Investments	7,202
Public Health - Joint Commissions	1,265
Public Health Grant Funding	-32,957
Public Health-CHAMPS Hosted Service	0
Total Committee Budget	142,238

B. SERVICE AREA SUMMARY NARRATIVES

ASC Central Functions: This service area contains the central teams and support service functions which help adult social care to operate efficiently. Teams such as the Directorate Management Team, the Safeguarding Team and the Contract and Commissioning Team are included within this service area.

Delivery Services: This service area relates to Wirral Evolutions day centres and Shared Lives in-house function.

Mental Health & Disability Services: This service area relates to the individuals with complex needs/ diagnoses and usually have access to Secondary Services, such as Learning Disability Nursing and/or Mental Health services. This support is person-centred specialist support for someone, usually, with a chronic or long-term health condition, who requires extra assistance to manage their symptoms and day-to-day activities. There are three main types of services, Learning Disability (LD), Mental Health (MH) and Children with Disabilities (CwD). The delivery of these services is transferred to an external provider, the Cheshire and Wirral Partnership NHS Foundation Trust (CWP). CWP have the contractual responsibility to manage the day-to-day operation of the services and are tasked with working collaboratively with the Council and partners to seek future efficiencies to mitigate against anticipated future service growth pressures.

Older People Services: This service area relates to the services for adult social care that range from 18+ and includes the vast majority of individuals that link in with Adult Social Care and primary services/community services. This support is largely for residents who require support in the short to medium term and mostly affects people coming out of hospital or illnesses occurring in later years of residents' lives. The delivery of these services had previously transferred to an external provider, NHS Wirral Community Health and Care Trust (WCHCT), however this will transfer back to the Local Authority during

Appendix B Committee Budget Details

2023-24. Services included in this area are Hospital Discharge, MASH (Multi Agency Safeguarding Hub) as well as support for older people to live independently at home, or with varying degrees of support, as per their assessment and support plan.

Other Care Commissions: This service area contains services and commissions which are generic to the work of Adult Social Care and/or do not fit easily within the service areas of Complex or Non-Complex care. Services such as Assistive Technology and the equipment service contract, as well as the commissions with voluntary organisations.

Public Health: Public Health responsibilities include, improving the health and wellbeing of residents, reducing differences between the health of different groups by promoting healthier lifestyles, providing Public Health advice to the NHS and the public, protecting residents from public health threats and hazards and preparing for and responding to public health emergencies.

Better Care Fund and the Section 75 pooled fund agreement

Elements of the Adult Social Care budgets, shown above, are funded via the Better Care Fund.

The Better Care Fund (BCF) is a programme, spanning both the NHS and local government, which seeks to join up health and social care services so that people can manage their own health and wellbeing and remain as independent as possible.

The Council has entered a pooled budget arrangement in partnership with Wirral Place Integrated Care Board, under Section 75 of the Health Act 2006, for the commissioning and delivery of various integrated Care & Health functions. This pooled budget is hosted by the Council and includes, but is not limited to, services funded by the Better Care Fund.

The pool incentivises the NHS and local government to work more closely together around people, placing their well-being as the focus of care and health services. The pooled fund arrangements are well established in Wirral and enable a range of responsive services to vulnerable Wirral residents, as well as a significant component of BCF funding to protect frontline social care delivery.

The Wirral Health and Care System has begun to make a shift in the delivery of care from in hospital to home and reablement. This Home First reablement approach enables assessment in the right place at the right time. The new discharge fund has provided additional funding to support this.

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C. Key Priorities for 2024/25

The Adult Social Care and Health Directorate will work across local public and voluntary sector partners to advance and provide opportunities for Wirral residents to lead independent and healthier lives.

To do so will contribute to the organisational vision of:

“Working together to promote fairness and opportunity for people and communities.”

To support this the Directorate will seek to improve outcomes by enabling the following:

- People to live independently for longer.
- People to get the right care at the right time.
- Quality improvements to be made within the care sector.
- Inequalities in health to be reduced.

To support achievement of these targeted aims related to promoting independence and healthier lives the Adult Health and Social Care will aim to implement and deliver the following:

- Provide services as close to home as possible.
- Deliver the All Age Disability Strategy 2024-2029.
- Implement preparing Adult for Adulthood pathways.
- Implement Able-Me preventative reablement service.
- Provide health and social care services where people need them.
- Implementation of the on-line assessment tool to support quality improvement of providers and services that require CQC assessment.
- Lead and co-ordinate implementation of the Health and Wellbeing Strategy.
- Deliver Wirral's Combatting Drugs Strategy, Substance Misuse Treatment and Recovery Programme
- Develop a Local Tobacco Control Plan and Local Gambling Harm Strategy

To determine progress towards achieving the outcomes above the following will be measured:

- Increase housing options for older people.
- Increased number of extra care housing units delivered.
- Increased use of technology in the home.
- Reduced cost of care.
- Increased quality and models of care.
- Improvements in health across our population and reduced health inequalities.
- Decrease in the number of drug-related deaths
- Reduction in the number of people smoking
- Number of adults and young people accessing substance misuse treatment services

Public Health will work to improve and protect the health of people in Wirral, with a focus on reducing health inequalities through strategic leadership and collaborative working with partners and the local community. We do this through provision of Public Health leadership

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and intelligence, expert advice on relevant health protection and healthcare issues, and through Public Health commissioned services.

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D. 2024/25 SUBJECTIVE AND OBJECTIVE BUDGETS

Table 2, below, highlights how the revenue budget is allocated across the various subjectives or types of expenditure.

TABLE 2: 2024/25 Adult Social Care and Public Health – Subjective Budget

Subjective	Budget (£'000)
Expenditure	
Employee	24,713
Non Pay	54,726
Cost of Care	165,738
Total Expenditure	245,177
Income	-102,939
Total Committee Budget	142,238

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Table 3 below, provides a further detailed breakdown of the service budgets.

TABLE 3: 2024/25 Adult Social Care and Public Health – Service budgets

Service Area	Employee £'000	Non Pay £'000	Cost of Care £'000	Income £'000	Grand Total £'000
ASC Central Functions					
Central Functions	4,156	4,634	69	-655	8,205
Delivery Services					
Shared Lives	180	47	0	0	227
Wirral Evolutions	4,862	632	0	-194	5,300
Mental Health & Disability Services - CWP					
All Age Disability Commissioning Contract	0	6,877	-1,400	-475	5,002
Integrated Disability Services	0	0	3,513	0	3,513
Integrated Services - All Age Disability Service	0	0	46,321	-8,841	37,479
Mental Health Services	18	2	17,476	-5,389	12,107
Services for Children with Disabilities	0	102	1,183	-80	1,205
Older People Services					
Integrated Services - Neighbourhoods	2,812	6,568	6,718	-8,817	7,280
Neighbourhoods	7,267	1	92,258	-30,154	69,372
Older People Commissioning Contract	0	0	-400	-6,886	-7,285
Other Care Commissions					
Delivery - Care Commissions	0	0	0	-4	-4
Public Health - Central Functions					
Public Health - Wider determinants of health	3,459	484	0	-15	3,928
Public Health - Commissioned Services					
Adults Health Improvement	0	258	0	0	258
Children Core HCP 0-19	0	5,372	0	0	5,372
Children Non-Core HCP	0	1,408	0	0	1,408
Drugs and Alcohol Abuse Adults	343	10,859	0	-5,297	5,906
Health Protection- Infection Control	0	527	0	0	527

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Miscellaneous Commissioned Service	0	1,356	0	0	1,356
Service Area	Employee £'000	Non Pay £'000	Cost of Care £'000	Income £'000	Grand Total £'000
Public Mental Health	0	1,760	0	-452	1,308
Sexual Health Services	0	3,110	0	0	3,110
Stop Smoking Services	0	1,156	0	0	1,156
Public Health - Internal Investments					
Children Health Improvement	0	257	0	0	257
Miscellaneous Internal Investments	0	6,945	0	0	6,945
Public Health - Joint Commissions					
Adults Joint Commission	0	925	0	0	925
Miscellaneous Public Health	0	340	0	0	340
Public Health Grant Funding					
Public Health Grant Funding	0	0	0	-32,957	-32,957
Public Health-CHAMPS Hosted Service					
Public Health - Collaborative Service CHAMPS	1,615	1,108	0	-2,724	0
TOTAL BUDGET	24,713	54,726	165,738	-102,939	142,238

APPROVED SAVINGS

Savings Description	Agreed Value (£'000)
There is a need to continuously review the cost effectiveness of Adult Social Care (ASC) Services against: Learning Disability costs, NHS funding, locations and supporting workstreams. To achieve this, a range of initiatives have been developed that support the overall reduction in unit cost of the service which support ASC to manage an increasing number of service users in line with demographic change and service demand	4,800
Total	4,800

E. CAPITAL BUDGETS

Capital budgets are the monies allocated for spend on providing or improving non-current assets, which include land, buildings and equipment, which will be of use or benefit in providing services for more than one financial year.

TABLE 4: 2024/25 Adult Social Care and Public Health – Capital Budget

Scheme	Budget £'000	Borrowing £'000	Grants £'000	Funding Total £'000
Extra Care Housing	2,276	691	1,585	2,276
Liquidlogic – Early Intervention & Prevention	169	169	0	169
Telecare & Telehealth Ecosystem	834	0	834	834
Total	3,279	860	2,419	3,279

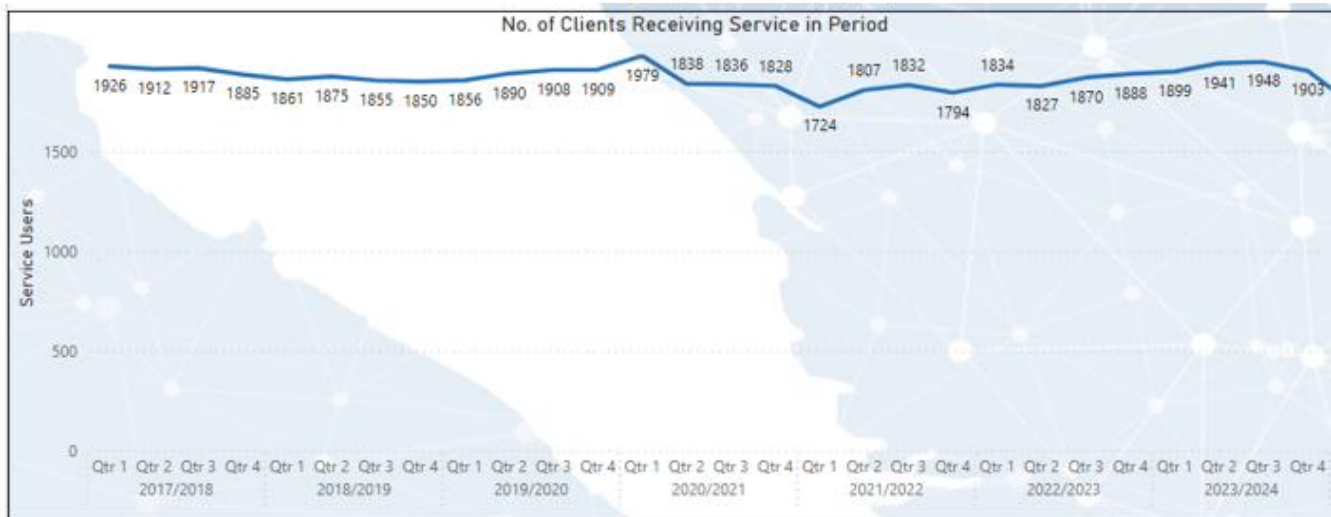
F. RESERVES

TABLE 5: 2024/25 Adult Social Care and Public Health – Reserves

Reserve	Value £'000
Public Health Ringfenced Grant	6,627
Champs Innovation Fund	16
Champs Covid-19 Contact Tracing Hub	123
Implementation of Charging Reform	98
Safeguarding Adults Board	63
Total Adult Social Care & Public Health Reserves	6,927

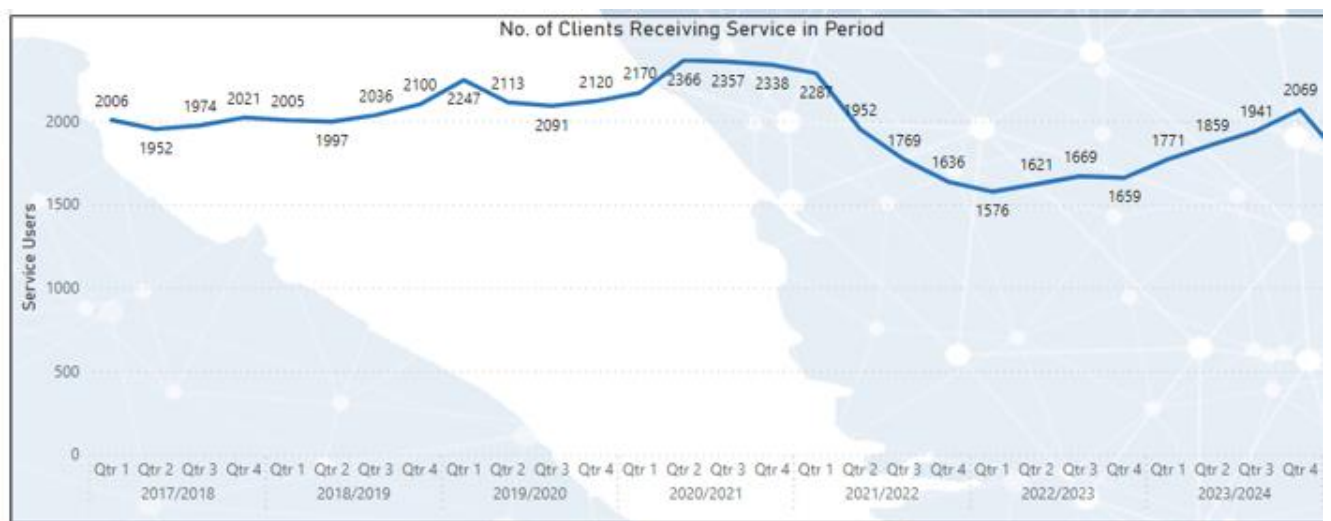
G. PERFORMANCE DATA

Residential/ Nursing Services



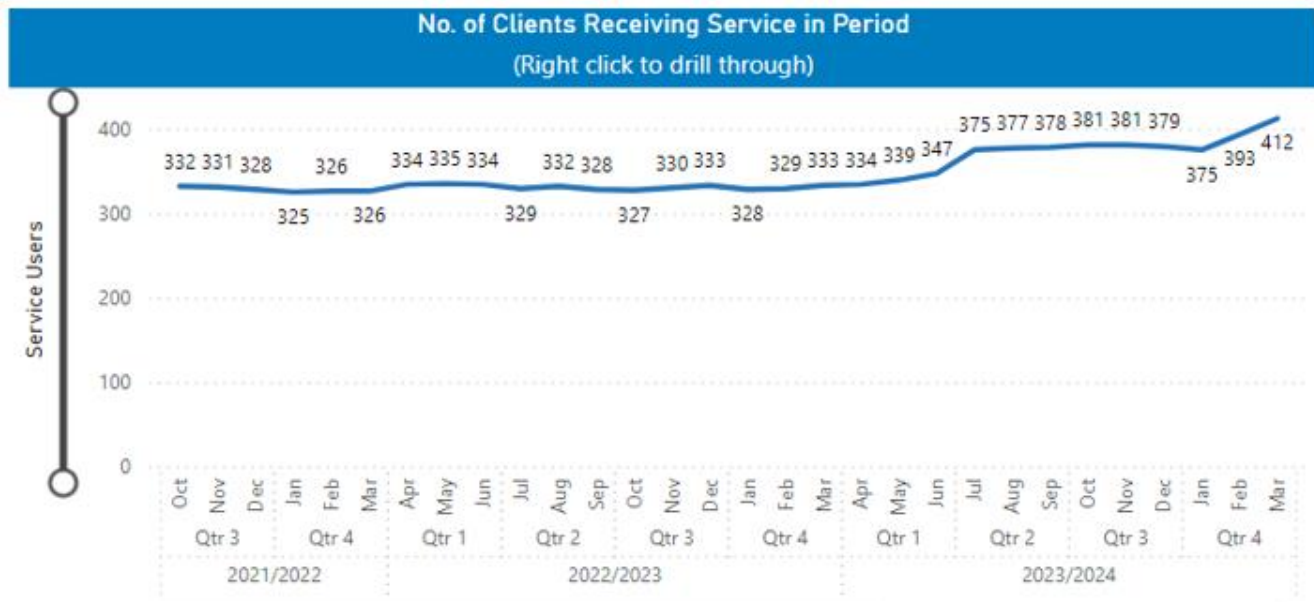
The table above identifies the number of clients accessing residential and nursing services between 2017 and Quarter 4 2023/24. The data shows client numbers currently slightly higher than as at Q4 2017/18. The impact of Covid-19 needs to be considered as impacting on the activity shown.

Domiciliary Care Services



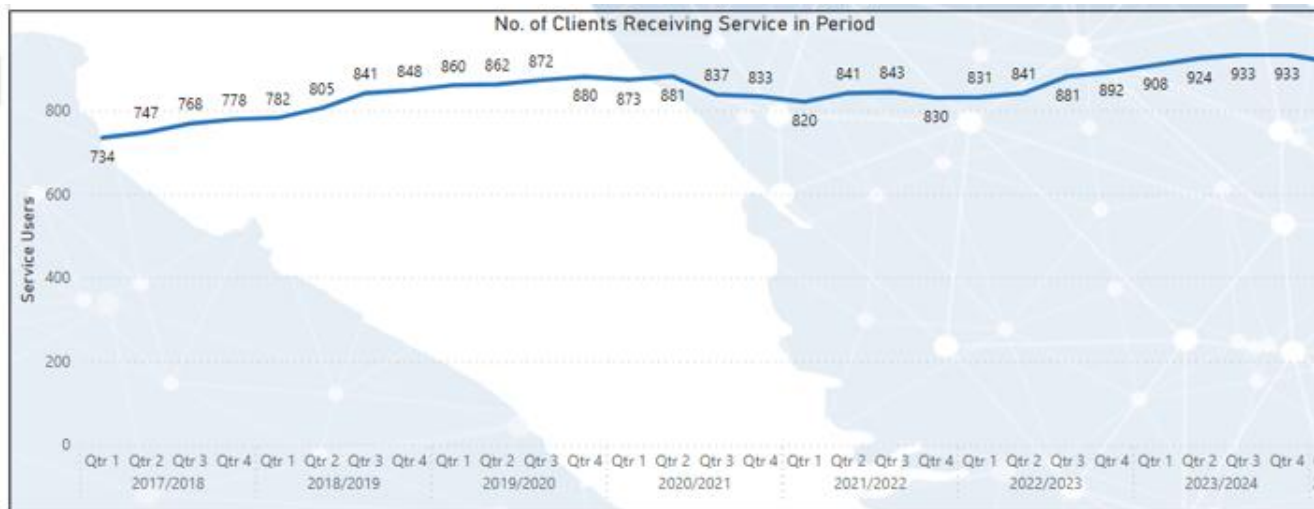
The table above identifies the number of clients accessing domiciliary care between 2017 and Q4 2023/24. The data shows the reducing client numbers over the period 2021- 2023. However current data is comparable to Q4 2017/18 reflecting the improvements in market capacity.

Extra Care Services



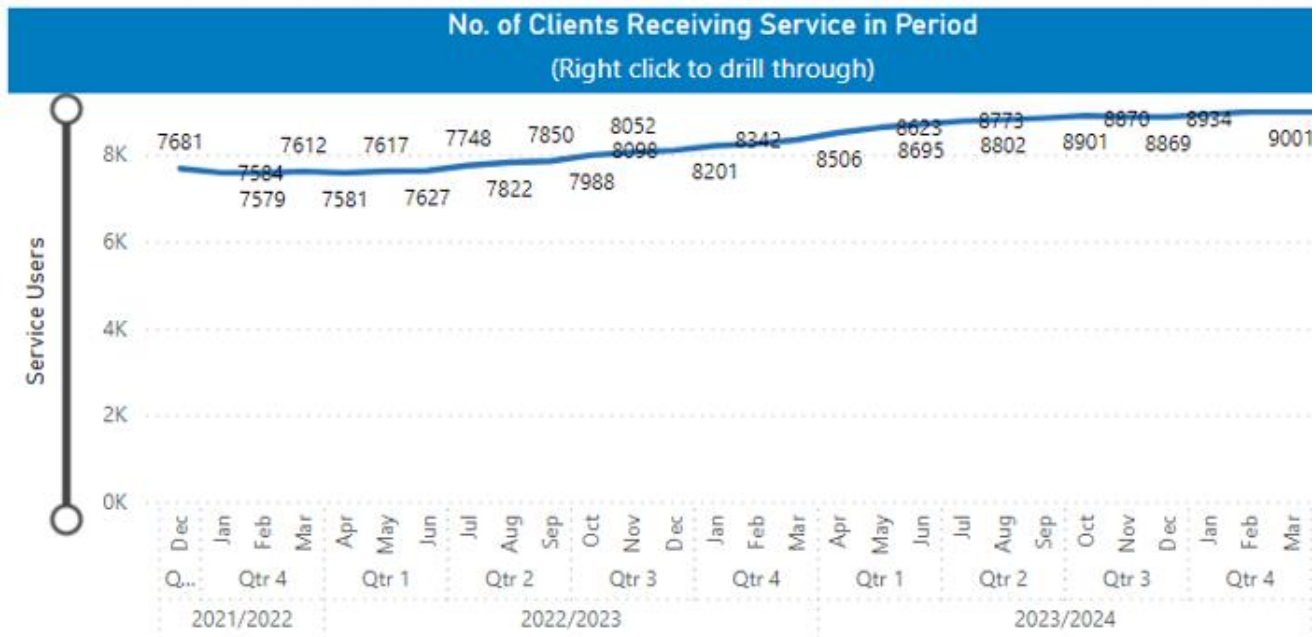
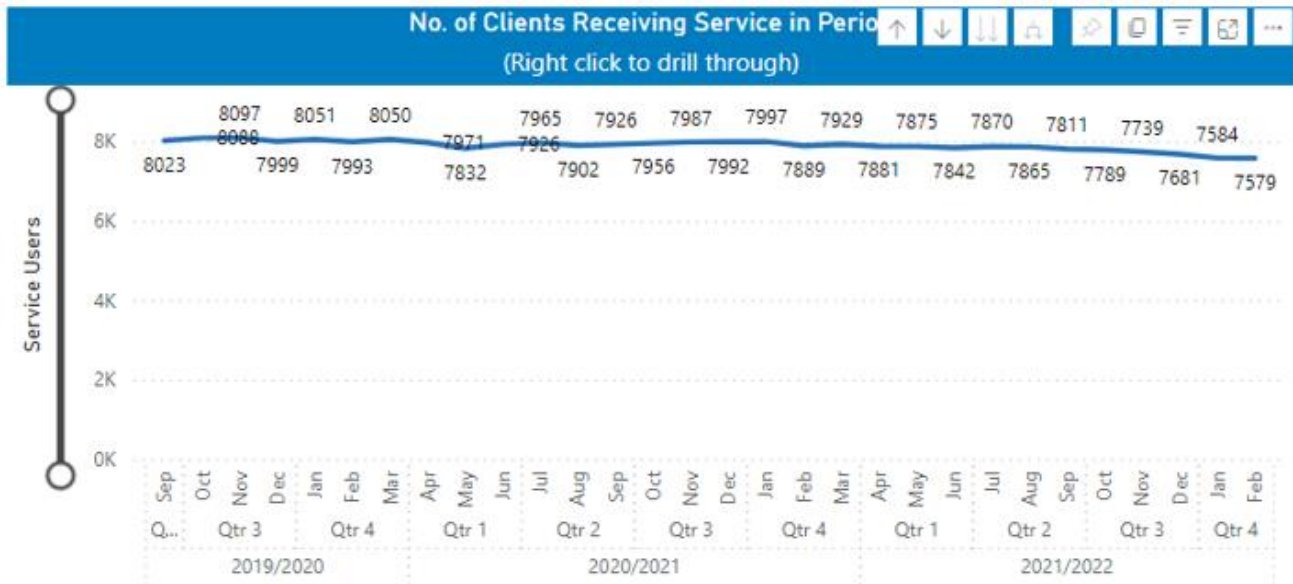
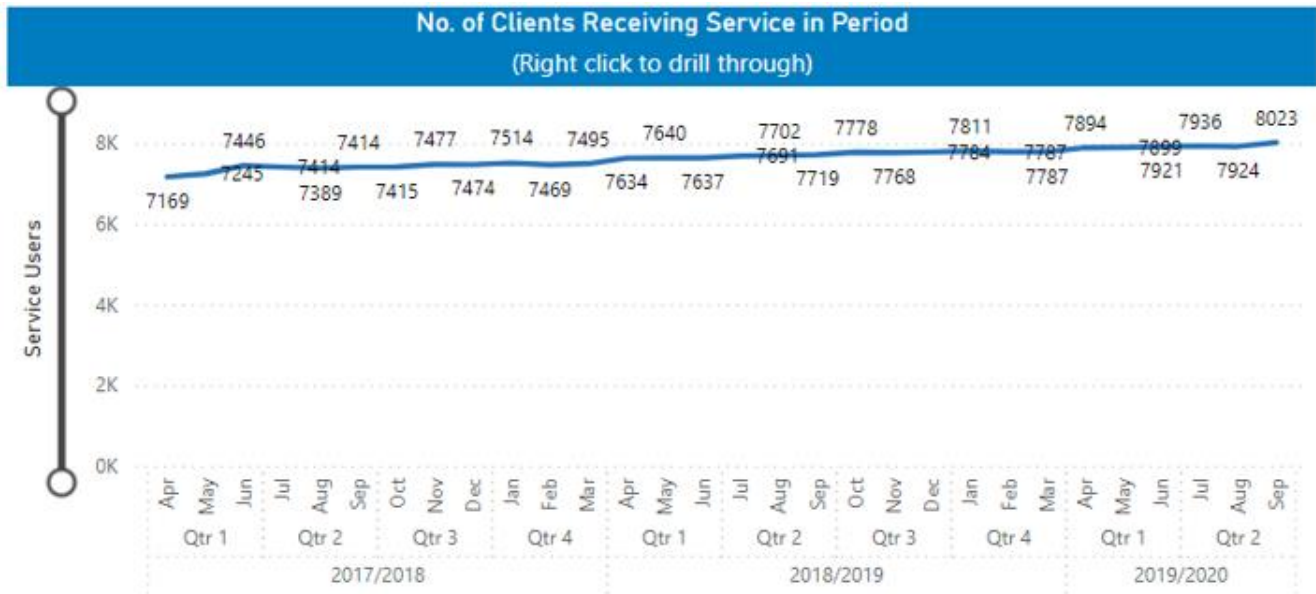
The table above identifies the number of clients accessing Extra care services between 2021 and Q4 2023/24. Continued investment in extra care services is reflected in the data with numbers increasing as new provisions become available within Wirral.

Supported Living Services



The table above identifies the number of clients accessing supported living services between 2017 and Q4 2023/24.

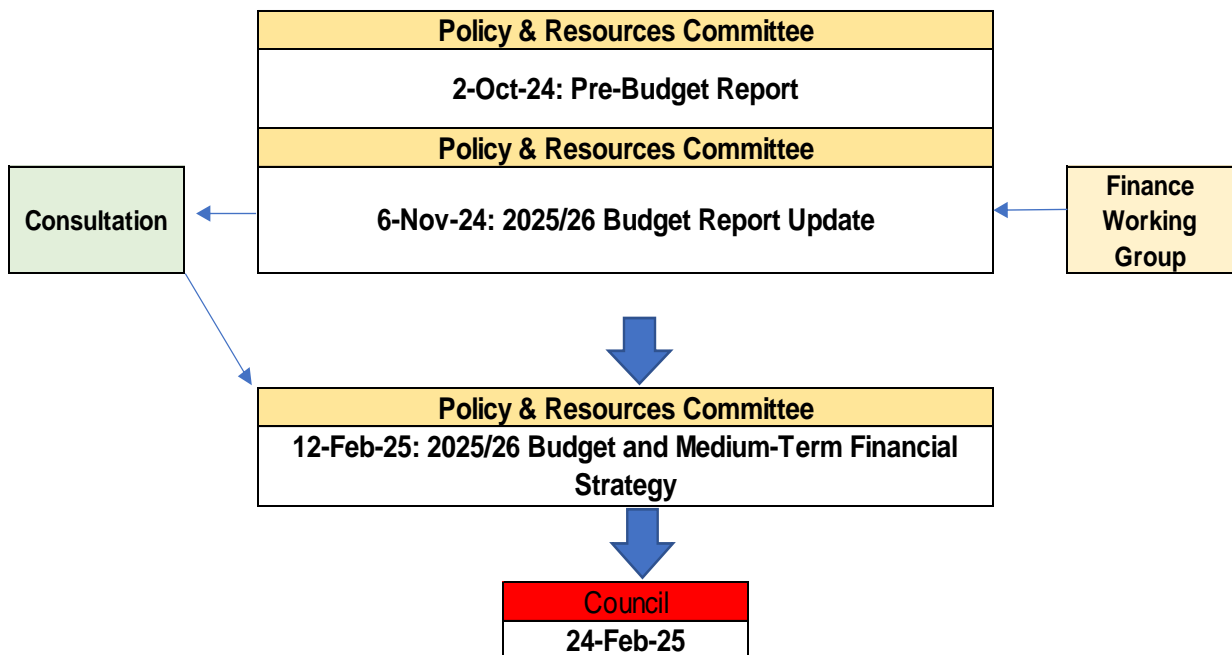
All Current Services (All service types)



The data tables above show all clients accessing services with current numbers at the highest over the last 5 years. This will include the roll out of improved technology offers available to clients in various care settings.

Appendix C Flow chart for 2025/26 budget setting

Committee	Budget Workshops	Budget Workshop Feedback reported to Committee
Adult Social Care and Public Health	Jul - Aug	15-Oct-24
Children, Young People and Education	Jul - Aug	16-Oct-24
Economy Regeneration and Development	Jul - Aug	14-Oct-24
Environment, Climate Emergency and Transport	Jul - Aug	21-Oct-24
Policy & Resources	Jul - Aug	02-Oct-24
Tourism, Communities, Culture and Leisure	Jul - Aug	17-Oct-24





ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 18 July 2024

REPORT TITLE:	2024/25 BUDGET MONITORING FOR QUARTER ONE (THE PERIOD TO 30 JUNE 2024)
REPORT OF:	DIRECTOR OF HEALTH, CARE AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 1 (30 June) of 2024/25. The report provides Members with an overview of budget performance, including progress on the delivery of the 2024/25 saving programme and a summary of reserves and balances, to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers and where appropriate, Committees 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 1, there is a reported adverse position of £2.5m on the Committees net revenue budget of £142.4m.

This is not a key decision and affects all wards.

The report contributes to the Wirral Plan 2023-2027 in supporting the organisation in meeting all Council priorities.

RECOMMENDATIONS

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

1. Note the adverse position presented at Quarter 1.
2. Note the progress on delivery of the 2024/25 savings programme at Quarter 1.
3. Note the forecast level of reserves and balances at Quarter 1.
4. Note the budget virement due to administrative change in the allocation of Service budgets between directorates, as detailed in paragraph 3.17.
5. Note the capital position at the end of Quarter 1.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 At the end of Quarter 1, there is a forecast adverse position of £12.493m on full Council spend. This position is based on activity to date, projected trends in income and expenditure and changes to Council funding. The adverse financial position forecast in relation to Adult Care and Health equates to £2.5m of this forecast.

This is a serious financial position for the Council that needs to be significantly mitigated in-year through all available measures to reduce expenditure and generate cost savings. The source of the overspend reflects the outturn position from 2023/24 for which an action plan has been developed and implemented. This is designed to address the main issues generating the adverse position and progress will be reported on this in all future reports and to the relevant committees. However, the majority of this overspend is a consequence of increased demand and costs for social care services and will not be easily resolved.

Whilst the overall position can currently largely be managed in-year by

- a) utilising the contingency budgets,
- b) applying flexible use of capital receipts to fund transformational revenue spend, and
- c) re-provisioning of earmarked reserves,

it is not a sustainable position going forward and will adversely impact budget planning for 2025/26.

Economic Context

- 3.2 While geopolitical events pose potential threats to price stability, the UK's inflation outlook remains positive. The headline Consumer Price Index (CPI) rose by 2.0% in the year to May 2024, while core inflation has markedly declined in recent months. This sustained downward trend in UK inflation is projected to persist, prompting market analysts to forecast lower interest rates in the latter part of the year.
- 3.3 In June, the Bank of England maintained its Bank Rate at 5.25%. While the Monetary Policy Committee (MPC) recognises the need to stimulate the UK

economy by lowering rates in upcoming quarters, concerns over persistent inflationary pressures are likely to postpone any cuts until the third quarter of 2024. Experts anticipate a gradual reduction, with rates potentially reaching around 3% by late 2025.

- 3.4 The results of the UK general election will play a pivotal role in determining the economic trajectory in the coming financial year. Regardless of which political party is successful, the election outcome will influence a range of factors, from fiscal policies and public spending to trade relations and regulatory frameworks.
- 3.5 The overall economic environment, whilst forecast to be more stable than recent years, there remains a great deal of uncertainty and challenge which will need to be monitored carefully as the year progresses. In this context, the Council must remain agile and ready to respond to emerging trends and unforeseen events. Regular reassessment of economic indicators and global developments will be key to navigating this calmer, yet still challenging, economic landscape.

Quarter 1 Forecast Revenue Outturn Position

- 3.6 Table 1 presents the forecast outturn as a net position, i.e. expenditure minus income. Favourable variances (underspends) are shown as negative values and adverse variances (overspends) are shown as a positive value.
- 3.7 At the end of Quarter 1, against the Committee’s revised net revenue budget of £142.4m, there is a forecast adverse variance of £2.5m.
- 3.8 The outturn forecast assumes full achievement of the £4.8m 2024/25 savings target.

TABLE 1: 2024/25 ADULT SOCIAL CARE & HEALTH REVENUE BUDGET & FORECAST OUTTURN

	Budget	Forecast	Variance (+ Fav, - Adv)		Adv/ Fav
	£000	£000	£000	%	
Adult Social Care Central Functions	8,205	8,629	424	5%	Adverse
Older People Services	69,493	70,835	1,342	2%	Adverse
Mental Health & Disability Services - CWP	59,306	60,347	1,041	2%	Adverse
Other Care Commissions	(131)	(411)	(280)	213%	Favourable
Delivery Services	5,527	5,500	(27)	0%	Favourable
Public Health	0	0	0	0%	Adverse
Committee Budget	142,400	144,900	2,500	2%	Adverse

- 3.9 The forecast represents the continued pressures within residential and nursing settings. The numbers of clients supported in Wirral continues to increase with numbers at quarter 1 being 7% higher than the same time last financial year.
- 3.10 Domiciliary care pick up continues to improve with activity reflecting an increase of 15% in commissioned packages since the start of last financial year. This improvement has supported progress in reducing waiting times in the community and on hospital discharge, work continues system wide across our Health Partners to ensure people who require care and support can achieve their desired outcomes.
- 3.11 The forecast assumes full achievement of the £4.8m saving target, any slippage against this saving will further impact on the adverse forecast.
- 3.12 **Public Health:** A balanced position is reported at quarter 1. The Public Health Grant for 2024-2025 is £32.957m, an increase of £0.958m from the 2023-24 allocation.

Pressures to be managed.

- 3.13 It is financially imperative and legally required that the Council report a balanced position at the end of the financial year. Failure to do so results in the Council's Section 151 officer having to produce a Section 114 report under the Local Government Act 1988.
- 3.14 A number of actions and projects have been taken by the Senior Leadership Team to try and address the overall position. In relation to Adult Care and Health, this ranges from the development of joint commissioning activities within Adults and Childrens, as well as panels reviewing high-cost placements..

Role of Policy and Service Committee

- 3.15 As per the 'Budget Monitoring and Budget Setting Processes Report', which can be found elsewhere on the Committee's agenda, the Committees will be responsible for containing net expenditure within their overall budget envelope and not overspending. When an adverse variance is forecast, each committee will be required to take remedial action, with detailed plans and timeframes, to bring the budget back in line and ensure that overspends are mitigated.
- 3.16 Where a Committee has taken all possible steps for remedial action and is unable to fully mitigate an overspend, this must be reported to the Policy and Resources Committee who will then take an organisational-wide view of how this adverse variance will be managed. There must be immediate action agreed to ensure a deliverable, balanced forecast position can be reported, and this will be monitored on a monthly basis.

Budget Virements/ Amendments

- 3.17 Since the end of 2023/24, there have been an administrative change to how the Wirral Intelligence Team report between directorates, previously reporting into Adult Care and Health, from the 2024/25 financial year, it will now report within the Law &

Corporate Services Directorate. This is an administrative change that does not impact the strategic delivery of services.

Progress on delivery of the 2024/25 savings programme.

3.18 Table 2 presents the progress on the delivery of the 2024/25 approved savings.

TABLE 2: ADULT CARE AND HEALTH SUMMARY OF PROGRESS ON DELIVERY OF 2024/25 SAVINGS

Saving Title	Agreed Value	Outturn Value	RAG Rating	Comments
Demand Mitigations	£4.8m	£4.8m	Green	Forecast to be achieved
TOTAL	£4.8m	£4.8m		

3.19 In terms of savings, good progress has already been achieved to date with over £1m already validated against the £4.8m target, representing a 21% achievement target to date.

Reserves and Balances

3.20 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: 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	6,627	0	0	6,627
Champs Innovation Fund	16	0	0	16
Champs Covid-19 Contact Tracing Hub	123	-123	0	0
Implementation of Charging Reform	98	0	0	98
Safeguarding Adults Board	63	-63	0	0

Adult Social Care & Public Health Total	6,927	-186	0	6,741
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- 3.21 The Safeguarding reserve within Adult Social Care represents unspent contributions from previous years and are to be held in reserve for future Safeguarding activities.
- 3.22 The present forecast assumes a balance of £6.741m at the end of the financial year.
- 3.23 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 in October 2025.

Capital Programme

- 3.24 Table 4 below sets out the spend against the capital programme for Adult Social care during 2024/25

TABLE 4: ADULT CARE AND HEALTH CAPITAL PROGRAMME 2024/25

Capital Programme	2024/25			
	Budget £000	Borrowing £000	Grants £000	Total £000
Telecare & Telehealth Ecosystem	1,861	0	1,861	1,861
Extra Care Housing	2,276	691	1,585	2,276
Citizen and Provider Portal/Integrated IT	53	52	1	53
Liquid Logic – Early Intervention & Prevention	214	214	0	214
Total	4,404	957	3,447	4,404

- 3.25 **Telecare & Telehealth Ecosystem:** This capital project is replacing analogue Telecare equipment with new digital Telecare equipment ready for the switching off of analogue telephone lines in 2025. 4,962 homes are connected to Telecare and 5,142 people are being supported in their own homes. 86% of customers are now connected to digital care. 376 homes are equipped with activities of daily living sensors (ADL) supporting early intervention and prevention.
- 3.26 **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.
- 3.26.1 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.

3.26.2 Sycamore place opened in February 2024 and Spinnaker House is due to open in September 2024.

3.27 **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.

3.27.1 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. This project is scheduled for completion in 2024/25.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This is the Quarter 1 budget monitoring report that provides information on the forecast outturn for the Adult Care and Health Directorate for 2024/25. 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 for 2024/25 is dependent on a stable financial position. That said, the delivery of the budget is subject to ongoing variables both positive and adverse which imply a level of challenge in achieving this outcome.
- 7.2 In any budget year, there is a risk that operation will not be constrained within relevant budget limits. Under specific circumstances the Section 151 Officer may issue a Section 114 notice but that position has not been reached at the present time.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2024/25 budget monitoring process and budget setting process.
- 8.2 Since the budget was agreed at Full Council on 26 February, some proposals may have been the subject of further consultation with Members, Customer and Residents. The details of these are included within the individual business cases or are the subject of separate reports to the Committee.

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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

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

REPORT AUTHOR: **Jess Whitley**
(Head of Finance - People)
email: jessicawhitley@wirral.gov.uk

APPENDICES

None

BACKGROUND PAPERS

Adult Social Care and Public Health Committee Report 18 Jul 24: Budget Monitoring and Budget Setting Processes Report.

Adult Social Care and Public Health Committee Report 18 Jul 24: 2023/24 Financial Outturn

CIPFA's Financial Management Code

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	5 March 2024
Adult Social Care and Public Health Committee	23 January 2024
Adult Social Care and Public Health Committee	28 November 2023
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	29 November 2022
Adult Social Care and Public Health Committee	11 October 2022
Adult Social Care and Public Health Committee	14 June 2022

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 18 July 2024

REPORT TITLE:	2023/24 FINANCIAL OUTTURN
REPORT OF:	DIRECTOR OF HEALTH, CARE AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report provides a summary of the year-end revenue and capital position for the Adult Social Care and Public Health Committee for the 2023/24 financial year as at the end of March 2024. The report provides Members with an overview of budget performance, including progress on the delivery of the 2023/24 saving programme and a summary of reserves and balances, to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

The year-end revenue outturn for 2023/24, represents an adverse variance against the Committee revenue budget of £1.192m, which is a £0.757m deterioration from the quarter 3 forecast.

This matter affects all Wards within the Borough.

The report contributes to the Wirral Plan 2023-2027 in supporting the organisation in meeting all Council priorities.

RECOMMENDATIONS

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

1. Note the draft, unaudited 2023/24 outturn adverse Directorate variance of £1.192m, which has been managed corporately by utilising the contingency budget, savings from reduced energy costs and use of flexible use of capital receipts;
2. Note the progress on delivery of the 2023/24 savings programme;
3. Note the transfer to and use of earmarked reserves, as detailed in table four;
4. Note the draft, unaudited 2023/24 capital outturn position detailed in table five.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 Regular monitoring and reporting of the revenue and capital budgets and savings achievements enables decisions to be taken in a timely manner, which may produce revenue benefits and will improve financial control of the Council.
- 1.2 This report presents timely information on the full year financial position for 2023/24, prior to final audit engagement.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 At the meeting on 27 February 2023, the Council agreed a net revenue budget for 2023/2024 of £366.6m to be met by government grants, council tax, and business rates. In quarter 1, a favourable £2.000m variation against the funding relating to an adjustment of Business Rates Section 31 grants, increased the revenue budget to £368.6m.
- 3.2 The Council's Quarter 1 monitoring report, presented on 12 July 2023 to the Policy & Resources Committee, highlighted growing in-year pressures of £3.6m, which had risen to £7.2m by Quarter 2 and £7.97m by Quarter 3. Several potential mitigations were identified that could be used to present a balanced budget at the end of the year. This report sets out the updated revenue financial position for the Adult Social Care and Public Health Committee at the end of the year.

Economic Context

- 3.3 Throughout 2023-24 the headline consumer price inflation (CPI) continued to decline from 8.7% at the start of the year to 3.4% in February but was still above the Bank of England's 2% target.
- 3.4 Having begun the financial year at 4.25%, the Bank of England's Monetary Policy Committee (MPC) increased the Bank Rate to 5.25% in August 2023 and it has remained at this level through to March 2024. Although financial markets have shifted their interest rate expectations downwards, with expectations of a cut early in the new year, the MPC's focus remains on maintaining the current interest rate in order to control inflation over the medium term.
- 3.5 The overall risk environment remained particularly challenging throughout 2023/24, with subdued economic activity, poor outlooks for growth and inflation and increased geopolitical tensions, all placing significant pressures on finances and restricting the ability to forecast and plan, with confidence.

Revenue Outturn Position

- 3.6 At the end of 2023/24, against the Directorate's revised net revenue budget of £131.257m, there is an adverse variance of £1.192m, which can be managed corporately by utilising the contingency budget, savings from reduced energy costs, and utilisation of flexible use of capital receipts, along with reserves management.

TABLE 1 2023/24 ADULT CARE AND HEALTH REVENUE BUDGET & OUTTURN

Service Area	Budget £'000	Outturn £'000	Variance	
			£'000	%
ASC Central Functions	8,096	8,924	828	10%
Delivery Services	5,586	5,752	166	3%
Mental Health & Disability Services - CWP	54,888	52,506	(2,382)	(4%)
Older People Services	62,382	64,735	2,353	4%
Other Care Commissions	(59)	249	308	(522%)
Public Health	(161)	(161)	0	0%
Wirral Intelligence Service	525	444	(81)	(15%)
Directorate Deficit/(Surplus)	131,257	132,449	1,192	1%

- 3.7 **ASC Central Functions:** An adverse variance of £0.828m is reported at quarter 4. The staffing budgets are reported here along with any relevant savings targets.
- 3.8 **Delivery Services:** An adverse variance of £0.166m is reported at quarter 4. The budgets for in-house services are reported here with a small pressure against utilities.
- 3.9 **Mental Health & Disability Services - CWP:** A favourable variance of £2.382m is reported at quarter 4. Savings achieved continue to have a cumulative impact on the forecast for 2023-24 and achievement of securing alternative funding against high cost care packages has also helped to support the outturn position.
- 3.10 **Older People Services:** An adverse variance of £2.353m is reported at quarter 4. Pressures remain against older people services with a continued drive to supporting a more efficient discharge from hospital pathway. Numbers of clients supported continue to increase, up by 7% from the end of financial year 2022-23.
- The rising cost of residential and nursing placements has impacted on the forecast and reflects the additional support needed by clients entering social care from a hospital setting.
- 3.11 **Other Care Commissions:** An adverse variance of £0.308m is reported at quarter 4. This area contains services accessed across all client groups, for example Assistive Technology AT and the equipment service. There has been positive growth within clients receiving AT, numbers have increased by over 12% from the end of 2022/23.
- 3.12 **Public Health:** A balanced position (following contribution from reserves) is reported at quarter 4. The Public Health Grant for 2023-24 is £32.014m which is an increase of £1.025m from 2022/23.

- 3.13 **Wirral Intelligence Service:** A small favourable variance of £0.081m is reported for 2023/24 reflecting part year variances within the team.

Action plan

- 3.14 It is recognised that there are a number of issues within the outturn position, and particularly the variances between quarter 3 and the final outturn, which will impact on the position in 2024/25.
- 3.15 In order to ensure that these issues are appropriately managed, actions for each directorate have been recorded in conjunction with the Director and progress against these will be monitored monthly.
- 3.16 This process will also monitor the activity data within the particularly high-risk areas that have emerged as budget pressures at the end of 2023/24 within the Adult Care and Health Directorate. The management and effective mitigation of these demand led costs is critical to achieve a balanced budget position in 2024/25 and beyond.
- 3.17 The issues that have emerged during the outturn process are largely relating to business as usual activities that fall outside the main Change Programme. The resourcing of these required activities will be considered alongside the existing transformation resource in place to support the Change Programme.
- 3.18 The outputs of this work and the proposed corrective action will feed into the budget setting process for 2025/26 and the next iteration of the Medium-Term Financial Plan.
- 3.19 Enhanced procedural rigour in relation to the budget monitoring process is set out in the report titled 'Budget Monitoring and Budget Setting Processes' found later in the agenda. This outlines the stringent processes implemented for the upcoming fiscal year. The recent reorganising of financial operations has bolstered financial support and resources across the entire organisation to support these processes alongside the implementation of Oracle Fusion. This has equipped the Council with an accessible financial analysis tool. The enterprise resource planning software provides enhanced data integration, processing capabilities and reporting functionalities. With Oracle Fusion now operational, comprehensive insights can be derived from financial data through in-depth analysis, enabling more informed decision-making and strategic planning based on accurate, real-time financial information across all business units and operations.

Progress on delivery of the 2023/24 savings programme.

- 3.20 Table 3 presents the progress on the delivery of the 2023/24 approved savings. Adult Care and Health have worked closely with both NHS Wirral Community Health and Care Foundation Trust (WCHFT) and Cheshire and Wirral NHS Partnership Trust (CWP) towards achieving the savings target set. In terms of savings, £4.835m of the £5.935m savings targets were delivered, representing 63% of the total savings target with a further 19% or £1.100m achieved through mitigation. The table below summarises the progress made by the Directorate:

TABLE 3: ADULT CARE AND HEALTH DELIVERY OF 2023/24 SAVINGS

Savings Title	Approved Saving £m	Delivered £m	Delivered through mitigation £m	Delayed/ unachieved in year £m
Review of all age disability transition planning	-1.000	-1.000	0	0
Review of Services to support Independent Living	-4.935	-2.735	-1.100	-1.100
Total Savings	-5.935	-3.735	-1.100	-1.100

3.21 £1.1m of the £4.935m saving in relation to reviewing services to support independent living was not achieved as at the end of the financial year. Whilst independent living is being actively encouraged and promoted, the demand pressures and increases within residential and nursing services has resulted in the saving not being fully achieved in year. **Earmarked Reserves**

3.22 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 4 below sets out the reserves within Adult Care and Health and the movement in year.

TABLE 4: 2023/24 ADULT CARE AND HEALTH – EARMARKED RESERVES

Reserve	Opening Balance £000	Use of Reserve £000	Contribution to Reserve £000	Closing Balance £000
Adult Social Care – Safeguarding	46	0	17	63
Public Health Ringfenced Grant	6,912	(325)	40	6,627
Champs Innovation Fund	69	(53)	0	16
Champs Covid-19 Contact Tracing Hub	204	(81)	0	123
Implementation of Charging Reform	98	0	0	98
Total	7,329	(459)	57	6,927

3.23 The Safeguarding reserve within Adult Social Care had an opening reserve balance of £0.046m. The funding for the combined Board has now ceased. The closing balance of the reserve represents partner monies received as ring fenced contributions for Safeguarding Reviews. The unspent contributions are to be held in reserve for future Safeguarding activities.

3.24 The Public Health Ringfenced Grant reserve had an opening balance of £6.912m. £0.325m was utilised within the 2023/24 financial year to contribute towards in year contracts and commitments.

- 3.25 Implementation of Charging Reform – A small reserve was established in the 2022/23 financial year to support costs Wirral may incur in implementing the new government charging reforms due to commence in October 2025.

Capital Programme

- 3.26 Table 5 below sets out the spend against the capital programme for Adult Care and Health during 2023/24.

TABLE 5: CAPITAL PROGRAMME 2023/24

Capital Scheme	Budget £'000	Outturn £'000	Variance £'000
Citizen and Provider Portal/Integrated IT	63	10	(53)
Liquid Logic – Early Help & Prevention	45	0	(45)
Telecare & Telehealth Ecosystem	1,452	425	(1,027)
Total	1,560	435	(1,125)

- 3.29 Citizen and Provider Portal - 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 has been enabled in our test environment to support guided searching for services on Wirral Infobank and an embedded real time view of Health records within the adult social care system record is now live.
- 3.30 Liquid Logic – Early Help & Prevention – 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 and prevention. 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. This project is scheduled for completion in 2024-25.
- 3.31 The Telecare and Telehealth Ecosystem element of the funding has been spent on equipment designed to enable people to remain safely in their own homes. The equipment “packages” typically consist of a series of sensors that work together to establish the routines and habits of the resident and report changes that provide an early indication of illness or deterioration of a long-term condition. Alarm buttons are

also supplied in the event of an emergency. The equipment links to a base unit that collects the information and relays it to an alarm receiving centre. The analogue to digital transition of the Telecare Service by the end of 2024 remains on course. As of 1 May 2024, 82% of Telecare Service customers are now supported with digital systems. Wirral Council will have completed its transition one year ahead of the national deadline, minimising risk to residents and offering improved and more flexible services to customers.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This is the Quarter 4 budget monitoring report that provides information on the revenue 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 and Resources Committee and Service Committees. 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 is 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 for 2023/24 was dependent on a stable financial position. The delivery of the budget was subject to ongoing variables both positive and adverse which gave a level of challenge in achieving this outcome.

7.2 In any budget year, there is a risk that operation will not be constrained within relevant budget limits. Under specific circumstances the Section 151 Officer may issue a Section 114 notice but that position has not been reached at the present time. The issuing of a Section 114 notice bans all new spending with the exception of protecting vulnerable people and statutory services and pre-existing commitments.

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 2023/24 budget setting process.

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 In year activity will have incorporated community wealth implications. Consideration would have taken account of related matters across headings such as the following:

- **Progressive Procurement and Social Value**
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
- **More local & community ownership of the economy**
Supporting more cooperatives and community businesses.
Enabling greater opportunities for local businesses.
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
- **Decent and Fair Employment**
Paying all employees a fair and reasonable wage.

- **Making wealth work for local places**

REPORT AUTHOR: **Jess Whitley**
 (Head of Finance - People)
 email: jessicawhitley@wirral.gov.uk

APPENDICES

None

BACKGROUND PAPERS

Adult Social Care and Public Health Committee Report 13 June 2023: Budget and Budget Monitoring Process Report

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	5 March 2024
Adult Social Care and Public Health Committee	23 January 2024
Adult Social Care and Public Health Committee	28 November 2023
Adult Social Care and Public Health Committee	19 September 2023
Adult Social Care and Public Health Committee	18 July 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	29 November 2022
Adult Social Care and Public Health Committee	24 October 2022
Adult Social Care and Public Health Committee	14 June 2022
Adult Social Care and Public Health Committee	25 January 2022
Adult Social Care and Public Health Committee	16 November 2021

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 18 JULY 2024

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 implementation of the Council Plan: Wirral Working Together 2023-27, specifically Theme 3 to promote independence and healthier lives.

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. This report has no direct implications related to risk.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure 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.
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
(Head of Intelligence)
email: nancyclarkson@wirral.gov.uk

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	3 March 2024
Adult Social Care and Public Health Committee	28 November 2023
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
Adult Social Care and Public Health Committee	7 June 2021

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

**Quarter 4 2023/24
(Jan – Mar 2024)**

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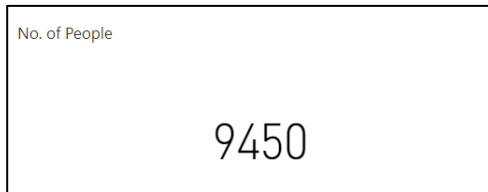
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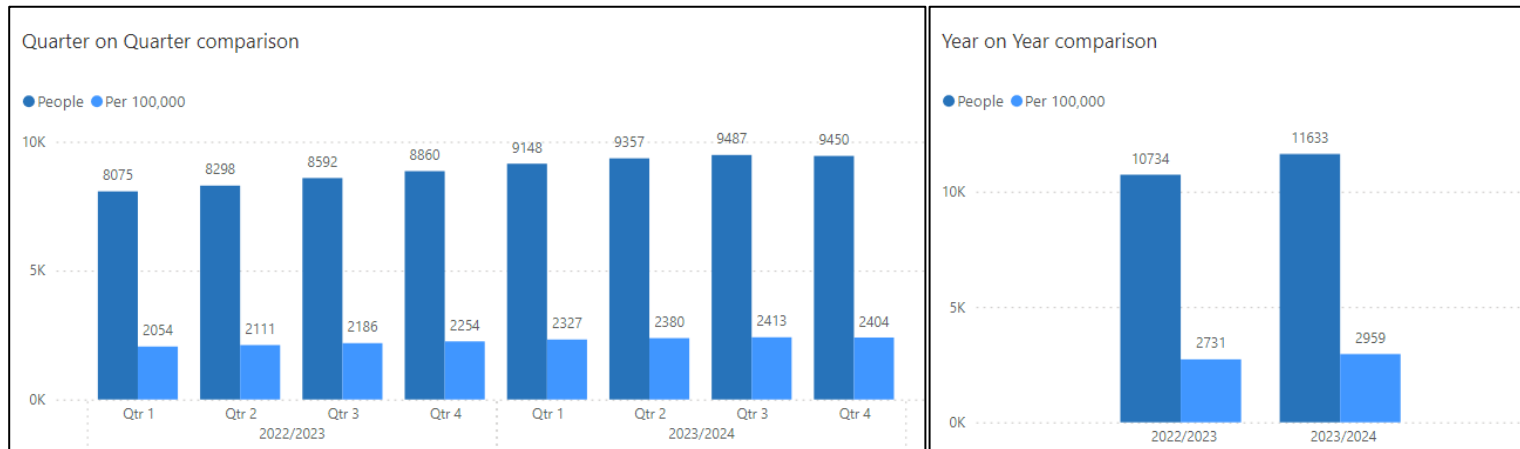
1.0 Introduction

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 4 (01/01/2024 – 31/03/2024). 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

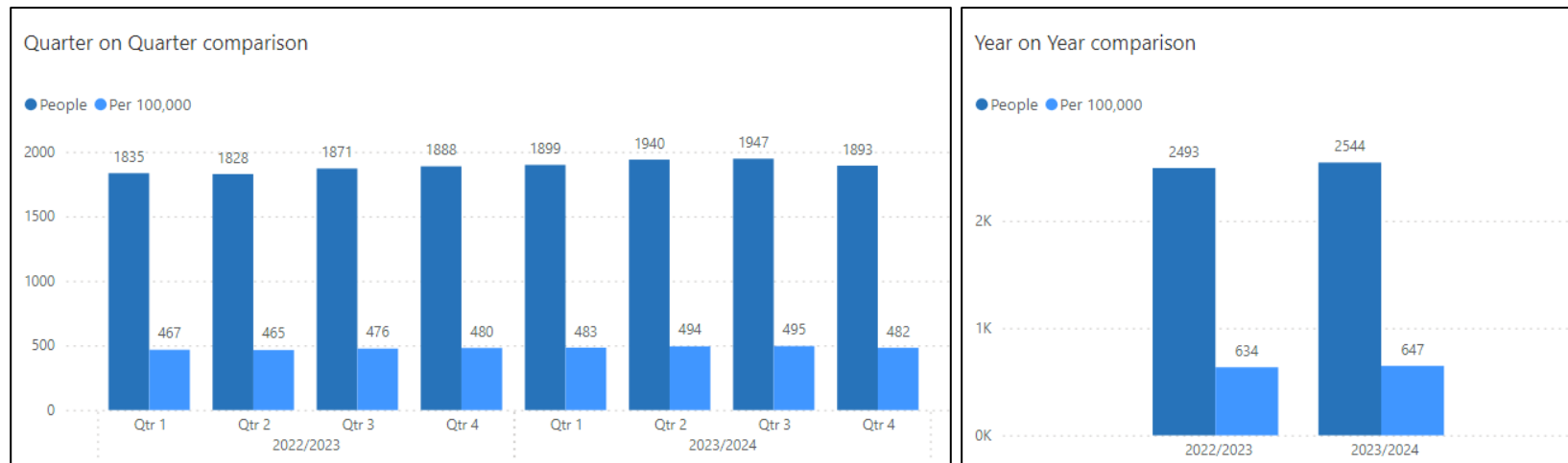
2.1 Residential and Nursing Care – Total number of people



Data Source: ContrOCC.

2.2 Residential and Nursing Care Over Time

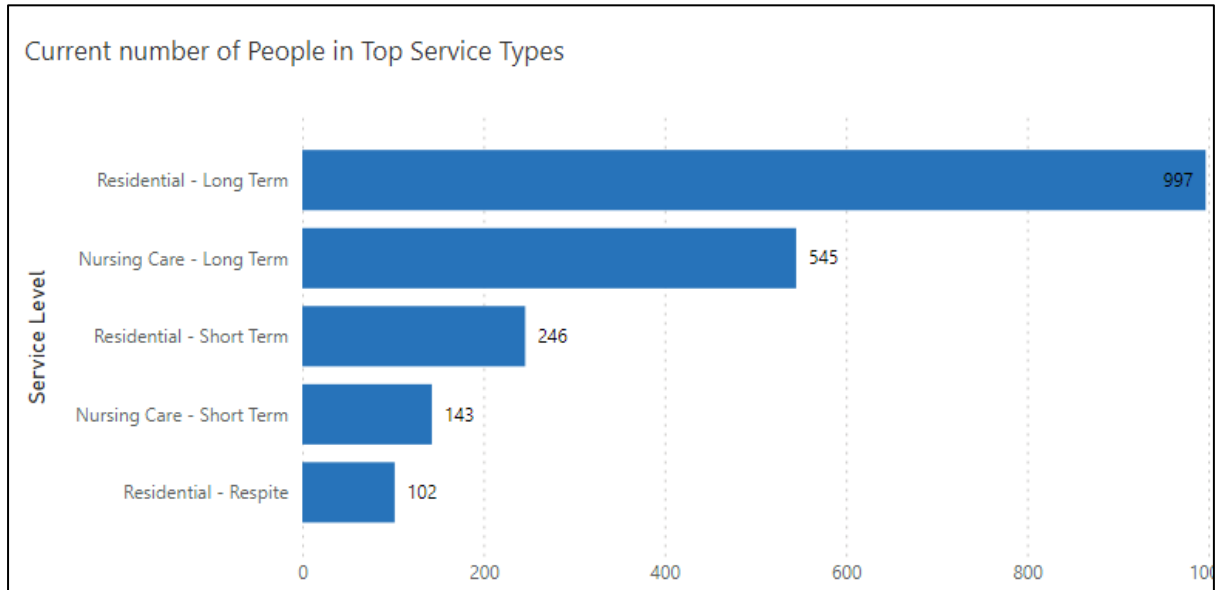
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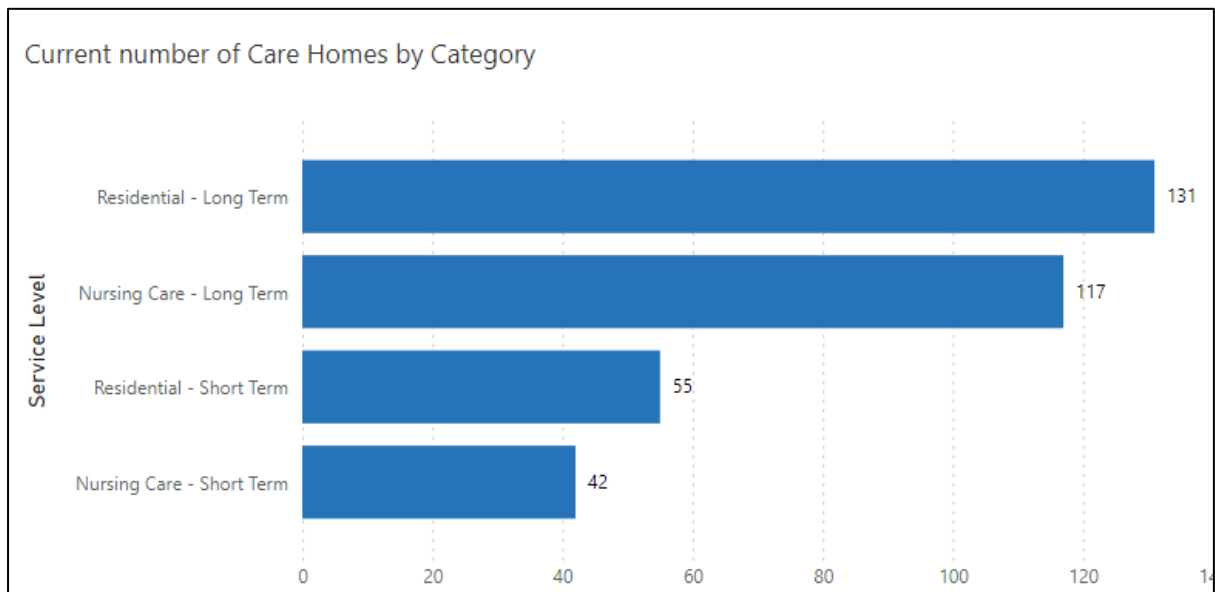
The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Residential or Nursing service as of Quarter 4 (01/01/2024 – 31/03/2024). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number 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 4 (01/01/2024 – 31/03/2024).
Data source: ContrOCC.



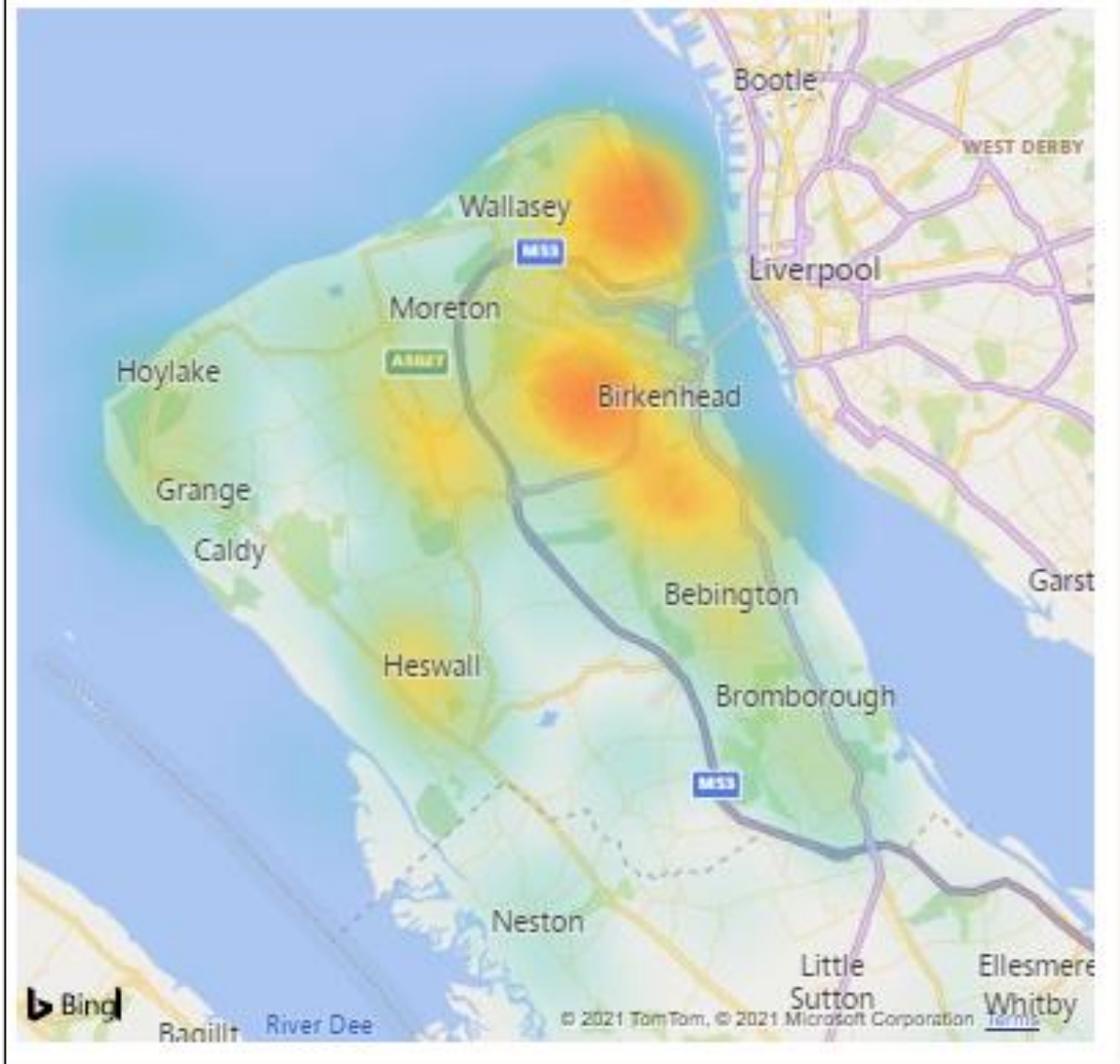
The above chart shows number of Care Homes by category in Residential and Nursing Care in Quarter 4 (01/01/2024 – 31/03/2024).

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

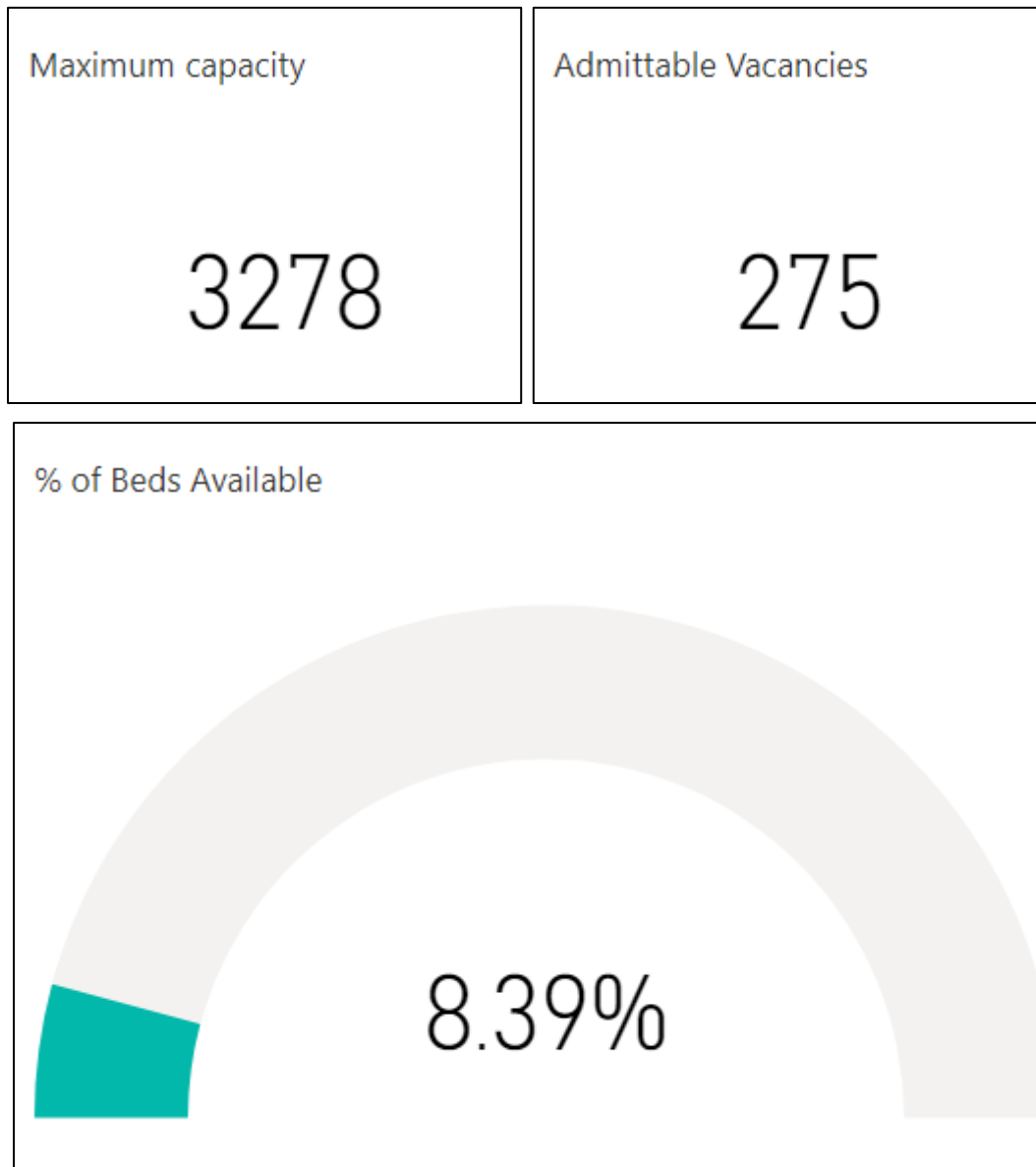
Care Home Location



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 4 (01/01/2024 – 31/03/2024).

Data Source: Liquid Logic.

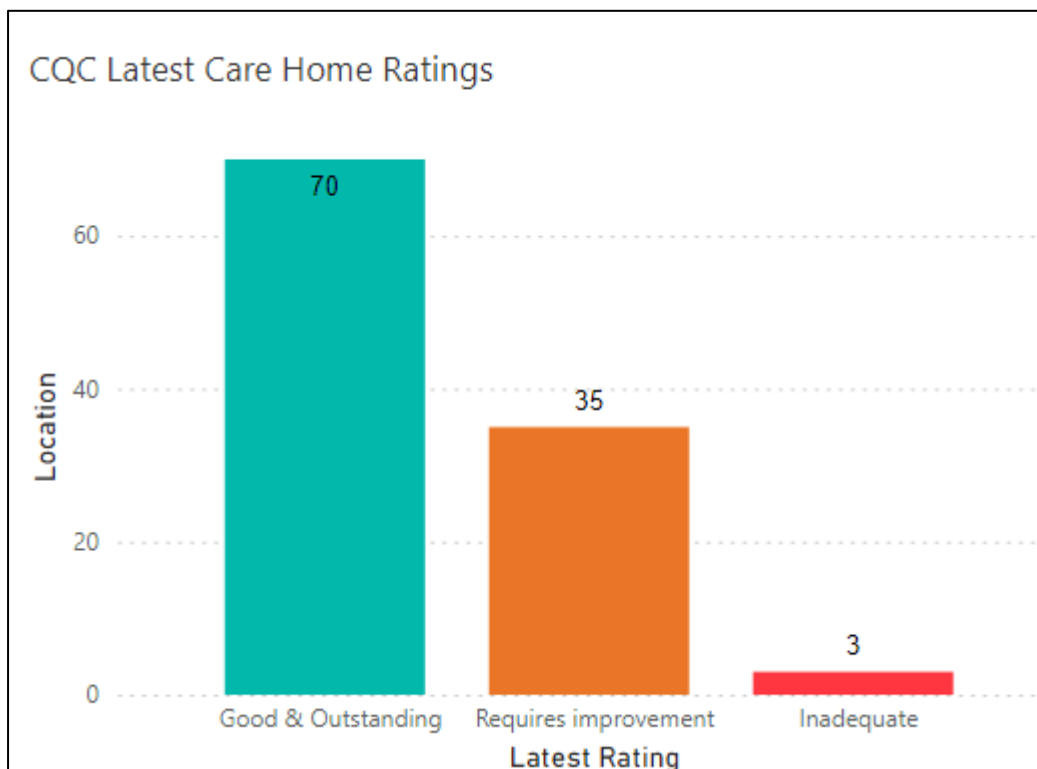
2.5 Care Homes – Current Vacancy Rate



Data Source: NHS Capacity Tracker.

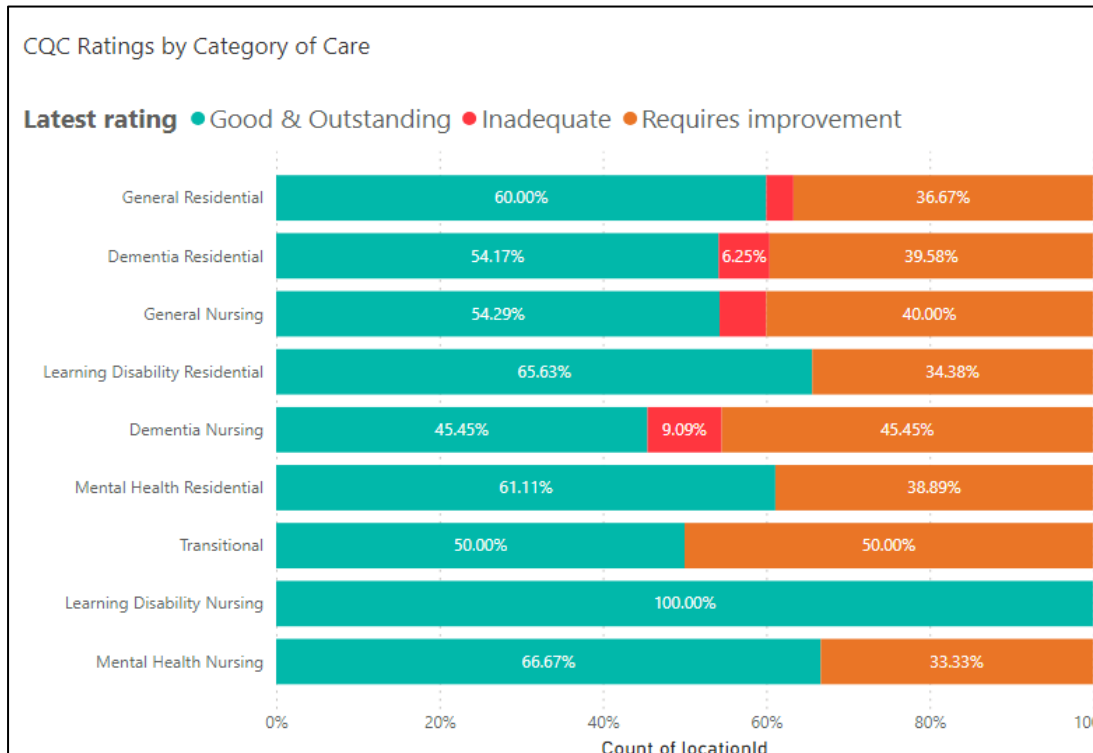
There is a capacity of 3278 places in care homes with a current vacancy rate as of 08/04/2024 of 8.39%.

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 08/04/2024.

Data source: CQC



The above chart shows the current rating of the care homes based on their last CQC inspection as of 08/04/2024.

Data source: NHS Capacity Tracker

2.7 Care Homes - Comments from ASCH Management

Recruitment and retention pressures and capacity in the Domiciliary Care Market has improved, with minimal cases waiting for allocation and waiting times shortened . 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 number of long-term residential care home placements continues to be at a high level, and there is a piece of capacity and demand modelling work underway to look at future demand and capacity planning.

A new Extra care facility has opened at Sycamore House in Liscard which will increase the extra care placement numbers by 53

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.

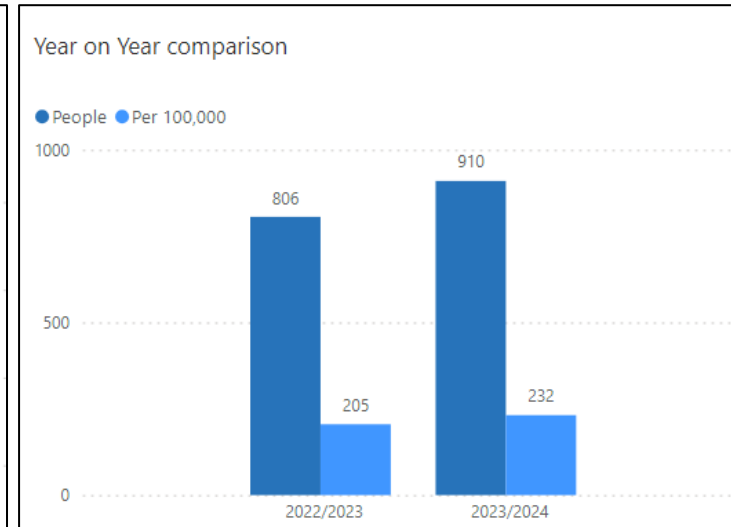
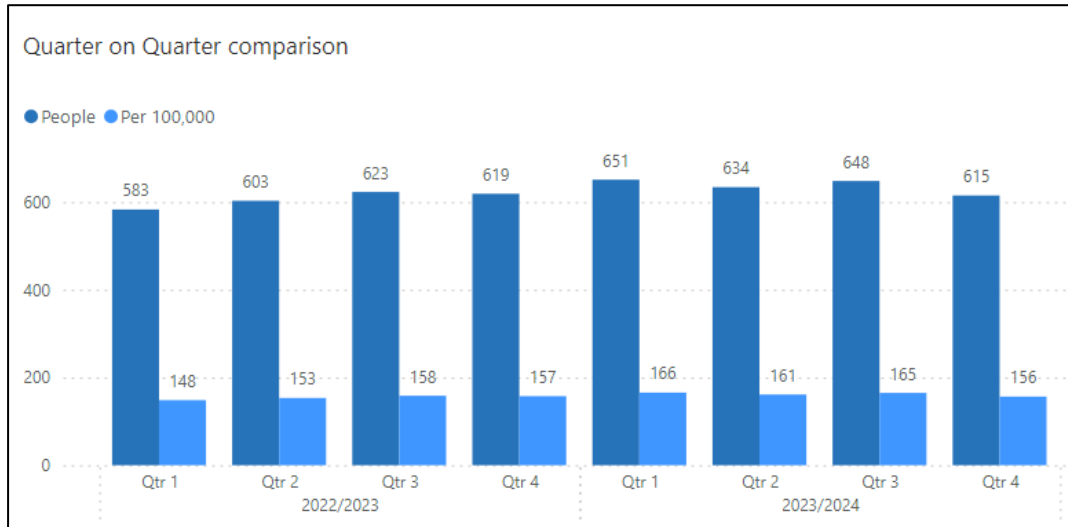
The number of homes closed to admissions in line with infection control measures is at a significantly lower level.

3.0 Direct payments

3.1 Direct Payments – Total number of People Receiving a Service

No. of People

615



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 4 (01/01/2024 – 31/03/2024). 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 08/04/2024 is 615.

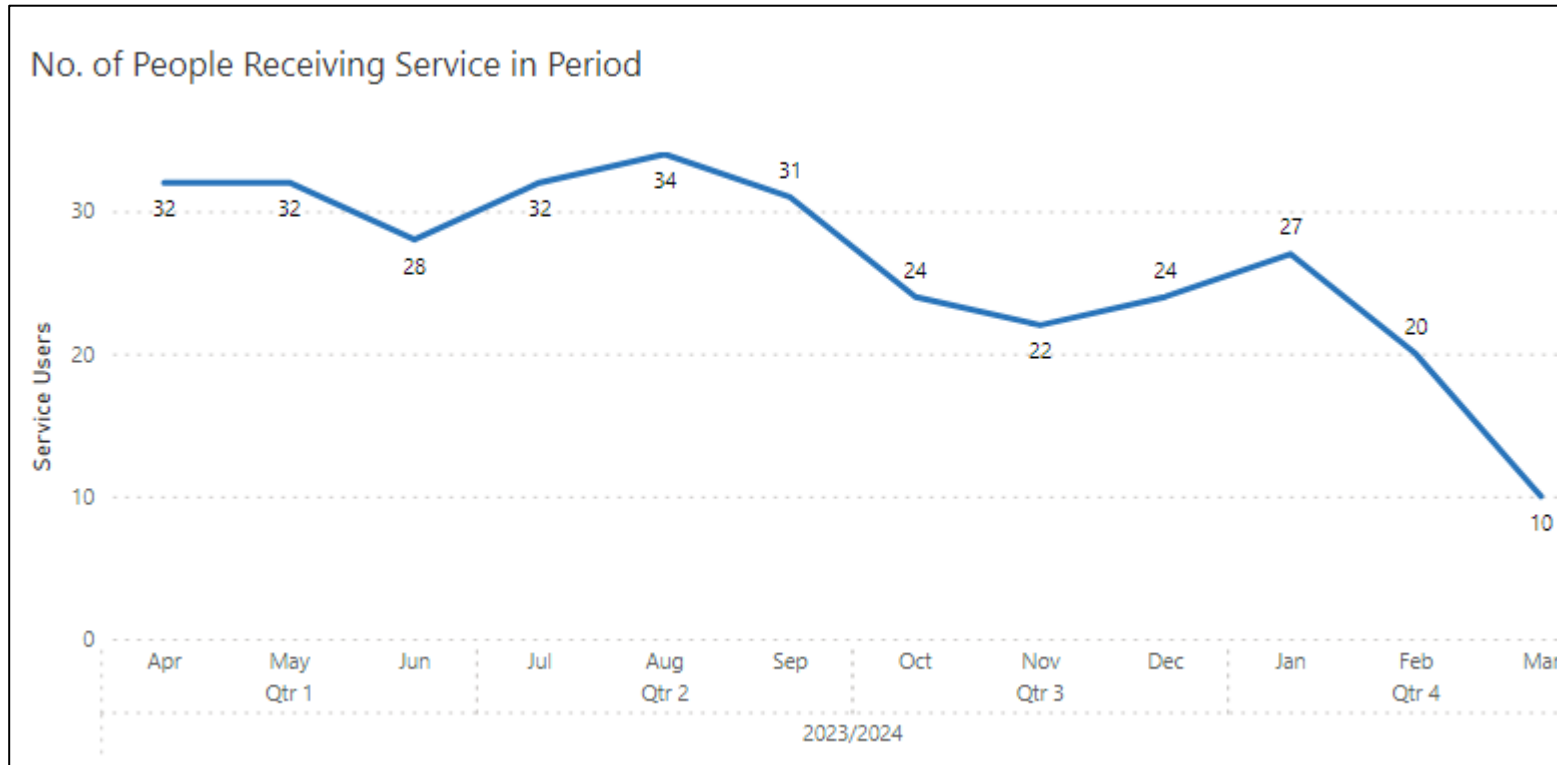
Data Source: ContrOCC.

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 has been completed in March 2024, and report to committee has been signed off.

4.0 Care Market – Block Commitments:

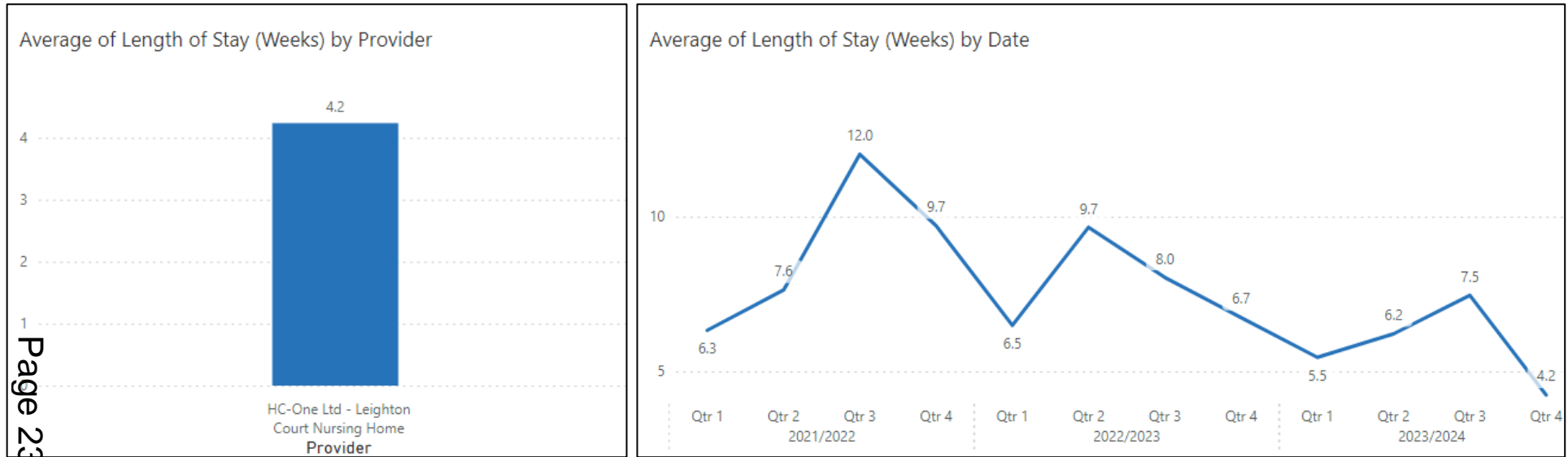
4.1 Discharge to Assess – Total Number of People in care home beds block purchased by either the Council or NHS Integrated Care Board



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 4 (01/01/2024 – 31/03/2024).

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 4 (01/01/2024 – 31/03/2024).

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

CICC is displaying data relating to the 71 Clatterbridge Intermediate Care Centre beds.

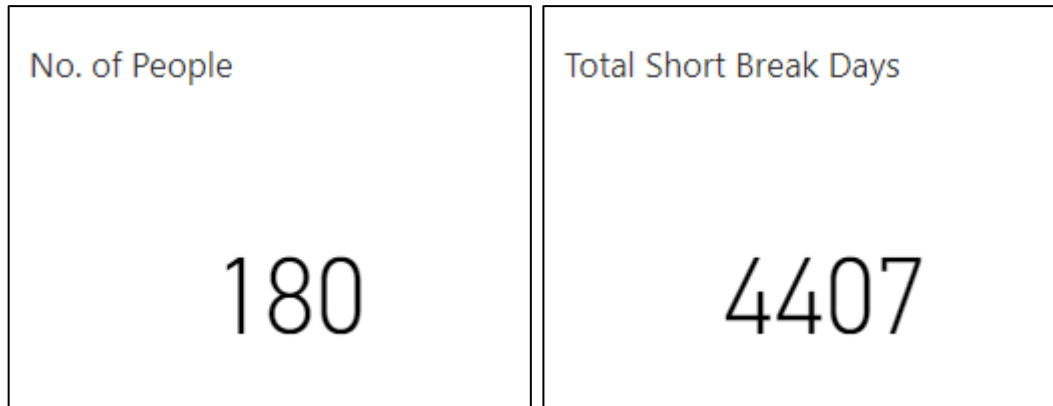
Table 1 - Actual Bed Days			
	Jan	Feb	Mar
Leighton Court	453	347	121
CICC	2202	2059	2201
Total	2655	2406	2322
Table 2 - Capacity Bed Days			
	Jan	Feb	Mar
Leighton Court	620	580	620
CICC	2202	2059	2201
Total	2822	2639	2821
Table 3 - % Occupancy			
	Jan	Feb	Mar
Leighton Court	42%	37%	16%
CICC	90.30%	88%	94.90%
Total	66%	63%	56%

Data Source: WCFT.

4.4 Discharge to Assess – Comments from ASCH Management

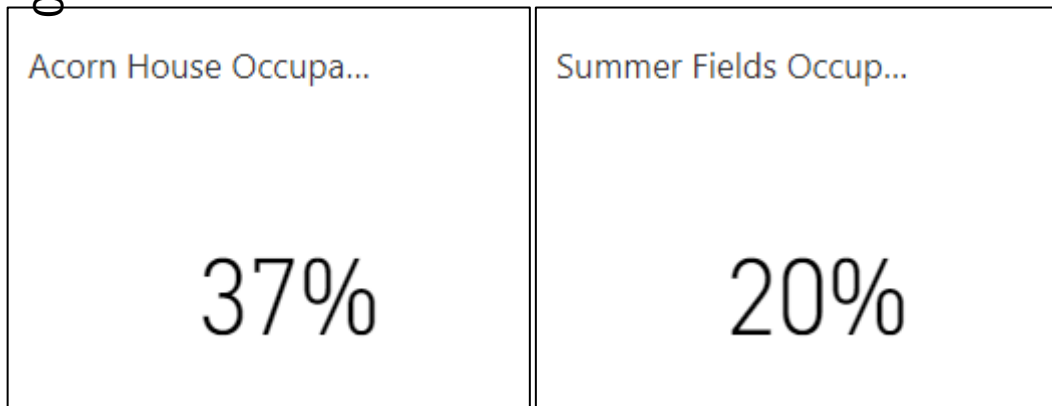
In addition to the CICC services provided by NHS Community Health and Care Trust at the Clatterbridge Intermediate Care Centre, there are additional care home beds commissioned on a short-term basis and funded by temporary additional funding. The beds at Leighton Court and ElderHolme have been decommissioned from 31st March, as the Home first service offer has grown, response to domiciliary care has also grown, and there has been consistent capacity in the CICC bed provision.

4.5 Short Breaks – Total number and Occupancy Levels



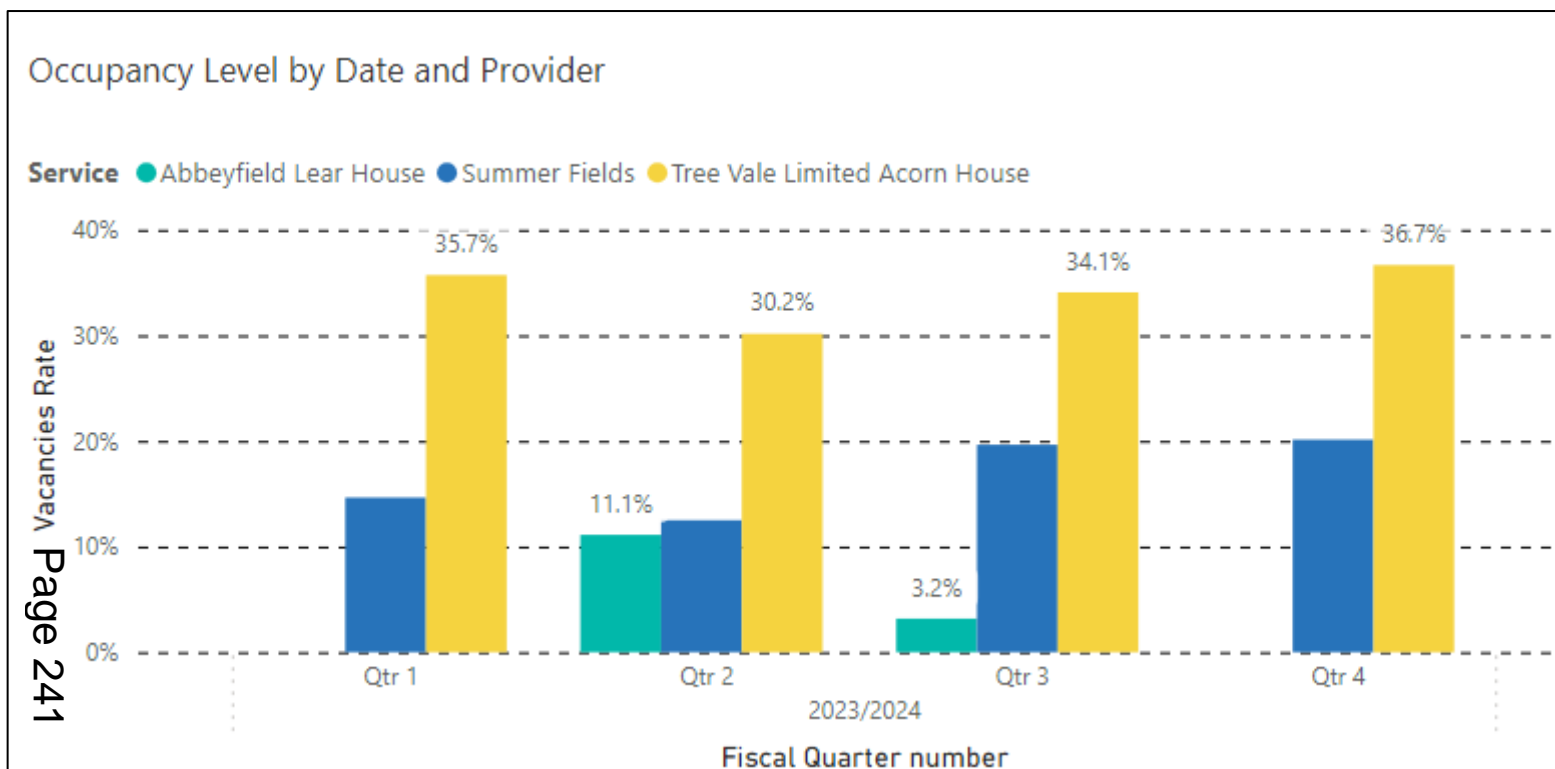
The cards show number of people receiving Short Breaks and total number of Short Break days as of 08/04/2024. Quarterly update.

Data Source: ContrOCC and Liquid Logic.



The cards show current occupancy rates of Acorn House, Summer field and Abbeyfield Lear House respectively as of 08/04/2024. Quarterly update.

Data Source: ContrOCC and Liquid Logic.



The above chart shows the average occupancy rate by provider as of Quarter 4 (01/01/2024 – 31/03/2024).

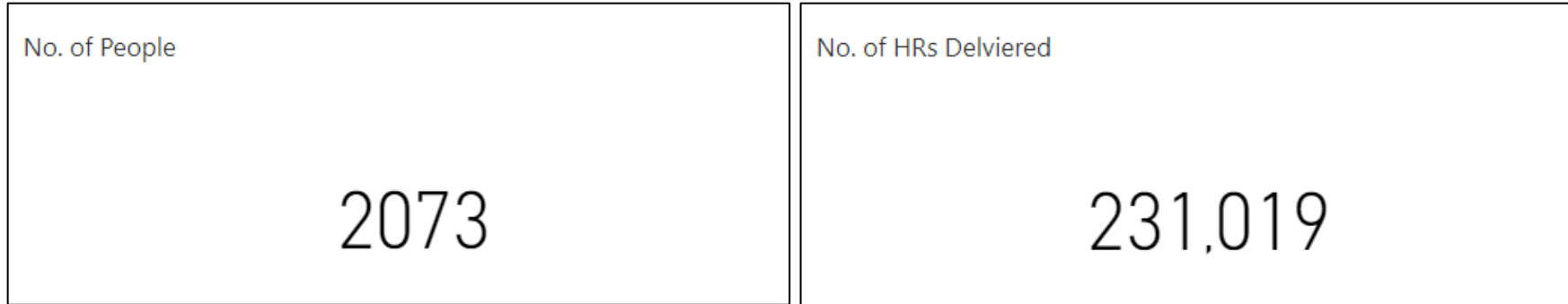
Data Source: ContrOCC and Liquid Logic.

4.6 Short breaks – Comments from ASCH Management

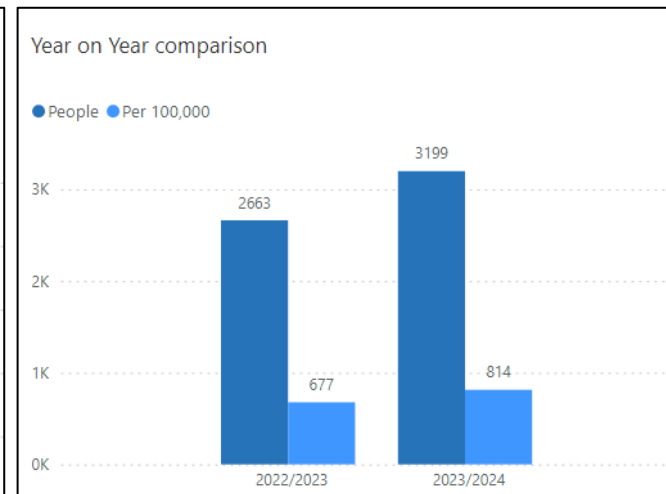
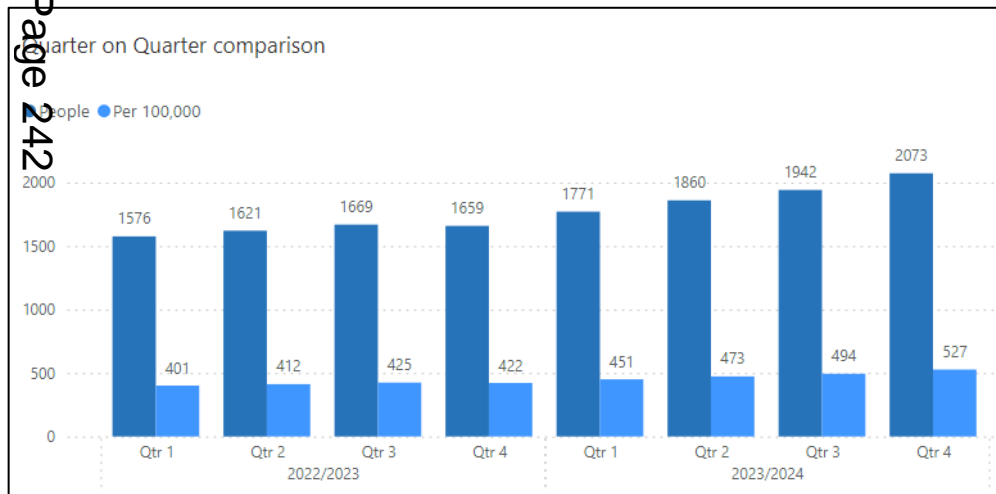
Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings. The contract for Learning Disability and Autism short breaks care has been extended for two years, and a report is due to committee in June or July 2024 to request a recommission of this service, with specification being coproduced with people who use the service and their families.

5.0 Care Market – Domiciliary Care and Reablement

5.1 Domiciliary Care – Total number of People



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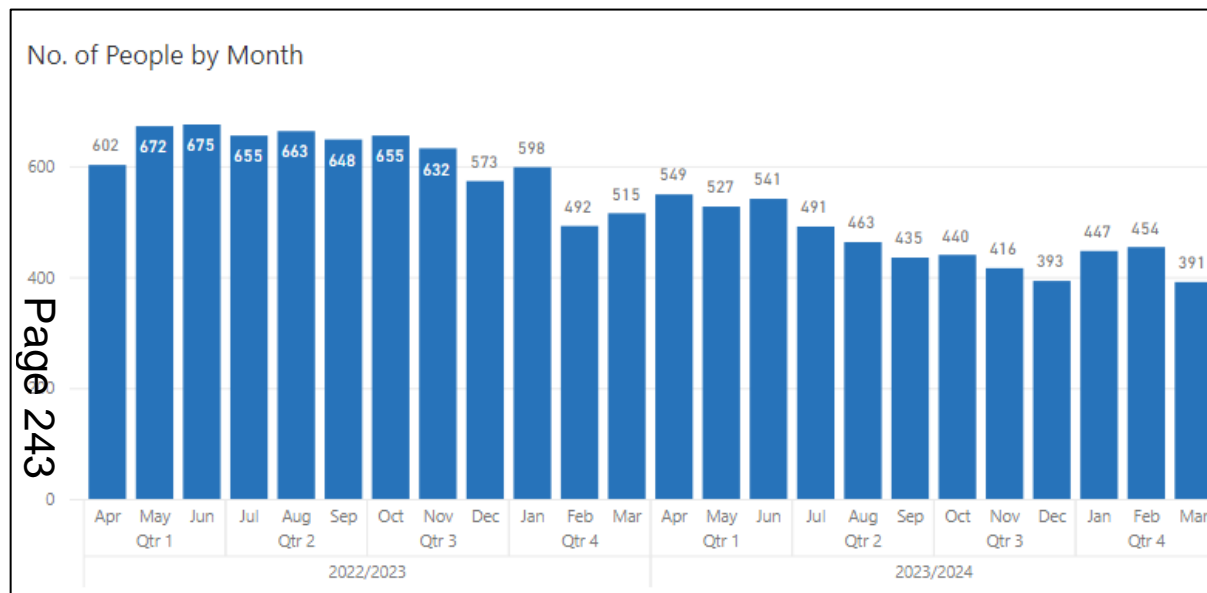
The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a Domiciliary care service as of Quarter 4 (01/01/2024 – 31/03/2024). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number 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. There has been a good improvement of pick up for domiciliary care services and there are now much improved waiting times for packages and minimal numbers of packages waiting.

5.3 Brokerage – Total Packages by Number of People



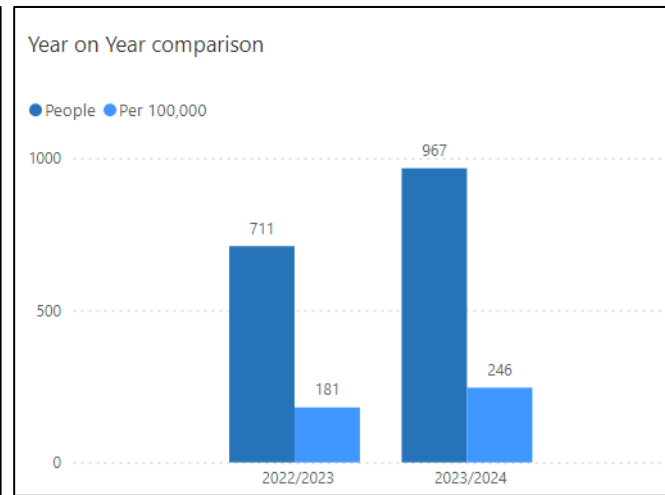
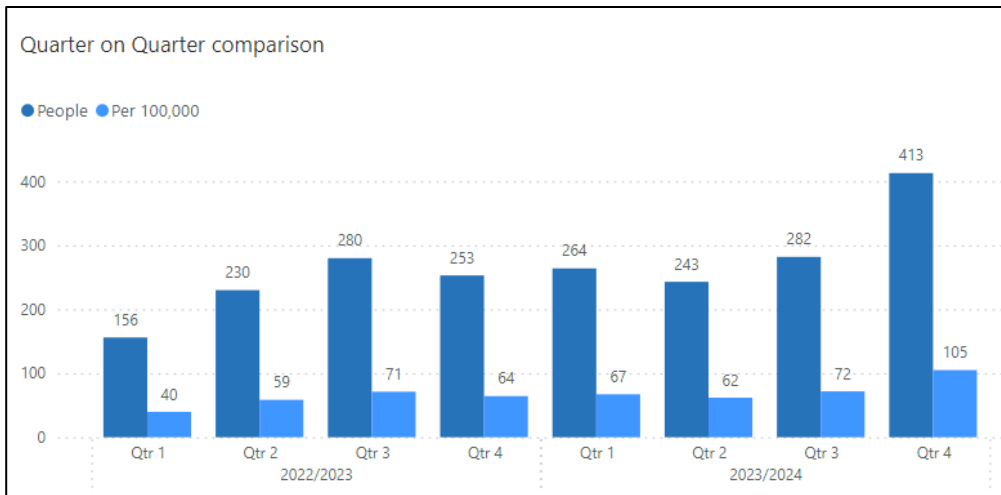
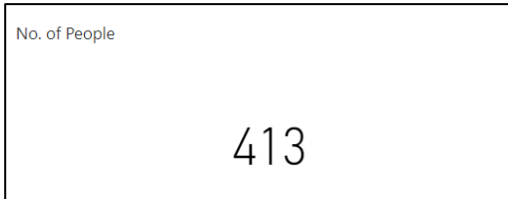
Average No. of Packages Accepted per Week

70.3

The above chart shows the Number of people who have received care packages via Brokerage as Quarter 4 (01/01/2024 – 31/03/2024).

Data source: Brokerage.

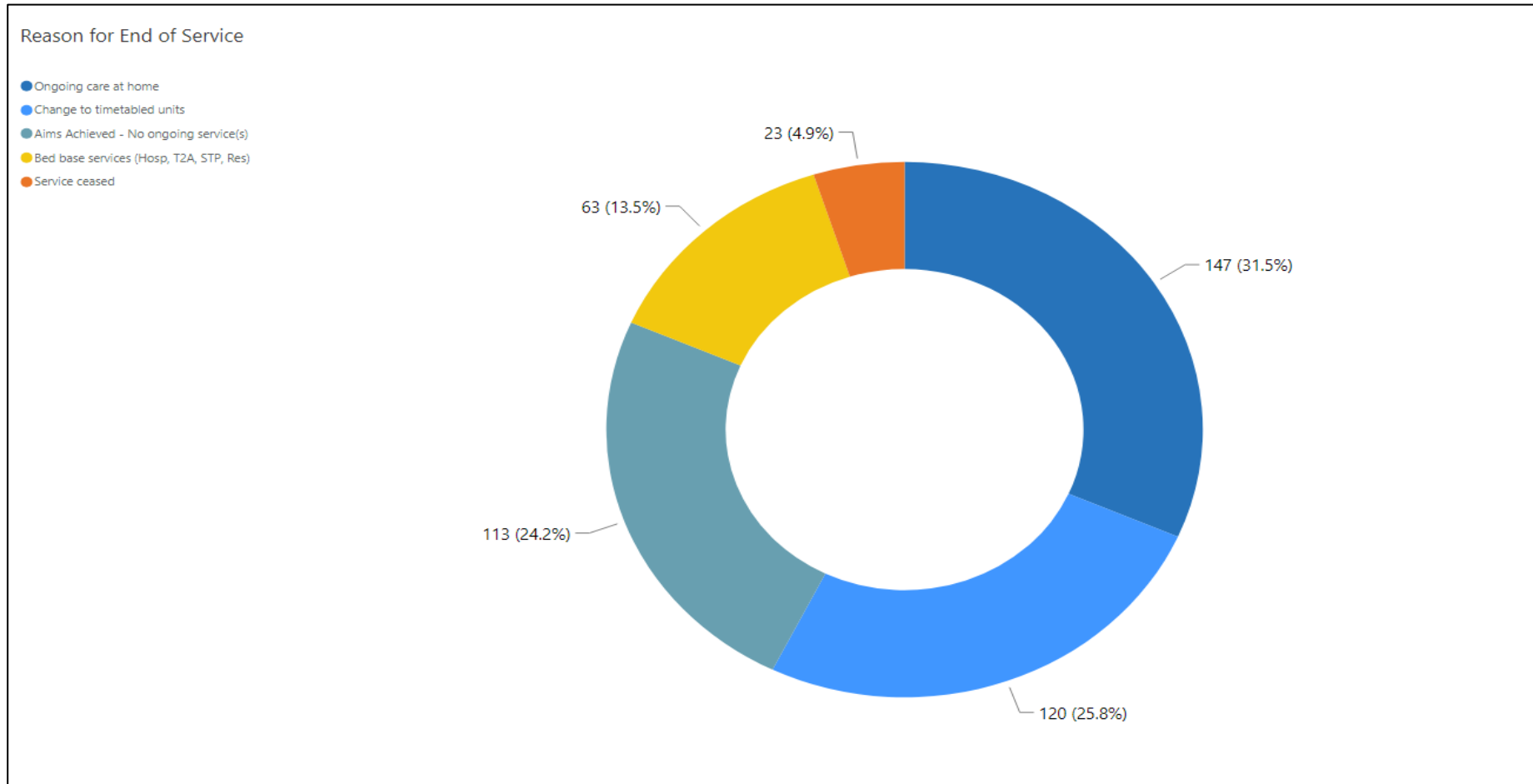
5.4 Reablement – Total Number of People



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of a reablement service as of Quarter 4 (01/01/2024 – 31/03/2024). 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 Q4 we're looking at a positive trajectory compared to the previous year. Data Source: ContrOCC.

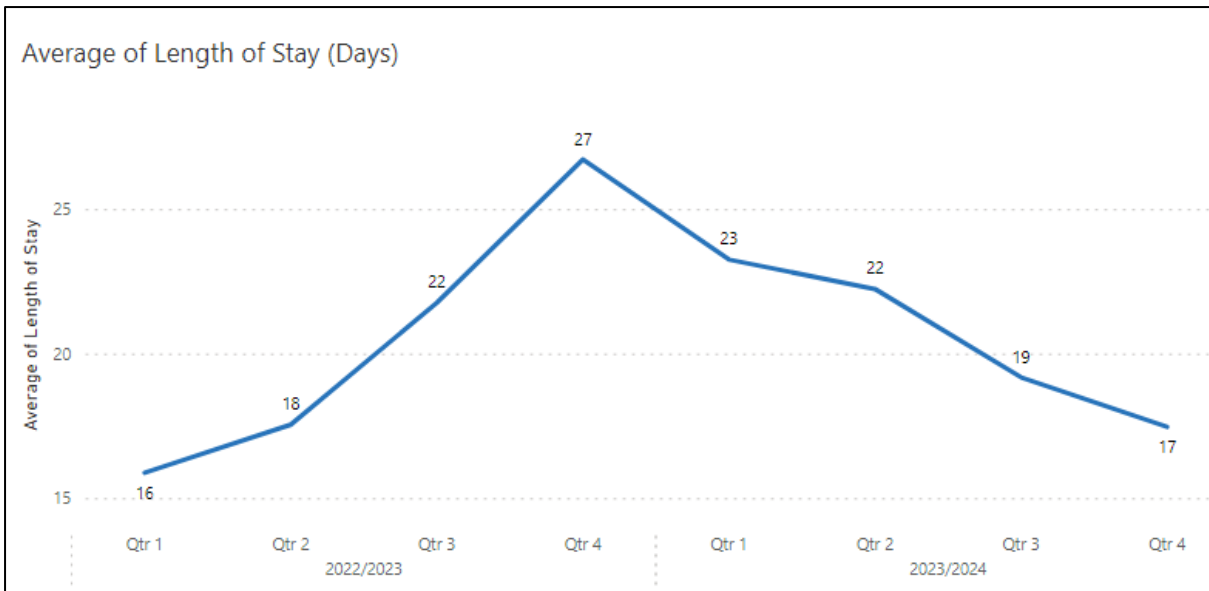
5.5 Reablement – End Reasons of Care Packages



The above chart shows the end reasons of care packages as of Quarter 4 (01/01/2024 – 31/03/2024).

Data Source: Liquid Logic.

5.6 Reablement – Length of Stay



The above chart shows the average length of stay in days as of Quarter 4 (01/01/2024 – 31/03/2024).

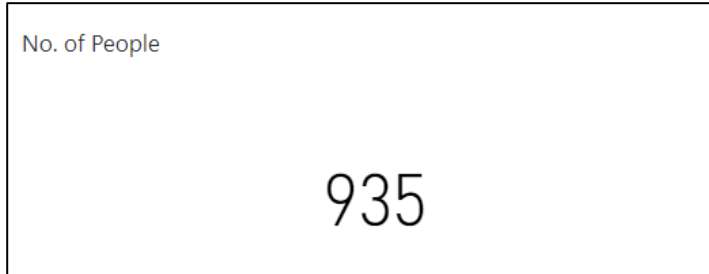
Data source: ContrOCC.

5.7 Reablement – Comments from ASCH Management

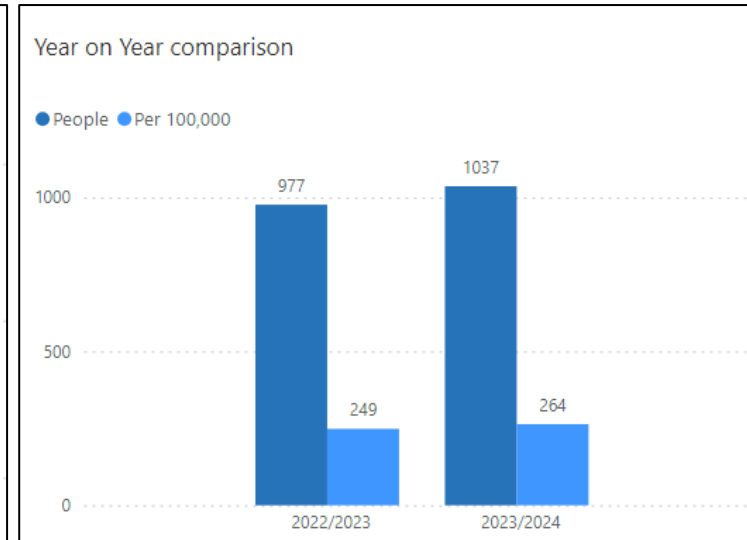
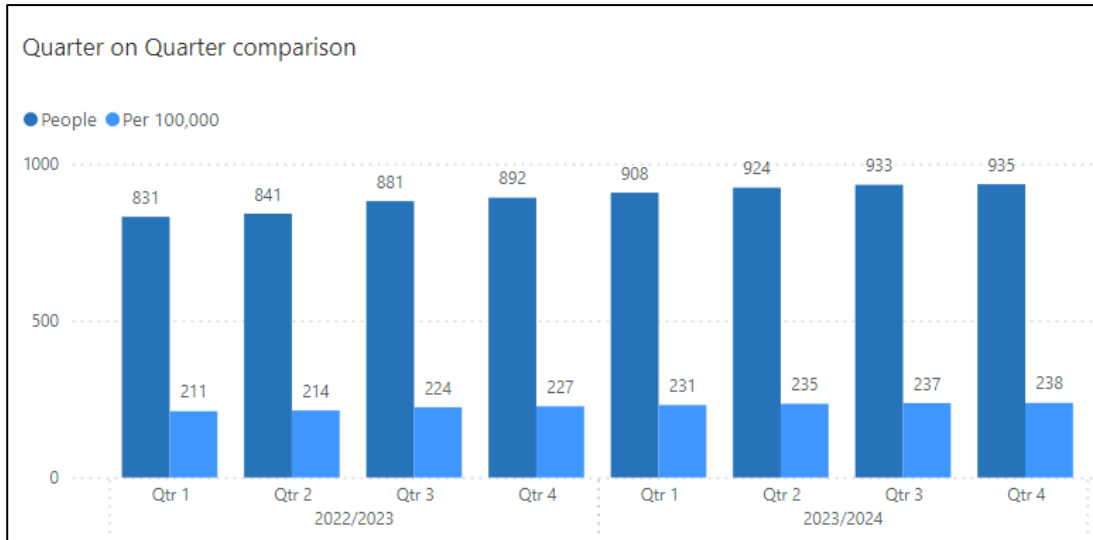
The number of days people receiving a service has seen a decrease since the last quarter. The expansion of Home First is seeing an impact on from hospital discharges. The development of the council's community reablement model (Brand name AbleMe will focus on prevention and should see a further decrease in the number of reablement packages ending in a package of care or on-going commissioned services and an increase in the number of packages ending with the outcome of "Aims achieved". A briefing paper will be provided for members for the July 2024 committee.

6.0 Care Market – Specialist (Supported Living)

6.1 Supported Living – Total number of People



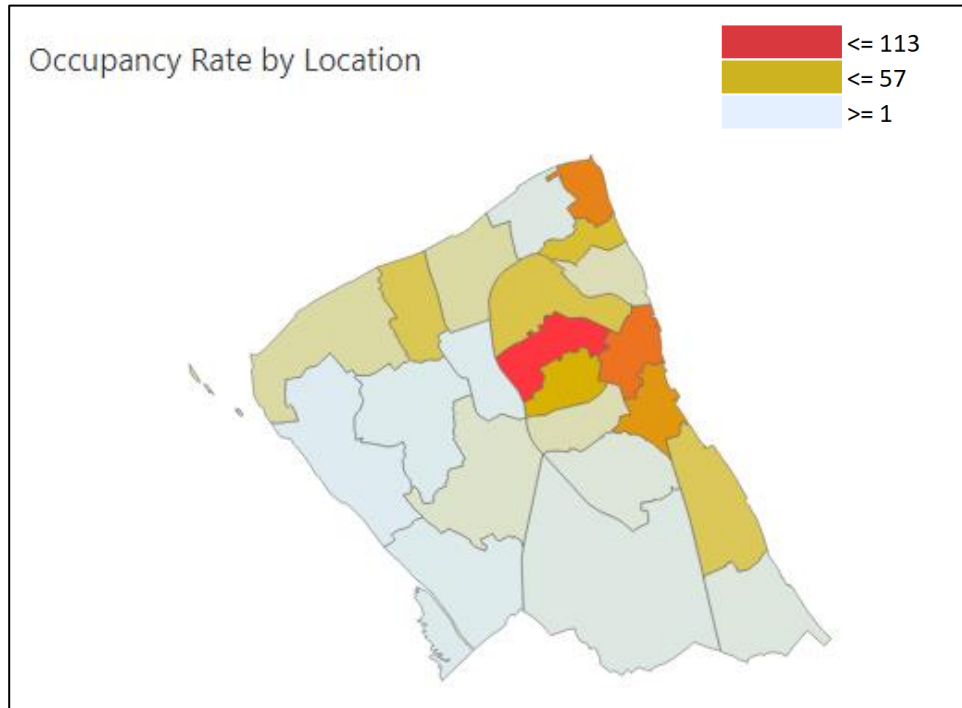
Data source: ContrOCC.



The above quarter comparison chart shows the Number of people and the number per 100,000 who are in Supported Living as of Quarter 4 (01/01/2024 – 31/03/2024). 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

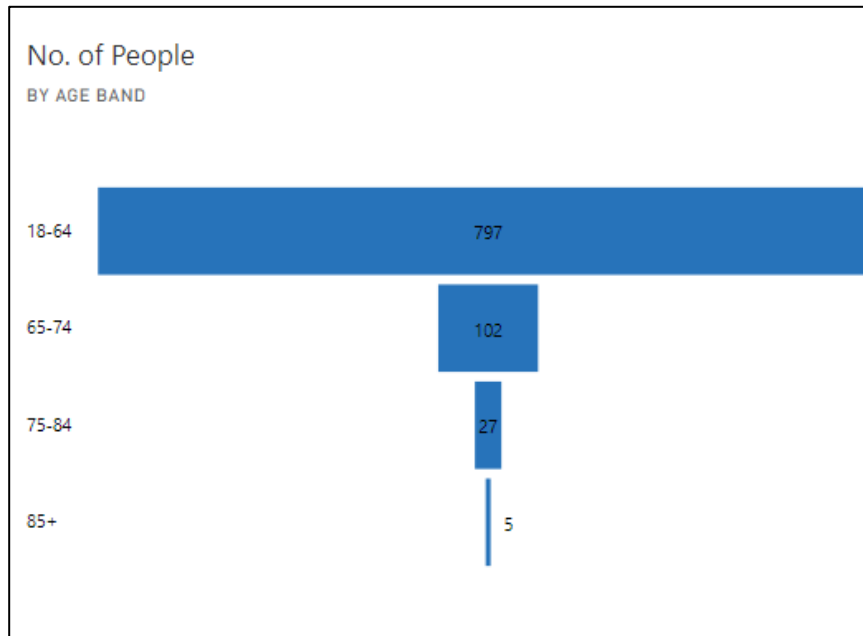


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The above map shows the occupancy rate for Supported Living as of Quarter 4 (01/01/2024 – 31/03/2024). by ward.

Data Source: ContrOCC.

6.3 Supported Living – Demographics



The above visual shows the Age band for Supported Living as of Quarter 4 (01/01/2024 – 31/03/2024).

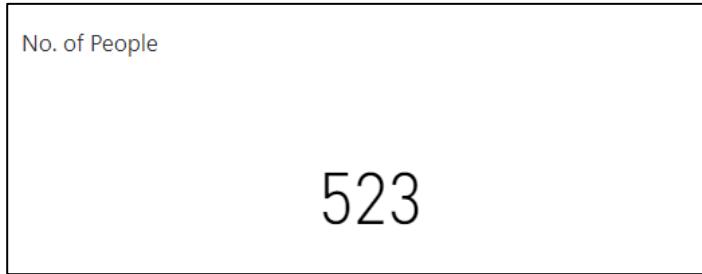
Data Source: ContrOCC.

6.4 Supported Living - Comments from ASCH Management

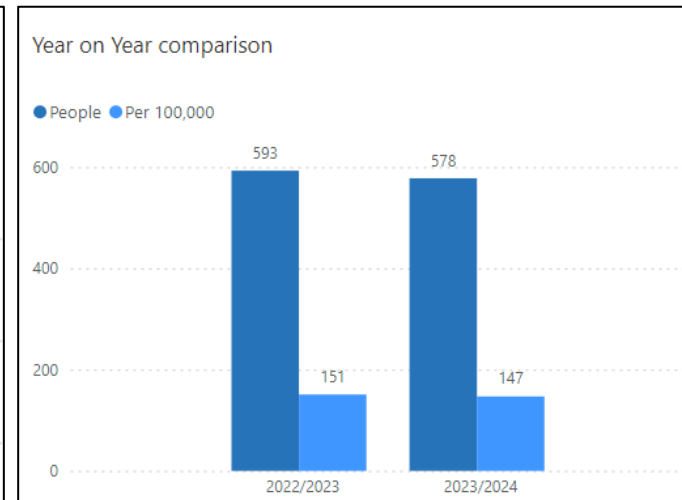
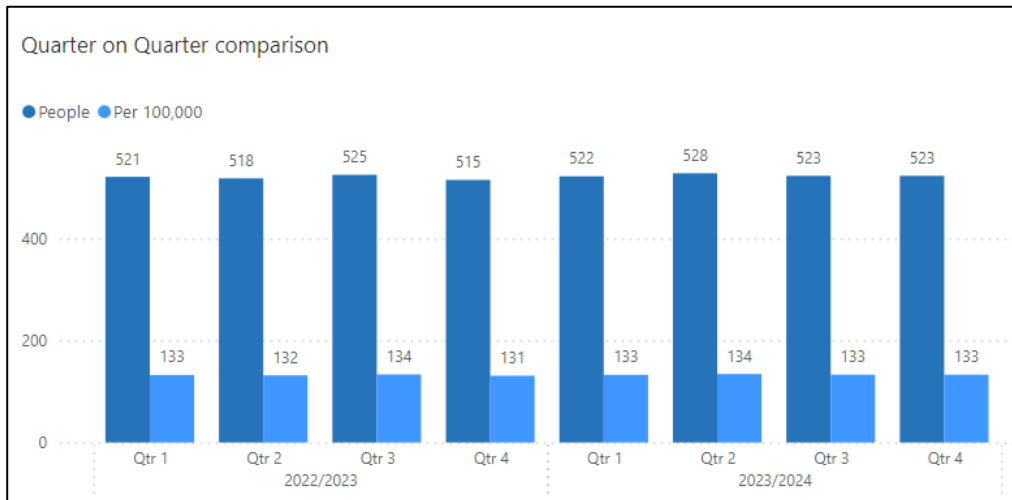
The data shows that the number of people living in Supported Independent Living is relatively static, due to people having long term tenancy-based accommodation.

7.0 Day Care

7.1 Day Care – Total number of people



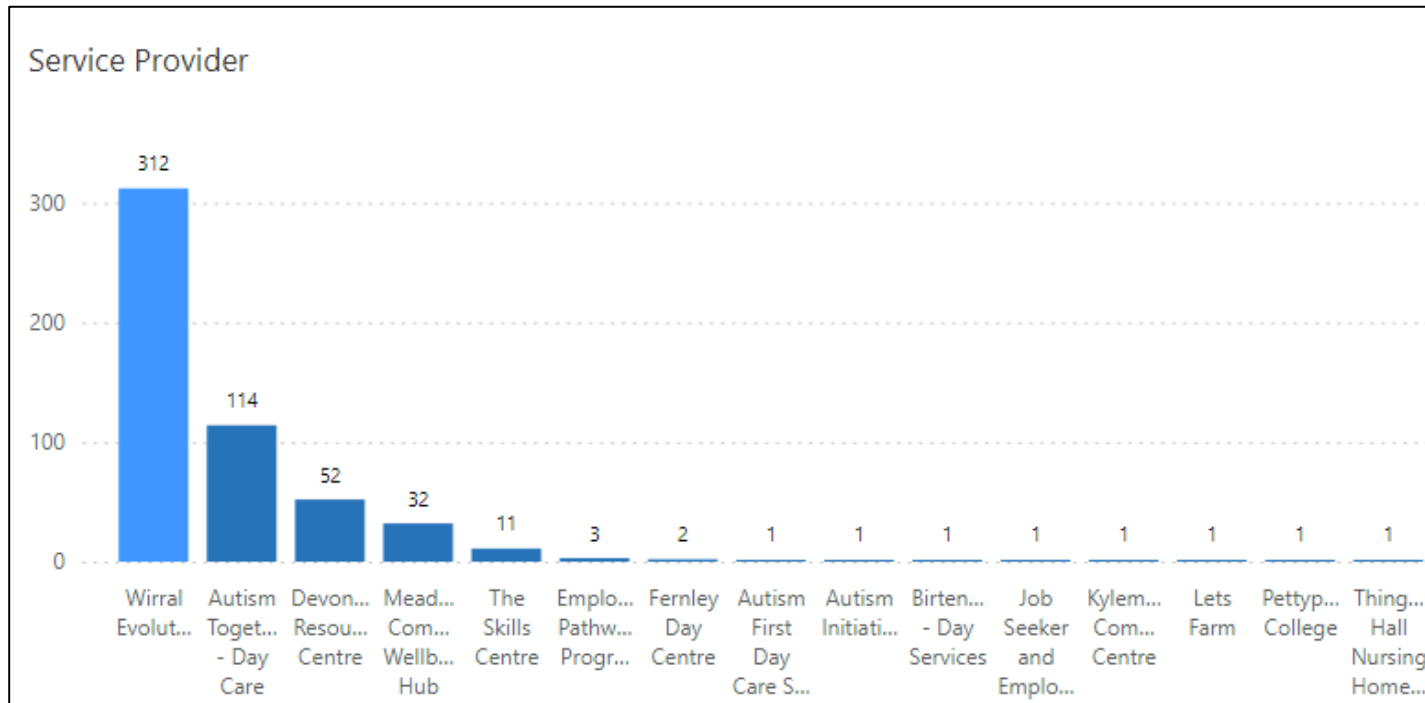
Data Source: ContrOCC.



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 4 (01/01/2024 – 31/03/2024). 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 4 (01/01/2024 – 31/03/2024). 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.

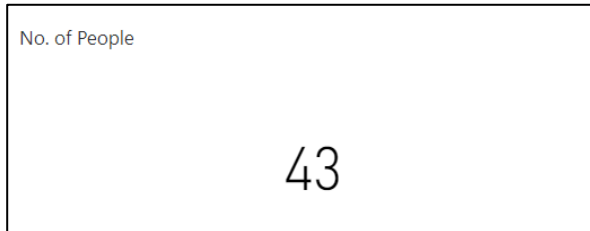
Data source: ContrOCC.

7.3 Day care – Comments from ASCH Management

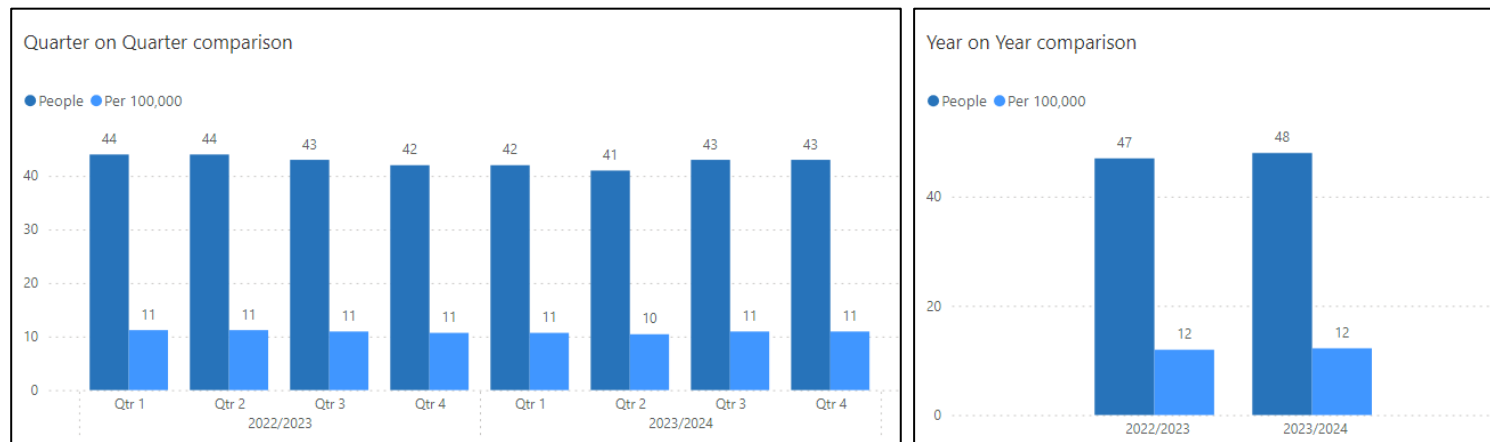
The data shows that the number of people attending day care provision is relatively static with the Councils inhouse service providing a largest percentage (58.43%) of the provision.

8.0 Shared Lives

8.1 Shared Lives – Total Number of people



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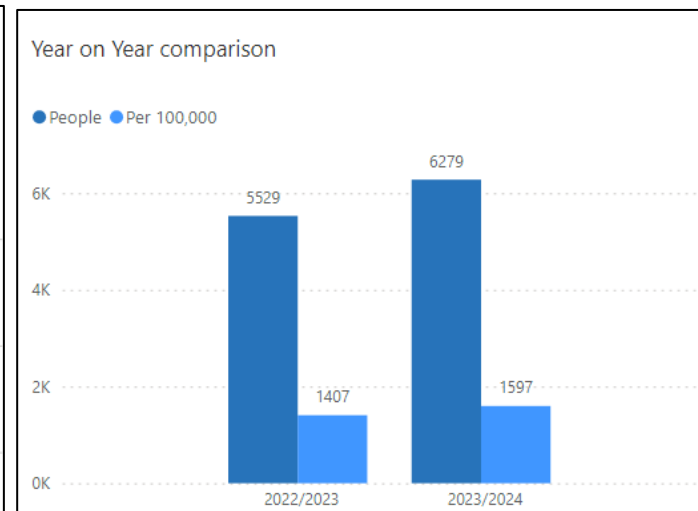
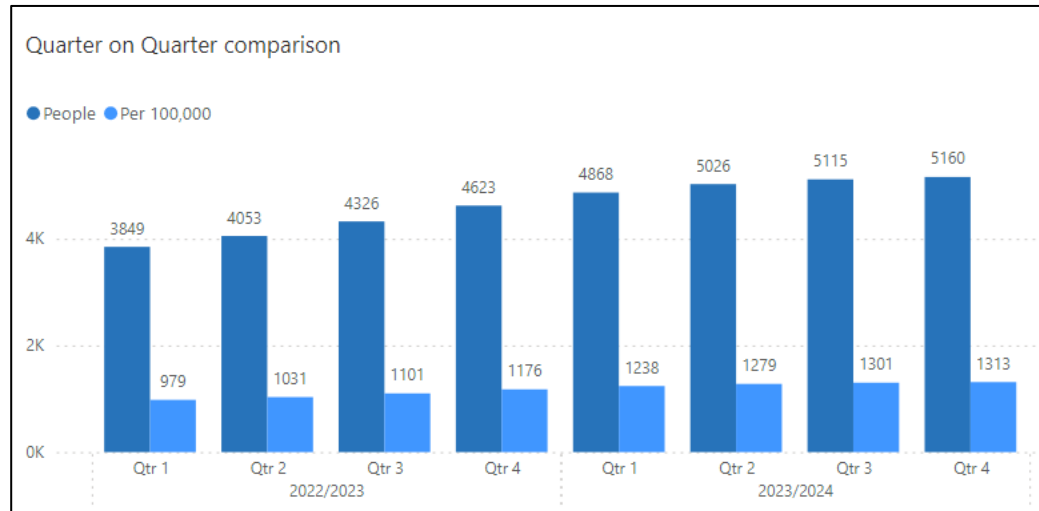
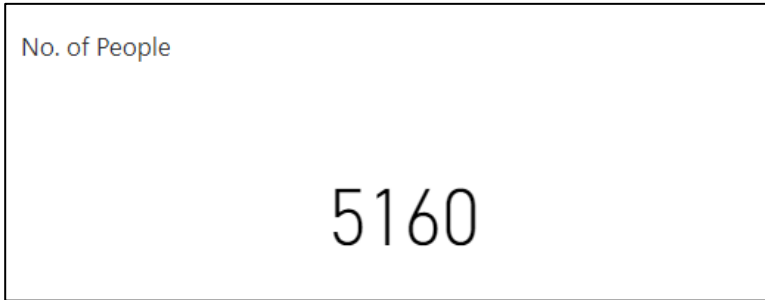


The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Shared Lives as of Quarter 4 (01/01/2024 – 31/03/2024). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received a Shared Lives service during the financial year, not at year end. A briefing paper was provided for members in March 2024.

Data source: ContrOCC.

9.0 Assistive Technology

9.1 Assistive Technology – Total number of people

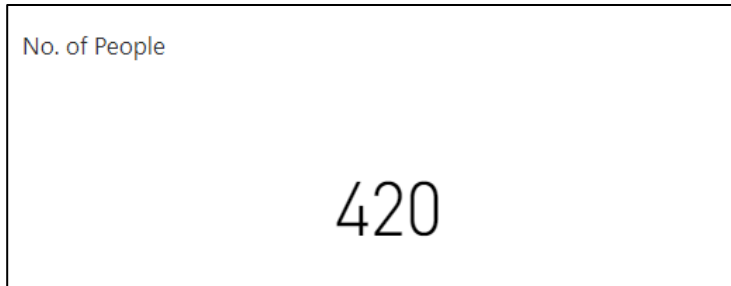


Assistive technology is a range of technology-based solutions including sensors, alarms, reminder systems and falls detectors to support people to live independently and to manage risks associated with their needs. The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of Assistive Technology as of Quarter 4 (01/01/2024 – 31/03/2024). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number of people per 100,000 who have received an Assistive Technology service during the financial year, not at year end.

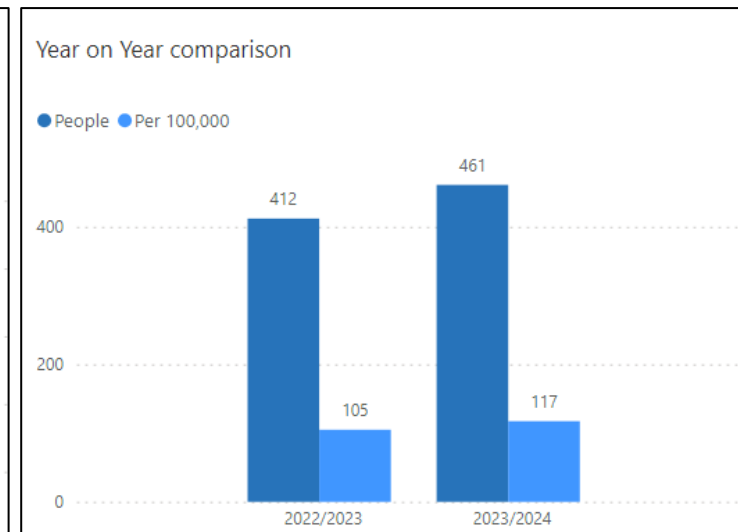
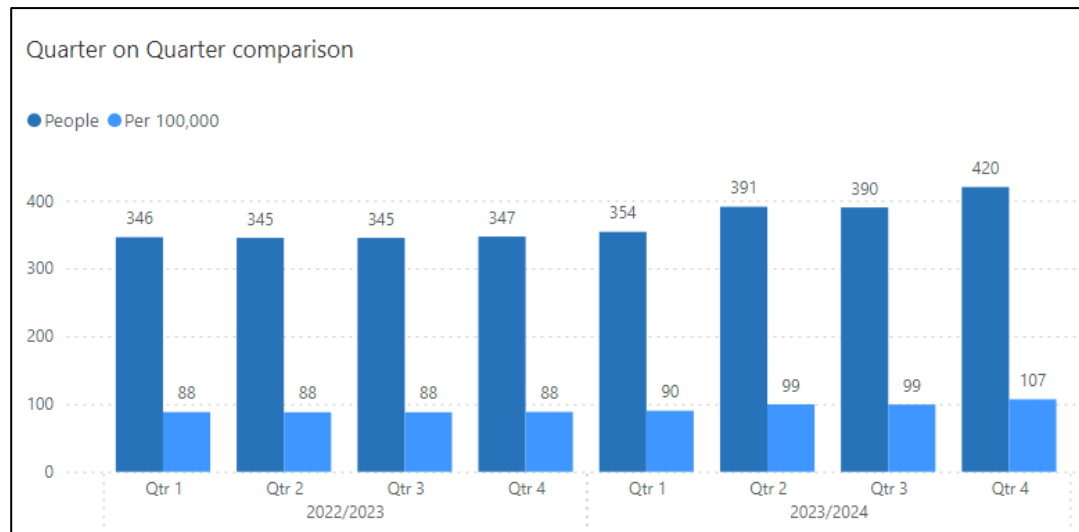
Data source: ContrOCC.

10.0 Extra Care Housing

10.1 Extra Care Housing – Total number of people



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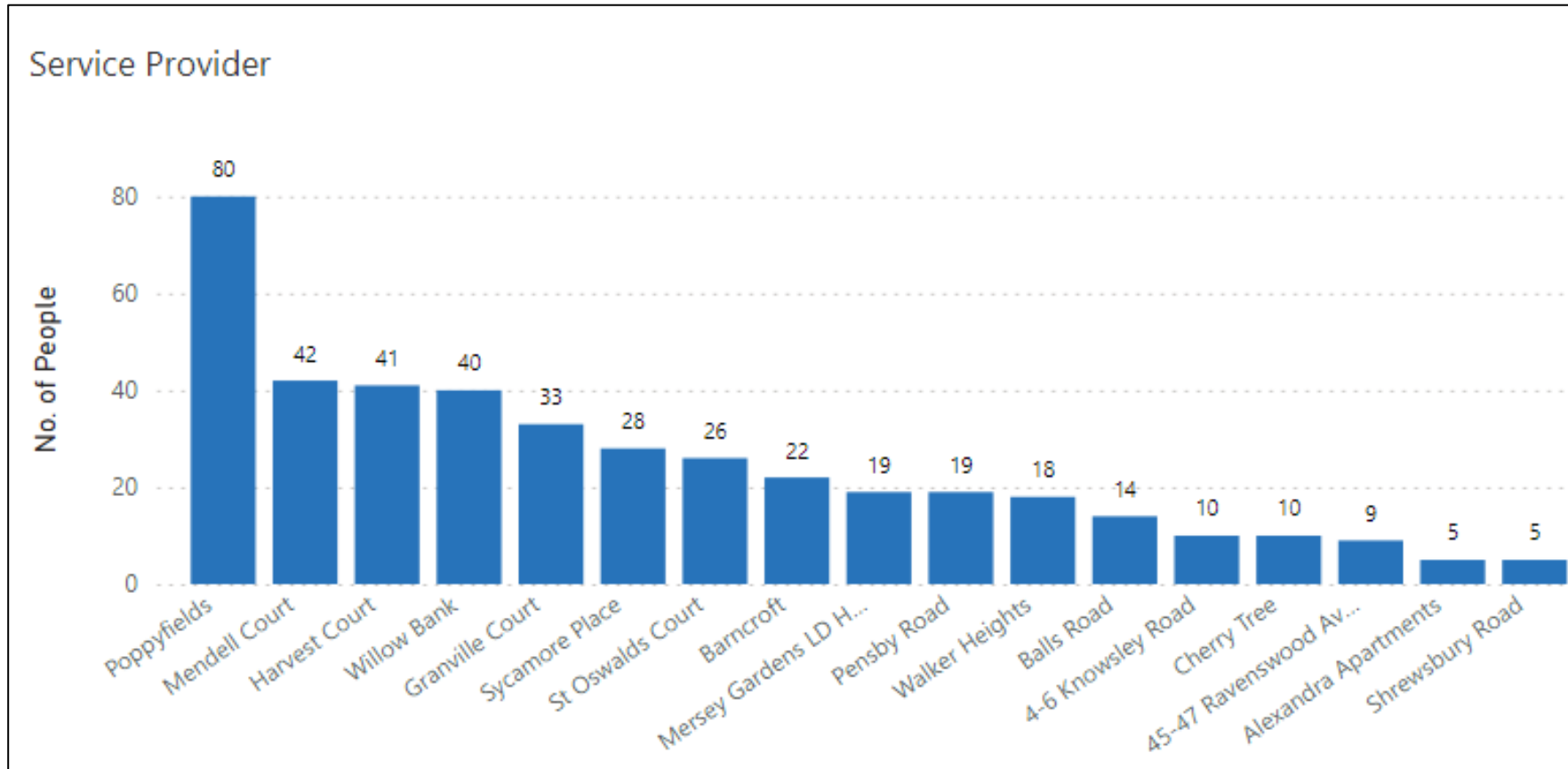


The above quarter comparison chart shows the Number of people and the number per 100,000 who are in receipt of an Extra Care Housing service as of Quarter 4 (01/01/2024 – 31/03/2024). This is also accompanied by a Year-On-Year comparison chart which shows the total number of people and the total number 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

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The above chart shows the number of people receiving Extra Care Housing per provider as of Quarter 4 (01/01/2024 – 31/03/2024).

Data source: ContrOCC.

11.0 Cheshire Wirral Partnership

11.1 Key Measures - monitored monthly

Since the transfer of social work staff from Wirral Community Health and Care Foundation Trust to the Council, work is underway to develop a new reporting approach for CWP performance.

Data Source: CWP.

12.0 WBC

12.1 Key Measures - monitored monthly

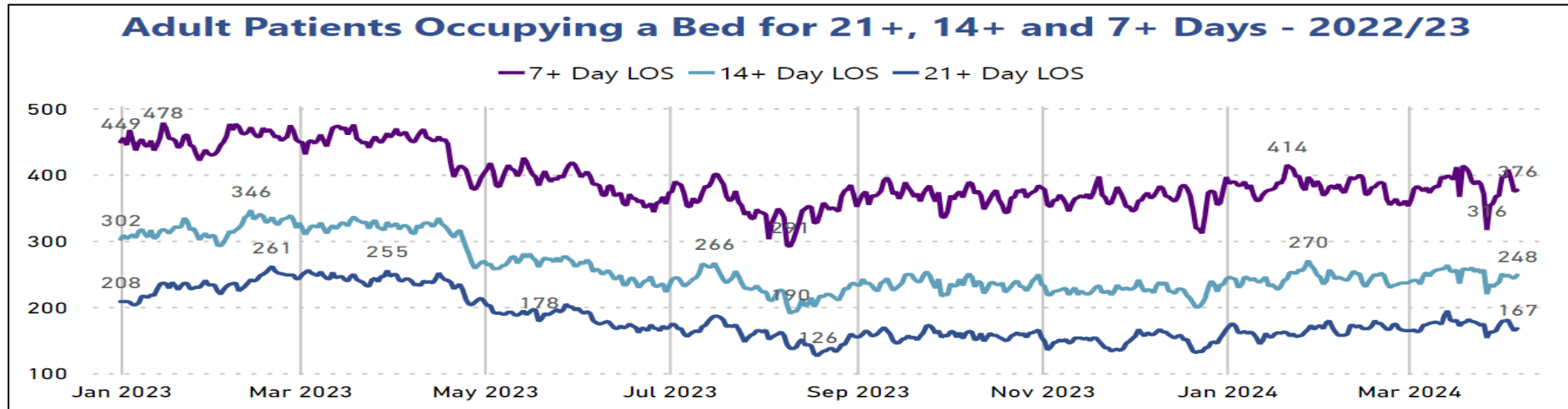
No	Description	Green	Amber	Red	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Comments
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >=70%	<70%	81.8%	83.1%	78.8%	82.7%	82.1%	
	Total Assessments Completed within 28 Days				224	265	341	326	331	
	Total Assessments Completed				274	319	433	394	403	
KPI 1a	% of initial contacts through to completion of assessment within 28 days (3 Conversations)	>=80%	<80% >=70%	<70%	80.1%	81.8%	78.0%	82.8%	81.9%	
	Total Assessments Completed within 28 Days				169	207	308	309	312	
	Total Assessments Completed (3C's Process)				211	253	395	373	381	
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	97.8%	99.3%	98.3%	98.8%	87.8%	
	Total number of safeguarding concerns completed within 5 days				263	268	291	244	202	
	Total number of safeguarding concerns completed				269	270	296	247	230	
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	42%	47%	41%	64%	52%	
	Enquiries Closed within 28 Days				15	15	14	23	15	
	Total Enquiries Closed				36	32	34	36	29	
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	39%	44%	47%	50%	52%	
	Reviews completed within year running total				1301	1462	1569	1661	1717	
	Total number of people in receipt of a long term service on 1st April				3329	3329	3329	3329	3329	
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	85%	86%	90%	90%	90%	
	Total number of people aged 18-64 with a learning disability living in their own home or with their family				439	443	441	441	441	
	Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year				517	517	492	492	492	
KPI 7	% of older people who were still at home 91 days after discharge from hospital	>=83%	<83% >=81%	<81%	80%	80%	83%	73%	81%	This metric has changed to include all services, not just reablement in line with the change to the ASCOF measure.
	Total number of people at home 91 days post discharged from hospital				125	121	146	85	114	
	Total number of people discharged from hospital				156	151	176	117	140	

12.2 Comments from ASCH Management

The range of performance measures and KPIs are monitored regularly through internal reporting and governance arrangements. 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.

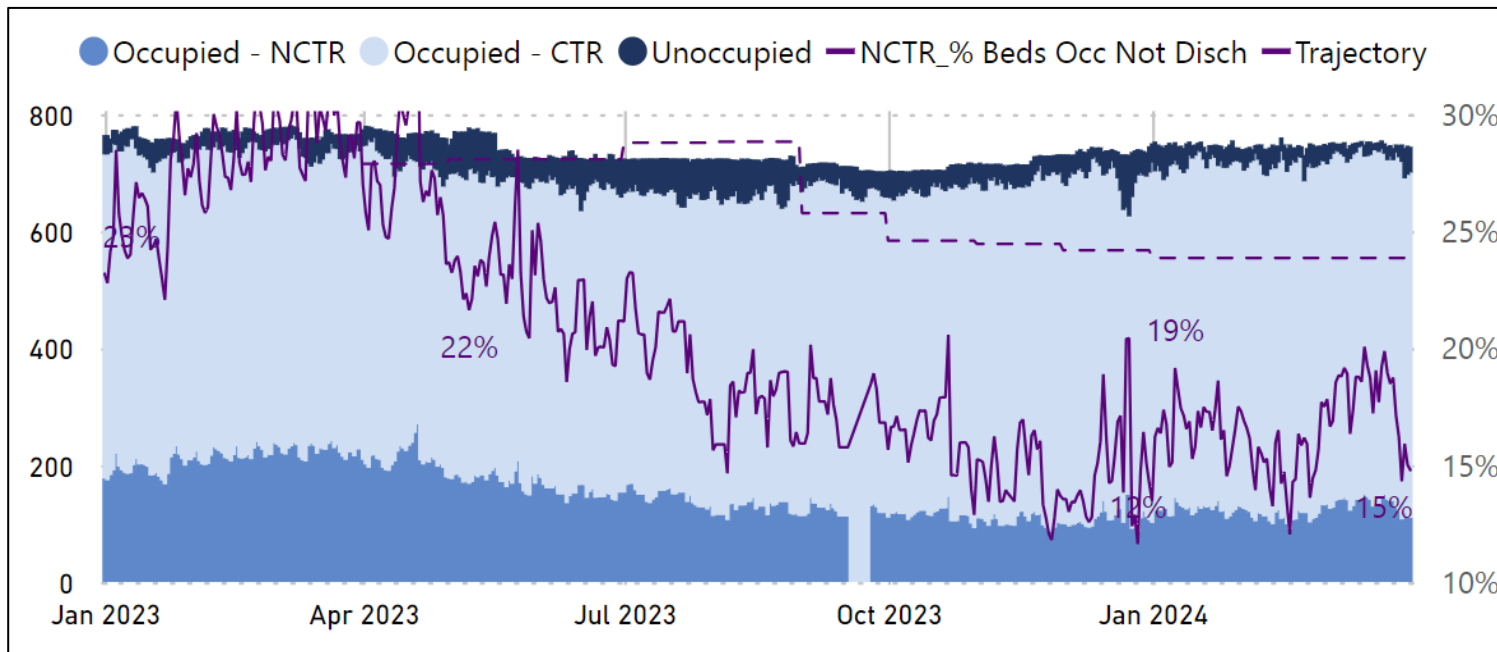
As of **06/04/2024**:

- 376 patients are currently in hospital with a **LoS of 7+ days**, this accounts for 51% of available adult G&A beds.
- 248 patients are currently in hospital with a **LoS of 14+ days** which accounts for 33% of available adult G&A beds. This is exceeding the Tier 1 target of 25%.
- 167 patients are currently in hospital with a **LoS of 21+ days** which accounts for 22% of available adult G&A beds.
- **Total bed occupancy** is currently 93.8% in comparison to the 23/24 Provider operational planned trajectory of.
- **Adult bed occupancy** is currently 94.8% in comparison to the 23/24 Provider operational planned trajectory of.

The source for the above text has changed format from previous reports.

Data source: NHS – 06/04/2024

13.2 No Criteria to Reside



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

The purple line represents % of beds occupied by Non-Criteria to Reside patients who have not been discharged, which is currently 15% of all beds.

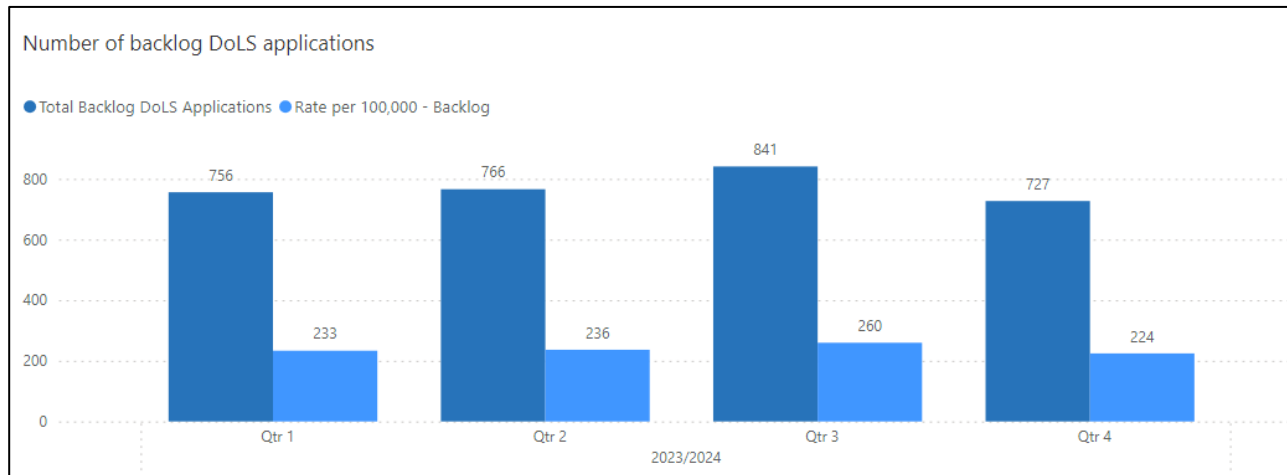
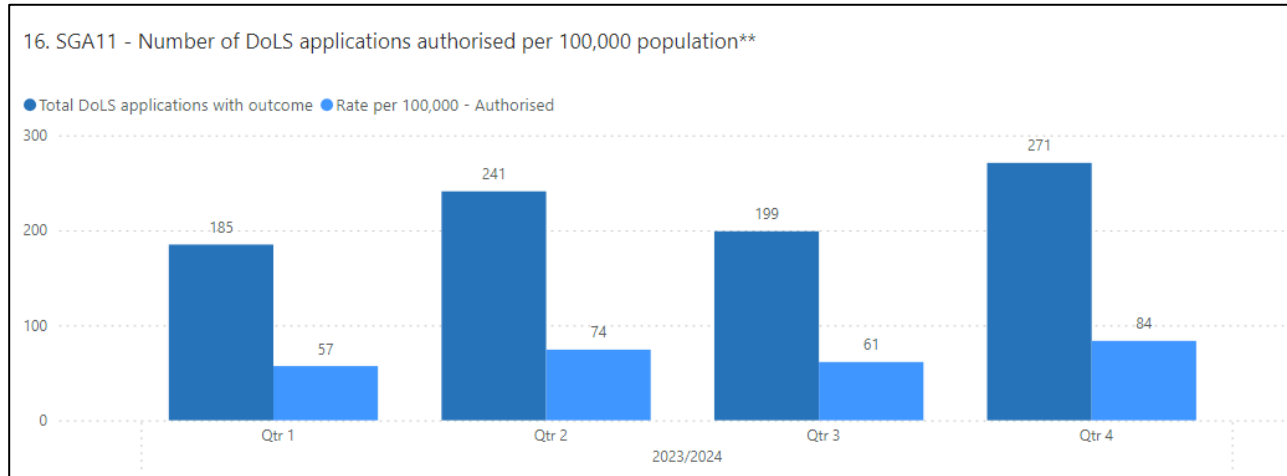
The mid-blue bar represents the number of beds occupied by Non-Criteria to Reside patients who have not been discharged.

The navy-blue bar 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



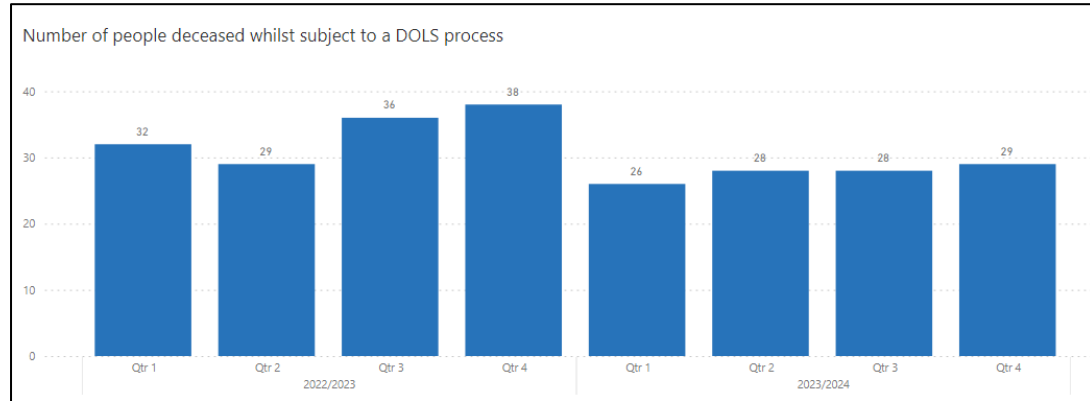
The above quarter comparison charts show the number of DOLS applications received & the number of DOLS applications received per 100,000 people as well as the number of DOLS applications authorised & the number of DOLS applications authorised per 100,000 respectively as of Quarter 4 (01/01/2024 – 31/03/2024).

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...

29



The above quarter comparison chart shows the number of people deceased whilst subject to a DOLS process as of Quarter 4 (01/01/2024 – 31/03/2024).

Data Source: Liquid Logic.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 18 July 2024

REPORT TITLE:	APPOINTMENT TO STATUTORY COMMITTEES, SUB-COMMITTEES, PANELS APPOINTMENT AND WORKING PARTIES 2024/25 AND APPOINTMENT OF MEMBER CHAMPION FOR DOMESTIC ABUSE
REPORT OF:	DIRECTOR OF LAW AND CORPORATE SERVICES (MONITORING OFFICER)

REPORT SUMMARY

The purpose of this report is to enable the Adult Social Care and Public Health Committee to review the continuing need for various panels, statutory / advisory committees and working parties, and to appoint members and named deputies to serve on those (including the statutory committees and panels) that are to be retained in 2024/2025, as well as appoint a Member Champion for Domestic Abuse.

The report contributes to the Active and Healthy Lives Wirral Plan 2021-2026 Priority.

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

RECOMMENDATION/S

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

- (1) authorise the Monitoring Officer as proper officer to carry out the wishes of the Group Leaders in allocating Members to membership of the Statutory and Advisory Committees, Sub-Committees and Panels detailed within the report and to appoint those Members with effect from the date at which the proper officer is advised of the names of such Members.
- (2) appoint a Member Champion for Domestic Abuse.
- (3) give consideration to the proposal to appoint a cross party working group of Members to conduct a policy development review in accordance with the approach outlined at Appendix 3 of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Policy and Services Committees are required to appoint the membership of various panels, statutory / advisory committees and sub-committees, which fall under their remit at the start of each Municipal Year.
- 1.2 The role of a Member Champion is to become a focus for the Council and Committee, partners, stakeholders and communities in order to:
- i. Raise the profile of that highlighted area of the Council and Committee's functions, and in conjunction with the relevant Member(s), officers and partner(s), support community engagement activities and other related publicity campaigns;
 - ii. Liaise with members, public sector partners and other stakeholders to promote key initiatives (as appropriate and required);
 - iii. Act as an advocate for that highlighted area of the Council and Committee's functions and be required to familiarise themselves with related matters.
 - iv. Seek out and share best practice from other areas of the UK;
 - v. Periodically present reports to the members of their Committee or other committees (as necessary and requested) setting out the actions taken and how those actions have contributed to the success and promotion of that highlighted area of the Council and Committee's functions;
 - vi. Present, as appropriate, research papers and suggest new initiatives and ideas relating to highlighted area of the Council and Committee's functions for consideration by the Committee(s) or Council.
- 1.3 Appointment to the Joint Strategic Commissioning Board Sub-Committee enables it to exercise delegated authority on behalf of the Council in respect of pooled funding arrangements with the NHS.
- 1.4 Appointment to Joint Health Scrutiny Committee arrangements ensures that Wirral Council is able to engage in effective Overview and Scrutiny of the Integrated Care System at a Cheshire and Merseyside Level.
- 1.5 The key drivers for refreshing policy development work at Committees is the move to a Whole Council Election Scheme in May 2023 and the new four-year Council Plan agreed by Council on 4th December 2023. The Council Plan provides an opportunity to establish a new way of strategically 'working together' across the organisation to deliver the Council Plan vision '*working together to promote fairness and opportunity for people and communities*' and the associated Council Plan enabling and delivery themes:

Enabling Theme:

- Working together to create a more efficient, effective and accessible Council.

Delivery Themes:

- Working together to improve early help for children and families.
- Working together to promote independence and healthier lives.
- Working together to deliver people-focused regeneration.
- Working together to protect our environment.
- Working together to create safe, resilient and engaged communities.

2.0 OTHER OPTIONS CONSIDERED

2.1 The option of not appointing to the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel would result in the Council not fulfilling its statutory duties.

2.2 The Joint Strategic Commissioning Board Sub-Committee could consist of a different number of Members on a politically proportionate balance.

2.3 Policy Development

2.4 Potential options which the Committee could investigate, and potential consequences, include:

2.5 Not conducting policy development work. However, policy development work is clearly stated in The Council's Constitution and not conducting this type of work can be viewed by the sector as being indicative of wider governance and service failure issues (it is also considered good practice). Given the new Council Plan has now been approved, Members now have a clear strategic framework to conduct effective policy development work. It is important as it engenders transparency and enables the Council to be accountable to residents. It can help the Council achieve best value; support further improvement and best practice; and enable locally adopted, enforceable recommendations and policies which deliver better outcomes for the wider community.

3.0 BACKGROUND INFORMATION

The Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel

3.1 The Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel was retained during 2022/2023 with full delegated authority.

3.2 The Committee is asked to appoint three or more members and named deputies from the Adult Social Care and Public Health Committee, as necessary, to serve on the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel for the 2024/25 municipal year.

Appointment of Members to the Joint Strategic Commissioning Board Sub-Committee

- 3.3 A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to political balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:
- (a) pooled funding arrangements with the NHS or other governmental bodies;
 - (b) the place based health and care arrangements as may be provided for by legislation; and
 - (c) such other commissioning, strategic design quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services, within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

Appointment of Member Champion for Domestic Abuse

- 3.6 Member Champions associated with the pledges of the Wirral Plan were created in 2015 to support Cabinet Portfolio holders and were brought to an end in 2019.
- 3.7 Champions for three specific areas, prompted by the involvement of outside agencies and requests, have existed for several years in respect of an Armed Forces Champion, Heritage Champion and the Domestic Abuse Champion.
- 3.8 With the introduction of the committee system, some roles will automatically continue or be subsumed into the chairing role, such as the Armed Forces Champion being the Mayor and the Risk Champion being the Chair of Audit and Risk Management Committee.
- 3.9 The Adult Social Care and Public Health Committee is asked to appoint a Member Champion for Domestic Abuse.

Cheshire and Merseyside Integrated Care Services Joint Health Scrutiny Committee

- 3.10 In response to the establishment of Integrated Care Systems in England under the Health and Care Act 2022, a standing Joint Health Scrutiny Committee was established across Cheshire and Merseyside, hosted by Knowsley Council, to ensure that effective Overview and Scrutiny could take place as the Integrated Care System was established.
- 3.11 The standing Joint Health Scrutiny Committee was for an initial 18-month period, but Chief Executives across Cheshire and Merseyside have agreed to its continuation for a further 12 months. Therefore, the Committee is asked to agree to continue to appoint two members to it, on a politically proportionate basis aggregated across Cheshire and Merseyside. For Wirral, this is 1 Labour and 1 Conservative.

Joint Health Scrutiny Arrangements

- 3.12 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.
- 3.13 Ultimately the regulations place a requirement on relevant scrutiny authorities to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. As a result a protocol has been established to deal with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside and is attached at Appendix 1 to the report.
- 3.14 The procedure for appointing members and declaring changes as 'substantial' are detailed within the protocol at Appendix 2.
- 3.15 Political Group Leaders are asked to appoint three members to the Joint Health Scrutiny Committee, politically balanced to accord with Wirral Council's proportionality. However, there is a requirement for the joint committee itself to be politically balanced, therefore depending on which other authorities are part of the Joint Committee, the members Wirral need to appoint may not accord with the political balance of the Council. Under these circumstances, Political Group Leaders would be asked to re-appoint based on the required political makeup of the Joint Committee.

Policy Development Work

Purpose

- 3.16.1 The purpose of policy development work is to achieve positive outcomes for local people by undertaking a thorough, targeted examination of the council's service provision and procedures (or those services or activities carried out by external organisations which affect the Borough of Wirral or any of its inhabitants). However, it is not possible to examine every service or activity in detail, so it is important for the Policy and Service Committees to prioritise and plan its work programme for the year to be taken forward through the committee, or a dedicated task and finish group.

Scope

- 3.16.2 The Council's Constitution (Part 4, Section 4) states that the Policy and Services Committees are to adopt policy development working practices when undertaking their functions to review the Council's actions or to review or

otherwise scrutinise outside bodies and processes. The Policy and Services Committees may conduct policy development to:

- Review decisions made or actions taken by the Authority in so far as they have a direct impact on the role or functions of the Committee and the Committee can make recommendations to the relevant Committee on policies, budget and service delivery.
- Undertake reviews and make recommendations on services or activities carried out by external organisations which affect the Borough of Wirral or any of its inhabitants where this does not fall within the role or remit of another service committee or where it relates to cross cutting issues, including the review and monitoring of contractual and operational performance of shared service partnerships, joint ventures and outside organisations to which the Council makes a resource contribution, focusing on examination of the benefits of the Council's contribution and the extent to which the body concerned makes a contribution to the achievement of the Council's priorities as outlined in the Council Plan 2023 - 2027.

Process

3.16.3 A suggested process for determining and prioritising policy development topics is outlined at Appendix 1. This includes:

- **Identify potential issues –**

- Consulting with all Members of Policy and Service Committees, Senior Leaders and Council Officers.
- Looking at Wirral Council Plan priorities, Directorate Business Plans, the Forward Plan of the Council, as well as the MTFs.
- Considering events and decisions in the Council's calendar that could require an input from scrutiny, such as setting budgets.
- Reviewing the Council's risk register - analysis of risk registers on an ongoing basis will mean that scrutiny can understand what the impacts might be if risks are likely to occur, and what steps can be taken to mitigate.
- Evaluating previous Council performance and identifying any follow-up work required to previous scrutiny work.
- Carrying out work to engage with local people, for example through surgeries, local media, opinion surveys and online forums.
- Reviewing customer complaints to identify any reoccurring themes.

- **Prioritise topics**

- Identify and prioritise potential scrutiny topics, considering the resources they would require and the level of impact they could achieve.

- **Plan policy development and scrutiny work** - Decide which policy topics to review and include them in the work programme.

- **Review and evaluate** - Review progress and evaluate outcomes to demonstrate the value added.

3.16.4 For every item on the policy development work programme, it should be clear:

- What is the issue/activity/project under consideration?
- What would the Policy and Service Committee be asked to do?
- What are the reasons for/expected benefits of policy development in this area?

- Strategic considerations (aligned to the new Council Plan and underpinning strategic framework).
- Is there a specific deadline for the piece of work?

4.0 FINANCIAL IMPLICATIONS

- 4.1 No allowance or other remuneration shall be paid to Member Champions for performing the role.
- 4.2 Whilst expenses may be met for engagements with outside bodies or public occasions as approved by the relevant lead officer or the Committee, there are no direct financial implications to as a result of these recommendation.
- 4.3 Appointment to the Joint Scrutiny Committee does not include entitlement to a Special Responsibility Allowance but travel and subsistence is covered by the Members' Allowances Scheme.
- 4.4 The continuation of a standing Cheshire and Merseyside ICS Joint Health Scrutiny Committee requires a contribution towards the temporary appointment of a Scrutiny Manager. This was approximately £10,000 per authority for the initial 18-month period.

5.0 LEGAL IMPLICATIONS

- 5.1 Under Section 23 of the Mental Health Act 1983 as amended an order for discharge can be made in respect of a patient who is subject to guardianship by the responsible clinician, by the Local Social Services Authority or by the nearest relative of the patient. Should an individual who is subject to Guardianship request that the Local Social Services Authority exercise its power to discharge a Guardianship Order this function must be exercised by three or more Members of the authority.
- 5.2 There is a requirement under the Council's Constitution to appoint a Member Champion for Domestic Abuse.
- 5.3 The Health and Care Act 2022 sets out the requirement for joint arrangements between the Local Authority and the Integrated Care Board.
- 5.4 Under The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 local authorities are required to establish a joint scrutiny committee for the purpose of considering consultations by a relevant NHS body or provider of NHS funded Services where such proposals impact on more than one local authority area and where more than one authority agrees that the proposal is a substantial development or variation to the health service in that area.
- 5.5 In undertaking policy development work, the Committee shall have regard to the relevant Regulations, statutory and non-statutory guidance issued by the Secretary of State and best practice as issued by the Centre for Governance

and Scrutiny (CfGS).

6.0 RESOURCE IMPLICATIONS: ICT; STAFFING AND ASSETS

6.1 There are none arising directly from this report.

7.0 RELEVANT RISKS

7.1 There is a risk that if the Council does not appoint to its statutory bodies, it will not fulfil the statutory duties requires of that body.

7.2 All relevant risks have been considered and the below working arrangements approved by Council;

- i. Member Champions will liaise as required with the relevant officer lead and the Committee Chair and Spokespersons in relation to their role and activities.
- ii. The Member Champion will follow all appropriate and applicable Council working protocols for engaging with officers, stakeholders, and the public.
- iii. The Member Champions shall not do anything that is contrary to or inconsistent with any decision or approach taken by the Committee(s) or the Council.
- iv. Where there is any confusion or difference between the Member Champion views/proposed actions and that of the Committee, the Committee's view/position shall prevail.
- v. Member Champions shall seek advice and guidance from the Council's Senior Leadership Team if they are in doubt or confusion on any issue or matter.

7.3 By not appointing Members to the Joint Health Scrutiny Committee, the views of Wirral Council and its residents will not be represented although changes will affect Wirral residents as much as in other authority's areas.

8.0 ENGAGEMENT / CONSULTATION

8.1 It is for political groups to decide how they wish to allocate their committee places and appointments.

8.2 Officers across all 9 authorities in Cheshire and Merseyside have been involved in the development and updating of the Joint Health Scrutiny protocols.

9.0 EQUALITIES IMPLICATIONS

9.1 There are none arising directly from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are none arising directly from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are none arising directly from this report.

REPORT AUTHOR: **Christine Morley**
Senior Democratic Services Officer
telephone: 0151 666 3820
email: christinemorley@wirral.gov.uk

APPENDICES

Appendix 1: Protocol for the Standing Joint Health Scrutiny Arrangements for Cheshire and Merseyside

Appendix 2: Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside

Appendix 3: Policy Development Timeline and Topic Selection Process

BACKGROUND PAPERS

Previous reports on the appointment of panels, statutory / advisory committees and working parties and amendments made during the year and the Council's Constitution.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 June 2023
Adult Social Care and Public Health Committee	14 June 2022
Adult Social Care and Public Health Committee	7 June 2021
Council	26 May 2021
Adult Social Care and Public Health Committee	13 October 2020
Council	28 September 2020
Council	14 May 2019
Council	15 May 2018

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CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

JOINT COMMITTEE ARRANGEMENTS DOCUMENT

Interpretation

In this document the following expressions shall have the following meanings:

- the following local authorities are referred to singularly as ‘Authority’ and together as ‘the Authorities’
 - a) Cheshire East Council;
 - b) Cheshire West and Chester Council
 - c) Halton Borough Council
 - d) Knowsley Borough Council;
 - e) Liverpool City Council;
 - f) St. Helens Borough Council;
 - g) Sefton Borough Council;
 - h) Warrington Borough Council;
 - i) Wirral Borough Council;
- the “Cheshire and Merseyside (ICS) Joint Health Scrutiny Committee” means the Joint Health Scrutiny Committee established by the Authorities to hold to account and scrutinise the work of the Integrated Care System at Cheshire and Merseyside level;
- the “Secretariat” means the financial, administrative, scrutiny and other officer support to the Joint Committee;
- the “Host Authority” means the council which hosts the Secretariat at the relevant time;
- the “Joint Committee Arrangements Document” means this document, as amended from time-to-time;
- the “Rules of Procedure” means the rules of procedure as agreed by the Joint Committee from time to time;
- “the Act” means the National Health Service Act 2006
- the “2013 Regulations” means the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The conduct of the Joint Committee and the content of this document shall be subject to the relevant legislative provisions, in particular Sections 244 and 245 of the Act (as amended) as well as the 2013 regulations, and in the event of any

conflict between the relevant legislative provisions/ regulations and this Joint Committee Arrangements Document, the requirements of the legislation/ regulations will prevail.

1. Background

1.1 The Health and Care Act 2022 confirms new structural arrangements for health governance through the formal establishment of Integrated Care Systems (ICSs) for specific geographical areas. ICSs will comprise:

1.1.1 an Integrated Care Board (ICB) in which will be vested statutory responsibilities and duties related to arranging for the provision of relevant hospital and health services for its area; and

1.1.2 an Integrated Care Partnership (ICP) which is a joint committee established by the ICB and the Authorities within the ICS area. The ICP is primarily charged with setting the strategic framework (an Integrated Care Strategy) for its area within which the ICB, NHS England and the Authorities, will be expected to exercise their respective functions to meet the area's assessed needs.

1.2 In Cheshire and Merseyside:

1.2.1 The ICS is known collectively as NHS Cheshire and Merseyside ICS.

1.2.2 The ICB is known as NHS Cheshire and Merseyside ICB

1.2.3 The ICP is known as the Cheshire and Merseyside Health and Care Partnership.

1.3 Under Section 245 of the Act and Regulation 30 of the 2013 Regulations, two or more Authorities may form a joint health scrutiny committee and arrange for relevant health scrutiny functions to be exercised by that joint committee.

1.4 In 2014, all nine Cheshire and Merseyside Authorities gave their approval to a "Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside". This protocol was developed in accordance with the Act and the 2013 Regulations. Substantively it provides a framework for the mandatory establishment of ad hoc joint committees where 2 or more of the authorities deem a service change proposal to be a substantial variation in those services. Nevertheless, the protocol, in accordance with legislation, provides for the establishment of discretionary joint health scrutiny arrangements, where deemed appropriate, with the scope to review and scrutinise any matter relating to the planning, provision and operation of the health service.

- 1.5 In the context of the establishment of the statutory ICS arrangements for Cheshire and Merseyside, it has been deemed appropriate to establish a standing joint health scrutiny committee which will have the opportunity to take on the Authorities' collective statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside Level:
- 1.6 The Authorities by being parties to this Joint Committee Arrangements Document signify their agreement to its terms. Each Authority and each Member of the Joint Committee established under the terms of this document must therefore comply with its provisions.
- 1.7 The Joint Committee must have regard to the relevant legislation, including the Local Government Act 1972, regulations related to health scrutiny and to any statutory guidance issued in this respect.

2. Functions of the Joint Committee

- 2.1 The functions of the Joint Committee — to be known as the “Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee”— are to be exercised with a view to supporting the effective planning, provision, and operation of health services at Cheshire and Merseyside level. This will include promoting transparency in how the ICS fulfils its responsibilities within Cheshire and Merseyside.
- 2.2 The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate to make reports or recommendations to the ICS.
- 2.3 In specific terms the Joint Committee's role will include the duties/ functions set out below:
 - To be consulted and provide feedback on the development of an integrated care strategy for Cheshire and Merseyside;
 - To review and scrutinise any matter relating to the planning, provision and operation of the health service at Cheshire and Merseyside level only;
 - To be consulted by a relevant NHS body (e.g. NHS Cheshire and Merseyside Integrated Care Board) on any service change proposals that has previously been deemed by all nine authorities to constitute a substantial variation in services.
 - To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities and to exercise the collective statutory responsibilities of the authorities in relation to responding to such consultation by the proposer.

3. Operating Arrangements

- 3.1 Knowsley Borough Council shall act as the Host Authority and arrange for the necessary officer support in doing so. In this respect Knowsley Borough Council will be provide the Secretariat.
- 3.2 The Joint Committee initially shall be made up of 18 elected members in accordance with the provisions of the current Joint Health Scrutiny Protocol.

4. Council Membership

- 4.1 All elected members in the authorities will be entitled to serve on the joint committee other than executive members and those elected members appointed to serve on ICS bodies (e.g. on the Cheshire and Merseyside Health and Care Partnership)
- 4.2 Each of the authorities nominating representatives to serve on the Joint Committee will be expected to do so in accordance with the political balance that applies in their respective authorities, adjusted to take account of the overall political balance across the nine authorities.
- 4.3 The allocation of seats by both area and party for 2023-2024 based on two members per authority is therefore as follows in order to secure overall political balance within Cheshire and Merseyside:

Authority	Labour	Liberal Democrat	Conservative	Green	Ind	Total
Cheshire East	1		1			2
Cheshire West and Chester	1		1			2
Halton	2					2
Knowsley	1			1		2
Liverpool	1	1				2
St. Helens	1				1	2
Sefton	2					2
Warrington	1	1				2
Wirral	1		1			2
Total	11	2	3	1	1	18

- 4.4 The allocation of elected member places on the Joint Committee will be reviewed on an annual basis, ordinarily in the period following the date of the municipal elections. In years where municipal elections do not take place, the review will need to have taken place by 15 May in that year.
- 4.5 Taking into account the outcome of such a review, Elected Members will be appointed by their respective Authorities in accordance with the constitutional procedures applicable in those Authorities. In any event, each Authority will ordinarily be expected to appoint their representatives no later than 31 May in each year.
- 4.6 The term of office of each Authority representative appointed shall be a period of 1 year or until 31 May of the following year, whichever is the earlier. This term of office is however subject to the appointed Member remaining as an Elected Member during the term of office. In the event of a Joint Committee Member ceasing to be an elected member during the course of their term of office as a Joint Committee Member, their entitlement to serve on the Joint Committee will also cease at that point.
- 4.7 Each appointment may be renewable on an annual basis, subject to the decision of the respective Authority and the continuing entitlement of the appointee to serve on the Joint Committee.

5. Elected Members – Resignation or Removal from the Joint Committee

- 5.1 An Authority may decide, in accordance with its procedures, to remove one of its Members from the Joint Committee at any time prior to conclusion of that Member's term of office, and upon doing so shall give written notice to the Secretariat of the change in its Member.
- 5.2 An Elected Member representative may resign from the Joint Committee at any time by giving notice to his or her appointing council who will inform the Secretariat.
- 5.3 In the event that any Elected Member resigns from the Joint Committee, or is removed from the Joint Committee by his or her Authority, the Authority shall immediately take the appropriate constitutional steps to nominate and appoint an alternative Member to the Joint Committee, in accordance with the agreed Joint Committee arrangements.
- 5.4 Where an Elected Member fails to attend meetings of the Joint Committee over a six-month period or for 3 consecutive meetings then the Secretariat shall recommend to the relevant Authority that due consideration is given to removing the member from the appointment to the Joint Committee and the appointment of a replacement member from that Authority.

- 5.5 Where it becomes clear that an Elected Member has ceased to represent the political group for which they were nominated by their respective Authority, either through withdrawal of the whip, suspension, or expulsion from the relevant group, that Member shall be immediately removed from the Joint Committee's Membership. In these circumstances, the relevant Nominating Authority will be obliged to take the appropriate steps, including liaison with the relevant political group, to nominate, at the earliest opportunity an alternative Member to the Joint Committee, in accordance with the allocation of seats at paragraph 4.3 above, so as to ensure the Joint Committee appropriate political balance is maintained.

6. Financial Arrangements

- 6.1 The funding provided by the authorities collectively to support the work of the Joint Committee will be received by the Host Authority.
- 6.2 Each Authority will pay directly any expenses claimed by its own nominated representatives in the course of their duties on the Joint Committee.
- 6.3 The Host Authority will establish an independent remuneration panel to consider whether a Special Responsibility Allowance (SRA) should be paid to the Chairperson of the Joint Committee or any other Joint Committee Member, and if so, what the level of that SRA should be. If the Authorities subsequently decide, based on the recommendations of the independent remuneration panel that an SRA will be paid, the Authorities will be required to reach agreement on how the costs of the SRA will be apportioned between them.
- 6.4 The financial arrangements for the Joint Committee will be reviewed each year by the Authorities. If in subsequent years, the Joint Committee considers that the funding available to support its activities is insufficient to support it in carrying out its functions, it may make a request to the Authorities to approve additional funding. If additional funding is approved, the Authorities will decide how, the additional costs will be apportioned between them.

7. Promotion and Support of the Joint Committee

- 7.1 The Joint Committee shall be promoted and supported by the Host Authority and the Secretariat through:
- (a) The inclusion of dedicated webpages on the work of the Joint Committee, with the publication of meeting agendas; minutes; and papers where those papers are public, in line with the rules of procedure and legal obligations under the Local Government Act 1972. All reports and recommendations made, with responses from the ICS

will be published. Information on member attendance and other publications will be included, as required on the webpages;

- (b) Other relevant administrative, financial, legal, communications and scrutiny officer support as appropriate.
- 7.2 The costs of any additional promotion work identified above will be identified as part of financial arrangements to be agreed by the Authorities as set out in section 6 above.
- 7.3 The Joint Committee shall be promoted and supported by each Authority including:
- (a) Ensuring that briefings take place on the work of the Joint Committee for members and officers at Authority level to ensure they are fully informed about relevant matters.
 - (b) Information on each respective website about the work of the Joint Committee and links to the main webpages.
 - (c) Sharing of information on the work of their respective designated statutory Health Scrutiny Committee in order to ensure that the work programme of the Joint Committee complements local scrutiny work and vice-versa.
 - (d) Co-operating to ensure that the Joint Committee, where appropriate, is provided with additional officer support for research, training and development or other areas of expertise.
- 7.4 The elected members on the Joint Committee will provide a communication channel between the Joint Committee and their respective appointing Authorities. They will report back to their Authority on the work of the Joint Committee as appropriate and provide support and guidance to their member colleagues and officers of their Authority.

8. Validity of Proceedings

- 8.1 The validity of the proceedings of the Joint Committee shall not be affected by a vacancy in the membership of the Joint Committee or a defect in appointment.
- 8.2 All Joint Committee members (including co-opted members) must observe their own authority's Members Code of Conduct and any related Protocols as agreed by the Joint Committee.

9. Review and Amendment of Joint Committee Arrangements

- 9.1 This Joint Committee Arrangements Document will normally be reviewed on an annual basis by all Authorities jointly.
- 9.2 Proposed changes to the Joint Committee Arrangements Document can only be made with the collective approval of all the Authorities in the ICS area.
- 9.3 The Joint Committee may propose amendments to the Joint Committee Arrangements document and any such proposals will be referred to the Authorities and will only be implemented if they are approved by all the Authorities.

PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

- 1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:
- scrutiny of substantial developments and variations of the health service; and,
 - discretionary scrutiny of local health services.
- 1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

- 2.1 The relevant legislation regarding health scrutiny is:
- Health and Social Care Act 2012,
 - The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
 - *The Health and Care Act 2022 (subject to parliamentary approval)*
- 2.2 In summary, the statutory framework authorises local authorities to:
- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
 - consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.
- 2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health and Social Care. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.
- 2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not.

The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

- a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
- b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

- 5.1.1 All relevant NHS bodies and providers of NHS-funded services¹ are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.
- 5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.
- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the

¹ This includes NHS E&I and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

proposals if more than one authority agrees that the proposed change is “substantial”.

- 5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.
- 5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

5.2 Process for considering proposals for a substantial development/variation

- 5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:
- Provide the proposed date by which it requires comments on the proposals
 - Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
 - Publish the dates specified above
 - Inform the local authority if the dates change²
- 5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain ‘emergency’ decisions have been taken. All exemptions to consult are set out within regulations.³
- 5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:
- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

² Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

³ Section 24 *ibid*

- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is “substantial” or not. In making the decision, each authority will focus on how the proposals impacts on its own area/residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health and Social Care if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions

- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State.

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area.

6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- there has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS commissioning body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,

- Provided indication to the NHS commissioning body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be	No' of elected members to be nominated from each
--	---

'substantial'	authority
4 or more	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential representatives annually as part of annual meeting processes to cover all potential seat allocations.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
 - the number of sessions required to consider the proposal; and,
 - the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health and Social Care – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.

- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
- make reports and recommendations to relevant NHS commissioning bodies/local health providers.
- require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.

7.4 Ordinarily, a discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health and Social Care. However, please note section 8.3 below.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being

established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

- 7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

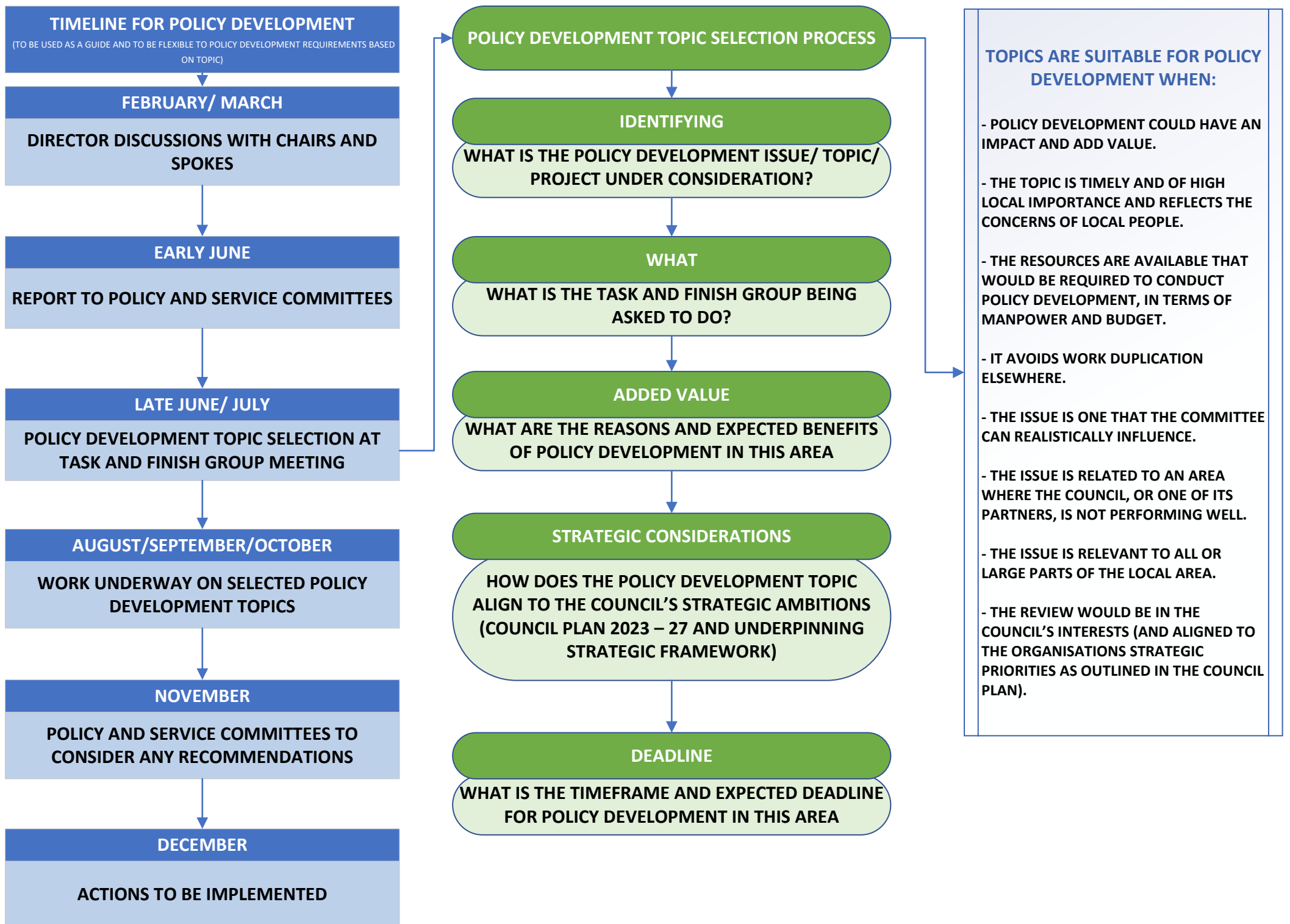
8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTERGRATED CARE SYSTEM

- 8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.
- 8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.
- 8.3 In summary, the “Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee” has the following responsibilities:
- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
 - To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

9. CONCLUSION

- 9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.
- 9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

POLICY DEVELOPMENT TIMELINE AND TOPIC SELECTION PROCESS



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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

THURSDAY, 18 JULY 2024

REPORT TITLE:	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE
REPORT OF:	CHAIR OF ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

REPORT SUMMARY

The Adult Social Care and Public Health Committee, in conjunction 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 2024/25 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

Terms of Reference

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

a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);

b) promoting choice and independence in the provision of all adult social care

c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);

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

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

- (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
- (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
- (iii) adult social care support for carers;
- (iv) protection for vulnerable adults;
- (v) supporting people;
- (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.

9.2 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: **Christine Morley**
telephone: 0151 666 3820
email: christinemorley@wirral.gov.uk

APPENDICES

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

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Standing Item	

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
WORK PROGRAMME 17 SEPTEMBER 2024

Item	Lead Departmental Officer	Decision
Shared Lives Update	Jean Stephens	Non-Key
Quality Accounts for WUTH and CCC as a scrutiny item.(September/October)	TBC	
Quarter 2 Budget Monitoring Report 24/25	Sara Morris/ Jessica Whitley	Non-Key
Performance Monitoring	Nancy Clarkson	Non-Key
Work Programme	Christine Morley	Non-Key

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Update report from CWP	After May 2024	TBC
Outcome of CQC Inspection	TBC	TBC
Disabled Facilities Grant (as a scrutiny item)	October 2024	TBC
LGA Peer Review for Learning Disability and Autism	October 2024	Bridget Hollingsworth
Dentistry	November 2024	Tom Knight
Extra Care Housing update	December 2024	Jayne Marshall
Update report from WSAPB	TBC	Sue Redmond
Update on Domestic Abuse Strategy	January 2025	Gill Jones/Diane Hollis

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	Sara Morris/Jess Whitley

	June September November February/March	
Performance Monitoring Report	Quarterly Reports Q3 March, Q4 June, Q1 September, Q2 November	Nancy Clarkson
Adult Social Care and Public Health Committee Work Programme Update	Each scheduled Committee	Christine Morley
Social Care Complaints Report	Annual Report – March	
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Public Health Annual Report	Annually – March	Dave Bradburn
Health Protection Strategy Update	June 2024 then at least an annual update	Dave Bradburn
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually - June	Anna Perret
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				
Integrated Care Systems, Place arrangements and the Integrated Care Board	Workshop	After May 2024	Sayyed Osman and Vicki Shaw	
BCF/Section 75 2024-2025	Workshop	After May 2024	Bridget Hollingsworth	
Risk	Workshop	After May 2024	TBC	
Supported Living Projects	Workshop	Autumn	Jayne Marshall/ Rebecca Doyle	
Preparing for adulthood	Workshop (joint with Children's)		Jean Stephens/ Elizabeth Hartley	
Neighbourhood's Model	Workshop		TBC	

Access and Assessment Front Door Operating Model	Workshop		Simon Garner	
Spotlight session from the Wirral Safeguarding Adults Board on a topic to be decided by Committee.		TBC		
Written briefings				
Able Me Implementation Progress	written briefing	July 2024	Jean Stephens	
Right Care, Right Person	written briefing		Bridget Hollingsworth	
Position statement – Refugees	written briefing		Lisa Newman	
Update on Domestic Abuse	Written briefing	TBC	Gillian Jones/Diane Hollis	
Working Groups/ Sub Committees				
Task and Finish work				

Scheduled meetings:

15 October 2024
26 November 2024
21 January 2025
4 March 2025

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Adult Social Care and Public Health Committee – Terms of Reference

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

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

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
 - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
 - (iii) adult social care support for carers;
 - (iv) protection for vulnerable adults;
 - (v) supporting people;
 - (vi) drug and alcohol commissioning;
 - (vii) mental health services; and
 - (viii) preventative and response services, including those concerning domestic violence.
- f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood

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

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

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

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

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

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